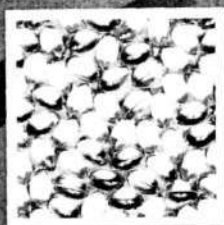


Report on knowledge and  
awareness of drugs among 10-17  
year olds in Northern Ireland

# DRUGS



WHAT YOUNG PEOPLE KNOW

# **F**oreword

DURING THE last five years there has been a rise in the number of young people in Northern Ireland both experimenting with, and reporting regular use of illicit drugs and solvents.

Effective drug prevention policies, strategies and interventions throughout Northern Ireland are needed to respond to this challenge.

Many organisations and agencies have emphasised the importance of education and prevention. Coordination of many of these initiatives takes place under the Northern Ireland Drugs Campaign which was launched in October 1996.

This research, commissioned by the Health Promotion Agency for Northern Ireland and funded by the Northern Ireland Statistics and Research Agency, has been carried out as part of the Northern Ireland Drugs Campaign.

This report will add value to preventive drug education and should interest and inform those involved in health promotion initiatives.



Dr Brian Gaffney  
Chief Executive  
Health Promotion Agency for Northern Ireland  
February 1998

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S e c t i o n

**O N E**

# **I**ntroduction

THIS REPORT is based on a survey of the knowledge and awareness of drugs and solvents among 3,560 young people in schools and colleges in Northern Ireland. The survey was carried out between November 1996 and January 1997. The findings were self-reported by young people aged between 10 and 17 years, using a computer assisted programme. This report is based upon figures provided by Ulster Marketing Surveys which carried out the research.

The survey was designed to assess young people's awareness, perceptions and knowledge of a range of illicit drugs and solvents. Questions were also asked about their attitudes to information, where they received information and where they would be most likely to seek information.

The report presents selected results from the survey. Comparisons are made between young people in two age groups: 10-13 years and 14-17 years.

This report does not provide detailed facts about drugs with which the respondent's recorded knowledge could be compared. Such information can be found in *Illicit Drug Use in Northern Ireland - A Handbook for Professionals*.<sup>1</sup>

## **Reference**

- 1 Health Promotion Agency for Northern Ireland. *Illicit Drug Use in Northern Ireland - A Handbook for Professionals*. Belfast: Health Promotion Agency for Northern Ireland, 1996.

# **M**ethodology

A STRATIFIED random sample of 50 primary and 50 post primary schools was selected, equally distributed between the five Education and Library Boards. Age stratification was applied when selecting pupils randomly from form registers.

To reflect the proportion of young people who had left school, 409 young people aged 16-17 years were interviewed in Colleges of Further and Higher Education and Regional Training Organisations in each of the five Education and Library Boards.

The total sample size was 3,560. This included 1,877 young people, aged 10-13 of whom 741 were in primary school and 1,136 in secondary school; and 1,683 young people, aged 14-17 of whom 1,274 were in secondary school and 409 had left school.

The survey was conducted using a self-completed computer assisted personal interview (CAPI) questionnaire.

This method was chosen for a variety of reasons. These included encouraging frankness, reducing inappropriate responses, increasing young people's participation and increasing confidentiality.

A trained interviewer selected the first 7 questions to demonstrate how to use the software and record responses. If further assistance was required this was recorded at the end of the interview. The interview was limited to 45 minutes. Some interviews were not completed, mainly because of slower reading speed, less confidence in keyboard use and longer time responding to questions. Interviews were conducted between November 1996 and January 1997.

Results are presented for age groups (10-13) and (14-17) and where appropriate by separate age band. The number of respondents in bases from which percentages are derived are detailed throughout the report.



Awareness and knowledge of drugs

**S e c t i o n**

**T W O**

# Introduction

THIS SECTION contains findings *on* the knowledge and awareness of illicit drugs and solvents in general.

It examines:

- unprompted awareness of names for drugs;
- prompted awareness of names for drugs;
- knowledge of drugs.

It then looks at the awareness and knowledge of **specific** drugs and solvents.

These are:

- cannabis;
- LSD/ magic mushrooms;
- Ecstasy;
- amphetamines;
- cocaine;
- heroin;
- solvents.

Most of these substances are then looked at individually, ie considered drug by drug under the following headings:

- prompted awareness of the drug;
- what is the drug and how is it taken?
- effects of the drug;
- feelings about the drug;
- perceived harm of the drug;
- impressions of a user of the drug;
- knowledge of legal status of the drug.

This section also includes a summary of the research findings.

*Note: In order to carry out the interview within a specific time allocation it was necessary to combine certain questions. These included: effects of LSD or magic mushrooms; feelings about LSD or magic mushrooms; impressions of an Ecstasy or amphetamine user and impressions of a cocaine or heroin user.*

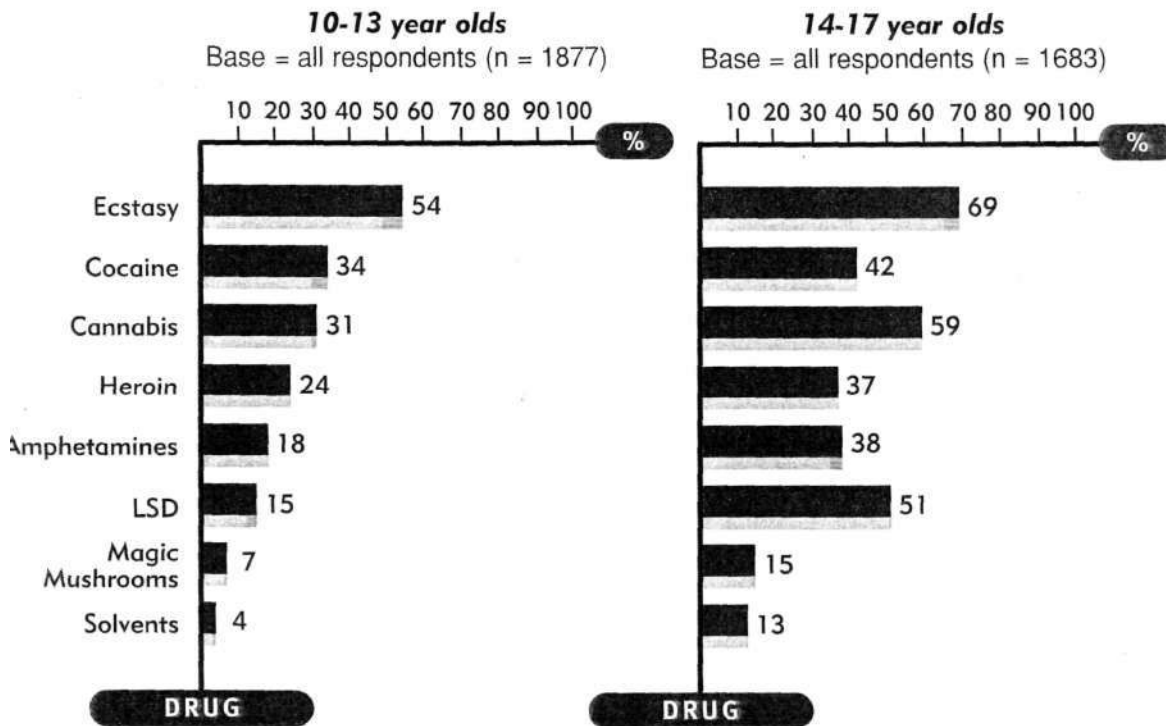
# Unprompted awareness of names for drugs

YOUNG PEOPLE were asked to record the names of all the drugs which they could think of - 69 different names for drugs were identified. Ecstasy was the most commonly named drug, with over half (54%) of the 10-13 year olds, and over two thirds (69%) of 14-17 year olds spontaneously referring to it, or other names (such as E) commonly used for it.

Among the younger age group of 10-13 year olds other illicit drugs appeared less well known, with about one third naming cocaine (34%) and cannabis (31%). Heroin was mentioned spontaneously by about one quarter (24%) of this age group.

There was a marked rise in unprompted awareness with age. Over half the older age group of 14-17 year olds named cannabis (59%) and LSD (51%). Unprompted awareness of amphetamines (or other terms for amphetamines) rose from 8% for 10 year olds to 27% for 13 year olds. By the age of 17, 44% mentioned this drug.

**Figure 1: Unprompted awareness of names for drugs**



# **P**rompted awareness of names for drugs

RESPONDENTS WERE given a list of 39 names for different drugs and asked to choose all the names that they knew. For the group of young people, aged 10-13 years, the most commonly chosen terms are contained in the table below.

**Table 1: Most common drug names for 10-13 year olds**

Base = all respondents (n = 1877)

<b>  Most common drug names</b>	<b>10-13 year olds %</b>
Cigarettes	<b>72</b>
Alcohol	<b>71</b>
Cocaine	<b>67</b>
Dope	<b>58</b>
Ecstasy	<b>57</b>
Sniffing glue/petrol	<b>57</b>
Heroin	<b>55</b>
Cannabis	<b>50</b>

Awareness among the older age group of 14-17 year olds was higher. The most commonly chosen terms for drugs for the older age group are contained in the table below.

**Table 2: Most common drug names for 14-17 year olds**

Base = all respondents (n = 1683)

<b>Most common drug; names</b>	<b>14-ffl year olds %</b>
Cocaine	<b>89</b>
Cigarettes	<b>88</b>
Cannabis	<b>88</b>
Dope	<b>87</b>
Ecstasy	<b>87</b>
Alcohol	<b>86</b>
E	<b>85</b>
Heroin	<b>85</b>

For all the listed names there was *on* increase in awareness with age. The most marked rise in awareness occurred between the ages of 15 and 16 years. For many drugs, there was a rise of awareness of over 5% between the age of 15 and 16 years. In general, there was little difference in awareness between girls and boys.

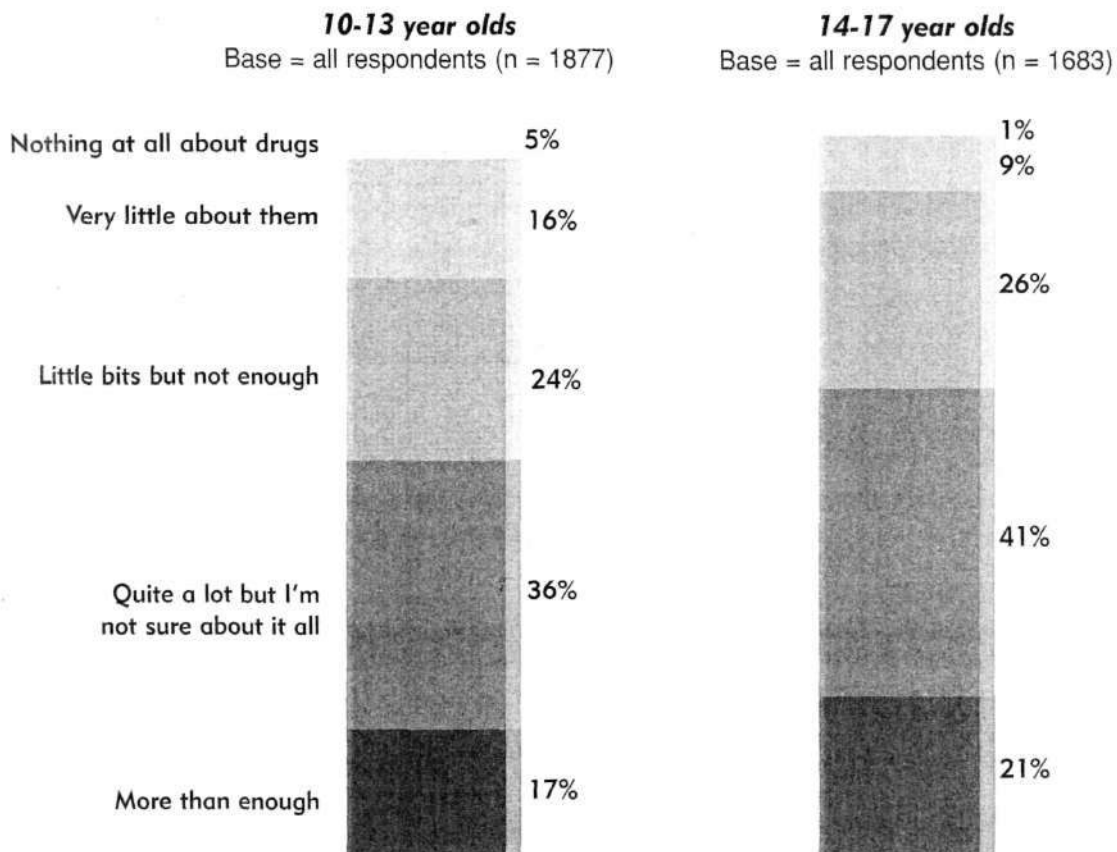
# **K**nowledge of drugs

AMONG THE younger age group of 10-13 year olds just over a fifth (21%) felt they knew nothing or very little about drugs, and a further 24% felt they knew a little but not enough. In addition, just over a third (36%) felt that they knew quite a lot but were not sure about their knowledge.

In the older age group of 14-17 year olds, 1 in 10 considered that they had very little or no knowledge about drugs, with a further quarter (26%) feeling that they knew a little but not enough. In addition, 41% felt they were not sure about their knowledge.

Around one fifth, 17% of 10-13 year olds and 21% of 14-17 year olds, felt they already knew more than enough about drugs.

**Figure 2: Knowledge of drugs**



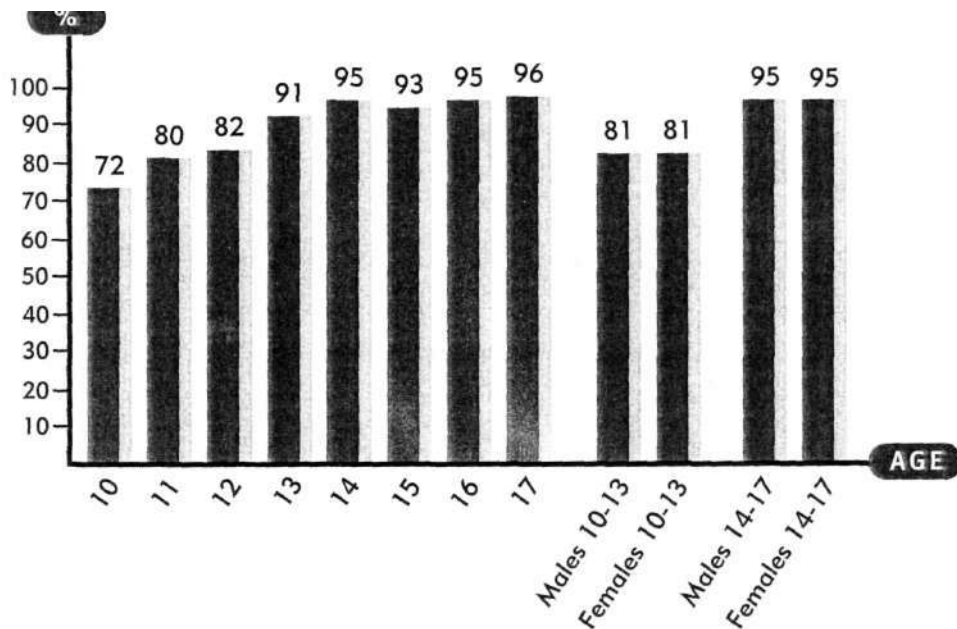
# **A** wareness and knowledge of cannabis

## **Prompted awareness of cannabis**

EIGHTY ONE per cent of 10-13 year olds, and 95% of 14-17 year olds had **heard** of one of the 12 names listed for cannabis. The most commonly known street name was dope, known to 58% of 10-13 year olds and 87% of 14-17 year olds. The terms blow and joint were also well known to the older age group. There was no difference in awareness of cannabis between boys and girls.

**Figure 3: Prompted awareness of cannabis**

Base = all respondents (n = 3560)



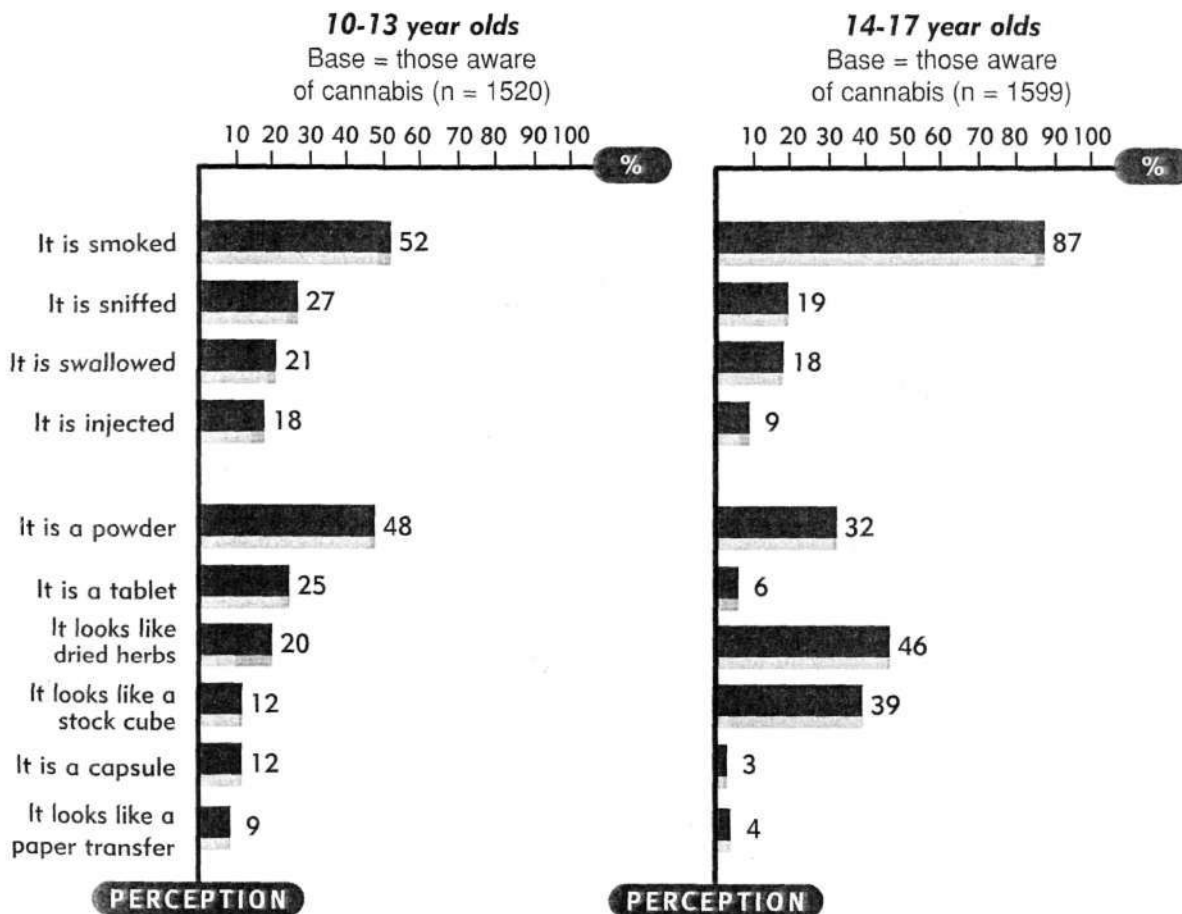
### What is cannabis and how is it taken?

Respondents were asked to select from a list of 10 statements about cannabis those which they thought were true. The proportion of young people aged 14-17 years who identified statements which were correct was higher than the proportion in the younger age group, aged 10-13. For example, the proportion who identified correctly that cannabis was smoked rose from 52% among 10-13 year olds, to 87% among 14-17 year olds.

Within the age group 14-17 years there was a rise in knowledge with age with 29% of 14 year olds and 48% of 17 year olds recognising that cannabis may resemble a stock cube.

Two in 10 (20%) of the 10-13 year olds identified correctly that cannabis looked like dried herbs compared to nearly half (46%) of 14-17 year olds.

**Figure 4: What is cannabis and how is it taken?**



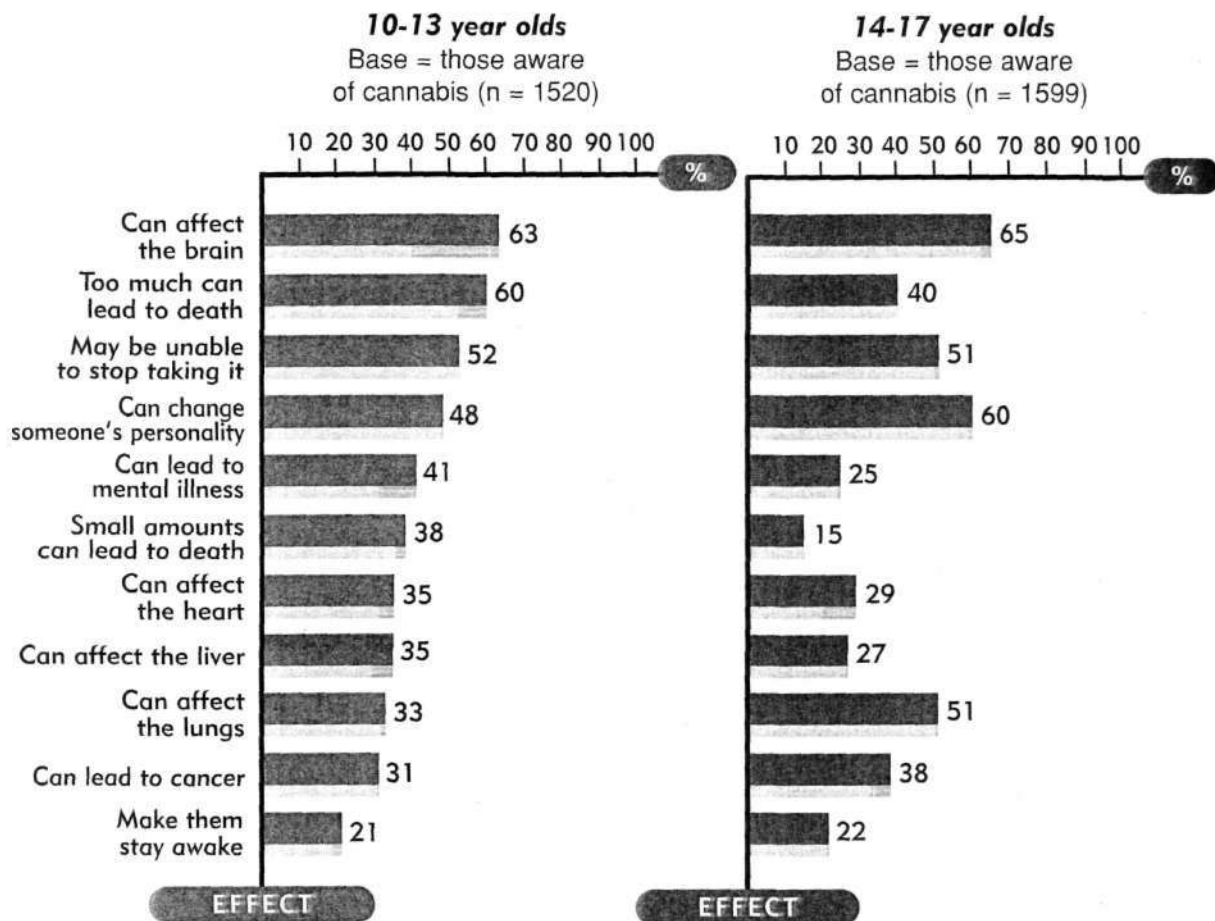
### Effects of cannabis

Respondents were asked to identify from a list of 11 statements, the effects of cannabis. Sixty three per cent of 10-13 year olds and 65% of 14-17 year olds felt that cannabis could affect the brain. Fifty two per cent of 10-13 year olds and 51 % of 14-17 year olds felt that cannabis users may be unable to stop taking it.

Sixty per cent of the younger age group felt that too much could lead to death compared to 40% of the older group. Sixty per cent of the older group also felt that cannabis could lead to a change of personality compared to 48% of the younger group.

A higher proportion (51%) of the older group compared to the younger group (33%) identified correctly that cannabis could affect the lungs.

**Figure 5: Effects of cannabis**

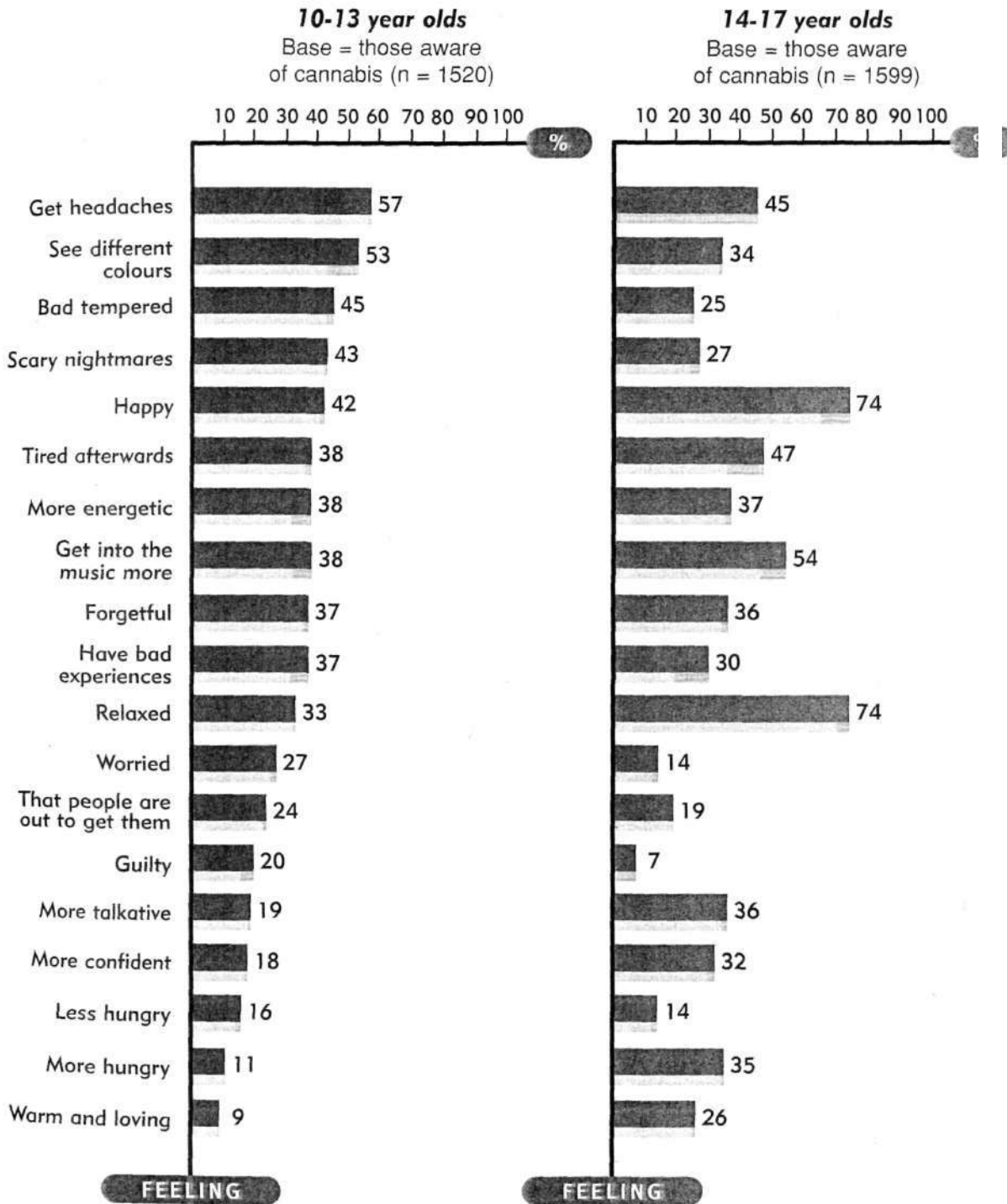




### Feelings about cannabis

Respondents were asked to identify, from a list, the feelings which someone who has just taken cannabis might have. From a list of 20, the most common feelings identified by the younger age group of 10-13 year olds were headaches followed by seeing different colours, bad temper, scary nightmares and feeling happy. In contrast the older age group of 14-17 year olds identified feeling happy or relaxed, getting into music more, tiredness and headaches as the most common feelings.

**Figure 6: Feelings if cannabis is taken**

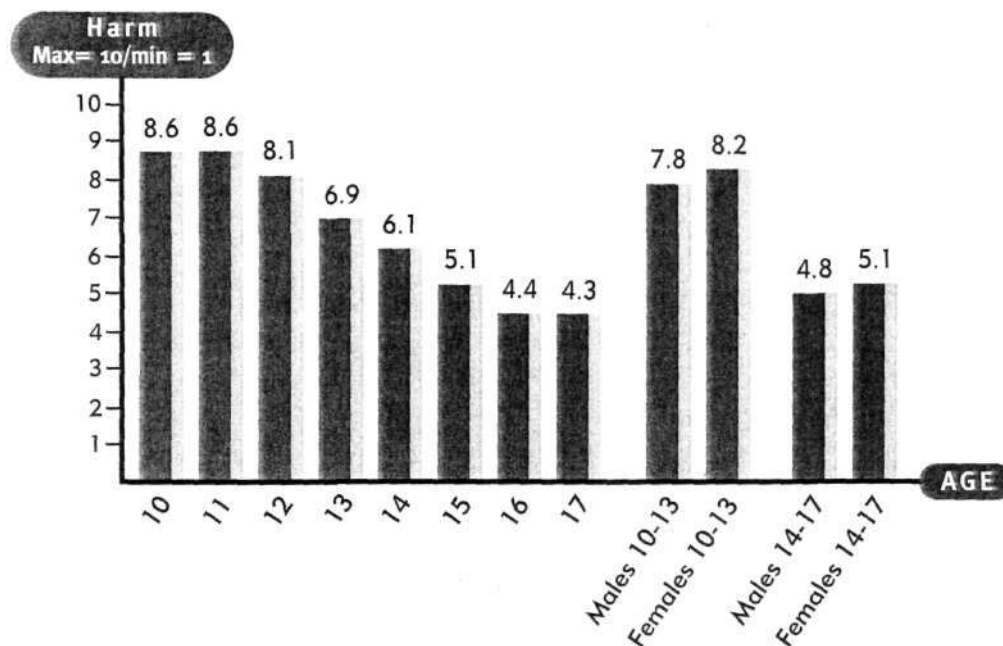


### Perceived harm of cannabis

Respondents were asked to rank cannabis on a scale from not harmful (1) to very harmful (10). The mean response given by 10-13 year olds was 8.0 compared to a response of 5.0 given by 14-17 year olds. In both age groups, girls gave cannabis a ranking that was higher than that of boys.

**Figure 7: Perceived harm of cannabis**

Base = those aware of cannabis (n = 3119)



### Impressions of a cannabis user

When asked to think about someone taking drugs and whether they agreed with a list of statements, less than half (49%) of 10-13 year olds and just over a third (35%) of 14-17 year olds felt that cannabis could ruin someone's life.

Less than half of the younger age group felt that a cannabis user was likely to get addicted (45%) or that it would lead to harder drugs (42%). Just 13% of the younger age group felt that a cannabis user would find life more exciting, compared to 22% of the older age group.

Only 8% of the younger age group felt that cannabis was safe to take, if the user knew what they were taking. This was in contrast to the older age group where 20% felt it was safe if they knew what they were taking - this proportion rose to 26% among 17 year olds.

There were clear age differences in the impressions that young people had of the potential harm of using cannabis. Forty three per cent of 14 year olds compared to 32% of 17 year olds felt cannabis would lead to harder drugs.

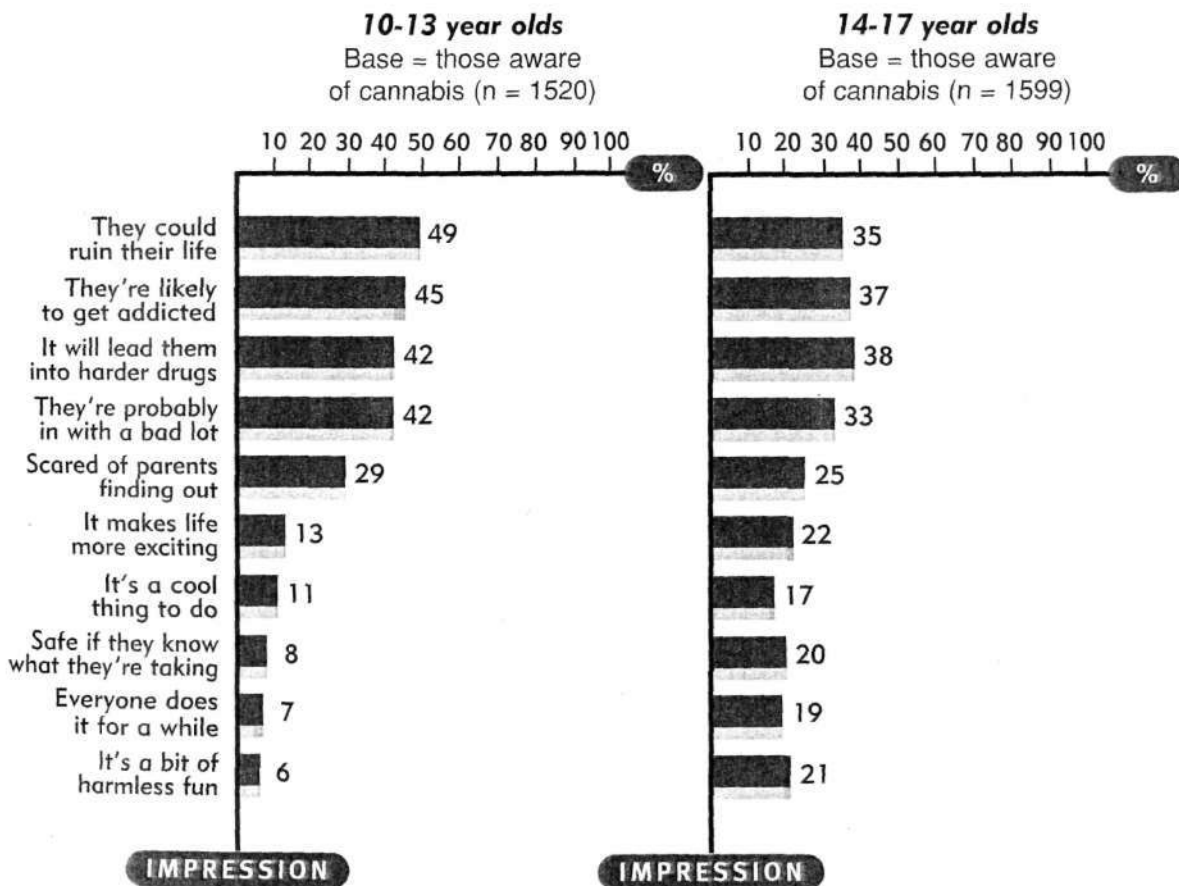
Forty eight per cent of 14 years olds compared to 30% of 17 year olds felt cannabis users were likely to get addicted. Forty three per cent of 14 year olds compared to 28% of 17 year olds felt that cannabis could ruin a user's life.

Fourteen per cent of 14 year olds compared to 28% of 17 year olds felt that using cannabis was a bit of harmless fun.

Overall, the younger age group, aged 10-13 years, was more likely than the older group to feel that someone taking cannabis could ruin their life, was likely to get addicted, would lead them into harder drugs and was probably in with a bad lot.

In contrast, the older group of 14-17 year olds was more likely to agree when thinking of someone taking cannabis, that it was a cool thing to do, safe if they know what they're taking, that everyone does it for a while and that it is a bit of harmless fun.

**Figure 8: Impressions of a cannabis user**



**Knowledge of legal status of cannabis**

Seventy one per cent of 14-17 year olds indicated correctly that cannabis was illegal to possess; slightly fewer (66%) knew that it was illegal to sell, and 20% incorrectly thought it was legal.

Knowledge among the younger age group was less with 59% recognising was illegal to possess; 49% that it was illegal to sell; and 24% that it was legal.

# **A**wareness and knowledge of LSD/magic mushrooms

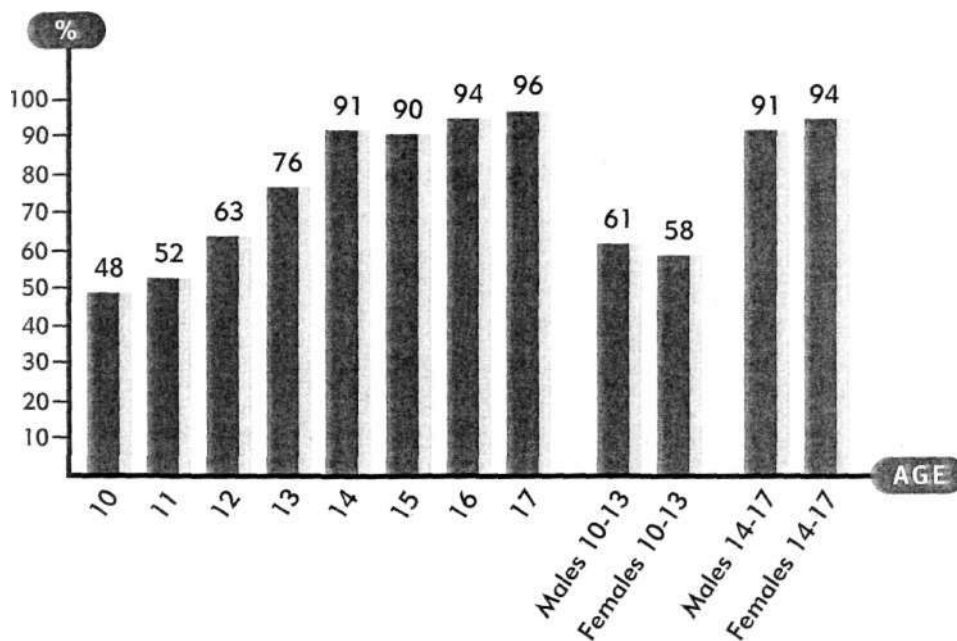
## Prompted awareness of LSD

Sixty per cent of 10-13 year olds had heard of LSD when referred to by one of its five listed street names, this proportion rose to 93% in the age group 14-17. Awareness of LSD was lower than that of cannabis and, as with cannabis, awareness levelled off at the age of 14.

Among 10-13 year olds the most commonly used term for LSD was acid (37%), with about 3 in 10 (29%) having heard of the name LSD. In contrast the terms for LSD were widely known to 14-17 year olds. Eighty two per cent had heard of the term LSD and about three quarters (76%) had heard of acid.

**Figure 9: Prompted awareness of LSD**

Base = all respondents (n = 3560)

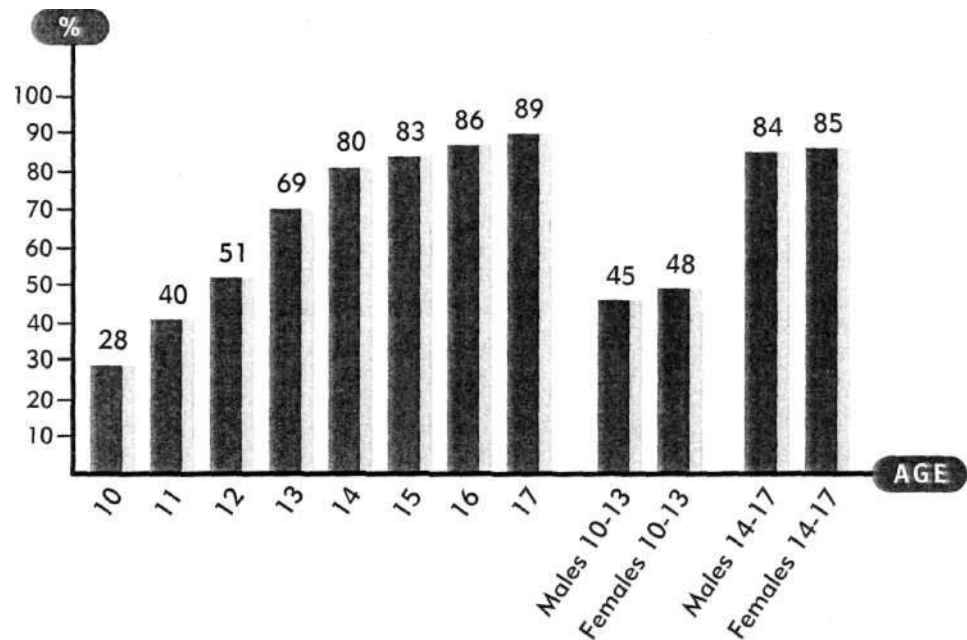


### Prompted awareness of magic mushrooms

Just under half (46%) of 10-13 year olds had heard of magic mushrooms, and this increased to 84% of 14-17 year olds. The increase in awareness by age was similar to that for both cannabis and LSD. Awareness rose from 28% in 10 year olds to 69% in 13 year olds. There was a sharp rise in awareness between the ages of 10 and 13.

**Figure 10: Prompted awareness of magic mushrooms**

Base • all respondents (n = 3560)



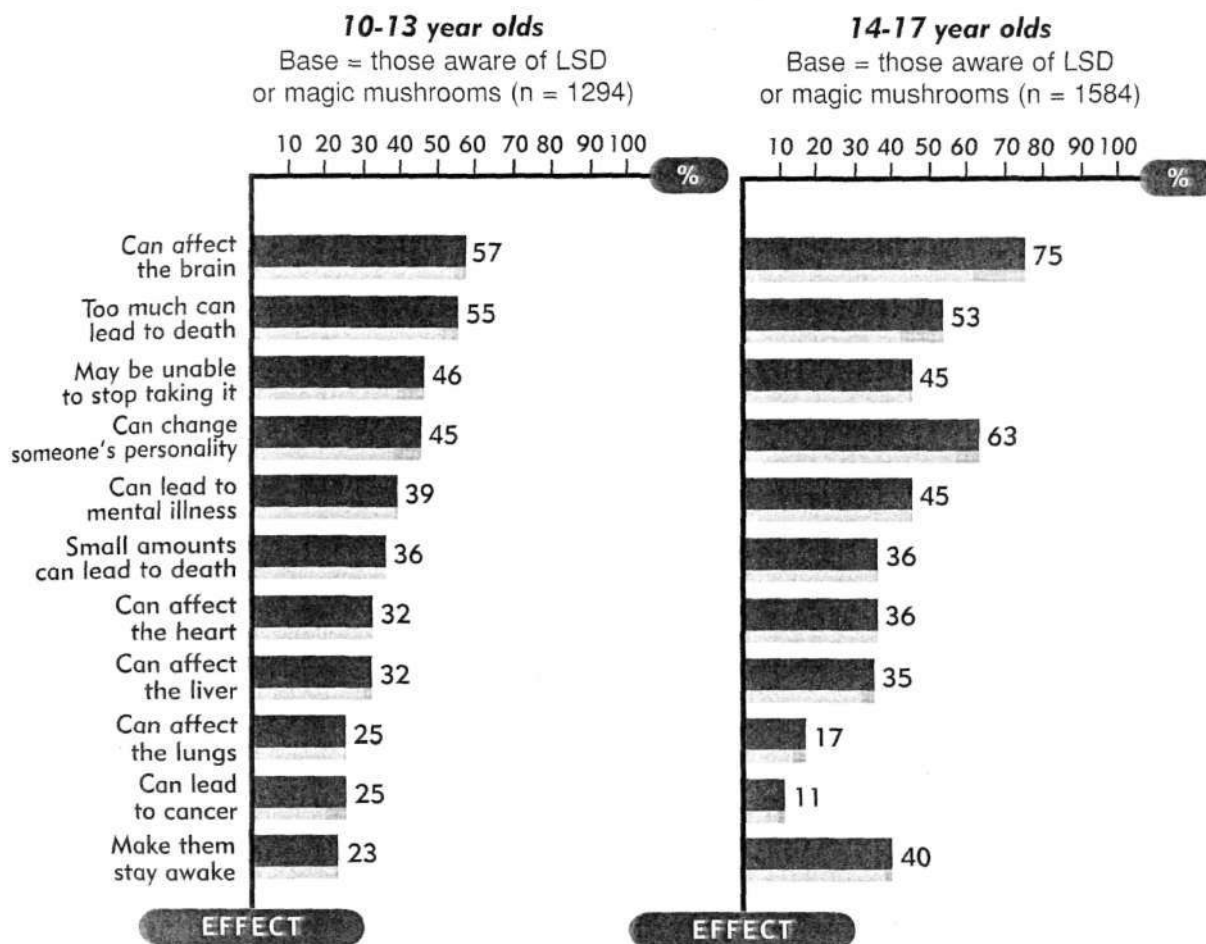
### Effects of LSD or magic mushrooms

Over half (57%) of the 10-13 age group felt that LSD or magic mushrooms could affect the brain, and a similar proportion (55%) that too much LSD or magic mushrooms could lead to death. Just under half (46%) of this group felt that LSD or magic mushrooms would lead to users being addicted and 45% felt that it could change personality.

The older age group of 14-17 year olds was more likely to feel that LSD or magic mushrooms could affect the brain. This age group was also more likely to see LSD or magic mushrooms as a drug that could change personality.

The older age group was also more likely to see LSD or magic mushrooms as a drug which could make them stay awake with 40% of the 14-17 year olds identifying this as an effect compared to 23% of 10-13 year olds.

**Figure 11: Effects of LSD or magic mushrooms**

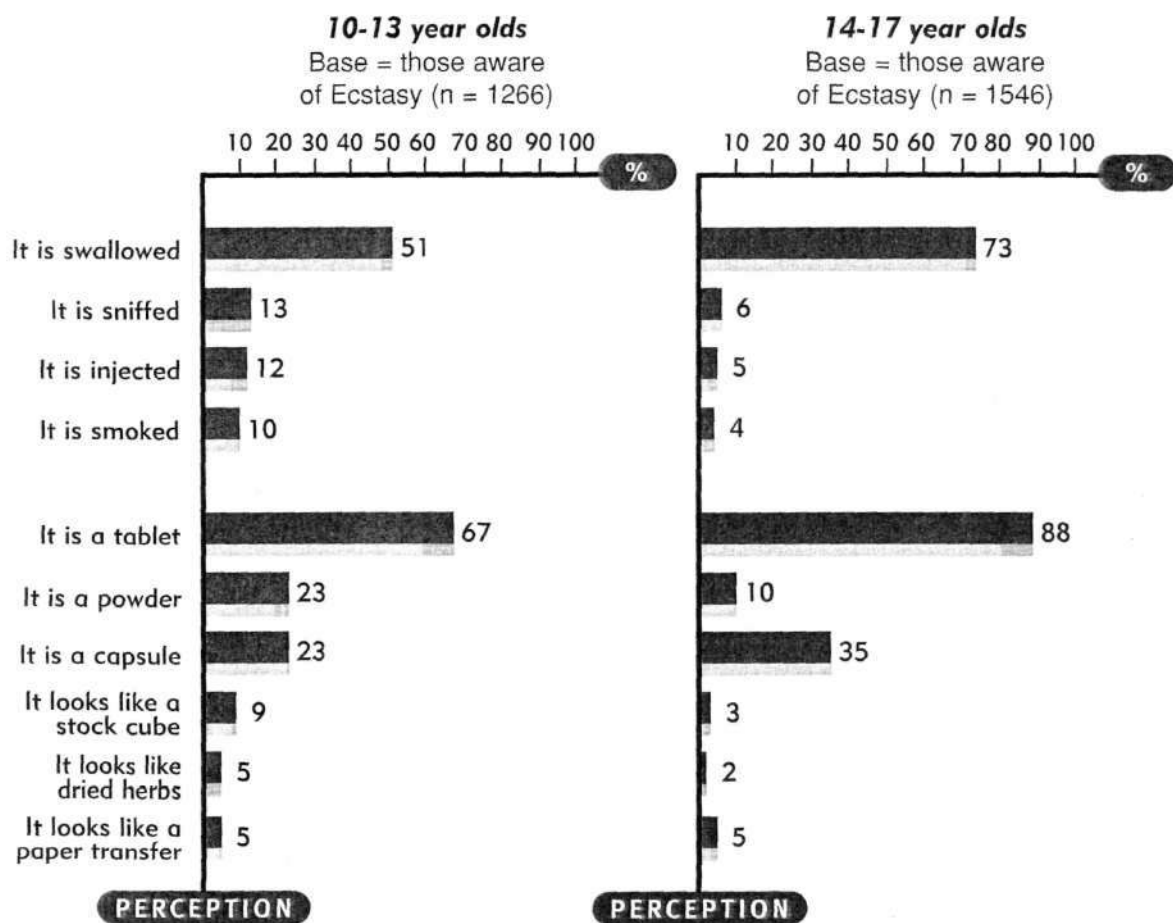


### What is Ecstasy and how is it taken?

Respondents were asked to select from a list of ten statements about Ecstasy those which they thought were true. Of those 10-13 year olds who had heard of Ecstasy just over half (51%) knew it was swallowed. Two thirds (67%) of this age group realised that Ecstasy was a tablet.

Among the older group of 14-17 year olds knowledge was higher, with almost three quarters (73%) of those aware of Ecstasy recognising that it was swallowed and 88% aware that it was a tablet.

**Figure 14: What is Ecstasy and how is it taken?**





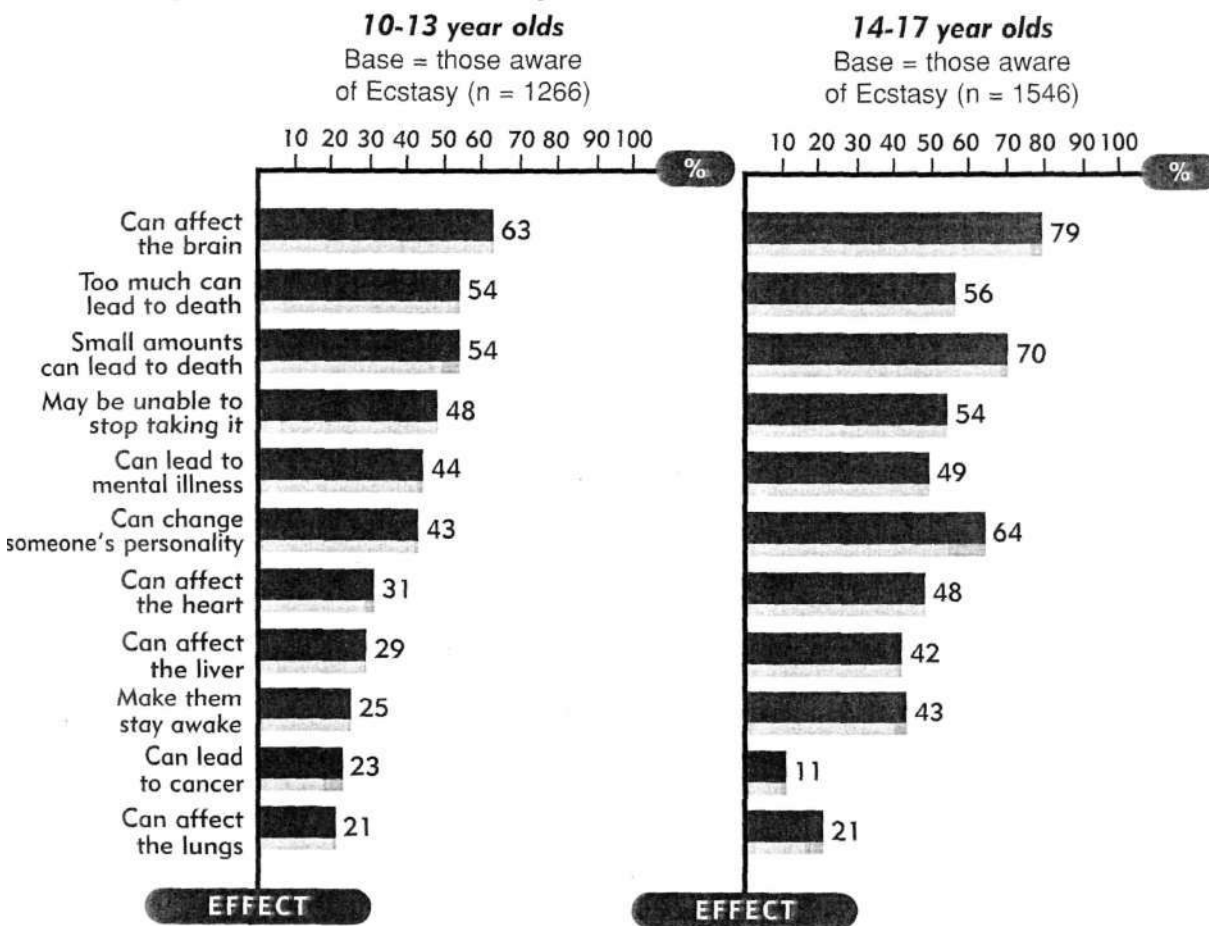
### Effects of Ecstasy

Respondents were asked to identify from a list of 11 statements, the effects of Ecstasy.

Almost two thirds (63%) of 10-13 year olds felt that using Ecstasy can affect the brain; over half of this age group (54%) felt that too much Ecstasy could lead to the death of the user. An equal proportion (54%) felt that even a little Ecstasy could lead to death. Just under half (48%) believed that Ecstasy was addictive and 43% that it could change personality.

The older age group of 14-17 year olds was more likely to believe that Ecstasy could affect the brain (79%), small amounts could lead to death (70%) and that Ecstasy could bring about a change in personality (64%).

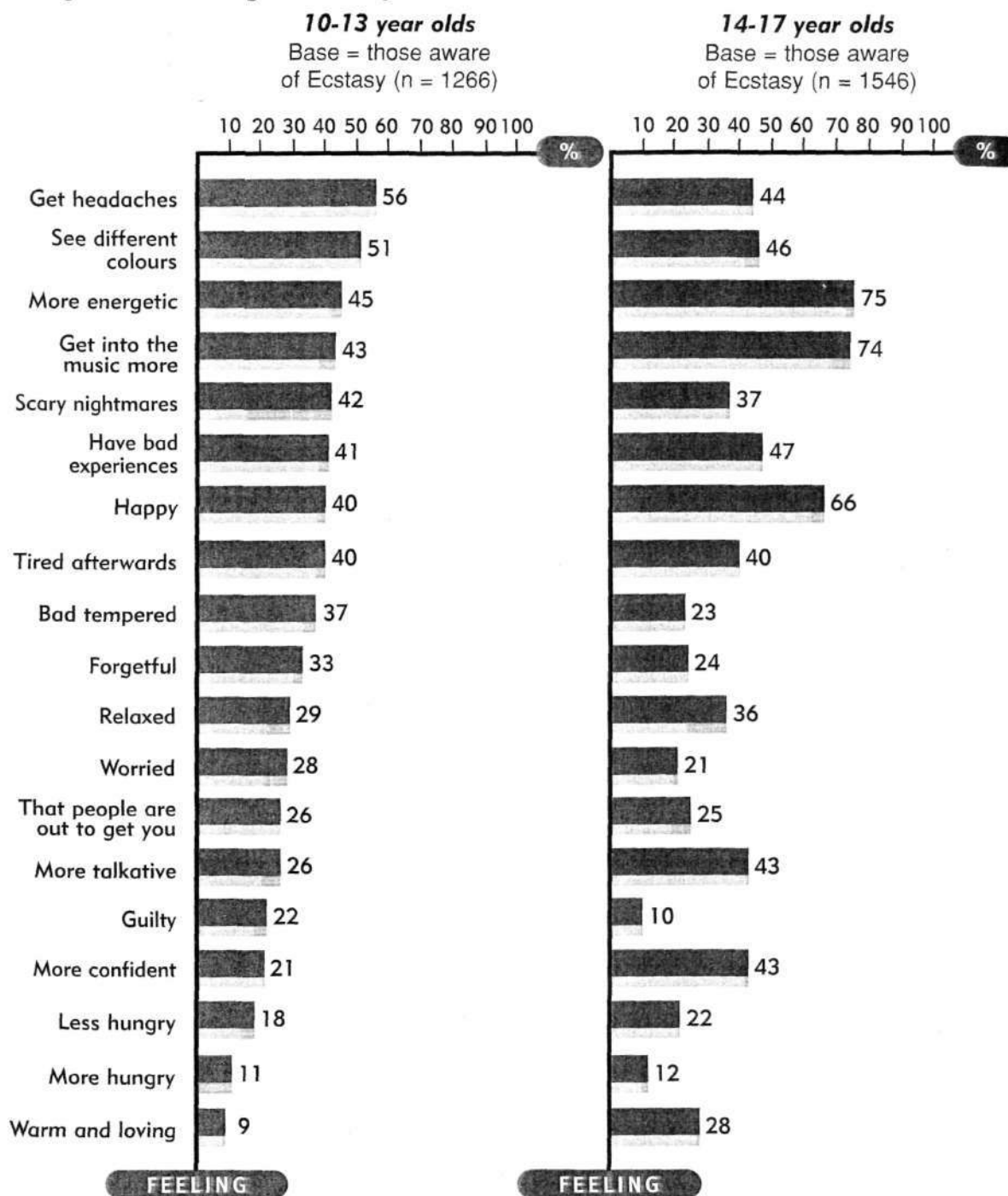
**Figure 15: Effects of Ecstasy**



### Feelings about Ecstasy

When asked to identify, from a list, the feelings which someone who has just taken Ecstasy might have, the most common feelings for the younger age group were headaches followed by seeing different colours, more energy, more into music and scary nightmares. The older age group selected more energy, more into music, happiness, having bad experiences and seeing different colours.

**Figure 16: Feelings if Ecstasy is taken**



### Perceived harm of Ecstasy

Respondents were asked to rank Ecstasy on a scale from not harmful (1) to very harmful (10). The mean response given by 10-13 year olds was 9.1 compared to a response of 8.5 given by 14-17 year olds. In both ages, girls gave Ecstasy a slightly higher ranking than that given by boys.

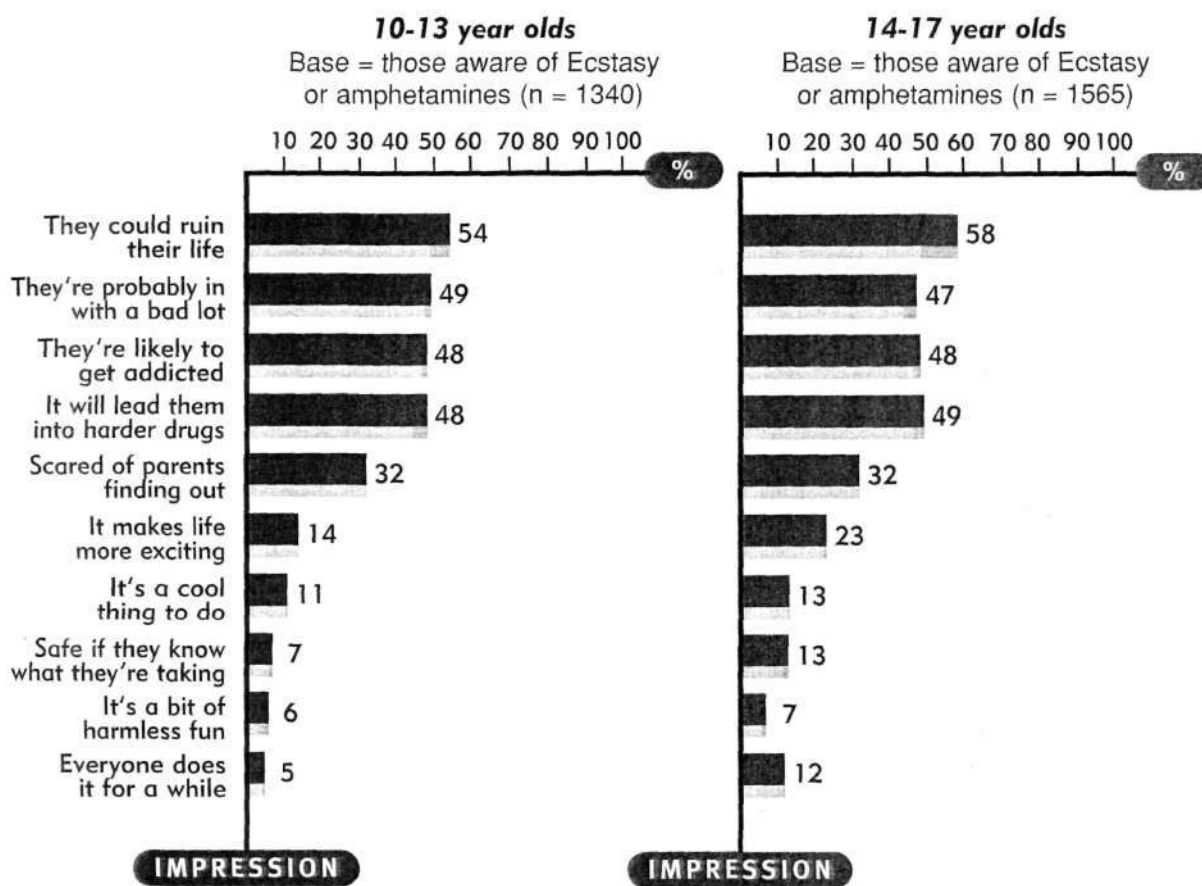
### Impressions of an Ecstasy or amphetamines user

When asked to think about someone taking Ecstasy or amphetamines and whether they agreed with a list of statements, just over half of 10-13 year olds (54%) and 14-17 year olds (58%) felt that Ecstasy or amphetamines could ruin their life.

Less than half of both age groups felt that an Ecstasy or amphetamines user was likely to get addicted, or that it was likely to lead to harder drugs. Just 14% of the younger age group felt that using Ecstasy or amphetamines would make life more exciting, compared to 23% of the older age group.

Only 7% of the younger age group felt that Ecstasy or amphetamines was safe to use, if the user knew what they were taking, whereas in the older age group this rose to 13%. Just 6% of 10-13 year olds and 7% of 14-17 year olds felt that using Ecstasy or amphetamines was a bit of harmless fun.

**Figure 17: Impressions of an Ecstasy or amphetamines user**



### Knowledge of legal status of Ecstasy

Seventy eight per cent of 14-17 year olds indicated correctly that Ecstasy was illegal to possess; slightly fewer (72%) knew that it was illegal to sell, and 18% incorrectly thought it was legal.

Knowledge among the young age group was less with 61% recognising it was illegal to possess; 53% that it was illegal to sell, and 25% believing, incorrectly, that it was legal.



# awareness and of amphetamines

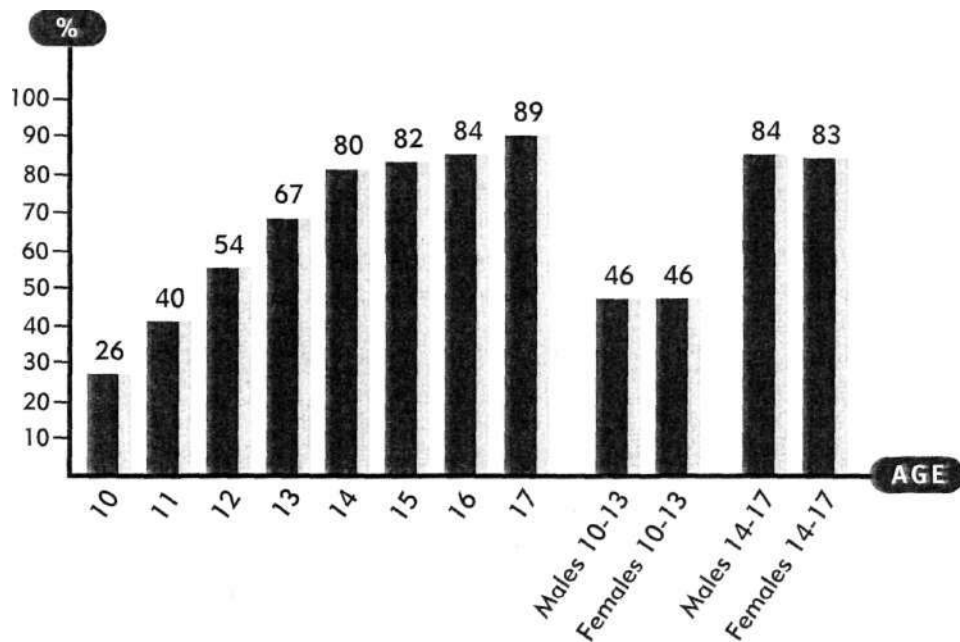
# nowledge

## Prompted awareness of amphetamines

Forty six per cent of 10-13 year olds had heard of one or more of the names listed for amphetamines, mainly the term speed. Among the older age group 83% had heard of any of the terms for amphetamines. The most commonly used names in this age group were speed (81%) and whizz (39%), with amphetamine sulphate and uppers being familiar to nearly one quarter of this age group. Levels of prompted awareness of amphetamines rose between the ages of 10 (26%) and 14 (80%) and then rose gradually between the ages of 14 and 17. There was little difference in awareness between males and females.

**Figure 18: Prompted awareness of amphetamines**

Base = all respondents (n = 3460)



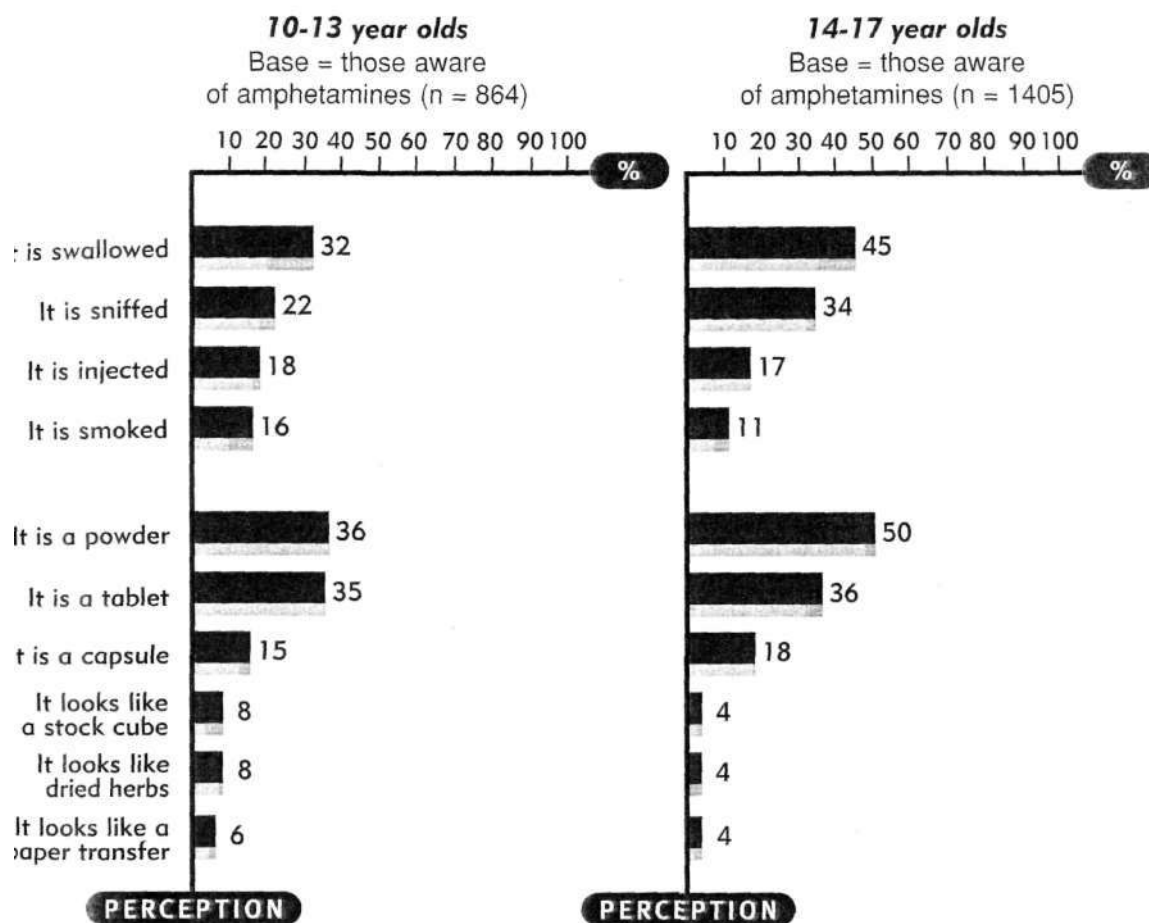
## What are amphetamines and how are they taken?

Nearly *one* quarter (22%) of the 10-13 year olds who had heard of the drug amphetamine knew it could be sniffed.

Approximately one third (32%) recognised it could be swallowed. *Over* one third (36%) realised that amphetamines usually came in the form of powder, with 35% perceiving amphetamines in tablet form.

Among the older age group just over a third (34%) of those aware of amphetamines knew it could be sniffed and 17% that it was injected. Almost half (45%) of those aware of amphetamines knew it was swallowed and similarly half (50%) thought it was generally available in powder form. However over a third (36%) of this group thought it was available as a tablet, and almost a fifth (18%) that it was a capsule.

**Figure 19: What are amphetamines and how are they taken?**

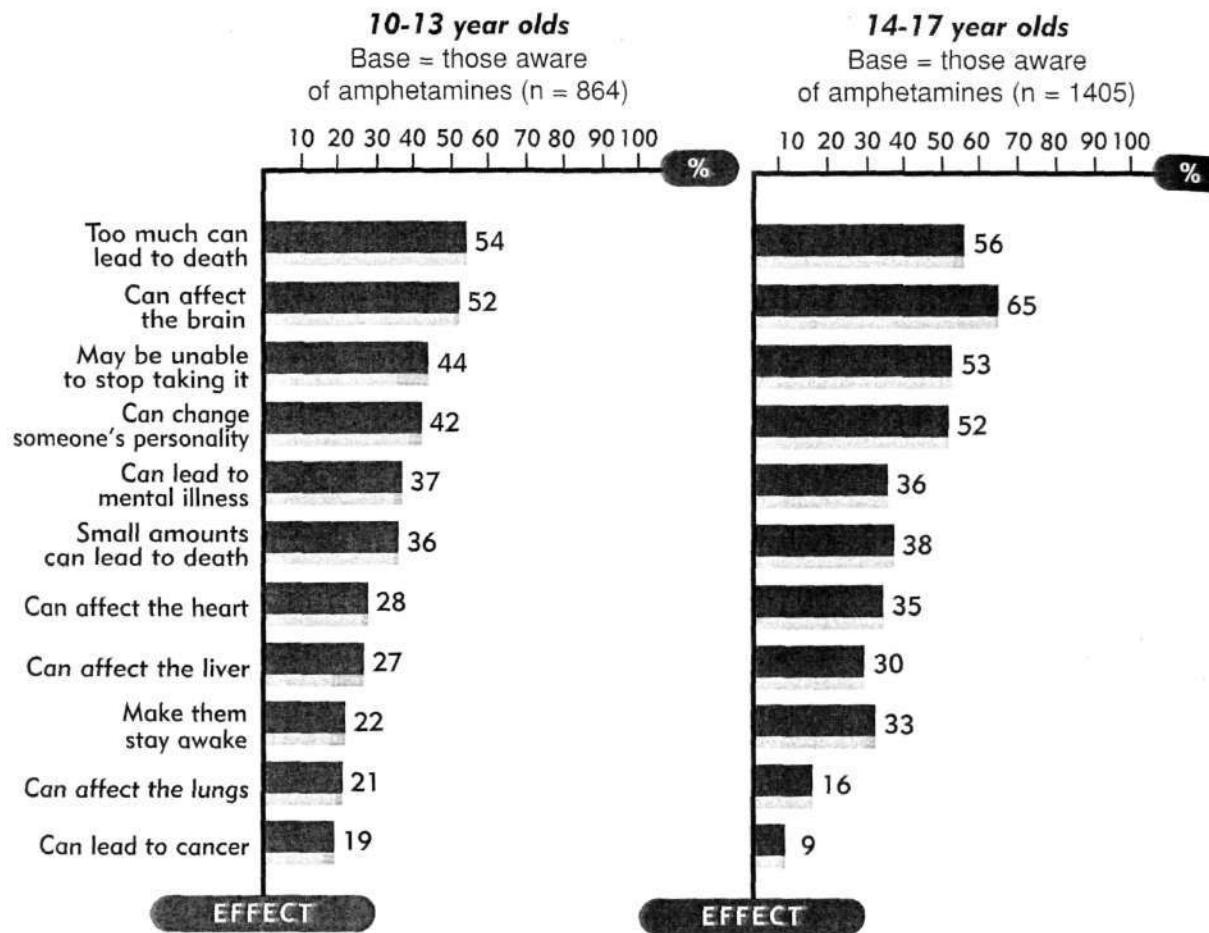


**Effects of amphetamines**

Young people were asked to identify from a list of 11 statements, the effects of amphetamines. Over half (54%) of the younger 10-13 age group thought that too much could lead to death and just over half (52%) felt that amphetamines could affect the brain. Over 4 in 10 (44%) felt that amphetamines were sufficiently addictive that the user might not be able to stop taking them, and 37% thought that their use could lead to mental illness.

In comparison, the older group of 14-17 year olds was slightly more likely to think that amphetamines affected the brain (65%) and that too much could lead to death (56%). Young people in this age group were more likely than those in the younger age group to believe that amphetamines could change someone's personality (52%) and that a user might be unable to stop taking this drug (53%).

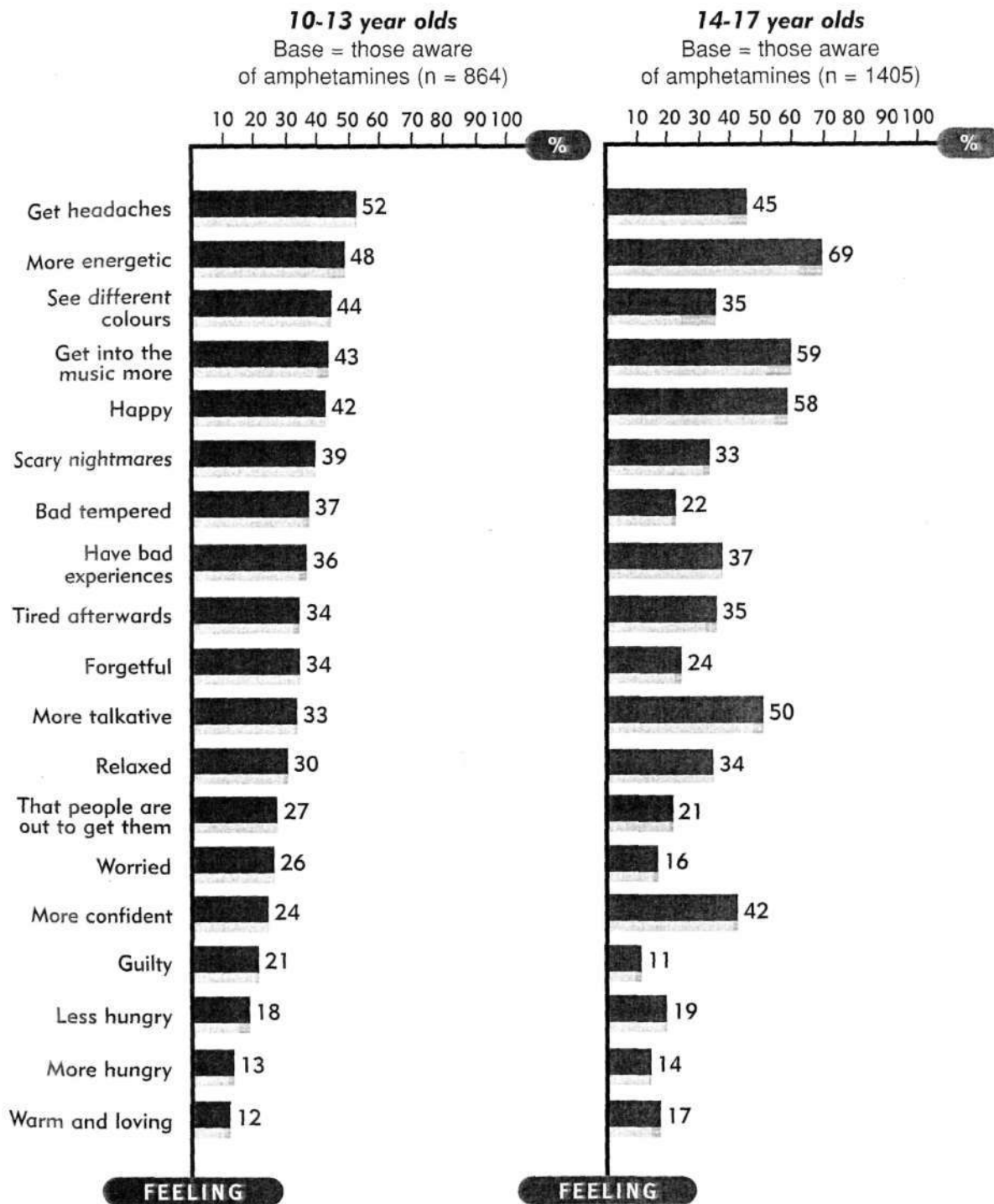
**Figure 20: Effects of amphetamines**



### Feelings about amphetamines

Those who had heard of amphetamines were asked to identify, from a list of 20, the most common feelings which someone who has just taken amphetamines might have. The younger age group selected headaches, followed by more energy, seeing different colours, getting into music and happiness. The older age group identified more energy, getting into music, happiness, more talkative and getting headaches.

**Figure 21: Feelings if amphetamines are taken**



### **Perceived harm of amphetamines**

On a scale of 1 to 10 where 10 was the most harmful, amphetamines were scored at 8.2 by 10-13 year olds and 7.3 by 14-17 year olds. In both age groups girls gave a slightly higher ranking than boys.

### **Impressions of an amphetamine user**

(See Ecstasy - page 33)

### **Knowledge of legal status of amphetamines**

Just over half (54%) of 10-13 year olds recognised that it was illegal to possess amphetamines, and less than half (47%) that it was illegal to sell them. A fifth (20%) of 10-13 year olds thought amphetamines were legal.

Although 14-17 year olds were more aware that amphetamines were illegal to possess (69%) and to sell (64%), 15% thought, incorrectly, that amphetamines were legal.

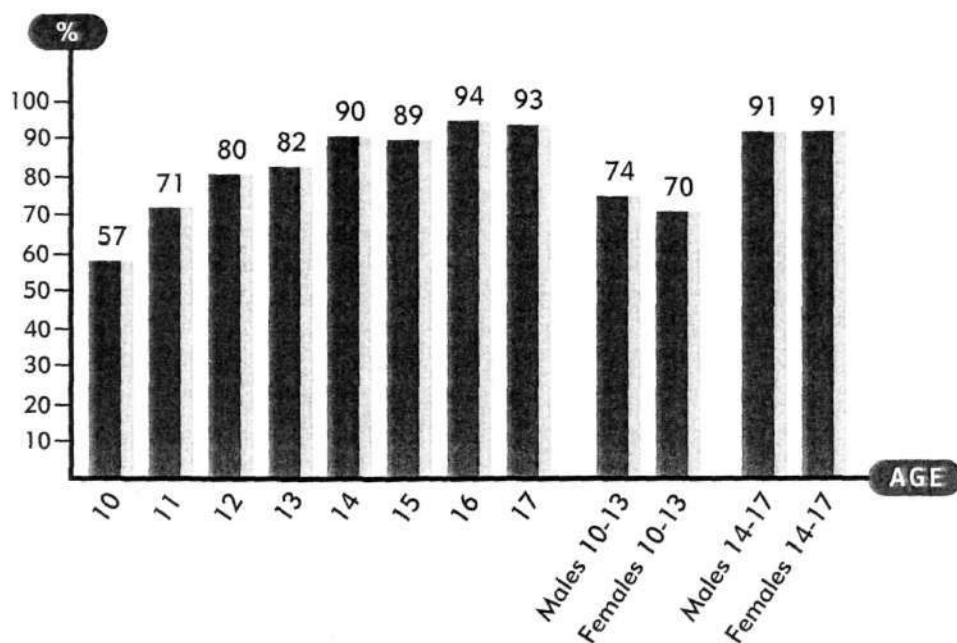


### Prompted awareness of cocaine

Seventy two per cent of 10-13 year olds and 91% of 14-17 year olds had heard of one or more of the names listed for cocaine. In the younger age group the term cocaine was a slightly more familiar name than the term crack, whereas both names were equally well known to the 14-17 year olds. In the younger age group slightly more boys than girls had heard of cocaine.

**Figure 22: Prompted awareness of cocaine**

Base = all respondents (n = 3560)

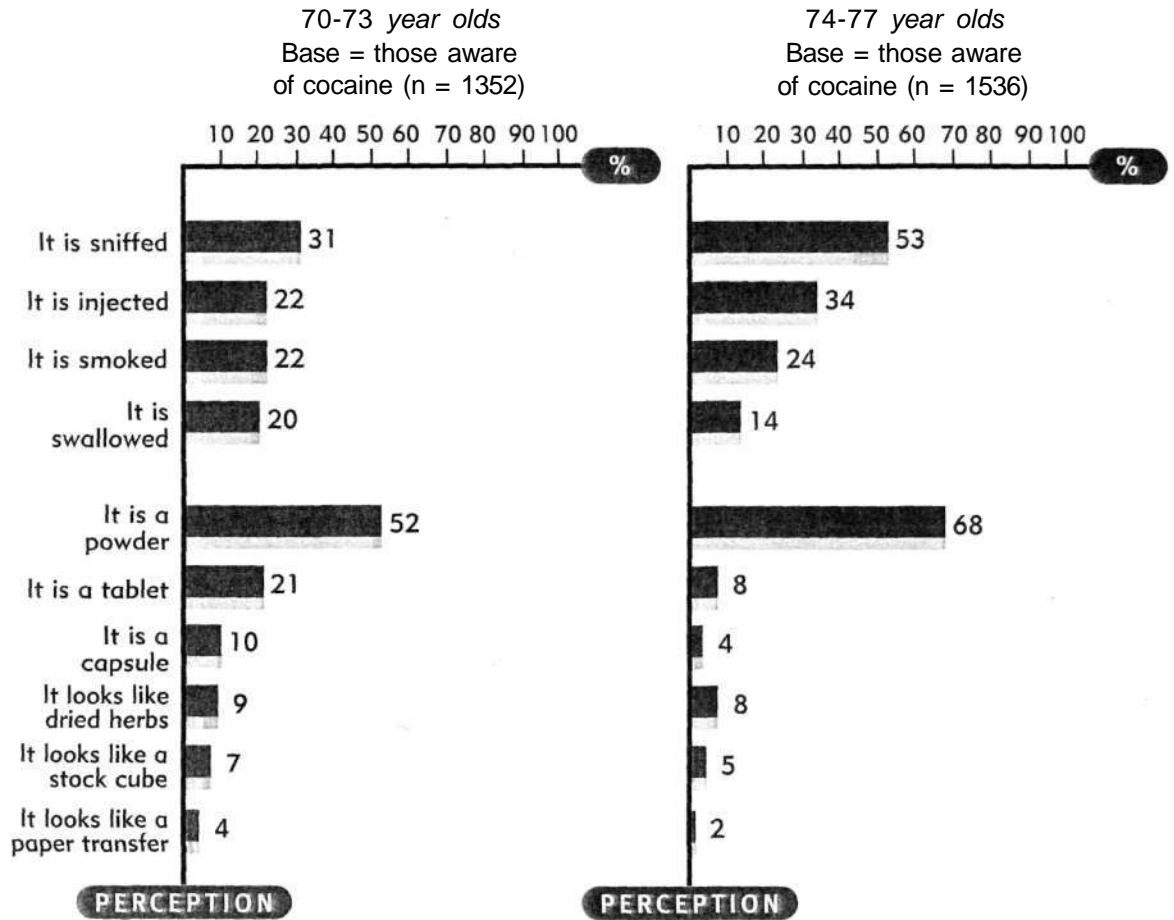


### What is cocaine and how is it taken?

Just under one third of 10-13 year olds (31%) who had heard of cocaine knew it was a drug that was sniffed, and over half (52%) recognised it was a powder. Over one fifth thought it could be injected (22%), smoked (22%) or swallowed (20%) and 21% thought it came in tablet form.

The older age group of 14-17 year olds was better informed with just over half (53%) of those who had heard of cocaine, recognising it was sniffed and 68% that it was a powder. A third (34%) recognised that cocaine could be injected and about one quarter (24%) that it was smoked.

**Figure 23: What is cocaine and how is it taken?**

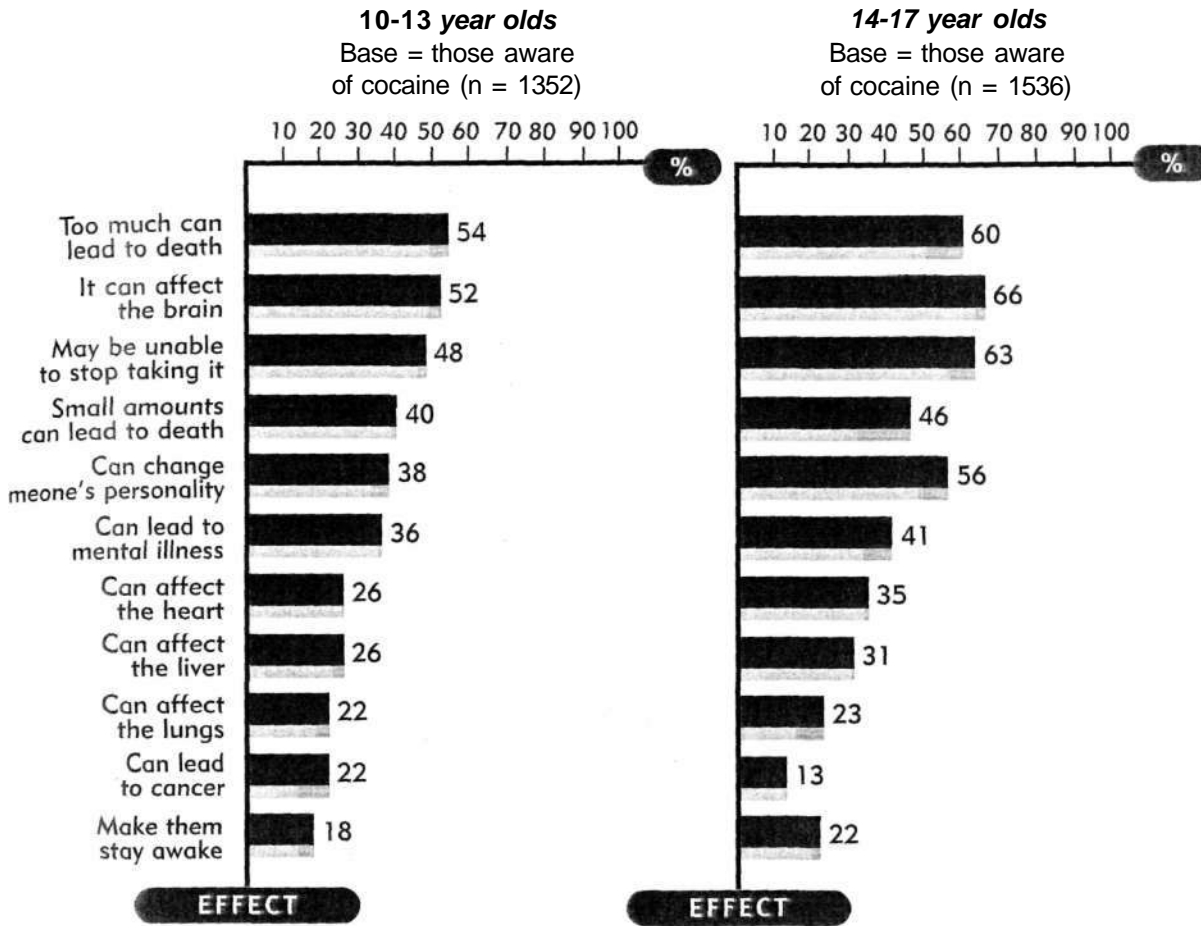


**Effects of cocaine**

Over half (54%) of 10-13 year olds thought that too much cocaine could lead to death, 52% that it *can* affect the brain, and 48% that it was addictive. A higher proportion of the older age group felt that cocaine had these serious effects, 66% thought that it could affect the brain, 63% that a user might not be able to stop, 60% that too much could lead to death.

Older teenagers were also more likely to believe that using cocaine could change your personality (56%) and lead to mental illness (41%).

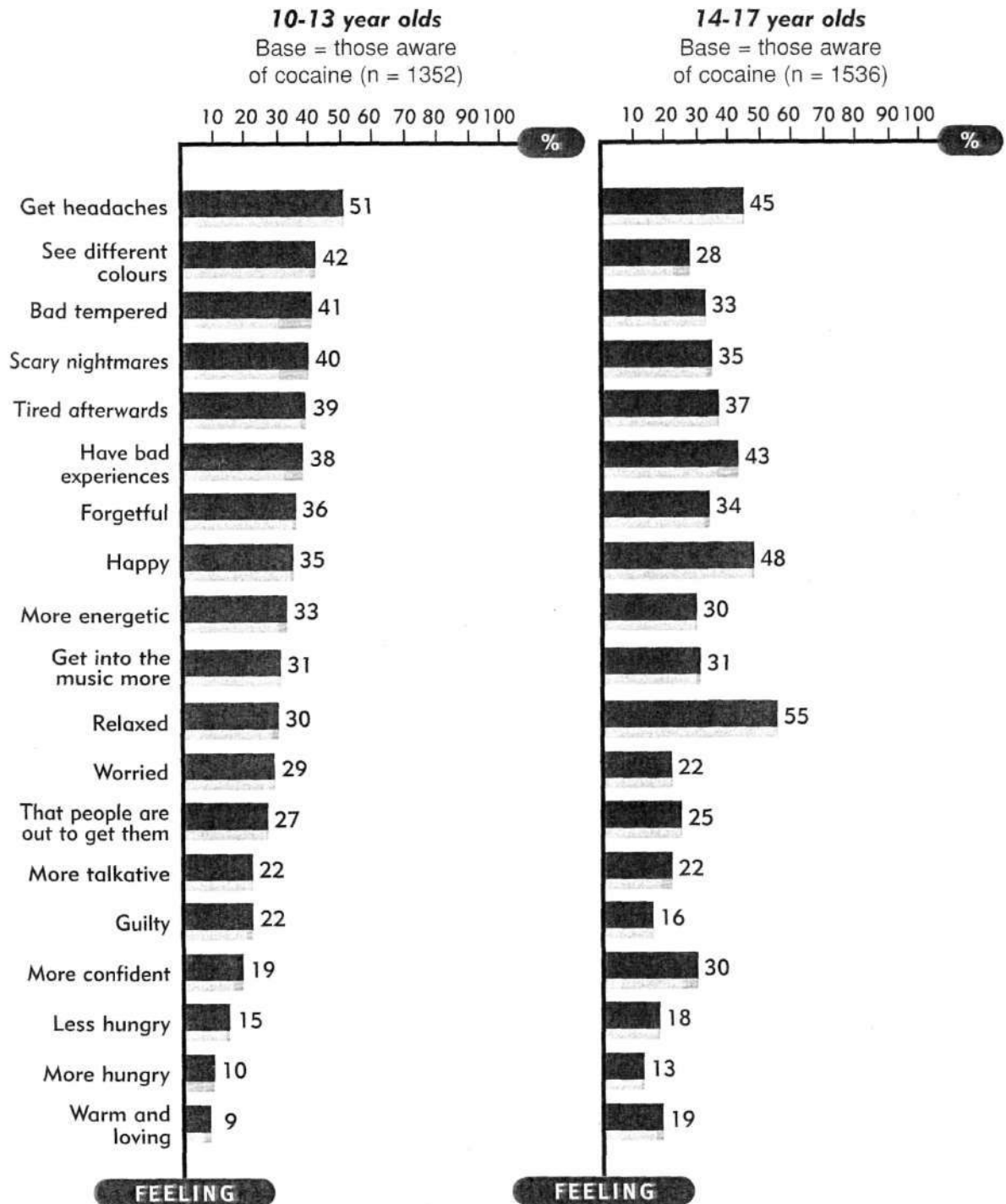
**Figure 24: Effects of cocaine**



### Feelings about cocaine

Asked to select from a list, those feelings which might be had by someone who has just taken cocaine, the most common feelings the younger group of 10-13 year olds identified were headaches followed by seeing different colours, bad temper, scary nightmares and being tired. In contrast the older age group identified being relaxed and happy as the most common feelings, followed by headaches, bad experiences and being tired.

**Figure 25: Feelings if cocaine is taken**



**Perceived harm of cocaine**

Perceptions of the harmfulness of cocaine were high among the young people who had heard of it. On a score of 1-10, with 10 rating as very harmful, the mean response for 10-13 year olds was 8.7 and for 14-17 years olds was 8.6.

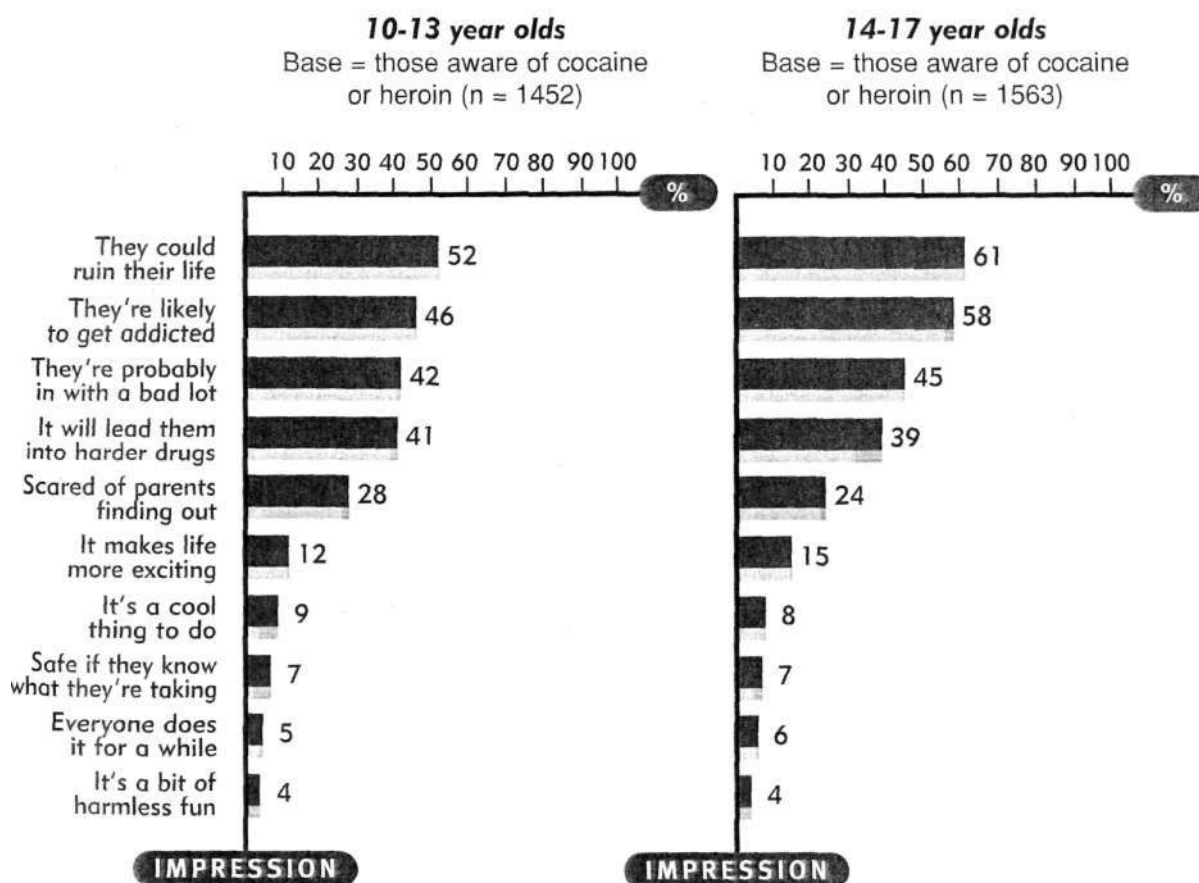
**Impressions of a cocaine or heroin user**

When asked whether they agreed with a list of statements referring to someone taking cocaine or heroin, more than half (52%) of the 10-13 year olds and 61% of the 14-17 year olds, felt that the drugs could ruin their life.

Forty six per cent of 10-13 year olds and 58% of 14-17 year olds felt that the user was likely to get addicted. Over 4 in 10 of both age groups felt that the cocaine user was probably in with a bad lot, and about 4 in 10 thought using cocaine would be likely to lead them into harder drugs.

Only 7% of both age groups felt taking cocaine was safe if they knew what they were taking, and only 4% thought that taking cocaine was a bit of harmless fun.

**Figure 26: Impressions of a cocaine or heroin user**



**Knowledge of legal status of cocaine**

Over half (57%) of 10-13 year olds recognised it was illegal to possess cocaine, and just under half (49%) that it was illegal to sell it. Twenty two per cent thought cocaine was legal.

In the older age group knowledge was higher with 70% recognising that it is illegal to possess cocaine and 64% that it is illegal to sell it. Fourteen per cent of this group thought cocaine was legal.

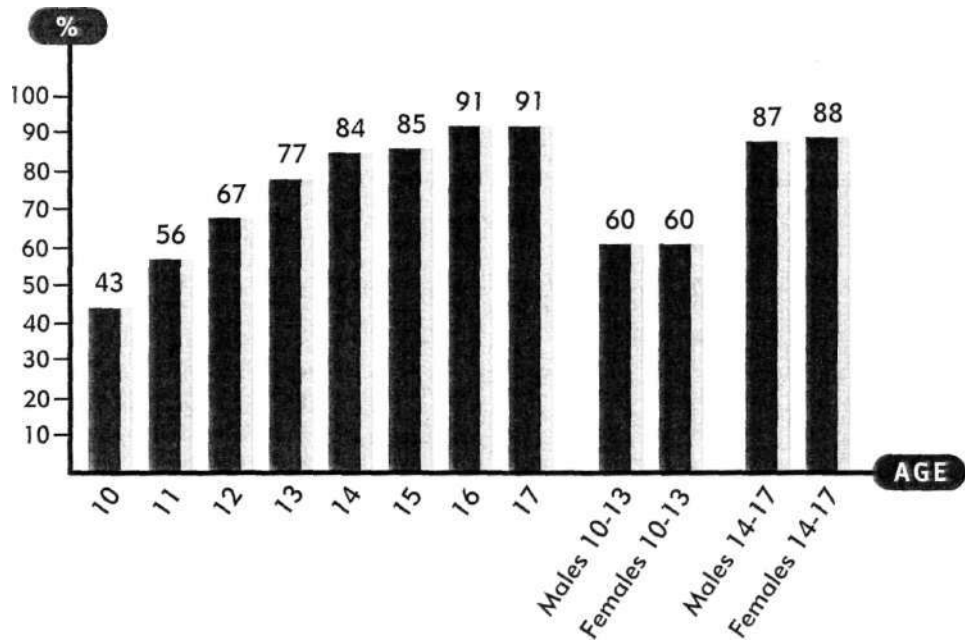
# **A**wareness and knowledge of heroin

## Prompted awareness of heroin

Sixty per cent of 10-13 year olds had heard of heroin or its street name smack compared to 88% of 14-17 year olds. Prompted awareness rose with age, with the proportion rising from 43% of the 10 year olds to 67% of 12 year olds and 84% of 14 year olds.

**Figure 27: Prompted awareness of heroin**

Base = all respondents (n = 3560)

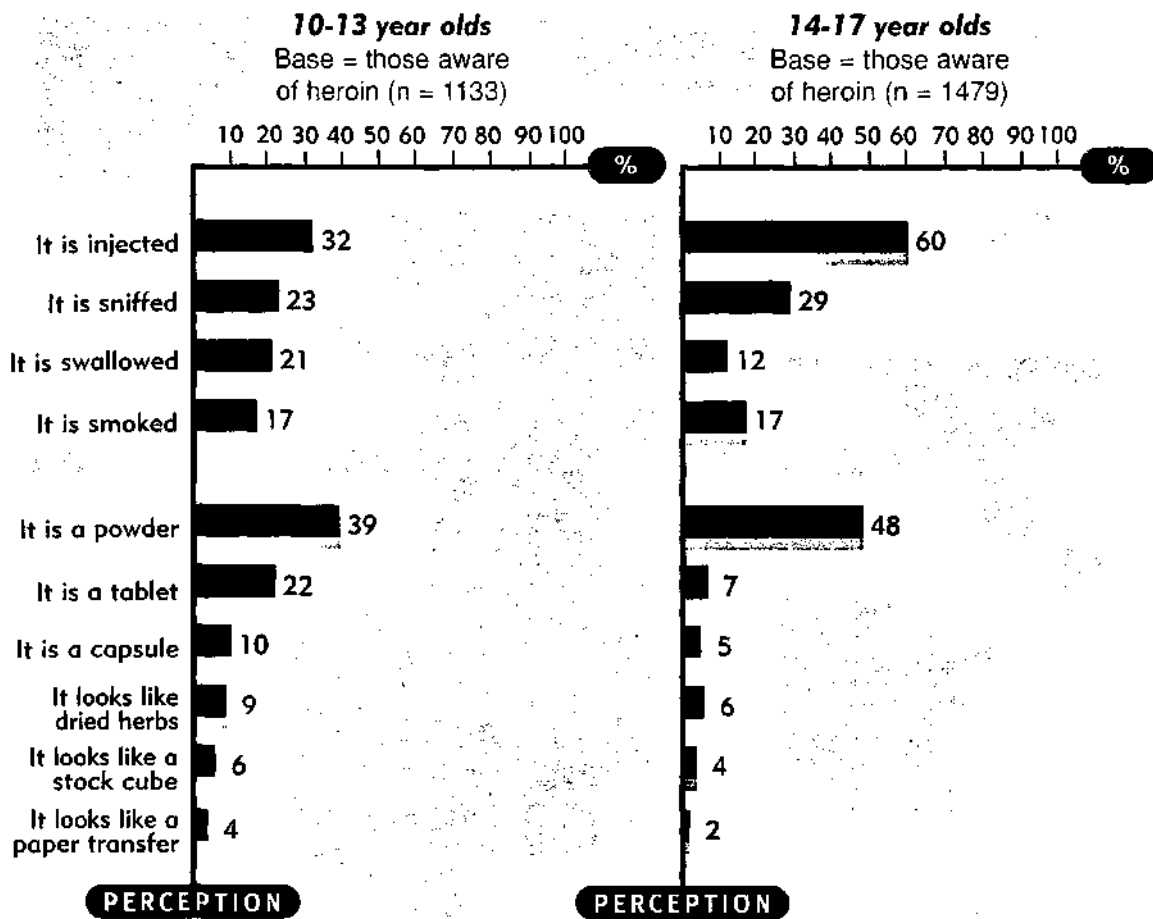


## What is heroin and how is it taken?

Young people were asked to select from a list of ten statements about heroin, those which they thought were true. A third (32%) of those 10-13 year olds who stated they had heard of heroin knew it was a drug that was injected, and a quarter (23%) knew it was a drug that could be sniffed. Approximately one fifth thought it could be swallowed and nearly as many thought it could be smoked. Nearly 4 in 10 of this younger group knew that heroin was a powder.

Of those 14-17 year olds aware of heroin, 60% realised it was injected, and 48% that it was a powder.

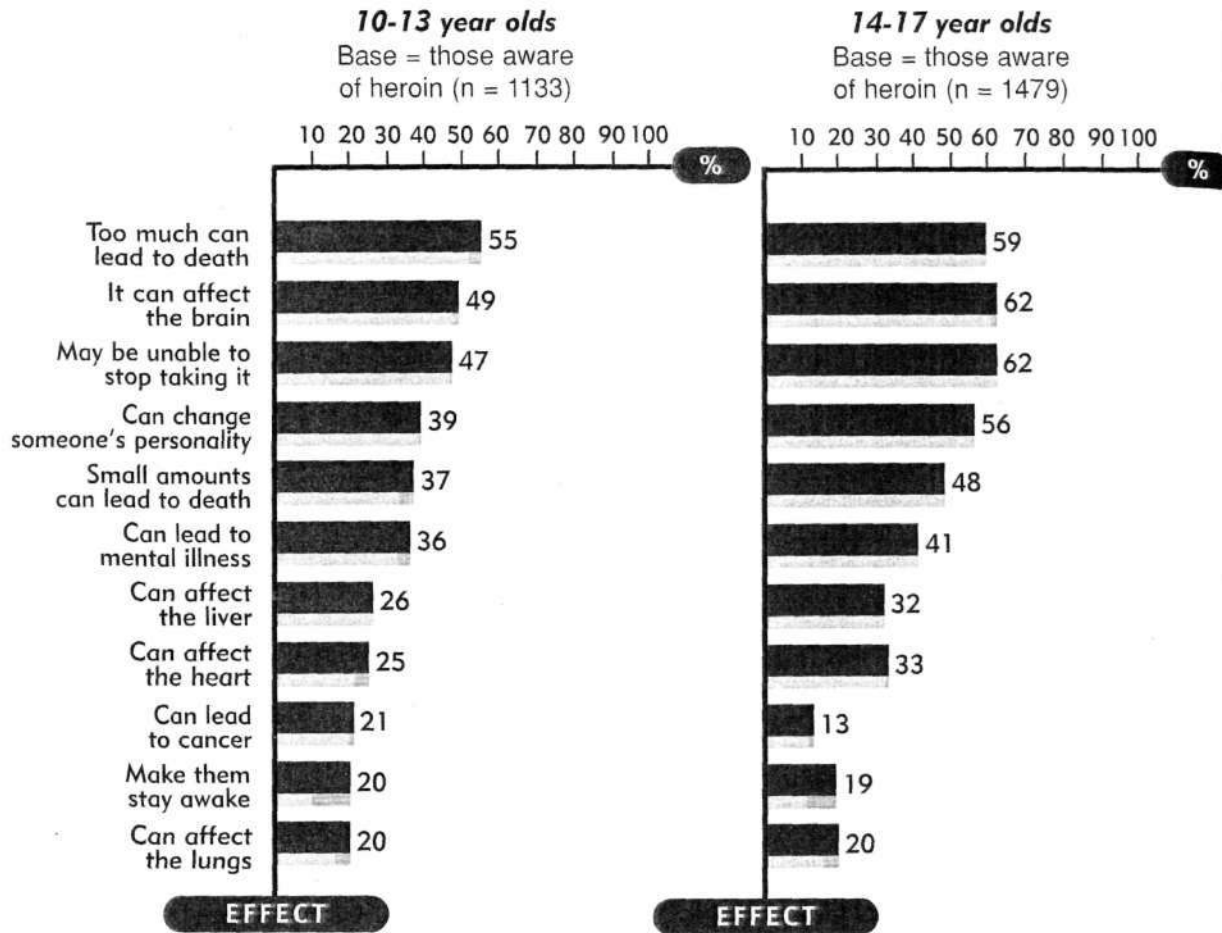
**Figure 28: What is heroin and how is it taken?**



### Effects of heroin

Over half of both age groups felt that too much heroin could lead to death. A high proportion of the older group felt that heroin could affect the brain, that it was sufficiently addictive that a user would be unable to stop and that heroin could change a user's personality. Nearly half (48%) of 14-17 year olds felt that even a little heroin could lead to death.

Figure 29: Effects of heroin

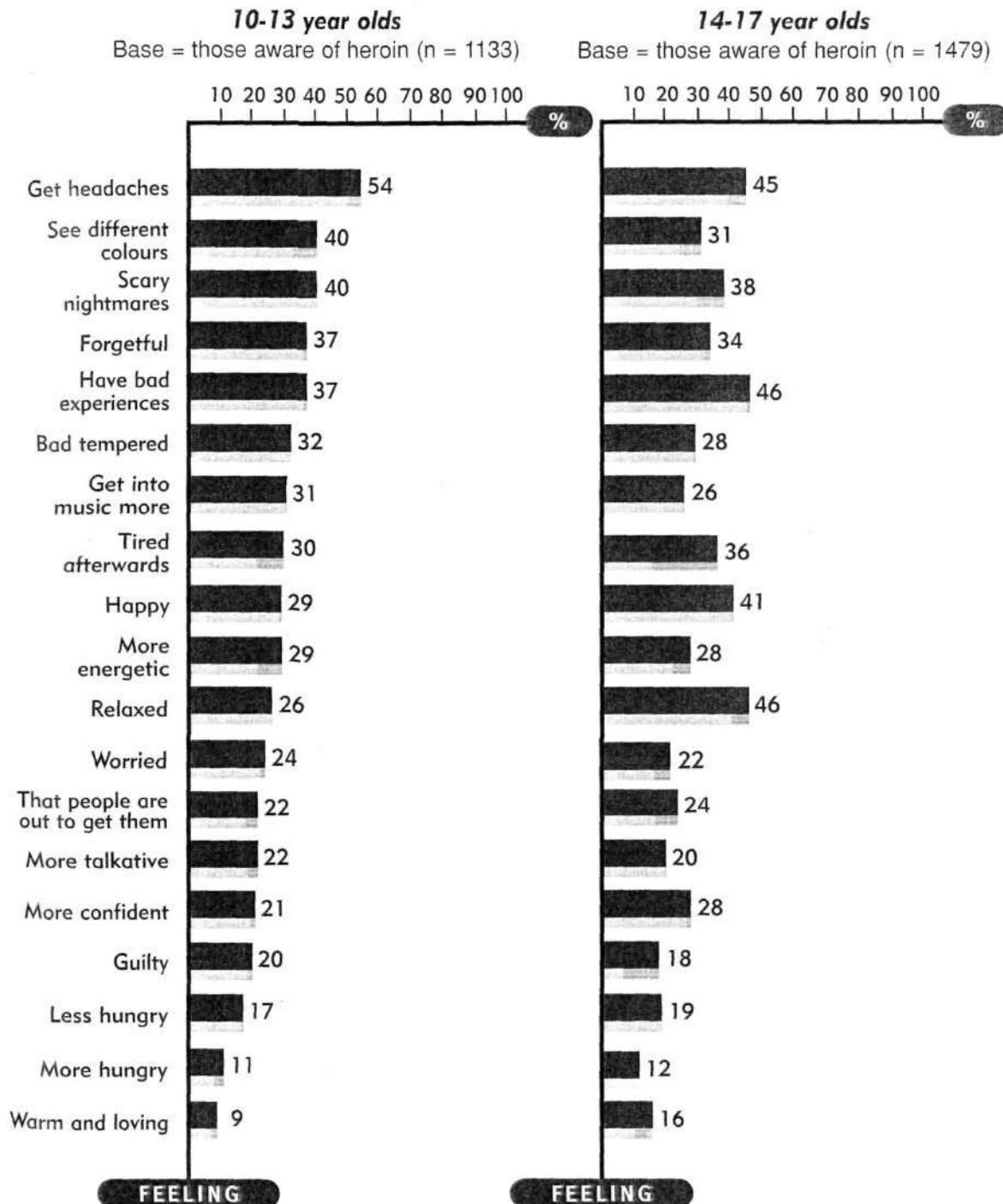




### Feelings about heroin

Respondents were asked to identify from a list the feelings which those who had just taken heroin might have. From the list of 20 the most common feelings identified by 10-13 year olds were getting headaches, seeing different colours, scary nightmares, bad experiences, bad temper and forgetfulness. In contrast the top five feelings of the older age group were relaxed, bad experiences, get headaches, happiness and scary nightmares.

**Figure 30: Feelings if heroin is taken**



**Perceived harm of heroin**

Heroin was rated as a highly harmful drug by 10-17 year olds, with a ranking of between 8.7 on a scale where 10 is very harmful. There was little difference in perceived harm of heroin by age or gender.

**Impressions of a heroin user**

(See cocaine - page 43)

**Knowledge of legal status of heroin**

Over half (56%) of 10-13 year olds recognised it was illegal to possess heroin; 50% that it was illegal to sell. Twenty one per cent thought heroin was legal. Among the older age group 68% recognised it was illegal to possess heroin and 63% recognised it was illegal to sell. Fourteen per cent thought heroin was legal.

# A awareness and knowledge of solvents

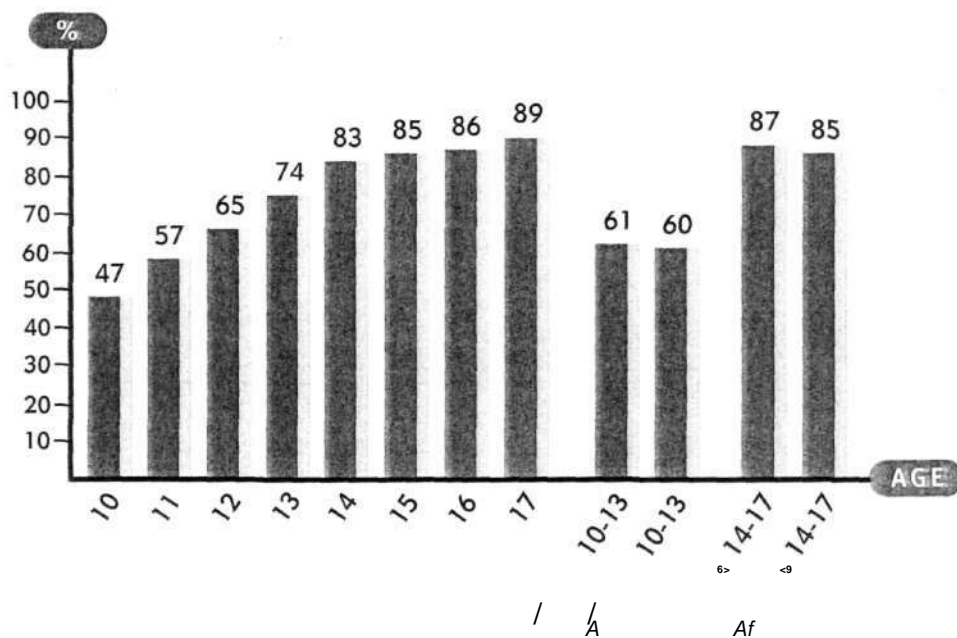
## Prompted awareness of solvents

Sixty per cent of 10-13 year olds have heard of solvents in one of their forms, particularly the sniffing of glue or petrol. Among the older group awareness rose to 86% overall.

**Figure 31: Prompted awareness of solvents\***

Base = all respondents (n = 3560)

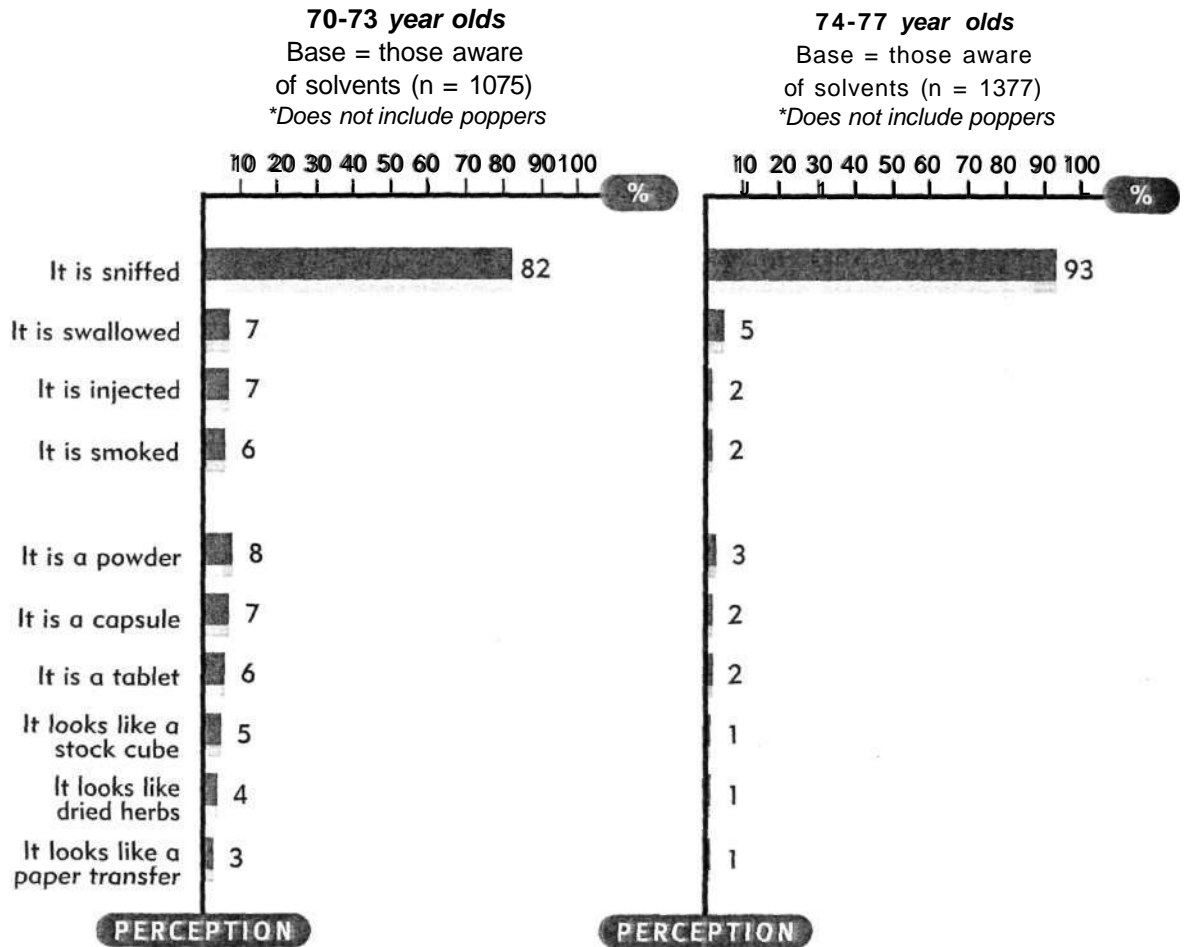
\*Includes poppers



### What are solvents and how are they taken?

There was a high level of knowledge about solvents with 82% of 10-13 year olds and 93% of 14-17 year olds recognising that they are substances which are sniffed. Among the younger age group 7% felt that solvents could be swallowed or injected.

Figure 32: What are solvents and how are they taken?\*

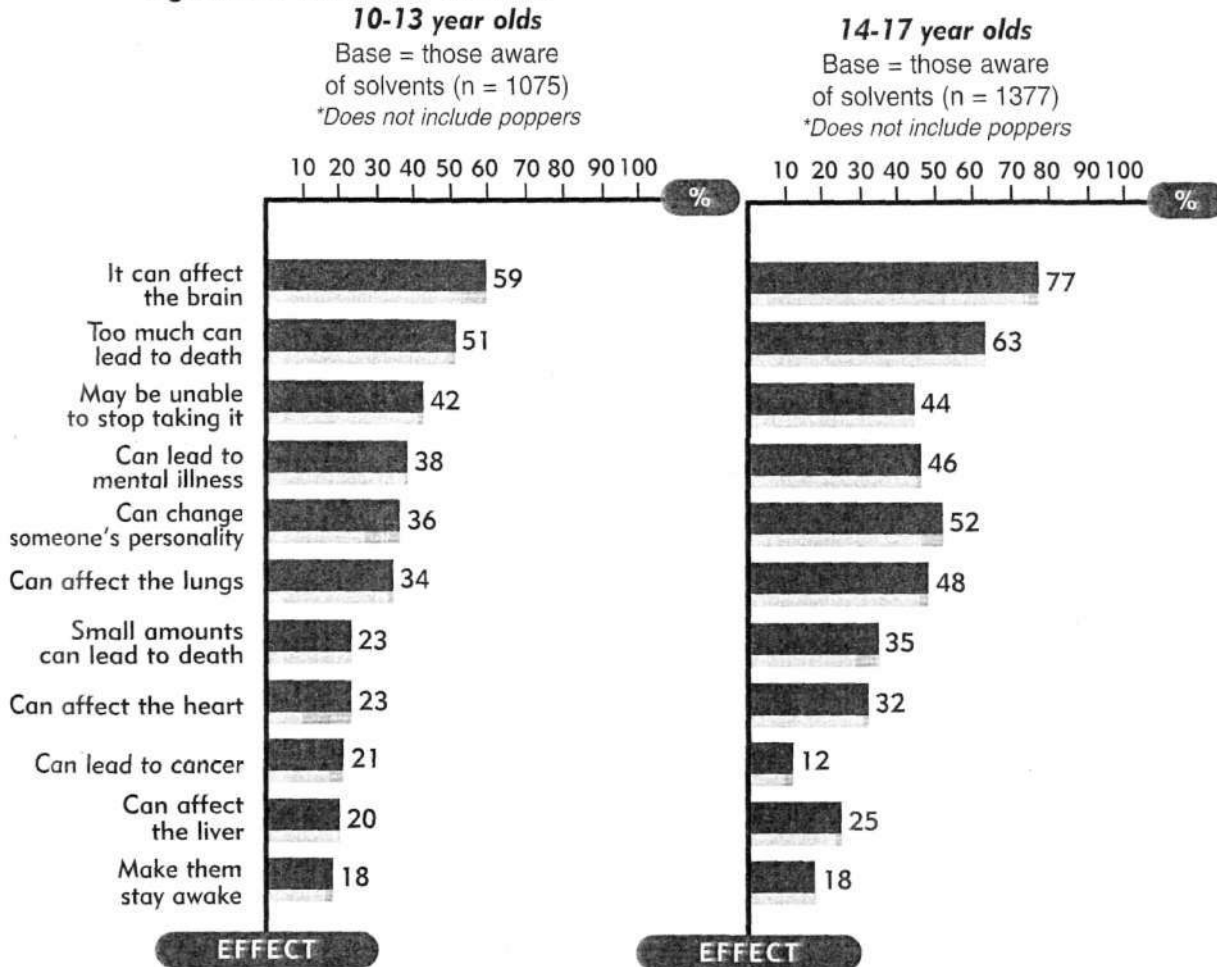


### Effects of solvents

Respondents were asked to identify from a list of 11 statements, the effects of solvents. Fifty nine per cent of 10-13 year olds and 77% of 14-17 year olds felt that solvents could affect their brain.

Older teenagers were also more likely to recognise that too much can lead to death, with 63% of the 14-17 year olds identifying this compared to 51% of 10-13 year olds. The older group was also more likely than those in the younger group to agree that taking solvents could change someone's personality. Just over a third (35%) of 14-17 year olds recognised that small amounts of solvents can lead to death. Less than a quarter (23%) of 10-13 year olds recognised this.

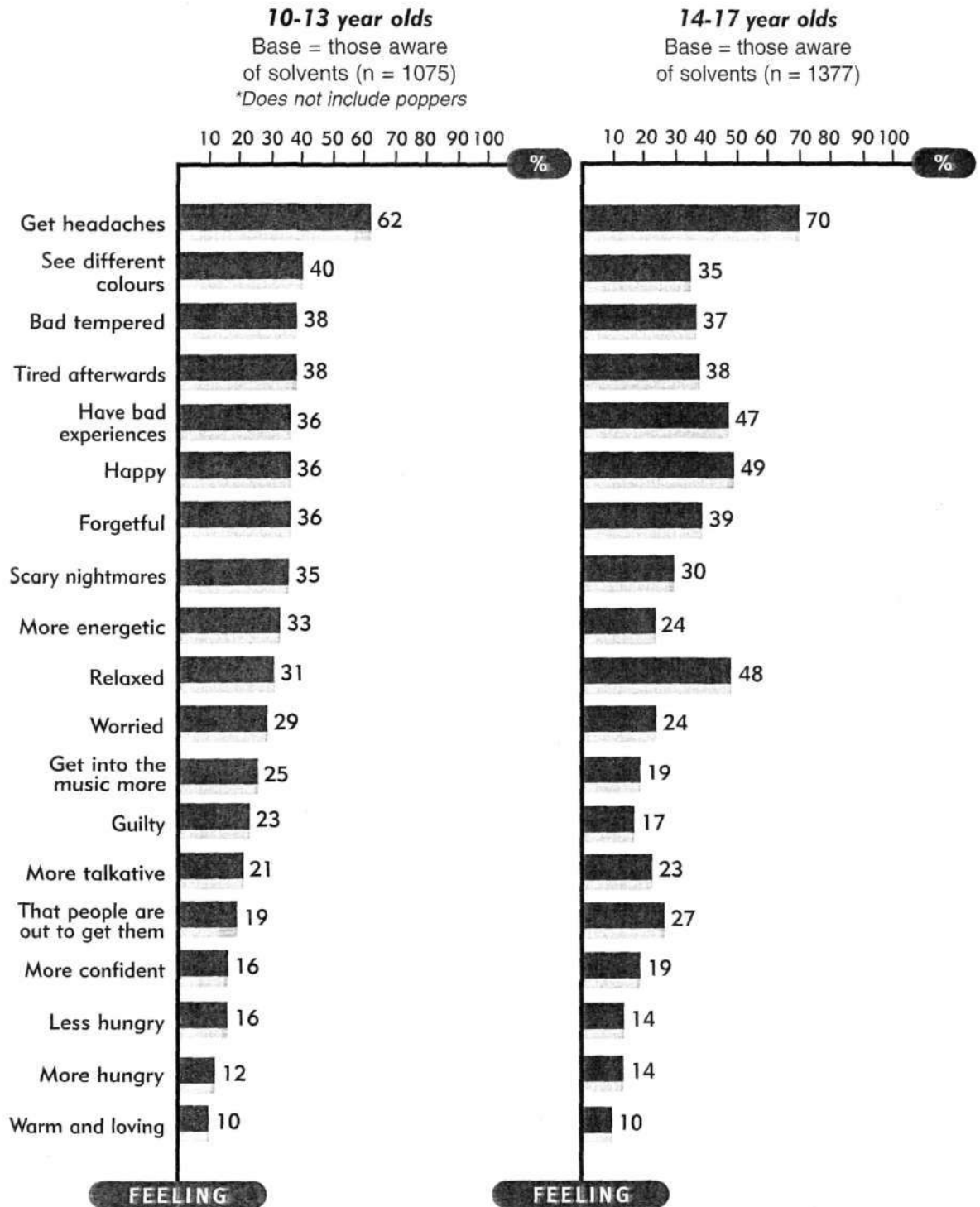
**Figure 33: Effects of solvents\***



### Feelings about solvents

Getting headaches, seeing different colours, being bad tempered, feeling tired and having bad experiences were the most common feelings selected by 10-13 year olds when asked to identify from a list of feelings they associated with someone who had just taken solvents. In contrast the older group of 14-17 year olds identified headaches followed by being happy, relaxed, having bad experiences, being forgetful and feeling tired afterwards.

**Figure 34: Feelings if solvents are taken\***



### Perceived harm of solvents

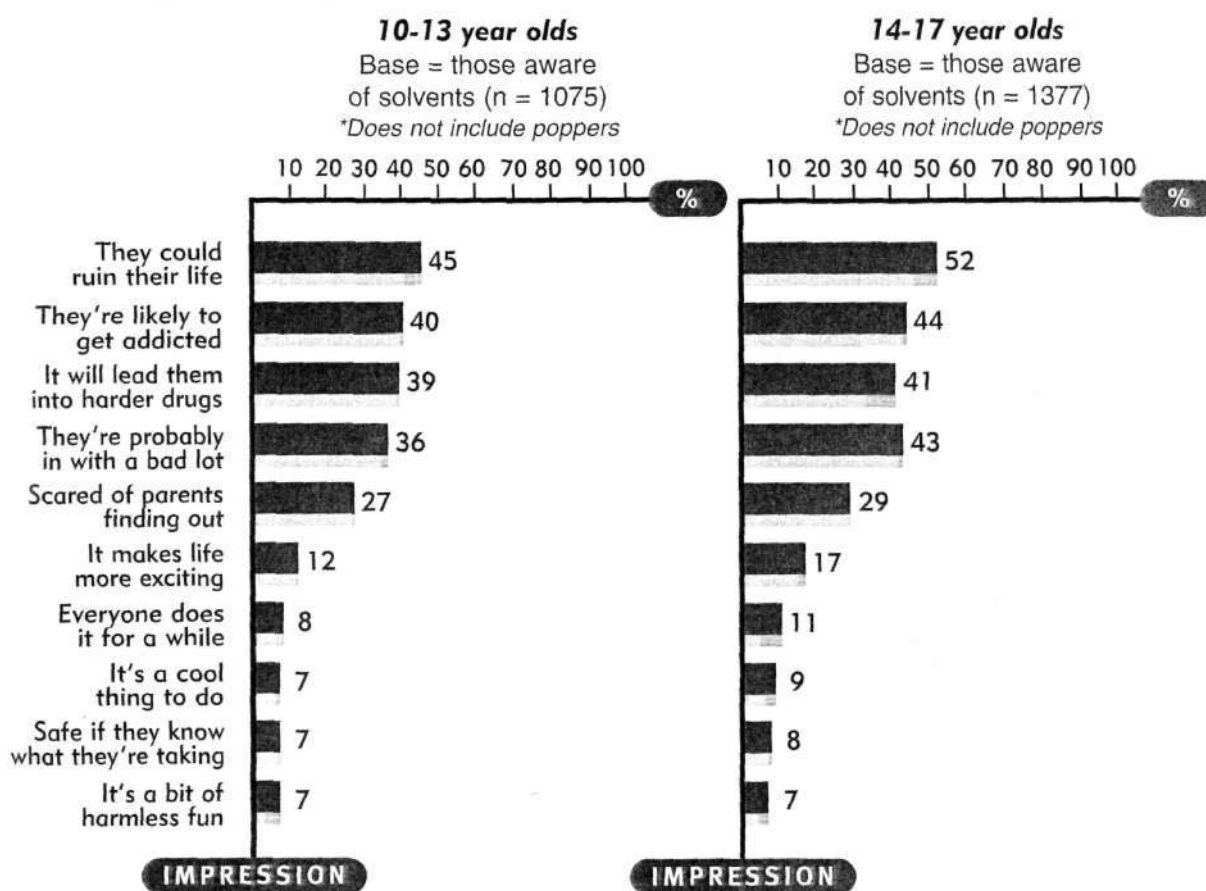
Respondents who had heard of solvents were asked to rank solvents on a scale of not harmful (1) to very harmful (10). The mean response given by 10 to 13 year olds was 7.1 compared to a response of 6.7 for 14-17 year olds.

### Impressions of a solvent user

When asked to think about someone taking solvents, and whether they agreed with a list of statements less than half (45%) of 10-13 year olds and just over half (52%) of 14-17 year olds felt that taking solvents could ruin someone's life.

Less than half of young people, in both age groups, felt that taking solvents was likely to lead to addiction, or lead into harder drugs. Less than a third would be scared of their parents finding out. Whilst the proportion (11%) of the older group who thought everyone takes solvents for a while was higher than that in the younger group (8%), only 7% of 10-13 year olds and 9% of 14-17 year olds felt it was a cool thing to do. Only 7% of 10-13 year olds and 8% of 14-17 year olds felt it was safe if they knew what they were taking.

**Figure 35: Impressions of a solvent user\***



### Knowledge of legal status of solvents

Most young people recognised that it was not illegal to possess or sell solvents. Twenty one per cent of 10-13 year olds thought it was illegal to sell solvents, and 13% of 14-17 year olds also thought this illegal. Twenty eight per cent of 10-13 year olds thought it was illegal to possess solvents, and 18% of 14-17 year olds also thought this illegal. More than one third (36%) of the older age group and less than one quarter (24%) of the younger age group thought solvents were legal substances.

*(In Northern Ireland it is an offence to knowingly supply solvents for inhalation to anyone under the age of 18).*

# S ummary

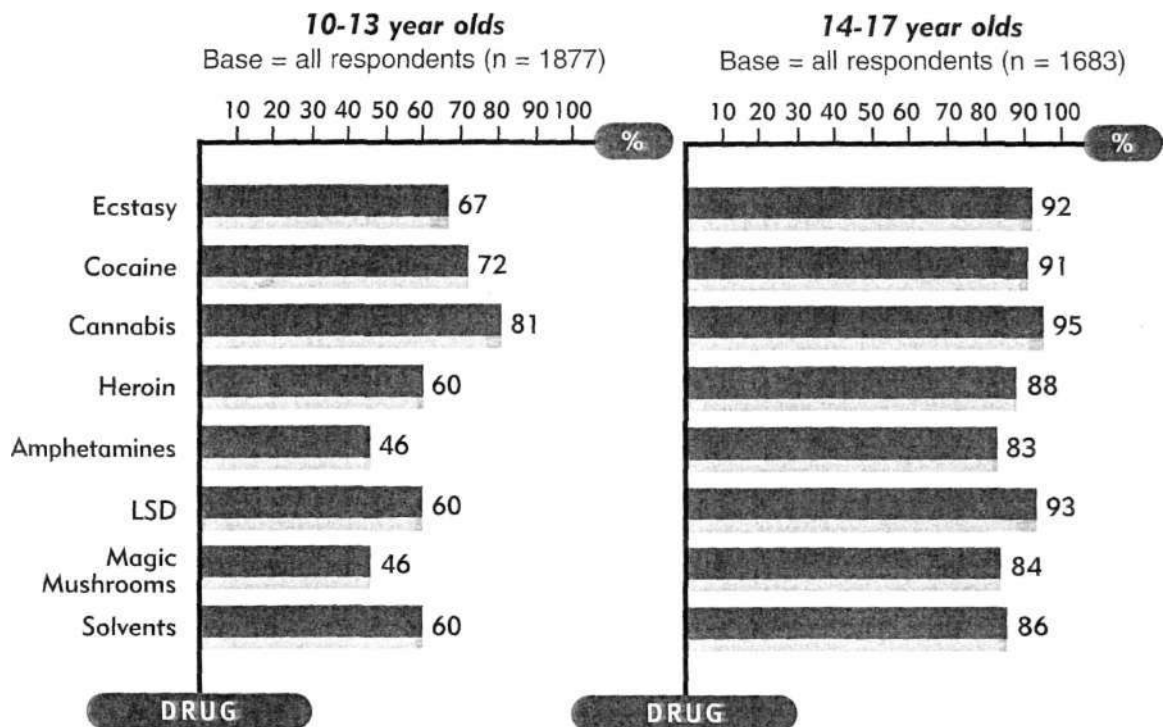
## Prompted awareness of the drugs

When asked to choose from a list of 39 possible names for drugs which they had heard of before, it was found that:

- 14-17 year olds were more aware of all drugs than the 10-13 year olds;
- both age groups were more aware of cannabis (or names listed for cannabis) than any other drug.

The names were collated under their broad generic term, eg E, XTC etc are listed under Ecstasy.

**Figure 36: Prompted awareness of the drugs**



## What drugs look like and how drugs are taken

When asked to identify from a list of statements describing what drugs look like, it was found that:

there was increasing *accuracy* in identifying what drugs looked like, with age;

there was a wide range of responses to all drugs from 10-17 year olds;

Ecstasy was widely recognised, with 67% of 10-13 year olds and 88% of 14-17 year olds identifying it as a tablet.



**Table 3: What drugs looks like**

(Base = those aware of drug)

	Cannabis		Ecstasy		Amph.		Cocaine		Heroin		Solvents	
	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %
n =	1520	1599	1266	1546	864	1405	1352	1536	1133	1479	1075	1377
Is a powder	48	32	23	10	36	50	52	68	39	48	8	3
Is a tablet	25	6	67	88	35	36	21	8	22	7	6	2
Is a capsule	12	3	23	35	15	18	10	4	10	5	7	2
Looks like dried herbs	20	46	5	2	8	4	9	8	9	6	4	1
Looks like a stock cube	12	39	9	3	8	4	7	5	6	4	5	1
Looks like a paper transfer	9	4	5	5	6	4	4	2	4	2	3	1

**Table 4: How drugs are taken**

(Base = those aware of drug)

	Cannabis		Ecstasy		Amph.		Cocaine		Heroin		Solvents	
	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %
n =	1520	1599	1266	1546	864	1405	1352	1536	1133	1479	1075	1377
Swallowed	21	18	51	73	32	45	20	14	21	12	7	5
Sniffed	27	19	13	6	22	34	31	53	23	29	82	93
Injected	18	9	12	5	18	17	22	34	32	60	7	2
Smoked	52	87	10	4	16	11	22	24	17	17	6	2

**Effects of drugs**

When asked to select from a list of statements outlining possible effects of drugs, those which they felt to be true, it was found that:

- over half of 10-17 year olds thought all drugs affected the brain (the proportion of 14-17 year olds agreeing with this was higher than the proportion of 10-13 year olds);
- less than half of 10-13 year olds thought LSD or magic mushrooms, Ecstasy, amphetamines, cocaine and heroin were addictive;

- Ecstasy produced the highest response to the statement 'small amounts can lead to death', with 54% of 10-13 year olds and 70% of 14-17 year olds agreeing with this statement.

**Table 5: Effects of drugs**  
(Base = those aware of drug)

	Cannabis		LSD or MM		Ecstasy		Amph.		Cocaine		Heroin		Solvents	
	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %
n =	1520	1599	1294	1584	1266	1546	864	1405	1536	1352	1133	1479	1075	1377
Can affect the brain	63	65	57	75	63	79	52	65	52	66	49	62	59	77
Too much can lead to death	60	40	55	53	54	56	54	56	54	60	55	59	51	63
May be unable to stop taking	52	51	46	45	48	54	44	53	48	63	47	62	42	44
Can change someone's personality	48	60	45	63	43	64	42	52	38	56	39	56	36	52
Can lead to mental illness	41	25	39	45	44	49	37	36	36	41	36	41	38	46
Small amounts can lead to death	38	15	36	36	54	70	36	38	40	46	37	48	23	35
Can affect the heart	35	29	32	36	31	48	28	35	26	35	25	33	23	32
Can affect the liver	35	27	32	35	29	42	27	30	26	31	26	32	20	25
Can affect the lungs	33	51	25	17	21	21	21	16	22	23	20	20	34	48
Can lead to cancer	31	38	25	11	23	11	19	9	22	13	21	13	21	12
Make them stay awake	21	22	23	40	25	43	22	33	18	22	20	19	18	18

**Feelings about the drug**

When asked to select from a list of feelings those which they felt someone who had just taken drugs might have, it was found that:

feelings such as 'getting into the music' and 'seeing different colours' were widely held responses to most drugs among 14-17 year olds;

feelings such as headaches were commonly identified as a response to most drugs;

- young people were not differentiating between the different drugs **and** these feelings.

**Table 6: Feelings about the drug**  
(Base = those aware of drug)

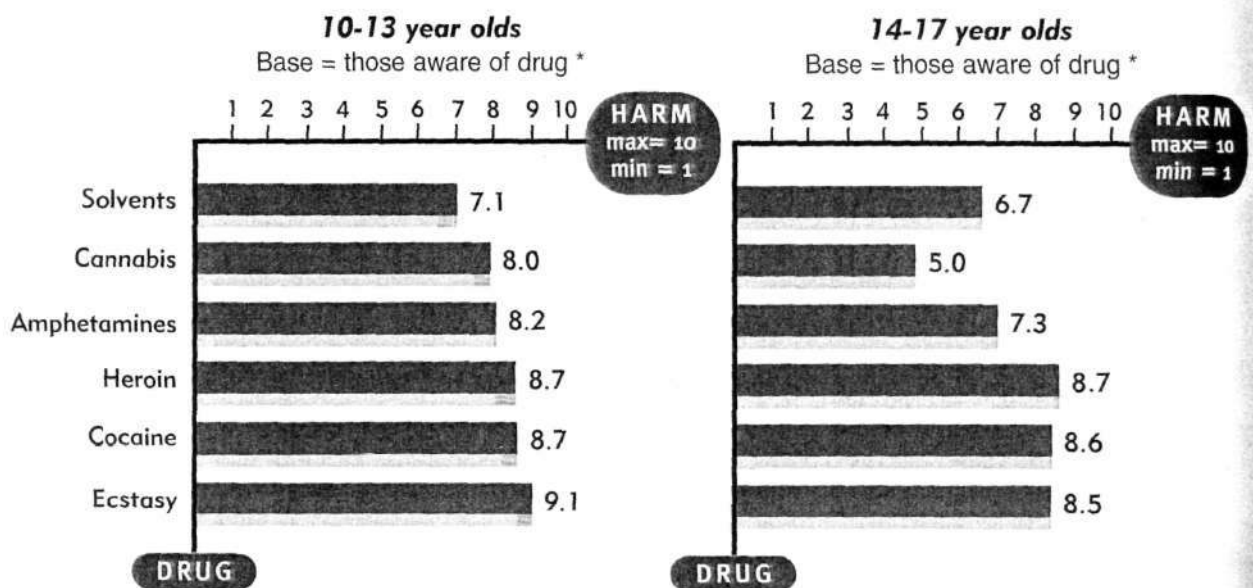
	Cannabis		LSD or MM		Ecstasy		Amph.		Cocaine		Heroin		Solvents	
	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %
n =	1520	1599	1294	1584	1266	1546	864	1405	1352	1536	1133	1479	1075	1377
Getting into music more	38	54	33	53	43	74	43	59	31	31	31	26	25	19
See different colours	53	34	51	62	51	46	44	35	42	28	40	31	40	35
More confident	18	32	17	27	21	43	24	42	19	30	21	28	16	19
Less hungry	16	14	17	18	18	22	18	19	15	18	17	19	16	14
More talkative	19	36	22	36	26	43	33	50	22	22	22	20	21	23
Relaxed	33	74	28	30	29	36	30	34	30	55	26	46	31	48
Happy	42	74	36	56	40	66	42	58	35	48	29	41	36	49
Warm & loving	9	26	8	13	9	28	12	17	9	19	9	16	10	10
More energetic	38	37	35	61	45	75	48	69	33	30	29	28	33	24
Have bad experiences	37	30	40	60	41	47	36	37	38	43	37	46	36	47
Forgetful	37	36	36	28	33	24	34	24	36	34	37	34	36	39
More hungry	11	35	12	14	11	12	13	14	10	13	11	12	12	14
Scary nightmares	43	27	44	56	42	37	39	33	40	35	40	38	35	30
Get headaches	57	45	55	47	56	44	52	45	51	45	54	45	62	70
Worried	27	14	31	37	28	21	26	16	29	22	24	22	29	24
Guilty	20	7	21	16	22	10	21	11	22	16	20	18	23	17
People are out to get them	24	19	30	46	26	25	27	21	27	25	22	24	19	27
Tired afterwards	38	47	35	33	40	40	34	35	39	37	30	36	38	38
Bad tempered	45	25	43	32	37	23	37	22	41	33	32	28	38	37

### Perceived harm of drug

When asked to rate, on a scale of 1-10, the harm of drugs, it was found that:

- Ecstasy was rated as most harmful by 10-13 year olds, followed by cocaine and heroin;
- heroin was rated as most harmful by 14-17 year olds, followed by cocaine;
- solvents were rated as least harmful by 10-13 year olds;
- cannabis was rated as least harmful by 14-17 year olds;
- females generally gave drugs a slightly more harmful rating;
- the younger age group of 10-13 year olds generally ranked drugs as more harmful, except for cocaine and heroin where there was little difference between the age groups.

**Figure 37: Perceived harm of drug**



- see page 57 for bases

### Impressions of a drug user

When asked to think about someone taking drugs, young people were asked to identify from a list of statements those they agreed with, it was found that:

- around 10% of 10-13 year olds agreed with the statement 'it's a cool thing to do';
- 17% of 14-17 year olds agreed with the statement 'it's a cool thing to do' for cannabis; and 8% of 14-17 year olds agreed with this statement for cocaine or heroin;

around 6-7% of both age groups agreed with the statement 'it's a bit of harmless fun' for Ecstasy or amphetamines and for solvents; but 21% of 14-17 year olds agreed with this statement for cannabis;

14-17 year olds were more likely to agree with the statement 'drugs could ruin their life' for Ecstasy or amphetamines, cocaine or heroin, and solvents;

14-17 year olds were more likely to agree with the statement 'everyone does it for a while'.

**Table 7: Impressions of a drug user**  
(Base = those aware of drug)

	Cannabis		Ecstasy/Amph.		Cocaine/Heroin		Solvents	
	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %	10-13 year olds %	14-17 year olds %
n =	1520	1599	1340	1565	1452	1563	1075	1377
It's a cool thing to do	11	17	11	13	9	8	7	9
Probably in with a bad lot	42	33	49	47	42	45	36	43
Makes life exciting	13	22	14	23	12	15	12	17
Will lead into harder drugs	42	38	48	49	41	39	39	41
Safe if they know what they're taking	8	20	7	13	7	7	7	8
Likely to get addicted	45	37	48	48	46	58	40	44
Everyone does it for a while	7	19	5	12	5	6	8	11
Scared of parents finding out	29	25	32	32	28	24	27	29
Could ruin their life	49	35	54	58	52	61	45	52
A bit of harmless fun	6	21	6	7	4	4	7	7

### Knowledge of legal status of drug

When asked to identify whether drugs were illegal to possess, illegal to sell, or legal, it was found that:

- over half of 10-13 year olds knew that the named drugs were illegal to possess (the proportion rose to 61% for Ecstasy, 28% thought solvents were illegal to possess);
- slightly less than half of 10-13 year olds knew that the named drugs were illegal to sell (21% for solvents);
- among 14-17 year olds, around 70% knew that the named drugs were illegal to possess (the proportion rose to 78% for Ecstasy). Less knew it was illegal to sell drugs;
- a lower proportion of the 14-17 year olds thought that cannabis, Ecstasy, amphetamines, cocaine and heroin were legal.

**Table 8: Knowledge of legal status of drug (10-13 year olds)**

(Base = those aware of drug)

	Cannabis %	Ecstasy %	Amph. %	Cocaine %	Heroin %	Solvents %
n =	1520	1266	864	1352	1133	1075
Illegal to possess	59	61	54	57	56	28
Illegal to sell	49	53	47	49	50	21
Legal	24	25	20	22	21	24

**Table 9: Knowledge of legal status of drug (14-17 year olds)**

(Base = those aware of drug)

	Cannabis %	Ecstasy %	Amph. %	Cocaine %	Heroin %	Solvents %
n =	1599	1546	1405	1536	1479	1377
Illegal to possess	71	78	69	70	68	18
Illegal to sell	66	72	64	64	63	13
Legal	20	18	15	14	14	36

Information about drugs

**S e c t i o n**

**T H R E E**

# Introduction

THIS SECTION examines how young people find out about drugs. It also identifies those people the sample group feel should be providing information about drug related issues as well as the type of information they want.

The areas covered are:

- current sources of information about drugs;
- people who have provided information about drugs;
- what information has been provided about drugs;
- what young people would like to know about drugs;
- where young people would go for their information about drugs;
- who young people felt should be providing information about drugs.

The findings of the research have also been summarised.



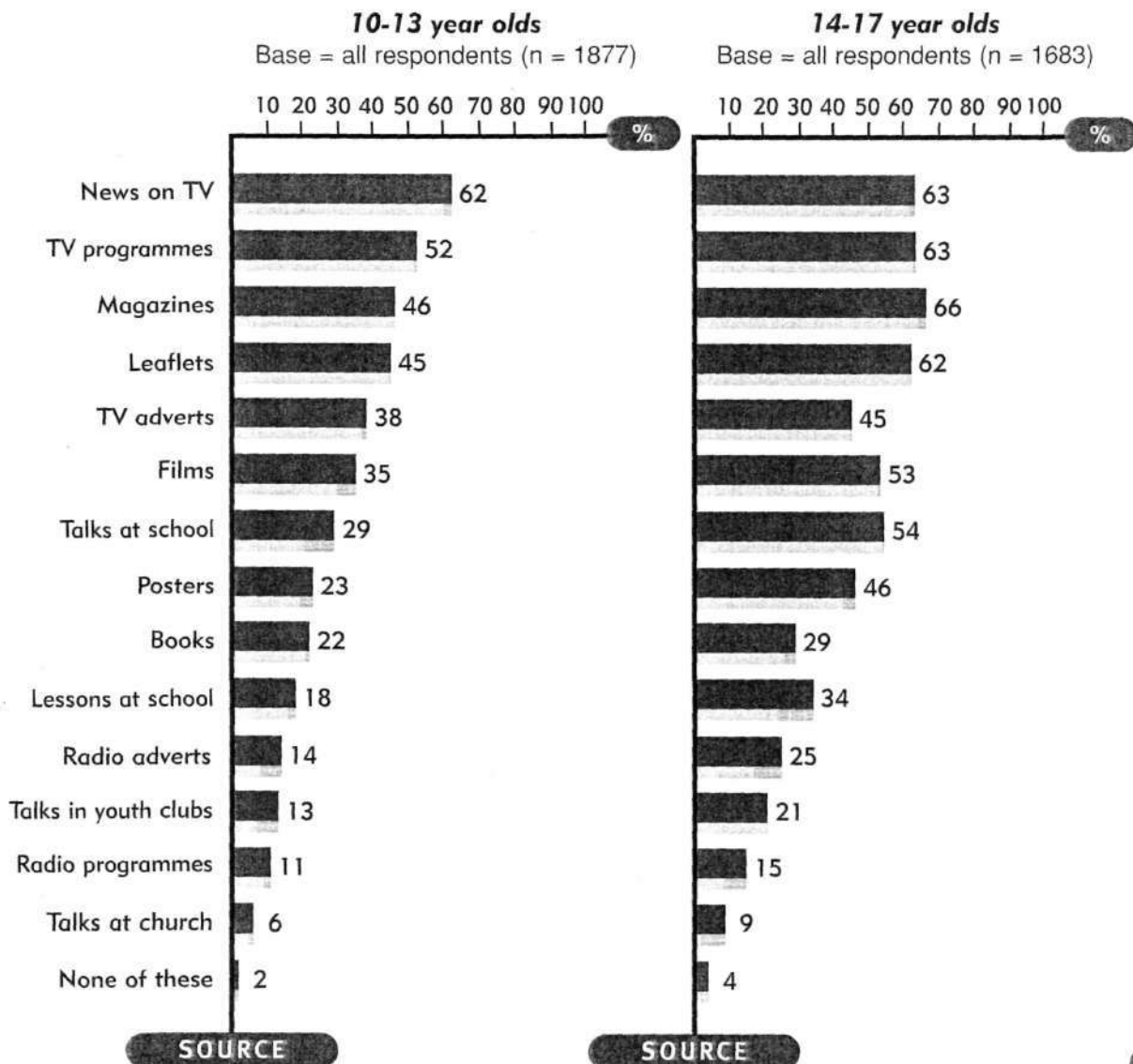
# C **urrent sources of information about drugs**

BOTH AGE groups were asked to select sources of information about drugs from a list provided. Television news and programmes were common sources of information for both 10-13 year olds and 14-17 year olds. Magazines and leaflets were also common sources of information for the older age group with around two thirds of 14-17 year olds selecting them.

Less than half of 10-13 year olds identified leaflets or magazines as sources of information. Over a third (38%) of 10-13 year olds, and nearly a half (45%) of 14-17 year olds had seen TV adverts on drugs.

Among the younger age group of 10-13 year olds talks at school (29%) and lessons (18%) were less common than among the older group; 54% of the older age group identified talks at school, and 34% identified lessons as current sources of information.

**Figure 38: Current sources of information about drugs**



# People who have provided information about drugs

BOTH AGE groups were asked to select from a list those people who had provided information on drugs. Nearly half (48%) of young people in both age groups identified their parents as people who had talked to them about drugs.

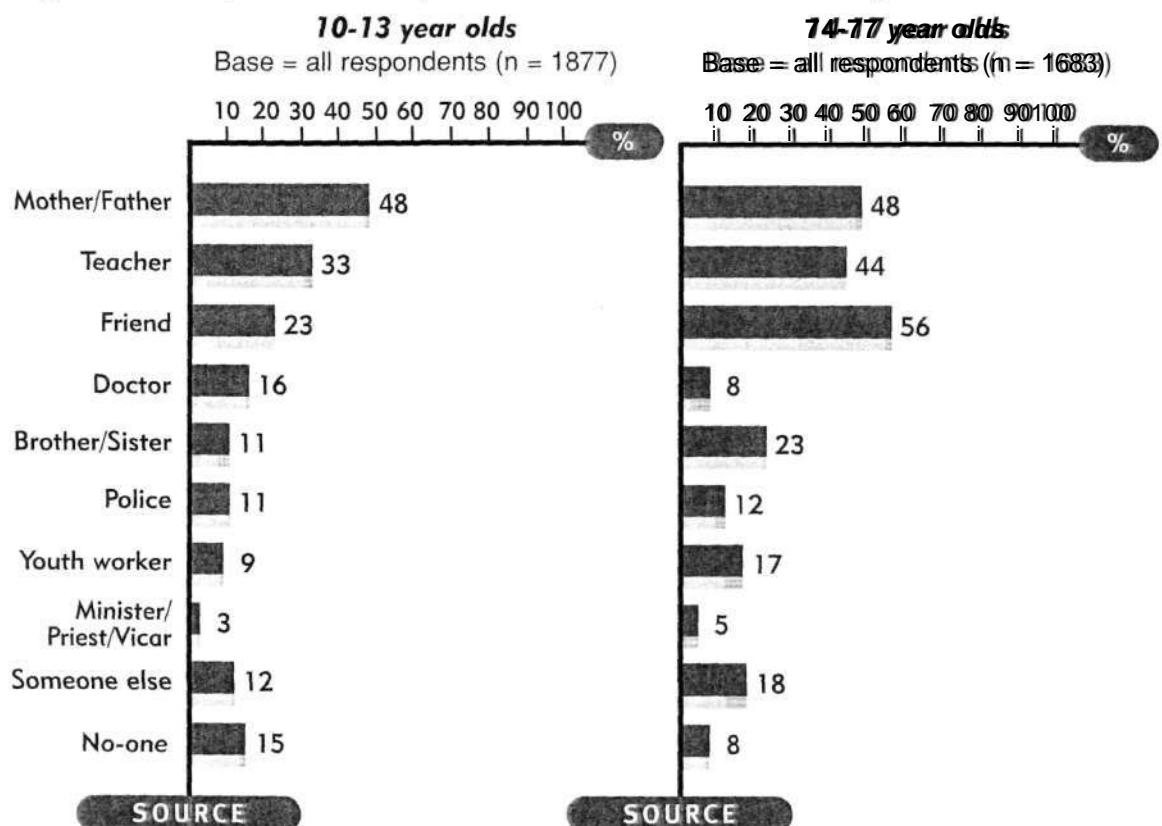
Nearly half of the older age group (44%) and *one* third (33%) of the younger group stated that their teacher had talked to them about drugs.

The proportion of young people who had talked to their friends about drugs was over twice as high among the older group (56%) as the younger group (23%).

In comparison, the younger age group was twice as likely as the older group to state that doctors had talked to them about drugs (16% compared to 8%).

Among the 14-17 year group, youth workers from various agencies were identified by 17% of young people as people who had talked about drugs.

**Figure 39: People who have provided information about drugs**



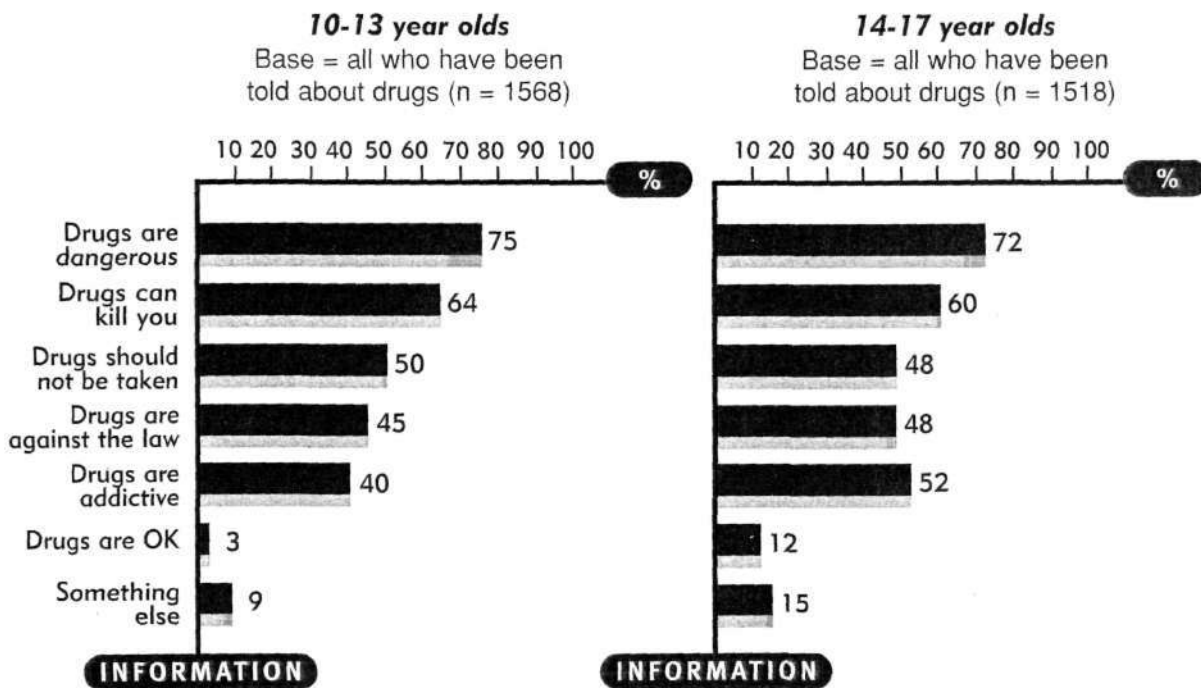
# What information has been provided about drugs

WHEN ASKED to select, from a short list, what they had been told about drugs, 75% of 10-13 year olds and 72% of 14-17 year olds selected 'drugs are dangerous'.

Nearly two thirds, 64% of 10-13 year olds and 60% of 14-17 year olds selected the message 'drugs can kill you'.

Just over a half of the older group (52%) and 4 in 10 of the young group (40%) had been told that drugs were addictive. Less than half, 45% of 10-13 year olds and 48% of 14-17 year olds, selected 'drugs are against the law'.

**Figure 40: What information has been provided about drugs**



# What young people would like to know about drugs

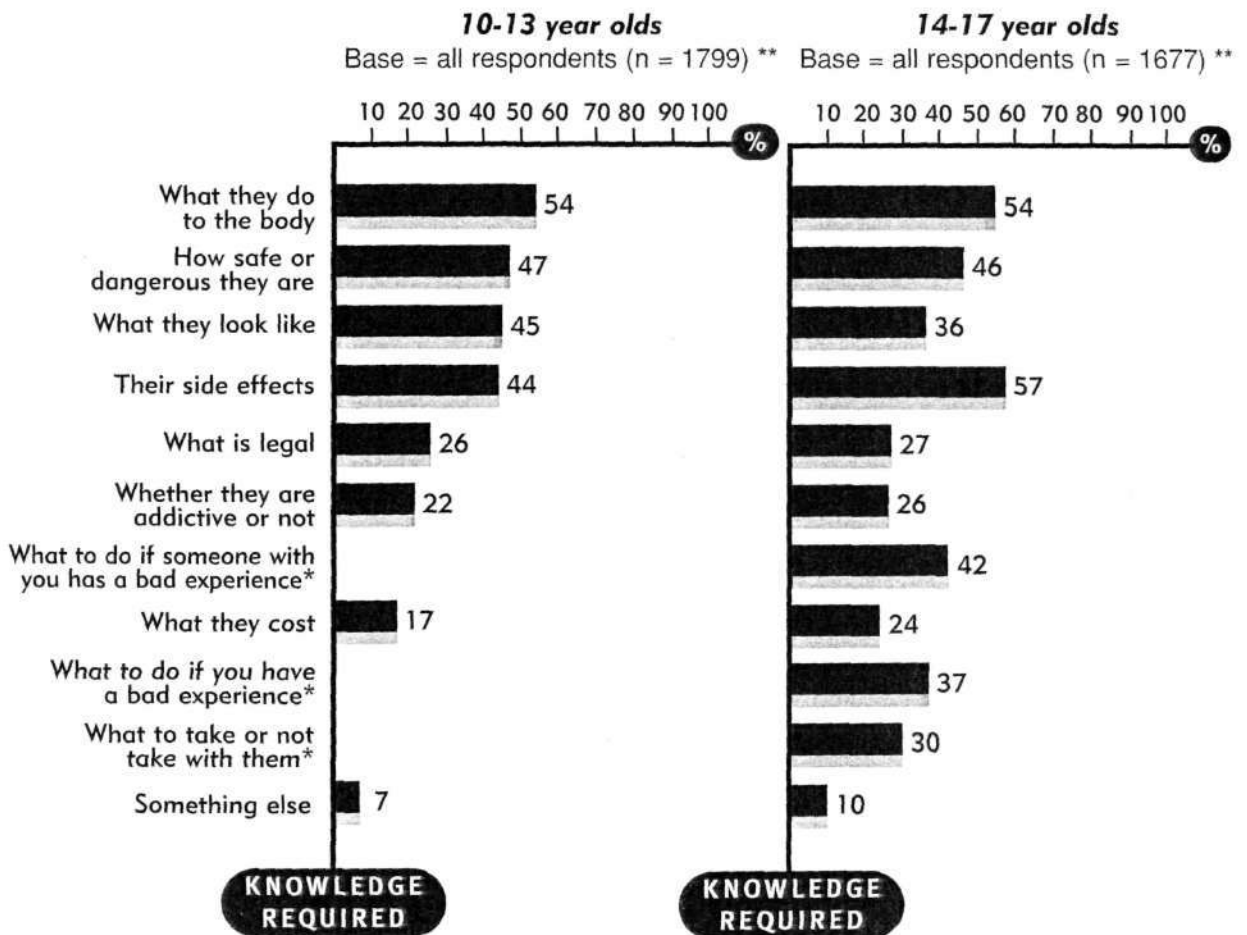
YOUNG PEOPLE were asked to select from a list the types of information which they wanted to know in relation to drugs.

Over half of the young people, 54% of both the 10-13 year olds and 14-17 year olds wanted to know what effect drugs had on the body. Just under half, 47% of 10-13 year olds and 46% of 14-17 year olds wanted to know about 'how safe or dangerous drugs are'.

The older age group of 14-17 year olds was more likely than the younger group to want to know about side effects; 57% of 14-17 year olds compared to 44% of 10-13 year olds indicated that they wished to have information about side effects.

Over 4 in 10 (42%) of older teenagers wanted to know what to do if someone with them had a bad experience, and almost as many (37%) wanted to know what to do if they had a bad experience.

**Figure 41: What young people would like to know about drugs**



Statement not included in questions asked to all 10-13 year olds.

Seventy eight (10-13) year olds and 6 (14-17) year olds failed to complete the question on what young people would like to know about drugs.

# Where young people would go for their information about drugs

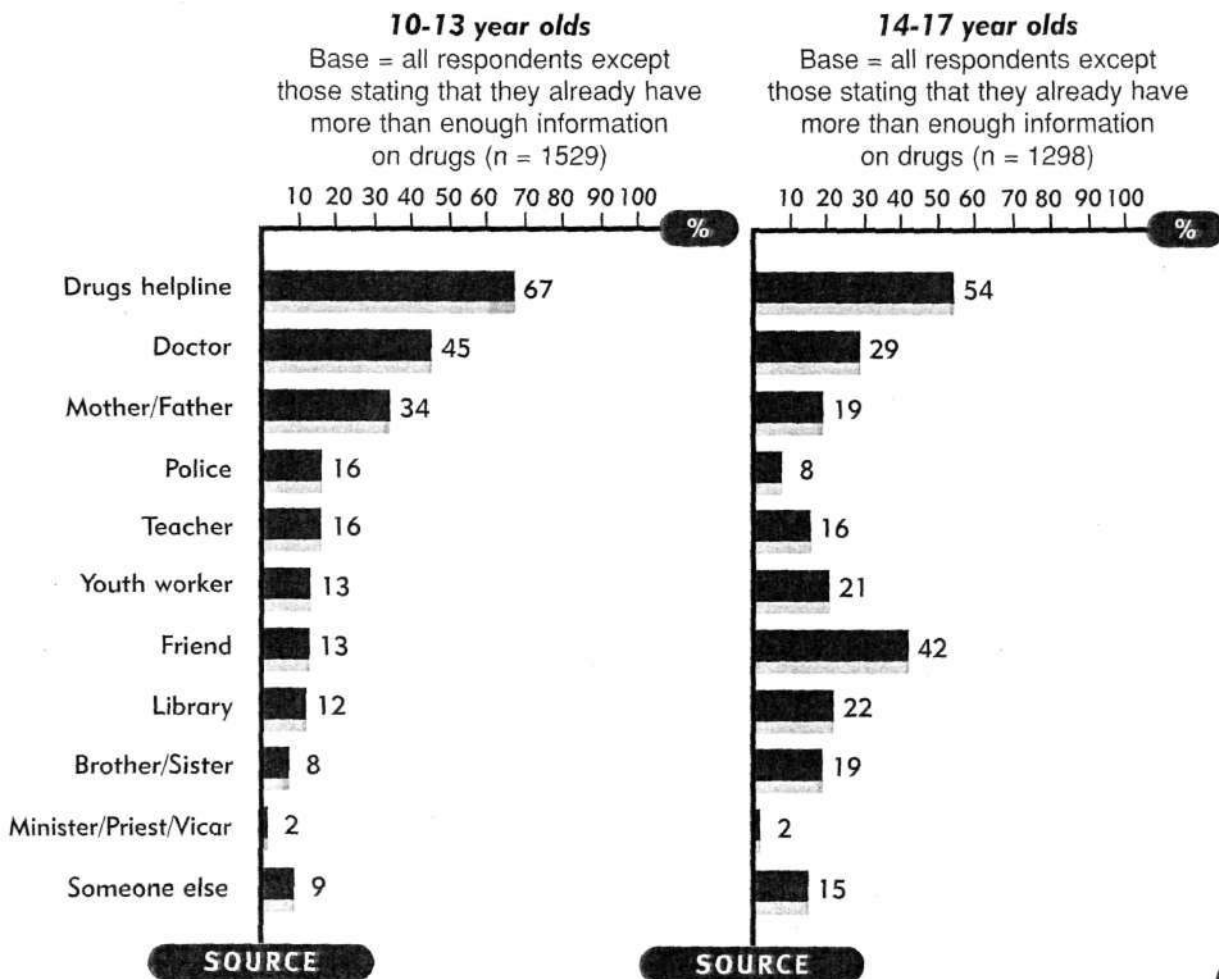
EIGHTY ONE per cent of 10-13 year olds, and 77% of 14-17 year olds indicated they would be open to receiving further information about drugs. When asked to identify from a list of some possible sources of information, the most commonly identified source for both age groups was a drugs helpline.

More than half (54%) of 14-17 year olds, and two thirds (67%) of 10-13 year olds selected a drugs helpline as a popular source of information.

Among 10-13 year olds nearly a half (45%) would approach a doctor, and a third (34%) would approach a parent.

Among 14-17 year olds, selected sources of information were different with 42% selecting a friend, over a quarter (29%) selecting a doctor, and just over a fifth indicating they would seek information from a library (22%) or a youth worker (21%). Nineteen per cent selected a parent.

**Figure 42: Where young people would go for their information about drugs**



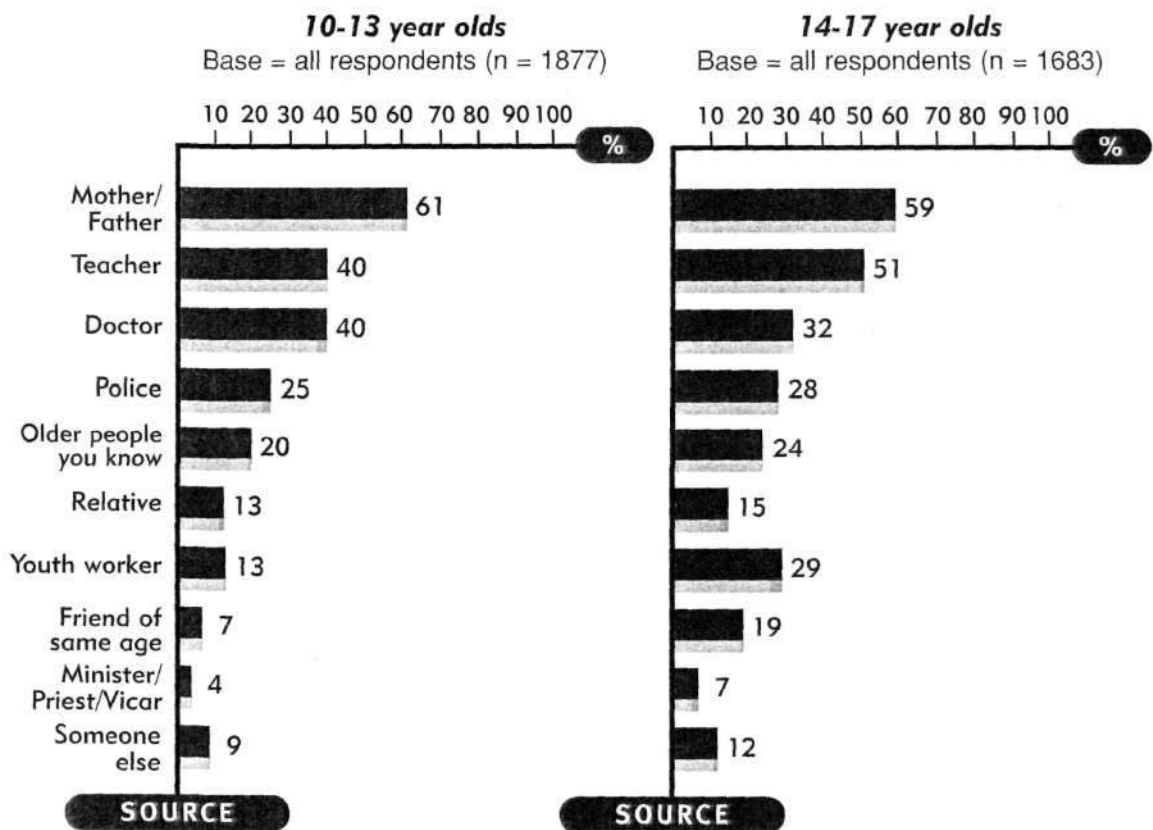
# Who young people felt should be providing information about drugs

YOUNG PEOPLE were asked to select from a list who they felt should be telling them about drugs. Parents were identified by both age groups as the most popular choice, with 61% of 10-13 year olds, and 59% of 14-17 year olds selecting them.

Teachers were selected by just over half (51%) of the older age group, and 40% of the younger group. Doctors were also selected by 40% of the younger group, and by about a third (32%) of the older group.

Around one quarter of both age groups selected the police as a source of information. Among the older group of 14-17 year olds a youth worker was selected by nearly one third (29%) of the young people.

**Figure 43: Who young people felt should be providing information about drugs**



# **S**ummary

## **Current sources of information about drugs**

When asked to select from a list where they had seen or heard anything about drugs, it was found that:

- television news and programmes were common sources of information for 10-13 year olds and 14-17 year olds;
- 38% of 10-13 year olds and 45% of 14-17 year olds had seen TV adverts on drugs;
- 18% of 10-13 year olds and 34% of 14-17 year olds identified school lessons as a source of information.

## **People who have provided information about drugs**

When asked to identify from a list of ten, which people had talked to them about drugs, it was found that:

48% of 10-13 year olds and 48% of 14-17 year olds identified a parent;

- 33% of 10-13 year olds and 44% of 14-17 year olds identified a teacher;
- 23% of 10-13 year olds and 56% of 14-17 year olds identified a friend;

## **Information that has been provided about drugs**

When asked to select, from a list of six statements, what they had been told about drugs, it was found that:

- 75% of 10-13 year olds and 72% of 14-17 year olds selected 'drugs are dangerous';
- 64% of 10-13 year olds and 60% of 14-17 year olds selected 'drugs can kill you';
- 40% of 10-13 year olds and 52% of 14-17 year olds selected 'drugs are addictive';
- 45% of 10-13 year olds and 48% of 14-17 year olds selected 'drugs are against the law'.

### **What young people would like to know about drugs**

When asked to select from a list of ten, the type of information they would like to know, it was found that:

- 54% of 10-13 year olds and 54% of 14-17 year olds wanted to know what effect drugs had on the body;
- 47% of 10-13 year olds and 46% of 14-17 year olds wanted to know 'how safe or dangerous drugs are';
- 44% of 10-13 year olds and 57% of 14-17 year olds wanted to have information about side effects.

### **Sources that would be approached by young people for information about drugs**

When asked to identify from a list of some possible sources of information, it was found that:

- 67% of 10-13 year olds and 54% of 14-17 year olds selected a drugs helpline;
- 45% of 10-13 year olds and 29% of 14-17 year olds selected a doctor;
- 34% of 10-13 year olds and 19% of 14-17 year olds selected a parent.

### **Who young people felt should be providing information about drugs**

When asked to select, from a list, who should be telling them about drugs, it was found that:

- 61% of 10-13 year olds and 59% of 14-17 year olds selected a parent;
- 40% of 10-13 year olds and 51% of 14-17 year olds selected a teacher;
- 40% of 10-13 year olds and 32% of 14-17 year olds selected a doctor.



Other issues

**S e c t i o n**

**F O U R**

# **I**ntroduction

THIS SECTION provides information on the reasons why young people may try illicit drugs, their reactions to a friend taking drugs and where they would seek advice in such circumstances.

It also includes a summary of the main findings in these three areas.

# Reasons why young people take drugs

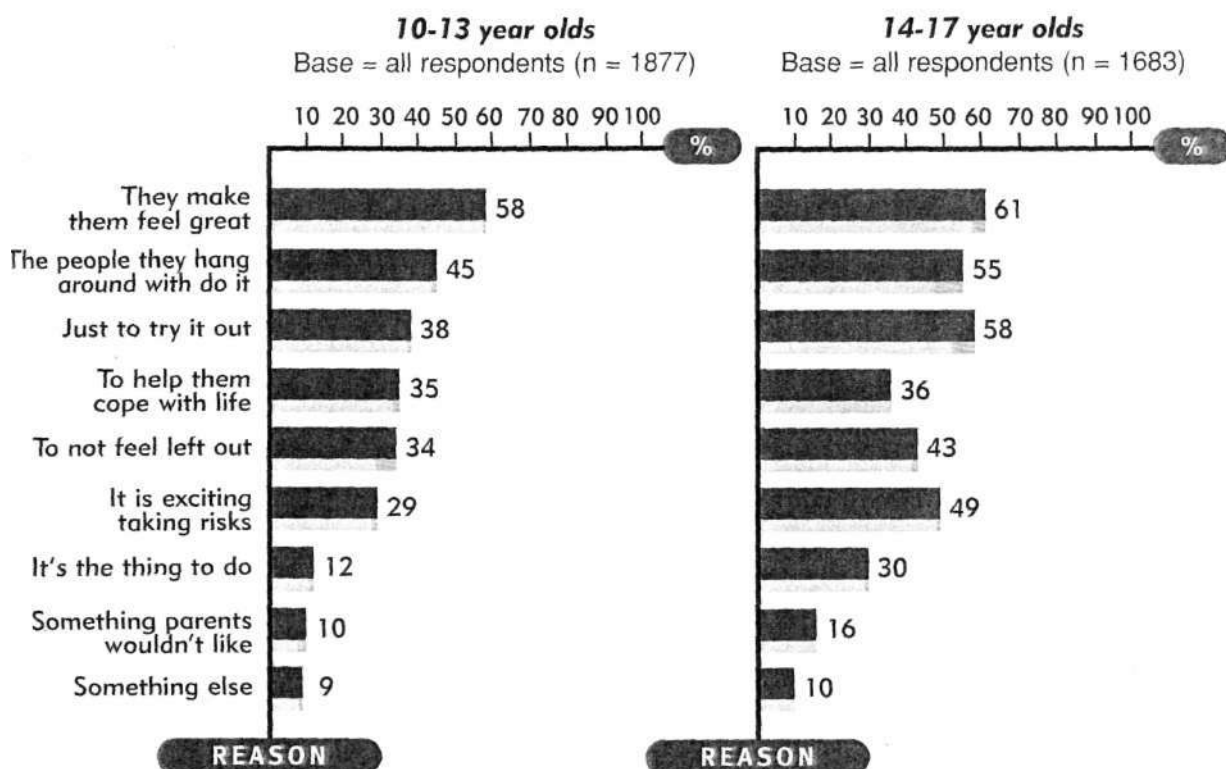
YOUNG PEOPLE were asked to select from a list some of the reasons why they think young people take drugs. The main reason selected by 58% of 10-13 year olds and 61% of 14-17 year olds was that drugs make them feel great.

Trying drugs out (58%) and the excitement from taking risks (49%) were reasons commonly selected by the older age group of 14-17 year olds. Thirty eight per cent of 10-13 year olds felt that trying drugs out was a reason why young people take drugs, and less than a third (29%) selected the reason that it is exciting taking risks.

The influence of friends was high in both groups with 45% of 10-13 year olds and 55% of 14-17 year olds stating that friends taking drugs is a reason why young people may take drugs.

Nearly a third (30%) of the older group thought that young people take drugs because it is the thing to do, the proportion selecting this reason was much lower (12%) in the younger age group.

**Figure 44: Reasons why young people take drugs**

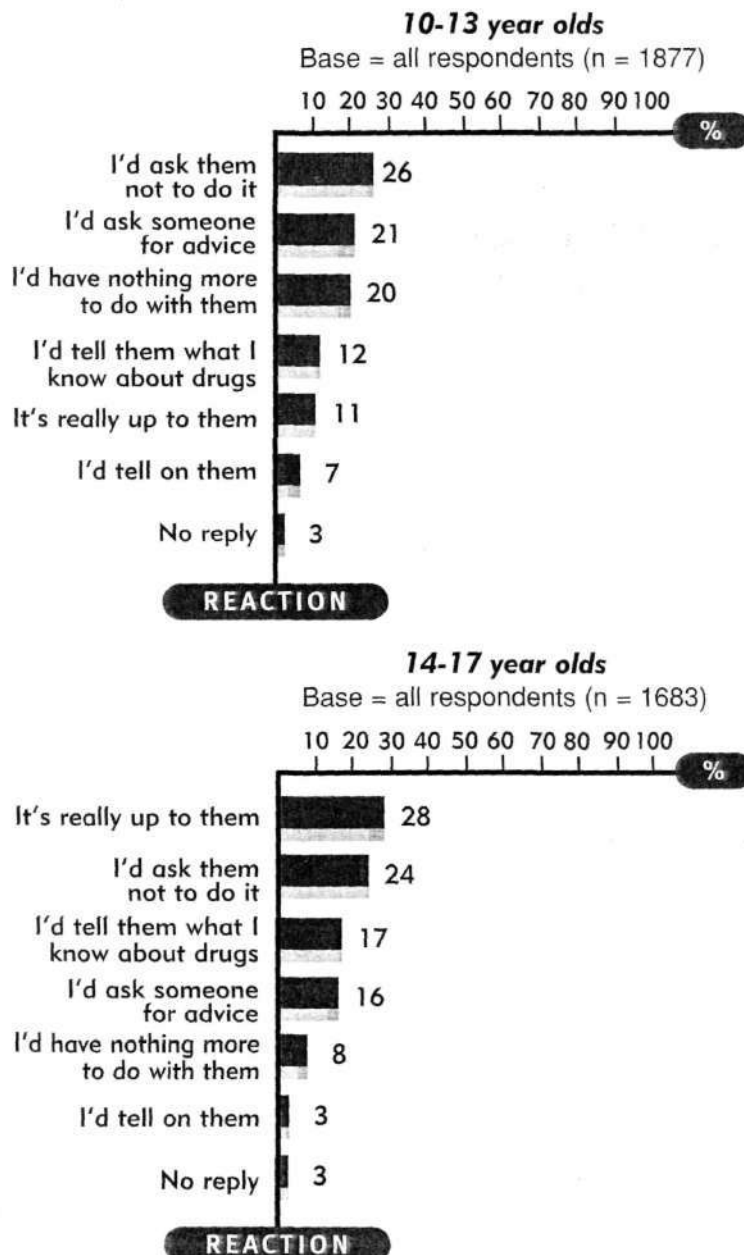


# Reaction to a friend taking drugs

THE MOST common reaction, when presented with a list, of 14-17 year olds to a friend taking drugs was that it was really up to them. Over twice as many of this age group (28%) compared to the younger group (11%) felt this.

Among 10-13 year olds the most common reactions were that they would ask their friends not to take drugs (26%), or that they would ask someone for advice (21%). These were also relatively common reactions among the older group with 24% of 14-17 year olds stating they would ask their friends not to do it, and 16% saying they would ask for advice. Twenty per cent of 10-13 year olds said they would have nothing more to do with a friend who took drugs, compared to just 8% of 14-17 year olds sharing this reaction.

**Figure 45: Reaction to a friend taking drugs**

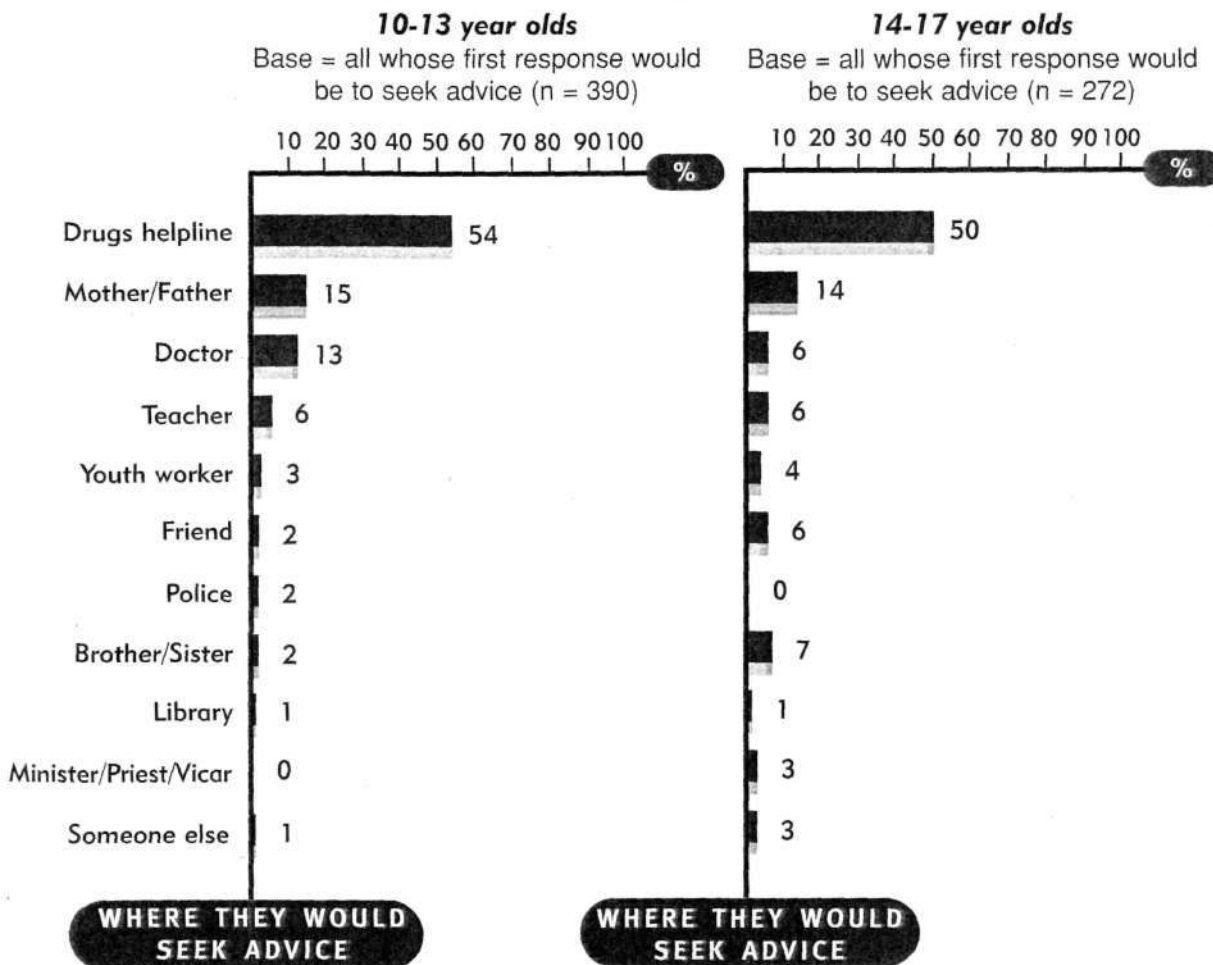


# Where young people would go for advice if a friend was taking drugs

IF A young person's first response to a friend taking drugs was to seek advice by far the most common place to turn to was a drugs helpline. Fifty four per cent of 10-13 year olds, and 50% of 14-17 year olds chose this option from a list provided.

Parents were chosen by 15% of 10-13 year olds and 14% of 14-17 year olds. Doctors were selected by 13% of 10-13 year olds and just 6% of 14-17 year olds. Six per cent of both age groups would seek advice from a teacher.

**Figure 46: Where young people would go for advice if a friend was taking drugs**



# **S**ummary

## **Reasons why young people take drugs**

When asked to select from a list of eight, the reasons why young people take drugs, it was found that:

- 58% of 10-13 year olds and 61% of 14-17 year olds selected 'they make them feel great';
  - 38% of 10-13 year olds and 58% of 14-17 year olds selected 'just to try it out';
  - 29% of 10-13 year olds and 49% of 14-17 year olds selected 'it is exciting to take risks';
- 12% of 10-13 year olds and 30% of 14-17 year olds selected 'it's the thing to do'.

## **Reactions to a friend taking drugs**

When asked to select from a list of six, the reaction they would have if a friend was taking drugs, it was found that:

- 11% of 10-13 year olds and 28% of 14-17 year olds selected 'it's really up to them';
- 20% of 10-13 year olds and 8% of 14-17 year olds selected 'I'd have nothing more to do with them';
- 26% of 10-13 year olds and 24% of 14-17 year olds selected 'I'd ask them not to *do* it';
- 21% of 10-13 year olds and 16% of 14-17 year olds selected 'I'd ask someone for advice'.

## **Where young people would go for advice if a friend was taking drugs**

If their first response was to seek advice, it was found that:

- 54% of 10-13 year olds and 50% of 14-17 year olds chose a drugs helpline;
- 15% of 10-13 year olds and 14% of 14-17 year olds chose a parent;
- 13% of 10-13 year olds and 6% of 14-17 year olds chose a doctor.

Discussion

S e c t i o n

**F I V E**

# **D**iscussion

## **Introduction**

This research is the first large-scale survey in Northern Ireland of young people's knowledge and awareness of illicit drugs and solvents. The timing is significant, as in many ways the 17 year olds in the survey have spent their teenage years in a society where illicit drug use has suddenly become more widespread and, for some, a part of growing up.

The research findings highlight a number of key issues, and also point towards a number of challenges and opportunities.

## **Key issues**

**Current awareness** - The research showed that young people in Northern Ireland were aware of illicit drugs, with both the unprompted and prompted awareness responses providing clear evidence of this. In addition, unpublished qualitative research carried out in 1995 with young people aged between 11 and 19 showed they had a high degree of familiarity with drugs and the drug scene.<sup>1</sup> This is not to suggest that all young people were taking or had taken illicit drugs or solvents, but that they were aware of drugs and were aware of other young people taking drugs. One of the key findings was that young people felt taking drugs was 'no big deal'.<sup>1</sup>

**Current knowledge** - This research also indicated that many young people in Northern Ireland have only a sketchy understanding about drugs. This was particularly evident among the younger children in the survey, who tended to treat all drugs as the same in terms of their attributes and effects. The research also indicated that the older respondents were more able to differentiate between different drugs and their effects. It was also noticeable that a surprising number of respondents in both age groups were unsure of the legal position concerning illicit drugs.

**Information needs** - The research highlighted that a large proportion of the 10-13 year olds felt that they did not have enough information. Although this figure fell for the 14-17 age group, many young people still felt they needed more information, and responses to the questions about specific drugs suggested that many were lacking knowledge about individual drugs and their effects.

The research also showed that young people recognised that they had received information about illicit drugs and that they felt able to make some sort of judgment on whether they had enough information or not. They also had a definite view on the type of information they would like to receive.



## **Challenges and opportunities for preventive drug education**

Information needs - The research findings suggest that there is a gap between the information currently being given to young people about illicit drugs and solvents and the information they felt they needed. The research shows that young people want to know what drugs look like, and that they also want to know about their effects - both negative and positive. It also shows that the older respondents were more interested in side effects and consequences of use. Other research has shown that young people prefer such information to be presented in a non-patronising fashion.<sup>1</sup>

The same research also showed that young people wanted straight-forward facts without *an* obvious anti-drugs message. They wanted the information to be accurate and credible. For the young people the credibility of the information was determined by where it came from and who provided it.<sup>1</sup>

The issue of where young people currently receive their information and where they think they should receive drug information also presents challenges and opportunities. The young people in this survey acknowledged a role for adults such as parents, teachers, youth workers, medical staff and others. However it is also known that they feel that other young people can also be credible providers of information. But in turn this does not necessarily mean that young people are best suited to putting across an 'anti-drugs' message.

Programme development - The findings of the research are also significant in relation to the development of preventive drug education programmes.

The clear variations of knowledge, awareness and preferred information in respect of illicit drugs and solvents across the 10-17 age range support the notion that drug education needs to be carefully formulated and targeted. Other research in Northern Ireland has stressed the age-related variations in illicit drug use itself.<sup>2</sup> The 'developmental stages' in relation to drug use among young people has also been documented.<sup>3,4</sup>

It is clear that programmes of preventive drug education need to take into account the age and experience of young people as well as the type of information to be provided.

The research findings indicate that a wide ranging debate about the type and nature of preventive drug education felt appropriate for young people of different ages would be useful. The debate should cover at what age, or perhaps more accurately at what level of experience young people should be introduced to concepts such as the perceived attractiveness of drug taking and the risks involved in experimental use. This issue is a challenging one, as young people from a very early age are receiving messages about illicit drugs from their peers and older siblings.

Approaches to preventive drug education - In Northern Ireland there is a statutory requirement for schools to deliver drug education as part of the cross curricular theme 'health education'<sup>7</sup>. The advice received by schools and colleges in respect of preventive drug education would appear to favour a broad lifeskills approach with its emphasis on the notion of 'informed choice'. That is, that young people are provided with information about drugs, including alcohol and tobacco, and are then given opportunities to consider their own attitudes and values, and develop/practise decision making skills.<sup>5</sup>

While this research does not examine approaches in the classroom or youth club setting, it would indicate that more attention needs to be placed *on* the 'informed' part of this approach.

It may also be useful to debate the effectiveness of a range of approaches to preventive drug education. Recent years have seen the development of psycho-social approaches which places greater emphasis *on* the wider environment. These examine the role of the local community, the media and the family as well as the influence of peers, while still acknowledging the importance of the individual decision maker.<sup>6</sup>

### **Conclusion**

This research provides information about young people's knowledge *and* awareness of illicit drugs in Northern Ireland. Such information should contribute to the development of effective preventive drug education programmes. It also provides a baseline of knowledge and awareness to allow future programmes to include a more thorough and robust evaluation element. However it must be acknowledged that the whole *oreo* of drug prevention is a dynamic one, and that as programmes and approaches develop and change over time, so the need to monitor the knowledge and awareness of young people should continue.

### **References**

- 1 Drug Misuse Amongst Young People in Northern Ireland. Belfast: Health Promotion Agency for Northern Ireland, 1996 (unpublished).
- 2 Health Behaviour of School Children in Northern Ireland. A Report on the 1994 Survey. Belfast: Health Promotion Agency for Northern Ireland, 1995.
- 3 Kandel D. Epidemiological and Psychological Perspectives on Adolescent Drug Use. *Journal of the American Academy of Child Psychiatry* 1982; 21, 4:328-437.
- 4 Werch CE, Di Clemente CA. Multi-Component Stage Model for Matching Drug Prevention Strategies and Messages to Youth Stage of Use. *Health Education Research* 1994; 9 (1): 37-46.
- 5 Department of Education for Northern Ireland. *Misuse of Drugs: Guidance for Schools*. HMSO, 1996.
- 6 Norman E and Turner S. Prevention Programmes for Adolescents in the USA. *The International Journal of Drug Policy* 1994; 5 (2).

S u r v e y

**QUESTIONS**

# **S**electeD survey questions

**1 Please type in all the names of drugs you can think of?**

**2 Which of these drugs have you heard of before?**

There are 39 possible answers please make sure you read them all.

Drugs can have more than one name, you can choose all the names you know of. Acid, adam, alcohol, amylNitrate, amphetamine sulphate, butylNitrite, blow, cannabis, cigarettes, cocaine, crack, dope, E, Ecstasy, hash, heroin, joint, LSD, magic mushrooms, marijuana, mushies, mussies, poppers, pot, skunk, smack, smoke, sniffing glue/petrol, solvents, speed, spliff, strawberries, tab, ten deal, trips, uppers, waccy-baccy, whizz, XTC.

**3-16 Here is list of feelings.**

**Select any that you think someone who has just taken blow (dope/hash/cannabis) might have.**

You may choose as many answers as you wish.

More talkative, worried, relaxed, guilty, happy, that people are out to get them, warm and loving, tired afterwards, more energetic, bad tempered.

Get into the music more, have bad experiences, see different colours, more confident, forgetful, more hungry, scary nightmares, less hungry, get headaches, something else.

This question was also asked about acid (trips/tabs/LSD) or magic mushrooms, E (XTC/Ecstasy), solvents (sniffed glue/aerosols/petrol), speed (uppers/whizz/amphetamines), cocaine (crack) and smack (heroin).

**17-30 Select any statements that you think are true about blow (dope/hash/cannabis).**

It is a powder; it is a tablet; it is sniffed; it is smoked; it is swallowed; it is injected; it looks like a stock cube; it is a capsule; it looks like dried herbs; it is against the law to have it; it is against the law to sell it; it is legal; it looks like a paper transfer.

Small amounts can lead to death; too much can lead to death; may be unable to stop taking it; can affect the brain; can change someone's personality; can lead to mental illness; can affect the heart; *can* affect the liver; can affect the lungs; can lead to cancel-make them stay awake.

This question was also asked about acid (trips/tabs/LSD) or magic mushrooms, E (XTC/Ecstasy), solvents (such as glue/petrol/gas/aerosols), speed (uppers/whizz/amphetamines), cocaine (crack) and smack (heroin).

**31-37 On this scale from 1 to 10 where would you place blow (dope/hash/cannabis)?**

Not very harmful; very harmful.

This question was also asked about acid (trips/tabs/LSD), or magic mushrooms, E (XTC/Ecstasy), solvents (such as glue/petrol/gas/aerosols), speed (uppers/whizz/amphetamines), cocaine (crack) and smack (heroin).

**38 Which of these best describes how you feel about what you already know about drugs?**

I know.....

Choose 1 answer only.

More than enough; quite a lot but I'm not sure about it all; little bits but not enough; very little about them; nothing at all about drugs.

**39 If you wanted to find out what drugs are really like and how they might affect you who would you ask or where would you go?**

You may choose as many as you wish.

Doctor; friend; drugs helpline; library; minister/priest/vicar; mother/father; police; brother/sister; teacher; youth worker; someone else.

**40 Where have you seen or heard anything about drugs before?**

You can choose as many answers as you wish.

TV adverts; news on TV; TV programmes; radio adverts; radio programmes; magazines; posters; leaflets; books; films; talks at school; talks in youth clubs; talks at church; lessons at school; *none* of these.

**41 Which, if any, of these people have talked to you about drugs?**

You may choose as many answers as you wish.

Doctor; friend; minister/priest/vicar; mother/father; police; brother/sister; teacher; youth worker; someone else; nobody.

**42 What did they tell you about drugs?**

You may choose more than 1 answer.

Drugs are dangerous; drugs are OK; drugs should not be taken; drugs are against the law; drugs can kill you; drugs are addictive; something else.

**43 Who do you think should be telling you about drugs?**

You may choose as many answers as you wish.

Doctor; friend; minister/priest/vicar; mother/father; police; brother/sister; teacher; youth worker; relative; someone else; nobody.

**44 What would you like to know about drugs? - asked to 14-17 year olds**

You may choose as many answers as you wish.

What they look like; what to do if you have a bad experience; their side effects; what is legal; what to take or not take with them; whether they are addictive or not; what they cost; what they do to the body; how safe or dangerous they are; what to do if someone with you has a bad experience; something else.

**45 What would you like to know about drugs? - asked to 10-13 year olds**

You may choose as many answers as you wish.

What they look like; their side effects; what is legal; whether they are addictive or not; what they cost; what they do to the body; how safe or dangerous they are; something else.

**46 Which of these statements about drugs in Northern Ireland do you most agree with?**

Choose 1 answer only.

They're used by most teenagers; they're used by many teenagers; they're used by only a few teenagers; they're something that is not done.

**47 Why do you think people take drugs?**

You *can* choose as many answers as you wish.

It's the thing to do; they make them feel great; the people they hang around with do it; just to try it out; to help them cope with life; to not feel left out; something parents wouldn't like; it is exciting to take risks; something else.

**48-52 Thinking about someone taking drugs like E (XTC/Ecstasy) or speed (uppers/whizz/amphetamines), which of these statements would you agree with?**

You may choose as many answers as you wish.

It's a cool thing to do; they are probably in with a bad lot; it makes life more exciting; it will lead them into harder drugs; safe if they know what they're taking; they're likely to get addicted; everyone does it for a while; scared of parents finding out; they could ruin their life; it's a bit of harmless fun; something else.

This question was also asked about blow (dope/hash/cannabis); acid (trips/tabs/LSD) or magic mushrooms; cocaine (crack) or smack (heroin); solvents (such as glue/gas/petrol/aerosols).

**53 If your friend told you that they were taking some of the drugs we have been asking about what would your reaction be?**

Select 1 answer only.

It's really up them; I'd tell them what I know about the drug; I'd ask them not to do it; I'd ask someone for advice; I'd tell on them; I'd have nothing more to do with them.

**54 Who would you go to for advice?**

Select only 1 answer.

Doctor; friend; drugs helpline; library; minister/priest/vicar; mother/father; police; brother/sister; teacher; youth worker; someone else.

# **cknowledgments**

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- Maggie Smith - Northern Ireland Statistics and Research Agency;
- Criminal Justice Services Division;
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### **Further reading**

Health Promotion Agency for Northern Ireland. Illicit Drug Use in Northern Ireland - A Handbook for Professionals. Belfast: Health Promotion Agency for Northern Ireland, 1996.

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