Ipsos MORI

General Population Survey on Drug Prevalence 2010/2011

Technical Report

NACD
National Advisory Committee on Drugs

Ipsos MORI

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Contents

1. Introduction

1. Introduction

This volume contains the research methodology used in the third General Population Survey on Drug Prevalence in the Republic of Ireland conducted by Ipsos MORI on behalf of the National Advisory Committee on Drugs (NACD) in Ireland.

The extent and pattern of drug use in the general population is one of the five key indicators produced by the EMCDDA[2], the European Monitoring Centre for Drugs and Drug Addiction (www.emcdda.org), and adopted by EU Member States. In order to ensure that reliable and comparable data is obtained in this regard, the measurement of the extent and pattern of drug use amongst the general population in Ireland is one of the priorities set out by the NACD in its current work programme and agreed by Government.

In 2002/2003, the NACD and the Drug and Alcohol Information and Research Unit (DAIRU) worked together in commissioning the first research study into the prevalence of drug use in Ireland and Northern Ireland respectively. Ipsos MORI (then known as MORI MRC) conducted the 2002/2003 study in both the Republic of Ireland and Northern Ireland. A repeat study was commissioned by the NACD in 2006/2007 and Ipsos MORI conducted this study in the Republic of Ireland only. In this latter study all of the fieldwork was moved from a pen and paper methodology to Computer Assisted Personal Interviewing (CAPI). In 2010, the NACD commissioned a repeat of the 2006/2007 Drug Prevalence Survey for the Republic of Ireland only and Ipsos MORI was commissioned to conduct the fieldwork. Ipsos MORI was required to follow the relevant guidelines published by the EMCDDA and to achieve an approximate population sample of 5,000 in Ireland, using An Post's GeoDirectory as its Sampling Frame. The sample size of 5,000 was agreed in order that the sample size remained consistent with the previous survey and to enable reporting by health board area.

1.1. Planning and commissioning process

A Research Advisory Group (RAG) was formed to oversee the commissioning process and to support the implementation of the survey to the EMCDDA standard.

[2] EMCDDA *Handbook for Surveys on Drug Use Among The General Population* (2002), P.80

The membership comprised of the Research Advisory Group included the following representatives (in alphabetical order by surname):

- Mr Eddie Arthurs – Office of the Minister of Drugs (until February 2011);
- Dr Des Corrigan, Chairperson NACD;
- Ms Caroline Hickey - Public Health Information and Research Branch, Department of Health Social Services and Public Safety;
- Dr Justine Horgan – Senior Researcher NACD;
- Dr Jean Long – Health Research Board;
- Mr Kieron Moore – Public Health Information and Research Branch, Department of Health Social Services and Public Safety;
- Dr Deirdre Mongan - PhD, Health Research Board;
- Ms Dairearca Ni Neill, Drugs Policy Unit, Department of Health;
- Ms Joan O'Flynn – Director NACD;
- Ms Marian Rackard – HSE Social Inclusion;
- Ms Susan Scally – Director, NACD (until December 2010).

The tender was advertised in the Official Journal of the European Commission (OJEC) firstly as an Expression of Interest in December 2009 and then as a Request for Tender in February 2010. See details in Appendices A and B.

In April 2010, the NACD formally commissioned Ipsos MORI to conduct the 2010/2011 national drug prevalence study in the Republic of Ireland. What followed was a detailed project set-up phase, whereby Ipsos MORI and the Research Advisory Group worked together from May-September 2010 to plan all aspects of the study in order to ensure its success.

During the working period of the project between May 2010 and November 2011, a total of 9 RAG meetings (number TBC by NACD) were held and two of these meetings were convened between the RAG and Ipsos MORI. Members of the RAG also participated in five briefing sessions to field workers conducted by Ipsos MORI.

1.2. Research objectives

The core objective of the research was to provide up-to-date, robust data regarding the prevalence of (licit and illicit) drug use amongst the general population. The tender brief stated that the survey would be based on the guidelines produced by the EMCDDA which states its main aims as follows:

1) To report prevalence and continuation rates of the most common illicit drugs in the general population by gender and age groups;

2) To allow cross country assessment of relationships between general patterns of use of illicit and licit drugs;

3) To allow the assessment of relationships between particular population attributes and the use of illicit drugs.

As with the previous studies, the survey was also required to:

- be reliable, in that overall results are statistically reliable estimates of the prevalence of drug use in each jurisdiction and on the island as a whole;
- be comparable with Northern Ireland and as far as possible with similar studies being conducted throughout the European Union;
- allow analysis of results in terms of a variety of demographic factors.

To meet the objectives of the study, a target of 5,000 interviews was set and a final sample size of 5,128 interviews was achieved.

The survey was carried out using the EMCDDA Model Questionnaire, with some modification, and a face-to-face interviewing methodology was undertaken amongst 15 to 64 year olds. A standardised questionnaire was used to collect the information on drug use, while the sample was selected using probability sampling.

The data collection methodology of CAPI remained unchanged from the 2006/2007 study. However, the addition of new questions to measure problematic use, abuse and dependence of cannabis, new questions on alcohol dependence and on the prevalence of psychoactive substances meant additional challenges and called for a comprehensive set-up phase. This involved close liaison between Ipsos MORI and the Research Advisory Group on key tasks: reviewing the new question wording, undertaking cognitive interviews to test the new cannabis questions, piloting the

survey, checking the CAPI script and sampling. Furthermore, the interviewers, upon whom the ultimate success of the study was dependent, were taken through a detailed programme of engagement, briefing and instruction, to ensure they were fully prepared to conduct the interviews.

2. Survey design

2. Survey design

2.1. Target population

The universe for the survey was defined as a survey of all adults, aged between 15 and 64, living in private households in the Republic of Ireland, as per EMCDDA guidelines. **This report focuses on the Republic of Ireland survey only.**

As the EMCDDA Handbook observes, surveys of this nature are typically conducted in the respondent's home for methodological and practical reasons[3]. In addition to this, the length of the questionnaire, i.e. approximately 20 minutes interviewing time, dictated that the interview needed to be conducted in the respondent's home and not on the street; moreover the sensitive nature of the subject matter lent itself better to the more confidential surroundings of the person's home.

2.1.1. Language

It is worth noting at this stage that the survey did not make a specific provision for interviews to be conducted in languages other than English. Households could participate in the study, regardless of their language needs, and NACD was willing to provide translation if required. However, from a practical point of view, it was agreed at the outset that this issue would be closely monitored on an ongoing basis and, if a significant number of respondents requiring translation of the questionnaire or an interpreter were encountered, that this would immediately be brought to the attention of the Research Advisory Group to allow it to monitor additional costs.

In fact, interviews were not conducted in any language other than English and not one respondent requested the service of an interpreter.

[3] EMCDDA *Handbook for Surveys on Drug Use Among The General Population (2002) p.80*

2.1.2. Age

Adults aged 15-64 years were included in the study in line with EMCDDA guidelines and as before, there were two sections of the population which were deliberately excluded in terms of age. The first of these were the under 15s, who were excluded in line with EMCDDA guidelines. Under Market Research Society guidelines, it is only permissible to interview 15 year olds and under with the written consent of their parents or guardian. Therefore, in order to include 15 year olds in this study, the written consent of their parents or guardians was obtained. In the 2010/11 survey, we also obtained the parental consent of 16 and 17 year olds, as required by the Research Ethics Committee[4]. It should be noted that the parent/guardian also had the right to sit in on the interview, if they so wished.

The table below outlines the numbers of under 18 year-old respondents, who conducted the interview in the presence of a parent/guardian.

	Total
Parent present	98
Parent not present	118
Not stated	2
Total	218

The second age group which was excluded were people aged 65 and over. This group was excluded because, as the EMCDDA points out, responses from respondents in this group may be less reliable (due to effects of memory), and in any case the prevalence of (lifetime) drug use amongst this group is not expected to be very high[5].

2.1.3. Audiences outside the scope of this study

Similar to the previous studies, it was decided not to set out to deliberately achieve interviews with specific groupings such as the homeless, members of the Traveller

[4] Research Ethics Committee Proposal Form – 'The written consent of their parents or guardians will be obtained for children under 18 years'

[5] EMCDDA *Handbook for Surveys on Drug Use Among The General Population (2002) p.79*

community or other minority and ethnic groups, nor with those in institutions, such as prisons.

2.2. Mode of interviewing

Selecting the most appropriate mode of data collection was critical to the success of this survey. The mode selected had to deliver a highly-accurate dataset while remaining cost-effective. It had to be acceptable and viable to both interviewers and respondents, while allowing for stringent project management and monitoring of fieldwork.

The research brief specified the use of Computer Assisted Personal Interviewing (CAPI) as the mode of interviewing in the 2010/11 study. The same mode was used in the 2006/07 study.

2.3. CAPI set-up and validation

SPSS MR's Quancept software was used for Computer Assisted Personal Interviewing (CAPI). **Quancept** is an integrated suite of software tools for designing surveys and conducting CAPI. It has a Microsoft Windows-based graphical user interface making it extremely easy to use. Interviewers required minimal training and supervisors could efficiently manage complex projects with numerous field interviewers.

We put in place the following procedures to ensure that the data was suitably validated, further enhancing the quality of the data.

1) Range checks:

Range checks were built into the CAPI script so that, for example, if the range of possible answers to a particular question was between 1 and 5, the interviewer could not input the number 50 by mistake and continue.

2) Rigorous checking of routing (skips):

All routing was rigorously checked by members of the CAPI set-up team and also by several members of the Executive team.

3) Consistency checks:

Consistency checks were built into the script and also rigorously checked as part of the checking of routing (skips).

Members of the Research Advisory Group **took part in the script approval process**, by viewing the CAPI script on a laptop after it had been scripted.

2.4. Sampling

Population surveys on drug use, in common with most other surveys, are usually conducted among a sample of the entire target population because it is not practical, nor cost or time-efficient to interview every single individual in the population. A survey is only as good as its sample. This is especially true of a population survey such as this, where the key objective was to provide for reliable national estimates of the prevalence of drug use in Ireland to feed into public policy making.

2.4.1. Random Sampling

The EMCDDA *Handbook* suggests that *"in prevalence studies, as in social studies in general, it is usually not possible to make assumptions (about the distribution of survey variables in the population) and, as a consequence probability sampling should almost be considered mandatory"*[6]. Given that collecting accurate, up-to-date profile data was a key aim of the survey, and this sampling method was used in 2002/2003 and 2006/2007, the RAG and the Ipsos MORI project team felt that a similar approach should be used in 2010/2011.

2.5. Sample frame

As a randomly drawn sample, this survey was one in which every member of the defined population (in this case, those aged 15-64) had a calculable chance of being included in the sample. Therefore, the first step in drawing a random sample is to define the sampling frame, i.e. a list of all the members of the population. However, such a list is not available in Ireland.

The survey used the **An Post/Ordnance Survey Ireland GeoDirectory** as the primary sampling frame. This file is comprehensive, regularly updated, and has a high degree of accuracy. Additionally, this sampling frame was used in the 2002/2003 and 2006/2007 studies and was the RAG's preferred sampling frame for the 2010/2011 study. In particular, the GeoDirectory address list was chosen because:

- It contained every address point in Ireland and is designed for use for market research and by all kinds of businesses;
- It is updated on a quarterly basis;
- It avoids double counting as buildings, which have alternative names (e.g. No.15, Any Street and Rose Cottage, Any Street), would be counted only once;
- GeoDirectory provides separate lists for businesses and residential addresses.
- It links every address to its electoral division, allowing for the separation of data from both large (e.g. Regional Drug Task Force Areas) and small geographic areas (e.g. Electoral Divisions(ED)) alike;
- Demographic data from the CSO can be easily obtained at a ED level and incorporated into databases provided by GeoDirectory;
- The address lists provided by GeoDirectory would also include those who may not be on the electoral register for one reason or another.

Despite these obvious advantages, using the GeoDirectory list still had the same potential for limitations (extra dwellings, combined dwellings and addresses without dwellings). Again, interviewers' contact sheets were used to gather information on the addresses that were excluded.

[6] EMCDDA *Handbook for Surveys on Drug Use Among The General Population*, (2002), p.97

2.6. Selection of sample

A three-stage process was used to construct the sample for this survey:

2.6.1. Selection of primary sampling units (PSUs)

Stratification techniques were used to select Primary Sampling Units (PSUs). In this case, Electoral Divisions (EDs) were defined as Primary Sampling Units (PSUs) in the sample stages of the study.

Since January 2005, the health boards in Ireland have undergone restructuring and are merged under one authority – the Health Service Executive (HSE). However, when the last survey was carried out in 2006/07, data was weighted and reported by eight health board areas including the Eastern Regional Health Authority which incorporated 3 local area health boards. All of these health boards corresponded to the Regional Drug Task Force (RDTF) structures set up under the National Drug Strategy, therefore it was agreed that the sampling process would continue to apply according to the Health Boards/RDTFs.

In the first stage of stratification, the number of interviews per RDTF/health board area was agreed. The decision on the number of interviews per RDTF/health board area was primarily in proportion to the population, with some modifications for the smaller RDTF areas such as the Midlands and the North Western regions, where the number of interviews were oversampled to around 400 in each region to enable a more robust sample size for these regions, as indicated in the table below.

The table below provides the latest known population figures at the time of commencing fieldwork, which were based on 2006 Census figures. As detailed in chapter 6, 2010 population estimates based on the 2006 Census were used for the purposes of weighting the results.

Health Board Region/RDTF	Total	*% of population*	Sample size
ERHA[7]	1,064,100	*36.60%*	1,646
Midland HB/RDTF	167,766	*5.77%*	454
Mid Western HB/RDTF	245,399	*8.44%*	438
North Eastern HB/RDTF	265,873	*9.14%*	451
North Western HB/RDTF	155,033	*5.33%*	438
South Eastern HB/RDTF	307,793	*10.59%*	476
Southern HB/RDTF	422,749	*14.54%*	733
Western HB/RDTF	278,760	*9.59%*	492
TOTAL	**2,907,473**	***100.00%***	**5,128**

In the second stage of stratification, a decision was made on the number of Primary Sampling Units (PSUs) to be selected (385 in total). The decision on the number of PSUs selected was based on practical considerations (an appropriate compromise between allowing sufficient range of coverage and the need to be practical from a data collection and field management perspective).

These PSUs were then ranked by socio-demographic indicators, from census data, such as population density, male unemployment and social class, to ensure that a representative cross-section of areas was included, and the likelihood of selecting an individual PSU would be proportional to the population of that PSU. In this way, PSUs of all sizes and compositions would have an equal chance of selection. The table below shows the breakdown of PSUs to RDTF/health board regions.

[7] ERHA in this instance refers to the combined group of RDTFs: Northern Area RDTF, South Western RDTF, East Coast RDTF each equivalent to the former local health board areas prior to 2005.

Health Board Region/RDTF	Number of Sampling Points
ERHA	135
Midland HB/RDTF	31
Mid Western HB/RDTF	34
North Eastern HB/RDTF	35
North Western HB/RDTF	31
South Eastern HB/RDTF	35
Southern HB/RDTF	49
Western HB/ RDTF	35
Total	**385**

On average, 31 addresses were chosen at each of the sampling points. No reserve sample points were used in this study.

2.6.2. Selection of addresses

A sample was drawn at random, from each of the randomly selected PSUs, using the information provided in An Post/Ordnance Survey's GeoDirectory.

Additional addresses were only issued for a given assignment point when an interviewer had encountered 10 or more ineligible properties. These were non-residential, derelict, and demolished properties, and where no one in a particular household was eligible to take part in the survey, for example because of age.

The use of CAPI meant that the interviewer needed to physically access the inside of the respondent's home, which was likely to cause some concern to some respondents. To alleviate this, a letter, on NACD letter headed paper, was sent in advance to the entire selected sample, outlining that a survey was taking place and that an interviewer could call to their door.

To ensure confidentiality and anonymity, no interviewers conducted the research in their immediate locality, thus reducing the likelihood of interviewers having to speak to an acquaintance, friend or relative.

2.6.3. Property and household selection

When an interviewer called at an address, their initial task was to establish whether the address was residential and occupied. If it was, they next had to establish the

number of properties or self-contained dwelling units it comprised (typically defined as a self-contained dwelling behind its own front door).

A household is defined as a person, or group of people who normally live at the same property, who share a living room or at least one meal a day. In properties with multiple households, one was randomly selected using a selection grid on the contact sheet.

2.6.4. Respondent selection

Individuals (aged 15-64) within each randomly selected household were randomly selected to take part in the survey, using a “last birthday rule” – i.e. the person answering the door at any given residential address was asked to list the birthdays of all residents in the target age group. The person with the most recent birthday was then selected to participate. This random selection procedure took place during an initial screening interview, with an adult member of the household. If the individual selected was not present at that time an appointment was arranged for a later date.

3. Questionnaire design

3. Questionnaire design

3.1. Questionnaire development

The questionnaire used on this study followed the EMCDDA model questionnaire with modifications appropriate to the Irish context and without prejudice to the purpose of the questionnaire.

The questionnaire was designed with the full involvement of the RAG. The 2010/2011 survey was broadly similar to the 2006/2007 survey but additional questions were included to estimate the prevalence of alcohol and cannabis dependence. New questions were also added to assess the use of psychoactive substances sold in 'head-shops' and similar outlets.

3.2. Cognitive study

There was a need to test additional questions to measure the dependence on cannabis and cannabis-related harm amongst users as well as psychoactive substances sold in 'head-shops' and similar outlets. We reviewed a number of ways of testing the additional cannabis questions amongst cannabis users and decided on a cognitive approach. Cognitive interviewing is a diagnostic technique that explores the processes employed by people when they answer survey questions, such as comprehension, recognition, recall and decision-making[8].

The cognitive approach is appropriate if there are concerns associated with accurate recall e.g. recalling activity over the past year or if questions are complex or cover abstract concepts. In these cases it was important to check that users' interpretation of the meaning of questions is what is expected/needed.

Cognitive testing was carried out by members of Ipsos MORI's executive team who had experience of conducting cognitive interviews.

The one to one interviews were carried out face-to-face. The executive asked the questions and followed up with appropriate cognitive questioning techniques. Ipsos MORI employed a flexible mix of 'think aloud' whereby respondents were explicitly

[8] R. Groves, F. Fowler Jr, M. Couper, J. Lepkowski, E. Singer and R. Tourangeau, *Survey Methodology*, (2004), p. 202.

instructed to verbalise their thought processes as they answered the survey questions and 'verbal probing' techniques, which were adapted to suit individual respondents. Ipsos MORI also asked questions in 5-10 minute segments. This represented an approach somewhere between concurrent and retrospective probing. Following up in segments rather than after each question allowed the researcher to understand better the flow of the questionnaire and how one response impacted on answers to subsequent questions.

Ipsos MORI conducted 19 cognitive interviews with a range of different types of cannabis users in terms of age and usage levels. The NACD RAG Group facilitated access to these participants through appropriate contacts and arrangements with drug treatment centres in the Dublin area including the Rutland Centre, Soilse and drug treatment centres/clinics in Castle Street and Trinity Court on Pearse Street.

Among the key actions taken as a result of the cognitive study and subsequent discussions were:

- Minor word changes and amendments to specific questions;
- Adding showcards and interviewer instructions on certain questions to aid comprehension;
- Additional text added at different questions to aid interviewer comprehension.

In conclusion, the cognitive study proved to be a valuable exercise, as evidenced by the issues raised and the corrective actions taken.

3.3. Pilot study

Ipsos MORI, in line with EMCDDA guidelines, conducted a comprehensive piloting of the questionnaire. The 2010/2011 survey included new questions on the use of psychoactive substances as well as additional questions on alcohol and cannabis dependence. Therefore a pilot phase was necessary to highlight any potential issues.

Firstly, the questionnaire was subjected to Ipsos MORI's internal piloting procedures. At this stage, members of the fieldwork team and the core project team tested the questionnaire. This process was primarily designed to ensure all questions were

included with the correct wording and in the correct order, and also to check the routing.

Secondly, a series of pilot interviews with members of the general public were conducted. The pilot interviewers were briefed in Ipsos MORI's offices by members of the project team, after which a total of 52 pilot interviews were conducted in June 2010. The pilot interviews took place in a range of locations to ensure the survey was understood by respondents from a variety of backgrounds. It was also agreed to conduct the pilot study in areas where we would expect to pick up a higher than average number of users of drugs, in order to make the pilot as comprehensive as possible.

Once these pilot interviews were completed, interviewers produced detailed comment sheets which were reviewed by the Ipsos MORI project team. In order to fully review the pilot study and identify any actions that were required in advance of the full study, a pilot debrief meeting was convened in Dublin and included the interviewers who worked on the pilot study, members of the Research Advisory Group project team and the Ipsos MORI project team. This meeting took place on 8th June 2010.

Among the key actions taken as a result of the pilot study and subsequent discussions included grouping together of all cannabis questions, alcohol questions and ecstasy questions on the CAPI script.

3.4. Questionnaire approval

The final version of the questionnaire was formally approved by the RAG on 25th June 2010.

A copy of the Final Questionnaire and Showcards is provided in Appendix E/F.

4. Fieldwork

4. Fieldwork

4.1. Overview

As noted earlier, there were a variety of possible ways of undertaking this research but for this study, fieldwork was conducted by means of face-to-face interviews conducted in the respondents' homes as per EMCDDA guidelines. There were a number of reasons for this decision, as follows:

- The length of the questionnaire dictated that the interview needed to be conducted "in-home" and not "on street";
- The sensitive nature of the subject matter lent itself better to the more confidential surroundings of the person's home;
- Conducting the survey using an "interviewer completion" approach (rather than self-completion) was a better means of collecting information from all respondents (i.e. including those who had finished education 'early' (pre-primary, primary), who were illiterate or who had difficulty reading);
- Any potential bias which may have arisen from the way an interviewer asked a question was largely removed through the use of a straightforward questionnaire, and the high level of interviewer training and supervision;
- Face-to-face interviews also generate higher response rates.

It is worth noting that face-to-face interviews are known to result in under-reporting particularly when sensitive questions are used.

4.2. Fieldwork period

The fieldwork was conducted in two phases, namely from October 2010 to December 2010 and from January 2011 to June 2011. This was to allow a spread of interviews before and after Christmas 2010. There were no differences in the questionnaires used or in sampling and interviewing techniques used during either period.

4.3. Interviewer briefings & instructions

One of the factors most correlated with high response rates is the experience interviewers already have with that particular survey and the extent to which they feel an attachment to it. Therefore, a series of interviewer briefings were conducted to ensure interviewers were fully prepared to conduct the survey and to allow for discussion and dialogue between interviewers, the Ipsos MORI team and the RAG.

The meetings included opportunities for discussion, practice sessions and role-play exercises. Senior members of the study teams led the briefings, and every interviewer working on the study attended.

In addition to verbal briefings, all interviewers received full written instructions on all aspects of the survey. A copy of the full instructions for interviewers is outlined in Appendix M.

A total of eight interviewer briefings were held with interviewers assigned to the survey in a number of locations, including Dublin, Limerick and Sligo. The briefings lasted between five and six hours, and provided opportunities for discussion and role-play, as well as a thorough run-through the survey.

The details and attendance at the briefings are as follows:

Briefing date	Location	Number of Interviewers	Ipsos MORI Regional Controller/Regional Manager Present	Members of RAG Group attended
23rd September 2010	**Dublin**	**24**	**x**	**x**
29th September 2010	**Limerick**	**23**	**x**	**x**
30th September 2010	**Sligo**	**18**	**x**	**x**
22nd October 2010	**Ipsos MORI office - Dublin**	**4**	**x**	
10th November 2010	**Dublin**	**14**	**x**	**x**
21st March 2011	**Ipsos MORI office - Belfast**	**6**	**x**	
7th April 2011	**Dublin**	**14**	**x**	**x**
11th April 2011	**Ipsos MORI office - Manchester**	**3**	**x**	
Total Interviewers briefed		**106**		

All sessions followed the same format and were led by Brenda Boyd, Field Director of Ipsos MORI in Ireland. All Field Executives working on the study attended at least one briefing session. Orla Deasy, Research Director at Ipsos MORI attended most of the briefings.

Susan Scally, Director of NACD and Dr. Justine Horgan, Senior Researcher with NACD, attended briefings in Sligo and Dublin, while Dr. Deirdre Mongan from the Research Advisory Group attended briefings in Limerick and Dublin. Joan O'Flynn, Director of NACD from March 2011 attended the Dublin briefing in April 2011.

4.3.1. Content of interviewer briefings

All those attending the briefings had copies of the documentation to be used by interviewers during fieldwork, including interviewer instructions, show cards, and examples of contact sheets. All briefings followed a similar format, which is summarised below:

- **Introductions** and the **background to the study**, with input from representatives of the RAG;
- Discussion about the previous study and its results, enabling interviewers to appreciate better how the results might be used;
- Full explanation of the **study design** to be employed on the study, with emphasis on the importance of **random sampling** and the need to obtain a **high response rate**;
- Illustration of the **contact sheet**. Advice on averting refusals and how to gain cooperation from the initial contact;
- Discussions around the **selection for interview** of an individual within a household. Use of **Kish grids** and how to administer the **"last birthday rule"**;
- **Working through the survey itself** (with the questionnaire projected onto a screen), with interviewers given the opportunity to go through the questionnaire following different routes, depending on the answers given;

- Demonstration of **progress reporting using iProgress**[9], an electronic form onto which interviewers can record information from their contact sheets such as address outcomes for all addresses and individual respondents within addresses, the date and time of calls so that working patterns can be monitored by time of day, and separate interim codes to distinguish between telephone and face-to-face contacts so that both can be logged on the system;

- Further opportunity for **practice interviews** as required.

In summary, the briefing sessions were of real benefit to all the participants. From the first briefing, interviewers raised valid questions and concerns which helped Ipsos MORI refine the content of subsequent briefing presentations as well as the written interviewer instructions. The interactive discussions and role play, which took place at the briefings, fully instructed and engaged the interviewers enabling them to appreciate not only the importance of the study, but their crucial role in ensuring its success.

4.3.2. Interviewing team

All interviewing was carried out by members of the Ipsos MORI Interviewer Panel who have been trained and work to the standards of the Interviewer Quality Control Scheme (IQCS). Interviewers working on the study were both male and female, across a range of ages but with a higher proportion in the 50+ age category, which is reflective of the profile of market research interviewers nationally. They are recruited to the Ipsos MORI panel via a formal process, involving a written application form, a personal interview, and checking references. Once references are checked, an applicant is invited to attend an Assessment and Training session, (A&T). This session lasts two full days and includes modules on interviewer technique and approach when involved in the ethical collection of data. It also includes the rules pertaining to such collection and the responsibilities of interviewers towards respondents. Additionally, the Data Protection Law is explained as well as the rights of respondents. The trainer may at any time over the course of the two days decide that an applicant is not suited to an interviewer's role.

[9] iProgress is the electronic system used by interviewers in the field to record their daily progress. This system was introduced in 2010 and this replaced the eProgress system used in the 2006/07 population survey.

Role play and questionnaire practice in the classroom is followed on the second day by some time in the field, accompanied by a supervisor. A further three to four hours is devoted at a later date to CAPI training after the successful completion of the standard A&T. At the end of the course a written test is administered and the trainee interviewer must attain a certain standard otherwise he/she is not accepted onto the Ipsos MORI interviewer panel.

On joining the Ipsos MORI panel, interviewers are accompanied in the field by a supervisor when working on each new type of project and thereafter are appraised at least twice a year. This usually involves one physical accompaniment and one telephone appraisal as well as project reports.

All Ipsos MORI Interviewers and Recruiters carry Identity Cards issued by the Market Research Society (MRS), which bear the photograph and signature of the interviewer, and are issued only after the signing of a declaration which states that the interviewer has read and agrees to abide by the MRS Code of Conduct. On the population survey this Identity Card was shown to each contact before attempting to carry out an interview, to reassure contacts and respondents that the interviewer and study was genuine, and that the Company whose name is on the ID card is a bona fide member of the MRS. Furthermore, respondents were given a 'thank you' leaflet at the end of the interview which stresses the confidentiality of the process, and provides the telephone number of Ipsos MORI's Field department to call if they had any further queries. The telephone number of the MRS is also provided.

A minimum of 10% of completed interviews are back checked on all quantitative surveys carried out by Ipsos MORI using a combination of telephone recall or postal check card. This is applied to ensure that the interviewers conducted the interviews professionally and in line with survey specifications. In general, respondents are asked to comment on, among other things, the duration of the interview, their recollection of being asked specific questions, being shown interviewer identification and their reaction to both the interview and the interviewer. On random probability studies a further personal validation is carried out on a minimum of 10% of addresses recorded as ineligible by the interviewer to verify that the property is indeed non-residential or no-one of eligible age lives in the household at the specified address.

4.4. Field management

Following the sample selection, Ipsos MORI's Fieldwork Management System was used to control and monitor progress on the study. The process involved was, as follows:

- The sample was loaded into the General Management Survey System (GSMS). This system was designed specifically to control and manage large scale pre-selected studies such as this.

- The allocation of areas was made to interviewers on a rolling basis to ensure an even spread of interviews by region by week. This ensured that any seasonal variations in results would be evenly spread out across the country.

- Interviewers called at the selected addresses and where contact was established with a member of the household, the selection of an eligible respondent within the household was made, using the last birthday rule. The interview was carried out if the selected person was available, or an appointment was made to call back and interview the selected household member. Dates and times of all calls made and their outcomes, (successful interview taken, appointment made, no contact, refusals etc.,) were entered into GSMS by interviewers using iProgress at the end of each interviewing shift. iProgress reports on each contact were uploaded to the server at the time of uploading completed interviews.

- Every day, regional field management as well as Ipsos MORI Field Executives were able to check individual interviewers' progress and monitor success rates, numbers of refusals, un-worked contacts etc.

- On the doorstep, interviewers filled in paper **contact sheets** at the time of each call made for each address visited, documenting each attempt to contact or interview the selected individual (following the "last birthday rule" methodology as detailed in chapter 2 - Survey design). They also established some basic details about them (i.e. type of house). The final outcomes of the attempts to interview the selected respondent were noted, as were any reasons for not taking part. Information recorded at the time of the call to a household was then entered onto the iProgress script, providing a complete call pattern for each household. *A copy of the Contact Sheet is provided in Appendix G.*

- Contact sheets were kept separate from the CAPI script in order to reassure respondents about confidentiality. However, if needed, it was still possible to link each contact sheet to each completed interview via serial numbers. Contact sheets from each area were returned on an ongoing basis by interviewers in the post. Upon receipt, these contact sheets were edited and validated to ensure that the correct person in the household had been selected for interview. After this quality control procedure had taken place, they were entered into GSMS.

- As interviews were completed and contact sheets returned, validation procedures began. The Quality team ensured that a minimum of 10% of all completed interviews were validated. There was also a 5% validation of those contact sheets stating that no successful interview could take place because of age of inhabitants or that the address was for vacant or commercial properties. Validation was conducted by telephone or postal check card for successful interviews and by means of a personal visit by a supervisor to ineligible addresses.

- Each week an interim field report was compiled for each health board region showing addresses issued, successful interviews undertaken, pending interviews, refusals etc.

- At the end of each phase of interviewing, a full fieldwork report was compiled showing not only full details of the interviews completed but also the results of all quality control procedures.

- Interviewers had the support of their Region Co-ordinator who was available to help them with difficulties in the field or problems of any nature. Each of the Region Co-ordinators attended at least one briefing session as did all local supervisors. Regional field management kept in regular communication with field staff so that everyone working on the project was informed of developments across the whole fieldwork period.

- In addition to the support from Region Co-ordinators and Supervisors, all interviewers had telephone numbers of key field staff and knew that they could call on them for help at any time.

4.5. Enhancing response rates

As with any survey of this nature, eliciting a satisfactory response rate presents a variety of challenges. These challenges can include;

- difficulties in accessing potential respondents at home, due to work etc.;
- a lack of interest or engagement from respondents;
- a perceived lack of relevance due to the subject matter;
- queries regarding the commissioning body;
- a lack of trust in surveys generally or a lack of credibility in the process;
- concerns over anonymity and how personal information might be used;
- lack of time for respondents or an unwillingness to participate due to survey length and inclement weather.

If the interviewer had visited a household, which was occupied, there were a number of reasons why an interview may not have been completed at that location. This may have an impact on the accuracy of the sample. During the fieldwork considerable effort was taken to avoid such a situation occurring. Below are some approaches used to enhance the response rate for the survey.

4.5.1. Interviewer calls

In accordance with EMCDDA guidelines, multiple calls were made to selected addresses. Interviewers were instructed to call up to five calls – an initial call, plus four call-backs – at each address, at different times (including evenings) and on different days (including weekends – Saturdays for initial calls and Sundays by prior appointment), to try and ensure they would be able to speak to the potential respondent. Where necessary, and as dictated by the response rate in certain health board regions, non-contacts and "soft refusals" were re-issued to Senior Interviewers and Distance Interviewers10 for further calls. Due to the overall high response rate

[10] Distance Interviewers are those interviewers who move between the Ipsos MORI regions. The Ipsos MORI interviewer panel covers all of Ireland and Great Britain. They are used not only because they have a track record in obtaining a high response rate from unused addresses in difficult areas such as inner city areas but also because they have the skills to convert a substantial proportion of refusals into successful interviews. In addition as Distance Interviewers are away from home they tend to work longer days and achieve more than average numbers of interviews. On the population survey we used mainly Distance Interviewers from Northern Ireland to cover inner city areas in Dublin, Cork and Limerick.

for this study, most of the reissues were in the EHRA region where there was a lower response rate.

4.5.2. Trained interviewers

The effectiveness of interviewers depends, more than anything, on the training they receive – and the encouragement they are offered throughout the fieldwork period. This is especially true for random pre-selected surveys. In this regard, only fully briefed interviewers worked on the study. The majority of these interviewers had previously had extensive experience of pre-selected survey work. Some had worked on one or both waves of the previous population studies. All interviewers were in regular contact with their Region Co-ordinators across the fieldwork period.

4.5.3. Help-line

A telephone help-line was set-up for interviewers and respondents to handle queries, refusals, and requests for information or appointments from respondents. This helped reassure respondents that this was a genuine survey. A thoroughly briefed member of the support team at the Ipsos MORI office in Dublin handled the calls.

4.5.4. Naming the client

Research experience indicates that response rates can be significantly enhanced by interviewers being able to name the sponsoring client, and this was especially true for a survey which some respondents might find sensitive or intrusive, such as this. If contacts asked about whom the research was for, the interviewers were able to name the relevant government department (at the time of fieldwork this was The Department of Community, Rural & Gaeltacht Affairs in Ireland) as sponsoring the study. This helped provide reassurance and establish the credibility of the survey for the respondent.

4.5.5. The promise of confidentiality

Response rates were also enhanced by providing a visual reassurance of confidentiality to respondents. As a matter of course, respondents in all Ipsos MORI surveys receive a leaflet reassuring them that the research has been conducted within the Code of Conduct of the Market Research Society (MRS). This also provides a lo-call telephone contact number for Ipsos MORI in Dublin.

4.5.6. Advance letter

For this particular study, potential respondents were provided with a letter from the NACD. Interviewers also had copies of the letter written by an Ipsos MORI Director to the Deputy Commissioner, Garda Síochána informing him that the survey was taking place. These letters provided further reassurance that the survey was a bona fide research exercise. This is standard procedure for all face-to-face surveys conducted by reputable research agencies and is designed to prevent undue anxiety on the part of the respondent. *Copies of the letters that were presented to respondents are provided in Appendices H, I, & J.*

4.5.7. Appointment cards

Where the selected respondent was not at home, carefully designed appointment cards were left with other members of the household. This card provided brief details of the study and a name and telephone number to call to arrange an interview at a time most convenient to them. This was particularly effective in converting some interviews with busy young professionals and those in shift work.

4.5.8. Apartment complexes

In any apartment complexes where access had to be gained through a gate or entry phone, interviewers were encouraged to make arrangements with caretakers and other staff to gain access to the block. In this way, respondents from these locations were also included in the survey when access could be made.

4.5.9. Frequently asked questions

After discussion at the briefing meetings, it was agreed to prepare a series of answers to *Frequently Asked Questions (FAQs)* in order to provide information to those who may be unfamiliar with the study. *A copy of this FAQ document is provided in Appendix L.*

4.5.10. Monitoring and supervision

Significant resources were allocated to monitoring progress in the Field, with weekly reports being sent to the dedicated Field Study Manager working on the study.

4.5.11. The "Ipsos MORI" name

People are more likely to be receptive to an approach from an organisation they are familiar with and trust. As with other studies, interviewers found that the reputation and high profile of Ipsos MORI as a trusted and independent research company also helped encourage response.

4.5.12. Incentives

In households where it was identified that the selected respondent was in the defined 'difficult to reach age group category' i.e. age 15-24, we offered an incentive of an An Post One4all Voucher for €15 in order to help boost response from this particular age group. Providing an incentive does not create any bias in random stratified surveys as the potential respondent had already been selected through a rigorous sampling process and the offer of an incentive will simply helped improve the response rate from age group which is frequently 'under-represented' in pre-selected surveys random surveys.

A total of 792 interviews were achieved which represented15.4% of the total number of interviews. While this is below the overall population percentage of 21.8% it is higher than it would have been had the incentive not been introduced.

4.6. Number of contacts

The process of re-contacting a selected household a number of times in order to achieve an interview with the person chosen is critical to the sampling approach, since the random selection of the initial list of addresses is maintained. Inevitably, the number of calls, which were necessary to achieve each interview, varied. The following table outlines the number of calls required to achieve interviews in each health board region.

Health Board Region /RDTFs	Number of Calls			Average
	One to Three Calls (%)	Four to Five Calls (%)	Six or More Calls (%)	
Ireland	**81**	**14**	**5**	**2.4**
ERHA	74	21	6	2.7
Midland HB/RDTF	78	13	9	2.6
Mid Western HB/RDTF	78	17	6	2.4

North Eastern HB/RDTF	80	15	6	2.5
North Western HB/RDTF	87	9	4	2.0
South Eastern HB/RDTF	82	15	3	2.3
Southern HB/RDTF	93	5	1	1.8
Western HB/RDTF	86	10	4	2.2

On average, interviewers attempted to contact respondents twice before a successful interview was conducted. There was variation across the health board regions. At one end of the spectrum, interviewers in the Southern HB had the least difficulty, with 93% achieving their interviews within three contacts. In the Midland HB meanwhile, 9% of all interviews required more than six calls to be completed.

4.7. Age & gender

The following table compares the profile of the sample for the survey with the profile of the target Republic of Ireland adult population as a whole (aged 15 – 64).

	Population	% population	Sample	% sample
Ireland	**2,907,473**	**100.0%**	**5,128**	**100.0%**
Gender				
Male	1,471,032	50.6%	2,239	43.7%
Female	1,436,441	49.4%	2,889	56.3%
Age				
15-24	632,732	21.8%	792	15.4%
25-34	722,439	24.8%	1,168	22.8%
35-44	623,434	21.4%	1,302	25.4%
45-54	521,813	17.9%	951	18.5%
55-64	407,055	14.0%	915	17.8%
Health Board/RDTF				
ERHA	1,064,100	36.6%	1,646	32.1%
Midland HB/RDTF	167,766	5.8%	438	8.5%
Mid Western HB/RDTF	245,399	8.4%	454	8.9%
North Eastern HB/RDTF	265,873	9.1%	451	8.8%
North Western HB/RDTF	155,033	5.3%	438	8.5%
South Eastern HB/RDTF	307,793	10.6%	476	9.3%
Southern HB/RDTF	422,749	14.5%	733	14.3%
Western HB/RDTF	278,760	9.6%	492	9.6%

From this comparison it is clear that there are discrepancies between the profile of the sample and that of the population generally. In particular, it seems that the under-25 year olds, males and those in the Eastern Regional Health Authority (ERHA) appear to be under-represented in the survey.

Given that, as the EMCDDA points out, “no sample frame is perfect and perfect probability sampling does not exist”, it is perhaps inevitable that there would be some discrepancies. The weighting procedures followed (as outlined in chapter 6 of this report), which were aimed at alleviating the impact of any biases arising from the differences between sample and population. The remainder of this section of the report looks at other areas, which might have given rise to bias in the results.

4.8. Non-Response

In order to estimate the effects of non-response bias in the achieved sample, the contact sheet was used to record the age, gender and ethnicity of the household of all those who refuse to take part. Further, interviewers also coded the external features of households where contact had not been possible. This information was compared with characteristics among the achieved sample to help assess its representativeness.

4.8.1. Age & gender

The table below outlines the gender and age of those who refused to take part in the survey.

Area	% of Sample	% of Refusals
Male	44%	52%
Female	56%	48%
15-24 years	15%	5%
25-34 years	23%	20%
35-44 years	25%	26%
45-54 years	19%	25%
55-64 years	18%	25%

In terms of gender, it is clear that a higher proportion of males refused to take part in the survey, relative to their proportion of the sample. There was a higher proportion of people in the 45-54 and 55-64 age groups among those who refused to take part. At the same time 15-24 year olds made up a smaller proportion of refusals compared

to the sample (i.e. 5% vs. 15%). In terms of the sample, however, these discrepancies are greatly reduced after weighting.

4.8.2. Type of house

It was also of critical interest to compare the social makeup of those who refused with the actual sample. By the definition, it was not possible to gather data on the social classification of those who refused to take part, which could be directly compared with the survey results. As a rough measure of the social composition of the sample and of those who refused to take part, the contact sheets also included details on the external characteristics of the homes of all those which they attempted to contact. The following table compares the property types where completed interviews took place and those where potential respondents had refused to take part.

Type of Property	% of Successful	% of Refused
Ireland		
House/bungalow - detached	48.3%	36.1%
House/bungalow - semi-detached	27.4%	32.5%
House/bungalow - mid terrace	12.8%	15.9%
House/bungalow - end terrace	4.8%	5.8%
Purpose built flat. etc, - building fewer than 6 floors	5.4%	7.4%
Purpose built flat. etc, - building 6 or more floors	0.4%	1.3%
Conversion flat/maisonette(s)/shared house	0.4%	0.6%
Other	0.3%	0.5%
TOTAL	100.0	100.0

Those who refused to take part were less likely to live in a detached house than the sample, with almost half the sample (48.3%) living in detached houses compared to 36.1% of those who refused to participate. On the other hand, those who refused were more likely to live in semi-detached houses in particular, with 27.4% of the sample living in semi-detached houses compared to 32.5% of those who refused to participate.

4.9. Ineligible contacts in sample frame

Refusals, of course, were not the only reason that an interviewer may not achieve an interview at a selected address. Frame errors, where contacts were ineligible for the defined universe (aged 15-64), or where the property was ineligible, vacant, derelict, demolished, not found, or a business, also explained why interviews were not

conducted at all addresses. As such, it was important to check that frame errors were evenly distributed by region, as an uneven spread of frame errors may point to bias in the sample. The following table outlines the extent to which frame errors were present in the health board regions. Besides frame errors, they also show breakdowns of the gross sample by:

- Successful interview - persons belonging to the universe who were part of the sampling frame and completed the interview fully;
- Non-response - households that refused to take part during the initial screening interview and respondent selection process, respondents who refused to take part once selected, and properties where wardens etc refused on the contact's behalf, or where no contact could be made after multiple calls.

Region		Gross Sample	Successful interviews	Non-Response	Frame Errors	Capped Addresses
TOTAL	n	11935	5128	3490	2592	725
	%	*100%*	*43%*	*29%*	*22%*	*6%*
ERHA	n	4185	1646	1450	1081	8
	%	*100%*	*39%*	*35%*	*26%*	*0%*
Midland HB/RDTF	n	961	454	230	171	106
	%	*100%*	*47%*	*24%*	*18%*	*11%*
Mid Western HB/RDTF	n	1054	438	347	269	0
	%	*100%*	*42%*	*33%*	*26%*	*0%*
North Eastern HB/RDTF	n	1085	451	321	168	145
	%	*100%*	*42%*	*30%*	*15%*	*13%*
North Western HB/RDTF	n	961	438	218	220	85
	%	*100%*	*46%*	*23%*	*23%*	*9%*
South Eastern HB/RDTF	n	1085	476	309	250	50
	%	*100%*	*44%*	*28%*	*23%*	*5%*
Southern HB/RDTF	n	1519	733	347	307	132
	%	*100%*	*48%*	*23%*	*20%*	*9%*
Western HB/RDTF	n	1085	492	268	126	199
	%	*100%*	*45%*	*25%*	*12%*	*18%*

Frame errors accounted for 22% of the gross sample in Ireland. There was little variation on these figures across most health board regions although there was a slightly lower level of frame error in Western HB and Northern Eastern HB.

In order to achieve a balanced sample, whilst optimizing responses within the survey period, it was deemed necessary to limit the number of addresses issued within certain sampling points. This is a specific feature of the 2010/11 survey and was seen as a far more robust alternative than non-coverage of entire sampling points. In the vast majority of points, 31 addresses were issued, but in others, a certain number were removed from this. Thus in points where fewer addresses were issued (after removal / "capping"), those addresses which were interviewed would have had a lower chance of being included in the survey than other addresses in the un-capped points. Therefore, a weighting component was included to compensate for this "capping". Further details on the weighting involved are in chapter 6.

4.10. Response rates for population survey

For the purpose of this study, it was decided that a target of 5,000 interviews should be completed. A response rate of 55% was anticipated; hence in order to achieve the desired sample size, approximately 8,600 contacts needed to be made.

A final response rate of 60% was achieved, with 5,128 responses in total. Details of overall response rates for Ireland, along with rates for the health board regions, are shown below.

Health Board Region/RDTF	Gross Sample	Valid Sample*	Response	% Response
Total Ireland	11,935	8,618	**5,128**	60%
ERHA	4,185	3,096	1,646	53%
M HB/RDTF	961	684	454	66%
MW HB/RDTF	1054	785	438	56%
NE HB/RDTF	1085	772	451	58%
NW HB/RDTF	961	656	438	67%
SE HB/RDTF	1085	785	476	61%
SH HB/RDTF	1,519	1080	733	68%
W HB/RDTF	1085	760	492	65%

**Valid sample = Gross sample – (frame errors + non-valid cases)*

Outcome description	Health Board ERHA N	ERHA % valid	MHB N	MHB % valid	MWHB N	MWHB % valid	NEHB N	NEHB % valid	NWHB N	NWHB % valid	SEHB N	SEHB % valid	SHB N	SHB % valid	WHB N	WHB % valid	Total N	Total % valid
Successful interview	1646	53%	454	66%	438	56%	451	58%	438	67%	476	61%	733	68%	492	65%	5128	60%
REFUSED																		
Refused before Respondent Selection	305	10%	35	5%	82	10%	67	9%	32	5%	77	10%	61	6%	74	10%	733	9%
Refused after Respondent Selection	228	7%	27	4%	35	4%	29	4%	30	5%	75	10%	54	5%	30	4%	508	6%
Entry to block/scheme refused by warden	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	0%
Withdrawn by head office	51	2%	1	0%	1	0%	3	0%	4	1%	0	0%	5	0%	1	0%	66	1%
NO CONTACT																		
Occupied, no contact at address after 5+ calls	364	12%	32	5%	41	5%	58	8%	43	7%	31	4%	28	3%	14	2%	611	7%
No contact with selected resident, 4+ calls	144	5%	20	3%	24	3%	18	2%	14	2%	27	3%	9	1%	10	1%	266	3%
Occupier,in but not answering door after 5+calls	58	2%	4	1%	7	1%	3	0%	2	0%	10	1%	4	0%	5	1%	93	1%
Unsure if occupied,no contact after 5+calls	194	6%	7	1%	28	4%	12	2%	10	2%	6	1%	5	0%	4	1%	266	3%
Capped Addresses - Non-contact	2	0%	83	12%	110	14%	109	14%	72	11%	35	4%	153	14%	114	15%	678	8%
No contact other	25	1%	0	0%	0	0%	1	0%	6	1%	0	0%	1	0%	3	0%	36	0%
PROPERTY INELIGIBLE																		
Property vacant	173		63		70		47		75		75		109		48		660	
Property derelict	20		4		8		3		6		1		4		0		46	
Property Demolished	7		1		1		0		0		0		0		2		11	
Non-residential property	32		2		12		4		27		14		24		3		118	
Property Not Found	96		10		23		26		19		19		34		4		231	
Unable to access block/scheme/gated apartments	81		6		11		8		1		5		2		1		115	
OTHER																		
Too ill to participate	18	1%	7	1%	4	1%	3	0%	1	0%	7	1%	7	1%	3	0%	50	1%
Away during fieldwork	23	1%	5	1%	3	0%	6	1%	0	0%	11	1%	9	1%	1	0%	58	1%
Household Not Eligible	672		85		144		80		92		136		134		68		1411	
Mother tongue required	18	1%	7	1%	9	1%	9	1%	3	0%	17	2%	6	1%	5	1%	74	1%
Other	18	1%	2	0%	3	0%	3	0%	1	0%	13	2%	5	0%	4	1%	49	1%
Capped address - removed from sample	8		106		0		145		85		50		132		199		725	
Total addresses	4185		961		1054		1085		961		1085		1519		1085		11935	
Total valid addresses	3096	100%	684	100%	785	100%	772	100%	656	100%	785	100%	1080	100%	760	100%	8618	100%

5. Data processing

5. Data processing

As described earlier in this report, the survey data was captured by the interviewers using the Computer Aided Personal Interviewing (CAPI) software package, Quancept. The data from all the interviews was collated together into one database with both numerical data and text from the open-ended questions. The numerical data was exported into the statistical software package SPSS (Statistical Package for the Social Sciences). Quancept was able to export both the raw data (numbers) and the labels associated with both the question itself and the answer responses (e.g. a code '1' could indicate the response 'yes' to a particular question, code '2' could indicate a response 'no').

Separately, the text from the open-ended questions was exported into Microsoft Excel for editing and coding. Coding involved grouping similar responses and assigning a code to these responses. An appropriate label to describe the code (e.g. 1 = Drugs purchased in café in Amsterdam) was then applied. Once coding was complete, this data was exported into SPSS as separate variables and checked against the other numeric data. For some questions, a list of pre-defined codes was presented to the interviewer on screen with a code to record any 'other' response. Validation was carried out to ensure that any 'other' response did not already appear in the list of pre-defined codes.

Responses were recorded in text or numeric form as appropriate. When questions were not relevant to a respondent's particular circumstances (i.e. they were routed away from them) the cells in the SPSS data file were filled with a "." which is the appropriate 'system missing' value for this data analysis software.

6. Weighting, design effects and confidence intervals

6. Weighting, design effects and confidence intervals

6.1. Overview

This chapter aims to describe the technical aspects of the statistical design and analysis of the 2010/11 General Population Survey on Drug Prevalence (hereafter referred to as the population survey). These aspects were carried out by the Research Methods Centre (RMC) of Ipsos MORI, based in London and they include:

- Survey weighting;
- Calculation of Survey Design Effects;
- Calculation of the Confidence Intervals (CI) around the drug usage point estimates;
- Identification of significant differences in the point estimates between 2006/07 and 2010/11.

Each section is described in the following chapter. The methodology for these stages align exactly to what had been carried out in previous waves of the survey and described in the technical note surrounding the 2006/07 survey (Muhlau, 2007). The only differences in statistical methodology between the 2010/11 wave and 2006/07 involved possible differences in software used and the existence of an additional weighting component in 2010/11.

Please note that this statistical report is written in respect of the survey which covers the Republic of Ireland (ROI) only. When the results for Northern Ireland are included, the analysis will be extended taking account of exactly the same described methodology.

6.2. Overall rationale

Even with the best-designed surveys, the profile of the achieved sample will not exactly align with that of the target population. This may typically be due to unintentional reasons (e.g. differential non-response) or intentional ones (where there is a deliberate attempt to over-represent or boost certain sub-groups within the population). Therefore, it is necessary in many surveys, including the population

survey to **apply weighting** to the respondents so that each is scaled up or down to represent correctly, its relevant component population.

It is appropriate, in random probability surveys, to present results with measures of the level of precision around them. This is known as a **Confidence Interval (CI)**. For binary (yes / no) survey measures, the width of a standard CI is simplistically linked to the sample size (n) and the survey measure (p – eg 0.65 for 65% giving a certain result), i.e. the width of a 95% CI is:

$$CI = \pm 1.96 * \sqrt{\frac{p.(1-p)}{n}}$$

However, the above only applied in the case of a random probability surveys, where there is no weighting, clustering or stratification and is based on an infinitely large population. Such an occurrence is very rare in practice and for this reason, actual CIs need to be adjusted to allow for these combinations of **"design effects" (DE)**. The true 95% CI would thus be:

$$CI = \pm 1.96 * \sqrt{\frac{p.(1-p).d}{n}}$$

(where d is the DE).

In the population survey, three aspects of DEs come into play – i.e. weighting, stratification (by Health Board) and clustering (by Electoral District; the Primary Sampling Unit). The details of the calculation of the overall DEs are described later in this chapter.

The actual CIs calculated on the back of this survey will be more sophisticated than the standard ones shown above. This is because the standard (Wald) ones may be prone to under-coverage and may thus understate the true level of imprecision of the estimates. This is particularly true where sample sizes are small and / or prevalences are close to zero or 100%; the latter situation of very low prevalences being of particular relevance to drug usage surveys of the population. Therefore, the usage of alternative, more sophisticated ones are described in this chapter and one such method, the "Clopper Pearson" ones are actually calculated and are based on

effective sample sizes, so that they are in effect, DE-adjusted. These give a truer measure of the precision levels.

Finally, for the same reason as the above, when calculating the **level of significance of differences** between results across two time periods, the formula based on the standard binomial approximation to the normal distribution is not used. Instead, we apply Newcombe's Hybrid Score method to calculate these, which allows for potential over-dispersion. Again, these measures are DE-adjusted.

6.3. Survey weighting

The population survey involves both pre-weights and post-stratification (PS) weights. Pre-weights are used to allow for different selection probabilities of each end respondent, whilst the PS weights scale up the responses within each demographic cell to represent their respective target populations.

With the **pre-weights** (also called "design weights"), there are two components involved and these components are multiplied together at the respondent level in order to provide an overall pre-weight. These components are:

- **To allow for different selection probabilities of eligible respondents within a household (HH).** As the sample design involves randomly selecting HH from the postal address frame, in an EPSEM manner (i.e. with equal probability), then a respondent within a HH containing two other eligible respondents will have only 1/3 of the probability of appearing in the survey compared to another respondent who lives with no other eligible people. Therefore, in order to compensate for this, all respondents will be given a HH selection pre-weight equivalent to the total number of eligible persons (including themselves) within the HH.

- **To allow for the capping of addresses issued to certain sampling points.** In order to achieve a balanced sample, whilst optimizing responses within the survey period, it was deemed necessary to limit the number of addresses issued within certain sampling points. This is a specific feature of the 2010/11 wave of this survey and was seen as a far more robust alternative than non-coverage of entire sampling points. In the vast majority of points, 31 addresses were issued, but in others, a certain number were removed from this. Thus in points where fewer addresses were issued (after removal /

"capping"), those addresses which were interviewed would have had a lower chance of being included in the survey than other addresses in the un-capped points. The reason for this is that if EDs A and B each contained 200 addresses in the population eligible for selection and ED A (e.g. Sample point #232) was capped in that only 10 addresses were issued and ED B was uncapped and the full 31 addresses issued, then a typical address in ED A would only have a 10/200 probability of being selected, as compared with 31/200 for an address in ED B. Therefore, addresses in ED B will have had 3.1 (ie 31/10) times the chance of being selected as compared with those in ED A. Therefore, all covered addresses within point #232 were given a pre-weight component of 31/10 = 3.1 to balance this out. Hence, a second pre-weight component was included in order to compensate for this.

Putting this together, the pre-weight (wp) for respondent i in sample point l is given by: $wp_{li} = N_{li} * \left(\frac{a_t}{a_l} \right)$

As an example, a respondent who lives in a selected HH with one other eligible person (Nli=2) within a sample point where 10 addresses were capped (and hence 20 issued – ie al, out of the target of 31 - at), would have an overall pre-weight of 2*31/20 = 3.10.

Post-stratification weights were calculated on a cell-by-cell basis (i.e. "cell weighting"); a cell being a group of respondents sharing the same combination of Regional Authority10 (RA – 8 levels), gender (2) and age group (5). An appropriate scaling-weight was allocated to each of the 80 cells in order to bring up the sum of the pre-weights of its respondents to the population it is to represent, according to the 2010 population estimates based on the 2006 Census. These weights are based on ratio of the population and sample frequencies of age*gender*RA cells. The resulting probability (PS) weights corresponds with:

$$wps_{ijk} = \frac{h_{ijk}^{Census}}{\sum_{i=1}^{n_{ijk}} wp_{li}}$$

[10] As the weighting is based on the 2010 population estimates, Regional Authority was used to define regions instead of Health Board/RDTF. Regional Authority and the Health Board/RDTF equivalent is indicated in Appendix O.

where h^{Census} is the stratum size according to population for a cell, the denominator is the sum of the pre-weights within that cell's in the population survey and *i* (= 1 to 8) refers to the Regional Authority , *j* (=1 to 2) to gender and *k* (=1 to 5) to age-group.

The overall weight for each respondent will thus be:

$$w_i = wp_{li} * wps_{ijk}$$

The wi's are thus grossing weights in that the sum of these weights equate to the exact population they are to cover. They serve the purpose of both giving each respondent the right amount of influence (relative to other respondents) in determining the overall survey results at national level and scaling the sample to equate to the population. The second of these "notional" components (i.e. the "scaling" component) is a constant for each respondent. For certain end-purposes, it may be useful to exclude this "grossing" component and simply provide an overall adjusted weight (wa), such that the mean adjusted weight is exactly 1.00 across the entire sample; i.e:

$$wa_i = \frac{w_i}{\left(\sum_i w_i / n \right)}$$

6.4. Calculation of the survey Design Effects

6.4.1. General principles

The population survey is a complex survey that differs in various aspects from simple random sampling. As with most population surveys that collect data by personal interviews, the survey uses a multi-stage design. In the first stage, **electoral districts (ED)** are selected as **primary sampling units**. Within the electoral districts, residential addresses (households / HHs) are randomly selected as **secondary sampling units**. The number of secondary sampling units is roughly proportional to the population size of the primary sampling units. One member of each household is selected as final sampling unit following a quasi-random

procedure. In the first stage, **stratified random sampling** is employed for the selection of the primary sampling units. The strata are formed by health board regions and finally, the resulting sample has been weighted in order to calibrate the age-gender distribution in the health boards with the population distribution according to the 2006 Census.

The complexity of the sample design influences the point estimates of the prevalence rates only by the fact that unequal inclusion probabilities (due to intended unequal selection probabilities or differences in response rates) have to been taken into account. Aiming to reduce sampling bias, point estimates derived from the population surveys are based on the samples weighted by calibration (or post-stratification - PS) weights. However, interval estimates of the prevalence rates (confidence intervals) directly depend on the variance of the relevant statistics. In complex surveys such as the population survey, the variance of the estimates is usually larger than in simple random samples. A measure for this variance inflation is the **design effect (DE)**. The design effect is the ratio of the true variance of a statistic of a complex sample design to the variance of the statistics for a simple random sample with the same number of cases (Kish, 1995). Three aspects of complex designs affect the variance inflation: (1) stratification, (2) clustering, (3) weighting. There is a fourth aspect, namely the finite population multiplier, but this only comes into play where samples are large in relation to the population and this is not something which applies in the population survey.

(1) Stratification: Stratification tends to reduce the sampling variance; the variance deflation is stronger the lower the variation on the relevant variables within the strata and the higher the variation between the strata. Disproportional allocation in contrast tends to result in higher sampling variance compared with proportional allocation to strata.

(2) Clustering: The population survey uses a multi-stage design with Electoral Districts as primary sampling units. These electoral districts are ‘clusters’. Clustering almost always leads to inflated sampling variance. The magnitude of the design effect due to clustering is dependent on two aspects, the size of the clusters and the homogeneity within the clusters. Large cluster size and low variation within the clusters increase the sampling variance.

(3) Weighting: Weighting inflates more often than not, the sampling variance and in general, the greater the range of weights across the respondents, the greater the

level of variance inflation. If weights are uncorrelated with the variation of the relevant variables, the design effect is larger the more the weights vary. It is however crucial whether groups with higher selection probabilities (smaller weights) exhibit larger variation on the survey variables. If the weights are negatively correlated with the variation on the relevant variables, sampling variance is deflated.

The concept of the "Effective Sample Size". This is the sample size under a simple random sample design that is equivalent to the actual sample under the complex sample design in terms of the actual level of precision on its estimates which it yields. The effective sample size can be determined by dividing the actual sample size by the design effect. For example, an actual sample of 5,000 units and a design effect of 2 result in an effective sample size of 2,500 units. The same precision of the estimates could thus have been achieved by a simple random sample of half the size.

6.4.2. Design effect estimation

For a particular sample with a given design and post-survey adjustment procedure, design effects differ for different statistics, survey variables and subgroups. For the population survey, the design effects have been estimated using the "Proc Surveymeans" procedure in SAS v9.1.3, which uses the Taylor expansion method to estimate sampling errors of estimators based on complex sample designs. The ratio of the actual sampling errors to the sampling errors derived through making the assumption of there being no clustering, stratification or weighting, yields the DE for each measure. A number of the DEs derived from this have been re-calculated using STATA and there was complete agreement between the two methods. Both SAS (Proc Surveymeans) STATA are well-used and recognised methods of calculating survey design effects.

For the estimation of the design effects, the following design parameter have been used:

- **Weights:** These are described in Section 6.3 of this chapter;

- **Strata:** As health-board regions**;**
- **Clusters:** Electoral districts were used as clusters;
- **Sampling method:** Random sampling without replacement.

6.4.3. Relative weight of stratification, clustering and weighting

Table 1 illustrates the relative influence of stratification, clustering and weighting on the total design effect for prevalence rates of selected drugs. DEStrat is the estimated design effect if the sample would have been stratified, but neither clustered or weighted. DEClust is the isolated design effect of clustering and DEWeigh represents the design effect due to weighting. DETotal is the combined design effect of stratification, clustering and weighting. Due to interactions between the three components, DETotal is not exactly the product of the three isolated design effects. The design effects associated with stratification are smaller than one, indicating that stratification tends to increase the sampling efficiency. However, health board strata are internally not particularly homogenous as reflected in the fact that the values are close to one. The design effects associated with weighting are more substantial and reflect the fact that groups with lower response probabilities (larger weights) such as young people and males tend to use drugs more often. Clustering accounts for the largest share of the design effect and its variation and this reflects the fact that area of residence (or neighbourhood) affects drug consumption habits to a strong degree and that this 'neighbourhood effect' differs largely for different drugs.

Table1:

Decomposition of total design effect – selected drugs, lifetime, ROI 2010/11

Drug	***DE_Tot***	***DE_Strat***	***DE_Clust***	***DE_Weigh***
Cannabis	1.904	0.984	1.932	1.337
Heroin	1.336	0.995	1.242	1.121
Cocaine (Total)	1.551	0.989	1.381	1.327
Ecstasy	1.372	0.989	1.319	1.300
Any illegal drugs	1.961	0.979	2.021	1.329

6.4.4. Design effects: Descriptives

A complete list, in MS Excel of all calculated DEs in the survey has been prepared separately. It presents the actual sample size, the effective sample size, the rate (i.e. the proportion who are users) and the DE for each measure, along with the Clopper Pearson Confidence Intervals (whose methodology and rationale are fully described in Section 6.5). Nine such tables have been produced; one for each health board and one for the Republic of Ireland overall. Within each table 660 measures (one on each row) are presented – i.e.

- Prevalence levels (3 – i.e. Lifetime, Last Year and Last Month);
- Demographic sub-groups (10 – i.e. overall, 2 genders, 2-level and 5-level age groups);
- Drug types (22).

Table 2 summarises the calculated ROI-level design effects for the 2006/07 and 2010/11 population surveys. The column DE presents the mean design effect and its standard deviation for all estimated design effects, the column DE(LIM) refers to the sample of design effects larger than one, i.e. the design effects that have been used in adjusting the confidence intervals. Design effects for the 2010/11 survey are larger than for 2006/07 and for lifetime prevalence larger than for last year and last month prevalence. There is no difference in the DEs between the genders, and the age bracket between 35-64 years has the highest DE. The highest DEs relate to Opiates, as followed by Magic Mushrooms, New Psychoactive substances Cannabis and Tobacco with relatively small DEs estimated for Crack, LSD and Methadone.

Table 2: Design effect by sample, prevalence type, sub-sample and drug type

	2006/07				***2010/11***			
	DE		***DE(LIM)***		***DE***		***DE(LIM)***	
	Mean	***SD***	***Mean***	***SD***	***Mean***	***SD***	***Mean***	***SD***
Total	1.32	0.35	1.34	0.31	1.46	0.77	1.50	0.73
Prevalence								
Lifetime	1.38	0.34	1.39	0.32	1.55	0.81	1.57	0.80
Last Year	1.3	0.34	1.33	0.31	1.51	0.86	1.56	0.82
Last Month	1.26	0.35	1.29	0.31	1.31	0.59	1.39	0.50
Subsample								
All	1.49	0.4	1.51	0.38	1.89	1.32	1.90	1.31
Males	1.63	0.32	1.63	0.32	1.55	0.62	1.56	0.61
Females	1.03	0.19	1.09	0.12	1.52	1.00	1.59	0.93
15-34	1.5	0.31	1.5	0.3	1.38	0.62	1.44	0.56
35-64	1.2	0.23	1.23	0.18	1.74	0.93	1.76	0.92
15-24	1.57	0.26	1.57	0.25	1.22	0.47	1.30	0.37
25-34	1.35	0.24	1.36	0.21	1.28	0.45	1.34	0.38
35-44	1.06	0.19	1.11	0.13	1.26	0.56	1.33	0.49
45-54	1.2	0.22	1.21	0.2	1.46	0.46	1.49	0.40
55-64	0.99	0.17	1.05	0.07	1.30	0.48	1.32	0.45
Drug type								
Alcohol	1.26	0.29	1.27	0.27	1.43	0.22	1.43	0.22
Tobacco	1.39	0.23	1.39	0.23	1.47	0.16	1.47	0.16
Cannabis	1.64	0.46	1.64	0.46	1.47	0.21	1.47	0.21
Opiates (Tot)	1.41	0.34	1.42	0.33	3.14	1.32	3.14	1.32
Heroin	1.01	0.26	1.11	0.16	1.08	0.44	1.23	0.28
Methadone	1.04	0.23	1.11	0.18	1.00	0.33	1.13	0.18
Other opiates	1.45	0.36	1.46	0.35	3.16	1.32	3.16	1.32

Cocaine (Tot)	1.4	0.23	1.4	0.23	1.36	0.33	1.38	0.30
Crack	1.22	0.24	1.25	0.19	1.00	0.34	1.11	0.24
Cocaine	1.41	0.24	1.41	0.24	1.37	0.33	1.39	0.30
Amphetamines	1.26	0.26	1.3	0.2	1.42	0.54	1.47	0.46
Ecstasy	1.48	0.34	1.48	0.34	1.04	0.28	1.13	0.16
Hallucinogens	1.36	0.38	1.38	0.34	1.37	0.51	1.43	0.43
LSD	1.27	0.34	1.31	0.29	1.01	0.33	1.12	0.21
Magic mushr.	1.4	0.28	1.4	0.28	1.50	0.45	1.50	0.45
Sed, Tranqu.	1.14	0.17	1.16	0.15	1.29	0.23	1.30	0.22
Anti-Depress	1.11	0.13	1.12	0.12	1.36	0.13	1.36	0.13
Solvents	1.09	0.32	1.19	0.21	1.32	0.46	1.36	0.40
Poppers	1.35	0.29	1.37	0.25	0.97	0.35	1.13	0.20
Anabolic Steroids	1.21	0.39	1.29	0.28	1.38	0.40	1.39	0.38
New Psychoactive Substances					1.49	0.32	1.49	0.31
Any illegal drugs	1.66	0.48	1.66	0.46	1.49	0.23	1.49	0.23

6.4.5 Design effects smaller than one

Confidence intervals and significance levels have been only adjusted for design effects if the estimated design effect is larger than one. In the case of design effects that are smaller than one the statistics has been calculated using the unadjusted procedures. This decision follows the practice of the US National Survey on Drug Use and Health (see Gordek and Folom, 2006). In cases where the sampled number of positives (drug users) is zero, design effects cannot be calculated and the unadjusted procedures were used.

6.5. Calculation of Confidence Intervals (on proportions)

6.5.1. Sampling

For the population survey, not all persons in the sampling frame were interviewed, but only a relatively small selection of about 5,000 persons were interviewed. Hence, the prevalence rates calculated from the sample are only **estimates** of the prevalence rate in the frame population. The same sample design, i.e. the same procedure to derive the sample, could have resulted in an almost infinite number of different samples. If prevalence rates would be calculated for these potential samples, the estimated prevalence rates would vary somewhat. This variation is called the **sampling variance**. The higher the sampling variance the lower the precision of an estimate derived from a particular sample.

6.5.2. Confidence intervals

For the evaluation of the findings of the population survey it is therefore useful to provide not only the sample prevalence rate as an estimate of the population prevalence rate, the **point estimate**, but also an indication of how reliable or precise this estimate is. Such an indication is provided by **confidence intervals (CI)**. A confidence interval is an **interval estimate** for a population parameter with an associated probability, the **confidence level**. For studies like the population survey, the confidence level is typically 95%. A 95% confidence interval means that if the sampling was repeated numerous times and a confidence interval calculated for each sample, 95 percent of the confidence intervals should contain the population prevalence rate.

6.5.3. Quality of methods to estimate confidence intervals

There are many different methods to estimate confidence intervals. Given the variety of methods, researchers should select methods to determine confidence intervals that are best suited for the purpose of their study. The main criterion to evaluate the quality of a confidence interval method is how likely confidence intervals estimated by a specific method cover the population value. The question of how the **actual coverage** of a confidence interval compares with the nominal coverage is typically examined in simulation studies where samples are repeatedly drawn from a population with known characteristics. The percentage of confidence intervals containing the population rate is established and this coverage probability is

compared with the nominal coverage. **Under-coverage** is considered to be undesirable, i.e. the percentage of confidence intervals covering the population rate should not be systematically smaller than the confidence level. Given satisfactory coverage, the **width** of the confidence intervals is a second criterion, where more narrow confidence intervals are preferred to wider ones. Finally, consideration should be given to **computational requirements**.

6.5.4. The 'conservatism' issue

While there is general agreement that under-coverage should be avoided, there is some disagreement of what characterises a confidence interval with good coverage properties. Confidence interval methods do not perform uniformly across all possible combinations of prevalence rates in the population (p), and samples of different sizes (n). The first position is that a good method to determine confidence intervals should guarantee at least a coverage probability that is equal to the nominal coverage. This means that a 95% percent confidence interval should in all possible circumstances cover the population parameter in not less than 95 percent of the samples. This position has been criticised as 'too conservative' (e.g., Agresti and Coul, 1998; Brown et al., 2001). The alternative position is that a good method is characterised by confidence intervals where (across all possible combinations of population proportions and sample sizes) the actual coverage on average equals the nominal coverage.

We adopt, in the evaluation of the methods, a differentiated approach: With regard to confidence intervals for prevalence rates we choose a more conservative or cautious position, arguing for methods that guarantee actual coverage of at least the nominal value for the combinations of population proportions and sample sizes that are relevant in the drug surveys. With regard to confidence for differences between proportions, i.e. comparisons between the 2006/07 and 2010/11 surveys, we prefer a less strict position. With regard to comparisons, the construction of the confidence intervals is directly related to hypotheses testing. In this context the avoidance of 'false negatives' is important: We wish to know whether the data provide enough evidence to reject the null-hypothesis that the prevalence rate has not changed between 2006/07 and 2010/11 (and that observed differences in the prevalence rates are due to sampling error). In a hypothesis testing framework, two potential sources of error have to be considered: The likelihood that the null-hypothesis is rejected although the null-hypothesis is true (false positives) and the likelihood that the null-hypothesis is not rejected although the alternative hypothesis is true (false

negatives). A more conservative approach to testing has a consequence that the likelihood of false negatives increases, i.e. that the null hypothesis that drug use did not change between 2006/07 and 2010/11 is not rejected in spite of 'sufficient evidence' to the contrary. With regard to the prevalence rates, we adopt a more conservative position as there are no meaningful null or alternative hypotheses regarding the prevalence rates.

6.5.5. Sampling distribution of proportions

In order to calculate confidence intervals, an idea about the sampling distribution of the statistic in question is needed. The sampling distribution of a rate (i.e. a proportion) is binomially distributed. The shape of the sampling distribution depends on the 'true' prevalence rate in the population (p) and, in the case of simple random sampling, the sample size n. The mean of the sampling distribution is p and the variance □2 = p(1- p)/n. Further, the sampling distribution of a proportion is not symmetric (if p is not exactly .5). The measure for the degree of asymmetry is called **skewness**. The skewness of the sampling distribution of a rate is a function of the population proportion. The more the mass of the distribution is concentrated on the left of the mean and the longer the right tail, the more positively skewed it is, whilst the more the mass of the distribution is concentrated on the right of the mean and the longer the left tail, the more negatively skewed it is.

6.5.6. Confidence Intervals for single proportions: Wald

The standard method to calculate confidence intervals for rates is not based on the (binomial) sampling distribution, but on the approximation of the sampling distribution by the normal distribution. The normal approximation method of determining confidence intervals is based on the inverted Wald test (Wald procedure) and the limits of the confidence is given by:

$$\left[\hat{p} - z_{\alpha/2}\sqrt{\frac{\hat{p}(1-\hat{p})}{n}}; \hat{p} + z_{\alpha/2}\sqrt{\frac{\hat{p}(1-\hat{p})}{n}}\right]$$

where

$\hat{p}$ is the sample proportion

n is the sample size

$z_{\alpha/2}$ is the value of the standard normal distribution such that the area to its right is equal to alpha/2.

6.5.7. Quality of Wald intervals

The Wald method has various deficiencies which are mainly related to the fact that the normal approximation does not reflect the skewness of the sampling distribution of proportions and that the width of the confidence interval converges towards zero when sample probability approaches zero. Various studies showed that the Wald method generates confidence intervals that grossly undercover the population parameter. The under-coverage is more severe when samples are small and when the population parameter is close to 0 percent (or close to 100 percent). Whilst the former poses no problem for surveys with substantial sample size, the latter is a problem in drug prevalence studies. Prevalence rates for drug use are close to zero for many drugs and subpopulations in the population surveys. Therefore, Wald confidence intervals should not be used for population surveys on drug use. Wald confidence intervals have the additional problem that they provide no meaningful confidence intervals for rates that are zero and can generate lower confidence limits that are smaller than zero **(ie: over-shooting).**

6.5.8. Confidence Intervals for single proportions: Clopper-Pearson

The Clopper-Pearson procedure to compute two-sided confidence intervals is based on the binomial procedure (Clopper and Pearson, 1937). The interval estimator is obtained by inverting the test procedure for two one-sided hypotheses, one for the lower limit and the other for the upper bound. Due to the relationship of the cumulative binomial and beta distributions, the following formula for the confidence interval can be derived as a function of the observed number of drug users k and the sample size n (e.g., Krishnamoorthy, 2006: 38):

$\left[\Im^{-1}(\alpha/2;k;n-k+1);\Im^{-1}(1-\alpha/2;k+1;n-k)\right]$ for 0 < k < n;

$\left[0;\Im^{-1}(1-\alpha/2;k+1;n-k)\right]$ for k=0;

$\left[\Im^{-1}(\alpha/2;k;n-k+1);1\right]$ for k=n.

where $\Im^{-1}(p;a;b)$ is the inverse function of the beta distribution with quantile *p* and shape parameters *a* and *b*.

The Clopper-Pearson confidence intervals (95%) for each of the 660 measures and for each HB (and overall) are presented separately in MS Excel tables described in Section 7.4.

6.5.9. Quality of Clopper-Pearson intervals

Clopper-Pearson confidence intervals guarantee an actual coverage that is at least as high as nominal coverage, i.e. a 95% confidence intervals covers the population rate with a probability larger than 95 percent. Clopper-Pearson intervals can show substantially higher coverage than the nominal coverage. However, the problem of over-coverage is less severe for large samples as the actual coverage approximates the nominal coverage with increasing n (Agresti, 2003). The results of one simulation study are particularly relevant for drug prevalence surveys because the study examines combinations of k and n how they are typically found in the drug prevalence surveys (Tobi et al., 2005). This study recommended the Clopper-Pearson procedure and showed that they generate confidence intervals that have higher coverage but are not wider than the highly-regarded Wilson score method (see below; Tobi et al., 2005).

6.6. Identification of significant differences in the point estimates between 2006/07 and 2010/11

6.6.1. Description of Results

A separate MS Excel table presents the results for the usage rates of each drug type * Demographic sub-group * Prevalence level for each HB and overall of the current population survey (2010/11) and the two previous population surveys (2006/07 and 2002/03) , presenting measures of the extent of the level of significance. More precisely, the measure of the changes over time, along with the 95% CI around this are computed and presented. Where the full extent of the CI falls to one side of the "zero difference" point, then one may conclude that there is sufficient evidence for a change in usage levels between the surveys and the null hypothesis of thee being no difference may be rejected. Where the CI cuts the zero point, then one may conclude there is insufficient evidence to demonstrate a change in usage levels amongst the population.

Note that 2006/07 v 2010/11 and 2002/03 v 2010/11 comparisons have been made both at the national (ROI) level and for each Health Board. The 2006/07 data had been presented / tabulated with ERHA split into three sub-areas. In making the comparison for ERHA across the two years, we collapsed the three ERHA sub-areas into a single overall one for 2006/07, calculating a weighted (by the actual sample size) average of drug usage rates.

6.6.2. Confidence Intervals for difference between independent proportions: Wald

For the difference between rates, the standard method is again a Wald procedure (Wald confidence intervals for differences between proportions of independent samples). The limits of the Wald confidence intervals are given by:

$$\left[(\hat{p}_1 - \hat{p}_2) - z_{\alpha/2}\sqrt{\frac{\hat{p}_1(1-\hat{p}_1)}{n_2} + \frac{\hat{p}_2(1-\hat{p}_2)}{n_2}}; (\hat{p}_1 - \hat{p}_2) + z_{\alpha/2}\sqrt{\frac{\hat{p}_1(1-\hat{p}_1)}{n_2} + \frac{\hat{p}_2(1-\hat{p}_2)}{n_2}}\right]$$

where p_1 hat and p_2 hat are the proportions observed in the first and the second sample and n_1 and n_2 the respective sample sizes.

6.6.3. Quality of Wald intervals for difference between proportions

For differences between rates, the Wald procedure shows similar coverage and overshooting problems as the Wald procedure for single proportions (Newcombe, 1998; Agresti and Coull, 2001). The performance of Wald is particularly problematic if either p1 or p2 approaches 0, conditions frequently met in the drug surveys.

6.6.4. Confidence Intervals for difference between independent proportions: Newcombe's hybrid score method

Exact confidence intervals for the difference between proportions of independent samples (analogous to the Clopper-Pearson procedure for single proportions) are very difficult to compute. Therefore, Newcombe (1998) developed a 'hybrid score method' that is easier to compute than exact methods but avoids the pitfalls of the Wald method.

Newcombe hybrid score method is based on Wilson's score method (Wilson, 1927) for single proportion. Wilson score method derives a midpoint for the confidence intervals as a weighted average of the sample proportion and .5 (with the sample

proportion gaining greater weight as the sample size rise). Further, the weighted average of the variance of the observed sample proportion and the variance of a proportion of .5 is used instead of the variance of the sample proportion as estimate of the sampling variation.

The Wilson score method derives the following confidence interval for the proportion estimate of samples with the following two roots providing the upper and lower 100(1-α)% confidence limits for π (the population score).

$$U = \frac{2n\hat{p} + z^2 + z\sqrt{z^2 + 4n(\hat{p}(1-\hat{p}))}}{2(n+z^2)}$$

$$L = \frac{2n\hat{p} + z^2 - z\sqrt{z^2 + 4n(\hat{p}(1-\hat{p}))}}{2(n+z^2)}$$

For two samples 1 and 2 with p_1 hat > p_2 hat, the Newcombe hybrid score confidence interval for the difference between the proportion is derived from the lower and upper limits of the Wilson score intervals for single proportions:

$$\left[(\hat{p}_1 - \hat{p}_2) - z_{\alpha/2}\sqrt{\frac{L_{p_1}(1-L_{p_1})}{n_1} + \frac{L_{p_2}(1-L_{p_2})}{n_2}}; (\hat{p}_1 - \hat{p}_2) + z_{\alpha/2}\sqrt{\frac{L_{p_1}(1-L_{p_1})}{n_1} + \frac{L_{p_2}(1-L_{p_2})}{n_2}}\right]$$

6.6.5. Quality of Newcombe hybrid score intervals

In several studies of the coverage qualities of confidence intervals for the difference between proportions, Newcombe hybrid score method belonged to the best-performing methods (while Wald was always the poorest performing method).

6.7. Calculation of the Rates, Design Effects and (Effective) bases for the All-Island Data

In this section, we describe the approach used to generate a set of results that cover the All-Island Data.

Owing to the fact that differences exist between the sampling methodology for the two countries (i.e. Northern Ireland – NI and the Republic of Ireland - ROI), the summary results[11] were calculated indirectly from the separate summary results from each separate country.

A certain amount of preliminary data manipulation work (in SAS) was carried out in order to generate identically-structured and formatted files (one file for each separate country), which contained their own summary results listed by the three result levels, i.e.:

- Prevalence (3);
- Sub-sample (10).
- Drug (20 levels common to both surveys);

These two files were merged together as linked by the above common variables and an All-Island (All_I) set of summary results calculated. The calculations were carried out as follows:

- The "realistic" effective base for each country was established (this is the effective base, which when the individual country DE is less than 1.0, is set as being equivalent to the actual base – ie not allowing the effective base to exceed the actual base);

- The All_I effective base is the sum of the individual country "realistic" effective bases;

- The All_I rate is the average of the individual country rates, **weighted** according to their relative survey populations (i.e. adults aged 15-64).

[11] Rates, Design Effects and (Effective) bases

According to the 2010 Census-based estimates, 28.23% of the All Island Survey population are residents of NI, with the remainder residents of ROI.

- The Clopper-Pearson Confidence Intervals for 2010/11 (see sections 6.5.8 and 6.5.9 for further details) were applied at All Island level based on the above calculated effective bases and rates.

- Changes in the rates between 2002 and 2010/11 between 2006/07 and 2010/11 along with their statistical significances were calculated according to the Newcombe method (see section 6.6.4 for further details).

- The overall Design Effect for 2010/11 was calculated by dividing the total of the actual bases for both countries by the sum of the effective bases[12].

[12] In this particular case, the sum of the effective bases for each country, which was **not** limited to being less than or equal to the separate country actual base was used. However, a second overall ROI DE was calculated, this time ensuring that the overall DE did not fall below 1.0.

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Appendices

Appendix A OJEC notice re Expression of Interest

Expressions of Interest sought for Tender
General Population Survey on Drug Prevalence Use
in Republic of Ireland in 2010-2011

Background
The National Advisory Committee on Drugs (NACD) was established in July 2000 to advise the Government in relation to the prevalence, prevention, treatment/ rehabilitation and consequences of problem drug use in Ireland, based on the analysis of research findings and information. The Committee oversees the delivery of a work programme on the extent, nature, causes and effects of drug use in Ireland. The Committee comprises representatives nominated from relevant agencies and sectors, both statutory and non-statutory. The Committee operates under the aegis of the Department of Community, Rural and Gaeltacht Affairs and reports to the Minister of State responsible for the National Drugs Strategy. Further information can be obtained from the NACD website www.nacd.ie.

Commission
The NACD commissioned Drug Prevalence Surveys to establish population prevalence of drug use in Ireland in 2002/2003 and in 2006/2007. (Further information on these surveys can be obtained from www.nacd.ie). The NACD now wishes to commission a repeat of the 2006/2007 Drug Prevalence Survey. The survey to be carried out in 2010/2011 will be broadly similar to the survey carried out in 2006/2007, but will contain additional questions designed to estimate the prevalence of alcohol and cannabis dependence in the general population.

It is intended that the Drug Prevalence Study fieldwork will be carried out from September 2010 to April 2011. The data will then be cleaned and validated with a view to submission to the NACD by 30th of June 2011. Preliminary analysis will be undertaken in the months following, culminating in the publication of the first Bulletin on national prevalence figures and trends in December 2011.

The contractor will be required to follow the relevant guidelines published by the European Monitoring Centre for Drugs and Drug Addiction (www.emcdda.org) and to achieve a minimum population sample of 5,000 in the Republic of Ireland. The primary sampling frame will be the An Post/Ordnance Survey Ireland Geo-directory. The survey questionnaire will be provided to the successful contractor(s).

Contracts awarded will give complete ownership of all data (including electronic and manual files) to the NACD and provide for the return of the data by electronic form in SPSS ".sav" format to the NACD. Contractors will be expected to comply with the DATA Protection Act 1988 (as amended) and with the European Communities (Data Protection) Regulations 2001. The contract will be governed by the laws of Ireland. Under the terms of appointment, subcontracting of the services will not be permitted.

Expressions of Interest
In accordance with the EU Directive 2004/18/EC, Article 28 and 29 expressions of interest are invited for the undertaking of the Drug Prevalence Study fieldwork (September 2010 to April 2011) and analysis, subject to receipt by the NACD of ethical approval for the Study. Persons wishing to tender for this contract should submit an expression of interest to the address below.

Potential contractors should demonstrate in their expression of interest that they have:

- Capacity to carry out Computer Assisted Personal Interviewing (CAPI)
- Capacity to prepare CAPI interview programme immediately on award of contract
- Ability to prepare, clean and validate very large SPSS data files
- Sufficient intellectual capacity with adequate and suitably qualified staff to successfully undertake the project
- Have a track record in this field (large scale social CAPI based research projects).
- Have high level of quality control and quality assurance to research standards, including stringent fieldwork management procedures (please enclose a description), and
- Have adequate financial standing.

Based on short-listing against the above criteria, the NACD intend to invite five to seven contractors to submit a tender at the next stage.

Expressions of interest should be sent to the NACD offices together with 2 copies of recent financial accounts, example of previous relevant work (2 copies), track record, and evidence of capacity (human and technical) to undertake the work, no later than **15.00, Wednesday 20th, January 2010.**

Please mark your envelope **Ten/popsurvey10/11.**

Invitations to tender will be dispatched to selected candidates on **Wednesday, 27th January 2010.**

Note that applicants must provide information regarding the experience, qualifications, capacity etc of all those they propose to be involved in the carrying out of the services.

The Secretary

NACD

1st Floor

Dún Aimhirgin

43-49 Mespil Road

Dublin 4

Ireland

Tel: 00 353 1 647 3240;

Fax 00 353 1 647 3150;

Email: info@nacd.ie; Web: www.nacd.ie

Appendix B Tender Brief

Tender NACD Drug Prevalence Survey 2010-2011 – Ireland.

Background

The National Advisory Committee on Drugs (NACD) was established in July 2000 to advise the Government in relation to the prevalence, prevention, treatment/ rehabilitation and consequences of problem drug use in Ireland, based on the analysis of research findings and information. The Committee oversees the delivery of a work programme on the extent, nature, causes and effects of drug use in Ireland. The Committee comprises representatives nominated from relevant agencies and sectors, both statutory and non-statutory. The Committee operates under the aegis of the Department of Community, Rural and Gaeltacht Affairs and reports to the Minister of State responsible for the National Drugs Strategy. Further information can be obtained from the NACD website www.nacd.ie.

In Ireland, the measurement of the extent and nature of drug use in the general population is one of the priorities in relation to research and information under the National Drugs Strategy (interim) 2009-2016. See Chapter 5 of the Strategy on http://www.pobail.ie/en/OfficeoftheMinisterforDrugs/file,10108,en.pdf. As the prevalence and patterns of drug use in the general population is one of the key five indicators produced by the EMCDDA[13] (http://www.emcdda.europa.eu) and adopted by EU Member States, it is imperative that reliable and comparable data is obtained in this regard.

Commission

The NACD commissioned Drug Prevalence Surveys to establish population prevalence of drug use in Ireland in 2002/2003 and in 2006/2007. (Further information on these surveys can be obtained from www.nacd.ie). The NACD now wishes to commission a repeat of the 2006/2007 Drug Prevalence Survey for Ireland only. The survey to be carried out in 2010/2011 will be broadly similar to the survey carried out in 2006/2007, but will contain additional questions designed to estimate the prevalence of alcohol and cannabis dependence in the general population. In addition, three new questions have been added to obtain information on the use of psychoactive substances sold in 'Headshops' and other outlets.

The Brief

It is essential that the Drug Prevalence Study fieldwork be carried out from September 2010 to April 2011. The data will then be cleaned and validated with a view to submission to the NACD by 30th of June 2011. Preliminary analysis will be undertaken in the months following with a view to the production of a first report of national prevalence figures and trends by the NACD in December 2011. This will enable the NACD to make comparisons with previous surveys, identify trends in drug use nationally, across regions and the EU thus meeting commitments to provide the Government and the EMCDDA with the relevant population prevalence information. The proposed survey will be carried out using a pre-prepared questionnaire (draft attached on a confidential basis) and computer assisted face-to-face interviews (preferred method under EMCDDA guidelines) among those aged 15–64 years. Information on lifetime use, last year and last month use will be just some of the issues explored.

The survey is based on the guidelines produced by the EMCDDA which state as the main aims:

[13] EMCDDA the European Monitoring Centre for Drugs and Drug Addiction

(1) To report prevalence and continuation rates of the most common illicit drugs in the general population by gender and age groups;

(2) To allow cross country assessment of relationships between general patterns of use of illicit and licit drugs;

(3) To allow the assessment of relationships between particular population attributes and the use of illicit drugs.

Potential bidders should refer to the EMCDDA guidelines (www.emcdda.europa.eu) on conducting population surveys in relation to drug use and to the Technical Report on the 2006-2007 Drug Prevalence Survey published on the web (http://www.nacd.ie/publications/prevalence_DPS_Tech_Report.html) for further information on how the survey should be conducted.

The contractor will be required to achieve a population sample of 5,000 in Ireland. The preferred sampling frame will be using the An Post Geo-directory in Ireland.

Copyright will rest with the NACD. The Contract awarded will give complete ownership of all data (including electronic and manual files) to the NACD and provide for the return of the data by electronic form in SPSS ".sav" format to the NACD. Contractors will be expected to comply with the Data Protection Act 1988 (as amended) and with the European Communities (Data Protection) Regulations 2001. The contract will be governed by the laws of Ireland. Under the terms of appointment, subcontracting of the services will not be permitted.

REQUIREMENTS

Potential contractors should demonstrate the following in their tender submission:

1. Capacity -

- Capacity to carry out Computer-assisted Personal Interviewing (CAPI) in Ireland
- Capacity to prepare CAPI interview programme immediately on award of contract
- Ability to prepare, clean and validate very large SPSS data files and demonstrate familiarity with SPSS software
- Sufficient intellectual capacity with adequate and suitably qualified staff to successfully undertake the project
- Have a track record in this field (large scale social CAPI based research projects)
- Have high level of quality control and quality assurance to research standards, including stringent fieldwork management procedures (please enclose a description).

2. Survey mode -

The population survey will be conducted by **face-to-face** interview and participants will be interviewed on use of all drug types to include alcohol, tobacco, prescribed medicines and illicit drugs (see Bulletin 2 from the 2006/2007 Drug Prevalence Survey to see full range of drugs reported on in tables one and seven).

The surveys to be carried out in 2010/2011 will be broadly similar to the survey carried out in 2006/2007, but will contain additional questions designed to estimate the prevalence of alcohol and cannabis dependence in the general population. We require a random order approach to the administration of the cannabis dependence questions (186-190 SDS questions) versus (191-192 – CIDI questions). Three new questions has been added to obtain information on the use of psychoactive substances sold in 'head-shops' and other outlets.

It is anticipated that only 30% of respondents will need to answer the detailed smoking questions, 80% the detailed alcohol questions, 20% the detailed cannabis questions, 5% the detailed cocaine and ecstasy questions and so on. Only a very small proportion of respondents will need to answer all questions. The time range would be between 10 to 35 minutes depending on the number of questions the respondent will be required to answer. (See draft questionnaire attached on a confidential basis).

3. Sampling frame -

The sample population to be surveyed will be the 15-64 age group and resident in households. Information on lifetime use, last year use and last month use is required. We expect at minimum a 70% response rate including vacant houses. Non-contacts and refusals must be dealt with as per EMCDDA guidelines (see technical report also). Tenderers are expected to describe the sampling design appropriate to this survey and what mechanisms would be used to include interviews with difficult to reach age groups in the tender submission. The sample profile should reflect the population profile.

4. Fieldwork Management -

Tenderers are expected to document how the fieldwork will be managed and supervised. Any variations in how fieldwork is managed, interviewers are recruited and trained should be stated in the tender and how this might impact on the study. In particular, the controls to be put in place for data protection; how files will be transferred from CAPI instruments to a central database and what procedures are in place to protect the anonymity of the study participants so their responses are not known to anyone outside of the study.

Ethical approval has been obtained for the study from the Royal College of Physicians of Ireland Faculty of Public Health Medicine and Faculty of Occupational Medicine Research Ethics Committee. Therefore, the contractor will be required to adhere to the procedures set out in the Study Protocol (see Research Activities on the NACD website (http://www.nacd.ie/activities/repeat2010_2011.html) in relation to securing the informed consent of respondents.

5. Data Protection -

Tenderers must comply with Data Protection legislation. The successful bidder will be expected to demonstrate steps they will take to protect and store the data from corruption, infiltration and technical damage.

6. Data Analysis-

Once the data has been collected a comprehensive analysis must be carried out. The substantive report will include an analysis by drug, by age and by gender in the first instance, then by age, gender and by Regional Drug Task Force area. We expect trends to be presented in the tables providing comparisons with the 2002/2003 and 2006/2007 survey. The previous surveys will be provided to the contractor in SPSS format. Please refer to published Bulletins for further information.

The contractor will also be required to:

- carry out weighting of data by age, gender and Regional Drug Task Force Areas and these weights will be required to be detailed in the Technical Report;
- run the tables for the first bulletin of national prevalence figures and trends and the second bulletin on trends by Regional Drug Task Force area;
- calculate 95% design effect adjusted confidence intervals for each drug by age, gender, region of residence and time period and run the tables for the confidence intervals.

As the survey is being conducted simultaneously in Ireland and Northern Ireland (on behalf of the Public Health Information and Research Branch (PHIRB), at the Department of Health, Social Services and Public Safety), careful consultation is required to ensure comparisons can be made between both sets of results. In this context, the contractor will be required to merge data from a comparable dataset from Northern Ireland to provide all island and North South comparable figures.

Any issues which could impact on this process of merging data should be identified in the tender. Please note that this tender refers only to the survey to be conducted in Ireland.

7. Cost

The tenderer must set out details of costs and justification for the costs of implementing this study in Ireland with regard to the specified requirements outlined in the tender brief.

8. Duration of Project

The successful contractor will be expected to be in a position to commence work no later than 6th April 2010 and to complete the project no later than 1st December 2011 to enable the production of a first report of national prevalence figures and trends by the NACD in December 2011. A liaison schedule will be agreed as part of the contract.

EVALUATION OF THE SUBMISSIONS WILL BE BASED ON THE FOLLOWING CRITERIA:

Research methodology
Understanding of the project
Understanding of the work involved
Feasibility of the approach suggested

Project management
Ability to deliver key outputs on time
Clarity in description of milestones
Qualifications and capacity of personnel
Track Record

Value for Money
A full and detailed breakdown of fees and costs (excluding VAT) is required**.** Tenderers should indicate the estimated number of person/days for completing the work.

The NACD reserves the right to reject any or all of the proposals submitted and will not be obliged to accept the lowest or any tender.

RESEARCH ADVISORY GROUP

A Research Advisory Group comprising representatives from the NACD and other experts, will be appointed to oversee the project and the successful bidder will work closely with the Research Advisory Group. The Research Advisory Group will expect to have some involvement when fieldworkers are briefed on their tasks and targets and during the pilot-testing phase. Progress reports will have to be provided to the Research Advisory Group at various stages of the project during the early implementation phase pre and post pilot, post interviewer briefings and every four weeks of the fieldwork phase confirming that the project is on track. The successful bidder will be expected to flag any potential difficulties or problems early to the Research Advisory Group so that a quick resolution can be achieved.

TECHNICAL REPORT

The successful bidder will provide a detailed technical report to the Research Advisory Group on completion of the fieldwork and before the analysis begins. Following completion of analysis, technical details must be added to the report such as the number and types of checks controls and cross validation of the data in cleaning and preparing it for analysis. Syntax for check programmes should be provided to the Research Advisory Group. These controls must be applied to the data when it is in SPSS and not in some other software database to eliminate the risk of missing errors. The Research Advisory Group will also carry out cross checks on the data when it is provided in SPSS.

FINANCIAL REPORT

A separate complete financial report for the project on completion will be required before final payment is made to the contractor.

NACD CONTRACT

A copy of the NACD contract is attached for your information.

CLOSING DATE FOR SUBMISSION

Six copies of the tender together with a signed Freedom of Information Declaration (form attached) and an up-to-date Tax Clearance Certificate should be sent to the NACD offices together with two copies of an example of previous relevant work and include a short CV of those leading and managing this study no later than **15.00, 3rd March 2010**. Short listing may take place. Interviews if required will take place on Thursday, 11th March 2010.

Tenders will not be accepted by email.

Please mark your envelope **Ten-popsurvey10/11.**

The Secretary

NACD

1st Floor,

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43-49 Mespil Road

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Ireland

Tel: 00 353 1 647 3240

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Appendix C About Ipsos MORI

The Ireland operation of Ipsos MORI was founded in 1987. It provides a full range of qualitative and quantitative research services, the latter using face-to-face, telephone, self-completion and web-based methodologies.

Ipsos MORI embraces both traditional and technologically advanced research methods, which means that it can design the research programme that best meets a client's research objectives.

As part of the Ipsos MORI Group, we have access to a huge amount of specialist expertise and technical support, which ensures we can provide the best service possible to our clients.

Ipsos MORI has an extensive and varied client base, incorporating public sector organisations and blue-chip private sector companies.

As indicated in the next section, Ipsos MORI offers the highest quality research services throughout Ireland, and is the only market research agency accredited with ISO 9001 and ISO 20252 and providing fieldwork to IQCS standards throughout Ireland in both telephone and face-to-face interviewing.

In addition, Ipsos MORI has its own auditing and quality team, including our own Customer Service Monitor which provides feedback from our clients on the standard and quality of service we provide.

Ipsos MORI directors and executive/field staff are members of the Market Research Society, and are therefore subject to the requirements of the Market Research Society (MRS) Code of Conduct. This assures all respondents that the information gathered during the course of an interview is confidential and that their opinions and views would remain anonymous.

Appendix D Quality standards in fieldwork

Quality is at the heart of the Ipsos MORI business model and we believe it is critical to the accurate and successful completion of all our research projects.

As the population survey was dealt with completely in-house by Ipsos MORI staff, it ensured quality and accuracy at all stages of the research process – from CAPI set-up through the interviewing process to the reporting stage. As the survey results come under external scrutiny and feed into policy decisions, it was essential that quality assurances were in place to counteract any questioning of the data or the research process and to provide the necessary reassurance in terms of its validity.

Detailed below is the Ipsos MORI commitment to quality control and the practical implications it has on the work practices in place within the company.

Commitment to Quality and Quality Control

- In 2005 we were the first market research company to sign our organisation up to the rigours of the **Market Research Society (MRS) Code**. With the increasing importance of self-regulation, we wanted to be at the forefront of supporting the ethics and quality of our industry by applying the industry's professional Code to our entire organisation including all our interviewers. Previous to this, the Code applied solely to individuals who are members. There are now over 300 MRS company partners who have followed our lead.

- Our quality system has been accredited to **ISO 9001** for many years. In 2006 we were the first company in the world to achieve the new **ISO 20252**, the new international process standard which replaces MRQSA/BS7911. This standard sets out minimum standards for each stage of a market research project and is designed to enable accredited companies to provide a superior service to their clients. Reflecting this, we upgraded our 'Quality Excellence System' in 2007 which has helped us to pass a series of inspections with flying colours.

- In 2008 we became the first UK agency to be awarded **ISO 27001** which is the international standard for information security (we were setting up our systems before the series of high profile data losses during 2008).

Quality: how we are different

While virtually all agencies are able to show some quality accreditations, five things differentiate us from many other agencies:

- the extent to which our quality systems go beyond the minimum, meaning that we can guarantee 'true' quality to our clients;
- the size, know-how and motivation of our field force which means that we can maximise response rates and ensure that what we do reflects well on our clients;
- the experience we have in reaching 'hard to reach' groups either within general survey projects or as specific projects in their own right, and also in employing sophisticated data collection and sampling methods;
- the way in which we challenge our own data using validation systems, and data trend analysis tools;
- the systems we have in place to ensure that survey data is collected, used and stored securely.

Face-to-face fieldwork quality

All interviewing on this project was carried out by members of the Ipsos MORI Interviewer Panel. Our interviewers work in accordance with the ISO 20252 system which incorporates much of the Interviewer Quality Control Scheme (IQCS) and the old MRQSA/BS7911. We regard these standards as *minimum* requirements, not as goals in their own right. This is because our work with other research agencies has convinced us that compliance is not a guarantee of quality. In several key aspects of fieldwork, we think it necessary to go beyond the minimum as we explain in the table below in answers to some key questions we often get asked by clients about face-to-face interviewing:

How many interviewers will be involved?	Too many questionnaires allocated to one interviewer can result in poor quality data in a high percentage of the fieldwork. For any survey, Ipsos MORI restricts interviewers to 10% maximum of the sample. There is no ISO 20252 requirement for this.
What training do your interviewers have?	ISO 20252 requires only 6 hours training for new interviewers. We give a minimum of 12-22 hours training (12 in the classroom). This ensures that our interviewers are trained to high standards and

	lessens the chance of interviewer bias affecting results. If an interviewer works on more than five jobs a year they will be appraised or accompanied at least once a year by an experienced Supervisor/Senior interviewer. All work by a new interviewer is checked for their first three jobs.
What back-checking takes place?	Telephone or written validations are made on a minimum of 10% of interviews for all of our surveys (i.e. respondents are called back by one of our team of Validators). As well as checking the interviewer's conduct, we ask survey-specific questions. Where there is doubt over interview(er) quality, validations are carried out in person by an Ipsos MORI representative. By contrast, some companies conduct all of their validations by post, which yields very low response rates, and many do not ask survey-specific questions.
How is recruitment done?	References are taken up for all interviewers. Criminal Records Bureau checks are also taken up where appropriate. All interviewers sign a Data Protection Act and confidentiality statement when they join.
Who do you use for interviewing?	Unlike some agencies, Ipsos MORI does not parachute groups of students or others into areas they do not know. We have around 250 interviewers in Ireland and over half of our field force work for us exclusively – unlike smaller research companies whose interviewers will work for multiple agencies. Our dedicated and large field force puts us in a privileged position and means that we have locally based interviewers who have a detailed knowledge of the local area and local sensitivities. Because we do not sub-contract our fieldwork we can ensure that our quality standards are observed consistently at every stage of fieldwork.
What support do you give interviewers?	Our field force structure in Ireland includes a Region Manager and three Region Co-ordinators who are full-time, working solely for us. They are supported by a network of Supervisors, and interviewer mentors. We operate a buddy system for all new interviewers so that they receive additional support while they gain experience. This takes the form of coaching in the field (so watching other interviewers work) and regular telephone calls to check progress and give advice. All interviewers are briefed in writing for all surveys. For complex surveys, interviewers are briefed face-to-face by a research director.

Given the importance of these issues, and to facilitate regular surveillance visits carried out by external bodies in connection with ISO, we have our own established auditing and quality teams which have board representation. With the help of feedback from our clients, respondents and interviewers, the teams continuously monitor the quality of service we provide.

Appendix E Questionnaire

UNIQUE ADDRESS CODE					SAMPLE POINT NUMBER					

Republic of Ireland

POPULATION STUDY

2010

10-000957

FINAL Version – 04-10-2010

INTERNAL USE ONLY

POPULATION STUDY

INTRODUCTION

Good morning/afternoon/evening**.** My name is ..... We are conducting a study today about lifestyles such as alcohol, tobacco and drugs, and I'd like to ask you some questions. The interview will last approximately 25 minutes.

IF ASKED: **This study is being conducted on behalf of the Department of Community, Equality and Gaeltacht Affairs and the National Advisory Committee on Drugs in the Republic of Ireland.**

IF UNSURE/CONCERNED ABOUT CONFIDENTIALITY STATE:

We would like to stress that all information you give in the questionnaire will be treated confidentially. No information about you as an individual, including your name and address, will be passed on to anyone outside this research study. All the details collected are purely for the purpose of research and the information is used purely for statistical purposes.

Tobacco

First of all I'm going to ask a few questions about tobacco.

Q1 Do you smoke tobacco products, such as cigarettes, cigars or a pipe?

Yes	1	GO TO Q.3
No	2	CONTINUE
Don't know	X	
Refused	Y	

Q2 Have you ever smoked tobacco products in the past?

Yes	1	CONTINUE
No	2	GO TO Q10
Don't know	X	
Refused	Y	

Q3 At what age did you smoke tobacco products for the first time?

		← **INSERT AGE**
Don't know	X	
Refused	Y	

Q4 During the last 12 months have you smoked tobacco products?

Yes	1	CONTINUE
No	2	GO TO Q10
Don't know	X	
Refused	Y	

Q5 During the last 30 days have you smoked tobacco products?

Yes	1	CONTINUE
No	2	GO TO Q10
Don't know	X	
Refused	Y	

Q6 During the last 30 days on how many days have you smoked?

		← **INSERT FIGURE**
Don't know	X	
Refused	Y	

Q7 What type of tobacco product do you most commonly use?
READ OUT – CODE ONE ONLY

Branded cigarettes	1	CONTINUE
Hand rolled cigarettes	2	
Cigars	3	GO TO Q10
Pipe	4	
Don't know	X	
Refused	Y	

Q8 During the last 30 days how many cigarettes have you smoked on an average day? **READ OUT**

Less than 5 cigarettes per week	1
Less than 1 cigarette per day	2
1-5 cigarettes per day	3
6-10 cigarettes per day	4
11-20 cigarettes per day	5
More than 20 cigarettes per day	6
Don't know	X
Refused	Y

Alcohol

Now I'm going to ask a few questions about alcohol.

Question 9 removed

Q10 Have you ever drunk alcohol?

Yes	1	CONTINUE
No	2	GO TO Q16
Don't know	X	
Refused	Y	

If yes to '10' ask

Q11a At what age did you first drink alcohol 'beyond sips or tastes'?

	← **INSERT AGE**
Don't know	X
Refused	Y

If yes to '10' ask

Q11b How **often** have you consumed alcohol **in the last 12 months?**

Daily	1	CONTINUE
4/5 times a week	2	
2/3 times a week	3	
Once a week	4	
2-3 times a month	5	
Once a month	6	
Less often than once a month	7	
Never	8	GO TO Q16
Don't know	X	
Refused	Y	

SHOW CARD 11c

Q11c During the last 12 months, how many **standard drinks** containing alcohol have you drunk on a typical day when you were drinking?

Don't know	X
Refused	Y

← INSERT FIGURE

A standard drink is (SHOW CARD with pictures depicting measures):

- A half pint or a glass of beer, lager or cider
- A single measure of spirits, for example, whiskey, vodka, gin
- A small glass of wine (100ml)
- A bottle of alcopops (275ml long neck standard bottle)
- A small can/bottle of beer, lager or cider (330 ml)

Ask everyone who has consumed alcohol in the past 12 months
SHOW CARD 11D & 11D2

Q11d During the last 12 months, how often have you consumed (drunk) the equivalent of **4 pints** of beer/cider **or more** or **7 pub measures** of spirits or **one bottle** of wine or 6 pre-mixed spirit drinks (alcopops) on one drinking occasion?
READ OUT & (SHOW CARD with these amounts)

Daily	1
4/5 times a week	2
2/3 times a week	3
Once a week	4
2/3 times a month	5
Once a month	6
Less often than once a month	7
Never	8
Don't know	X
Refused	Y

Questions 12 to 15 removed

Now I'm going to ask a few questions about drugs that are sometimes used as medicines.

SHOW CARD 16

Q16 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q25
Refused	Y	

Show card 16 again.
Interviewer to read out:
"All of the drugs listed on this card are names for sedatives or tranquilisers".

Q17 Do you personally know people who take sedatives or tranquillisers?

Yes	1
No	2
Don't know	X
Refused	Y

Q18 Have you ever taken sedatives or tranquillisers?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q25
Refused	Y	

Q19 At what age did you first take sedatives or tranquillisers?

(Lower age limit set to 0)

Don't know	X
Refused	Y

← **INSERT AGE**

Q20 During the last 12 months have you taken sedatives or tranquillisers?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q25
Refused	Y	

Q21 During the last 30 days have you taken sedatives or tranquillisers?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q25
Refused	Y	

Q22 During the last 30 days, on how many days have you taken sedatives or tranquillisers?

Don't know	X
Refused	Y

← **INSERT FIGURE**

SHOW CARD 23

Q23 What method do you most commonly use to take sedatives or tranquillisers?
Just call me out the number from the card
CODE ONE ONLY

Oral (Tablets or Syrup)	1
Injection with a needle	2
Other (specify) _____	3
Don't know	X
Refused	Y

SHOW CARD 24

Q24 On the last occasion you took sedatives or tranquillisers how had you obtained them?

Just call me out the number from the card

CODE ONE ONLY

I got them on a prescription	1
I got them from someone I know	2
I bought them without a prescription in a chemist	3
I bought them over the internet	4
Other (specify)	5
Don't know	X
Refused	Y

SHOW CARD 25

Q25 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	GO TO Q34
Don't know	X	
Refused	Y	

Show card 25 again.
Interviewer to read out:
"All of the drugs listed on this card are names for anti-depressants".

Q26 Do you personally know people who take anti-depressants?

Yes	1
No	2
Don't know	X
Refused	Y

Q27 Have you ever taken anti-depressants?

Yes	1	CONTINUE
No	2	GO TO Q34
Don't know	X	
Refused	Y	

Q28 At what age did you first take anti-depressants?

	← **INSERT AGE**
Don't know	X
Refused	Y

Q29 During the last 12 months have you taken anti-depressants?

Yes	1	CONTINUE
No	2	GO TO Q34
Don't know	X	
Refused	Y	

Q30 During the last 30 days have you taken anti-depressants?

Yes	1	CONTINUE
No	2	GO TO Q34
Don't know	X	
Refused	Y	

Q31 During the last 30 days, on how many days have you taken anti-depressants?

	← **INSERT FIGURE**
Don't know	X
Refused	Y

SHOW CARD 32

Q32 What method do you most commonly use to take anti-depressants? **Just call me out the number from the card CODE ONE ONLY**

Oral (Tablets or Syrup)	1
Injection with a needle	2
Other (specify) _____	3
Don't know	X
Refused	Y

SHOW CARD 33

Q33 On the last occasion you took anti-depressants how had you obtained them?

Just call me out the number from the card

CODE ONE ONLY

I got them on a prescription	1
I got them from someone I know	2
I bought them without a prescription in a chemist	3
I bought them over the internet	4
Other (specify)	5
Don't know	X
Refused	Y

Now I'm going to ask a few questions about other drugs.

SHOW CARD 34

Q34 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q45
Refused	Y	

Show card 34 again.
Interviewer to read out:
"All of the drugs listed on this card are names for cannabis".

Q35 Do you personally know people who take cannabis?

Yes	1
No	2
Don't know	X
Refused	Y

Q36 Have you ever taken cannabis?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q38
Refused	Y	

Q37 At what age did you first take cannabis?

	← **INSERT AGE**
Don't know	X
Refused	Y

SHOW CARD 38

Q38 How many times have you been offered cannabis either free of charge or to buy in the last 12 months? **Just call me out the number from the card** - **CODE ONE ONLY**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X

ALL WHO ANSWERED YES AT Q36 GO TO Q39.

Refused	Y

OTHERS GO TO Q45

Q39 During the last 12 months have you taken cannabis?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q45
Refused	Y	

Q40 During the last 30 days have you taken cannabis?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q45
Refused	Y	

Q41 During the last 30 days, on how many days have you taken cannabis?

Don't know	X
Refused	Y

← INSERT FIGURE

SHOW CARD 42

Q42 What type of cannabis do you most commonly use?
Just call me out the number from the card
CODE ONE ONLY

Grass	1	CONTINUE
Weed	2	
Skunk	3	
Hash Oil	4	GO TO Q44
Herb	5	CONTINUE
Hash	6	GO TO Q44
Resin	7	
Other (specify)_____	8	
Don't know	X	
Refused	Y	

Q43 Is it Irish grown?

CODE ONE ONLY

Yes	1
No	2
Don't know	X
Refused	Y

SHOW CARD 44

Q44 What method do you most commonly use to take cannabis?

Just call me out the number from the card
CODE ONE ONLY

Joint	1
Pipe	2
Bong	3
Eat	4
Other (specify) _____ _	5
Don't know	X
Refused	Y

SHOW CARD 45

Q45 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q53
Refused	Y	

Show card 45 again.
Interviewer to read out:
"All of the drugs listed on this card are names for ecstasy".

Q46 Do you personally know people who take ecstasy?

Yes	1
No	2
Don't know	X
Refused	Y

Q47 Have you ever taken ecstasy?

Yes	1	CONTINUE
No	2	GO TO Q49
Don't know	X	
Refused	Y	

Q48 At what age did you first take ecstasy?

Don't know	X
Refused	Y

← **INSERT AGE**

SHOW CARD 49

Q49 How many times have you been offered ecstasy either free of charge or to buy in the last 12 months? **Just call me out the number from the card** - **CODE ONE ONLY**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

ALL WHO ANSWERED YES AT Q47 GO TO Q50.

ALL OTHERS GO TO Q53

Q50 During the last 12 months have you taken ecstasy?

Yes	1	CONTINUE
No	2	GO TO Q53
Don't know	X	
Refused	Y	

Q51 During the last 30 days have you taken ecstasy?

Yes	1	CONTINUE
No	2	GO TO Q53
Don't know	X	
Refused	Y	

Q52 During the last 30 days, on how many days have you taken ecstasy?

Don't know	X
Refused	Y

← **INSERT FIGURE**

SHOW CARD 53

Q53 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	GO TO Q62
Don't know	X	
Refused	Y	

Show card 53 again.
Interviewer to read out:
"All of the drugs listed on this card are names for amphetamines".

Q54 Do you personally know people who take amphetamines?

Yes	1
No	2
Don't know	X
Refused	Y

Q55 Have you ever taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q57
Don't know	X	
Refused	Y	

Q56 At what age did you first take amphetamines?

	← **INSERT AGE**
Don't know	X
Refused	Y

SHOW CARD 57

Q57 How many times have you been offered amphetamines either free of charge or to buy in the last 12 months? **Just call me out the number from the card** - **CODE ONE ONLY**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

ALL WHO ANSWERED YES AT Q55 GO TO Q58.

OTHERS GO TO Q62

Q58 During the last 12 months have you taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q62
Don't know	X	
Refused	Y	

Q59 During the last 30 days have you taken amphetamines?

Yes	1	CONTINUE
No	2	GO TO Q62
Don't know	X	
Refused	Y	

Q60 During the last 30 days, on how many days have you taken amphetamines?

	← **INSERT FIGURE**
Don't know	X
Refused	Y

Question 61 removed

SHOW CARD 62

Q62 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	GO TO Q70
Don't know	X	
Refused	Y	

Show card 62 again.
Interviewer to read out:
"All of the drugs listed on this card are names for crack".

Q63 Do you personally know people who take crack?

Yes	1
No	2
Don't know	X
Refused	Y

Q64 Have you ever taken crack?

Yes	1	CONTINUE
No	2	GO TO Q66
Don't know	X	
Refused	Y	

Q65 At what age did you first take crack?

	← **INSERT AGE**
Don't know	X
Refused	Y

SHOW CARD 66

Q66 How many times have you been offered crack either free of charge or to buy in the last 12 months? **Just call me out the number from the card** - **CODE ONE ONLY**

Never	1	*ALL WHO ANSWERED YES AT Q64 GO TO Q67.*
Once or twice	2	
3 to 5 times	3	
6 to 9 times	4	
10 to 19 times	5	
20 times or more	6	
Don't know	X	
Refused	Y	*OTHERS GO TO Q70*

Q67 During the last 12 months have you taken crack?

Yes	1	CONTINUE
No	2	GO TO Q70
Don't know	X	
Refused	Y	

Q68 During the last 30 days have you taken crack?

Yes	1	CONTINUE
No	2	GO TO Q70
Don't know	X	
Refused	Y	

Q69 During the last 30 days, on how many days have you taken crack?

	← **INSERT FIGURE**
Don't know	X
Refused	Y

SHOW CARD 70

Q70 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	GO TO Q79
Don't know	X	
Refused	Y	

Show card 70 again.
Interviewer to read out:
"All of the drugs listed on this card are names for cocaine".

Q71 Do you personally know people who take cocaine?

Yes	1
No	2
Don't know	X
Refused	Y

Q72 Have you ever taken cocaine?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q74
Refused	Y	

Q73 At what age did you first take cocaine?

Don't know	X
Refused	Y

← INSERT AGE

SHOW CARD 74

Q74 How many times have you been offered cocaine either free of charge or to buy in the last 12 months? **Just call me out the number from the card** - **CODE ONE ONLY**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

ALL WHO ANSWERED YES AT Q72 GO TO Q75.

OTHERS GO TO Q79

Q75 During the last 12 months have you taken cocaine?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q79
Refused	Y	

Q76 During the last 30 days have you taken cocaine?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q79
Refused	Y	

Q77 During the last 30 days, on how many days have you taken cocaine?

Don't know	X
Refused	Y

← INSERT FIGURE

SHOW CARD 78

Q78 What method do you most commonly use to take cocaine? **Just call me out the number from the card – CODE ONE ONLY**

Doing a line/Snort	1
Injection with a needle	2
Smoke	3
Other (specify)_____	4
Don't know	X
Refused	Y

SHOW CARD 79

Q79 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q88
Refused	Y	

Show card 79 again.
Interviewer to read out:
"All of the drugs listed on this card are names for heroin".

Q80 Do you personally know people who take heroin?

Yes	1
No	2
Don't know	X
Refused	Y

Q81 Have you ever taken heroin?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q83
Refused	Y	

Q82 At what age did you first take heroin?

	← **INSERT AGE**
Don't know	X
Refused	Y

SHOW CARD 83

Q83 How many times have you been offered heroin either free of charge or to buy in the last 12 months? **Just call me out the number from the card** - **CODE ONE ONLY**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

ALL WHO ANSWERED YES AT Q81 GO TO Q84.

OTHERS GO TO Q88

Q84 During the last 12 months have you taken heroin?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q88
Refused	Y	

Q85 During the last 30 days have you taken heroin?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q88
Refused	Y	

Q86 During the last 30 days, on how many days have you taken heroin?

	← **INSERT FIGURE**
Don't know	X
Refused	Y

SHOW CARD 87

Q87 What method do you most commonly use to take heroin? **Just call me out the number from the card – CODE ONE ONLY**

Smoke	1
Injection with a needle	2
'Chasing the dragon'	3
Other (specify)_____	4
Don't know	X
Refused	Y

SHOW CARD 88

Q88 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q96
Refused	Y	

Show card 88 again.
Interviewer to read out:
"All of the drugs listed on this card are names for LSD".

Q89 Do you personally know people who take LSD?

Yes	1
No	2
Don't know	X
Refused	Y

Q90 Have you ever taken LSD?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q92
Refused	Y	

Q91 At what age did you first take LSD?

Don't know	X
Refused	Y

← **INSERT AGE**

SHOW CARD 92

Q92 How many times have you been offered LSD either free of charge or to buy in the last 12 months? **Just call me out the number from the card** - **CODE ONE ONLY**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

ALL WHO ANSWERED YES AT Q90 GO TO

Q93.

OTHERS GO TO Q96

Q93 During the last 12 months have you taken LSD?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q96
Refused	Y	

Q94 During the last 30 days have you taken LSD?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q96
Refused	Y	

Q95 During the last 30 days, on how many days have you taken LSD?

Don't know	X
Refused	Y

← **INSERT FIGURE**

SHOW CARD 96

Q96 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q104
Refused	Y	

Show card 96 again.
Interviewer to read out:
"All of the things listed on this card are names for solvents".

Q97 Do you personally know people who take solvents?

Yes	1
No	2
Don't know	X
Refused	Y

Q98 Have you ever taken solvents?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q100
Refused	Y	

Q99 At what age did you first take solvents?

Don't know	X
Refused	Y

← **INSERT AGE**

SHOW CARD 100

Q100 How many times have you been offered solvents either free of charge or to buy in the last 12 months? **Just call me out the number from the card** - **CODE ONE ONLY**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

ALL WHO ANSWERED YES AT Q98 GO TO Q101.

OTHERS GO TO Q104

Q101 During the last 12 months have you taken solvents?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q104
Refused	Y	

Q102 During the last 30 days have you taken solvents?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q104
Refused	Y	

Q103 During the last 30 days, on how many days have you taken solvents?

Don't know	X
Refused	Y

← **INSERT FIGURE**

SHOW CARD 104

Q104 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q112
Refused	Y	

Show card 104 again.
Interviewer to read out:
"All of the drugs listed on this card are names for poppers".

Q105 Do you personally know people who take poppers?

Yes	1
No	2
Don't know	X
Refused	Y

Q106 Have you ever taken poppers?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q108
Refused	Y	

Q107 At what age did you first take poppers?

Don't know	X
Refused	Y

← **INSERT AGE**

SHOW CARD 108

Q108 How many times have you been offered poppers either free of charge or to buy in the last 12 months? **Just call me out the number from the card** - **CODE ONE ONLY**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

ALL WHO ANSWERED YES AT Q106 GO TO Q109.

OTHERS GO TO Q112

Q109 During the last 12 months have you taken poppers?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q112
Refused	Y	

Q110 During the last 30 days have you taken poppers?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q112
Refused	Y	

Q111 During the last 30 days, on how many days have you taken poppers?

Don't know	X
Refused	Y

← **INSERT FIGURE**

SHOW CARD 112

Q112 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q121
Refused	Y	

Show card 112 again.
Interviewer to read out:
"All of the drugs listed on this card are names for magic mushrooms".

Q113 Do you personally know people who take magic mushrooms?

Yes	1
No	2
Don't know	X
Refused	Y

Q114 Have you ever taken magic mushrooms?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q116
Refused	Y	

Q115 At what age did you first take magic mushrooms?

	← **INSERT AGE**
Don't know	X
Refused	Y

SHOW CARD 116

Q116 How many times have you been offered magic mushrooms either free of charge or to buy in the last 12 months? **Just call me out the number from the card - CODE ONE ONLY**

Never	1
Once or twice	2
3 to 5 times	3
6 to 9 times	4
10 to 19 times	5
20 times or more	6
Don't know	X
Refused	Y

ALL WHO ANSWERED YES AT Q114 GO TO Q117.

OTHERS GO TO Q121

Q117 During the last 12 months have you taken magic mushrooms?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q121
Refused	Y	

Q118 During the last 30 days have you taken magic mushrooms?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q121
Refused	Y	

Q119 During the last 30 days, on how many days have you taken magic mushrooms?

	← **INSERT FIGURE**
Don't know	X
Refused	Y

SHOW CARD 120

Q120 On the last occasion you took magic mushrooms how had you obtained them?

Just call me out the number from the card

CODE ONE ONLY

I picked them myself	1
I got them from someone I know	2
I bought them off the internet	3
I bought them in a shop/market	4
Other (specify)_____	5
Don't know	X
Refused	Y

SHOW CARD 121

Q121 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q138
Refused	Y	

Show card 121 again.
Interviewer to read out:
"All of the drugs listed on this card are names for methadone".

Q122 Do you personally know people who take methadone?

Yes	1
No	2
Don't know	X
Refused	Y

Q123 Have you ever taken methadone?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q138
Refused	Y	

Q124 At what age did you first take methadone?

	← **INSERT AGE**
Don't know	X
Refused	Y

Q125 During the last 12 months have you taken methadone?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q138
Refused	Y	

Q126 During the last 30 days have you taken methadone?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q138
Refused	Y	

Q127 During the last 30 days, on how many days have you taken methadone?

	← **INSERT FIGURE**
Don't know	X
Refused	Y

SHOW CARD 128

Q128 ***On the last occasion you took methadone how had you obtained it?*** *Just call me out the number from the card*

CODE ONE ONLY

I got it on a prescription	1
I got it from someone I know	2
I bought it without a prescription in a chemist	3
I bought it over the internet	4
Other (specify)_____	5
Don't know	X
Refused	Y

NOTE TO INTERVIEWER: Q129-Q137 NOT APPLICABLE TO ROI QUESTIONNAIRE

I would now like to ask you about other opiates excluding heroin and methadone, which I have previously asked about.

SHOW CARD 138, SHOW CARD CODEINE PRODUCTS (138) IF CODEINE MENTIONED

Q138 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q146
Refused	Y	

Show card 138 again.
Interviewer to read out:
"All of the drugs listed on this card are names for other opiates excluding heroin and methadone".

Q139 Do you personally know people who take other opiates?

Yes	1
No	2
Don't know	X
Refused	Y

Q140 Have you ever taken other opiates?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q146
Refused	Y	

Q141 At what age did you first take other opiates?

	← **INSERT AGE**
Don't know	X
Refused	Y

Q142 During the last 12 months have you taken other opiates?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q146
Refused	Y	

Q143 During the last 30 days have you taken other opiates?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q146
Refused	Y	

Q144 During the last 30 days, on how many days have you taken other opiates?

Don't know	X
Refused	Y

← **INSERT FIGURE**

SHOW CARD 145

Q145 ***On the last occasion you took other opiates how had you obtained them?*** *Just call me out the number from the card*

CODE ONE ONLY

I got them on a prescription	1
I got them from someone I know	2
I bought them without a prescription in a chemist	3
I bought them over the internet	4
Other (specify)_____	5
Don't know	X
Refused	Y

SHOW CARD 146

Q146 Have you ever heard of any of these ……..? **SHOW CARD, IF YES TO ANY LISTED ON CARD CODE YES AND CONTINUE**

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q154
Refused	Y	

Show card 146 again.
Interviewer to read out:
"All of the drugs listed on this card are names for anabolic steroids".

Q147 Do you personally know people who take anabolic steroids?

Yes	1
No	2
Don't know	X
Refused	Y

Q148 Have you ever taken anabolic steroids?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q154
Refused	Y	

Q149 At what age did you first take anabolic steroids?

Don't know	X
Refused	Y

← **INSERT AGE**

Q150 During the last 12 months have you taken anabolic steroids?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q154
Refused	Y	

Q151 During the last 30 days have you taken anabolic steroids?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q154
Refused	Y	

Q152 During the last 30 days, on how many days have you taken anabolic steroids?

Don't know	X
Refused	Y

← **INSERT FIGURE**

SHOW CARD 153

Q153

On the last occasion you took anabolic steroids how had you obtained them?
Just call me out the number from the card
CODE ONE ONLY

I got them on a prescription	1
I got them from someone I know	2
I bought them without a prescription in a chemist	3
I bought them over the internet	4
Other (specify)_____	5
Don't know	X
Refused	Y

I'd like to ask you for your opinions on different matters relating to drugs.

SHOW CARD 154

Q154 Do you perceive a drug addict more as a criminal or more as a patient?

More as a criminal	1
More as a patient	2
Neither a criminal nor a patient	3
Both a criminal and a patient	4
Don't know, cannot decide	X
Refused	Y

SHOW CARD 155

Q155 To what extent do you agree with the following statements ….

READ OUT IN TURN ⬇	**Fully agree**	**Largely agree**	**Neither**	**Largely disagree**	**Fully disagree**	**Don't know**	**Refused**
"People should be permitted to take cannabis for medical reasons"	1	2	3	4	5	X	Y
"People should be permitted to take cannabis for recreational reasons"	1	2	3	4	5	X	Y
"People should be permitted to take heroin"	1	2	3	4	5	X	Y

SHOW CARD 156

Q156 Individuals differ in whether or not they disapprove of people doing certain things. I will mention a few things, which some people might do. Can you tell me if you would not disapprove, disapprove or strongly disapprove when people do any of these things?

READ OUT IN TURN ⬇	**Do not disapprove**	**Disapprove**	**Strongly disapprove**	**Don't know**	**Refused**
Trying ecstasy once or twice	1	2	3	X	Y
Trying heroin once or twice	1	2	3	X	Y
Smoking 10 cigarettes a day	1	2	3	X	Y
Smoking cannabis occasionally	1	2	3	X	Y

SHOW CARD 157

Q157 Now I would like to know how much do you think that people risk harming themselves, physically or in other ways, if they do certain things. I will again mention a few things some people might do. Please tell me if you consider it to be no risk, a slight risk, a moderate risk or a great risk, if people do such things.

READ OUT IN TURN ↓	**No Risk**	**Slight risk**	**Moderate risk**	**Great risk**	**Don't know**	**Refused**
(a) Smoke one or more packs of cigarettes a day	1	2	3	4	X	Y
(b) Binge drink	1	2	3	4	X	Y
(c) Smoke cannabis regularly	1	2	3	4	X	Y
(d)Try ecstasy once or twice	1	2	3	4	X	Y
(e) Try cocaine once or twice	1	2	3	4	X	Y
(f) Try crack once or twice	1	2	3	4	X	Y

Read out to all who are asked any question from Q160 to Q180.
"I'd like to ask you a few more questions about some of the substances you said earlier that you had used".

Question 158 to 159 removed.

ASK ALL WHO HAVE EVER TAKEN CANNABIS AT Q36. OTHERS GO TO Q164

Q160 Earlier in the study you stated that you have taken cannabis, have you ever taken cannabis regularly?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q172
Refused	Y	

Q161 Earlier in the study you stated the age when you first took cannabis, can you tell us at what age did you first take cannabis regularly?

	← **INSERT AGE**
Don't know	X
Refused	Y

SHOW CARD 162

Q162 Have you ever tried to stop taking cannabis?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	
No	3	
Don't know	X	GO TO Q172
Refused	Y	

SHOW CARD 163

Q163 What was the main reason for stopping/trying to stop taking cannabis?

Just call me out the number from the card – CODE ONE ONLY

Cost/could no longer afford it	1	Put on rehabilitation programme	9
Persuaded by friends/family	2	Did not want to take anymore	10
Impact on job/friends/family	3	Did not enjoy after effects	11
No longer part of social life	4	The pros of taking did not outweigh the cons	12
Concern about health/health reasons	5	Other (specify) _____	13
Pregnancy	6	Don't know	X
Less available supply	7	Refused	Y
Gave up smoking cigarettes	8		

ASK ALL WHO HAVE USED CANNABIS (Yes at Q39) IN THE LAST 12 MONTHS. OTHERS GO TO Q164

SHOW CARD 163a

Q172 How did you get the cannabis on the last occasion you used it?
Just call me out the number from the card
CODE ONE ONLY

Given by family/friend	1
Given by a contact I did not know personally	2
Given by a stranger	3
Shared amongst group of friends	4
Bought from a friend	5
Bought from a contact I did not know personally	6
Bought from a stranger	7
Other (specify)_____	8
Don't know	X
Refused	Y

ASK ALL WHO HAVE USED CANNABIS (Yes at Q39) IN LAST 12 MONTHS
OTHERS GO TO Q164

SHOW CARD 163b

Q173 In which of the following places did you obtain the cannabis on the last occasion you used it?
Just call me out the number from the card
CODE ONE ONLY

Street/park	1
Disco/bar/club	2
Office/workplace	3
School/college	4
House of a dealer	5
House of a friend	6
Ordered by phone for collection/delivery	7
Internet	8
Other (specify)_____	9
Don't know	X
Refused	Y

ASK ALL WHO HAVE USED CANNABIS (Yes at Q39) IN LAST 12 MONTHS
OTHERS GO TO Q164

SHOW CARD 163c

Q174 How easy or difficult is it to obtain cannabis in a 24 hour period?
Just call me out the number from the card

Very easy	1
Fairly easy	2
Neither easy nor difficult	3
Fairly difficult	4
Very difficult	5
Don't know	X
Refused	Y

ASK ALL WHO HAVE USED CANNABIS (YES AT Q39) IN THE LAST 12 MONTHS
OTHERS GO TO Q164

As a result of your cannabis use in the last 12 months

Q186 Have you thought your use of 'cannabis' was out of control?
PROBE TO PRECODE

Never/almost never	0
Sometimes	1
Often	2
Always/nearly always	3
Don't know	X
Refused	Y

Q187 Has the prospect of missing a dose or joint made you anxious, worried or stressed?
PROBE TO PRECODE

Never/almost never	0
Sometimes	1
Often	2
Always/nearly always	3
Don't know	X
Refused	Y

Q188 Have you worried about your use of cannabis?
PROBE TO PRECODE

Never/almost never	0
Sometimes	1
Often	2
Always/nearly always	3
Don't know	X
Refused	Y

Q189 Have you wished you could stop using cannabis?
PROBE TO PRECODE

Never/almost never	0
Sometimes	1
Often	2
Always/nearly always	3
Don't know	X
Refused	Y

ASK Q190B TO THOSE WHO HAVE USED CANNABIS IN THE LAST 12 MONTHS (CODE 1 AT Q39) AND WHO HAVE NOT STOPPED (CODES 2, 3, X AND Y AT Q162)

Q190b How difficult do you find it to go without cannabis?

Not difficult	0
Quite difficult	1
Very difficult	2
Impossible	3
Don't know	X
Refused	Y

ASK Q190 TO THOSE WHO HAVE USED CANNABIS IN THE LAST 12 MONTHS (CODE 1 AT Q39) AND WHO HAVE STOPPED (CODE 1 AT Q162)

Q190 How difficult did you find it to stop, or go without cannabis?

Not difficult	0
Quite difficult	1
Very difficult	2
Impossible	3
Don't know	X
Refused	Y

ASK ALL WHO HAVE USED CANNABIS (YES AT Q39) IN THE LAST 12 MONTHS.

Interviewer to read out:

"During this part of the survey I am going to ask you more detailed questions about your cannabis use and some of the questions will appear to be eliciting the same information. This is because the researchers want to compare two ways of asking about cannabis use to determine if the shorter method is as good as the longer method. If the shorter method is as good as the longer method, the researchers will use these questions in future surveys. We need your help to do this"

Q191 As a result of your cannabis use in the last 12 months,
SHOW CARD 164a SCALE

	No	*Yes, once*	*Yes, more than once*	*Don't know*	*Refused*	*Not* Applicable
191.1. *Did you experience significant problems at work, at school or when taking care of the household?* **SHOW CARD (164b) EXAMPLES OF SIGNIFICANT PROBLEMS** Examples of significant problems are: Missed days and poor performance at work or school/college; Suspended or expelled from school; Neglected children and or other family members	1	2	3	X	Y	
191.2. *Were you at increased risk of injury?* **INTERVIEWER NOTE: 'Risk of injury' does not include self harming**	*1*	*2*	*3*	*X*	*Y*	
191.2a. *Have you accidently hurt yourself?*	1	2	3	X	Y	
191.4. *Have you committed an offence?* **SHOW CARD (164c) EXAMPLES OF COMMITTING AN OFFENCE** Examples of committing an offence are: Possession of cannabis for use, sale or supply Theft to obtain the substance Driving under its influence (SHOW CARD)	*1*	*2*	*3*	*X*	*Y*	

	No	*Yes, once*	*Yes, more than once*	*Don't know*	*Refused*	*Not* Applicable
***191.5.** Have your friends and family expressed concern about its use?*	1	2	3	*X*	*Y*	
191.6. Have you experienced a break-up in your relationship with a partner?	*1*	*2*	*3*	*X*	*Y*	*Z*
191.7. Have you had financial troubles?	1	2	3	*X*	*Y*	
191.8. Have you physically attacked anybody?	1	2	3	*X*	*Y*	

ASK ALL WHO HAVE USED CANNABIS (YES AT Q36)

Q192 As a result of your cannabis use **SHOW CARD 165**

	No, never	Yes, in the last 12 months	Yes, but more than 12 months ago	Don't know	Refused
192.1. Have you needed to take more than before to achieve the same effect or have you found that the same amount had less effect than before?	1	2	3	X	Y
192.2. **When you used less or none at all**, did you experience any of the following:- trouble sleeping; sweating; trembling; rapid heartbeat; anxiety; irritability or depression?	1	2	3	X	Y
SHOW CARD Question & Symptons (165a) 192.2a. If so, have you taken cannabis in order to ease these symptoms or to prevent them recurring?	1	2	3	X	Y
192.3a. Have you used more on a single occasion than you originally intended?	1	2	3	X	Y
192.3b. Have you used more over a longer time-period than you originally intended?	1	2	3	X	Y
192.4. Have you wanted to cut down or stop using on more than one occasion?	1	2	3	X	Y
192.4a. On more than one occasion have you tried to stop or reduce but did not succeed? Only a single score permitted	1	2	3	X	Y
192.5. Have you found that cannabis has taken over your life, by this I mean have you spent a lot of time obtaining it, using it or recovering from its effect?	1	2	3	X	Y
192.6. Have you restricted or abandoned important activities, such as sport, work or being with family or friends?	1	2	3	X	Y

	No, never	Yes, in the last 12 months	Yes, but more than 12 months ago	Don't know	Refused
192.7. Have you experienced any of these health problems? **SHOW CARD HEALTH PROBLEMS (165b)** Eye and mouth dryness Nausea Hoarseness Persistent cough 192.7a. If so, have you continued to use it despite those health problems?	1 1	2 2	3 3	X X	Y Y
192.8. Have you experienced any of these emotional or psychological problems? **SHOW CARD HEALTH PROBLEMS (165c)** Apathy (not caring about anything) Depression Paranoia (suspicion of other people, feelings that people are thinking and talking about you) Thinking and seeing things differently Heightened sense of awareness 192.8a. If so, have you continued to use it despite those psychological problems?	1 1	2 2	3 3	X X	Y Y

ASK ALL WHO HAVE EVER TAKEN ECSTASY AT Q47

OTHERS GO TO Q168

Q164 Earlier in the study you stated that you have taken ecstasy, have you ever taken ecstasy regularly?

Yes	1	CONTINUE
No	2	GO TO Q175
Don't know	X	
Refused	Y	

Q165 Earlier in the study you stated the age when you first took ecstasy, can you tell us at what age did you first take ecstasy regularly?

	← **INSERT AGE**
Don't know	X
Refused	Y

SHOW CARD 166

Q166 Have you ever tried to stop taking ecstasy?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	
No	3	GO TO Q175
Don't know	X	
Refused	Y	

SHOW CARD 167

Q167 What was the main reason for stopping/trying to stop taking ecstasy?

Just call me out the number from the card – CODE ONE ONLY

Cost/could no longer afford it	1	Put on rehabilitation programme	8
Persuaded by friends/family	2	Did not want to take anymore	9
Impact on job/friends/family	3	Did not enjoy after effects	10
No longer part of social life	4	The pros of taking did not outweigh the cons	11
Concern about health/health reasons	5	Other (specify) _____	12
Pregnancy	6	Don't know	X
Less available supply	7	Refused	Y

ASK ALL WHO HAVE USED ECSTASY (Yes at Q50) IN THE LAST 12 MONTHS
OTHERS GO TO Q168

SHOW CARD 175

Q175 How did you get the ecstasy on the last occasion you used it?
Just call me out the number from the card
CODE ONE ONLY

Given by family/friend	1
Given by a contact I did not know personally	2
Given by a stranger	3
Shared amongst group of friends	4
Bought from a friend	5
Bought from a contact I did not know personally	6
Bought from a stranger	7
Other (specify)_____	8
Refused	Y
Don't know	X

ASK ALL WHO HAVE USED ECSTASY (Yes at Q50) IN THE LAST 12 MONTHS OTHERS GO TO Q168

SHOW CARD 176

Q176 In which of the following places did you obtain the ecstasy on the last occasion you used it?

Just call me out the number from the card CODE ONE ONLY

Street/park	1
Disco/bar/club	2
Office/workplace	3
School/college	4
House of a dealer	5
House of a friend	6
Ordered by phone for collection/delivery	7
Internet	8
Other(specify)_____	9
Don't know	X
Refused	Y

ASK ALL WHO HAVE USED ECSTASY (Yes at Q50) IN LAST 12 MONTHS OTHERS GO TO Q168

SHOW CARD 177

Q177 How easy or difficult is it to obtain ecstasy in a 24 hour period?

Just call me out the number from the card

Very easy	1
Fairly easy	2
Neither easy nor difficult	3
Fairly difficult	4
Very difficult	5
Don't know	X
Refused	Y

ASK ALL WHO HAVE EVER TAKEN COCAINE AT Q72

OTHERS GO TO Q183

Q168 Earlier in the study you stated that you have taken cocaine, have you ever taken cocaine regularly?

Yes	1	CONTINUE
No	2	
Don't know	X	GO TO Q178
Refused	Y	

Q169 Earlier in the study you stated the age when you first took cocaine, can you tell us at what age did you first take cocaine regularly?

Don't know	X
Refused	Y

← INSERT AGE

SHOW CARD 177a

Q170 Have you ever tried to stop taking cocaine?

Yes – tried to and stopped	1	CONTINUE
Yes - tried to but not stopped	2	
No	3	
Don't know	X	GO TO Q178
Refused	Y	

SHOW CARD 177b

Q171 What was the main reason for stopping/trying to stop taking cocaine?

Just call me out the number from the card – CODE ONE ONLY

Cost/Could no longer afford it	1	Put on rehabilitation programme	8
Persuaded by friends/family	2	Did not want to take anymore	9
Impact on job/friends/family	3	Did not enjoy after effects	10
No longer part of social life	4	The pros of taking did not outweigh the cons	11
Concern about health/health reasons	5	Other (specify) _____	12
Pregnancy	6	Don't know	X
Less available supply	7	Refused	Y

ASK ALL WHO HAVE USED COCAINE (Yes at Q75) IN LAST 12 MONTHS

OTHERS GO TO Q183

SHOW CARD 178

Q178 How did you get the cocaine on the last occasion you used it?
Just call me out the number from the card
CODE ONE ONLY

Given by family/friend	1
Given by a contact I did not know personally	2
Given by a stranger	3
Shared amongst group of friends	4
Bought from a friend	5
Bought from a contact I did not know personally	6
Bought from a stranger	7
Other (specify)_____	8
Refused	Y
Don't know	X

ASK ALL WHO HAVE USED COCAINE (Yes at Q75) IN THE LAST 12 MONTHS
OTHERS GO TO Q183

SHOW CARD 179

Q179 In which of the following places did you obtain the cocaine on the last occasion you used it?

Just call me out the number from the card
CODE ONE ONLY

Street/park	1
Disco/bar/club	2
Office/workplace	3
School/college	4
House of a dealer	5
House of a friend	6
Ordered by phone for collection/delivery	7
Internet	8
Other (specify)_____	9
Don't know	X
Refused	Y

ASK ALL WHO HAVE USED COCAINE (Yes at Q75) IN LAST 12 MONTHS
OTHERS GO TO Q183

SHOW CARD 180

Q180 How easy or difficult is it to obtain cocaine in a 24 hour period?
Just call me out the number from the card

Very easy	1
Fairly easy	2
Neither easy nor difficult	3
Fairly difficult	4
Very difficult	5
Don't know	X
Refused	Y

Question 181 and 182 removed

ASK ALL

SHOW CARD 183
READ OUT: All the substances on this SHOW CARD are only sold in headshops or via the internet

Q183 Have you taken any of the substances presented on this show card in the last 12 months?

Show card, if Yes to any listed on card code Yes and Continue.

Yes	1	CONTINUE
No	2	GO TO Q193
Don't know	X	
Refused	Y	

Q184 What is/are the name of the substances that you took?

SHOW CARD 183 AGAIN

MULTICODE

Herbal smoking mixtures/incense e.g. Smoke, Spice, Sence	1	CONTINUE
Party Pills or Herbal Highs	2	
Bathsalts, Plantfeeders or Other Powders	3	
Kratom (Krypton)	4	
Salvia, Magic mint, Divine mint or Sally D	5	
Other, please specify	6	
Don't know		GO TO Q193
Refused		

Removed precode for legal weed and separate precodes for spice and smoke

SHOW CARD 185

Q185 Where did you get the substance(s)?

INTERVIEWER: PUT ANY MENTIONS OF HEMPSHOP, BUZZSHOP, GROWSHOP AND SMARTSHOP INTO CODE 3

I got them from a friend or someone I know	1
I bought them off the internet	2
I bought them in a headshop	3
I bought them in a shop other than a headshop	4
I bought them in a market	5
I bought them from a dealer	6
Other, please specify	7
Don't know	X
Refused	Y

ASK ALL WHO HAVE CONSUMED ALCOHOL (CODES 1-7 AT 11B) IN THE LAST 12 MONTHS, OTHERS GO TO Q195

I am just going to ask a few questions about alcohol

Q193 During the last 12 months, have you
INTERVIEWER NOTE: WE ARE ASKING THIS QUESTION OF EVERYONE WHO DRANK ALCOHOL IN THE LAST 12 MONTHS

	Yes	No	Don't know	Refused
Had feelings of guilt or remorse after drinking	1	2	X	Y
Had a friend or family member tell you about things you said or did while drinking that you did not remember	1	2	X	Y
Failed to do what was normally expected from you because of drinking (SHOW CARD 193C) Missed days and poor performance at work or school/college; or, Suspended or expelled from school/college; or, Neglected children and/or other family members	1	2	X	Y
Needed a first drink in the morning to get yourself going after a heavy drinking session	1	2	X	Y
Needed to drink more than before to get the same effect	1	2	X	Y

ASK ALL WHO HAVE CONSUMED ALCOHOL (CODES 1-7 AT Q11B) IN THE LAST 12 MONTHS
OTHERS GO TO Q195

Q194 During the **last 12 months**, have you

	Yes	No	Don't know	Refused
Got into a physical fight when you had been drinking	1	2	X	Y
Been in an accident when you had been drinking	1	2	X	Y
Ever felt that you should cut down on your drinking	1	2	X	Y
Regretted something you said or did after drinking	1	2	X	Y
Felt that your drinking harmed your friendships or social life	1	2	X	Y
Felt that your drinking harmed your home life or marriage	1	2	X	Y
Felt that your drinking harmed your work or studies	1	2	X	Y
Felt that your drinking harmed your health	1	2	X	Y

Ask everyone
I am just going to read out some consequences you may have experienced as a result of someone else's drinking

Q195 During the last 12 months have you …….**?**

	Yes	No	Don't know	Refused
Had family problems or relationship difficulties	1	2	X	Y
Been a passenger with a driver who had too much to drink	1	2	X	Y
Been hit or assaulted by someone who had been drinking	1	2	X	Y
Had financial trouble because of someone else's drinking	1	2	X	Y
Had property vandalized by someone who had been drinking	1	2	X	Y

THANK RESPONDENT

WHEN COLLECTING DEMOGRAPHICS AND TAKING CONTACT DETAILS STATE:

Your name, address and telephone number are taken for quality control purposes ONLY, i.e. you may get a phone call or a letter from …… to check that the interviewer has carried out your interview according to instructions"

REPEAT CONFIDENTIALITY REASSURANCE IF CONCERNED ABOUT CONFIDENTIALITY

O.U.O | | **Job No**: | |

CLASSIFICATION

C1a Can you please tell me your date of birth?
Record exact date, month and year. Add refused and don't know code

C.1b
What was your age last birthday?

STATE EXACT AGE AND CODE:			
15– 16	1	31 - 34	5
17 - 19	2	35 - 40	6
20 - 24	3	41 – 54	7
25 - 30	4	55 - 64	8
		Refused	Y
		Don't know	X

SHOW CARD C2
C.2 **Which of these describes you?**

Single (never married)	1	Divorced	5
Married	2	Widowed	6
Co-habiting	3	Refused	Y
Separated	4	Don't know	X

C.3 Please circle one of the following:		
	Male	1
	Female	2

SHOW CARD C4
C.4 To which one of the following groups do you consider you belong? Just call me out the number from this card if you prefer. CODE ONE ONLY.

White	Irish	1
	Irish Traveller	2
	British	3
	Roma	4
	Any other White background (specify)_____	5
Black or Black Irish	African	6
	Any other black background (specify_____)	7
Asian or Asian Irish	Chinese	8
	Any other Asian background (specify_____)	9
Other including mixed background	Specify_____	10
Do not wish to answer this question		Y
Don't know		X

C.5a Is your home owned or rented? PROBE

Owned outright	1
Owned with a mortgage	2
Rented from a private landlord	3
Rented from a local authority	4
Rented from a housing association	5
Part owned/Part rented	6
Other (***Specify***) _____	7
Don't know	X
Refused	Y

C.5b How many children, including children aged 16-18 in full time education, are dependent on you?

0	1	2	3	4	5	6	7	8	9+
Refused				Y	Don't know				X

C.5c What is the age of your youngest dependent child? STATE EXACT AGE

Refused	Y	Don't know	X

C.5d

In this household, do you care for an adult who requires substantial assistance with the activities of daily life?

Yes	1	No	2
Refused	Y	Don't know	X

SHOW CARD C6

C.6a **Which of these best describes you?** Just call me out the number from this card if you prefer.

In Paid Job	Self-employed	1
	Working full-time 30 hrs+/week	2
	Working part time	3
No Paid Job	Seeking work for the first time	4
	Unemployed (having lost/given up job)	5
	Home (domestic) duties	6
	Unable to work due to permanent illness/disability	7
	Not working (seeking work)	8
	Not working (not seeking work)	9
	On Government training/education scheme	10
	On Government employment scheme (CE, job options etc)	11
	Retired	12
	Student	13
	Other (Specify) _____	14
	Refused	Y
	Don't know	X

C.6b

IF NOT IN PAID JOB: Have you ever had a paid job?

Yes	1	No	2
Refused	Y	Don't know	X

ASK ALL

SHOW CARD C6C

C.6c **Which, if any, of the following benefits/allowances are you currently in receipt of?**

Jobseeker's Benefit (Unemployment benefit)	1
Jobseeker's Allowance (Unemployment assistance)	2
One parent family payment	3
Illness Benefit (Disability benefit)	4
Disability allowance	5
Invalidity pension	6
Carer's allowance	7
Family income supplement	8
Widow/widowers pension	9
Other(Specify)_____	10
None of these	11
Don't know	X
Refused	Y

C.7 Which member of your household would you say is the CHIEF INCOME EARNER (CIE) that is the person with the largest income, whether from employment, pensions, state benefits, investments or any other sources? **(If equal income is claimed for two people, classify the elder as the C.I.E.)**

Self	*A*	Go to C.9
Other (**WRITE IN**)	B	Go to C.8
Don't know	X	Go to C.8
Refused	Y	Go to C.8

C.8 Is ..... related to you?

Yes	*A*
No	B
Refused	Y
Don't know	X

ASK ALL

C.9 Employment Status of C.I.E: Does the C.I.E. have a paid job full-time or part-time?

Yes	*A*	Go to C.11
No	B	Go to C.10
Refused	Y	Go to C.10
Don't know	X	Go to C.10

SHOW CARD C10

C.10 Looking at this card, please tell me the statement that best describes the C.I.E. Just read out the letter of one that best applies.

A-Retired, gets pension from previous job	A	**Go to C.11**
B-Unemployed less than 2 mths	B	
C-Sick, still receiving pay or statutory pay from job	C	
D-Widowed, receiving pension from spouse's previous job	D	**Go to C11 - Ask occupation details of spouse**
E-Divorced/separated, receiving maintenance	E	
F-Full-time student	F	**Go to C.12 Code SG - C1**
G-Not working, private means	G	**Go to C.12 - Assess SG**
H-Unemployed - longer than 2mths	H	**Go to C. 12 Code SG - E**
I-Sick - only receiving Income Support or Invalidity Benefit	I	
J-Receiving State Pension only	J	
Refused	Y	**Go to C.11**
Don't know	X	**Go to C.11**

C.11 Employment Status of C.I.E.:

- What type of firm/organisation does/did (C.I.E.) work for?
  WRITE IN:

_____

Refused	Y	Don't know	X

- What job does/did ..... do?
  WRITE IN:

_____

Refused	Y	Don't know	X

- Does/Did ..... have any position/rank/grade in the organisation (ie., responsible for the work of other people)?

Yes	A	*No*	B
Refused	Y	*Don't know*	X

PROMPT AS APPROPRIATE (*Foreman, Sergeant, Office Manager, Executive, Officer etc.)*
IF YES,WRITE IN:

_____

Refused	Y	Don't know	X

AND ASK: How many people is/was ..... responsible for? ☐

Refused	Y	Don't know	X

- Does ..... have any qualifications?

Yes	A	***No***	B
Refused	Y	*Don't know*	X

PROMPT AS APPROPRIATE:
Apprenticeship, professional qualifications, University degree)
WRITE IN:

_____

Refused	Y	Don't know	X

- **IF FARMER ASK**: How many acres/hectares does/did CIE farm? ☐

Refused	Y	Don't know	X

C.12 Assess Social Grade:

A	1	D	5
B	2	E	6
C1	3	Refused	Y
C2	4	Don't know	X

SHOW CARD C13 AND READ OUT

C.13 A person has a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities. On the basis of this definition, do you regard yourself as being disabled?

Yes	1	No	2
DK	X	Refused	Y

SHOW CARD C14

C.14 What is the highest level of education that you have completed, was it ...?

No formal education	1
Primary education	2
Lower secondary (*Junior/Intermediate/Group Certificate, 'O' levels/GCSEs, NCVA Foundation Certificate, basic Skills Training Certificate or equivalent)*	4
Upper secondary *Leaving certificate, (including Applied and Vocational Programmes), 'A' Levels NCVA Level 1 Certificate or equivalent)*	5
Third level Non degree qualification *(National Certificate, Diploma NCEA/Institute of Technology or equivalent)*	6
Primary degree *(Third level bachelor degree)*	7
Professional qualification (*of degree status at least*)	8
Both a degree and a professional qualification	9
Postgraduate certificate or diplomas	10
Postgraduate degree or masters	11
Doctorate (PhD)	12
Refused	Y
Don't know	X

C.15 Have you ceased your full time education?

Yes	1
No	2
Refused	Y
Don't know	X

C.15a If Yes – At what age?

Refused	Y
Don't know	X

C.16 Interviewer to complete

Carlow	1	Clare	18
Dublin City	2	Kerry	19
South Dublin	3	Limerick City	20
Dublin Fingal	4	Limerick County	21
Dun Laoghaire	5	Tipperary NR	22
Kildare	6	Tipperary SR	23
Kilkenny	7	Waterford City	24
Laois	8	Waterford County	25
Longford	9	Galway City	26
Louth	10	Galway County	27
Meath	11	Leitrim	28
Offaly	12	Mayo	29
Westmeath	13	Roscommon	30
Wexford	14	Sligo	31
Wicklow	15	Cavan	32
Cork City	16	Donegal	33
Cork County	17	Monaghan	34

C.17 REMOVED

I certify that this interview has been Carried out strictly in accordance with your instructions and within the Code of Conduct of the MRS.

Intv. Sign:			
Intv. No:			
Date of Interview			

IF AGED 15-17 SAY TO PARENT/RESPONSIBLE ADULT:

Under the rules of the Market Research Society we are not allowed to ask children any questions without an adult's permission. May I have your permission to interview your child about lifestyles, such as alcohol, tobacco and drugs? I will explain that he/she does not have to answer any question that he/she doesn't want to.

IF NECESSARY: We need to interview 15 -17 year olds because it is important to understand changes to lifestyles over time

REASSURE AS NECESSARY WITH REGARDS TO CONFIDENTIALITY, FOR RESEARCH PURPOSES ONLY ETC.

HAND STANDARD LETTER TO PARENT OR RESPONSIBLE ADULT.

PERMISSION & SIGNATURE MUST BE OBTAINED FROM A RESPONSIBLE ADULT BEFORE INTERVIEWING ANYONE AGED 15

NAME AND SIGNATURE OF ADULT GIVING AUTHORITY FOR INTERVIEW:

PRINT NAME:	
SIGNATURE:	
RELATIONSHIP TO CHILD:	

Interviewer record:

Parent present during interview	1
Parent not present during interview	2

OFFICE USE ONLY

Intervr. Checked	Supervisor Checked	Supervisor Accomp.	Back-checked	
			Tel	1
			Visit	2
			Post	3
			Date:	Initials:

REMOVE NAME, ADDRESS AND TEL NUMBER FROM SCRIPT

Appendix F Showcards

10-000957

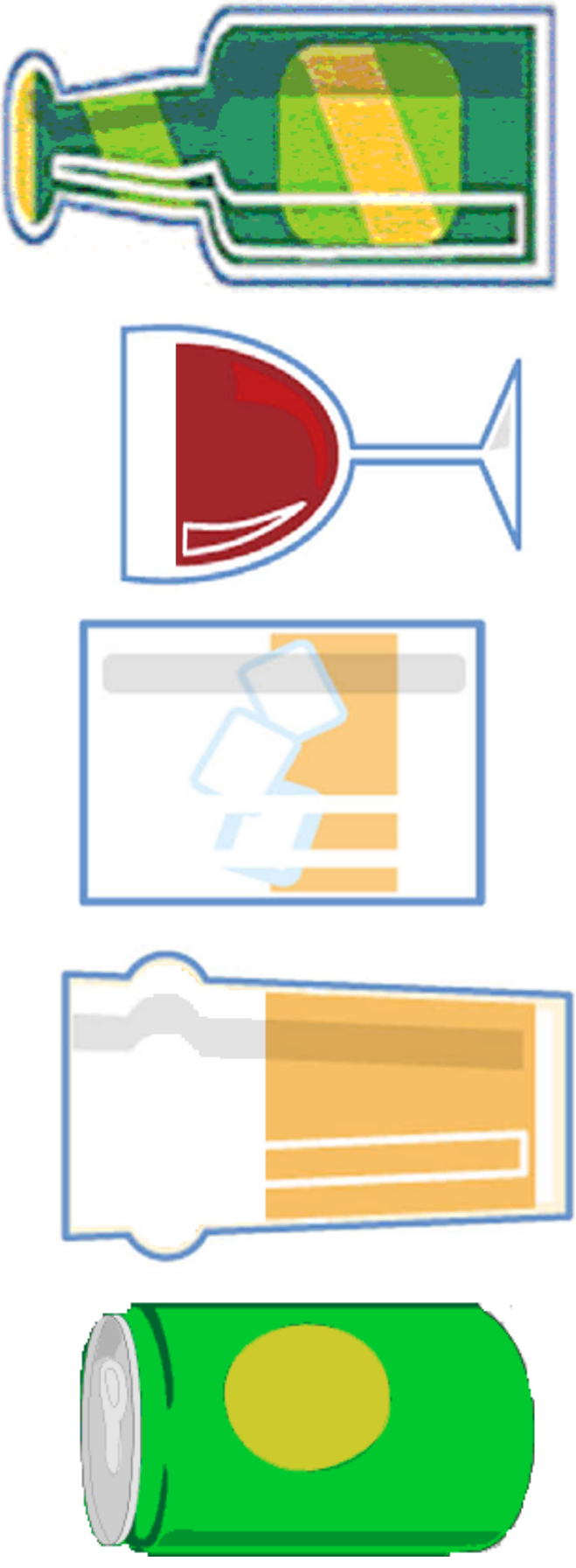
NACD

POPULATION STUDY

SHOWCARDS

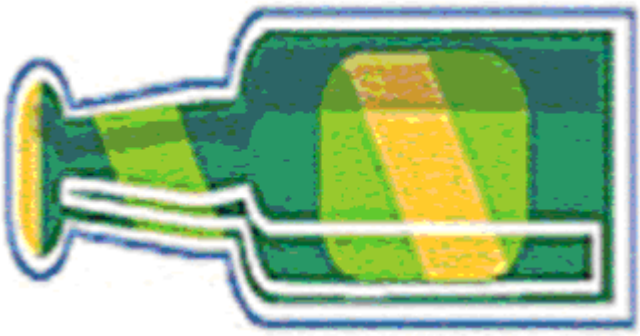
10-000957 **SHOWCARD '11C'**

A standard drink is



A small can or small bottle of beer, lager or cider (330ml)	A half pint or a glass of beer, lager or cider	A single measure of spirits, for example whiskey, vodka, gin	A small glass of wine (100 ml)	A bottle of alcopops (275 ml long neck standard bottle)

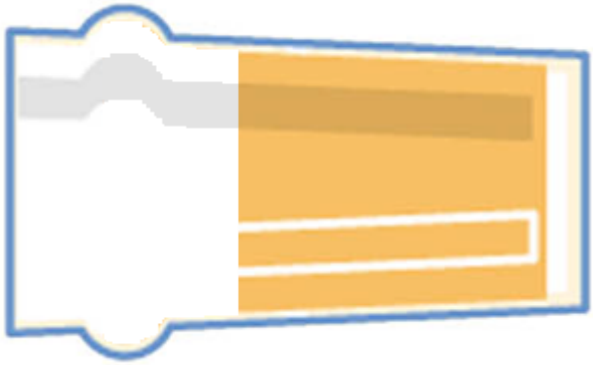
10-000957 **SHOWCARD '11D'**



or **6 pre-mixed spirit drinks** (alcopops)

or **one bottle** of wine

or **7 pub measures** of spirits



4 pints of beer/ cider **or more**

10-000957 **SHOW CARD '11D2'**

1	Daily
2	4/5 times a week
3	2/3 times a week
4	Once a week
5	2/3 times a month
6	Once a month
7	Less often than once a month
8	Never

10-000957 **SHOW CARD '16'**

Sedatives	Benzos
Sleeping pills	Roches
Rohypnol ®	Librium ®
Roofies	Valium ®, (Diazepam)
Row rows	Normison ®, (Duck eggs), Temazepam
Dalmane ®, Flurazepam	Ativan ®
Mogadon ®, (Moggies), Nitrazepam	Halcion ®, Triazolam
Phenobarbitone	Xanax ®
Tranquillisers	Stilnoct ®, Zolpidem
Tranks	Zimovane ®, Zopiclone
Downers	

10-000957 **SHOW CARD '23'**

1	Oral (tablets or syrup)
2	Injection with a needle
3	Other (please tell me which)

10-000957 **SHOW CARD '24'**

1	I got them on a prescription
2	I got them from someone I know
3	I bought them without a prescription in a chemist
4	I bought them over the internet
5	Other (please tell me how)

10-000957 **SHOW CARD '25'**

Anti depressants	Lustral ®
Prozac ®	Molipaxin ®
Seroxat ®	Zispin ®
Prothiaden ®	Olanzapine (Zyprexa ®)
Effexor ®	

10-000957 **SHOW CARD '32'**

1	Oral (tablets or syrup)
2	Injection with a needle
3	Other (please tell me which)

10-000957 **SHOW CARD '33'**

1	I got them on a prescription
2	I got them from someone I know
3	I bought them without a prescription in a chemist
4	I bought them over the internet
5	Other (please tell me how)

10-000957 **SHOW CARD '34'**

Cannabis	Blow
Marijuana	Weed
Dope	Draw
Grass	Puff
Pot	Whacky Backy
Hash(ish)	Skunk
Ganja	Resin
Shit	

10-000957 **SHOW CARD '38'**

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

10-000957 **SHOW CARD '42'**

1	Grass
2	Weed
3	Skunk
4	Hash Oil
5	Herb
6	Hash
7	Resin
8	Other (please tell me which)

10-000957 **SHOW CARD '44'**

1	Joint
2	Pipe
3	Bong
4	Eat
5	Other (please tell me which)

10-000957 **SHOW CARD '45'**

Ecstasy	Mitsubishi
Pills	Shamrocks
E	MDMA
XTC	Yokes
Doves	

10-000957 **SHOW CARD '49'**

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

10-000957 **SHOW CARD '53'**

Amphetamines	Ice
Speed	Crystal
Billy	Bennies
Whizz	Uppers
Base	Dexies
Sulphate	Purple hearts

10-000957 **SHOW CARD '57'**

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

10-000957 **SHOW CARD '62'**

Crack	Stones
Rock	Freebase

10-000957 **SHOW CARD '66'**

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

10-000957 **SHOW CARD '70'**

Cocaine	Snow
Charlie	Nose candy
Coke	Blow

10-000957 **SHOW CARD '74'**

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

10-000957 **SHOW CARD '78'**

1	Doing a line / Snort
2	Injection with a needle
3	Smoke
4	Other (please tell me which)

10-000957 **SHOW CARD '79'**

Heroin	Junk
Smack	Skag
Gear	Brown
H	Horse

10-000957 **SHOW CARD '83'**

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

10-000957 **SHOW CARD '87'**

1	Smoke
2	Injection with a needle
3	"Chasing the dragon"
4	Other (please tell me which)

10-000957 **SHOW CARD '88'**

LSD	Trips
Acid	Tabs

10-000957 **SHOW CARD '92'**

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

10-000957 **SHOW CARD '96'**

Solvents	Petrol
Glues	Nail varnish remover
Dry-cleaning fluids	Correction fluids e.g. Tipp-Ex ®
Aerosols	Gas lighter fuel
Paint stripper	

10-000957 **SHOW CARD '100'**

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

10-000957 **SHOW CARD '104'**

Poppers	Liquid gold
Amyl Nitrite	Locker room
Rush	

10-000957 **SHOW CARD '108'**

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

10-000957 **SHOW CARD '112'**

Magic Mushrooms	Mushies
Psilocybin	

10-000957 **SHOW CARD '116'**

1	Never
2	Once or twice
3	3 to 5 times
4	6 to 9 times
5	10 to 19 times
6	20 times or more

10-000957 **SHOW CARD '120'**

1	I picked them myself
2	I got them from someone I know
3	I bought them off the internet
4	I bought them in a shop / market
5	Other (please tell me how)

10-000957 **SHOW CARD '121'**

Methadone	Brown (phy)
Physeptone ®	Green (phy)
Phy	

10-000957 **SHOW CARD '128'**

1	I got them on a prescription
2	I got them from someone I know
3	I bought them without a prescription in a chemist
4	I bought them over the internet
5	Other (please tell me how)

10-000957 **SHOW CARD '138'**

Opiates (excluding heroin & methadone)
Temgesic ®
Codeine **(examples on the next show card)**
Kapake ®
Morphine
Opium
DF118 ® (DF's)
Diffs
Dikes
Peach
Fentanyl (Durogesic ® & Sublimaze ® & Actiq ®)
Oxycodone **(Oxycontin ® & Oxynorm ®)**
MST ® (MST's)
Buprenorphine (Subutex ®)
Diconal ®
Pethidine
Napps

10-000957 **SHOW CARD '138' CODEINE**

DF 118 30 Tablets
FEMINAX TABLETS
KAPAKE
MAXILIEF EFFERVESCENT TABLETS PARACETAMOL
MIGRALEVE
MIGRALEVE PINK
MIGRALEVE YELLOW
NUROFEN PLUS
NUROFEN PLUS IBUPROFEN / CODEINE PHOSP
NUROFEN PLUS TABLETS
PANADEINE TABLETS
PARACETAMOL / CAFFEINE / CODEINE AND DOXYLAMINE
PARACODIN 0.2 Syrup
PARACODIN
PARAMOL
SOLPADEINE CAPSULES (Capsules Hard)
SOLPADEINE SOLUBLE Tablets
SOLPADEINE SOLUBLE TABLETS, Tablets Effervescent
SOLPADEINE TABLETS
SOLPADOL Tablets Effervescent
SOLPADOL CAPLETS
SYNDOL Tablets
TYLEX Capsules Hard
TYLEX Tablets Effervescent
UNIFLU PLUS WITH VITAMIN C TABLETS 500 Tablets
VEGANIN PLUS

10-000957 **SHOW CARD '145'**

1	I got them on a prescription
2	I got them from someone I know
3	I bought them without a prescription in a chemist
4	I bought them over the internet
5	Other (please tell me how)

10-000957 **SHOW CARD '146'**

Anabolic Steroids (There are more than 100 kinds of anabolic steroids which are used in body building as well as in gender reassignment and the treatment of certain sexual dysfunctions. This does not include steroids taken for the treatment of respiratory ailments e.g. Asthma, Arthritis and other inflammatory conditions)
Dianabol
Deca-Durabolin ®, Durabolin ®, Nandrolone
Stanozolol
DHEA
Winstrol ®
British Dragon, Primobol ® (Primo)
Clenbuterol
Methandranone
Stanolone

10-000957 **SHOW CARD '153'**

1	I got them on a prescription
2	I got them from someone I know
3	I bought them without a prescription in a chemist
4	I bought them over the internet
5	Other (please tell me how)

10-000957 **SHOW CARD '154'**

1	More as a criminal
2	More as a patient
3	Neither a criminal nor a patient
4	Both a criminal and a patient

10-000957 **SHOW CARD '155'**

1	Fully agree
2	Largely agree
3	Neither
4	Largely disagree
5	Fully disagree

10-000957 **SHOW CARD '156'**

1	Do not disapprove
2	Disapprove
3	Strongly disapprove

10-000957 **SHOW CARD '157'**

1	No risk
2	Slight risk
3	Moderate risk
4	Great risk

10-000957 **SHOW CARD '162'**

1	Yes – tried to and stopped
2	Yes - tried to but not stopped
3	No

10-000957 **SHOW CARD '163'**

1	Cost / could no longer afford it
2	Persuaded by friends / family
3	Impact on job / friends / family
4	No longer part of social life
5	Concern about health / health reasons
6	Pregnancy
7	Less available supply
8	Gave up smoking cigarettes
9	Put on rehabilitation programme
10	Did not want to take anymore
11	Did not enjoy after effects
12	The pros of taking did not outweigh the cons
13	Other (please tell me)

10-000957 (172) **SHOW CARD '163a'**

1	Given by family / friend
2	Given by a contact I did not know personally
3	Given by a stranger
4	Shared amongst group of friends
5	Bought from a friend
6	Bought from a contact I did not know personally
7	Bought from a stranger
8	Other (please tell me)

10-000957 (173) **SHOW CARD '163b'**

1	Street / park
2	Disco / bar / club
3	Office / workplace
4	School / college
5	House of a dealer
6	House of a friend
7	Ordered by phone for collection / delivery
8	Internet
9	Other (please tell me)

10-000957 (174) **SHOW CARD '163c'**

1	Very easy
2	Fairly easy
3	Neither easy nor difficult
4	Fairly difficult
5	Very difficult

10-000957 (191) **SHOWCARD '164a'**

1	No
2	Yes, once
3	Yes, more than once

10-000957 (191.1) **SHOWCARD '164b'**

Examples of significant problems are:
Missed days and poor performance at work or school / college;
Suspended or expelled from school;
Neglected children and or other family members

1	No
2	Yes, once
3	Yes, more than once

10-000957 (191.4) **SHOWCARD '164c'**

Examples of committing an offence are:
Possession of cannabis for use, sale or supply
Theft to obtain the substance
Driving under its influence

1	No
2	Yes, once
3	Yes, more than once

10-000957 (192) **SHOWCARD '165'**

1	No, never
2	Yes, in the last 12 months
3	Yes, but more than 12 months ago

10-000957 (192.2) **SHOWCARD '165a'**

When you used less or none at all, did you experience any of the following?

Trouble sleeping	Anxiety
Sweating	Irritability
Trembling	Depression
Rapid heartbeat	

1	No, never
2	Yes, in the last 12 months
3	Yes, but more than 12 months ago

10-000957 (192.7) **SHOWCARD '165b'**

Eye and mouth dryness	Hoarseness
Nausea	Persistent cough

1	No, never
2	Yes, in the last 12 months
3	Yes, but more than 12 months ago

10-000957 (192.8) **SHOWCARD '165c'**

Apathy (not caring about anything)
Depression
Paranoia (suspicion of other people, feelings that people are thinking and talking about you)
Thinking and seeing things differently
Heightened sense of awareness

1	No, never
2	Yes, in the last 12 months
3	Yes, but more than 12 months ago

10-000957 **SHOW CARD '166'**

1	Yes – tried to and stopped
2	Yes - tried to but not stopped
3	No

10-000957 **SHOW CARD '167'**

1	Cost / could no longer afford it
2	Persuaded by friends / family
3	Impact on job / friends / family
4	No longer part of social life
5	Concern about health / health reasons
6	Pregnancy
7	Less available supply
8	Put on rehabilitation programme
9	Did not want to take anymore
10	Did not enjoy after effects
11	The pros of taking did not outweigh the cons
12	Other (please tell me)

10-000957 **SHOW CARD '175'**

1	Given by family / friend
2	Given by a contact I did not know personally
3	Given by a stranger
4	Shared amongst group of friends
5	Bought from a friend
6	Bought from a contact I did not know personally
7	Bought from a stranger
8	Other (please tell me how)

10-000957 **SHOW CARD '176'**

1	Street / park
2	Disco / bar / club
3	Office / workplace
4	School / college
5	House of a dealer
6	House of a friend
7	Ordered by phone for collection / delivery
8	Internet
9	Other (please tell me)

10-000957 **SHOW CARD '177'**

1	Very easy
2	Fairly easy
3	Neither easy nor difficult
4	Fairly difficult
5	Very difficult

10-000957 (170) **SHOW CARD '177a'**

1	Yes – tried to and stopped
2	Yes - tried to but not stopped
3	No

10-000957 (171) **SHOW CARD '177b'**

1	Cost / could no longer afford it
2	Persuaded by friends / family
3	Impact on job / friends / family
4	No longer part of social life
5	Concern about health / health reasons
6	Pregnancy
7	Less available supply
8	Put on rehabilitation programme
9	Did not want to take anymore
10	Did not enjoy after effects
11	The pros of taking did not outweigh the cons
12	Other (please tell me)

10-000957 **SHOWCARD '178'**

1	Given by family / friend
2	Given by a contact I did not know personally
3	Given by a stranger
4	Shared amongst group of friends
5	Bought from a friend
6	Bought from a contact I did not know personally
7	Bought from a stranger
8	Other (please tell me how)

10-000957 **SHOW CARD '179'**

1	Street / park
2	Disco / bar / club
3	Office / workplace
4	School / college
5	House of a dealer
6	House of a friend
7	Ordered by phone for collection / delivery
8	Internet
9	Other (please tell me which)

10-000957 **SHOW CARD '180'**

1	Very easy
2	Fairly easy
3	Neither easy nor difficult
4	Fairly difficult
5	Very difficult

10-000957 **SHOWCARD '183'**

1	Herbal smoking mixtures / incense e.g. Smoke, Spice, Sence
2	Party Pills or Herbal Highs
3	Bathsalts, Plantfeeders or Other Powders
4	Kratom (Krypton)
5	Salvia, Magic mint, Divine mint or Sally D
6	Other (please tell me which)

10-000957 **SHOWCARD '185'**

1	I got them from a friend or someone I know
2	I bought them off the internet
3	I bought them in a headshop
4	I bought them in a shop other than a headshop
5	I bought them in a market
6	I bought them from a dealer
7	Other, please specify

10-000957 **SHOWCARD '193.C'**

Missed days and poor performance at work or school / college; or,
Suspended or expelled from school / college; or,
Neglected children and / or other family members

10-000957 **SHOWCARD 'C2'**

1	Single (never married)
2	Married
3	Co-habiting
4	Separated
5	Divorced
6	Widowed

10-000957 **SHOW CARD 'C4'**

White	Irish	1
	Irish Traveller	2
	British	3
	Roma	4
	Any other White background (specify)_____	5
Black or Black Irish	African	6
	Any other black background (specify)_____	7
Asian or Asian Irish	Chinese	8
	Any other Asian background (specify) _____	9
Other including mixed background	Specify_____	10

10-000957 **SHOW CARD 'C6'**

	In Paid Job
1	Self employed
2	Working full-time 30hrs+ / week
3	Working part time
	No Paid Job
4	Seeking work for the first time
5	Unemployed (having lost or given up job)
6	Home (domestic) duties
7	Unable to work due to permanent illness / disability
8	Not working (seeking work)
9	Not working (not seeking work)
10	On Government training / education scheme
11	On Government employment scheme (CE, job options etc)
12	Retired
13	Student
14	Other (please tell me which)

10-000957 **SHOW CARD 'C6c'**

1	Jobseeker's Benefit (Unemployment benefit)
2	Jobseeker's Allowance (Unemployment assistance)
3	One parent family payment
4	Illness Benefit (Disability benefit)
5	Disability allowance
6	Invalidity pension
7	Carer's allowance
8	Family income supplement
9	Widow / widowers pension
10	Other (please tell me which)

10-000957 **SHOW CARD 'C10'**

A	Retired, gets pension from previous job
B	Unemployed, less than 2 months
C	Sick, still receiving pay or statutory pay from job
D	Widowed, receiving pension from spouse's previous job
E	Divorced / separated, receiving maintenance
F	Full-time student
G	Not working, private means
H	Unemployed longer than 2 months
I	Sick – only receiving Income Support or Invalidity Benefit
J	Receiving State Pension only

10-000957 **SHOW CARD 'C13'**

A person has a disability if he / she has a physical or mental impairment which has a substantial and long-term adverse effect on his / her ability to carry out normal day to day activities.

On the basis of this definition, do you regard yourself as being disabled?

10-000957 **SHOW CARD 'C14'**

1	No formal education
2	Primary education
3	**Lower secondary** (*Junior / Intermediate / Group Certificate, 'O' levels / GCSEs, NCVA Foundation Certificate, basic Skills Training Certificate or equivalent)*
4	**Upper secondary** *Leaving certificate, (including Applied and Vocational Programmes), 'A' Levels NCVA Level 1 Certificate or equivalent)*
5	**Third level** Non degree qualification *(National Certificate, Diploma NCEA / Institute of Technology or equivalent)*
6	Primary degree *(Third level bachelor degree)*
7	Professional qualification (*of degree status at least*)
8	Both a degree and a professional qualification
9	Postgraduate certificate or diplomas
10	Postgraduate degree or masters
11	Doctorate (PhD)

Appendix G Contact sheet

Ipsos MORI

DRUGS PREVALANCE SURVEY
CONTACT SHEET – 10-000957

Serial Number			
Check Letter		**Point Number**	

Issue 1 Interviewer	
Issue 2 Interviewer	
Issue 3 Interviewer	

Q.C1

CONTACT RECORD

Call No.	WEEKDAY (1-7)	EXACT TIME	DATE	COMMENTS - record outcome of each call	E-Progress Updated ✓	Interviewer Initial
1						
2						
3						
4						
5						
6						
7						
8						

TOTAL NUMBER OF CALLS (WRITE IN BOX) | | |

*You must record at least **5** attempts in total to make appointment/complete interview before abandoning address.*
For 15-24 year old selected respondents a further 2 calls must be made before abandoning.
At **least** one call must be an evening and one at a weekend **plus** one further evening or weekend call.

CONTACT CODES WEEKDAY MON = 1 ◆ TUES = 2 ◆ WED = 3 ◆ THURS = 4 ◆ FRI = 5 ◆ SAT = 6 ◆ SUN = 7

* HOUSE/ HOUSEHOLD SELECTION

QC2A. House/Apartment & Household Selection Grid

Record number of properties / households sharing address	1	2	3	4	5	6	7	8	9
Choose property / household	1	1	2	1	4	6	2	5	4

* RESPONDENT SELECTION *

Q.C2 B I'd like to interview one of the people aged 15 - 64 who live in this household, and in order to choose fairly, I'd like to ask a few questions. Can you tell me how many people (aged between 15 and 64) currently live here as part of this household?

	One only	01	COMPLETE INTERVIEW
	Two or more	02	COMPLETE DETAILS BELOW
	None	03	GO TO **Q.C5**

Q.C 3 We have a special way of selecting which person to interview and in order to choose fairly, can you please tell me the first name or initial of each member of the household (aged between 15 & 64), and the date and month they have their birthday.

LIST NAMES/INITIALS BELOW

PERSON NO.	NAME OR INITIAL	DATE &MONTH OF BIRTH
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

INCLUDE:

People normally living here away for up to 6 months

People away at work for whom this is main address

Boarders and lodgers

EXCLUDE

People 18+ living elsewhere for study/work

Spouses separated and no longer resident

People away for 6 months or more

INTERVIEWER: CIRCLE PERSON NUMBER WHO HAD BIRTHDAY LAST – YOU MUST ATTEMPT TO INTERVIEW THIS PERSON. NO SUBSTITUTIONS ARE ALLOWED ONCE SELECTED. MAKE APPOINTMENT IF NECESSARY.

- **ONLY ASK AGE OF SELECTED RESPONDENT - WRITE**

-

IF SELECTED RESPONDENT IS AGED 15 OBTAIN PARENTAL PERMISSION

Q.C4 RECORD RESPONDENT'S FULL NAME & TELEPHONE NUMBER, (INCLUDING STD).

TITLE:		**FULL NAME:**	

TELEPHONE (INC STD CODE):										

* DWELLING INFORMATION *

Q.C5 Code property type of printed address:

House/bungalow – **detached**	01
House/bungalow – **semi-detached**	02
House/bungalow – **mid terrace**	03
House/bungalow – **end terrace**	04
Purpose built flat/maisonette(s)/ apartment(s) - building **less than six floors**	05
Purpose built flat/maisonette(s)/ apartment(s) - building **six or more floors**	06
Conversion flat/maisonette(s)/Shared House	07
Hostel or bed and breakfast	08
Other (WRITE IN)	09

Q.C6

FINAL OUTCOME		
Successful interview		01
REFUSED	**Refused** before respondent selection	02
	Refused after respondent selection	03
	Entry to block/scheme **refused** by warden etc	04
NO CONTACT	Unable to **access** block/scheme/gated apartments	05
	Occupied, **no contact at address** after 5+ calls	06
	No contact with selected resident, 4+ calls	07
	Occupier in but **not answering door** after 5+ calls	08
	Unsure if occupied, no contact after 5+ calls	09
PROPERTY INELIGIBLE	Property **vacant**	10
	Property **derelict**	11
	Property **demolished**	12
	Non-residential property	13
	Property **not found**	14
OTHER	Too **ill** to participate WRITE IN DESCRIPTION	15
	Away during fieldwork WRITE IN DATE BACK	16
	Household **Not** Eligible WRITE IN REASON	17
	Mother tongue required WRITE IN LANGUAGE	18
	Other WRITE IN	19
	Withdrawn by Head Office	20

Q.C7

REFUSAL INFORMATION		
REASON FOR REFUSAL (MULTICODE OK)	**Never** does surveys	01
	Interview takes **too long**	02
	Taken part in **too many surveys**	03
	Interview is too **intrusive**	04
	Too **busy** at this time	05
	Always too **busy**	06
	Worried about **misuse** of information	07
	Worried about **confidentiality**	08
	Worried about **safety**/security	09
	Survey is a **waste** of money	10
	Not interested in helping **government**	11
	Not interested in **subject** matter	12
	"Nothing in it for me"	13
	Other (WRITE IN) _____	14
RE-CONTACT	Do not recontact *respondent likely to take offence or be potentially dangerous if further efforts made to persuade them to take part*	15
ESTIMATED CONTACT DETAILS	**Estimated Age WRITE IN**	
	Sex of person refusing: Male	01
	Female	02
	To which one of the following groups do you consider contact belongs?	
White	Irish	1

	Irish Traveller	2
	British	3
	Roma	4
	Any other White background (specify)_____	5
Black or Black Irish	African	6
	Any other black background (specify)_____	7
Asian or Asian Irish	Chinese	8
	Any other Asian background (specify)_____	9
Other including mixed background	Specify_____	10

Remember to return all contact sheets to the office (productives and failures) as soon as possible.

Check all relevant sections have been coded.

Appendix H NACD letter to survey respondents

The Occupier

NACD
National Advisory Committee on Drugs

Our Reference: 957- 19 July 2011

Dear Resident,

The National Advisory Committee on Drugs (NACD) has commissioned a market research company (Ipsos MORI) to complete a national survey estimating the proportion of the population who have used tobacco, alcohol and other drugs and asking about attitudes towards these drugs. The survey is funded by the Department of Community, Equality and Gaeltacht Affairs, as part of the National Drugs Strategy (Interim) 2009-2016. This will allow us to identify gaps in policy and services for drug users or others affected by drug use.

Five thousand households were randomly selected from An Post's address list to take part in the survey and your household was one of those selected. I hope you will consider taking part in this important research.

I would like to assure you that the data collected will remain confidential at all times and it will not be possible to identify you or any other member of your household from the published information. The NACD has published Bulletins from previous similar surveys in 2002/3 and 2006/7 and these are available on the NACD website at www.nacd.ie.

The data collection at the selected households started in October 2010 and will finish in May 2011. In the month prior to the data collection exercise you will receive a letter from the market research company providing you with more detailed information.

I would like to thank you for taking the time to read this letter and request that you consider the request to participate by the market research company. If you would like to discuss any aspect of the study, please do not hesitate to contact the Ipsos MORI team at 1890 631133.

Yours sincerely

Joan O'Flynn
Director, NACD

Hawkins House, Hawkins Street, Dublin 2
Telephone +353 1 6354583
Email: info@nacd.ie

The Occupier

NACD
National Advisory Committee on Drugs

Our Reference: 957-

19 July 2011

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Yours sincerely

Joan O'Flynn
Director, NACD

Hawkins House, Hawkins Street, Dublin 2
Telephone +353 1 6354583
Email: info@nacd.ie

Appendix I Letter to households

Ipsos MORI

Population Survey on behalf of
Department of Community, Equality and Gaeltacht Affairs and
the National Advisory Committee on Drugs (NACD) in the Republic of Ireland

Ipsos MORI is a market research company which has been commissioned by the above organisations to conduct a study on lifestyles.

The survey will investigate people's views on a wide range of issues including their attitudes and behaviour in relation to tobacco, alcohol and other drugs. The information will help the Department and the National Advisory Committee on Drugs (NACD) give advice in relation to policy and services in these areas. I have attached a more detailed information leaflet.

The company are interviewing 5,000 people between the ages of 15 and 64 across Ireland. All of the addresses chosen to take part in the survey have been **selected at random** from all residential addresses in Ireland to which An Post delivers mail. Within each household there is a further random procedure to select who in the household should be interviewed. The selection of the individual household member would take place when the interviewer calls. As your address was one of those selected, we would be very grateful if the selected household member would volunteer to take part in the survey.

There is no need to respond to this letter, as one of our interviewers will call at your home during the next month and, if it is convenient, we hope you will be able to spare approximately ten to twenty five minutes to answer some questions. The interviewer will carry an identification card which should be presented to you. The interview will be conducted using a laptop computer so the interviewer will need to carry out the interview inside your home. This laptop is encrypted and password protected. Your name and address will not be recorded on the laptop but your household will be identified by a survey number which will be used for administrative purposes. All of the information collected will be treated in strict confidence and will be processed solely for the purposes of this survey.

The company conforms with the principles of the Data Protection Act. The information you provide will not be disclosed to anyone outside the research team. The research team includes the market research company, the NACD and the Health Research Board. The results of the research will be published in 2011. **The research data will remain confidential at all times and it will not be possible to identify you or any other member of your household from the published information.**

As it is important to have the views of the widest possible range of people, I hope you will agree to take part in the survey.

Thank you, in anticipation, for your help.

Yours sincerely

Ipsos MORI

Population Survey on behalf of
Department of Community, Equality and Gaeltacht Affairs and
the National Advisory Committee on Drugs (NACD) in the Republic of Ireland

You are invited to take part in our research study. Before you decide it is important for you to understand why this research is being done and what it will involve. Please take time to read the following information carefully and ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is this research about?
This research is being carried out by the market research company (Ipsos MORI) on behalf of the National Advisory Committee on Drugs (NACD). The aim of this research is to gain a better understanding about the number of people who have taken tobacco, alcohol or other drugs, how they are used and what is their effect on their family, friends and community. This will allow us to identify gaps in policy and services for drug users or others affected by drug use.

What will my responsibilities be if I take part?
A researcher from Ipsos MORI will ask a series of questions about your tobacco, alcohol and drug use and attitudes towards these drugs. The interview will take about 20 minutes and your answers to the interview will be recorded on an encrypted and password protected computer.

What if I decide not to take part?
Your participation in the study is entirely voluntary. If you decide to take part but then change your mind you are free to withdraw at any time without having to give a reason and any information that you have given will not be used. You are also entitled to refuse to answer specific questions.

What will happen to the information I give?
Anything that you tell the interviewer will be strictly confidential. The data will be stored on an encrypted password protected computer. The information you provide will not be disclosed to anyone outside the research team. The research team includes the market research company, the NACD and the Health Research Board. Only Ipsos MORI will have access to the data. The NACD and the Health Research Board will only have access to the anonymised data. The results of the research will be published in 2011. The research data will remain confidential at all times and it will not be possible to identify you or any other member of your household from the published information.

If I have any questions or problems who can I call?
If you have any questions or problems regarding this research you can contact the Ipsos MORI director, Ms Orla Deasy on 04890 500 800 or NACD director Ms Susan Scally at 01-6473242 or Mr. Eddie Arthurs, Office of the Minister for Drugs at 01-647 3018

Appendix J Letter to An Garda Síochána

Ipsos MORI

20th September 2010

The Deputy Commissioner
An Garda Síochána
Garda House
Phoenix Park
Dublin 8

Re: Population Survey on behalf of
Department of the Community, Equality and Gaeltacht Affairs and the
National Advisory Committee on Drugs (NACD) in the Republic of Ireland

Dear Sir,

The Department of Community, Equality and Gaeltacht Affairs and the National Advisory Committee on Drugs has commissioned Ipsos MORI, the independent research agency, to carry out a household survey, asking people about their use of tobacco, alcohol and drugs. This is a repeat of previous surveys conducted in 2002/2003 & 2006/2007.

Ipsos MORI interviewers will be conducting a total of 5,000 randomly selected face-to-face interviews, in respondents' homes, across Ireland (the Republic of), between October 2010 and May 2011. Interviews will be conducted at a range of times between 9am and 9pm, Monday to Saturday, and on Sundays (by prior appointment).

Interviewers will be informing Garda stations when they are interviewing in local areas.

As with the previous study, Ipsos MORI thought it would be helpful to let you know about this study in advance. Please find a copy of the letter from the Department attached, for your reference.

I trust that everything is in order, but please call me in Belfast on 048 90 500800 or in Dublin on 1890 631133 if you wish to discuss this study further.

Yours faithfully,

Orla Deasy

Research Director

Appendix K Parental permission form

Ipsos MORI

10-000957

Ipsos MORI
Temple House
Temple Road
Blackrock
Co Dublin

Population Survey on behalf of
Department of the Community, Equality and Gaeltacht Affairs and
the National Advisory Committee on Drugs in the Republic of Ireland

Your child _____ aged _____ has been selected randomly from the people aged 15-64 in your household to participate in a study about lifestyles including topics on alcohol, tobacco and drugs. Your household's address was earlier selected randomly from all residential addresses to which An Post delivers mail.

We are interviewing 5,000 people between the ages of 15 and 64 and their answers to the study will all be grouped together so that no individual's responses will be identified.

We need to interview people as young as 15 years old because it is important to understand changes to lifestyles over time. Under the rules of the Market Research Society we are not allowed to ask children under 16 any questions without an adult's permission. He/she will not have to answer any questions he/she doesn't want to.

Your child's name, address and telephone number will not be passed to anyone outside our company so neither you nor your child will be contacted by anyone outside the company as a result of participation in the study. All the details collected are purely for the purpose of market research and the information is used purely for statistical purposes. The only contact that may be made would be if a supervisor or member of staff wrote to, telephoned or called you or your child to check only that the interview was carried out to instructions.

You may if you wish be present at your child's interview, although he/she may be more comfortable if you are out of hearing.

If you give consent to your child taking part in this important study please sign both copies.
One is for you to keep and one will be sent into the office for our records.

Appendix L Frequently asked questions

Population Survey on behalf of Department of Community, Equality and Gaeltacht Affairs and the National Advisory Committee on Drugs (NACD) in the Republic of Ireland

You are invited to take part in our research study. Before you decide it is important for you to understand why this research is being done and what it will involve. Please take time to read the following information carefully and ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is this research about?
This research is being carried out by the market research company (Ipsos MORI) on behalf of the National Advisory Committee on Drugs (NACD). The aim of this research is to gain a better understanding about the number of people who have taken tobacco, alcohol or other drugs, how they are used and what is their effect on their family, friends and community. This will allow us to identify gaps in policy and services for drug users or others affected by drug use.

What will my responsibilities be if I take part?
A researcher from Ipsos MORI will ask a series of questions about your tobacco, alcohol and drug use and attitudes towards these drugs. The interview will take about 20 minutes and your answers to the interview will be recorded on an encrypted and password protected computer.

What if I decide not to take part?
Your participation in the study is entirely voluntary. If you decide to take part but then change your mind you are free to withdraw at any time without having to give a reason and any information that you have given will not be used. You are also entitled to refuse to answer specific questions.

What will happen to the information I give?
Anything that you tell the interviewer will be strictly confidential. The data will be stored on an encrypted password protected computer. The information you provide will not be disclosed to anyone outside the research team. The research team includes the market research company, the NACD and the Health Research Board. Only Ipsos MORI will have access to the data. The NACD and the Health Research Board will only have access to the anonymised data. The results of the research will be published in 2011. The research data will remain confidential at all times and it will not be possible to identify you or any other member of your household from the published information.

If I have any questions or problems who can I call?
If you have any questions or problems regarding this research you can contact the Ipsos MORI director, Ms Orla Deasy on 04890 500 800 or NACD director Ms Susan Scally at 01-6473242 or Mr. Eddie Arthurs, Office of the Minister for Drugs at 01-647 3018

Appendix M Interviewer instructions

Interviewer Instructions

POPULATION STUDY

Ipsos MORI

1. Background to the Study

The European Union has an ongoing Action Plan on drugs to establish and monitor the prevalence of drug use in the general population of the EU member states.

To enable the EU to take this forward all member countries carry out population studies using a common methodology and basic questionnaire.
This, the third study of its type in Ireland will provide data about the frequency of drug use (both legal and illegal) among the **general population** of Ireland.

A similar study was carried out by us in 2006/2007 for the National Advisory Committee on Drugs (NACD). Four years before that we carried out the first ever such study in Ireland and Northern Ireland for NACD and the Drug and Alcohol Information and Research (DAIRU). These bodies represent an all-Ireland front in providing data and advice to various government departments about the prevalence of drug use and other related aspects.

NACD has commissioned Ipsos MORI in the Republic of Ireland to interview 5,000 adults aged between 15 and 64, using a CAPI methodology.

We will, as far as possible, carry out the interviewing across the same time period as the previous study, October to April with a break for Christmas and the New Year.

NACD was established in 2000 to provide advice to the Government on problem drug use in Ireland in relation to prevalence, prevention, consequences and treatment based on its analysis of reliable and relevant information. The research we will undertake will provide robust trend information on drug use on Ireland. Information on the use of substances such as tobacco, alcohol and drugs for lifetime use, last year and last month will be examined together with opinions on drug matters.

NACD has published four bulletins from the previous survey which can be downloaded form the website www.nacd.ie

2. Sampling

In this study the people to be interviewed are to be adults aged 15-64 **whose normal place of residence** is the Republic of Ireland. The people can be of any nationality, so long as they are living in the Republic of Ireland at the time the study is being worked. There are no exclusions; in other words anyone in the population in that age group could be selected for interview.

We will interview a minimum of 5,000 people across the Republic of Ireland by means of a random selection method.

To arrive at the addresses where interviewers will call we have ranked sampling points in order of the social deprivation index so that all types of areas will be represented. We then select sampling points using a random selection procedure to ensure that the points chosen will give a full representation of the different types of areas in the country. In each of the sampling points or areas we have then selected main and reserve addresses, again randomly.

Addresses have been chosen from each of the Regional Drugs Task Force (RDTF) areas in the Republic of Ireland. The number of addresses chosen is proportionate to the populations in each RDTF, so for example, as there are more people living in the Southern RDTF area than in any of the other boards, it follows that we have more addresses here to obtain more interviews.
The number of interviews to be achieved in each of the RDTF areas is as follows:

ERHA *	1,750
Southern RDTF (Southern Health Board	640
South Eastern RDTF (South Eastern HB)	460
Western RDTF (Western HB)	450
North Eastern RDTF (North Eastern HB)	450
Mid Western RDTF (Mid Western HB)	450
Midland RDTF (Midlands HB)	400
North Western RDTF (North Western HB)	400
Total	5,000

* ERHA is the combined group of RDTFs Northern Area RDTF, South Western RDTF, East Coast RDTF, each equivalent to the former local health board areas, prior to 2005

When using random sampling to select individuals for interview the results obtained are very accurate **so long as very precise instructions are followed accurately**, in order that the correct person is chosen for interview.

Interviewing will be conducted over the next few months. It is important that we spread the interviews across the time period so that any changes in the behaviour of our respondents during holiday periods, for example, is not over represented.

Our nationally representative sample of addresses has been selected from the An Post/Ordnance Survey Geo-Directory. The Geo Directory is comprised of all addresses to which An Post delivers mail. The files are updated regularly from information collected from each postal round, so provide the most comprehensive and up to date sample frame available in the Republic of Ireland.

The sample we have selected excludes large users and organisations so the vast majority of addresses issued to each interviewer will be private residential addresses.

Each assignment will contain a specific number of addresses which should all be approached and an attempt made to interview the selected individual at each address, providing there is someone aged 15-64 living there.

Overall we need to achieve a high response rate although we appreciate that some areas will prove more fruitful than others.

All selected addresses with unique addresses will be written to on NACD headed paper in advance of fieldwork, to advise the occupiers that an interviewer will be calling with the view to take an interview with a person aged between 15 and 64 from the household. Interviewers will have copies of the letter to hand out in case the contact at the door does not recall seeing the letter. It may be that in some instances the letter may not have been delivered or the contact has not seen it so be prepared to give a copy to the contact you make and allow them time to peruse it. In the case of non unique addresses the interviewer will have the original letter to hand deliver at the first call as well as a copy.

The reason that we send letters in advance of interviewers calling is to prepare the way for interviewers gaining access to the home and being able to sit down with their laptop computer.
There is also a letter from the Project Director, Orla Deasy, written on Ipsos MORI headed paper and again you will have copies and originals for non-unique addresses.

We will be working across 385 different sampling points over the fieldwork period. Each sample point will have 31 main addresses with six or seven held in reserve to cover ineligibles. Working across this number of sample points will give us a wide coverage of the country.

3. When to Interview

Each address has to be visited a minimum of five times before it can be deemed to be non effective. Where a 15 -24 year old is the selected person then a further two calls must be made.

The reason for this approach is to ensure that each address has the **best possible** chance of providing an interview.

It is essential therefore to space out your calls across different days and times of day so as to allow people living at an address the best chance of being contacted.

Ideally you should not begin work before mid-afternoon (c. 3.30pm) which will maximise your chances of finding someone at home.

Once you have made contact with a responsible adult in the household you will follow a **strict** procedure to select the correct individual in the household to interview.

You will keep a record of the number of calls and times of these calls on the Contact Record Sheet, explained in Chapter 4 and will update us after each day's work by means of "i-Progress". We will then be able to monitor and inform NACD on achievement, not only on completed interviews but also on number of calls made, and eventual outcomes.

Until you have established contact you should make your calls before 9.00pm and from Monday to Sunday. Calls later than 9:00 pm can only be made by prior appointment and a first call on a Sunday should be made after mid-day.

You must not make subsequent calls at the same time of day, as it is likely that if the household is empty at 5.00pm on a Tuesday it will be on a Wednesday and Thursday too!

If you establish that a young person (that is aged between 15 and 24) is the selected respondent you must make an additional two evening and/or weekend calls before you can send back the contact sheet as non effective. We also have a music voucher for this age group to encourage participation.

Although it will be necessary to keep trying to make contact at some addresses at different times of day and on different days it is worth knowing that on the last survey over **50% of all the successful interviews were carried out on the first or second call!**

4. The Contact Record Sheet/Address List

In this study you will be given particular addresses in a relatively small geographical area. These are printed on to "Contact Sheets" and how you record the information you will collect when making your calls is crucial to the overall success and reporting on this study.

It is sensible to plan your route before going out on the first day so that you can make your initial calls as quickly and easily as possible. You may wish to consult a street map or ordnance survey map showing town-lands to help you plan your route. If you don't know the area you have been given you may wish to drive round in daylight on your first day.

When you receive each assignment, please check the addresses in case you know anyone living at any of them. We do not want you to attempt to interview anyone you know. If you find such an address, please code "19" as the final outcome on the contact sheet and write in "Known to me". Inform your RC at once and return the contact sheet to the office; don't wait until you have completed the assignment.
This also applies if, when you make contact at any given address, you discover that you know the person/people living there. We will organise that another interviewer contacts this household.

Make sure that you inform us/ update i-Progress at the same time.

As far as we can know, the addresses you will have been given are those of private households. (There may be the occasional commercial property such as a small shop but this should be the exception.)

A private household is where a group of people (not always related) live together and whose food and household expenses are managed as one unit.

However, sometimes more than one household is found at a single address.

This could be:

(1) A house has been converted into two or more flats;
(2) Two families sharing a dwelling such as a young married couple living with parents but with separate catering and housekeeping arrangements – each is a separate household.
(3) A group of students or other non-related individuals living together at one address. Those sharing occupancy can be siblings but it is likely in this situation that each is his or her own household unit. These individuals form separate households, if they don't cater as one unit.
(4) Several households in town-lands with the same address

If you come across a multi-household dwelling or multi household addresses you must first randomly select the **household** before randomly selecting an individual within that household. You do this by using a random table selection grid. This is known as a **KISH Grid. This is part of your contact sheet**

There are different kinds on multi households, The KISH grid provided will enable you to record the **number of households** (in the case of a flat conversion or two or more households at the one address) or enable you to record the **number of people** who share

the one address but are each their own heads of household, i.e. a group of students living together who don't have communal budgeting/catering. Once you have recorded the households/individual heads of household you follow the instruction on the Kish Grid as to which household/ head of household to select.

The same principle applies if you are selecting one property out of several properties sharing the same address.

Each contact sheet has a unique address code which you transfer to the questionnaire when you begin to interview the selected individual. You must take the greatest care to transfer this number accurately as the computer is set up to take all the numbers in the range (that is all the individual addresses that have been selected).

The numbers in this unique address code represent the RDTF, the sample point and the addresses within that sample point.

Because you will need to introduce yourself and the study to the person you initially make contact with; the full introduction is written at the end of these instructions, as well as on the actual CAPI script.

When you do make contact with a responsible adult in the (private) household, you will explain who you are and what you are doing. Practise and learn your introduction at home, show your ID card and look at the person, rather than reading out the introduction. You may be asked why you are at the particular address and you can explain it was chosen at random, from the An Post/Ordnance Survey Geo-Directory.
This is important to do if the person is concerned about how their address was obtained.

If the person who answered the door to you seems reluctant to talk, back off before you get an outright refusal. Offer a copy of the letter from the client and The Frequently Asked Questions Leaflet and say you'll call at another time when you're next in the area. You can catch people at a bad time for them and if you don't try to pressure them you may be successful next time you call. Try as far as possible to avoid getting a refusal at this stage.
Better to postpone carrying out the selection procedure than to never have the chance of doing so.

The next call may find them more receptive.

If contact at the door is amenable now proceed with the selection of correct individual within the household using the last birthday rule.

Ask:

"How many people aged between 15-64 live here?"

(a) If the answer is none then **no** interview can be taken here.

(b) If the answer is one, me! – take the interview there and then if you can. **33% of households are single adult households**!

(c) If the answer is one but he/she isn't in then you should try to ascertain the best time to call and interview that person.

(d) If the answer is two or more then you need to record their details on the contact sheet and **select the one who has celebrated their birthday most recently**.

This is the "last birthday rule" and is used to select individuals within a household in a random manner. You must select and interview only the "selected" person. To do otherwise introduces bias into the sample and affects the reliability of the data.

It doesn't matter in which order your contact gives you the names of all those aged between **15-64**. Ask what was the **day** and **month** of (all) their birthdays. Choose the individual who had the most recent birthday. This has nothing to do with the **age** of respondents, only when they had their **birthdays**. We don't need dates of birth, only the birthdays, i.e. not 10th June 1962 only 10th June.

You only need to determine only the age of the selected individual which you write on to the contact sheet as this will be transferred to the questionnaire.

If there are twins in the household and their birthday is the most recent one then interview the twin born **second**.

If two (or more) people in any household share the same birthday, select the **younger** person as your respondent.
If a member of the household has their birthday on the day that you make contact and carry out the selection procedure, select this person as the respondent who will complete the interview.

If your selected respondent isn't at home then you try to establish a good time to call back.

If the last birthday has changed since you first made contact at the address you still proceed with the person who was selected at the time of the first contact.

Each time you make a call you record the **result** using abbreviations you understand like NAH for not at home or NR for no reply as well as the day and time the call was made by using the codes provided for time of day and day of the week. Also write on the comments line any information which will be useful to you when planning future calls in the area.

For example, your initial contact has told you that her teenage son (your selected respondent) comes in to eat his dinner at 7.00pm and usually is out of the house for the evening by 8.00pm. You'll need to catch him about 7.30! Write this to remind you when you're planning your route for your next round of calls.
You may wish to leave a calling card if you have not succeeded in making contact after two visits or an appointment card to remind selected respondents of when they have agreed to carry out the interview. If you have made an appointment then you must keep it.
Record codes at C5 and C6 after your **final** call. If you are refused please record the refusal information, not forgetting to estimate the age and ethnicity of the person who refused you.

Rules for interviewing those aged 15 -17

If your selected individual in the household is **aged 15, 16 or 17** you need to obtain written parental permission before you can conduct an interview. As the interview is conducted using CAPI **there is a special letter for the parent/guardian of such a child to sign**.

It would be best to give this letter to the parent to peruse before trying to set up the interview with the child. If the parent agrees to the interview with their child then please ensure that the parent signs both copies of the letter and keeps one for his/her own records and that you send one copy back to the office, fully completed with unique address code, parent and child's name and parent's signature.

Obviously with this study it would not be ideal to have the parent present during the interview so try to explain the subject matter in general terms. Explain that we do want to interview 15 - 17 year olds if they have been selected.

If you appear very matter-of-fact about everything, the odds are that the parent will allow you to conduct the interview alone (or at least out of their hearing) with those under the age of 18. If the parent wants to sit in you must accede. It is a parent's right not only to know the type of questions that you are going to ask but to actually sit in on the interview if they wish.

Proceed with the interview as instructed and record on the questionnaire script whether or not the parent of the 15 -17 year old was present during the interview.

If **permission is not granted you cannot take an interview** with a child aged 15-17 and you will record this in the final outcome box on the contact sheet. **No substitute can be taken if the parent refuses permission.** Please note that if the parent gives permission for you to approach the child to interview you still need to get the child's consent. If he or she doesn't wish to do the interview then you must accept that.

If after five calls to the address on different days/different times of day you have not got an interview you **may** record the final outcome as a non-contact on the contact sheet and return to the office. It may be that you could not make any contact with anyone in the household or it may be that you could never get to see the selected respondent. If the selected respondent is aged 15-24 we would like you to keep trying **at least twice more** to get the interview. This age group is always hard to get at home.

However, you may feel that you still have a chance of getting the interview. In that case keep the contact sheet and try again when you are close by the area, perhaps working on another point of this study. **So long as you have updated us using i-Progress and your supervisor knows that you are holding on to that contact sheet this is fine.**

Sometimes you may not be able to carry out an interview with the selected respondent because they don't speak adequate English. If this happens we will try to find an interpreter to conduct the interview. Try to establish the language spoken and tell the Field Office. We will write to the household in their own language and ask them to contact us to arrange an interview if they wish.

In the case of a blind respondent or one who has difficulty in reading the show cards you must read out the cards to such a person. People cannot be excluded because they can't read. Equally if a person is deaf then you will have a list of questions to show to them so that they will have the opportunity to participate in the survey.

You must complete the contact sheets accurately and conscientiously with full details. We may need to reallocate the work to another interviewer or supervisor if response rate in the area is too low and a complete history of previous calls will be useful. In any event you will need a record of calls and time of call for the eprogress questionnaire.

From the contact sheets we will calculate the study response rate and construct a profile of non-productive or invalid addresses and refusals for the report to our client.

Included in this will be information about the type of property lived in and in the case of refusals the type of person who refused. Please fill this section in accurately.

If any address is non-residential, eg, a small shop or office, make no attempt to take an interview. Do check however that there isn't living accommodation above or attached to the business premises with the same address. If completely non-residential, code this in the Final Outcome Box.

Should you have an area with a high number of ineligible addresses (over 65s only or commercial addresses like small shops, vacant or demolished properties) we can issue you with reserve addresses to supplement the addresses which cannot yield interviews. If there are too many such "ineligible" addresses then we may issue a reserve point.

If you feel that you need to have reserve addresses you must request to have these in writing to the office or by telephone to Marianne who will put your request in writing. Reserve addresses will not be issued to you because of refusals or non-contacts, only for ineligible properties.

In the majority of cases you will be able to complete a successful interview so don't forget to **record the name and telephone number of the selected respondent on your contact sheet this will help you to set up an appointment.**

5. Questionnaire Downloading and Using i-Progress

As we are working on CAPI not only will you download your completed interviews after each day's work you will inform us of progress by completing an i-Progress questionnaire for **each call** made to an address. Your RC will also contact you at regular intervals to see how your work is going. Please keep your paperwork organised so that you can always give her an up-to-date report. Note the column on your contact sheet for you to record that you have completed the i-progress report.

The basic information that we will get from the General Survey Management System will cover:

- Total number of successful interviews conducted to date;
- Total number of **definite** non-productives to date;
- Total number of invalid addresses to date;
- Number of addresses still being worked on.

We will only get meaningful information if you use eprogress regularly and download all questionnaires after each day's work.

Complete all your i-Progress questionnaires before downloading and everything will be sent at the one time.

Dial in at a sensible time so that you are less likely to get the engaged tone. Remember that early evening is the time that most of Ipsos's interviewers will be trying to do the same thing.

Remember to clear any messages waiting on your answer service before beginning to download. If you do not do or a call tries to come in as you are attempting the download, it will not be successful.

Check that you have indeed downloaded your work and eprogress before switching off your machine. If you get an error message then you will need to try again.

6. The Interview

We will have written to Garda Headquarters to advise them that this study is taking place before fieldwork begins. You should contact the local Garda station in the area you are to work in to tell them when you will be working, car registration (if asked for) etc. This can be in person but is acceptable by phone.

You should conduct the interview in a one-to-one setting. This is desirable for most surveys: **in this study it is essential**.

The purpose of the interview is to determine the respondent's use of tobacco, alcohol, drugs sometimes used as medicines and illegal drugs. While the use of illegal drugs these days is not necessarily seen as something to be embarrassed about or kept quiet by those who use them, nevertheless, many people would not freely talk about their use of these types of drugs in front of members of their family.

For the majority of respondents the interview will take around 20-25 minutes. However try where possible to be invited into the home so that you can sit down with your laptop. The letter that will be sent in advance explains that you will be using a laptop computer to carry out the interview. If invited into a living room with other members of the household present, decline and say something like – *"I don't want to disturb them, can we do the interview in the hall or the kitchen or somewhere we can be private?"*
Make sure you can plug in your laptop so that you do not run the risk of your laptop battery dieing. However if you have to use battery to interview then be sure to charge it up again as soon as possible and certainly before going out the next day.

Reassure respondents at the beginning of the interview about confidentiality. Their names and individual address will not be linked to their answers. Indeed the only reason for taking their names and telephone numbers (remember you are at the address) is to check that you, the interviewer, have carried out your work accurately. Explain as you usually do about backchecking and give whatever reassurance is needed as to their complete anonymity.

Point out *if you need to* that their name doesn't go on the questionnaire and that the answers of all the people interviewed on this study (5,000 in total) are input to computers like yours using numbers and that the results of all the 5,000 are produced as statistics, tables of figures etc.

You must ask all the questions using the exact wording, and show the cards which are designed not only to speed up the answering process but to ensure that all respondents are presented with the same choices. You must not (as in all surveys) betray any emotion or reaction to any of the answers given to your questions.

You must appear interested in what your respondent says in order to encourage him/her to keep answering but please **do not engage in discussion or pass any opinion about the topic of the study or answers** you have been given.

If it helps secure an interview or in response to the enquiry *"What's it for?"* you may tell your respondent (or contact) that although everyone has an opinion about the prevalence of drug use in Ireland, this study is to provide real information. You may advise them of the earlier studies and direct them to the NACD website.

You will have an actual published bulletin which you can show to respondents so that they can understand how the results are collated and used. **Do not leave this with anyone as you will have only one copy of the actual bulletin.** You have copies of FAQ sheet which may answer respondents' queries and copies of the letters.

You can explain if you need to that the results of this study will be published. The information gathered from this study will be used by various government departments to plan resources needed for education, rehabilitation etc.

Any contact or respondent can contact NACD at any time for reassurances about their participation or indeed any worries they may have. If you sense someone has a concern either about drug use or the interview they have given you leave them a copy of the client letter and point out that they can ring the director or any of her colleagues at any time.

7. The Questionnaire (and Show Cards)

This is straightforward and clearly set out and flows well.

Remember to read out the entire preamble on the information screens. Information screens are marked “pause.”

One of the joys of carrying out an interview using CAPI is that you don’t have to think about routing or what to ask next. Ask the questions as written and use the show cards where instructed. Their use will minimize the risk of embarrassment at potentially sensitive questions and answers, as respondents can call you out a number rather than have to tell you something that may be embarrassing.

Each section is laid out in similar fashion, as is the type of question. The exact words must be used.

Do not abbreviate questions or leave any out.

Do not assume that you know the answer to a particular question because of a previous answer.

You will find that the questions will begin to flow rhythmically after the first couple of sections.

Where exact ages or number of days is required to be recorded and a respondent may not be sure, get them to give you their best estimate.

For example, if you are talking to a smoker in his mid forties and he cannot remember whether he was 14 or 15 when he first smoked tobacco products ask him just to give you the one he thinks. He needs to make the decision, not you! Try hard to get a figure.

Don’t knows are not very useful to anyone so we really don’t want too many of them. Don’t offer the “Don’t know” or “Refused” options to your respondents and only use them if they **really cannot** or **will not** give you an answer to the question. These options are present at every question but must only be used in exceptional circumstances.

You will introduce the show cards at Q 11c. This is a coloured card depicting measures of a standard drink by type of alcohol. Allow your respondent time to understand this card before asking the relevant question.
At Q 11d you have two cards to show, one a picture card to help respondents understand the question and one to help them choose the time frame.

When using the subsequent cards, where applicable, ask the respondent just to call you out the number that applies to the answer. **Be certain that they are giving you the code against the answer by checking the answer you are given a couple of times.** For example say “Is that code 2 or two times?”

Control the use of the show-cards and allow the respondent to look only at the card relevant to the question. The card numbers match the question numbers.

Show Card 16: Ask Q 16 – *"Have you ever heard of any of these?"* – showing the relevant card at the same time. If 'yes' you will ask the questions in this section. If none are heard of then code 'no' and you will be routed to the next section.

Using the appropriate show cards and reading out the questions as they appear, continue in this way for all sections.

Be careful to enter the number which relates to the answer the respondent has given you. It is an easy thing to enter the number 2 (for no) instead of the number 1 (for yes) and so miss asking the correct questions in that section.

Encourage the respondent to look at the show card that introduces each section as you ask the subsequent questions in each section.

Use the link between the sections, enabling you to progress from legal drugs, tobacco, alcohol and drugs sometimes used as medicines to illegal drugs.

Note that questions may not appear sequentially and some questions have been removed.

Read out the preamble before Q 154 as the questionnaire moves away from collecting facts to collecting opinions.
Please do not get drawn into a discussion with a respondent at these questions or indeed at any others.

Note the wording of Q155; **Not disapproving** is not the same as approving and it may be helpful to emphasise the **not dis**approve slightly when reading out the question.

Q.157 Note that this question is about **risk**, not whether or not they disapprove. You may remind them of this by reading out the question again and emphasise the words "risk harming themselves".

Q160 This is asked of all who ever took cannabis and depending on their pattern of usage they will either be asked a series of questions or go to the next section.
Q164 is asked of all ecstasy users in the same way.
Q168 is asked of cocaine users in the same way.
Q183 is asked of all and is to do with substances that can be bought over the internet or in head shops.
Q 193 is asked of all who have consumed alcohol in the past 12 month

Should a respondent give you two or more answers to a question which has been set up as a single code it will not be possible to enter two codes. You will need to ask your respondent to choose the most appropriate answer from those answers he or she has already given you.

At any point in the questionnaire, if you sense that your respondent is uneasy about any of the questions or answers that you are recording, please take the time to reassure him/her about confidentiality. This reassurance should always be offered before you begin collecting the classification data.

If at any time during the interview a respondent is distressed or upset by realising that he or she may have a problem with drink or drugs you can show them the copy of the letter that Susan Scally, the Director of NACD has written to the chair person of each of the Regional and Local Task Forces across the country. If they wish to have the number of their local RDTF, please do write down the contact name and telephone number of the one that is closest to them.

Please remember than you are not trained to counsel or support anyone in this matter, so only if it is very obvious that someone is asking for help do you offer it.

8. Classification Section

Having completed the interview you do not want respondents to feel concerned or nervous about giving you personal information about themselves or the household so please ask the classification questions in as relaxed a fashion as you have asked the rest of the questionnaire.
Some of the questions on this classification section you are well used to, others may be new to you. Use show cards throughout the classification section where directed.

C1a asks for the respondent's date of birth. This should match the age that the respondent has already given you and if it does not the script will ask you which is correct.
C4. This question regarding the ethnicity of the respondent is worded as the last census so you should not have any problems with it. Ask the respondent to call you out the number from the card.

Please collect as much information as you can about the occupation of the Chief Income Earner in order to be able to arrive at the correct social grading.

Please familiarise yourself with all of the questions, and be sure to code up answers accurately. Ask the recontact question don't assume that because a respondent has given you an interview, they would be happy to be contacted again about this subject.

If you have any comments about the interview record these in the comments box at the end and don't forget, you need to move on until you reach the "New" screen before an interview is complete and saved on your laptop. If you don't want to record comments in front of the respondent then stop and save your interview so that you can complete when you leave. Please remember that your interview isn't "saved", i.e. safe until you have reached the NEW screen again.

Do remember to leave a completed thank you letter with each respondent. It is useful for respondents to have a contact number if they have any queries or concerns after you leave.

9. The Interviewer's Role

This is all important. Please always remember that this important work could not be undertaken without skills such as yours.

The quality of the information collected (and reported on) depends on your interviewing ability, people skills, accuracy and powers of persuasion.

Follow the procedures of selection correctly. If you don't, the validity of the sample and the accuracy of the results could be affected. The sample is only representative if:

1. **You** select the correct person;
2. **You** never interview a substitute, no matter how difficult it is to make contact with the selected person.
3. **You** make every effort to contact and take an interview at every address;
4. **You** use all your skill to persuade a reluctant respondent to take part.

You can tell people how important this study is and that the results will be published next year. **Assure them that there are no right or wrong answers and that their answers are of value to the final outcome of the study**. Again if you feel it will help, stress the fact that all information given is treated in the strictest confidence.

Show them your copy of the bulletin so they understand how their answers will be used.

If you are told by your contact or your selected respondent that he/she is too busy assure them that you will come back at a more convenient time. Do your best to make them feel that their participation is important and that it isn't any trouble for you to call back. Sometimes this sort of courtesy will swing the balance in your favour and you will get the interview there and then.

In other words, do your utmost to make contact and secure an interview with the correct respondent.

Unlike quota studies you cannot just keep moving on until you find someone who meets your quota requirements.

Pre-selected or random studies like this one give much more accurate results, which is why this methodology is being used.

10. Materials Check List

- These Instructions
- Set of questions to show to deaf respondents
- 31 Contact Sheets Main Sample
- Tally sheet for all addresses
- Show Cards in plastic pockets containing coloured drinks cards and classification cards
- Letters to Households
- Parental Permission Letters (2 copies of each)
- Music voucher for 15-24 year olds
- Appointment Cards
- Calling Cards
- Copy of Director's letter to Garda Headquarters
- Form for local Garda Station (Call in person)
- Client letter explaining survey
- Bulletin
- Copy of NACD Director's letter to RDTF
- List of RDTF contact names , addresses etc.
- FAQ sheets
- Thank You letters
- Pay Claims (You may submit a pay claim when you have finished a point or claim fortnightly.)
- Return Envelopes for pay claim and the return of contact sheets.

If you have any queries about the survey get in touch with your RC in the first instance If you have queries about the interviewing software or hardware please get in touch with CAPI Help Desk.

Appendix N Sampling points

ClusterID	Location	countyname	HB	clusterLetters
101	CARLOW - CARLOW RURAL	CARLOW	SEHB	Main
102	CARLOW - FENNAGH	CARLOW	SEHB	Main
103	CARLOW - SLIGUFF	CARLOW	SEHB	Main
104	DUBLIN CO - ARRAN QUAY B	DUBLIN	ERHA	Main
105	DUBLIN CO - ARRAN QUAY C	DUBLIN	ERHA	Main
106	DUBLIN CO - ASHTOWN B	DUBLIN	ERHA	Main
107	DUBLIN CO - AYRFIELD	DUBLIN	ERHA	Main
108	DUBLIN CO - BALLYBOUGH A	DUBLIN	ERHA	Main
109	DUBLIN CO - BALLYMUN B	DUBLIN	ERHA	Main
110	DUBLIN CO - BALLYMUN D	DUBLIN	ERHA	Main
111	DUBLIN CO - BOTANIC A	DUBLIN	ERHA	Main
112	DUBLIN CO - BOTANIC C	DUBLIN	ERHA	Main
113	DUBLIN CO - CABRA EAST A	DUBLIN	ERHA	Main
114	DUBLIN CO - CABRA WEST D	DUBLIN	ERHA	Main
115	DUBLIN CO - CLONTARF EAST C	DUBLIN	ERHA	Main
116	DUBLIN CO - CLONTARF WEST B	DUBLIN	ERHA	Main
117	DUBLIN CO - DRUMCONDRA SOUTH C	DUBLIN	ERHA	Main
118	DUBLIN CO - FINGLAS NORTH A	DUBLIN	ERHA	Main
119	DUBLIN CO - FINGLAS SOUTH A	DUBLIN	ERHA	Main
120	DUBLIN CO - FINGLAS SOUTH B	DUBLIN	ERHA	Main
121	DUBLIN CO - GRACE PARK	DUBLIN	ERHA	Main
122	DUBLIN CO - GRANGE A	DUBLIN	ERHA	Main
123	DUBLIN CO - GRANGE B	DUBLIN	ERHA	Main
124	DUBLIN CO - KILMORE B	DUBLIN	ERHA	Main
125	DUBLIN CO - NORTH DOCK C	DUBLIN	ERHA	Main
126	DUBLIN CO - PHOENIX PARK	DUBLIN	ERHA	Main
127	DUBLIN CO - PRIORSWOOD C	DUBLIN	ERHA	Main
128	DUBLIN CO - PRIORSWOOD E	DUBLIN	ERHA	Main
129	DUBLIN CO - RAHENY-GREENDALE	DUBLIN	ERHA	Main
130	DUBLIN CO - ROTUNDA B	DUBLIN	ERHA	Main
131	DUBLIN CO - WHITEHALL C	DUBLIN	ERHA	Main
132	DUBLIN CO - CRUMLIN B	DUBLIN	ERHA	Main

ClusterID	Location	countyname	HB	clusterLetters
133	DUBLIN CO - CRUMLIN E	DUBLIN	ERHA	Main
134	DUBLIN CO - KILMAINHAM C	DUBLIN	ERHA	Main
135	DUBLIN CO - KIMMAGE D	DUBLIN	ERHA	Main
136	DUBLIN CO - KYLEMORE	DUBLIN	ERHA	Main
137	DUBLIN CO - MANSION HOUSE A	DUBLIN	ERHA	Main
138	DUBLIN CO - MERCHANTS QUAY B	DUBLIN	ERHA	Main
139	DUBLIN CO - MERCHANTS QUAY C	DUBLIN	ERHA	Main
140	DUBLIN CO - PEMBROKE EAST E	DUBLIN	ERHA	Main
141	DUBLIN CO - PEMBROKE WEST B	DUBLIN	ERHA	Main
142	DUBLIN CO - PEMBROKE WEST C	DUBLIN	ERHA	Main
143	DUBLIN CO - RATHFARNHAM	DUBLIN	ERHA	Main
144	DUBLIN CO - RATHMINES WEST D	DUBLIN	ERHA	Main
145	DUBLIN CO - RATHMINES WEST F	DUBLIN	ERHA	Main
146	DUBLIN CO - ROYAL EXCHANGE A	DUBLIN	ERHA	Main
147	DUBLIN CO - SAINT KEVIN'S	DUBLIN	ERHA	Main
148	DUBLIN CO - TERENURE B	DUBLIN	ERHA	Main
149	DUBLIN CO - USHERS E	DUBLIN	ERHA	Main
150	DUBLIN CO - WALKINSTOWN B	DUBLIN	ERHA	Main
151	DUBLIN CO - WOOD QUAY B	DUBLIN	ERHA	Main
152	DUBLIN CO - BALLINTEER-BROADFORD	DUBLIN	ERHA	Main
153	DUBLIN CO - BALLINTEER-MARLEY	DUBLIN	ERHA	Main
154	DUBLIN CO - BALLINTEER-MEADOWBROADS	DUBLIN	ERHA	Main
155	DUBLIN CO - BALLYBRACK	DUBLIN	ERHA	Main
156	DUBLIN CO - BLACKROCK-NEWPARK	DUBLIN	ERHA	Main
157	DUBLIN CO - BLACKROCK-TEMPLEHILL	DUBLIN	ERHA	Main
158	DUBLIN CO - CHURCHTOWN-WOODLAWN	DUBLIN	ERHA	Main
159	DUBLIN CO - CLONSKEAGH-ROEBUCK	DUBLIN	ERHA	Main
160	DUBLIN CO - CLONSKEAGH-WINDY ARBOUR	DUBLIN	ERHA	Main

ClusterID	Location	countyname	HB	clusterLetters
161	DUBLIN CO - DUNDRUM-BALALLY	DUBLIN	ERHA	Main
162	DUBLIN CO - DUN LAOGHAIRE-MOUNT TOWN	DUBLIN	ERHA	Main
163	DUBLIN CO - DUN LAOGHAIRE-SANDYCOVE	DUBLIN	ERHA	Main
164	DUBLIN CO - DUN LAOGHAIRE-WEST CENTRAL	DUBLIN	ERHA	Main
165	DUBLIN CO - GLENCULLEN	DUBLIN	ERHA	Main
166	DUBLIN CO - SHANKILL-RATHSILLAGH	DUBLIN	ERHA	Main
167	DUBLIN CO - SHANKILL-SHANGANAGH	DUBLIN	ERHA	Main
168	DUBLIN CO - STILLORGAN-PRIORY	DUBLIN	ERHA	Main
169	DUBLIN CO - BALBRIGGAN RURAL	DUBLIN	ERHA	Main
170	DUBLIN CO - BALBRIGGAN URBAN	DUBLIN	ERHA	Main
171	DUBLIN CO - BALDOYLE	DUBLIN	ERHA	Main
172	DUBLIN CO - BLANCHARDSTOWN-BLAKESTOWN	DUBLIN	ERHA	Main
173	DUBLIN CO - BLANCHARDSTOWN-COOLMINE	DUBLIN	ERHA	Main
174	DUBLIN CO - BLANCHARDSTOWN-CORDUFF	DUBLIN	ERHA	Main
175	DUBLIN CO - CASTLEKNOCK-KNOCKMAROON	DUBLIN	ERHA	Main
176	DUBLIN CO - DONABATE	DUBLIN	ERHA	Main
177	DUBLIN CO - DUBBER	DUBLIN	ERHA	Main
178	DUBLIN CO - HOWTH	DUBLIN	ERHA	Main
179	DUBLIN CO - KINSALEY	DUBLIN	ERHA	Main
180	DUBLIN CO - LUSK	DUBLIN	ERHA	Main
181	DUBLIN CO - MALAHIDE WEST	DUBLIN	ERHA	Main
182	DUBLIN CO - RUSH	DUBLIN	ERHA	Main
183	DUBLIN CO - SKERRIES	DUBLIN	ERHA	Main
184	DUBLIN CO - SUTTON	DUBLIN	ERHA	Main
185	DUBLIN CO - SWORDS-FORREST	DUBLIN	ERHA	Main
186	DUBLIN CO - SWORDS-GLASMORE	DUBLIN	ERHA	Main

ClusterID	Location	countyname	HB	clusterLetters
187	DUBLIN CO - SWORDS-LISSENHALL	DUBLIN	ERHA	Main
188	DUBLIN CO - SWORDS-SEATOWN	DUBLIN	ERHA	Main
189	DUBLIN CO - TURNAPIN	DUBLIN	ERHA	Main
190	DUBLIN CO - BALLYBODEN	DUBLIN	ERHA	Main
191	DUBLIN CO - CLONDALKIN-BALLYMOUNT	DUBLIN	ERHA	Main
192	DUBLIN CO - CLONDALKIN-DUNAWLEY	DUBLIN	ERHA	Main
193	DUBLIN CO - CLONDALKIN-MONASTERY	DUBLIN	ERHA	Main
194	DUBLIN CO - CLONDALKIN-MOORFIELD	DUBLIN	ERHA	Main
195	DUBLIN CO - CLONDALKIN-ROWLAGH	DUBLIN	ERHA	Main
196	DUBLIN CO - CLONDALKIN VILLAGE	DUBLIN	ERHA	Main
197	DUBLIN CO - FIRHOUSE-BALLYCULLEN	DUBLIN	ERHA	Main
198	DUBLIN CO - FIRHOUSE VILLAGE	DUBLIN	ERHA	Main
199	DUBLIN CO - LUCAN-ESKER	DUBLIN	ERHA	Main
200	DUBLIN CO - LUCAN HEIGHTS	DUBLIN	ERHA	Main
201	DUBLIN CO - NEWCASTLE	DUBLIN	ERHA	Main
202	DUBLIN CO - RATHCOOLE	DUBLIN	ERHA	Main
203	DUBLIN CO - RATHFARNHAM-HERMITAGE	DUBLIN	ERHA	Main
204	DUBLIN CO - RATHFARNHAM-ST. ENDA'S	DUBLIN	ERHA	Main
205	DUBLIN CO - TALLAGHT-FETTERCAIRN	DUBLIN	ERHA	Main
206	DUBLIN CO - TALLAGHT-JOBSTOWN	DUBLIN	ERHA	Main
207	DUBLIN CO - TALLAGHT-SPRINGFIELD	DUBLIN	ERHA	Main
208	DUBLIN CO - TALLAGHT-TYMON	DUBLIN	ERHA	Main
209	DUBLIN CO - TEMPLEOGUE-LIMEKILN	DUBLIN	ERHA	Main
210	DUBLIN CO - TERENURE-GREENTREES	DUBLIN	ERHA	Main
211	KILDARE - ATHY EAST URBAN	KILDARE	ERHA	Main
212	KILDARE - NAAS URBAN	KILDARE	ERHA	Main
213	KILDARE - CARRIGEEN	KILDARE	ERHA	Main

ClusterID	Location	countyname	HB	clusterLetters
214	KILDARE - CASTLEDERMOT	KILDARE	ERHA	Main
215	KILDARE - MONASTEREVIN	KILDARE	ERHA	Main
216	KILDARE - CELBRIDGE	KILDARE	ERHA	Main
217	KILDARE - CLONCURRY	KILDARE	ERHA	Main
218	KILDARE - KILCOCK	KILDARE	ERHA	Main
219	KILDARE - LEIXLIP	KILDARE	ERHA	Main
220	KILDARE - MAYNOOTH	KILDARE	ERHA	Main
221	KILDARE - THOMASTOWN	KILDARE	ERHA	Main
222	KILDARE - BODENSTOWN	KILDARE	ERHA	Main
223	KILDARE - DONORE	KILDARE	ERHA	Main
224	KILDARE - DROICHEAD NUA URBAN	KILDARE	ERHA	Main
225	KILDARE - KILDARE	KILDARE	ERHA	Main
226	KILDARE - MORRISTOWNBILLER	KILDARE	ERHA	Main
227	KILKENNY - KILKENNY NO.1 URBAN	KILKENNY	SEHB	Main
228	KILKENNY - CLOGH	KILKENNY	SEHB	Main
229	KILKENNY - CLARA	KILKENNY	SEHB	Main
230	KILKENNY - DUNBELL	KILKENNY	SEHB	Main
231	KILKENNY - KILKENNY RURAL	KILKENNY	SEHB	Main
232	KILKENNY - TUBBRIDBRITTAIN	KILKENNY	SEHB	Main
233	KILKENNY - FARNOGE	KILKENNY	SEHB	Main
234	LAOIS - ABBEYLEIX	LAOIS	MHB	Main
235	LAOIS - RATHDOWNEY	LAOIS	MHB	Main
236	LAOIS - BALLYLYNAN	LAOIS	MHB	Main
237	LAOIS - MARYMOUNT	LAOIS	MHB	Main
238	LAOIS - MOUNTMELLICK URBAN	LAOIS	MHB	Main
239	LAOIS - O'MORESFOREST	LAOIS	MHB	Main
240	LAOIS - PORTLAOIGHISE RURAL	LAOIS	MHB	Main
241	LAOIS - ROSENALLIS	LAOIS	MHB	Main
242	LONGFORD - LONGFORD NO.1 URBAN	LONGFORD	MHB	Main
243	LONGFORD - COLUMBKILLE	LONGFORD	MHB	Main
244	LONGFORD - CALDRAGH	LONGFORD	MHB	Main
245	LONGFORD - LONGFORD RURAL	LONGFORD	MHB	Main
246	LONGFORD - RATHCLINE	LONGFORD	MHB	Main
247	LOUTH - FAIR GATE	LOUTH	NEHB	Main
248	LOUTH - WEST GATE	LOUTH	NEHB	Main

ClusterID	Location	countyname	HB	clusterLetters
250	LOUTH - ARDEE RURAL	LOUTH	NEHB	Main
251	LOUTH - ARDEE URBAN	LOUTH	NEHB	Main
252	LOUTH - COLLON	LOUTH	NEHB	Main
253	LOUTH - DRUMMULLAGH	LOUTH	NEHB	Main
254	LOUTH - DUNDALK RURAL	LOUTH	NEHB	Main
255	LOUTH - HAGGARDSTOWN	LOUTH	NEHB	Main
256	LOUTH - LOUTH	LOUTH	NEHB	Main
257	LOUTH - ST. PETER'S	LOUTH	NEHB	Main
258	MEATH - CULMULLIN	MEATH	NEHB	Main
259	MEATH - DUNBOYNE	MEATH	NEHB	Main
260	MEATH - KILBREW	MEATH	NEHB	Main
261	MEATH - MOYNALTY	MEATH	NEHB	Main
262	MEATH - DULEEK	MEATH	NEHB	Main
263	MEATH - JULIANSTOWN	MEATH	NEHB	Main
264	MEATH - ST. MARY'S	MEATH	NEHB	Main
265	MEATH - BECTIVE	MEATH	NEHB	Main
266	MEATH - KENTSTOWN	MEATH	NEHB	Main
267	MEATH - NAVAN RURAL	MEATH	NEHB	Main
268	MEATH - KILLALLON	MEATH	NEHB	Main
269	MEATH - OLDCASTLE	MEATH	NEHB	Main
270	MEATH - KILCOOLY	MEATH	NEHB	Main
271	MEATH - TRIM RURAL	MEATH	NEHB	Main
272	OFFALY - TULLAMORE URBAN	OFFALY	MHB	Main
273	OFFALY - KILCOLMAN	OFFALY	MHB	Main
274	OFFALY - KILCORMAC	OFFALY	MHB	Main
275	OFFALY - SHANNONHARBOUR	OFFALY	MHB	Main
276	OFFALY - EDENDERRY URBAN	OFFALY	MHB	Main
277	OFFALY - MOUNTBRISCOE	OFFALY	MHB	Main
278	OFFALY - SCREGGAN	OFFALY	MHB	Main
279	OFFALY - SILVERBROOK	OFFALY	MHB	Main
280	WESTMEATH - ATHLONE EAST URBAN	WESTMEAT	MHB	Main
281	WESTMEATH - AUBURN	WESTMEAT	MHB	Main
282	WESTMEATH - MOATE	WESTMEAT	MHB	Main
283	WESTMEATH - DELVIN	WESTMEAT	MHB	Main
284	WESTMEATH - KILBEGGAN	WESTMEAT	MHB	Main
285	WESTMEATH - KINNEGAD	WESTMEAT	MHB	Main
286	WESTMEATH - MULLINGAR RURAL	WESTMEAT	MHB	Main
287	WESTMEATH - MULLINGAR NORTH URBAN	WESTMEAT	MHB	Main

ClusterID	Location	countyname	HB	clusterLetters
288	WESTMEATH - MULLINGAR SOUTH URBAN	WESTMEAT	MHB	Main
289	WESTMEATH - TULLAGHAN	WESTMEAT	MHB	Main
290	WEXFORD - ENNISCORTHY URBAN	WEXFORD	SEHB	Main
291	WEXFORD - WEXFORD NO. 2 URBAN	WEXFORD	SEHB	Main
292	WEXFORD - ENNISCORTHY RURAL	WEXFORD	SEHB	Main
293	WEXFORD - KILBORA	WEXFORD	SEHB	Main
294	WEXFORD - GOREY RURAL	WEXFORD	SEHB	Main
295	WEXFORD - ADAMSTOWN	WEXFORD	SEHB	Main
296	WEXFORD - CARRICKBYRNE	WEXFORD	SEHB	Main
297	WEXFORD - CARRICK	WEXFORD	SEHB	Main
298	WEXFORD - FORTH	WEXFORD	SEHB	Main
299	WEXFORD - WEXFORD RURAL	WEXFORD	SEHB	Main
300	WICKLOW - ARKLOW NO.1 URBAN	WICKLOW	ERHA	Main
301	WICKLOW - BRAY NO. 2	WICKLOW	ERHA	Main
302	WICKLOW - BRAY NO. 3	WICKLOW	ERHA	Main
303	WICKLOW - WICKLOW URBAN	WICKLOW	ERHA	Main
304	WICKLOW - BLESSINGTON	WICKLOW	ERHA	Main
305	WICKLOW - DELGANY	WICKLOW	ERHA	Main
306	WICKLOW - GREYSTONES	WICKLOW	ERHA	Main
307	WICKLOW - KILMACANOGE	WICKLOW	ERHA	Main
308	WICKLOW - BALLINACLASH	WICKLOW	ERHA	Main
309	WICKLOW - BALLINDERRY	WICKLOW	ERHA	Main
310	WICKLOW - WICKLOW RURAL	WICKLOW	ERHA	Main
311	WICKLOW - BALLYBEG	WICKLOW	ERHA	Main
312	CLARE - ENNIS NO. 4 URBAN	CLARE	MWHB	Main
313	CLARE - LISDOONVARNA	CLARE	MWHB	Main
314	CLARE - RUAN	CLARE	MWHB	Main
315	CLARE - CLENAGH	CLARE	MWHB	Main
316	CLARE - CRUSHEEN	CLARE	MWHB	Main
317	CLARE - ENNIS RURAL	CLARE	MWHB	Main
318	CLARE - TEMPLEMALEY	CLARE	MWHB	Main
319	CLARE - ENNISTIMON	CLARE	MWHB	Main
320	CLARE - KILCHREEST	CLARE	MWHB	Main
321	CLARE - KILLEELY	CLARE	MWHB	Main
322	CLARE - KILTENANLEA	CLARE	MWHB	Main
323	CORK Co. Boro. - BISHOPSTOWN C	CORK	SHB	Main

ClusterID	Location	countyname	HB	clusterLetters
324	CORK Co. Boro. - BROWNINGSTOWN	CORK	SHB	Main
325	CORK Co. Boro. - CHURCHFIELD	CORK	SHB	Main
326	CORK Co. Boro. - FAIR HILL C	CORK	SHB	Main
327	CORK Co. Boro. - GILLABBEY B	CORK	SHB	Main
328	CORK Co. Boro. - GREENMOUNT	CORK	SHB	Main
329	CORK Co. Boro. - MAHON C	CORK	SHB	Main
330	CORK Co. Boro. - THE GLEN A	CORK	SHB	Main
331	CORK Co. Boro. - THE GLEN B	CORK	SHB	Main
332	CORK Co. Boro. - TIVOLI B	CORK	SHB	Main
333	CORK Co. Boro. - COBH URBAN	CORK	SHB	Main
334	CORK Co. Boro. - MALLOW NORTH URBAN	CORK	SHB	Main
335	CORK Co. Boro. - YOUGHAL URBAN	CORK	SHB	Main
336	CORK Co. Boro. - BANDON	CORK	SHB	Main
337	CORK Co. Boro. - BANTRY URBAN	CORK	SHB	Main
338	CORK Co. Boro. - KEALKILL	CORK	SHB	Main
339	CORK Co. Boro. - MEALAGH	CORK	SHB	Main
340	CORK Co. Boro. - KILCATHERINE	CORK	SHB	Main
341	CORK Co. Boro. - BALLINCOLLIG	CORK	SHB	Main
342	CORK Co. Boro. - CARRIGALINE	CORK	SHB	Main
343	CORK Co. Boro. - COBH RURAL	CORK	SHB	Main
344	CORK Co. Boro. - DOUGLAS	CORK	SHB	Main
345	CORK Co. Boro. - LEHENAGH	CORK	SHB	Main
346	CORK Co. Boro. - RATHCOONEY	CORK	SHB	Main
347	CORK Co. Boro. - RIVERSTOWN	CORK	SHB	Main
348	CORK Co. Boro. - WHITECHURCH	CORK	SHB	Main
349	CORK Co. Boro. - WATERGRASSHILL	CORK	SHB	Main
350	CORK Co. Boro. - ALLOW	CORK	SHB	Main
351	CORK Co. Boro. - NEWTOWN	CORK	SHB	Main
352	CORK Co. Boro. - LISCLEARY	CORK	SHB	Main
353	CORK Co. Boro. – SLIEVEREAGH	CORK	SHB	Main

ClusterID	Location	countyname	HB	clusterLetters
354	CORK Co. Boro. - BALLYNAMONA	CORK	SHB	Main
355	CORK Co. Boro. - DROMORE	CORK	SHB	Main
356	CORK Co. Boro. - RATHLUIRC	CORK	SHB	Main
357	CORK Co. Boro. - BALLYCOTTIN	CORK	SHB	Main
358	CORK Co. Boro. - DRISHANE	CORK	SHB	Main
359	CORK Co. Boro. - MITCHELSTOWN	CORK	SHB	Main
360	CORK Co. Boro. - GOLEEN	CORK	SHB	Main
361	KERRY - KILLARNEY URBAN	KERRY	SHB	Main
362	KERRY - TRALEE URBAN	KERRY	SHB	Main
363	KERRY - VALENCIA	KERRY	SHB	Main
364	KERRY - CASTLEGREGORY	KERRY	SHB	Main
365	KERRY - KENMARE	KERRY	SHB	Main
366	KERRY - MUCKROSS	KERRY	SHB	Main
367	KERRY - BALLYCONRY	KERRY	SHB	Main
368	KERRY - ARABELA	KERRY	SHB	Main
369	KERRY - CASTLEISLAND	KERRY	SHB	Main
370	KERRY - MILLBROOK	KERRY	SHB	Main
371	KERRY - TRALEE RURAL	KERRY	SHB	Main
372	LIMERICK Co. Boro. - BALLYNANTY	LIMERICK	MWHB	Main
373	LIMERICK Co. Boro. - CASTLE C	LIMERICK	MWHB	Main
374	LIMERICK Co. Boro. - DOCK C	LIMERICK	MWHB	Main
375	LIMERICK Co. Boro. - JOHN'S C	LIMERICK	MWHB	Main
376	LIMERICK Co. Boro. - ST. LAURENCE	LIMERICK	MWHB	Main
377	LIMERICK Co. Boro. - BALLINGARRY	LIMERICK	MWHB	Main
378	LIMERICK Co. Boro. - KILFERGUS	LIMERICK	MWHB	Main
379	LIMERICK Co. Boro. - ARDPATRICK	LIMERICK	MWHB	Main
380	LIMERICK Co. Boro. - BRUFF	LIMERICK	MWHB	Main
381	LIMERICK Co. Boro. - DARRAGH	LIMERICK	MWHB	Main
382	LIMERICK Co. Boro. - KNOCKAINY	LIMERICK	MWHB	Main
383	LIMERICK Co. Boro. - BALLYCUMMIN	LIMERICK	MWHB	Main
384	LIMERICK Co. Boro. – BALLYSIMON	LIMERICK	MWHB	Main

ClusterID	Location	countyname	HB	clusterLetters
385	LIMERICK Co. Boro. - CULLANE	LIMERICK	MWHB	Main
386	LIMERICK Co. Boro. - DROMCOLLIHER	LIMERICK	MWHB	Main
387	LIMERICK Co. Boro. - NEWCASTLE RURAL	LIMERICK	MWHB	Main
388	LIMERICK Co. Boro. - NEWCASTLE URBAN	LIMERICK	MWHB	Main
389	NORTH TIPP - THURLES URBAN	TIPPERAR	MWHB	Main
390	NORTH TIPP - BALLINA	TIPPERAR	MWHB	Main
391	NORTH TIPP - CARRIGATOGHER	TIPPERAR	MWHB	Main
392	NORTH TIPP - NENAGH RURAL	TIPPERAR	MWHB	Main
393	NORTH TIPP - ROSCREA	TIPPERAR	MWHB	Main
394	NORTH TIPP - HOLYCROSS	TIPPERAR	MWHB	Main
395	SOUTH TIPP - CARRICKBEG URBAN	TIPPERAR	SEHB	Main
396	SOUTH TIPP - CLONMEL WEST URBAN	TIPPERAR	SEHB	Main
397	SOUTH TIPP - KNOCKGRAFFON	TIPPERAR	SEHB	Main
398	SOUTH TIPP - MAGORBAN	TIPPERAR	SEHB	Main
399	SOUTH TIPP - PEPPARDSTOWN	TIPPERAR	SEHB	Main
400	SOUTH TIPP - BUOLICK	TIPPERAR	SEHB	Main
401	WATERFORD Co. - BALLYTRUCKLE	WATERFOR	SEHB	Main
402	WATERFORD Co. - CENTRE A	WATERFOR	SEHB	Main
403	WATERFORD Co. - FARRANSHONEEN	WATERFOR	SEHB	Main
404	WATERFORD Co. - MOUNT SION	WATERFOR	SEHB	Main
405	WATERFORD Co. - CLONEA	WATERFOR	SEHB	Main
406	WATERFORD Co. - MOUNTKENNEDY	WATERFOR	SEHB	Main
407	WATERFORD Co. - TRAMORE	WATERFOR	SEHB	Main
408	WATERFORD Co. - WOODSTOWN	WATERFOR	SEHB	Main
409	WATERFORD Co. - ARDMORE	WATERFOR	SEHB	Main
410	GALWAY Co. - BALLYBAAN	GALWAY	WHB	Main
411	GALWAY Co. - BARNA	GALWAY	WHB	Main
412	GALWAY Co. - CLADDAGH	GALWAY	WHB	Main
413	GALWAY Co. - MENLOUGH	GALWAY	WHB	Main
414	GALWAY Co. - RAHOON	GALWAY	WHB	Main

ClusterID	Location	countyname	HB	clusterLetters
415	GALWAY Co. - SHANTALLA	GALWAY	WHB	Main
416	GALWAY Co. - TAYLORS HILL	GALWAY	WHB	Main
417	GALWAY Co. - LAURENCETOWN	GALWAY	WHB	Main
418	GALWAY Co. - ANNAGHDOWN	GALWAY	WHB	Main
419	GALWAY Co. - BARNA	GALWAY	WHB	Main
420	GALWAY Co. - DEERPARK	GALWAY	WHB	Main
421	GALWAY Co. - KILCUMMIN	GALWAY	WHB	Main
422	GALWAY Co. - KILLANNIN	GALWAY	WHB	Main
423	GALWAY Co. - LACKAGHBEG	GALWAY	WHB	Main
424	GALWAY Co. - GLENNAMADDY	GALWAY	WHB	Main
425	GALWAY Co. - ARDAMULLIVAN	GALWAY	WHB	Main
426	GALWAY Co. - GORT	GALWAY	WHB	Main
427	GALWAY Co. - ATHENRY	GALWAY	WHB	Main
428	GALWAY Co. - LETTERBRICKAUN	GALWAY	WHB	Main
429	GALWAY Co. - WORMHOLE	GALWAY	WHB	Main
430	LEITRIM - CLOVERHILL	LEITRIM	NWHB	Main
431	LEITRIM - KINLOUGH	LEITRIM	NWHB	Main
432	LEITRIM - CARRIGALLEN EAST	LEITRIM	NWHB	Main
433	LEITRIM - KEELDRA	LEITRIM	NWHB	Main
434	MAYO - BALLYSAKEERY	MAYO	WHB	Main
435	MAYO - BALLINROBE	MAYO	WHB	Main
436	MAYO - CONG	MAYO	WHB	Main
437	MAYO - HOLLYMOUNT	MAYO	WHB	Main
438	MAYO - BELMULLET	MAYO	WHB	Main
439	MAYO - BEKAN	MAYO	WHB	Main
440	MAYO - KILMOVEE	MAYO	WHB	Main
441	MAYO - SWINEFORD	MAYO	WHB	Main
442	MAYO - DOOEGA	MAYO	WHB	Main
443	MAYO - KILMEENA	MAYO	WHB	Main
444	ROSCOMMON - ATHLONE WEST RURAL	ROSCOMMO	WHB	Main
445	ROSCOMMON - ARTAGH NORTH	ROSCOMMO	WHB	Main
446	ROSCOMMON - ANNAGHMORE	ROSCOMMO	WHB	Main
447	ROSCOMMON - FUERTY	ROSCOMMO	WHB	Main
448	ROSCOMMON - ROOSKY	ROSCOMMO	WHB	Main
449	SLIGO - SLIGO NORTH	SLIGO	NWHB	Main
450	SLIGO - SLIGO WEST	SLIGO	NWHB	Main
451	SLIGO - TOOMOUR	SLIGO	NWHB	Main

ClusterID	Location	countyname	HB	clusterLetters
452	SLIGO - BALLYMOTE	SLIGO	NWHB	Main
453	SLIGO - CARNEY	SLIGO	NWHB	Main
454	SLIGO - CARRICKBANAGHER	SLIGO	NWHB	Main
455	SLIGO - CLOONOGHILL	SLIGO	NWHB	Main
456	SLIGO - CLOONACOOL	SLIGO	NWHB	Main
457	CAVAN - KINGSCOURT	CAVAN	NEHB	Main
458	CAVAN - CARN	CAVAN	NEHB	Main
459	CAVAN - BALLYJAMESDUFF	CAVAN	NEHB	Main
460	CAVAN - COOTEHILL URBAN	CAVAN	NEHB	Main
461	CAVAN - LARAH SOUTH	CAVAN	NEHB	Main
462	CAVAN - REDHILL	CAVAN	NEHB	Main
463	DONEGAL - BUNCRANA URBAN	DONEGAL	NWHB	Main
464	DONEGAL - BUNDORAN URBAN	DONEGAL	NWHB	Main
465	DONEGAL - LETTERKENNY URBAN	DONEGAL	NWHB	Main
466	DONEGAL - DONEGAL	DONEGAL	NWHB	Main
467	DONEGAL - INVER	DONEGAL	NWHB	Main
468	DONEGAL - DUNFANAGHY	DONEGAL	NWHB	Main
469	DONEGAL - GORTAHORK	DONEGAL	NWHB	Main
470	DONEGAL - MAGHERACLOGHER	DONEGAL	NWHB	Main
471	DONEGAL - BALLYLIFFIN	DONEGAL	NWHB	Main
472	DONEGAL - DESERTEGNY	DONEGAL	NWHB	Main
473	DONEGAL - KILLEA	DONEGAL	NWHB	Main
474	DONEGAL - LETTERKENNY RURAL	DONEGAL	NWHB	Main
475	DONEGAL - BALLYARR	DONEGAL	NWHB	Main
476	DONEGAL - CARRICKART	DONEGAL	NWHB	Main
477	DONEGAL - CLONLEIGH NORTH	DONEGAL	NWHB	Main
478	DONEGAL - DOOISH	DONEGAL	NWHB	Main
479	DONEGAL - KILLYGORDON	DONEGAL	NWHB	Main
480	DONEGAL - KNOCK	DONEGAL	NWHB	Main
481	DONEGAL - STRANORLAR	DONEGAL	NWHB	Main
482	MONAGHAN - ANNAYALLA	MONAGHAN	NEHB	Main
483	MONAGHAN - CREMARTIN	MONAGHAN	NEHB	Main
484	MONAGHAN - MULLYASH	MONAGHAN	NEHB	Main
485	MONAGHAN - BELLANODE	MONAGHAN	NEHB	Main
486	MONAGHAN - ENAGH	MONAGHAN	NEHB	Main

ClusterID	Location	countyname	HB	clusterLetters
487	DUBLIN CO - BEAUMONT C	DUBLIN	ERHA	Reserve
488	DUBLIN CO - CHAPELIZOD	DUBLIN	ERHA	Reserve
489	DUBLIN CO - KILMAINHAM A	DUBLIN	ERHA	Reserve
490	DUBLIN CO - MERCHANTS QUAY D	DUBLIN	ERHA	Reserve
491	DUBLIN CO - FOXROCK-DEANSGRANGE	DUBLIN	ERHA	Reserve
492	DUBLIN CO - KILLINEY SOUTH	DUBLIN	ERHA	Reserve
493	DUBLIN CO - RATHFARNHAM-BUTTERFIELD	DUBLIN	ERHA	Reserve
494	KILDARE - KILCULLEN	KILDARE	ERHA	Reserve
495	LONGFORD - SONNAGH	LONGFORD	MHB	Reserve
496	MEATH - CEANANNAS MÓR RURAL	MEATH	NEHB	Reserve
497	WESTMEATH - ATHLONE EAST RURAL	WESTMEAT	MHB	Reserve
498	WEXFORD - GOREY URBAN	WEXFORD	SEHB	Reserve
499	WICKLOW - KILBALLYOWEN	WICKLOW	ERHA	Reserve
500	CORK Co. Boro. - MONTENOTTE B	CORK	SHB	Reserve
501	CORK Co. Boro. - KINSALE URBAN	CORK	SHB	Reserve
502	CORK Co. Boro. - BLARNEY	CORK	SHB	Reserve
503	KERRY - LISLAUGHTIN	KERRY	SHB	Reserve
504	LIMERICK Co. Boro. - COOLRAINE	LIMERICK	MWHB	Reserve
505	NORTH TIPP - NENAGH EAST URBAN	TIPPERAR	MWHB	Reserve
506	SOUTH TIPP - INISHLOUNAGHT	TIPPERAR	SEHB	Reserve
507	GALWAY Co. - MERVUE	GALWAY	WHB	Reserve
508	MAYO - AGHAGOWER SOUTH	MAYO	WHB	Reserve
509	CAVAN - VIRGINIA	CAVAN	NEHB	Reserve
510	DONEGAL - GORTNAVERN	DONEGAL	NWHB	Reserve
511	DONEGAL - GLEN	DONEGAL	NWHB	Reserve

Appendix O Regional Authorities vs Health Boards

Data is weighted using 2010 population estimates based on 2006 Census, and the 2010 population estimates use Regional Authority to denote region. Regional Authority and the Health Board/RDTF equivalent is shown below. Results are reported by Health Board/RDTF to enable comparisons with previous years.

Regional Authority	**Health Board/RDTF Equivalent**
Border	North East HB/RDTF minus Meath and North West HB/RDTF (ERHA)
Dublin	Eastern Regional Health Authority/RDTF
Mid-East	Eastern Regional Health Authority/RDTF plus Meath
Midland	Midlands HB/RDTF
Mid-West	Mid West HB/RDTF
South-East	South East HB/RDTF
South-West	Southern HB/RDTF
West	West HB/RDTF

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