

CORK YOUTH FEDERATION - UNIVERSITY COLLEGE CORK
JOINT RESEARCH PROJECT
(MR. W. REIDY, M.ED., CHAIRMAN OF
RESEARCH SUB-COMMITTEE C.Y.F.)

SMOKING, DRINKING AND OTHER DRUG USE AMONG
CORK CITY POST-PRIMARY SCHOOL PUPILS

PART 1 - PRELIMINARY FINDINGS

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AUGUST 1990

PREFACE

During the Spring of 1989, at the suggestion of Cork Youth Federation, Alderman B. Allen (then Lord Mayor of Cork) chaired a series of meetings at which the use and misuse of substances (particularly alcohol) was discussed.

It was decided to initiate a Research Project which would ascertain the present position with respect to substance use and misuse by young people in the Cork area at Cork Youth Federation's invitation. This study became a joint research project between Cork Youth Federation and University College Cork.

The Research Sub-Committee, chaired by Mr. W. Reidy (C.Y.F.) had as its members Dr. M. O Fathaigh (UCC) , Dr. H. Comber (UCC) and Mr. P. Mortell (C.Y.F.), Dr. M. O Fathaigh was invited to compile the study and report. We are grateful to them for their work painstakingly undertaken.

We also appreciate the suggestions, observations and comments of a variety of people concerned about one aspect or another of the Research topic - e.g. S.H.B., V.E.C., Brewers Society, Pioneers, Parents, Youth Leaders and Gardai.

Funding for the project was provided by the Lord Mayor's Charitable Fund, the Vintner's Federation (Cork Branch), Cork Examiner Publications and Petra Youth initiatives programme (E.C.).

We are also indebted to the Principals, Teachers and pupils of the participating schools.

Today, we present the preliminary findings along with some initial conclusions. A larger, more detailed, report will be published shortly.

We look forward to the next phase of the project - the design and implementation of intervention programmes and policies to tackle the issues highlighted by the research.

BERNARD SPILLANE
(Chairman, C.Y.F.)

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1. BACKGROUND

1.1. In 1989 the Cork Youth Federation perceived the need to ascertain the attitudes to, and use of alcohol, tobacco and other substances among young people in Cork City. In August 1989, Dr. Mairtin O Fathaigh, Department of Education, University College, Cork, was invited to compile a study and report. A survey instrument, based on previous research projects in Ireland, was developed, and the research was conducted in 14 schools by Dr. O Fathaigh and Mr. Phil. Mortell of the C.Y.F.

2. THE SAMPLE

2.1 There are 32 post-primary schools in Cork City which had a total enrolment of 16,852 students in 1989-'90. 23 Secondary Schools, 4 Community-Comprehensive Schools, and 5 Vocational Education Committee Schools comprised the general population. It was decided to examine in detail the attitudes and behaviour of students in the first year of the senior cycle in these schools. The sample frame consisted of 14 randomly selected post-primary schools in the Cork City area and Table 1 shows the survey sample broken down into school type, sex of pupils, and number of pupils.

TABLE 1

Male 428 (54%)	Secondary <u>Schools</u> 7	Number of Pupils 440 (56%)
	Community- Comprehensive 4	240 (30%)
Female 359 (46%)	Vocational 3	107 (14%)
	<u>TOTAL</u> 787	787

The total number of pupils involved in the survey was 787, (42 questionnaires (5%) were not included in the analysis because of uncompleted sections and/or a number of responses being answered twice), of which there were 428 (54%) boys and 359 (46%) girls. The majority of the pupils (59%) were 16 years of age, 22% were 17 years old and 19% were 15 years.

3. METHODOLOGY

3.1. Principals of all the 14 schools selected for the study were contacted and asked to participate in the survey. It was stressed that the findings relating to individual schools would be private and confidential, and that the pupils' questionnaires would be anonymous. The survey instrument consisted of a self-administered questionnaire, and respondents were required to indicate the appropriate answers for each question on a separate answer sheet. The questionnaire elicited information on a range of variables relating to smoking, drinking, and drug use and attitudes. These variables included intentions and attitudes, past behaviours, peer-related behaviour, health related aspects of

drug use, and background characteristics. The questionnaire data were checked by the Director of the project and staff of the Cork Youth Federation. The survey results were coded in the Computer Centre of University College, Cork and were analysed by Ms. Loretto O'Connor using SPSS statistical methods.

4. CIGARETTE SMOKING

This section describes the main findings relating to the prevalence of cigarette smoking among Cork City post-primary school children and to the circumstances under which first experimentation with smoking occurred. Also, smoking habits of family and peers of smokers will be outlined as will smokers' perceptions of health related aspects of cigarette smoking.

4.1. Prevalence of Cigarette Smoking

A majority of the pupils (72%) indicated that they had smoked a full cigarette. Table 2 shows that by 13 years of age that a majority of pupils (52%) had smoked a full cigarette and that by 15 years of age 69% had experimented with cigarette smoking.

TABLE 2

Q. At what age did you smoke your first cigarette?

	%	Cumulative %
8 years	9	9
9 years	5	14
10 years	7	21
11 years	8	29
12 years	12	41
13 years	11	52
14 years	10	62
15 years	7	69
16 years	2	71
17 years	1	72

Also, by age 17 years 35% of experimenters had desisted from smoking cigarettes over the previous month, and the extent of smoking behaviour among the remaining 37% is outlined in Table 3.

Peer group influence presented strongly in the case of first experimentation with cigarette smoking with 58% of

TABLE 3

Q. Overall, about how many cigarettes did you smoke each day during the past month?

Others	A few, not every day	1-4 a day	5-9 a day	more than 10 a day
63%	12%	10%	8%	7%

pupils reporting that they were with friends the first time they smoked a cigarette, 10% were alone, 3% were with brothers-sisters, and 1% were with parents. Peer influence regarding smoking is reflected also in Table 4 where pupils' perceptions of parental and peer disapproval of smoking are outlined. Whereas a majority of pupils report parental disapproval of smoking, pupils' friends were more tolerant.

TABLE 4

Q. To what extent would your parents and friends Disapprove if you were to smoke cigarettes?

	Strongly Disapprove	Disapprove	Would not mind	Approve	Approve Strongly
My mother	40%	24%	6%	1%	1%
My father	45%	20%	7%	0	0
My best friend	8%	10%	35%	5%	5%
Most of my other good friends	4%	10%	50%	5%	3%

4.2. Effects of Smoking

Table 5 shows the responses of the smoking group on each of 12 personal consequences of smoking. The health related damaging effects of cigarette smoking are indicated clearly with 84% recognising that it would harm their health, 88% acknowledging that smoking would increase chances of getting lung cancer, and 74% perceiving smoking as decreasing life expectancies. Also, the economic consequences of smoking were recognised with 85% claiming that smoking would cost too much money and 82% indicating that cigarette smoking would be a waste of money.

5. DRINKING

5.1. Prevalence

78% of pupils indicated that they had had a whole drink (more than just a sip or taste) of any alcoholic drink. The prevalence of alcohol consumption is outlined in Table 6 where 51% of pupils revealed that they had sufficient drink taken to feel drunk on at least one or more occasions, and 30% had taken in excess of 3 pints on the last occasion on which they drank.

TABLE 5

Q. Listed below are some things that might happen if you were to smoke cigarettes next month. Please indicate whether or not you think each actually would happen to you if you smoked cigarettes.

If I smoked cigarettes next month, it would

	I am certain it would	I think it would	Unsure	I think it Would not	I am certain it would not
harm my health ...	60%	24%	8%	6%	2%
help me look more grown up ...	4%	8%	9%	29%	50%
cost me too much money ...	65%	20%	4%	6%	5%
help me feel more relaxed ...	16%	16%	22%	20%	26%
increase my chances of getting lung cancer ...	72%	16%	7%	3%	2%
make me more popular among my friends ...	4%	5%	15%	31%	45%
give me bad breath ...	59%	21%	10%	6%	4%
be a waste of money ...	67%	15%	6%	6%	6%
shorten my life ...	40%	25%	21%	8%	6%
give me a bad name ...	8%	12%	24%	32%	24%
be immature ...	15%	17%	21%	28%	19%
give my clothes a bad smell ...	56%	26%	8%	5%	5%

TABLE 6

Q. How often have you ever had enough of any alcoholic drink to feel drunk?

Never	1-3 times	4-6 times	7-9 times	More than 9 times
49%	18%	11%	5%	17%

Q. The last time you drank how many drinks did you take?

	1	2	3	4	5+	Never
Pints	22%	11%	11%	8%	11%	37%
Spirit measures	28%	10%	6%	4%	7%	45%

The period between 13 years and 15 years of age emerged as a critical phase in relation to experimentation with alcohol. Table 7 indicates that by age 12 years just 15% had consumed a whole drink of an alcoholic beverage but that by age 15 years that had increased four fold to 64%.

Interestingly Table 7 highlights major differences in the patterns of initial experimentation with cigarette smoking and alcohol consumption. Whereas, the final 3 years of primary school and the first year of second level school would seem to be the crucial time for a programme of smoking education, it would seem that a programme of alcohol education would be necessary before the Intermediate/Group Certificate examination year. Indeed, in contrast to what is perhaps the popular view, just 4% of pupils indicated

TABLE 7

Q. How old were you the first time you ever had a whole drink (more than just a sip or taste) of alcohol?

		Cumulative	Smoking
8 years	2%	2%	9%
9 years	1%	3%	14%
10 years	2%	5%	21%
11 years	3%	8%	29%
12 years	7%	15%	41%
13 years	10%	25%	52%
14 years	17%	42%	62%
15 years	22%	64%	69%
16 years	8%	72%	71%
17 years	6%	78%	72%

that they had taken their first drink on the night the Intermediate/Group Certificate results were made public. In fact experimentation with alcohol tended to occur prior to this occasion for many of the pupils.

5.2. Type and Location of Drinking

An attempt was made in the research to establish (i) the kinds of alcohol consumed by pupils and (ii) the sources from which alcohol was obtained. Table 8 presents details on pupils' responses to the question 'On how many occasions during the past month did

you drink a whole drink of each of the follows? Cider, beer, wine, spirits'. Beer (lager, ale, stout) was the most popular drink among pupils, with 31% of the sample having taken it at least 4-6 times during' the previous month. Spirits and wine and cider were considered in a similar manner by 14% and 8% and 5% of pupils, respectively.

TABLE 8

Q. On how many occasions during the past month did you drink a whole drink of any of the following?

	Others	1-3 times	4-6 times	7-9 times	More than 9 times
Cider	80%	15%	3%	1%	1%
Beer (lager, ale, stout)	49%	20%	16%	3%	12%
Wine	7%	21%	4%	2%	2%
Spirits (Vodka, Whiskey, etc.)	64%	22%	6%	3%	5%

Also, pupils were asked to indicate their usual source of alcohol and how often in the previous month they had purchased drink from a range of outlets to be consumed elsewhere. Table 9 indicates that the pubs were the usual source of alcohol for 30% of pupils with off-licences and home accounting for 14% and 11% respectively. Also, public houses and off-licences seemed to be the most popular sources for the purchase of drink to be consumed elsewhere.

TABLE 9

Q. What is your usual source- of Alcohol?

Your Home	Public House	Off Licence	Supermarket	Other	Non-Drinkers
11%	30%	14%	1%	15%	29%

Q. In the last month how often have you bought drink from the following outlets to drink elsewhere?

	Never/do not drink	Once	2-3 times	4-5 times	More than 5 times
Public House	77%	9%	7%	2%	5%
Supermarket	79%	4%	2%	10%	1%
Off Licence	74%	12%	8%	4%	2%

5.3. Reasons for Drinking

Table 10 shows that 55% of students said that they drink because they like the taste, 36% because it helped them relax, 32% because it helped them mix with members of the opposite sex, 28% because it helped them mix with friends, and 24% because it gave them courage.

TABLE 10

Reasons Why Pupils Take Drink

1.	I like the taste.	55%
2.	It helps me relax.	36%
3.	It helps me mix with the opposite sex.	32%
4.	It helps me mix with my friends.	28%
5.	It gives me courage.	27%
6.	I don't want to be left out.	24%
7.	It makes me feel more adult.	21%
8.	It helps me to get over worries and problems.	20%
9.	I don't want my fiends to think I am afraid to drink	15%

ABUSE OF ALCOHOL

In relation to the adverse effects of alcohol abuse on different aspects of their lives 27% of pupils reported having been sick, 15% fought with their parents, 13% reported suffering memory loss, 11% got into a fight, and 9% damaged property. 7% reported having passed out as a consequence of alcohol abuse.

6. DRUG USE

This section is concerned primarily with describing the reported use of drugs other than tobacco and alcohol. Both lifetime and current prevalence of drug use are outlined, as are attitudes of drug users to the effects of drugs.

6.1. Prevalence of Drug Use

Lifetime drug use was measured by asking pupils if they had ever used each of 8 drugs in order to get “high”. Table 11 shows the percentage of pupils who reported having used any of these drugs. It can be seen from this table that the most popular substances among these young people were marijuana (15%), glue, solvents or gas (10%), prescribed tablets (10%), and psilocylin/magic mushrooms (4%). The least popular drugs were the opiates and cocaine which had been used by 1% and 2% of pupils, respectively.

TABLE 11

Q. Have you ever used any of the following to get “high” or to try to get “high”?

	<u>Yes</u>	<u>No</u>
1. Glue, solvents, or gas	10%	90%
2. Marijuana (pot, hash, grass)	15%	85%
3. Heroin (smack)	2%	98%
4. Cocaine	2%	98%
5. LSD	1%	99%
6. Magic mushrooms (psilocylin)	8%	92%
7. Prescribed tablet (for yourself)	10%	90%
8. Prescribed tablets (someone else)	6%	94%

In the survey, an attempt was made to establish the extent to which these substances had been used by pupils in the previous month and by those pupils who had used them to get high. Table 12 outlines their use and it may be observed that marijuana had been used by 10% of pupils more than 1-2 times in the previous month, prescribed tablets by 5%, glues, solvents and gas 6%, and “magic mushrooms” by 4%. It should be noted also that prescribed tablets constituted a significant source of drugs for 5% of pupils.

TABLE 12

Q. On how many occasions during the past month did you use any of the following to get “high” or to try to get “high”?

	Never	1-2 times	3-5 times	6-9 times	More than 9 times
1. Glue, solvents, gas	94%	4%	1%	1%	0
2. Marijuana (pot, hash, grass)	90%	6%	2%	1%	1%
3. Heroin	99%	1%	0	0	0
4. Cocaine	99%	1%	0	0	0
5. LSD	99%	1%	0	0	0
6. Magic mushrooms	96%	3%	1%	0	0
7. Prescribed tablet (for yourself)	95%	4%	1%	0	0
8. Prescribed tablets (for someone else)	95%	4%	1%	0	0

7. BACKGROUND VARIABLES

Pupils' behaviour and views in relation to a range of background topics were obtained during the research. An overwhelming majority of pupils (93%) felt that schools should provide drug education programmes and 81% felt that it was important to do well in school. Interestingly 35% of pupils worked on a part-time basis with 20% working in supermarket-shops, 7% in bars, and 4% each in garages and hotels. In relation to the pupils' disposable income, Table 13 shows that 10% had pocket money in excess of £15 each week.

TABLE 13

Q. How much money do you have to spend on yourself each week?

Less than £1	£1-£4	£5-£9	£10-£15	More than £15
3%	36%	34%	17%	10%

A majority of pupils (63%) were of the opinion that they enjoyed life in school, with 27% indicating the opposite view.

8. SUMMARY AND CONCLUSIONS

8.1. The main objectives of this research were twofold. First, it was intended to provide

estimates of the prevalence of substance use among young people attending second-level schools in Cork City. Secondly, it was also designed to provide systematic data on the socio- psychological factors related to these behaviours and attitudes for this population. The ultimate goal was to gain a better understanding of the processes underlying these behaviours and to suggest areas for effective preventive programmes in schools. This interim report sought to address the first objective of the research project, viz., describing attitudes and behaviours.

8.2. Over two-thirds (72%) of the sample had smoked a cigarette and 25% were regular smokers. Most young people (62%) reported having smoked their first cigarette at age 14 years or younger and it was noted that this fact had significance for the location of a smoking education module (as part of a broader health education programme) on the primary school curriculum. Peer group influence represented an important contextual variable in pupils' introduction to cigarette smoking.

8.3. Over three-quarters of the pupils (78%) had consumed a whole drink of an alcoholic beverage on at least one occasion, over half had felt "drunk" on at least one occasion and 51% could be classified as regular-occasional drinkers. The period between 12 years and 16 years seemed to be the time during which the majority of pupils consumed their first whole drink. Interestingly, most of the sample took their first drink

in the company of friends, and public houses were the most regular sources of alcohol. Also, beer was the most popular drink, followed in order of preference by spirits, wine, and cider. A variety of socio-personal reasons were associated with drinking behaviour, with taste being the dominant one.

8.4. One-fifth of the students had tried drugs other than tobacco and alcohol. The most popular illicit drugs were marijuana and inhalants such as glue, solvents or gas. 6% of pupils claimed to have a regular source of drugs.

8.5. The data presented in this report suggest a number of conclusions. Firstly, a significantly large majority of the sample population had experimented with alcohol and tobacco, and a significant minority had used other substances, some legal and others illegal. In a more detailed analysis of the data, to be published at a future date, polydrug users (using a variety of substances) featured as a significant group. A second conclusion suggests that a major need exists for a comprehensive and articulated set of primary preventative-educational programmes to combat such use and abuse. A coordinated approach utilising school and community resources would seem to be needed. Such programmes should form part of broader health promotion initiatives in our society and should operate at local and national levels. If such rates of substance use were to prevail,

and perhaps increase, during early adult life, then interventions of a more drastic and costly type may be needed to deal with the problem.