

# EUROBAROMETER 57.2 Special Eurobarometer 172

## ATTITUDES AND OPINIONS OF YOUNG PEOPLE IN THE EUROPEAN UNION ON DRUGS

### REPORT

by

THE EUROPEAN OPINION  
RESEARCH GROUP (EORG)

For

the Directorate-General for Justice and Home Affairs

**Managed and organised by:**

Press and Communication  
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This public opinion poll was carried out at the request of the Directorate-General for Justice and Home Affairs, and was managed and organised by the Press and Communication Service's "Analysis of Public Opinion" Unit.

It was carried out in all the countries of the European Union, between 27 April and 10 June 2002, under the general coordination of the Brussels-based INRA (EUROPE) – European Coordination Office for the European Opinion Research Group EEIG.

The questionnaire, the technical specifications and the names of the institutions associated with the research are annexed to it.

The European Commission cannot be held liable for the contents of this report.

The original language of this report is French.

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## Introduction

The public opinion poll analysed in this report was carried out in the fifteen Member States between 27 April and 10 June 2002 for Eurobarometer 57.2, at the request of the European Commission, Directorate-General for Justice and Home Affairs, and organised by the Press and Communication Service's "Analysis of Public Opinion" Unit.

The report analyses the attitudes and opinions of young citizens of the European Union aged 15 to 24 regarding drugs. It is subdivided into chapters covering:

- drug use in the European Union
- reasons for trying drugs
- difficulties in stopping using drugs
- consequences of the use of drugs
- dangers of different substances
- possible sources of information on drugs
- management of drug-related problems

In each Member State, these questions were submitted to a representative selection of the national population aged between 15 and 24. In total, 7 687 people were questioned, that is, on average, some 450 people per Member State, except in Germany (900 people questioned), Northern Ireland (200) and Luxembourg (200). It should be noted that the figures relating to the European Union as a whole presented in this report are a weighted average of national figures. For each Member State, the weighting used is that state's share of the total Community population aged between 15 and 24.<sup>1</sup>

The technical specifications annexed give details of the methodology (survey dates, selection of the sample, population covered, weighting, confidence limits, etc.). Some of the terms used in these technical specifications should perhaps be explained: marginal weighting is weighting based on a single variable, such as age **or** sex, while cross-weighting is based on the cross-referencing of two variables, such as age **and** sex. The NUTS regions are a classification of the regions of the European Union based on a three-level hierarchical structure. Eurobarometer is weighted on the basis of the NUTS 2 regions.

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<sup>1</sup> Cf. technical specifications annexed.  
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It should also be noted that the percentages shown in the graphs in the report and in the tables annexed to the report may add up to more than 100% in cases where questions may have more than one answer. Similarly, some totals may be approximately but not exactly 100% (e.g. 99% or 101%) owing to figures being rounded off.

The following abbreviations are used to designate the Member States:

B	Belgium
DK	Denmark
WD	Old Länder
D	Germany
OD	New Länder
GR	Greece
E	Spain
F	France
IRL	Ireland
I	Italy
L	Luxembourg
NL	Netherlands
A	Austria
P	Portugal
FIN	Finland
S	Sweden
UK	United Kingdom

The distinction between the old and new German Länder, introduced when East Germany was first included in the countries covered by Eurobarometer in autumn 1990, has been retained in spite of Germany's re-unification, because it reflects an often clear division of opinion between the two territories. The abbreviation used for the European Union as a whole is "EU 15". The abbreviation "DK" stands for "Don't know".

Finally, it should be noted that the order in which the questions are analysed in this report does not necessarily correspond to the order in which they were asked. In the analyses, it was decided to follow a logical sequence, subject by subject.

## **CHAPTER 1**

### **EXPOSURE TO DRUGS AND PERSONAL USE**

#### **1.1. General situation in the European Union**

In order to put into perspective the young people's opinions on the main issues relating to the problem of drugs, we need first of all to look at the present state of affairs, as revealed by the enquiry, in the matter of exposure and personal use.

Two criteria were used to measure the degree of the most direct exposure to the phenomenon.

The first is whether a person knows other people who use drugs. The second is whether a person has already been offered drugs.

The evaluation of personal use was made on the basis of two simple scenarios likely to apply to most people questioned. This is a measure of key indicators; the object was not the collection of detailed quantitative data. The first scenario related to whether a person had already tried drugs and the second to whether they had used drugs over the last month. In line with the most common perception among young people, the questions distinguished between cannabis and other drugs.

Finally, in order to obtain additional reference and background data, regular consumption of cigarettes and/or alcohol was included in the questionnaire.

Table 1. Exposure and use in the EU

Q. 8.: Which of the following applies to you? (multiple answers possible)

	% EU 15
- I know people who use cannabis	64.8
- I have already been offered cannabis	46.2
- I have already tried cannabis	28.9
- I have used cannabis over the last month	11.3
- I know people who use drugs (other than cannabis)	45.7
- I have already been offered drugs (other than cannabis)	26.2
- I have already tried drugs (other than cannabis)	8.8
- I have used drugs (other than cannabis) over the last month	2.7
- I smoke cigarettes regularly	36.8
- I drink alcohol regularly	25.2
- None of these	16.0

The first thing that can be noted is clearly the higher rate of penetration of cannabis than other drugs, in terms of both exposure and use. More than one in three young Europeans (28.9%) have tried cannabis and more than one in ten (11.3%) have used cannabis over the last month. These percentages drop to 8.8% and 2.7% respectively for other drugs.

It is also noteworthy that the rate of conversion of experimentation into use over the last month is lower for other drugs (30.6%) than for cannabis (39%).

Furthermore, we can see that more than one third of those questioned (36.8%) say they smoke cigarettes regularly and a quarter of them (25.2%) drink alcohol regularly. These figures are an additional source of concern if we believe the opinion held by many young people that smokers and drinkers are more inclined to try drugs than other people.

Finally, the question reveals that 16% of those questioned said that, in addition to the fact that they do not smoke or drink regularly, they have not tried drugs or been in direct contact with drugs. Depending on one's point of view, this percentage can be seen as either low, or reassuring.

### **1.2. Experimentation and recent use in the Member States**

Whether they relate to drugs or other social behaviour or use, the attitudes of citizens of the European Union are neither homogeneous nor standardised. Cultural and social differences play a particularly important role in the field investigated by this study.

In order to assign specific behaviour patterns to the young people of each Member State, the table on the following page looks country-by-country at the rate of experimentation with and use of cannabis and other drugs.

**Table 2.** Experimentation and recent use in the Member States

Q. 8.: Which of the following applies to you? (multiple answers possible)

Member States	Already tried %		Used over the last month %	
	Cannabis	Other drugs	Cannabis	Other drugs
Germany	25.6	8.6	8.3	2.4
Old Länder	27.2	8.4	8.8	2.4
New Länder	18.5	9.1	6.0	2.5
Austria	17.9	4.6	4.6	1.3
Belgium	24.7	6.8	9.5	1.9
Denmark	47.0	11.4	12.2	2.5
Spain	29.4	12.2	15.0	3.7
Finland	19.2	9.0	5.6	3.1
France	44.9	8.0	19.8	2.9
Greece	4.8	1.2	1.3	0.4
Ireland	24.2	8.9	8.7	4.8
Italy	17.2	2.7	7.8	0.6
Luxembourg	27.3	6.6	4.5	2.3
Netherlands	35.3	10.6	12.2	3.2
Portugal	14.1	6.8	4.9	1.8
United Kingdom	37.0	13.8	13.4	4.4
Sweden	16.5	9.9	3.9	1.6
<b>European Union</b>	<b>28.9</b>	<b>8.8</b>	<b>11.3</b>	<b>2.7</b>

- More than 10% of young people say they have used cannabis over the last month in France (19.8%), Spain (15.0%), the United Kingdom (13.4%), Denmark (12.2%) and the Netherlands (12.2%). During the same period, use of another drug exceeds 3% in Ireland (4.8%), in the United Kingdom (4.4%), in Spain (3.7%), in the Netherlands (3.2%) and in Finland (3.1%).

The United Kingdom, Spain and the Netherlands therefore find themselves in the lead group for the two types of use. France and Denmark are in the same group for cannabis but are within the European average for other drugs. The young Irish are the biggest users of drugs other than cannabis but are less than averagely fond of the latter. In nearly all cases, there is a mathematical link between the rate of experimentation and the use of different drugs.

The countries least affected by the phenomenon - of both cannabis and other drugs - are Greece (1.3% and 0.4%), Sweden (3.9% and 1.6%), Austria (4.6% and 1.3%), Portugal (4.9% and 1.8%) and, to a lesser extent, Italy (7.8% and 0.6%) and Luxembourg (4.5% and 2.3%). Although the southern countries, with the exception of Spain, seem less affected by drugs than the European average, there is not a clear North–South divide on this issue.

- Finally, Belgium (9.5% and 1.9%) and Germany (8.3% et 2.4%) are well below the 11.3% and 2.7% for the whole of the European Union but less clearly so than the group mentioned above.

### 1.3. Ease of acquisition of drugs

Ease of access to drugs is one of the factors influencing exposure and is an incitement to use. Establishing on the spot how easy this access is a matter for police and social workers. However, it was considered useful to establish young people's opinions on this matter because the proximity of drugs is part of daily life for a significant number of them.

Table 3. Ease of acquisition of drugs in the European Union

Q. 7.: Please tell me if you tend to agree or tend to disagree with the following statements.

<b>It is easy to get drugs</b>	<b>Tend to agree</b>	<b>Tend to disagree</b>	<b>DK</b>
1. Near where I live	61.9	22.4	15.7
2. In or near my school/college	54.9	23.4	21.7
3. At parties	76.0	13.8	10.2
4. In pubs/clubs	72.3	15.3	12.4

- It can be seen that a clear majority of those questioned considered that access to drugs is easy in each of the places mentioned in the questionnaire. Ease of access is considered greatest at parties (76%), then pubs or clubs (72.3%), near home (61.9%), and in or near schools/colleges (54.9%).
- In order to examine whether correlations could be established between the ease of access to drugs as seen by young people, and the level of use declared by them, the data concerning acquisition of drugs have been summarised in a comparative table for the 15 Member States.

**Table 4:** Ease of acquisition of drugs in the Member States.

Q. 7.: Please tell me if you tend to agree or tend to disagree with the following statements.

Member States	<u>It is easy to get drugs</u>			
	near where I live	in or near my school/college	at parties	in pubs/clubs
Germany	52.0	47.5	72.5	59.7
Old Länder	52.2	48.3	71.5	60.1
New Länder	51.0	43.8	76.7	57.7
Austria	39.0	34.4	60.8	57.5
Belgium	64.0	64.3	80.9	81.4
Denmark	58.6	48.6	75.6	64.5
Spain	71.3	66.2	89.9	90.1
Finland	42.5	33.9	49.2	46.0
France	70.2	63.8	85.3	67.0
Greece	65.2	69.2	77.6	88.1
Ireland	68.9	58.1	80.5	77.2
Italy	54.1	50.1	65.8	80.5
Luxembourg	62.2	60.5	74.7	73.2
Netherlands	68.7	41.1	56.4	72.1
Portugal	57.8	59.3	79.1	85.8
United Kingdom	71.1	56.2	79.2	72.7
Sweden	47.6	49.0	59.4	56.4
<b>European Union</b>	<b>61.9</b>	<b>54.9</b>	<b>76.0</b>	<b>72.3</b>

- If we compare the figures for use declared in the table with those concerning ease of acquisition as seen by young people, a somewhat variable situation can be seen. In some countries the correlation seems clear-cut, while in others it appears much weaker or non-existent.

The United Kingdom, Spain and the Netherlands are, as we have seen, the countries where use is the highest. The opinion that there is an ease of access is slightly more frequent than the European average in the United Kingdom, lower than average in the Netherlands and significantly higher in Spain.

Amongst the citizens of the other countries that are most affected, either by cannabis or by another drug, fewer Danes than average believe that there is ease of access, whilst more French and Irish than average believe that it exists. A similar diversity can be seen among the least affected countries. The perception of ease of access is appreciably less than average in Austria and Sweden. It is higher than average in Greece and Portugal.

#### 1.4. Recent use by socio-demographic category

In order to define the problem more precisely, the survey collected data enabling breakdown by socio-demographic criteria such as sex, education, profession and type of locality.

These data are presented in the report when they show significant differences within subgroups compared with all the young people considered or, in some cases, to illustrate the homogeneity of all the answers on some points.

To check, as far as possible, any correlations which may exist between use of drugs and use of tobacco and/or alcohol, questions relating to the latter two substances were included in the analysis of each type of socio-demographic data.

Table 5. Use of cannabis/other drugs, over the last month  
Regular consumption of cigarettes/alcohol (Percentage of answers by sex)

SEX	Cannabis	Other drugs	Cigarettes	Alcohol	None
Male	15.2	3.3	38.8	29.5	14.5
Female	7.4	2.1	34.9	20.8	17.6
<b>EU 15</b>	<b>11.3</b>	<b>2.7</b>	<b>36.8</b>	<b>25.2</b>	<b>16.8</b>

- It can be seen that the rate of penetration of cannabis is twice as high for boys as for girls and that of other drugs more than fifty percent higher.

Differences in behaviour regarding tobacco and alcohol are much less noticeable between the sexes. It therefore goes without saying that any link between these two substances and drugs will be less clear for girls than for boys. More precise analyses will be needed, including cross-referencing of data to show clearer trends if they exist.

**Table 6:** Use of cannabis/other drugs over the last month  
Regular consumption of cigarettes/alcohol (Percentage of answers by education)

EDUCATION	Cannabis	Other drugs	Cigarettes	Alcohol	None
Up to 15	12.5	5.8	46.6	28.7	14.6
16 – 19	12.4	3.4	48.8	30.2	13.7
20 +	10.8	2.1	38.7	23.9	13.0
<b>EU 15</b>	<b>11.3</b>	<b>2.7</b>	<b>36.8</b>	<b>25.2</b>	<b>16.0</b>

- The age of leaving full-time education is a defining criterion. All types of use investigated diminish as the length of time spend in education increases. In the case of cannabis, this tendency, while clear, does not show very significant statistical differences. On the other hand, for other drugs, the range drops from 5.8% to a third of that (2.1%).  
Consumption of cigarettes and alcohol does not start its downward trend until an age of leaving education of 20 or more.
- Persons whose length of education was shortest proved to be the most exposed to the dangers of drugs and to the temptations of tobacco and alcohol.

**Table 7:** Use of cannabis/other drugs, over the last month  
Regular consumption of cigarettes/alcohol (Percentage of responses by professional occupation)

OCCUPATION	Cannabis	Other drugs	Cigarettes	Alcohol	None
Self-employed (base 147)	14.2	5.0	40.7	24.3	11.5
Managers (base 159)	23.3	6.0	39.6	38.2	14.0
Other white collars (base 624)	6.4	2.6	45.3	26.0	13.6
Manual workers (base 1604)	12.9	3.7	47.6	30.7	13.2
House persons (base 294)	8.3	4.3	50.7	25.4	16.3
Unemployed (base 475)	15.6	3.2	47.5	26.9	13.8
Students (base 4377)	10.7	1.9	29.4	22.4	17.8
<b>EU 15</b>	<b>11.3</b>	<b>2.7</b>	<b>36.8</b>	<b>25.2</b>	<b>16.0</b>

- This criterion should be put into perspective by recalling that the segment of the population covered by the study is young people of 15 to 24.

Nevertheless it can be seen that people in the "Managers" category are the most frequent users of cannabis, other drugs and alcohol, whilst being just above average for cigarette smoking.

This may appear to contradict the data in the preceding table, which showed a fall in use going hand in hand with the length of education.

Perhaps the conjunction of two specific factors should be taken into account: professional stress and greater purchasing power?

Can these two factors also explain the differences in the use of drugs among the other professional categories?

While this may apply to drugs, it does not immediately seem to be true, or at least to the same extent, for tobacco and alcohol.

**Table 8:** Use of cannabis/other drugs, over the last month  
Regular consumption of cigarettes/alcohol

RESIDENCE	Cannabis	Other drugs	Cigarettes	Alcohol	None
Rural commune	10.3	1.6	37.0	23.9	17.8
Small or medium town	10.9	2.8	35.9	23.3	15.1
Large towns	12.5	3.4	37.7	28.2	16.0
Don't know	19.5	3.5	43.7	46.6	9.0
<b>EU 15</b>	<b>11.3</b>	<b>2.7</b>	<b>36.8</b>	<b>25.2</b>	<b>16.0</b>

- First of all it can be seen that a surprising number of respondents found it difficult to define their place of residence as belonging to one of the three types of locality mentioned in the questionnaire.

One might speculate that the growth of suburbs and commuter belt or semi-rural dormitory towns is behind this difficulty in identification.

- Whatever the case, the levels of all types of use are highest in large towns.

The differences by type of locality, however, are small for cigarettes and also for alcohol and cannabis, though to a lesser extent.

However they are significant for the use of drugs other than cannabis, which ranges from 1.6% in rural areas to 3.4% in large towns.

**CHAPTER 2****MOTIVATION FOR TRYING DRUGS AND DIFFICULTIES IN STOPPING USING THEM**

This chapter gathers the data concerning young people's opinions on the main reasons which encourage people to try drugs or why some people find it hard to stop using drugs.

**2.1. Main reasons for trying drugs**

The most widely held opinions across the European Union are presented in decreasing order of frequency in the following table.

Table 9.

Q. 3.: In your opinion, what are the main reasons why people experiment with drugs?

Please choose the three which come closest to your own opinion.

Place	Main reasons for experimenting	% European Union
1.	Curiosity	61.3
2.	Peer pressure	46.4
3.	Thrill seeking	40.7
4.	Problems at home	29.7
5.	Expected effects	21.5
6.	Loneliness	16.4
7.	Recreation	16.4
8.	Problems at school or work	16.0
9.	Social or economic problems (unemployment, poverty)	14.9
10.	Lack of willpower	14.7

- It should first be noted that nearly all the young people have a clear opinion in the matter and the reasons proposed adequately cover all their positions. Possible spontaneous answers such as "other" - "it depends" - "none of these" register very weak or insignificant scores.

- Furthermore, it can be seen that the range of responses is fairly broad since only one of the possible reasons, curiosity, with 61%, is agreed with by more than half those questioned and the five last reasons in the list have very similar percentages, around 15%.

In order to ascertain if opinions on the subject are homogeneous across the European Union, the following table gives the scores of the five main reasons given first place in each of the Member States.

Table 10.

Member States	Main reasons for experimenting - European Union and Member States				
	1. Curiosity	2. Peer pressure	3. Thrill seeking	4. Problems at home	5. Expected effects
Germany	64.1	48.7	34.0	31.9	18.9
Old Länder	64.9	49.7	33.7	32.1	18.2
New Länder	60.8	44.7	35.1	31.2	21.7
Austria	67.9	50.5	37.7	30.9	22.3
Belgium	64.2	47.8	31.1	33.7	24.9
Denmark	60.2	47.6	59.1	28.7	30.4
Spain	54.6	43.5	67.5	21.4	23.2
Finland	54.6	48.5	52.3	23.8	25.8
France	58.8	39.6	35.6	25.8	30.0
Greece	75.6	32.7	9.5	62.9	6.3
Ireland	60.9	57.1	47.7	23.9	23.4
Italy	55.7	35.5	29.8	36.1	17.5
Luxembourg	58.8	44.2	17.6	45.6	26.7
Netherlands	77.5	52.8	33.1	32.5	30.4
Portugal	70.8	32.8	25.0	39.5	14.9
United Kingdom	60.6	58.2	51.4	22.6	18.0
Sweden	62.7	72.1	47.0	32.7	25.5
<b>European Union</b>	<b>61.3</b>	<b>46.4</b>	<b>40.7</b>	<b>29.7</b>	<b>21.5</b>

- There is no major upset in the rankings in most countries, although there may be considerable differences may appear within each reason. They are given below:
  
- **Curiosity (European Union 61.3%)**  
Highest percentage: Netherlands (77.5%), lowest: Spain and Finland (54.6%)
  
- **Peer pressure (European Union 46.4%)**  
Highest percentage: Sweden (72.1%), lowest: Greece (32.7%)
  
- **Thrill seeking (European Union 40.7%)**  
Highest percentage: Spain (67.5%), lowest: Greece (9.5%)
  
- **Problems at home (European Union 29.7%)**  
Highest percentage: Greece (62.9%), lowest: Spain (21.4%)
  
- **Expected effects (European Union 21.5%)**  
Highest percentage: Netherlands (30.4%), lowest: Greece (6.3%)

It should be noted that the differences are partly the result of the Greek data which show an atypical result for each of the reasons cited.

## 2.2. Main reasons why it is hard to stop using drugs

The reasons given are presented in the table below by decreasing level of frequency.

The list of reasons is similar to that used for the question on experimenting. However, curiosity does not appear, for obvious reasons: it is replaced here by dependence.

Table 11.

Q. 3.: In your opinion, what are the main reasons why some people find it hard to stop using drugs? Please choose the three that come closest to your own opinion.

Place	Main reasons why some people find it hard to stop using drugs	% European Union
1.	Dependence	73.9
2.	Lack of willpower	50.5
3.	Effects of drugs	40.5
4.	Peer pressure	27.4
5.	Loneliness	16.2
6.	Problems at home	16.0
7.	Thrill seeking	12.6
8.	Social or economic problems (unemployment, poverty)	12.3
9.	Problems at school or work	9.7
10.	Recreation	9.1

- Not surprisingly, dependence is cited as the main reason (73.9%) why some people find it had to stop using drugs.
- Lack of willpower comes second and is chosen by more than half the respondents.
- Effects of drugs is in third place. This factor is already in fifth place among the main reasons inciting people to try drugs. The importance given to this reason seems to suggest that, for many consumers, the effects of substances are judged sufficiently "beneficial" to justify taking risks.
- The fact that peer pressure comes in fourth place confirms the weight of this factor, which already appeared in second place among the reasons for trying drugs. We know that this phenomenon, combined with fashion, is the source of many other social and antisocial behaviours by young people. This is therefore undoubtedly more a general than a specific problem.

It can be considered that the ranking of responses shows a good deal of lucidity and a not excessively tolerant judgement of reasons which take the form of excuses.

In order to ascertain, as has already been done in the first part of the chapter, the homogeneity or the diversity of European opinions, the rate of answers to the five most cited reasons is given for each Member State in the following table.

Table 12.

Member States	Main reasons why it is hard to stop using drugs in the European Union and in the Member States				
	1. Dependence	2. Lack of willpower	3. Effects of drugs	4. Peer pressure	5. Loneliness
Germany	78.2	49.3	35.0	30.7	12.1
Old Länder	78.5	49.9	34.7	31.5	12.2
New Länder	77.0	46.4	36.1	27.3	11.8
Austria	75.5	44.1	46.0	32.6	15.0
Belgium	61.1	42.7	43.0	28.4	15.3
Denmark	82.2	47.4	58.8	18.5	17.1
Spain	75.7	43.1	39.3	23.8	16.9
Finland	86.6	53.2	42.9	36.0	13.1
France	76.1	53.7	38.8	23.3	20.7
Greece	87.8	55.6	41.5	22.8	17.1
Ireland	72.1	34.0	48.6	34.3	14.5
Italy	69.7	59.9	35.4	24.4	23.6
Luxembourg	66.6	44.0	45.3	24.6	21.1
Netherlands	72.3	48.2	41.5	31.7	15.8
Portugal	68.8	45.0	40.3	21.9	16.7
United Kingdom	67.3	53.4	47.9	29.9	11.9
Sweden	81.5	33.0	57.0	37.1	14.9
<b>European Union</b>	<b>73.9</b>	<b>50.5</b>	<b>40.5</b>	<b>27.4</b>	<b>16.2</b>

- As with the reasons for trying drugs, there is no significant variation, at national level, in the ranking of the reasons most often chosen. The main differences are set out below.
  
- **Dependence (European Union 73.9)**  
Highest percentage: Greece (87.8%), lowest: Belgium (61.1%)
  
- **Lack of willpower (European Union 50.5%)**  
Highest percentage: Greece (55.6%), lowest: Sweden (33.0%)
  
- **Effects of drugs (European Union 40.5%)**  
Highest percentage: Denmark (58.8%), lowest: Germany (35.0%)
  
- **Peer pressure (European Union 27.4%)**  
Highest percentage: Sweden (37.1%), lowest: Denmark (18.5%)
  
- **Loneliness (European Union 16.2%)**  
Highest percentage: Italy (23.6%), lowest: United Kingdom (11.9%)

### 2.3. Variation of opinions by socio-demographic criteria

These variations are more marked in some categories than in others. In order to avoid getting bogged down in detail, the data given in the following table concern only the number one most commonly cited reasons in the two scenarios. They are indicative of the main differences noted.

<b>CRITERIA</b>	<u>1st reason for experimentation</u> <u>European Union</u> <b>Curiosity</b>	<u>1st reason for finding it hard to</u> <u>stop</u> <u>European Union</u> <b>Dependence</b>
<b>SEX</b>		
Male	59.8	71.6
Female	62.8	76.2
<b>EDUCATION</b>		
Up to 15	59.2	71.1
16 – 19	61.4	71.2
20 +	58.2	77.9
<b>OCCUPATION</b>		
Self-employed (Base : 147)	62.5	70.6
Managers (Base : 159)	56.8	72.7
Other white collars (Base : 624)	67.2	80.9
Manual workers (Base : 1604)	60.3	72.5
House persons (Base : 294)	59.6	65.9
Unemployed (Base : 475)	52.5	65.3
Students (Base : 4377)	62.0	75.1
<b>RESIDENCE</b>		
Rural commune	62.4	74.2
Small or medium town	60.2	72.9
Large town	62.1	75.6
<b>EUROPEAN UNION</b>	<b>61.3</b>	<b>73.9</b>

- The differences established in each category are small. They are slightly more significant in the different professional occupations than in the other groups but not so much as to stand out.

The choices expressed are shared almost exactly by the different segments of each socio-demographic category. This finding, if it is carried through in other parts of the study, should make it less difficult to design information campaigns in Europe.

**CHAPTER 3****CONSEQUENCES OF DRUG USE**

The opinions on the potential consequences of drug use are analysed in this chapter. It should be noted that, in order to give the widest possible range of opinions the opportunity of being expressed, two "positive" consequences were included in the questionnaire.

One was "relief from pain or stress" and the other "enjoyment".

**3.1. Opinions in the whole of the European Union**

The opinions expressed are shown in decreasing order of frequency in the following table.

Table 14.

Q. 4.: Drug use may have certain consequences.  
Please choose the three that come closest to your own opinion.

Place	Possible consequences of use	% European Union
1.	Dependence	63.0
2.	Problems with the law	38.3
3.	Mental problems	35.4
4.	Infection with communicable diseases (HIV/AIDS, hepatitis, etc.)	33.7
5.	Relief from pain or stress	26.4
6.	Other health problems	23.1
7.	Suicide	17.7
8.	Prostitution	16.3
9.	Enjoyment	14.0
10.	Poverty	11.2
11.	Other	1.1
12.	It depends	0.1
13.	None of these	0.1
14.	DK	1.1

- As already noted, nearly all those questioned have a clear opinion on drug problems, as shown by the low rates of choice of the last four possible responses.  
It can also be seen that the gamut of possible consequences, as put to the interviewees, seems to cover the entirety of the problem since only 0.1% of respondents chose to reply "none of these".
- Dependence, already cited before as the main reason (73.9%) for explaining the difficulties persons have in stopping using drugs, is in first place but with less than two thirds (63%) of the opinions expressed.

Despite the easing of legal provisions in this field in several countries, the possibility of having problems with the law (38.3%) is the second most frequently cited consequence. Fear of the police is still associated with the use of drugs in the minds of a large number of young people.

Consequences for mental or physical health occupy a more important place among the concerns than social problems (suicide, prostitution, poverty) that may be caused by drugs.

Indeed mental problems (35.4%), communicable diseases (33.7%) and other health problems (23.1%) are in the first six consequences mentioned.

Relief from pain or stress (26.4%) is in 5<sup>th</sup> position whilst enjoyment, in 9<sup>th</sup> place, manages to get 14%.

The "beneficial" or "fun" aspects of drugs do, therefore, persist among significant numbers of the segment of the population studied.

### 3.2. Opinions at Member State level

National variations in the opinions on the five most cited consequences are given in the following table.

Table 15.

Member States	Consequences of drug use				
	1. Dependence	2. Problems with the law	3. Mental problems	4. Communicable diseases	5. Relief from pain or stress
Germany	71.0	44.2	22.9	37.0	24.7
Old Länder	71.4	46.0	22.6	38.8	25.1
New Länder	69.2	36.2	24.3	29.2	23.3
Austria	64.5	43.6	50.7	35.4	19.9
Belgium	49.1	36.5	34.1	25.5	30.8
Denmark	69.3	43.4	69.8	15.0	24.6
Spain	58.4	38.6	53.4	33.3	10.4
Finland	67.4	47.0	43.1	37.5	14.6
France	61.4	36.4	29.1	31.5	37.7
Greece	66.2	30.7	21.7	50.9	13.4
Ireland	64.2	49.6	33.8	25.3	23.4
Italy	65.6	32.3	35.9	48.9	25.3
Luxembourg	52.3	32.1	33.2	32.4	26.5
Netherlands	61.2	20.5	45.5	13.2	40.8
Portugal	56.1	26.7	26.2	54.7	13.0
United Kingdom	57.3	43.0	37.2	21.3	34.2
Sweden	65.8	31.2	57.6	25.3	22.4
<b>European Union</b>	<b>63.0</b>	<b>38.3</b>	<b>35.4</b>	<b>33.7</b>	<b>26.4</b>

- The two consequences cited most often have a fairly consistent rating across the 15 Member States; however, there are significant variations for the other top three consequences.

Here, in more detail, are the data showing this situation :

- **Dependence (European Union 63%)**  
Highest score: Germany 71%  
Lowest score: Belgium 49.1%
- **Problems with the law (European Union 38.3%)**  
Highest score: Ireland 49.6%  
Lowest score: Netherlands 20.5%
- **Mental problems (European Union 35.4%)**  
Highest score: Denmark 69.8%  
Lowest score: Greece 21.7%
- **Infection with communicable diseases (European Union 33.7%)**  
Highest score: Portugal 54.7%  
Lowest score: Netherlands 13.2%
- **Relief from pain or stress (European Union 26.4%)**  
Highest score: Netherlands 40.8%  
Lowest score: Spain 10.11%

It can therefore be seen that, apart from the two consequences which have the highest level of response, there are marked differences among the others from one national opinion to another.

Furthermore, it does not appear to be possible, for all these other consequences, to group countries situated below, around or above the average. These groups have different compositions for each of the consequences studied.

Any European awareness-raising campaigns should be customised for the different countries taking account of the different perceptions revealed by the results of the study.

### **3.3. Variation in opinions by socio-demographic criteria**

In the light of the differences established in the preceding point, it would appear that an analysis of the influence of socio-demographic criteria should, if it is to be of use, concentrate on the two categories which are rated highest and most consistently across all the Member States.

The table below gives the data for this analysis.

Table 16.

CRITERIA	Possible consequences of drug use	
	1. Dependence	2. Problems with the law
<b>SEX</b>		
Male	62.8	42.2
Female	63.1	34.3
<b>EDUCATION</b>		
Up to 15	54.2	38.7
16 – 19	60.7	39.0
20 +	64.1	44.2
<b>OCCUPATION</b>		
Self-employed (Base : 147)	63.9	46.8
Managers (Base : 159)	66.4	39.5
Other white collars (Base : 624)	66.5	39.1
Manual workers (Base : 1604)	59.8	41.4
House persons (Base : 294)	54.3	38.3
Unemployed (Base : 475)	52.4	34.1
Students (Base : 4377)	65.1	37.0
<b>RESIDENCE</b>		
Rural commune	65.4	37.0
Small or medium town	61.1	38.5
Large town	63.6	39.1
<b>EUROPEAN UNION</b>	<b>63.0</b>	<b>38.3</b>

- The opinions on dependence are remarkably homogeneous. The most one can say is that this opinion is less frequent among manual workers, house persons, the unemployed and those with the shortest time spent in education.
- More men than women see problems with the law as a possible consequence of drug drugs. This feeling is also shared, more than average, by the most educated people, the self-employed and, to a lesser degree, manual workers. On the whole, fear of the police, as mentioned above, seems to affect all the socio-professional categories studied.

**CHAPTER 4****DANGEROUSNESS OF DIFFERENT SUBSTANCES**

The knowledge that the people questioned think they have of the relative danger of the substances available is clearly useful information for assessing the future evolution of the market share of each of these drugs. It should also make it possible to identify gaps in young people's knowledge and try to remedy this.

**4.1. Assessment of the dangerousness of substances in the European Union**

In order to establish a ranking of those substances judged most dangerous, only the reply "very dangerous" was taken into account. The ranking is given in the table below. A more in-depth analysis could be carried out if necessary by combining the percentages for "very dangerous" and "fairly dangerous".

Table 17.

Q. 9.: Here is a list. Tell me how dangerous or not you consider each of the following.

<u>SUBSTANCES</u>	<u>Measures of danger of each substance at European Union level</u>				
	<b>Very dangerous</b>	<b>Fairly dangerous</b>	<b>Not very dangerous</b>	<b>Not at all dangerous</b>	<b>DK</b>
1. Heroin	88.8	8.8	0.7	0.1	1.7
2. Cocaine	74.0	20.8	3.0	0.2	2.0
3. Crack	73.4	16.6	2.5	0.3	7.2
4. LSD	65.2	23.3	2.7	0.1	8.6
5. Ecstasy	63.5	28.7	4.7	0.1	3.1
6. Morphine	60.8	26.2	6.2	0.7	6.0
7. Glue or solvents	47.0	32.4	11.3	1.1	8.1
8. Amphetamines	40.9	37.5	9.3	1.0	11.4
9. Doping substances	32.8	40.1	16.6	1.6	8.9
10. Cannabis	20.6	27.0	36.6	11.5	4.3
11. Cigarettes/Tobacco	12.4	35.7	41.3	9.6	1.1
12. Alcohol	12.9	34.9	43.4	7.4	1.1

- The results of the enquiry confirm the special position of cannabis among drugs. Aside from tobacco and alcohol, cannabis is judged the least dangerous substance on the list. 11.5% of respondents even judged it "not at all dangerous". It should be noted however that, in spite of the fact that it is widely known about, 4.3% said they had no opinion as to whether it was dangerous or not.
  
- Distrust of the other drugs exists to various degrees among nearly all those questioned. Less than 1% of them consider that the 6 substances classified most dangerous are not at all dangerous. It can be seen also that the answers "DK" are least for heroin and cocaine, at the top of the table, and ecstasy in 5<sup>th</sup> position. They are slightly more frequent for morphine (6%), crack (7.2%), glue and solvents (8.1%), LSD (8.6%), doping substances (8.9%) and amphetamines (11.4%).
  
- One may ask the question whether there is a correlation between the judgements expressed here and the ease with which these substances can actually be obtained or used. In other words, could it be the case that, the more familiar the substances, the less dangerous they are considered?

The survey does not answer this question but perhaps the estimated cost-effectiveness of the substances is a factor influencing the formation of opinions ?

#### **4.2. Assessment of the dangerousness of substances in the Member States**

It was felt to be of interest to measure the variations in national opinion taking as a reference three substances each occupying a different position in the scale of risks: heroin, considered the most dangerous, cannabis, seen as the least dangerous, and ecstasy, which occupies the 5<sup>th</sup> place on the list but which is possibly (apart from cannabis) the drug with most media coverage.

The table below makes the comparison between the three substances.

Member States	<u>Assessment of danger of the three substances: % of "very dangerous" responses</u>		
	<b>1. Heroin</b>	<b>2. Ecstasy</b>	<b>3. Cannabis</b>
Germany	88.4	56.8	19.0
Old Länder	89.3	58.6	18.3
New Länder	84.6	48.9	22.5
Austria	86.2	52.0	20.2
Belgium	83.5	57.8	14.7
Denmark	84.2	71.1	8.7
Spain	85.8	65.3	23.1
Finland	91.2	45.2	35.3
France	93.1	69.6	21.1
Greece	96.1	68.8	47.8
Ireland	90.8	66.8	29.8
Italy	91.3	74.3	17.2
Luxembourg	87.2	60.6	16.2
Netherlands	79.2	49.4	7.2
Portugal	75.4	44.1	24.9
United Kingdom	90.0	64.6	17.4
Sweden	90.0	68.2	45.1
<b>European Union</b>	<b>88.8</b>	<b>63.5</b>	<b>20.6</b>

- It can once again be seen that the item which garnered the most responses in the whole of the European Union is also the one for which the answers country-by-country show the highest level of homogeneity.

For this item - heroin - opinions are close to the European Union average (88.8%) in practically all the States. The Netherlands (79.2%) and Portugal (75.4%) are slightly lower and Greece (96.1%) slightly higher than this average.

Whatever the case, this substance is seen as very dangerous by a very large part of the population of each Member State.

- For ecstasy, the range of opinion is much broader.

Italy (74.3%) and Denmark (71.1%) are the countries with the highest number of respondents who consider it very dangerous.

Fewer Dutch (49.4%), Finns (45.2%) and Portuguese (44.1%) than the European average (63.5%) give it a very high danger rate.

Perhaps the real variations in the geographical distribution of ecstasy and the degrees of exposure to the effects which are linked to it may provide some kind of explanation for this situation ?

- There are also marked differences from country to country as regards cannabis, the substance considered least dangerous by those covered by the study.

The countries can be grouped by the rate of "very dangerous" opinions as follows:

The opinion that cannabis is a very dangerous substance is more widespread than the EU average (20.6%) in Greece (47.8%), Sweden (45.1%) and Finland (35.3%).

It is found less frequently in the Netherlands (7.2%) and in Denmark (8.7%).

It would be facile to immediately jump to the conclusion that the fear of the substance is inversely proportionate to its level of use. However, it is possible that variations in tolerance and warnings about cannabis may play a role in the differences in people's assessment of how dangerous it is.

### 4.3. Variation in opinions by socio-demographic category

Opinions on the inherent risks of each drug vary along different lines depending on the nature of the drug and on the country. By crossing the substances shown in the preceding table with the main socio-demographic criteria of the study, the table below measures the variations that can be established in the different segments of the population.

Table 19.

CRITERIA	% of "very dangerous" responses		
	1. Heroin	2. Ecstasy	3. Cannabis
<b>SEX</b>			
Male	88.6	61.4	18.1
Female	89.0	65.6	23.1
<b>EDUCATION</b>			
Up to 15	90.4	59.1	22.2
16 – 19	89.3	64.8	22.1
20 +	89.6	63.5	18.0
<b>OCCUPATION</b>			
Self-employed (Base : 147)	93.2	68.7	25.9
Managers (Base : 159)	90.8	58.6	20.1
Other white collars (Base : 624)	91.5	64.0	21.9
Manual workers (Base : 1604)	88.6	61.0	20.04
House persons (Base : 294)	89.1	72.2	23.8
Unemployed (Base : 475)	89.1	66.0	21.1
Students (Base : 4377)	88.2	63.5	20.0
<b>RESIDENCE</b>			
Rural commune	87.5	64.2	22.1
Small or medium town	88.3	64.1	19.3
Large town	90.8	62.2	21.3
<b>EUROPEAN UNION</b>	<b>88.8</b>	<b>63.5</b>	<b>20.6</b>

- That heroin is dangerous seems to be a unanimous belief among all the groups studied. All the response rates are close to the European average (88.8%)
- There is also broad homogeneity of the responses as regards ecstasy. Those least convinced that it is dangerous are managers (58.6%). The most convinced are house persons (72.2%).

- There is the same closeness to the average (20.6%) for answers on cannabis. The least convinced are those with a longer education (18.0%) and the most cautious are house persons (23.8%).

## **CHAPTER 5**

### **POSSIBLE SOURCES OF INFORMATION ON DRUGS**

Having collected information on the degrees of exposure to drugs and personal use, the survey gathered opinions from the persons questioned on the reasons for trying drugs, the reasons for it being hard to stop using drugs, possible consequences of use and the dangerousness of the different substances available on the market.

On most of these issues the majority of the young people seemed to have their own personal opinion. Few of them were unable to reply to the questions.

This could lead us to the conclusion that the respondents generally feel well informed on questions relating to drugs. However, it was considered useful to question them about the individuals or organisations to whom they would turn if they wanted to know more.

#### **5.1. Possible sources of further information in the European Union**

The table on the following page proposes a range of possible sources in young people's daily life. These sources are presented in decreasing order of the number who chose each possibility.

Table 20.

Q. 6.: If you wanted to know more about drugs, who would you turn to?

Please choose the three that come closest to your own opinion.

<u>Possible source of further information</u>	
<b>Most frequent choice</b>	<b>% European Union</b>
1. A specialised drugs counsellor/centre	51.3
2. A doctor, a nurse, other health professionals	45.2
3. A friend	35.7
4. The Internet	27.9
5. A social/youth worker	22.8
6. Parents/relatives	20.4
7. A telephone help line	19.2
8. Someone at school or at work	13.5
9. The police	6.6
Others (spontaneous)	1.8
It depends (spontaneous)	0.7
None of these (spontaneous)	1.2
DK	2.7

- The specialised drugs centre is the only source which more than half the respondents chose (51.3%). This choice could be considered to be a demonstration of young people's realism.

It may also show that the degree of inhibition on the matter is low because young people would not hesitate to turn to a centre openly dedicated to the problem of drugs.

The choice of a health professional in second place is also encouraging. This is no doubt linked to young people's opinions on the consequences of drug use. Also, as we have seen earlier in the report, the problems of mental and physical health are among those most often cited.

The role of friends, in the third place of possible sources, is unsurprising. They would probably appear in the same position for most of the existential or social problems that young people face.

- Without wanting to compare man and machine, a similar comment can be made with regard to the role of the Internet, which is the fourth choice. The Internet, which is becoming a part of everyday life, has become a spontaneous, natural source of information on a multitude of subjects of interest to young people.

It also has the advantage of providing information without it being necessary to involve a third person or take any special steps.

Hotlines, which are in seventh position with nearly one choice in five, also have this advantage.

- The role of social workers, teachers and parents, though not among the top choices, are nevertheless important in the eyes of more than one fifth of those questioned.
- The police come in last place of the nine information sources proposed. In view of their role in this field, which is more often seen as repressive than preventive, this is hardly surprising.
- The level of spontaneous responses ("other", "it depends", "none of these") and of "don't know"s is low.

## 5.2. Possible sources of further information in the Member States

The following table gives the variations in choice expressed in each country compared with the European average. The top four choices are used for this comparison.

Table 21.

Member States	Possible source of further information in each Member State			
	1. Specialised drugs centre	2. Health professional	3. Friend	4. Internet
Germany	56.1	33.4	34.4	36.4
Old Länder	56.8	33.1	34.1	35.7
New Länder	52.8	34.9	35.8	39.4
Austria	51.3	32.4	42.6	44.0
Belgium	46.5	44.7	39.6	29.0
Denmark	51.4	41.4	37.6	45.3
Spain	49.5	40.8	36.8	15.2
Finland	58.0	50.8	29.0	40.6
France	51.6	54.3	42.6	25.3
Greece	66.2	49.9	30.7	16.7
Ireland	33.1	37.2	45.8	19.1
Italy	57.1	43.0	19.6	17.5
Luxembourg	60.0	34.8	34.3	43.5
Netherlands	39.2	28.9	43.3	52.1
Portugal	59.9	43.3	27.4	15.1
United Kingdom	42.0	47.1	43.3	29.6
Sweden	53.4	41.5	27.1	44.8
<b>European Union</b>	<b>51.3</b>	<b>45.2</b>	<b>35.7</b>	<b>27.9</b>

- In most countries, the volume of answers putting the specialised help centre in 1<sup>st</sup> place is around the European average (51.3%) or within a range of between 40 and 60%.

However, as in every analysis, some atypical cases can be seen. Thus the highest score for this choice is found in Greece (66.2%) and the lowest in Ireland (33.1%).

In Ireland, notably, the specialised centre is supplanted in 1<sup>st</sup> place by the friend, followed by the health professional.

In France and in the United Kingdom, the professional gets a higher score than the centre but each time with only small differences in the percentages.

In the Netherlands, the Internet comes in 1<sup>st</sup> place, a friend in 2<sup>nd</sup> and the centre in 3<sup>rd</sup> place only.

- The rating of a doctor, a nurse or other health professionals varies more strongly. We have already seen the inversions of rankings in Ireland, France, the United Kingdom and the Netherlands. Now we see that the friend replaces the professional in 2<sup>nd</sup> place - by a small margin - in Germany and in Austria.

For the rest, the following countries show rates between 40 and 50%, on either side of the European average (45.2%): Belgium, Denmark, Greece, Spain, Italy, Portugal, Finland, Sweden and the United Kingdom.

Germany, Luxembourg and Austria are within the range of 30 to 35%.

Lastly, in Sweden, the Internet supplants the professional as 2<sup>nd</sup> choice.

- The role of the friend as the most important source in certain countries has been mentioned above. The other Member States (Belgium, Denmark, Germany, Greece, Spain and Luxembourg) show rates of between 30 and 40%, close to the European average (35.7%). France and the United Kingdom favour this source more than the average, whilst Italy, Portugal, Finland and Sweden are more lukewarm towards this choice.
- We have seen that the Internet is the preferred source of the Dutch, with 52.1%. For the rest, the differences in percentage appear to be linked more closely to the rate of Internet use in general than the subject of drugs in particular. Apart from the Netherlands, the highest score is observed in Denmark (45.3%) and the lowest in Portugal (15.1%).

### 5.3. Variation choice by socio-professional category

We have seen that, within the first four choices, the ranking or score varies from one country to another. The table below breaks down how these choices may be influenced by belonging one or other of the socio-professional groups studied.

Table 22.

CRITERIA	Possible source of further information			
	1. Specialised drugs centre	2. Health professional	3. Friend	4. Internet
<b>SEX</b>				
Male	46.6	39.5	40.2	28.8
Female	56.0	45.5	31.2	26.9
<b>EDUCATION</b>				
Up to 15	48.6	35.1	37.3	22.6
16 – 19	54.4	46.1	34.4	22.7
20 +	56.8	41.9	33.4	32.0
<b>OCCUPATION</b>				
Self-employed (Base : 147)	50.2	48.1	32.6	19.2
Managers (Base : 159)	46.8	45.4	36.5	39.0
Other white collars (Base : 624)	57.6	44.4	33.3	30.4
Manual workers (Base : 1604)	54.4	41.1	36.2	23.5
House persons (Base : 294)	45.5	49.0	35.9	19.0
Unemployed (Base : 475)	54.9	44.3	31.8	19.2
Students (Base : 4377)	49.5	41.8	36.4	30.5
<b>RESIDENCE</b>				
Rural commune	52.3	42.5	34.8	28.2
Small or medium town	54.8	42.6	32.4	27.4
Large town	46.1	42.7	40.9	28.0
<b>EUROPEAN UNION</b>	<b>51.3</b>	<b>45.2</b>	<b>35.7</b>	<b>27.9</b>

In the light of the preceding analysis (country-by-country) here it seems preferable to look at the results on a criterion-by-criterion basis rather than the other way round.

- More women than men choose the help centre or the health professional. They are less inclined to approach a friend and are slightly less likely to use the Internet.
- The first two choices are less popular among people whose education was shortest. In fact, for these people, the choice of a friend comes before the health professional. By contrast, the friend gets a similar rating and is classified in 3<sup>rd</sup> place by the other sub-groups within this criterion.

Those who stayed in education the longest, and students, choose the Internet much more frequently than the others.

- House persons put the health professional in the 1<sup>st</sup> place before the specialised centre. They are also the people who mention the Internet least; the other professions do not differ markedly from the average.

The choice of a friend gets a similar rating from all types of occupation.

Managers, other white collars and students favour the Internet more than do manual workers, the self-employed, the unemployed and house persons.

- People living in large towns place the specialised centre in 1<sup>st</sup> place but less clearly so than the residents of other types of locality. It is also they who most frequently choose to have recourse to a friend. Other from that, place of residence does not affect preferences.

## **CHAPTER 6**

### **MANAGEMENT OF DRUG-RELATED PROBLEMS**

From prevention through detection and treatment to repression, the range of subjects in this area is huge.

#### **6.1. Measurement of reactions to specific propositions**

The survey used two sets of questions to measure the reactions and opinions of young people to drug-related problems.

The first measures the degree of agreement or otherwise on propositions relating to a number of specific hypotheses about the behaviour that society should adopt. It reveals more about mood than judgements about content.

The table below gives a picture of the reactions to a few standard propositions about drug use.

Table 23.

Q. 7.: Please tell me if you tend to agree or tend to disagree with the following statements.

% across the European Union			
Propositions	Tend to agree	Tend to disagree	DK
There should be drug testing at school/work	53.5	37.3	9.2
When testing drivers for alcohol, the police should also test for drugs	79.4	14.6	6.0
People should be punished for using drugs	46.9	38.7	14.5
If drugs were cheaper, there would be fewer drug-related problems	21.5	62.8	15.8
Drug users should be able to get clean needles and syringes at low cost	51.0	36.0	13.0

- The propositions concerning detection get massive agreement as far as tests for drivers are concerned, as do those concerning testing at school and work - to a lesser extent, but still very clearly.

Moreover, it is on these two items that the levels of DKs are lowest.

- Punishment of users meets with the agreement of the majority but the figure (46.9%) does not reach the 50% threshold.

The rate of DK rises to 14.5% on this question, which is also the question on which there is the clearest divide among the respondents.

- Reducing the cost of drugs as a means of diminishing drug-related problems is unconvincing to a clear majority of interviewees. However, 15.8% of people answer "DK".
- Low-cost needles and syringes get an absolute majority in favour by a small margin. The DK segment, however, remains fairly significant at 13%.

In sum, it can be said that respondents are clearly in favour of detection and fairly clearly in favour of repression. They do not believe that a lowering in price would be beneficial. However, they do consider that better access to clean needles and syringes may be a valid protection measure.

## 6.2. Opinions on the most effective methods of managing drug-related problems

The second set of questions offers a choice of more general policies or approaches that could be adopted at both the pre- and post-drug use stages. The following table gives, in descending order, the ranking in importance given to the different approaches by the people questioned.

Table 24.

Q. 5.: What do you think are the most effective ways of tackling drug-related problems? Please choose the three that come closest to your own opinion.

Ranking of most effective approaches	% EU 15
1. Tougher measures against drug dealers and traffickers	59.1
2. More treatment and rehabilitation of drug users	53.2
3. Tougher measures against drug producers and manufacturers	48.7
4. Information campaigns	39.9
5. More leisure opportunities	24.2
6. Tougher measures against drug users	22.1
7. Reducing poverty/unemployment	19.8
Others (spontaneous)	2.8
None of these (spontaneous)	0.5
DK	1.8

- Increased repressive measures against dealers and traffickers (1<sup>st</sup> place: 59.1%) as well as against producers (3<sup>rd</sup> place: 48.7%) are considered particularly effective by young people.

Tougher measures against drug users are also favoured by more than one respondent in five (22.1%).

Thus it appears that there is no major phenomenon of complicity or tolerance towards the players in the drugs market.

- It is encouraging to note that more than half the respondents believe in the effectiveness of an increase in care and efforts to rehabilitate users.
- More than one in four young EU citizens (4<sup>th</sup> place: 38.9%) believe in the effectiveness of information campaigns.
- Finally, more leisure opportunities (5<sup>th</sup> place: 24.2%) and a reduction in poverty/unemployment (7<sup>th</sup> place: 19.8%) appear as desirable changes in society but in which there is not much belief.

### **6.3. Opinions on the most effective approaches at Member State level**

To analyse the variations in opinion at national level, it was considered interesting to take a look at three different types of approach: repression, treatment and prevention. This is why we have information campaigns alongside measures against dealers and traffickers and the development of treatment and rehabilitation.

The following table looks at this analysis.

Table 25.

Member States	Most effective methods of management		
	1. Measures against dealers and traffickers	2. Treatment and rehabilitation	3 Information campaigns
Germany	62.6	47.0	32.7
Old Länder	62.6	48.3	33.0
New Länder	62.8	41.5	31.8
Austria	57.8	53.6	42.0
Belgium	60.3	40.6	37.1
Denmark	57.9	64.7	36.5
Spain	44.4	54.7	54.9
Finland	61.7	57.0	33.7
France	58.6	52.7	43.1
Greece	77.0	56.7	49.5
Ireland	64.1	60.7	40.5
Italy	64.1	48.4	41.7
Luxembourg	70.2	34.2	46.4
Netherlands	61.6	46.9	40.8
Portugal	45.4	55.4	41.1
United Kingdom	59.8	63.8	27.6
Sweden	60.4	62.3	34.6
<b>European Union</b>	<b>59.1</b>	<b>53.3</b>	<b>38.9</b>

- The populations of the majority of the Member States give the same priority (first place) to measures against dealers and traffickers. However, the Portuguese and the Spaniards do not give these measures the same absolute priority as does the average population in the European Union.
- The advocates of an increase in care and efforts for rehabilitation are unevenly distributed in the different countries.

The greatest numbers are found in Denmark (64.7%), Ireland (64.1%), the United Kingdom (63.8%) and Sweden (62.3%). The lowest numbers are in Luxembourg (34.2%) and in Belgium (40.6%).

- The percentage of respondents who believe in the effectiveness of information campaigns is close to the European average (38.9%) in a majority of the Member States. Those who most believe in it are the Spaniards (54.9%), the Greeks (49.5%) and the Luxembourgers (46.4%).

#### 6.4. Variation in opinions by socio-demographic category

The variations in the three approaches considered in the preceding country-by-country analysis are presented in the table below.

Table 26.

CRITERIA	Most effective methods of management		
	1. Measures against dealers and traffickers	2. Treatment and rehabilitation	3. Information campaigns
<b>SEX</b>			
Male	55.2	51.1	41.3
Female	63.0	55.4	36.5
<b>EDUCATION</b>			
Up to 15	57.5	48.4	33.8
16 – 19	59.8	52.3	32.2
20 +	60.3	55.5	40.2
<b>OCCUPATION</b>			
Self-employed (Base : 147)	50.0	55.5	38.6
Managers (Base : 159)	52.9	58.5	37.1
Other white collars (Base : 624)	63.7	53.0	36.9
Manual workers (Base : 1604)	58.3	49.8	34.3
House persons (Base : 294)	64.6	55.1	29.0
Unemployed (Base : 475)	59.2	54.2	29.5
Students (Base : 4377)	58.8	54.1	42.7
<b>RESIDENCE</b>			
Rural commune	58.6	50.5	37.5
Small or medium town	60.8	54.0	40.6
Large town	57.5	54.8	38.1
<b>EUROPEAN UNION</b>	<b>59.1</b>	<b>53.3</b>	<b>38.9</b>

- Women, more than men, are in favour of more repressive measures against dealers and traffickers as well as increased efforts to help users by treatment and rehabilitation. They believe slightly less in information campaigns.
- Length of education does not affect opinions on repression. Rather, it can be seen that people who have had the shortest education believe less than the other groups in the effectiveness of increased treatment and information campaigns.
- Of the occupations, the self-employed believe least in repression and house persons believe most. Treatment and rehabilitation get their maximum score among managers and the minimum among manual workers. House persons and the unemployed believe less than the others that information campaigns are an effective approach.

Finally, the type of locality where the respondents live does not create significant divergences of opinion on the three approaches considered.