Health Promotion Agency

Knowledge, Attitudes and Use of Cocaine

January 2009

social market research SMR

EXECUTIVE SUMMARY

This report presents the findings from a survey of young adults (aged 18-35) in Northern Ireland on their knowledge and attitudes towards cocaine. The survey was commissioned by the Health Promotion Agency and was conducted by Social Market Research (SMR). 800 participants were interviewed and screened regarding their attitude towards drug use. Out of the initial 800, 735 participants (92%) completed the full interview, with 65 participants leaving the survey as they indicated they held a strong view against drugs.

ATTITUDES TO DRUGS

- 88% believed that drug use can cause long term damage to health, with most disagreeing with the view that 'the risks of taking drugs are greatly exaggerated' (62%);

- 68% agreed that drugs are easy to find should you want to take them, with the majority (62%) also agreeing that 'taking drugs has become similar to having a drink when socialising';

- Although significant proportions of 18-35 year olds believe that taking cocaine is seen as glamorous (36%), and that it gives people confidence (43%), just 11% believed that '...taking a line of cocaine when out socialising with friends really adds to a good night out';

- Those who have ever taken illicit drugs were less likely to believe that: drug use can cause long term damage to health (82% vs. 92%), with this group more likely to believe that: the risks of drug taking are greatly exaggerated (39% vs. 12%); taking drugs is part of a good night out (31% vs. 5%); cocaine use is seen as glamorous (48% vs. 27%); and, taking a line of cocaine really adds to a good night out (25% vs. 3%);

- Those who have ever taken cocaine were also more likely to believe: that the risks of drug taking are greatly exaggerated (47% vs. 34%); taking drugs is part of a good night out (43% vs. 22%); cocaine use is seen as glamorous (57% vs. 42%); and, taking a line of cocaine really adds to a good night out (49% vs. 8%);

KNOWLEDGE ABOUT DRUGS

- The highest levels of believability were recorded for the statements: 'cocaine can be addictive'; 'cocaine damages nasal membranes'; 'coming down from speed can make you irritable and depressed'; 'ecstasy can cause brain damage'; and, 'mixing alcohol and cocaine is dangerous';

- The lowest levels of believability were recorded for the statements: 'smoking heroin is not addictive'; 'cocaine is a clean drug'; 'there are no side-effects to taking ecstasy'; 'it takes a long time to get hooked on cocaine'; and, 'using cocaine a few times is no big deal';

- Those who have ever tried illicit drugs, or had used cocaine specifically, were less likely to believe that: mixing alcohol and cocaine is dangerous; using cocaine once can lead to a risk of a heart attack; cocaine causes chest pains; cocaine can be addictive; that sudden death can occur from use of cocaine; and, that cocaine is a significant cause of brain haemorrhage/stroke in young adults;

USE OF PRESCRIBED AND OVER THE COUNTER MEDICINES

- 18% had used prescribed medicines without a doctor's direction or guidance, with those who have ever used illicit drugs more likely to have done so (29% vs. 10%);

- 10% had used prescribed medicines to get high, with those who have ever used illicit drugs more likely to have done so (21% vs. 2%);

- 8% had used over the counter medicines to get high, with those who have ever used illicit drugs more likely to have done so (19% vs. 2%);

DRUG USE

- 35% of 18-35 year olds in the survey have used illicit drugs at least once, with higher lifetime prevalence reported by males (45%) compared with females (28%);

- 14% of 18-35 year olds in the survey had used cocaine, with lifetime prevalence higher among males (20% vs. 9%);

- House parties were the most common setting for using cocaine (58%);

- 64% of those who have ever taken cocaine still use it;

DRUG USE AND ALCOHOL

- 77% of cocaine users take the drug with alcohol, with 31% taking it with cannabis;

- 34% of cocaine users said that drinking alcohol leads them to taking cocaine, with almost half (49%) saying that they would always have a drink first before taking cocaine;

FUTURE DRUG USE

- 26% of adults aged 18-35 said they will take drugs in the next year, with 20% saying they will take cannabis and 8% cocaine and ecstasy;

- More males (12%) than females (4%) said they will take cocaine in the next year, with males aged 22-29 more likely to say that they will take cocaine (14%). Almost half (45%) of cocaine users said that they will take cocaine in the next year compared with just 2% of non-users;

- 13% of all respondents said that they might consider taking cocaine in the future with males (19% vs. 7%), those who have ever tried illicit drugs (31% vs.

2%) and those who have ever used cocaine (62% vs. 5%), more likely to do so;

COCAINE, SMOKING AND ALCOHOL

- Those who had ever tried cocaine smoked a greater number of cigarettes on average in a week (29 vs. 20), with cocaine users also smoking more cigarettes on average over a weekend (50 vs. 20);
- Those who had ever tried cocaine consumed, on average, a greater number of units of alcohol in an average weekend (23.8 vs. 19.3);

PERCEPTION OF HARM ASSOCIATED WITH DIFFERENT SUBSTANCES

- Heroin was deemed to be most harmful illicit drug, with cannabis deemed to be the least harmful illicit drug;

- Groups more likely to record higher levels of 'harmfulness' for cocaine included: women; those in the higher social classes; those who had never used drugs; and, those who have never used cocaine;

PERCEIVED BENEFITS OF COCAINE USE

- 32% said that feeling high, happy or buzzing was a benefit of using cocaine, with the drug helping you to stay awake, and giving you more energy, cited as a benefit by 21% of respondents respectively;

- 28% listed feeling high, happy or buzzing as the most important benefit associated with cocaine use;

PERCEIVED NEGATIVES OF COCAINE USE

- 56% said that long-term damage to health is a drawback to cocaine use, with 49% citing risk of addiction as a negative;

- 37% listed long-term damage to health as the most important drawback associated with cocaine use;

- The statements most likely to deter respondents from using cocaine were: sudden death can occur with first use of cocaine (17%); cocaine can be addictive (16%); and, all you have to do is to take cocaine once to be at risk of having a heart attack (14%).

- Among those who have ever taken drugs, the top three deterrents were: cocaine is cut with dangerous substances (13%); cocaine can be addictive (12%); and, all you have to do is to take cocaine once to be at risk of having a heart attack (12%). This pattern was repeated for those who have ever used cocaine.

GETTING INFORMATION ON DRUGS

- The internet (29%) and friends/mates (21%) were the most common sources for getting information on drugs.

KEY CONCLUSIONS

Survey findings confirm a perception that drugs are widely available in Northern Ireland, with drug taking seen by many as akin to having a drink when socialising. Indeed, the finding that most 18-35 year olds are not averse to drug use (92%), suggests a degree of acceptability regarding drug use, albeit that some drugs such as cannabis are seen as being more acceptable than others such as heroin.

The evidence from this research shows that although the overwhelming majority (88%) of 18-35 year olds believe that drug use can cause long-term damage to health, over a third (35%) within this group have tried illicit drugs with 14% having tried cocaine. The evidence also shows that it is younger aged males who are more likely to engage in risk taking behaviour not only in relation to drug use, but also in relation to alcohol and smoking.

In terms of attempting to counteract what appears to be a growing acceptance of drugs amongst 18-35 year olds, the research evidence has identified a number of themes which should be considered in future initiatives aimed at reducing the prevalence of cocaine use, with the threat of sudden death from taking cocaine identified as the most effective deterrent. Other themes which scored highly in relation to believability related to the addictiveness of cocaine, the damage caused by cocaine to nasal membranes and the dangers of mixing alcohol with cocaine.

Furthermore, the evidence from this research suggests that any information campaign needs to target younger males, and should reflect the settings in which drug use occurs, most commonly at house parties. It should also consider challenging the 'positive' effects of cocaine use, such as feeling good and increased energy, with the health and social effects of cocaine use.

It should also be of some concern that 26% of adults aged 18-35 said that they will likely take drugs in the next year for recreational purposes, with 8% saying that they are likely to take cocaine. Among those who have ever taken drugs, 58% said that it is likely that they will take drugs in the next year, with 20% of this group saying that it is likely that they will take cocaine.

The evidence from this survey shows that almost half (45%) of those who have used cocaine said that it is likely that they will take cocaine in the next year, with 59% of this group saying that it is likely that they will take drugs in the next year. This suggests that the focus should be on supporting young adults not to take cocaine in the first place, as those who take it once have an almost 50% chance of reusing.

Finally, the research has found that those who have already tried drugs are less likely to accept the risks associated with drug use. Similarly, this group appears to be less likely to accept the health and social effects associated with drug use, which again will pose particular challenges for any subsequent health information initiative.

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1. INTRODUCTION

In response to concerns around the recent increase in the use of cocaine, the Health Promotion Agency for Northern Ireland (the HPA) commissioned Social Market Research (SMR) to conduct a survey on the attitudes, knowledge and behaviour of 18-35 year olds in Northern Ireland in relation to cocaine and other drugs in order to give some direction for future work around the issue of cocaine us.. This report presents the findings from this survey.

1.1 PREVALENCE OF COCAINE USE

The literature reviewed by the Health Promotion Agency points to a picture of increasing cocaine use in the UK and in Northern Ireland specifically. Research published by the European Monitoring Centre for Drugs Addiction estimates that in 2005, 2% of the UK population had a lifetime prevalence of cocaine use[1]. This same research also estimated that in 2005 around 13% of people in the UK aged 16-29 years who often visit pubs or wine bars used cocaine in the previous 12 months, whereas the percentage of use among those who visit these establishments less frequently was 3.7%.

Data for Northern Ireland also points to a steady increase in the problem use of cocaine. Between 2001/02 and 2006/07 the percentage of individuals presenting to treatment services reporting cocaine as their main drug of misuse had increased by over 4 times from 2.3% in 2001/02 to 10% in 2006/07[2]. Additionally, between 2001/02 and 2006/07 the percentage of individuals presenting to treatment services reporting *problem* cocaine use (not necessarily their main drug) has almost doubled from 12.2% in 2001/02 to 23.9% in 2005/06, and 30% in 2006/07[2].

Data from the all-Ireland Drug Prevalence Surveys in 2002 and 2003[3] and in 2006/07[4], highlights a number of concerns. In 2002/2003, the lifetime prevalence of cocaine use was estimated at 1.6% for 15 to 64 year olds, a figure which increased to 5.2% in 2006/07. In this same period the lifetime prevalence rate for the use of crack cocaine increased from 0.2% to 0.4% among 15-64 year olds, with lifetime use of cocaine powder increasing from 1.6% to 5.1% in this same period.

Further analysis of the data shows that cocaine use among men in the 15-64 age group is higher with the lifetime prevalence figure for cocaine powder for males at 2.7% in 2002/2003[3], increasing to 7.3% 2006/2007[4]. This is compared to 0.5% lifetime prevalence for cocaine powder for females in 2002/2003[3], up to 2.9% in 2006/2007[4].

[1] BMJ online: Watson 335 (7630): 1117. (2007) Cocaine use rises in Europe while overall drug use levels out. http://www.bmj.com/cgi/reprint/335/7630/1117

[2] Department of Health Social Services and Public Safety (DHSSPS) (2007). Statistics from the Northern Ireland Drug Misuse Database: 1 April 2006 - 31 March 2007. Belfast, Northern Ireland Statistics and Research Agency (NISRA).

[3] National Advisory Committee on Drugs (NACD) and Drug and Alcohol Information and Research Unit (DAIRU) (2005). Drug Use in Ireland and Northern Ireland 2002/2003 Drug Prevalence Survey: Cocaine results - Bulletin 4. NACD, DAIRU.

[4] National Advisory Committee on Drugs (NACD) and Drug and Alcohol Information and Research Unit (DAIRU) (2008). Drug use in Ireland and Northern Ireland. First results from the 2006/2007 Drug Prevalence Survey. Bulletin 2. NACD and DAIRU.

In relation to age, the all-Ireland Survey also shows that prevalence rates for cocaine use in 2002/2003 are higher among younger respondents with the lifetime prevalence rate for cocaine powder for those aged 15-34 years at 2.9%; 1.4% for those aged 35-44; and, at 0.1 % for those aged 45-54[3]. These figures increased for all groups in the 2006/2007 findings with 9.1% lifetime prevalence for cocaine powder for young adults aged 15-34, and 2.2% prevalence for adults aged 35-64[4].

1.2 QUALITATIVE RESEARCH ON COCAINE USE

Qualitative research undertaken by the Health Promotion Agency[5] found that:

- participants (selected on the basis of not being adverse to drugs) regarded drug use as common in society;
- participants saw drug use as normal and as part of a typical night of socialising;
- cocaine was seen as a common street drug with male participants of the view that it is widely available in Belfast;
- most participants made a distinction between drugs which they viewed as relatively harmless and more dangerous and addictive drugs. Some participants noted that cocaine was once considered to be a drug as dangerous as heroin but that this attitude has now changed as cocaine prevalence and use has become increasingly common, with many participants noting that the drug was used in social venues such as pubs and nightclubs and private house parties;
- male participants reported that they would regularly be offered cocaine, whereas female participants noted that they would actively have to seek out a dealer to secure the drug;
- it was felt that 'anyone' could be a possible cocaine user in today's society however, there was also a strong association of cocaine as 'glamorous' and part of celebrity culture;
- male users expressed a hedonistic approach to the consumption of cocaine noting that it was often part of a social occasion in which as much would be consumed as they could afford;
- among female users, cocaine use was related to social routine and was often part of a shared experience among friends. In contrast to male users' hedonistic approach to drug taking, many female users appeared to use drugs to reap psychosocial benefits such as taking cocaine to make them feel better and to cope with difficulties or personal troubles;
- knowledge of the negative consequences of cocaine use and the effects of the drug on the body was low across all participants;
- participants were unsure of what the drug was typically mixed with;

[5] Health Promotion Agency (2008) Research into cocaine use among adults in Northern Ireland 2008. Unpublished.

- the perceived benefits of cocaine use included the effect or 'buzz', increased confidence, the escape from the problems in life, helping to cope with pressure, lack of after-effects, perceived control over the amount being taken and control over the effects of the drug, and the associations with a 'glamorous' lifestyle;

- drawbacks to cocaine use were identified as cost and possibility of debt, aggression/violence, and various negative effects on appearance, which were mainly cited by women[5].

1.3 RESEARCH AIM AND OBJECTIVES

The research aim is summarised as:

> *'…to gather baseline information examining attitudes towards cocaine and knowledge of the health risks involved. The results from this research will form a baseline measure and inform future campaigns addressing cocaine use and perceptions in Northern Ireland'.*

Within this overall research aim the following objectives have been set:

- To assess the attitudes of the target group in relation to drugs and drug taking within society today;

- To uncover attitudes of the demographic specifically in relation to cocaine and its use;

- To examine the perceptions of cocaine (i.e. encouraging factors and discouraging factors, social group/peer relationships and influence, media influence);

- To gauge knowledge of health effects of cocaine (short and long term) including understanding and perceptions of risk, i.e. addictiveness, health effects and composition. Relative risk in comparison to alcohol and other drugs.

1.4 TARGET POPULATION

The target population for the survey is adults aged between 18 and 35, with respondents to be representative of all ages, gender, social class and area of Northern Ireland.

1.5 METHODOLOGY

The research is based on a representative survey of the Northern Ireland adult population aged 18-35. The questionnaire was administered via face-to-face interview using PDA technology (Personal Digital Assistant). It should be noted that some of the more sensitive questions in the survey (e.g. use of cocaine and other drugs) were completed on a self-completion basis by respondents. In relation to these questions, the interviewer was instructed to pass the PDA to the respondent. Respondents were also supported to be as honest as possible in

their responses by using showcards with numbering to indicate responses, i.e. where 1 might equal strongly agree and so forth, and the participant could simply call out the number rather than stating their full answer. This along with self-completion sections helped to ensure that the respondent's answers remained unseen by the interviewer.

1.5.1 SAMPLING

The research is based on a sample of 800 members of the Northern Ireland adult population aged 18-35. It should be noted that only those respondents who were not adverse to drugs went through to complete a full interview (n=735). Strong adversity to drugs was based on a screening question in the survey (i.e. question A2 in the questionnaire included as an Appendix).

1.5.2 SAMPLING

Given the importance of the survey, and the contribution of the survey results to shaping the development of a campaign in the future, it was imperative that the sampling methodology produce survey results which are representative of all adults aged 18-35 in Northern Ireland. To this end, it was proposed to use quota sampling with tightly controlled quotas applied for: age; sex; social class; and, area of residence. Fieldwork was conducted in **72 sampling points** across Northern Ireland. The table below presents the sample profile mirrored against the quotas. Note that full data exists for the 735 respondents who went forward to full interview (i.e. were not adverse to drugs). Table 1.1 shows that the sample is representative of the target population and did not require the application of any weighting procedures.

Table 1.1 Quotas based on 2001 Census (N I Population aged 18-35)

		Sample (%)	Census (%)
Sex	Male	50	50
	Female	50	50
Age	18-21	28	24
	22-25	23	23
	26-30	26	26
	31+	23	28
Social Class	ABC1	41	47
	C2DE	59	53
Health Board Area	NHSSB	24	26
	SHSSB	20	16
	EHSSB	35	39
	WHSSB	21	19

Source: Northern Ireland Census of Population (2005 Estimates)

1.5.3 QUESTIONNAIRE

The questionnaire was developed by the HPA based on previous research, including research conducted by the Scottish Government for the campaign entitled 'Know the Score', along with information from the Young Person's Attitude and Behaviour Survey (NISRA), the Health and Lifestyle Survey (NISRA), and the

Drug Prevalence Survey (NACD & DAIRU). It was additionally refined based on qualitative research findings from a programme of research conducted by the HPA from January to March 2008. This qualitative research consisted of a mixture of focus groups, mini focus groups and paired depth interviews with adults aged between 18 and 40 years across Northern Ireland. SMR amended the questionnaire for administration by CAPI (Computer Assisted Personal Interviewing) HPA is presented as an Appendix to this report.

1.5.4 DATA COLLECTION

The survey was conducted using CAPI on hand-held Personal Digital Assistants (PDAs). Fieldwork on the survey was conducted between 1st and 30th of September 2008. A pilot survey, based on 20 respondents, was conducted between 28-29 August 2008. All interviews were conducted on a face-to-face basis with interviewers briefed before the commencement of fieldwork. No significant problems were identified during piloting.

1.6 NOTES ON TABLES

Due to rounding row and column totals within tables may not always sum to 100. Note that base totals may also change in tables depending on question routing. It should be noted that dash marks [-] are used in some tables to indicate that the figure is less than 1%. Note also that any differences between subgroups of the sample referred to in the text of this report are statistically significant at the specified level of significance. Note also that where differences are not commented upon (e.g. by age, sex, social class and geographical area etc), these differences are not statistically significant.

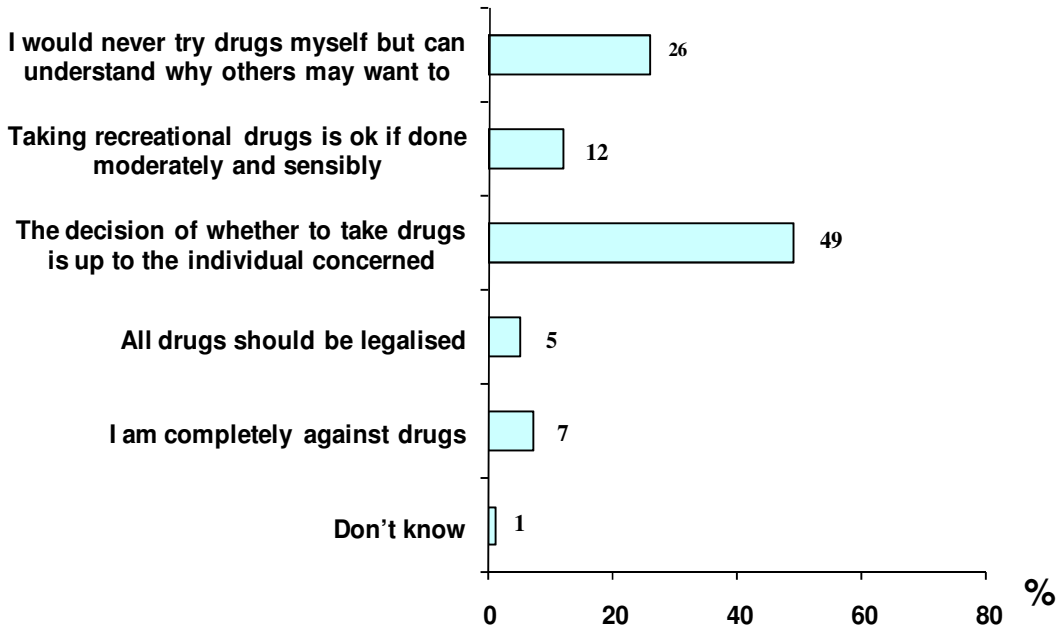
2. RESEARCH FINDINGS

2.1 VIEWS ON DRUGS

Respondents were presented with a number of statements on drugs and asked which they agreed with most. Almost half of respondents (49%) said they agreed that 'the decision of whether to take drugs is up to the individual concerned, with approximately one quarter (26%) saying 'I would never try drugs myself but can understand why others may want to' (26%). Twelve percent said that 'taking recreational drugs is OK if done moderately and sensibly', with 5% saying 'all drugs should be legalised' and 7% '…completely against drugs'.

[It should be noted that the analysis of the survey data is based on those respondents (n=735) who said they were not averse to drugs i.e. those who said they were completely against drugs were screened out and did not progress to a full interview.]

Fig 1: Which of the following statements do you agree with most? (n=800)



Analysis by gender found that a greater proportion of women (32%) compared with men (25%: p<=0.05) were more likely to agree with the statement that 'I would never try drugs myself but can understand why others may want to', whereas males were more likely to agree with the statement 'taking recreational drugs is OK if done moderately and sensibly' (15% vs. 11%: p<=0.05). In terms of social class, those in the higher social classes (ABC1, 57%) were more likely to support the view that 'the decision of whether to take drugs is up to the individual concerned' (C2DE, 50%: p<=0.05).

2.2 FREQUENCY OF GOING OUT

To examine the links between the use of drugs and socialising, a question was included which asked respondents to say how often they go out socialising. In response, 4% of 18-35 year olds said that they go out socialising 5-7 times a week, with 18% going out 2-4 times per week and 23% going out once or twice a week or at least once a week. Just under one third of respondents said that they go out less than once a week (31%).

Table 2.1 Frequency of Going Out (n=735)

	%
5 to 7 times per week	4
2 to 4 times per week	18
Once or twice per week	23
At least once per week	23
Less than once per week	31
Don't know	1

2.3 ATTITUDES TOWARDS COCAINE

Respondents were presented with a number of statements about illicit drugs and asked if they agreed or disagreed with each. The vast majority of respondents (88%) agreed with the view that drug use can cause long term damage to health, with the majority also of the view that drugs are easy to find (68%) (Table 2.2).

Table 2.2 Attitudes Towards Drugs

	Strongly Agree / Agree	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know	Base n
	%	%	%	%	%	%	%	
Drug use can cause long term damage to health	88	52	36	7	2	2	1	713
Drugs are easy to find should you want to take them	68	33	35	10	9	6	7	735
Taking drugs has become similar to having a drink when socializing for many people	62	22	40	11	13	9	6	735
Cannabis helps people to relax	54	16	38	9	12	9	16	735
Cocaine gives people confidence	43	13	30	12	13	12	20	735
Taking cocaine is seen as glamorous	36	10	26	13	22	23	7	735
Some illegal drugs do less harm to your health than drinking or smoking	32	9	23	12	22	24	11	735
It's OK to use drugs like cannabis but not drugs like heroin	27	8	19	17	25	28	3	735
The risks of taking drugs are greatly exaggerated	23	9	14	13	32	30	3	713
It is more obvious to onlookers when someone has taken cocaine when compared with other drugs such as ecstasy or speed	19	5	14	13	21	16	31	735
People are more in control when on cocaine than when on other drugs such as ecstasy or speed	15	3	12	13	25	25	21	735
Taking drugs is part of a good night out	14	4	10	16	29	37	4	735
Taking a line of cocaine when out socialising with friends really adds to a night out	11	2	9	14	30	38	8	735
You could still drive a car after taking cocaine	7	2	5	8	28	45	13	735

Specifically in relation to cocaine, more than one third (36%) of respondents felt that cocaine use is seen as glamorous, with just 14% agreeing with the view that taking cocaine is part of a good night out and 43% believing that cocaine use gives people confidence. Most (62%) 18-34 year olds believed that taking drugs has become similar to having a drink when socializing for many people

Tables 2.3a and 2.3b present a breakdown of the attitudinal questions by gender and whether or not respondents had ever used drugs. There are a number of significant differences in responses.

Table 2.3a Gender Differences in Attitudes Towards Drugs (n=731)

		Strongly Agree / Agree	Neither Agree nor Disagree	Disagree / Strongly Disagree	Don't Know
		%	%	%	%
Drug use can cause long term damage to health[6]**	Male	85	8	6	0
	Female	91	6	1	1
The risks of taking drugs are greatly exaggerated	Male	26	13	59	3
	Female	19	13	65	4
Drugs are easy to find should you want to take them**	Male	71	11	15	4
	Female	65	10	15	11
Taking drugs is part of a good night out	Male	19	17	61	4
	Female	10	15	71	4
Taking cocaine is seen as glamorous	Male	34	14	45	7
	Female	37	11	46	6
Taking a line of cocaine when out socialising with friends really adds to a night out*	Male	14	15	62	9
	Female	8	12	73	7
It's OK to use drugs like cannabis but not drugs like heroin*	Male	31	19	49	2
	Female	23	16	57	4
Some illegal drugs do less harm to your health than drinking or smoking*	Male	38	12	42	9
	Female	27	12	48	14
People are more in control when on cocaine than when on other drugs such as ecstasy or speed**	Male	20	14	52	15
	Female	11	13	50	26
Taking drugs has become similar to having a drink when socializing for many people*	Male	61	11	24	4
	Female	61	11	20	8
Cocaine gives people confidence	Male	47	11	25	17
	Female	38	13	27	23
Cannabis helps people to relax*	Male	58	7	21	13
	Female	49	11	21	19
You could still drive a car after taking cocaine***	Male	9	12	66	13
	Female	5	5	78	12
It is more obvious to onlookers when someone has taken cocaine when compared with other drugs such as ecstasy or speed	Male	24	13	39	23
	Female	13	13	35	39

[6] Note that the base for this item is 709 and not 731

Table 2.3b Differences in Attitudes Between Non-Users and Users of Drugs (n=731)					
		Strongly Agree / Agree	Neither Agree nor Disagree	Disagree / Strongly Disagree	Don't Know
		%	%	%	%
Drug use can cause long term damage to health***	Users	82	13	5	1
	Non Users	92	4	4	1
The risks of taking drugs are greatly exaggerated***	Users	39	19	40	1
	Non Users	12	9	75	4
Drugs are easy to find should you want to take them***	Users	79	9	11	2
	Non Users	60	12	18	11
Taking drugs is part of a good night out***	Users	31	25	44	1
	Non Users	5	10	80	6
Taking cocaine is seen as glamorous***	Users	48	15	34	4
	Non Users	27	11	54	8
Taking a line of cocaine when out socializing with friends really adds to a night out***	Users	25	17	52	6
	Non Users	3	11	78	8
It's OK to use drugs like cannabis but not drugs like heroin***	Users	55	18	27	1
	Non Users	11	16	69	4
Some illegal drugs do less harm to your health than drinking or smoking***	Users	59	12	26	4
	Non Users	16	12	58	15
People are more in control when on cocaine than when on other drugs such as ecstasy or speed***	Users	30	15	42	13
	Non Users	7	11	58	24
Taking drugs has become similar to having a drink when socializing for many people***	Users	81	9	10	1
	Non Users	48	13	30	9
Cocaine gives people confidence***	Users	63	13	14	10
	Non Users	31	11	33	25
Cannabis helps people to relax***	Users	82	6	8	5
	Non Users	38	11	29	22
You could still drive a car after taking cocaine***	Users	12	11	64	13
	Non Users	3	7	79	11
It is more obvious to onlookers when someone has taken cocaine when compared with other drugs such as ecstasy or speed***	Users	27	16	37	20
	Non Users	14	12	38	37

In addition to gender and drug status, there were a number of other statistically significant differences in response to the above statements between the various respondent groups

Drug Use Can Cause Long Term Damage To Health

- a higher level of agreement among women (91%) compared with men (85%: p<0.001);
- a higher level of agreement among females aged 30-35 (94%) with a lower level of agreement among males aged 22-29 (83%: p<=0.01);
- a higher level of agreement among those who have never tried drugs (92% vs. 82%: p<=0.001);
- a higher level of agreement among other drug users compared with cocaine users (87% vs. 74%: p<=0.001);

- a lower level of agreement among cocaine users compared with others in the survey (74% vs. 91%: p<=0.001);

The Risks of Taking Drugs Are Greatly Exaggerated

- a higher level of agreement among the higher social classes (ABC1, 27% vs. C2DE, 19%: p<=0.05);

- a higher level of agreement among those who socialise more than once a week (29%) compared with those who socialise less often (at least once a week, 20%: less than once a week, 16%: p<=0.01)

- a higher level of agreement among those who have ever tried drugs (39% vs. 12%: p<=0.001);

- a higher level of agreement among cocaine users compared with other drug users (47% vs. 34%: p<=0.001);

- a higher level of agreement among cocaine users compared with other respondents (47% vs. 18%: p<=0.001);

Drugs Are Easy To Find Should You Want To Take Them

- a higher level of agreement among men (71%) compared with women (65%: p<0.01);

- a lower level of agreement among 30-35 year olds (62%) compared with other age groups (18-21, 69%: 22-29, 72%: p<=0.05);

- a higher level of agreement among those living in the WHSSB area (80%) compared with other areas (NHSSB, 79%; SHSSB, 79%; EHSSB, 56%: p<=0.001);

- a lower level of agreement among females aged 30-35 (55%) with a higher level of agreement among males aged 22-29 (72%: p<=0.01);

- a higher level of agreement among those who socialise more than once a week (74%) compared with those who socialise less often (at least once a week, 71%: less than once a week, 58%: p<=0.001);

- a higher level of agreement among those who have ever tried drugs (79% vs. 60%: p<=0.001);

- a higher level of agreement among cocaine users compared with other respondents (83% vs. 65%: p<=0.001);

Taking Drugs Is Part Of A Good Night Out

- a higher level of agreement among men (19%) compared with women (10%: p<0.001);

- a higher level of agreement among 18-21 year old males (22%) compared with 18-21 year females (5%: p<=0.01);

- a higher level of agreement among those who socialise more than once a week (21%) compared with those who socialise less often (at least once a week, 13%: less than once a week, 5%: p<=0.001);

- a higher level of agreement among those who have ever tried drugs (31% vs. 5%: p<=0.001);

- a higher level of agreement among cocaine users compared with other drug users (43% vs. 22%: p<=0.001);

- a higher level of agreement among cocaine users compared with other respondents (43% vs. 10%: p<=0.001);

Taking Cocaine Is Seen As Glamorous

- There were no variations in response to this question by gender (males, 34%: females, 37%) or between different age groups (18-21, 37%: 22-29, 35%; and, 30-35, 35%);

- a higher level of agreement among those who socialise more than once a week (42%) compared with those who socialise less often (at least once a week, 31%: less than once a week, 29%: p<=0.01);

- a higher level of agreement among those who have ever tried drugs (48% vs. 27%: p<=0.001);

- a higher level of agreement among cocaine users compared with other drug users (57% vs. 42%: p<=0.001);

- a higher level of agreement among cocaine users compared with other respondents (57% vs. 32%: p<=0.001);

Taking A Line Of Cocaine When Out Socialising With Friends Really Adds To A Night Out

- a higher level of agreement among men (14%) compared with women (8%: p<0.01);

- a higher level of agreement among 22-29 year olds (15%) compared with other age groups (18-21, 9%: 30-35, 7%: p<=0.01);

- a higher level of agreement among males aged 22-29 (18%) compared with other age / gender groups (males 18-21: 10%; males 30-35, 12%; females 18-21, 7%; females 22-29, 12%; and, females 30-35, 3%: p<=0.01);

- a higher level of agreement among those who socialise more than once a week (15%) compared with those who socialise less often (at least once a week, 8%: less than once a week, 7%: p<=0.01);

- a higher level of agreement among those who have ever tried drugs (25% vs. 3%: p<=0.001);

- a higher level of agreement cocaine users compared with other drug users (49% vs. 8%: p<=0.001);

- a higher level of agreement among cocaine users compared with other respondents (49% vs. 6%: p<=0.001);

It's OK To Use Drugs Like Cannabis But Not Drugs Like Heroin

- a higher level of agreement among men (31%) compared with women (23%: p<0.05);

- a higher level of agreement among those who socialise more than once a week (37%) compared with those who socialise less often (at least once a week, 21%: less than once a week, 17%: p<=0.001);

- a higher level of agreement among those who have ever tried drugs (55% vs. 11%: p<=0.001);

- a higher level of agreement among cocaine users compared with other respondents (52% vs. 23%: p<=0.001);

Some Illegal Drugs Do Less Harm To Your Health Than Drinking Or Smoking

- a higher level of agreement among men (38%) compared with women (27%: p<0.01);

- a higher level of agreement among those who socialise more than once a week (40%) compared with those who socialise less often (at least once a week, 27%: less than once a week, 24%: p<=0.001);

- a higher level of agreement among those who have ever tried drugs (59% vs. 16%: p<=0.001);

- a higher level of agreement among cocaine users compared with other respondents (59% vs. 27%: p<=0.001);

People Are More In Control When On Cocaine Than When On Other Drugs Such As Ecstasy Or Speed

- a higher level of agreement among men (20%) compared with women (11%: p<0.001);

- a higher level of agreement among males aged 22-29 (18%) compared with other age / gender groups (males 18-21: 10%; males 30-35, 12%; females 18-21, 7%; females 22-29, 12%; and, females 30-35, 3%: p<=0.01);

- a higher level of agreement among those who socialise more than once a week (21%) compared with those who socialise less often (at least once a week, 15%: less than once a week, 8%: p<=0.001);

- a higher level of agreement among those who have ever tried drugs (30% vs. 7%: p<=0.001);

- a higher level of agreement among cocaine users compared with other drug users (47% vs. 18%: p<=0.001);

- a higher level of agreement among cocaine users compared with other respondents (47% vs. 10%: p<=0.001);

Taking Drugs Has Become Similar To Having A Drink When Socializing For Many People

- a higher level of agreement among males aged 18-21 (65%) compared with other age / gender groups (males 22-29: 62%; males 30-35, 56%; females 18-21, 63%; females 22-29, 64%; and, females 30-35, 55%: p<=0.01);

- a higher level of agreement among those who socialise more than once a week (69%) compared with those who socialise less often (at least once a week, 55%: less than once a week, 54%: p<=0.001);

- a higher level of agreement among those who have ever tried drugs (81% vs. 48%: p<=0.001);

- a higher level of agreement among cocaine users compared with other respondents (85% vs. 57%: p<=0.001);

Cocaine Gives People Confidence

- a higher level of agreement among those who socialise more than once a week (52%) compared with those who socialise less often (at least once a week, 37%: less than once a week, 33%: p<=0.001);

- a higher level of agreement among those who have ever tried drugs (63% vs. 31%: p<=0.001);

- a higher level of agreement among cocaine users compared with other drug users (77% vs. 52%: p<=0.001);

- a higher level of agreement among cocaine users compared with other respondents (77% vs. 37%: p<=0.001);

Cannabis Helps People To Relax

- a higher level of agreement among men (58%) compared with women (49%: p<0.001);

- a higher level of agreement among those who socialise more than once a week (67%) compared with those who socialise less often (at least once a week, 41%: less than once a week, 44%: p<=0.001);

- a higher level of agreement among those who have ever tried drugs (82% vs. 38%: p<=0.001);

- a higher level of agreement among cocaine users compared with other respondents (84% vs. 49%: p<=0.001);

You Could Still Drive A Car After Taking Cocaine

- a higher level of agreement among men (9%) compared with women (5%: p<0.001);

- a higher level of agreement among males aged 18-21 (15%) compared with other age / gender groups (males 22-29: 8%; males 30-35, 4%; females 18-21, 6%; females 22-29, 5%; and, females 30-35, 4%: p<=0.01);

- a higher level of agreement among those who have ever tried drugs (12% vs. 3%: p<=0.001);

- a higher level of agreement among cocaine users compared with other drug users (19% vs. 7%: p<=0.01);

- a higher level of agreement among cocaine users compared with other respondents (19% vs. 5%: p<=0.001);

It Is More Obvious To Onlookers When Someone Has Taken Cocaine When Compared With Other Drugs Such As Ecstasy Or Speed

- a higher level of agreement among men (24%) compared with women (13%: p<0.001);

- a higher level of agreement among 18-21year olds (22%) compared with other age groups (22-29, 18%: 30-35, 15%: p<=0.01);

- a higher level of agreement among males aged 18-21 (29%) compared with other age / gender groups (males 22-29: 24%; males 30-35, 20%; females 18-21, 15%; females 22-29, 13%; and, females 30-35, 11%: p<=0.001);

- a higher level of agreement among those who socialise more than once a week (22%) compared with those who socialise less often (at least once a week, 19%: less than once a week, 13%: p<=0.001);

- a higher level of agreement among cocaine users compared with other drug users (27% vs. 14%: p<=0.001);

- a higher level of agreement among cocaine users compared with other respondents (30% vs. 16%: p<=0.001);

2.4 KNOWLEDGE ABOUT DRUGS

In an effort to assess knowledge about different aspects of drugs, respondents were presented with a number of statements and asked to say how believable each is. The statements were scored on a scale of 1 to 5 where 1 indicated that the respondent did not believe the statement to be true and 5 indicating that the respondent strongly believed the statement to be true.

Table 2.4 Indicate how much you believe each statement about these **drugs** to be true. **1 indicates you do not believe and 5 indicates you strongly believe** the statement to be true

	Mean				Don't Know All* (%)
	All	All Drug Users	Cocaine Users	Non-Drug Users	
Cocaine can be addictive	4.47 (n=650)	4.32 (n=237)	4.06 (n=100)	4.55 (n=373)	12
Cocaine damages nasal membranes	4.46 (n=605)	4.26 (n=223)	4.26 (n=98)	4.56 (n=350)	18
Coming down from speed can make you irritable and depressed	4.38 (n=531)	4.29 (n=201)	4.27 (n=91)	4.41 (n=301)	28
Mixing alcohol and cocaine is dangerous	4.33 (n=634)	3.83 (n=236)	3.19 (n=99)	4.66 (n=363)	14
Ecstasy can cause brain damage	4.33 (n=578)	4.05 (n=217)	3.86 (n=86)	4.51 (n=326)	21
Short term effects of ecstasy can include anxiety and panic attacks	4.31 (n=549)	4.16 (n=210)	3.96 (n=91)	4.44 (n=311)	25
Cannabis has a risk of addiction	4.22 (n=666)	3.83 (n=242)	3.68 (n=104)	4.43 (n=382)	9
Sharing equipment when sniffing/snorting cocaine can lead to Hepatitis C/HIV	4.20 (n=504)	3.87 (n=181)	3.70 (n=80)	4.39 (n=294)	31
Cocaine is cut with dangerous substances	4.19 (n=560)	3.74 (n=204)	3.54 (n=95)	4.44 (n=324)	24
The maximum penalty for possession of cocaine is 7 years in prison or an unlimited fine.	4.16 (n=371)	3.97 (n=141)	3.85 (n=62)	4.31 (n=211)	50
Cocaine increases the chances of having a heart attack	4.13 (n=552)	3.75 (n=202)	3.60 (n=83)	4.37 (n=321)	25
Cocaine use is a significant cause of brain haemorrage / stroke in young adults	4.06 (n=460)	3.76 (n=176)	3.37 (n=71)	4.28 (n=259)	37
An acid trip (LSD) lasts up to 12 hours	4.00 (n=388)	3.80 (n=174)	3.82 (n=82)	4.18 (n=194)	47
Sudden death can occur with first use of cocaine	3.96 (n=504)	3.36 (n=185)	3.02 (n=81)	4.34 (n=286)	31
Cocaine causes seizures	3.93 (n=458)	3.41 (n=176)	3.18 (n=80)	4.29 (n=265)	38
All you have to do is to take cocaine once to be at risk of having a heart attack	3.84 (n=518)	3.25 (n=193)	2.88 (n=86)	4.21 (n=299)	30
Cocaine causes chest pains	3.80 (n=443)	3.27 (n=175)	3.02 (n=82)	4.17 (n=246)	40
Cocaine can be used after drinking too much alcohol to 'perk/sober up'	3.15 (n=406)	3.18 (n=177)	3.43 (n=88)	3.06 (n=212)	45
There is no hangover with cocaine	2.92 (n=408)	2.92 (n=168)	3.03 (n=89)	2.87 (n=218)	45
Using cocaine a few times is no big deal	2.40 (n=605)	2.87 (n=226)	3.47 (n=98)	2.09 (n=346)	18
It takes a long time to get hooked on cocaine	2.26 (n=572)	2.25 (n=214)	2.35 (n=97)	2.23 (n=328)	22
There are no side effects to taking ecstasy	2.07 (n=587)	1.95 (n=227)	2.23 (n=98)	2.13 (n=328)	20
Cocaine is a clean drug	1.91 (n=595)	2.13 (n=224)	2.45 (n=98)	1.78 (n=338)	19
Smoking heroin is not addictive	1.90 (n=629)	1.94 (n=231)	2.07 (n=100)	1.86 (n=361)	14

* Don't know column relates only to 'all' respondents.

Table 2.4 shows that significant proportions of respondents recorded 'don't know' to each of the items, with 50% recording 'don't know' when asked about the maximum penalty for possession of cocaine, and 47% recording 'don't know' when asked whether they believed that and acid trip lasts up to 12 hours. Almost half (45%) of respondents recorded 'don't know' when asked to comment on the statements that 'cocaine can be used after drinking too much alcohol to sober up' and 'there is no hangover with cocaine'.

For the purposes of assessing the 'believability' of each of the statements, those who answered 'don't know' were excluded. Using this approach found that the statements recording the highest level of believability were: cocaine can be addictive (4.47); Cocaine damages nasal membranes (4.46); Coming down from speed can make you irritable and depressed (4.33); Ecstasy can cause brain damage (4.33); and, Mixing alcohol and cocaine is dangerous (4.33).

Conversely, those statements recording the lowest level of believability included: Smoking heroin is not addictive (1.90); Cocaine is a clean drug (1.91); There are no side effects to taking ecstasy (2.07); and, It takes a long time to get hooked on cocaine (2.26).

There were a number of differences in mean believability score between the different respondent groups[7]:

Mixing Alcohol And Cocaine Is Dangerous

- a higher level of believability among females (4.4) compared with males (4.2: p<=0.01);
- a higher level of believability among 30-35 year olds (4.5) compared with other age groups (18-21, 4.3: 22-29, 4.2: p<=0.05);
- a higher level of believability among women aged 30-35 (4.6) compared with other groups (males aged 18-21, 4.3: males 22-29: 4.0; males 30-35, 4.4; females 18-21, 4.4; females 22-29, 4.4: p<=0.01);
- a lower level of believability among those who socialise more than once a week (4.1) compared with those who socialise less often (at least once a week, 4.5: less than once a week, 4.5: p<=0.001);
- a lower level of believability among those who have ever tried drugs (3.8 vs. 4.7: p<=0.001);
- a lower level of believability among those who have ever taken cocaine recreationally and other drug users (3.2 vs. 4.3: p<=0.01);
- a lower level of believability among those who have ever taken cocaine and others in the sample (3.2 vs. 4.5: p<=0.001);

[7] Note that Analysis of Variance using ANOVA was used to establish if differences in mean scores were statistically significant. ANOVA was used to determine statistically differences between all mean scores throughout the report.

Cocaine Is A Clean Drug

- a lower level of believability among the higher social classes (ABC1, 1.7) compared with the lower social classes (C2DE, 2.0);

- a higher level of believability among those who have ever tried drugs (2.1 vs. 1.8: p<=0.001);

- a higher level of believability among those who have ever taken cocaine recreationally and other drug users (2.5 vs. 1.9: p<=0.01);

- a higher level of believability among those who have ever taken cocaine and others in the sample (2.5 vs. 1.8: p<=0.001);

Cocaine Increases The Chances Of Having A Heart Attack

- a lower level of believability among those who have ever tried drugs (3.8 vs. 4.4: p<=0.001);

- a lower level of believability among those who have ever taken cocaine and others in the sample (3.6 vs. 4.2: p<=0.001);

Cannabis Has A Risk Of Addiction

- a lower level of believability among those who have ever tried drugs (3.8 vs. 4.4: p<=0.001);

- a lower level of believability among those who have ever taken cocaine and others in the sample (3.7 vs. 4.3: p<=0.001);

All You Have To Do Is To Take Cocaine Once To Be At Risk Of Having A Heart Attack

- a higher level of believability among females (4.1) compared with males (3.6: p<=0.001);

- a higher level of believability among women aged 22-29 (4.2) compared with other groups (males aged 18-21, 3.8: males 22-29: 3.3; males 30-35, 4.0; females 18-21, 3.9; females 30-35, 4.0: p<=0.001);

- a lower level of believability among those who socialise more than once a week (3.7) compared with those who socialise less often (at least once a week, 3.8: less than once a week, 4.1: p<=0.001);

- a lower level of believability among those who have ever tried drugs (3.3 vs. 4.2: p<=0.001);

- a lower level of believability among those who have ever taken cocaine recreationally and other drug users (2.9 vs. 3.5: p<=0.01);

- a lower level of believability among those who have ever taken cocaine and others in the sample (2.9 vs. 4.0: p<=0.001);

Cocaine Causes Chest Pains

- a higher level of believability among females (4.0) compared with males (3.6: p<=0.001);
- a higher level of believability among women aged 22-29 (4.1) compared with other groups (males aged 18-21, 3.8: males 22-29: 3.3; males 30-35, 3.9; females 18-21, 3.9; females 30-35, 4.0: p<=0.001);
- a lower level of believability among those who socialise more than once a week (3.6) compared with those who socialise less often (at least once a week, 3.9: less than once a week, 4.0: p<=0.05);
- a lower level of believability among those who have ever tried drugs (3.3 vs. 4.2: p<=0.001);
- a lower level of believability among those who have ever taken cocaine recreationally and other drug users (3.0 vs. 3.5: p<=0.05);
- a lower level of believability among those who have ever taken cocaine and others in the sample (3.0 vs. 4.0: p<=0.001);

Cocaine Causes Seizures

- a lower level of believability among those who have ever tried drugs (3.4 vs. 4.3: p<=0.001);
- a higher level of believability among those who have ever taken cocaine recreationally and other drug users (3.2 vs. 3.6: p<=0.05);
- a lower level of believability among those who have ever taken cocaine and others in the sample (3.2 vs. 4.0: p<=0.001);

There Is No Hangover With Cocaine

- a lower level of believability among the higher social classes (ABC1, 2.6) compared with the lower social classes (C2DE, 3.1: p<=0.001);

Cocaine Can Be Used After Drinking Too Much Alcohol To 'Perk/Sober Up'

- a higher level of believability among those who have ever taken cocaine recreationally and other drug users (3.4 vs. 2.9: p<=0.05);
- a higher level of believability among those who have ever taken cocaine and others in the sample (3.4 vs. 3.1: p<=0.05);

Coming Down From Speed Can Make You Irritable And Depressed

- a higher level of believability among the higher social classes (ABC1, 4.5) compared with the lower social classes (C2DE, 4.3: p<=0.01);

Cocaine Is Cut With Dangerous Substances

- a higher level of believability among the higher social classes (ABC1, 4.3) compared with the lower social classes (C2DE, 4.1: p<=0.05);

- a lower level of believability among those who have ever tried drugs (3.7 vs. 4.4: p<=0.001);

- a lower level of believability among those who have ever taken cocaine and others in the sample (3.5 vs. 4.3: p<=0.001);

Cocaine Can Be Addictive

- a lower level of believability among those who have ever tried drugs (4.3 vs. 4.6: p<=0.001);

- a lower level of believability among those who have ever taken cocaine recreationally and other drug users (4.1 vs. 4.5: p<=0.001);

  a lower level of believability among those who have ever taken cocaine and others in the sample (4.1 vs. 4.5: p<=0.001);

There Are No Side Effects To Taking Ecstasy

- a lower level of believability among the higher social classes (ABC1, 1.9) compared with the lower social classes (C2DE, 2.2: p<=0.05);

- a higher level of believability among those who have ever taken cocaine recreationally and other drug users (2.2 vs. 1.7: p<=0.01);

Cocaine Damages Nasal Membranes

- higher level of believability among females (4.6) compared with males (4.3: p<=0.05);

- a higher level of believability among women aged 30-35 (4.7) compared with other groups (males aged 18-21, 4.5: males 22-29: 4.3; males 30-35, 4.4; females 18-21, 4.6; females 22-29, 4.5: p<=0.05);

- a lower level of believability among those who have ever tried drugs (4.3 vs. 4.6: p<=0.001);

- a lower level of believability among those who have ever taken cocaine and others in the sample (4.3 vs. 4.5: p<=0.001);

It Takes A Long Time To Get Hooked On Cocaine

- a lower level of believability among the higher social classes (ABC1, 2.1) compared with the lower social classes (C2DE, 2.4: p<=0.05);

Sharing Equipment When Sniffing/Snorting Cocaine Can Lead To Hepatitis C/HIV

- a higher level of believability among females (4.4) compared with males (4.0: p<=0.01);

- a lower level of believability among those who socialise more than once a week (4.1) compared with those who socialise less often (at least once a week, 4.5: less than once a week, 4.2: p<=0.05);

- a lower level of believability among those who have ever tried drugs (3.9 vs. 4.6: p<=0.001);

An Acid Trip (LSD) Lasts Up To 12 Hours

- a lower level of believability among those who have ever tried drugs (3.9 vs. 4.2: p<=0.01);

Ecstasy Can Cause Brain Damage

- a higher level of believability among females (4.4) compared with males (4.3: p<=0.05);

- a lower level of believability among those who socialise more than once a week (4.2) compared with those who socialise less often (at least once a week, 4.4: less than once a week, 4.5: p<=0.01);

- a lower level of believability among those who have ever tried drugs (4.1 vs. 4.5: p<=0.001);

- a lower level of believability among those who have ever taken cocaine and others in the sample (3.9 vs. 4.3: p<=0.001);

Sudden Death Can Occur With First Use Of Cocaine

- a higher level of believability among females (4.2) compared with males (3.8: p<=0.001);

- a lower level of believability among those who socialise more than once a week (3.7) compared with those who socialise less often (at least once a week, 4.1: less than once a week, 4.2: p<=0.01);

- a lower level of believability among those who have ever tried drugs (3.4 vs. 4.3: p<=0.001);

- a lower level of believability among those who have ever taken cocaine recreationally and other drug users (3.0 vs. 3.6: p<=0.01);

- a lower level of believability among those who have ever taken cocaine and others in the sample (3.0 vs. 4.1: p<=0.001);

Short Term Effects Of Ecstasy Can Include Anxiety And Panic Attacks

- a higher level of believability among females (4.4) compared with males (4.2: p<=0.05);
- a lower level of believability among those who have ever tried drugs (4.2 vs. 4.4 p<=0.001);
- a lower level of believability among those who have ever taken cocaine recreationally and other drug users (4.0 vs. 4.3: p<=0.01);
- a lower level of believability among those who have ever taken cocaine and others in the sample (4.0 vs. 4.4: p<=0.001);

Cocaine Use Is A Significant Cause Of Brain Haemorrhage / Stroke In Young Adults

- a higher level of believability among females (4.2) compared with males (3.9: p<=0.01);
- a higher level of believability among the higher social classes (ABC1, 4.2) compared with the lower social classes (C2DE, 4.0: p<=0.05);
- a higher level of believability among women aged 30-35 (4.3) compared with other groups (males aged 18-21, 3.9: males 22-29: 3.8; males 30-35, 4.1; females 18-21, 4.3; females 22-29, 4.0: p<=0.05);
- a lower level of believability among those who socialise more than once a week (3.9) compared with those who socialise less often (at least once a week, 4.2: less than once a week, 4.2: p<=0.05);
- a lower level of believability among those who have ever tried drugs (3.8 vs. 4.3 p<=0.001);
- a lower level of believability among those who have ever taken cocaine recreationally and other drug users (3.4 vs. 4.0: p<=0.01);
- a lower level of believability among those who have ever taken cocaine and others in the sample (3.4 vs. 4.2: p<=0.001);

Using Cocaine A Few Times Is No Big Deal

- higher level of believability among males (2.6) compared with females (2.2: p<=0.001);
- a lower level of believability among the higher social classes (ABC1, 2.2) compared with the lower social classes (C2DE, 2.6: p<=0.01);
- a lower level of believability among women aged 30-35 (1.9) compared with other groups (males aged 18-21, 2.5: males 22-29: 2.8; males 30-35, 2.6; females 18-21, 2.3; females 22-29, 2.3: p<=0.01);

- a higher level of believability among those who socialise more than once a week (2.6) compared with those who socialise less often (at least once a week, 2.4: less than once a week, 2.1: p<=0.05);

- a higher level of believability among those who have ever tried drugs (2.9 vs. 2.1: p<=0.001);

- a higher level of believability among those who have ever taken cocaine recreationally and other drug users (3.5 vs. 2.4: p<=0.01);

- a higher level of believability among those who have ever taken cocaine and others in the sample (3.5 vs. 4.2: p<=0.001);

The Maximum Penalty For Possession Of Cocaine Is 7 Years In Prison Or An Unlimited Fine

- a lower level of believability among those who have ever tried drugs (4.0 vs. 4.3: p<=0.001);

- a lower level of believability among those who have ever taken cocaine and others in the sample (3.9 vs. 4.2: p<=0.05);

2.4.1 STATEMENT MOST LIKELY TO DETER COCAINE USE

Respondents were presented with a list of statements specifically relating to cocaine, and were asked to indicate which statement would be most likely to deter them from taking the drug. The statement cited by the greatest frequency of respondents was 'Sudden death can occur with first use' (17%), with a similar proportion citing the statement 'Cocaine can be addictive' (16%).

Table 2.5 Statement Most Likely to Deter You From Using Cocaine (n=735)

	All (n=735)	Cocaine Users (n=106)	All Drug Users (n=253)	Non Drug Users (n=426)
	%	%	%	%
Sudden death can occur with first use of cocaine	17	9	11	20
Cocaine can be addictive	16	10	12	18
All you have to do is to take cocaine once to be at risk of having a heart attack	14	12	12	15
Cocaine is cut with dangerous substances	10	14	13	9
Cocaine increases the chances of having a heart attack	8	7	10	8
Mixing alcohol and cocaine is dangerous	7	7	6	7
Cocaine use is a significant cause of brain haemorrage / stroke in young adults	7	9	7	8
The maximum penalty for possession of cocaine is 7 years in prison or an unlimited fine.	7	11	7	5
Cocaine causes seizures	5	5	6	5
Sharing equipment when sniffing/snorting cocaine can lead to Hepatitis C/HIV	5	8	8	4
Cocaine causes chest pains	2	5	3	1
Cocaine damages nasal membranes	1	2	2	1
It takes a long time to get hooked on cocaine	1	1	-	-
Cocaine Causes Headaches	1	1	2	-

There were no significant variations in response to the above question by respondent age, sex or social class. However, those who had ever taken drugs were less likely to cite the statements 'Sudden death can occur with first use' (11% vs. 20% non-drug users: p<=0.001) and 'cocaine can be addictive' (12% vs. 18% non-drug users), with this group more likely to say that 'cocaine is cut with dangerous substances' (13% vs. 9% non-drug users) and the 'maximum penalty for possession of cocaine is 7 years in prison or an unlimited fine' (7% vs. 5% non-drug users).

2.5 USE OF MEDICATIONS FOR NON-MEDICAL PURPOSES

Among respondents with no aversion to drug use[8] (n=735), 18% said that they had used prescribed medications but without their doctors direction or guidance (see table 2.6). Of the various prescribed drugs used (sedatives / tranquillizers, anti-depressants, anti-psychotics, prescriptive pain relief, beta blockers or other drugs), prescriptive pain relief was found to be the most common (10%). Those respondents who had ever tried illicit drugs were more likely to report having taken prescribed medications for medical reasons but without their doctors guidance or direction (29% vs. 10%: p<=0.001).

One in ten (10%) respondents said that they had used a range of prescribed medications for non-medical purposes or to get high (sedatives / tranquillizers, anti-depressants, anti-psychotics, prescriptive pain relief, beta blockers or other drugs), with prescriptive pain relief medication the most commonly used (4%). Those respondents who had ever tried illicit drugs were more likely to report having taken prescribed medications for non-medical reasons (i.e. recreational use or to get high,
21% vs. 2%: p<=0.001).

Table 2.6 Use of Prescribed Medicines for Non-Medical Purposes

	…for medical reasons but without doctors direction or guidance (MISUSE)			**…for non - medical purposes e.g. recreational use / to get high (ABUSE)**		
	%	%	%	%	%	%
	All	**All Drug Users**	**Cocaine Users**	**All**	**All Drug Users**	**Cocaine Users**
Sedatives and Tranquillizers (i.e. diazepam, temazepan, sleeping tablets, downers, barbiturates, Mogadon)	5	9	11	3.3	8	10
Anti-depressants (Prozac, Seroxat, Lustral, Cipramil)	5	10	9	2.9	7	12
Anti-psychotics (Seroquel, Fluanxol, Risperdal)	1	2	2	1.0	2	4
Prescriptive pain relief (i.e. Tramadol, Kapaxe, Tylex, Tylenol)	10	13	16	4.4	9	11
Beta blockers such as acebutolol, betaxolol, nadolol (i.e. Sectral, Betoptic, Corgard)	2	3	3	1.0	3	2
Other	0.4	1	2	0.3	-	-
Used Any	18	29	29	9.7	21	26

[8] Classified as respondents who answered either: I would never try drugs myself but can understand why others may want to; Taking recreational drugs is ok if done moderately and sensibly; The decision of whether to take drugs is up to the individual concerned; or, All drugs should be legalized.

Base (n)	735	253	106	735	253	106

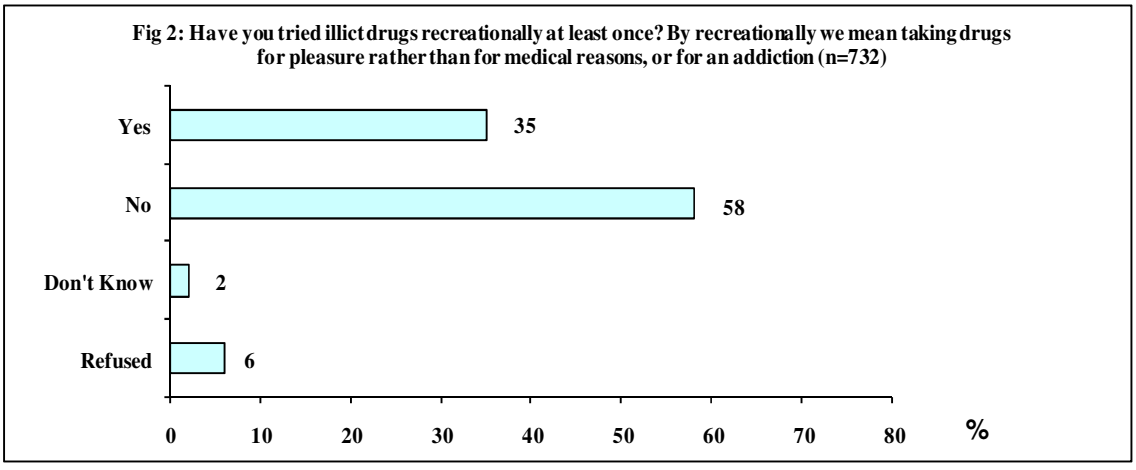
In relation to over the counter medicines, 8% of respondents with no aversion to drug use said they had taken these medicines to get high, with medicines for pain relief the most commonly cited (5%, see table 2.7). Respondents in the 30-35 age group (4%) were significantly less likely to report ever having used over the counter medicines to get high compared with respondents in other age groups (9%: p<=0.05). Those who socialized more than once a week (11%), compared with those who socialise less often (at least once a week, 7%: less than once a week, 4%: p<=0.05), were also more likely to report ever having used 'over the counter' medicines to get high. Finally, those who had ever used drugs were also more likely to report ever having used over the counter medicines to get high (19% vs. 2% non-drug users: p<=0.001).

Table 2.7 Use of Over the Counter Medicines For Recreational Use

	…for non - medical purposes e.g. recreational use / to get high (ABUSE)		
	All	**All Drug Users**	**Cocaine Users**
	%	%	%
Pain relief medicines i.e. Co-codemol, Nurofen plus, Solphodol	4.5	12	14
Kaolin and morphine	1.2	3	4
Anti-histamines	1.2	3	3
Cough medicines	2.2	3	7
Laxatives	0.3	4	1
Other	-	1	
Used Any	7.8	19	23
Base (n)	735	253	106

2.6 DRUG USE

Among respondents, 35% said that they had tried illicit drugs recreationally at least once (n=253), with the majority (58%) saying they had not (n=426). Two percent of respondents recorded 'don't know' with 6% refusing to answer this question.



The survey found that lifetime prevalence of illicit drug use was higher among males (45%) compared with females (28%; p<=0.001), with no significant

difference by age group. Lifetime prevalence was also higher among respondents who socialise more than once a week (47%) compared with those who socialise less often (at least once a week, 31%: less than once a week, 27%: p<=0.001).

2.6.1 ILLICIT DRUG USE IN THE LAST YEAR

Among the sample of respondents who indicated they are not averse to drug taking (n=735), 22% said they had taken illicit drugs in the previous year, with males (29%) compared with females (15%: p<=0.001) more likely to have used drugs in this period. In terms of age and gender combined, a higher level of illicit drug use was reported among males aged 18-21 (32%) compared with other age and gender groupings (males aged 22-29, 30%; males aged 30-35, 22%; females aged 18-21, 15%; females aged 22-29, 17%; males aged 30-35, 12%: p<=0.001).

Table 2.8 Illicit Drug Use in the Last Year by Background Characteristics? (n=735)[9]

		%
All		22
Age / Sex***	Males 18-21	32
	Males 22-29	30
	Males 30-35	22
	Females 18-21	15
	Females 22-29	17
	Females 30-35	12
Going Out***	More than once a week	29
	At least once a week	21
	Less than once a week	11
Health Board Area**	NHSSB	17
	SHSSB	15
	EHSSB	24
	WHSSB	29
* p<=0.05; **p<=0.01; ***p<=0.001		

Those who socialized more than once a week (29%), compared with those who socialise less often (at least once a week, 21%: less than once a week, 11%), were also more likely to report having used illicit drugs in the previous 12 months (p<0.001). Also a greater proportion of respondents who had ever used cocaine said that they had used drugs in the last 12 months (80% vs. 50%: p<=0.001).

2.6.2 DRUG USE IN THE LAST YEAR AMONG THOSE EVER USING DRUGS

Among those respondents who had ever taken illicit drugs (n=253), almost two thirds (62%) reported taking drugs in the last 12 months, with males in this group (68%) more likely to have taken drugs in the last year compared with females (56%: p<=0.05). Also, within the group of respondents who had ever taken drugs (n=253), 18-21 years olds (76%) were more likely to have taken drugs in the last year compared with other age groups (22-29, 65%: 30-35, 50%: p<=0.01).

[9] Note that prevalence levels are based on all respondents who completed an interview (n=735) and who indicated that they have ever taken drugs recreationally.

Table 2.9 Illicit Drug Use in the Last Year by Background Characteristics (n=250)		
		%
All		62
Sex*	Male	68
	Female	56
Age**	18-21	76
	22-29	65
	30-35	50
Age / Sex*	Males 18-21	80
	Males 22-29	70
	Males 30-35	54
	Females 18-21	67
	Females 22-29	58
	Females 30-35	45
Going Out**	More than once a week	69
	At least once a week	71
	Less than once a week	42
Drug Users***	All Drug Users	50
	Cocaine Users	82
* p<=0.05; **p<=0.01; ***p<=0.001		

Also among those who have ever taken drugs, a greater proportion of 18-21 year old males (80%) said they had taken drugs in the previous year compared with other age and gender groups (males aged 22-29, 70%; males aged 30-35, 54%; females aged 18-21, 67%; females aged 22-29, 58%; males aged 30-35, 45%: p<=0.05).

Frequency of socialising was also associated with the likelihood of having taken drugs in the last year, with those who socialise more than once a week (70%) and those who socialise at least once a week, more likely to have taken drugs in this period compared with those who socialise less than once a week, 42%: p<=0.001).

Finally, among those who have ever taken drugs, 82% of those who have ever taken cocaine had taken illicit drugs in the previous year, compared with 50% of those drug users who have never taken cocaine (p<=0.001).

2.6.3 CHANGE IN DRUG OF CHOICE IN PREVIOUS YEAR

Almost one in five (18%) respondents who have used illicit drugs in the last year said that they had changed their drug of choice within this period, with those in the lower social classes more likely to say that they had changed their drug of choice (C2DE, 24% vs. ABC1, 11%: p<=0.05).

The main reason why some respondents (n=28) had changed their drug of choice was found to be availability (n=9), with five saying that the change had been due to increased knowledge about a drug or its effects or that they had a bad experience.

Table 2.10 Reason for Changing Drug of Choice in Previous 12 Months (n=28)	
	n
Availability	9
Increased knowledge about a drug or its effects	5
Had a bad experience	5
Health reasons	4
Looking for something stronger	4
No longer part of social life	3
Price	2
Pregnancy	2
Impact on job/friends/family	1
Other reason	2

2.7 COCAINE USE

Respondents who were not averse to drug use (n=735) were asked if they had ever taken any drugs recreationally; 37% recorded yes, and 62% recorded no. Additionally, 14% (n=106) stated they had taken cocaine (powder, coke or 'Charlie') recreationally (see Table 2.11). There was a higher level of usage among males (20%), particularly among males aged 30-35 (22%) and among those who socialise on a more frequent basis (i.e. more than once a week, 18%). Note that although social class is listed in Table 2.11, the differences are not statistically significant.

Table 2.11 Ever Taken Cocaine Recreationally by Background Characteristics?			
		All (n=735)	Those who have ever taken drugs (n=253)
		%	%
All		14	42
Sex***	Male	20	47*
	Female	9	33
Age / Sex***	Males 18-21	19	46*
	Males 22-29	20	46
	Males 30-35	22	52
	Females 18-21	6	27
	Females 22-29	13	47
	Females 30-35	4	16
Going Out*	More than once a week	18	42
	At least once a week	13	45
	Less than once a week	11	40
Social Class	ABC1	14	42
	C2DE	15	42
Health Board Area**	NHSSB	12**	54
	SHSSB	7	27
	EHSSB	19	45
	WHSSB	16	37
* p<=0.05; **p<=0.01; ***p<=0.001			

2.7.1 SETTINGS FOR USING COCAINE

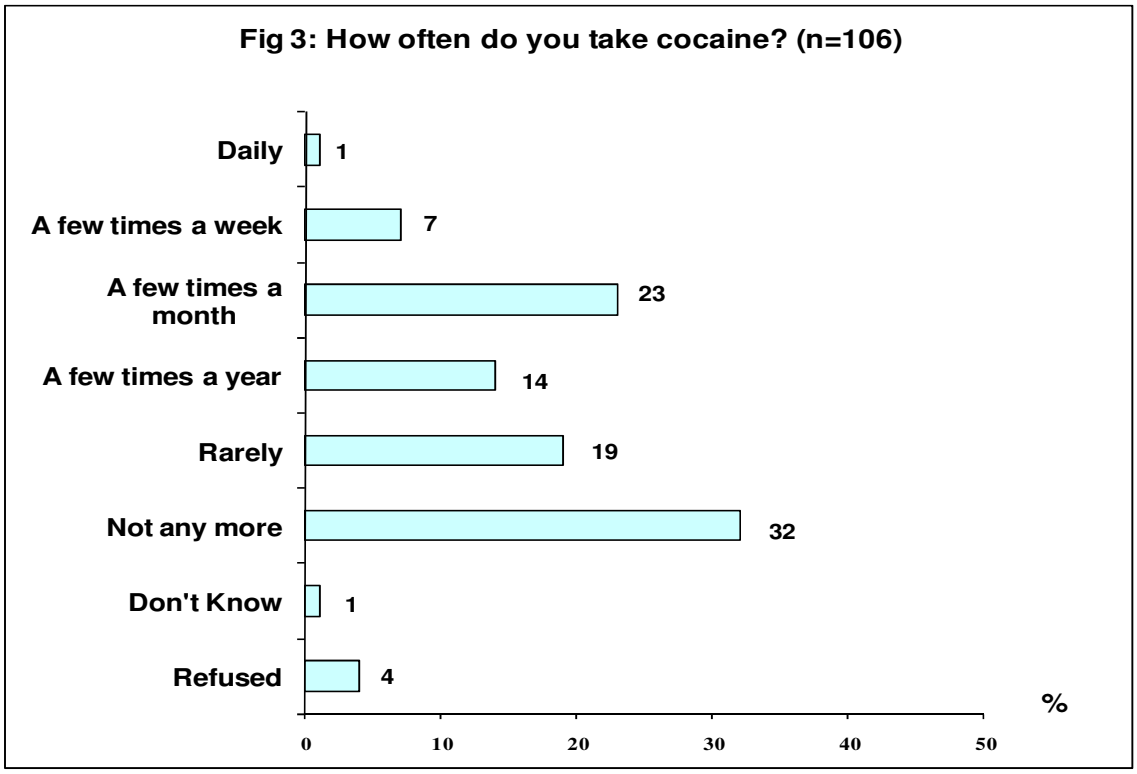
Respondents who had used cocaine were asked to indicate in which settings they normally take the drug, with house parties mentioned by 68% of these respondents and clubs (37%) and pubs (30%) also commonly mentioned. Of the various settings mentioned by cocaine users, house parties were found to be the most commonly cited (58%).

Table 2.12 Settings For Using Cocaine (n=106)

	Where ever used?		Most commonly used?	
	%	n	%	n
House Party	68	72	58	61
Clubs	37	39	17	18
Pubs	30	32	8	8
At home	29	31	13	14
Restaurant	3	3	-	-
Don't Know	-	-	5	5
Refuse to answer	6	6	6	6
Other (all of the above, n=1; 'mates house': n=1; 'Amsterdam': n=1)	3	3	4	4

2.7.2 FREQENCY OF USING COCAINE

Among those who had ever used cocaine, almost one in three (32%) said that they no longer use the drug, with 8% using it weekly, 23% a few times a month, 14% a few times a year and 19% rarely. Those who socialise more than once a week (82%) were more likely to be still using the drug compared with those who socialise at least once a week (75%) or less than once a week (25%: p<=0.001). This shows 64% of those who have ever used cocaine are still currently using the drug.



2.7.3 CONSUMPTION LEVEL IN GRAMS AND COST

In terms of consumption of cocaine, the mean consumption level (recorded in grams) was 1.85 grams with no significant variations in consumption level between any of the different sample subgroups. According to cocaine users, the average cost of a gram of cocaine is £32, with the average cost lower in urban areas (£28) compared with rural areas (£66: p<=0.001: n=64).[10]

2.7.4 USING COCAINE WITH OTHER SUBSTANCES

The survey asked those who had ever used cocaine (n=106) if they had used the drug with any other substances, with more than three quarters using cocaine with alcohol (77%) and almost a third using cocaine with cannabis (31%, see table 2.13).

Table 2.13 Have You Ever taken cocaine with any of the following: (n=106)

	%	N
Alcohol	77	82
Cannabis (i.e. hash, grass, weed, smoke)	31	33
Ecstasy (i.e. E's, pills)	20	21
Amphetamines (i.e. speed, whiz)	8	8
LSD (i.e. acid, trips)	5	5
Poppers (amyl nitrates, liquid gold, nitrates)	5	5
Magic mushrooms	4	4
Ketamine	3	3
Anti-depressants not prescribed for personal use, f*or recreational use*	1	1
None	4	-
Don't Know	2	-
Refuse to answer	5	-
Any others	-	-

2.7.5 COCAINE AND ALCOHOL

Just 31% of all cocaine users said they would never mix alcohol and cocaine, with almost half (49%) saying that they would always have a drink first before using cocaine. Taking cocaine to reduce/control the effects of alcohol was the experience of just 17% of users, with most (66%) saying that this was not the case. Finally, 41% agreed that drinking alcohol leads them to taking cocaine, with 44% disagreeing with this statement. Note that there were no significant variations in response by any of the characteristics of cocaine users.

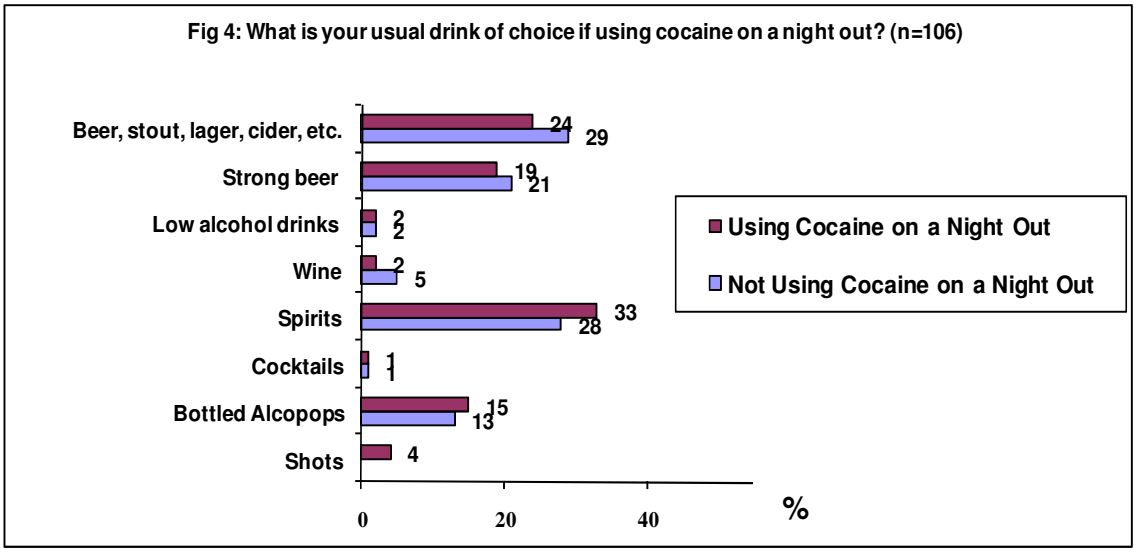
[10] Note that a number of outlier values were removed before calculation of mean consumption. Answers for this question ranged between ¼ of a gram to 37 grams. From examining the modal value it appeared that the most common amount consumed was 1 gram, however, when calculating the mean consumption the top 3 values from the range were excluded as these appeared to be outliers and skewed the mean consumption considerably. Note that all data were included in the calculation of mean cost of a gram of cocaine.

Table 2.14 Cocaine Users: Views on Cocaine and Alcohol							
	Strongly Agree / Agree	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N
	%	%	%	%	%	%	
I would never mix alcohol and cocaine	20	11	9	18	44	18	106
Drinking alcohol leads me into taking cocaine	34	6	28	21	35	9	85
I take cocaine to reduce/control the effects of alcohol	13	4	9	21	47	19	85
I would always have a drink first before taking cocaine	49	15	34	20	26	5	85

The last time respondents took cocaine, 40% (n=34) said that they consumed up to 5 units of alcohol, 17% (n=14) consumed between 6 and 10 units and 20% (n=17) consumed between 11 and 15 units. Two percent of users (n=2) said they did not drink alcohol on the last occasion they had cocaine, with 20% (n=17) recording 'don't know' and 1% (n=1) refusing to answer this question.

2.7.6 DRINK OF CHOICE WHEN USING COCAINE ON A NIGHT OUT

For most cocaine users, their drink of choice when using cocaine on a night out is either spirits (33%) or beer, stout, lager or cider (24%). This pattern of alcohol consumption is consistent with nights out when not using cocaine.



2.8 USE OF OTHER DRUGS

Among cocaine users, 58% reported ever using cannabis, with 36% reporting to have ever used ecstasy and 24% amphetamines.

Table 2.15 Lifetime Prevalence Of Other Drugs Used by Cocaine Users (n=106)		
	%	n
Cannabis (i.e. hash, grass, weed, smoke)	58	61
Heroin (smack, skag)		-
Methadone (heroin substitute)	1	1
Crack (rock, sand, stone, pebbles)	1	1
Amphetamines (i.e. speed, whizz)	24	25
Ecstasy (i.e. E's, pills)	36	38
LSD (i.e. acid, trips)	17	18
Ketamine (usually for pain relief)	4	4
Magic mushrooms	17	18
Poppers (amyl nitrates, liquid gold, nitrates)	12	13
Anabolic steroids (body building)	1	1

2.9 DRIVEN A CAR WHEN TAKING DRUGS

Among cocaine users who had taken drugs in the last year, 10% (n=7) said that they had driven a car after taking drugs. Of those who have driven a car after taking drugs, 5 said that they have done this once, with 2 doing this three or more times.

2.10 FUTURE BEHAVIOUR IN RELATION TO DRUGS

To assess future drug taking behaviour, those without an aversion to drug use (n=735) were asked to indicate if they thought they would take a range of different drugs in the next year for recreational use. Of the various drugs listed, 20% of respondents said that they would be likely to take cannabis, with 8% likely to take cocaine and ecstasy (Table 2.16).

Table 2.16 Do you think you will take any of the following drugs in the next year?				
	All	All Drug Users	Cocaine Users	Non Drug Users
	%	%	%	%
Cannabis (i.e. hash, grass, weed, smoke)	20	52	58	3
Cocaine (powder) (coke, whiz, Charlie)	8	20	45	1
Ecstasy (i.e. E's, pills)	8	21	27	1
LSD (i.e. acid, trips)	3	8	12	1
Magic mushrooms	3	8	9	1
Prescriptive pain relief *for recreational use*	3	6	5	1
Amphetamines (i.e. speed, whiz)	2	6	10	1
Anti-depressants, *for recreational use*	2	4	5	-
Sedatives and Tranquillizers - not prescribed for personal use	2	5	5	-
Anabolic steroids	1	0.4	1	-
Beta blockers, *for recreational use*	1	3	2	1
Crack (rock, sand, stone, pebbles)	1	2	2	0.2
Heroin (smack, skag)	1	1	1	1
Over the counter medicines *for recreational use*	1	2	3	1
Poppers (amyl nitrates, liquid gold, nitrates)	1	3	4	0.2
Solvents (i.e. glue, Tippex, lighter fluid, petrol, gas)	1	2	4	1
Anti-psychotics, *for recreational use*	0.4	1	2	-
Methadone	0.3	1	1	-
Ketamine	0.1	0.4	1	-
Take Any of Drugs Listed Above	***26***	***58***	***59***	***7***
Can't remember / don't know	2	5	7	1
Refuse to answer	3	6	8	2
Base (n)	732	235	106	426

Approximately one quarter of all 18-35 year olds said that it is likely that in the next year they will take at least one of the drugs listed in Table 2.16 for recreational use, with males more than twice as likely to say that they will take drugs in the next year (35% vs. 16%: p<=0.001).

Among the various age and gender groupings 18-21 year old males (38%) and males aged 22-29 (39%) were more likely to say that they would take drugs in the next year (males 30-35, 27%; females 18-21, 15%; females 22-29, 19%; females 30-35, 15%:p<=0.001).

Other groups more likely to say that they will take drugs (for recreational use) in the next 12 months included: those who socialise more often (go out more than once a week, 36%; go out at least once a week, 24%; go out less than once a week, 13%: p<=0.001); those who have ever tried illicit drugs (58% vs. 7% non-drug users: p<=0.001); and, those who have ever taken cocaine (74% vs. 55% of other drug users: p<=0.001).

Taking Cannabis in the Next Year

Analysis by the various respondent background characteristics found that males (30%) compared with females (11%: p<=0.001) were nearly three times more likely to say that they will take cannabis in the next year with males aged 22-29 more likely (34%) to do so compared with other age and gender groupings (males 18-21, 30%: males, 30-35, 22%: females 18-21, 11%; females 22-29, 12%: females 30-35, 9%: p<=0.001).

Table 2.17 Yes, will take Cannabis in next year (n=148) by background characteristics

		%
All		20 (n=735)
Sex***	Male (n=363)	30 (n=108)
	Female (n= 368)	11 (n=40)
Age / Sex***	Males 18-21 (n=112)	30 (n=34)
	Males 22-29 (n=152)	34 (n=52)
	Males 30-35(n=99)	22 (n=22)
	Females 18-21(n=94)	11 (n=10)
	Females 22-29(n=157)	12 (n=19)
	Females 30-35(n=117)	9 (n=11)
Going Out***	More than once a week(n=331)	28 (n=93)
	At least once a week(n=164)	19 (n=31)
	Less than once a week(n=228)	10 (n=23)
Cocaine history***	Yes taken cocaine(n=106)	58 (n=61)
	No, never taken cocaine(n=626)	14 (n=87)
* p<=0.05; **p<=0.01; ***p<=0.001		

Other groups more likely to indicate that they will take cannabis in the next year included: those who socialise more often (go out more than once a week, 28%; go out at least once a week, 19%; go out less than once a week, 10%: p<=0.001); and, those who have ever tried illicit drugs (52% vs. 3% non-drug users: p<=0.001).

More than half (58%) of those who have ever taken cocaine said that they will take cannabis in the next year compared with 14% of others in the sample (p<=0.001).

Taking Cocaine in the Next Year

In relation the cocaine, three times as many males (12%) compared with females (4%: p<=0.001) believed that they will take cocaine in the next year, with respondents aged 30-35 (4%) less likely to say that they will take cocaine compared with other age groups (18-21, 9%: 22-29, 10%: p<=0.05).

Table 2.18 Yes, will take Cocaine in next year (n=60) by background characteristics		
		%
All		8 (n=60)
Sex***	Male (n=363)	12 (n=44)
	Female (n= 368)	4 (n=16)
Age*	18-21 (n=206)	9 (n=19)
	22-29 (n=309)	10 (n=32)
	30-34 (n=216)	4 (n=9)
Age / Sex***	Males 18-21 (n=112)	13 (n=15)
	Males 22-29 (n=152)	14 (n=21)
	Males 30-35(n=99)	8 (n=8)
	Females 18-21(n=94)	4 (n=4)
	Females 22-29(n=157)	7 (n=11)
	Females 30-35(n=117)	1 (n=1)
Going Out***	More than once a week(n=331)	12 (n=41)
	At least once a week(n=164)	8 (n=13)
	Less than once a week(n=228)	2 (n=5)
Cocaine history***	Yes taken cocaine(n=106)	45 (n=48)
	No, never taken cocaine(n=626)	2 (n=12)
* p<=0.05; **p<=0.01; ***p<=0.001		

An analysis of respondent age and gender characteristics found that males aged 18-21 (13%) and males aged 22-29 (14%) were more likely to say that they would take cocaine in the next 12 months compared with other age groups (males: 30-35, 8%; females 18-21, 4%; females 22-29, 7%; females 30-35, 1%: p<=0.001).

Those who socialise most often were also more likely to say that they will take cannabis in the next 12 months (go out more than once a week, 12%; go out at least once a week, 8%; go out less than once a week, 2%: p<=0.001). Finally, those who have ever taken drugs (20% vs. 2%: p<=0.001), and almost half (45%) of those who have ever taken cocaine said that they will take cocaine in the next year compared with 2% of others in the sample (p<=0.001).

Taking Ecstasy in the Next Year

With regard to ecstasy, again males (10%) compared with females (5%: p<=0.05) were more likely to say that they will take this drug in the next year, with respondents living in rural areas (14%) compared with urban areas (7%: p<=0.01) also more likely to report that they will use this drug.

Table 2.19 Yes, will take ecstasy in next year (n=56) by background characteristics		
		%
All		8 (n=56)
Sex*	Male (n=363)	10 (n=37)
	Female (n= 368)	5 (n=19)
Age / Sex*	Males 18-21 (n=112)	13 (n=15)
	Males 22-29 (n=152)	11 (n=16)
	Males 30-35(n=99)	6 (n=6)
	Females 18-21(n=94)	4 (n=4)
	Females 22-29(n=157)	5 (n=7)
	Females 30-35(n=117)	7 (n=8)
Going Out*	More than once a week(n=331)	11 (n=35)
	At least once a week(n=164)	6 (n=10)
	Less than once a week(n=228)	5 (n=11)
Area**	Urban (n=625)	7 (n=41)
	Rural (n=105)	14 (n=15)
Cocaine history***	Yes taken cocaine(n=106)	27 (n=29)
	No, never taken cocaine(n=626)	4 (n=27)
* p<=0.05; **p<=0.01; ***p<=0.001		

An analysis of respondent age and gender characteristics found that males aged 18-21 (13%) were more likely to say that they would take cocaine in the next 12 months compared with other age groups (males 22-29, 11%; males: 30-35, 6%; females 18-21, 4%; females 22-29, 5%; females 30-35, 7%: p<=0.05).

Those who socialise most often were also more likely to say that they will take ecstasy in the next 12 months (go out more than once a week, 11%; go out at least once a week, 6%; go out less than once a week, 5%: p<=0.05). Finally, those who have ever taken drugs (21% vs. 1% non-drug users: p<=0.001), and those who have ever taken cocaine (27% vs. 4%: p<=0.001), were significantly more likely to say that they will take ecstasy in the next 12 months.

2.11 VIEWS ON COCAINE

The majority of respondents with no aversion to illicit drug use said that they know people who take drugs on a regular basis (62%), with most (59%) having friends who have tried cocaine at least once before. Just over one in five (22%) respondents believed that 'everyone I know has dabbled in drugs' with 32% knowing where to buy cocaine should they want to. In 38% of cases, respondents said that they have friends who take cocaine when out socialising, with 29% of the view that cocaine is not a dangerous drug any more. Finally, 13% of respondents said that they might consider trying cocaine in the future.

Table 2.20 Respondent Views on Cocaine (n=732)

	Yes	No	Don't Know	Refused
	%	%	%	%
I know people who take drugs on a regular basis	62	34	4	1
I have friends who have tried cocaine at least once before	59	33	7	1
Everyone I know has dabbled with drugs	22	66	9	3
I know where to buy cocaine should I want to	32	57	8	3
I have friends who often take cocaine when out socializing	38	52	9	2
I might consider trying cocaine in the future	13	77	7	2
Cocaine is not thought of as a dangerous drug anymore	29	49	21	1

There were a number of differences in response to these questions which are listed below:

I Know People Who Take Drugs on A Regular Basis

- **males (71%) were more likely to agree** with this statement compared with females (53%: p<=0.001);

- **a higher level of agreement among 18-21 year olds (69%)** compared with other age groups (22-29, 64%; 30-35, 52%: p<=0.01);

- **a higher level of agreement** among respondents ***in*** **lower social classes** (C2DE, 65% vs. ABC1, 57%: p<=0.05);

- **a higher level of agreement among males aged 18-21 (72%)** compared with other age groups (males 22-29, 72%; males: 30-35, 68%; females 18-21, 66%; females 22-29, 56%; females 30-35, 39%: p<=0.001);

- **a higher level of agreement among those who socialise more often** (go out more than once a week, 76%; go out at least once a week, 59%; go out less than once a week, 44%: p<=0.001);

- **a higher level of agreement among those who have ever tried drugs** (87% vs. 45%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other drug users (96% vs. 80%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other respondents in the survey (96% vs. 57%: p<=0.001);

I Have Friends Who Have Tried Cocaine At Least Once Before

- **males (65%) more likely to agree** with this statement compared with females (52%: p<=0.05);

- **a higher level of agreement among 18-21 year olds (64%)** compared with other age groups (22-29, 62%; 30-35, 50%: p<=0.01);

- **a higher level of agreement among males aged males 18-21 (64%)** and males aged between 22-29 (68%) compared with other age and gender

groups (males: 30-35, 62%; females 18-21, 63%; females 22-29, 55%; females 30-35, 40%: p<=0.001);

- **a higher level of agreement among those who socialise more often** (go out more than once a week, 69%; go out at least once a week, 56%; go out less than once a week, 47%: p<=0.001);

- **a higher level of agreement among those who have ever tried drugs** (83% vs. 43%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other drug users (93% vs. 75%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other respondents in the survey (93% vs. 54%: p<=0.001);

Everyone I Know Has Dabbled With Drugs

- **males (27%) more likely to agree** with this statement compared with females (18%: p<=0.001);

- **a higher level of agreement** among those living in **rural areas** (31% vs. 21%: p<=0.05);

- **a higher level of agreement among males aged males 18-21 (28%)** and males aged between 22-29 (29%) compared with other age and gender groups (males: 30-35, 22%; females 18-21, 21%; females 22-29, 20%; females 30-35, 13%: p<=0.05);

- **a higher level of agreement among tthose who socialise more often** (go out more than once a week, 26%; go out at least once a week, 21%; go out less than once a week, 17%: p<=0.001);

- **a higher level of agreement among those who have ever tried drugs** (43% vs. 9%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other drug users (58% vs. 33%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other respondents in the survey (58% vs. 16%: p<=0.001);

I Know Where To Buy Cocaine Should I Want To

- **males (43%) more likely to agree** with this statement compared with females (21%: p<=0.001);

- **a higher level of agreement among 18-21 year olds (38%)** compared with other age groups (22-29, 36%; 30-35, 21%: p<=0.01);

- **a higher level of agreement among males aged males 18-21 (44%)** and males aged between 22-29 (49%) compared with other age and gender

groups (males: 30-35, 33%; females 18-21, 31%; females 22-29, 23%; females 30-35, 10%: p<=0.001);

- **a higher level of agreement among those who socialise more often** (go out more than once a week, 43%; go out at least once a week, 29%; go out less than once a week, 18%: p<=0.001);

- **a higher level of agreement among those who have ever tried drugs** (56% vs. 16%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other drug users (80% vs. 39%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other respondents in the survey (80% vs. 24%: p<=0.001);

I Have Friends Who Often Take Cocaine When Out Socializing

- **males (45%) more likely to agree** with this statement compared with females (31%: p<=0.001);

- **a higher level of agreement among 18-21 year olds** (42%) compared with other age groups (22-29, 41%; 30-35, 30%: p<=0.05);

- **a higher level of agreement among males aged males 22-29** (49%) compared with other age and gender groups (males 18-21, 44%: males: 30-35, 41%; females 18-21, 43%; females 22-29, 33%; females 30-35, 20%: p<=0.001);

- **a higher level of agreement among those who socialise more often** (go out more than once a week, 46%; go out at least once a week, 39%; go out less than once a week, 24%: p<=0.001);

- **a higher level of agreement among those who have ever tried drugs** (59% vs. 24%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other drug users (86% vs. 39%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other respondents in the survey (86% vs. 30%: p<=0.001);

I Might Consider Trying Cocaine In The Future

- **males (19%) more likely to agree** with this statement compared with females (7%: p<=0.001);

- **a higher level of agreement among 22-29 year olds (17%)** compared with other age groups (18-21 year olds, 13%: 30-35, 8%: p<=0.01);

- **a higher level of agreement among males aged males 18-21 (17%)** and males aged between 22-29 (22%) compared with other age and gender groups (males: 30-35, 16%; females 18-21, 9%; females 22-29, 12%; females 30-35, 1%: p<=0.001);

- **a higher level of agreement among those who socialise more often** (go out more than once a week, 19%; go out at least once a week, 12%; go out less than once a week, 6%: p<=0.001);

- **a higher level of agreement among those who have ever tried drugs** (31% vs. 2%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** (62% vs. 8%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other respondents in the survey (62% vs. 5%: p<=0.001);

Cocaine Is Not Thought Of As A Dangerous Drug Anymore

- **a higher level of agreement among those who have ever tried drugs** (42% vs. 21%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other drug users (57% vs. 31%: p<=0.001);

- **a higher level of agreement among those who have ever taken cocaine** compared with other respondents in the survey (57% vs. 23%: p<=0.001);

2.12 SMOKING STATUS AND DRUG USE

Just over half (57%) of those who completed a full interview (i.e. were not averse to drug use n=735) said that they had smoked, with 63% of this group saying that they currently smoke cigarettes. This equates to a smoking prevalence rate of 36% for the whole sample. Note that there were no significant variations in smoking prevalence between any of the key respondent subgroups (age, sex, social class, ever tried drugs, ever tried cocaine etc).

2.12.1 AVERAGE NUMBER OF CIGARETTES SMOKED ON WEEKDAYS

Current smokers were found to smoke an average of 22 cigarettes on weekdays, with younger smokers (18-21) smoking more on average (26) compared with smokers in other age groups (22-29, 19: 30-35, 24: p<0.05). Respondents who had ever taken cocaine were found to smoke a greater number of cigarettes, on average, during weekdays (29 vs. 20: p<0.05).

2.12.2 AVERAGE NUMBER OF CIGARETTES SMOKED ON WEEKENDS

Current smokers were found to smoke an average of 34 cigarettes on weekends, with male smokers smoking more on average, (37) compared with female smokers (29: p<=0.05). Current smokers who socialised more often were also

found to smoke a greater number of cigarettes on average compared with other groups (go out more than once a week, 38; go out at least once a week, 33; go out less than once a week, 26: p<=0.05). Also smokers who have tried illicit drugs smoked more cigarettes on average at weekends compared with smokers who have not tried illicit drugs (39 vs. 28: p<=0.05), with smokers who have ever used cocaine also smoking more cigarettes on average at weekends (50 vs. 28: p<=0.001).

2.13 PASSENGER IN A VEHICLE WHEN DRIVER HAD TAKEN ILLICIT DRUGS

Twelve percent (12%) of respondents who completed a full interview said that they had been a passenger in a vehicle where the driver had taken illicit drugs, with 80% saying they had not and 8% recording 'don't know'.

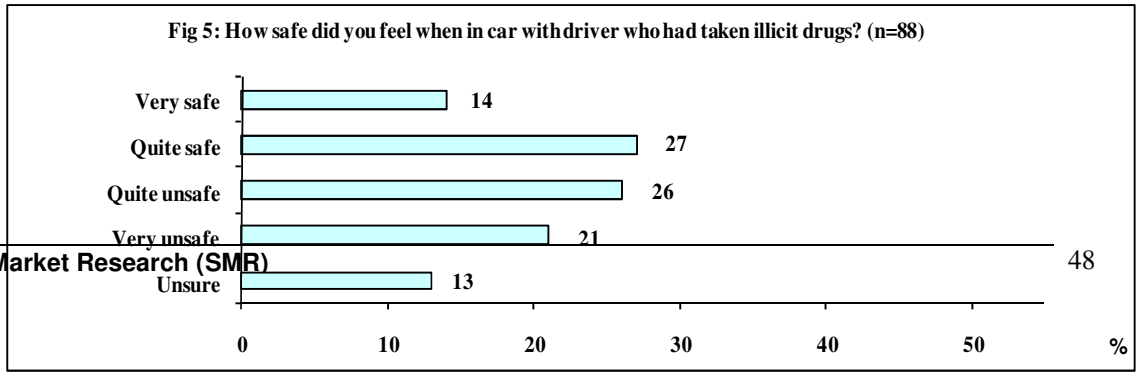
Table 2.21 Ever Been a Passenger in a Vehicle When Driver Taken Illicit Drugs by Background Characteristics? (n=735)

		%
All		12
Sex***	Male	19
	Female	5
Age / Sex***	Males 18-21	21
	Males 22-29	18
	Males 30-35	17
	Females 18-21	2
	Females 22-29	7
	Females 30-35	5
Ever Taken Illicit Drugs***	Yes	26
	No	4
Ever Taken Cocaine***	Yes	36
	No	8
* p<=0.05; **p<=0.01; ***p<=0.001		

Being a passenger in a vehicle in such circumstances was more likely to be reported by males (19%) compared with females (5%: p<=0.001), and younger males (18-21, 21%) compared with other age and gender groupings (males: 22-29, 18%; males 30-35, 17%; females 18-21, 2%; females 22-29, 7%; females 30-35, 5%: p<=0.001). Also those who have taken illicit drugs (26% vs. 4%: p<=0.001), and those who have taken cocaine (36% vs. 8%: p<=0.001), were also more likely to say that they have been a passenger in a vehicle where the driver has taken illicit drugs.

2.13.1 PERCEPTION OF SAFETY WHEN DRIVER HAD TAKEN DRUGS

Those respondents who had been a passenger in a vehicle when the driver had taken illicit drugs were asked how safe they had felt.



In response, 41% said they had felt safe, with 14% saying they had felt 'very safe' and 27% 'quite safe'. Just under half (47%) said that they had felt unsafe, with 26% feeling 'quite unsafe' and 21% 'very unsafe'. Thirteen percent of these respondents recorded 'don't know' in response to this question. Note that there were no significant variations in response to this question by any of the key respondent groups.

2.14 ALCOHOL CONSUMPTION

Drinking alcohol at weekends and occasionally during the week (29%), and drinking alcohol at weekends only (26%), were the most common behaviors reported by respondents, with just 1% of respondents drinking alcohol every day and 6% drinking alcohol most days.

Table 2.22 How often do you drink alcohol? (n=731)	
	%
Every day	1
Most days	6
Weekends and occasionally during the week	29
Weekends only	26
Once per week	15
Special occasions only	14
Never	8

Males (46%) compared with females (27%) were more likely to drink alcohol every day, most days or at weekends and occasionally during the week, with women more likely to say that they drink alcohol on special occasions or never (18% vs. 27%: p<=0.001).

Table 2.23 Alcohol Use by Background Characteristics? (n=731)

		% **Every Day, Most Days or Weekends**	% **Weekends Only**	% **Special Occasions or Never**	**n**
All		36	41	22	731
Sex***	Male	46	37	18	363
	Female	27	46	27	368
Age***	18-21	39	43	18	206
	22-29	42	40	18	309
	30-35	26	42	32	216
Age / Sex***	Males 18-21	46	36	19	112
	Males 22-29	52	34	14	152
	Males 30-35	36	41	22	99
	Females 18-21	32	51	17	94
	Females 22-29	33	45	22	157
	Females 30-35	17	42	41	117
Going Out***	More than once a week	58	34	8	330
	At least once a week	27	59	13	164
	Less than once a week	12	40	48	228
Ever Used Illicit Drugs***	Yes	55	37	8	252
	No	25	44	32	426
Ever Used	Yes	64	29	8	105

Cocaine*	No	48	44	8	147
* p<=0.05; **p<=0.01; ***p<=0.001					

Younger respondents (18-21, 39%) and respondents aged between 22-29 (42%) were more likely to say that they drink alcohol every day, most days or at weekends and occasionally during the week (aged 30-35, 26%: p<=0.001).

Alcohol consumption was also more frequent (i.e. every day, most days or at weekends and occasionally during the week) among males aged between 22-29 (52%) compared with other age and gender groups (males 18-21, 46%: males 30-35, 36%; females 18-21, 32%; females 22-29, 33%: females 30-35, 17%: p<=0.001). Other groups reporting to consume alcohol more frequently included: those who go out more than once a week (58%); those who have ever used illicit drugs (55%); and, those who have ever used cocaine (64%).

2.14.1 ALCOHOL CONSUMPTION IN AN AVERAGE WEEK

In an average week (Monday to Thursday) respondents said they drink 7 units of alcohol on average, with males (8.5) saying they drink more on average compared with females (5.1: p<=0.001). Those in the oldest age group (30-35, 4.5) said they drink less on average between Monday and Thursday compared with respondents in other age groups (18-21, 7.9: 22-29, 7.8: p<=0.001).

Males aged 22-29 (9.9) were also found to drink significantly more units of alcohol in this period compared with respondents in other age groups (males 18-21, 8.9: males aged between 30-35, 5.7: females 18-21, 6.5; females 22-29, 5.6; females 30-35, 3.3: p<=0.001).

As would be expected those who go out more frequently were also found to consume more alcohol in an average week (go out more than once a week, 10.3; go out at least once a week, 5.0; go out less than once a week, 2.6: p<=0.001).

Alcohol consumption in units was found to be associated with use of illicit drugs, with those who have ever tried illicit drugs, compared with non drug users, consuming more alcohol in an average week (10.0 vs. 4.5: p<=0.001). Finally, those who have ever used cocaine were found to drink on average a greater number of units in an average week compared with those who have never used cocaine (11.8 vs. 6.0: p<=0.001).

2.14.2 ALCOHOL CONSUMPTION IN AN AVERAGE WEEKEND

In an average weekend (Friday to Sunday) respondents said they drink 16 units of alcohol on average, with males (18.8) saying they drink more on average compared with females (12.6: p<=0.001). Those in the oldest age group (30-35, 12.5) said they drink less in an average weekend compared with respondents in other age groups (18-21, 18.3: 22-29, 16.2: p<=0.001).

Males in the 18-21 age group (20.2), and males in the 22-29 age group (20.2), were also reported to drink significantly more units of alcohol in this period compared with respondents in other age groups (males aged between 30-35, 14.9: females 18-21, 16.0; females 22-29, 12.1; females 30-35, 10.4: p<=0.001).

As was the case with alcohol consumption in an average week, those who go out more frequently were also found to consume more alcohol in an weekend (go out more than once a week, 20.7; go out at least once a week, 13.7; go out less than once a week, 9.4: p<=0.001).

Finally, alcohol consumption in units was found to be associated with use of illicit drugs, with those who have ever tried illicit drugs, compared with non drug users, consuming more alcohol in a weekend (21.1 vs. 11.5: p<=0.001). Those who have ever taken cocaine were also more likely to consume more units of alcohol in an average weekend compared with those who have never used cocaine (23.8 vs. 14.3: p<=0.05).

On average the whole sample consumed 20.6 units of alcohol per week[11], with a number of differences identified across different groups in the sample.

Table 2.24 Alcohol Use by Background Characteristics? (n=735)

		Mean Number of Units of Alcohol Consumed Weekly
All		20.6
Sex***	Male	19.2
	Female	14.8
Age**	18-21	22.2
	22-29	22.0
	30-35	17.0
Age / Sex***	Males 18-21	25.5
	Males 22-29	27.1
	Males 30-35	20.8
	Females 18-21	18.3
	Females 22-29	17.1
	Females 30-35	13.7
Going Out***	More than once a week	17.4
	At least once a week	18.1
	Less than once a week	12.1
Ever Used Illicit Drugs***	Yes	28.0
	No	15.3
Ever Used Cocaine***	Yes	30.1
	No	18.9
* p<=0.05; **p<=0.01; ***p<=0.001		

2.15 DRIVEN A CAR AFTER TAKING ALCOHOL

Six percent of all respondents said that they have driver a car after two drinks or more, with men (10%) more likely to have done so compared with women (4%: p<=0.01). Those living in rural areas were also more likely to report having driven a car after having two drinks or more (13% vs. 6%: p<=0.01).

[11] Note that mean weekly alcohol consumption is a derived variable based on the sum of alcohol consumed between Monday and Thursday and alcohol consumed between Friday and Sunday. Note that cases recording alcohol consumption of 90 or more units per week have been classified as outliers and removed from this analysis. Note that ANOVA has been used to identify statistically significant differences in alcohol consumption between the various groups.

Also those who have ever tried illicit drugs, compared with those who have never used drugs, were more likely to have driven a car after having two drinks or more (15% vs. 2%: p<=0.001). Among those who have driven a car in these circumstances, most (88%, n=38) said that they had done so 'once or twice', three respondents doing so on three or four occasions and 2 respondents on five or more occasions.

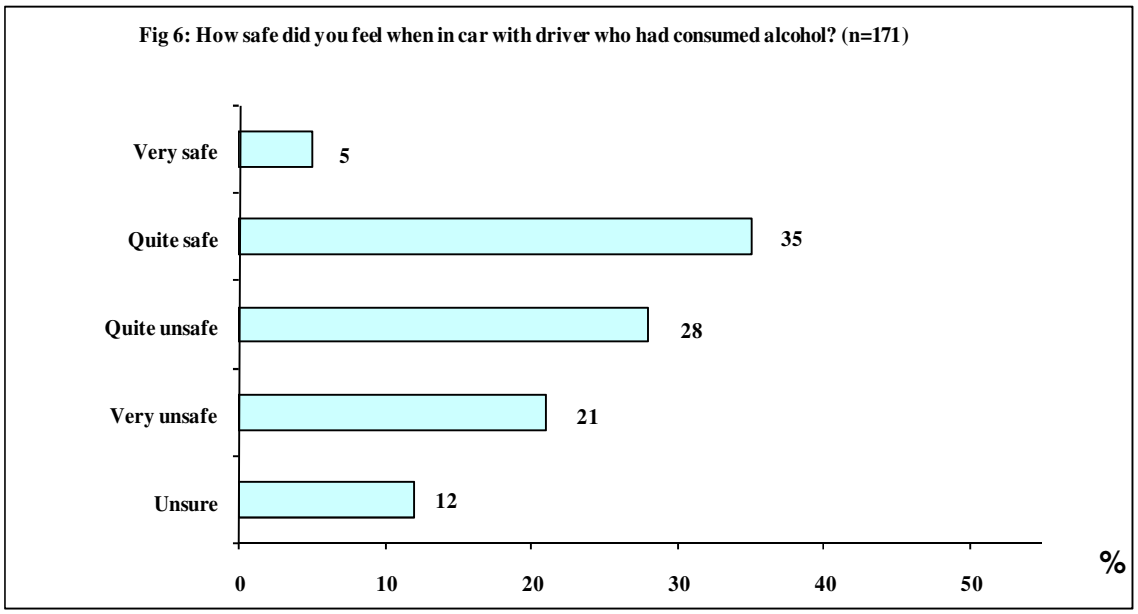
2.15.1 PASSENGER IN VEHICLE WHEN DRIVER HAD CONSUMED ALCOHOL

Approximately one quarter (26%) of respondents said that they have been a passenger in a vehicle when they were aware that the driver had consumed alcohol, with this more likely to be reported by males (31%) compared with females (23%: p<=0.05), and among respondents living in rural areas (37%) compared with urban areas (26%: p<=0.05).

Those who socialise more frequently were also more likely to say that they had been a passenger in a car when they were aware that the driver had consumed alcohol (go out more than once a week, 32%; go out at least once a week, 27%; go out less than once a week, 20%: p<=0.05), with those who have ever tried illicit drugs also more likely to report have been a passenger in a vehicle whilst the driver was under the influence of alcohol (44% vs. 16%: p<=0.001).

2.15.2 PERCEPTION OF SAFETY WHEN DRIVER HAD CONSUMED ALCOHOL

Those respondents who have been a passenger in a vehicle when the driver had consumed alcohol were asked how safe they had felt. In response, 40% said they had felt safe, with 5% saying they had felt 'very safe' and 35% 'quite safe'. Just under half (49%) said that they had felt unsafe, with 28% feeling 'quite unsafe' and 21% 'very unsafe'. Twelve percent of these respondents recorded 'don't know' in response to this question. Note that there were no significant variations in response to this question by any of the key respondent groups.



A greater proportion of respondents in the lower social classes (C2DE, 47% vs. ABC1, 27%: p<=0.05) reported feeling safe when a passenger in a car where the driver had consumed alcohol. Note that there were no other variations in response to this question in relation to other key respondent groups.

2.16 PERCEPTION OF HARM ASSOCIATED WITH DIFFERENT SUBSTANCES

To assess perception of drug harmfulness, respondents were presented with a list of drugs and substances and asked to rate each in terms of harmfulness with 1 equating to least harmful and 10 equating to extremely harmful.

Table 2.25 On a scale of 1 to 10, **with 1 being the least harmful and 10 being the most harmful**, where would you place each of the following drugs?

	Mean				Don't Know (%) (All Respondents Only)
	All respondents (n=735)	All Drug Users (n=253)	Cocaine Users (n=106)	Non Drug Users (n=426)	
Alcohol	4.65	4.24	3.98	4.98	2
Amphetamines (i.e. speed, whiz)	8.27	7.44	6.59	8.67	4
Anabolic steroids	8.17	7.38	6.72	8.61	13
Cannabis (i.e. hash, grass, weed, smoke)	6.28	4.72	4.41	7.21	2
Cocaine (powder) (coke, whiz, Charlie)	8.54	7.82	6.67	8.95	2
Crack (rock, sand, stone, pebbles)	8.70	8.35	8.00	8.83	5
Ecstasy (i.e. E's, pills)	8.42	7.40	6.72	8.94	2
Heroin (smack, skag)	8.92	8.64	8.46	8.99	1
Ketamine	8.52	8.04	7.57	8.69	15
LSD (i.e. acid, trips)	8.35	7.38	6.70	8.86	4
Magic mushrooms	7.74	6.69	6.03	8.32	7
Methadone	8.62	8.14	7.79	8.80	11
Poppers (amyl nitrates, liquid gold, nitrates)	7.83	6.79	6.22	8.47	8
Solvents (i.e. glue, Tippex, lighter etc fluid, petrol, gas)	8.23	7.50	7.02	8.61	3

Of the various substances listed, alcohol was deemed to be the least harmful with a mean of 4.65, with heroin deemed the most harmful (8.92) illicit drug and cannabis perceived to be the least harmful illicit drug (6.28).

A common theme to emerge is that particular groups tend to see drugs as more harmful than others such as women compared with men, those in the higher social classes, those who have never used drugs, those who have never used cocaine specifically and those who socialise less frequently.

There were a number of variations in response between the various respondent subgroups and these are listed below:

Heroin

- Females (9.1) recorded a higher level of 'harmfulness' compared with males (8.8: p<=0.05);

- Those in the higher social classes (ABC1, 9.1) recorded a higher level of harmfulness compared with respondents in the lower social classes (C2DE, 8.8: p<=0.001);

- Those who have ever taken illicit drugs (8.6) recorded a lower level of 'harmfulness' compared with those who have never taken illicit drugs (9.0: p<=0.05);

- Males in the 30-35 age group (8.6) were less likely to view this drug as harmful compared with other age and gender groups (males 18-21, 9.0; males 22-29, 8.7; females 18-21, 9.0;females 22-29, 8.9; females 30-35, 9.3: p<=0.05);

- A lower level of 'harmfulness' was recorded by those who had ever used drugs (8.6 vs. 9.0: p<=0.05);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (8.6 vs. 9.0: p<=0.05);

Crack

- Females (8.9) recorded a higher level of 'harmfulness' compared with males (8.5: p<=0.05);

- Those in the higher social classes (ABC1, 8.9) recorded a higher level of harmfulness compared with respondents in the lower social classes (C2DE, 8.5: p<=0.001);

- Males in the 30-35 age group (8.4) were less likely to view this drug as harmful compared with other age and gender groups (males 18-21, 8.6; males 22-29, 8.5; females 18-21, 9.0;females 22-29, 8.7; females 30-35, 9.1: p<=0.05);

- A lower level of 'harmfulness' was recorded by those who had ever used drugs (8.8 vs. 8.4: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other drug users (8.0 vs. 8.6: p<=0.05);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (8.0 vs. 8.8: p<=0.001);

Cocaine

- Females (8.8) recorded a higher level of 'harmfulness' compared with males (8.4: p<=0.01);

- Those in the higher social classes (ABC1, 9.0) recorded a higher level of harmfulness compared with respondents in the lower social classes (C2DE, 8.4: p<=0.001);

- Males in the 30-35 age group (8.2) were less likely to view this drug as harmful compared with other age and gender groups (males 18-21, 8.6; males 22-29, 8.4; females 18-21, 8.8;females 22-29, 8.7; females 30-35, 9.0: p=0.05);

- A lower level of 'harmfulness' was recorded by those who had ever used drugs (8.1 vs. 8.8: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other drug users (7.8 vs. 8.4: p<=0.05);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (6.7 vs. 8.9: p<=0.001);

Methadone

- Females (8.8) recorded a higher level of 'harmfulness' compared with males (8.4: p<=0.01);

- Males in the 30-35 age group (8.2) less likely to view this drug as harmful compared with other age and gender groups (males 18-21, 8.4; males 22-29, 8.2; females 18-21, 8.8;females 22-29, 8.8; females 30-35, 9.0: p=0.05);

- A lower level of 'harmfulness' recorded by those who had ever used drugs (8.1 vs. 8.8: p<=0.001);

- A lower level of 'harmfulness' recorded by those who had ever used cocaine compared with other drug users (7.8 vs. 8.4: p<=0.05);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (7.8 vs. 8.8: p<=0.001);

Ketamine

- Females (8.8) recorded a higher level of 'harmfulness' compared with males (8.2: p<=0.001);

- Those in the 30-35 (8.8) age group recorded a higher level of 'harmfulness' compared with other age groups (18-21, 8.5: 22-29, 8.3: p<=0.05);

- Males in the 22-29 age group (7.9) were less likely to view this drug as harmful compared with other age and gender groups (males 18-21, 8.4; males 30-35, 8.5; females 18-21, 8.7;females 22-29, 8.7; females 30-35, 9.1: p=0.001);

- Those who socialise more often were less likely to view this drug as harmful (go out more than once a week, 8.4; go out at least once a week, 8.5; go out less than once a week, 8.8: p<=0.05),

- A lower level of 'harmfulness' was recorded by those who had ever used drugs (8.0 vs. 8.7: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other drug users (7.6 vs. 8.4: p<=0.01);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (7.6 vs. 8.7: p<=0.001);

Ecstasy

- Females (8.8) recorded a higher level of 'harmfulness' compared with males (8.0: p<=0.001);
- Those in the higher social classes (ABC1, 8.6) recorded a higher level of harmfulness compared with respondents in the lower social classes (C2DE, 8.3: p<=0.05);

- Males in the 22-29 age group (7.9) were less likely to view this drug as harmful compared with other age and gender groups (males 18-21, 8.0; males 30-35, 9.0; females 18-21, 8.8;females 22-29, 8.7; females 30-35, 8.7: p=0.001);

- Those who socialise more often were less likely to view this drug as harmful (go out more than once a week, 8.2; go out at least once a week, 8.5; go out less than once a week, 8.7: p<=0.01),

- A lower level of 'harmfulness' was recorded by those who had ever used drugs (7.4 vs. 8.9: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other drug users (6.7 vs. 7.9: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (6.7 vs. 8.7: p<=0.001);

LSD

- Females (8.7) recorded a higher level of 'harmfulness' compared with males (8.0: p<=0.001);

- Those in the higher social classes (ABC1, 8.6) recorded a higher level of harmfulness compared with respondents in the lower social classes (C2DE, 8.2: p<=0.01);

- Males in the 22-29 age group (7.8) were less likely to view this drug as harmful compared with other age and gender groups (males 18-21, 8.1; males 30-35, 8.2; females 18-21, 8.8;females 22-29, 8.6; females 30-35, 8.8: p=0.001);

- Those who socialise more often were less likely to view this drug as harmful (go out more than once a week, 8.1; go out at least once a week, 8.4; go out less than once a week, 8.7: p<=0.01),

- A lower level of 'harmfulness' was recorded by those who had ever used drugs (7.4 vs. 8.9: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other drug users (6.7 vs. 7.9: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (6.7 vs. 8.6: p<=0.001);

Amphetamines

- Females (8.7) recorded a higher level of 'harmfulness' compared with males (7.9): p<=0.001);

- Those in the higher social classes (ABC1, 8.5) recorded a higher level of harmfulness compared with respondents in the lower social classes (C2DE, 8.1: p<=0.05);

- Males in the 18-21 age group (7.7) were less likely to view this drug as harmful compared with other age and gender groups (males 22-29, 7.8; males 30-35, 8.1; females 18-21, 8.9;females 22-29, 8.8; females 30-35, 8.8: p=0.001);

- Those who socialise more often were less likely to view this drug as harmful (go out more than once a week, 8.0; go out at least once a week, 8.4; go out less than once a week, 8.6: p<=0.05),

- A lower level of 'harmfulness' was recorded by those who had ever used drugs (7.4 vs. 8.7: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other drug users (6.6 vs. 8.1: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (6.6 vs. 8.6: p<=0.001);

Solvents

- Females (8.6) recorded a higher level of 'harmfulness' compared with males (7.9: p<=0.001);

- Those in the higher social classes (ABC1, 8.4) recorded a higher level of harmfulness compared with respondents in the lower social classes (C2DE, 8.0: p<=0.05);

- Males in the 22-29 age group (7.7) were less likely to view this drug as harmful compared with other age and gender groups (males 18-21, 8.0; males 30-35, 8.0; females 18-21, 8.5;females 22-29, 8.5; females 30-35, 8.7: p=0.001);

- Those who socialise more often were less likely to view this drug as harmful (go out more than once a week, 8.0; go out at least once a week, 8.3; go out less than once a week, 8.6: p<=0.01),

- A lower level of 'harmfulness' was recorded by those who had ever used drugs (7.5 vs. 8.6: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other drug users (7.0 vs. 7.9: p<=0.01);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (7.0 vs. 8.4: p<=0.001);

Anabolic Steroids

- Females (8.5) recorded a higher level of 'harmfulness' compared with males (7.9: p<=0.001);

- Males in the 18-21 age group (7.5) were less likely to view this drug as harmful compared with other age and gender groups (males 22-29, 8.0; males 30-35, 8.1; females 18-21, 8.9;females 22-29, 8.8; females 30-35, 8.2: p=0.001);

- Those who socialise more often were less likely to view this drug as harmful (go out more than once a week, 7.8; go out at least once a week, 8.4; go out less than once a week, 8.5: p<=0.001),

- A lower level of 'harmfulness' was recorded by those who had ever used drugs (7.4 vs. 8.6: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other drug users (6.7 vs. 7.8: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (6.7 vs. 8.4: p<=0.001);

Poppers

- Females (8.2) recorded a higher level of 'harmfulness' compared with males (7.4: p<=0.001);

- Those aged 30-35 (8.3) were more likely to see these as harmful compared with respondents in other age groups (18-21, 7.6: 22-29, 7.7: p<=0.05);

- Males in the 18-21 age group (7.2) were less likely to view this drug as harmful compared with other age and gender groups (males 22-29, 7.3; males 30-35, 7.9; females 18-21, 8.1;females 22-29, 8.1; females 30-35, 8.4: p=0.001);

- Those who socialise more often were less likely to view this drug as harmful (go out more than once a week, 7.4; go out at least once a week, 8.1; go out less than once a week, 8.4: p<=0.05),

- A lower level of 'harmfulness' was recorded by those who had ever used drugs (6.8 vs. 8.5: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other drug users (6.2 vs. 7.2: p<=0.01);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (6.2 vs. 8.1: p<=0.001);

Magic Mushrooms

- Females (8.2) recorded a higher level of 'harmfulness' compared with males (7.2: p<=0.001);

- Males in the 22-29 age group (6.9) were less likely to view this drug as harmful compared with other age and gender groups (males 18-21, 7.5; males 30-35, 7.5; females 18-21, 8.2;females 22-29, 8.1; females 30-35, 8.4: p=0.001);

- Those who socialise more often were less likely to view this drug as harmful (go out more than once a week, 7.4; go out at least once a week, 7.7; go out less than once a week, 8.3: p<=0.05),

- A lower level of 'harmfulness' was recorded by those who had ever used drugs (6.7 vs. 8.3: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other drug users (6.0 vs. 7.1: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (6.0 vs. 8.0: p<=0.001);

Cannabis

- Females (6.9) recorded a higher level of 'harmfulness' compared with males (5.7: p<=0.001);

- Males in the 22-29 age group (5.4) were less likely to view this drug as harmful compared with other age and gender groups (males 18-21, 5.9; males 30-35, 6.0; females 18-21, 6.6;females 22-29, 6.7; females 30-35, 7.2: p=0.001);

- Those who socialise more often were less likely to view this drug as harmful (go out more than once a week, 5.9; go out at least once a week, 6.3; go out less than once a week, 6.8: p<=0.01),

- A lower level of 'harmfulness' was recorded by those who had ever used drugs (7.7 vs. 7.2: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (4.4 vs. 6.6: p<=0.001);

Alcohol

- Females (5.1) recorded a higher level of 'harmfulness' compared with males (4.2: p<=0.001);

- Males in the 22-29 age group (4.1) were less likely to view this drug as harmful compared with other age and gender groups (males 18-21, 4.3;

males 30-35, 4.1; females 18-21, 4.5;females 22-29, 5.2; females 30-35, 5.3: p=0.001);

- Those who socialise more often were less likely to view this drug as harmful (go out more than once a week, 4.5; go out at least once a week, 4.2; go out less than once a week, 5.1: p<=0.05),

- A lower level of 'harmfulness' recorded by those who had ever used drugs (4.2 vs. 5.0: p<=0.001);

- A lower level of 'harmfulness' was recorded by those who had ever used cocaine compared with other respondents (4.0 vs. 4.8: p<=0.05);

2.17 PERCEIVED BENEFITS / POSITIVES WITH TAKING COCAINE

All Respondents (n=735) were asked unprompted to list what they believed to be the three positives or benefits, if any, associated with taking cocaine. 32% of respondents pointed to feeling high, happy and buzzing as a benefit, with using the drug to stay awake and to get more energy cited as benefits by 21% of respondents.

When asked to list the most important benefit, more than one in four (28%) respondents cited feeling high, happy and buzzing. Staying awake was deemed to be the most important benefit by 8% of respondents, with using the drug to 'feel good' seen as the most important benefit by 7% of respondents. Six percent said that getting more energy via cocaine is the most important benefit with 4% saying that it is the thing to do. Note that there was no significant variation in response to the question on the perceived most important benefit between those who had used cocaine and others in the sample.

Table 2.26 Perceived Benefits / Positives Associated with Taking Cocaine (n=732)

	Benefits: All (n=731)	**Benefits: Cocaine Users (n=105)**	**Benefits: All Drug users (n=252)**	**Benefits: Non Drug Users (n=426)**	**Most Important Benefit: All (n=500)**
	%	**%**	**%**	**%**	**%**
Feeling high/happy/buzzing*	32	56	48	22	28
Can stay awake/up longer	21	34	31	14	8
More energy	21	31	31	16	6
Enhance a night out	16	26	25	11	7
Feel good	16	22	19	14	8
Getting into the music more*	11	23	17	8	3
It's the thing to do	12	14	14	11	4
Being in control	9	13	12	8	3
More confidence	7	14	12	5	4
Feel glamorous	9	10	11	8	4
Relaxing	9	11	11	8	2
Aren't any benefits*	19	4	8	28	-
Don't know**	13	1	6	15	9
Helps cope with life	4	6	6	4	2
Escaping from problems	5	8	6	4	5
Feel included/part of the crowd	5	6	4	5	3

Suppresses appetite/lose weight	5	6	4	7	2
The excitement of taking risks	3	6	4	2	1
Enhances sexual experiences	2	5	3	1	1
More talkative	3	3	3	2	1
No after effects/No 'hangover'	1	3	2	1	1

There were a number of differences between males and females in terms of the perceived benefits of cocaine, with the significant differences highlighted in Table 2.27 below.

Table 2.27 Perceived Benefits of Cocaine Use by Gender (n=735)

	Male	Female
	%	%
Enhance a night out *	20	13
Feel glamorous*	7	12
Feeling high/happy/buzzing	35	29
Getting into the music more**	15	8
Being in control**	11	6
Relaxing	9	9
It's the thing to do	12	11
Can stay awake/up longer*	24	17
More energy	22	20
Feel good	17	14
Suppresses appetite/lose weight***	2	8
Enhances sexual experiences	3	1
More confidence	7	8
No after effects/No 'hangover'	1	1
Helps cope with life	5	3
More talkative*	4	1
Feel included/part of the crowd	5	4
The excitement of taking risks	3	2
Escaping from problems	5	5
Aren't any benefits*	16	23
Don't know	12	13
Other	1	-

* p<=0.05; **p<=0.01; ***p<=0.001

2.18 PERCEIVED NEGATIVES WITH TAKING COCAINE

Respondents were also asked unprompted to list what they believed to be the three negatives, if any, associated with taking cocaine. In response, just over half (56%) of respondents pointed to the long-term damage on health with 49% citing a risk of addiction as a negative associated with cocaine use. A risk of mental illness or paranoia was cited by 35% of respondents, with 25% mentioning the risk of debt. Other negatives associated with cocaine use included: death (n=10); price (n=2); ruining your life (n=1); suicide (n=1); the after effects (n=1); and, not knowing what is in it (n=1).

Table 2.28 Perceived Negatives or Drawbacks Associated with Taking Cocaine (n=732)					
	Negatives Associated with Taking Cocaine				**Most Important Negative: All (n=731)**
	All (n=732)	**Cocaine Users (n=105)**	**All Drug users (n=253)**	**Non Drug Users (n=426)**	
	%	**%**	**%**	**%**	**%**
Long term damage to health***	56	42	55	59	37
Risk of addiction*	49	40	49	49	22
Risk of mental illness/Paranoia*	35	29	36	36	11
Risk of debt	25	32	30	24	6
Breakdown of close/personal relationships	23	22	20	25	3
Heart problems	19	16	20	20	6
Aggression/Violence	17	16	21	14	4
Effect on appearance	17	16	19	16	2
Short term damage to health	13	16	14	12	4
Losing weight	9	8	9	9	0.1
Cold/flu like symptoms after taking it /Columbian cold'	2	3	2	1	0.1
Don't think there are any negatives**	3	9	5	1	3
Other*[12]	3	3	1	4	6

When asked to specify which drawbacks they believed to be the most negative, more than one third (37%) of respondents cited long-term damage to health, with 22% mentioning the risk of addiction.

Table 2.29 shows that in terms of negatives associated with cocaine use, males were more likely than females to suggest the risk of debt (29% vs. 22%: p<=0.05).

Table 2.29 Perceived Negatives of Cocaine Use by Gender (n=735)		
	Male	Female
	%	%
Short term damage to health	13	13
Long term damage to health	53	58
Risk of addiction	47	50
Breakdown of close/personal relationships	25	20
Risk of debt*	29	22
Risk of mental illness/Paranoia	36	34
Losing weight	10	7
Effect on appearance	15	18
Heart problems	19	20
Aggression/Violence	15	18
Cold/flu like symptoms after taking it/Columbian cold'	2	2
Don't think there are any negatives *	4	1
* p<=0.05; **p<=0.01; ***p<=0.001		

[12] Other negatives included: death (n=10); expense (n=2); ruins lives (n=2); destroys nose (n=1); suicide (n=1); after effects (n=1); and, no knowledge of what is in drugs (n=1).

2.19 GETTING INFORMATION ON DRUGS

Respondents said that they would get information on drugs from the internet (29%) or from their friends or mates (21%), with 18% mentioning their GP and 14% a National Drugs Helpline. FRANK was mentioned by 8% of respondents, other family members by 5% and the police and parents by 2% of respondents. Other sources for information included: Breakthrough (n=3); a community project (n=1); educational welfare (n=1); a hospital (n=1); and, a youth centre (n=1).

Table 2.30 Where Would You Go If You Were Looking for Information on Drugs? (n=735)

	%
Internet	29
Friends/mates	21
GP	18
National Drugs Helpline	14
FRANK	8
Other family member	5
Police	2
Parents	2
Don't know	19
Other	1

Getting information on drugs from FRANK was more likely to be suggested by 18-21 year olds (11%), compared with other age groups (22-29, 8%; and, 30-35, 4%: p<=0.05), and by respondents in the higher social classes (ABC1, 11% vs. C2DE, 6%: p<=0.01). FRANK was also more likely to be cited as a source of information among those who have ever taken drugs (11% vs. 5%: p<=0.01).

Getting information from National Drugs Helplines was more likely to be suggested by females (17% vs. 11% males: p<=0.05).

Those in the lower social classes more likely to say that they would get information on drugs from their friends or mates (C2DE, 25% vs. ABC1, 17%: p<=0.01), with those who have ever used drugs also more likely to report this source (30% vs. 18%: p<=0.001).

Cocaine users in the survey were more likely to identify another family member if they wanted to get information on drugs (10% vs. 3%: p<=0.01).

Parents were more likely to be suggested by 18-21 year old respondents (6%) compared with other age groups (1%), and by younger aged (18-21) males (5%) and females (7%), compared with other age and gender groupings (male 22-29, 1%; male 30-35, 0% ; female 22-29, 1%; female, 30-35 1%: p<=0.001).

Finally, those who have ever used drugs were more likely to cite the internet as a source of information compared with other respondents (33% vs. 26%: p<=0.05).

APPENDIX (QUESTIONNAIRE)

SURVEY QUESTIONNAIRE

Knowledge, Attitudes and Use of Cocaine
(2008)

2 SEPTEMBER 2008

STRICTLY CONFIDENTIAL

Thank you for taking the time to take part in this survey.

SECTION A: INTRODUCTION: INTERVIEWER ADMINISTERED

A1. Can I start by asking you how often would you say you usually go out socialising? **(Tick one answer)** **SHOW CARD 1**

5 to 7 times per week	1
2 to 4 times per week	2
Once or twice per week	3
At least once per week	4
Less than once per week	5
Don't know	6

A2. Here are a few statements people have made about drugs. Which one do you agree with most? **(Tick one answer)** **SHOW CARD 2**

I would never try drugs myself but can understand why others may want to	1	-> go to B1
Taking recreational drugs is ok if done moderately and sensibly	2	-> go to B1
The decision of whether to take drugs is up to the individual concerned	3	-> go to B1
All drugs should be legalised	4	-> go to B1
I am completely against drugs	**5**	**Thank and Close**
Don't know	**6**	**Thank and Close**

SECTION B: Attitudes Towards And Knowledge Of Illicit Drugs
SELF COMPLETION BY RESPONDENT

B1. Please indicate how strongly you agree or disagree with the following statements about **illicit** drugs. **(Tick one answer for each)**
SPLIT OVER 2 SCREENS

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
Drug use can cause long term damage to health	1	2	3	4	5	6
The risks of taking drugs are greatly exaggerated	1	2	3	4	5	6
Drugs are easy to find should you want to take them	1	2	3	4	5	6
Taking drugs is part of a good night out	1	2	3	4	5	6
Taking cocaine is seen as glamorous	1	2	3	4	5	6
Taking a line of cocaine when out socialising with friends really adds to a night out	1	2	3	4	5	6
It's OK to use drugs like cannabis but not drugs like heroin	1	2	3	4	5	6
Some illegal drugs do less harm to your health than drinking or smoking	1	2	3	4	5	6
People are more in control when on cocaine than when on other drugs such as ecstasy or speed	1	2	3	4	5	6
Taking drugs has become similar to having a drink when socializing for many people	1	2	3	4	5	6
Cocaine gives people confidence	1	2	3	4	5	6
Cannabis helps people to relax	1	2	3	4	5	6
You could still drive a car after taking cocaine	1	2	3	4	5	6
It is more obvious to onlookers when someone has taken cocaine when compared with other drugs such as ecstasy or speed	1	2	3	4	5	6

B2. I am now going to show you a card with a number of statements about a range of drugs. Using a scale of 1 to 5, please indicate how much you believe each statement about these **drugs** to be true. **1 indicates you do not believe and 5 indicates you strongly believe** the statement to be true and the statement to be true.

SELF COMPLETION BY RESPONDENT – SCORES TO BE LISTED ON SCREEN – 1=DO NOT BELIEVE – 5 =STRONGLY BELIEVE

		SCORE					Don't Know
A	Mixing alcohol and cocaine is dangerous	1	2	3	4	5	6
B	Cocaine is a clean drug	1	2	3	4	5	6
C	Cocaine increases the chances of having a heart attack	1	2	3	4	5	6
D	Cannabis has a risk of addiction	1	2	3	4	5	6
E	All you have to do is to take cocaine once to be at risk of having a heart attack	1	2	3	4	5	6
F	Cocaine causes chest pains	1	2	3	4	5	6
G	Smoking heroin is not addictive	1	2	3	4	5	6
H	Cocaine causes seizures	1	2	3	4	5	6
I	There is no hangover with cocaine	1	2	3	4	5	6
J	Cocaine can be used after drinking too much alcohol to 'perk/sober up'	1	2	3	4	5	6
K	Coming down from speed can make you irritable and depressed	1	2	3	4	5	**6**
L	Cocaine is cut with dangerous substances	1	2	3	4	5	6
M	Cocaine can be addictive	1	2	3	4	5	6
N	There are no side effects to taking ecstasy	1	2	3	4	5	6
O	Cocaine damages nasal membranes	1	2	3	4	5	6
P	It takes a long time to get hooked on cocaine	1	2	3	4	5	6
Q	Sharing equipment when sniffing/snorting cocaine can lead to Hepatitis C/HIV	1	2	3	4	5	6
R	An acid trip (LSD) lasts up to 12 hours	1	2	3	4	5	6
S	Ecstasy can cause brain damage	1	2	3	4	5	6
T	Sudden death can occur with first use of cocaine	1	2	3	4	5	6
U	Short term effects of ecstasy can include anxiety and panic attacks	1	2	3	4	5	6
V	Cocaine use is a significant cause of brain haemorrhage / stroke in young adults	1	2	3	4	5	6
W	Using cocaine a few times is no big deal	1	2	3	4	5	6
X	The maximum penalty for possession of cocaine is 7 years in prison or an unlimited fine.	1	2	3	4	5	6

B3. Out of the statements below relating **specifically to cocaine**, please indicate which one would be the most likely to deter you from taking cocaine? **(Please tick one box)**

SELF COMPLETION BY RESPONDENT

PROGRAMMER NOTE: MAKE SURE ALL TEXT RESPONSES CAN BE SEEN ON THE PDA SCREEN – IF A PROBLEM USE MORE SCREENS – THIS APPLIES TO ALL QUESTIONS IN THE SURVEY

A	Mixing alcohol and cocaine is dangerous	1
B	Cocaine increases the chances of having a heart attack	2
C	All you have to do is to take cocaine once to be at risk of having a heart attack	3
D	Cocaine causes chest pains	4
E	Cocaine causes seizures	5
F	Cocaine is cut with dangerous substances	6
G	Cocaine can be addictive	7
H	Cocaine damages nasal membranes	8
I	It takes a long time to get hooked on cocaine	9
J	Sharing equipment when sniffing/snorting cocaine can lead to Hepatitis C/HIV	10
K	Sudden death can occur with first use of cocaine	11
L	Cocaine use is a significant cause of brain haemorrhage / stroke in young adults	12
M	The maximum penalty for possession of cocaine is 7 years in prison or an unlimited fine.	13

SECTION C: Health Behaviour: SELF COMPLETION BY RESPONDENT

Note that different medications to be placed on a showcard and numbered from 1 to X, with respondent asked to simply indicate by selecting numbers on screen.

C1A. Of the following range of **prescription medicines**, please tick whether you have ever used any for **medical reasons but without a doctor's direction or guidance**? **PLEASE REFER TO SHOWARD 3 AND SELECT YOUR CHOICES**

C1B. Of the following range of **prescription medicines**, please tick whether you have ever used any **to get high**? **PLEASE REFER TO SHOWARD 3 AND SELECT YOUR CHOICES**

	C1a	C1b
	…for medical reasons but without doctors direction or guidance	**…for non - medical purposes e.g. recreational use / to get high**
Sedatives and Tranquillisers (i.e. diazepam, temazepan, sleeping tablets, downers, barbiturates, Mogadon)	1	1
Anti-depressants (Prozac, Seroxat, Lustral, Cipramil)	2	2
Anti-psychotics (Seroquel, Fluanxol, Risperdal)	3	3
Prescriptive pain relief (i.e. Tramadol, Kapaxe, Tylex, Tylenol)	4	4
Beta blockers such as acebutolol, betaxolol, nadolol (i.e. Sectral, Betoptic, Corgard)	5	5
Any others, please specify:	6	6
Other 1 (specify)	7	7
Other 2 (specify)	8	8
None Used	9	9

C1C. Of the following range of **over the counter medicines**, please tick whether you have ever used any **to get high**? **PLEASE REFER TO SHOWARD 4 AND SELECT YOUR CHOICES**

	C1C
	…for non - medical purposes e.g. recreational use / to get high
Pain relief medicines i.e. Co-codemol, Nurofen plus, Solphodol	1
Kaolin and morphine	2
Anti-histamines	3
Cough medicines	4
Laxatives	5
Other 1 (specify)	6
Other 2 (specify)	7
None Used	8

C2. Have you tried illict drugs recreationally at least once? By **recreationally** we mean taking drugs for pleasure rather than for medical reasons, or for an addiction.

Yes ☐ (1)	No ☐ (2)	Don't Know ☐ (3)	Refused ☐ (4)
↓	↓	↓	↓
Go to C3	**Go to D1**	**Go to D1**	**Go to D1**

C3. Have you tried drugs recreationally at least once in the last year? By **recreationally** we mean taking drugs for pleasure rather than for medical reasons, or for an addiction.

Yes ☐ (1)	No ☐ (2)	Don't Know ☐ (3)	Refused ☐ (4)
↓	↓	↓	↓
Go to C4	**Go to C6**	**Go to C6**	**Go to C6**

C4. Have you changed your drug/(s) of choice within the last year? **(Tick one answer)**

Yes ☐ (1)	No ☐ (2)	Don't Know ☐ (3)	Refused ☐ (4)
↓	↓	↓	↓
Go to C5	**Go to C6**	**Go to C6**	**Go to C6**

C5. If you have indicated you have changed your drug of choice recently, i.e. within the last year, can you tell us why this is? **PROMPTED**

Availability	1
Price	1
Health reasons	1
Increased knowledge about a drug or its effects	1
Looking for something stronger	1
Had a bad experience	1
Impact on job/friends/family	1
No longer part of social life	1
Pregnancy	1
Other reason, please specify	1

C6. Have you ever taken Cocaine (powder, coke, charlie) recreationally?

Yes	1	-> go to C7a
No	2	-> go to c16a

C7a. In what settings have you ever used cocaine? **(Tick all places where you have ever used cocaine in the first column).**

C7b. Please indicate in which setting you would **most commonly** use it? **(Tick one place only).**

	C7a	C7b
	Where ever used	**Most commonly used**
Pubs	1	1
Clubs	1	2
At home	1	3
House Party	1	4
Restaurant	1	5
Don't Know	1	6
Refuse to answer	1	7
Other, please specify	1	8

C8. How often would you take cocaine?

Daily	1	-> go to C9
A few times a week	2	-> go to C9
A few times a month	3	-> go to C9
A few times a year	4	-> go to C9
Rarely	5	-> go to C9
Not any more	6	-> go to C11
Don't Know	7	-> go to C9
Refused	8	-> go to C9

C9. How much cocaine would you normally take on an average night out? Please record your answer in grams.

C10. How much would this amount cost (to the nearest pound)?

£_____	
Don't Know	777
Refused	999

C11. Have you ever taken cocaine in the same session with any of the following? **(Tick all that apply)**

A	Alcohol	1
B	Cannabis (i.e. hash, grass, weed, smoke)	1
C	Heroin (smack, skag)	1
D	Methadone	1
E	Crack (rock, sand, stone, pebbles)	1
F	Amphetamines (i.e. speed, whiz)	1
G	Ecstasy (i.e. E's, pills)	1
H	LSD (i.e. acid, trips)	1
I	Ketamine	1
J	Magic mushrooms	1
K	Poppers (amyl nitrates, liquid gold, nitrates)	1
L	Sedatives and Tranquillisers (i.e. diazepam, temazepan, sleeping tablets, downers, barbiturates) *for recreational use*	1
M	Anti-depressants not prescribed for personal use, f*or recreational use*	1
N	Anti-psychotics not prescribed for personal use, *for recreational use*	1
O	Beta blockers not prescribed for personal use, *for recreational use*	1
P	Prescription pain relief *for recreational use*	1
Q	Over the counter medicines *for recreational use*	1
R	Anabolic steroids	1
S	None	1
T	Don't Know	1
U	Refuse to answer	1
V	Any others, please specify	1

C12. Please say how much you would agree or disagree with the following statements: **(Tick one answer for each statement)**

		Strongly Agree	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**
C12A	I would never mix alcohol and cocaine	1	2	3	4	5
IF C12A LT 3 GO TO C15A ELSE GO TO C12B						
C12B	Drinking alcohol leads me into taking cocaine	1	2	3	4	5
C12C	I take cocaine to reduce/control the effects of alcohol	1	2	3	4	5
C12D	I would always have a drink first before taking cocaine	1	2	3	4	5

C12e. Thinking back to the last time you took cocaine, if you drank alcohol at the same time can you give a rough estimate of how many units of alcohol you had? **(Tick one box only)**
PROGRAMME DIAGRAM IN TO PDA – TO BE SUPPLIED

Up to 5 units	1
Between 6 and 10 units	2
Between 11 and 15	3
Between 16 and 20	4
More than 20 units	5
Didn't drink when taking cocaine	6
Don't know	7
Refuse to answer	8

C13. What is your usual drink of choice if using cocaine on a night out?

Beer, stout, lager, cider, etc.	1
Strong beer (strong or extra strength beer/cider/lager/stout)	2
Low alcohol drinks (beer/cider/lager/wine)	3
Wine	4
Spirits, liqueurs (e.g. gin, vodka, brandy, whiskey, bourbon, tequila)	5
Sherry, port, martini	6
Cocktails	7
Bottled Alco pops (e.g. Bacardi Breezers, WKD, Archers Aqua, Smirnoff Ice)	8
Shots (e.g. Aftershock etc)	9
Other (specify)	10
DON'T DRINK ALCOHOL	11

C14. What is your usual drink of choice when you are not using cocaine?

Beer, stout, lager, cider, etc.	1
Strong beer (strong or extra strength beer/cider/lager/stout)	2
Low alcohol drinks (beer/cider/lager/wine)	3
Wine	4
Spirits, liqueurs (e.g. gin, vodka, brandy, whiskey, bourbon, tequila)	5
Sherry, port, martini	6
Cocktails	7
Bottled Alco pops (e.g. Bacardi Breezers, WKD, Archers Aqua, Smirnoff Ice)	8
Shots (e.g. Aftershock etc)	9
Other (specify)	10

Please indicate if you have ever used the following drugs. ROTATE each drug C15A, C15B AND C15C.

C15_1	Cannabis (i.e. hash, grass, weed, smoke)
C15_2	Heroin (smack, skag)
C15_3	Methadone (heroin substitute)
C15_4	Crack (rock, sand, stone, pebbles)
C15_5	Amphetamines (i.e. speed, whizz)
C15_6	Ecstasy (i.e. E's, pills)
C15_7	LSD (i.e. acid, trips)
C15_8	Ketamine (usually for pain relief)
C15_9	Magic mushrooms
C15_10	Poppers (amyl nitrates, liquid gold, nitrates)
C15_11	Anabolic steroids (body building)
C15_15	Are there any others, please specify

C15a. Have you ever tried <Drug 1> recreationally? (By **recreationally** we mean taking drugs for pleasure rather than for medical reasons, or for an addiction) **(VARIABLES C15a_1 TO C15a_15)**

Yes	1	-> go to C15b
No	2	-> go to next drug
Can't Remember / Don't Know	3	-> go to next drug
Refused	4	-> go to next drug

C15b. Have you used <Drug 1> in the last year? **(VARIABLES C15b_1 TO C15b_15)**

Yes	1	-> go to C15c
No	2	-> go to next drug
Can't Remember / Don't Know	3	-> go to next drug
Refused	4	-> go to next drug

C15c. How often would you use <Drug 1>? **(VARIABLES C15c_1 TO C15c_15)**

Daily	1
A few times per week	2
A few times per month	3
A few times per year	4
Don't Know	5
Refused	6

IF NOT USED ANY DRUGS GO TO D1 – ELSE GO TO C16

C16. In the past 12 months have you driven a car after taking **illicit** drugs? **(Tick one answer)**

Yes ☐ (1)	No ☐ (2)	☐ (3)	☐ (4)
↓	↓	↓	↓
Go to C17	**Go to D1**	**Go to D1**	**Go to D1**

C17. About how many times has that happened? **(Tick one answer)**

Once or twice (1)	3 or 4 times (2)	5 times or more (3)	Don't Know (4)	Refused (5)
☐	☐	☐	☐	☐

SECTION D: Future Behaviour: SELF COMPLETION BY RESPONDENT

D1. Do you think you will take any of the following drugs in the next year? **(Tick all that apply) SPLIT OVER TWO SCREEN – MARKED IN PINK BEGINNING OF SECOND SCREEN**

Cannabis (i.e. hash, grass, weed, smoke)	1
Heroin (smack, skag)	1
Methadone	1
Crack (rock, sand, stone, pebbles)	1
Cocaine (powder) (coke, whiz, charlie)	1
Amphetamines (i.e. speed, whiz)	1
Ecstasy (i.e. E's, pills)	1
LSD (i.e. acid, trips)	1
Ketamine	1
Magic mushrooms	1
Solvents (i.e. glue, Tippex, lighter fluid, petrol, gas)	1
Poppers (amyl nitrates, liquid gold, nitrates)	1
Sedatives and Tranquillisers (i.e. Diazepam, temazepan, sleeping tablets, downers, barbiturates) not prescribed for personal use, *for recreational use*	**1**
Anti-depressants, *for recreational use*	1
Anti-psychotics, *for recreational use*	1
Prescriptive pain relief *for recreational use*	1
Over the counter medicines *for recreational use*	1
Beta blockers, *for recreational use*	1
Anabolic steroids	1
Can't remember / don't know	1
None of these	1
Refuse to answer	1
No I am unlikely to take any of these drugs in the next six months	1
Any others, please specify	1

D2. Please answer the following statements with yes, no or don't know. **(Tick one answer for each statement)**

	Yes	No	Don't Know	Refused
I know people who take drugs on a regular basis	1	2	3	4
I have friends who have tried cocaine at least once before	1	2	3	4
Everyone I know has dabbled with drugs	1	2	3	4
I know where to buy cocaine should I want to	1	2	3	4
I have friends who often take cocaine when out socializing	1	2	3	4
I might consider trying cocaine in the future	1	2	3	4
Cocaine is not thought of as a dangerous drug anymore	1	2	3	4

SECTION E: SMOKING AND ALCOHOL: INTERVIEWER ADMINISTERED

E1. Have you ever smoked? **(Tick one answer)**

Yes	1	→ **Go to E2**
No	2	→ **Go to E4**
Refused to answer	3	→ **Go to E4**

E2. Do you smoke cigarettes at all nowadays? **(Tick one answer)**

Yes	1	→ **Go to E3**
No	2	→ **Go to E4**
Refused to answer	3	→ **Go to E4**

For the following questions, please consider a weekend to include Friday Saturday and Sunday, and during the week as Monday, Tuesday, Wednesday and Thursday.

E3. About how many cigarettes do you normally smoke on weekdays; and on weekends? **(Please write the number for each)**

Weekdays	
Weekends	

E4. Have you ever been a passenger in a vehicle when you were aware that the driver had taken **illicit** drugs? **(Tick one answer)**

Yes ☐ (1)	No ☐ (2)	Don't Know ☐ (3)	Refused ☐ (4)
↓	↓	↓	↓
Go to E5	**Go to E6**	**Go to E6**	**Go to E6**

E5. How safe did you feel? **(Tick one answer)** **SHOW CARD 5**

Very safe	Quite safe	Quite unsafe	Very unsafe	Unsure
1	2	3	4	5

E6. How often do you drink alcohol? **(Tick one box only)** **SHOW CARD 6**

Every day	1
Most days	2
Weekends and occasionally during the week	3
Weekends only	4
Once per week	5
Special occasions only	6
Never	7 → **Go to Section F**

Please use the following diagram to estimate your usual alcohol unit intake when answering the following questions. NB: Diagram to be provided to Interviewers. **SHOW CARD 7**

E7. Approximately how often do you take **10 or more units if male**, (e.g. 4 pints of lager) or **7 or more units if female**, (e.g. 2 small pub bottles of wine and a vodka) on one occasion? **(Tick one box only) (PROGRAMMER: PLEASE PROGRAMME TO ACCOUNT FOR GENDER)** **SHOW CARD 8**

Never	1
Less than once a month	2
Once or twice a month	3
Once or twice a week	4
Most days	5
Everyday	6

E8. How many units do you think you usually drink in an average week from **Monday to Thursday**? **(Please estimate your answer and write it in the box)**

	Units

E9. How many units do you think you usually drink in an average week from **Friday to Sunday**? **(Please estimate your answer and write it in the box)**

	Units

E10. In the past 12 months have you driven a car after 2 drinks or more? **(Tick one box only)**

Yes ☐ (1)	No ☐ (2)	Don't Know ☐ (3)	Refused ☐ (4)
↓	↓	↓	↓
Go to E11	**Go to E12**	**Go to E12**	**Go to E12**

E11. About how many times has that happened? **(Tick one box only)**

Once or twice (1)	3 or 4 times (2)	5 times or more (3)
☐	☐	☐

E12. Have you ever been a passenger in a vehicle when you were aware that the driver had consumed alcohol before driving? **(Tick one box only)**

Yes ☐ (1)	No ☐ (2)	Don't Know ☐ (3)	Refused ☐ (4)
↓	↓	↓	↓
Go to E13	**Go to F1**	**Go to F1**	**Go to F1**

E13. How safe did you feel? **(Tick one box only)** **SHOW CARD 9**

Very safe	Quite safe	Quite unsafe	Very unsafe	Unsure
1	2	3	4	5

SECTION F: Perceptions of Drug Harmfulness: INTERVIEWER ADMINISTERED

F1. On a scale of 1 to 10, **with 1 being the least harmful and 10 being the most harmful**, where would you place each of the following drugs? **(Please rate each drug individually on a scale of 1 to 10). PROGRAMMER NOTE: LIST SCALE ON EACH SCREEN TO ASSIST RESPONDENT I.E. 1=LEAST HARMFUL – 10= MOST HARMFUL**

Drug	**Harmfulness Rating 1 – 10**	**DON'T KNOW**
Alcohol		77
Cannabis (i.e. hash, grass, weed, smoke)		77
Heroin (smack, skag)		77
Methadone		77
Crack (rock, sand, stone, pebbles)		77
Cocaine (powder) (coke, whiz, charlie)		77
Amphetamines (i.e. speed, whiz)		77
Ecstasy (i.e. E's, pills)		77
LSD (i.e. acid, trips)		77
Ketamine		77
Magic mushrooms		77
Solvents (i.e. glue, Tippex, lighter fluid, petrol, gas)		77
Poppers (amyl nitrates, liquid gold, nitrates)		77
Anabolic steroids		77
Any others, please specify:		77

SECTION G: General Information: INTERVIEWER ADMINISTERED

G1a. What do you think the benefits/positives to taking cocaine might be, if any? **Please try to give 3 reasons. DO NOT PROMPT RESPONDENT - Pre-codes below.**

		G1A	G1B
G1a_1	Enhance a night out	1	1
G1a_2	Feel glamorous	1	2
G1a_3	Feeling high/happy/buzzing	1	3
G1a_4	Getting into the music more	1	4
G1a_5	Being in control	1	5
G1a_6	Relaxing	1	6
G1a_7	It's the thing to do	1	7
G1a_8	Can stay awake/up longer	1	8
G1a_9	More energy	1	9
G1a_10	Feel good	1	10
G1a_11	Suppresses appetite/lose weight	1	11
G1a_12	Enhances sexual experiences	1	12
G1a_13	More confidence	1	13
G1a_14	No after effects/No 'hangover'	1	14
G1a_15	Helps cope with life	1	15
G1a_16	More talkative	1	16
G1a_17	Feel included/part of the crowd	1	17
G1a_18	The excitement of taking risks	1	18
G1a_19	Escaping from problems	1	19
G1a_20	Aren't any benefits	1	
G1a_21	Don't know	1	
G1a_22	Other, please say	1	20

IF G1a_20 = 1 or G1a_21 = 1 GO TO G2A ELSE GO TO G1B

G1B. Of the benefits you listed, which do you feel is the greatest benefit? CODE ABOVE.

G2A. What do you think the drawbacks or negatives might be to taking cocaine, if any? **Please try to give 3 reasons. DO NOT PROMPT RESPONDENT Pre-codes below.**

		G2A	G2B
G2a_1	Short term damage to health	1	1
G2a_2	Long term damage to health	1	2
G2a_3	Risk of addiction	1	3
G2a_4	Breakdown of close/personal relationships	1	4
G2a_5	Risk of debt	1	5
G2a_6	Risk of mental illness/Paranoia	1	6
G2a_7	Losing weight	1	7
G2a_8	Effect on appearance	1	8
G2a_9	Heart problems	1	9
G2a_10	Aggression/Violence	1	10
G2a_11	Cold/flu like symptoms after taking it/Columbian cold'	1	11
G2a_12	Don't think there are any negatives	1	
G2a_13	Other, please say	1	12

IF G2a_12 EQ 1 GO TO G3 ELSE GO TO G2B

G2B. Of the drawbacks you listed, which do you feel is most damaging? CODE ABOVE

G3. Where would you go if you were looking for information on drugs? **(UNPROMPTED – Pre-codes below)**

FRANK	1
National Drugs Helpline	1
GP	1
Police	1
Friends/mates	1
Other family member	1
Parents	1
Internet	1
Don't know	1
Other, please specify	1

SECTION H: Demographics: INTERVIEWER ADMINISTERED

H1. Are you? ANSWER ONE ONLY

Male	1
Female	2

H2. What age are you? INTERVIEWER RECORD AGE

H3a. What is your current or most recent employment status? ANSWER ONE ONLY
SHOWCARD 10

Self-employed	1	Go to H3d
Working Full-time	2	
Working Part-time	3	
Seeking work for the first time	4	Go to H3f
Unemployed, i.e. not working but actively seeking work	5	Go to H3c
Looking after home and family	6	
Unable to work due to permanent illness or disability	7	
Not actively seeking work but would like to work	8	
Not working and not seeking work	9	
On a government scheme	10	
Retired	11	
Student	12	
Other (Please specify)	13	Go to H3b
Refused	14	Go to H4

H3b. What is your other employment status (then go to D3d)? PLEASE LIST

H3c. Have you ever had a paid job? ANSWER ONE ONLY

Yes	1	Go to H3d
No	2	Go to H3F
Refused	3	

H3d What is your main occupation? PLEASE LIST

H3e Please describe briefly what this job involves? PLEASE LIST

GO TO H4

H3f. What is the occupation of the person with the highest income within your household? PLEASE LIST

H3g. Please describe briefly what this job involves? PLEASE LIST

_____

_____

_____

H4. INTERVIEWER TO RECORD Socio-economic grouping

A	1
B	2
C1	3
C2	4
D	5
E	6

H5. What is your highest level of educational attainment? **SHOW CARD 11**

No formal educational qualifications	CSE / O' Level / GCSE	A or AS Level	BTEC / HND or equivalent	Degree Level or Above
1	2	3	4	5

H6. What is your living arrangement? **(Please tick one only) SHOW CARD 12**

Live with parent (s)/guardian (s)	1
Live alone	2
Live with partner	3
Live with partner and child/children	4
Live with friends	5
Live with others in house-share situation	6
Other, please specify	7

H7. INTERVIEWER RECORD LOCAL GOVERNMENT DISTRICT

Antrim	1	Down	14
Ards	2	Dungannon	15
Armagh	3	Fermanagh	16
Ballymena	4	Larne	17
Ballymoney	5	Limavady	18
Banbridge	6	Lisburn	19
Belfast	7	Magherafelt	20
Carrickfergus	8	Moyle	21
Castlereagh	9	Newry & Mourne	22
Coleraine	10	Newtownabbey	23
Cookstown	11	North Down	24
Craigavon	12	Omagh	25
Derry	13	Strabane	26

H8. Finally, do you live in an urban or rural area? ANSWER ONE ONLY

Urban – City, Large Town, Suburban	1
Rural – Small Town, Village, Country	2

CLOSE INTERVIEW AND THANK RESPONDENT