

PEOPLE, COMMUNITIES AND PLACES**PUBLIC ATTITUDES TOWARDS PEOPLE WITH DRUG
DEPENDENCE AND PEOPLE IN RECOVERY****Progressive Partnership, 2016**

In March 2016, the Scottish Government commissioned this research to provide up to date information about public attitudes in Scotland towards people with a history of drug dependence and people in recovery. This research will serve as a robust baseline against which future studies can be compared. The findings will also be used by the Scottish Government to inform an effective and proportionate response to the problem of stigma towards drug users in Scotland.

Background

The Scottish Government is committed to tackling issues relating to drug dependence in Scotland, through a range of policies across health, justice and social care. In March 2016, the Scottish Government Justice Analytical Services Division commissioned Progressive to undertake research into public attitudes in Scotland towards people with a history of drug dependence. This builds on previous research undertaken by the UK Drug Policy Commission (UKDPC) in 2010.

Aims and objectives

The overall aim of the research was to provide up to date data on the current extent and nature of stigma amongst the Scottish general public towards people with drug dependence and people who have recovered from drug dependence. Associated objectives were for the 2016 findings to be compared with those from the previous UKDPC study, and act as a baseline representative sample of Scottish public opinion in order to track changes in public attitudes over time.

Research method

The data was gathered by Progressive Partnership using the YouGov online omnibus survey. YouGov drew a sub-sample of its panel that was representative of Scottish adults in terms of age, gender and social class, and invited this sub-

sample to complete the survey. Once the survey was complete, the final data were statistically weighted to the national profile of all adults aged 18+, based on age, gender, social class and region.

The survey questionnaire consisted of a set of 25 attitude statements about drug dependence; a set of six statements about the perceived acceptability of different types of drug use; and two questions about respondents' personal experience: one about recreational drug use and one about drug dependence.

To ensure that respondents could give informed consent, and to reflect the sensitive nature of the research, all respondents were given the opportunity to opt out of this section of the omnibus. Those who completed it were also provided with website addresses for relevant support organisations in case they had been affected by, or wanted more information on, the topic of drug dependence.

In total, 1,114 questionnaires were completed, with a very low opt-out rate (2%). The final achieved sample for analysis (with opt outs removed) was 1,089.

Research findings

Personal experience of drug use and drug dependence

Overall, 20% of respondents reported that they had ever used recreational drugs (defined as taking drugs occasionally, e.g. at a party) themselves. Four in ten respondents (41%) had a friend who had used drugs recreationally, while 35% reported an acquaintance, and 29% mentioned a work colleague. Just under a third (31%) reported not knowing anyone who had used drugs recreationally.

Respondents were also asked about people they knew who had experienced drug dependence (defined as an overwhelming need to use illegal drugs such as cocaine, heroin and cannabis). Only a very small minority (3%) had experience of this themselves, while roughly one in ten knew someone through their wider family (9%), through work (9%), a friend (13%) or an acquaintance (13%) who was affected. However, the majority (60%) had no experience in relation to drug dependence.

Blame and intolerance of people with drug dependence

The data suggest that sizable minorities within the sample felt that a drug dependent person's own lack of willpower contributes to their situation: 42% of respondents agreed that a lack of self-discipline and willpower was a main cause of drug dependence, and 37% agreed that if drug dependent individuals really wanted to stop using, they would be able to.

However, the idea that increased spending on helping people overcome drug dependence was a waste of money was less prevalent, with only 26% agreeing. Almost half (46%) of the sample disagreed with this statement. This suggests that whilst personal agency was seen as a contributing factor in dependence by many, drug dependent individuals are not perceived as unworthy of public support. This is

confirmed by the lack of support for the statement 'people with drug dependence don't deserve our sympathy', with which only one fifth (21%) of the sample agreed and over half (55%) disagreed. A significant proportion of respondents (38%) agreed that those with a dependence on drugs were easy to tell from other people.

Sympathy and care towards people with drug dependence

Overall, relatively strong feelings of sympathy and care were expressed in the survey, with more people agreeing than disagreeing with almost every statement on this topic. Just over half of respondents agreed that drug dependence is an illness (58% agreed), people with a history of drug dependence are too often demonised in the media (55%) and that we have a responsibility to care for people with drug dependence (53%).

However, there were lower levels of agreement in relation to the need to adopt a more tolerant attitude towards people with a history of drug dependence in our society (42% agreed). Respondents were less sure in their opinions in relation to the final statement, that people with a history of drug dependence are less of a danger than most people think: 32% agreed, 34% disagreed and the remainder said 'neither/nor' or 'don't know'.

Fear and exclusion of people with a history of drug dependence

There was some evidence of fear in relation to people with a history of drug dependence or those in recovery, with half of the sample (50%) agreeing that they would not wish to have someone who has been dependent on drugs as a neighbour. Just less than half (44%) agreed that those with a history of drug dependence are a burden on society.

Around a third of the sample agreed that people with a history of drug dependence should be excluded from taking public office (34%), although a similar proportion disagreed with this statement (39%). Views were similarly split in relation to whether it was foolish to enter into a relationship with someone with a history of drug dependence even if they seemed recovered (32% agreed, 38% disagreed).

A higher proportion disagreed than agreed that residents have nothing to fear from people obtaining drug treatment services in their neighbourhood (46% disagreed; 23% agreed) or that most people with a history of drug dependence could be trusted as babysitters (38% disagreed, 19% agreed, although overall 43% said 'neither/nor' or 'don't know').

These findings suggest that, while many people have sympathy for those who have experienced drug dependence, a significant minority have concerns about personal contact with such people, either through relationships, being in the same community or allowing them to babysit for children.

Acceptance and integration of people with a history of drug dependence

Despite the evidence of some fear in relation to people who have experienced drug dependence, respondents did also show high levels of agreement with statements

about acceptance and integration, indicating a strong sense that people recovering from drug dependence should be included in the community and a recognition that this kind of issue could affect anyone.

The strongest agreement was evident for the statements that virtually anyone can become dependent on drugs (73% agreed) and that it is important for people recovering from drug dependence to be part of the community (64% agreed). Just under half (47%) agreed that people recovering from drug dependence should have the same rights to a job as anyone else. There was strong disagreement with the assertion that people who become dependent on drugs are basically just bad people (71% disagreed, one of the strongest levels of disagreement observed across all of the 25 statements).

Recovery from drug dependence

Just under four in ten respondents (37%) agreed that people can never completely recover from drug dependence, although a similar proportion (32%) disagreed. There was strong disagreement that taking medication such as methadone represents recovery from drug dependence: three quarters (74%) disagreed – the strongest level of disagreement for any of the 25 statements included in the survey.

Attitudes towards family members of people with drug dependence

There were generally low levels of agreement with the statements about stigma in relation to family members. Just over one in ten respondents (12%) agreed that most people would not become drug dependent if they had good parents, and around a quarter (26%) agreed that parents should not let their children play with the children of someone with a history of drug dependence. Although levels of agreement with these statements were lower than for some of the other statements specifically about people with a history of drug dependence, these findings do suggest that to some extent the stigma affects family members as well as the individual.

Perceived acceptability of different types of drug use

In order to explore whether the general public holds different views of drug use depending on the type of drug, the survey asked how acceptable respondents considered the following types of drug use to be:

- Smoking cannabis a few times a week
- Using methadone¹ for 10 years or more
- Using ‘party drugs’ (e.g. ecstasy/other illegal stimulants) at the weekend
- Using heroin on a daily basis for six months
- Using cocaine every day
- Using heroin on a daily basis for 10 years or more

¹ Respondents were given the following description: “Methadone is a drug prescribed to those with a heroin addiction. Depending on the needs of the individual, the dose can be slowly reduced over time, so patients are able to give up heroin without experiencing withdrawal symptoms”.

All six types of drug use were judged to be unacceptable, with mean scores ranging from 7.10 to 9.48, where 1 is very acceptable and 10 is not at all acceptable.

Using heroin daily for ten or more years was seen as the least acceptable type of drug use, with almost eight in ten (78%) respondents scoring this the maximum '10' (not at all acceptable). Both using heroin daily for six months (75%) and using cocaine every day (74%) were seen as not at all acceptable by three quarters of respondents. The use of party drugs was deemed not at all acceptable by just over half of those sampled (56%), while using methadone for ten years or more was viewed as not at all acceptable by just under half of respondents (48%).

Smoking cannabis a few times a week received the least negative reaction of the six types of drug use, with a little over one third of the sample (36%) describing it as not at all acceptable. Indeed around one in ten (13%) rated the acceptability of using cannabis as 1, 2 or 3, indicating that they find this type of drug use acceptable.

Comparisons to UKDPC Research

One of the aims of this project was to compare findings with previous research conducted by the UK Drug Policy Commission (UKDPC), which also employed an omnibus approach and included a boost sample for Scotland. The 2010 research used a face-to-face rather than an online method, which means that the results are not directly comparable. Analysis of the data gathered using the face-to-face method in 2010, compared to the online method adopted in 2016, indicates that the data collection method may have affected the findings. Overall agreement with many of the attitude statements has decreased; however, there is no consistent pattern in terms of positive and negative statements. In other words, people were less likely to agree with negative statements (indicating a positive change in attitudes), but were also less likely to agree with many positive statements (indicating a negative change in attitudes). The time series analysis should therefore be treated with caution because of the change in method used.

Summary and conclusions

The Justice Analytical Services Division of the Scottish Government commissioned this survey to investigate the extent and nature of stigma among the Scottish general public towards people with drug dependence and people who have recovered from drug dependence. This is vital because positive attitudes towards such people within society means that they have a stronger prospect of recovery from their addiction, and are ultimately more likely to integrate fully into the community.

The survey showed that one fifth of the sample had ever used recreational drugs, and 3% have ever been dependent on drugs. A further 50% of respondents reported they know someone who has used recreational drugs, and 37% know someone who has ever experienced drug dependence. This indicates that the majority of the Scottish adult population (69%) has had direct or indirect experience

of recreational drug use, whilst four in ten (40%) have had direct or indirect experience of drug dependence.

The majority of respondents were found to have sympathy and understanding towards people with drug related issues, with many agreeing with statements asserting that drug dependence is an illness, that people with a history of drug dependence are demonised in the media, and that we have a responsibility to provide the best possible care for people with drug dependence.

There was also widespread agreement that people recovering from drug dependence should be part of the community and have the same rights to a job as anyone else. Furthermore, there was an understanding that drug dependence is something that can affect virtually anyone.

However, whilst many respondents demonstrated empathy towards people with a history of drug dependence, there is also a significant proportion of the population who feel that people with drug issues have responsibility for their own situation, and that they have it within their power to overcome their problems should they want to. For example, a significant minority of people agreed that one of the main causes of drug dependence is a lack of self-discipline and willpower (42% agreed) and that if they wanted to stop using they could do so (38% agreed).

It is also important to note that when asked about how they felt about more personal interaction with people with a history of drug dependence, many expressed concern. For example, more people agreed than disagreed that they would not want to live next door to someone who has been dependent on drugs, whilst more people disagreed than agreed that residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services. The findings therefore indicate that the majority of the Scottish population has a tolerant and sympathetic attitude towards people who have experienced drug dependence, when asked to consider it at an abstract level; however, when asked to consider how they would feel personally about welcoming such people into their community, attitudes were more mixed.

There was a consistent pattern of response across the demographic profile of the sample, with younger respondents, those within higher (ABC1) socio-economic groups and women more likely to state sympathetic and positive views towards people with a history of drug dependence and those in recovery than older respondents, lower socio-economic groups (C2DE) and men. As might be expected, the more experience people have had with drugs, either recreational drugs or drug dependence, the more sympathetic their views and opinions were.

How to access background or source data

The data collected for this social research publication:

May be made available on request, subject to consideration of legal and ethical factors. Please contact Frances.Warren@gov.scot for further information.



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