

DRUG AND ALCOHOL USE AMONG YOUNG PEOPLE IN NORTHERN IRELAND:

A Secondary Analysis of Drug and Alcohol Use Surveys

Final Report

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Executive Summary

After a review in 1998, a new drugs strategy for Northern Ireland was launched in 1999, aimed at reducing the extent of drug-related harm in the province. The four overarching aims of the strategy are:

- 1) To protect young people from the harm resulting from illicit drug use;
- 2) To protect communities from drug related anti-social and criminal behaviour;
- 3) To enable people with drug problems to overcome them and have healthy and crime-free lives;
- 4) To reduce the availability of drugs in communities.

Coincident with the introduction of the strategy, the Young People's Behaviour and Attitudes Survey (the YPBA Survey), and an adjunct to the Northern Ireland Omnibus Survey duplicating most of the questions in the YPBA Survey were commissioned. Both surveys collected information about the exposure to drugs and the extent of drug use among young people, their attitudes towards drugs, their experience of drug education, and related topics.

The fieldwork for the YPBA Survey took place in October/November 2000 and was a sample of young persons in the secondary school system, achieving interviews with 6,297 students aged 11 to 16. The Omnibus survey adjunct targeted all young persons aged between 16 and 25 in households sampled by the Omnibus Survey in October/November 2000 and March 2001 and achieved a sample of 640.

This report follows on from the initial results presented in the 'Young Persons' Behaviour and Attitudes Survey Bulletin October 2000 – November 2000' (CSU, 2002) and presents both descriptive and multivariate analyses of the two surveys. Its findings are of relevance mainly to the first of the four aims of the drugs strategy and provides information relevant to the following key objectives of the strategy:

- To reduce the percentage of young people under 25 reporting use of illicit drugs;
- To delay the age of first use of illicit drugs;
- To facilitate the delivery of drug information/education to young people by appropriately trained personnel;
- To increase the number of drug education and prevention programmes which take account of good practice, with formal evaluation as an integral element;
- To increase the number of education programmes delivered in schools, youth facilities and colleges.

The report looks at trends and patterns in drug use among young people, including figures on self-reported drug use and tables of bivariate relationships between responses to questions in the surveys. An appendix provides information for the four health and social services boards. Multivariate analyses give the results of multinomial and bivariate logistic regressions of the factors affecting drug use and the cessation of drug use.

Overview of Findings

The amounts of drug use reported in the YPBA Survey, both in terms of having ever used an illicit drug and current drug use, are broadly comparable to figures reported in other recent high-quality self-report surveys of young people's drug use. The amounts reported are also sufficiently higher than other surveys to indicate that drug use among young people is continuing to rise. 32.9 percent of YPBA respondents report having been offered drugs and 24.5 percent tried or used at least one illicit drug at least once. 16.5 percent of these 12 to 16 year-olds state that they currently are using at least one drug and 6.8 percent claim to be using drugs frequently. Among the older (16-25) Omnibus survey respondents the equivalent figures are: 59.5 percent have been offered drugs; 37.3 percent have used a drug at least once; 23.1 percent report current use; and 5.2 percent claim frequent use.

After alcohol and tobacco, the most commonly-used drugs in the YPBA sample are solvents (9 percent claiming to use solvents currently) and cannabis (9.5 percent) with the 'age profile' of cannabis users tending to be older than that for solvent abusers. For the Omnibus sample, the most commonly-used drugs are cannabis (21.2 percent claiming current use) and ecstasy (6.6 percent). Considerably smaller degrees of use are reported for all other drugs covered by the two surveys.

Multiple drug use is relatively uncommon. Among the YPBA respondents, only ten percent report using more than one drug in their lifetimes and only 6.3 percent currently are using more than one drug. The equivalent figures for the older Omnibus respondents are 22.6 percent and 8.1 percent.

There are significant differences between the amounts of drug use reported by different groups. In the YPBA Survey, boys, older pupils, students in secondary schools, those located in the Belfast and Southeastern Education and Library Boards, and pupils receiving free school meals all report higher rates of drug use. Respondents from the Southern Education and Library Board area generally showed a lower amount of drug use than other boards. This is due more to the 'lack of exposure' (fewer respondents being offered drugs) in that area than to any other factor. In the Omnibus survey, males and the unemployed or those in part-time work report higher rates of drug use.

Exposure to and first use of drugs, ease of access to drugs, current use of drugs and offering drugs to others are all strongly linked with age in the YPBA sample. For example, while 5.4 percent of twelve year-olds had used drugs (including solvents), this figure rises to 32.8 percent for sixteen year-olds. The link with age is also present in the Omnibus sample, but only in late adolescence. In the Omnibus survey, the amount of drug use increases through late adolescence but appears to reach a 'plateau' in the early twenties.

The influence of the peer group, for good or ill, is important. Overwhelmingly, friends or people the same age as the respondent were reported as those who first offered drugs to respondents and, for the YPBA respondents, as the group drug-using respondents are most likely to report has censured their drug use. Significantly more of those who were first offered drugs by someone they knew subsequently try drugs. Young people in the YPBA Survey who use drugs were less likely than non-drug users to state that they felt happy.

Multivariate analyses of the YPBA data established that increased age and being male are consistently associated with all types of drug use. Similar multivariate analyses of the Omnibus data confirmed the result for gender but did not find a consistent relationship between increased age and drug use in this older sample.

Claimed knowledge about the dangers of drugs is associated with experience of drug education, however, the actual size of the difference between those exposed and not exposed to drug education is small. While large majorities of non-users of drugs see the use of all types of drugs as dangerous, so do considerable proportions of drug *users*.

The multivariate analyses of the YPBA data confirmed that experience of drug education at school was associated with less drug use but also consistently found that experience of drug education delivered through youth groups and community organisations was associated with *more* drug use. In general, associations between drug education and drug use were not found in the equivalent multivariate analyses of the Omnibus data.

Drug use is not an inevitable progression. Some previous users of 'hard' drugs or combinations of 'soft' drugs were found to have moderated their patterns of drug consumption. However, in contrast to 'soft' drug users (even those who had used several different 'soft' drugs'), users of 'hard' drugs were less likely to have stopped using drugs. Among those who stated that they have used drugs at some time in their lives, approximately one-third claimed now to have ceased drug use altogether. Experience of drug education at school also was found to be associated with ceasing to use drugs, but only for the YPBA respondents.

Suggestions For Further Research

The results of this study point to at least three areas about which more needs to be known:

- 1) The relative importance and types of influence upon drug use that may be exerted by a variety of background factors. In particular, the data in the surveys reported here did not allow scope for analysis of the effects of socio-economic characteristics of the household or geographic locality.
- 2) The social context surrounding drug use and the decisions to take up or cease using various types of drugs. In particular, more needs to be known about the influence for good or ill of peer groups and, within

families, the quality of the parent-child relationship. These topics can be more effectively addressed through the application of qualitative methods of research.

- 3)** The content, perception and effects of drug education. The decidedly mixed results for the effects of drug education points to the need for additional research. In particular, research is needed to establish: the amount of drug education delivered and its content; evaluative, critical measures of the efficacy of drug education; the perceptions of young people of the drug education they receive and the ways in which they make use of information about drugs. While some of this research could be accomplished through the collation of information, most of what is required would be obtained more effectively through qualitative methods.

Introduction

Attention to Northern Ireland's drug misuse problem gained significant momentum during the early 1990s. Following a review in 1998, the new drugs strategy for Northern Ireland was launched in August 1999, directed at reducing the level of drug-related harm in Northern Ireland. With four overarching aims and an accompanying series of objectives and performance indicators the strategy seeks:

- To protect young people from the harm resulting from illicit drug use
- To protect communities from drug related anti-social and criminal behaviour
- To enable people with drug problems to overcome them and have healthy and crime-free lives
- To reduce the availability of drugs in communities

This report provides input mainly relevant to the first of these aims. Specifically this analysis looks at trends and patterns in drug use among young people, drug education and factors associated with starting and stopping drugs. It thus also provides information relevant to the following key objectives specified in the Drug Strategy:

- To reduce the percentage of young people under 25 reporting use of illicit drugs;
- To delay the age of first use of illicit drugs;
- To facilitate the delivery of drug information/education to young people by appropriately trained personnel;
- To increase the number of drug education and prevention programmes which take account of good practice, with formal evaluation as an integral element;
- To increase the number of education programmes delivered in schools, youth facilities and colleges.

This report presents secondary analyses of two survey datasets: 1) the drugs sections of the Young Person's Behaviour and Attitudes Survey (YPBA) and 2) a special module of drug use and attitudes that was given to young members of households taking part in the Northern Ireland Omnibus Survey. The analyses presented here are extensions to the initial results presented in the 'Young Persons' Behaviour and Attitudes Survey Bulletin October 2000 – November 2000' (CSU, 2002).

The YPBA Survey was a 'stand-alone' survey carried out by the Central Survey Unit of the Northern Ireland Statistics and Research Agency (NISRA) in October and November 2000. 'From a representative sample of post-primary schools in Northern Ireland, 62 schools agreed to participate in the survey.

One class from each year group (Form 1/Year 8 – Form 5/Year 12) was randomly selected' (Central Survey Unit, 2002). The survey questionnaires were distributed to the students and completed by them 'under examination conditions'. This procedure yielded data from 6,297 pupils aged 11 to 16.¹

In contrast to the YPBA, the 'drugs data' from the Northern Ireland Omnibus Survey, also carried out by the Central Survey Unit of NISRA, were collected as a subsidiary adjunct to the main survey. During the months of October/November 2000 and March 2001, interviewers on the Omnibus Survey left behind self-completion questionnaires for every young person aged between 16 and 25 years in each sampled household. The questionnaire contained substantially the same questions as the drugs modules of the YPBA Survey. These questionnaires were to be returned by post and there was no follow-up for non-response. This procedure resulted in data for 640 cases.

Of the two datasets, the quality of the YPBA dataset is much better. The sample is almost ten times larger and, while not perfect, the sample design is more sound than the Omnibus adjunct.² Nevertheless, the Omnibus dataset has a number of virtues. The YPBA Survey covers pupils aged 12 to 16 in school, while the Omnibus dataset samples young people aged 16 to 25, was carried out over basically the same time period as YPBA, and asks almost exactly the same questions as the YPBA Survey. Hence, the Omnibus Survey can be viewed as an important extension to the YPBA dataset because it doubles the age range and provides the same information on drugs experience and attitudes. Given that the amount and types of drug use and attitudes towards drugs can be anticipated to shift markedly as a young person ages, the Omnibus data, if used with caution, is a valuable addition to the scope of the YPBA Survey.

The form of reporting results in the report will reflect the relative reliability of the two datasets. The report will concentrate upon findings from the YPBA Survey with results from the Omnibus adjunct sample being used mainly to throw light on age-related trends that can be hypothesized from the YPBA data. The construction of tables and the relative weight accorded the two surveys in discussion will reflect this.³

¹ Some schools chose to opt out of a section on sexual attitudes and behaviour, but that portion of the questionnaire is not analysed in this report. ² A considerable portion of young people did not return the questionnaires, likely to result in a considerable amount of non-response bias. Furthermore, because the questionnaires were filled in after the interviewer had left, there is no guarantee that the targeted young person actually was the person who filled in the questionnaire or that the questionnaire was not filled out in consultation with others, such as the parents. ³Also, because the Omnibus dataset contains only a tenth as many cases, there will be tables for the YPBA that cannot be reliably reproduced with the Omnibus data. ⁴Note that, while providing a complete dataset otherwise, the Central Survey Unit did hold back some information, such as the identity of the schools involved, that could be used to impinge upon confidentiality by narrowing down the scope of coverage to small groups or individuals.

Validity Of Drug Use Figures

Self-report studies of drug use often are plagued by validity problems. For example, some respondents may choose to exaggerate their drug use for reasons of bravado or simply to deceive. Regardless of the rigour of assurances that anonymity and confidentiality will be maintained⁴, other respondents may decide to conceal all or some of their drug use (Fendrich and Xu, 1994; Harrison, 1995; Kim, Fendrich and Wislar, 2000), although conditions regarding the interview or questionnaire setting may enhance the validity of self-reported drug use (Beebe et al., 1998; Harrison, 1995; McElrath, Dunham and Cromwell, 1995).

One technique that is commonly used to deal with the problem of exaggeration is to name a fictitious drug in the survey and exclude all respondents who claim to have used this drug (on the basis that they are lying about and/or exaggerating their drug use). Both surveys contained a set of questions about the use of a fictitious drug, 'Semeron'. In the YPBA Survey, fifty respondents reported having used 'Semeron' at least once at some time in their lives. In general the 'Semeron' users showed a profile of drug use that was more intense than the norm in all respects – a larger number of different types of other drugs used, greater frequency of use and an earlier age of onset.

However the standard practice of excluding such respondents from computation of drug use figures is beginning to be called into question and some survey analysts no longer automatically eliminate such cases (McElrath, 2001; Florida Department of Children and Families, 2000). If some people who report using fictitious drugs do so because they genuinely feel that they 'must' have used it (given that they have tried everything else) then these people might instead (or also) represent 'heavy' users of drugs rather than 'liars'. Hence the routine practice of excluding such individuals from the analysis on the basis that they by mistake or intentionally falsified information may be introducing a routine (and serious) sampling bias by removing some of the comparatively rare heavy multiple drug users. The patterns of use of the 'Semeron users' were examined very closely particularly with regard to the number and frequency of other drugs they reported and whether they were clustered in certain schools. The result of this examination is that seven respondents who claimed 'Semeron' use and also claimed to use more than six other drugs on a daily basis have been removed from the analysis. We believe that all seven of those removed by this strategy were grossly exaggerating their drug use and that most, if not all, of those heavy multiple drug users who mention Semeron but still are retained in the analysis are genuine^{5,67}.

⁵This is similar to the procedures used in the Florida Youth Substance Abuse surveys where respondents who reported extreme levels of use for every illicit drug (except marijuana) were eliminated from the survey dataset. Respondents were also asked whether they ever used a fictitious drug 'Derbisol' in their lifetimes and in the past thirty days, as well as how old the surveyed youth were when they first, if ever, used Derbisol. If the surveyed youth reported the use of Derbisol on *two of these three* questions, his or her survey was eliminated. ⁶ The

As with any self-report drug use survey, however, one must recognise that the figures for gross amounts of drug use are unlikely to be completely valid. Instead, figures should be considered to be indicative and analyses should concentrate upon patterns of differences between groups and associations between drug use and other characteristics.

No respondents in the Omnibus survey reported using Semeron or stated they were using more than two drugs frequently, so none were excluded.

inclusion of these Semeron users has a negligible effect on most of the headline prevalence rates. The proportion of YPBA respondents who report no drug use is 75.4% if Semeron users are included in the base and 76.0% if they are excluded. The proportion who have ever used 'soft' drugs is 21.6% if Semeron users are included in the base and 21.7% if they are excluded. However, as would be expected, the inclusion/exclusion of Semeron users has more effect on the proportion of YPBA respondents who report ever having used 'hard' drugs; 3.0% if Semeron users are included in the base and 2.4% if they are excluded.⁷ In their report on the 2000 British Crime Survey, Ramsey *et al* (2001) note that 'There is arguably a case for no longer "misleading" the public with Semeron'. This is in the context of questions asking about whether respondents had heard of particular drugs (a very low number of respondents reported actually using Semeron) but it is an acknowledgement that people may be genuinely confused about a plausible-sounding drug.

Drug Use

General Sample Characteristics

The general characteristics of the samples can be seen in Table 1. From these figures, it is evident that the YPBA sample is not wholly representative of post-primary students in Northern Ireland (for instance, there are significantly more boys in the sample). While the original selection of schools may have been representative⁸, some selected schools declined to participate.⁹ It may also be that there is no weighting on the basis of the size of the randomly-chosen class in the year groups in the schools. The older ages are under-represented in the sample, which could reflect higher rates of truancy or, more likely, that schools may be reluctant to take up more of the class time of older pupils who are preparing for examinations.¹⁰

In this table of bivariate relationships, there are significant differences between all of the YPBA groups in the amounts of drug use they report.¹¹ Significantly more boys than girls state that they have used drugs: 1) at some point in their lives; 2) at present; and 3) frequently. Drug use is highly related to the age of the pupils, with steady rises in experience and in both any use and frequent current use with increasing age. Secondary schools show a higher rate of reported drug use than grammar schools. Among Education and Library Boards, schools located in the Southern Board report the lowest incidences of drug use, while those located in the Belfast and Southeastern Boards that together would make up the Eastern Health and Social Services Board report the highest incidences. Whether or not students are in receipt of free school meals is the only usable indicator of social class or poverty in the survey. Those receiving school meals state a higher prevalence of drug use.¹²

⁸ 'Representative' can be presumed to mean that schools were randomly selected with probability proportionate to school size. ⁹ It may be that girls' schools were more likely to opt out, which could help explain the lower proportion of girls appearing in the sample. ¹⁰ While some of the under-representation of the 16 year-olds could have resulted from early school-leaving, this cannot explain why there are fewer 14 and 15 year-olds in the YPBA sample in comparison to younger pupils.

¹¹ The significance of the effects of these variables in concert is examined in multivariate analyses reported in the latter part of this report. ¹² All of these differences are statistically significant at the 0.001 level (X^2 test)

**Table 1: Drug Use* Across Main Sample Groups
- YPBA and Omnibus Surveys**

YPBA Survey					
Drug Use		Ever used	Using now	Frequent use	% sample in category
All		24.5	16.5	6.8	100.0
Sex:	<i>Boy</i>	26.6	18.6	8.8	56.6
	<i>Girl</i>	21.7	13.6	4.0	43.4
School:	<i>Secondary</i>	27.2	18.7	8.7	58.8
	<i>Grammar</i>	20.5	13.1	3.8	41.2
Education & Library Board^a:	<i>Belfast</i>	27.4	18.5	4.8	15.6
	<i>Southeastern</i>	26.0	18.6	10.1	12.3
	<i>Northeastern</i>	23.4	15.1	6.1	23.4
	<i>Western</i>	26.3	18.3	6.5	22.5
	<i>Southern</i>	20.5	13.1	5.3	26.2
Free school meals:	<i>Yes</i>	30.2	20.4	10.0	22.3
	<i>No</i>	23.0	15.4	5.9	77.7
Age^b:	<i>12 or younger^c</i>	13.4	9.3	5.4	23.7
	<i>13</i>	17.6	10.3	4.7	22.0
	<i>14</i>	26.4	16.3	5.6	20.1
	<i>15</i>	31.3	22.2	7.4	19.3
	<i>16 or older^d</i>	39.6	27.9	10.5	14.8

* 'Drug use' is defined as the use of either solvents, cannabis, 'poppers' (amyl nitrate), 'magic' (hallucinogenic) mushrooms, ecstasy, LSD, amphetamines, tranquillisers, anabolic steroids, Nubain, cocaine, 'crack', heroin or methadone. The numerator is made up of all those who stated use of at least one drug.

^aIncludes 2.6% aged 11.

^b11 respondents aged 17 or older.

^cELB information not available for 294 respondents in integrated schools.

^d84 did not report age.

Table 1: Continued

Omnibus Survey					
Drug use		Ever used	Using now	Frequent use	% sample in category
All:		37.3	23.1	5.2	100.0
Sex:	<i>Male</i>	41.9	28.6	7.8	50.5
	<i>Female</i>	32.9	17.7	2.5	49.5
Age:	16	19.5	9.2	0.0	13.6
	17	31.0	17.0	5.0	15.7
	18	31.9	23.6	6.9	11.3
	19	27.4	16.1	3.2	9.7
	20	41.8	30.9	3.6	8.6
	21	50.8	34.4	16.4	9.6
	22	36.0	26.0	6.0	7.8
	23	51.9	30.8	5.8	8.2
	24	51.0	32.7	4.1	7.7
	25	54.0	26.0	2.0	7.8
Employment status:	<i>Self-employed</i>	16.7	16.7	0.0	3.7
	<i>F-T employee</i>	40.1	24.3	5.9	62.0
	<i>P-T employee</i>	53.3	30.0	6.7	9.2
	<i>Unemployed</i>	55.0	30.0	10.0	18.4
	<i>Training program</i>	31.8	18.2	0.0	6.7
YPBA, N = 6,297 Omnibus, N = 640					

The same pattern of drug use being higher for males also appears in the Omnibus data. While age is significantly associated with drug use and there is a broad association between increased age and increased drug use, the pattern is by no means as uniform as with the YPBA data. In fact, the age showing the highest amounts of drug use is 21.

The reported rates of drug use appear to be lower for the Omnibus sample. This is particularly the case for those respondents aged 16 (where the sample overlaps with the oldest respondents to the YPBA Survey¹³). Rates of self-reported drug use in the Omnibus survey do not begin to equal those reported for the 16 year-olds in the YPBA Survey until age 20. The only statistically significant association between employment status and drug use is a weak association (X^2 , $p < 0.05$) between being unemployed and self-reported drug use at sometime in one's life.

Time Trends

The first challenge is that the proportion of young people who have been offered drugs and who have experimented with illicit drugs and solvents has risen since 1992. However it should be pointed out that the numbers of young people who take drugs on a regular basis, that is, those who could be termed current or 'recreational' users remains at a low proportion of their cohort.

(Drug Strategy for Northern Ireland, Para 5.2)

Measuring trends in the prevalence of drug use (at least using surveys) is more than a little difficult as the development of new methodologies, new definitions and innovative lines of questioning make exact comparable measurements over time difficult to achieve. However the 1992, 1994 and 1998 Health Behaviour of School Children (HBSC) surveys are some of the best estimates available. The table below shows prevalence figures for YPBA fifth-formers against the HBSC time-trend.

The challenge noted in the Drugs Strategy remains. The proportions of fifth-formers reporting drug use, both in terms of ever having used drugs or present use, apparently are continuing to rise. This trend holds regardless of whether the drugs used include or exclude solvents. While one must take great care in comparing figures drawn from different surveys on a topic as notoriously volatile as self-reported drug use, the size of the increases strongly imply that the rises are genuine and not artefacts of the differing designs features of the surveys.

¹³ Since the YPBA Survey is a sample of school pupils and the Omnibus survey is a sample of young people living in households, the latter could contain some 16 year-olds who were early school leavers, a group that could be expected to show higher drug use than those still in school. Instead, the unusually low proportions of drug use reported by the Omnibus 16 year-olds may be an artefact of the data collection procedure. Parents could have had sight of the questionnaires filled in by their 16 year-old children. Some young people may have been reluctant to be forthright about their drug use if there was a chance that their parents would see the completed questionnaire before it was returned.

Drug Prevalence Across Time, 1992-2000, HBSC* And YPBA Surveys

Survey	Year	Drugs included	% ever used	% using now
HBSC 1992	1992	Drugs & solvents	15.8	5.6
HBSC 1994	1994	Drugs & solvents	25.9	18.0
HBSC 1998	1998	Drugs only	27.7	18.1
YPBA 5 th formers	2000	Drugs only	33.0	24.7
YPBA 5 th formers	2000	Drugs & solvents	38.9	27.2

* The HBSC surveys are of fifth formers.

Drug Use Patterns

The surveys asked three basic questions for each drug covered by the survey that allow the construction of a continuum of drug use:

- 1) *Have you ever been offered [Drug X]?*
- 2) *Have you ever used or tried [Drug X]?* Respondents were given five options: 1) *Yes, in the last week*; 2) *Yes, in the last month*; 3) *Yes, in the last year*; 4) *Yes, over a year ago*; 5) *No, never*. If they gave any of the 'Yes' responses, they were then asked;
- 3) *How often do you use [Drug X]?* Respondents, all of whom had just stated that they had used [Drug X] were given six response options: 1) *Daily*; 2) *A few times a week*; 3) *A few times a month*; 4) *A few times a year*; 5) *Rarely*; 6) *Not any more*.

Question 2 is partially flawed in that respondents might have been unclear as to whether the 'Yes' responses pertained to *first* or *current* drug use.¹⁴ So, while the question is a reliable filter for Question 3, a valid interpretation of the distribution of the 'Yes' responses is not possible. Fortunately, Question 3 clearly does ask about present use.

The responses to these questions can be combined into a single scale, ranging from those who have neither used nor had the opportunity to use a drug through to those who use the drug on a daily basis. This set of questions was asked for thirteen different drugs, along with similar questions for solvent abuse and (in the YPBA Survey only) the use of tobacco and alcohol. Table 2 shows the current patterns of use of each of these sixteen types of drug individually.

¹⁴ For instance, a respondent who began to use cannabis several years ago who currently uses the drug about once a month if asked, '*Have you ever used or tried cannabis?*', could legitimately answer either '*Yes, in the last month*' (referring to their *most recent* use) or '*Yes, over a year ago*' (referring to their *first* use).

Table 2a: Drug Use Patterns - YPBA Survey

	Cigarettes	Alcohol	Solvents	Cannabis	Poppers	Mushrooms	Ecstasy	LSD
Daily	8.7	1.4	0.8	1.0	0.3	0.2	0.2	0.1
Weekly	2.6	17.4	2.9	1.8	0.4	0.2	0.2	0.2
Monthly	2.2 ^a	12.7	1.4	3.0	0.4	0.5	0.6	0.4
Few times a year	--	--	0.9	1.2	0.5	0.5	0.4	0.3
Rarely	--	18.3	3.0	2.5	1.2	0.9	0.8	0.7
Ceased use	21.4	--	7.5	3.3	2.5	1.4	1.3	1.0
Offered, never used	--	--	9.3	8.7	3.5	5.7	6.5	4.2
Neither used nor offered	65.0 ^b	50.1 ^b	74.3	78.5	91.3	90.5	90.0	93.1

Table 2a (continued)

	Amphetamines	Tranquillisers	Steroids	Nubain	Cocaine	Crack	Heroin	Methadone
Daily	0.3	0.1	0.1	0.1	0.2	0.3	0.1	0.1
Weekly	0.1	0.1	0.1	0.0	0.2	0.1	0.1	0.1
Monthly	0.4	0.2	0.1	0.0	0.1	0.2	0.2	0.1
Few times a year	0.1	0.2	0.1	0.0	0.3	0.2	0.1	0.1
Rarely	0.6	0.5	0.1	0.0	0.4	0.3	0.2	0.1
Ceased use	0.7	0.7	0.4	0.1	0.6	0.6	0.5	0.2
Offered, never used	4.6	2.0	1.4	0.5	4.1	3.6	3.6	0.9
Neither used nor offered	93.2	96.1	97.6	99.2	94.1	94.7	95.2	98.4

^aFor cigarettes, the response category was 'Less than once a week'.

^bFor cigarettes and alcohol, the response category was 'Never'.

Table 2b: Drug Use Patterns - Omnibus Survey

	Solvents	Cannabis	Poppers	Mushrooms	Ecstasy	LSD	Amphetamines
Daily	0.0	1.7	0.0	0.0	0.0	0.0	0.0
Weekly	0.5	2.3	0.2	0.0	0.5	0.0	0.0
Monthly	0.5	2.8	0.2	0.0	1.3	0.2	0.3
Few times a year	0.5	5.2	0.2	0.3	2.5	0.6	0.6
Rarely	0.5	9.2	2.5	1.6	2.3	1.1	2.2
Ceased use	7.4	11.9	12.5	5.7	7.5	7.2	7.2
Offered, never used	12.7	18.6	13.8	13.5	24.7	12.5	12.1
Neither used nor offered	78.1	48.3	70.7	79.0	61.3	78.4	77.6

Table 2b (continued)

	Tranquillisers	Steroids	Nubain	Cocaine	Crack	Heroin	Methadone
Daily	0.0	0.0	0.0	0.0	0.0	0.2	0.0
Weekly	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Monthly	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Few times a year	0.0	0.0	0.0	0.3	0.3	0.0	0.0
Rarely	0.9	0.3	0.0	1.3	0.0	0.2	0.2
Ceased use	2.7	0.0	0.0	1.6	0.2	0.0	0.2
Offered, never used	5.0	3.0	0.8	8.5	5.5	2.4	0.6
Neither used nor offered	91.2	96.7	99.2	88.4	94.1	97.3	99.1

In the YPBA Survey, alcohol is the most commonly used drug, with half of the sample stating that they have had alcohol at some time and almost a third reporting regular use. The proportion of young people who have ever had a drink steadily rises with increasing age, from almost eighty percent of 12 year-olds saying they have never drunk to only just over twenty percent of 16 year-olds saying they have never drunk.¹⁵

Table 3: Age Of First Alcoholic Drink By Present Age*

Age of first drink	Present Age				
	12 or less	13	14	15	16 or older
10 or less	12.8	13.6	11.7	8.6	6.1
11	6.4	9.5	10.3	8.9	6.6
12	1.7	11.3	15.4	11.3	13.5
13	--	3.3	14.0	18.3	17.1
14	--	--	3.3	16.7	21.2
15	--	--	--	3.1	12.6
16 or older	--	--	--	--	1.9
Never drunk	79.1	62.3	45.3	33.1	20.8
(N)	(1362)	(1199)	(1068)	(976)	(753)

* Information available for YPBA Survey only.

Cigarettes are the second most commonly used drug in the YPBA sample, with over ten percent of pupils reporting at least some regular smoking (but with more than twice as many, 21 percent, stating that they no longer smoke). There is an age-related pattern for first cigarette similar to that for first drink, reflecting the gradually increasing proportion of youth who try cigarettes.

¹⁵ Fewer of the older pupils report drinking when they were very young (aged 10 or less), but this is probably due to recall error. Older pupils may not remember or consider significant a first drink that was taken at a very early age.

Table 4: Age Of First Cigarette By Present Age*

Age first smoked	Present Age				
	12 or less	13	14	15	16 or older
10 or less	6.5	8.0	11.4	8.1	10.2
11	3.7	6.6	8.5	6.8	6.7
12	0.9	5.0	10.6	10.8	9.5
13	--	0.8	6.5	9.8	10.3
14	--	--	1.3	6.9	8.8
15	--	--	--	1.2	6.4
16 or older	--	--	--	--	0.6
Never smoked	88.9	79.5	61.8	56.6	47.6
(N)	(1422)	(1310)	(1170)	(1105)	(834)

Information available for YPBA Survey only.

Considerably smaller degrees of use are reported for the rest of the drugs questioned in the YPBA Survey, ranging from just over five percent that have had some experience of 'poppers' (amyl nitrate) to less than one percent of respondents reporting any use experience of anabolic steroids, nubain (nalbuphine hydrochloride) or methadone. As stated above, self-report figures for stated drug use are volatile, but one should note that the figures found by the YPBA Survey agree broadly with those found in other high quality recent surveys of young people's drug use in Northern Ireland (Miller and Plant 2001 and 1996, Craig 1996).

As well as patterns of drug use, one should note that less than one-third of respondents to the YPBA Survey report ever having been offered any illicit drug and less than a quarter of respondents claim to have ever used any drug.¹⁶ Within that general pattern of three-quarters of those who have been offered drugs also taking drugs, there are striking differences between drugs. For the three most 'popular' types of drugs (solvents, cannabis and 'poppers'), approximately two-thirds of those who were offered the drug subsequently went on to use it, at least once. In contrast, for all the other types of drugs questioned about – from 'magic' mushrooms, ecstasy and LSB, through amphetamines, tranquillisers and steroids to the 'hard' drugs cocaine, crack, heroin and methadone -- only half or less than half of those who have been offered the drug also report having used it.

¹⁶ Any of the drugs listed in Table 2, except for cigarettes and alcohol.

The patterns of response to the same questions on the Omnibus survey reflect the greater age of the sample. The Omnibus survey respondents report more exposure to all of the more 'popular' illicit drugs; the most extreme differences being for cannabis where over half of the Omnibus respondents say they have been offered the drug, compared to less than a quarter of the YPBA sample, and for ecstasy, where almost forty percent of Omnibus respondents claim to have been offered the drug, in contrast to ten percent of the YPBA sample. Similarly, perhaps because they have had more time to do so, more of the Omnibus respondents claim to have stopped using the more 'popular' drugs: cannabis; amyl nitrate; hallucinogenic mushrooms; ecstasy; LSD; amphetamines; and tranquillisers.¹⁷ The perception that ecstasy is a drug favoured more by older adolescents and young adults is confirmed, with the exception of daily use, proportionately more of the Omnibus respondents report using ecstasy for all levels of use. There is a similar result for cannabis.

While larger proportions of respondents to the Omnibus survey report ever having been offered or using drugs (59.5 percent and 37.3 percent respectively), a smaller proportion of those who have been offered drugs admits to subsequently taking them (63 percent). The majority of those who have been offered cannabis or 'poppers' report subsequently using the drug. In contrast, for all the other drugs asked about in the survey, less than half those who have been offered the drug report using it. This pattern is most pronounced for the very small numbers that claim to have used 'hard' drugs.

Onset Of Drug Use

Table 5a displays the ages at which respondents report first being offered¹⁸ and first using drugs¹⁹ by their present age. While small proportions of the samples report being offered and/or using drugs at very early ages, ten or eleven or even younger, the modal time for first exposure and first drug use appears in mid-adolescence. The age most often reported by the older YPBA respondents (those aged 15 and 16) for both the first time they were offered drugs and the first time they used drugs is 14. Among the Omnibus sample, the equivalent ages are somewhat higher -- the modal age that respondents report being first offered or first using a drug is 16.²⁰ There is a clear trend of both exposure to drugs and drug use increasing with age across both samples.²¹

¹⁷ Except for cannabis, the YPBA does tend to have more respondents that claim frequent use of drugs. This could be a genuine result but, because the Omnibus respondents may be completing their questionnaires in the view of others, they might tend to understate their drug use. Also, the much larger size of the YPBA sample means that the potential for a few pupils legitimately falling into the rare 'frequent' categories was higher.

¹⁸ All drugs covered by the surveys except solvents, alcohol and tobacco.

¹⁹ All drugs covered by the surveys except alcohol and tobacco.

²⁰ Because the sample is much smaller and the age range of respondents is almost twice as wide, it is not feasible to produce a complete for all ages table equivalent to Table 5a for the Omnibus sample.

²¹ Probably due to its smaller sample size, these trends are not completely uniform in the Omnibus sample. Note also that Omnibus respondents appear in general to have reported comparatively less drug exposure and use than their YPBA equivalents.

Table 5a: Age First Offered And First Used Drugs, YPBA And Omnibus

Age first offered drugs ^a	YPBA Survey, Present Age				
	12 or less	13	14	15	16 or older
10 or less	1.8	2.3	3.1	1.9	1.6
11	1.7	2.7	3.8	1.6	2.1
12	0.3	2.8	6.1	5.7	4.6
13		1.0	6.4	8.5	8.5
14			1.7	10.4	15.1
15				2.3	12.2
16 or older					2.0
Ever offered drugs ^a	3.8	8.7	21.1	30.3	46.1
(Total N)	(1328)	(1224)	(1098)	(1012)	(755)

Ever offered drugs ^a	Omnibus Survey, Present Age									
	16	17	18	19	20	21	22	23	24	25
	35.8	51.1	49.3	45.1	59.5	59.2	52.5	62.0	57.1	70.0
(Total N)	(81)	(90)	(60)	(51)	(42)	(55)	(40)	(50)	(42)	(40)

Surveys

^a Not including solvents.

Table 5a (continued)

Age first used drugs ^b	Present age				
	12 or less	13	14	15	16 or older
10 or less	2.9	2.4	3.3	1.7	1.7
11	1.9	3.0	2.1	1.3	0.9
12	0.6	3.7	6.6	3.2	2.5
13		1.0	6.3	6.7	6.6
14			1.6	9.0	10.1
15				1.8	9.4
16 or older					1.5
Ever used drugs ^b	5.4	10.1	19.8	23.8	32.8
(Total N)	(1472)	(1363)	(1248)	(1201)	(921)

Omnibus survey, Present age

Ever used drugs ^b	16	17	18	19	20	21	22	23	24	25
		18.4	27.0	29.2	24.2	32.2	44.3	36.0	50.0	51.0
(Total N)	(87)	(100)	(72)	(62)	(55)	(60)	(50)	(52)	(49)	(50)

^b Including solvents.

One can directly compare the ages respondents first were offered and first used drugs for all drug users. *For those who have taken drugs*, the gap in years between the age a respondent was first offered drugs and subsequently took drugs appears to be small. The gap is less than a year for over sixty percent of drug users in the YPBA data who can give both the age when they first were offered drugs and the age when they first took a drug (even higher, 66 percent, in the Omnibus data). Another 27 percent say the gap in time was only one year (24 percent in the Omnibus data).²²

²² These figures should be taken with some caution however. Note that the majority of respondents who have been offered drugs do not report ever taking any drug. Also, many of those who have taken drugs either were not sure of the age they were first offered drugs and/or the age they first took a drug.

Respondents who said they had been offered drugs at some time were also asked *who* offered them drugs the first time and *where* this took place. The role of the peer group and those known to respondents is paramount for both samples. In both the YPBA and the Omnibus surveys, half of those offered drugs stated that the offer came from a friend or other person their own age that they knew. Significantly more of those who subsequently have used drugs name people they know, either friends, relatives or adults known to them, as the first person who ever offered them drugs.

Table 5b: Who Offered Drugs The First Time? YPBA And Omnibus Surveys

YPBA Survey*		
	Has used drugs	Never used drugs
Friend or person my own age I knew	53.8	39.5
Someone my own age I didn't really know	17.9	34.2
A relative (sibling, cousin, uncle etc.)	6.1	1.9
Adult known to me	9.5	7.0
Adult not known to me	8.5	17.1
No one offered, got them myself	4.2	0.2

Omnibus Survey*		
	Has used drugs	Never used drugs
Friend	57.9	37.2
School/Work colleague	7.9	14.0
Relative	2.2	0.0
Casual associate/acquaintance	21.1	21.7
Stranger	9.6	26.4
Other person	1.3	0.8

* Difference between those who subsequently have or have not used drugs is highly significant (X^2 , $p < 0.001$).

Among YPBA respondents, an additional quarter said the offer came from another young person that they did not know well. A small proportion (five percent) named relatives (even fewer in the Omnibus survey). Adults were mentioned by some

pupils. While more YPBA respondents said adults not known to them had offered them drugs, a greater proportion of those who went on to use drugs named adults that they knew.

After friends, twenty-one percent of Omnibus respondents mentioned ‘casual associates or acquaintances and ten percent mentioned colleagues at school or work. Finally, while sixteen percent named ‘strangers’ as the person who offered them drugs the first time, proportionately fewer of these subsequently had gone on to use drugs.

The most common location for first exposure to drugs named in both surveys was simply being ‘somewhere outside’, such as in park, on the street or in an entry; this was reported by almost half of all those YPBA respondents who had been offered drugs (46.1 percent) and a quarter of Omnibus respondents (26.2 percent). For YPBA respondents, being inside someone’s house, either someone else’s or their own, was the venue for sixteen percent of those offered drugs and this was the venue for which significantly more respondents who subsequently went on to use drugs. Public social events, such as raves, discos, club, concerts etc., were the second most common category of location (13.6 percent). A slightly smaller percentage mentioned parties in people’s houses (11.9 percent). Pubs were rarely mentioned, but five percent did say that their first drug offer took place at school.

In contrast, while about the same proportion gave being inside someone’s house as the first venue (14 percent), larger proportions of Omnibus respondents mentioned public social events (23 percent), parties (17 percent) or being at school (eleven percent). Those respondents who had first been offered drugs either someplace outside or at a party were most likely to subsequently take drugs.

Table 5c: Where Offered Drugs The First Time? YPBA And Omnibus Surveys

YPBA Survey		
	Has used drugs	Never used drugs
Somewhere outside (park, street, entry etc.)	47.0	44.4
At a rave, disco, club, concert etc.	11.8	17.2
At a pub	0.8	1.7
At a party	11.6	12.3
At someone else’s house (not a party)	16.0	7.6
In my own house	3.0	1.5
At school	4.2	6.8
On holiday	1.5	3.8
Somewhere else	4.0	4.7

Table 5c (continued)

Omnibus Survey		
	Has used drugs	Never used drugs
Somewhere outside (park, street, entry etc.)	29.9	19.5
At a rave, disco, club, concert etc.	18.6	31.3
At a pub	5.2	3.9
At a party	20.3	11.7
At someone else's house (not a party)	12.6	10.2
In my own house	2.6	1.6
At school	7.8	15.6
Somewhere else	3.0	6.3

* X² association between venue and subsequent drug use is statistically significant for both surveys

(p < 0.001 for YPBA, p < 0.001 for Omnibus survey).

Patterns Of Drug Use

More crucial than the gross figures of use reported for each drug individually are the *patterns* of use. Aside from alcohol, cigarettes, solvents and cannabis, in the YPBA Survey the proportions of use reported are quite small, often less than three percent.

To what extent is the use of illicit drugs a phenomenon of multiple use by only a small proportion of young people? Table 6a gives the main combinations of drug use, in terms of having ever used drugs, any use at present, and frequent use at present. Once tobacco and alcohol use are left out, three-quarters of all YPBA respondents do not report any use of any drug at any time in their lives.

Among those who do report drug use, 'solvent use only' is the most common category, 8.9 percent of respondents; more than double the second most common category, 'cannabis use only'. The next most common group is those who report having used both solvents and cannabis at some time in their lives, followed by those who report the use of 'poppers' in combination with solvents and cannabis. The sole use of 'magic' mushrooms is quite rare, appearing more commonly with

the other drugs above. The other drugs, ecstasy through heroin/methadone, are used by comparatively small numbers of respondents. Each of these drugs almost always appears in combination with other drugs.²³

16.5 percent of respondents are using drugs now; so a third of these young people who have had some experience of illicit drugs now claim to have stopped. Of these, less than half (6.8 percent of the whole sample in the YPBA Survey) report using drugs frequently.²⁴ While the proportions reporting current use have dropped, the ordering of combinations of drug use remain the same as for 'ever used'. The only exception of note is that for 'cannabis use only', where the same proportions of the sample, 4.1 percent, report current use as reported having ever used.

Among frequent users, combinations of the use of solvents, cannabis, 'poppers' and mushrooms with each other become proportionately much less common in comparison to the sole use categories and use in combination with the rarer 'harder' drugs.

The pattern of distribution of types of drug use in the Omnibus survey differs significantly. Reflecting their older age and greater likelihood of having had the opportunity to procure drugs, fewer of the Omnibus respondents (63 percent) claim never to have used drugs. Solvent use is much rarer in this older sample, but the experience and current use of cannabis, ecstasy or amphetamines is higher. The differences between the distributions of frequent drug use in the two surveys is less marked; though here as well, proportionately more of the Omnibus survey respondents say they use cannabis and ecstasy frequently. In contrast, the incidence of reported frequent solvent use is higher among the YPBA respondents and some respondents do state that they use the rarer and the 'harder' drugs (though this latter result may be an artefact of the YPBA Survey's larger sample size).

Table 6b gives the numbers of different types of drugs respondents reported using. Experience of more than one drug is uncommon and patterns of multiple drug use are rare in both surveys. Over half of those in the YPBA Survey who report having used drugs either at any time in their lives, using drugs currently or using drugs frequently state that they only use or have used only one drug. The patterns in the Omnibus survey are very similar and the numbers with experience of more than one drug tails off rapidly so that genuine multiple drug use is rare for all three categories of experience in both the younger (YPBA) and the older (Omnibus) sample.

²³ It is impossible to show all of the combinations that are present in the sample (there are 16,384 possible combinations!). A respondent is counted only once in each column. A convention was adopted where, for the drugs listed between ecstasy and heroin/methadone in the table, a respondent's combination appears in the drug category closest to the bottom of the table. This moves multiple drug users downwards in the table and has the effect of inflating the percentages towards the bottom of Table 6a.

²⁴ 'Frequent' being defined as use either daily or several times a week.

Table 6a: Combinations Of Drug Use, YPBA And Omnibus Surveys

	Ever used		Using now ¹		Frequent use ²	
	YPBA	Omnibus	YPBA	Omnibus	YPBA	Omnibus
None	75.5	62.7	83.5	76.9	93.2	94.8
Solvents only	8.9	0.5	5.2	0.2	2.8	0.5
Cannabis only	4.1	11.6	4.1	13.3	1.9	4.1
Solvent & Cannabis	1.6	0.8	0.9	0.5	0.2	0.0
Poppers only	0.4	1.4	0.2	0.0	0.1	0.0
Cannabis & Poppers	0.6	2.8	0.4	0.0	0.0	0.0
Solvents, Cannabis & Poppers	0.8	0.3	0.3	0.0	0.0	0.0
Mushrooms only	0.2	0.3	0.1	0.2	0.0	0.0
Other combinations of the above	1.2	1.9	0.6	0.5	0.2	0.0
Ecstasy	0.9	3.9	0.7	2.7	0.2	0.5
LSD	0.9	1.9	0.6	0.6	0.1	0.0
Amphetamines	0.8	6.7	0.6	1.9	0.2	0.0
Tranquilizers	0.8	1.4	0.6	0.3	0.1	0.0
Steroids/Nubain	0.4	0.3	0.3	0.3	0.2	0.0
Cocaine/Crack	1.4	2.6	0.9	1.1	0.4	0.0
Heroin/Methadone	1.5	0.8	1.0	1.6	0.4	0.2

¹ 'Using' now includes any amount of stated drug use at present, from 'rarely' to 'daily'.

² 'Frequent use' is defined as at least several times a week.

NOTE: Respondents usually report using the drugs in the bottom half of the table (Ecstasy through Heroin/Methadone) in combination with one or more of the drugs listed closer to the top of the table.

Table 6b: Numbers Of Types Of Drugs Used, YPBA And Omnibus Surveys

Number of drugs used	Ever used		Using now		Frequent use	
	YPBA	Omnibus	YPBA	Omnibus	YPBA	Omnibus
0	75.5	62.7	83.5	76.9	93.2	94.8
1	14.1	14.7	10.2	15.0	5.2	5.0
2	3.9	6.9	2.7	3.8	0.8	0.2
3	2.4	5.3	1.3	1.9	0.3	--
4	1.2	3.1	0.7	1.6	0.2	--
5	0.9	1.9	0.6	0.2	0.1	--
6	0.8	2.0	0.2	0.6	0.1	--
7	0.3	1.1	0.2	0.5	0.1	--
8	0.2	0.5	0.1	--	0.0	--
9	0.1	1.7	0.2	--	--	--
10	0.2	--	0.2	--	--	--
11	0.2	0.2	--	--	--	--
12	0.1	--	0.1	--	--	--
13	0.1	--	--	--	--	--

Solvents

After alcohol and tobacco, the most commonly-used drug category reported by the pupils in the YPBA Survey was that of solvent abuse. In terms both of prevalence, (potentially fatal) hazard to health and the relative youth of users, solvent abuse arguably can be considered a more serious problems than any other drug, 'soft' or 'hard'.

Table 7 again shows the established patterns of increasing age of exposure and use for the older age groups in the YPBA Survey. Within this pattern, however, one also should note that, after alcohol and cigarette smoking, first exposure to and use of solvents tends to occur earlier than that for any other drug type. This earlier onset is counterbalanced to some extent by those in the YPBA data who then cease solvent abuse. In contrast to the older Omnibus survey respondents, more solvent users in the YPBA Survey report having stopped than for any other category of drug. Seven and a half percent of all respondents, almost half of those reporting ever using solvents, claim now to have stopped. (However, 3.7 percent of respondents, more than any other categories of drug use except alcohol and cigarettes, still report frequent use of solvents.)

Table 7: Age First Offered And First Used Solvents, YPBA Survey

Age offered solvents	YPBA Survey, Present age				
	12 or less	13	14	15	16 or older
10 or less	3.1	3.0	3.2	1.0	0.7
11	2.2	3.6	2.6	1.4	0.9
12	0.9	3.9	5.8	3.6	3.7
13		0.7	5.2	6.9	5.9
14			1.6	5.5	5.9
15				0.5	4.6
16 or older					0.7
Ever offered solvents	6.2	11.2	18.4	18.9	22.5
(N)	(1428)	(1290)	(1157)	(1105)	(844)

Omnibus survey, Present age

Ever offered solvents	16	17	18	19	20	21	22	23	24	25
		15.7	13.4	16.9	7.0	11.5	14.0	13.0	26.5	26.7
(Total N)	(83)	(97)	(65)	(57)	(52)	(57)	(46)	(49)	(45)	(49)

Solvent use does appear to be more a feature of drug use among younger youth so that the association of increasing use with age does not last into the Omnibus data. Increasing age is associated neither with being offered nor with the use of solvents among the Omnibus respondents.

Solvent abuse is somewhat analogous to the use of alcohol or cigarettes in that, while access by youth is in theory restricted, unlike other categories of drugs the substances used are widely and legally available to the general public and, in practice, access by young people is easy. Both surveys asked directly about four types of solvent use – aerosols, correction fluid, glue and butane. Approximately equal proportions of use were reported for all four solvent types in the YPBA Survey (ranging from 7.7 percent stating they had used aerosols to 6.0 percent for butane). 2.4 percent named some other solvents, with ‘petrol’ being mentioned most often. Smaller proportions reported having used solvents in the Omnibus survey (5.4 percent for butane to only 1.3 percent for glue).

Table 7 (continued)

Age first used solvents	YPBA Survey, Present Age				
	12 or less	13	14	15	16 or older
10 or less	2.0	1.5	1.9	1.0	0.7
11	1.6	2.9	2.0	0.6	0.7
12	0.5	3.2	3.9	2.5	2.2
13		0.6	3.5	3.1	3.5
14			0.6	4.1	2.9
15				0.6	2.5
16 or older					0.2
Ever used solvents	4.1	8.2	11.9	11.9	12.7
(N)	(1344)	(1251)	(1125)	(1085)	(855)

Omnibus survey, Present age										
Ever used solvents	16	17	18	19	20	21	22	23	24	25
		2.4	2.1	5.9	4.9	3.7	8.8	8.0	15.7	14.6
(Total N)	(85)	(94)	(68)	(61)	(54)	(57)	(50)	(51)	(48)	(50)

While the use of 'solvents only' was the most-commonly reported single category of use of all drugs singly or in combinations, *within* solvent users themselves the abuse of multiple categories of solvents was the most common pattern. Among those who have used solvents, combinations of solvents was prevalent for those who had ever used solvents (55 percent in the YPBA sample and 54 percent in the Omnibus survey having used more than one type of solvent), those currently using solvents (59 percent and 42 percent respectively) and present-day frequent users of solvents (49 percent in the YPBA sample reporting some combination of solvents, more than the use of any single category).

Table 8: Combinations Of Solvent Use, YPBA And Omnibus Surveys

	Ever used		Using now		Frequent use	
	YPBA	Omnibus	YPBA	Omnibus	YPBA	Omnibus
Correction fluids only	15.5	13.6	14.5	25.0	18.1	0.0
Aerosols only	12.7	15.3	10.0	16.7	8.6	0.0
Glue only	8.9	3.4	8.7	0.0	13.8	0.0
Butane only	6.9	13.6	7.8	16.7	10.3	33.0
Aerosols & Butane	8.8	6.8	8.0	0.0	7.8	0.0
Correction fluid & Glue	7.7	0.0	7.1	0.0	4.3	0.0
Other multiple solvent use	39.6	47.3	43.8	41.6	37.1	66.7
(N)	(932)	(59)	(448)	(12)	(116)	(3)

Tables 9a and 9b show the results of cross-tabulating YPBA respondents' solvent use by their perceptions of the dangers of using solvents 'once or twice' or 'regularly'. As one would expect, young people in both surveys see regular use of solvents as more dangerous than occasional use, with fewer than four percent in the YPBA Survey saying that regular solvent use is 'not at all dangerous' or only 'a little dangerous' (and less than one percent in the Omnibus survey). At the same time, over 85 percent of YPBA respondents also see using solvents even only one or twice as being 'quite' or 'very' dangerous (90 percent of Omnibus respondents). While there is a regular continuum between amount or experience of solvents use and a decreased perception of their danger, even two-thirds of the frequent solvent abusers in the YPBA Survey see using solvents only once or twice as at least 'quite dangerous'.²⁵ So, very clear majorities of current solvent users claim to be aware of the dangers but nevertheless continue to use.

Those in the YPBA sample who have ceased to use solvents are an interesting group. Their perceptions of the dangers seem to fall between the majority who have had no experience of solvents and those you continue to use rarely or yearly. (If anything, they are closer to those who continue to use sporadically.)

²⁵Due to the very small number of current solvent users in the Omnibus survey, the association between solvent use and perceived danger is not statistically significant, though the same pattern appears in the tables.

Table 9a: Perception Of Once/Twice Solvent Use Danger By Actual Use Of Solvents, YPBA Respondents

Actual use								
Perception of danger	Daily	Weekly	Monthly	Few times a year	Rarely	Ceased use	Offered, never used	Neither used nor offered
Not at all	6.9	11.6	12.0	9.3	8.4	3.0	2.1	1.8
A little	24.1	23.2	24.0	37.0	24.7	20.4	16.4	9.1
Quite dangerous	24.1	34.8	18.7	18.5	25.3	38.4	27.3	32.1
Very dangerous	44.8	30.4	45.3	35.2	41.6	38.2	54.2	57.0

Table 9b: Perception Of Regular Solvent Use Danger By Actual Use Of Solvents, YPBA Respondents

Actual use								
Perception of danger	Daily	Weekly	Monthly	Few times a year	Rarely	Ceased use	Offered, never used	Neither used nor offered
Not at all	14.7	5.9	2.7	4.1	6.6	1.0	2.2	1.3
A little	8.8	19.1	5.5	8.2	4.6	2.5	2.5	1.3
Quite dangerous	17.6	13.2	26.0	24.5	21.7	20.3	11.7	7.8
Very dangerous	58.8	61.8	65.8	63.3	67.1	76.2	83.6	89.6

Cannabis

In contrast to solvent users, cannabis users can be seen as generally an 'older' group of young people. The mean age of first use of cannabis in the YPBA Survey is higher than that for all other drug types except for ecstasy. Only a quarter of the 12.8 percent who have ever used cannabis in the YPBA sample claim to have stopped. In the Omnibus survey, a third of the 33 percent who say they have ever used cannabis say they now have ceased use. As one would expect, the proportion who have tried cannabis rises across the age range of the YPBA sample. Also, unlike solvents, the mean age of first cannabis use continues to be significantly associated across the age span in the Omnibus sample.

Table 10a: Age First Used Cannabis By Present Age, YPBA Survey

Age first used cannabis	Present age				
	12 or less	13	14	15	16 or older
10 or less	0.2	0.1	0.6	0.3	0.3
11	0.4	0.3	0.9	0.3	0.3
12	0.3	0.8	2.1	0.7	0.3
13		0.6	3.0	3.2	2.3
14			1.3	4.5	5.3
15				1.7	5.0
16 or older					0.5
Ever used cannabis	0.9	1.9	7.9	10.7	14.0
(Total N)	(1468)	(1319)	(1219)	(1164)	(876)

Omnibus Survey, Present age

Ever used cannabis	16	17	18	19	20	21	22	23	24	25
		19.6	27.3	26.8	16.7	35.8	45.6	25.0	44.2	38.3
(Total N)	(86)	(99)	(71)	(60)	(53)	(57)	(48)	(52)	(47)	(49)

Current age is strongly associated with ease of access to obtaining the drug in the younger YPBA sample. 12 and 13 year-olds are much less likely than the rest to say that they would find it 'very' or 'fairly easy' to get some cannabis if they wanted to and also are more likely to state that they 'don't know' or would find it 'very difficult' to obtain the drug. In contrast, older respondents, particularly 16 year-olds, are much more likely to claim that it would be easy for them to locate the drug.

Table 10b: How Easy To Obtain Cannabis By Present Age*

How easy?	12 or less	13	14	15	16 or older	YPBA Total	Omnibus Total
Very easy	5.0	7.0	15.3	20.3	32.4	14.7	31.8
Fairly easy	5.1	7.7	16.1	23.5	28.6	15.0	30.5
Don't know	51.2	52.1	44.1	39.6	30.5	44.6	31.8
Fairly difficult	3.7	3.2	5.5	4.5	2.4	3.9	1.6
Very difficult	35.1	30.0	19.0	12.2	6.1	21.8	4.2

*Table includes all respondents.

This pattern appears to die out after the age of 16. There is no significant association between age and stated ease of obtaining cannabis among the Omnibus survey respondents and the overall distribution of 'ease of obtaining cannabis' for the Omnibus respondents closely resembles that for the 16 year-old YPBA respondents.

A pattern similar to that for solvents is found when the use of cannabis is compared to the perception of its dangers – in the response to both surveys users are less likely than non-users to see the drug as dangerous. However, respondents generally see cannabis use as less dangerous than solvents, particularly just trying the drug once or twice. The Omnibus survey respondents generally see cannabis use as less dangerous than their YPBA counterparts. Over half of all those who have ever used cannabis in the YPBA Survey, including those who have now stopped, see using the drug once or twice as either 'not at all dangerous' or only 'a little dangerous' (among the Omnibus respondents, the figures approach three-quarters). Similarly, more than half of all current users in both samples see occasional use of the drug as either 'not at all' or 'a little dangerous'. (Though two-thirds of those who have stopped now see occasional cannabis use as either 'quite' or 'very dangerous'.) It is only when one moves to considering the perception of the dangers of regular use that the figures approach those for solvents. The only category of cannabis user in the YPBA Survey for which less than half see its regular use as more than 'a little dangerous' is the 'daily' user (this expands to include 'weekly' users in the Omnibus survey). Over ninety percent of the YPBA sample and eighty percent of the Omnibus sample believes that regular cannabis use is either 'quite' or 'very dangerous'.

Table 11a: Perception Of Once/Twice Cannabis Use Danger By Actual Use Of Cannabis. YPBA And Omnibus Surveys

YPBA Survey								
Actual Use								
Perception of danger	Daily	Weekly	Monthly	Few times a year	Rarely	Ceased use	Offered, never used	Neither used nor offered
Not at all	65.9	61.5	43.9	47.1	42.4	27.1	14.5	3.3
A little	27.3	25.3	36.4	25.0	35.4	41.0	33.8	14.6
Quite dangerous	4.5	5.5	13.9	17.6	13.9	14.9	23.9	26.0
Very dangerous	2.3	7.7	5.6	10.3	8.3	17.0	27.8	56.1
Omnibus Survey								
Not at all	100.0	86.7	83.3	69.7	51.7	59.5	26.4	13.1
A little	0.0	13.3	11.1	21.2	41.4	27.0	37.3	29.5
Quite dangerous	0.0	0.0	5.6	9.1	5.2	10.8	21.8	25.5
Very dangerous	0.0	0.0	0.0	0.0	1.7	2.7	14.5	32.0

Table 11b: Perception Of Occasional Cannabis Use Danger By Actual Use Of Cannabis, YPBA And Omnibus Surveys

YPBA Survey								
Actual use								
Perception of danger	Daily	Weekly	Monthly	Few times a year	Rarely	Ceased use	Offered, never used	Neither used nor offered
Not at all	46.7	28.9	25.6	16.2	12.6	6.9	6.7	1.7
A little	15.6	38.9	31.4	36.8	39.9	25.5	21.9	4.8
Quite dangerous	28.9	24.4	27.3	27.9	31.5	39.9	33.7	25.6
Very dangerous	8.9	7.8	15.7	19.1	16.1	27.7	37.7	67.9
Omnibus Survey								
Not at all	72.7	40.0	38.9	30.3	20.7	18.1	10.8	3.2
A little	27.3	60.0	38.9	54.5	46.6	50.0	33.3	21.5
Quite dangerous	0.0	0.0	22.2	12.1	29.3	23.6	31.5	31.9
Very dangerous	0.0	0.0	0.0	3.0	3.4	8.3	24.3	43.4

Table 11c: Perception Of Regular Cannabis Use Danger By Actual Use Of Cannabis, YPBA And Omnibus Surveys

YPBA Survey								
Actual use								
Perception of danger	Daily	Weekly	Monthly	Few times a year	Rarely	Ceased use	Offered, never used	Neither used nor offered
Not at all	46.8	20.2	13.6	12.1	7.3	4.3	3.5	1.5
A little	21.3	28.1	22.5	24.2	13.1	8.6	8.9	1.6
Quite dangerous	8.5	28.1	29.6	25.8	33.6	21.5	21.2	7.4
Very dangerous	23.4	23.6	34.3	37.9	46.0	65.6	66.4	89.5
Omnibus Survey								
Not at all	36.4	26.7	16.7	18.2	3.4	4.2	4.4	0.7
A little	27.3	33.3	27.8	24.2	22.4	25.0	14.2	7.6
Quite dangerous	27.3	40.0	27.8	36.4	37.9	29.2	30.1	16.9
Very dangerous	9.1	0.0	27.8	21.2	26.2	41.7	51.3	74.8

Similar questions were asked about the dangers of 'once/twice' or 'regular' use of: ecstasy; LSD; amphetamines; and cocaine or crack. The same general relationship of a continuum between use of a drug and the respondents' perception of its danger noted above holds in both surveys for all of these drugs. Users, especially more frequent users, are less fearful of the dangers of the drug, but more of both non-users *and* users perceive use of each of these drugs as being 'quite' or 'very dangerous'. The largest group, those who have neither used nor had exposure to each drug, has the most negative perception of its dangers.²⁶

Ease Of Access

Aside from alcohol, tobacco and solvents, respondents in each survey were asked how easy it would be for them to obtain each of the drugs covered by the questionnaire.

The ease of obtaining a drug and the proportion reporting its use is correlated. Cannabis, the most-used drug (aside from solvents in the YPBA Survey), is also the drug more respondents in both surveys claim they would find easy to obtain (30 percent in the YPBA Survey and 62 percent in the Omnibus survey). This is followed by ecstasy, with 18.6 percent of YPBA respondents and over half, 52.8 percent, of Omnibus respondents claiming they could obtain it easily. The rather obscure drug Nubain is the least obtainable with only 3.4 percent in both surveys claiming they could obtain it easily. While only small proportions in both surveys say that they could easily obtain any of the 'hard' drugs (cocaine, crack, heroin or methadone), it is somewhat worrying that these 'hard' drugs are the only ones in which ease of access for the younger YPBA respondents equals that reported by the Omnibus survey respondents.

Large proportions say they 'Don't know' how easy it would be for them to procure each drug, a majority for *all* drugs except cannabis in both surveys and ecstasy for Omnibus respondents. Rather than interpreting this literally (that people do not know how easy it would be for them to obtain each drug) a better interpretation of the response option is that what most young people probably wanted to say is they do not know *how* to obtain each drug. If we take this latter interpretation, one can conclude that while ease of access appears to be a factor affecting drug initiation, exposure falls far below 50 percent for all drugs except for cannabis and, in the case of older younger people, ecstasy.

At the same time, however, Table 13 shows that the level of exposure rises precipitately with age. While 83 percent of pupils aged 12 or less in the YPBA Survey state they would not find it easy to obtain any of the drugs listed in the questionnaire, this figure drops to less than a third for 16 year-olds. Over half of these older pupils in the YPBA Survey claim they would have easy access to more than one drug.

²⁶ Tabulations of the responses to these questions appear below in the section concerning the effectiveness of drug education.

Table 12a: Ease Of Obtaining Drugs, YPBA Survey

How easy?	Cannabis	Amyl nitrate	Mushrooms	Ecstasy	LSD	Amphetamines	Tranquilizers
Very easy	14.7	6.1	8.0	8.3	5.5	5.8	3.6
Fairly easy	15.0	7.4	8.1	10.2	8.6	9.6	4.9
Don't know	44.6	59.7	58.6	54.2	57.6	55.3	63.4
Fairly difficult	3.9	3.0	3.0	3.5	3.7	4.5	3.1
Very difficult	21.8	23.7	22.3	23.9	24.7	24.8	25.0

Table 12a (cont'd)

How easy?	Steroids	Nubain	Cocaine	Crack	Heroin	Methadone
Very easy	2.8	1.5	4.1	3.9	3.9	2.2
Fairly easy	3.8	1.9	7.1	6.6	6.1	3.2
Don't know	66.2	69.0	61.2	62.3	60.5	67.1
Fairly difficult	2.7	2.0	3.1	2.8	3.7	2.2
Very difficult	24.6	25.5	24.5	24.4	25.9	25.2

Table 12b: Ease Of Obtaining Drugs, Omnibus Survey

How easy?	Cannabis	Amyl nitrate	Mushrooms	Ecstasy	LSD	Amphetamines	Tranquilizers
Very easy	31.8	17.2	13.9	28.6	8.8	9.8	7.5
Fairly easy	30.5	18.1	17.2	24.2	19.1	20.0	11.6
Don't know	31.8	57.8	58.4	39.8	60.4	59.4	71.8
Fairly difficult	1.6	1.5	4.6	2.4	4.9	5.0	2.8
Very difficult	4.2	5.5	5.9	5.0	6.7	5.7	6.4

Table 12b (cont'd)

How easy?	Steroids	Nubain	Cocaine	Crack	Heroin	Methadone
Very easy	3.8	0.8	4.2	2.6	3.3	1.6
Fairly easy	6.6	1.3	12.3	10.0	7.4	3.0
Don't know	78.3	88.3	68.1	72.4	72.7	83.8
Fairly difficult	3.3	1.0	6.0	5.4	6.7	2.3
Very difficult	8.0	8.6	9.3	9.6	9.9	9.3

Table 13: Mean Number Of Types Of Drugs Easily Obtained By Age, YPBA And Omnibus Surveys

YPBA Survey	
Age	Mean number of types of drugs
12 or younger	0.7
13	1.0
14	1.7
15	2.2
16 or older	2.9
Omnibus Survey	
16	3.5
17	3.4
18	3.0
19	3.0
20	3.1
21	2.6
22	2.6
23	3.2
24	2.8
25	2.8

As with other age-related measures of drug use discussed above, late adolescence appears to be a 'watershed' for drug use and exposure. In contrast to the YPBA Survey, after rising a bit further to the age of 17, increasing age in the Omnibus survey is not significantly associated with increased access to different types of drugs. The overall figures for the Omnibus survey coincide with that for the 16 year-old YPBA respondents: a third say they would not have access to any illegal drug while over half say they would have easy access to more than one type of drug.

These figures can be interpreted as evidence for a 'drug culture', at least in terms of easy access being claimed. Significant proportions of young people claim access to multiple drugs, particularly the older pupils in the YPBA sample and the Omnibus sample. For example, approximately ten percent of the Omnibus survey respondents and 16 year-olds in the YPBA Survey claim easy access to eight or more types of drug.

Drug Education and Culture

Drug Education

It is against this background that there is a need for co-ordinated and targeted programmes of preventive drug education for young people, supported and complemented by the provision of appropriate information and training for parents, professionals and other significant adults who work with or are responsible for young people.

(Drug Strategy for Northern Ireland, Para 5.6)

Respondents were asked if they had received 'any type of drug education (eg talks/lessons, packs, leaflets, drama workshops, TV ads)' at school, at a 'youth facility' (for example, youth club, community centre etc.) or 'somewhere else'. Among the YPBA sample, approximately three-quarters had received some education at school with a quarter claiming to have had education in a youth facility and twenty percent claiming additional education 'somewhere else'. The figures for the Omnibus survey were higher: 88 percent; 39 percent and 32 percent respectively.²⁷ Seventy percent of respondents to both surveys said they 'know a lot' or 'quite a bit . . . about the effects/risks of taking drugs'. Significantly more of those who had received each type of education claimed to have 'a lot' or 'quite a bit' of knowledge of the effects and risks of drugs while more of those who had had no education said they knew 'very little' or 'nothing'.

Respondents also were asked a battery of questions about their perceptions of the dangers of using a variety of drugs either once or twice or regularly: solvents; cannabis; ecstasy; LSD; amphetamines; and cocaine or crack. Though regular use was always seen as more dangerous, large majorities of respondents in both surveys felt in almost all cases that the use of any of the drugs either once/twice or regularly was either 'quite dangerous' or 'very dangerous'. The drug seen as least dangerous was cannabis when used only once or twice; but even here two-thirds of YPBA respondents and forty percent of Omnibus respondents saw its use as 'quite' or 'very dangerous'.²⁸

²⁷ For YPBA respondents, the questions asked about education received in the last year; for Omnibus respondents, the time period was not specified. So, the higher figures for the Omnibus survey may only reflect the implied longer time span.

²⁸ The effects of drug education upon the extent of drug use is assessed in the multivariate analyses reported below. For detailed crosstabulations of the relations between the perceived dangers of drugs and respondents' experience of drug education, see Appendix 2.

Table 14: Drug Education And Drug Knowledge, YPBA And Omnibus Surveys

YPBA Survey^a						
Knowledge of effects/risks	Received any type of drug education:					
	<i>In school</i>		<i>At youth facility</i>		<i>Somewhere else</i>	
	Yes	No	Yes	No	Yes	No
A lot	34.0	27.9	39.7	29.1	41.9	28.7
Quite a bit	40.4	29.2	38.9	36.7	37.9	36.4
Some	19.7	20.4	15.7	21.7	15.0	22.1
Very little	4.0	11.6	3.6	7.1	3.4	7.1
Nothing	2.0	10.9	2.1	5.5	1.8	5.7
% Yes/No	72.9	27.1	22.4	77.6	20.3	79.7
Omnibus Survey^b						
A lot	32.4	28.4	36.4	27.6	40.6	28.8
Quite a bit	39.7	31.1	41.8	38.0	38.6	38.0
Some	22.7	28.4	19.6	26.9	19.8	25.5
Very little	3.9	12.2	2.2	6.8	0.0	7.2
Nothing	1.3	0.0	0.0	0.7	1.0	0.5
% Yes/No	87.5	12.5	39.4	60.6	32.3	67.7

^a The association between knowledge of effects/risks and all three types of drug education for YPBA respondents is highly statistically significant ($p < 0.001$ (X^2)).

^b The association between knowledge of effects/risks and all three types of drug education for Omnibus respondents is statistically significant ($p < 0.05$ (X^2)).

Happiness and Drugs²⁹

Respondents to the YPBA Survey were asked how happy they feel about life at present. Nine out of ten young people replied they felt 'very happy' or 'quite happy', but significantly more of those who have had experience of drugs or are currently using drugs said they were not happy with life in general. Those using combinations of 'soft' drugs³⁰ and especially those reporting use of a 'hard' drug³¹ were less happy than non-users. Also, those stating frequent drug use were the least happy.³²

Table 15a: Feeling About Life By Experience Of Drugs, YPBA Survey Only

	Drug use in lifetime:				
	Never used drugs	Solvents only	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Very happy	45.4	34.7	29.0	34.9	36.5
Quite happy	46.5	50.8	59.3	50.8	40.5
Not very happy	6.5	11.2	9.5	11.3	12.2
Not happy at all	1.6	3.3	2.3	3.1	10.8

p < 0.001 (X²).

Table 15b: Feeling About Life By Current Use Of Drugs, YPBA Survey Only

	Current drug use:				
	No current use*	Solvents only	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Very happy	44.2	36.8	28.9	37.2	34.7
Quite happy	47.4	45.3	59.6	45.3	40.0
Not very happy	6.8	14.2	10.1	13.5	10.5
Not happy at all	1.7	3.7	1.4	4.0	14.7

p < 0.001 (X²).

*Includes both those who have never used drugs and those who have stopped using drugs.

²⁹ The question about 'happiness' was only asked in the YPBA Survey.

³⁰ Use of solvents or cannabis in combination with each other or use of poppers, mushrooms, ecstasy, LSD, amphetamines, tranquilizers, steroids or nubain either alone or in combination.

³¹ Cocaine, crack, heroin or methadone either alone or in any combination with each other or with other drugs.

³² While 'happiness' is associated with (not using) drugs, which came first, unhappiness or drug use (or whether there is a direct causal link), cannot be established from these data.

Table 15c: Feeling About Life By Frequent Use Of Drugs, YPBA Survey Only

	Frequent drug use:				
	No frequent use*	Solvents only	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Very happy	42.9	42.2	40.7	45.3	32.4
Quite happy	47.9	40.6	49.5	29.7	37.8
Not very happy	7.5	9.4	6.6	10.9	13.5
Not happy at all	1.8	7.8	3.3	14.1	16.2

* Includes those who have never used drugs, those who have stopped using drugs and current, but not frequent, drug users.

However, the association between less stated happiness and drug use is not limited to multiple drug and 'hard' drug users alone. Those who did not use either solvents or cannabis, particularly those who have never been exposed to the drugs were more likely than any others to claim they were 'very happy'. There also is a measurable, though weak, association between frequent use of solvents or cannabis and saying that one is 'not happy'.

Table 16: Feeling About Life By Use Of Solvents, YPBA Survey

	Daily	Weekly	Monthly	Few times a year	Rarely	Ceased use	Offered, never used	Neither used nor offered
Very happy	58.1	40.0	26.4	31.3	31.3	32.3	36.3	45.5
Quite happy	16.1	37.3	43.1	47.9	53.3	54.9	50.0	46.8
Not very happy	9.7	13.3	23.6	12.5	13.3	9.6	10.0	6.4
Not happy at all	16.1	9.3	6.9	8.3	2.0	3.2	3.7	1.4

Table 17: Feeling About Life By Use Of Cannabis, YPBA Survey

	Daily	Weekly	Monthly	Few times a year	Rarely	Ceased use	Offered, never used	Neither used nor offered
Very happy	43.2	41.1	27.9	28.6	31.1	32.7	31.1	45.7
Quite happy	32.4	46.7	55.2	54.0	52.6	57.3	54.7	46.0
Not very happy	10.8	6.7	14.3	11.1	13.3	7.0	11.8	6.6
Not happy at all	13.5	5.6	2.6	6.3	3.0	2.9	2.5	1.7

'Drug Culture'

Respondents were asked: 'Have you ever offered drugs to anyone else?' Less than one in twenty of respondents of YPBA respondents admit to offering illicit drugs to others (the figure for the Omnibus respondents is only slightly higher, 5.9 percent).³³ As with exposure and use, offering drugs links strongly with age. Only just over one percent of 12 year-olds say they have offered drugs to others. This rises regularly with age for the YPBA Survey so that four percent of 16 year-old pupils say they have offered drugs once with a further 3.4 percent claiming to have offered drugs more than once to others. The pattern of older respondents being more likely to have offered drugs to others is not so clear-cut in the Omnibus survey.

Table 18: Offered Drugs To Others By Age, YPBA And Omnibus Surveys

YPBA Survey ^a					
	12 or younger	13	14	15	16 +
Never	98.8	98.0	94.6	93.8	92.6
Once	0.4	1.3	2.5	3.4	4.0
More than once	0.8	0.7	2.9	2.7	3.4

Omnibus Survey ^b										
	16	17	18	19	20	21	22	23	24	25
Never	98.8	91.9	94.3	100.0	98.1	88.5	95.8	88.2	87.5	96.0
Once	0.0	2.0	1.4	0.0	0.0	0.0	2.1	0.0	0.0	0.0
More than once	1.2	6.1	4.3	0.0	1.9	9.8	2.1	11.8	12.5	4.0

^a $p < 0.001$ (Gamma).

^b Not significant (Gamma < 0.06)

Drug use, in terms of experience, amounts and types, is associated strongly with whether respondents ever have offered drugs to someone else. As one would expect, few in both surveys who have never used drugs or who are not using drugs at present have ever offered drugs to others. Interesting, the 'None used' columns for those currently *and* frequently using drugs both show very similar low amounts of offering to others (almost as low as those who say they have never used any drug). This indicates that offering drugs to others is very rare among 'occasional'³⁴ as opposed to 'frequent' users of drugs of all types. It is the frequent users who offer drugs to others.

³³ Note that response to this question may be volatile depending upon its wording (some respondents may see the phrasing 'offered drugs' as suggesting the image of a pusher or dealer from which they would like to distance themselves. Rather than offering drugs to others, some people may agree to buy drugs for friends as a favour.

³⁴ 'Occasional' would be people stating they use a drug at present, but less often than weekly (that is, monthly to 'rarely').

Table 19a: Offered Drugs To Others By Ever Used Drugs, YPBA And Omnibus Surveys

YPBA Survey					
Drug use in lifetime:					
	Never used drugs	Solvents only	Cannabis only	'Soft' drug combination^a	'Hard' drug^b
Never	99.3	97.2	90.0	74.0	71.5
Once	0.2	1.6	6.4	13.4	15.7
More than once	0.4	1.2	3.6	12.6	12.8

Omnibus Survey[*]					
	Never used drugs	Solvents only	Cannabis only	'Soft' drug combination^a	'Hard' drug^b
Never	99.7	--	95.9	85.3	45.5
Once	0.0	--	0.0	3.5	0.0
More than once	0.3	--	4.1	11.2	54.5

^{*} Almost none in the Omnibus survey reported 'Solvent use only', so these have been placed in "'Soft" drug combinations'.
 $p < 0.001 (X^2)$.

Table 19b: Offered Drugs To Others By Currently Uses Drugs, YPBA And Omnibus Surveys

YPBA Survey					
Current drug use:					
	None used	Solvents only	Cannabis only	'Soft' drug combination^a	'Hard' drug^b
Never	99.1	92.6	81.0	66.1	63.9
Once	0.4	5.5	13.4	14.9	16.7
More than once	0.4	1.8	5.7	19.0	19.4

Omnibus Survey[*]					
	None used	Solvents only	Cannabis only	'Soft' drug combination^a	'Hard' drug^b
Never	98.8	--	87.1	71.2	54.5
Once	0.0	--	2.4	5.8	0.0
More than once	1.2	--	10.6	23.1	45.5

^{*} Almost none in the Omnibus survey reported 'Solvent use only', so these have been placed in "'Soft drug" combinations'.
 $p < 0.001 (X^2)$.

Table 19c: Offered Drugs To Others By Frequent Use Of Drugs, YPBA And Omnibus Surveys

YPBA Survey					
Frequent drug use:					
	None used frequently	Solvents only	Cannabis only	'Soft' drug combination^a	'Hard' drug^b
Never	97.6	86.8	51.4	50.0	55.8
Once	1.5	7.4	19.8	14.9	25.6
More than once	0.9	5.9	28.8	35.1	18.6

Omnibus Survey[*]				
Never	96.5	--	57.7	28.6
Once	0.7	--	3.8	0.0
More than once	2.8	--	38.5	71.4

* None in the Omnibus survey reported frequent 'Solvent use only'. Only one person reported frequent 'hard' drug use, so the "'Soft drug" combinations' and "'Hard" drug' categories have been combined (even then only seven individuals fall into this amalgamated category)..

^aUse of solvents or cannabis in combination or use of poppers, mushrooms, ecstasy, LSD, amphetamines, tranquilizers, steroids or Nubain either alone or in combination.

^bCocaine, crack, heroin or methadone either alone or in any combination with each other or with other drugs.

p < 0.001 (X²).

There is also a clear gradient of offering across the categories of types of drugs used. Among users of drugs in the YPBA sample, the 'solvents only' category shows the lowest proportions who offer drugs to others, regardless of whether one is considering the 'ever used' group or current or frequent solvent use. In contrast, 'cannabis only' users show markedly higher proportions who have offered others a drug. Frequent users of cannabis in the YPBA Survey show proportions as high as those for the 'combination' and 'hard' drug categories.

The proportions that offer drugs to others in the 'soft' drug combination category and the 'hard' drug users are basically the same. Both of these categories show higher rates of offering than the other groups (aside from the above-noted exception for frequent 'cannabis only' users). The category that shows the highest incidence of having offered drugs more than once is the frequent users of combinations of 'soft' drugs (35 percent) in the YPBA Survey (equivalent to the frequent users of any drug combinations in the Omnibus survey (71 percent).

Respondents who had ever used drugs³⁵ were asked if they had ‘*ever been in trouble with any of the following because of having used or tried drugs*’: friends; parents or other family members; ‘local people’; school authorities (school authorities/employer in the Omnibus survey); the police. Four out of ten who had ever used drugs in the YPBA Survey replied ‘yes’ to one or more categories of people. The proportion was almost half that among the Omnibus respondents, just over two out of ten. In general, smaller proportions of Omnibus respondents said they had been in trouble with any of the categories of people. Majorities of those (57 percent in the YPBA Survey, 66 percent in the Omnibus survey) had been in trouble with only one category but significant proportions said they had been in trouble with two or three categories of people. Respondents were more likely to report having been in trouble with those closest to them; especially the peer group and family. Almost a quarter of YPBA respondents said that they had been in trouble with friends at least once, followed by seventeen percent stating family members (the order was reversed among the Omnibus respondents, with fifteen percent stating family and thirteen percent giving friends). Less than six percent of YPBA drug users mentioned ever being in trouble with the police (four percent of Omnibus respondents).³⁶

Table 20: Ever Been In Trouble Due To Drug Use? YPBA And Omnibus Surveys

YPBA Survey					
	Because of drugs, have you ever been in trouble with:				
	Friends	Family	Local people	School*	Police
Never	78.1	83.5	85.7	89.7	94.1
Once	14.5	10.9	9.3	6.9	3.4
More than once	7.4	5.6	5.0	3.3	2.5
Omnibus Survey					
Never	87.3	83.4	97.5	98.0	96.0
Once	7.8	9.2	1.0	1.5	3.0
More than once	4.9	7.4	1.5	0.5	1.0

* In the Omnibus survey, respondents were asked in the same question if they had ever been in trouble with school authorities *or* employers about their drug use.

NOTE: These questions only were answered by those who stated they had used drugs at least once (excluding solvents, alcohol or tobacco). Also, approximately twenty percent of those in the YPBA Survey who claimed drug use did not answer these questions.

³⁵ Any drug used except solvents, alcohol or tobacco.

³⁶ For additional analyses of whether respondents have been in trouble by the type of drugs they have used, see Appendix 3.

First, Second And Third Drugs Used

Respondents to the Omnibus survey were asked to state which was the first, second and third drug they had ever used or tried. Among those respondents who had used drugs, cannabis was by far the most common, named by two thirds as their 'first' drug and, despite being named by so many as their first, also the most common 'second' drug named.³⁷ Amyl nitrate ('poppers') was given as the second most 'popular' first drug.

Table 21: Tabulation Of First, Second And Third Drugs Used, Omnibus Survey

Drug	First Used	Second Used	Third Used
None	--	41.7	62.8
Cannabis	66.8	15.3	4.2
Amphetamines	1.7	5.4	8.4
Lsd	3.0	6.6	5.4
Ecstasy	5.5	14.9	11.3
Amyl Nitrate	17.9	8.3	4.6
Tranquilizers	0.4	1.2	0.8
Heroin	0.0	0.0	0.4
Mushrooms	4.7	4.5	1.3
Crack	0.0	0.8	0.0
Cocaine	0.0	0.4	0.4
Steroids	0.0	0.4	0.4
Other Drugs	0.0	0.4	0.0

Just over forty percent of those who have tried drugs say they have used only one type of drug. Ecstasy, relatively rare as a first drug, is named more often as a second drug (by 15 percent of respondents). The proportion naming amyl nitrates remains high at 8 percent and LSD and amphetamines, rare as first drugs, are named by seven and five percent respectively as the second drug they experienced. These patterns continue through into the distribution of the 'third' drugs named by respondents. A further twenty percent drop out because they have only used two types of drugs. Ecstasy, LSD and amphetamines continue to be named by significant proportions of drug takers and the proportion naming amyl nitrate also continues to hold up.

³⁷ One should note, however, that solvent use was *not* included in the list of drug types. Given the association of solvent use with the very young, it is likely that it would have been given by many as their first illicit drug if it had been an option.

Table 22 allows the sequence of movement from first to second to third drug to be followed for the 235 respondents who gave a complete response to the question. While cannabis is a precursor to most second drugs due to its popularity as the first drug, three-quarters of those who have not tried any second drug also named cannabis as their first (and only) drug. The only clear link between cannabis and second drugs is with ecstasy use, where 86 percent of those who name ecstasy as their second drug also named cannabis as their first drug.

The only other demonstrable links between first and second drugs are that those who named amyl nitrate or 'magic' mushrooms as their first drug made up three-quarters of those who named cannabis as their second drug. (Amyl nitrate and 'magic' mushroom users also were less likely than the rest to report no second drug.)

When comparing the second with the third drug named, the main features worth noting are that cannabis users again make up a disproportionate number of those who do not name any third drug. LSD and ecstasy use appear to be associated. Sixty percent of those who named LSD as their second drug name ecstasy as their third drug and the converse also holds; over half of those who named ecstasy as their second drug give LSD as their third.

Table 22: First By Second By Third Drug Used, Omnibus Survey

First Drug	Second Drug		Third Drug	
Cannabis	No 2nd drug	76		
	Amphetamines	9	No 3rd drug	4
			Ecstasy	3
			Amyl nitrate	1
			Steroids	1
	LSD	9	Amphetamines	2
			Ecstasy	7
	Ecstasy	29	No 3rd drug	11
			Amphetamines	7
			LSD	6
			Tranquilizers	5
	Amyl nitrate	16	No 3rd drug	7
			Amphetamines	2
			LSD	2
Ecstasy			3	
Heroin			1	
Mushrooms			1	
Tranquilizers	2	No 3rd drug	2	
Mushrooms	9	No 3rd drug	2	
		LSD	2	
		Ecstasy	3	
		Amyl nitrate	1	
		Heroin	1	
Crack	1	Ecstasy	1	
Cocaine	1	No 3rd drug	1	
Steroids	1	No 3rd drug	1	
Other drug	1	No 3rd drug	1	
Amphetamines	No 2nd drug	1		
	Ecstasy	3	Cannabis	1
			LSD	1
			Tranquilizers	1

Table 22 Continued

First Drug	Second Drug	Third Drug
LSD	No 2 nd drug 2	
	Cannabis 9	Amphetamines 1 Amyl nitrate 1
	Mushrooms	Amphetamines 1
Ecstasy	No 2 nd drug 2	
	Cannabis 6	No 3 rd drug 3 Amphetamines 2 Amyl nitrate 1
	Amphetamines 1	Cannabis 1
	LSD 2	No 3 rd drug 1 Amyl nitrate 1
Amyl nitrate	No 2 nd drug 9	
	Cannabis 24	No 3 rd drug 13 Amphetamines 2 LSD 1 Ecstasy 6 Mushrooms 2
	Amphetamines 1	Ecstasy 1
	LSD 3	Cannabis 1 Ecstasy 2
	Ecstasy 2	Cannabis 2
	Mushrooms 1	Cannabis 1
	Crack 1	Cocaine 1
	Tranquilizers	No 2 nd drug 1
Mushrooms	No 2 nd drug 2	
	Cannabis 5	No 3 rd drug 2 LSD 1 Ecstasy 1 Amyl nitrate 1
	LSD 1	Amphetamines 1
	Amyl nitrate 2	No 3 rd drug 1 Cannabis 1
	Tranquilizers 1	Cannabis 1

Factors Associated With Drug Use

The review also indicated that more emphasis should be placed on the needs of young people identified as being 'at risk'...more attention needs to be given to identifying and targeting relevant young people through preventative strategies at school and in the youth sector.

(Drug Strategy for Northern Ireland, Para 5.8)

The tabular analyses carried out so far have established associations between a number of characteristics of respondents and their drug use (or its lack). In the YPBA Survey data, higher drug use appears in general to be associated with:

- age (older respondents reporting more experience of drugs);
- gender (boys displaying more drug use);
- being in a secondary school as opposed to a grammar school;
- receiving free school meals;
- Education and Library Board (pupils located in the Southern Board report less drug use).

One can also hypothesise that drug education should lower drug use. What is not clear is the relative strength of the effects of these background characteristics upon the young people's uptake and use of drugs and whether some of the apparent associations are in fact artefactual and should be seen more properly as reflecting other, more fundamental, associations. What is required is multivariate analyses.

To that end a series of multinomial logistic regression analyses on the YPBA data were carried out in which the hypothesized effects of the above features³⁸ upon the types and frequencies of drug use reported by the pupils were assessed. Multinomial logistic regression is a more general version of logistic regression in that the dependent variable can take on more than two categories (here, providing an efficient way of including different types of drug use within the same analysis). Furthermore, independent variables can themselves be categorical (which is the case for all the variables used here with the exception of age). The basic categories of the dependent variables in these analyses were: 1) 'hard' drug use; 2) use of combinations of 'soft' drugs;³⁹ 3) cannabis use only; 4) solvents use only; 5) 'none'⁴⁰.

³⁸ The effect of one other variable, 'School Type', and interactions of types of drug education with the age of the respondent were investigated also, but they had no significant effects upon any of the dependent measures of drug use.

³⁹ The definitions of which drugs are considered 'hard' and 'soft' has been given previously.

⁴⁰ Note that when drug use refers to 'at any point in one's lifetime', 'none' means 'never used drugs'; when the drug use categories refer to 'any current use', 'none' means 'no use at present' (so, in addition to 'never used', a respondent could have used drugs previously, but stopped); when the drug use categories refer to 'frequent use', 'none' means 'no daily or weekly use of drugs at present' (so the 'none' category in this instance can include respondents who at present could be using drugs infrequently or even have used them heavily in the past as well as those who have never used drugs).

Tables 27a, 27b and 27c below refer respectively to respondents' reported drug use: (a) *ever* in their lifetimes; (b) *any current* drug use; (c) *frequent* drug use at present. The coefficients in each column are in comparison to the 'none' group. Positive signs signify a prediction of more drug use of the type in the column, negative signs less use.

Table 23a describes predictors of whether respondents have ever used drugs. From that analysis several variables emerge as statistically significant. Being older and being a student who receives free school meals raises the likelihood of all types of drug use with the exception of the use of 'solvents only'. In contrast, pupils in the Southern Education and Library Board are less likely ever to have had experience of drugs. Experience of drug education in a youth facility such as a youth club or community centre appears to be associated with an *increased* likelihood of experience of 'hard' drugs, combinations of 'soft' drugs, and solvents. (This surprising result will be discussed at more length below.)

Table 23a: Multinomial Logistic Regression Of Ever Used Drugs^a - YPBA Survey

	'Hard' drug use	'Soft' drug combinations	Cannabis only	Solvents only
Age	0.279 ^{***}	0.683 ^{***}	0.858 ^{***}	0.020 ^{ns}
Male	0.180 ^{ns}	0.517 ^{***}	0.469 ^{***}	0.233 ^{ns}
Secondary school	-0.047 ^{ns}	0.534 ^{***}	-0.013 ^{ns}	0.432 ^{***}
School meals	0.531 ^{**}	0.391 ^{***}	0.418 [*]	0.096 ^{ns}
Education and Library Board^b:				
Southern	-1.056 ^{**}	-0.605 ^{**}	-1.118 ^{***}	0.006 ^{ns}
Belfast	-0.375 ^{ns}	0.388 ^{ns}	0.049 ^{ns}	-0.151 ^{ns}
Northeastern	-0.680 ^{ns}	-0.164 ^{ns}	-0.504 ^{ns}	-0.261 ^{ns}
Western	-0.539 ^{ns}	-0.310 ^{ns}	-0.541 ^{ns}	0.061 ^{ns}
Southeastern	0.144 ^{ns}	-0.037 ^{ns}	-0.209 ^{ns}	-0.216 ^{ns}
Drug Education Experience:				
At school	-0.330 ^{ns}	-0.268 [*]	-0.157 ^{ns}	-0.411 ^{***}
Youth group etc	0.836 ^{***}	0.697 ^{***}	0.138 ^{ns}	0.399 ^{***}
Elsewhere	0.241 ^{ns}	0.032 ^{ns}	0.371 [*]	-0.277 [*]

*** = p < 0.001

** = p < 0.01

* = p < 0.05

^{ns} = Not significant

^a Comparison group is those who have never used drugs.

^b All Education and Library boards are compared to those in integrated education.

NOTE: Type of school attended was not significant for all types of drug use.

Looking down the columns to see the pattern associated with each type of drug use, that for 'hard' drugs fits exactly with the general effects noted immediately above. The pattern for combinations of 'soft' drugs differs. In addition to the general effects, being a boy in a secondary school raises the likelihood of 'soft' drugs use and experience of drug education at school does show a weak depressant effect on amount for this category. Being older, a boy, receiving free school meals, and reporting drug education in 'other' venues links positively with experience of 'cannabis only' while being in the Southern Board links negatively. The pattern for experience of 'solvents only' differs markedly from that of the rest. Here, only attendance at a secondary school and experience of drug education through 'youth facilities' is positively linked to solvent experience with drug education at school or through 'other' venues being negatively linked.

Table 23b: Multinomial Logistic Regression Of Drug Use At Present^a YPBA Survey

	'Hard' drug use	'Soft' drug combinations	Cannabis only	Solvents only
Age	0.261 ^{***}	0.685 ^{***}	0.880 ^{***}	-0.061 ^{ns}
Male	0.458 [*]	0.513 ^{***}	0.494 ^{***}	0.376 ^{**}
Secondary school	-0.054 ^{ns}	0.470 ^{***}	0.201 ^{ns}	0.602 ^{***}
School meals	0.554 [*]	0.350 ^{**}	0.217 ^{ns}	-0.030 ^{ns}
Education and Library Board^b:				
Southern	-0.140 ^{ns}	-0.648 [*]	-0.913 ^{**}	0.064 ^{ns}
Belfast	0.501 ^{ns}	0.171 ^{ns}	0.549 ^{ns}	-0.158 ^{ns}
Northeastern	-0.102 ^{ns}	-0.164 ^{ns}	-0.279 ^{ns}	-0.234 ^{ns}
Western	0.554 ^{ns}	-0.241 ^{ns}	-0.203 ^{ns}	0.098 ^{ns}
Southeastern	1.077 ^{ns}	-0.002 ^{ns}	0.086 ^{ns}	-0.196 ^{ns}
Drug Education Experience:				
At school	-0.575 ^{**}	-0.375 ^{**}	-0.144 ^{ns}	-0.813 ^{***}
Youth group etc	0.738 ^{***}	0.737 ^{***}	0.308 [*]	0.357 [*]
Elsewhere	0.442 ^{ns}	0.161 ^{ns}	-0.054 ^{ns}	-0.666 ^{**}

*** = p < 0.001

** = p < 0.01

* = p < 0.05

^{ns} = Not significant

^a Comparison group is those who are not using drugs at present.

^b All Education and Library boards are compared to those in integrated education.

NOTE: Type of school attended was not significant for all types of drug use.

Given that two-thirds of pupils who have ever tried drugs are still using drugs, there is considerable overlap between the categories in Table 23a (ever used drugs) and Table 23b (current drug use) and this is reflected in a similarity of results. The general effects of increased age and drug education experience in 'youth facilities' raising reported drug use remain.⁴¹ The effect of gender strengthens with boys being more likely than girls to report all types of current drug use. Also, the depressant effect of school-based drug education becomes stronger.

The basic pattern for current 'hard' drug use is similar to that noted previously; with the exception being the loss of the depressive effect of being located in the Southern Board, which is replaced by reduced 'hard' drug use for those who report experiencing drug education at school. The pattern of significant causal variables for 'soft' drug combinations is unchanged except for some alterations in coefficients and levels of significance. Similarly, the patterns for cannabis and 'solvents only' use only change slightly. For 'cannabis only' use, the positive coefficient for receipt of free school meals is no longer statistically significant and it is now drug education in youth groups that appears to raise the probability of cannabis use. The only new variable appearing for current 'solvents only' use is that of gender, with boys being more likely to be current users.

The patterns for frequent drug use only differ substantially from those for all current drug use. Few background characteristics are associated with the small number of frequent users of 'hard' drugs. Being male and being in receipt of free school meals is associated weakly with the frequent use of 'hard' drugs, with exposure to drug education in schools having a significant negative effect on frequent 'hard' drug use. Frequent users of combinations of 'soft' drugs appear to be older, more likely to be male and located in secondary rather than grammar school. The frequent use of 'soft' drug combinations is also lowered by drug education at school. Basically the same variables (age, gender and secondary school) are linked to frequent 'cannabis only' use in the same manner. Here, in addition, pupils located in the Southern Education and Library Board area are less likely to be frequent cannabis users. In contrast to school-based drug education which reduces frequent use, drug education at youth facilities appears to be positively associated with frequent cannabis use. While frequent 'solvent only' users appear more likely to be males in secondary schools, there is not a significant link with age. Drug education, both at school and in 'other locations' significantly lowers frequent solvent use.

⁴¹ Though the effects of being in receipt of free school meals and location in the Southern Education and Library Board area weaken.

Table 23c: Multinomial Logistic Regression Of Frequent Drug Use At Present^a, - YPBA Survey

	'Hard' drug use	'Soft' drug combinations	Cannabis only	Solvents only
Age	0.081 ^{ns}	0.364 ^{***}	0.886 ^{***}	-0.026 ^{ns}
Male	0.765 [*]	1.152 ^{***}	1.094 ^{***}	0.510 ^{**}
Secondary school	-0.325 ^{ns}	0.648 ^{**}	0.890 ^{***}	0.819 ^{***}
School meals	0.778 [*]	0.224 ^{ns}	0.030 ^{ns}	0.252 ^{ns}
Education and Library Board^b:				
Southern	-0.025 ^{ns}	0.596 ^{ns}	-1.271 ^{**}	-0.276 ^{ns}
Belfast	0.272 ^{ns}	0.946 ^{ns}	0.407 ^{ns}	-1.110 [*]
Northeastern	0.173 ^{ns}	0.589 ^{ns}	-0.158 ^{ns}	-0.414 ^{ns}
Western	0.910 ^{ns}	0.750 ^{ns}	0.165 ^{ns}	-0.005 ^{ns}
Southeastern	0.333 ^{ns}	1.039 ^{ns}	0.087 ^{ns}	-0.607 ^{ns}
Drug Education Experience:				
At school	-0.829 ^{**}	-0.552 [*]	-0.183 ^{ns}	-1.653 ^{***}
Youth group etc	0.386 ^{ns}	0.510 ^{ns}	0.477 [*]	-0.312 ^{ns}
Elsewhere	0.426 ^{ns}	0.265 ^{ns}	-0.004 ^{ns}	-1.043 ^{**}

*** = p < 0.001

** = p < 0.01

* = p < 0.05

^{ns} = Not significant

^a Comparison group is those who are not using drugs frequently at present.

^b All Education and Library boards are compared to those in integrated education.

NOTE: Type of school attended was not significant for all types of drug use.

Looking at the results as a whole of the multinomial regression analyses of the YPBA Survey, being older, being male rather than female, attending a secondary rather than a grammar school, being in receipt of free school meals and, surprisingly, having been exposed to drug education at a 'youth facility' are all generally associated with higher rates of drug use. Conversely, being located in the Southern Education and Library Board and having received drug education at school are both linked to lower rates of drug use.

While it is partly beyond the scope of these quantitative data, it is worthwhile to consider the reasons that may underlie these empirical results. As was observed in the earlier crosstabular analyses, the association of age with increased drug use is both a function of time (if youth are choosing to sample drugs for the first time at a fairly constant rate, the proportion who have used drugs will rise with the passage of time and increasing age) and opportunity (older youth are more likely to have been exposed to drugs). Cultural factors may predispose males towards drugs if boys are more prone to risk-taking and the *machismo* of indulging in illicit activities. Additionally, boys probably have more opportunity since they may be less tightly controlled than girls (note that the most common venue for a first drug experience was on the street). American research would suggest that boys are more likely than girls to have an opportunity to use drugs but that there is no male-female difference with respect to trying a drug once an opportunity to do so has been experienced (Van Etten *et al*, 1999).

Being located in a secondary, as opposed to a grammar, school and being in receipt of free school meals both can be seen as proxy measures of social standing. The relationship between household income and drug use tends to be U shaped, with the highest levels of drug use at the two extreme ends (Ramsey *et al*, 2001). The relationship between using some drugs and living in a deprived area is well established in some locales (Goulden and Sondhi, 2001) however it is not possible to examine this with any sensitivity here.⁴² Similarly, the significant effect of being located in the Southern Education and Library Board may be a weakened effect of geographical location or the contrast between urban and rural environments. The urban/rural dimension is an important predictor of lifetime prevalence rates, though much less so of prevalence rates for current users (Ramsey and Partridge, 1999).⁴³

The consistently strong finding that drug education delivered through 'youth facilities' is *positively* associated with drug use was a surprise. It seems counterintuitive that drug education could promote drug use (and note that school-based drug education *does* associate with less drug use). It may be that the standard of drug education in some instances is so poor that it has an effect opposite from that which is intended. Another possible explanation for this apparently anomalous finding is that the variable 'experience of drug education in a "youth facility"' may in fact be more an indicator of participation in youth culture and peer groups than a measure of drug education.⁴⁴ Youth may be receiving anti-drug education in youth clubs, community centres and the like but, at the same time, the effect of this education may be swamped by exposure. Also, unlike school attendance, frequenting youth clubs, community groups and the like is not required, so young people self-select by choosing or not choosing to go.⁴⁵

⁴² The survey has few measures of the background of the pupils. It is particularly unfortunate that there are no direct measures of the social class of the parents or the economic situation of the family, such as parents' employment or family income (even whether both parents are present in the home is not known).

⁴³ Again, the survey has no direct measures of either rural/urban location or geographical area, forcing the analyst to use the proxy of Education and Library Board.

⁴⁴ Another possible explanation could have been that 'youth facility' drug education interacts with age, so that, perhaps due to 'saturation', older respondents are less affected by drug education than younger youth. Since older respondents are more likely to be using drugs, this conceivably could produce an artifactual link between drug education and drug use. However, when interactions of age with all three types of drug education were included in multinomial models, but the effects of interaction variables were uniformly non-significant.

⁴⁵ As noted above the YPBA Survey also contained a variable, 'School Type', which did not show any significant effects when included in the multinomial models. 'School type' consists of four categories: 1)

Multinomial regression analyses also were carried out on the Omnibus survey data. These analyses, however, cannot replicate the YPBA analysis. Aside from age, gender and the three types of drug education experienced, the independent variables used in the YPBA analysis are not available in the Omnibus data.⁴⁶ Since replication was not possible and the Omnibus data did contain some additional variables that could be hypothesized as exerting significant effects upon patterns of drug use, three additional variables were included in the Omnibus analyses: religion (whether Catholic or not); educational qualification⁴⁷; employment status. The smaller size of the Omnibus sample and the rarity of some of the drug use categories, also required alterations in the analysis.

In some respects, the Omnibus results coincide with those found for YPBA. The relationship between genders holds, with males being positively associated with more intensive and extreme drug use. Men are significantly more likely to exhibit all the types of drug use modelled in the Omnibus multinomial regressions with the exception of experience at some time in one's lifetime of combinations of 'soft' drugs. The positive association between being older and drug use persists for cannabis use 'ever' and 'at present' and for 'ever' experience of combinations of 'soft' drugs. In contrast to the YPBA analyses, however, aside from drug education through a youth group exerting a positive effect upon lifetime use of 'soft' drug combinations, drug education has no significant effects, positive or negative, upon drug use patterns.

Turning to the variables 'new' in the Omnibus data, similar to the YPBA results for 'school type', religion, in terms of whether respondents were Catholic or not, has no effect on drug use patterns. Similarly, the amount of educational qualification displays no statistically significant effects except for a weak positive association with lifetime experience of 'cannabis only'. In contrast, being either unemployed or only in part-time work is associated with 'hard' drug use, both at some time in respondents' lifetimes and at present. Unemployment also is significantly associated with lifetime experience of 'soft' drug combinations and this is consistent with much of the research (see, for example, MacDonald and Pudney, 1998)

'Controlled' (state (that is, mostly Protestant) secondary (and some grammar) schools); 2) 'Voluntary' (all Catholic grammar schools plus *most* Protestant grammar schools); 3) 'Roman Catholic maintained' (all Catholic secondary schools); 4) 'Grant maintained integrated' schools (religiously integrated schools). So, 'School Type' can be considered a (poor) indicator of the possible religion of respondents, which is contaminated by being also tangled up in the divide into secondary and grammar schools (and also contaminated by an association with the variable 'Education and Library Boards' – pupils in the 'Grant maintained integrated' schools category were not given an Education and Library Board coding). To check this further, a set of multinomial regressions were carried out on a subset of the sample restricted to secondary school students only (which allows a direct comparison between pupils in 'Catholic maintained' and state ('Protestant') secondary schools). School type still did not exert any significant effects upon any of the categories of drug use. The failure of this variable to appear as a significant feature in any of the multivariate models can be taken with some caution as a weak indication that the religion of a young person is not relevant for their pattern of drug-taking or drug abstinence.

⁴⁶ Also, instead of asking about drug education received in the last year, the Omnibus questions ask about any drug education in the respondent's lifetime.

⁴⁷ However, because about half the YPBA respondents have not completed their education, this variable is far from ideal

Table 24a: Multinomial Regression Of Ever Used Drugs, Omnibus Survey^a

	'Hard' drug use	'Soft' drug combinations	Cannabis only
Age	0.175 ^{ns}	0.107 [*]	0.136 [*]
Male	1.597 ^{**}	0.343 ^{ns}	0.528 [*]
Catholic	-0.659 ^{ns}	-0.096 ^{ns}	0.000 ^{ns}
Educational Qualification^b:			
Higher education	-1.263 ^{ns}	0.753 ^{ns}	1.345 [*]
A-level equivalents	-0.501 ^{ns}	0.220 ^{ns}	0.502 ^{ns}
Other qualifications	-1.052 ^{ns}	0.018 ^{ns}	0.138 ^{ns}
Employment Status^c:			
Full-time	0.834	0.005 ^{ns}	-0.829 [*]
Part-time	2.371 ^{**}	0.468 ^{ns}	0.224 ^{ns}
Unemployed	2.445 ^{**}	1.217 ^{***}	-0.721 ^{ns}
Training programme	--	0.498 ^{ns}	-1.200 ^{ns}
Drug Education Experience:			
At school	-0.045 ^{ns}	-0.095 ^{ns}	0.321 ^{ns}
Youth group etc.	0.249 ^{ns}	0.703 ^{***}	-0.260 ^{ns}
Elsewhere	0.721 ^{ns}	0.146 ^{ns}	0.064 ^{ns}

*** = p < 0.001

** = p < 0.01

* = p < 0.05

^{ns} = Not significant

^a Comparison group is those who have never used drugs.

^b Educational qualification levels are compared to those with no qualification.

^c Employment status categories are compared to those still in education.

Table 24b: Multinomial Regression Of Drug Use At Present, Omnibus Survey

	'Hard' drug use	'Soft' drug combinations	Cannabis only
Age	0.155 ^{ns}	0.074 ^{ns}	0.122 [*]
Male	1.887 ^{**}	0.629 [*]	0.621 ^{**}
Catholic	-0.232 ^{ns}	0.159 ^{ns}	0.100 ^{ns}
Educational Qualification^b:			
Higher education	-1.242 ^{ns}	1.082 ^{ns}	0.587 ^{ns}
A-level equivalents	-0.481 ^{ns}	0.820 ^{ns}	0.530 ^{ns}
Other qualifications	-1.428 ^{ns}	0.350 ^{ns}	-0.077 ^{ns}
Employment Status^c:			
Full-time	1.655 ^{ns}	0.017 ^{ns}	-0.447 ^{ns}
Part-time	3.815 ^{**}	-0.108 ^{ns}	0.065 ^{ns}
Unemployed	4.083 ^{***}	0.544 ^{ns}	-0.057 ^{ns}
Training programme	--	0.728 ^{ns}	-1.034 ^{ns}
Drug Education Experience:			
At school	0.906 ^{ns}	0.127 ^{ns}	0.080 ^{ns}
Youth group etc.	0.322 ^{ns}	0.518 ^{ns}	0.120 ^{ns}
Elsewhere	0.332 ^{ns}	0.244 ^{ns}	0.153 ^{ns}

*** = p < 0.001

** = p < 0.01

* = p < 0.05

^{ns} = Not significant

^a Comparison group is those who are not using drugs at present.

^b Educational qualification levels are compared to those with no qualification.

^c Employment status categories are compared to those still in education.

Table 24c: Multinomial Regression Of Frequent Cannabis Use At Present^a, Omnibus Survey

	Cannabis only
Age	0.027 ^{ns}
Male	1.447 ^{**}
Catholic	0.199 ^{ns}
Educational Qualification^b:	
Higher education	-0.997 ^{ns}
A-level equivalents	0.586 ^{ns}
Other qualifications	0.133 ^{ns}
Employment Status^c:	
Full-time	0.217 ^{ns}
Part-time	0.996 ^{ns}
Unemployed	1.106 ^{ns}
Training programme	--
Drug Education Experience:	
At school	0.405 ^{ns}
Youth group etc.	-0.034 ^{ns}
Elsewhere	0.374 ^{ns}

** = p < 0.01

^{ns} = Not significant

^a Comparison group is those who are not using drugs frequently at present.

^b Educational qualification levels are compared to those with no qualification.

^c Employment status categories are compared to those still in education.

Factors Affecting The Take-Up Of Drugs

The above analyses in the main have centred upon the YPBA and Omnibus samples as wholes. One should note, however, that illicit drug use cannot take place without exposure to drugs or the opportunity to procure drugs and that substantial proportions of both samples report that they have never been offered drugs. (In the YPBA sample, a considerable majority of the pupils, over two-thirds, say they have never been offered drugs. Reflecting their older age profile, the proportion in the Omnibus survey is considerably smaller, but still significant at over forty percent.) An analysis of the factors affecting respondents' decisions to try illicit drugs may produce different results if it is restricted only to those 'at risk', those who have been offered drugs.

Table 25a displays the results of a multinomial regression analysis of the factors affecting progression to drug use similar to that given for the whole YPBA sample, only restricted to those who state they have been offered drugs. In general, compared to the whole sample, the coefficients for age are less significant for 'hard' drugs, combinations of 'soft' drugs and cannabis use. This is probably due to those who have been exposed to drugs tending on average to be older than the rest. Age no longer significantly predicts whether or not a pupil has taken 'hard' drugs and, while still highly significant, the positive age coefficients for combinations of 'soft' drugs and cannabis use only are smaller. In contrast, probably reflecting the tendency for the experience of solvents as the only illicit drug used to be concentrated among the YPBA younger respondents, once those who have never been offered drugs are removed from the analysis, age now has a significant, but negative, effect upon subsequent use of 'solvents only'. The negative effect of being located in the Southern Education and Library Board school is no longer significant for 'hard' and 'soft' drug use and cannabis use and in fact becomes positively significant for 'solvents only' use, indicating that the reason that lower levels of drug use are found in the Southern Board are due more to lack of exposure than to any other factor. The equivalent disappearance of 'in receipt of school meals' as a significant factor implies a similar conclusion – higher levels of drug use among children located in less well off families may be more due to higher exposure to drugs than anything else.

Age is less strongly linked to exposure to drugs across the older age span of the Omnibus respondents and the other two variables whose effects were significantly different in the YPBA table above – Education and Library board and 'in receipt of school meals' – are not present in the Omnibus data. Also, a larger proportion of the Omnibus sample has been offered drugs at some time in their lives. Consequently, there are fewer contrasts between the results of analyses of the factors affecting type of drug use for the whole Omnibus sample and an analysis restricted to those who have ever been offered drugs. In fact, aside from older age being weakly associated with 'hard' drug use and the positive effect of drug education in youth groups upon use of 'soft' drug combinations being supplanted by a negative association with 'cannabis only' use, the overall pattern of results when the multinomial regressions are restricted only to those who have been offered drugs remarkably resemble those for the whole sample.

Table 25a: Multinomial Logistic Regression Of Take-Up Of Drug Offers^a, YPBA Survey

	Subsequent drug use?:			
	'Hard' drug use	'Soft' drug combinations	Cannabis only	Solvents only
Age	-0.077 ^{ns}	0.371 ^{***}	0.572 ^{***}	-0.301 ^{***}
Male	0.035 ^{ns}	0.395 ^{***}	0.297 ^{ns}	-0.273 ^{ns}
Secondary school	0.187 ^{ns}	0.767 ^{***}	0.198 ^{ns}	0.596 ^{***}
School meals	0.334 ^{ns}	0.238 ^{ns}	0.211 ^{ns}	-0.084 ^{ns}
Education And Library Board^b:				
Southern	-0.311	-0.037 ^{ns}	-0.544 ^{ns}	0.711 [*]
Belfast	-0.311	0.270 ^{ns}	0.139 ^{ns}	-0.041 ^{ns}
Northeastern	-0.204 ^{ns}	0.141 ^{ns}	-0.188 ^{ns}	0.287 ^{ns}
Western	0.066 ^{ns}	0.066 ^{ns}	-0.216 ^{ns}	0.414 ^{ns}
Southeastern	0.387 ^{ns}	0.049 ^{ns}	-0.172 ^{ns}	0.008 ^{ns}
Drug Education Experience:				
At school	-0.145 ^{ns}	-0.133 ^{ns}	-0.052 ^{ns}	0.197 ^{ns}
Youth group etc	0.424 [*]	0.335 ^{**}	-0.191 ^{ns}	0.125 ^{ns}
Elsewhere	0.125 ^{ns}	-0.023 ^{ns}	0.325 ^{ns}	-0.112 ^{ns}

*** = p < 0.001

** = p < 0.01

* = p < 0.05

^{ns} = Not significant

^a Comparison group is those offered drugs but never took any drug. Analysis is restricted only to those who have ever been offered drugs (N = 1,977).

^b All Education and Library boards are compared to those in integrated education.

NOTE: Type of school attended was not significant for all types of drug use.

Table 25b: Multinomial Regression Of Take-Up Of Drug Offers^a, Omnibus Survey^a

	'Hard' drug use	'Soft' drug combinations	Cannabis only
Age	0.251 [*]	0.146 [*]	0.175 [*]
Male	1.537 ^{**}	0.133 ^{ns}	0.416 ^{ns}
Catholic	-0.955 ^{ns}	-0.331 ^{ns}	-0.250 ^{ns}
Educational Qualification^b:			
Higher education	-2.025 ^{ns}	-0.041 ^{ns}	0.431 ^{ns}
A-level equivalents	-0.975 ^{ns}	-0.287 ^{ns}	0.075 ^{ns}
Other qualifications	-1.169 ^{ns}	-0.196 ^{ns}	-0.095 ^{ns}
Employment Status^c:			
Full-time	0.585 ^{ns}	-0.059 ^{ns}	-0.867 [*]
Part-time	2.226 [*]	0.478 ^{ns}	0.273 ^{ns}
Unemployed	2.398 ^{**}	1.223 ^{**}	-0.587 ^{ns}
Training programme	--	0.807 ^{ns}	-0.860 ^{ns}
Drug Education Experience:			
At school	-0.032 ^{ns}	-0.070 ^{ns}	0.428 ^{ns}
Youth group etc.	-0.324 ^{ns}	0.264 ^{ns}	-0.694 [*]
Elsewhere	0.316 ^{ns}	-0.112 ^{ns}	-0.264 ^{ns}

*** = p < 0.001

** = p < 0.01

* = p < 0.05

^{ns} = Not significant

^a Comparison group is those offered drugs but never took any drug. Analysis is restricted only to those who have ever been offered drugs (N = 374)..

^b Educational qualification levels are compared to those with no qualification.

^c Employment status categories are compared to those still in education.

Stopping Drug Use

Not all young people who have experimented with drugs continue to use them. In both surveys, approximately one-third of those who report having used drugs at some point in their lives now say they have ceased use. The surveys did not ask directly about the circumstances or reasons why people quit (or, perhaps more accurately for many, did not continue on after an initial experimentation). Through a multivariate analysis, however, it is possible to develop a picture of the characteristics of those who continue on versus those who stop.

Table 26a: Bivariate Logistic Regression Of Ceased Drug Use^a, YPBA Survey

Age	-0.050 ^{ns}
Male	-0.314 ^{**}
Secondary school	-0.278 [*]
School meals	0.215 ^{ns}
Education and Library Board^b:	
Southern	-0.167 ^{ns}
Belfast	-0.267 ^{ns}
Northeastern	-0.128 ^{ns}
Western	-0.459 ^{ns}
Southeastern	-0.241 ^{ns}
Drug Education:	
At school	0.687 ^{***}
In youth club, community group etc.	-0.064 ^{ns}
Elsewhere	0.316 ^{ns}
Drug experience:	
Previously used 'hard' drugs^c	-2.189 ^{***}
Previously used combinations of 'soft' drugs^c	-1.276 ^{***}
Previously used cannabis only^c	-0.433 ^{**}

*** = p < 0.001

** = p < 0.01

* = p < 0.05

^{ns} = Not significant

^a Comparison group is those who are still using drugs.

^b All Education and Library boards are compared to those in integrated education.

^c Compared to those who previously used solvents only.

A bivariate logistic regression similar to the multinomial regressions reported above was carried out on all respondents who had ever used drugs in which the dependent variable was whether or not they had now ceased drug use. A positive sign for a coefficient indicates cessation of drug use. The same independent variables are used as before with the addition of type of drug use practiced (*formerly* for those who have now stopped, *present* drug use for those who continue to take drugs).

In the YPBA sample, boys are less likely to have ceased using drugs (implying that girls are more likely to sample drugs and then stop) and attending a secondary school is weakly associated with continuing drug use. Experience of drug education at school is highly significantly associated with the cessation of drug use. The strongest effects, however, are associated with the type of drug use itself. 'More extreme' drug users, particularly those who use 'hard' drugs, are less likely to have stopped. In the Omnibus data, the only variable found to predict cessation of drug use is previous use of 'hard' drugs, which is associated with continuing to use drugs. So, in a way, one can say that the strongest predictor of future drug use in both samples is the severity of current drug use.⁴⁸

As well as ceasing to use drugs, it is also possible that youth may moderate their use, using drugs less or stopping multiple drug use or the use of some of the more dangerous drugs. Some insight into this can be gained by comparing respondents' reported drug use over their lifetime with that reported at present. Of all those who report using at least one illicit drug at some point in their lives, only about one-third in both surveys now claim to have stopped use altogether. The changes in drug use over time are quite different depending upon the type of drugs. In the YPBA Survey, two-thirds of the relatively small number who report ever having used 'hard' drugs are still using them (in the Omnibus survey, the figure is 50 percent). A partial explanation for this could be that there is a progression of drug use so that it takes time for respondents to move on to 'harder' drugs (hence having less time subsequently to have ceased use).⁴⁹ Other explanations of course are that 'hard' drugs are more addictive and that participation in a drug sub-culture will be more intense amongst 'hard' drug users. Only about ten percent of previous 'hard' drug users in both surveys now claim to be using no drugs at all, the smallest proportion of all types of drug use. Of those who have stopped 'hard' drugs, but still continue to use other drugs, the most common pattern in the YPBA Survey is combinations of 'soft' drugs and in the Omnibus survey, cannabis only.

⁴⁸ The effect of drug use is associated with age. If current/previous drug use is not included in the model, age does significantly affect whether one has ceased to use drugs. Older respondents have had more time to take up drugs and then subsequently stop using them so age is positively associated with stopping.

⁴⁹ Being older is associated with 'hard' drug use, which is congruent with this explanation. While a moderation in drug use can be assessed through the information collected by the surveys, data is insufficient, however, to investigate the reverse directly, the possibility of a progression from moderate to more severe drug use.

Table 26b: Bivariate Logistic Regression Of Ceased Drug Use^a, Omnibus Survey

Age	0.023 ^{ns}
Male	-0.523 ^{ns}
Catholic	
Educational Qualification^b:	
Higher education	-0.552 ^{ns}
A-level equivalents	-1.050 ^{ns}
Other qualifications	-0.220 ^{ns}
Employment Status^c:	
Full-time	0.238 ^{ns}
Part-time	0.449 ^{ns}
Unemployed	0.335 ^{ns}
Training programme	0.408 ^{ns}
Drug Education:	
At school	-0.124 ^{ns}
In youth club, community group etc.	0.073 ^{ns}
Elsewhere	-0.114 ^{ns}
Drug Experience:	
Previously used 'hard' drugs^c	-2.359 ^{**}
Previously used combinations of 'soft' drugs^d	0.387 ^{ns}

** = p < 0.01

^{ns} = Not significant

^a Comparison group is those who are still using drugs.

^b Educational qualification levels are compared to those with no qualification.

^c Employment status categories are compared to those still in education.

^d Compared to those who previously used cannabis only.

Table 27a: Previous by present drug use*, YPBA Survey

Current drug use	'Most extreme' drug use in lifetime:			
	'Hard' drug use	'Soft' drug combinations ^a	Cannabis only ^b	Solvents only ^c
'Hard' drug use	64.9	--	--	--
'Soft' drug combinations	15.1	55.5	--	--
Cannabis only	3.2	17.9	59.6	--
Solvents only	6.5	4.6	--	52.5
Ceased drug use	10.3	22.0	40.4	47.5
(N)	(185)	(546)	(255)	(558)

* Table includes only respondents who state they have used drugs at least once in their lifetime.

^a Respondents reporting 'soft' drug combinations as the most drug extreme use in their lifetimes cannot be recorded as 'hard' drug users currently.

^b Lifetime 'cannabis only' users can only report either continuing or ceasing to use that drug at present.

^c Lifetime 'solvents only' users can only report either continuing or ceasing to use that drug at present.

Table 27b: Previous By Present Drug Use*, Omnibus Survey

Current drug use	'Most extreme' drug use in lifetime:		
	'Hard' drug use	'Soft' drug combinations ^a	Cannabis only ^b
'Hard' drug use	50.0	--	--
'Soft' drug combinations	13.6	34.3	--
Cannabis only	27.3	25.9	56.8
Ceased drug use	9.1	39.9	43.2
(N)	(22)	(143)	(74)

* Table includes only respondents who state they have used drugs at least once in their lifetime.

^a Respondents reporting 'soft' drug combinations as the most drug extreme use in their lifetimes cannot be recorded as 'hard' drug users currently.

^b Lifetime 'cannabis only' users can only report either continuing or ceasing to use that drug at present.

The majority (56 percent) of previous users of combinations of 'soft' drugs in the YPBA Survey continue to do so while in the Omnibus survey the figure is smaller. Compared to the 'hard' drug users, many more (22 percent in the YPBA Survey and 40 percent in the Omnibus survey) now claim to use no drugs with almost as many saying they have cut back to cannabis only. Of those who have only used cannabis in their lifetimes, about sixty percent continue to do so at present. The 'solvents only' group (only present in significant numbers in the YPBA sample) shows the largest amount of cessation; almost half claim no longer to be using any drug.

Suggestions For Further Research

Building upon the work undertaken since 1996, a new Information and Research Strategy, in support of this strategy document will be developed. This will aim to improve the knowledge or evidence base in Northern Ireland related to the four aims outlined in this Strategy. It is recognised that it is of vital importance at both regional and local levels to have a good evidence base, and to monitor and evaluate both process and outcomes in order to inform the implementation of the overall Strategy.
(Drug Strategy for Northern Ireland, Para 11.8)

The data available from these two surveys concentrated upon information about the types of drugs that potentially could be used by young people and their patterns of use. Given the well-rehearsed provisos about the reliability of drug use figures based upon self-reports, the results, especially those based upon the large YPBA Survey sample, can be considered comprehensive. As well as providing answers, however, the findings also raise new questions and some are also a cause for concern. The results above point to at least three areas about which more needs to be known. Specifically:

- 1) the relative importance and types of influence that may be exerted by a variety of background factors upon drug use;
- 2) the social context surrounding drug use and the decisions to take up or cease using various types of drugs;
- 3) the content, perception and effects of drug education.

While being comprehensive in the information collected about the types and extent of drug use, the survey datasets suffered from a lack of information about various background factors that may well be associated with drug use. Specifically, there was no direct information about the composition of the young person's household, the social conditions of their locality or their geographic location. The type of information collected could include the following:

- for the household: whether the household is single parent or not; information on the social standing of the household (for example, whether the parent(s) are unemployed, the level of their employment, the wealth or lack of wealth possessed by the household etc.); the number of siblings and the respondent's position in the birth order; whether there is any history of drug use by other members of the household (either siblings or parents);

- for locality/geographic area: a detailed coding of geographic area should be used in order to link information on the respondent with other sources of data about the area in which they live; for example: whether the area is urban or rural; measures of the affluence or impoverishment of the area; local statistics on health, drug use or crime.

More need to be known about the social context of drug use, particularly the influence for good or ill of the peer group and, within families, the quality of the parent-child relationship. The scope of quantitative methods for collecting these types of data is limited. Qualitative techniques, such as in-depth interviews across a wide range of young people, perhaps targeting 'at risk' categories, focus groups of young persons, or even observation of areas where young persons congregate, would be more likely to elicit information of this nature.

The decidedly mixed results for the effects of drug education in this study point clearly to a pronounced need for more research. While this report discusses possible reasons why some types of drug education appear to have no effect upon drug use or even to make drug use *more* likely, without hard information this discussion had to be speculative. Research is needed to establish: the amount of drug education delivered and its content; evaluative, critical measures of the quality and efficacy of drug education; the perception by young people of the drug education they receive and the ways in which they make use of information about drugs. While some of this research would involve the collection of quantitative data, most of the types of information required would be obtained more effectively by qualitative techniques such as those mentioned above.

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APPENDIX 1

SUPPLEMENTARY TABLES FOR HEALTH AND SOCIAL SERVICES BOARDS

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Table A1^a: Frequency Of Smoking, Health And Social Services Boards^b

	Northern	Eastern	Southern	Western	All of N.I. ^c
Every day	9.0	9.3	7.4	8.6	8.7
Weekly	2.7	3.0	2.4	2.1	2.6
Less than weekly	1.6	2.3	1.6	3.3	2.2
Do not smoke now	21.1	21.2	18.8	24.4	21.4
Never smoked	65.6	64.2	69.8	61.6	65.0

^a Relates to Table 2a in Main Report.

^b $p < 0.001$ (X^2).

^c 'All of N.I.' includes the 294 respondents in integrated schools for whom Health and Social Services Board was not given.

Table A2^a: Frequency Of Alcohol Use, Health And Social Services Boards^b

	Northern	Eastern	Southern	Western	All of N.I.
Daily	1.4	1.4	1.3	1.4	1.4
Weekly	18.5	20.1	13.9	15.9	17.4
Monthly	13.5	13.8	11.8	11.1	12.7
Rarely	19.9	18,5	15.9	19.8	18.3
Do not drink	46.6	46.2	57.1	51.7	50.1

^a Relates to Table 2a in Main Report.

^b $p < 0.001$ (X^2).

Table A3^a: Solvent Use, Health And Social Services Boards^b

	Northern	Eastern	Southern	Western	All of N.I.
Daily	0.9	0.6	0.6	1.3	0.8
Weekly	2.5	1.3	3.0	4.8	2.9
Monthly	1.0	2.0	1.1	1.2	1.4
Yearly	1.0	0.8	1.0	1.0	0.9
Rarely	3.0	2.8	3.0	3.0	3.0
Not any more	6.8	8.5	7.1	7.3	7.5
Offered, never used	9.4	11.8	6.8	8.8	9.3
Neither offered nor used	75.4	72.3	77.4	72.6	74.3

^a Relates to Table 2a in Main Report.

^b $p < 0.001$ (X^2).

Table A4^a: Cannabis Use, Health And Social Services Boards^b

	Northern	Eastern	Southern	Western	All of N.I.
Daily	1.3	1.2	0.3	1.2	1.0
Weekly	1.7	2.1	0.8	2.5	1.8
Monthly	2.7	4.3	1.9	2.8	3.0
Yearly	1.2	1.6	0.6	1.5	1.2
Rarely	2.5	3.6	1.6	2.2	2.5
Not any more	3.2	4.1	2.7	2.2	3.3
Offered, never used	8.0	12.4	6.6	7.0	8.7
Neither offered nor used	79.3	70.7	85.4	80.7	78.5

^a Relates to Table 2a in Main Report.

^b $p < 0.001$ (X^2).

Table A5^a: % Ever Offered Drugs^b By Age, Health and Social Services Boards^c

Age	Northern	Eastern	Southern	Western	All of N.I.
12 or younger	10.4	8.4	9.7	11.0	9.8
13	13.0	16.5	16.4	14.5	15.5
14	21.2	24.3	22.1	23.4	23.0
15	28.7	26.8	22.6	23.7	25.6
16 or older	26.7	24.1	29.2	27.4	26.1
Mean age offered a drug^{c d}	12.6	12.5	12.9	12.8	12.6

^a Relates to Table 5a in Main Report.

^b *Excluding* solvents.

^c Overall difference between Boards for 'ever offered a drug' is significant ($p < 0.001$ (X^2)).

^d Based only of those who have been offered a drug at some point in their lives.

^d Difference between Boards in mean age offered a drug is not significant (F).

Table A6^a: % Ever Used A Drug^b By Age, Health And Social Services Boards^c

Age	Northern	Eastern	Southern	Western	All of N.I.
12 or younger	11.3	12.9	12.0	16.5	13.5
13	15.3	20.0	13.9	20.4	19.6
14	30.2	28.8	19.6	26.7	26.7
15	26.7	36.7	26.7	31.9	31.3
16 or older	41.3	42.3	36.2	40.1	39.6
Mean age first used a drug^{c d}	12.5	12.4	12.4	12.2	12.4

^a Relates to Table 5a in Main Report.

^b *Including* solvents.

^c Overall difference between Boards for 'ever used a drug' is significant ($p < 0.001$ (X^2)).

^d Based only of those who have used a drug at some point in their lives.

^d Difference between Boards in mean age first used a drug is not significant (F).

Table A7^a: Who First Offered Drugs To Respondent, Health And Social Services Boards^b

	Northern	Eastern	Southern	Western	All of N.I. ^c
Friend or person my own age I knew	53.7	53.4	40.4	45.6	53.8
Someone my own age I didn't really know	19.6	25.1	26.4	19.3	17.9
A relative (sibling, cousin, uncle etc.)	3.7	4.8	4.5	6.6	6.1
Adult known to me	9.9	7.0	10.6	10.2	9.5
Adult not known to me	11.5	8.0	14.7	11.7	8.5
No one offered, got them myself	1.6	1.7	3.4	6.6	4.2

^a Relates to Table 5b in Main Report, tabulations only for those who have used drugs.

^b $p < 0.001$ (X^2).

^c 'All of N.I.' includes the 294 respondents in integrated schools for whom Health and Social Services Board was not given.

Table A8^a: Where Offered Drugs The First Time, Health And Social Services Boards^b

	Northern	Eastern	Southern	Western	All of N.I. ^c
Somewhere outside (park, street, entry etc.)	45.3	47.9	43.8	47.0	47.0
At a rave, disco, club, concert etc.	11.8	10.3	17.7	15.5	11.8
At a pub	1.6	0.2	0.8	2.7	0.8
At a party	10.9	13.9	12.1	9.5	11.6
At someone else's house (not a party)	14.3	13.4	12.1	12.1	16.0
In my own house	2.5	3.1	2.3	2.7	3.0
At school	7.1	5.0	4.2	4.5	4.2
On holiday	1.9	2.3	2.6	1.9	1.5
Somewhere else	4.7	4.0	4.5	4.2	4.0

^a Relates to Table 5c in Main Report, tabulations only for those who have used drugs.

^b Difference between Boards is not significant (X^2).

^c 'All of N.I.' includes the 294 respondents in integrated schools for whom Health and Social Services Board was not given.

Table A9^a: % Using Solvents By Age, Health And Social Services Boards^b

Age	Northern	Eastern	Southern	Western	All of N.I. ^c
12 or younger	7.0	6.4	8.0	10.1	4.1
13	7.8	8.6	7.3	10.6	8.2
14	12.3	6.8	8.0	11.9	11.9
15	9.2	9.5	8.9	14.1	11.9
16 or older	4.8	5.4	11.5	7.3	12.7

^a Relates to Table 7 in Main Report.

^b Overall difference between Boards for solvent use is significant ($p < 0.001$ (X^2)).

^c 'All of N.I.' includes the 294 respondents in integrated schools for whom Health and Social Services Board was not given.

Table A10^a: % Using Cannabis By Age, Health And Social Services Boards^b

Age	Northern	Eastern	Southern	Western	All of N.I.^c
12 or younger	1.6	1.6	0.5	1.0	0.9
13	2.0	4.3	0.3	3.8	1.9
14	10.5	14.5	3.0	10.0	7.9
15	13.4	21.7	8.7	16.6	10.7
16 or older	25.7	27.5	17.7	24.7	14.0

^a Relates to Table 10a in Main Report.

^b Overall difference between Boards for cannabis use is significant ($p < 0.001$ (X^2)).

^c 'All of N.I.' includes the 294 respondents in integrated schools for whom Health and Social Services Board was not given.

Table A11^a: % Receiving Drug Education In Last Year, Health And Social Services Boards^b

Received education	Northern	Eastern	Southern	Western	All of N.I.
At school^b	76.9	73.4	72.4	66.2	72.9
At youth facility^b	22.4	26.3	18.7	21.2	22.4
Other source^c	19.7	21.3	18.9	20.9	20.3

^a Relates to Table 14 in Main Report.

^b $p < 0.001$ (X^2).

^c Difference between Boards not significant.

Table A12^a: Knowledge Of Effects/Risks Of Drugs, Health And Social Services Boards^b

	Northern	Eastern	Southern	Western	All of N.I.^c
Know a lot	31.5	32.0	32.3	31.7	32.3
Know quite a bit	36.7	38.4	38.1	34.9	37.1
Know some	20.9	20.6	18.6	20.1	19.8
Know very little	6.2	5.8	5.9	7.0	6.0
Know nothing at all	4.7	3.2	5.2	6.3	4.7

^a Relates to Table 14 in Main Report.

^b $p < 0.05$ (X^2).

^c 'All of N.I.' includes the 294 respondents in integrated schools for whom Health and Social Services Board was not given.

Table A13a^a: Lifetime Experience Of Drugs, Health And Social Services Boards^b

	Northern	Eastern	Southern	Western	All of N.I.
'Hard' drugs	2.4	4.0	1.8	3.3	2.9
'Soft' drug combinations	9.3	10.6	6.2	8.1	8.7
Cannabis only	4.0	5.4	2.5	3.9	4.1
Solvents only	7.8	6.9	10.0	10.9	8.9
Never used any drug	76.5	73.1	79.5	73.8	75.5

^a Relates to Tables 15 and 19 in Main Report.

^b $p < 0.001$ (X^2).

Table A13b^a: Current Use Of Drugs, Health And Social Services Boards^b

	Northern	Eastern	Southern	Western	All of N.I.
'Hard' drugs	1.2	2.6	1.2	2.7	1.9
'Soft' drug combinations	5.7	6.0	3.7	5.3	5.3
Cannabis only	3.8	6.0	2.2	3.9	4.1
Solvents only	4.5	3.8	6.0	6.8	5.2
No current drug use	84.8	81.5	86.9	81.2	83.5

^a Relates to Tables 15 and 19 in Main Report.

^b $p < 0.001$ (X^2).

Table A13c^a: Frequent Use Of Drugs, Health And Social Services Boards^b

	Northern	Eastern	Southern	Western	All of N.I.
'Hard' drugs	0.6	0.7	0.4	1.6	0.8
'Soft' drug combinations	1.1	1.4	1.4	1.6	1.3
Cannabis only	1.9	2.3	0.6	2.5	1.9
Solvents only	2.5	1.3	2.8	4.6	2.8
No frequent drug use at present	93.8	94.4	94.7	89.7	93.2

^a Relates to Tables 15 and 19 in Main Report.

^b $p < 0.001$ (X^2).

**Table A14a^a: Ever In Trouble With Friends Due To Drug Use,
Health And Social Services Boards^b**

	Northern	Eastern	Southern	Western	All of N.I.
Never	80.6	77.7	75.6	76.5	78.1
Once	12.2	13.9	16.0	17.4	14.5
More than once	7.2	8.4	8.4	6.0	7.4

^a Relates to Table 20 in Main Report.

^b Difference between Health and Social Service Boards is not significant.

**Table A14b^a: Ever In Trouble With Parents Or Other Family Members Due To Drug Use,
Health And Social Services Boards^b**

	Northern	Eastern	Southern	Western	All of N.I.
Never	83.8	82.1	89.1	83.2	83.5
Once	11.4	11.1	7.0	10.7	10.9
More than once	4.9	6.8	3.9	6.0	5.6

^a Relates to Table 20 in Main Report.

^b Difference between Health and Social Service Boards is not significant.

**Table A14c^a: Ever In Trouble With Local People Due To Drug Use,
Health And Social Services Boards^b**

	Northern	Eastern	Southern	Western	All of N.I.
Never	88.7	84.1	85.7	83.7	85.7
Once	6.2	11.2	8.7	11.6	9.3
More than once	5.1	4.7	5.6	4.8	5.0

^a Relates to Table 20 in Main Report.

^b Difference between Health and Social Service Boards is not significant.

Table A14d^a: Ever In Trouble With School Authorities Due To Drug Use, Health And Social Services Boards^b

	Northern	Eastern	Southern	Western	All of N.I.
Never	93.8	90.2	89.7	85.2	89.7
Once	4.5	6.5	7.1	10.1	6.9
More than once	1.7	3.3	3.2	4.7	3.3

^a Relates to Table 21 in Main Report.

^b Difference between Health and Social Service Boards is not significant.

Table A14e^a: Ever In Trouble With Police Due To Drug Use, Health And Social Services Boards^b

	Northern	Eastern	Southern	Western	All of N.I.
Never	97.2	95.2	90.6	90.8	94.1
Once	1.1	3.3	4.7	5.7	3.4
More than once	1.7	1.5	4.7	3.5	2.5

^a Relates to Table 21 in Main Report.

^b Difference between Health and Social Service Boards is not significant.

NOTE: These questions only were answered by those who stated they had used drugs at least once (excluding solvents, alcohol or tobacco). Also, approximately twenty percent of those in the YPBA Survey who claimed drug use did not answer these questions.

APPENDIX 2

SPECIAL TABULATIONS OF DRUG EDUCATION AND PERCEPTION OF DRUG DANGER

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In addition to being questioned about whether they had received any drug education either at school, at a 'youth facility' such as a youth club or group, or education at or from elsewhere, respondents also were asked a battery of questions about their perceptions of the dangers of using a variety of drugs either once or twice or regularly: solvents; cannabis; ecstasy; LSD; amphetamines; and cocaine or crack.⁵⁰

For respondents to the YPBA Survey, significantly more of those who had received drugs education at school over the last year saw all types of drug use asked about as more dangerous. Those who had not received school-based education were more likely to take the 'don't know' option. While the same general contrast holds between those who have and have not received drugs education at a youth facility or 'somewhere else', the pattern for these types of education is not so distinct or uniform. In fact, the differences in perceptions of the dangers of ecstasy, amphetamines and cocaine/crack between those who have or have not received some education at a youth facility are not statistically significant.

The lack of significant associations between drug education and the belief in the dangers of drug use is even more pronounced for the Omnibus sample. There are virtually no significant associations between any of the three types of drug education and belief in the dangers of any of the types or levels of drug use asked about.⁵¹ So, while drug education is associated significantly with knowledge of the dangers of drugs in the YPBA sample, the majority of respondents to both surveys see drugs as dangerous anyway. The actual size of the differences between those exposed to education and those not exposed is comparatively small and, in the case of the Omnibus survey, non-significant.

⁵⁰ Approximately ten percent of YPBA pupils and five to seven percent of Omnibus respondents took the 'don't know' option to each question about the dangers of a drug.

⁵¹ While there generally is a weak pattern of those who have received drug education being a bit less likely to see drug use as 'not at all' or only 'a little' dangerous, this is not statistically significant (due perhaps in part to the smaller size of the Omnibus sample). The only significant effect is for the perceived danger of regular ecstasy use, where significantly ($p < 0.05$) more of those who have received drug education in schools say it is 'very dangerous' (84 percent compared to 77 percent who claim to have received no school-based drug education). However, given the large number of tables, the odds are that at least one in twenty of the tables could throw up a spurious association by chance.

Table A2.1: Drug Education And Perception Of Once/ Twice Solvent Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school***		At youth facility*		Somewhere else**	
	Yes	No	Yes	No	Yes	No
Not at all	2.3	2.6	3.2	2.1	2.0	2.6
A little	11.1	9.4	11.0	10.8	9.8	10.9
Quite dangerous	29.0	26.9	27.2	29.5	29.4	29.0
Very dangerous	49.1	46.4	49.6	46.9	51.5	46.4
Don't know	8.5	14.7	9.0	10.7	7.4	11.2

Omnibus Survey						
Perception of danger	In school ^{ns}		At youth facility ^{ns}		Somewhere else ^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	1.1	0.0	0.5	0.7	1.0	0.9
A little	8.3	9.2	8.6	9.6	4.0	13.7
Quite dangerous	28.9	26.3	24.9	34.4	30.3	27.5
Very dangerous	55.1	57.9	61.6	49.3	60.6	51.7
Don't know	6.6	6.6	4.3	6.0	4.0	6.2

Table A2.2: Drug Education And Perception Of Regular Solvent Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school***		At youth facility**		Somewhere else***	
	Yes	No	Yes	No	Yes	No
Not at all	1.4	1.9	2.0	1.4	1.3	1.6
A little	1.3	3.1	1.3	2.1	1.0	2.1
Quite dangerous	9.4	7.8	10.9	8.4	8.9	8.9
Very dangerous	79.2	72.1	76.8	77.3	81.3	75.9
Don't know	8.7	15.1	9.1	10.9	7.6	11.5

Omnibus Survey						
Perception of danger	In school^{ns}		At youth facility^{ns}		Somewhere else^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	0.0	1.3	0.0	0.4	0.0	0.5
A little	0.6	0.0	1.1	0.4	0.0	1.4
Quite dangerous	8.4	5.2	7.1	9.2	8.0	9.4
Very dangerous	84.6	85.7	87.5	84.2	88.0	82.5
Don't know	6.4	7.8	4.3	6.0	4.0	6.1

Table A2.3: Drug Education And Perception Of Once/Twice Cannabis Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school***		At youth facility***		Somewhere else*	
	Yes	No	Yes	No	Yes	No
Not at all	9.7	6.7	12.2	8.2	8.1	8.6
A little	18.8	14.0	18.4	17.5	16.3	17.4
Quite dangerous	22.5	21.9	20.9	22.6	24.7	22.2
Very dangerous	42.4	46.2	42.2	43.4	45.1	43.1
Don't know	6.6	11.2	6.3	8.3	5.8	8.7

Omnibus Survey						
Perception of danger	In school^{ns}		At youth facility^{ns}		Somewhere else^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	31.4	39.0	29.2	36.9	33.0	34.1
A little	27.2	32.5	30.3	29.8	35.0	27.0
Quite dangerous	18.9	6.5	20.0	16.7	14.0	17.5
Very dangerous	16.9	16.9	17.3	13.8	15.0	18.0
Don't know	5.5	5.2	3.2	2.8	3.0	3.3

Table A2.4: Drug Education And Perception Of Occasional Cannabis Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school ^{***}		At youth facility ^{***}		Somewhere else ^{**}	
	Yes	No	Yes	No	Yes	No
Not at all	4.4	3.4	5.1	3.8	3.8	4.0
A little	9.8	7.5	11.7	8.7	9.0	8.7
Quite dangerous	26.1	22.0	25.7	25.0	23.1	25.1
Very dangerous	53.2	55.7	51.3	54.2	58.4	53.5
Don't know	6.4	11.4	6.2	8.4	5.7	8.8

Omnibus Survey						
Perception of danger	In school ^{ns}		At youth facility ^{ns}		Somewhere else ^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	11.6	18.7	14.8	13.4	13.0	14.8
A little	31.4	30.7	31.3	34.3	30.0	31.9
Quite dangerous	27.0	22.7	24.7	27.2	29.0	25.7
Very dangerous	25.6	21.3	25.8	22.6	24.0	24.8
Don't know	4.4	6.7	3.3	2.5	4.0	2.9

Table A2.5: Drug Education And Perception Of Regular Cannabis Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school***		At youth facility**		Somewhere else*	
	Yes	No	Yes	No	Yes	No
Not at all	3.0	2.8	3.6	2.8	3.4	2.9
A little	4.3	3.4	5.4	3.8	3.7	3.9
Quite dangerous	10.3	9.3	11.6	9.8	8.4	10.3
Very dangerous	75.4	72.4	71.9	74.9	77.8	73.6
Don't know	7.0	12.1	7.5	8.8	6.7	9.3

Omnibus Survey						
Perception of danger	In school^{ns}		At youth facility^{ns}		Somewhere else^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	4.6	5.3	4.9	5.3	2.0	7.1
A little	13.4	21.1	13.7	16.5	16.0	13.3
Quite dangerous	23.7	22.4	26.2	24.3	26.0	25.1
Very dangerous	53.8	44.7	51.9	51.4	52.0	51.7
Don't know	4.6	6.6	3.3	2.5	4.0	2.8

Table A2.6: Drug Education And Perception Of Once/Twice Ecstasy Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school***		At youth facility^{ns}		Somewhere else**	
	Yes	No	Yes	No	Yes	No
Not at all	1.6	2.4	2.1	1.7	1.1	1.9
A little	6.7	6.2	6.8	6.6	6.4	6.7
Quite dangerous	24.1	23.6	22.5	24.7	24.3	24.6
Very dangerous	59.7	53.6	59.3	57.1	61.0	56.1
Don't know	7.9	14.1	9.4	9.8	7.2	10.6

Omnibus Survey						
Perception of danger	In school^{ns}		At youth facility^{ns}		Somewhere else^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	1.5	2.6	3.3	1.4	1.0	3.8
A little	8.6	17.1	8.7	8.1	8.0	10.0
Quite dangerous	20.6	21.1	21.2	23.0	22.0	17.5
Very dangerous	63.2	55.3	63.0	62.5	67.0	64.0
Don't know	6.1	3.9	3.8	4.9	2.0	4.7

Table A2.7: Drug Education And Perception Of Regular Ecstasy Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school***		At youth facility^{ns}		Somewhere else**	
	Yes	No	Yes	No	Yes	No
Not at all	1.3	1.8	1.3	1.4	0.9	1.5
A little	1.0	2.1	1.1	1.3	0.9	1.3
Quite dangerous	4.4	6.0	5.3	4.7	4.2	5.2
Very dangerous	84.9	76.4	82.9	82.7	86.8	81.3
Don't know	8.4	13.7	9.3	10.0	7.3	10.7

Omnibus Survey						
Perception of danger	In school*		At youth facility^{ns}		Somewhere else^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	0.6	2.6	2.2	0.4	0.0	2.4
A little	1.5	5.1	2.2	2.5	2.0	2.8
Quite dangerous	7.7	10.3	9.2	6.0	5.0	7.5
Very dangerous	83.9	76.9	82.7	85.6	91.0	82.1
Don't know	6.4	5.1	3.8	5.6	2.0	5.2

Table A2.8: Drug Education And Perception Of Once/Twice LSD Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school***		At youth facility*		Somewhere else*	
	Yes	No	Yes	No	Yes	No
Not at all	1.8	2.5	2.4	1.9	1.5	2.2
A little	10.6	8.5	10.3	10.2	9.5	10.1
Quite dangerous	26.7	25.3	24.4	27.3	26.8	27.0
Very dangerous	50.1	46.5	52.1	47.6	51.7	47.1
Don't know	10.7	17.3	10.8	13.1	10.4	13.5
Omnibus Survey						
Perception of danger	In school^{ns}		At youth facility^{ns}		Somewhere else^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	1.5	2.6	1.6	1.8	1.0	2.9
A little	11.1	15.6	11.9	13.5	18.0	11.4
Quite dangerous	31.4	26.0	34.6	30.2	28.0	32.4
Very dangerous	48.5	48.1	47.6	48.4	48.0	48.1
Don't know	7.6	7.8	4.3	6.0	5.0	5.2

Table A2.9: Drug Education And Perception Of Regular LSD Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school***		At youth facility*		Somewhere else*	
	Yes	No	Yes	No	Yes	No
Not at all	1.3	1.8	1.6	1.4	1.2	1.5
A little	1.3	1.8	1.5	1.3	1.5	1.3
Quite dangerous	6.7	7.5	7.5	7.0	6.4	7.2
Very dangerous	79.9	72.0	78.5	77.5	80.9	76.6
Don't know	10.8	16.9	10.9	12.9	10.0	13.4

Omnibus Survey						
Perception of danger	In school^{ns}		At youth facility^{ns}		Somewhere else^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	0.4	1.3	0.5	0.7	0.0	1.0
A little	0.6	1.3	0.5	1.1	0.0	1.4
Quite dangerous	9.4	7.9	8.7	10.7	11.0	11.0
Very dangerous	82.7	84.2	85.2	82.2	86.0	81.4
Don't know	7.0	5.3	4.9	5.3	3.0	5.2

Table A2.10: Drug Education And Perception Of Once/ Twice Amphetamine Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school***		At youth facility ^{ns}		Somewhere else**	
	Yes	No	Yes	No	Yes	No
Not at all	1.9	2.7	2.5	2.0	1.9	2.2
A little	8.9	6.8	8.5	8.6	6.9	8.8
Quite dangerous	29.1	26.8	28.2	29.0	31.0	28.7
Very dangerous	51.0	48.9	51.6	49.4	52.5	48.8
Don't know	9.1	14.8	9.1	11.0	7.7	11.6

Omnibus Survey						
Perception of danger	In school ^{ns}		At youth facility ^{ns}		Somewhere else ^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	2.0	2.6	2.2	1.1	3.0	1.4
A little	11.4	18.4	10.9	13.8	16.0	11.4
Quite dangerous	29.4	26.3	31.5	30.4	32.0	28.6
Very dangerous	49.1	46.1	48.9	48.8	43.0	51.4
Don't know	8.1	6.6	6.5	6.0	6.0	7.1

Table A2.11: Drug Education And Perception Of Regular Amphetamine Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school***		At youth facility^{ns}		Somewhere else**	
	Yes	No	Yes	No	Yes	No
Not at all	1.2	2.1	1.5	1.5	1.3	1.6
A little	1.3	1.6	1.5	1.2	1.0	1.2
Quite dangerous	6.4	6.3	6.4	6.4	4.9	6.9
Very dangerous	81.7	75.7	81.4	79.9	84.9	78.8
Don't know	9.4	14.2	9.2	11.0	7.9	11.5

Omnibus Survey						
Perception of danger	In school*		At youth facility^{ns}		Somewhere else^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	0.2	2.6	1.1	0.4	0.0	1.4
A little	1.1	1.3	1.1	1.1	1.0	0.9
Quite dangerous	10.3	7.8	9.8	9.5	10.0	8.5
Very dangerous	80.7	84.4	81.0	84.2	86.0	83.0
Don't know	7.7	3.9	7.1	4.9	3.0	6.1

Table A2.12: Drug Education And Perception Of Once/Twice Cocaine/Crack Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school^{***}		At youth facility^{ns}		Somewhere else^{***}	
	Yes	No	Yes	No	Yes	No
Not at all	1.8	2.1	2.5	1.6	1.3	1.9
A little	7.7	8.2	7.2	8.4	7.4	8.3
Quite dangerous	29.0	25.8	26.9	28.5	28.5	28.5
Very dangerous	52.7	49.5	53.8	50.8	55.7	50.0
Don't know	8.8	14.4	9.6	10.7	7.2	11.4

Omnibus Survey						
Perception of danger	In school^{ns}		At youth facility^{ns}		Somewhere else^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	1.3	0.0	1.1	0.7	0.0	0.9
A little	5.5	9.2	5.4	6.0	6.0	6.6
Quite dangerous	23.2	14.5	23.2	25.1	22.0	23.2
Very dangerous	62.1	71.1	63.2	62.5	69.0	63.5
Don't know	7.9	5.3	7.0	5.7	3.0	5.7

Table A2.13: Drug Education And Perception Of Regular Cocaine/Crack Use Danger

YPBA Survey						
Perception of danger	Received any type of drug education in last year:					
	In school^{***}		At youth facility^{ns}		Somewhere else^{***}	
	Yes	No	Yes	No	Yes	No
Not at all	1.3	2.0	1.4	1.5	1.2	1.5
A little	1.1	1.9	1.6	1.1	1.5	1.1
Quite dangerous	5.6	7.0	5.9	6.0	4.4	6.3
Very dangerous	83.1	75.4	81.8	80.8	85.5	79.9
Don't know	9.0	13.7	9.2	10.7	7.4	11.2

Omnibus Survey						
Perception of danger	In school^{ns}		At youth facility^{ns}		Somewhere else^{ns}	
	Yes	No	Yes	No	Yes	No
Not at all	0.0	1.3	0.0	0.4	0.0	0.5
A little	0.4	0.0	0.5	0.0	0.0	0.5
Quite dangerous	4.4	3.9	4.9	4.6	3.0	6.2
Very dangerous	87.9	90.8	88.0	89.8	95.0	87.7
Don't know	7.4	3.9	6.6	5.3	2.0	5.2

*** = p < 0.001 (X²)

** = p < 0.01

* = p < 0.05

^{ns} = Not significant

APPENDIX 3

SPECIAL TABULATIONS OF TYPE OF DRUG USE AND WHETHER EVER IN TROUBLE

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Respondents who had ever used drugs⁵² were asked if they had ‘*ever been in trouble with any of the following because of having used or tried drugs*’: friends; parents or other family members; ‘local people’; school authorities (school authorities/employer in the Omnibus survey); the police. More of those in both surveys who reported having used ‘hard’ drugs, either on their own or in combination with other drugs, reported having been in trouble with all types of groups. ‘Cannabis only’ users were significantly less likely to report ever having been in trouble. This general patterns holds both for those who have ever used drugs, those currently using drugs, and those presently using drugs frequently.

Table A3.1a: Ever Used Drugs By Ever In Trouble With Friends

<u>YPBA Survey</u>			
	Drug use:		
	Cannabis only	‘Soft’ drug combination^a	‘Hard’ drug^b
Never	88.5	78.3	64.0
Once	8.9	14.2	23.0
More than once	2.6	7.5	12.9
Omnibus Survey			
Never	96.7	85.6	68.4
Once	3.3	8.8	15.8
More than once	0.0	5.6	15.8

p < 0.001 (Gamma) for both surveys.

⁵² Any drug used except solvents, alcohol or tobacco.

Table A3.1b: Ever Used Drugs By Ever In Trouble With Family

	Drug use:		
	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Never	92.2	80.9	81.8
Once	6.2	12.3	11.2
More than once	1.6	6.7	7.0

Omnibus Survey

Never	92.1	84.2	52.4
Once	4.8	9.8	19.0
More than once	3.2	6.0	28.6

p < 0.001 (Gamma) for both surveys.

Table A3.1c: Ever Used Drugs By Ever In Trouble With Local People

	Drug use:		
	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Never	96.3	88.1	68.1
Once	3.2	8.2	18.8
More than once	0.5	3.7	13.2

Omnibus Survey

Never	98.4	98.4	88.2
Once	1.6	0.8	0.0
More than once	0.0	0.8	11.8

YPBA Survey: p < 0.001 (Gamma).

Omnibus survey: p < 0.001 (X²) but gamma is not significant.

Table A3.1d: Ever Used Drugs By Ever In Trouble With School

	Drug use:		
	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Never	96.3	91.6	78.3
Once	3.1	7.7	9.1
More than once	0.5	0.7	12.6

Omnibus Survey

Never	100.0	97.6	94.4
Once	0.0	2.4	0.0
More than once	0.0	0.0	5.6

YPBA Survey: $p < 0.001$ (Gamma).

Omnibus survey: $p < 0.05$ (X^2) but gamma is not significant.

Table A3.1e: Ever Used Drugs By Ever In Trouble With Police

	Drug use:		
	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Never	99.5	95.0	86.1
Once	0.5	3.3	7.3
More than once	0.0	1.7	6.6

Omnibus Survey

Never	98.4	97.6	76.5
Once	1.6	2.4	11.8
More than once	0.0	0.0	11.8

^aUse of solvents or cannabis in combination or use of poppers, mushrooms, ecstasy, LSD, amphetamines, tranquilizers, steroids or Nubain either alone or in combination.

^bCocaine, crack, heroin or methadone either alone or in any combination with each other or with other drugs.

YPBA Survey: $p < 0.001$ (Gamma).

Omnibus survey: $p < 0.001$ (X^2) but gamma is not significant.

Those who have used drugs in the past but who have now stopped show a pattern of having been in trouble that is very similar to current ‘cannabis only’ users. While some of those who no longer use drugs do report having been in trouble in the past, the proportions are fewer than current users of ‘soft’ drug combinations or current users of ‘hard’ drugs.

Table A3.2a: Current Drug Use By Ever In Trouble With Friends

	Current drug use:			
	No longer uses drugs	Cannabis only	‘Soft’ drug combination ^a	‘Hard’ drug ^b
Never	82.0	86.4	73.0	65.5
Once	16.1	10.3	15.7	17.2
More than once	2.0	3.3	11.2	17.2
Omnibus Survey				
Never	89.6	90.1	82.6	70.0
Once	7.8	5.6	8.7	20.0
More than once	2.6	4.2	8.7	10.0

YPBA Survey Gamma $p < 0.001$
 Omnibus survey not significant.

Table A3.2b: Current Drug Use By Ever In Trouble With Family

	Current drug use:			
	No longer uses drugs	Cannabis only	‘Soft’ drug combination ^a	‘Hard’ drug ^b
Never	89.9	89.7	76.4	77.5
Once	8.2	8.9	13.0	14.6
More than once	1.9	1.4	10.5	7.9
Omnibus Survey				
Never	87.3	82.1	84.0	60.0
Once	11.4	9.0	4.0	20.0
More than once	1.3	9.0	12.0	20.0

YPBA Survey Gamma $p < 0.001$
 Omnibus survey not significant.

Table A3.2c: Current Drug Use By Ever In Trouble With Local People

	Current drug use:			
	No longer uses drugs	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Never	92.2	92.3	84.7	64.1
Once	7.3	4.8	9.2	21.7
More than once	0.5	2.9	6.1	14.1

Omnibus Survey				
Never	97.4	97.2	97.8	100.0
Once	2.6	0.0	0.0	0.0
More than once	0.0	2.8	2.2	0.0

YPBA Survey Gamma $p < 0.001$
 Omnibus survey not significant.

Table A3.2d: Current Drug Use By Ever In Trouble With School

	Current drug use:			
	No longer uses drugs	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Never	95.1	94.8	89.3	71.4
Once	4.9	4.3	10.0	8.8
More than once	0.0	0.9	0.8	19.8

Omnibus Survey				
Never	98.7	98.6	97.8	88.9
Once	1.3	1.4	2.2	0.0
More than once	0.0	0.0	0.0	11.1

YPBA Survey: $p < 0.001$ (Gamma).
 Omnibus survey: $p < 0.001$ (X^2) but gamma is not significant.

Table A3.2e: Current Drug Use By Ever In Trouble With Police

	Current drug use:			
	No longer uses drugs	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Never	99.0	99.0	92.2	80.2
Once	0.5	1.0	5.5	9.3
More than once	0.5	0.0	2.3	10.5

Omnibus Survey				
Never	94.9	95.8	100.0	87.5
Once	5.1	2.8	0.0	0.0
More than once	0.0	1.4	0.0	12.5

^aUse of solvents or cannabis in combination or use of poppers, mushrooms, ecstasy, LSD, amphetamines, tranquilizers, steroids or Nubain either alone or in combination.

^bCocaine, crack, heroin or methadone either alone or in any combination with each other or with other drugs.

YPBA Survey: $p < 0.001$ (Gamma).

Omnibus survey: $p < 0.05$ (X^2) but gamma is not significant.

These same general patterns hold for frequent drug users, though with some exceptions. Frequent 'cannabis only' users are more likely than those who are not frequent users of any drugs to report having been in trouble with family members, local people, their schools and the police. On the other hand, the frequent 'cannabis only' category in the YPBA Survey is *less* likely to report having been in trouble with their friends at least once. Here, as with 'ever' and 'current' users, it is those who in the YPBA Survey who are frequent users of 'hard' drugs who are the most likely to report having been in trouble with others.⁵³

⁵³ There was only one reported frequent user of 'hard' drugs in the Omnibus survey, so that person was merged with frequent users of combinations of 'soft' drugs.

Table A3.3a: Frequent Drug Use By Ever In Trouble With Friends

	Frequent drug use:			
	No frequent drug use	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Never	79.2	85.6	67.2	60.0
Once	15.7	7.8	11.5	16.7
More than once	5.1	6.7	21.3	23.3
Omnibus Survey[*]				
Never	87.8	88.9	66.7	
Once	7.8	11.1	0.0	
More than once	4.4	0.0	33.3	

* Due to small N, the 'hard' and 'soft' drug combinations categories are merged for the Omnibus data.

YPBA Survey: $p < 0.001$ (X^2) but gamma is not significant.

Omnibus survey: $p < 0.05$ (X^2) but gamma is not significant.

Table A3.3b: Frequent Drug Use By Ever In Trouble With Family

	Frequent drug use:			
	No frequent drug use	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Never	87.3	69.8	75.0	74.2
Once	9.0	21.9	8.3	16.1
More than once	3.7	8.3	16.7	9.7
Omnibus Survey				
Never	88.1	60.0	42.9	
Once	8.1	20.0	0.0	
More than once	3.8	20.0	57.1	

* Due to small N, the 'hard' and 'soft' drug combinations categories are merged for the Omnibus data.

$p < 0.001$ (Gamma) for both surveys.

Table A3.3c: Frequent Drug Use By Ever In Trouble With Local People

	Frequent drug use:			
	No frequent drug use	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Never	90.5	80.2	69.5	57.6
Once	7.0	12.1	16.9	21.2
More than once	2.4	7.7	13.6	21.2
Omnibus Survey[*]				
Never	97.2	100.0	100.0	
Once	1.1	0.0	0.0	
More than once	1.7	0.0	0.0	

^{*} Due to small N, the 'hard' and 'soft' drug combinations categories are merged for the Omnibus data.

YPBA Survey: $p < 0.001$ (Gamma).

Omnibus survey: $p < 0.05$ (Gamma).

Table A3.3d: Frequent Drug Use By Ever In Trouble With School

	Frequent drug use:			
	No frequent drug use	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Never	94.0	86.7	78.3	53.1
Once	5.8	10.0	10.0	12.5
More than once	0.2	3.3	11.7	34.4
Omnibus Survey				
Never	98.3	100.0	83.3	
Once	1.7	0.0	0.0	
More than once	0.0	0.0	16.7	

^{*} Due to small N, the 'hard' and 'soft' drug combinations categories are merged for the Omnibus data.

YPBA Survey: $p < 0.001$ (Gamma).

Omnibus survey: $p < 0.001$ (X^2) but gamma is not significant.

Table A3.3e: Frequent Drug Use By Ever In Trouble With Police

	Frequent drug use:			
	No frequent drug use	Cannabis only	'Soft' drug combination ^a	'Hard' drug ^b
Never	97.0	94.3	82.8	69.0
Once	1.9	4.6	8.6	17.2
More than once	1.0	1.1	8.6	13.8
Omnibus Survey				
Never	97.2	88.9	80.0	
Once	2.2	11.1	0.0	
More than once	0.6	0.0	20.0	

* Due to small N, the 'hard' and 'soft' drug combinations categories are merged for the Omnibus data.

YPBA Survey: $p < 0.001$ (Gamma).

Omnibus survey: $p < 0.001$ (X^2) but gamma is not significant.

^aUse of solvents or cannabis in combination or use of poppers, mushrooms, ecstasy, LSD, amphetamines, tranquilizers, steroids or Nubain either alone or in combination.

^bCocaine, crack, heroin or methadone either alone or in any combination with each other or with other drugs.