

## **1. INTRODUCTION**

In January 2005 the Department of Health, Social Services and Public Safety (DHSSPS) commissioned Social and Market Research (SMR) to conduct secondary analysis of the drugs, solvents and alcohol modules on the 2003 Young Persons Behaviour and Attitudes Survey. The Terms of Reference also required a comparison between the 2003 and the 2000 surveys to identify any significant changes in the intervening three year period.

### **1.1 Background To The Study**

In pursuing its commitment to use research outcomes to inform strategic thinking on the issue of drugs in Northern Ireland, the Northern Ireland Executive endorsed a model for the joint implementation of the drugs and alcohol strategies. Under this model, six working groups were created to progress areas of work common to both strategies. One of these groups, the Information and Research Working Group (IRWG), has an overarching aim to develop new information and research programmes in support of the Drugs and Alcohol Information and Research Strategy. This current project was implemented within this overall aim, and it is anticipated that the outcomes from this research will contribute further to the development of the Drugs and Alcohol Information and Research Strategy in Northern Ireland.

### **1.2 Terms Of Reference**

The Terms of Reference stated that the research should provide:

- information regarding the use, knowledge and awareness of drugs, solvents and alcohol among 11-16 year olds from the 2003 survey; and,
- a comparison between the current findings and the findings of the 2000 survey based on weighted data.

This report also compares and contrasts the findings from both the 2000 and 2003 editions of the survey. Specifically this research seeks to establish whether there has been:

- a reduction in the percentage of young people under 25 reporting use of illicit drugs;
- an increase in the awareness of the risks and knowledge of the effects of the drugs among those aged between 8 and 25 years; and;
- a delay age of first use of illicit drugs.

In addition, the report also provides an analysis of drug use and drinking patterns, attitudes and behaviours in Northern Ireland as a whole and by Education and Library Board.

### **1.3 Notes On Statistical Significance**

Throughout the report, where the terms 'significant' or 'statistically significant' are used to describe differences in response between different subgroups of the sample, this should be taken to mean that these differences are statistically significant to at least the 95% level of significance. Note also that asterisks have been used within tables to denote the level of statistical significance between various subgroups. The following

labelling system has been applied: a single asterisk (\*) denotes that the difference is statistically significant at the 95% level ( $p \leq 0.05$ ); two asterisks (\*\*) denote that the difference is statistically significant at the 99% level ( $p \leq 0.01$ ); and, three asterisks (\*\*\*) denotes that the difference is statistically significant at the 99.9% level ( $p \leq 0.001$ ).

#### 1.4 Note On Tables

It should be noted that due to rounding, row and column totals may not always sum to 100.

It should also be noted that due to filtering and missing data the base numbers (n) within individual tables may vary.

#### 1.5 Definitions of Hard and Soft Drugs

In some part of the report references are made to hard and soft drugs. Where these references are made soft drugs include: cannabis; anabolic steroids; ecstasy; LSD; magic mushrooms; poppers; speed; and, tranquilisers. Hard drugs include: cocaine; crack; and, heroin.

#### 1.6 Definitions of Prevalence<sup>1</sup>

The term **prevalence** refers to the proportion of a population who have used a drug over a particular time period. In general population surveys, prevalence is measured by asking respondents in a representative sample drawn from the population to recall their use of drugs. The three most widely recall periods are: lifetime (ever used a drug), last year (used a drug in the last 12 months), and last month (used a drug in the last 30 days). Provided a sample is representative of the total population, prevalence information obtained from a sample can be used to infer prevalence in the population.

**Lifetime Prevalence** refers to the proportion of the sample that reported ever having used the named drug at the time they were surveyed. A person who records lifetime prevalence may, or may not, be currently using the drug. Lifetime prevalence should not be interpreted as meaning that people have necessarily used a drug over a long period of time or that they will use the drug in the future.

**Last year prevalence** refers to the proportion of the sample that reported using a named drug in the year prior to the survey. For this reason, last year prevalence is often referred to as **recent** use.

**Last month prevalence** refers to the proportion of the sample that reported using a named drug in the 30-day period prior to being surveyed. Last month prevalence is often referred to as **current** use. A proportion of those reporting current use may be occasional (or first time) users who happen to have used in the period leading up to the survey. It should therefore be noted that current use is not synonymous with regular use.

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<sup>1</sup> The definitions of prevalence are based on definitions contained within the report 'Drug Use in Ireland and Northern Ireland: 2002/03 Drug Prevalence Survey', Bulletin 2, National Advisory Committee on Drugs (NACD) & Drug and Alcohol Information and Research Unit (DAIRU) June 2005