Drug Use in Ireland & Northern Ireland

First Results of the 2002/2003 Drug Prevalence Survey

A Summary of the Methodology

National Advisory Committee on Drugs
in Ireland
&
Drug and Alcohol Information and Research Unit
in Northern Ireland

Based on information provided by MORI MRC

October 2003

Background on Methodology

The First Drug Prevalence Survey in Ireland and Northern Ireland was jointly commissioned by the National Advisory Committee on Drugs (NACD) in Ireland with the Drug and Alcohol Information and Research Unit (DAIRU) within the Department of Health, Social Services and Public Safety in Northern Ireland.

This drug prevalence survey has been carried out in accordance with European Monitoring Centre for Drugs and Drug Addiction (EMCDDA guidelines " Handbook for Surveys on Drug Use Among the General Population". Consequently, the survey was carried out using a pre-prepared questionnaire and face-to-face interviews among the 15 – 64 year age group. Information on lifetime use, last year (recent) and last month (current) was collected.

Following open tender, the contract to carry out the survey was awarded to MORI MRC.

A Research Advisory Group (RAG) was established to monitor and support the project. The members came from both the NACD and DAIRU and were as follows:
Dr Desmond Corrigan, NACD; Ms Kathleen Stack, NACD; Ms Aileen O'Gorman, NACD; Mr Hamish Sinclair, NACD; Ms Mairéad Lyons, NACD; Mr Dave Rogers, DAIRU; Mr Kieron Moore, DAIRU; Mr Damian Buchanan, DAIRU. The RAG liaised with MORI MRC representatives Mr Andrew Johnson; Ms Brenda Boyd; Ms Orla Deasy; Mr Noel Larkin as required.

Questionnaire:

Based on the EMCDDA pre-prepared questionnaire, the questionnaire used in this survey was expanded to include additional questions of particular interest to Ireland and Northern Ireland. The wording was amended to be more culturally specific. The questionnaire was then pilot tested and corrections made before being finally implemented between October 2002 and April 2003.

EMCDDA guidelines advise that face-to-face interviews should be used to collect survey information and this method was adopted for the survey. The face-to-face technique is where the interviewer engages directly with the interviewee, completing the questionnaire as the interviewee responds. Face-to-face interview techniques enable the survey to accommodate issues such as poor literary skills, which may affect the response to the questionnaire. Participants were interviewed on their use of all drug types including tobacco, alcohol, some prescribed drugs and illegal drugs. In addition, participants were asked about their attitudes and opinions to drug use and where participants had answered 'yes' to drug use, they were asked if they had ever tried to stop and what influenced this decision. The interview lasted an average of 20 minutes.

Sample:

The target sample was those aged 15 – 64 living in private households. In practice this means that all residential addresses could be selected. The survey did not seek to include people living in institutions such as prisons, nor did it include the homeless and Travellers (These groups are the subject of separate research).

Young people aged 15 and over are included, as the first use of illicit drugs has often started by this age. By including this age group we may also capture those who have left school before reaching 18 years. The EMCDDA consider that most drug use in Europe started in the 1960s among young people and therefore there is an expectation of very low lifetime prevalence rates among older people. Hence the EMCDDA currently do not recommend including those aged 65 and over in prevalence surveys and this practice has been followed in the current survey. This position may change with time.

Sampling method:

An important aspect of this survey is achieving a sample that is representative of the population. This implies that every member of the population has a calculable chance of being included in the sample. The sampling frame has to be chosen to ensure that households have an equal chance of being selected in the sample. It would not be possible to interview everyone in the population, so a sample is selected which is intended to be representative of the population in terms of age, gender, location, and socio-economic status.

Ideally, random sampling methods should be used but this method is prohibitively expensive. Accordingly, and in common with other large-scale surveys of this nature, this survey used a multi-stage (or stratified) sampling method. First, small areas are sampled as Primary Sampling Units (PSUs), and from these PSUs random sampling of households is undertaken. Details of how this operated in this survey are given below.

Sample source and fieldwork:

As this survey crosses two jurisdictions it was important to keep sampling procedures similar. It was decided not to use the electoral registers in Ireland and Northern Ireland due to the known tendency to under-represent certain households where voter registration is low. In some cases this could mean excluding large sections of communities.

Consequently, it was decided to use the Postal Address File (PAF) in Northern Ireland and the An Post / Ordnance Survey Geo-directory in Ireland as the primary sampling frame. They are both comprehensive, updated regularly, provide a high degree of accuracy and facilitate comparability.

PSUs were randomly selected in Northern Ireland by Enumeration Districts (EDs) and in Ireland by District Electoral Division (DEDs) and Electoral Wards. These PSUs were ranked by socio-demographic indicators from Census data to ensure that a

representative cross section of areas were included for random selection. A total of 565 PSUs were selected, 314 in Ireland and 251 in Northern Ireland.

The original sample frame was used to generate a sample larger than the desired final sample size to allow for survey addresses that had been included in the sample frame inappropriately and for non-response. A survey address could be included inappropriately if, for example, it no longer existed at the time of the survey or was vacant, or if it only contained persons who were outside the scope of the survey (for example, a household comprising entirely people aged 65 or over). Non-response occurs when valid address did not yield a completed interview. Non-response could be due to factors such as failure to make contact with the respondent; interviewee not presenting at time of interview; interviewee refusing to participate etc. In order to minimise non-response, MORI MRC carried out a minimum of five call-backs at each address, unless this was inappropriate due to refusal etc.

Once contact was made with a sample address, basic details about each household member were taken and respondent selection then took place using an allocation method (the "most recent birthday" method – ie the eligible member of the household who had most recently celebrated their birthday was selected) so that there was no bias introduced at this stage.

Sample Size:

The size was determined by the need to provide robust data in both Northern Ireland and Ireland. It would need to provide robust data on age and gender and in some cases on health board. However, it is recognised that we could not provide robust data for small samples in sub groups of the sample population. MORI MRC recommended the optimum size they could achieve within budget was 3,500 in Northern Ireland and 4,100 in Ireland. This was exceeded in Ireland due to the high response rate. The final achieved sample was 3,517 in Northern Ireland (response rate 63%) and 4,925 in Ireland (response rate 70%).

Weighting:

Even with carefully controlled sampling procedures and fieldwork control, it is likely that the final achieved sample will not be representative of the survey population. In the sample some groups were represented to a lesser or greater extent than would be expected given their presence in the general population. For example, in the current sample younger people were under-represented and older people were over-represented.

To adjust for this, the data from the sample were weighted so that the results would be more representative of the survey population. Weightings have to chosen carefully as it is essential that the information derived from the survey and for the general population are robust. The sample in the current survey was thus weighted by gender; age group; and area (by County in Ireland and by Health and Social Services Board area in Northern Ireland). Data used for weighing were derived from the Censuses of Population in Ireland (2002) and Northern Ireland (2001).

Full details of the weighting, including the weights used, will be included in the forthcoming Technical Report.

Sampling Error:

Estimates of drug prevalence derived from the Drug Prevalence Survey are based on the results from the weighted sample of respondents to the survey. When applying these figures to the general population they will be subject to a degree of imprecision. One factor that will contribute to this imprecision is that of sampling error. Basically, sampling error is the difference between the sample estimate and the actual population estimate. In crude terms, the larger the sample size, the smaller the sample error, and hence the more confident we can be that the estimates provide an accurate representation of the characteristics of the population as a whole. In this survey, for example, this will mean that the estimates for total population prevalence are more robust than those for sub-groups of the population (for example the estimates for males and females, or for different age groups).

As the actual population estimate is unknown, statistical methods have to be employed to calculate sampling error. Sampling errors for the prevalence rates produced in this bulletin have been calculated and validated by MORI MRC and will be published in the forthcoming Technical Report.

MORI MRC is preparing a detailed Technical Report which will be published soon.

20th October 2003