

**DRUG-RELATED KNOWLEDGE,  
ATTITUDES AND BELIEFS  
IN IRELAND**

**REPORT OF A NATION-WIDE SURVEY**



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# Foreword

In late 1997 the Drug Misuse Research Division (DMRD) of the Health Research Board identified a need for information about attitudes to drugs and drug use in Ireland. Early the following year the DMRD (R. Moran) designed an attitude study and associated questionnaire, which explored knowledge, attitudes and beliefs in relation to drugs and drug users. The questionnaire was administered to a nation-wide sample of 1,000 respondents as part of an Irish Social Omnibus Survey in February-April 1998. Audrey Bryan joined the DMRD in the summer of 1998 and wrote up the study as part-fulfilment of a Master of Science degree, later redrafting it in report format. The report was subsequently edited by Rosalyn Moran, Eimear Farrell and Mary O'Brien of the DMRD, in collaboration with Brigid Pike who provided technical report-editing support.

The DMRD would like to express thanks to those who took time to complete the questionnaire and share their experiences and attitudes on the important social issue of drugs and drug misuse in Ireland. Thanks to colleagues Lucy Dillon, Paul Cahill and Tracy Kelleher of the DMRD for commenting on earlier drafts, and to the external and internal reviewers for their very useful insights. Responsibility for the final content of the report rests with the DMRD.

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# Glossary of Terms

- Chi-Square Test** A statistical test to compare categorical data from two or more different groups, and to determine if there is a statistically significant difference between the groups (a test for independence of groups).
- Drug Addict** An individual whose drug taking patterns are dependent in some way. Although heavily criticised for its negative connotations, the term remains popular in everyday speech and is more familiar to the general public than the more neutral terms 'drug addicted individual' or 'problem drug user'. For this reason it was used in the questionnaire and it is also used in this report where references are made to statements in the questionnaire and respondents' replies are discussed.
- Drug Addicted Individual** An individual who experiences social, psychological, physical or legal difficulties as a result of an excessive compulsion to continue taking drugs. It is not necessarily the frequency of drug use that is the 'problem' but the effects of use on the user's life.
- Drug Use/Misuse** 'Use' refers to any aspect of the drug taking process. 'Misuse' in the present report refers to the use of illegal substances in a manner that results in physical or mental harm or loss of social well-being for the individual, for other individuals, or for society at large.
- Drugs** The term is used in this report to refer to psychotropic drugs, i.e. chemical substances that affect the brain and the body.
- Hard Drugs** Usually refers to types of drugs, such as heroin or crack, which are seen to be 'more dangerous' than other types of drugs.
- Harm Reduction** A term used to describe approaches that aim to reduce drug-related problems and the harmful consequences of drug use.
- Illegal Drugs** Certain drugs are controlled by legislation and are referred to as 'controlled drugs' or 'illegal drugs': it is the possession of controlled drugs by unauthorised persons that is illegal, not their use.
- Illicit Drug Use** The term 'illicit drug use' has a broader scope than illegal drugs, referring

to unacceptable use of drugs that may or may not be controlled, e.g. the use of benzodiazepine for non-medical purposes.

<b>Prevalence</b>	An estimation of the proportion of the population that has used illegal drugs. It may refer to recent usage (e.g. the last month); to a period of duration such as one year (1-year prevalence); or to an individual's whole lifetime (lifetime prevalence).
<b>Prevention</b>	Involves measures to <ul style="list-style-type: none"><li>• control the supply of drugs, e.g. legislation, police and customs activity, and prescribing controls;</li><li>• reduce the demand for drugs, e.g. education programmes through schools and local communities, and media campaigns; and</li><li>• reduce the risks that result from drug use, e.g. education, treatment programmes, telephone helplines.</li></ul>
<b>Problem Drug User</b>	A drug user who experiences social, psychological, physical or legal difficulties as a result of an excessive compulsion to continue taking drugs. It is not necessarily the frequency of drug use that is the 'problem' but the effects of that use on the user's life. The term 'people who end up with a drug problem' was used in the questionnaire to refer to those who display symptoms of problem drug use.
<b>Soft Drugs</b>	Usually refers to types of drugs, such as cannabis, which are seen to be 'less dangerous' than other types.
<b>Treatment</b>	Any activity which is targeted directly at individuals who have problems with their drug use. It aims to ameliorate the psychological, medical or social state of individuals who are seeking help for their drug problem.

# Executive Summary

This report presents the findings of a nation-wide survey of public attitudes towards, and perceptions of, aspects of the drug issue in Ireland. The **overall aims** of the research project were to:

- establish the public's level of awareness of commonly used illegal drugs and ascertain their perceptions of the harmfulness (or otherwise) of these substances;
- establish the level of concern about the current drug situation in Ireland;
- ascertain attitudes towards drug users and drug-addicted individuals and assess the level of support for drug treatment for these individuals; and
- establish the level of support (or lack of) for aspects of current drug policy including drug prevention, harm reduction, drug education and drug control, and (de)criminalisation of cannabis.

The questionnaire on which the research was based constituted a module of the 1998 Irish Social Omnibus Survey. A total of 1,000 individuals, randomly selected from the 1997 Register of Electors for Ireland (26 counties), took part in the study. Data was collected using face-to-face interviews between February and April 1998.

The **findings** of the survey were:

- Members of the general public were generally aware of the kinds of illegal drugs most commonly used. Ninety-four per cent reported that they had heard of heroin, cocaine, ecstasy and cannabis, while 70 per cent had heard of LSD and amphetamines.
- Self-reported cannabis use (as measured by lifetime prevalence) stood at 12 per cent. Over one quarter of respondents claimed to know someone who had, or had had, 'a drug problem'. The younger urban sector of society tended to have greater personal experience of cannabis, to know people who had taken cannabis or had 'a drug problem'. Males reported greater use of cannabis and knowledge of cannabis users than females.
- The results indicated a high level of concern about the current drug situation among the general public. Three quarters of the respondents were of the opinion that the current drug situation in Ireland was 'out of control'. Ninety-four per cent concurred that drug-related crime was a major problem in Ireland and that the availability of illegal drugs posed a great threat to young people. For almost 40 per cent of respondents, drugs were perceived to be a problem in their own neighbourhoods, indicating that the problem was

perceived to be a local as well as a national one. There was concern also regarding the legal drug, alcohol. Over half of respondents (56%) considered that alcohol abuse caused more problems in society than drug abuse.

- A substantial proportion of respondents believed that experimentation with drugs was commonplace among young people. Over half of those who took part in the survey believed that it was 'normal' for young people to try drugs at least once, and at least 40 per cent believed that most young people experimented with cannabis and ecstasy.
- Respondents generally regarded illegal drug taking as a dangerous pursuit. Approximately three quarters (77%) believed all illegal drugs to be equally harmful to health, while over 40 per cent believed that one could become dependent on drugs after just one experience. The majority of respondents considered the occasional use of heroin (85%), ecstasy (81%) and cannabis (57%) somewhat dangerous, and over half (54%) believed regular use of cannabis was just as dangerous to health as regular use of heroin. This somewhat exaggerated sense of the effects of illegal drugs was less common among the younger members of the (adult) population surveyed. Two thirds (66%) of those aged between 18 and 29 believed all drugs were equally harmful to health, and a quarter (26%) believed one could become dependent on drugs after only one experience.
- Social avoidance and fear of drug users and those addicted to drugs were high among respondents. Moreover, sympathy for drug addicted individuals was relatively low, with over half the respondents believing that those with a drug problem had only themselves to blame. Such attitudes were to some extent mediated by age and education, with younger respondents and respondents with a higher level of education being somewhat less inclined to perceive drug addicts in a negative light. Moreover, those with personal knowledge of someone 'with a drug problem' typically held more positive attitudes towards those who were addicted to drugs.
- Consistent with the widespread concern about the severity of the current drug situation was an overwhelmingly high level of support for drug prevention. Over 90 per cent of respondents agreed that the allocation of financial resources for drug prevention was worthwhile. Almost 95 per cent supported the notion of providing drug education to primary school children.
- Current harm reduction initiatives, including the provision of heroin substitutes such as methadone, and needle exchange facilities to heroin dependent clients, received support from two thirds of respondents (63% and 66% respectively). Furthermore, while the provision of drug treatment on the basis of need received almost unanimous support, two thirds of respondents (65%) felt this should only be provided to those who had abstinence as their ultimate goal.

- Regarding alternative policy options, only 24 per cent of respondents agreed that cannabis use should be legalised, while over 70 per cent agreed that drug addicts convicted of petty offences should be given the option of receiving treatment instead of having a jail sentence for their crime.

The report concluded with **four recommendations** related to the key findings of the research:

- The Irish have a good general awareness of commonly used illegal drugs. However, their perception of the general harmfulness of these substances indicates a lack of accurate knowledge about the different effects associated with different types of drugs.  
*Recommendation:* The provision of accurate information of a non-sensationalist type to all age groups, on the relative known risks associated with different types of drugs.
- Societal attitudes towards drug users are mostly negative. Those with personal experience of someone 'with a drug problem' tend to have less negative attitudes, as do younger members of society and those with higher levels of education.  
*Recommendation:* The promotion of more positive attitudes towards those who misuse drugs, particularly among older people and those with less education. A positive attitudinal climate is important to the social integration of problem drug users and to their willingness to avail of treatment.
- The public generally perceive drug-taking to be common among young people, and there is a high level of concern about the current drug situation in Ireland. Notwithstanding, alcohol abuse tends to be perceived as a more serious problem in society than drug abuse.  
*Recommendation:* The continuation of efforts to address the problem of legal as well as illegal drugs.
- While societal attitudes towards those who use drugs are negative, respondents attach high priority to providing help to drug users. This high level of support for drug treatment is likely to be related to the widespread perception that the drug problem is a very serious issue in Irish society.  
*Recommendation:* The retention of the drugs issue high on the political and social agenda.





# CHAPTER 1

## Introduction

### 1.0 Introduction

This report presents the findings of a nation-wide survey of public perceptions of, and attitudes toward, aspects of the drug issue in Ireland. In this chapter, the rationale and objectives of the research are set out. The background to the Irish drug situation and relevant research on perceptions and attitudes are described.

### 1.1 Rationale and Objectives of the Research

Public attitudes towards the drug issue are significant because it is doubtful whether drug-related policies will ultimately succeed without the backing (the belief and support) of the public whom policy makers have a duty to satisfy (Leitner, Shapland & Wiles, 1993; Room, Graves, Giesbrecht & Greenfield, 1995). This backing is dependent upon, *inter alia*, the accuracy of the public's drug-related knowledge and the nature of the public's attitudes towards drug users. The accuracy of the public's drug-related knowledge is significant because inaccurate information may influence the general public to support drug policies based on invalid assumptions (Keene, 1997). The public's attitudes towards drug users are important in that it has been suggested that the rehabilitation and re-integration of drug-addicted individuals into mainstream society cannot be achieved until societal attitudes are positive and accepting (Low, Zulkifli, Yusof, Batumalail & Aye, 1996; MacGréil, 1996).

Previous research in Ireland into public attitudes towards illegal drug use included Jackson's research into attitudes towards smoking, alcohol and drug use in Cork and Kerry (1997), and MacGréil's investigation of prejudice against a variety of minority groups in Ireland, including drug users (1996). The need existed to establish a nationwide benchmark specifically of drug-related knowledge, attitudes and beliefs in Ireland.

Based on this rationale and need, the overall aims of the research project were to:

- establish the public's level of awareness of commonly used illegal drugs and ascertain their perceptions of the harmfulness (or otherwise) of these substances;
- establish the level of concern about the current drug situation in Ireland;
- ascertain attitudes towards drug users and drug-addicted individuals and assess the level of support for drug treatment for these individuals; and
- establish the level of support (or lack of) for aspects of current drug policy including drug prevention, harm reduction, drug education and drug control, and (de)criminalisation of cannabis.

## 1.2 The Nature and Extent of Problem Drug Use in Ireland

The true prevalence of problem drug use in Ireland is unknown (Moran, O'Brien & Duff, 1997).<sup>1</sup> Although it may never be possible to capture accurately the extent of this covert activity, it is possible to estimate it indirectly through indicators such as treatment data, drug-related crime statistics and drug-related deaths.

Official recognition of problem drug use in Ireland dates back to the mid 1960s. To begin with, illegal drug use was mainly restricted to substances such as cannabis and LSD and the extent of the problem was relatively small (Hogan, 1997). The early 1980s saw a sharp rise in the numbers seeking treatment for heroin dependence, and available statistics since this period suggest a steady increase in the numbers seeking treatment for opiate addiction (O'Brien, Moran, Kelleher & Cahill, 2000). The problem of heroin dependence is perceived to be predominantly confined to socially and economically disadvantaged areas. In Dublin, it has been described as 'probably the greatest single problem facing the capital' (Ministerial Task Force, 1996, p. 5). Recent figures suggest that 53 per cent of young people in Ireland have *tried* an illegal drug (National Youth Council of Ireland, 1998).

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<sup>1</sup> Attempting to establish the prevalence of drug use in society has been likened to trying to piece together a jigsaw with most of its pieces missing (Institute for the Study of Drug Dependence, 1994).

Between 1965 and 1993 there was a fifty-fold increase in the number of drug-related charges initiated by the Garda Síochána. However, numbers were still relatively low; by 1995, only 3,730 out of an estimated 100,000 indictable crimes were drug-related, with the bulk of the charges relating to the possession and supply of cannabis (O'Mahony, 1997a). Research on convictions and committals indicates that drug-related crime statistics under-represent the extent of the drug problem in Irish society. For example, in a study of male prisoners in Mountjoy Prison, O'Mahony (1997b) found that while 66 per cent of the total sample had used heroin, only 6.9 per cent were in prison as a result of a 'misuse of drugs' conviction.

Recent figures from the National Drug Treatment Reporting System show increases in the numbers receiving treatment for drug misuse throughout the country, from 4,391 in 1995 (O'Higgins, 1997) to 6,043 in 1998 (O'Brien *et al.*, 2000). The increased numbers reflect, *inter alia*, the increased availability of treatment. More specifically, opiate use is also increasing, with 'problematic opiate use' concentrated in the Dublin area, in locations with high levels of socio-economic deprivation (O'Brien *et al.*, 2000).

### 1.3 Official Responses to Problem Drug Use in Ireland

To begin with, official thinking on problem drug use was concerned with primary prevention strategies, that is trying to limit supply and to deter individuals from taking drugs in the first place. With the escalation of intravenous drug use and growing concern about HIV from the 1980s onwards, Irish drug treatment policies expanded to include the reduction of the harm incurred through drug use. For example, needle exchange programmes and methadone substitution programmes were introduced.

The latter half of the 1990s saw a more integrated approach to drug policy (Moran, O'Brien, Farrell & Dillon, 1999). This involved among other things the promotion and resourcing of local community participation in the formulation and implementation of policy. Specific initiatives have included the establishment of the Local Drug Task Forces and the Young Peoples Facilities and Services Fund. These initiatives target problem areas and involve the local community in developing and delivering locally-based solutions that promote social inclusion. In addition, the Garda Síochána, who used to focus mainly on supply reduction and law enforcement, are now increasingly emphasising demand reduction and are more widely engaged in working with local communities, for example in drug education.

In the areas of prevention and treatment, there has been an increased emphasis on stabilisation, detoxification, rehabilitation and reintegration, but abstinence is still the official governmental goal of all treatment programmes. The decentralised and community-based approach to delivering services has increased, with growing numbers of community-based treatment clinics, panels of specially trained general practitioners, and designated pharmacists prescribing and dispensing to problem users in their own local areas (Moran *et al.*, 1999).

#### 1.4 Attitudes, Prejudice and Attitudinal Change

Public attitudes towards a variety of issues surrounding drugs form the basis for the present study. Central to most definitions of the term 'attitude' is the belief that attitudes represent a psychological state or feeling which disposes the individual to react or respond in a positive or negative manner towards the object, situation or individual under consideration. One of the more recent definitions to emerge from the attitudinal literature has been that of Eagly & Chaiken (1993), which describes attitudes as 'tendencies to evaluate an entity with some degree of favour or disfavour [which are] ordinarily expressed in cognitive, affective and behavioural responses' (p. 155). Definitions of this nature are suggestive of a link between attitudes towards an attitude object and behavioural responses to it. Pessimism about the strength of, or indeed the existence of an attitude-behaviour link, characterised the research literature during the 1950s to 1980s (Rajecki, 1990). However, current social-psychological research suggests that cognitions generally are related to behaviour, although there is a wide variety of inter-related factors including situational, environmental and socio-cultural factors (Aronson, Wilson & Akert, 1999).

Relevant also to the present study is a brief overview of those aspects of the attitudinal literature relating to stereotypes, prejudice and attitudinal change. The concepts of prejudice and stereotypes, which are concerned with feelings, beliefs and evaluations about particular social groups, are important in understanding attitudes. Stereotypes have been defined as 'shared, consensual beliefs about a group and as individual perceivers' beliefs about a group' (Olson & Zanna, 1993, p. 141). 'Prejudice' refers to an unfavourable or negative evaluation of a particular social group. Prejudice is believed to develop from negative stereotypes of the group in question and to be predictive of discriminatory behaviour towards members of the group. Much of the available evidence indicates that prejudicial attitudes and related actions develop with age (Olson & Zanna, 1993).

The issue of prejudice reduction is of particular relevance to the present study in terms of highlighting the best means of reducing prejudice towards drug addicted individuals. Olson & Zanna (1993) comment that inter-group contact is perhaps the most widely studied and suggested technique for reducing prejudice. In the Irish context, research by Moran (1977) into attitudes towards the psychologically distressed was suggestive of a positive relationship between (high) familiarity and (favourable) attitude. Moran (1977) found that those who knew an individual who had suffered from a psychological illness were less fearful and more sympathetic in their attitude toward them, and deduced '...there is potential for positive attitude change with increased interaction between the mentally ill and the general public' (p. 187).

### 1.5 Research on Drug-Related Perceptions and Attitudes

A review of previous studies of societal perceptions of, and attitudes towards drug-related issues, both overseas and in Ireland, helped to clarify the nature of the issues that would be explored in the present nation-wide study of knowledge, attitudes and beliefs in Ireland towards the drug issue. The review of the literature below addresses the following aspects of the drug issue relevant to Ireland:

- perceptions of the extent of the drug problem and of drug use prevalence;
- perceptions of the harm associated with drug use and attitudes towards drugs;
- attitudes towards drug users; and
- attitudes towards drug policy.

At the outset, it should be noted that the design and objectives of these research studies constrained the application of their findings in the present context. For example, the samples studied varied considerably, and some research programmes had been conducted in cultural milieus very different from that prevailing in Ireland.<sup>2</sup> In addition, the amount of attention devoted to attitudes in these studies varied according to the

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<sup>2</sup> Populations sampled included general populations (Leitner *et al.*, 1993); children of school-going age (Coggans, Shewan, Henderson & Davies, 1991; Grube & Morgan, 1986, 1990; Hibell *et al.*, 1997); parents and adults (Scotland against Drugs, 1997); those who work with drug users (Ross & Darke, 1992); drug users themselves (Galt, 1997; Keene, 1997; Keene, James & Willner, 1998); survey of Spanish public (Del Rio & Alvarez, 1995); attitudinal research in Malaysia (Low *et al.*, 1996).

primary objective of the research.<sup>3</sup> Furthermore, while some studies focused exclusively on attitudes towards those who misuse drugs, others have concerned themselves exclusively with the perceived harmfulness of drugs, or with aspects of drug policy.

### 1.5.1 Perceptions of the Extent of the Drug Problem and Drug Use Prevalence

In a survey of the general population in Britain concerning a broad range of issues relating to drug use (Leitner *et al.*, 1993), it was found that drugs were perceived to be less problematic locally than other social problems such as other crime and social disturbance. However, the majority of respondents, particularly those most likely to have contact with drug users, felt there was a big or fairly big drug problem in Britain. A sizeable majority of respondents were also of the opinion that drug use was prevalent in Britain. Perceptions of drug prevalence were mediated by individual experience of drug use and by social demographic characteristics. Those individuals who had taken drugs themselves, who were from higher socio-economic backgrounds or were female, were more likely to believe that drug use was commonplace.

A comparative study of drug-related attitudes in each of the Nordic countries by Hakkarainen, Hübner, Laursen & Ødegård (1996) found significant variation in people's level of concern about alcohol-related versus drug-related problems. While members of the public in both Finland and Norway were far more concerned about drinking problems than drug abuse, people in Sweden were more concerned about the drug issue. Danish people, on the other hand, were equally concerned about both alcohol and illicit drugs.

In a study examining substance use and related issues in the Cork and Kerry regions of Ireland, Jackson (1997) found that 60 per cent of respondents considered drugs to be a greater problem than alcohol. Only 20 per cent felt that alcohol posed a greater problem than drugs, while a further 20 per cent believed drug and alcohol problems to be equivalent threats. When asked how much of a problem they perceived various drug-related activities posed in their immediate locality, almost 50 per cent indicated drug use to be a problem; 44 per cent, the sale of drugs; 37 per cent, drug-related theft; 35 per cent, drug-related crime; and 14 per cent, solvent abuse and people becoming ill or dying owing to the use of drugs.

<sup>3</sup> Hibell *et al.* (1997) were particularly concerned with drug prevalence, while Coggans *et al.* (1991) focused on drug education programme evaluation studies.

Indicators of the perceived prevalence of drug use in this region were gleaned by asking respondents whether they knew someone who had been offered drugs. Over 40 per cent reported knowing someone who had been offered cannabis and almost 40 per cent someone who had been offered ecstasy. Moreover, at least 30 per cent knew someone who had been offered both of these substances. Almost 20 per cent of respondents were aware of someone who took ecstasy on a regular basis, while 3 per cent knew someone who regularly took heroin. Awareness of prescription drugs such as barbiturates or tranquillisers 'being offered' was very low (2% or less).

### 1.5.2 Perceptions of the Harm Associated with Drug Use and Attitudes towards Drugs

The Nordic Drug Survey investigated public perceptions of the relative harm associated with illegal substances (Hakkarainen *et al.*, 1996). Results indicated that while one fifth of respondents in Denmark believed in the possibility of using cannabis without becoming addicted, only 6 per cent of respondents in Sweden were willing to accept this proposition. Agreement about the possibility of using hard drugs without becoming addicted was very low in all countries surveyed.

Leitner *et al.* (1993), in their study of the drug-related views and habits of the general public in Britain, found that those substances cited by respondents as being most harmful were those which had been the focus of greatest political and media attention, namely heroin, cocaine, crack and solvents. Drugs such as cannabis were generally regarded as less harmful than other drugs including opiates, barbiturates, tranquillisers, and 'pills', and opiates were perceived as the most harmful. Of particular interest was the finding that younger respondents were more likely to perceive drugs as being more harmful than older respondents. Interesting also was the finding that half or more supported the view that there is an inevitable progression from 'soft' to 'hard' drugs. The authors concluded that given the reliance on second-hand information among the general public, and the dubious reliability of this information, there was a need to disseminate accurate information describing the harm associated with various substances.

In Ireland, Jackson (1997) examined the perceived levels of harm associated with various illegal drugs. Heroin, ecstasy, crack, LSD, diconal and glue were regarded as the most harmful substances, and cannabis was regarded as the least dangerous of all mentioned substances. The perceived harmfulness of the use of ecstasy and cannabis was found to be

inversely related to exposure to taking these substances; thus, those who regarded cannabis and ecstasy as least harmful were most likely to have taken them, while less than 3 per cent of those who considered ecstasy very harmful had taken it.

Recent evidence challenges the view that individuals engage in drug use because they are unaware of the potential risks involved (Keene, 1997). In a qualitative study of young people's perceptions of illegal drugs, those individuals interviewed who took drugs were clearly aware of the potential risks involved. Similarly, a qualitative study of the drug-related attitudes and experiences of young people living in Lincolnshire by Galt (1997) found that while most young drug takers interviewed believed there were risks attached to using drugs, for some these risks were worth it, and in some cases actually added to the thrill of taking drugs.

In a more recent study, Keene *et al.* (1998) examined the influence of sub-group attitudes and perceptions of drug use on drug-using behaviour among three distinct types of drug user, namely 'experimental users', 'moderate social users' and 'heavy chaotic users'. On the basis of their findings, Keene *et al.* (1998) suggested that drug use is related to social context, that social group membership is likely to influence drug-related attitudes and behaviour, and that drug education programmes should be tailored to suit the particular needs and beliefs of particular sub-groups.

A number of studies also suggest an association between gender and perceptions of drug-related harm, with women tending to perceive drug use as far riskier than their male counterparts (Kauffman, Silver & Poulin, 1997).

### 1.5.3 Attitudes towards Drug Users

Illicit drug use is a classic example of social deviance (Young, 1987). It is an activity in which the majority of citizens do not partake and is thus subject to social condemnation. Not unusually, therefore, much of the available literature suggests that those who engage in this particular brand of social deviance are perceived in a negative light by society at large.

Some of the literature on drug misuse suggests that negative societal reaction towards drug users may be influenced to some extent by anti-drug media campaigns which typify drug users as generally helpless and dysfunctional addicts who engage in immoral acts. Power (1989)



suggests that the reliance on negative stereotypical imagery succeeds in stigmatising problem drug users and strengthening existing prejudices against these individuals. Such negative imagery serves to exacerbate the plight of the drug-addicted individual by increasing their sense of alienation, thus discouraging them from seeking help for their problem (Power, 1989; Rhodes, 1990).

A recent study of drug users in receipt of methadone in pharmacies in Scotland by Matheson (1998) revealed that many drug users reported they had been treated differently from, looked down on, or watched more closely than other customers as a result of their drug using status. In the Irish context, research involving parents attending drug treatment facilities found that these parents perceived statutory and voluntary services in general as having very negative attitudes towards drug misusers (Moran, 1999). Imhof (1995) alluded to a considerable corpus of work indicative of the negative reaction to and stereotyping of drug users by treatment professionals responsible for helping them to overcome their problem. These negative attitudes may lead to inadequate treatment or discrimination (Herek & Glunt, 1988). Imhof (1995) maintained that these negative attitudes were at least partly reflective of societal attitudes more generally.

The issue of individual as opposed to society's responsibility for drug addiction was explored among members of the general public in the Nordic Drug Survey (Hakkarainen *et al.*, 1996). It was found that drug addiction was perceived to be a combination of both individual responsibility and social circumstances beyond the user's control (Hakkarainen *et al.*, 1996, p. 151). The majority of respondents, when asked how they perceived drug addicted individuals, were more likely to regard them as sick people than as criminals. Perceptions of this nature are important indicators of attitude as they provide a means of assessing whether the respondent attributes a greater proportion of responsibility or blame for the addicted individual's situation to the individual or to circumstances outside his or her control.

A study of prejudice toward a variety of minority groups in Ireland by MacGréil (1996) provided an insight into public attitudes towards drug users, and the manner in which they had changed over the past 25 years. MacGréil described societal attitude towards drug addicts as a 'penal attitude that could easily spill over into hostile physical attack' (p. 87). Results showed that some 43 per cent of respondents would deny

citizenship to these individuals. MacGréil commented that 'when one considers that [these individuals] may be victims of circumstances and ... in need of extensive social support, the appalling severity of such public attitudes becomes more apparent'. Comparing these findings to the results of a similar study conducted during 1972-73, he described how negative societal reaction towards drug addicts had increased dramatically since that period.

#### 1.5.4 Attitudes towards Drug Policy

Leitner *et al.* (1993) examined public attitudes towards decriminalisation of 'soft' and 'hard' drugs, drug education and harm reduction education. Despite the fact that drugs were typically regarded as a significant problem, a sizeable minority of respondents, particularly younger people, favoured some form of drug legalisation or decriminalisation. Support for drug education was almost unanimous, and was particularly welcomed for those aged between 12 and 18 years. Harm reduction education was somewhat less well received than traditional preventive education strategies.

A study by Bammer (1995) in Australia focused exclusively on what is perhaps one of the more controversial aspects of drug policy, namely the controlled availability of heroin<sup>4</sup> and its synthetic substitute, methadone, to drug dependent clients. Methadone maintenance was well received by many when associated with the ultimate goal of abstinence. But support for such programmes dropped significantly when described as something that helps individuals to lead a 'normal' life, hold down a job, and support their families. Bammer argued that support for such programmes, which did not have abstinence as their end goal, may have been minimal because it was perceived as an initiative that had given up on drug-addicted individuals. Furthermore, it may have reflected an underlying attitude that treatment should be something which ultimately aimed to help drug dependent individuals to live complete and fulfilling drug-free lives, rather than something which merely attempted to minimise harm to themselves and others.

Similar aspects of drug policy have been examined in a study of attitudes towards the ethics of drug policy. This study was carried out among academic researchers working in the drug area by West (1997). The

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<sup>4</sup> This particular treatment option gave rise to mixed feelings among members of the community, but received support from 36 per cent of respondents when abstinence was presented as the ultimate goal (Bammer, 1995).

survey, which gathered data from almost 200 individuals from over twenty countries, was based on the responses of those identified as first authors of research papers submitted to the academic journal *Addiction*. Results indicated that, while it was widely accepted that drug-addicted individuals should have access to long-term methadone maintenance programmes and a right to treatment on demand, it was also felt that the authorities should have the power to force individuals to attend treatment for their dependence. Moreover, over 70 per cent of those who participated in the survey agreed that it is right on occasion to deny custody of children to their drug-using parents.

While comprehensive, scientific research into attitudes towards Irish drug policy is scarce, some sense of the level of public support for various measures of drug control may be gained from Jackson's study in Cork and Kerry (1997). Attitudinal data indicated that support for strict law enforcement measures and penalties was generally strong. There was unanimous agreement, for example, that penalties for drug dealers should be increased. Moreover, at least 70 per cent of respondents supported current prohibitionist policies, although a minority did support the legalisation of cannabis. Drug education for school children (particularly those in secondary school) was perceived as being important.

## 1.6 Summary

The purpose of the present research is to provide information on the general public's knowledge, attitudes and beliefs concerning the drug issue in Ireland, which can contribute to discussions about policy and measures to address the drug situation in Ireland. Gauging the public's level of knowledge about drugs and their effects is important in determining whether more accurate public information is necessary. Furthermore, an assessment of attitudes towards drug addicted individuals is an important prerequisite to establishing whether, and to what extent, negative societal reaction towards drug addicted individuals exists, and to taking action to modify these attitudes.

The true prevalence of problem drug use in Ireland is unknown. Data based on numbers in treatment indicate that problem drug use has been increasing since the 1960s, while there is anecdotal evidence that a growing range of substances are available and that drug-use among young people is increasing. The government's response has become gradually more comprehensive, with prevention strategies ranging from

education of those who do not use drugs, to education for those who may or already do use drugs, to harm reduction treatment strategies. These strategies are increasingly being implemented through decentralised structures located in the communities where most problem drug use is occurring.

An 'attitude' is a psychological state or feeling which disposes the individual to react or respond in a positive or negative fashion towards the object, situation or individual under consideration. Research show instances where inter-group contact has served to reduce negative attitudes.

The literature surveyed indicates that knowledge of drugs and perceptions of drug prevalence and the harm associated with drug use tend to be mediated by individual experience of drugs, personal acquaintance with drug users, media coverage of drugs and drug use, and social and demographic variables. Attitudes to drugs and drug use may also depend to some extent on social group membership and the attitudes held by the social group as a whole. An association has also been found between gender and perceptions of drug related harm, with women perceiving drug use as far riskier than men. Societal attitudes towards drug users have similarly complex origins, but research indicates they have a tendency to be negative. These negative attitudes exacerbate the sense of alienation felt by drug addicted individuals and discourage them from seeking help for their problem.

# CHAPTER 2

## Methodology

### 2.0 Introduction

A survey methodology was used to explore knowledge, attitudes and beliefs of the general public in Ireland in relation to the drug issue. The design<sup>5</sup> of the questionnaire, sample selection, data collection and analytical methods are described below.

### 2.1 Questionnaire Design

The review of the literature, guided by the objectives of the study, suggested a number of attitudinal dimensions or themes to be explored. A list of items was formulated to tap into the following themes:

- perceptions about the extent of the drug problem in society;
- perceived prevalence of drug use among young people;
- the perceived dangers associated with drug use;
- fear and rejection of drug addicted individuals;
- sympathy/lack of sympathy for drug addicted individuals;
- attitudes to drug prevention;
- attitudes to drug treatment; and
- attitudes to drug control, law enforcement and drug policy.

Attitude items with seven-point response scales, ranging from Agree strongly to Disagree strongly, were developed for each of these themes. A questionnaire was drafted, and piloted on six individuals, to ascertain difficulties in comprehending the survey items, e.g. any ambiguous or offensive words or expressions. Items giving rise to such difficulties were modified.

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<sup>5</sup> Study design and methodology based on Moran (1977).

The final survey instrument comprised 54 items: four items sought information about respondents' level of knowledge and awareness of, and personal familiarity with, illegal drugs; 35 items explored perceptions, attitudes and beliefs about drug use, drug users and drug-related issues; and 15 items elicited socio-demographic data including the respondents' age, gender, marital status, level of education, area of residence, and employment status. A copy of the questionnaire can be seen in Appendix A.

To investigate respondents' level of knowledge and awareness of illegal drugs, a prompted awareness technique was used. Individuals were asked whether they had heard of a number of illegal drugs, including cannabis, heroin, ecstasy, cocaine, LSD, and amphetamines. A dummy drug 'revelin' was included to explore the reliability of respondents' answer patterns to questions regarding drug taking experiences and patterns (Hibell *et al.*, 1997). A measure of lifetime prevalence of cannabis, i.e. whether respondents had ever taken cannabis at any time in the past, was included in the questionnaire. Respondents were also asked to state whether they knew someone who smoked cannabis and whether they knew someone who had or had had a drug problem.

## 2.2 Sample Selection

A total of 1,000 individuals, randomly selected from the 1997 Register of Electors for Ireland (26 counties), participated in this survey, which constituted a module of the 1998 Irish Social Omnibus Survey (ISOS).<sup>6</sup> The ISOS contained a number of modules, exploring different social issues; the items in Appendix A constituted the module on drugs, along with the socio-demographic data collected.

A Probability Proportionate to Size (PPS), multi-stage cluster, sampling procedure was used to ensure the sample obtained was representative of the general Irish population.<sup>7</sup> The primary sampling units were the 34

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<sup>6</sup> The ISOS is undertaken annually by an independent research company, Research and Evaluation Services, based in Belfast, Northern Ireland. The ISOS is modeled on a similar survey that has been used for many years in Northern Ireland and is known as the Northern Ireland Social Omnibus Survey (NISOS). The service is used by bodies such as government departments, social, cultural and political organisations, university departments, specialist academic research units and voluntary organisations.

<sup>7</sup> PPS is a form of cluster sampling, which involves the systematic or random selection of groups or 'clusters' of those elements comprising the target population, followed by the random selection of elements within each of the chosen clusters (Babbie, 1995). As the name implies, each cluster has a chance of selection proportionate to its size; thus, a town with 1,000 individuals would have twice the chance of selection as one with only 500 individuals.

registration authority areas used in the electoral register. From these areas, 120 District Electoral Divisions (DEDs) were randomly selected. The number of DEDs required to represent each registration authority area was determined on the basis of the size of the population of each authority: in other words, a greater number of DEDs (i.e. clusters) was chosen to represent more densely populated areas. Thus, three DEDs were randomly selected from each registration authority area, except Dublin County Borough, where 12 were chosen; South Dublin, 6; Dun Laoghaire-Rathdown, 4; Dublin Fingal, 4; and Cork County, 7. From each DED, a number of electors were randomly drawn, the number being determined by the population of the DED relative to the total number of electors in Ireland.

To achieve the desired sample size of 1,000, over-sampling was necessary to compensate for the possibility of non-response. Approximately 50 per cent more individuals were drawn from each authority than were required, and lists of additional potential respondents were provided to interviewers in case their original allocations failed to yield the required number of interviews. In total, the names and addresses of 1,550 individuals were issued, yielding an effective response rate of 64.5 per cent. Of those individuals in the sample who did not participate in the survey, 18.8 per cent were refusals, 3.9 per cent were either sick or elderly, and 12.8 per cent were unavailable.

### 2.3 Data Collection Procedure

The data were collected by means of face-to-face interviews in the respondents' homes. Responses were recorded on a hard copy of the questionnaire. A letter, explaining the purpose of the survey and the range of topics that it would address, was sent to each potential interviewee prior to the interview date. Interviews were conducted during the period 25 February 1998 to 30 April 1998.

A total of 70 interviewers were involved in the fieldwork. Interviewers attended a half-day briefing session on the content and structure of the questionnaire, and were provided with a set of notes highlighting such issues as the importance of interviewing only those individuals named on their list. Interviewers also carried a copy of the letter sent to each interviewee. The average length of time taken to complete each ISOS interview was 40 minutes. Interviewers were asked to read aloud the introductory explanation of the questionnaire in a clear and consistent manner. The explanation of the module on the drug issue emphasised

that the focus was on illegal as opposed to prescription drugs, and that the aim was to investigate opinions and attitudes regarding drug-related issues. Respondents were presented with show cards for the question 'Which of the following drugs have you heard of?' and for each of the attitudinal statements so as to provide a graphical illustration of the options.

On completion of each interview, interviewers were required to attach a cover sheet to the front of each questionnaire. In the case of a non-response, interviewers completed this sheet indicating the reason for non-interview, thus facilitating the analysis of non-responses into meaningful categories. A maximum of four follow-up calls was made to each potential interviewee before they were deemed unobtainable. These calls were made at different times during the day (daytime, evening) and at weekends.

#### 2.4 Analysis of Data

Attitudinal items were formulated to tap hypothesised attitudinal dimensions in line with a Likert scaling procedure (Moran, 1977). Factor analysis was applied but results were unstable, i.e. there was poor replication of emergent factors over the different factor solutions, and the results did not support the hypothesised factor structure. Accordingly, results are presented here in terms of simple frequencies grouped into Agree, Disagree, and Don't Know categories.

The four items measuring familiarity with, and use and knowledge of drugs (Items 1, 37, 38 and 39), used a Yes/No response format. Regarding Item 1, exploring awareness/knowledge of drugs, it was decided to omit responses from respondents who had not heard of a specific drug from all subsequent attitudinal questions that made direct mention of that particular substance. In other words, Item 1 was used as a filter question for all subsequent items which made specific mention of any of the substances mentioned in Item 1. All respondents who reported that they had not heard of these named drugs were thus identified as missing data in subsequent items relating to these drugs. Attitudinal items which were filtered to incorporate the responses of only those individuals who had heard of the substances mentioned in Item 1 included:



ITEM	STATEMENT
6	Most young people today try out cannabis.
12	The use of cannabis should not be against the law.
14	Occasional use of cannabis is not really dangerous.
16	Most young people today try out ecstasy/E tablets.
22	Occasional use of ecstasy is not really dangerous.
30	Occasional use of heroin is not really dangerous.
35	Regular use of cannabis is just as dangerous to your health as regular use of heroin.
37	I personally know someone who smokes cannabis.
38	Have you ever taken cannabis, e.g. hashish/marijuana?

Chi-square tests of independence were used, where relevant, to explore attitudinal differences between socio-demographic categories (different age groups, male and female, urban and rural, social class, level of educational achievement - see Appendix C) in their knowledge of and attitudes towards drug users and the drug issue. The results are discussed in Chapter 3, and the associated tables can be found in Appendices D to F.

## 2.5 Summary

A survey instrument, comprising 54 items exploring attitudinal dimensions or themes relating to the drug issue in Ireland, was devised and administered. A sample of 1,000 individuals was randomly selected from the 1997 Register of Electors for Ireland (26 counties), and a multi-stage cluster sampling methodology was used to achieve a nationally representative sample. Interviewers were trained in a series of procedures to ensure the reliability of the data, which was gathered through face-to-face interviews with individual respondents between February and April 1998. The data were analysed in terms of simple frequencies grouped into Agree, Disagree, and Don't Know categories. Chi-square tests for independence were used to discover whether there were any significant differences in attitudes and perceptions between socio-demographic groups in the sample.



# CHAPTER 3

## Results

### 3.0 Introduction

This chapter describes the findings from the survey. Sections 3.1 to 3.4 outline the representative nature of the sample; the reliability and validity of the data; respondents' level of knowledge of illegal drugs; and their personal familiarity with drugs and with people who use drugs. Sections 3.5 to 3.8 describe respondents' perceptions of the extent and nature of the drug problem; their attitudes to drug addicts and to drug users; and their support for current and proposed measures to alleviate the drug problem.

### 3.1 Representative Nature of Sample

As outlined in the previous chapter, a total of 1,000 individuals, randomly selected from the 1997 Register of Electors, participated in the survey. A comparison of the key demographic and social characteristics of the individuals in the survey sample with the Irish general population (as represented in the 1996 population census data) is given at Appendix B. There are strong parallels, confirming the representative nature of the sample.

Of those who took part, almost half (49.4%) were male, ranging in age from 18 to 87. Female respondents, who comprised just over 50 per cent of the sample, ranged between 18 and 99 years of age. The overall mean age of respondents was 44.86, with a standard deviation of 17.91. Where relationship status was concerned, 55 per cent of respondents were married or cohabiting, 34.4 per cent were single, 7.6 per cent were widowed and a further 3 per cent were either separated or divorced. Over half of those who took part (51.7%) were either self-employed or in full or part-time employment, 22 per cent were engaged in home duties, 12 per cent were retired, almost 6 per cent were students and the

remaining 9 per cent were either unemployed, seeking work for the first time, unable to work owing to a disability, on a training scheme or otherwise occupied.

### 3.2 Reliability and Validity of the Data

Reliability of a research instrument can be defined as the extent to which repeat measurements with the instrument under the same conditions produce the same results. One way of testing the reliability of questionnaire results is to compare the extent to which the same items used in different surveys produce similar results. In the case of the present study on drug-related knowledge, attitudes and beliefs (KAB), it was possible to compare results based on a number of items used in the study with a similarly designed and administered study, known as the 'general population survey' (GPS) of drug misuse (Drug Misuse Research Division, forthcoming). The latter study was carried out in 1999 and explored the prevalence of drug use and attitudes to drug users.

Four attitudinal items used in the KAB were also included in the GPS. It should be noted that the response categories used differed in the two studies and that the studies were conducted in two consecutive years, 1998 and 1999. Nevertheless, the reliability check is worthwhile and informative.

The GPS offered respondents five response categories (Fully agree, Largely agree, Neither agree nor disagree, Largely disagree and Fully disagree), while participants in the KAB were given a choice of seven response categories (Disagree strongly, Disagree moderately, Disagree slightly, Don't know, Agree slightly, Agree moderately and Agree strongly). For the purpose of the present discussion, the response options from the surveys were collapsed into three categories (Agree, Disagree and Don't know).

A split-half reliability check was also carried out, whereby the pattern of responses based on odd and even respondent numbers in the KAB study was compared. Respondents were assigned to one of two groups (based on odd or even respondent number) and chi-square tests were carried out to test for differences in responses to items between the two groups. No significant differences were found ( $p < 0.05$ ).

Table 1 shows that the response patterns for the same items in the KAB and the GPS surveys were broadly similar.

**Table 1: Comparison of Response Rates to Attitudinal Statements about Drug Abuse and Drug Addicts in the KAB and the GPS Surveys**

	Survey	Agree %	Disagree %	Don't know %
Alcohol abuse causes more problems in society than drug abuse.	KAB, Q7	56.1	30.5	13.4
	GPS, Q38	64.4	14.1	21.5
I would tend to avoid someone who is a drug addict.	KAB, Q9	71.1	21.6	7.3
	GPS, Q39	70.1	10.9	19.0
Drug addicts really scare me.	KAB, Q19	66.4	26.0	7.6
	GPS, Q40	62.3	16.0	21.7
Almost all drug addicts are dangerous.	KAB, Q27	52.5	34.7	12.8
	GPS, Q41	53.3	21.4	25.3

High reliability is a necessary but not a sufficient condition for validity. Validity can be defined as the extent to which a research instrument measures what it is supposed to measure. Like most research dealing with sensitive issues, the present study cannot provide totally objective validation of the present measures. However, a number of factors can be discussed which bear on the validity of the present study findings.

The design and administration of the field work were conducted with a view to maximising validity, for example interviewers were trained, administration procedures were defined, respondents were assured of anonymity, and show or prompt cards were used to maximise comprehension (see 2.3 above).

Reports from the field indicate that the face validity of the instrument was satisfactory. The chi-square results discussed below are broadly in line with predictions based on theory and findings from other related work, supporting the construct validity of the instrument. Validity is also attested to by the following results of correlational analyses, which accord with findings from several studies. For example, a negative correlation<sup>8</sup> between age and education of 0.32 was found while a positive correlation of 0.40 between income and educational

<sup>8</sup> Spearman's rho,  $p < 0.05$

qualifications was found. Similarly, relationships between other biographical variables, for example age and marital status ( $r = 0.51$ ), are in line with prediction.

In conclusion, it can be said that the data for the present study was a randomly selected sample obtained from a defined population (electoral register) and has reached a satisfactory level of reliability and validity.

### 3.3 Knowledge of Illegal Drugs among the General Population

The first question in the survey asked respondents whether or not they had heard of various illegal drugs. It was designed to gauge awareness of illegal substances among the general population.

As can be seen from Table 2, the general public appears to have a good general awareness of illegal drugs. Over 97 per cent of respondents reported that they had heard of cannabis, which is perhaps not surprising given that this is believed to be the most widely used illegal drug in Europe (European Monitoring Centre for Drugs and Drug Addiction, 1997). Similarly, the majority of respondents reported having heard of ecstasy (94.3%), cocaine (96.4%) and heroin (94.3%). That fewer people reported having heard of drugs such as LSD (85.8%) and

**Table 2: Percentages of Respondents who Have Heard/ Not Heard of Various Named Drugs**

	Yes (%)	No (%)
Cannabis, e.g. hashish, marijuana, grass ( $n = 990$ )	97.4	2.6
Ecstasy, e.g. E/E tablets ( $n = 989$ )	94.3	5.7
Cocaine ( $n = 990$ )	96.4	3.6
Heroin, e.g. smack, gear ( $n = 990$ )	94.3	5.7
LSD, e.g. acid ( $n = 989$ )	85.8	14.2
Revelin ( $n = 987$ )	18.7	81.3
Amphetamines, e.g. speed ( $n = 988$ )	71.1	28.9

amphetamines (71.1%) may be attributable, at least in part, to the lower profile which these drugs have in the media compared with heroin and the 'designer drug' ecstasy.

Almost one in five respondents reported that they had heard of the dummy drug 'revelin'. This response may have been due to the fact that

the substance was placed between a number of other commonly-used illegal drugs and that it sounds like a possible drug name. Similar results were found in the ESPAD study (Hibell *et al.*, 1997).<sup>9</sup>

### 3.4 Experience with Cannabis<sup>10</sup> Use and Knowledge of Drug Users

Of the respondents who reported having heard of cannabis, just over 12 per cent admitted to ever having taken this drug; 30 per cent reported that they personally knew someone who smoked this substance; and about 25 per cent reported that they personally knew someone with a drug problem. As respondents were not presented with a definition of what constitutes a 'drug problem', the affirmative responses to this last question may have included people who knew someone with a problem relating to alcohol or some other legally available substance. It should be remembered that these results are based on a general population survey and as can be seen below younger respondents (aged 18-29) display greater knowledge and use.

Chi-square tests of independence were undertaken to determine whether or not personal cannabis use and personal familiarity with cannabis users or with people who have a drug problem, were related to the socio-demographic variables of age, area of residence (urban or rural), gender, or socio-economic background (see Appendix D, Tables D.1 - D.12). Results indicated that younger age groups, particularly those aged 18-29, were significantly more likely to be associated with affirmative responses to questions about lifetime cannabis use, knowledge of cannabis users and knowledge of those with a drug problem. Area of residence, in terms of rural or urban location, was significantly associated with all three variables: a significantly greater proportion of urban dwellers claimed to have tried cannabis ( $\chi^2 = 4.58$ ,  $p < .05$ ), to know someone who smoked cannabis ( $\chi^2 = 21.95$ ,  $p < .001$ ) and to know or have known someone with a drug problem ( $\chi^2 = 14.05$ ,  $p < .001$ ) than did rural dwellers. Where gender was concerned, a significantly greater number of males admitted to having used cannabis ( $\chi^2 = 7.93$ ,  $p < .05$ ) or to knowing someone who smoked cannabis ( $\chi^2 = 6.74$ ,  $p < .05$ ) than did females. The relationship between gender and personal knowledge of someone with a drug problem was not statistically significant ( $\chi^2 = 3.65$ , N.S.).

<sup>9</sup> Hibell *et al.* (1997) found that 11 per cent of their sample reported that they had heard of 'releivin'. This lower percentage could be expected, given that Hibell's sample was of a younger school-going population (15- and 16-year-olds), who are generally found to be more knowledgeable about drugs.

<sup>10</sup> Questions regarding personal 'knowledge' and 'use' were asked in relation to cannabis only. With a sample size of 1,000 respondents, the numbers expected to answer positively in relation to drugs such as heroin would be unlikely to provide sufficient data for meaningful statistical analysis.

No significant relationship was found between socio-economic background and cannabis use or knowledge of drug users.

### 3.5 The Perceived Extent and Nature of the Drug Problem in Ireland

As summarised in Table 3, 75 per cent of respondents agreed that the current drug situation in Ireland was 'out of control', and 94 per cent of respondents agreed that 'drug related crime is a major problem in Ireland today'. The availability of illegal drugs was also a cause for concern, with over 94 per cent of respondents agreeing that it posed 'a great threat to young people nowadays'. Moreover, that almost 40 per cent of respondents felt that drugs represented a problem in their own neighbourhoods indicates that for a significant proportion of respondents, the problem was perceived to be a local as well as a national one.

**Table 3: Perceived Extent of the Drug Problem in Ireland**

Questionnaire Item No	Statement (and number of responses)	Agree (%)	Disagree (%)	Don't Know (%)
7	Alcohol abuse causes more problems in society than drug abuse. ( <i>n</i> = 998)	56.1	30.5	13.4
17	Drugs are not really a problem to us here in this neighbourhood. ( <i>n</i> = 999)	46.9	38.7	14.3
21	Most people are concerned about the drug problem in Ireland. ( <i>n</i> = 998)	91.0	5.2	3.8
25	The drug problem in Ireland is out of control. ( <i>n</i> = 996)	75.0	15.1	9.9
29	Drug related crime is a major problem in Ireland today. ( <i>n</i> = 998)	94.4	2.0	3.6
36	The availability of illegal drugs poses a great threat to young people nowadays. ( <i>n</i> = 995)	94.4	2.1	3.5



For many, concern about drugs was not restricted solely to those substances prohibited by law. While drugs were perceived in the mind of the public as a serious social problem in need of resolution, over half of respondents (56.1%) did not regard the drug problem as being more serious than the problems associated with alcohol abuse in Ireland.

A number of questionnaire items comprised statements pertaining to the public's perception of the level of experimentation with illegal drugs such as cannabis and ecstasy among young people. As can be seen from Table 4, over half of those interviewed (53%) believed that 'it is normal that young people will try drugs at least once'. Responses to statements about the perceived experimentation with particular substances such as cannabis and ecstasy were somewhat similar, although experimentation with cannabis was perceived as being more commonplace (57.8% agreement as opposed to 42.3% agreement for ecstasy). Along with the perception that experimentation with drugs was fairly common among the young, there was a low level of agreement (18.2%) with the statement that 'reports about the extent of drug usage amongst young people are exaggerated by the media'.

**Table 4: Perceived Drug Use among Young People**

Questionnaire Item No	Statement (and number of responses)	Agree (%)	Disagree (%)	Don't Know (%)
6	Most young people try out cannabis. ( <i>n</i> = 960)	57.8	19.6	22.6
16	Most young people today try out ecstasy/E tablets. ( <i>n</i> = 931)	42.3	30.7	27.1
24	It is normal that young people will try drugs at least once. ( <i>n</i> = 998)	53.1	29.3	17.6
31	Reports about the extent of drug usage amongst young people are exaggerated by the media. ( <i>n</i> = 998)	18.2	65.7	16.0

Illegal drug use was perceived as dangerous by a majority of respondents. As can be seen in Table 5, 77 per cent were in agreement with the

statement 'all illegal drugs are equally harmful to your health', and over 40 per cent were of the opinion that 'if you try drugs even once, you are hooked'. For the majority of respondents, the occasional use of illegal drugs, including cannabis but particularly ecstasy and heroin, was considered a dangerous activity, and regular use of cannabis was also perceived as dangerous.

**Table 5: Perceived Harm and Dangers Associated with Illegal Drug Use**

Questionnaire Item No	Statement (and number of responses)	Agree (%)	Disagree (%)	Don't Know (%)
2	All illegal drugs are equally harmful to your health. ( <i>n</i> = 995)	77.0	17.7	5.3
4	If you try drugs even once, you are hooked. ( <i>n</i> = 999)	43.5	39.4	17.0
14	Occasional use of cannabis is not really dangerous. ( <i>n</i> = 961)	24.9	57.9	17.3
22	Occasional use of ecstasy is not really dangerous. ( <i>n</i> = 930)	9.0	81.5	9.7
30	Occasional use of heroin is not really dangerous. ( <i>n</i> = 932)	7.8	85.9	6.3
35	Regular use of cannabis is just as dangerous to your health as regular use of heroin. ( <i>n</i> = 920)	54.7	27.8	17.5

Chi-square tests of independence were undertaken to determine whether perceptions about harm associated with drug use were related to age (see Appendix E, Tables E.1 - E.5). Where the statement 'all illegal drugs are equally harmful to your health' was concerned, those aged 18-29 were less likely to agree that this is the case than were those in older age categories ( $\chi^2 = 40.00$ ,  $p < .001$ ). However, some 66 per cent of those aged between 18 and 29 did agree with this statement. Those aged 18-29 were also less likely to agree with the statement 'if you try drugs even

once, you are hooked' (26% of those aged 18-29 agreed with this statement, compared to 56% of those aged over 50) ( $\chi^2 = 84.96$ ,  $p < .001$ ). Respondents aged 18-29 were also more likely to agree that the 'occasional use of cannabis is not really dangerous' ( $\chi^2 = 89.10$ ,  $p < .001$ ). However, no significant relationship between attitude towards ecstasy use and age was observed ( $\chi^2 = 12.29$ , N.S.). Furthermore, respondents aged 18-29 were less likely to agree that 'regular use of cannabis is just as dangerous to your health as regular use of heroin' than were older respondents ( $\chi^2 = 39.78$ ,  $p < .001$ ).

### 3.6 Attitudes towards Drug-Addicted Individuals

Table 6 displays the level of agreement with statements relating to personal beliefs about and societal attitudes towards drug addicts. Fear of, and a desire to avoid drug addicts were relatively high. Over two thirds of respondents agreed that drug addicts really scared them (66.4%), that they would avoid someone who was a drug addict (71.1%), and that it would bother them to live near a person who is a drug addict (69.9%). This response pattern suggests that problem drug users are viewed very negatively among a large proportion of the general public.

Over half the respondents felt that 'almost all drug addicts are dangerous' (52.5%) and that 'people who end up with a drugs problem have only themselves to blame' (56.9%), suggesting a lack of sympathy for drug users among the general public.

There was greater response ambiguity (signalled by an increased number of Don't Know responses) and less agreement about two items relating to drug addicts' behaviour and perceived societal responses to drug addicts. Two fifths of respondents (39.7%) agreed that 'many drug addicts exaggerate their troubles to get sympathy', but almost one third (31.3%) didn't know. Although half the sample disagreed with the statement that 'drug addicts are not given a fair chance to get along in society' (50.7%), almost one fifth (18.8%) did not know how they felt about this issue.

The extent to which addiction was considered a deviant activity or an illness was addressed by the statement about whether drug addicts are seen more as criminals than victims. Responses to this statement indicate that public opinion was almost equally divided on this issue, with 42.6 per cent agreeing and 45.2 per cent disagreeing.

**Table 6: Attitudes towards Drug Addicts**

Questionnaire Item No	Statement (and number of responses)	Agree (%)	Disagree (%)	Don't Know (%)
5	I would see drug addicts more as criminals than victims. ( <i>n</i> = 999)	42.6	45.2	12.1
9	I would tend to avoid someone who is a drug addict. ( <i>n</i> = 999)	71.1	21.6	7.3
13	Drug addicts are not given a fair chance to get along in society. ( <i>n</i> = 999)	30.5	50.7	18.8
15	People who end up with a drugs problem have only themselves to blame. ( <i>n</i> = 999)	56.9	33.9	9.2
19	Drug addicts really scare me. ( <i>n</i> = 997)	66.4	26.0	7.6
23	Many drug addicts exaggerate their troubles to get sympathy. ( <i>n</i> = 998)	39.7	29.1	31.3
27	Almost all drug addicts are dangerous. ( <i>n</i> = 998)	52.5	34.7	12.8
34	It would bother me to live near a person who is a drug addict. ( <i>n</i> = 995)	69.9	22.4	7.6

Chi-square tests of independence were performed to determine whether the socio-demographic variables of age, educational level and gender were associated with attitudes towards drug addicts. Chi-square tests of independence were also used to determine whether attitudes were related to acquaintance with someone who had or had had a drug problem. The results are discussed below. The tables and chi-square statistics associated with these analyses may be found in Appendix F, Tables F.1 - F.23.

### 3.6.1 Sympathy for Drug-Addicted Individuals

A significant relationship was found between age and attitude towards drug addicts, with younger age groups displaying more sympathy. For example, only 33 per cent of those aged 18-29 perceived drug addicts as criminals rather than victims, compared to 54 per cent of those aged 66 and over ( $\chi^2 = 36.64$ ,  $p < .001$ ). Moreover, a greater proportion of respondents in the youngest age category (18-29) agreed that 'drug addicts are not given a fair chance to get along in society' than did those in other age categories ( $\chi^2 = 45.15$ ,  $p < .001$ ). That younger people were less likely to agree with the statement that 'people who end up with a drugs problem have only themselves to blame' is also evident ( $\chi^2 = 23.82$ ,  $p < .05$ ). Younger respondents were more likely to disagree that 'many drug addicts exaggerate their troubles to get sympathy' (38% of those aged 18-29 compared to 19% of those aged 66 and over) ( $\chi^2 = 25.42$ ,  $p < .001$ ).

People with higher levels of education tended to be somewhat more sympathetic in their attitude towards drug addicts. Only 42 per cent of those who had attended third-level institutions agreed with the statement 'people who end up with a drugs problem have only themselves to blame', whereas at least 60.5 per cent of those with only primary education agreed with the comment ( $\chi^2 = 32.42$ ,  $p < .001$ ). Those with higher levels of education were also less likely to perceive drug addicts as criminals ( $\chi^2 = 44.58$ ,  $p < .001$ ) and least likely to accept that 'many drug addicts exaggerate their troubles to get sympathy' ( $\chi^2 = 32.00$ ,  $p < .001$ ). However, no relationship between beliefs about whether or not addicts are given a fair chance to get along in society and level of education was observed ( $\chi^2 = 11.33$ , N.S.).

### 3.6.2 Social Avoidance and Fear of Drug-Addicted Individuals

Younger people were also less likely to express social avoidance of those addicted to drugs. Fifty-eight per cent of those in the youngest age category (18-29) compared to 82 per cent of those aged 66 and over agreed that they would 'tend to avoid someone who is a drug addict' ( $\chi^2 = 46.35$ ,  $p < .001$ ). Moreover, 55 per cent in the youngest age category (18-29) compared to 85 per cent in the oldest age category (66 and over) agreed that it would bother them to live near a drug addict ( $\chi^2 = 57.65$ ,  $p < .001$ ). Older respondents were also more fearful of drug addicts than younger respondents: while 51 per cent of those aged between 18 and 29 agreed that drug addicts scared them, over three quarters of those aged 51 and over admitted that they were scared of this

group ( $\chi^2 = 70.10$ ,  $p < .001$ ). Where the statement 'almost all drug addicts are dangerous' was concerned, the relationship between age and attitude was also significant ( $\chi^2 = 70.10$ ,  $p < .001$ ). While younger respondents (41% of those aged 18-29) believed this to be the case, the proportion of older respondents (aged 66 and over) in agreement was significantly greater (65%).

Those with a third-level education were also somewhat less likely to avoid someone who is a drug addict ( $\chi^2 = 14.85$ ,  $p < .05$ ), were less likely to be afraid of these individuals ( $\chi^2 = 46.68$ ,  $p < .001$ ), and less likely to agree that almost all drug addicts are dangerous ( $\chi^2 = 33.44$ ,  $p < .001$ ). However, when asked if it would bother them to live near a person who is a drug addict, people with higher levels of education did not differ significantly in their attitude from their less educated counterparts ( $\chi^2 = 8.91$ , N.S.).

Few gender differences in attitudes towards drug addicts were apparent. No relationship was found between gender and any of those items reflecting sympathy (or lack thereof) for drug addicts or 'those with a drug problem'. More female respondents, however, agreed that it would bother them to live near a drug addict ( $\chi^2 = 6.54$ ,  $p < .05$ ). Consistent with this was the finding that a significantly greater proportion of females agreed with the statement 'drug addicts really scare me' than did males ( $\chi^2 = 21.29$ ,  $p < .001$ ).

### 3.6.3 Knowledge of Someone with a Drug Problem and Attitudes towards Drug-Addicted Individuals

A significant relationship was observed between responses to Item 39 'I personally know someone who has/had a drug problem' and the same respondents' agreement or disagreement with those items expressing sympathy or lack of sympathy for drug addicts. Of those who knew someone with a drug problem, only slightly over 30 per cent agreed that they would be more likely to perceive drug addicts as criminals rather than victims, compared to 47 per cent of those without such knowledge ( $\chi^2 = 23.78$ ,  $p < .001$ ). Those who knew someone with a drug problem were also more likely to agree that drug addicts are not given a fair chance to get along in society ( $\chi^2 = 28.96$ ,  $p < .001$ ) and were less likely to agree that those who end up with a drug problem 'have only themselves to blame' ( $\chi^2 = 7.20$ ,  $p < .05$ ). Individuals who did not know someone with a drug problem were also more likely to agree that they were afraid of drug addicts ( $\chi^2 = 61.51$ ,  $p < .001$ ), whereas fewer people who knew

someone with a drug problem reported that it would bother them to live near a drug addict ( $\chi^2 = 62.87$ ,  $p < .001$ ).

### 3.7 Attitudes Towards those who Use or Misuse Illegal Drugs

General statements relating to those who use or misuse drugs, as distinct from those who are addicted to drugs, were also included in the questionnaire. As with opinions about drug addicts, attitudes towards drug users in general were also somewhat negative (see Table 7). Although 70 per cent of the sample agreed that Irish society 'is too tolerant towards drug users', only 51.3 per cent agreed that 'tougher sentences for drug users is the answer to the drugs problem'. That members of the general public were fearful of those who take illegal drugs was evident from the high level of agreement with the item 'I would be nervous of someone who uses illegal drugs' (75.5%).

Questionnaire Item No	Statement (and number of responses)	Agree (%)	Disagree (%)	Don't Know (%)
3	Our society is too tolerant towards drug users. ( <i>n</i> = 998)	70.0	21.1	8.7
10	I would be nervous of someone who uses illegal drugs. ( <i>n</i> = 998)	75.5	19.1	5.4
20	Tougher sentences for drug misusers is the answer to the drugs problem. ( <i>n</i> = 998)	51.3	37.7	11.0

### 3.8 Support for Current Measures and Policies to Alleviate the Drug Problem

Generally speaking, support for drug prevention was very high (see Table 8). There was very strong support among the general public for drug education starting at primary level (94.5%) and for the view that money spent on prevention strategies was 'money well spent' (91.6%).

**Table 8: Support for Drug Prevention Strategies**

Questionnaire Item No	Statement (and number of responses)	Agree (%)	Disagree (%)	Don't Know (%)
28	Drugs education in school should start at primary level. ( <i>n</i> = 996)	94.5	2.3	3.2
11	Money spent in the prevention of drug use is money well spent. ( <i>n</i> = 997)	91.6	4.1	4.3

Table 9 shows there was a very high level of agreement that 'treatment should be available to all drug addicts, according to their needs' (90.2%). However, almost two thirds of respondents believed that treatment should be conditional on a commitment to abstinence (64.5%).

**Table 9: Support for Drug Treatment Strategies**

Questionnaire Item No	Statement (and number of responses)	Agree (%)	Disagree (%)	Don't Know (%)
8	Treatment should only be given to drug addicts who intend to give up drugs for good. ( <i>n</i> = 999)	64.5	27.3	8.2
18	Treatment should be available to all drug addicts, according to their needs. ( <i>n</i> = 999)	90.2	3.7	6.1

As summarised in Table 10, a majority of respondents were in favour of harm reduction strategies. Almost two thirds of respondents (63.5%) agreed that medically prescribed heroin substitutes should be available. A high Don't Know response suggests the general public's knowledge about such strategies may be limited. Support for needle exchange facilities, which have been in existence since the late 1980s, was relatively high, with over 66 per cent of respondents agreeing that this facility should be provided for the purposes of minimising the risk of HIV and AIDS.



**Table 10: Support for Harm Reduction Strategies**

Questionnaire Item No	Statement (and number of responses)	Agree (%)	Disagree (%)	Don't Know (%)
26	Medically prescribed heroin substitutes [such as methadone/physeptone] should be available to drug addicts. ( <i>n</i> = 998)	63.5	16.1	20.3
32	Society should provide syringes and needles free of charge to drug addicts to avoid the spread of HIV/AIDS. ( <i>n</i> = 997)	66.7	17.3	15.9

Legislative provisions which criminalise cannabis are frequently debated, and arguments for and against the legalisation of cannabis use are numerous (Shapiro, 1994). That 66 per cent of the present sample agreed that cannabis use should be against the law may be interpreted to mean that the general public would not be in favour of changing current legislation which criminalises the possession of cannabis (see Table 11). This is consistent with official policy on the matter, which is opposed to legislative change where the issue of drugs, including 'soft' drugs, is concerned (Ministerial Task Force, 1996).

**Table 11: Support for Alternative Policy Interventions**

Questionnaire Item No	Statement (and number of responses)	Agree (%)	Disagree (%)	Don't Know (%)
12	The use of cannabis should not be against the law. ( <i>n</i> = 964)	23.7	65.7	10.5
33	Drug addicts charged with petty offences should be given a choice between treatment and prison service. ( <i>n</i> = 998)	71.9	17.1	10.9

There was a high level of support (71.9%) for the possibility of providing drug addicted individuals charged with minor offences with the option of receiving treatment instead of having to serve a jail sentence for their crime. Again, this response seems to indicate support for providing treatment to those drug users in need of help.

### 3.9 Summary

The vast majority of respondents appear to have been aware of a number of commonly used illegal drugs. Self-reported cannabis use (as measured by lifetime prevalence) was 12 per cent. Almost 26 per cent reported knowing someone with a drug problem. Personal experience of drug use and of those who take drugs or those with a drug problem, was largely confined to younger, urban social groups. Moreover, a greater proportion of males than females claimed to have ever used cannabis, or to know someone who smokes cannabis.

Attitudes towards drug addicts or those who use drugs were largely negative and unsympathetic, and were characterised by fear and a desire to avoid such individuals. Attitudes towards these groups, however, were mediated to some extent by age and education, with younger respondents and individuals with higher levels of education being somewhat more tolerant. Moreover, personal knowledge of those with a drug problem appears to have influenced attitudes, with those knowing someone with a drug problem generally being more sympathetic towards, less fearful of, and less determined to avoid drug addicts than those with no personal contact.

There was clearly support for the forms of treatment currently being provided, and it was generally accepted that those in need of such services should have access to them. In addition, respondents were generally supportive of proposals such as giving those charged with relatively minor offences a choice between going to prison or receiving treatment, and were in favour of harm reduction measures such as methadone maintenance and needle exchange programmes.

Consistent with these attitudes was the belief that the current drug situation posed a serious problem for Irish society. Support for drug prevention programmes targeting the young was overwhelmingly high, as was support for the allocation of resources for such strategies.

It is likely that these attitudes were influenced by respondents' beliefs about the effects of illegal drug use, which most people, particularly those who are older, regarded as a dangerous pursuit.

# CHAPTER 4

## Discussion and Conclusions

### 4.0 Introduction

This study sought to ascertain the views of the general public towards various aspects of the drug issue in the Irish context. In this chapter, the findings in relation to the study's four research objectives are discussed, and the implications for drug policy in Ireland are outlined.

### 4.1 The Public's Awareness of Commonly Used Illegal Drugs and Their Perceptions of the Harmfulness of these Substances

The general public appeared to have a good general awareness of commonly used illegal drugs. Over 97 per cent of respondents reported that they had heard of cannabis, and the majority of respondents reported having heard of ecstasy (94.3%), cocaine (96.4%) and heroin (94.3%). Fewer people had heard of drugs such as LSD (85.8%) or amphetamines (71.1%).

That almost 80 per cent of respondents considered all illegal drugs to be equally harmful to one's health suggests a failure to recognise the different pharmacological and other effects associated with different drug types (Leitner, Shapland & Wiles, 1993). Moreover, a substantial proportion of respondents (43.5%) believed that 'if you try drugs even once, you are hooked', suggesting that many people have unfounded apprehensions about the nature of the addiction process as currently understood.

While such beliefs about the dangers of drugs may be influential in preventing non-users from becoming involved with drugs (Keene, 1997), evaluative studies have confirmed that among those who have tried drugs or who are likely to experiment with drugs, these sentiments about the risks associated with illicit drug use are unlikely to be perceived as

credible. The present research showed that younger respondents were on the whole less likely to agree with those statements pertaining to the dangerous effects of illegal drugs. This suggests younger people may not be susceptible or receptive to the half-truths and misconceptions about drugs, which appear from time to time in the public domain.

#### 4.2 Concern about the Drug Situation in Ireland

Over half of those who took part in the study (53.1%) felt that experimentation with drugs was not unusual among young people. This was quite a high proportion, and was consistent with the finding that only a minority of respondents (18.2%) was of the opinion that the media has a tendency to exaggerate reports about drug use among the young. This suggests that the public generally perceived drug taking among the younger sectors of society to be relatively common. That this is an accurate perception receives some support from a survey of 15- and 16-year-old schoolchildren in Ireland, where 37 per cent reported they had 'ever used' cannabis (Hibell *et al.*, 1997).

Consistent with perceptions about the level of experimentation with drugs by young people was a high level of concern about the current drug situation in Irish society. There was near universal endorsement (94.4%) of the view that the availability of illegal drugs poses a threat to young people, and an equally high level of concern about the level of drug-related crime (94.4%).

A comparison of how serious a problem drugs are perceived to be, relative to other social problems, is not possible owing to a lack of similar data about other social concerns such as crime, unemployment and violence. However, it is clear that for the majority of respondents (56.1%), alcohol abuse was considered more of a problem than drug abuse. This contrasts with Jackson's research (1997), which found that members of the public in Cork and Kerry were generally more concerned about drug-related, as opposed to alcohol-related problems. This finding suggests that perceptions of the extent to which drugs represent a problem relative to other phenomena appear to be subject to variation within, as well as between, countries (as discussed in 1.5.1 above).

#### 4.3 Societal Attitudes towards Drug Users and Drug-Addicted Individuals, and the Level of Support for Drug Treatment for these Individuals

The pattern of responses to items regarding those who take drugs suggests that societal attitudes to such individuals are mostly negative.

Attitudes to drug addicts were characterised by social avoidance, fear and lack of sympathy. The high level of social distance expressed was consistent with the findings from MacGréil's (1996) study of 'prejudice and tolerance' in Ireland. Consistent also with MacGréil's results was the finding that younger members of society and those with higher levels of educational attainment were generally less prejudiced.

That 52.5 per cent of respondents believed almost all drug addicts to be dangerous may be attributable in part at least, to the negative media coverage which this group receives as a whole. Media reports, with their tendency to employ stereotypical imagery of drug users, may generate and reinforce negative public opinion about the group as a whole.

Of particular interest was the finding that over half the respondents (57%) were of the opinion that people who end up with a drug problem have only themselves to blame. This finding is important in light of evidence suggesting a link between areas of residence of individuals with serious drug problems and urban areas characterised by socio-economic disadvantage (Moran, O'Brien & Duff, 1997). Butler (1997) states: 'Epidemiological studies ... have consistently revealed that serious drug problems ... cluster in neighbourhoods characterised by poverty and general disadvantage; these studies have also shown that problem drug users tend to be educationally disadvantaged and unemployed and that this complex package of personal difficulty cannot reasonably be attributed to drug use alone' (p. 162). Butler refers to 'an institutionalised setting of poverty, boredom and hopelessness', which predisposes young people in these areas to drug use.

To some extent, the present findings suggest a denial or a lack of awareness on the part of a substantial percentage of the population of the influence of the broader socio-economic context on the creation and maintenance of problem drug 'black spots', with over half of respondents agreeing that drug users only have themselves to blame. Moreover, that so many respondents were fearful and thus likely to avoid contact with drug-addicted individuals may have implications for the rehabilitation of those individuals. Negative attitudes, particularly if expressed through negative or prejudicial behaviour, may further alienate a social group that is already socially marginalised. This in turn may prevent such group members from seeking the help they require.

#### 4.4 Support for Current Drug Policies

Not surprising, given the perceived severity of the drug situation, was the very high level of support for drug prevention strategies. Moreover, the fact that almost 95 per cent of individuals were in agreement that drug education programmes should be targeted towards those at primary school level, suggests that perhaps more emphasis should be placed on developing programmes tailored for this age group. Some progress has been made in this area, with the introduction of 'Walk Tall', a substance abuse prevention programme introduced in Irish primary schools during 1999 (Morgan, 1998).

Support for treatment programmes was similarly high. Ninety per cent of respondents agreed that 'treatment should be available to all drug addicts, according to their needs'. Support was also high for methadone maintenance programmes (63.5%), as well as needle exchange facilities (66.7%). These findings are particularly interesting given that modes of drug treatment, particularly those based on the philosophy of harm reduction, are subject to some debate. Methadone maintenance programmes in particular have attracted much criticism, especially in relation to the addictive potential of the substance itself (Best, 1998). The extent to which members of the public are aware of such arguments is, of course, hard to say, as is the basis upon which they support such strategies. Just under two thirds of respondents (64.5%) in the present survey agreed that 'treatment should only be given to drug addicts who intend to give up drugs for good'. This finding suggests, in a manner similar to Bammer (1995), that support by some people for drug substitution programmes is likely to wane if they are not seen to be able to restore the drug addicted individual to a drug-free lifestyle.

Seventy per cent of respondents felt that society was too lenient towards drug users. While 51.3 per cent saw tougher sentences for those who misuse drugs as being 'the answer to the drug problem', 72 per cent supported giving those addicted to drugs who were charged with petty offences 'a choice between treatment and prison service'.

Legalisation of 'soft' drugs, primarily cannabis, has been a key issue in the drug policy debates in the western world (Hakkarainen, Hübner, Laursen & Ødegård, 1996). The results of the present study, indicating that only 24 per cent agreed that the 'use of cannabis should not be against the law', suggest that policy makers will not receive too much pressure to change existing laws in relation to cannabis possession.

That existing legal provisions outlawing cannabis possession have majority support is probably due to beliefs regarding its harmful properties. Of the respondents, 57.9 per cent disagreed that occasional use of cannabis was not really dangerous. Similarly, 54.7 per cent were of the opinion that its regular use was as detrimental to one's health as the regular use of heroin. While the harmfulness of any particular drug is a matter of debate among drug professionals, there is a consensus that there is a need to distinguish between the effects of different substances.

#### 4.5 Recommendations

On the basis of the present study's findings, four recommendations for policy are made.

- There is a need to inform people about the relative risks of dependence on various illegal drugs based on present knowledge of these risks. Inaccurate or exaggerated information may reduce the credibility of the messages being sent to users and potential users, and promote an exaggerated sense of anxiety among the public and parents in particular, whose children may be experimenting with drugs such as cannabis.
- More positive attitudes towards those who misuse drugs need to be fostered, particularly among older people and those with less education. The high level of general public support for the provision of drug treatment provides grounds for optimism about the possibility of attitude change. This change is vital as negative societal attitudes and feelings of social exclusion can undermine the motivation of addicted individuals to come off drugs. The survey results suggest that those who had or had had personal experience of someone 'with a drug problem' tended to be less negative in their attitudes, suggesting that contact with drug users may be effective in reducing prejudice.
- Given the extent of concern about the problems associated with alcohol abuse in Irish society, efforts to counter the perceived problem of legal, as well as illegal, drug use in Ireland need to continue.
- The issues around drug misuse must remain a high priority on the national political agenda, given the consensus of opinion with regard to the perceived severity of the current drug situation. Efforts should be made to improve and expand existing services and to determine which educational and treatment methods are effective in which circumstances.

#### 4.6 Summary

The Irish public have a good general awareness of commonly used illegal drugs. Their perception of the general harmfulness of these substances indicates a lack of accurate knowledge about the different effects associated with different types of drug.

The public generally perceive drug-taking to be common among young people, and there is a high level of concern about the current drug situation in Ireland. Notwithstanding, alcohol abuse is perceived as a more serious problem than drug abuse.

Societal attitudes towards drug users are mostly negative. Those with personal experience of someone 'with a drug problem' tend to have less negative attitudes, as do younger members of society and those with higher levels of education.

While societal attitudes towards those who use drugs are negative, respondents attach high priority to providing help to drug users. This high level of support for drug treatment is likely to be related to the widespread perception that the drug problem is/was a very serious issue in Irish society.

The findings suggest that more precise, and thereby more credible, information on the relative risks of dependence on various illegal drugs needs to be disseminated, and that more positive attitudes towards those who misuse drugs need to be fostered, particularly among older people and those with lower levels of education. On a broader level, efforts to counter the problem of legal, as well as illegal, drug use, particularly alcohol, need to continue, and the drug issue must remain a high priority on the national political agenda.



# APPENDIX A

## Questionnaire used in Knowledge, Attitudes and Beliefs (KAB) Survey

## Drug Misuse Research Division Health Research Board

Q1. Which of the following drugs have you heard of? (SHOW CARD 6)

Cannabis e.g. hashish, marijuana, grass	<input type="checkbox"/>
Ecstasy e.g. E/E tablets	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin e.g. smack, gear	<input type="checkbox"/>
LSD e.g. acid	<input type="checkbox"/>
Revelin	<input type="checkbox"/>
Amphetamines e.g. speed	<input type="checkbox"/>

### Interviewer Read to Interviewee

In the following section you will find some statements / questions about drug use and drug users. We are interested in ILLEGAL drug use and users (not prescription drugs); so please bear this in mind when answering. You will find here the sort of statements made by various people at various times to express **their own** opinions about these issues. These statements do not necessarily express **our** feelings. We are interested in finding out what you feel i.e. your opinion about these issues. There are no right or wrong answers to any of these statements on which people have widely different views. Try not to rush through, nor to ponder too long over any question.

As it is likely that you will have stronger views about some of these statements than about others, we have provided three degrees of agreement and three of disagreement for each statement. Please tick the box which best describes your opinion.

Q2. All illegal drugs are equally harmful to your health. (SHOW CARD 7)

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q3. Our society is too tolerant towards drug users.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q4. If you try drugs even once, you are hooked.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q5. I would see drug addicts more as criminals than victims.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q6. Most young people today try out cannabis.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q7. Alcohol abuse causes more problems in society than drug abuse.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q8. Treatment should only be given to drug addicts who intend to give up drugs for good.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q9. I would tend to avoid someone who is a drug addict.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q10. I would be nervous of someone who uses illegal drugs.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q11. Money spent on the prevention of drug use, is money well spent.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q12. The use of cannabis should not be against the law.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q13. Drug addicts are not given a fair chance to get along in society.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q14. Occasional use of cannabis is not really dangerous.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q15. People who end up with a drugs problem have only themselves to blame.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q16. Most young people today try out ecstasy / E tablets.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q17. Drugs are not really a problem to us here in this neighbourhood.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q18. Treatment should be available to all drug addicts, according to their needs.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q19. Drug addicts really scare me.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q20. Tougher sentences for drug misusers is the answer to the drugs problem.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q21. Most people are concerned about the drug problem in Ireland.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q22. Occasional use of ecstasy is not really dangerous.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q23. Many drug addicts exaggerate their troubles to get sympathy.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q24. It is normal that young people will try drugs at least once.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q25. The drug problem in Ireland is out of control.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q26. Medically prescribed heroin substitutes [such as methadone/physeptone] should be available to drug addicts.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q27. Almost all drug addicts are dangerous.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q28. Drugs education in school should start at primary level.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q29. Drug related crime is a major problem in Ireland today.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q30. Occasional use of heroin is not really dangerous.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q31. Reports about the extent of drug usage amongst young people are exaggerated by the media.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q32. Society should provide syringes and needles free of charge to drug addicts to avoid the spread of HIV/AIDS.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q33. Drug addicts charged with petty offences should be given a choice between treatment and prison service.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q34. It would bother me to live near a person who is a drug addict.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q35. Regular use of cannabis is just as dangerous to your health as regular use of heroin.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q36. The availability of illegal drugs poses a great threat to young people nowadays.

Disagree strongly	Disagree moderately	Disagree slightly	Don't know	Agree slightly	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Q37. I personally know someone who smokes cannabis.

Yes	1	No	2
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Q38. Have you ever taken cannabis e.g. hashish / marijuana?

Yes	1	No	2
-----	---	----	---

Q39. I personally know someone who has/had a drug problem.

Yes	1	No	2
-----	---	----	---

## Background Information Section

Finally, can I ask you some details about yourself.

Q1 Age:

Q2 Sex: 

Male	1
------	---

Female	2
--------	---

Q3 Marital Status

Single (never married)	1	Separated	4
Married	2	Divorced	5
Co-habiting	3	Widowed	6

Q4 Highest Educational Qualification (one only)

<b>Primary education</b>	1
<b>Lower secondary</b> (junior/group/O'Level)	2
<b>Upper Secondary</b>	
- Technical or Vocational	3
- Leaving Cert	4
- Both technical/vocational and leaving Cert.	5
<b>Third Level</b>	
- Non degree qualification	6
- Primary Degree	7
- Professional Qual. (of at least primary degree status)	8
- Primary degree and professional qual.	9
- Postgrad. degree (excluding postgrad. diplomas)	10
<b>No formal qualification</b>	11

Q5. At what age did your full-time formal Education cease?



Q6 Which one of these areas would be applicable to you.

Dublin City	1
Other City (Cork, Galway, Limerick or Waterford)	2
Large town (10,000 - 40,000 pop.)	3
Small town (1,000 - 10,000 pop.)	4
Village/Rural/Open country	5

Q7 What county do you live in?

Carlow	1	Westmeath	13	Waterford County	25
Dublin City	2	Wexford	14	Galway City	26
Dublin Belgrad	3	Wicklow	15	Galway County	27
Dublin Fingal	4	Cork City	16	Leitrim	28
Dun Laoghaire	5	Cork County	17	Mayo	29
Kildare	6	Clare	18	Roscommon	30
Kilkenny	7	Kerry	19	Sligo	31
Laois	8	Limerick City	20	Cavan	32
Longford	9	Limerick County	21	Donegal	33
Louth	10	Tipperary NR	22	Monaghan	34
Meath	11	Tipperary SR	23		
Offaly	12	Waterford City	24		

Q8 Number of Dependent Children (if any)?

--	--

(N/A = 88)

Q9 What is the age of your youngest dependent child?

--	--

(N/A = 88)

Q10 Is the home you live in:

Owned outright	1	Part owned, part rented	6
Owned with a mortgage	2	Other (specify)	7
Rented from private landlord	3		
Rented from the Local Authority	4		
Rented from a Housing Association	5	Don't know	9

**Q11 Employment Status**

Self-employed	1
Working full-time	2
Working part-time	3
Seeking work for first time	4
Unemployed (having lost or given up job)	5
Home (domestic) Duties	6
Unable to work due to permanent illness / disability	7
Not working (seeking work)	8
Not working (Not seeking work)	9
On a Government Training /education Scheme	10
On Government Employment scheme(CE, Jobs-option etc.)	11
Retired	12
Student (Further Education)	13
Other (please specify)	14

**Q12 Have you ever had a paid job?**

<b>Yes</b>	go to Q13	1	<b>No</b>	go to Q15	2
------------	-----------	---	-----------	-----------	---

**Q13 If at work (either self employed or employee) what is your main occupation**

**OR**

If unemployed, retired, engaged in home duties or on government training scheme and previously employed, what is the main occupation you previously held (obtain as full a description as possible).

---

**Q14 If currently / previously a farmer or farm worker, please state the area of land farmed.**

			Acres / Hectares (Delete as appropriate)
--	--	--	--

Q15 What is your income before tax and Social insurance (PRSI) contributions? Include all income from employment and benefits? SHOW CARD E1

Under £3,000 per annum (less than £60 per week)	1
£3,000 - £3,999 per annum (£60 - £80 per week)	2
£4,000 - £6,999 per annum (£80 - £135 per week)	3
£7,000 - £9,999 per annum (£135 - £195 per week)	4
£10,000 - £14,999 per annum (£195 - £290 per week)	5
£15,000 - £19,999 per annum (£290 - £385 per week)	6
£20,000 - £25,999 per annum (£385 - £500 per week)	7
£26,000 - £29,999 per annum (£500 - £580 per week)	8
£30,000 - £39,999 per annum (£580 - £770 per week)	9
£40,000 + per annum (£770+ per week)	10

THANK RESPONDENT FOR PARTICIPATING IN THE SURVEY



# APPENDIX B

## Comparisons between Knowledge, Attitudes and Beliefs (KAB) Survey Sample and Total Population<sup>11</sup>

(See Chapter 3, Section 3.1, for discussion of the KAB survey sample.)

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<sup>11</sup> Survey sample as determined in Irish Social Omnibus Survey (ISOS) 1998, and total population as determined by Census 1996.

**Table 1: Geographical Distribution<sup>12</sup> - Comparison between KAB (ISOS '98) Sample and Total Population (Census '96)**

Electoral Registration Authority Areas	Total Population (Census '96) (%)	KAB Sample (ISOS '98) (%)	Difference (%)
Carlow	1.1	1.1	0
Dublin County Borough	12.7	13.2	.5
South Dublin	6.0	5.6	.4
Dublin Fingal	4.6	4.5	.1
Dun Laoghaire-Rathdown	5.2	5.5	.3
Kildare	3.7	3.6	.1
Kilkenny	2.1	2.2	.1
Laois	1.5	1.3	.2
Longford	.83	.70	.13
Louth	2.5	2.6	.1
Meath	3.0	3.3	.3
Offaly	1.6	1.7	.1
Westmeath	1.6	1.8	.2
Wexford	2.9	3.1	.2
Wicklow	2.8	2.8	0
Cork County Borough	3.5	3.4	.1
Cork County	8.3	8.4	.1
Clare	2.6	2.7	.1
Kerry	3.5	3.8	.3
Limerick County Borough	1.4	1.4	0
Limerick County	3.1	3.1	0
Tipperary North Riding	1.6	1.6	0
Tipperary South Riding	2.1	2.1	0
Waterford County Borough	1.2	1.0	.2
Waterford County	1.5	1.5	0
Galway County Borough	1.6	1.6	0
Galway County	3.8	3.6	.2
Leitrim	.70	.60	.1
Mayo	3.1	3.0	.1
Roscommon	1.4	1.2	.2
Sligo	1.5	1.4	.1
Cavan	1.4	1.6	.2
Donegal	3.6	3.6	0
Monaghan	1.4	1.4	0
Total per cent	100	100	

<sup>12</sup> Geographical distribution by 34 Electoral Registration Authorities.

**Table 2: Gender - Comparison between KAB (ISOS '98) Sample and Total Population (Census '96)**

Gender	Total Population (Census '96) (%)	KAB Sample (ISOS '98) (%)
<i>Base</i>	<i>N = 3,626,087</i>	<i>N = 996</i>
Male	49.6	49.4 (n = 492)
Female	50.35	50.6 (n = 504)

**Table 3: Age<sup>13</sup> - Comparison between KAB (ISOS '98) Sample and Total Population (Census '96)**

Age Group	Total Population (Census '96) (%)	KAB Sample (ISOS '98) (%)
<i>Base</i>	<i>N = 2,554,155</i>	<i>N = 996</i>
18-24	16.4	16.5 (n = 164)
25-44	39.8	36.8 (n = 367)
45-64	27.6	29.6 (n = 295)
65-74	9.4	9.9 (n = 99)
75+	6.8	7.1 (n = 71)

**Table 4: Marital Status - Comparison between KAB (ISOS '98) Sample and Total Population (Census '96)**

Marital Status	Total Population (Census '96) (%)	KAB Sample (ISOS '98) (%)
<i>Base</i>	<i>N = 2,554,115</i>	<i>N = 996</i>
Married <sup>14</sup>	53.1	55.0 (n = 548)
Single	36.2	34.4 (n = 343)
Separated/Divorced	3.4	2.9 (n = 29)
Widowed	7.2	7.6 (n = 76)

<sup>13</sup> Comparisons based on 1996 census data for members of population aged 18 years and older.

<sup>14</sup> KAB (ISOS '98) sample figures include those who are co-habiting.

**Table 5: Social Class<sup>15</sup> - Comparison between KAB (ISOS '98) Sample and Total Population (Census '96)**

Social Class	Total Population (Census '96) (%)	KAB Sample (ISOS '98) (%)
<i>Base</i>	<i>N = 3,626,087</i>	<i>N = 1,000</i>
Professional	5.4	2.7 (n = 27)
Managerial/Technical	22.0	24.4 (n = 242)
Skilled non-manual	19.0	18.6 (n = 186)
Skilled manual	20.5	12.3 (n = 123)
Semi-skilled	12.8	13.4 (n = 134)
Unskilled	8.5	11.6 (n = 116)
Unknown	12.4	17.2 (n = 172)

**Table 6: Employment Status<sup>16</sup> - Comparison between KAB (ISOS '98) Sample and Total Population (Census '96)**

Employment Status	Total Population (Census '96) (%)	KAB Sample (ISOS '98) (%)
<i>Base</i>	<i>N = 2,766,663</i>	<i>N = 999</i>
At work	47.3	51.70 (n = 517)
Looking for First Job	1.0	0.20 (n = 2)
Unemployed having lost or given up work	7.2	5.0 (n = 50)
Student	12.3	5.5 (n = 55)
Home Duties	20.0	21.9 (n = 219)
Retired	9.3	12.2 (n = 122)
Unable to Work	2.9	2.1 (n = 21)
Other	.09	1.3 (n = 13)

<sup>15</sup> Census figures based on total population figures.

<sup>16</sup> Census figures based on those aged 15 years and older.



**Table 7: Educational Level<sup>17</sup> - Comparison between KAB (ISOS '98) Sample and Total Population (Census '96)**

Education	Total Population (Census '96) (%)	KAB Sample (ISOS '98) (%)
<i>Base</i>	<i>N = 2,427,067</i>	<i>N = 969</i>
Primary <sup>18</sup>	28.6	20.1 (n = 201)
Lower Secondary	20.2	17.7 (n = 177)
Upper Secondary	28.9	41.3 (n = 413)
Third level non-degree	8.1	4.6 (n = 46)
Third level degree and higher	9.7	13.2 (n = 132)
Not stated/missing	3.4	3.1 (n = 31)

**Table 8: Area Type - Comparison between KAB (ISOS '98) Sample and Total Population (Census '96)**

Area Type	Total Population (Census '96) (%)	KAB Sample (ISOS '98) (%)
<i>Base</i>	<i>N = 3,626,087</i>	<i>N = 973</i>
Dublin <sup>19</sup>	26.3	25.9 (n = 252)
Other City (Cork, Galway, Limerick, Waterford Town <sup>20</sup>	10.0	4.9 (n = 48)
21.9	20.9 (n = 203)	
Village/Rural/Open Country	41.9	48.3 (n = 470)

<sup>17</sup> Census figures based on those aged 15 years and older whose full-time formal education has ceased.

<sup>18</sup> Includes those with no formal education.

<sup>19</sup> Census data refers to the greater Dublin area.

<sup>20</sup> Census '96 defined towns as urban areas (including suburbs and environs) with 1,500 persons or more (CSO, 1997). Towns were defined by ISOS '98 as areas with a population of 1,000 to 10,000.



# APPENDIX C

## Absolute and Percentage Frequencies - Recoded Variables used in Chi-Square Analyses

REPORT ON A NATION-WIDE SURVEY OF DRUG-RELATED KNOWLEDGE, ATTITUDES AND BELIEFS IN

<b>C1. Age</b>					
	Age-Group	Frequency	Per Cent	Valid Per Cent	Cumulative Per Cent
<b>Valid</b>	18-29	238	23.8	23.8	23.8
	30-39	189	18.9	18.9	42.7
	40-50	228	22.8	22.8	65.5
	51-65	186	18.6	18.6	84.1
	66 & over	159	15.9	15.9	100.0
<b>Total</b>		1,000	100.0	100.0	

  

<b>C2. Education</b>					
	Educational Level	Frequency	Per Cent	Valid Per Cent	Cumulative Per Cent
<b>Valid</b>	Primary	201	20.1	20.7	20.7
	Lr. Secondary	177	17.7	18.3	39.0
	Up. Secondary	413	41.3	42.6	81.6
	All Third Level	178	17.8	18.4	100.0
	Total	969	96.9	100.0	
<b>Missing</b>		31	3.1		
<b>Total</b>		1,000	100.0		

  

<b>C3. Area of Residence</b>					
	Area Type	Frequency	Per Cent	Valid Per Cent	Cumulative Per Cent
<b>Valid</b>	Urban	503	50.3	51.7	51.7
	Rural	470	47.0	48.3	100.0
	Total	973	97.3	100.0	
<b>Missing</b>		27	2.7		
<b>Total</b>		1,000	100.0		

  

<b>C4. Social Class</b>					
	Social Class	Frequency	Per Cent	Valid Per Cent	Cumulative Per Cent
<b>Valid</b>	Professional/ Managerial/ Technical Skilled	269	26.9	32.5	32.5
	Non-manual/ Skilled manual Partly Skilled/ Unskilled	309	30.9	37.3	69.8
	Total	250	25.0	30.2	100.0
	Total	828	82.8	100.0	
<b>Missing</b>		172	17.2		
<b>Total</b>		1,000	100.0		

# APPENDIX D<sup>21</sup>

## Chi-Square Tests: Personal Cannabis Use, Personal Familiarity with Cannabis Users, and People with a Drug Problem - Age, Area of Residence, Gender, Socio-Economic Background

(See Chapter 3, Section 3.4, for  
a discussion of these results.)

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<sup>21</sup> Where chi-squares were significant at the .001 level, this level of significance is reported. Otherwise, a significance level of .05 was adopted. In instances where chi-squares were non significant, the actual P value is reported and the abbreviation N.S. (Non Significant) is used.

**AGE**

**D.1 Have you ever taken cannabis, e.g. hashish/marijuana? (Questionnaire Item 38)**

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Yes</b>	N	69	24	20	4	2	119
	%	29.5%	13.0%	9.0%	2.2%	1.4%	12.4%
<b>No</b>	N	165	160	201	177	140	843
	%	70.5%	87.0%	91.0%	97.8%	98.6%	87.6%
<b>Total</b>	N	234	184	221	181	142	962
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 98.55$       d.f. = 4      p < .001

**D.2 I personally know someone who smokes cannabis. (Questionnaire Item 37)**

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Yes</b>	N	154	52	45	32	8	291
	%	65.8%	28.3%	20.4%	17.7%	5.7%	30.3%
<b>No</b>	N	80	132	176	149	133	670
	%	34.2%	71.7%	79.6%	82.3%	94.3%	69.7%
<b>Total</b>	N	234	184	221	181	141	961
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 204.64$       d.f. = 4      p < .001

**D.3 I personally know someone who has/had a drugs problem. (Questionnaire Item 39)**

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Yes</b>	N	109	41	51	42	13	256
	%	45.8%	21.7%	22.5%	22.7%	8.3%	25.7%
<b>No</b>	N	129	148	176	143	143	739
	%	54.2%	78.3%	77.5%	77.3%	91.7%	74.3%
<b>Total</b>	N	238	189	227	185	156	995
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 78.63$       d.f. = 4      p < .001

**AREA OF RESIDENCE****D.4 Have you ever taken cannabis, e.g. hashish/marijuana? (Questionnaire Item 38)**

		Area of Residence		
		Urban	Rural	Total
<b>Yes</b>	N	71	44	115
	%	14.5%	9.9%	12.3%
<b>No</b>	N	419	401	820
	%	85.5%	90.1%	87.7%
<b>Total</b>	N	490	445	935
	%	100.0%	100.0%	100.0%

$\chi^2 = 4.58$

d.f. = 1

p &lt; .05

**D.5 I personally know someone who smokes cannabis. (Questionnaire Item 37)**

		Area of Residence		
		Urban	Rural	Total
<b>Yes</b>	N	183	103	286
	%	37.3%	23.2%	30.6%
<b>No</b>	N	307	341	648
	%	62.7%	76.8%	69.4%
<b>Total</b>	N	490	444	934
	%	100.0%	100.0%	100.0%

$\chi^2 = 21.95$

d.f. = 1

p &lt; .001

**D.6 I personally know someone who has/had a drugs problem. (Questionnaire Item 39)**

		Area of Residence		
		Urban	Rural	Total
<b>Yes</b>	N	156	96	252
	%	31.1%	20.6%	26.0%
<b>No</b>	N	345	371	716
	%	68.9%	79.4%	74.0%
<b>Total</b>	N	501	467	968
	%	100.0%	100.0%	100.0%

$\chi^2 = 14.05$

d.f. = 1

p &lt; .001

**GENDER**

**D.7 Have you ever taken cannabis, e.g. hashish/marijuana? (Questionnaire Item 38)**

		Gender		
		Male	Female	Total
<b>Yes</b>	N	73	46	119
	%	15.5%	9.5%	12.4%
<b>No</b>	N	399	440	839
	%	84.5%	90.5%	87.6%
<b>Total</b>	N	472	486	958
	%	100.0%	100.0%	100.0%

$\chi^2 = 7.93$                       d.f. = 1                      p < .05

**D.8 I personally know someone who smokes cannabis. (Questionnaire Item 37)**

		Gender		
		Male	Female	Total
<b>Yes</b>	N	162	129	221
	%	34.4%	26.6%	30.4%
<b>No</b>	N	310	356	666
	%	65.7%	73.4%	69.6%
<b>Total</b>	N	472	485	957
	%	100.0%	100.0%	100.0%

$\chi^2 = 6.74$                       d.f. = 1                      p < .05

**D.9 I personally know someone who has/had a drugs problem. (Questionnaire Item 39)**

		Gender		
		Male	Female	Total
<b>Yes</b>	N	140	116	256
	%	28.5%	23.2%	25.8%
<b>No</b>	N	351	384	735
	%	71.5%	76.8%	74.2%
<b>Total</b>	N	491	500	991
	%	100.0%	100.0%	100.0%

$\chi^2 = 3.65$                       d.f. = 1                      p < .056,



**SOCIO-ECONOMIC BACKGROUND****D.10 Have you ever taken cannabis, e.g. hashish/marijuana? (Questionnaire Item 38)**

		Social Class							Total
		Professional	Managerial	Skilled/ Non-man.	Skilled/ Manual	Partly Skilled	Unskilled	Unknown	
<b>Yes</b>	N	3	24	17	10	20	14	31	119
	%	11.1%	10.3%	9.4%	8.3%	15.9%	12.5%	19.1%	12.4%
<b>No</b>	N	24	210	164	110	106	98	131	843
	%	88.9%	89.7%	90.6%	91.7%	84.1%	87.5%	80.9%	87.6%
<b>Total</b>	N	27	234	181	120	126	112	162	962
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 12.59$       d.f. = 6      p < .051, N.S.

**D.11 I personally know someone who smokes cannabis. (Questionnaire Item 37)**

		Social Class							Total
		Professional	Managerial	Skilled/ Non-man.	Skilled/ Manual	Partly Skilled	Unskilled	Unknown	
<b>Yes</b>	N	6	65	53	30	50	32	58	294
	%	22.2%	27.0%	28.5%	24.4%	37.3%	27.8%	34.1%	29.5%
<b>No</b>	N	21	176	133	93	84	83	112	702
	%	77.8%	73.0%	71.5%	75.6%	62.7%	72.2%	65.9%	70.5%
<b>Total</b>	N	27	241	186	123	134	115	170	996
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 8.89$       d.f. = 6      p < .180, N.S.

**D.12 I personally know someone who has/had a drugs problem. (Questionnaire Item 39)**

		Social Class							Total
		Professional	Managerial	Skilled/ Non-man.	Skilled/ Manual	Partly Skilled	Unskilled	Unknown	
<b>Yes</b>	N	7	59	44	25	44	31	46	256
	%	25.9%	24.5%	23.7%	20.3%	32.8%	27.0%	27.2%	25.7%
<b>No</b>	N	20	182	142	98	90	84	123	739
	%	74.1%	75.5%	76.3%	79.7%	67.2%	73.0%	72.8%	74.3%
<b>Total</b>	N	27	241	186	123	134	115	169	995
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 6.32$       d.f. = 6      p < .388, N.S.



# APPENDIX E

## Chi-Square Tests: Perceived Harm Associated with Drug Use - Age

(See Chapter 3, Section 3.5, for a discussion of these results.)

**E.1 All illegal drugs are equally harmful to your health. (Questionnaire Item 2)**

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Agree</b>	N	158	151	177	154	126	766
	%	66.4%	79.9%	77.6%	83.2%	81.3%	77.0%
<b>Disagree</b>	N	65	34	38	22	17	176
	%	27.3%	18.0%	16.7%	11.9%	11.0%	17.7%
<b>Don't Know</b>	N	15	4	13	9	12	53
	%	6.3%	2.1%	5.7%	4.9%	7.7%	5.3%
<b>TOTAL</b>	N	238	189	228	185	155	995
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 40.00$       d.f. = 8       $p < .001$

**E.2 If you try drugs even once, you are hooked. (Questionnaire Item 4)**

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Agree</b>	N	62	78	99	108	88	435
	%	26.1%	41.3%	43.4%	58.1%	55.7%	43.5%
<b>Disagree</b>	N	146	78	86	47	37	394
	%	61.3%	41.3%	37.7%	25.3%	23.4%	39.4%
<b>Don't Know</b>	N	30	33	43	31	33	170
	%	12.6%	17.5%	18.9%	16.7%	20.9%	17.0%
<b>TOTAL</b>	N	238	189	228	186	158	999
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 84.96$       d.f. = 8       $p < .001$

**E.3 Occasional use of cannabis is not really dangerous. (Questionnaire Item 14)**

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Agree</b>	N	102	50	54	21	12	239
	%	43.8%	27.2%	24.3%	11.7%	8.5%	24.9%
<b>Disagree</b>	N	95	107	121	129	104	556
	%	40.8%	58.2%	54.5%	71.7%	73.2%	57.9%
<b>Don't Know</b>	N	36	27	47	30	26	166
	%	15.5%	14.7%	21.2%	16.7%	18.3%	17.3%
<b>TOTAL</b>	N	233	184	222	180	142	961
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 89.10$       d.f. = 8       $p < .001$

**E.4 Occasional use of ecstasy is not really dangerous. (Questionnaire Item 22)**

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Agree</b>	N	32	14	18	11	8	83
	%	13.9%	7.9%	8.3%	6.3%	6.3%	8.9%
<b>Disagree</b>	N	178	150	180	145	104	757
	%	77.1%	84.3%	82.9%	82.4%	81.3%	81.4%
<b>Don't Know</b>	N	21	14	19	20	16	90
	%	9.1%	7.9%	8.8%	11.4%	12.5%	9.7%
<b>TOTAL</b>	N	231	178	217	176	128	930
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 12.29$       d.f. = 8       $p < .139, N.S.$

**E.5 Regular use of cannabis is just as dangerous to your health as regular use of heroin.** (*Questionnaire Item 35*)

		Age Categories					
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	Total
<b>Agree</b>	N	99	106	104	110	84	503
	%	43.4%	59.9%	48.4%	62.9%	67.2%	54.7%
<b>Disagree</b>	N	87	42	73	38	16	256
	%	38.2%	23.7%	34.0%	21.7%	12.8%	27.8%
<b>Don't Know</b>	N	42	29	38	27	25	161
	%	18.4%	16.4%	17.7%	15.4%	20.0%	17.5%
<b>TOTAL</b>	N	228	177	215	175	125	920
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 39.78$       d.f. = 8      p < .001

# APPENDIX F<sup>22</sup>

## Chi Square Tests: Attitudes towards Drug-Addicted Individuals - Age, Educational Level, Gender, Acquaintance with someone with a Drug Problem

(See Chapter 3, Section 3.6, for a discussion of these results.)

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<sup>22</sup> Where chi-squares were significant at the .001 level, this level of significance is reported. Otherwise, a significance level of .05 was adopted. In instances where chi-squares were non significant, the actual P value is reported and the abbreviation N. S. (Non Significant) is used.

**AGE and SYMPATHY FOR DRUG-ADDICTED INDIVIDUALS**

**F1 I would see drug addicts more as criminals than victims. (Questionnaire Item 5)**

		Age Categories					
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	Total
<b>Agree</b>	N	78	80	93	89	86	426
	%	32.8%	42.3%	40.8%	47.8%	54.4%	42.6%
<b>Disagree</b>	N	129	90	113	77	43	452
	%	54.2%	47.6%	49.6%	41.4%	27.2%	45.2%
<b>Don't Know</b>	N	31	19	22	20	29	121
	%	13.0%	10.1%	9.6%	10.8%	18.4%	12.1%
<b>TOTAL</b>	N	238	189	228	186	158	999
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 36.64$       d.f. = 8      p < .001

**F2 Drug addicts are not given a fair chance to get along in society. (Questionnaire Item 13)**

		Age Categories					
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	Total
<b>Agree</b>	N	108	54	64	51	28	305
	%	45.4%	28.6%	28.1%	27.4%	17.7%	30.5%
<b>Disagree</b>	N	87	104	113	105	97	506
	%	36.6%	55.0%	49.6%	56.5%	61.4%	50.7%
<b>Don't Know</b>	N	43	31	51	30	33	188
	%	18.1%	16.4%	22.4%	16.1%	20.9%	18.8%
<b>TOTAL</b>	N	238	189	228	186	158	999
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 45.15$       d.f. = 8      p < .001



**F.3 People who end up with a drugs problem have only themselves to blame.**  
(Questionnaire Item 15)

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Agree</b>	N	125	107	120	117	99	568
	%	52.5%	56.6%	52.6%	62.9%	62.7%	56.9%
<b>Disagree</b>	N	98	69	85	50	37	339
	%	41.2%	36.5%	37.3%	26.9%	23.4%	33.9%
<b>Don't Know</b>	N	15	13	23	19	22	92
	%	6.3%	6.9%	10.1%	10.2%	13.9%	9.2%
<b>TOTAL</b>	N	238	189	228	186	158	999
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 23.82$       d.f. = 8      p < .05

**F.4 Many drug addicts exaggerate their troubles to get sympathy.**  
(Questionnaire Item 23)

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Agree</b>	N	89	76	91	74	66	396
	%	37.6%	40.2%	39.9%	39.8%	41.8%	39.7%
<b>Disagree</b>	N	90	56	72	42	30	290
	%	38.0%	29.6%	31.6%	22.6%	19.0%	29.1%
<b>Don't Know</b>	N	58	57	65	70	62	312
	%	24.5%	30.2%	28.5%	37.6%	39.2%	31.3%
<b>TOTAL</b>	N	237	189	228	186	158	998
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 25.42$       d.f. = 8      p < .001

**EDUCATIONAL LEVEL and SYMPATHY FOR DRUG-ADDICTED INDIVIDUALS**

**F5 People who end up with a drugs problem have only themselves to blame.**  
(Questionnaire Item 15)

	Educational Level Achieved					
		Primary/ No Formal Ed.	Lower Secondary	Upper Secondary	Third Level	Total
<b>Agree</b>	N %	121 60.5%	112 63.3%	239 57.9%	74 41.6%	546 56.4%
<b>Disagree</b>	N %	54 27.0%	53 29.9%	135 32.7%	91 51.1%	333 34.4%
<b>Don't Know</b>	N %	25 12.5%	12 6.8%	39 9.4%	13 7.3%	89 9.2%
<b>TOTAL</b>	N %	200 100.0%	177 100.0%	413 100.0%	178 100.0%	968 100.0%

$\chi^2 = 32.42$       d.f. = 6      p < .001

**F6 I would see drug addicts more as criminals than victims.** (Questionnaire Item 5)

	Educational Level Achieved					
		Primary/ No Formal Ed.	Lower Secondary	Upper Secondary	Third Level	Total
<b>Agree</b>	N %	105 52.5%	79 44.6%	177 42.9%	55 30.9%	146 43.0%
<b>Disagree</b>	N %	64 32.0%	75 42.2%	181 43.8%	115 64.6%	435 44.9%
<b>Don't Know</b>	N %	31 15.5%	23 13.0%	55 13.3%	8 4.5%	117 12.1%
<b>TOTAL</b>	N %	200 100.0%	177 100.0%	413 100.0%	178 100.0%	968 100.0%

$\chi^2 = 44.58$       d.f. = 6      p < .001

**F.7 Many drug addicts exaggerate their troubles to get sympathy.**  
(Questionnaire Item 23)

	Educational Level Achieved					
		Primary/ No Formal Ed.	Lower Secondary	Upper Secondary	Third Level	Total
<b>Agree</b>	N %	79 39.5%	74 41.8%	183 44.4%	49 27.5%	385 39.8%
<b>Disagree</b>	N %	43 21.5%	43 24.3%	119 28.9%	75 42.1%	280 29.0%
<b>Don't Know</b>	N %	78 39.0%	60 33.9%	110 26.7%	54 30.3%	302 31.2%
<b>TOTAL</b>	N %	200 100.0%	177 100.0%	412 100.0%	178 100.0%	967 100.0%

$\chi^2 = 32.00$       d.f. = 6      p < .001

**F.8 Drug addicts are not given a fair chance to get along in society.**  
(Questionnaire Item 23)

	Educational Level Achieved					
		Primary/ No Formal Ed.	Lower Secondary	Upper Secondary	Third Level	Total
<b>Agree</b>	N %	49 24.5%	53 29.9%	135 32.7%	61 34.3%	298 30.8%
<b>Disagree</b>	N %	112 56.0%	80 45.2%	207 50.1%	90 50.6%	489 50.5%
<b>Don't Know</b>	N %	39 19.5%	44 24.9%	71 17.2%	27 15.2%	181 18.7%
<b>TOTAL</b>	N %	200 100.0%	177 100.0%	413 100.0%	178 100.0%	968 100.0%

$\chi^2 = 11.33$       d.f. = 6      p < .078, N.S.

**AGE and SOCIAL AVOIDANCE AND FEAR OF DRUG-ADDICTED INDIVIDUALS**

**F9 I would tend to avoid someone who is a drug addict. (Questionnaire Item 9)**

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Agree</b>	N	138	125	169	149	129	710
	%	58.0%	66.1%	74.1%	80.1%	81.6%	71.1%
<b>Disagree</b>	N	81	44	46	28	17	216
	%	34.0%	23.3%	20.2%	15.1%	10.8%	21.6%
<b>Don't Know</b>	N	19	20	13	9	12	73
	%	8.0%	10.6%	5.7%	4.8%	7.6%	7.3%
<b>TOTAL</b>	N	238	189	228	186	158	999
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 46.35$       d.f. = 8      p < .001

**F.10 It would bother me to live near a person who is a drug addict. (Questionnaire Item 34)**

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Agree</b>	N	131	124	168	140	133	696
	%	55.0%	65.6%	74.3%	75.7%	84.7%	69.9%
<b>Disagree</b>	N	86	46	41	38	12	223
	%	36.1%	24.3%	18.1%	20.5%	7.6%	22.4%
<b>Don't Know</b>	N	21	19	17	7	12	76
	%	8.8%	10.1%	7.5%	3.8%	7.6%	7.6%
<b>TOTAL</b>	N	238	189	226	185	157	995
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 57.65$       d.f. = 8      p < .001

**F11 Drug addicts really scare me. (Questionnaire Item 19)**

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Agree</b>	N	121	118	149	145	129	662
	%	51.1%	62.4%	65.6%	78.0%	81.6%	66.4%
<b>Disagree</b>	N	101	53	61	29	15	259
	%	42.6%	28.0%	26.9%	15.6%	9.5%	26.0%
<b>Don't Know</b>	N	15	18	17	12	14	76
	%	6.3%	9.5%	7.5%	6.5%	8.9%	7.6%
<b>TOTAL</b>	N	237	189	227	186	158	997
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 70.10$       d.f. = 8      p < .001

**F12 Almost all drug addicts are dangerous. (Questionnaire Item 27)**

		Age Categories					Total
		18-29 yrs	30-39 yrs	40-50 yrs	51-65 yrs	66 or older	
<b>Agree</b>	N	97	94	114	117	102	524
	%	40.8%	49.7%	50.0%	62.9%	65.0%	52.5%
<b>Disagree</b>	N	111	72	83	50	30	346
	%	46.6%	38.1%	36.4%	26.9%	19.1%	34.7%
<b>Don't Know</b>	N	30	23	31	19	25	128
	%	12.6%	12.2%	13.6%	10.2%	15.9%	12.8%
<b>TOTAL</b>	N	238	189	228	186	157	998
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

$\chi^2 = 70.10$       d.f. = 8      p < .001

**EDUCATIONAL LEVEL and SOCIAL AVOIDANCE AND FEAR OF DRUG-ADDICTED INDIVIDUALS**

**F13 I would tend to avoid someone who is a drug addict. (Questionnaire Item 9)**

	Educational Level Achieved					
		Primary/ No Formal Ed.	Lower Secondary	Upper Secondary	Third Level	Total
<b>Agree</b>	N %	156 78.0%	120 67.8%	290 70.2%	120 67.4%	686 70.9%
<b>Disagree</b>	N %	30 15.0%	40 22.6%	88 21.3%	51 28.7%	209 21.6%
<b>Don't Know</b>	N %	14 7.0%	17 9.6%	35 8.5%	7 3.9%	73 7.5%
<b>TOTAL</b>	N %	200 100.0%	177 100.0%	413 100.0%	178 100.0%	968 100.0%

$\chi^2 = 14.85$       d.f. = 6      p < .05

**F14 Drug addicts really scare me. (Questionnaire Item 19)**

	Educational Level Achieved					
		Primary/ No Formal Ed.	Lower Secondary	Upper Secondary	Third Level	Total
<b>Agree</b>	N %	148 74.0%	107 60.8%	209 70.4%	95 53.4%	640 66.3%
<b>Disagree</b>	N %	30 15.0%	51 29.0%	94 22.8%	76 42.7%	251 26.0%
<b>Don't Know</b>	N %	22 11.0%	18 10.2%	28 6.8%	7 3.9%	75 7.8%
<b>TOTAL</b>	N %	200 100.0%	176 100.0%	412 100.0%	178 100.0%	966 100.0%

$\chi^2 = 46.68$       d.f. = 6      p < .001

**F.15 Almost all drug addicts are dangerous.** (*Questionnaire Item 27*)

	Educational Level Achieved					Total
		Primary/ No Formal Ed.	Lower Secondary	Upper Secondary	Third Level	
<b>Agree</b>	N %	114 57.3%	92 52.0%	241 58.4%	64 36.0%	511 52.8%
<b>Disagree</b>	N %	55 27.6%	61 34.5%	127 30.8%	91 51.1%	334 34.5%
<b>Don't Know</b>	N %	30 15.1%	24 13.6%	45 10.9%	23 12.9%	122 12.6%
<b>TOTAL</b>	N %	199 100.0%	177 100.0%	413 100.0%	178 100.0%	967 100.0%

$\chi^2 = 33.44$       d.f. = 6      p < .001

**F.16 It would bother me to live near a person who is a drug addict.**  
(*Questionnaire Item 34*)

	Educational Level Achieved					Total
		Primary/ No Formal Ed.	Lower Secondary	Upper Secondary	Third Level	
<b>Agree</b>	N %	149 75.3%	115 65.0%	293 71.1%	116 65.5%	673 69.8%
<b>Disagree</b>	N %	37 18.7%	42 23.7%	88 21.4%	48 27.1%	215 22.3%
<b>Don't Know</b>	N %	12 6.1%	20 11.3%	31 7.5%	13 7.3%	76 7.9%
<b>TOTAL</b>	N %	198 100.0%	177 100.0%	412 100.0%	177 100.0%	964 100.0%

$\chi^2 = 8.91$       d.f. = 6      p < .179, N.S.

**GENDER and SOCIAL AVOIDANCE AND FEAR OF DRUG-ADDICTED INDIVIDUALS**

**F.17 It would bother me to live near a person who is a drug addict.**

*(Questionnaire Item 34)*

		Gender		
		Male	Female	Total
<b>Agree</b>	N	329	364	693
	%	66.9%	72.9%	69.9%
<b>Disagree</b>	N	127	95	222
	%	25.8%	19.0%	22.4%
<b>Don't Know</b>	N	36	40	76
	%	7.3%	8.0%	7.7%
<b>TOTAL</b>	N	492	499	991
	%	100.0%	100.0%	100.0%

$\chi^2 = 6.54$       d.f. = 2      p < .038

**F.18 Drug addicts really scare me. (Questionnaire Item 19)**

		Gender		
		Male	Female	Total
<b>Agree</b>	N	293	367	660
	%	59.7%	73.1%	66.6%
<b>Disagree</b>	N	157	100	257
	%	32.0%	19.9%	25.9%
<b>Don't Know</b>	N	41	35	76
	%	8.4%	7.0%	7.5%
<b>TOTAL</b>	N	491	502	993
	%	100.0%	100.0%	100.0%

$\chi^2 = 21.29$       d.f. = 2      p < .001



**ACQUAINTANCE WITH SOMEONE WITH A DRUG PROBLEM and ATTITUDES TO DRUG-ADDICTED INDIVIDUALS**

**F.19 I would see drug addicts more as criminals than victims.**

*(Questionnaire Item 5)*

<b>I personally know someone who has/had a drug problem</b>				
		Yes	No	Total
<b>Agree</b>	N	80	345	425
	%	31.3%	46.7%	42.7%
<b>Disagree</b>	N	149	302	451
	%	58.2%	40.9%	45.3%
<b>Don't Know</b>	N	27	92	119
	%	10.5%	12.4%	12.0%
<b>TOTAL</b>	N	256	739	995
	%	100.0%	100.0%	100.0%

$$\chi^2 = 23.78 \quad \text{d.f.} = 2 \quad p < .001$$

**F.20 Drug addicts are not given a fair chance to get along in society.**

*(Questionnaire Item 13)*

<b>I personally know someone who has/had a drug problem</b>				
		Yes	No	Total
<b>Agree</b>	N	112	192	304
	%	43.8%	26.0%	30.6%
<b>Disagree</b>	N	109	394	503
	%	42.6%	53.3%	50.6%
<b>Don't Know</b>	N	35	153	188
	%	13.7%	20.7%	18.9%
<b>TOTAL</b>	N	256	739	995
	%	100.0%	100.0%	100.0%

$$\chi^2 = 28.96 \quad \text{d.f.} = 2 \quad p < .001$$

**F.21 People who end up with a drugs problem have only themselves to blame.**  
 (Questionnaire Item 15)

<b>I personally know someone who has/had a drug problem</b>				
		Yes	No	Total
<b>Agree</b>	N	136	430	566
	%	53.1%	58.2%	56.9%
<b>Disagree</b>	N	103	235	338
	%	40.2%	31.8%	34.0%
<b>Don't Know</b>	N	17	74	91
	%	6.6%	10.0%	9.1%
<b>TOTAL</b>	N	256	739	995
	%	100.0%	100.0%	100.0%

$\chi^2 = 7.20$       d.f. = 2      p < .05

**F.22 Drug addicts really scare me.** (Questionnaire Item 19)

<b>I personally know someone who has/had a drug problem</b>				
		Yes	No	Total
<b>Agree</b>	N	139	520	659
	%	54.5%	70.5%	66.4%
<b>Disagree</b>	N	111	148	259
	%	43.5%	20.1%	26.1%
<b>Don't Know</b>	N	5	70	75
	%	2.0%	9.5%	7.6%
<b>TOTAL</b>	N	255	738	993
	%	100.0%	100.0%	100.0%

$\chi^2 = 61.51$       d.f. = 2      p < .001

**F.23 It would bother me to live near a person who is a drug addict.**  
*(Questionnaire Item 34)*

<b>I personally know someone who has/had a drug problem</b>				
		Yes	No	Total
<b>Agree</b>	N	136	558	694
	%	53.1%	75.7%	69.9%
<b>Disagree</b>	N	103	120	223
	%	40.2%	16.3%	22.5%
<b>Don't Know</b>	N	17	59	76
	%	6.6%	8.0%	7.7%
<b>TOTAL</b>	N	256	737	993
	%	100.0%	100.0%	100.0%

$\chi^2 = 62.87$       d.f. = 2      p < .001



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