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C O M M U N I Q U E

## *Survey of Post-Primary Students* **Tipperary Drug Survey**

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### Introduction

Through the use of empirical research techniques, this study provides an objective and realistic account of the drugs situation in County Tipperary. While the absolute number of young people using drugs (both legal and illegal) in County Tipperary can never be determined, this study provides a relative gauge of the current situation. Whether the findings constitute what might be considered a 'problem' is not discussed. The facts as they stand are presented to maintain impartiality.

An extensive questionnaire survey of post-primary school pupils between the ages of 15 and 19 years was conducted. A random and representative sample was selected from 23 schools from the County. Secondary (inclusive of convents and Christian Brothers Schools), vocational and community schools took part. More than six hundred questionnaires were completed. This project adhered to strict scientific research guidelines.

After completion of a sampling frame and pilot study, school principals were requested to volunteer a class to participate in the survey<sup>1</sup>. All the schools approached were willing to take part and were exceedingly facilitative in the administration of the questionnaire.

The questionnaire was administered to students during one class period. The researcher explained the purpose of the study, and reassured pupils that their answers would be treated in the strictest confidence and were entirely anonymous. Subjects were asked to skip a question and move to the next one, if they felt they could not be honest in answering it,



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rather than not telling the truth. Confidentiality was reinforced by placing the completed questionnaires into an envelope. Respondents were asked not to discuss the questionnaire with anyone else, as it was their personal opinions that were being sought. Indeed, the questionnaire was completed in 'exam-like' conditions in the majority of cases.

The researcher was available throughout each session to help any subject who had difficulty understanding instructions or the phraseology of any of the items. Subjects returned the completed questionnaires to the researcher. The fieldwork took approximately 2/3 weeks and took place in October/November 1995. The results were analysed using a computerised statistical package, Statistical Package for Social Science (SPSS).

Two sets of analyses were included in the final report: (i) analyses of questionnaires completed by the entire survey sample (n=617); and (ii) analyses of questionnaires of a subsection of the total population. This latter group excluded those who were deemed to be 'over-reporters' (n=470).

This paper presents a brief summary of the main findings. More in-depth analysis was undertaken, but time constraints prevent their disclosure at this stage. The investigation revealed objective evidence of extensive use of alcohol and cigarettes by teenagers in County Tipperary.

### **The Sample Populations**

Six hundred and seventeen questionnaires were completed by pupils in County Tipperary. Males and females were equally represented, and 5th year males formed the largest group. A significant minority of respondents came from single parent families, 10.3% of the entire population, and there were more females than males in this category. The sample populations were divided equally into those whose mother worked outside the family home and those whose mother did not. This distribution was consistent across single and dual-parent families. The proportions were consistent for both samples. That is, the characteristics of the modified sample mirrored those of the main sample. Socio-economic status was determined using the definition provided by the Central Statistics Office and was as follows:

Code	Socio-economic group	f(x) Fathers	f(x) Mothers
0	Farmers, farmer's relatives and farm managers	138	4
1	Other agricultural occupations and fishermen	3	0
2	Higher professional	25	7
3	Lower professional	23	37
4	Self-employed - employs others and managers	48	29
5	Salaried employees	12	0
6	Intermediate non-manual workers	32	57
7	Other non-manual workers	40	72
8	Skilled manual workers	122	1
9	Semi-skilled manual workers	34	21
10	Housewife		329
X	Unskilled manual workers	0	0
Y	Unknown	70	13
	<b>Total</b>	<b>547</b>	<b>570</b>

### Measures employed in the survey questionnaire

The questionnaire covered: **demographic information** (e.g. sex, age, educational level and family background); **schools and drugs** (e.g. lessons/classes on drugs, information acquired, who taught the classes, additional information given and usefulness of classes/information); **knowledge and experiences of alcohol, smoking and illegal drugs.**

Questions on knowledge and experiences of alcohol, smoking and illegal drugs were:

- sources of knowledge
- ease of access
- lifetime, yearly, and monthly prevalence rates
- types of alcohol consumed
- locations of first whole alcoholic drink
- where the respondent currently drinks
- place(s) of purchase, and whom s/he would normally drink with
- how the user normally acquires his/her supply
- whether and how they pay for their supply
- reasons for taking drugs
- attitudes towards taking drugs
- perceived danger of smoking, drinking and taking illegal substances
- costs and effects of drugs
- whether the respondent had been offered drugs, and if

so, where they were when this happened

- what the respondent might do if s/he were offered drugs

The drugs listed were:

- cannabis
- inhalants (sniffing glue, paint, petrol etcetera)
- cocaine (crack, coke, rock)
- tranquillisers (valium, librium, thorazine, etcetera)
- hallucinogens (LSD, acid, mushrooms, peyote, etcetera)
- barbiturates (sedatives, downers, barbs)
- heroin or other narcotics
- amphetamines (ice, speed)
- PCP (angel dust)
- Ecstasy

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Analysis of the attitudinal scales suggests that respondents are more likely to see the negative consequences of taking alcohol and illegal drugs. Moreover, they tended to perceive the dangers of drinking alcohol, smoking and taking illicit substances.

#### Schools and drugs

The number of pupils consuming at least one whole cigarette and/or alcoholic drink outweighed the number of abstainers in the vast majority of schools in Tipperary. School type (i.e. secondary, community, and vocational) did not affect illegal drug usage. At least one pupil from each school claimed to have taken an illegal drug in his/her lifetime. The fact that respondents answered in isolation from their classmates on some drugs (i.e. one user from each school), and the 'exam-like' conditions under which the questionnaires were completed, suggests that these subjects were not necessarily trying to impress their classmates. This would support the contention that it is friends rather than peers that exert the most influence in drug taking.

Post-primary schools in County Tipperary are failing to provide adequate drugs-related education. Research indicates that a programme which combines skills-based learning with information would be of greatest benefit. This programme should be continuous over a period of several years rather than targeted at one particular age group (Hawkins, Catalano and associates, 1992), and address alcohol and cigarette usage as well as illegal substances. To yield the maximum positive effect, gardai and teachers should work together to instruct students on drugs.

### Smoking Behaviours

Of the sample surveyed **66.4% had ever smoked** a whole cigarette<sup>2</sup> and 50.9% in the previous twelve months. Cigarettes are considered **widely accessible** to all age groups regardless of legality. A large percentage of respondents **under the legal age** (16 years) have smoked. The **average age for first cigarette was 12 years**, lower than for Cork city in 1990 (14 years). As might be anticipated, **experimentation with cigarettes increased with age**.

The majority of subjects did not consider cigarettes to be harmful if taken in moderation. Perceived danger of smoking increased with the amount consumed. Thus, **occasional smoking was not thought to be harmful**.

The respondent's **sex or home location** (urban versus rural) did not appear to impact on smoking behaviours, although **family circumstances** may have a small effect.

### Drinking Behaviours

As regards alcohol, 63.8% of respondents claimed to have consumed a whole alcoholic drink at some stage in their life, 60.6% within the previous 12 months. Some 30.2% claim to have consumed a whole alcoholic drink 2-3 times a month or more frequently. Of these, 16.9% reported drinking several times a week or every day. Nevertheless, the majority of subjects perceived the negative consequences of taking too much alcohol.

Very few young people thought that they would have difficulty obtaining alcohol, especially beer and/or cider.

The **average age** for consumption of first alcoholic drink is **14 years** and this is similar to figures for Cork (O'Tathaigh, 1990) and Dublin (Morgan and Grube, 1994). Figures for Galway suggested that the onset of drinking alcohol occurs at the age of twelve (Alcohol Concern).

Age impacted on drinking behaviours, so that seventeen-year-olds were less likely than expected to state that they had not drunk in the last 12 months and more inclined to be heavier drinkers (4 or 5 drinks on average) and to report drinking beer. Other researchers (Morgan and Grube, 1994) found a mere 7% of Dublin-based 17-year-olds to be abstainers. Perhaps not surprisingly, the youngest members of the sample (15-year-olds) were more likely to be non-drinkers



and less inclined to drink beer and get alcohol from pubs and discos. In contrast, 17 and 18-year-olds were more disposed to securing alcohol from pubs and discos. As it is usually difficult to differentiate between a 17 - and an 18-year-old, this is not particularly significant. **This project highlights the period between ages 15 and 17 as critical years for intervention because, prior to age 17, subjects are not drinking more than would be expected.**

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Males tended to drink beer more than their female counterparts. There were **greater percentages of males reporting alcohol consumption than females** (with the exception of wine coolers for the modified sample) reinforcing the stereotype observed in other studies. **Discos provided the principal source of alcohol for females, and off-licences for males.** Further differences were noted between urban and rural dwellers and family background. (That is, discos and off-licences were more commonly used by urban dwellers than rural folk. Fewer children from single-parent families were found to report non-consumption of alcohol than expected. Those whose father was unemployed at the time of the survey displayed a tendency to say they did not get alcohol from pubs. Maternal employment did not significantly influence offsprings' drinking behaviour.)

#### **Knowledge and experiences of illegal drugs**

Illegal drugs had been offered to, and used by, a minority of respondents. Among the smaller sample, 22% reported ever having taken one or more illegal drugs. This included those who had ever sniffed glue, paint and other inhalants (12%) and those who had experimented on one occasion only. **Apart from inhalants, cannabis is the most commonly used drug, with 12% stating they had ever used it, followed by hallucinogens (7%) and Ecstasy (3%).** The number of regular users, defined as those using a drug at least once a month, was substantially smaller. **Eleven students (2.4%) claimed to be regular users of cannabis. Percentages were less than 1% for other drugs, including inhalants.** As regards access to drugs, 42% said it would be easy to get hallucinogens or Ecstasy and 22% cannabis. Poly-drug use is not the norm, with 11% of respondents claiming to have ever used two or more drugs, including **inhalants.** Use of drugs appears to be fairly evenly spread among schools, with all schools/classes having at least one self-reported user. Friends are the most usual suppliers of drugs (for 75% of user-respondents) or dealer/supplier (19%). Over half (55%) said they sometimes or always paid for their

drugs, which they finance through either one or a combination of the following: pocket money, earnings or savings. Despite the fact that most gain their drugs from friends, **peer pressure was not one of the principal reasons for taking drugs.** The most frequently quoted reasons for taking drugs were 'curiosity' (68%) and 'fun' (58%).

**Most students in County Tipperary do not view the consumption of illegal drugs in a favourable light.** Illegal drugs perceived as most dangerous were those used the least, such as heroin. **Only 3.5% of respondents considered experimentation with Ecstasy as 'not dangerous'.** The average age for taking the first illicit drug was 14/15 years regardless of the type of drug. The locations where young people are most likely to be offered drugs include discos, pubs, night-clubs, raves, concerts (including Feile) and public places. Some subjects stated that they were confronted with drugs while abroad, or in a location outside of Tipperary. Drugs considered to be most available were: inhalants, Ecstasy, hallucinogens and cannabis.

The survey revealed **insufficient knowledge of the effects and costs of illicit drugs** on the part of respondents. In terms of the effects, subjects did not present an answer that encompassed the short and long-term effects, the experience itself, and the social consequences of taking the drug. Responses tended to be either positive or negative. Often, one-word comments were provided and/or the same response was listed for all drugs. For most drugs, between one half and three-quarters of the sample admitted that they did not know the effects of the drug. Moreover, some self-reported users indicated that they did not know the costs of drugs. Prices of cannabis and Ecstasy were best known, probably due to media coverage.

There are a number of drawbacks to the survey research. The fact that the number of respondents reporting drug use in the modified sample was half that of the original sample attests to this. Furthermore, the data revealed inconsistencies between stating drug usage and the amount of use: a smaller number of respondents reported using a drug in one instance (viz when asked how often they had taken it in the past year), but had not claimed to have used it in the earlier life-time prevalence question. This reflects the difficulties of acquiring truthful/consistent answers from pupils in population surveys. By embedding mechanisms within the questionnaire<sup>1</sup>

designed to address this issue, and subsequently employing two samples, this problem has been addressed as far as is practicable. It is not possible to state definitively the drug situation in any locale. Records of attendees at treatment centres and Garda statistics are the alternative sources of information. However, not all drug users, even habitual/hardened users, visit rehabilitation clinics and /or come to the attention of the Gardai. Moreover, there are no treatment centres in County Tipperary and no statistics available from the Department of Health. Thus, this survey comprises the most comprehensive and reliable data on adolescent substance misuse in the county at this time.

#### Recommendations

The initiation of a multi-agency task force is proposed, comprising senior members of the community, to develop an action plan to address the drugs issue. It would not have an immediate effect but could be expected to have a considerable impact on the prevention of drugs in the long term.

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<sup>1</sup>This could potentially produce bias through the selection of a 'good' or 'bad' class. However, the researcher was satisfied that this did not occur. Classes were selected on the basis of availability on their timetable.

<sup>2</sup>68.7% in the larger sample.

<sup>^</sup>Firstly, a 'dummy' drug (namely 'relexin') was placed in the scale measuring perceived availability; respondents who reported that this drug was either 'easy' or 'very easy' to obtain were considered to be over-reporting. Secondly, a subject was deemed to be an over-reporter if she/he claimed to have taken a particular drug, to 'always' pay for his/her supply, but not to know the cost of the drug.

#### References

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