Kilbarrack Coast Community Programme

A prevalence study of drug use by young people in a mixed suburban area

Community/Voluntary Sector Research Grant Scheme

NACD
National Advisory Committee on Drugs

A prevalence study of drug use by young people in a mixed suburban area

Research conducted by Dave Farrington and Alison Connor

Report written by Dave Farrington

On behalf of the Kilbarrack Coast Community Project

Kilbarrack Coast Community Programme (KCCP)

Kilbarrack Coast Community Programme is a drugs rehabilitation and aftercare project based in northeast Dublin. It was established in 1997 in response to the increasing use of drugs in the Kilbarrack area and its emphasis is on quality, user-led services for drug users in recovery. The KCCP runs a three-year support and aftercare programme for recovering drug misusers; a Parents Support Group; and a youth service for 10 to 18 year olds in the area.

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Designed by First Impression

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Foreword

I am delighted to be able to introduce these excellent reports from the Community & Voluntary Sector Research Grant scheme. The Terms of Reference of the National Advisory Committee on Drugs (NACD) commits to finding ways "to maximise the use of information available from the Community and Voluntary Sector". Thus a research grant scheme aimed directly at this sector was developed. Such was its centrality to the work of the NACD that its development and implementation was designated as a key role for the Research Officer.

After launching the grant scheme, the NACD received over 100 enquiries and received 35 applications from across the country. Following a review and short-listing of the applications, eleven groups were invited to participate in a training workshop and finally five grants were issued. Four organisations completed their research projects and this report is one of the four launched by the Minister of State with responsibility for the National Drugs Strategy in October 2004. Clearly the aims of the research grant scheme were achieved: to build capacity; to inform gaps in our knowledge and to contribute to the development of public policy.

The NACD's Research Officer, Ms Aileen O'Gorman developed the grant scheme and provided ongoing liaison and support to each group helping them to implement their research studies and bring them to publication. My colleagues and I wish to place on record our deep appreciation of the significant contribution she has made to this project. The commitment of all those involved from the community projects and their Research Advisory Groups must be acknowledged and their achievement in producing such valuable information to the NACD and their own communities is to be commended.

The NACD is in the process of commissioning an external review of this scheme and subject to a positive evaluation, hopes to be in a position to recommend continuation of this grant scheme in the future.

I would like to thank everyone involved, the staff of the NACD and finally, Ms Kate Ennals who provided editorial support in bringing the reports to publication stage.

Dr Des Corrigan
Chairperson
National Advisory Committee on Drugs

Preface – NACD Community/Voluntary Sector Research Grant Scheme

NACD

The National Advisory Committee on Drugs (NACD) was established in July 2000 to advise the Government in relation to problem drug use in Ireland, based on the analysis of research findings and information. The Committee, whose members are drawn from statutory, community, voluntary, academic and research organisations as well as relevant Government Departments, oversees the delivery of a comprehensive drugs research programme on the extent, nature, causes and effects of drug use in Ireland. The Committee reports to the Minister of State responsible for the National Drugs Strategy in the Department of Community, Rural and Gaeltacht Affairs.

Community/voluntary sector research grant scheme

In December 2001 the NACD launched a *Community/Voluntary Sector Research Grant Scheme* to generate innovative, community-based drugs research. In a nationwide advertising campaign, groups working in the community/voluntary sector that were interested in conducting research in the areas of prevalence, prevention, treatment/rehabilitation and the consequences of problem drug use, were invited to submit applications to the scheme.

Application process

The grant scheme was developed with monitoring and support mechanisms built in at all stages from initial application to the conclusion of the research studies, in order to encourage applications from groups who had interesting research ideas but may have had little research experience. For example, a two-phase assessment process was developed to facilitate the development of the research proposals. The first assessment stage focused on the applicant organisation; its understanding of drug issues; its links with the local community, service providers and planners; and the relevance of the proposed research to the NACD's programme of work.

Thirty-five applications were received from groups around the country. From these, eleven organisations were shortlisted and invited to attend a research training workshop to further develop their research idea. Fourteen people from the eleven groups attended the one-day workshop which dealt with issues such as literature reviews, fieldwork, research ethics, data gathering and analysis, costing research proposals etc.

Following the training workshop, the short-listed applicants submitted a fully developed research proposal outlining the aims and objectives of the research, the methodology, project management and costs. While all eleven proposals were highly regarded by the NACD assessment committee, a maximum of five research studies could be funded from the set-aside budget of €125,000. Consequently, five research grants of between €20,000 to €25,000 each were awarded. However, one study was unable to proceed due to the restructuring of the organisation and staff changes.

The research studies began towards the end of 2002 and were completed by June 2004. Throughout this period the groups were supported by the NACD Research Officer and the Research Advisory Groups established to work with each group.

Research Grant Recipients

Ballymun Youth Action Project (BYAP)

Study of the role of benzodiazepines in the development of substance misuse problems in Ballymun.

This research investigates the pattern of benzodiazepine use and misuse in Ballymun, identifies the problematic elements involved, and examines the relationship between benzodiazepine use and the use of other substances. It explores the dynamics of supply and demand in the local context, and highlights the factors that allow the continuance of a relatively high level of benzodiazepine use within the community. In this context the research explores the role played by benzodiazepines in the development of substance misuse problems in Ballymun, and identifies strategies that may facilitate change.

Kilbarrack Coast Community Programme (KCCP)

Research study on drug misuse among 10-17 year olds in the Kilbarrack area.

This study establishes the patterns and trends of drug misuse in the Kilbarrack area by young people aged 10-17 and examines their attitudes to drug use, and the risk factors accompanying their use. The study also assesses the drug use among a sample of early school leavers and examines the views of community members on the drug situation in the area.

Merchants Quay Ireland (MQI)

Drug use among new communities in Ireland: an exploratory study.

This exploratory study examines the patterns of drug use among new communities; explores the reasons and motivations for drug use; establishes risks the users may be exposed to; examines the level of awareness of health promotion/harm minimisation strategies and drug treatment services; and identifies barriers to accessing services.

Tallaght Homeless Advice Unit (THAU)

The links between homelessness and drug use.

This research examines the nature of drug use amongst the homeless population in Tallaght; explore the reasons behind their homelessness; examines the policies and practices of local authorities in relation to the housing of homeless drug users; and explores the experiences of homeless drug users with special reference to the policies and practices of homeless services.

Further information on the Community Research Grant Scheme is available on the NACD website www.nacd.ie or, by contacting:

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The research would never have been possible without the willingness of the young people to take part fully in the process. We must thank the parents for giving their permission and express our appreciation to the school principals and teachers who wholeheartedly supported the research. Kilbarrack Coast Community Programmes' management committee gave great support and the research committee* played a vital role. We would also like to thank a group of adult drug misusers from the area, community activists and staff who gave invaluable insights. Finally a great debt of gratitude is owed to the researcher and assistant researcher –Dave Farrington and Alison Connor, who put in a tremendous amount of effort.

*The research committee comprised of:

Michàel MacGreil (Sociologist)
Aileen O'Gorman (National Advisory Committee on Drugs)
Edwina Kelly replaced by Michele Ryan in September 2003 (National College of Ireland)
Marian Clarke (Kilbarrack Coast Community Programme)
Declan Byrne (Kilbarrack Coast Community Programme)

Executive Summary

This report includes the finding and conclusions of a research project carried out by the Kilbarrack Coast Community Project, (KCCP) which aimed to determine the levels and patterns of drug use, including tobacco and alcohol, among young people in the area.

The research study utilised two main research methods. These were a survey, by questionnaire, of students from all primary and secondary schools located within the target area. Pupils from the target area attending secondary schools in the surrounding areas were also included. In addition, a smaller sample of young people who had left school were also surveyed. The second method entailed a series of interviews with a diverse range of people living or working in the community. This data provided a deeper understanding of some aspects of drug use by young people and also a means of checking the findings of the survey against the local knowledge of those who were interviewed. In addition to these two main approaches, the researchers considered a range of relevant literature, particularly reports based on previous surveys of young people's drug use in Ireland.

The report is in three sections. The First section includes an introduction to the report and out-lines the methodology used in carrying out the research project. The Second section reports the findings of the extensive school survey carried out which formed the central element of the research. The results are presented in separate chapters, each dealing with a particular drug or group of drugs. The third and final section presents other information collected during the research project, including the finding of a survey of a small group of young people who had left school, and of a programme of interviews with a range of adult respondents living or working in the community. It also includes a comparison with several other similar studies, a discussion of the Risk factors and the conclusion of the researchers.

The introduction to the report explains how and why the research project was undertaken and the outlines the role of the organisations and individuals involved in the project. It Defined and describes the geographical area, Kilbarrack/Raheny from which the research population was drawn, and emphasises the socially mixed character of the area and it's similarity to many other suburban communities of Dublin. It briefly outlines the emergency of a drug problem in this area and the response of the community to this problem, including the development of the KCCP.

The Chapter on methodology describes the main research method, the school survey, and the other methods, the survey of early school leavers and the interview programme, used to extend and corroborate the findings. The practical and ethical issues involved in carrying out school surveys are discussed, as are issues relating to the reliability and validity of data derived from this methodology.

The Second section of the report analyses the prevalence and frequency of the use of difference drugs by the students surveyed. The Prevalence for each drug was determined in relation to lifetime use (the proportion who had never used the drug), recent use (The Proportion who had used the drug within the last twelve months) and current drug use within the last thirty days).

The frequency of use is also presented: Frequency refers to the number of occasions on which those who had used the drug had done so. The prevalence and frequency of uses analysed by age group and gender, except where the small numbers using a particular drug are so small that such analysis would be meaningless. The survey also generated data about the attitude towards the use of drug related behaviour.

Some of the key findings in relation to each group of drugs are presented below.

Key findings: Tobacco

Over half (54%) of respondents had smoked tobacco at some time in their lives, just over one third (35%) had smoked within the last year, and approximately one quarter (25%) were current smokers. Overall, more girls (59%) than boys (51%) had ever smoked and more girls (29%) than Boys (21%) were current smokers. Older Students reported higher rates of current tobacco use: over forty per cent of sixteen to eighteen year olds were current smokers.

Key findings: Alcohol

Alcohol was the drug most widely used by respondents. Just over three-quarters (76%) of respondents had drunk alcohol at some time in their lives, approximately two thirds had drunk alcohol in the last year, and half had drunk it within the last thirty days. Overall, more boys (80%) had ever drunk alcohol than girls (72%) but the number boys and girls who were current drinkers was almost identical at just over half of all respondents (51%). The prevalence of current alcohol use was higher in the older age groups: seventeen per cent ten to twelve year olds were current drinkers compared to over sixty (61%) of thirteen to fifteen year olds and over eighty per cent (84%) of sixteen to eighteen year olds.

Key findings: Cannabis

Cannabis was the most widely used illicit drug. More than one third (37%) of respondents had used cannabis at some stage in their lives; under one third (33%) had used it within the last year and over twenty per cent (21%) and used it within the last thirty days. Slightly more boys (39%) than girls (20%) were current cannabis users.

Less than 2% were ten to twelve year olds, but more than one quarter of thirteen to fifteen year olds and over forty per cent of sixteen to eighteen year olds were users.

Key findings: Inhalants

A small but significant minority of respondents had used inhalants or solvents, that is, chemical substances, which have an intoxicant effect when inhaled.

Overall, 16% of respondents had used inhalants at some time in their lives, eight per cent had used them in the last year and less than four per cent had used them in the last thirty days. More boys (19%) than girls (13%) ever used inhalants four times as many boys (6%) than Girls (1.5%) were current users. The proportion of current users was the highest in the sixteen to eighteen-year-old age groups at eight per cent, and was two per cent or less in each of the two lower age groups.

Key findings: Cocaine

Six per cent of respondents had used cocaine at some stage in their lives, the same proportion had used it within the last twelve months, and two and a half per cent had used it within the last thirty days. Approximately twice as many boys (8%) as girls (4%) had ever used cocaine. None of these in the ten to twelve-year old age group, and less than 4% of those aged thirteen to fifteen had done so. In the sixteen to eighteen year old age groups, however, almost, almost twenty per cent (18%)has done so.

Key findings: Heroin

There was little or no significant evidence of heroin use among respondents. Less than one per cent reported that they had ever used heroin

Key findings: Prescription Drugs

A small minority of respondents had ever used prescription drugs: eight per cent had used sedatives at some stage in their lives and two per cent had used tranquillisers. In the last twelve months, five per cent had used sedatives and less than two per cent had used tranquillisers. The rates of current use were very low, with less than two per cent having used sedatives and less than one per cent tranquillisers, within the last thirty days. Overall, the proportions of girls (9%) and boys (8%) who have ever used sedatives were similar.

Key findings: Other Drugs

The prevalence of other drugs was very low overall, with 4% having ever used ecstasy, less than three per cent ever having used LSD or other drugs (mainly Magic Mushrooms). Recent and current rates of these drugs were lower again. Only one per cent of respondents had used ecstasy within the last thirty days and the current use of the other drugs was less than 1%.

Key findings: Overview of Drug Use

Alcohol was by far the most widely used drug among respondents. The use of tobacco was also high although current use of tobacco was much lower than current use of alcohol. There was also evidence of a much more negative perception of tobacco compared to alcohol.

Of the illicit drugs cannabis was by far the most widely used. Overall, the rate of current use of cannabis (21%) was only slightly lower than the rate of current use of tobacco (25%).

Other drugs which significant minorities of respondents, included inhalants, prescription drugs and cocaine had used. The rates of use of ecstasy, amphetamine and LSD were very low. There was no evidence of the use of either heroin or crack cocaine within the research population.

In the case of all drugs, the prevalence of use increased with age. In the oldest age group, sixteen to eighteen years, the rates of current use for several drugs were very high. These included alcohol (84%); tobacco (40%); and cannabis (43%).

Overall, there were only small differences between the rates of use of common drugs among boys and girls. Rates of current use of alcohol and cannabis were similar for both genders, although girls were more likely to be current smokers than boys.

In general, respondents recognised the harmfullness of using drugs. Over three quarters regard the following activities as ‘very harmful’. Smoking twenty cigarettes per day (76%); smoking heroin (78%) taking ecstasy regularly (80%) and injecting heroin (84%). Relatively few (40%), however, regarded the regular use of alcohol as very harmful.

The reasons for young people starting to use drugs most commonly cited by respondents were ‘to see what is was like’ (64%), ‘their friends do it’ (63%); or ‘to act cool’ (54%). The least frequent reason was ‘bored or nothing else to do’ (22%).

In response to separate questions about their worries or concerns about alcohol and drugs the same three responses were selected most often. In relation to drugs seventy seven per cent, sixty seven per cent and forty seven per cent selected worries about health, addiction and trouble with the police respectively. In the case of alcohol 65%, and 55% and 42% respondents selected the same three responses, respectively.

Key findings: Risk Factors

Overall, there were relatively small differences among young people from private and local authority development housing estates in terms of their use of drugs. The most significant was in relation to current use of tobacco, with almost twice as many young people from local authority estates being current smokers.

Neither differences in family size nor family structure appeared to have a major impact on drug use, except in the case of tobacco, with children from larger families, and those from lone parent families, more likely to be current smokers. There was a similar, although less marked difference in relation to cannabis.

Young people who participated regularly in sport were much less likely to smoke tobacco than those who did not. They were also some less likely to be current drinkers and marginally less likely to be current cannabis users. The effects of involvements in either youth clubs or groups and in part time work were more ambiguous.

Given the small number of young people out of school who were surveyed it is necessary to interpret the comparisons with caution, but there was evidence that those who had left school before the Leaving Certificate reported higher rates of drug

use than those who are still in school. Comparisons with school students of similar age showed that those who had left school were only slightly more likely to be current drinkers but much more likely to smoke tobacco. They were also more likely to be current cannabis users and much more likely to be current users of cocaine and ecstasy.

The use of alcohol and the use of illicit drugs were not found to be alternatives. On the contrary, those who drank alcohol most frequently were much more likely to have ever used illicit drugs. Frequent drinkers aged sixteen to eighteen were almost twice as likely to be current users of cannabis and four times more likely to be current users of cocaine, than those who drank alcohol occasionally.

There are several difficulties in comparing the findings of this research project with the findings of other surveys of drug use among young people; these relate mainly to differences in the geographical area surveyed and it's socio-economic characteristics, differences in methodology and differences in dates at which surveys were carried out. Nevertheless, it was possible to make some attentive comparisons with a small number of surveys, which were similar in at least some of these respects.

Comparing the present study with the ESPAD (1999) survey, the most striking differences relate to much higher lifetime prevalence of cannabis and cocaine found in the KCCP survey. The rate of Current use of cannabis was also much higher, almost three times higher that found in the ESPAD survey for similar age groups.

Comparison with the Eastern Health Board survey (Rhatigan & Shelly, 1998) also indicated much higher rates of current cannabis use in the KCCP survey. The present study also found higher rates of current use of inhalants, sedatives and cocaine.

The rates of both lifetime and current use of several drugs, including ecstasy, amphetamines and LSD, were however similar or lower in the KCCP survey.

The survey, which identified the most similar prevalence rates, was a local survey carried out in a neighbouring community in 2001. Although the present study found somewhat higher prevalence of cannabis use, the difference was not nearly as marked with the two other, larger scale surveys. This suggests that most of the differences between study and the ESPAD and EHB surveys could be accounted for by the different populations surveyed (the ESPAD and EHB were surveys of school goers) and by the lapse of time since they were conducted, rather than methodological differences.

Conclusions

The conclusions of the report are based not on only the findings of the school survey and the survey of the early school leavers, but also of an extensive programme of interviews with adults, working or living in the community, who had particular knowledge of young people and the local drug scene. There was a high level of concurrence between the survey findings and the views expressed in the interview programme.

The conclusions of the report can be summarised as follows:

- Alcohol is by far the most commonly used drug among young people. Drinking is almost universal from mid-teens upwards and is commonplace even among younger children. There is a pattern of frequent and heavy drinking by many young people and major implications for the personal and social development of these young people. Young people have a far more positive perception of alcohol than other drugs. While they may be aware of some of the harmful consequences of alcohol use these do not appear to impact significantly on their drinking behaviour. There is an urgent need for a range of measures to reduce teenage alcohol consumption. These measures should, however, be based on a realistic appraisal of the present situation. It may be more affective to adopt a harm reduction approach rather than prohibitionist approach.
- Although tobacco use remains widespread among young people there is evidence that the vast majority of young people have a negative view of tobacco smoking and that most young smokers would like to stop. This appears to be an area, which a combination of further educational programmes, especially targeted at primary school children, and practical support to assist young smokers to quit, could yield very positive outcomes.

- The high prevalence rates for cannabis reflect the 'normalisation' of cannabis use, particularly among urban, working class youth. It is now the case that a majority of such young people will use cannabis at some point in their teenage years.

  If this is recognised, the strategy for reducing cannabis use should be based on dissuading young people from using cannabis on a regular basis. It should also be aimed to prevent the progression to other illicit drugs. Exaggerating the risks of cannabis and thereby undermining the creditability of messages about more dangerous drugs probably encourage this progression.

  The perception of cannabis as relatively harmless drug, does, however, need to be challenged by accurate and balanced information and education. It is also likely that cannabis and alcohol use could be reduced by the expansion of opportunities for participation in constructive leisure activities including sports and youth work provision.

- There is evidence that short term, experimental use of inhalants remains quite common. The significant short term, experimental use of inhalants remains quite common. The significant short-term risks of such experimentation need to be highlighted, whilst observing the need to avoid promoting such experimentation by providing detailed information on products, which can be abused in this way. Given the typically localised and episodic nature of this problem, it is important that those close to young people are encouraged to be vigilant about emerging trends. It should be noted that the use of inhalants has virtually none of the glamour or 'kudos' attached to some other types of substance misuse and that young people will therefore probably be more receptive to education on this issue.

- There is significant evidence that cocaine use is becoming increasingly prevalent among young people, particularly those over sixteen. Cocaine is perceptively seen as safe, clean drug and has positive associations for young people with a hedonistic lifestyle. Cocaine appears to be replacing ecstasy, amphetamines and similar stimulant drugs as the drug of choice for young people looking for a good time. There is an urgent need for information and education on the use and effects and risks associated with the use of cocaine. There is also a need for drug treatment agencies to develop strategies for responding to the needs of young people who are likely to present with cocaine-related problems in the near future.

- The fact that there was no statistical of anecdotal evidence that young people in the age group surveyed are using heroin is welcome. The combination of local action against heroin dealing and the more general, negative perception of the drug by young people, have probably contributed to this situation. There is, however, no basis for complacency in regard to the risks posed by heroin. A minority of those young people in their mid to late teens who are currently experimenting or regularly using a variety of drugs may well be vulnerable to heroin at a later stage in their lives. There is also concern that the upsurge in cocaine use may dispose some young people of the use of heroin.

- The pattern of prescription drugs appears to be of occasional and experimental use, probably by small groups of friends who gain access to supplies in an opportunistic manner. The problem seems particularly concentrated among girls in their mid-teens. The risks of using such drugs, especially in combination with alcohol needs to be highlighted in drug education programmes. Efforts should also be intensified to encourage adults to maintain careful controls over such drugs, especially in the home.

- There appears to be a decline in the popularity of drugs such as amphetamines and LSD, and to a lesser extent, ecstasy, among young people. This is a positive development. Unfortunately, whilst ecstasy appears to be declining in popularity, cocaine users are becoming more prevalent. Cocaine seems to be the stimulant drug of choice for a growing minority of young people.

- Problem drug use has traditionally been associated in Ireland with areas of socio-economic deprivation and a range of associated problems. This is undoubtedly still the case in relation to heroin and to some extent in relation to other drugs. The fact should not, however, obscure the extent to which young people from a range of backgrounds and communities are currently using alcohol, cannabis and a range of other drugs, on both an experimental and regular basis. Regardless of the relative risks of different drug use, all drugs use by young people should be regarded as potentially problematic.

- There is a need to continue to develop and implement effective approaches to drug education, which address the real concern of the young people about drug use in a balanced and accurate manner. The targeting of such programmes needs to be informed by research, including the present study, which identifies the stages at which different drug related issues arise. There is, for example, no current basis for targeting information at targeting cocaine at primary school children, but equally there is little point in delaying information about smoking until the point where a majority of children have already tried tobacco. The care needed in carrying out such work was highlighted in the course of carrying out this research on many occasions. One of the most disturbing was to hear young children repeating health education messages about ecstasy, as a rational to their preference to cocaine. (This came up in interviews but it is hard to establish how representative this positive is).

  While drug education is important and young people have the right to this information about drugs and the risks involved in their use, it would be difficult to imagine that even the most comprehensive drug education programme would eliminate or even significantly reduce experimentation with drugs. This is particularly the case with those drugs such as alcohol and cannabis, which are both widely used by young people and perceived as relatively harmless.

- Probably the most effective strategy in the context would be based on measures to prevent the experimental and recreational use of such substances developing into a pattern of regular, excessive and long-term consumption. The key to this would be to ensure that all young people have other things in their lives than alcohol and/or other drugs. This is particularly critical for young people in disadvantaged areas, where families may be prevented from providing for their needs by a range of problems and where facilities may be lacking and/or poor quality.

- The development of a properly resourced and comprehensive range of sporting and youth work provision in the community is probably the most effective means by which this could be provided. This would not only provide opportunities for involvement in alternative activities, but should also offer young people a place in which they can express themselves and their ideas, talk about and be supported with their problems, and associate freely with sympathetic and supportive adults.

Chapter 1 – Introduction

The purpose of the research project

The purpose of the project was to establish the prevalence of drug use, including the use of tobacco and alcohol, among young people in the Kilbarrack/Raheny area. It was anticipated that the information gathered would be of benefit in formulating educational and preventive measures within the area. It was also expected that both the methodology and the outcomes of the project would be of value to agencies working with young people in other, similar communities, particularly in the Dublin area.

The term "prevalence" in this context refers to the proportion of a population who have used a drug over a particular period of time. In line with the most widely used time periods in drug prevalence surveys, data was collected on lifetime prevalence (the proportion who had ever used the drug), last year prevalence (the proportion who had used the drug in the twelve month period immediately preceding the survey) and last thirty days prevalence (the proportion who had used the drug in the thirty days immediately preceding the survey). Last year prevalence is also referred to as recent use and last thirty days prevalence as current use. It should be noted that prevalence does not imply anything about the frequency of use, that is the number of times the drug has been used, other than that it has been used on at least one occasion within the given time period.

Whilst the main focus of the research was on prevalence, the project provided an opportunity to examine some other, related aspects of drug use among young people, including their attitudes towards the use of various drugs. These findings have been incorporated alongside the prevalence findings.

The research project

The research project was carried out on behalf of the Kilbarrack Coast Community Project (KCCP) with funding and support from the National Advisory Committee on Drugs (NACD). The NACD funded the project as part of a programme of grants to Community and Voluntary Sector agencies, intended to support community based research on relevant issues and to increase the capacity of such agencies to carry out research.

The research was carried out by Dave Farrington, assisted by Alison O'Connor, and the report was written by Dave Farrington. The project was overseen by a Research Advisory Group, with members drawn from the local community, academic institutions and the NACD (Appendix One).The Research Advisory Group met on a regular basis throughout the research process and provided invaluable advice, support and encouragement to the research team. The NACD assisted in processing the data by providing access to the SPSS application and assistance in its use. The NACD staff member responsible for the project also provided extensive advice on the various drafts of the research report.

The community

The area selected for the research was the catchment area for the KCCP and the local drug treatment centre in Kilbarrack. This area includes Kilbarrack and parts of Raheny and coincides with three District Electoral Divisions (DEDs): Grange D; Raheny Greendale; and Raheny Foxfield. DEDs are the smallest geographical areas for which statistics derived from the Census of Population are available. According to the 1996 Census the area had a population of over ten thousand (10,415) people. By extrapolating the 1996 Census figures for those aged five to thirteen, the youth population of the area in 2001, aged ten to eighteen, can be estimated at approximately one thousand three hundred (1292).

Kilbarrack is located in North East Dublin and falls within the catchment areas of both the Northside Partnership and the Dublin North East Local Drugs Task Force. The area consists of a mix of local authority-built and private housing estates, with local authority housing predominating in Raheny Greendale and private housing in Raheny Foxfield. Grange D is divided between local authority estates at the Kilbarrack end of the area and private estates at the Raheny end. The Index of Relative Deprivation, based on the Census of Population ranks DEDs on a scale from one to ten according to a range of measures of socio-economic and demographic variables, with a score of one reflecting the lowest levels of deprivation, and

a score of ten the highest. The scores for each area on the Index of Relative Deprivation (2002) of one (Raheny Foxfield), two (Grange D) and six (Raheny Greendale) show low to moderate levels of socio-economic deprivation. A previous study of youth disadvantage by the Northside Partnership (Farrington, 1998) utilising Census data found Kilbarrack to be moderately disadvantage in comparison to the other ten districts within the Northside Partnership area, but with small pockets of greater disadvantage.

The area as a whole is generally regarded as being quite a "settled" area and the physical appearance of the area does not suggest high levels of deprivation. A small complex of flats, which had been perceived as a focus for drug dealing and other anti-social activities, was recently demolished and replaced with modern social housing.

Given its socio-economic and demographic characteristics, the Kilbarrack/Raheny area can be regarded as broadly similar to many of the older suburban communities in the Dublin area. While it is important that each community be provided with the resources to evaluate the specific nature of the drug problem in their areas, it is likely that many of the findings of this project will apply, in broad terms, to other similar areas.

The background to the drugs problem

The Kilbarrack/Raheny area largely escaped the first major wave of heroin addiction, which swept through parts of Dublin in the early 1980's. A decade later, however, the sale and use of heroin in the area became much more common. As in other parts of Dublin this was identified as being partially attributable to the growth in popularity among young people of ecstasy and similar drugs. Many of the young people who used these stimulant drugs turned to smoking heroin as a way of "coming down" from them. In some cases this led to a dependence on heroin, which persisted long after their interest in ecstasy and the rave scene had passed.

The response of the local community to the emergence of a serious drug problem in the area was one of the most progressive in the city. Led by a small group of community activists, and supported by a few key figures in the statutory agencies, the community lobbied for the provision of treatment facilities for those of its young people addicted to heroin. The drug treatment centre in Kilbarrack, opened in 1997, was the first community-based facility of its type to be established by the Eastern Health Board, and had broad support from the community. This was in contrast to several other areas, where there was heated opposition to the local provision of drug treatment facilities.

The next step in responding to the drugs issue in the area was the establishment of the Kilbarrack After Care Programme (KACP), to provide ongoing support and rehabilitation for recovering addicts. The KACP was later re-named the Kilbarrack Coast Community Project, and as well as continuing its work in rehabilitation, it also developed a youth project. The KCCP youth project aims to educate young people in order to increase their awareness of drugs and to prevent drug use among young people through the provision of programmes of alternative activities.

The research outlined in this report was therefore undertaken in the context of a community, which already had a high level of awareness of the risks of drug use by young people. It is hoped that the research will form the basis for further effective and targeted responses to the ongoing drug related issues in the area.

The structure of the report

The report is presented in three main sections. This first section includes the introduction and an outline of the methodology used in carrying out the project. The second section provides the detailed findings of the research in relation to each of the main categories of drugs. Each chapter opens with a chart showing lifetime prevalence rates for the particular drug or drugs and highlights key findings in relation to those drugs. This section also provides an overview of the prevalence of drug use and of young people's attitudes towards drugs. The third section considers data on risk factors, including early school leaving, compares the findings of this study with those of similar surveys, and summarises the information from the interview programme. It also offers the researchers main conclusions in relation to the findings of the study.

Chapter 2 – Methodology

Introduction

The project utilised two main research methods. These were a survey, by questionnaire (copies available from Kilbarrack Coast Community Project)., of a large number of young people attending school (and a much smaller sample of young people who had left school), and a series of interviews with a diverse range of people living or working in the community. The first method generated a huge amount of quantitative data about young people's drug use, which forms the basis for much of this report. The second method provided for a deeper understanding of some aspects of drug use by young people and also a means of checking the findings of the survey against the local knowledge of those interviewed. In addition to these two main approaches, the researchers considered a range of relevant literature, particularly reports based on previous surveys of young people's drug use in Ireland.

The school survey

The use of school surveys

The largest source of data for this study was the school survey. School surveys are by far the most straightforward way of gathering information about the behaviour of large numbers of children and young people of school going age. There is no other environment in which such numbers of young people are gathered together on a regular basis. Furthermore, while young people in most other contexts may be reluctant to give time to completing a questionnaire, they are generally quite enthusiastic about taking a break from their regular classes to do something different. The structured nature of the school environment also facilitates the administration of the survey and it is relatively easy to arrange for parental consent for children to participate in the survey through the school, as schools frequently seek such consent for other activities, and generally have well established procedures for doing so.

Questionnaire development

The researchers developed the questionnaire following examination of a number of questionnaires previously used in school surveys, particularly the ESPAD surveys. Some questions were modified, especially where the language used seemed unnecessarily complex, and others were added or omitted according to the research objectives of this study. As far as possible, however, the information sought was similar to that sought by other surveys so that comparisons were possible. The draft questionnaire was presented to the Research Advisory Group for consideration and a number of modifications were made to it on the basis of the feedback received. The questionnaire was then piloted with two classes in a local school. No further modifications were necessary on the basis of the piloting process, although there was valuable learning about the administration of the questionnaire, including the timing and pace of administration, and the identification of points which might need further elucidation.

The final questionnaire contained over seventy numbered questions. Some of these had up to ten separate sub-questions included within one, numbered question. With hindsight it became clear that the research team had not given adequate consideration to the question of processing the huge amount of data generated by a questionnaire of this length. When this question was considered seriously at a later stage, it became apparent that both the data entry and the analysis of the data would be far more time consuming than anticipated. With the assistance of the NACD, which provided access to the SPSS programme this problem was eventually overcome, but the importance of focussing on what is really needed, when designing a questionnaire, rather than what is merely interesting, was emphasised by this experience.

Copies of the questionnaire are available from the Kilbarrack Coast Community Project.

Selection of schools and students

The schools to be surveyed were selected primarily by their location. All primary (four) and secondary schools (two) located within the target area were surveyed. In addition second-level schools in the surrounding areas were contacted in order to establish if they had significant numbers of students from the target area. A further two secondary schools were included

on this basis. Some of those schools outside the area with a small number of students from the area were, understandably, less interested in facilitating the research team than those where all or most students were from the target area.

In all of the schools surveyed, there were students who lived outside the area. It was agreed from the outset that only young people resident in the area would be surveyed. The initial approach was to survey all of the students in a class, and then discard the questionnaires of those who indicated that they did not live in the survey area. The main problem with this approach was that it was extremely expensive: the length of the questionnaire meant that each one cost over one euro to copy and in some classes, in some schools, up to ninety per cent of the completed questionnaires would have been wasted. It was therefore decided to ask the schools to provide access to only those students with an address in the survey area: the schools were very co-operative in this, as in other matters.

The researchers had a slight reservation about this approach in that there was a concern that students from the area might feel stigmatised, as if it was being suggested that Kilbarrack was the only area thought to have a drug problem. Students were reassured at the start of each session that the only reason for defining the area in this way was that the research was being carried out on behalf of KCCP. In practice none of the respondents appeared to have any issues with being selected in this way.

Access to schools

The problem of gaining access to schools and their students is obviously affected by the perceived credibility of the agency and individuals carrying out the survey. In this case it was advantageous to be able to cite the National Advisory Council on Drugs, as the funding agency, and the Kilbarrack Coast Community Project, as the local managers of the research project. As a result the project had a high level of both national and local credibility from the outset.

Contact was initiated by a letter from the researchers and a follow-up phone call to each school explaining briefly the nature and purpose of the survey. In each case this was followed by a meeting with the principal of the school or his/her representative. Principals were supplied with copies of the questionnaire and a copy of a draft consent form for parents, which they were encouraged to adapt as they saw fit. Dates and times for the administration of the questionnaire were agreed at this stage and the researchers outlined the intended procedure. The arrangements with the schools generally worked well and there was a high level of interest and co-operation from principals and staff.

Co-operation with schools

Schools are quite highly structured institutions, and as such may experience research activities as being disruptive. A practical example concerns the time required to administer a questionnaire, which should, as far as possible, coincide with a single class period. If it is known that a longer time will be required, a double class should be used, as children do not necessarily stay in the same class groups for all subjects. On one or two occasions problems of this sort were encountered, particularly with younger children in the secondary schools, who generally took longer to complete the questionnaire than those who were older. In the primary schools this was not an issue as the timetable is more flexible and children tend to remain in the same class and with the same teacher.

Researchers do not have an automatic right to be in the school and should maintain a polite and flexible approach in negotiating access. In this case the researchers were as flexible as possible in terms of the timing of the survey and the numbers of students dealt with at a time. Another issue on which a flexible approach was adopted concerned the presence or absence of teachers. In some cases it was taken for granted, by the school, that teachers would be present, in others it was negotiated, and in others it was assumed that teachers would not be present. Although these different arrangements were not ideal, and the researchers generally stated a preference for teachers not to be present, this was an area on which it seemed possible to compromise without any significant risk to the integrity of the responses. There were no occasions on which teachers interfered in the process of administering the survey. With some of the larger groups there was a benefit in having teachers present to help maintain an orderly atmosphere.

The administration of the questionnaire

At an early stage in the research it was suggested that the questionnaires could be left in the school to be administered by the teachers. This approach was not adopted. Whilst the passive presence of teachers appeared to have little, if any, impact, their active involvement in administering the questionnaire would have been more problematic. In some larger scale surveys, questionnaires are sent to the schools by post and administered by teachers. While this probably unavoidable in large-scale surveys, it does not appear to be desirable. There is the obvious point that children may be reluctant to answer honestly, if they suspect that their teachers may have access to their responses. There is also the fact that no matter how clear the instructions given, children will inevitably ask unanticipated questions, which different teachers may answer differently and thereby affect the responses. Finally, there is the fact that teachers' attitudes to this kind of research vary significantly. While we received a very good level of co-operation throughout, it was apparent that individual teachers' attitudes ranged from enthusiastic interest to scepticism and possibly even disapproval, of the process. Such differences in attitude could easily impact on the children's responses to the survey where teachers were administering the questionnaire.

School concerns

One issue which arose, and is likely to arise elsewhere in the future, is a concern on the part of some schools, that in carrying out such surveys, the likelihood of children experimenting with drugs might be increased. This is seen as a possibility in three related but distinct ways. First, that simply raising the subject of drugs may spark children's curiosity and encourage them to experiment. Second, that information may inadvertently be provided which would facilitate such experimentation, for example, by identifying those solvents, which can be abused. Third, that by asking them about their drug use, an implicit message is given that it is considered normal for young people of that age to be using drugs. Such concerns were expressed by several school principals, in some cases in response to concerns expressed by other teachers. It is also possible, although it did not occur in this case, that parents might raise similar concerns.

The researchers reassured the schools that such effects could be minimised by the design of the questionnaire and the approach to its administration. For example, multiple-choice questions about drug using behaviour always included a first option to state non-drug using behaviour. The question on the number of times respondents had been drunk, for instance, included an option to state that they did not drink alcohol, followed by an option to state that they had never been drunk, before the options to indicate the number of occasions of drunkenness were reached. While aiming to administer the questionnaire in a relaxed and informal style, the researchers took care to emphasise that the issue of drug use was a serious one. Once the questionnaires were completed the researchers responded to questions from the participants where time permitted. The researchers also took care not to provide unnecessary information on drugs which the young people had clearly not come across, or to suggest in any way that drug use was normal or common among young people.

Validity of responses

Obviously a central concern of the researchers in relation to the survey was that the findings would be as accurate as possible. Given the nature of both the research population and the issue of drug use, there was a concern about the veracity of the young people's responses. There is a potential risk of both over and under-reporting of drug use by young people. Young people might be inclined to over report their drug use out of a sense of bravado or simply because they do not take the research process seriously. They might be inclined to under report their drug use, if they are concerned that they might be identified. Of course, over-reporting and under-reporting might cancel each other out, producing in an accurate result, but equally, they may not. Aside from such deliberate misreporting there is also a possibility of young people inadvertently giving inaccurate responses, as a result, for example, of a simple failure of recall. This would seem particularly to be the case where young people are asked to recall events from the past (e.g. at what age they started smoking) or specific quantities (how many occasions they have used a particular drug).

The researchers adopted two main strategies for dealing with the potential for deliberately misleading responses. The first related to the design of the questionnaire. It could be argued that the questionnaire used was excessively long and repetitious. These characteristics did, however, have the advantage that it would have been very difficult for a young person to give misleading answers, which were consistent throughout. In the small number of cases where seriously

inconsistent responses were found, these questionnaires were discarded. In addition, a number of questions were included which were specifically intended to catch out respondents who were exaggerating the extent of their drug use. These included several questions about a non-existent drug, as well as a question about the mode of use of several drugs: the respondent, for example, who claimed to have injected cannabis, had his questionnaire discarded, for this along with other inconsistencies

The second strategy concerned the administration of the questionnaire. As noted above this was done in class by the researchers themselves. This enabled them to give verbal reassurance about anonymity and confidentiality, as well as to clarify any difficulties, which might arise, in a consistent manner. The fact that the researchers were an experienced former youth worker and a young local person, and their association with KCCP, probably also helped in establishing a rapport and a degree of trust with each class group.

In introducing the questionnaire the researchers emphasised the pointlessness of answering it any other way than completely honestly. It was explained that exaggerations would be easily detected, although obviously it was not spelt out how, and that any questionnaires, which seemed to include exaggerations would be discarded. This seemed to have quite a powerful effect: there was a strong sense that all of the young people wanted to have their experience and opinions included. At the same time it was also emphasised that we had neither any interest in identifying any individual, nor any means to do so: the questionnaires did not ask for names or addresses and the students were specifically cautioned against writing anything on the questionnaire which might identify them. Students were also asked to raise their hand if they wished to ask a question and one of the researchers would go over to them, rather than asking the question out loud. It was explained that some questions might be self-incriminating (for example, “What if you only smoke hash at the weekend?”). Respondents seemed confident that the process was anonymous and confidential. The analysis of the questionnaires suggested that there was very little deliberate over or under reporting. In total just seven questionnaires were discarded, due to evidently false responses or serious contradictions between responses to different questions.

The survey population

The initial aim was to survey as many of the youth population, aged ten to eighteen, of the area as possible. In spite of covering all of the local schools, and some outside the area, however, the numbers surveyed fell well short of the total estimated youth population. In all, approximately one quarter of the estimated population in this age were surveyed. The shortfall was probably the result of a number of factors including: demographic changes since the Census; large numbers attending schools in other areas; absence from school when the survey was conducted; and early school leaving. There were exactly three hundred questionnaires completed which were deemed sufficiently reliable for inclusion in the analysis. Two hundred and eighty-five of these comprised the school survey, while the other fifteen, were completed by young people who had left school without completing their Leaving Certificate: the latter were analysed separately (see Chapter Fourteen).

The following tables show the age and gender distribution of the population included in the school survey. All of the respondents in the school survey were aged between ten and eighteen and were in fifth or sixth class of primary school or in second-level school.

The tables show that respondents at either end of the age range were under-represented. Ten year olds were probably under-represented because many of them would still have been in fourth class and this class was not surveyed. The seventeen and eighteen year olds were probably under-represented because some in this age group would have already left school. It is also possible that absenteeism was higher in some age groups than others. The overall effect was that there were proportionately fewer in the oldest age group than in the two younger age groups. Overall, there were slightly more boys than girls included in the survey: this difference was most marked in the oldest age group.

Table 2.1: Distribution of the respondents by age and gender

Age	Boys		Girls		Total	
	N	%	N	%	N	%
10	12	4.2	9	3.2	21	7.4
11	19	6.7	22	7.7	41	14.4
12	23	8.1	18	6.3	41	14.4
13	19	6.7	22	7.7	41	14.4
14	19	6.7	20	7.0	39	13.7
15	12	4.2	16	5.6	28	9.8
16	22	7.7	10	3.5	32	11.2
17	15	5.3	15	5.3	30	10.5
18	8	2.8	4	1.4	12	4.2
Total	**149**	**52.3**	**136**	**47.7**	**285**	**100.0**

Table 2.2: Distribution of the respondents by age group and gender

Age Group	Boys		Girls		Total	
	N	%	N	%	N	%
10–12 years	54	18.9	49	17.2	103	36.1
13–15 years	50	17.5	58	20.3	108	37.9
16–18 years	45	15.8	29	10.2	74	26.0
Total	**149**	**52.2**	**136**	**47.7**	**285**	**100.0**

The interviews

The interview programme was carried out with three main groups of people: locally based professionals; members of the local community with an interest in young people and/or drug use; and adult drug users or recovering drug users from the area. In the case of the first two groups a semi-structured interview was conducted using an interview guide. In the case of the latter group the interviews were more informal and focussed on the participants own experiences and their current knowledge of the local drug scene. The researchers particularly appreciated the input of these recovering drug users and appreciated their honesty and openness. In total thirty individuals were interviewed representing a wide cross-section of backgrounds and perspectives.

One purpose of the interviews was to provide a context within which the findings of the survey could be interpreted. The interviews provided useful information about the history of the community, the development of the drug problem in the area, patterns of treated drug misuse and changing trends in drug use by young people in the area.

The interviews were also considered to be potentially useful as a reference point for the interpretation of the survey findings, especially where there might be reasons to question certain findings. It was anticipated that the interviews would assist in explaining any apparently anomalous findings and would provide useful support to any contentious findings. A certain amount of scepticism about research in general, and surveys of drug use in particular, is quite common. The view that young people would typically exaggerate their drug use, for example, was expressed to the researchers on several occasions. It is more difficult to dismiss the findings of the survey, if the collective and informed opinions of key community and professional figures are found to be broadly in line with the findings.

Finally, the interviews assisted the researchers in interpreting and understanding the various findings of the survey. In the absence of a longitudinal dimension to the survey, for example, findings of prevalence simply represent a snapshot of the

prevailing situation, providing no basis for identifying trends. The interviews provided a basis for interpreting the prevalence of cocaine, for example, as relatively low but rising, whereas that of amphetamine and LSD, was interpreted as low and declining. Whilst the combination of data from diverse sources in this manner, may reduce the validity of these interpretations, they are, nevertheless, worthwhile, given that the KCCP became involved in this project with a clear practical objective of responding to, rather than simply investigating young people's drug use. The same consideration applies to explanations of young people's drug use offered by those interviewed: whilst they cannot be regarded as absolute fact, and indeed are sometimes contradictory, they may still point to useful ways of responding to the findings of the survey. Some of the key points arising from the interviews are summarised in Chapter Sixteen.

The research findings

The researchers were satisfied that the findings of the research are reliable and valid. Given the high prevalence rates found for some drugs across the population, and for others in specific groups, there may be concerns that some of the respondents exaggerated the extent of their drug use. There is, however, evidence that this was not the case.

The first point is that there were only a small number of questionnaires showing evidence of misleading or contradictory answers, and these were easily eliminated. If respondents had been intent on providing a misleading picture, it is likely that they would have exaggerated across the board. This would probably have produced much higher prevalence rates for drugs, which are widely known such as LSD, crack and heroin. Similarly, it would have been anticipated that not only the prevalence of drug use, but its frequency would have been exaggerated. The example of cocaine is pertinent in this respect. Although the prevalence rates were higher than found in previous comparable surveys, there was no evidence that respondents who stated that they had used cocaine, exaggerated the number of times they had used it: only a very small proportion claimed to have used cocaine on more than five occasions.

The second point is that the survey outcomes were compatible with the results of the interview programme to a very high degree. As explained above, this was, in part, the reason for conducting this extensive local consultation with adults who would be in regular contact with young people and/or familiar with the local drug scene.

Overall, the findings showed a high degree of consistency. This was reflected not only in the internal consistency of individual questionnaires but also in the overall trends and patterns that emerged. There were few, if any, anomalies in the patterns of drug use by age and gender, and the divergences from other surveys were best explained by changing trends or local factors, rather than methodological problems.

Chapter 3 – Tobacco

Key findings

- Over half of respondents had smoked tobacco
- One quarter of respondents were current smokers
- More girls than boys had ever smoked and more were current smokers
- Most of those who had ever smoked had first smoked before the age of thirteen
- Over forty per cent of sixteen to eighteen year olds were current smokers
- Most young smokers wanted to give up smoking

Prevalence of tobacco use

Over half (54%) of the young people in the school survey had smoked tobacco at some time in their lives and just over one third (35%) had smoked within the last year. One quarter (25%) of those surveyed were current smokers, in that they had smoked within the last thirty days (Table 3.1).

Table 3.1: Prevalence of lifetime, last year and last thirty days, use of tobacco

	Lifetime		Last year		Last thirty days	
	N	%	N	%	N	%
Use of tobacco	156	54.7%	100	35.0%	71	24.7%

Table 3.2: Prevalence of lifetime use of tobacco by age group and gender

	Boys		Girls		Total	
	N	%	N	%	N	%
10–12 years	19	35.1	17	34.7	36	34.9
13–15 years	26	52.0	42	72.4	68	63.0
16–18 years	31	68.9	21	72.4	52	70.2
Total	**76**	**51.0**	**80**	**58.8**	**156**	**54.7**

Table 3.3: Prevalence of last thirty days use of tobacco by age group and gender

	Boys		Girls		Total	
	N	%	N	%	N	%
10–12 years	5	9.2	4	8.2	9	8.7
13–15 years	10	20.0	22	37.9	32	29.6
16–18 years	17	37.7	13	44.8	30	40.5
Total	**32**	**21.5**	**39**	**28.7**	**71**	**24.9**

Girls were more likely to have ever smoked than boys: just over fifty per cent (51%) of boys had ever smoked, while almost sixty per cent (59%) of girls had ever smoked (Table 3.2).

The prevalence of current smoking was lowest in the youngest age group and highest in the oldest age group. The rate of current smoking among the oldest age group, the sixteen to eighteen year olds, was considerably higher than the national rate of adult smoking.

Overall, girls were more likely to be current smokers (Table 3.3). This gender difference was most marked in the middle age group, that is, among those aged thirteen to fifteen years, where almost twice as many girls as boys were current smokers.

Although the overall rates of smoking were high, there were relatively few heavy smokers. Of those who currently smoked, only a minority (11.4%) smoked more than ten cigarettes per day and none of the respondents smoked more than twenty cigarettes per day (Table 3.4). Less than three per cent of all those surveyed therefore smoke more than ten cigarettes per day.

Table 3.4: Number of cigarettes usually smoked per day, by current smokers

Number of cigarettes usually smoked per day	Current smokers	
	N	%
1–2 years	21	30.0
3–5 years	11	15.7
6–10 years	30	42.8
11–20 years	8	11.4
More than 20	0	0
Total	**70**	**100.0**

First use of tobacco

A large proportion of those who had ever smoked had done so first at an early age. One quarter of sixteen to eighteen year olds who had ever smoked, stated that they had done so before the age of eleven and over sixty per cent had smoked their first cigarette before the age of thirteen.

Table 3.5: Age at which smoked first cigarette among 16–18 year olds who had ever smoked

Age first smoked a cigarette	Boys		Girls		Total	
	N	%	N	%	N	%
10 years or younger	10	32.3	3	15.0	13	25.5
11 years	5	16.1	3	15.0	8	15.7
12 years	4	12.9	6	30.0	10	19.6
13 years	2	6.5	1	5.0	3	5.9
14 years	6	19.4	5	25.0	11	21.6
15 years	2	6.5	2	10.0	4	7.8
16 years	2	6.5	0	0	2	3.9
17 years or older	0	0	0	0	0	0
Total	**31**	**100.0**	**20**	**100.0**	**51**	**100.0**

Attitudes to tobacco

The attitudes of the respondents to smoking were quite negative. Among those young people who had never smoked, there was a very large majority (90.5%) who stated that they did not intend to start smoking (Table 3.6).

Table 3.6: Attitudes towards smoking tobacco among those who had never smoked

Attitude	Respondents who had never smoked	
	N	%
Do not intend to start smoking	114	90.5
Might start smoking in the future	12	9.5
Total	**126**	**100.0**

Among those who had ever smoked, a similarly large majority (91%) had either already given up or expressed a desire to do so. A small proportion (6%) wished to continue smoking, but to cut down, while very few (3%) wished to continue smoking without cutting down.

Table 3.7: Attitudes towards smoking tobacco among those who had ever smoked

Attitude	Respondents who had ever smoked	
	N	%
Have already stopped smoking	95	65.1
Would like to stop smoking	38	26.0
Would like to reduce smoking	9	6.2
Would like to continue smoking	4	2.7
Total	**146**	**100.0**

Even among those who were current smokers, three-quarters (74%) wished to stop, and almost all (92%), wished to either stop or reduce their smoking (Table 3.8). This is in marked contrast to the attitudes of those young people who drink alcohol, the majority of whom wish to continue drinking (see Chapter 4).

Table 3.8: Attitudes towards smoking tobacco among those who were current smokers

Attitude	Respondents who were current smokers	
	N	%
Would like to stop smoking	38	74.5
Would like to reduce smoking	9	17.6
Would like to continue smoking	4	7.8
Total	**51**	**100.0**

There was widespread recognition of the harmfulness of smoking. When respondents were asked to indicate how harmful they thought smoking was, the vast majority (76.0%) saw heavy smoking (20 cigarettes per day) as being very harmful and a similar number saw even moderate smoking (5 cigarettes per day) as either fairly or very harmful (Table 3.9).

Table 3.9: Perceived harmfulness of cigarette smoking

Perception of harmfulness	Smoking 5 cigarettes per day (%)	Smoking 20 cigarettes per day (%)
Very harmful	13.2	76.0
Fairly harmful	64.4	13.6
Not harmful	14.9	3.9
Don't know	7.5	6.5

The attitudes towards and perceptions of tobacco smoking held by young people are overwhelmingly negative. This is in contrast to their attitudes towards the other widely used legal drug, alcohol, and suggests considerable potential for more effective interventions to reduce tobacco smoking by young people.

Chapter 4 – Alcohol

Key findings

- Alcohol was by far the most widely used drug among respondents
- Over three-quarters of respondents had taken alcohol
- Half of all respondents were current drinkers
- Two-thirds of fourteen year olds were current drinkers
- One third of current drinkers had drunk alcohol more than six times in the last month
- The most common source of the first alcoholic drink is the home
- The most common source of alcohol for current drinkers is an older person buying it
- Almost two-thirds of current drinkers had been drunk in the previous thirty days
- Most of those who had drunk alcohol still drink and intend to continue to drink
- Effects on health and addiction were the biggest worries about alcohol

Prevalence of alcohol use

Alcohol is the most widely used drug among those surveyed. Just over three-quarters (76%) of those included in the school survey had drunk alcohol at some stage in their lives. Two-thirds (66%) had drunk alcohol within the last year, and approximately half (51%) had drunk alcohol in the last thirty days (Table 4.1).

It should be noted that respondents were advised that taking a sip of alcohol, for example to see what it tasted like should not be counted as having taken an alcoholic drink.

Table 4.1: Prevalence of lifetime, last year and last thirty days, use of alcohol

	Lifetime		Last year		Last thirty days	
	N	%	N	%	N	%
Use of alcohol	217	76.1	189	66.3	145	51.0

The lifetime prevalence of alcohol use was highest among the oldest age group (97%), slightly lower in the middle age group (88%), and lowest among the youngest age group (48%). Well over ninety per cent of each age between fourteen and eighteen had taken alcohol in their lives, the rates varying from ninety-five to one hundred per cent.

Overall, more boys (80%) than girls (72%) had ever taken alcohol. This gender difference was, however, confined to the youngest age group, where almost sixty per cent (57%) of boys but less than forty per cent (39%) of girls stated that they had ever taken alcohol. In the middle and oldest age groups, the proportion of boys and girls who had ever taken alcohol was very similar (Table 4.2).

Table 4.2: Prevalence of lifetime use of alcohol by age group and gender

	Boys		Girls		Total	
	N	%	N	%	N	%
10–12 years	31	57.4	19	38.7	50	48.5
13–15 years	44	88.0	51	87.9	95	88.0
16–18 years	44	97.8	28	96.5	72	97.3
Total	**119**	**79.9**	**98**	**72.0**	**217**	**76.1**

The lifetime prevalence of alcohol use only indicates the proportion of those surveyed who had ever taken alcohol. Some of those who had taken alcohol may only have done so once or twice, and perhaps several years ago. The level of current drinking, that is the prevalence of alcohol use within the last thirty days, is therefore of more interest.

Just over half (51%) of those surveyed had taken an alcoholic drink within the last thirty days. The rates of current drinking were higher in the older age groups. In the lowest age group only seventeen per cent had taken a drink in this period, compared to sixty-one per cent and eighty-four per cent respectively for the middle and oldest age groups.

Although the overall proportions of boys and girls who had taken an alcoholic drink in the last thirty days were almost identical there were marked gender differences in the rates of current drinking in the different age groups. In the youngest age group, more than twice as many boys (22%) as girls (10%) had taken an alcoholic drink in the last thirty days, but this pattern was reversed in the middle age group. In this age group more girls (70%) than boys (50%) had taken a drink within the last thirty days. In the oldest age group, the rates of current drinker were similar, with slightly more boys (87%) than girls (79%) had taken a drink in the last thirty days (Table 4.3).

Table 4.3: Prevalence of last thirty days use of alcohol by age group and gender

	Boys		Girls		Total	
	N	%	N	%	N	%
10–12 years	12	22.6	5	10.2	17	16.7
13–15 years	25	50.0	41	70.7	66	61.1
16–18 years	39	86.7	23	79.3	62	83.8
Total	**76**	**51.3**	**69**	**50.7**	**145**	**51.0**

Frequency of alcohol use

The frequency of alcohol use refers to the number of occasions on which alcohol was consumed in a given period of time.

Almost thirty per cent (29%) of those who had ever taken an alcoholic drink had done so between one and five times in their lifetime, thirteen per cent had taken an alcoholic drink between six and ten times and almost sixty per cent (59%) had taken an alcoholic drink eleven or more times. Those who had drunk alcohol on ten or fewer occasions, included both those who had experimented with alcohol and then stopped drinking and those who had only recently started drinking.

Table 4.4: Frequency of alcohol use in lifetime

Frequency drinking alcohol in lifetime	N	%
Had never drunk alcohol	68	23.9
Had drunk alcohol on 1–2 occasions	40	14.1
Had drunk alcohol on 3–5 occasions	22	7.7
Had drunk alcohol on 6–10 occasions	27	9.5
Had drunk alcohol on 11–20 occasions	13	4.6
Had drunk alcohol on 21 or more occasions	114	40.1
Total	**284**	**100.0**

Again, the frequency of drinking in the last thirty days is of more interest as it relates to current rather than historical drinking behaviour. Approximately half of those surveyed (49%) had not drunk alcohol at all within the previous thirty days: this figure includes both those who had never taken alcohol and those who had, but not within the previous thirty days. The frequency of drinking for those who had drunk alcohol in the last thirty days is shown in Table 4.5.

Among the current drinkers, the majority (60%) had drunk alcohol on three or more occasions, and over one third (34%) had drunk alcohol on at least six occasions, an average of more than once per week. A small proportion (9%) stated that they had drunk alcohol on twenty-one or more occasions within the previous thirty days, indicating a pattern of almost daily drinking.

Table 4.5: Frequency of alcohol use in the last thirty days

Frequency of drinking alcohol in the last thirty days	N	%
Had drunk alcohol on 1–2 occasions	58	40.0
Had drunk alcohol on 3–5 occasions	38	26.2
Had drunk alcohol on 6–10 occasions	16	11.0
Had drunk alcohol on 11–20 occasions	20	13.8
Had drunk alcohol on 21 or more occasions	13	9.0
Total	**145**	**100.0**

First use of alcohol

The survey examined several aspects of young people's first experience of alcohol use including, the age at which they first took alcohol, how they obtained alcohol, where they first drank alcohol and what type of alcohol they drank first.

As with tobacco, alcohol use begins at an early age for many young people. Of those aged sixteen to eighteen who had ever taken an alcoholic drink one quarter (25%) indicated that they had done so before the age of twelve and over half (56%) had done so before the age of fourteen (Table 4.6). Boys were more likely than girls to have taken their first drink at a very young age. Thirty-six per cent of boys had taken their first drink before the age of twelve compared to just seven per cent of girls. Almost as many girls as boys, however, had taken their first drink before they reached the age of sixteen: eighty-six per cent compared to ninety-three per cent of boys.

Table 4.6: Age at which first used alcohol among 16–18 year olds who had ever used alcohol

Age first used alcohol	Boys		Girls		Total	
	N	%	N	%	N	%
10 years or younger	8	18.2	0	0	8	11.1
11 years	8	18.2	2	7.1	10	13.9
12 years	5	11.4	7	25.0	12	16.7
13 years	7	15.9	3	10.7	10	13.9
14 years	7	15.9	6	21.4	13	18.1
15 years	6	13.6	6	21.4	12	16.7
16 years	1	2.3	1	3.6	2	2.8
17 years or older	2	4.5	3	10.7	5	6.9
Total	**44**	**100.0**	**28**	**100.0**	**72**	**100.0**

The home is the most common source of the first alcoholic drink, with almost one third (32%) of those surveyed obtaining their first drink from their own home. Apart from taking it from the home, the next most common means of obtaining alcohol was to get another, older, person to buy it for them: almost thirty per cent (29%) obtained their first alcoholic drink in this way. Only five per cent of young people had obtained alcohol from an off-licence or supermarket on the first occasion they used alcohol, and only four per cent from a pub, disco or club. This probably reflects the very young age at which many children take their first drink, which inevitably means that few of them would be able to obtain drink from such sources (Table 4.7).

The related question of where young people took their first drink, also shows the importance of the home. Over half (51%), had their first experience of drinking alcohol in either their own home or in someone else's home. Almost forty per cent (39%) had their first drink outdoors, while less than ten per cent (8.7%) had their first drink in a pub, disco or club (Table 4.8).

Table 4.7: Where alcohol obtained on first occasion of use

Where alcohol obtained	N	%
From home	68	32.2
Got older person to buy	62	29.4
Given by friend	46	21.8
Bought in off-licence/supermarket	11	5.2
Bought in a pub	5	2.4
Bought in disco/club	3	1.4
Other	16	7.6
Total	**211**	**100.0**

Table 4.8: Where alcohol was taken on first occasion of use

Location	N	%
Outdoors	81	38.9
At home	59	28.4
At someone else's home	47	22.6
In a bar/pub	12	5.8
In a disco/club	6	2.9
Other	3	1.4
Total	**208**	**100.0**

Beer or cider were the alcoholic drinks first taken by almost three-quarters (72%) of those who had ever taken a drink. The next most common first drink was vodka (12%). Alcopops were the first drink taken by less than six per cent of young people, the same proportion who had taken wine as their first drink. It should be noted, however, that a proportion of the older drinkers had taken their first drink before the introduction and popularisation of alcopops.

Table 4.9: Type of alcoholic drink taken on first occasion of use

	N	%
Beer	80	42.5
Cider	56	29.8
Vodka	23	12.2
Wine	11	5.9
Alcopops	11	5.9
Whiskey	4	2.1
Other	3	1.6
Total	**188**	**100.0**

Current drinking behaviour

Slightly more than half (51%) of those surveyed were current drinkers. The pattern of drinking by current drinkers was different to the first experience of drinking alcohol in a number of respects.

In terms of obtaining alcohol, getting an older person to buy alcohol was still the most common single means. Buying alcohol from a supermarket, off-licence or pub, was, however much more common, indicating that although few young people obtain their first alcoholic drink from these sources, many of them do purchase alcohol from these sources subsequently. The other striking feature is that getting alcohol from home is far less common (Table 4.10).

Similarly, while most of the young people who had drunk alcohol within the last thirty days had done so outdoors, the number drinking in pubs was higher and there were relatively fewer drinking in their own homes, compared to the first experience of drinking (Table 4.11).

N.B. Some respondents identified more than one source of alcohol and/or location of use: the proportions using each source/location are calculated on the basis of the total number of current drinkers (N=145).

Table 4.10: How alcohol was obtained in last thirty days by current drinkers

How alcohol obtained	N	%
Got older person to buy	51	35.2
Bought in a pub	36	24.8
Bought in off-licence/supermarket	34	23.4
Given by friend	22	15.2
From home	15	10.3
Bought in disco/club	8	5.5
Other	0	0

Table 4.11: Where alcohol was taken in last thirty days by current drinkers

Where alcohol obtained	N	%
Outdoors	67	46.2
At someone else's home	47	32.4
In a bar/pub	40	27.6
At home	36	24.8
In a disco/club	13	9.0
In a restaurant	4	2.7
Other	0	0

More than half (53%) of current drinkers had drunk beer in the last thirty days. Vodka was the next most popular drink, having been taken by almost half (44%) of current drinkers. Less than one third had taken alcopops (29%) or cider (27%) within the last thirty days (Table 4.12).

Table 4.12: Types of alcohol used in the last thirty days by current drinkers

Type of alcohol	N	%
Beer	77	53.1
Vodka	64	44.1
Alcopops	42	29.0
Cider	40	27.6
Wine	30	20.7
Whiskey	17	11.7
Other	1	0.7

Level and effects of drinking

In addition to the frequency of drinking, the other main indicator of the level of drinking by young people is the number of drinks they take on each drinking occasion. These figures should, however, be treated cautiously as the term "usually" is imprecise and the size and alcohol content of a "drink" may vary considerably. Nevertheless, it appears that a large proportion of young people drink large quantities on most or all of the occasions that they drink alcohol. Table 4.13 shows the number of drinks usually taken on each drinking occasion.

Table 4.13: The number of drinks usually taken on each drinking occasion

Number of drinks usually taken	N	%
1–2 drinks	63	31.6
3–4 drinks	53	26.6
5 or more drinks	83	41.7
Total	**199**	**100.0**

Another, indirect, indicator of levels of drinking is the number of occasions on which respondents stated that they had been drunk. Again, drunkenness, is not readily defined in a way which would be understood similarly by different respondents. Some surveys have asked respondents to report the number of times they were "really drunk", but this does not do a great deal to resolve this difficulty.

The survey asked young people to indicate the number of occasions on which they had ever been drunk and the number of occasions on which they had been drunk in the last thirty days. The proportions were calculated in relation to the numbers who had ever drunk alcohol, and the numbers who had drunk alcohol in the last thirty days, respectively.

Overall, just over two-thirds (67%) of those who had ever drunk alcohol had been drunk on at least one occasion, with little difference between boys (68%) and girls (66%). Just over one third of boys (34%) and just over one quarter of girls (26%) had been drunk more than ten times in their lives (Table 4.14).

Among the current drinkers, almost two-thirds (63%) had been drunk in the last thirty days. The proportion of boys (64%) and girls (62%) who had been drunk in the last thirty days were again very similar.

Table 4.14: Number of occasions drunk in lifetime

Number of occasions	Boys		Girls		Total	
	N	%	N	%	N	%
Been drunk 1–2 times	18	15.1	13	13.2	31	14.3
Been drunk 3–5 times	13	10.9	17	17.3	30	13.8
Been drunk 6–10 times	10	8.4	9	9.2	19	8.7
Been drunk 11 times or more	40	33.6	26	26.5	66	30.4
Total	**81**	**68.0**	**65**	**66.2**	**146**	**67.2**

Table 4.15: Number of occasions drunk in last thirty days

Number of occasions	Boys		Girls		Total	
	N	%	N	%	N	%
Been drunk 1–2 times	16	21.0	22	31.9	38	26.2
Been drunk 3–5 times	19	25.0	15	21.7	34	23.4
Been drunk 6–10 times	8	10.5	5	7.2	13	9.0
Been drunk 11 times or more	6	7.9	1	1.4	7	4.8
Total	**49**	**64.4**	**43**	**62.2**	**92**	**63.4**

The survey also required respondents to indicate which, if any, of a number of adverse consequences had happened to them as a result of drinking alcohol. The proportion of those who had ever drunk alcohol reporting each of these consequences is shown in table 4.16.

The most commonly reported adverse effect of drinking alcohol was getting sick or having a hangover, followed by getting into a fight or argument and making a fool of oneself. Relatively few respondents reported having got into trouble with either their parents, other family members, the police or school as a result of their drinking.

Table 4.16: Reported adverse effects of alcohol

Effect	N	%
Been sick or had a hangover	110	50.7
Got into a fight or argument	64	29.5
Made a fool of myself	58	26.7
Got into trouble with parents	40	18.4
Got into trouble with police	35	16.1
Late for school/work	29	13.4
Got into trouble with other family members	17	7.8
Passed out	15	6.9
Stolen to buy alcohol	10	4.6
Found it difficult to go without alcohol	8	3.7
Taken to hospital	3	1.4
Got into trouble in school	3	1.4

Attitudes towards alcohol use

Young people's attitudes towards alcohol were explored in two respects: their intentions in relation to drinking alcohol and their concerns about drinking alcohol.

A majority of those who had never drunk alcohol (56%) stated that they did not intend to start drinking (Table 4.17).

Among those who had ever drunk alcohol just over one quarter (27%) indicated that they had stopped drinking, but almost three-quarters continued to drink alcohol (Table 4.18). Of those who continued to drink, a minority (13%) wished to stop. The majority of those who still drank alcohol intended to continue drinking (87%), although thirteen per cent wished to reduce their drinking (4.19).

Table 4.17: Attitudes towards alcohol use among those who had never drunk alcohol

Attitude	N	%
Do not intend to start drinking alcohol	39	56.5
Might start drinking alcohol in the future	30	43.5
Total	**69**	**100.0**

Table 4.18: Attitudes towards alcohol use among those who had drunk alcohol

Attitude	N	%
Have already stopped drinking	52	26.8
Would like to stop drinking alcohol	18	9.3
Would like to reduce drinking alcohol	18	9.3
Would like to continue drinking alcohol	106	54.6
Total	**194**	**100.0**

Table 4.19: Attitudes towards alcohol use among those continuing to drink alcohol

Attitude	N	%
Would like to stop drinking	18	12.7
Would like to reduce drinking	18	12.7
Would like to continue drinking	106	74.6
Total	**142**	**100.0**

Respondents were asked to identify the three concerns, from a list of eight, which would most worry them about drinking alcohol. Table 4.20 shows that the most common worries concerned health and addiction, followed by a worry about getting into trouble at home or with the police.

Table 4.20: Worries about alcohol

Concerns about drinking alcohol	N	%
Worry about health	185	64.9
Worry about becoming addicted to alcohol	144	50.5
Worry about getting into trouble with the police	120	42.1
Worry about getting into trouble at home	115	40.3
Worry about feeling or getting sick	76	26.7
Worry about the cost of alcohol	66	23.1
Worry about making a fool of myself	61	21.4
Worry that school work would be affected	61	21.4

High risk alcohol use

The survey indicates that under-age drinking is generally widespread among those surveyed. This is a cause for concern. Although all under-age drinking should be discouraged, there is a proportion of students whose drinking behaviour indicates particularly high levels of risk. Table 4.21 summarises the proportions engaged in various types of high risk drinking behaviour (as a proportion of all those who ever drank alcohol).

Table 4.21: Summary of high risk drinking behaviour

High risk behaviour	N	%
Began drinking at a very early age (under eleven)	64	29.5
Drink frequently (more than five times in last 30 days)	49	22.6
Drink large quantities at a time (5 drinks or more)	83	38.2
Get drunk frequently (more than twice in the last 30 days)	54	24.9

Chapter 5 – Cannabis

Key findings

- Cannabis was the most widely used illicit drug
- Almost forty per cent of respondents had used cannabis
- Over twenty per cent of respondents were current cannabis smokers
- The rate of current cannabis use is almost as high as the rate of current tobacco use
- Over three-quarters of first-time cannabis users were given it by a friend
- Almost half of 16 to 18 year old boys were current cannabis users
- Most of those who had ever taken cannabis had done so more than ten times
- Over half of current cannabis users had used it at least six times in the last month
- Most of those who currently use cannabis would like to continue using it
- Over eighty per cent of respondents considered regular cannabis use harmful

Prevalence of cannabis use

Cannabis is the illegal drug most widely used by young people in the area. This is not surprising, as it has consistently been shown to be the most prevalent of all illegal drugs, not only in Ireland, but in most, if not all, Western societies. The rates of cannabis use are, however, particularly high for this age group in comparison with data from other school surveys.

Well over one third (37%) of those surveyed had used cannabis in their lifetime and just under one third (32%) had used it in the last year. Current use (use within the last thirty days) was over twenty per cent (21%) (Table 5.1).

Table 5.1: Prevalence of lifetime, last year and last thirty days, use of cannabis

	Lifetime		Last year		Last thirty days	
	N	%	N	%	N	%
Use of cannabis	106	37.2	90	31.6	61	21.4

Lifetime prevalence of cannabis use was highest in the oldest age group (70%), lower in the middle age group (46%) and much lower in the youngest age group (4%). Overall, slightly more boys (39%) than girls (35%) had ever used cannabis. None of the girls in the lowest age group had ever used cannabis, although in the middle age group more girls (30%) than boys (20%) had used it (5.2).

Table 5.2: Prevalence of lifetime use of cannabis by age group and gender

	Boys		Girls		Total	
	N	%	N	%	N	%
10–12 years	4	7.4	0	0	4	3.8
13–15 years	20	40.0	30	51.7	50	46.3
16–18 years	34	75.5	18	62.1	52	70.2
Total	**58**	**38.9**	**48**	**35.3**	**106**	**37.2**

The overall rate of current cannabis use was just over twenty per cent (21%). Overall, slightly more boys (23%) than girls (20%) were current cannabis users. In the youngest age group, none of the girls and only four per cent of the boys were current cannabis users. In the middle age group, one quarter (25%) were current users of cannabis. More girls (30%) than boys (20%) were current cannabis users in this age group. In the oldest age group over forty per cent were current cannabis users. Over one third (35%) of girls and almost half (49%) of boys were current cannabis users. It is notable that the overall rate of current cannabis use (21.4%) is almost as high as the overall rate of current tobacco use (24.7%).

Table 5.3: Prevalence of last thirty days use of cannabis by age group and gender

	Boys		Girls		Total	
	N	%	N	%	N	%
10–12 years	2	3.7	0	0	2	1.9
13–15 years	10	20.0	17	29.8	27	25.2
16–18 years	22	48.9	10	34.5	32	43.2
Total	**34**	**22.8**	**27**	**20.0**	**61**	**21.4**

Frequency of cannabis use

Almost forty per cent (37%) of those surveyed had used cannabis on at least one occasion in their lifetime. Table 5.4 below shows that relatively few of these were occasional or once-off experimental users: almost sixty per cent (59%) of those who had ever used cannabis stated that they had done so on more than ten occasions in their lifetime (Table 5.4).

Among those who had used cannabis within the previous thirty days, there was a high proportion of regular users. Table 5.6 shows that more than half of this group (57%) had used cannabis on at least six occasions within the previous month, that is, they had used cannabis, on average, more than once per week (Table 5.5).

Table 5.4: Lifetime frequency of cannabis use among those who had ever used cannabis

Frequency of cannabis use in lifetime	N	%
Used cannabis on 1–2 occasions	21	19.7
Used cannabis on 3–5 occasions	9	8.5
Used cannabis on 6–10 occasions	13	12.3
Used cannabis on 11 or more occasions	63	59.4
Total	**106**	**100.0**

Table 5.5: Frequency of cannabis use in the last thirty days among current cannabis users

Frequency of cannabis use in last thirty days	N	%
Used cannabis on 1–2 occasions	15	24.6
Used cannabis on 3–5 occasions	11	18.0
Used cannabis on 6–10 occasions	8	13.1
Used cannabis on 11 or more occasions	27	44.3
Total	**61**	**100.0**

First use of cannabis

Cannabis use did not generally commence as early as tobacco or alcohol use. Of those aged sixteen to eighteen who had ever taken cannabis, only sixteen per cent had done so before the age of fourteen, compared to fifty-six per cent in the case of alcohol and seventy-seven per cent for tobacco. The mid teens appears to be the peak age for young people to first use cannabis: eighty-four per cent of this age group who had ever used cannabis stated that they had first used it between the ages of fourteen and sixteen.

Table 5.6: Age at which first used cannabis among 16–18 year olds who had ever used cannabis

Age first used cannabis	Boys		Girls		Total	
	N	%	N	%	N	%
10 years or younger	0	0	0	0	0	0
11 years	1	2.9	0	0	1	2.0
12 years	3	8.8	0	0	3	5.9
13 years	4	11.8	0	0	4	7.8
14 years	5	14.7	7	41.2	12	23.5
15 years	17	50.0	6	35.3	23	45.1
16 years	4	11.8	4	23.5	8	15.7
17 years or older	0	0	0	0	0	0
Total	**34**	**100.0**	**17**	**100.0**	**51**	**100.0**

First use of cannabis

Whereas the home figured prominently in the first use of alcohol, both as a source of alcohol and a location for drinking it, the pattern with the introduction to cannabis is very different. With cannabis, peer involvement is by far the main factor in facilitating access to cannabis for the first time. The vast majority of those young people who had used cannabis had first obtained it from a friend. In most cases (76%) they were given the drug by a friend and in a further twelve per cent (12%) of cases they had bought it from a friend (Table 5.7). Similarly, it was relatively rare for first time users to have taken cannabis at home. Most first took cannabis outdoors (65%) and over twenty per cent (22%) took it in someone else's house (Table 5.8).

Table 5.7: Where cannabis was obtained on first occasion of use

Where cannabis obtained	N	%
Given by friend	78	76.5
Bought from a friend	12	11.8
Bought from a stranger	7	6.9
From home	3	2.9
Given by a family member	2	2.0
Total	**102**	**100.0**

Table 5.8: Where cannabis was taken on first occasion of use

Location	N	%
Outdoors	65	65.0
At someone else's home	22	22.0
At home	9	9.0
In a disco/club	1	1.0
In school	1	1.0
Other	2	2.0
Total	**100**	**100.0**

Effects of cannabis

Table 5.9 below shows the numbers and proportion of those who had ever taken cannabis who reported ever having experienced each of the listed effects as a result.

There were proportionately fewer reports of adverse effects reported by those who had ever used cannabis compared with those reported for alcohol use. Those who had smoked cannabis were much less likely to report having got into a fight or argument as a result, than those who had used alcohol. They were also much less likely to have got into trouble with the police as a result of using cannabis than those who had used alcohol.

Those who had used cannabis, however, were more than twice as likely to report having found it difficult to go without cannabis, than those who had drunk alcohol were to have experienced this problem with alcohol.

Table 5.9: Reported adverse effects of cannabis

Effect	N	%
Been sick	35	33.0
Made a fool of myself	19	17.9
Late for school/work	17	16.0
Got into trouble with parents	11	10.4
Found it difficult to go without cannabis	10	9.4
Got into a fight or argument	8	7.5
Got into trouble with police	6	5.7
Passed out	5	4.7
Stolen to buy cannabis	5	4.7
Got into trouble in school	4	3.8
Got into trouble with other family members	3	2.8
Taken to hospital	0	0

Attitudes towards cannabis use

The attitudes of those young people who had never taken cannabis were similar to the comparable figures for tobacco use, that is, that a large majority (95.5%) stated that they had no intention of starting to use cannabis.

Among those who have ever taken cannabis almost half (49%) no longer use it and a further twenty per cent state that they would like to either stop or reduce their use of cannabis. Among current users of cannabis, however, representing almost one fifth (17%) of the total sample, however, the pattern more closely resembles that of current drinkers, with only eighteen per cent stating that they would like to stop using it altogether (Tables 5.10–5.12)

Table 5.10: Attitudes towards cannabis use among those who had never taken cannabis

Attitude	N	%
Do not intend to start using cannabis	168	95.5
Might start using cannabis in the future	8	4.5
Total	**176**	**100.0**

Table 5.11: Attitudes towards cannabis use among those who had ever taken cannabis

Attitude	N	%
Have already stopped using cannabis	48	49.0
Would like to stop using cannabis	9	9.2
Would like to reduce cannabis use	11	11.2
Would like to continue using cannabis	30	30.6
Total	**98**	**100.0**

Table 5.12: Attitudes towards cannabis among current cannabis users

Attitude	N	%
Would like to stop using cannabis	9	18.0
Would like to reduce cannabis use	11	22.0
Would like to continue using cannabis	30	60.0
Total	**50**	**100.0**

The beliefs of respondents in relation to the harmfulness of smoking cannabis are shown in Table 5.13. While there is little evidence to support the view that young people in general see smoking cannabis as harmless, it is worth noting that a higher proportion see it this way than is the case with tobacco. Similarly the proportion seeing regular cannabis use as very harmful is lower than that which regards heavy tobacco smoking in this way.

Table 5.13: Perceptions of harmfulness of smoking cannabis

Perception of harmfulness	Smoking cannabis occasionally		Smoking cannabis regularly	
	N	%	N	%
Very harmful	102	36.8	174	62.1
Fairly harmful	98	35.4	53	18.9
Not harmful	49	17.7	23	8.2
Don't know	28	10.1	30	10.7
	277	**100.0**	**280**	**100.0**

Young people who had ever smoked cannabis were much more likely to regard smoking cannabis as not harmful, than young people who had not used it. Similarly those who had not used cannabis were much more likely to perceive it's use as very harmful than those who had used it.

Table 5.14: Perceptions of harmfulness of smoking cannabis by those who had (A) and had not (B) ever smoked cannabis

Perception of harmfulness	Smoking cannabis occasionally		Smoking cannabis regularly	
	A (%)	B (%)	A (%)	B (%)
Very harmful	17.5	48.3	43.7	72.9
Fairly harmful	39.8	32.7	31.1	11.9
Not harmful	38.8	5.2	17.5	2.8
Don't know	3.9	13.8	7.8	12.4

Chapter 6 – Inhalants

Key findings

- Sixteen per cent of respondents had ever used inhalants
- Four per cent of respondents were current users of inhalants
- Most of those who had ever used inhalants had done so on less than ten occasions
- More boys than girls had ever used inhalants
- More boys than girls were current users of inhalants
- Almost all of those who had used inhalants had already stopped or wished to do so

Prevalence of inhalant use

Inhalants, also referred to as solvents, are not, strictly speaking, drugs but rather a range of domestic and industrial chemicals which give off vapours. These vapours have an intoxicant effect when inhaled. Among the more commonly used products are glues, gases, thinners, aerosols and petrol.

Although over sixteen per cent of those surveyed had used inhalants at some time in their lives, the figures for recent and current use are much lower. Less than eight per cent had used inhalants in the last year and less than four per cent had used them in the last thirty days (Table 6.1).

Table 6.1: Prevalence of lifetime, last year and last thirty days, use of inhalants

	Lifetime		Last year		Last thirty days	
	N	%	N	%	N	%
Use of inhalants	47	16.5	22	7.8	11	3.9

The lifetime prevalence of inhalant use was highest in the oldest age group (27%), lower in the middle age group (20%) and much lower in the youngest age group (5%). Overall, boys were more likely to have used inhalants than girls. In the middle age group the proportions of boys and girls who had ever used inhalants were the same (20%) but in both the youngest and oldest age groups more boys than girls had ever used inhalants (Table 6.2).

Table 6.2: Prevalence of lifetime use of inhalants by age group and gender

	Boys		Girls		Total	
	N	%	N	%	N	%
10–12 years	4	7.4	1	2.1	5	4.9
13–15 years	10	20.0	12	20.7	22	20.4
16–18 years	15	33.3	5	17.2	20	27.0
Total	**29**	**19.5**	**18**	**13.3**	**47**	**16.5**

The level of current use of inhalants was much lower than the rate of lifetime use, suggesting that relatively few young people persist in the use of inhalants. The findings for current use are, however, somewhat surprising, in that the highest rate (8%) is in the oldest age group, whereas the use of inhalants is generally considered to be more common in early

adolescence. The low rate of current use of inhalants (3%) in the middle age group also contrasts with the high levels of use of other substances in this age group. The fact that few of those in the younger age groups had ever used inhalants, and even fewer were current users, might indicate that this particular type of drug use is declining (Table 6.3).

Table 6.3: Last thirty days prevalence of use of inhalants by age group and gender

	Boys		Girls		Total	
	N	%	N	%	N	%
10–12 years	2	3.7	0	0	2	2.0
13–15 years	1	2.0	2	3.4	3	2.7
16–18 years	5	11.1	1	3.4	6	8.1
Total	**8**	**5.4**	**3**	**2.2**	**11**	**3.9**

Frequency of inhalant use

The frequency of use of inhalants was considerably lower than for alcohol or cannabis. In the case of both alcohol and cannabis, almost sixty per cent of those who had ever taken these drugs, had done so on more than ten occasions (Table 6.4). Of those who had used inhalants only fifteen per cent had done so on more than ten occasions. Among the small number of current users of inhalants, the majority (73%) had used inhalants only once or twice in the previous thirty days (Table 6.5). This indicates that there are very few young people currently using inhalants on a regular basis.

Table 6.4: Lifetime frequency of inhalant use among those who had ever used inhalants

Frequency of inhalant use in lifetime	N	%
Used inhalants on 1–2 occasions	21	44.7
Used inhalants on 3–5 occasions	11	23.4
Used inhalants on 6–10 occasions	8	17.0
Used inhalants on 11 or more occasions	7	14.9
Total	**47**	**100.0**

Table 6.5: Last thirty days frequency of inhalant use among current inhalant users

Frequency of inhalant use in last thirty days	N	%
Used inhalants on 1–2 occasions	8	72.7
Used inhalants on 3–5 occasions	2	18.2
Used inhalants on 6–10 occasions	0	0
Used inhalants on 11 or more occasions	1	9.1
Total	**11**	**100.0**

First use of inhalants

The ages at which those aged sixteen to eighteen who had ever used inhalants, reported that they had first used them are shown in Table 6.6 below. A majority of boys (67%) and all of the girls who had ever used inhalants had first done so between the ages of thirteen and fifteen.

Table 6.6: Age at which first used inhalants among 16–18 year olds who had ever used cannabis

Age first used inhalants	Boys		Girls		Total	
	N	%	N	%	N	%
10 years or younger	0	0	0	0	0	0
11 years	1	6.7	0	0	1	5.0
12 years	3	20.0	0	0	3	15.0
13 years	4	26.7	1	20.0	5	25.0
14 years	3	20.0	0	0	3	15.0
15 years	2	13.3	4	80.0	6	30.0
16 years	2	13.3	0	0	2	10.0
17 years or older	0	0	0	0	0	0
Total	**15**	**100.0**	**5**	**100.0**	**20**	**100.0**

Table 6.7 shows where those who had ever used inhalants had first used them. Almost one third (32%) had first used inhalants outdoors and the same proportion had first used them in someone else's home. Only fifteen per cent had first used them at home and just over twenty per cent (22.0%) had first used inhalants at school. This last figure is worth noting as it is in marked contrast to the use of other drugs, which are rarely taken for the first time in school. In the case of cannabis, for example, only one per cent had first taken it in school.

Table 6.7: Where inhalants were taken on first occasion of use

Location	N	%
Outdoors	13	31.7
At someone else's home	13	31.7
In school	9	22.0
At home	6	14.6
In a disco/club	0	0
Other	0	0
Total	**41**	**100.0**

Table 6.8 shows the proportion, of those who had ever used inhalants, who had used each of the listed substances. Glue and gas were the most commonly used, with only small numbers having used correction fluid, or petrol. The use of aerosols, however, was more common than it would appear as the most frequently cited "other" was deodourants: deodourants would only have an effect in aerosol form, so it is likely that aerosols were almost as commonly used as glue and gas.

Table 6.8: Types of inhalants used

Type of inhalant	N	%
Gas	21	44.7
Glue	20	42.5
Correction fluid	3	6.4
Petrol	3	6.4
Aerosols	2	4.2
Other	19	40.4

Effects of inhalants

The reporting of adverse effects for inhalants was at considerably lower levels than for either alcohol or cannabis (Table 6.9). Those who had used inhalants were, however, more likely to have passed out or got into a fight or argument as a result than those who had ever used cannabis.

Table 6.9: Adverse effects of inhalants

Effect	% of those who had ever used inhalants
Made a fool of myself	12.8
Been sick or had a hangover	12.8
Got into a fight or argument	12.8
Passed out	10.6
Late for school/work	6.4
Got into trouble with parents	6.4
Got into trouble with police	6.4
Got into trouble in school	4.2
Found it difficult to go without inhalants	2.1
Got into trouble with other family members	2.1
Stolen to buy inhalants	0
Taken to hospital	0

Attitudes to inhalant use

The attitudes expressed towards the use of inhalants, indicate that this type of drug use has little appeal to the vast majority of young people. Virtually all of those who had not taken inhalants indicated that they did not intend to do so in the future (Table 6.10). Of those who had taken inhalants the vast majority had already stopped taking them, and almost all of the remainder stated that they would like to stop or reduce their use of inhalants (Table 6.11). The number of current users was too small to warrant separate analysis of their intentions.

Table 6.10: Attitudes towards inhalant use among those who had never used inhalants

Attitude	%
Do not intend to start using inhalants	97.8
Might use inhalants in the future	2.2

Table 6.11: Attitudes towards inhalant use among those who had used inhalants

Attitude	%
Have already stopped using inhalants	82.9
Would like to stop using inhalants	7.3
Would like to reduce use of inhalants	7.3
Would like to continue using inhalants	2.4

The use of inhalants is not widespread among young people in the area and appears to be in decline. There is a very small number within the youngest age group who are experimenting with inhalants and a slightly larger group in the oldest age group, a few of whom appear to be using inhalants on a more regular basis.

Chapter 7 – Cocaine

Key findings

- Six per cent of all respondents had ever used cocaine
- Most of those who had ever used cocaine were aged sixteen or over
- Approximately twice as many boys as girls had used cocaine
- Most of those who had used cocaine had done so on less than five occasions
- One quarter of boys aged sixteen to eighteen had used cocaine

Prevalence of cocaine use

In total, a little over six per cent (6.1%) of respondents stated that they had used cocaine at some time (Table 7.1). All of this use was recent, having occurred within the last year, but current use, that is, use within the last thirty days was lower, at less than three per cent. There was no cocaine use reported by those in the lowest age group and very low prevalence among the middle age group. Prevalence was much higher in the oldest age group, especially among boys, of whom almost one quarter (23%) had used cocaine (Table 7.2).

Table 7.1: Prevalence of lifetime, last year and last thirty days, use of cocaine

	Lifetime		Last year		Last thirty days	
	N	%	N	%	N	%
Use of cocaine	17	6.1	17	6.1	7	2.5

Table 7.2: Prevalence of lifetime use of cocaine by age group and gender

	Boys		Girls		Total	
	N	%	N	%	N	%
10–12 years	0	0	0	0	0	0
13–15 years	2	4.2	2	3.6	4	3.8
16–18 years	10	23.2	3	10.7	13	18.3
Total	**12**	**8.4**	**5**	**3.7**	**17**	**6.1**

Frequency of cocaine use

Of those who have used cocaine, the majority have used it on a limited number of occasions. Table 7.3 shows that over three-quarters of those who have used cocaine have done so on less than five occasions. None of those who had used cocaine within the previous thirty days had done so on more than two occasions. Only one respondent stated that he had ever used crack cocaine.

Table 7.3: Lifetime frequency of use of cocaine among those who had ever used cocaine

Frequency of cocaine use	N	%
Used on 1–2 occasions	7	41.2
Used on 3–5 occasions	6	35.3
Used on 6–10 occasions	1	5.9
Used on 11 or more occasions	3	17.6
Total	**17**	**100.0**

Chapter 8 – Heroin

Key findings

- Less than one per cent of respondents stated that they had ever used heroin
- Virtually all respondents saw smoking and injecting heroin as harmful

Introduction

Heroin has had a major impact on the area over the last ten to fifteen years. Heroin first emerged as a major problem in Dublin in the early 1980's, with the most disadvantaged inner-city areas most badly affected. The Kilbarrack area was not significantly affected at this stage, but in the early 1990's heroin use increased among the young people of the area. In many cases young people's introduction to heroin came about as a result of their use of ecstasy and other stimulant drugs associated with the "rave" culture of the time. Heroin, usually taken by smoking, was identified as an effective way of easing the "come-down" from these drugs. Inevitably many of the young people using heroin in this way, more or less rapidly developed a dependence on heroin, and as their tolerance increased many became injecting users of the drug.

Prevalence of heroin

The number of respondents to the school survey who reported heroin use was very low: two respondents stated that they had ever used heroin, both of whom had used it within the last year, and one of whom had used it in the last thirty days. One of these had used heroin only once or twice, while the other had used it on more than ten occasions.

The table below shows the lifetime, last year and last thirty days prevalence of heroin use from the school survey. Given the very low levels of heroin use in the survey, no further analysis of these figures is possible.

Table 8.1: Prevalence of lifetime, last year and last thirty days, use of heroin

	Lifetime		Last year		Last thirty days	
	N	%	N	%	N	%
Use of heroin	2	0.7	2	0.7	1	0.4

Attitudes towards heroin use

An important factor in the low prevalence of heroin seemed to be awareness of the major health risks associated with heroin use. There was widespread recognition by young people of these risks. Only one per cent of respondents thought that either smoking or injecting heroin was not harmful (Table 8.2).

Table 8.2: Perceptions of harmfulness of smoking and injecting heroin

Perception of harmfulness	Smoking heroin		Injecting heroin	
	N	%	N	%
Very harmful	185	78.1	236	84.3
Fairly harmful	52	7.9	7	2.5
Not harmful	8	1.1	3	1.1
Don't know	35	12.9	34	12.1
Total	**280**	**100.0**	**280**	**100.0**

Chapter 9 – Prescription Drugs (Sedatives and Tranquillisers)

Key findings

- Eight per cent of respondents had ever used sedatives
- Two per cent of respondents had ever used tranquillisers
- The misuse of prescription drugs was most prevalent among girls aged 14 to 15

Prevalence of prescription drugs

Two main categories of prescription drugs were included in the questionnaire: sedatives and tranquillisers. It was explained to respondents that it was the non-medical use of these drugs, which was being examined.

There was some evidence that some respondents were confused by these categories, in that for example, "valium" was named by a few young people under the category of "other drugs" rather than indicated by a positive response to the category of tranquillisers. The findings outlined below should therefore be treated with some caution. It would probably have been better to have asked questions about a single category, "prescription drugs".

Table 9.1: Lifetime, last year and last thirty days prevalence of sedatives

	Lifetime		Last year		Last thirty days	
	N	%	N	%	N	%
Use of sedatives	23	8.3	13	4.8	6	2.2

Table 9.2: Lifetime, last year and last thirty days, prevalence of tranquillisers

	Lifetime		Last year		Last thirty days	
	N	%	N	%	N	%
Use tranquillisers	6	2.2	4	1.5	2	0.7

Table 9.3 shows that sedatives had not been used by any respondent under the age of thirteen. Almost forty per cent (39%) of the lifetime prevalence of sedatives was accounted for by girls aged fourteen and fifteen, who represented just three per cent (3%) of the total survey population.

There were very few young people who indicated that they had used tranquillisers. Two-thirds (67%) of these were male but the total numbers were too small to attach any significance to this. All of those who had used tranquillisers were aged fifteen or over.

Table 9.3: Lifetime prevalence of sedatives by age group and gender

	Boys		Girls		Total	
	N	%	N	%	N	%
10–12 years	0	0	0	0	0	0
13–15 years	5	10.6	10	17.5	15	14.4
16–18 years	6	13.6	2	7.7	8	11.4
Total	**11**	**7.6**	**12**	**9.1**	**23**	**8.3**

Less than one per cent of respondents had used tranquillisers and only two per cent had used sedatives within the last thirty days, indicating that current use of prescribed drugs is at a low level. The majority of young people who had used sedatives and/or tranquillisers had used them on only a few occasions (Table 9.4).

Table 9.4: Lifetime frequency of use of sedatives among those who had used sedatives

Frequency of sedative use	N	%
Used on 1–2 occasions	9	40.9
Used on 3–5 occasions	7	31.8
Used on 6–10 occasions	1	4.5
Used on 11 or more occasions	5	22.7
Total	**22**	**100.0**

Although there was some evidence of the non-medical use of prescription drugs by young people, this use seemed to be sporadic and opportunistic. In other words, some young people might experiment with these drugs when they were readily available, for example, in the home, but there was little evidence of a pattern of long-term or regular use. There was some evidence both from the processed data and from manual examination of the questionnaires as they were collected, which suggested that this type of drug use was clustered. Groups of young people from the same school, or sometimes the same class, often indicated use of these drugs within the same timeframe. The most likely scenario is that a young person who got access to a supply of prescription drugs at home would share these with a few of their friends.

Chapter 10 – Other Drugs (Amphetamines, Ecstasy, LSD & Other Drugs)

Key findings

- LSD, amphetamines and magic mushrooms were not widely used by respondents
- Less than four per cent of respondents had ever used ecstasy
- Only one per cent of respondents had used ecstasy within the previous thirty days
- Most of those who had used any of these drugs had done so on few occasions

Prevalence of other drugs

There was no evidence that any other drugs were widely used by young people in the area. Several well-known drugs, associated with youth sub-cultures in the recent and more distant past, including amphetamine, ecstasy and LSD, were found to have ever been used by only small numbers of respondents, and rates of current use were very low. There were also few respondents who indicated the use of "other drugs" on the questionnaire. The other drugs used, where they were specified, included various prescribed medications (e.g. valium) and "magic mushrooms". The former were included in the figures for sedatives or tranquillisers, as appropriate, so that the category other drugs, below can be interpreted as approximating to the figure for magic mushrooms.

Table 10.1: Lifetime, last year and last thirty days prevalence of amphetamine, ecstasy, LSD and other drugs

	Lifetime		Last year		Last thirty days	
	N	%	N	%	N	%
Use of ecstasy	10	3.6	6	2.2	3	1.1
Use of amphetamine	8	2.9	4	1.5	1	0.4
Use of LSD	3	1.1	2	0.7	1	0.4
Use of other drugs	4	1.5	4	1.5	1	0.4

The majority of the small number who had ever used any of these drugs, had only used them only on a few occasions, with the partial exception of ecstasy where over one third (36%) of those who had ever used it, had done so on more than ten occasions (Table 10.2 a and 10.2b).

Table 10.2a: Lifetime frequency of use of amphetamine

Frequency of use	N	%
Used on 1–2 occasions	6	75.0
Used on 3–5 occasions	1	12.5
Used on 6–10 occasions	0	0
Used on 11 or more occasions	1	12.5
Total	**8**	**100.0**

Table 10.2b: Lifetime frequency of use of ecstasy

Frequency of use	N	%
Used on 1–2 occasions	5	45.4
Used on 3–5 occasions	2	18.2
Used on 6–10 occasions	0	0
Used on 11 or more occasions	4	36.4
Total	**11**	**100.0**

Attitudes to other drugs

The low level of use of amphetamine, LSD and other drugs, was anticipated and no questions were asked specifically about respondents' views of these drugs. In the case of ecstasy, however, respondents were asked how harmful they thought occasional and regular use of ecstasy was. The overwhelming majority saw the use of ecstasy as harmful, most regarding it as very harmful.

Table 10.3: Perceptions of harmfulness of occasional and regular use of ecstasy

Perception of harmfulness	Occasional use of ecstasy		Regular use of ecstasy	
	N	%	N	%
Very harmful	195	70.7	224	80.3
Fairly harmful	40	14.5	13	4.7
Not harmful	5	1.8	4	1.4
Don't know	36	13.0	38	13.6
Total	**276**	**100.0**	**279**	**100.0**

Chapter 11 – Overview of Drug Use

Key findings

- The most commonly used drugs were alcohol, tobacco and cannabis
- The next most commonly used drugs were inhalants, prescription drugs and cocaine
- Other drugs were used only by small minorities
- Most drugs were used by similar proportions of boys and girls
- In the 13 to 15 year age group more girls than boys were current users of alcohol, tobacco, cannabis and prescription drugs

Introduction

This chapter summarises some of the key data in relation to the prevalence of use of different drugs by young people in the survey area, which have been detailed in preceding chapters.

Prevalence of drug use

The table below shows the lifetime, last year and last thirty days prevalence of use of the drugs covered in the survey, and ranks them in order of lifetime prevalence (Table 11.1). The table clearly shows that alcohol was by far the most widely used drug among the young people surveyed.

Chart 11.1: Overall lifetime prevalence rates of all drugs

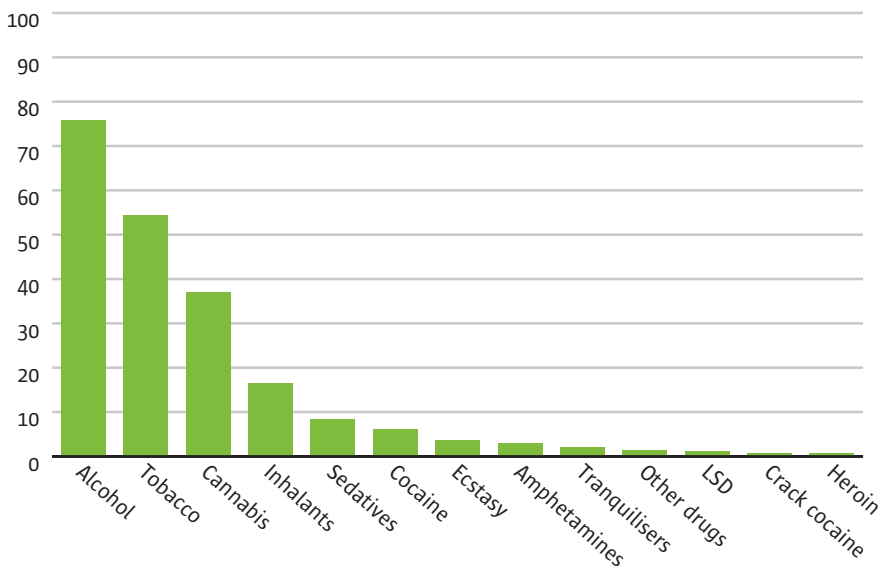


Table 11.1: Lifetime, last year and last thirty days prevalence of drug use

	Lifetime (%)	Last year (%)	Last thirty days (%)
Alcohol	76.1	66.3	51.0
Tobacco	54.7	35.0	24.7
Cannabis	37.2	31.6	21.4
Inhalants	16.5	7.8	3.9
Sedatives	8.3	4.8	2.2
Cocaine	6.1	6.1	2.5
Ecstasy	3.6	2.2	1.1
Amphetamine	2.9	1.5	0.4
Tranquillisers	2.2	1.5	0.7
Other drugs	1.5	1.5	0.4
LSD	1.1	0.7	0.4
Heroin	0.7	0.7	0.4
Crack cocaine	0.4	0.4	0

Alcohol is followed by tobacco and cannabis, which had been used by approximately half and one third, respectively, of the young people surveyed. It is interesting to note that although the lifetime use of tobacco was considerably higher than that of cannabis, recent and current use of cannabis was almost as high as current tobacco use.

The next most widely used drugs were inhalants, sedatives and cocaine, respectively, which had lifetime prevalence rates between sixteen and six per cent. It should, however, be noted that rates of current use of all of these drugs were low, at less than four per cent.

The level of use of all other categories of drugs was very low, with rates of lifetime use at less than four per cent and rates of recent use (within the last year) under three per cent. The level of current use of all of these drugs, at one per cent or less, was minimal.

Perceptions of drug use

The prevalence rates established above were supported by the perceptions of respondents of the extent to which their friends (of the same age) used different categories of drugs. Respondents were asked to indicate whether they believed that none, a few, some, most, or all, of their friends used each of several drugs. The results, shown in Table 11.2 below, show a similar general pattern to the prevalence findings, with alcohol, tobacco and cannabis, the most common.

Table 11.2: Perceptions of how many of respondents' friends use drugs

	Most or All (%)	A few/Some (%)	None (%)
Alcohol	52.1	26.2	21.6
Tobacco	26.2	50.0	23.8
Cannabis	18.1	35.2	45.7
Ecstasy	3.0	12.9	84.1
Inhalants	1.5	19.0	79.5
Heroin	0.4	4.1	95.5
Other drugs	3.4	17.0	79.6

There were interesting differences by age and gender in the pattern of drug use, especially among the most widely used drugs. In general, the both the lifetime and current prevalence rates of all categories of drugs was higher in the older age groups for both boys and girls. For most drugs the overall prevalence rates were broadly similar for both genders (Table 11.3).

Table 11.3: Prevalence of most widely used drugs by gender

	Boys (%)	Girls (%)
Alcohol	79.9	72.0
Tobacco	51.0	58.8
Cannabis	38.9	35.3
Inhalants	19.5	13.3
Sedatives	7.6	9.1
Cocaine	8.4	3.7

This overall pattern, however, masks some interesting age and gender differences. In general, in the youngest and oldest age groups, the rates of drug use are broadly similar for boys and girls or slightly higher among boys.

Table 11.4: Current prevalence of use of alcohol, tobacco and cannabis by age group and gender

	Boys (10–12 years) (%)	Girls (10–12 years) (%)
Alcohol	22.6	10.2
Tobacco	9.2	8.2
Cannabis	3.7	0
	Boys (13–15 years) (%)	**Girls (13–15 years) (%)**
Alcohol	50.0	70.7
Tobacco	20.0	37.9
Cannabis	20.0	29.8
	Boys (16–18 years) (%)	**Girls (16–18 years) (%)**
Alcohol	86.7	79.3
Tobacco	37.7	44.8
Cannabis	48.9	34.5

One of the most striking findings is the extent to which the prevalence of drug use is higher among girls than boys in the middle age group. These differences are highlighted in the table below which indicates the current prevalence by age group and gender for the most commonly used drugs (Table 11.4). It is clear that in the thirteen to fifteen year age group, girls were much more likely than boys to be current users of alcohol, tobacco and cannabis. It was also noted in a previous chapter that girls in this age group account for a very high proportion of all sedative use.

Chapter 12 – Overview of Attitudes to Drug Use

Key findings

- The most commonly cited reasons for young people taking drugs were curiosity and peer influence
- The least commonly cited reason for young people taking drugs was boredom
- Most young people regard all types of drug use as harmful
- The most common worries about both alcohol and other drugs were the effects on health and the risk of addiction

Reasons for taking drugs

The survey asked respondents to indicate what they considered to be the main reasons for young people to start taking alcohol or drugs. They were asked to select the three reasons from a list of eight, which they considered to be most important. The table below ranks the reasons in terms of the proportion of respondents who selected each reason.

The main reasons identified were curiosity (to see what it is like) and peer influence (their friends do it). Perhaps surprisingly, being bored or having nothing else to do, was the explanation selected by fewest of the respondents overall (Table 12.1 & Chart 12.1). There were, however, some differences in the explanations offered by the different age groups, which are shown in Table 12.2.

Chart 12.1: Perceived reasons for young people to start using alcohol or drugs

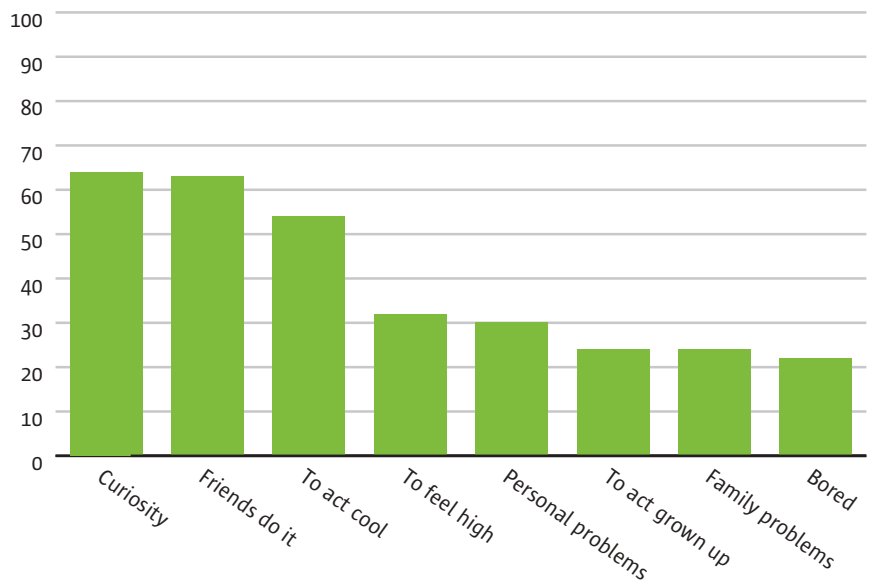


Table 12.1: Perceived reasons for young people to start using alcohol or drugs

Reason	%
To see what it is like/curiosity	64.0
Their friends do it	63.3
To act cool	54.5
To feel high	32.5
To forget about personal problems	29.7
To act grown up	24.1
To forget about family problems	24.1
Bored or nothing else to do	22.4

The older age groups, which have the higher rates of current drinking and drug use, were less likely to select reasons which might suggest immaturity or inadequacy (acting cool, acting grown-up, peer influence) and more likely to select curiosity (to see what it is like) or reasons which could be interpreted as justifications (personal problems, family problems, boredom). It is interesting that only about one third of respondents overall, and a roughly similar proportion in each age group selected to an explanation related to the actual effects of drugs (to feel high).

Table 12.2: Perceived reasons for young people to start using alcohol or drugs by age group

Reason	10–12 years (%)	13–15 years (%)	16–18 years (%)
To act cool	75.7	62.0	28.4
Their friends do it	67.0	67.6	52.7
To see what it is like/curiosity	53.3	64.8	78.4
To act grown up	34.9	18.5	17.6
To feel high	29.1	37.0	31.1
To forget about personal problems	22.3	26.8	44.6
To forget about family problems	21.3	20.4	33.8
Bored or nothing else to do	7.8	25.0	39.2

Concerns about drug use

The majority of the young people surveyed were aware that the use of drugs is harmful. Table 12.3 shows the different types of drug use ranked according to the proportion of respondents who considered them to be very harmful.

A clear majority considered all of the examples of drug use listed in the table below to be either very or fairly harmful. Drinking alcohol occasionally was the only type of drug use, which was considered not to be harmful by a large proportion of respondents. Between ten and twenty per cent of respondents also considered drinking alcohol regularly, smoking cannabis occasionally, and smoking five cigarettes per day not to be harmful.

Table 12.3: Perceived harmfulness of various types of drug use

	Very harmful (%)	Fairly harmful (%)	Not harmful (%)	Don't know (%)
Injecting heroin	84.3	2.5	1.1	12.1
Taking ecstasy regularly	80.3	4.7	1.4	13.6
Smoking heroin	78.1	7.9	1.1	12.9
Smoking 20 cigarettes per day	76.0	13.6	3.9	6.5
Taking ecstasy occasionally	70.7	14.5	1.8	13.0
Sniffing glue or gas	66.1	18.6	2.9	12.5
Taking cannabis regularly	62.1	18.9	8.2	10.7
Drinking alcohol regularly	40.0	42.2	10.9	6.9
Taking cannabis occasionally	36.8	35.4	17.7	10.1
Smoking 5 cigarettes per day	12.9	64.4	14.9	7.5
Drinking alcohol occasionally	10.5	36.4	45.5	7.6

The respondents were also asked to identify what would worry them about alcohol and drug use, whether they used alcohol or drugs or not. Again, respondents were asked to select the three things that would worry them most from a list of eight possible concerns.

There was a striking similarity in the concerns expressed about alcohol and those expressed about other drugs. In the case of both alcohol and drugs, the most frequently selected concern was about health, followed by the risk of addiction. Again in both cases, the next biggest concerns related to the possibility of getting into trouble, either at home or with the police. Concerns about effects on school work and about making a fool of themselves were the least frequently selected concerns. Concerns about the cost of alcohol or drugs were also accorded low priority by most respondents. These findings may have implications for drug education. It seems that young people are particularly aware of the health and dependency risks of alcohol and drug use and that they are concerned about these.

Chart 12.2: Concerns about alcohol and drug use

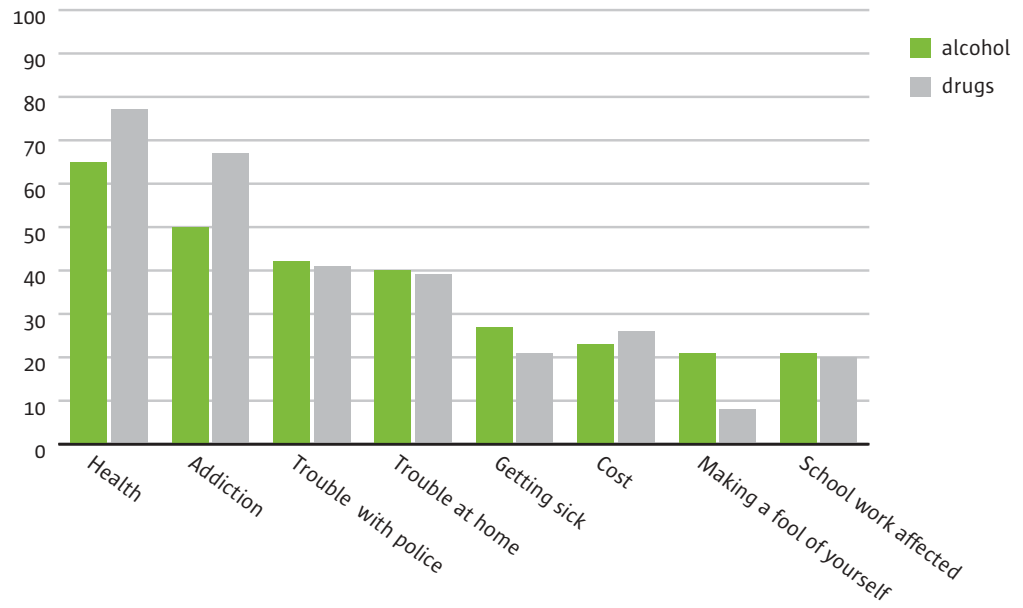


Table 12.4: Concerns about alcohol use

	%
Worry about health	64.7
Worry about becoming addicted to alcohol	50.3
Worry about getting into trouble with the police	42.0
Worry about getting into trouble at home	40.2
Worry about feeling or getting sick	26.6
Worry about the cost of alcohol	23.1
Worry about making a fool of myself	21.3
Worry that school work would be affected	21.3

Table 12.5: Concerns about drug use

	%
Worry about health	77.3
Worry about becoming addicted to drugs	67.5
Worry about getting into trouble with the police	40.9
Worry about getting into trouble at home	38.8
Worry about the cost of drugs	26.2
Worry about feeling or getting sick	21.3
Worry that school work would be affected	19.6
Worry about making a fool of myself	8.0

Chapter 13 – Risk Factors (1)

Key findings

- Tobacco use was more prevalent among young people from local authority estates and from lone parent families
- There were no major differences between the rates of use of alcohol or illicit drugs between young people from private and local authority housing estates
- There were no major differences between the rates of use of alcohol or illicit drugs between young people from different types of families
- Young people who participated in sport were less likely to use tobacco, alcohol or cannabis
- Young people who drink alcohol frequently were more likely to also use other drugs

Risk factors

The earlier sections of this report focussed on the prevalence of use of a variety of drugs by young people, and analysed variations in prevalence within the research population primarily in terms of age and gender. This chapter is concerned with exploring the extent to which the prevalence of drug use varies among groups of young people with differing backgrounds and characteristics.

The identification of differing prevalence rates among certain groups of young people does not necessarily mean that there is a direct relationship between drug use and the defining characteristic of that group, and it certainly does not imply a causal relationship. Nevertheless, the information presented below may be of some value, not only in further understanding the patterns of drug use among young people, but also in targeting educational and preventative measures within the community.

Area of residence

Some types of drug use are known to be correlated with socio-economic status. Although the school survey did not seek to identify the socio-economic status of respondents, area of residence acts as a reasonable proxy for socio-economic status, especially where, as in the Kilbarrack area, most parts of the area can be readily identified as consisting entirely or almost entirely of either local authority built or privately built housing. It should be noted, however, that a high proportion of the local authority-built houses have been purchased by their former tenants.

The table below shows the lifetime prevalence of tobacco, alcohol, cannabis and inhalant use in the local authority and private housing estates within the area. The lifetime prevalence of each of these widely used substances is slightly lower in the private estates, with the exception of inhalants, which are slightly more prevalent among young people from the private estates.

Table 13.1: Lifetime use of drugs by area of residence

	Private estates	Local authority estates
Lifetime use of tobacco (%)	50.0	55.3
Lifetime use of alcohol (%)	72.4	77.0
Lifetime use of cannabis (%)	31.0	38.9
Lifetime use of inhalants (%)	19.0	16.0

The differences are not much greater in the case of current use, except in the case of tobacco, where only half as many of the young people from the private estates are current tobacco smokers. In spite of this a similar number are current cannabis users, and in fact more of the young people from the private estates are current cannabis users than tobacco smokers. (It is likely that many of those who are current cannabis users but state that they are not current tobacco smokers, do actually smoke tobacco when smoking cannabis, but do not consider themselves tobacco smokers).

Table 13.2: Current use of drugs by area of residence

	Private estates	Local authority estates
Current use of tobacco (%)	13.8	27.0
Current use of alcohol (%)	44.8	52.6
Current use of cannabis (%)	18.9	22.2
Current use of inhalants (%)	3.4	3.6

The differences in the prevalence of the most commonly used drugs in the different areas of residence were relatively small. They were, for example, far smaller than the differences in the rates of treated drug dependence (mostly opiates) among adults from the different parts of the community. It appears that socio-economic factors (as represented by area of residence) were not as significant in the pattern of experimental or recreational drug use by teenagers, as in problem or dependent drug use among adults and young adults.

Family characteristics

The view is often expressed that drug use among young people is associated with particular types of families, often referred to as "dysfunctional families" or "broken homes".

The exploration of these factors was outside the scope of this study. The school survey did, however, provide some basic information about two aspects of families. Family size was determined by the number of children in the family, and family structure was analysed in the following categories: two parents with children; one parent and (non-parental) partner with children; one parent with children; and other (for example, children living with grandparents). Each of these variables is compared below with the rates of current use of the drugs most commonly used by young people.

Table 13.3: Current use of drugs by family size

	1–4 children in family	5 or more children in family
Current use of tobacco (%)	21.8	29.2
Current use of alcohol (%)	50.5	50.5
Current use of cannabis (%)	19.8	29.7
Current use of inhalants (%)	3.7	3.1

Table 13.4: Current use of drugs by family structure

	Two parents	Parent + partner	Lone parent	Other
Current use of tobacco (%)	21.9	30.7	52.5	33.3
Current use of alcohol (%)	49.2	58.8	55.7	41.7
Current use of cannabis (%)	18.9	23.5	30.0	16.7
Current use of inhalants (%)	3.6	0	5.0	0

Neither family size nor family structure appeared to have a relationship to the rates of current alcohol use by young people, which were identical for larger and smaller families, and which showed little difference in differently structured families. Nor were there significant differences in the current prevalence of solvent use between the different types of families. In the case of tobacco, however, children from larger families were more likely to smoke, and children from lone parent

families were more than twice as likely to smoke than children from two parent families. Similarly, the use of cannabis was also higher among larger families and lone parent families.

Given the relatively small numbers involved it was not possible to establish whether or not these were independent effects, or the result of other linked variables such as socio-economic status.

Leisure activities

The term "recreational drug use" is regarded by some people, as controversial in that it carries a connotation of drug use as being fun. Nevertheless, it is appropriate in one sense: namely that drug use is obviously one way in which some young people spend a portion their leisure time. A great deal of drug prevention work is predicated on the assumption that young people who regularly participate in other leisure activities are less likely to become involved in drug use. The school survey provided some information about the leisure activities of the respondents, which provides a basis for exploring this relationship.

Respondents were asked which of the activities listed in the table below they regularly took part in. The activities are ranked in order of the proportion of respondents selecting each activity (Table 13.5).

Table 13.5: Leisure activities of respondents

Activity	% taking part regularly
Watch TV or videos	91.2
Listen to music at home	83.5
Meet friends on the street	69.8
Meet friends in own or their home	64.6
Go to the cinema	58.2
Play computer games	57.2
Play or train for a sport	44.2
Play snooker or pool	33.7
Go for a walk	30.9
Practice music, singing or dancing	30.2
Read a book	29.8
Ride a bicycle	25.6
Go to a youth club/group	25.6
Go out for a meal	21.4
Play on gambling machines	6.7
Other	4.6

Most of these activities probably have little direct relevance to the question of drug use, but two, participation in sport and involvement in youth clubs or groups, are widely believed to have an effect in diverting young people from drug use. These are considered below by comparing the rates of current drug use of those who are and those who are not so involved (Table 13.6).

Table 13.6: Current prevalence of drug use by those who do/do not play or train for a sport regularly

	% regularly playing or training for a sport	% not regularly playing or training for a sport
Current use of tobacco (%)	13.5	35.0
Current use of alcohol (%)	42.8	56.2
Current use of cannabis (%)	19.0	23.1

The greatest difference is in the use of tobacco: almost three times as many of those who do not regularly play or train for a sport are current smokers compared to those who are involved in sport. The differences in relation to alcohol and cannabis are smaller, although it is still the case that fewer of those who are involved in sport are current drinkers or cannabis users.

This result could arise simply because more of those who play sport are in the younger age groups and are less likely to use drugs because of their age. The detailed analysis of current tobacco smokers below, however, suggests that this is not the case (Table 13.7). The proportion of smokers is much lower among those who are involved in sport at every age.

Table 13.7: Proportion of current tobacco smokers by age and involvement in sport

Age	% regularly involved in sport who smoke tobacco	% not regularly involved in sport who smoke tobacco
10	0	0
11	4.3	12.5
12	11.1	21.0
13	10.5	22.7
14	25.0	43.5
15	10.0	55.5
16	20.0	54.5
17	18.2	47.4
18	25.0	50.0

It appears that young people who play sport are therefore much less likely to smoke tobacco than those who are not involved in sport, regardless of their age. Participation in sport also appears to be related to lower rates of alcohol and cannabis use, but to a lesser extent.

Table 13.8 shows the rates of current use of tobacco, alcohol and cannabis among those who do or do not attend a youth club or youth group. The proportions using alcohol and cannabis are similar, while tobacco use is actually higher among those who attend youth clubs or groups. Given that over eighty per cent of those attending youth clubs are aged fourteen or younger, and therefore less likely to use drugs than the older age groups, this suggests that attending a youth club or group is not associated with lower levels of drug use.

This finding should, however, be interpreted cautiously. Many youth clubs and groups make a conscious effort to target young people who are at risk of involvement in drug use and to the extent that such targeting is effective, it would be expected that there would be higher rates of drug use among their members than among the youth population as a whole. Nevertheless, it does appear that youth clubs are not particularly effective in reducing drug-using behaviour among their members, and that, given the emphasis within youth work on diversion from drug use, further investigation of the impact of youth work programmes on drug use should be undertaken.

Table 13.8: Current prevalence of drug use by those who do/do not go to a youth club or group regularly

	% of those going to a youth club or group regularly	% of those not going to a youth club or group regularly
Current use of tobacco (%)	30.1	23.0
Current use of alcohol (%)	50.7	50.2
Current use of cannabis (%)	19.2	22.1

Work and income

Increased affluence has been identified as a factor in increased alcohol consumption in Ireland over recent years. Recent years have seen an increase in the number of school children holding part-time jobs. One consequence of this is an increase in young people's disposable income, which may contribute to increased ability to finance alcohol and drug consumption. This section examines the relationship between the income of young people from part-time work and their consumption of tobacco, alcohol and cannabis.

Second-level students (only) were asked if they currently had a part-time job. Approximately thirty per cent (29.6%) of them had a part-time job, the majority of whom were in the oldest age group, sixteen to eighteen, and of these, most (69.0%) earned over forty euro per week.

Overall, the current rates of tobacco and alcohol use are slightly higher among those with part-time jobs, while the use of cannabis is at the same level. This would suggest that the additional income contributes marginally to increased consumption of legal, if not illegal, drugs. The majority of those with part-time jobs, however, are in the oldest age group, where the rates of consumption of these drugs is considerably higher than the overall rates for second-level students. For example, over eighty per cent (83.8%) of those in the sixteen to eighteen age group are current drinkers and over forty per cent (43.2%) are current cannabis users. These rates are considerably higher than the rates for all of those with part-time jobs.

Table 13.9: Part-time work and current drug use

	% of those with a part-time job	% of those without a part-time job
Current use of tobacco (%)	39.3	30.0
Current use of alcohol (%)	73.2	63.6
Current use of cannabis (%)	30.4	30.9

On balance, therefore, it appears that young people who work part-time while in school are no more likely to use drugs than those who do not. Although they obviously have greater spending power, it may be that the time spent working reduces their opportunities for recreational drug use. It may also be the case that young people who are able to get and hold down part-time jobs have greater motivation and self-discipline.

Frequent drinking

The identification of alcohol as the main problem in relation to young people's drug use is not just related to concerns about alcohol and its effects. There is also a concern that frequent or heavy alcohol use, far from being an alternative to the use of illicit drugs, is actually linked to the use of other drugs. In order to establish the extent of this link, the survey population was divided into three groups based on their current frequency of drinking.

The three groups were described as frequent drinkers (who had drunk alcohol six or more times in the last thirty days); occasional drinkers (who had drunk alcohol between one and five times in the last thirty days); and current non-drinkers (who had not drunk alcohol in the last thirty days). The rates of lifetime and current use of other drugs was then calculated separately for each of these groups. As the tables below show there was a strong correlation between current alcohol consumption and both lifetime and current drug use. The tables below show the lifetime and last thirty days prevalence rates of use of other drugs by each of these groups.

Table 13.10: Lifetime prevalence of drug use for frequent, occasional and non-drinkers

Drug	Frequent drinkers (%)	Occasional drinkers (%)	Non-drinkers (%)
Cannabis	89.6	54.2	7.8
Inhalants	39.6	18.8	7.1
Cocaine	22.2	6.3	0.7
Ecstasy	13.3	4.3	0

Table 13.11: Last thirty days prevalence of drug use for frequent, occasional and non-drinkers

Drug	Frequent drinkers (%)	Occasional drinkers (%)	Non-drinkers (%)
Cannabis	58.3	30.2	2.8
Inhalants	8.3	4.2	1.4
Cocaine	9.3	3.2	0.7
Ecstasy	2.3	2.2	0

These figures suggest that there is a very strong relationship between the frequency of drinking and the extent of use of other drugs. Frequent drinkers were, for example, twenty times more likely to have ever used cocaine or to be current users of cannabis, than non-drinkers. This may, however, be partly due to the fact that the frequent drinkers were older, on average, than the non-drinkers. To check whether or not this effect was primarily due to the age profile of the different groups, the rates of drug use among the oldest age group (16–18 years) were therefore compared.

Table 13.12: Lifetime prevalence of drug use for frequent, occasional and non-drinkers aged 16–18 years

Drug	Frequent drinkers (%)	Occasional drinkers (%)	Non-drinkers (%)
Cannabis	90.3	66.7	30.7
Inhalants	41.9	20.0	7.7
Cocaine	30.0	10.0	7.7
Ecstasy	13.3	6.7	0

Table 13.13: Last thirty days prevalence of drug use for frequent, occasional and non-drinkers aged 16–18 years

Drug	Frequent drinkers (%)	Occasional drinkers (%)	Non-drinkers (%)
Cannabis	61.3	36.7	15.4
Inhalants	12.9	6.7	0
Cocaine	13.8	3.3	0
Ecstasy	3.3	0	0

Although the differences are not as striking once age is taken into account, it remains the case that higher frequency of drinking correlates with greater use of other drugs. Frequent drinkers in the 16–18 age group were, for example, three times more likely to have ever used cannabis and four times more likely to be current cannabis users, than those who are not current drinkers. They were also approximately three times more likely to have used or be currently using cocaine than either the occasional drinkers or the non-drinkers.

While this does not imply that frequent drinking causes increased use of other drugs, it does indicate that those who drink alcohol most often are also most likely to use other drugs.

Chapter 14 – Risk Factors (2) Early School Leaving

Key findings

- The prevalence of alcohol use among early school leavers was similar to that of school students of the same age
- The prevalence of most other drugs, including tobacco, cannabis, ecstasy and cocaine was higher among early school leavers
- None of the early school leavers surveyed had ever used heroin and none had any friends who used it
- The attitudes of early school leavers towards drug use were very similar to those of the school students

Early school leavers

Early school leaving has been associated with a wide range of personal and social problems for young people over many years, including risks of illiteracy, low self-esteem, unemployment, poverty, and crime, as well as with high levels of drug and alcohol use.

The school survey, which provided the bulk of the data for this project obviously could not capture the experiences of early school leavers, who, by definition, would not have been in school. An effort was therefore made to identify early school leavers who would be willing to participate in completing the same questionnaire, in order to be able to compare the findings for this group with those still in school. Eventually, with assistance from local youth projects and other agencies, fifteen young people were identified who were willing to participate. The data for this group was processed separately, for the following reasons:

- To maintain comparability with other surveys carried out using school surveys only
- To avoid the need to ensure proportionate representation of early school leavers
- To ensure that some minor methodological differences did not affect the validity of the school survey

The definition of early school leaving has varied over the years. For the purposes of this survey, early school leavers were defined as young people who had not completed second-level education, that is, who had left school before sitting their Leaving Certificate. All of these young people were aged between sixteen and nineteen. Any comparisons with those still in school are therefore made with those school students aged between sixteen and eighteen, rather than with the school-going population as a whole.

Drug use among early school leavers

The table below shows very high rates of use of certain drugs among this group, including high rates for current use of tobacco, alcohol, cannabis and cocaine. The figures suggest that the view that early school leavers are particularly at risk of involvement in drug use is valid. The rate of cocaine use is particularly high and it is significant that all of those who had used cocaine were current users. Ecstasy use was also more prevalent in this group, although not to the same degree as cocaine. It was also the case that current use of ecstasy was considerably less than lifetime or last year use, which again might suggest a fall-off in the popularity of this drug. According to the survey, heroin use was virtually non-existent among school-going children in this age group. The fact that none of the early school leavers had used heroin either, in spite of their high rate of use of some other drugs, indicates a similar pattern. The low levels of recent or current use of all other categories of drugs suggests, as did the school survey, that these drugs are either less available or less in demand, than in the past.

Table 14.1: Lifetime, last year and last thirty days prevalence of drug use among early school leavers

Drug	Lifetime		Last year		Last thirty days	
	N	%	N	%	N	%
Alcohol	15	100.0	15	100.0	13	86.7
Tobacco	15	100.0	15	100.0	13	86.7
Cannabis	14	93.3	12	80.0	9	60.0
Cocaine	8	53.3	8	53.3	8	53.3
Ecstasy	7	46.7	6	40.0	3	20.0
Inhalants	5	33.3	0	0	0	0
Amphetamine	2	13.3	1	6.7	0	0
Other drugs	1	6.7	1	6.7	1	6.7
LSD	1	6.7	0	0	0	0
Sedatives	0	0	0	0	0	0
Tranquillisers	0	0	0	0	0	0
Heroin	0	0	0	0	0	0
Crack cocaine	0	0	0	0	0	0

The comparison below of prevalence among the early school leavers with a similar age group, who are still in school, reveals both some similarities and some important differences.

The difference in the lifetime prevalence of alcohol use was small with all of the early school leavers having taken alcohol at some time and virtually all of the school students in the age group also having done so. The lifetime prevalence of tobacco and cannabis use was very high among the early school leavers, but was also high among the school students of similar age, over seventy per cent of whom had used both tobacco and cannabis at some time. The biggest differences were in the lifetime use of cocaine and ecstasy. Almost three times as many of the early school leavers had used cocaine and more than ten times as many had used ecstasy. The lifetime prevalence of inhalants and sedatives was slightly higher among the school students than the early school leavers.

Table 14.2: Lifetime prevalence of drug use for early school leavers and school students aged 16–18

Drug	Early school leavers		School students (16–18yrs)	
	N	%	N	%
Alcohol	15	100.0	72	97.3
Tobacco	15	100.0	52	70.3
Cannabis	14	93.3	52	70.2
Cocaine	8	53.3	13	18.3
Ecstasy	7	46.7	6	8.6
Inhalants	5	33.3	20	27.0
Amphetamine	2	13.3	5	7.4
Other drugs	1	6.7	2	3.1
LSD	1	6.7	1	1.5
Sedatives	0	0	8	11.4
Tranquillisers	0	0	2	2.9
Heroin	0	0	1	1.5
Crack cocaine	0	0	1	1.5

Table 14.3: Last thirty days prevalence of drug use for early school leavers and school students aged 16–18

Drug	Early school leavers		School students	
	N	%	N	%
Alcohol	13	86.7	62	83.8
Tobacco	13	86.7	30	40.5
Cannabis	9	60.0	32	43.2
Cocaine	8	53.3	5	7.2
Ecstasy	3	20.0	1	1.4
Other drugs	1	6.7	1	1.5
Inhalants	0	0	6	8.1
Sedatives	0	0	2	2.9
Amphetamine	0	0	1	1.5
Tranquillisers	0	0	0	0
Heroin	0	0	1	1.5
LSD	0	0	0	0
Crack cocaine	0	0	0	0

Differences in current use of alcohol were negligible between the two groups. More than twice as many of the early school leavers, however, were current tobacco smokers. This is a much greater difference than in lifetime use of tobacco and suggests that the early school leavers are much more likely to continue smoking tobacco. More of the early school leavers were also current users of cannabis, but this difference was less marked than in the case of tobacco.

The greatest differences, however, again concerned cocaine and ecstasy. Over half of the early school leavers were current cocaine users compared to less than three per cent of the school students and almost twenty per cent were current ecstasy users compared to less than two per cent of school students. There was, however, little difference in the frequency of use of cocaine. Twenty-five per cent (25.0%) of the early school leavers who had used cocaine had done so on more than five occasions in their life, compared to twenty-three per cent (23.5%) of the school students.

Attitudes to drug use

In spite of the differences between these two groups in terms of prevalence of drug use, especially current drug use, their attitudes towards drug use were very similar in several respects. The understanding of why young people start to take alcohol or drugs was remarkably similar between the two groups. It is interesting that neither boredom nor personal or family problems were ranked more highly as reasons for alcohol or drug use, by this group than by students of the same age.

In terms of their concerns about alcohol and drug use, there was again a strong similarity between the two groups. Both selected concerns about health and addiction among their top three concerns. The only significant difference was that the early school leavers ranked making a fool of themselves, as the joint top concern about alcohol (along with the risk of addiction) whereas the school students ranked this concern last. A peculiarity was that nearly as many of the early school leavers expressed concern about alcohol affecting their school work as those who were still in school. Presumably they either read the question as referring to school or work, or were answering with the benefit of hindsight.

Table 14.4: Perceived reasons why young people start using alcohol or drugs (early school leavers and school students 16–18 years)

Drug	Early school leavers	School students (16–18yrs)
To see what it is like	86.7	78.4
Their friends do it	46.7	52.7
To forget about personal problems	46.7	44.6
To forget about family problems	40.0	33.8
Bored or nothing else to do	33.3	39.2
To feel high	20.0	31.1
To act cool	13.3	28.4
To act grown up	6.7	17.6

The concern about early school leavers and drug use originated in the nineteen eighties, in the context of very high levels of youth unemployment. Large numbers of those who left school early at this time remained unemployed and unoccupied for several years. Drug use, and particularly heroin use, was seen as a high risk among this group, both because they had little else to do and because of a lack of positive hopes for their future. The situation is, however, now different in several important respects.

Three-quarters (73.3%) of the early school leavers surveyed were either working or on a training course, and the status of the remainder was not indicated. Their attitudes towards drug use were virtually identical to those of their school-going peers. The only major difference in their actual drug use was in the much higher prevalence of two stimulant drugs, cocaine and ecstasy. Not only had none of the early school leavers ever used heroin, but none of them reported that any of their friends used heroin.

It still seems to be the case that the rates of use of some drugs are higher among early school leavers than among young people of similar age who are still in school. There is, however, no evidence to suggest that early school leavers in this age group are using heroin or have any inclination to do so. Their drug use appears to differ from the older school students in ways which suggest it might relate primarily to a different lifestyle, specifically one which involves greater participation in partying and clubbing. Such a lifestyle would inevitably lead to greater access to stimulant drugs such as cocaine and ecstasy, which are the drugs where the differences in prevalence are most marked. The fact that most of the early school leavers were working or in training and therefore would probably have had a higher independent income may also be a factor.

Chapter 15 – Comparative Studies

Introduction

Comparing the findings of different prevalence surveys is problematic: difficulties arise in relation to differences in methodology and in the populations surveyed.

Some fairly obvious difficulties arise from differences in the population surveyed. The primary differences in studies of the prevalence of drug use among young people are differences in the age group surveyed and in the geographical location from which the research population is drawn. It is clear that drug use among young people is age related, with prevalence rates for most drugs typically higher in the older age groups. In respect of geographical differences, the main issues arise from differences in urban and rural communities and from differences in the socio-economic profiles of the survey area. In relation to the present survey, comparisons with national or regional surveys, which would include both a higher proportion of rural respondents and possibly a higher proportion of respondents from the higher socio-economic groups, need to be treated cautiously.

Methodological differences are even more problematic, because the effects of utilising different methodologies are less predictable than those arising from sampling different populations. The methodology used in this project was outlined in Chapter Two. As far as possible the questions asked were as similar in form and content to those used in recent national and regional surveys. The main methodological differences between this survey and other, larger scale surveys were in the selection of the sample and the administration of the questionnaire. The administration of the questionnaire directly by the researchers was possible because of the scale of the survey. In general, this would appear to be preferable to administration by teachers, although obviously there are obvious practical advantages to this in larger surveys.

There are therefore two main factors, which may account for differences in the findings of surveys of young people's drug use: the characteristics of the population and the methodology adopted. If two surveys show an apparent increase (or decrease) in drug use by young people, this may reflect a real change in levels of drug use, over the time between the two surveys being conducted, or it may simply reflect differences in where, how and with whom, the surveys were carried out. This is apparent if recent surveys of the prevalence of drug use by young people in Ireland are examined.

Surveys of young people's drug use in Ireland

There have been several surveys of drug use among school children in Ireland over the last decade. The results obtained from these surveys differ greatly. Of five surveys referred to by O'Brien (2000), for example, the rates of lifetime use of cannabis range from 12% (HBSC, 1998) to 37% (ESPAD, 1995). There are discrepancies of a similar order in the findings in relation to the prevalence of the use of ecstasy (from 2% to 9%), for LSD and other hallucinogens (from 3% to 13%) and for solvents (10% to 19%). Indeed, the only areas in which there was any consistency between the findings of the various surveys were in the case of those drugs which were found to have very low prevalence rates in each survey, that is, heroin and cocaine.

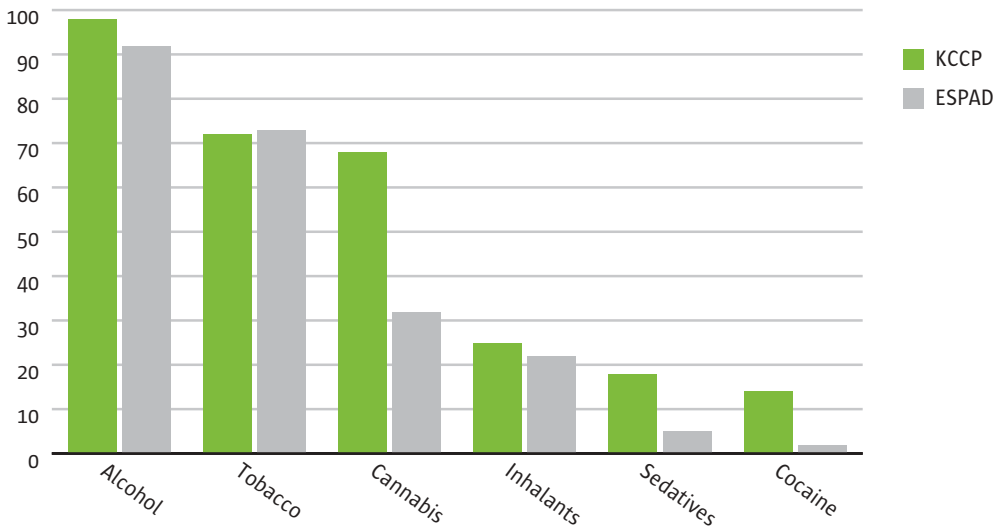
There would be very little benefit in comparing the overall results of the current survey with those from a survey which was carried out in a rural area or which surveyed a significantly different age range. The comparison with the ESPAD surveys is only useful if the results for older and younger age groups in the KCCP survey are excluded. There are, however, two other, fairly recent studies with which useful overall comparisons can be made. In each case comparisons have been largely confined to the more prevalent drugs, for which the findings are more likely to be accurate and where the significance of small differences is minimised.

ESPAD surveys (1995 And 1999)

The ESPAD (European School Survey Project on Alcohol and Other Drugs) was carried out in 1995 and repeated in 1999. Only the results of the survey carried out in Ireland are considered here. The main difference between the ESPAD survey and the current study, apart obviously from the scale of the two surveys, was that the ESPAD survey included only young people

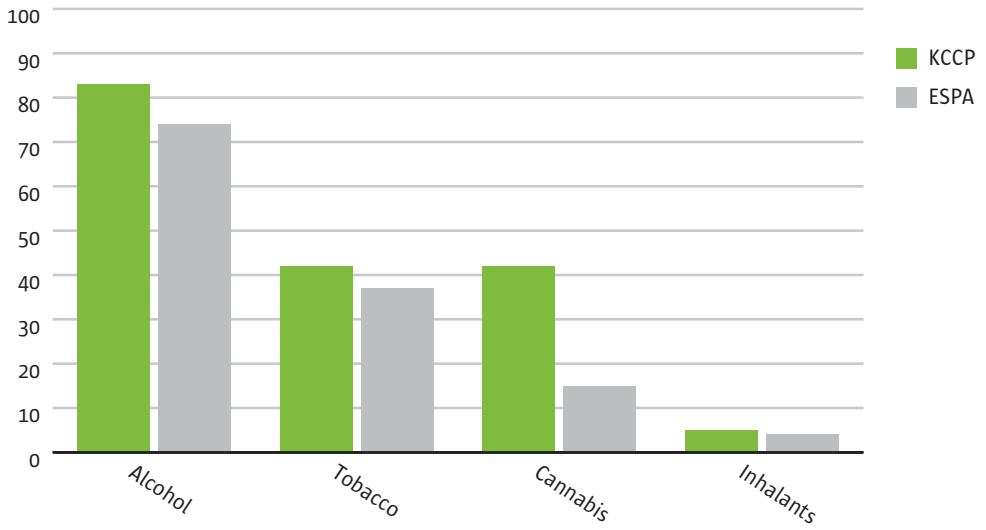
who were aged fifteen to sixteen at the time of the survey. The comparison below is therefore made with the young people aged fifteen and sixteen in the KCCP survey. Given that the ESPAD survey was carried out on a national basis and thus encompassed rural areas as well as more affluent urban areas, it would be expected that, in general, the KCCP survey would show higher prevalence of drug use. The chart, below, show both similarities and differences in the lifetime prevalence of the more commonly used drugs. The lifetime prevalence rates for alcohol, tobacco and inhalants are very similar, while those for cannabis, sedatives and cocaine are much higher in the KCCP survey.

Chart 15.1: Lifetime prevalence (%) of drug use ESPAD (1999) and KCCP surveys (respondents aged 15-16 years)



Prevalence rates for the last thirty days were not provided in the 1999 ESPAD report for sedatives or cocaine. For the remainder of the substances, a similar pattern was evident as for lifetime use (Chart 15.2).

Chart 15.2: Last thirty days prevalence (%) of drug use in the ESPAD (1999) surveys and KCCP (respondents aged 15-16 years)



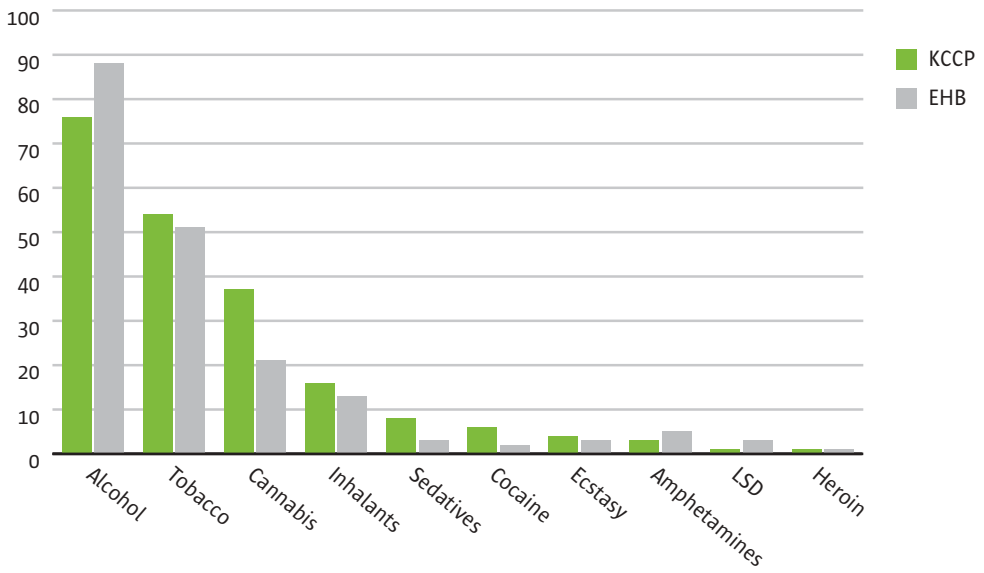
The prevalence of alcohol, tobacco and inhalants was broadly similar, although slightly higher in the KCCP survey, while the prevalence of cannabis was much greater in the KCCP survey. This is particularly significant in that the ESPAD surveys in both 1995 and 1999 produced lifetime prevalence rates for cannabis higher than any other school surveys carried out to date in Ireland (O'Brien, 2001). This supports the contention that the prevalence of cannabis use found in this survey is very high. The higher rate of cocaine use in the KCCP survey, however, may be mainly due to increased availability of cocaine since 1999.

EHB survey (Rhatigan & Shelley, 1998)

The Eastern Health Board's survey, Health Behaviours of School Pupils in the Eastern Health Board (1998), is one of the more useful surveys for purposes of comparison with the present study.

The survey appears to have used a broadly similar methodology and to have adopted largely similar definitions, although there are some minor differences, for example, in the definition of current smoking. The survey was carried out in late 1998 in schools in the Eastern Health Board (EHB) area. The EHB area included a substantial rural population, so the results are not directly comparable with those of this study: nevertheless, as approximately 75% of respondents were from County Dublin, this survey provides a more useful reference point than either national or rural studies. This survey is also closer to the present study in terms of the age profile of the children surveyed, that is, eleven to eighteen. Finally, it is a relatively recent study, although there are likely to have been some changes in the trends and patterns of drug use among young people in the last five years. The chart below shows the lifetime prevalence from the two surveys.

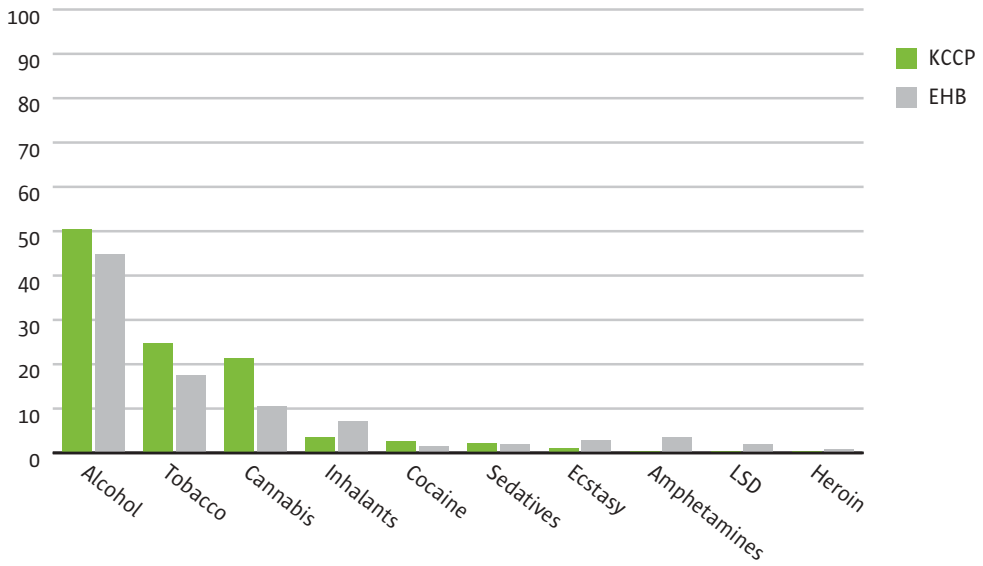
Chart 15.3: Lifetime prevalence of drug use in the KCCP and HBSC(EHB) surveys (all respondents)



Most of these results are broadly similar. The fact that more young people appeared to have used alcohol in the EHB survey may be explained by the fact that this survey asked respondents if they had ever "tasted" an alcoholic drink, whereas in the present study the question related to "taking" an alcoholic drink, and respondents were advised that the mere tasting of an alcoholic drink did not count as taking a drink. The lifetime prevalence of tobacco smoking was almost identical in the two surveys. The rate of cannabis use, however, was again much higher in the KCCP survey. The higher rate of cocaine use in the KCCP survey is probably indicative of the general increase in the availability and use of cocaine in Ireland over the last five years, and particularly its greater accessibility to urban youth. The lower levels of use of amphetamines and LSD in the KCCP survey are probably indicative of a general trend away from use of these drugs by young people.

The current prevalence of drug use (use within the last thirty days) is shown in the chart below. Current rates of use of alcohol, tobacco and cannabis are all higher in the KCCP study, marginally in the case of alcohol, more so in the case of tobacco, and most markedly in the case of cannabis. Current use of inhalants, sedatives and cocaine is also higher in the KCCP study. A peculiarity of the EHB findings is that the rates of current use for any of the illicit drugs other than cannabis is higher for the twelve to fourteen age group than for the fifteen to eighteen age group, for boys, girls and overall. In the absence of comment from the authors, this might be interpreted as indicative of a level of over-reporting by the lower age group.

Chart 15.4: Current prevalence of drug use in the KCCP and HBSC (EHB) surveys



Local survey (2001)

A school survey carried out by a local statutory agency in 2001 is of interest both because it was carried out recently and because it surveyed a geographical area (Harmonstown/Artane) close to Kilbarrack and with a broadly similar socio-economic profile. Unfortunately, not all of the results from this survey were available and the methodology was not explained in detail. In general, though, the survey found comparable lifetime prevalence results for those drugs for which results were available. Lifetime and current (last thirty days) prevalence from the two surveys are shown in Charts 15.5 and 15.6 respectively.

The most interesting point arising from this comparison is that both the lifetime and current prevalence of cannabis use, whilst slightly lower in the Harmonstown/Artane survey, is not as low as in the other more wide-ranging surveys referred to above. Again this suggests higher prevalence of cannabis use among urban youth.

Chart 15.5: Lifetime prevalence of drug use in the KCCP and Harmonstown/Artane survey

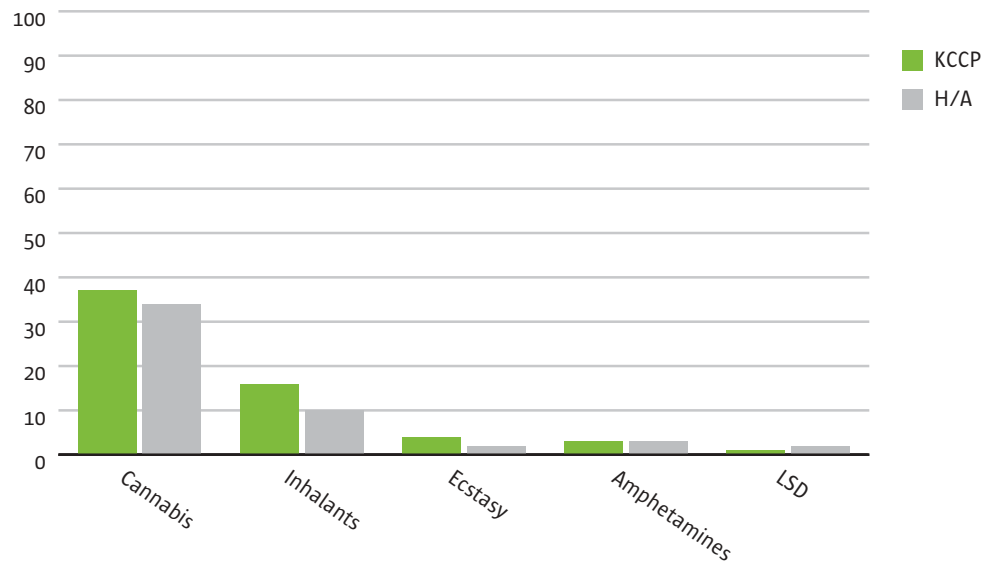
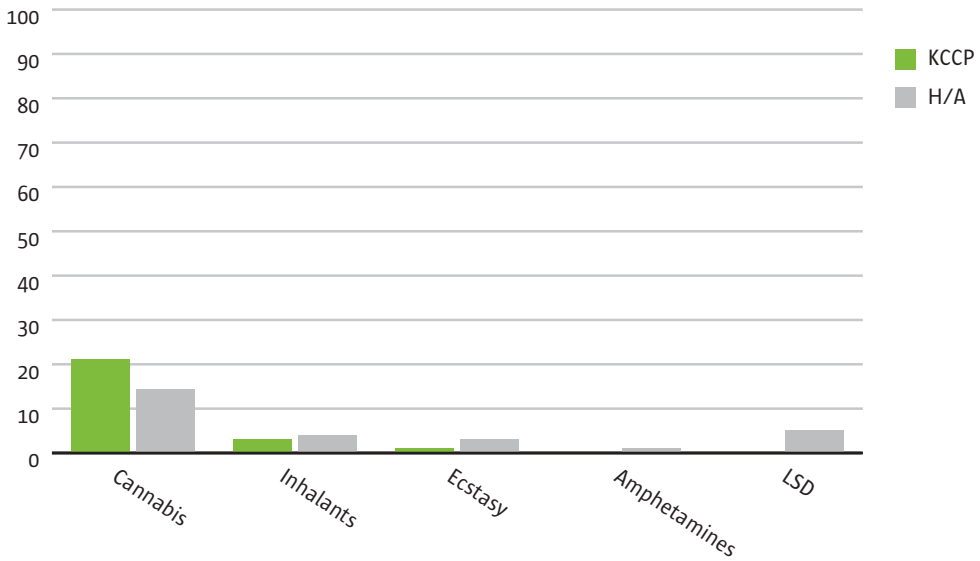


Chart 15.6: Current prevalence of drug use in the KCCP and Harmonstown/Artane survey



Chapter 16 – Community Interviews

Introduction

In addition to the school survey and the survey of a small group of early school leavers, the researchers conducted a series of interviews with thirty adults living or working in the Kilbarrack-Raheny area. These individuals were selected on the basis of their professional, voluntary or personal involvement with the drugs issue and or young people in the community. Those interviewed included: staff and management of community based drug projects or services; school principals and teachers; professional and voluntary youth workers; gardaí; clergy; and health service staff. Six recovering drug users aged between twenty and forty were also interviewed.

Inevitably, the majority of those interviewed had only a partial knowledge of the overall picture of drug use by young people, depending on the extent and nature of their contact with young people. Nevertheless, taken together, the responses of those interviewed were useful as a point of comparison with the findings of the survey, and to point to particular aspects of the issue of young people's drug use, which might not have been fully captured by the survey data.

In general, the views of the majority of those interviewed, were in line with the findings of the survey. There were no major findings from the survey, which were disputed by a majority of those interviewed. There were, however, a number of differences of emphasis, both between respondents and between some respondents and the survey findings. The points highlighted below include those which support key findings from the survey and those which raise other points of interest. A small number of direct quotations are used to highlight particular points: these do not necessarily represent a consensus.

Tobacco

> *Smoking is still high. We need to stop them smoking, then they won't start smoking hash. Schools punish smoking with detention, but we have a responsibility to educate them about smoking, not just punish them.*
>
> (Teacher)

> *They all seem to be smoking, especially the girls. They are not eating so they are smoking instead.*
>
> (Drugs Worker)

> *The price increases seem to be working. Fewer of them are starting to smoke.*
>
> (Community Worker)

There were quite mixed views among respondents about the extent of tobacco smoking among young people. Some felt that smoking was still as prevalent as ever, while others felt that there had been a decline in the numbers of young people starting to smoke. Those who felt that tobacco use among young people had declined, tended to attribute this to the increased price of cigarettes over recent years. The role of schools in educating young people about smoking, rather than punishing those who were caught, was strongly emphasised by one teacher. There was concern expressed that more girls than boys were smoking and that this was probably related to attempts to lose weight. This view appears to borne out by the survey findings, in that more girls than boys were current smokers, especially in the thirteen to fifteen age group. The view was also expressed that tobacco smoking was a 'gateway' to the use of other drugs, especially cannabis, and that efforts to reduce tobacco smoking might also help to reduce cannabis use.

Alcohol

> *The drink problem is getting gradually worse-they have more money, its acceptable to drink a lot and there's not much else to do.*
>
> (Youth Worker)

> *Some start drinking in sixth class. A lot are doing it by first year.*
>
> (Teacher)

Kids don't go out for a drink. They go out to get very drunk.

(Community Worker)

They talk about drink all the time. They drink in free gaffs, because parents are out or away more often. They're drinking Thursday, Friday, Saturday and Sunday: it must affect their school work.

(Youth Worker)

There was a virtually unanimous view that the use of alcohol was the most widespread type of drug use among young people. There was particular concern about the early age at which young people started drinking; the frequency of drinking; and the perceived tendency to frequently drink to excess and with the definite intention of getting drunk. All of these views would appear to be supported by the survey findings.

There were concerns that excessive drinking would have a detrimental impact on young people's school work and that girls, in particular did not seem aware of the risks of drinking and still perceived alcoholism as an essentially male problem.

Teenage drinking was attributed to a wide range of factors including parental alcohol abuse, inadequate parental supervision and tolerance of under-age drinking, easy access to alcohol, and favourable attitudes towards alcohol on the part of young people. A particular concern relating to parental supervision related to the ready availability of "free gaffs", enabling young people to drink at home or in friends' homes while the parents were out. Most respondents were aware of the role of adults in purchasing alcohol for young people and this was regarded as one of a number of areas where greater enforcement of the law was necessary.

Cannabis

Hash is no longer considered a drug by young people.

(Drugs Worker)

Hash is very socially acceptable. Some young people will smoke it in front of their parents.

(Community Worker)

Cannabis is a gateway to lethargy. Middle-class kids eventually cop on to it. But it is wreaking havoc quietly.

(Counsellor)

There was a general view that cannabis use had become "normalised". This was understood to imply that its status as an illegal drug was not taken seriously and that its use was considered a normal, rather than a deviant behaviour. Several respondents pointed out that cannabis was widely used by adults, including parents of teenagers, as well as by young people. Some respondents stated that young people often smoke cannabis in front of adults, including their parents.

Although most of those interviewed perceived the use of cannabis to be widespread among young people, several people suggested that it was of secondary importance to alcohol. There was a view that whilst many young people would take it if it was available, most would not go to a lot of trouble to get it. Alcohol was seen as essential for having a good time, whereas cannabis was just an extra.

Inhalants

There's no talk about solvents.

(Youth Worker)

Solvents – no, it doesn't come up at all.

(Youth Worker)

While many of those interviewed were aware of young people's use of alcohol and other drugs, there was very little knowledge of inhalant use. Young people did not appear to talk about inhalant use in the way that they talked openly about other drugs. Although the survey found that inhalant use was not widespread and in most cases consisted of short-

term experimentation, it was more common than most adults involved with young people thought. It is possible that inhalant use is more hidden than other types of drug use because young people themselves do not regard it as "cool" or even socially acceptable.

Cocaine

Cocaine has been around for the last two years in the area. It's the going thing, to be on coke.

(Drug user)

Cocaine is like a storm waiting to happen.

(Drug user)

The young people said that up to three-quarters of the people they know would take coke at the weekends.

(Youth Worker)

There are a lot of people out there now using coke who never touched any other drugs before.

(Community Worker)

All of those who had any knowledge of cocaine use, felt that its use was becoming more prevalent, both generally and among young people. The survey found that six per cent of all those surveyed had ever used cocaine. Although this is much higher than in previous similar school surveys, it is still a relatively low proportion.

The interviews suggested a much higher prevalence of cocaine use among young people than that indicated by the survey. It is possible that the perceptions of adults in the community were excessively influenced by anecdotal evidence and perhaps even media coverage suggesting a cocaine "epidemic" in Dublin. Given the credentials of many of those who suggested a higher prevalence of cocaine use, however, this seems unlikely. The more likely explanation is that cocaine use is much higher in certain groups of young people and that because of the wide age range covered by the survey, the overall rates of cocaine use appeared lower. The high prevalence of cocaine use among the early school leavers and among the oldest group of school students suggests that the perception that cocaine use is common among older teenagers is probably fairly accurate.

Although the price of cocaine has fallen in recent years it remains a relatively expensive drug. The effects of cocaine are short-lived and doses are often repeated at frequent intervals. This means that cocaine use is inevitably expensive and this is likely to restrict its use to older teenagers and young adults with an independent income. The alternatives, of course, are that young people using cocaine will fund it through dealing cocaine, through crime and/or will rapidly accumulate large debts. There was some evidence from the interviews that all of these are occurring to some extent.

Heroin

There's no heroin or methadone on the streets in Kilbarrack. There have not been many new cases (of opiate dependence) in the last eighteen months and they are all aged over twenty.

(Drugs Worker)

There are very few getting into heroin in the last few years.

(Community Worker)

They (young people) don't mention heroin, except to slag off those who are using it.

(Youth Worker)

The general view was that there were very few, if any, young people aged eighteen or under, using heroin in the area. This view was borne out by the surveys of school students and early school leavers. It was also supported by those involved directly in drug treatment, although they also pointed out that even those who begin using heroin in their teens, rarely present for treatment until several years later. Most of those interviewed felt that young people had a very negative perception of heroin, and of those who used it.

There was some concern that there was a small number of young people in their early twenties who had moved on from heavy drinking and poly-drug use to heroin use. Another concern expressed was that the increasing popularity of cocaine might encourage some young people to try heroin. A specific concern related to the use of "speedballs", a slang term for the use of a mixture of cocaine and heroin taken by injection. Although mainly found among older drug users, there was concern that this practice could spread to the younger age group.

Prescription drugs

Prescription drugs are used, maybe to chill out, or maybe to be seen as being rebellious. Often taken with alcohol and/or as a result of drinking. They are seen as safer because they come from a doctor.

(Counsellor)

They take benzo's with alcohol. They talk about getting them from home.

(Drugs Worker)

Those interviewees who were aware of the misuse of prescription drugs by young people, took the view that they were mainly obtained opportunistically, often from the home, rather than specifically sought out. Their main use was believed to be in conjunction with alcohol, taken in order to increase the level of intoxication. Some interviewees suggested that it would be important to warn parents more effectively of the risks of stockpiling sedatives and tranquillisers.

Other drugs

The use of E's has gone down. There's no-one into speed, or acid (LSD) or mushrooms.

(Youth Worker)

LSD – that's a drug of the past, and ecstasy is not as prevalent as it was four years ago.

(Youth Worker)

E's are not used as much as before – no-one knows what's in it.

(Drug User)

The views on other drugs generally coincided with the findings of the school survey that drugs such as LSD, amphetamines and magic mushrooms were rarely used by young people in the area.

There was some support for the view that ecstasy had declined in popularity, and was being increasingly replaced by cocaine as the stimulant drug of choice for most young people. Some interviewees, however, suggested that ecstasy was still quite widely used among older teenagers. Although the school survey found little evidence of current ecstasy use, it was more prevalent among those who had left school. It seems that perceptions of the level of ecstasy use were influenced by which groups of young people those interviewed had contact with. Overall, though, there was a view that ecstasy use had already peaked and was in decline. This was attributed in part to awareness of the risks associated with ecstasy, and particularly to the view that ecstasy tablets might contain other dangerous substances. While this development was considered to be positive, there was concern that the same logic did not appear to be being applied to cocaine, which was perceived to be a "clean" drug.

Issues

Prevalence

The main issues in terms of drug use that were highlighted in the interviews were the almost universal use of alcohol by young people, the normalisation of cannabis use and the emergence of cocaine use.

Causes of drug use among young people

In terms of the causes of drug use among young people, most responses focussed on families. Those most at risk of becoming involved in drug use were generally viewed as coming from families where there was problem alcohol or drug use by parents and/or older siblings. Related factors were thought to include unstable family structures, poor parenting skills, lack of parental control or authority and general neglect.

Poor educational attainment, early school leaving and low self-esteem were also regarded as related factors disposing young people to drug use. This view would appear to be supported by the findings of the survey of early school leavers. Increased affluence was also considered to be an issue. Young people were seen as having a lot more disposable income than in the past and spending a large proportion of this on alcohol and other drugs.

There was a widespread view that the law was not effectively enforced, particularly in relation to alcohol. It was generally felt that it was too easy for young people to purchase alcohol in off-licences, supermarkets and pubs, and/or to have it purchased for them by older people. Some of those interviewed considered the treatment of young people by the Gardaí to be unhelpful and several people referred to Garda harassment of young people. These people generally felt that Garda efforts should be re-directed to reducing the supply of alcohol.

Responses to drug use among young people

There were no clear differences on the most effective ways to respond to the problem, although there were differences of emphasis. Most of the suggested responses fell into one of the categories below:

Some respondents regarded the high levels of under-age drinking as a more or less inevitable consequence of a culture or sub-culture of excessive drinking. Although there were few specific suggestions related to this perspective, there was an emphasis on the need to change adult behaviour in relation to alcohol, in order to provide better role models for young people.

Some respondents regarded the availability of alcohol and other drugs as critical. This argument suggests that the more readily available alcohol and drugs are, the more young people will use them. As far as alcohol was concerned there was a general view that the existing legislation needed to be much more effectively enforced. There was less criticism of law enforcement in relation to the supply of illicit drugs. Some respondents, however, argued that community action had been the most effective means of reducing the supply of heroin within the area. It was acknowledged that those dependent on heroin would travel to other areas to obtain it, but that keeping dealers out of the local area reduced the number of young people who would start using it.

Some respondents regarded drug use mainly as a consequence of educational disadvantage. The education system was criticised for failing to instill self-confidence and a sense of achievement in some young people. It was also suggested that increasing access to third level education for young people from the area would encourage more positive attitudes among young people.

There were mixed views on the value of drug education. Some respondents felt that it was generally ineffective, whilst others saw it as central to the reduction of drug use by young people. Even those who saw value in drug education, however, did not consider the current efforts to be adequate. Several respondents felt that drug education should begin at an earlier age, before children began to start smoking and drinking. The need to educate parents about drugs (and effective parenting) was emphasised by several respondents. Some respondents felt that young people were aware of the dangers of drugs, but that they had a tendency to downplay the risks associated with their own type of drug use.

There were several findings from the survey, which might have implications for drug education and awareness programmes, and are considered in the next chapter.

There was a general view that participation in other activities, particularly sport, reduced the likelihood of young people using drugs. Several respondents argued for greater efforts to engage young people in sport and to sustain their involvement. There were also suggestions of improved facilities for both sports and youth groups in the area

Chapter 17 – Conclusions

This chapter is based on the findings of the school survey, the survey of early school leavers, and the interviews with adults living or working in the Kilbarrack/Raheny area. The conclusions in relation to specific drugs are followed by more general conclusions and the proposal to establish a Working Group to develop new actions arising from the research findings. Some of the conclusions are supported directly by the findings, whereas others necessarily entail a degree of interpretation. Whilst every effort has been made to interpret the findings in a balanced and objective manner, it is acknowledged that in some instances, alternative interpretations are possible.

Alcohol

The evidence from this and other surveys shows that alcohol is by far the most commonly used drug among young people. Under-age consumption of alcohol is a long-standing problem in Irish and other societies, which is generally perceived to be increasing, in that more young people are drinking more from an earlier age.

There is little in this study to alleviate concerns about this problem. The results show widespread drinking by young teenagers and almost universal drinking by mid to late teens. This is one aspect of drug use where the findings of the present study do not differ markedly from those of other surveys of youth populations from other parts of the country.

The pattern of drinking is of particular concern. Significant proportions of teenagers begin drinking alcohol at an early age, and go on to drink frequently and to excess, in ways which cannot but be considered harmful to all aspects of their development. There can be little doubt that the patterns of drinking reported by many of these young people will lead to a range of alcohol-related problems, including alcohol dependence. There also appears to be an association between excessive drinking and the use of other drugs.

Young people also appear to have much more positive attitudes towards alcohol than towards other drugs, including tobacco. Whilst they did show some awareness of the possible risks of alcohol use, this appeared to have little impact on their actual drinking behaviour.

There is an urgent need for a range of effective measures to reduce teenage alcohol consumption. These measures should, however, be based on a realistic appraisal of the present situation, and in particular on the extent of under-age drinking and the attitudes of young people towards alcohol. In the absence of a wider cultural change, which might lead to a general re-appraisal of the role of alcohol in society as a whole, measures to reduce teenage drinking probably need to focus on two aspects of the problem.

Alcohol is clearly readily available to young people of all ages. If there is a serious commitment to reducing alcohol use by young people, more effective implementation of existing legislation is necessary. There is a strong case for piloting a more consistent approach to enforcing the law in relation to under-age drinking, over an extended period of time, such as one year, in a particular geographical area and measuring the impact of such an approach.

In addition to steps to reduce the supply of alcohol to young people, a comprehensive educational strategy might also prove beneficial. This approach should focus on the risks associated with early, frequent and excessive drinking, and with the combination of alcohol with other drugs. It should aim to persuade younger teenagers to defer drinking until they are older and seek to inculcate a more mature and responsible attitude towards alcohol consumption, among those older teenagers who choose to drink.

Tobacco

The other legal drug which is widely used by young people is tobacco. Fewer young people smoke tobacco than drink alcohol: approximately half of those in the school survey had ever smoked and only one quarter were current smokers. The rates of current smoking were, however, higher in the older age groups. Among sixteen to eighteen year olds over forty per cent were current smokers compared to a national rate of adult smoking of thirty-two per cent (NACD, 2004). This is obviously a concern, particularly as many of these young people are likely to have been smoking for several years and to be dependent on tobacco.

The attitudes of young people towards smoking were, however, much more negative than their attitudes towards drinking alcohol. The vast majority of those who did not smoke did not intend to and of those who did smoke hardly any wished to continue smoking. These attitudes could be critical to strategies for reducing the prevalence of smoking among young people. Smoking tobacco is not popular among young people, regardless of whether they actually smoke or not. It is possible that more vigorous anti-smoking initiatives, especially in primary school, could delay the initial experimentation in more young people. For those who start to smoke regardless, there should be programmes to provide support for them to stop, ideally before a strong dependence is established.

Schools have a vital role to play in providing opportunities for young people to stop smoking, but a shift away from a disciplinary approach, to a more supportive, helping role is required. A similar range of supports should be available to young people in the school context, as are available to adults who wish to stop smoking. The option to attend a properly structured smoking cessation group in school should, for example, always be available as an alternative to sanctions such as detention for young people breaking school rules on smoking. In addition, there should be a more pro-active campaign to encourage smokers to identify themselves and seek help through the school. The resources to provide these services should be made available to schools by the Department of Health and Children.

Cannabis

The findings of this survey in relation to lifetime and current prevalence of cannabis use indicate very high rates of cannabis use and support the idea that cannabis use has become “normalised” among young people within this community, and probably others. In this study it was found that almost half of those aged thirteen to fifteen, and almost three-quarters of those aged sixteen to eighteen had tried cannabis. The lifetime and current prevalence of cannabis use among fifteen to sixteen year olds were more than twice those found in the ESPAD survey.

The very high prevalence of cannabis found in the survey is a cause for concern. The widespread acceptance of cannabis use as normal by large numbers of young people, and apparently by some adults, including parents, does not appear to be based on an uncritical notion that it is “harmless”. There is, however, a widespread perception that it is significantly less harmful than other illicit drugs. Occasional use of cannabis is also considered less harmful by most young people, than heavy smoking of tobacco or regular consumption of alcohol.

It is unlikely in this context that strategies which exaggerate the harmfulness of cannabis use, especially those which make an explicit connection to the use of heroin and other more dangerous drugs, will be perceived as credible. There is also a risk that if young people find that their experience contradicts the more alarmist approaches to “education” about cannabis, that they will be less open to messages about other drugs. There is, therefore, a need to provide accurate and balanced information to young people about cannabis.

The risks of short-term, moderate use of cannabis are, for most young people, relatively minor. It is more important to ensure that those whose use of cannabis becomes chronic and/or problematic are recognised and supported, than to engage in polarised and abstract debates about the inherent dangers of the drug. It should also be recognised that smoking tobacco is almost a prerequisite for smoking cannabis: a reduction in the number of young people smoking cigarettes could contribute to reducing the level of cannabis use.

Inhalants

There is evidence from this survey that the short-term, experimental use of inhalants remains quite common among young people. There was, however, little evidence of prolonged use of these substances. Unfortunately, even short-term use carries significant risks: Corrigan (1994) points out that death can occur even the first time solvents are used.

The significant short-term risks of experimentation with inhalants need to be highlighted in drug awareness programmes. At the same time care should be taken to avoid inadvertently promoting such experimentation by providing detailed information on products which can be abused in this way. Given the typically localised and episodic nature of this problem, it is important that those close to young people are encouraged to be vigilant about emerging trends.

It should be noted that the use of inhalants has virtually none of the "glamour" or kudos attached to some other types of substance misuse and that young people may therefore probably be more receptive to information on this issue.

Prescription drugs

A minority of young people were found to have engaged in the non-medical use of prescription drugs. As in the case of inhalants, most of this use appeared to be short-term and sporadic. It was most common among girls in their mid-teens and was thought to be associated with alcohol use.

Information on the risks associated with the use of "tablets" needs to be provided to young people and parents should also be alerted to the need for careful control of prescription medications in the home.

Cocaine

There was evidence that cocaine use has become increasingly prevalent among young people, particularly those aged sixteen and over. Not only did the school survey find an overall rate of cocaine use approximately three times higher than previous similar surveys, but the rate of lifetime use among older teenagers was much higher, at around twenty per cent. Even higher rates of use were found among the early school leavers.

Unfortunately the school survey did not specifically investigate attitudes towards cocaine use, but interviews with adults and informal discussion with some young people suggested that cocaine is widely perceived as a safe, clean drug and has positive associations for young people with a hedonistic lifestyle. Cocaine appears to be currently more popular among young people than other stimulant drugs such as ecstasy and amphetamines. A further concern was that there were reports of a growing number of relatively young drug dealers selling cocaine, primarily for profit, rather than to support their own drug use. These people obviously have a direct interest in stimulating demand for the drug and encouraging its use.

There is an urgent need for information and education on the risks associated with cocaine use. An immediate priority is to challenge the positive perceptions of the drug as "safe", "clean" and "cool". There is an urgent need for accurate information about cocaine to be disseminated among at risk groups, which are predominantly young people aged sixteen and over, particularly those with sufficient income to afford cocaine.

In addition to the substantial risks associated with the use of cocaine there is also a justified concern that it might lead to a renewed increase in heroin use among young people. The idea that one drug leads generally and inexorably to the use of others is misguided, but there are, in certain instances, specific factors, usually to do with either the technique of use, or the effects of the drug, which may contribute to a progression. It is fairly obvious, for example, that smoking cigarettes facilitates the future use of cannabis in that it introduces young people to the technique of smoking. In the past, the widespread use of ecstasy contributed to the re-emergence of heroin use among young people, because the after-effects of ecstasy use were found to be ameliorated by smoking heroin. As another stimulant drug, cocaine may also contribute to increased use of heroin, if users find that heroin eases the psychological and physical discomfort which often follows a cocaine binge. It may also have an effect in terms of technique if injecting cocaine becomes more popular: this is quite possible especially among those who become dependent on cocaine and therefore need to use it in the most cost-effective manner.

A further concern would be if the use of crack cocaine was to become more common. There was no evidence that young people in the area have used crack, nor that it was readily available, although some adult drug users from the area have used it and would know both where to obtain it and how to prepare it.

In addition to targeted information and education on cocaine, there is also a need for drug treatment agencies to develop strategies for responding to the needs of young people who are likely to present with cocaine-related problems in the near future.

Heroin

The fact that there was virtually no statistical or anecdotal evidence that young people in the age group surveyed were using heroin is welcome. The combination of community opposition to heroin dealing in the area, and the more general, negative perception of the drug by young people, have probably contributed to this situation.

Even among the early school leavers, who generally had higher rates of drug use, there were no reports of either personal use of heroin or of them having friends who used the drug. This was confirmed by those interviewees who would be in a position to be aware of young people using heroin if it was occurring to any significant extent. Heroin use also appears to be viewed in an overwhelmingly negative way by young people and seems to be strongly (and correctly) associated with addiction, illness and poverty.

There is, however, no basis for complacency in regard to the risks posed by heroin. A minority of those young people in their mid to late teens who are currently experimenting or regularly using a variety of licit and illicit drugs may well be vulnerable to heroin at a later stage in their lives. There is also, as noted above, concern that the apparent upsurge in cocaine use may dispose some young people to the use of heroin.

Other drugs

The findings of this survey suggest that there has been a significant decline in the popularity of drugs such as amphetamine, LSD, magic mushrooms, and to a lesser extent, ecstasy, among young people. This is a positive development, as each of these drugs poses particular risks to the physical and/or mental well being of young people using them.

A decline in the current popularity of any particular drug is not, however, necessarily an entirely positive development, particularly if another equally or more damaging drug becomes more widespread in its place. Occasionally, measures intended to reduce drug use may have the inadvertent effect of promoting more dangerous types of drug use. The best-known example would be the prohibition of alcohol in the USA. Similarly, controls on the sale of the most well known inhalants, such as glues, may lead to the use of other more dangerous solvents. Some concerns were expressed that the apparent trend in stimulant drugs, towards cocaine and away from amphetamine and ecstasy may have a negative outcome overall.

Trends in drug use among young people are, in any case, difficult to predict. There is no guarantee that drugs which are currently out of favour or out of fashion, may not, in the future become more widely available and more widely used again in the future.

It is, however, important that drug awareness and education programmes for young people are sufficiently flexible to address the current realities of drug use by young people. The natural scepticism of young people about such programmes will only be heightened if the issues addressed or the content of programmes are perceived to be dated or irrelevant.

General conclusions

This study found that the use of both legal and illicit drugs among young people was widespread. Obviously some drugs were more widely used than others, and comparisons with other studies suggested that the use of some drugs had increased whilst that of others had decreased.

Young people use different drugs, at different times and in different ways. Even the same drug used in the same manner may have very different effects and consequences for different individuals. Some of the young people who drink excessive amounts of alcohol and frequently get drunk may gradually moderate their drinking to conform to acceptable patterns of social drinking, or may even give it up altogether: others may be affected by a wide range of alcohol related problems, and may even develop a dependency on alcohol. One young person may use inhalants repeatedly and suffer few, if any, ill effects: another might die on the first occasion they try it. Many of those who experiment with illicit drugs will do so for a short period of time before moving on to other, more constructive activities: others may become enmeshed in a sub-culture of addiction and criminality.

The unpredictability of the consequences of drug use by young people is one of its features which most concerns many adults in the community. Extreme reactions at either end of the scale are probably unhelpful. A panic reaction, with a strong prohibitionist theme is only likely to alienate young people and to engender scepticism through the almost inevitable exaggeration of the risks involved. A laissez-faire approach, reliant on optimism that most young people will emerge unscathed from a phase of experimental drug use, however, is equally inappropriate.

The best starting point in addressing drug use by young people is probably the assumption that all drug use by young people is potentially problematic and should be discouraged. At the same time it needs to be recognised that as long as drugs are readily available, a certain level of use by young people is almost inevitable. Two objectives are therefore appropriate: first, to minimise drug use by young people, and second, to minimise the harmful consequences of drug use by young people.

Community responses to young people's drug use

How the community responds to drug use by young people depends in the first instance on the extent of awareness of the situation, and in the second, on the understanding of the reasons for this situation.

It is intended that this study will increase awareness of the nature and extent of drug use among young people in the area. If adults in the community, whether parents or professionals, are informed about young people's drug use, it increases the likelihood of them being able to respond in a constructive and effective manner.

There is a need to continue to develop and implement effective approaches to drug education and awareness, which address the real concerns of young people about drug use, in a balanced and accurate manner. The targeting of such programmes needs to be informed by research, including the present study, which identifies the stages at which different drug related issues arise. There is, for example, no current basis for targeting information about cocaine at primary school children, but equally there is little point in delaying information about smoking until the point where a majority of children have already tried tobacco. Similarly, drug education should focus on the drugs which are most widely used and which are most likely to be offered or sought out by young people.

A detailed discussion of the reasons why young people use drugs is outside the scope of this study. The only sources of information were the question for young people in the survey and the individual opinions of the adults who were interviewed. In general, the young people identified curiosity and the influence of peers as the main factors, while adults were more likely to refer to family factors or boredom arising from a lack of alternative activities. It is probable that all of these factors and others are part of the explanation.

It is important that services, including youth services for young people at risk from drug use, family support services, and treatment and rehabilitation services for those already seriously affected by drug use, continue to be supported and further expanded. Whilst there has been some progress in the provision of these services they remain under-resourced in this community, particularly in terms of suitable premises.

The Working Group and recommendations

Recent years have seen more resources allocated to measures aimed at preventing or reducing drug use by young people. These have included education and awareness programmes in schools and elsewhere; funding for sport and youth work activities; programmes to reduce educational disadvantage; and efforts to control the supply of drugs. On the basis of this survey and other similar studies, there is little evidence that these measures have so far had a major impact on the level of drug use by young people.

It is, however, probably too soon to draw general conclusions about the effectiveness of these measures. Indeed there is a question about how thoroughly such measures have been applied in many communities. It would be appropriate to use the Kilbarrack-Raheny area as a location for piloting a number of programmes aimed at reducing drug use by young people, and to carry out a further study at a later date aimed at ascertaining their impact. The KCCP intends to establish a Working Group to draw up recommendations for action based on the findings of this study. Options which might be explored could include:

1. A concerted and systematic effort to enforce the law in relation to under-age drinking
2. A school-based pilot programme to reduce smoking by children and young people incorporating smoking cessation supports
3. An audit of school drug awareness programmes and the full implementation of appropriate programmes where these are not provided
4. A public information campaigns on specific drugs and their risks, including cannabis, cocaine and prescription drugs
5. A concerted effort to increase participation in sport, possibly with particular emphasis on participation by girls
6. A review of existing youth work provision and investment in improved facilities for youth service provision in the area
7. An outreach programme aimed at providing information on drugs to young people and encouraging alternative activities
8. An evaluation of the School Completion Programme and other measures to reduce educational disadvantage, to include evaluation of the impact of such programmes on drug use by young people

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