UKDPC

UK DRUG POLICY COMMISSION

Attitudes to Drug Dependence

Results from a Survey of People Living in Private Households in the UK

Nicola Singleton

Evidence Review
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Kings Place
90 York Way
London
N1 9AG

020 7812 3790
info@ukdpc.org.uk
www.ukdpc.org.uk

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The UK Drug Policy Commission (UKDPC)
Kings Place
90 York Way
London N1 9AG
Tel: +44 (0)20 7812 3790
Email: info@ukdpc.org.uk
Web: www.ukdpc.org.uk

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The UK Drug Policy Commission (UKDPC) is an independent body providing objective analysis of evidence related to UK drug policy. It aims to improve political, media and public understanding of drug policy issues and the options for achieving an effective, evidence-led response to the problems caused by illegal drugs.

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Summary

KEY MESSAGES

- Overall, when compared with people with mental health problems, those with a history of drug dependence face significantly more negative public attitudes, which would appear to confirm that major barriers of social stigma must be overcome if they are to successfully 'reintegrate' into society.
- There is a broad belief that people with a history of drug dependence are to blame for their condition; as a result, there is a lack of tolerance among a significant portion of the population.
- Nevertheless, the majority of people tend to take the view that drug dependence is an illness similar to other chronic conditions and are supportive of efforts to overcome it.
- But the public is less supportive of care for this group than for those with mental health problems and are more excluding towards people with a history of drug dependence.
- The public does however believe to the same extent that those with a history of drug problems and those with mental health problems should have the same opportunity as others to get a job and live in the community.
- A quarter of the population believe that parents are in some way to blame for most peoples drug dependence.
- Women hold slightly less negative attitudes towards those with a history of drug problems than do men.
- Adults in both the youngest (16–29 years) and older age groups (60+ years) have more negative attitudes towards those with drug problems than those in other age groups.
- People in the AB social groups (professional/managerial occupations) have more positive attitudes towards those with histories of drug dependency.
- People from minority ethnic groups have slightly less accepting attitudes towards those with a history of drug dependence, but have more positive attitudes to people who are getting treatment for their addiction.
- Two out of five people reported that they know someone who has or has had some kind of dependence on drugs.
- Generally speaking, those who have had contact with a person with drug dependence, either through living or working with or having a friend with drug dependence, had more positive attitudes towards such people than those who had not had such contact.

INTRODUCTION

As part of a wider programme of research, the UK Drug Policy Commission (UKDPC) set out to examine some of the barriers to recovery for people who have experienced drug addiction or dependency, including the attitudes and behaviours of the wider public. Stigma is widely believed to present a 'hidden' barrier that many people with drug problems and their families experience.

The UKDPC therefore commissioned a survey of public attitudes, as part of a research programme to investigate the extent and nature of stigma and unfair behaviour towards people with a history of drug dependence and their families and the impact this has on their lives. The Attitudes to Drug Dependency (ADD) survey was conducted in April and May 2010 as part of TNS-BMRB's Face-to-Face Omnibus Survey and 2,945 adults (aged 16+) took part from across the UK. The questionnaire was based on that used in the Department of Health-funded Attitudes to Mental Illness (AMI) survey and comparisons are made with the results from the 2010 AMI survey.

OVERVIEW OF ATTITUDES TO DRUG DEPENDENCE

Blame and intolerance

Over half the respondents agreed with the statement that "One of the main causes of drug dependence is a lack of self-discipline …" and almost half agreed that "If people with drug dependence really wanted to stop using drugs they could". Over a third (36%) of respondents agreed that "There is something about people with drug dependence that makes it easy to tell them from normal people", with a slightly greater proportion (40%) disagreeing.

Despite the common perception that people with drug dependence are weak, less than a quarter of respondents agreed that increased spending on services for them would be a waste of money or that they don't deserve sympathy, while over half the sample disagreed with those statements.

However, the ADD survey results show that attitudes towards people with a history of drug dependence are far more negative than attitudes towards people with a mental illness, as recorded in the 2010 AMI survey. For example:

- over half (58%) of ADD survey respondents agreed that "One of the main causes of drug dependence is a lack of self-discipline and will-power", compared with only 15% of AMI respondents who thought this was true for mental illness;
- more than 1 in 5 ADD respondents (22%) agreed that "People with drug dependence don't deserve our sympathy", while only 1 in 20 (5%) of AMI respondents agreed with the similar question concerning mental illness; and
- with respect to the statement "Increased spending on [services for people trying to overcome drug dependence]/[mental health services] is a waste of money", 24% of ADD survey respondents agreed, compared with only 5% of AMI survey respondents.

Sympathy and care

There was strong agreement with the statement that "We have a responsibility to provide the best possible care for people with drug dependence", with over two-thirds of respondents (68%) agreeing (34% strongly agreed). Also, well over half of respondents agreed with the statements that "Drug dependence is an illness like any other long-term chronic health problem" (59%), "Drug dependence is often caused by traumatic experiences …" (55%), and "We need to adopt a far more tolerant attitude towards people with a history of drug dependence …" (57%). Although less than half of respondents (40%) agreed that "People with a history of drug dependence are far less of a danger than most people suppose", 27% said they neither agreed nor disagreed, suggesting a level of uncertainty about the question.

A high proportion of respondents (64%) also agreed with the statement that "People with a history of drug dependence are too often demonised in the media".

Four of these statements were similar to statements in the AMI survey. In all four cases, a higher proportion of AMI survey respondents responded positively to the statements about people with mental illness than did ADD survey respondents to the statements about drug dependence.

Fear and exclusion

A higher proportion of respondents agreed with than disagreed with the statements that "People with a history of drug dependence are a burden on society" (47% agreed, 34% disagreed) and that "I would not want to live next door to someone who has been dependent on drugs" (43% agreed, 32% disagreed). More markedly, 52% of respondents disagreed with the statement that "Most people who were once dependent on drugs can be trusted as babysitters", while only 21% agreed.

However, respondents were fairly evenly split over whether people with a history of drug dependence should be excluded from public office (39% agreed, 41% disagreed), and only 33% of respondents agreed that "a person would be foolish to enter into a serious relationship with someone who has suffered from drug dependence, even if they seemed fully recovered" (41% disagreed). Similarly, more respondents agreed than disagreed that "residents have nothing to fear from people coming into the neighbourhood to use drug treatment services" (42% agreed, 33% disagreed).

When ADD survey responses are compared with responses to the same or similar statements in the 2010 AMI survey it is clear that social exclusion is much greater for people with a history of drug dependence than it is for people who have had mental health problems. For example, respondents to the ADD survey were almost five times as likely to say they would not want to live next door to someone who has been dependent on drugs as were respondents in the AMI survey to say they would not want to live next door to someone who has been mentally ill (43% compared with 9%).

Acceptance and integration

The vast majority of respondents to the survey (80%) rejected the statement that people who become dependent on drugs are basically just bad people, with over half disagreeing strongly. There was also a clear majority agreeing with the statement that virtually anyone can become dependent on drugs (77%). Most respondents also recognised the importance of integration into the community for recovery from drug dependence; 81% of respondents agreed that it was important for people recovering from drug dependence to be part of the normal community and 73% agreed that people recovering from drug dependence should have the same rights to a job as everyone else.

Three of the statements in this group are similar to statements in the AMI survey; there was less difference between participants' responses between the two surveys than there was for the other issues. A higher proportion of respondents to the 2010 AMI survey agreed that virtually anyone can become mentally ill (93%, compared with 77% for the equivalent statement in the ADD survey). However, the proportions agreeing with the statements concerning the importance for recovery of being part of a normal community and having the same rights to a job were almost the same across the two surveys.

Beliefs and attitudes concerning recovery

More respondents disagreed with the statement that "People can never completely recover from drug dependence" (44%) than agreed (33%). However, only a small proportion (15%) thought that people who have stopped using illicit drugs but who are being prescribed medication like methadone can be considered recovered – almost two-thirds of respondents (62%) thought they could not. It would be interesting to know whether people perceive those taking medication for other chronic health problems, such as insulin for diabetes or antidepressants for mental health problems, in the same way.

Attitudes to family members

Over half of respondents (60%) disagreed with the statement that "Most people would not become dependent on drugs if they had good parents". Nevertheless, almost a quarter (23%) agreed with it, so it would appear that a significant proportion of the population do blame the parents to some extent.

Similarly, although a higher proportion of respondents disagreed with the statement that "Parents would be foolish to let their children play in the park with the children of someone who has a history of drug dependence" (46%) than agreed with it (34%), it is still the case that 1 in 3 people appear to hold stigmatising attitudes towards children of people with past drug dependence to some degree.

VARIATION IN ATTITUDES BY SOCIO-DEMOGRAPHIC FACTORS

Variation by gender

In general, the differences in attitude between men and women were small. Where differences did occur, men were in general slightly more likely than women to have negative attitudes towards people with drug dependence.

However, in the group of statements about **fear and exclusion** the responses from men and women did not show a clear pattern. Men were more likely to agree that "People with a history of drug dependence are a burden on society", but also more likely to agree that most "can be trusted as babysitters" and to disagree that "a person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence …".

Variation by age

When variation in attitudes by age is considered, older people tend to have the most negative attitudes and middle-aged people the least negative.

With respect to the group of statements relating to **blame and intolerance**, respondents aged 75 or over were the age group most likely to agree with three of the statements, with respondents in the middle age groups being least likely to.

The proportion of respondents agreeing with the statement "There is something about people with drug dependence that makes it easy to tell them from normal people" declined with age, from 44% of those aged 16–29 to 26% of those aged 75 or over. Respondents in the youngest age group were again most likely to agree with the statement "If people with drug dependence really wanted to stop using they could do so" (56% agreed, compared with 49% overall), but in this case there was no clear pattern for other age groups.

In general, middle-aged respondents (those aged 30–44 or 45–59) were most likely to demonstrate **sympathy and care**, while older respondents, and in some cases those in the youngest age group, were least likely to ("Drug dependence is an illness like any other long-term chronic health problem" and "We have a responsibility to provide the best possible care for people with drug dependence"). Only in the case of the statement "Drug dependence is often caused by traumatic experiences, such as abuse, poverty and bereavement" was there no clear pattern in levels of agreement between age groups.

For most of the statements relating to **fear and exclusion** there was a direct relationship between level of agreement and age, with responses from older people showing more negative attitudes. For example, for the statement "People with a history of drug dependence are a burden on society" the proportion agreeing approximately doubled from about one-third (35%) of those aged 16–29 to two-thirds (67%) of those age 75 or over.

For the statements relating to **acceptance and integration** there was less variation by age, although those in the oldest age group generally had less accepting attitudes.

Variation by social grade

For all five of the statements relating to **blame and intolerance** there was a significant direct association between social grade[1] and level of agreement, with those in the higher social grades having less negative attitudes than those in the lower social grades.

For the statements concerning **sympathy and care** there was also a relationship with social grade for all the statements, with more sympathetic attitudes among those in the AB group (professional/managerial occupations), but it was not as marked nor as clearly linear as for the previous group of statements. Thus for three of the statements there was no difference between the proportions agreeing in the C2 and the DE groups, and for two of the statements the proportions for AB and C1 were similar.

In three of the six statements relating to **fear and social exclusion**, respondents in the DE social grades were more negative towards people with drug dependence, whereas those in the AB social grades were less so. People in higher social grades are more positive about **acceptance and integration** than those in lower social grades.

With respect to **recovery**, there was no difference in levels of agreement by social grade to the statement "People can never completely recover from drug dependence", but those in the AB group were less likely than other groups to agree that "People taking medication like methadone … and no longer use illegal drugs, can be considered recovered (AB 12%, 15% overall).

There was no difference in levels of agreement by social grade to the first statement about **families of people with drug dependence**, that is "Most people would not become dependent on drugs if they had good parents". However, respondents in lower social grades were more likely to agree that "Parents would be foolish to let their children play in the park with the children of someone who has a history of drug dependence", while AB respondents were less likely to (AB 25%, C2 39%, DE 38%, 34% overall).

Variation by ethnic group

Because of the sample size it is not possible to differentiate in any detail between different ethnic groups. The sample has therefore simply been divided into 'white' and 'minority ethnic groups'.[2] Therefore, the results need to be interpreted with caution,

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[1] Social grade is based on occupation: AB = professional/managerial occupations; C1 = other non-manual occupation; C2 = skilled manual occupations; DE = semi-/unskilled occupations.

[2] Just under half of the 'minority ethnic group' sample indicated an ethnic background from the Indian subcontinent, i.e. Indian, Pakistani or Bangladeshi.

but indicate that there is likely to be considerable variation in attitudes between people of different ethnic backgrounds.

From the group of statements relating to **blame and intolerance**, respondents from minority ethnic groups were more likely to agree with three of the statements.

There was very little difference by ethnic group in responses to the statements relating to **sympathy and care**. The one exception was that people from minority ethnic groups were more likely to agree that "We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society" (minority ethnic groups 65%, white 56%).

With respect to the statements relating to **fear and exclusion**, respondents from minority ethnic groups showed more negative attitudes with respect to two of the statements ("I would not want to live next door to someone who has been dependent on drugs" and "Most people who were once dependent on drugs can be trusted as babysitters"). However, they were slightly more likely to agree that "Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services".

In relation to **acceptance and integration**, respondents from minority ethnic groups had less accepting attitudes. Most notably, they were three times more likely to agree with the statement "People who become dependent on drugs are basically just bad people" (minority ethnic groups 23%, white 7%).

However, respondents from minority ethnic groups have more positive attitudes towards **recovery**. A higher proportion agreed that "People taking medication like methadone to treat their drug dependence and no longer use illegal drugs, can be considered recovered" (minority ethnic groups 32%, white 13%), and they were also more likely to disagree with the statement "People can never completely recover from drug dependence" (minority ethnic groups 55%, white 43%).

Minority ethnic group respondents were more likely to agree with both statements relating to **families of people with drug dependence,** suggesting that among these groups, negative attitudes towards drug dependence may extend to families.

Variation by geographical location

Boosted samples were undertaken in Scotland and Wales but not in Northern Ireland. Therefore, the sample size in Northern Ireland, at just over 63 respondents, was sufficient to identify only very large differences in attitudes from the rest of the UK.

The relationship between attitudes and country of residence is complex. People in Wales expressed generally more negative attitudes on many of the statements, particularly with respect to those relating to **sympathy and care**. Respondents resident in Scotland also demonstrated more negative attitudes on a number of the statements relating to **blame and intolerance** and **fear and exclusion**, but were more likely to agree that "Virtually anyone can become dependent on drugs" and less likely to agree that "Most people would not become dependent on drugs if they had

good parents". This may be a reflection of the higher prevalence of dependent drug use in Scotland. In contrast, respondents in Northern Ireland exhibited more positive attitudes to a few of the statements.

While there were not many significant differences between those living in urban and rural areas, in general those living in rural areas had more positive attitudes towards people with drug dependence.

PERSONAL EXPERIENCE OF DRUG DEPENDENCE

Respondents were asked about whether they currently or had ever lived with or worked with a person with a history of drug dependence or had such a person as a neighbour or close friend. They were also asked to agree or disagree with the statements about whether they would be willing to be in that situation in the future. The same questions are used on the AMI survey.

The most common experience of drug dependence was through a friend; 19% of respondents said they currently have or have had a close friend with a history of drug dependence. This was followed by 10% having at some time worked with someone, 6% having lived with and 6% having had a neighbour with a history of drug dependence. These proportions are all considerably lower than the equivalent proportions in the AMI survey.

With regards to future relationships, two-fifths of respondents (41%) would be willing to work with someone with a history of drug dependence, while 37% agreed they would be willing to develop a friendship, 34% would be willing to live nearby and 17% would be willing to live with someone with a history of drug dependence. Again, these are far lower percentages (less than half) than were found for the equivalent questions on the AMI survey.

As not all types of relationship are covered in the previous questions, respondents were also asked who, if anyone, is the person closest to them who has or has had some kind of dependence on drugs. Just over two-fifths of respondents indicated there was someone they knew who has or has had some kind of dependence on drugs (43%). The most commonly selected answer was a friend (17%). The next most common response was immediate family/live-in partner (6%), while 6% of respondents mentioned other family and 4% of respondents said that they themselves have experienced some kind of dependence on drugs.

In general, respondents who currently or in the past had lived, worked or were close friends with someone with a history of drug dependence had more positive attitudes to such people than those who had not had any personal experience. On the whole, those who had lived with or were close friends with a person with a history of drug dependence had the most positive attitudes. Respondents who reported they were current or past neighbours of someone with a history of drug dependence tended to have attitudes more like those who had no personal experience, but this was not always the case.

ATTITUDES TOWARDS DIFFERENT TYPES OF DRUG USER

Respondents were given a list of six types of drug user, taken from different demographic groups and using different types of illegal drug. They were asked to rate the acceptability of each on a scale of 1 to 10, where 1 was very acceptable and 10 was not at all acceptable, in an attempt to determine whether some types of drug use are more acceptable than others to the UK public.

Generally, all six types of drug use were seen as unacceptable, although 'not acceptable' ratings of 7 to 10 varied quite considerably (from 64% to 89%). Acceptability is dependent on both the drug type and the age of the user. Heroin was the least acceptable drug type, followed by cocaine and then cannabis; and use by young people was seen as less acceptable than use by older people within each drug type.

Only a minority of respondents said that any type of use is 'acceptable', with ratings of 1 to 4 ranging from 13% for "A 35 year old adult who smokes cannabis a few times a week" to 2% for "A 50 year old dependent heroin user" and 1% for "A 20 year old who is dependent on heroin".

Opinion on the acceptability of these different types of drug use is consistent between sub-groups of respondents, with the exception that younger respondents are more likely to say that cannabis and cocaine use are acceptable (ratings of 1 to 4).

1. Introduction

Background

It is generally accepted in the drug treatment field that stigma towards current or ex-drug users and their families is a barrier to recovery. Although there is much anecdotal evidence from the UK to support this there is little 'hard' evidence. Previous UK Drug Policy Commission (UKDPC) research projects have identified some examples of the way in which stigma and associated discrimination can be a barrier to recovery from problem drug use, social inclusion and equality of opportunity and can reduce the effectiveness of services and policies seeking to address drug problems. For example, employment is a key component of recovery and rehabilitation for former drug users and an important element of welfare reform proposals. However, a survey of employers found that almost two-thirds would not employ a former heroin or crack user, even if they were otherwise suitable for the job (Spencer et al., 2008). Similarly, research on the impact of a relative's drug problems on adult family members described the feelings of guilt and the concerns about people's attitudes that lead to isolation of family members and inhibit help seeking (UKDPC, 2009).

The UKDPC therefore decided to undertake a programme of research to investigate the extent and nature of stigma towards people with a history of drug problems and their families and the impact that this has on their lives, the course of their drug problems and on policy and services that seek to address these issues. The survey, the results of which are described in this report, is part of the first stage of this programme of work.

To provide a backdrop to the research project we commissioned an expert review of the published research evidence concerning the stigmatisation of problem drug users, which was published as the UKDPC report entitled *Sinning and Sinned Against: The Stigmatisation of Problem Drug Users* (Lloyd, 2010). This raised some fundamental issues about perceptions of addiction and the extent to which it is seen as a moral, medical and social issue, and also raised questions concerning personal responsibility and the 'blame' attached to addiction.

Lloyd (2010; pp. 24–27) also considered what can be learned from UK studies concerning stigma and mental illness and reported on surveys by the Royal College of Psychiatrists which indicated that people with drug addiction were considerably more stigmatised than those suffering from other types of mental illness, including severe depression and schizophrenia. Comparing two surveys (conducted in 1998 and 2003), there appeared to be a decrease in the proportion of people who considered that drug addicts had only themselves to blame and an increase in the proportion agreeing that drug addicts never fully recover.

To consider the extent to which the findings from the review apply within the UK at the present time, the current UKDPC programme includes several other research components:

- the survey of public attitudes reported here;
- a qualitative study of experiences of stigma and the impacts these have had on people with a history of drug problems and their families; and
- an analysis of the representation of drug users in the print media.

Reports of the findings of each these components will be published alongside an overview report which will highlight the implications of the findings.

THE PUBLIC ATTITUDES SURVEY

The UKDPC commissioned TNS-BMRB to conduct the public attitudes survey to gauge opinion in the UK towards people with drug dependence. The aim of the research was to investigate the extent and nature of stigma among the general public towards people with drug dependence and people who have recovered from drug dependence.

The survey used the same methodology and a similar questionnaire as the Attitudes to Mental Health research, which TNS-BMRB has conducted since 1993, originally on behalf of the Department of Health but which is now under the management of the Shift programme. This research monitors public attitudes towards people with mental illness and therefore provides a useful benchmark against which to compare attitudes towards people with drug dependence.

In addition to providing valuable evidence concerning public attitudes towards people with a history of drug dependence in 2010, it also provides a baseline against which to monitor change in the future.

2. Methods used

A set of questions was placed on TNS-BMRB's Face-to-Face Omnibus Survey. The overall sample size is 2,945 adults (aged 16+), selected to be representative of adults throughout the UK, including boost samples in Wales and Scotland. A random location sampling methodology was used. As boost samples were conducted in Wales and Scotland, the resulting data for these countries were downweighted in the analyses presented in this report, to be representative of the populations across the UK.

Interviews were carried out face to face using computer-assisted personal interviewing and were conducted in respondents' homes. Interviewing took place from 7 April to 2 May 2010. As well as the weighting on Wales and Scotland data, the final data were weighted to be representative of the target population by age, gender and working status.

More detail of the methodology and analysis procedures is given in Appendix A and a copy of the questionnaire is included as Appendix C.

The main part of the survey involved asking people to agree or disagree with a range of attitude statements. These were mainly based on statements included in the annual Attitudes to Mental Illness (AMI) survey commissioned by the Department of Health (to monitor its Shift campaign, which aims to reduce stigma towards people with mental illness). Some additional questions were added to look at specific issues that were a particular concern of the project, such as attitudes to recovery and towards family members of people with drug problems.

In deciding the term to replace 'mental illness' and related terms in the attitude statements, discussions were held with a number of experts. We were anxious to avoid terms that automatically might be considered pejorative, such as 'addict' or 'problem drug user'. However, we wanted the focus to be on people with quite severe drug problems rather than the casual or infrequent user. Thus we opted for 'drug dependence' as a base and used terms such as 'people with a history of drug dependence' in the statements. The use of these terms was tested in a small pilot study and they appeared to be generally understood by the general public in the way we intended, i.e. relating to people with severe drug problems, now or in the past. However, to provide additional clarification the following sentence was added to the preamble: "By drug dependence, we mean an overwhelming need to use drugs such as cocaine, heroin and cannabis."

ANALYSIS

In the analysis presented in this report, attitude statements are reported as the proportions 'agreeing' or 'disagreeing'. The 'agree' category combines the responses 'agree strongly' and 'agree slightly'. The 'disagree' category combines the responses 'disagree strongly' and 'disagree slightly'.

In our commentary, we have only reported on differences that are statistically significant at the 95% confidence level or higher. That is, if a finding is determined to be statistically significant we can be 95% confident that the differences reported are real and have not occurred just by chance. The significance tests used were either t-tests or tests for differences between proportions. It should be noted that these tests are based on the assumption that a simple random sampling method is used. This survey did not use a simple random sample; however, it is common practice in such surveys to use the formulae applicable to simple random samples to estimate confidence intervals. As a result, there might be overestimation of significant differences. In the case of tests for differences between proportions, a design effect of 1.2 was included in the calculations to partially counteract this.

Importantly, the results are compared against the latest AMI survey, which was also conducted in 2010. This survey uses the same methodology as the Attitudes to Drug Dependence (ADD) survey, except it was conducted in England only rather than throughout the UK. For the AMI survey 1,745 adults (aged 16+) in England were interviewed from 20 to 24 January 2010.

Most of the questions used were the same across both surveys, but with the term 'mental illness' or 'drug dependence' used as appropriate. Other attitude statements were adapted for the attitudes to drug dependence research, in addition to some new statements being developed. Appendix B includes details of these statements and how they compare between the surveys.

3. Overview of attitudes to drug dependence

EXPLANATION OF THE ANALYSIS

The Attitudes to Drug Dependence (ADD) survey included twenty-five attitude statements, with which respondents were asked to state their level of agreement on a five-point scale, from 'agree strongly' to 'disagree strongly'. Thirteen of these statements were the same as those used in the Attitudes to Mental Illness (AMI) survey, with the terminology changed from 'mental illness' to 'drug dependence', four of the statements were very similar to those used in the AMI survey and eight of the statements were developed specifically for this research.

For analysis purposes, the twenty-five statements were grouped into six strands, each following a similar underlying theme. Four of the strands were established through a factor analysis. This is a statistical analysis that examines correlations between items in order to group the items into themes or factors. Four factors were identified during this analysis through a factor loading, a measure of the correlation between the statement and the factor which shows how important the statement is to the factor. Each statement was allocated to the factor on which it had the highest loading.

The remaining strands encompass two new themes in which we had a specific interest and which were not included in the AMI survey: recovery and families. These themes were deemed to be important in the English, Scottish, Welsh and Northern Irish drug strategies.

The six strands were labelled based on the main themes of the statements:

1) Blame and intolerance of people with drug dependence
2) Sympathy and care towards people with drug dependence
3) Fear and exclusion of people with a history of drug dependence
4) Acceptance and integration of people with a history of drug dependence as part of the community
5) Recovery from drug dependence
6) Stigma towards the families of people with drug dependence.

This chapter provides an overview of the attitudes of people within the UK towards people with a history of drug dependence.

BLAME AND INTOLERANCE OF PEOPLE WITH DRUG DEPENDENCE

We have described the first group of attitude statements identified through the factor analysis as demonstrating blame and intolerance. They relate to beliefs that individuals with a history of drug dependence are to blame for their condition and to a lack of concern for their plight. The statements included in this group can all be considered to indicate negative attitudes towards people with drug dependence, and are as follows:

- One of the main causes of drug dependence is a lack of self-discipline and will-power.
- There is something about people with drug dependence that makes it easy to tell them from normal people.
- Increased spending on services for people trying to overcome drug dependence is a waste of money.
- People with drug dependence don't deserve our sympathy.
- If people with drug dependence really wanted to stop using they could do so.

In his review of the literature concerning the stigmatisation of problem drug users, Lloyd (2010) identified the idea that individuals with drug problems are to blame for their predicament because they have chosen to use and continue to use drugs as a key reason for stigmatisation.

Figure 3.1: Responses to questions reflecting blame and intolerance

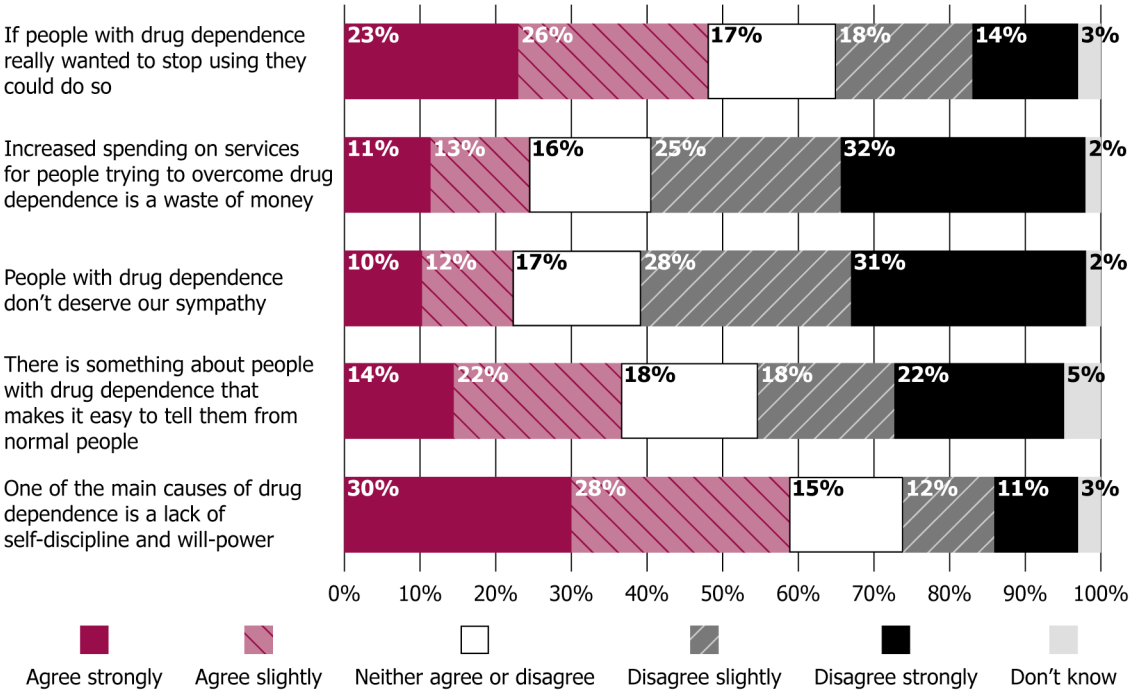


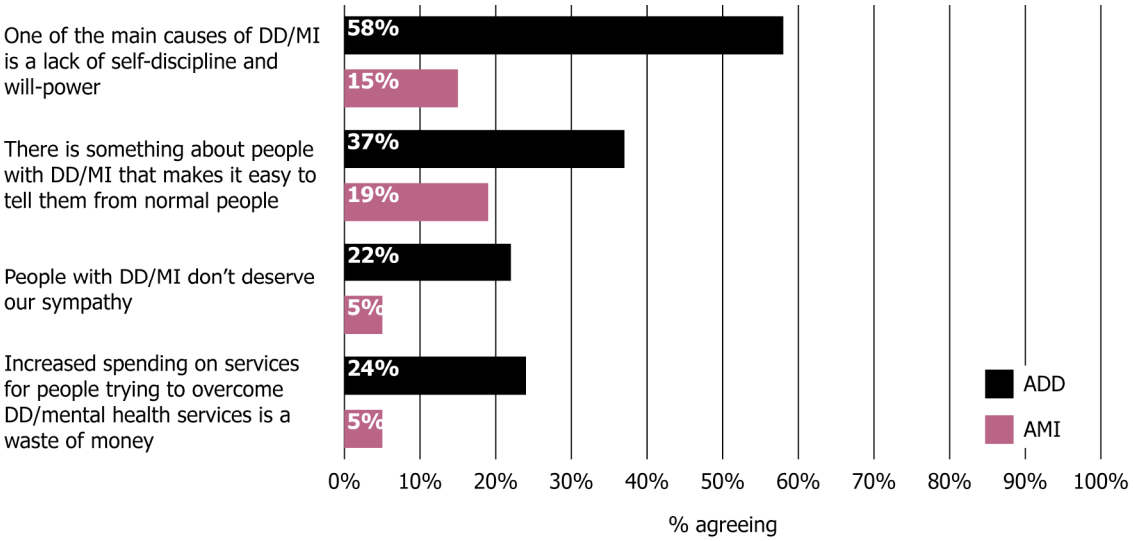
Table 3.1 (at the end of the chapter) and Figure 3.1 show the responses to these statements.

Over half the respondents (58%) agreed with the statement that "One of the main causes of drug dependence is a lack of self-discipline and will-power"; less than a

quarter (23%) disagreed with the statement. Similarly, almost half (49%) agreed that if people with drug dependence really wanted to stop using drugs they could, with about a third (32%) disagreeing. Over a third (36%) of respondents agreed that "There is something about people with drug dependence that makes it easy to tell them from normal people", with a slightly greater proportion (40%) disagreeing.

Despite the common perception that people with drug dependence are weak, less than a quarter of respondents agreed that increased spending on services for them would be a waste of money (24%) or that they don't deserve sympathy (22%), and over half the sample disagreed with those statements.

Figure 3.2: Comparison of responses to the 2010 ADD survey (UK) and AMI survey (England) – proportions agreeing to statements relating to blame and intolerance



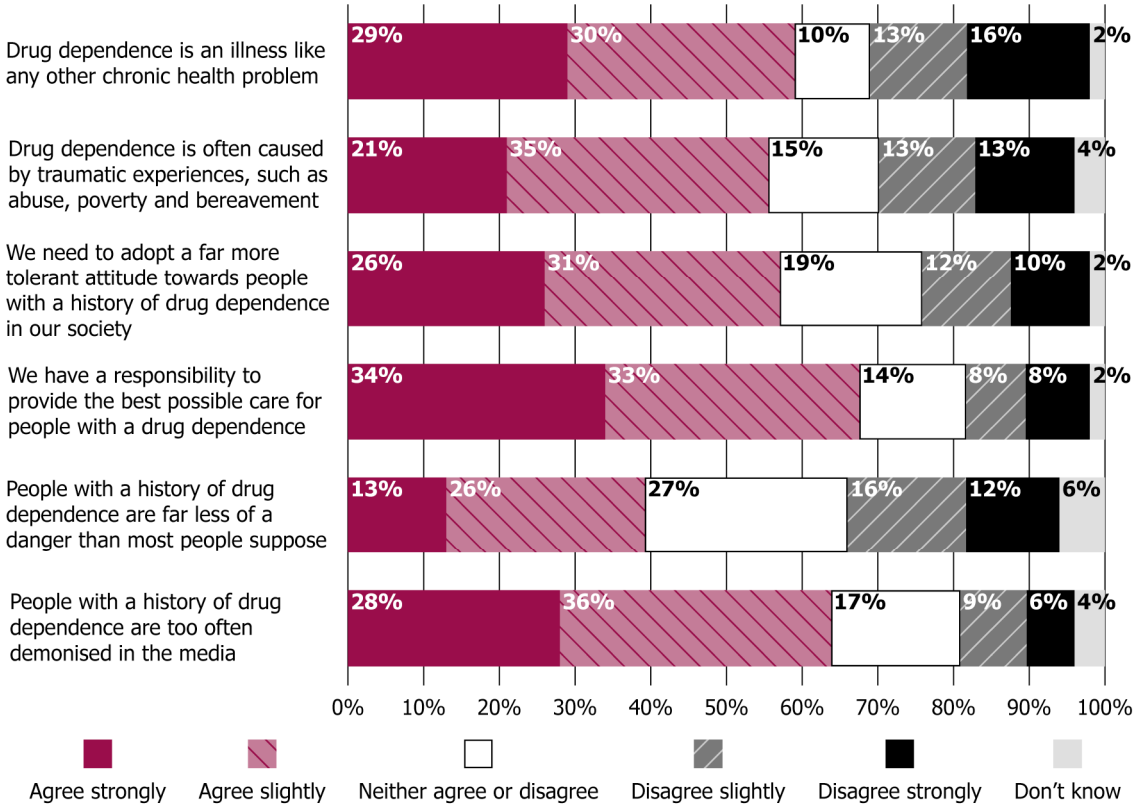
However, when the proportions agreeing with these statements are compared with the proportions agreeing with similar statements in the 2010 AMI survey (TNS-BMRB, 2010) it can be seen that attitudes towards people with a history of drug dependence are far more negative than those towards people with a mental illness (Figure 3.2 and Table 3.1). For example, while well over half (58%) of respondents to the ADD survey agreed that one of the main causes of drug dependence is a lack of self-discipline and will-power, only 15% of respondents to the AMI survey agreed with a similar statement concerning mental illness. Similarly, over 1 in 5 ADD respondents (22%) agreed that people with drug dependence don't deserve our sympathy, but only 1 in 20 (5%) of AMI respondents agreed with the same statement concerning mental illness. With respect to the statement "Increased spending on [services for people trying to overcome drug dependence]/[mental health services] is a waste of money", 24% of ADD survey respondents agreed compared with only 5% of AMI survey respondents.

SYMPATHY AND CARE TOWARDS PEOPLE WITH DRUG DEPENDENCE

The next group of attitude statements represents a theme that can be described as insights into attitudes of sympathy and care. This group includes the following statements:

- Drug dependence is an illness like any other long-term chronic health problem.
- Drug dependence is often caused by traumatic experiences, such as abuse, poverty and bereavement.
- We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society.
- We have a responsibility to provide the best possible care for people with drug dependence.
- People with a history of drug dependence are far less of a danger than most people suppose.
- People with a history of drug dependence are too often demonised in the media.

Figure 3.3: Responses to statements reflecting sympathy and care



This group therefore includes statements relating to the perception that drug dependence is more like an illness and that it results from causes beyond the individual's control. These attitudes might suggest sympathy with drug dependent people and a sense of responsibility for their care.

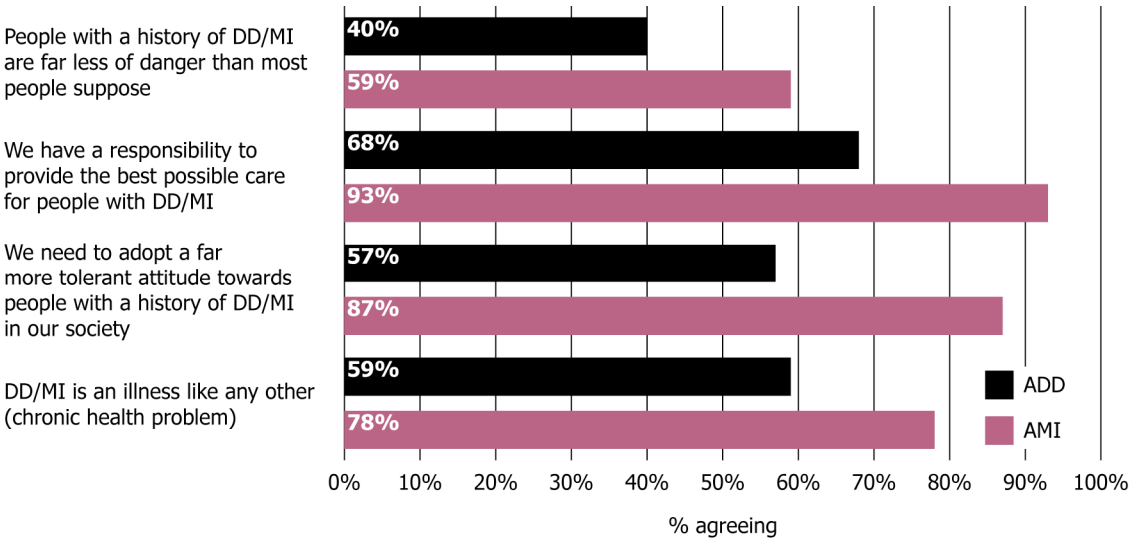
Table 3.2 (at the end of the chapter) and Figure 3.3 show the responses to these statements. Well over half of respondents agreed that drug dependence was an illness like any other chronic health problem (59%) and that it was often caused by traumatic experiences (56%).

There was strong agreement with the statement that we have a responsibility to provide the best possible care for people with drug dependence, with over two-thirds of respondents (68%) agreeing (34% strongly agreed). Also, well over half of respondents agreed with the statements that drug dependence is an illness like any other chronic health problem (58%), drug dependence is often caused by traumatic experiences (55%), and we need to adopt a far more tolerant attitude towards people with a history of drug dependence (57%). However, only 40% of respondents agreed that people with a history of drug dependence are far less of a danger than most people suppose, but 27% said they neither agreed nor disagreed, suggesting a level of uncertainty about the question.

A high proportion of respondents (64%) also agreed with the statement that people with a history of drug dependence are too often demonised in the media.

Four of the statements in this group were also asked in the 2010 AMI survey and, as is shown in Figure 3.4 and Table 3.2, a higher proportion of respondents responded positively to the statements about people with mental illness than did ADD survey respondents to the equivalent statements about drug dependence.

Figure 3.4: Comparison of responses to the 2010 ADD survey (UK) and 2010 AMI survey (England) – proportions agreeing to statements relating to sympathy and care



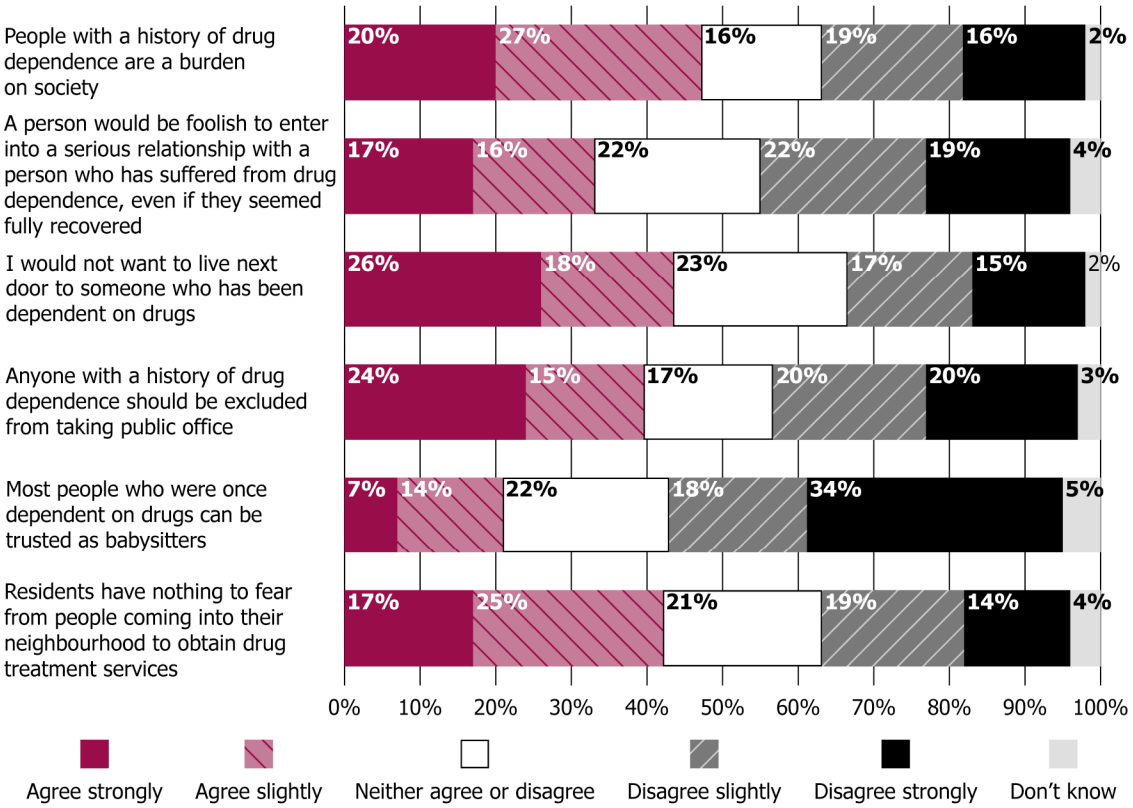
FEAR AND EXCLUSION OF PEOPLE WITH A HISTORY OF DRUG DEPENDENCE

The third group of attitude statements concerns the perceived fear of people with a history of drug dependence and the exclusion of such people from society. The statements in this group were as follows:

- People with a history of drug dependence are a burden on society.
- A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence, even if they seemed fully recovered.
- I would not want to live next door to someone who has been dependent on drugs.
- Anyone with a history of drug dependence should be excluded from taking public office.
- Most people who were once dependent on drugs can be trusted as babysitters.
- Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services.

The proportions of respondents agreeing and disagreeing with these statements are shown in Table 3.3 (at the end of this chapter) and in Figure 3.5.

Figure 3.5: Responses to statements reflecting fear and exclusion



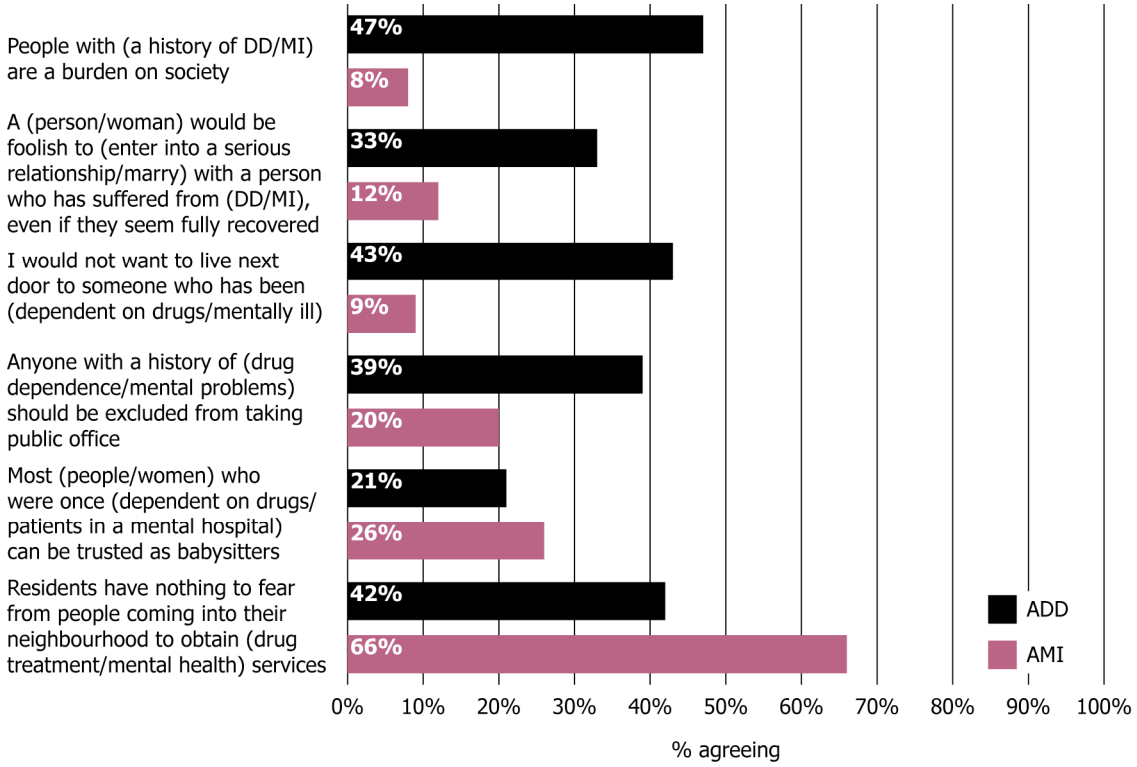
A higher proportion of respondents agreed with than disagreed with the statements that people with a history of drug dependence are a burden on society (47% agreed, 34% disagreed) and that I would not want to live next door to someone who has been dependent on drugs (43% agreed, 32% disagreed). Even more markedly, 52% of

respondents disagreed with the statement that people who were once dependent on drugs could be trusted as babysitters, while only 21% agreed.

However, respondents were fairly evenly split over whether people with a history of drug dependence should be excluded from public office (39% agreed, 41% disagreed) and only 33% of respondents agreed that a person would be foolish to enter into a serious relationship with someone who has suffered from drug dependence in the past (41% disagreed). Similarly, more respondents agreed than disagreed that residents have nothing to fear from people coming into the neighbourhood to use drug treatment services (42% agreed, 33% disagreed).

When compared with responses to the same or similar statements in the 2010 AMI survey it is clear that social exclusion is much greater for people with a history of drug dependence than it is for people who have had mental health problems (Figure 3.6 and Table 3.3). For example, respondents to the ADD survey were almost five times as likely to say they would not want to live next door to someone who has been dependent on drugs as were respondents in the AMI survey to say they would not want to live next door to someone who has been mentally ill (43% compared with 9%).

Figure 3.6: Comparison of responses to the 2010 ADD survey (UK) and 2010 AMI survey (England) Surveys – proportions agreeing to statements relating to fear and exclusion



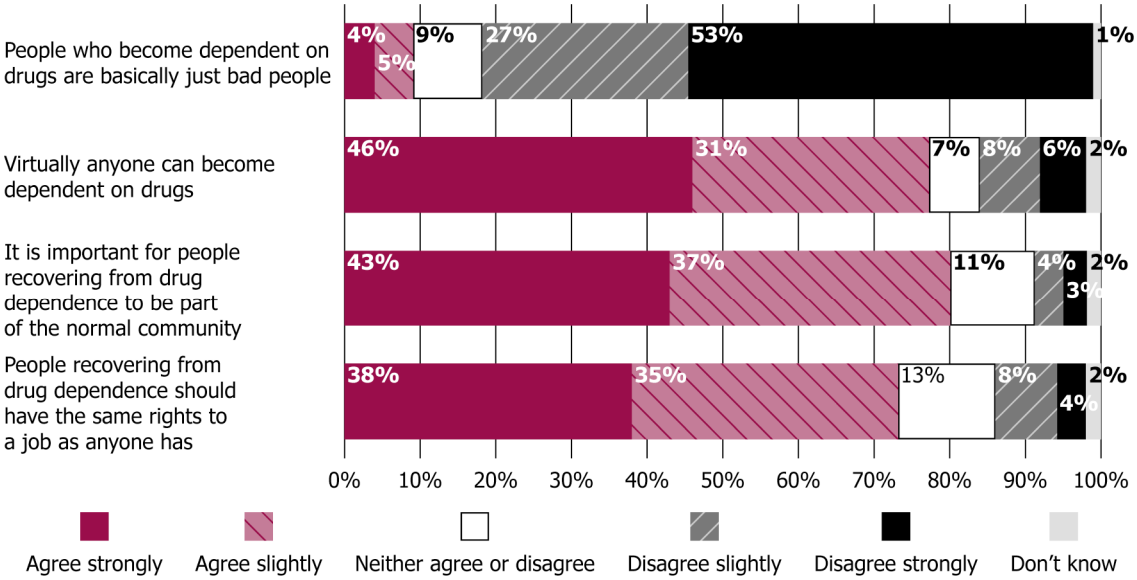
ACCEPTANCE AND INTEGRATION OF PEOPLE WITH A HISTORY OF DRUG DEPENDENCE

The fourth group of attitude statements relates to a theme that can be described as acceptance and integration. The statements in this group were as follows:

- People who become dependent on drugs are basically just bad people.
- Virtually anyone can become dependent on drugs.
- It is important for people recovering from drug dependence to be part of the normal community.
- People recovering from drug dependence should have the same rights to a job as anyone else.

As can be seen in Table 3.4 (at the end of this chapter) and in Figure 3.7, the vast majority of respondents to the survey (80%) rejected the statement that people who become dependent on drugs are basically just bad people, with over half disagreeing strongly. There was also a clear majority agreeing with the statement that virtually anyone can become dependent on drugs (77%). Most respondents also recognised the importance of integration into the community for recovery from drug dependence; 81% of respondents agreed that it was important for people recovering from drug dependence to be part of the normal community and 73% agreed that people recovering from drug dependence should have the same rights to a job as everyone else.

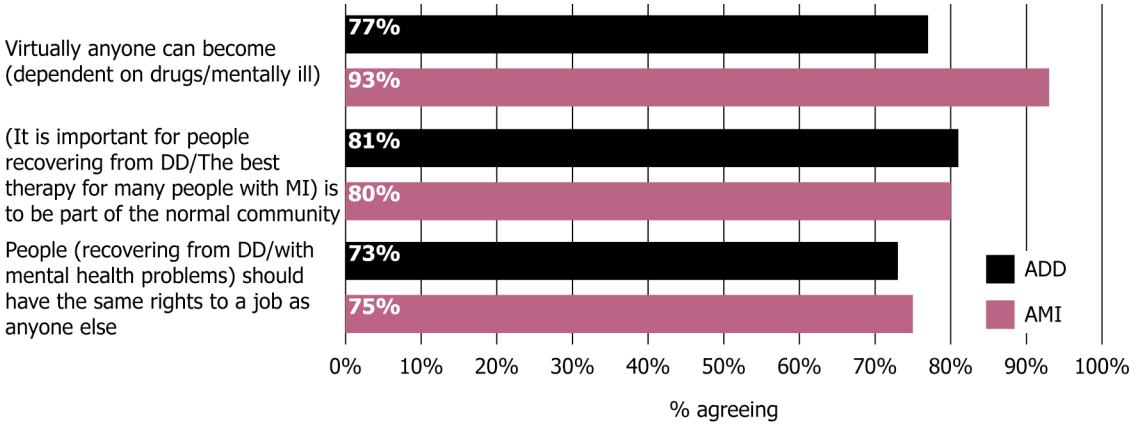
Figure 3.7: Responses to statements reflecting acceptance and integration



Three of the statements in this group are similar to statements in the AMI survey; there was less difference between participants' responses to these statements in the two surveys than there was for the other themes. A higher proportion of respondents to the 2010 AMI survey agreed that virtually anyone can become mentally ill (93%, compared with 77% for the equivalent statement in the ADD survey) (Figure 3.8). However, the proportions agreeing with the statements concerning the importance for

recovery of being part of a normal community and having the same rights to a job were almost the same across the two surveys.

Figure 3.8: Comparison of responses to the 2010 ADD survey (UK) and AMI survey (England) – proportions agreeing to statements relating to acceptance and integration

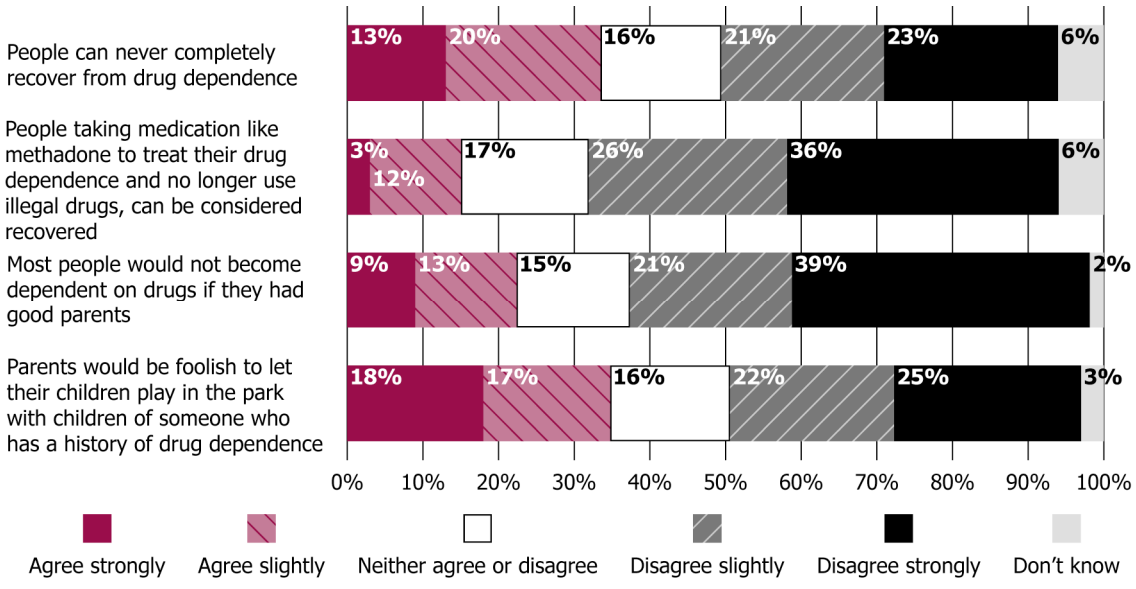


BELIEFS AND ATTITUDES CONCERNING RECOVERY FROM DRUG DEPENDENCE

In addition to the two attitude statements in the previous group that related to recovery (based on questions in the AMI survey), two additional statements were included specifically to examine people's beliefs about recovery from drug dependence. These were as follows:

- People can never completely recover from drug dependence.
- People taking medication like methadone to treat their drug dependence who no longer use illegal drugs, can be considered recovered.

Figure 3.9: Responses to statements concerning recovery and family members of people with drug dependence



As shown in Table 3.5 (at the end of this chapter) and in Figure 3.9, more respondents disagreed with the statement that people can never completely recover from drug dependence (44%) than agreed (33%). However, only a small proportion (15%) thought that people who have stopped using illicit drugs but are being prescribed medication like methadone can be considered recovered – almost two-thirds of respondents (62%) thought they could not. It would be interesting to know whether people perceive those taking medication for other chronic health problems, such as insulin for diabetes or antidepressants for mental health problems, in the same way.

ATTITUDES TO FAMILY MEMBERS

Previous research (UKDPC, 2009) has shown that family members, such as parents, may blame themselves for not preventing their relative's drug dependence and may feel shame and embarrassment. They avoid other people and conceal their relative's situation for fear of negative reactions. The experience of stigma as a result of their relationship with or proximity to a stigmatised person is described by Goffman in his seminal work on stigma (Goffman, 1963) as 'courtesy' stigma. In order to consider the extent of such stigma towards family members of people with drug dependence, two attitude statements were added to the questionnaire:

- Most people would not become dependent on drugs if they had good parents.
- Parents would be foolish to let their children play in the park with children of someone who has a history of drug dependence.

Table 3.6 (at the end of this chapter) and Figure 3.9 show that over half of respondents (60%) disagreed with the statement that most people would not become dependent on drugs if they had good parents. Nevertheless, almost a quarter (23%) agreed with it, so it appears that a significant proportion of the population do blame the parents to some extent. Similarly, although a higher proportion of respondents disagreed with the statement that parents would be foolish to let their children play with the children of people with a history of drug dependence (46%) than agreed with it (34%), it is still the case that 1 in 3 respondents appear to hold stigmatising attitudes children of people with past drug dependence to some degree.

Table 3.1: Percentage giving different responses to statements relating to the theme of blame and intolerance. All adults UK. Unweighted base = 2,945.

	Agree strongly	Agree slightly	Neither agree or disagree	Disagree slightly	Disagree strongly	Don't Know	Overall	Attitudes to Mental Illness 2010
							% agreeing (disagreeing)	% agreeing (disagreeing)
One of the main causes of drug dependence is a lack of self-discipline and will-power	30%	28%	15%	12%	11%	3%	58% (23%)	15% (61%)
There is something about people with drug dependence that makes it easy to tell them from normal people	14%	22%	18%	18%	22%	5%	37% (40%)	19% (61%)
People with drug dependence don't deserve our sympathy	10%	12%	17%	28%	31%	2%	22% (60%)	5% (86%)
Increased spending on services for people trying to overcome drug dependence is a waste of money	11%	13%	16%	25%	32%	2%	24% (58%)	5% (87%)
If people with drug dependence really wanted to stop using they could do so	23%	26%	17%	18%	14%	3%	49% (32%)	n.a.

Note: Percentages may not always add to overall totals or 100% due to rounding.

Table 3.2: Percentage giving different responses to statements relating to the theme of sympathy and care. All adults UK. Unweighted base = 2,945.

	Agree strongly	Agree slightly	Neither agree or disagree	Disagree slightly	Disagree strongly	Don't Know	Overall	Attitudes to Mental Illness 2010
							% agreeing (disagreeing)	% agreeing (disagreeing)
Drug dependence is an illness like any other long-term chronic health problem	29%	30%	10%	13%	16%	2%	59% (29%)	78% (13%)
Drug dependence is often caused by traumatic experiences, such as abuse, poverty and bereavement	21%	35%	15%	13%	13%	4%	55% (26%)	n.a.
We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society	26%	31%	19%	12%	10%	2%	57% (22%)	87% (5%)
We have a responsibility to provide the best possible care for people with drug dependence	34%	33%	14%	8%	8%	2%	68% (16%)	93% (3%)
People with a history of drug dependence are far less of a danger than most people suppose	13%	26%	27%	16%	12%	6%	40% (28%)	59% (13%)
People with a history of drug dependence are too often demonised in the media	28%	36%	17%	9%	6%	4%	64% (15%)	n.a.

Note: Percentages may not always add to overall totals or 100% due to rounding.

Table 3.3: Percentage giving different responses to statements relating to the theme of fear and exclusion. All adults UK. Unweighted base = 2,945.

	Agree strongly	Agree slightly	Neither agree or disagree	Disagree slightly	Disagree strongly	Don't Know	Overall	Attitudes to Mental Illness 2010
							% agreeing (disagreeing)	% agreeing (disagreeing)
People with a history of drug dependence are a burden on society	20%	27%	16%	19%	16%	2%	47% (34%)	8% (81%)
A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence, even if they seemed fully recovered	17%	16%	22%	22%	19%	4%	33% (41%)	12% (63%)
I would not want to live next door to someone who has been dependent on drugs	26%	18%	23%	17%	15%	2%	43% (32%)	9% (70%)
Anyone with a history of drug dependence should be excluded from taking public office	24%	15%	17%	20%	20%	3%	39% (41%)	20% (57%)
Most people who were once dependent on drugs can be trusted as babysitters	7%	14%	22%	18%	34%	5%	21% (52%)	26% (52%)
Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services	17%	25%	21%	19%	14%	4%	42% (33%)	66% (13%)

Note: Percentages may not always add to overall totals or 100% due to rounding.

Table 3.4: Percentage giving different responses to statements relating to the theme of acceptance and integration. All adults UK. Unweighted base = 2,945.

	Agree strongly	Agree slightly	Neither agree or disagree	Disagree slightly	Disagree strongly	Don't Know	Overall	Attitudes to Mental Illness 2010
							% agreeing (disagreeing)	% agreeing (disagreeing)
People who become dependent on drugs are basically just bad people	4%	5%	9%	27%	53%	1%	9% (80%)	n.a.
Virtually anyone can become dependent on drugs	46%	31%	7%	8%	6%	2%	77% (14%)	93% (2%)
It is important for people recovering from drug dependence to be part of the normal community	43%	37%	11%	4%	3%	2%	81% (7%)	80% (5%)
People recovering from drug dependence should have the same rights to a job as anyone else	38%	35%	13%	8%	4%	2%	73% (12%)	75% (9%)

Note: Percentages may not always add to overall totals or 100% due to rounding.

Table 3.5: Percentage giving different responses to statements relating to the theme of recovery. All adults UK. Unweighted base = 2,945.

	Agree strongly	Agree slightly	Neither agree or disagree	Disagree slightly	Disagree strongly	Don't Know	Overall % agreeing (disagreeing)
People can never completely recover from drug dependence	13%	20%	16%	21%	23%	6%	33% (44%)
People taking medication like methadone to treat their drug dependence and no longer use illegal drugs, can be considered recovered	3%	12%	17%	26%	36%	6%	15% (62%)

Note: Percentages may not always add to overall totals or 100% due to rounding.

Table 3.6: Percentage giving different responses to statements concerning the theme of families of people with drug dependence. All adults UK. Unweighted base = 2,945.

	Agree strongly	Agree slightly	Neither agree or disagree	Disagree slightly	Disagree strongly	Don't Know	Overall % agreeing (disagreeing)
Most people would not become dependent on drugs if they had good parents	9%	13%	15%	21%	39%	2%	23% (60%)
Parents would be foolish to let their children play in the park with the children of someone who has a history of drug dependence	18%	17%	16%	22%	25%	3%	34% (46%)

Note: Percentages may not always add to overall totals or 100% due to rounding.

4. Variation in attitudes by socio-demographic factors

The survey questionnaire also collected some personal information about respondents which allows consideration of how attitudes are affected by a range of factors. This chapter considers variation by:

- gender
- age
- social grade
- ethnicity, and
- geographical factors.

Only those differences that are likely to be statistically significant are commented on in the text. Tables showing the proportions agreeing and disagreeing with each of the statements are given at the end of this chapter.

VARIATION IN ATTITUDES BY GENDER

In general, the differences in attitude between men and women were limited. Where differences did occur, men were slightly more likely than women to have negative attitudes towards people with drug dependence (Table 4.1).

In the group of statements reflecting **blame and intolerance**, significant differences were found for two statements:

- Men were considerably more likely than women to agree that "One of the main causes of drug dependence is a lack of self-discipline and will-power" (64% of men agreed compared with 53% of women).

- Men were also more likely to agree that "Increased spending on services for people trying to overcome drug dependence is a waste of money", but the difference was not as large (26% of men agreed compared with 22% of women).

In responses to the group of statements that reflect **sympathy and care** towards people with drug dependence there was a difference between men's and women's attitudes on four of the statements:

- Women were slightly more likely than men to agree with the statements "Drug dependence is an illness like any other long-term chronic health problem" (61% of women agreed compared with 56% of men) and "Drug dependence is often

caused by traumatic experiences, such as abuse, poverty or bereavement" (59% of women agreed compared with 51% of men).

- Women were also less likely to disagree with the statement "We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society" (20% of women disagreed compared with 24% of men).

- Women were less likely to disagree that "People with a history of drug dependence are too often demonised in the media" (13% of women disagreed compared with 17% of men).

In the group of statements about **fear and social exclusion**, the responses from men and women did not show a clear pattern:

- Men were more likely than women to agree that "People with a history of drug dependence are a burden on society" (51% of men agreed compared with 44% of women).

- However, men were also more likely to agree with the statement that "Most people who were once dependent on drugs can be trusted as babysitters" (24% of men agreed compared with 19% of women) and to disagree that "A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence, even if they seem fully recovered" (46% of men disagreed compared with 37% of women).

This may be a reflection of the more personal nature of those last two statements.

In the group of statements reflecting **acceptance and integration**, the only difference in responses given by men and women concerned the statement "Virtually anyone can become dependent on drugs". Women were more likely to agree and less likely to disagree with this statement than were men.

Men were more likely than women to disagree that "People can never recover from drug dependence" (48% of men disagreed compared with 41% of women). However, women were more likely to disagree with the statement "Most people would not become dependent on drugs if they had good parents" (63% of women disagreed compared with 58% of men).

VARIATION IN ATTITUDES BY AGE

There is a clear and marked relationship between attitudes towards people with drug dependence and age; older people tend to have the most negative attitudes and middle-aged people (aged 30–59 years) the least negative (Table 4.1).

With respect to the group of statements relating to **blame and intolerance**, respondents aged 75 or over were the age group most likely to agree with three of the statements:

- "One of the main causes of drug dependence is a lack of self discipline and will-power" (69% of those aged 75+ agreed, compared with 58% overall). Those aged 45–59 had the lowest level of agreement with this statement (52%) followed by those aged 30–44 years (55%).

- "People with drug dependence don't deserve our sympathy" (30% of those aged 75+ agreed, compared with 22% overall). Other age groups had quite similar levels of agreement, ranging from 18% for those aged 30–44 to 23% for those aged 60–74 years.

- "Increased spending on services for people trying to overcome drug dependence is a waste of money" (30% of those aged 75+ agreed, compared with 24% overall). The levels of agreement for other age groups were again similar, with the lowest level in those aged 30–44 years.

The proportion of respondents agreeing with the statement "There is something about people with drug dependence that makes it easy to tell them from normal people" declined with age, from 44% of those aged 16–29 to 26% of those aged 75 or over. Respondents in the youngest age group were again most likely to agree with the statement "If people with drug dependence really wanted to stop using they could do so" (56% agreed, compared with 49% overall), but in this case there was no clear pattern for other age groups.

In general, middle-aged respondents (those aged 30–44 or 45–59) were most likely to demonstrate **sympathy and care**, while older respondents, and in some cases those in the youngest age group, were least likely to. Only in the case of the statement "Drug dependence is often caused by traumatic experiences, such as abuse, poverty and bereavement" was there no clear pattern in levels of agreement between age groups. For the other statements in this group, the responses were as follows:

- The lowest proportion agreeing with the statement "Drug dependence is an illness like any other long-term chronic health problem" was in the 16–29 age group (48%), rising to 68% in the 45–59 age group and then declining to 53% in the 75 or over group.

- For the statement "We need to adopt a far more tolerant attitude towards people with a history of drug dependence", the level of agreement peaked in the 30–44 age group (65%) and then declined to 47% in the 60–74 group and 45% in the 75 and over group.

- Those in the youngest age group had a lower level of agreement to the statement "We have a responsibility to provide the best possible care for people with drug dependence" than the sample as a whole (62% agreed, compared with 68% overall).

- Those aged 75 or over were much less likely to agree with the statement that "People with a history of drug dependence are too often demonised in the media" than other age groups (52% agreed, compared with 64% overall).

For most of the statements relating to **fear and exclusion** there was a direct relationship between level of agreement and age:

- For the statement "People with a history of drug dependence are a burden on society" the proportion of respondents agreeing approximately doubled from about one-third (35%) of those aged 16–29 to two-thirds (67%) of those age 75 or over.

- Similarly, for the statement "A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence …", the proportion agreeing rose from 25% to 45%.

- The proportion agreeing that "Anyone with a history of drug dependence should be excluded from public office" more than doubled, from 26% of those aged 16–29 to 60% of those aged 75 or over.

- For the statement "I would not want to live next door to someone who has been dependent on drugs", the level of agreement was similar for those aged 16–59 at just over 40% and then rose to 53% in the oldest age group.

- The pattern for "Most people who were once dependent on drugs can be trusted as babysitters" was similar, with the two older age groups being much less likely to agree (only 14% of those aged 60–74 and 10% of those aged 75+ agreed, compared with 21% overall).

- The proportion agreeing with the statement "Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services" showed less variation, ranging from 36% among those aged 75 and over to 45% among those aged 30–44 years.

For the statements relating to **acceptance and integration** there was less variation by age, although those in the oldest age group generally had more negative attitudes and were less likely to agree with the statements:

- "Virtually anyone can become dependent on drugs" (71% of those aged 75+ agreed, compared with 77% overall);

- "It is important for people recovering from drug dependence to be part of the normal community" (71% of those aged 75+, compared with 81% overall); and

- "People recovering from drug dependence should have the same rights to a job as anyone else" (65% of those aged 75+, compared with 73%).

In general, respondents in the middle-age groups (30–44 and 45–59) displayed more positive attitudes.

There was also some variation in the responses on **recovery**. The proportion of respondents who disagreed with the statement "People can never completely recover from drug dependence" declined with age, from 51% of those aged 16–29 years to 31% of those aged 75 or over. However, there was no clear pattern for the statement "People taking medication like methadone to treat their drug dependence and no longer use illegal drugs, can be considered recovered", although those aged 75 and over were significantly more likely to disagree with it (45% disagreed, compared with 62% overall).

Similarly, except for a higher level of agreement from the oldest age group there was no clear pattern with age for the statements regarding **families of people with drug dependence**. For the statements "Most people would not become dependent on drugs if they had good parents" and "Parents would be foolish to let their children play in the park with the children of someone with a history of drug dependence", 36% of respondents aged 75 and over agreed with the first (compared with 23% overall) and 46% agreed with the second (compared with 34% overall).

VARIATION IN ATTITUDES BY SOCIAL GRADE

Social grade is the Market Research Society's classification system that is based on the occupation of the chief income earner in the household (the highest income earner):

- AB groups = professional/managerial occupations;
- C1 group = other non-manual occupation;
- C2 group = skilled manual occupations;
- DE groups = semi-/unskilled occupations.

For all five of the statements relating to **blame and intolerance** there was a significant direct association between social grade and level of agreement, with those in the higher social grades having less negative attitudes than those in the lower social grades (Table 4.2). The gradient was most marked for the statements:

- "There is something about people with drug dependence that makes it easy to tell them from normal people", for which the level of agreement ranged from 24% for those in social grade AB to 44% for those in grade DE; and

- "People with drug dependence don't deserve our sympathy", for which agreement ranged from 15% of AB respondents to 27% of DE respondents.

The statement with the smallest spread was:

- "If people with drug dependence really wanted to stop using they could do so", for which the level of agreement ranged from 41% of AB respondents to 54% of DE respondents (compared with 49% overall).

For the statements concerning **sympathy and care** there was also a relationship with social grade for all the statements, but it was not as marked nor as clearly linear as for the previous group. Thus for three of the statements there was no difference between the proportions agreeing in the C2 and the DE groups, and for two of the statements the proportions for AB and C1 were similar:

- The biggest spread in level of agreement is for the statement "People with a history of drug dependence are far less of a danger than most people suppose" (AB 47%, DE 35%, compared with 40% overall).

- The higher social grades are also more likely to agree with the statement that "Drug dependence is often caused by traumatic experiences, such as abuse, poverty and bereavement", while the lower social grades are less likely to agree (AB 63%, C2 51%, DE 50%, compared with 55% overall). A similar pattern is seen for the statement "Drug dependence is an illness like any other long-term chronic health problem" (AB 66%, DE 52%, compared with 59% overall).

- The remaining three statements had less of a spread of responses, but the difference between higher and lower social grades remained significant; for example, "People with a history of drug dependence are too often demonised in the media" (AB 69%, C1 68%, DE 58%, compared with 64% overall).

For three of the six statements relating to **fear and social exclusion**, respondents in the DE social grades were more negative towards people with drug dependence whereas those in the AB social grades were less so:

- "I would not want to live next door to someone who has been dependent on drugs" (AB 35%, DE 50%, compared with 43% overall).

- "Anyone with a history of drug dependence should be excluded from taking public office" (AB 31%, DE 46%, compared with 39% overall).

- "A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence, even if they seemed fully recovered" (AB 28%, DE 39%, compared with 33% overall).

Respondents in the AB group were also more likely to agree that "Most people who were once dependent on drugs can be trusted as babysitters" than other groups (AB 26%, compared with 18% overall), but there was no relationship between social grade and responses to the other two statements.

Respondents from higher social grades are more positive about **acceptance and integration** than those from lower social grades:

- Respondents from the DE group were more than twice as likely to agree that "People who become dependent on drugs are basically just bad people" than those from the AB group (AB 5%, DE 13%).

- Those in the AB group were more likely than those in the DE group to agree that "It is important for people recovering from drug dependence to be part of the normal community" (AB 87%, DE 77%, compared with 81% overall).

- The proportion agreeing that "People recovering from drug dependence should have the same rights to a job as anyone" else declined from 78% in the AB group to 70% in the DE group.

With respect to **recovery**, there was no difference in levels of agreement by social grade to the statement that "People can never completely recover from drug dependence", but respondents in the AB group were less likely than other groups to agree that "People taking medication like methadone … and no longer use illegal drugs, can be considered recovered" (AB 12%, compared with 15% overall).

There was no difference in levels of agreement by social grade to the first statement about **families of people with drug dependence**, that is "Most people would not become dependent on drugs if they had good parents". However, people from lower social grades were more likely to agree that "Parents would be foolish to let their children play in the park with the children of someone who has a history of drug dependence", while AB respondents were less likely to agree (AB 25%, C2 39%, DE 38%, compared with 34% overall).

VARIATION IN ATTITUDES BY ETHNICITY

Because of the sample size it was not possible to differentiate in any detail between different ethnic groups. The sample has therefore simply been divided into 'white' and 'minority ethnic groups'. Therefore, the results shown in Table 4.2 need to be interpreted with caution, particularly as even with this broad grouping the sample of minority ethnic groups is only 230 people.

From the group of attitude statements relating to **blame and intolerance**, respondents from minority ethnic groups were more likely to agree with the following:

- "One of the main causes of drug dependence is a lack of self-discipline and will-power" (minority ethnic groups 77%, compared with white 56%).

- "There is something about people with drug dependence that makes it easy to tell them from normal people" (minority ethnic groups 54%, compared with white 35%).

- "If people with drug dependence really wanted to stop using they could do so" (minority ethnic groups 67%, compared with white 47%).

There was no difference in the proportions agreeing with the other two statements in the group.

There was very little difference by ethnic group in responses to the statements relating to **sympathy and care**. The one exception was that people from minority ethnic

groups were more likely to agree that "We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society" (minority ethnic groups 65%, compared with white 56%).

With respect to the statements relating to **fear and exclusion**, respondents from minority ethnic groups were more likely to agree that "I would not want to live next door to someone who has been dependent on drugs" (minority ethnic groups 57%, white 42%) and less likely to agree that "Most people who were once dependent on drugs can be trusted as babysitters" (minority ethnic groups 15%, white 21%). However, they were slightly more likely to agree that "Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services" (minority groups 45%, compared with white 41%).

In relation to **acceptance and integration,** respondents from minority ethnic groups had less accepting attitudes. They were less likely to agree that "Virtually anyone can become dependent on drugs" (minority ethnic groups 62%, white 79%), and were also less likely to agree that "People recovering from drug dependence should have the same rights to a job as anyone else" (minority ethnic groups 66%, white 74%). Most notably, they were three times more likely to agree with the statement "People who become dependent on drugs are basically just bad people" (minority ethnic groups 23%, compared with white 7%).

Respondents from minority ethnic groups have more positive attitudes towards ***recovery***. A higher proportion agreed that "People taking medication like methadone to treat their drug dependence and no longer use illegal drugs, can be considered recovered" (minority ethnic groups 32%, compared with white 13%), and they were also more likely to disagree with the statement "People can never completely recover from drug dependence" (minority ethnic groups 55%, compared with white 43%).

Minority ethnic group respondents were more likely to agree on both statements relating to **families of people with drug dependence**, suggesting that negative attitudes towards drug dependence may extend to families among these groups:

- "Parents would be foolish to let their children play in the park with the children of someone who has a history of drug dependence" (minority ethnic groups 41%, compared with white 33%).

- "Most people would not become dependent on drugs if they had good parents" (minority ethnic groups 41%, compared with white 20%).

VARIATION IN ATTITUDES BY GEOGRAPHICAL LOCATION

In Table 4.3, the responses to the attitude statements are shown according to respondents' country of residence and whether respondents lived in an urban or rural area. Boosted samples were undertaken in Scotland and Wales, but not in Northern Ireland. Therefore, the sample size in Northern Ireland, at just over 63 respondents, was sufficient to identify only very large differences in attitudes from the rest of the UK.

In general, respondents in Wales, and to a lesser extent those in Scotland, had more negative attitudes towards people with a history of drug dependence. Conversely, although the sample in Northern Ireland was very small, those respondents tended to report more positive attitudes than the sample as a whole. People living in rural areas generally had more positive attitudes than those in urban areas.

In respect of the statements that demonstrate **blame and intolerance**, there were some differences between countries:

- Respondents in Scotland were more likely than the sample as a whole to agree that "There is something about people with drug dependence that makes it easy to tell them from normal people" (Scotland 55%, compared with 37% overall).

- Scottish respondents were also more likely, as were those from Wales, to agree that "Increased spending on services for people trying to overcome drug dependence is a waste of money" (Scotland 33%, Wales 30%, compared with 24% overall).

- People in Wales were also more likely to agree and less likely to disagree that "People with drug dependence don't deserve our sympathy" (Wales 49% disagreed, compared with 60% overall).

- In contrast, respondents from Northern Ireland were least likely to agree with the statement that "If people with drug dependence really wanted to stop using they could do so" (Northern Ireland 33%, compared with 49% overall).

The only difference in attitudes between those living in urban and rural areas was that those living in rural areas were less likely to agree that "There is something about people with drug dependence that makes it easy to tell them from normal people" (26% rural, compared with 39% urban).

In response to the statements on **sympathy and care**, those living in Wales appeared to feel less sympathetic towards people with drug dependence than did people living in other parts of the UK. They were less likely to agree with five of the six statements in this group:

- "Drug dependence is an illness like any other long-term chronic health problem" (Wales 50%, compared with 59% overall).

- "We need to adopt a far more tolerant attitude towards people with a history of drug dependence" (Wales 50%, compared with 57% overall).

- "We have a responsibility to provide the best possible care for people with drug dependence" (Wales 60%, compared with 68% overall).

- "People who have a history of drug dependence are far less of a danger than most people suppose" (Wales 31%, compared with 40% overall).

- "People with a history of drug dependence are too often demonised in the media" (Wales 56%, compared with 64% overall).

Only the first of these statements showed any variation between urban and rural residents. While 57% of people in urban areas agreed that "Drug dependence is an illness like any other long-term chronic health problem", this rose to 63% of people in rural areas.

Those respondents who live in Scotland and Wales appeared to have more negative attitudes relating to **fear and exclusion** of people with drug dependence than those in England. They were more likely to agree with five of the six statements in this group:

- "People with a history of drug dependence are a burden on society" (Scotland 55%, Wales 56%, compared with 47% overall).

- "A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence, even if they seemed fully recovered" (Scotland 40%, Wales 36%, compared with 33% overall).

- "I would not want to live next door to someone who has been dependent on drugs" (Scotland 48%, Wales 48%, compared with 43% overall).

- "Anyone with a history of drug dependence should be excluded from taking public office" (Scotland 45%, Wales 45%, compared with 39% overall).

- "Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services" (Scotland 34%, Wales 32%, compared with 42% overall).

There were no differences between urban and rural residents within this theme.

The differences in responses to statements relating to **acceptance and integration** were not very marked:

- Respondents from Wales were less likely to think that "It is important for people recovering from drug dependence to be part of the normal community" (Wales 75%, compared with 81% overall).

- Scottish respondents displayed more understanding on one statement: "Virtually anyone can become dependent on drugs" (Scotland 82%, compared with 77% overall).

Urban residents (10%) were twice as likely as rural residents (5%) to agree and also less likely to disagree (78%, compared with 88%) with the statement that "People who become dependent on drugs are basically just bad people".

Scottish and Northern Ireland respondents were less likely to agree that "People taking medication like methadone to treat their drug dependence and no longer use illegal drugs, can be considered recovered" (Scotland 10%, Northern Ireland 3%, compared with 15% overall), as were rural respondents (11%) compared with those in urban areas (17%).

With respect to attitudes to **families of people with drug dependence**, there were some differences:

- Respondents from Wales were more likely to agree that "Parents would be foolish to let their children play in the park with the children of someone who has a history of drug dependence" (Wales 40%, compared with 34% overall).

- In contrast, respondents from Wales and Scotland were less likely to agree that "Most people would not become dependent on drugs if they had good parents" (Scotland 14%, Wales 18%, compared with 23% overall).

Table 4.1: Variations in proportions agreeing and disagreeing with the attitude statements by gender and age.

Table 4.1	Gender		Age group					All
	Men	Women	16–29	30–44	45–59	60–74	75+	
	% agreeing (disagreeing)							
Blame and intolerance								
One of the main causes of drug dependence is a lack of self-discipline and will-power	64% (19%)	53% (28%)	60% (20%)	55% (25%)	52% (30%)	64% (22%)	69% (12%)	58% (23%)
There is something about people with drug dependence that makes it easy to tell them from normal people	37% (40%)	37% (41%)	44% (32%)	37% (43%)	36% (47%)	33% (42%)	26% (33%)	37% (40%)
People with drug dependence don't deserve our sympathy	22% (59%)	21% (60%)	22% (60%)	18% (63%)	21% (61%)	23% (59%)	30% (48%)	22% (60%)
Increased spending on services for people trying to overcome drug dependence is a waste of money	26% (57%)	22% (59%)	25% (52%)	21% (61%)	23% (65%)	26% (58%)	30% (45%)	24% (58%)
If people with drug dependence really wanted to stop using they could do so	50% (30%)	48% (33%)	56% (26%)	46% (36%)	45% (38%)	51% (30%)	49% (20%)	49% (32%)
Sympathy and care								
Drug dependence is an illness like any other long-term chronic health problem	56% (32%)	61% (27%)	48% (40%)	60% (26%)	68% (25%)	61% (29%)	53% (27%)	59% (30%)
Drug dependence is often caused by traumatic experiences, such as abuse, poverty or bereavement	51% (27%)	59% (24%)	56% (23%)	58% (24%)	52% (30%)	54% (28%)	58% (19%)	55% (26%)
We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society	57% (24%)	58% (20%)	60% (18%)	65% (14%)	57% (26%)	47% (31%)	45% (25%)	57% (22%)
We have a responsibility to provide the best possible care for people with drug dependence	68% (16%)	67% (16%)	62% (20%)	72% (14%)	71% (16%)	68% (16%)	64% (16%)	68% (16%)
People who have a history of drug dependence are far less of a danger than most people suppose	41% (28%)	39% (29%)	38% (29%)	47% (21%)	42% (29%)	34% (33%)	27% (30%)	40% (28%)
People with a history of drug dependence are too often demonised in the media	65% (17%)	64% (13%)	63% (14%)	68% (13%)	69% (16%)	61% (17%)	52% (16%)	64% (15%)

Table 4.1	Gender		Age group					All
	Men	Women	16–29	30–44	45–59	60–74	75+	
	% agreeing (disagreeing)							
Fear and exclusion								
People with a history of drug dependence are a burden on society	51% (33%)	44% (35%)	35% (45%)	40% (42%)	48% (35%)	61% (22%)	67% (12%)	47% (34%)
A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence, even if they seemed fully recovered	31% (46%)	34% (37%)	25% (53%)	27% (48%)	34% (42%)	42% (30%)	45% (17%)	33% (42%)
I would not want to live next door to someone who has been dependent on drugs	44% (33%)	43% (31%)	42% (34%)	41% (33%)	41% (35%)	47% (30%)	53% (21%)	44% (32%)
Anyone with a history of drug dependence should be excluded from taking public office	41% (42%)	38% (39%)	26% (48%)	32% (49%)	42% (40%)	51% (34%)	60% (18%)	39% (41%)
Most people who were once dependent on drugs can be trusted as babysitters	24% (50%)	19% (54%)	22% (52%)	26% (44%)	26% (48%)	14% (61%)	10% (67%)	21% (52%)
Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services	44% (33%)	40% (33%)	40% (33%)	45% (29%)	43% (37%)	41% (36%)	36% (32%)	42% (33%)
Acceptance and integration								
People who become dependent on drugs are basically just bad people	9% (80%)	9% (81%)	10% (78%)	8% (81%)	8% (84%)	8% (83%)	11% (71%)	9% (80%)
Virtually anyone can become dependent on drugs	75% (16%)	79% (12%)	78% (13%)	76% (14%)	81% (12%)	75% (16%)	71% (14%)	77% (14%)
It is important for people recovering from drug dependence to be part of the normal community	82% (7%)	80% (7%)	81% (7%)	84% (5%)	84% (6%)	78% (9%)	71% (8%)	81% (7%)
People recovering from drug dependence should have the same rights to a job as anyone else	75% (13%)	72% (11%)	71% (13%)	78% (9%)	76% (14%)	72% (14%)	65% (11%)	73% (12%)

Table 4.1	**Gender**		**Age group**					**All**
	Men	**Women**	**16–29**	**30–44**	**45–59**	**60–74**	**75+**	
	% agreeing (disagreeing)							
Recovery								
People can never completely recover from drug dependence	32% (48%)	35% (41%)	29% (51%)	32% (46%)	35% (44%)	39% (41%)	32% (31%)	33% (44%)
People on medication like methadone to treat their drug dependence and no longer use illegal drugs, can be considered recovered	17% (63%)	14% (61%)	19% (57%)	15% (66%)	13% (70%)	16% (61%)	13% (45%)	15% (62%)
Families of people with drug dependence								
Most people would not become dependent on drugs if they had good parents	25% (58%)	21% (63%)	20% (60%)	22% (60%)	20% (70%)	22% (59%)	36% (40%)	23% (60%)
Parents would be foolish to let their children play in the park with the children of someone with a history of drug dependence	35% (46%)	34% (47%)	31% (51%)	29% (50%)	36% (49%)	39% (43%)	46% (26%)	34% (46%)
Unweighted base (sample size)	*1,344*	*1,601*	*557*	*681*	*697*	*646*	*364*	*2,945*

Table 4.2: Variations in proportions agreeing and disagreeing with the attitude statements by social grade and ethnicity.

Table 4.2	Social grade				Ethnicity		All
	AB	**C1**	**C2**	**DE**	**White**	**Minority ethnic gp**	
	% agreeing (disagreeing)						
Blame and intolerance							
One of the main causes of drug dependence is a lack of self-discipline and will-power	48% (34%)	58% (22%)	62% (21%)	64% (18%)	56% (25%)	77% (11%)	58% (23%)
There is something about people with drug dependence that makes it easy to tell them from normal people	24% (54%)	35% (42%)	40% (35%)	44% (33%)	35% (43%)	54% (21%)	37% (40%)
People with drug dependence don't deserve our sympathy	15% (74%)	19% (63%)	24% (53%)	27% (51%)	22% (60%)	23% (61%)	22% (60%)
Increased spending on services for people trying to overcome drug dependence is a waste of money	19% (66%)	21% (60%)	26% (55%)	30% (51%)	24% (58%)	25% (56%)	24% (58%)
If people with drug dependence really wanted to stop using they could do so	41% (42%)	47% (34%)	53% (28%)	54% (25%)	47% (34%)	67% (15%)	49% (32%)
Sympathy and care							
Drug dependence is an illness like any other long-term chronic health problem	66% (25%)	59% (28%)	60% (30%)	52% (33%)	59% (30%)	58% (28%)	59% (29%)
Drug dependence is often caused by traumatic experiences, such as abuse, poverty or bereavement	63% (20%)	58% (23%)	51% (32%)	50% (28%)	55% (26%)	57% (21%)	55% (26%)
We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society	62% (19%)	60% (20%)	54% (24%)	53% (24%)	56% (22%)	65% (18%)	57% (22%)
We have a responsibility to provide the best possible care for people with drug dependence	75% (12%)	69% (15%)	68% (19%)	62% (17%)	68% (16%)	70% (14%)	68% (16%)
People who have a history of drug dependence are far less of a danger than most people suppose	47% (23%)	41% (24%)	37% (30%)	35% (32%)	39% (27%)	40% (29%)	40% (28%)
People with a history of drug dependence are too often demonised in the media	69% (13%)	68% (14%)	63% (16%)	58% (16%)	65% (15%)	60% (17%)	64% (15%)

Table 4.2	Social grade				Ethnicity		All
	AB	C1	C2	DE	White	Minority ethnic gp	
	% agreeing (disagreeing)						
Fear and exclusion							
People with a history of drug dependence are a burden on society	47% (38%)	45% (39%)	49% (32%)	49% (29%)	47% (34%)	49% (35%)	47% (34%)
A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence, even if they seemed fully recovered	28% (46%)	31% (44%)	31% (41%)	39% (35%)	32% (42%)	36% (41%)	33% (41%)
I would not want to live next door to someone who has been dependent on drugs	35% (39%)	41% (33%)	47% (30%)	50% (29%)	42% (33%)	57% (26%)	43% 32%)
Anyone with a history of drug dependence should be excluded from taking public office	31% (52%)	36% (43%)	43% (38%)	46% (32%)	39% (41%)	38% (41%)	39% (41%)
Most people who were once dependent on drugs can be trusted as babysitters	26% (43%)	21% (51%)	22% (52%)	18% (59%)	22% (50%)	15% (68%)	21% (52%)
Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services	44% (35%)	40% (34%)	43% (32%)	42% (33%)	41% (34%)	45% (31%)	42% (33%)
Acceptance and Integration							
People who become dependent on drugs are basically just bad people	5% (88%)	8% (83%)	8% (80%)	13% (73%)	7% (83%)	23% (58%)	9% (80%)
Virtually anyone can become dependent on drugs	80% (12%)	74% (17%)	79% (12%)	76% (13%)	79% (13%)	62% (21%)	77% (14%)
It is important for people recovering from drug dependence to be part of the normal community	87% (4%)	83% (6%)	77% (9%)	77% (8%)	81% (6%)	77% (9%)	81% (7%)
People recovering from drug dependence should have the same rights to a job as anyone else	78% (10%)	75% (12%)	72% (13%)	70% (13%)	74% (11%)	66% (17%)	73% (12%)

Table 4.2	Social grade				Ethnicity		All
	AB	C1	C2	DE	White	Minority ethnic gp	
	% agreeing (disagreeing)						
Recovery							
People can never completely recover from drug dependence	31% (46%)	33% (46%)	34% (43%)	34% (43%)	34% (43%)	25% (55%)	33% (44%)
People on medication like methadone to treat their drug dependence and no longer use illegal drugs, can be considered recovered	12% (69%)	16% (61%)	16% (64%)	16% (56%)	13% (65%)	32% (34%)	15% (62%)
Families of people with drug dependence							
Most people would not become dependent on drugs if they had good parents	22% (62%)	24% (59%)	21% (65%)	23% (57%)	20% (63%)	41% (40%)	23% (60%)
Parents would be foolish to let their children play in the park with the children of someone with a history of drug dependence	25% (56%)	33% (47%)	39% (42%)	38% (42%)	33% (47%)	41% (39%)	34% (46%)
Unweighted base (sample size)	*551*	*805*	*568*	*1,021*	*2,705*	*230*	*2,945*

Table 4.3: Variations in proportions agreeing and disagreeing with the attitude statements by country and urban/rural split.

Table 4.3	Country				Urban/rural		All
	England	**Scotland**	**Wales**	**Northern Ireland**	**Urban**	**Rural**	
	% agreeing (disagreeing)						
Blame and intolerance							
One of the main causes of drug dependence is a lack of self-discipline and will-power	58% (23%)	59% (25%)	61% (22%)	26% (39%)	59% (23%)	57% (25%)	58% (23%)
There is something about people with drug dependence that makes it easy to tell them from normal people	35% (41%)	55% (31%)	37% (36%)	34% (47%)	39% (38%)	26% (49%)	37% (40%)
People with drug dependence don't deserve our sympathy	21% (60%)	26% (56%)	28% (49%)	20% (67%)	22% (58%)	19% (64%)	22% (60%)
Increased spending on services for people trying to overcome drug dependence is a waste of money	23% (59%)	33% (51%)	30% (48%)	19% (70%)	25% (57%)	22% (61%)	24% (58%)
If people with drug dependence really wanted to stop using they could do so	49% (31%)	53% (32%)	50% (31%)	33% (54%)	50% (30%)	46% (36%)	49% (32%)
Sympathy and care							
Drug dependence is an illness like any other long-term chronic health problem	59% (29%)	59% (33%)	50% (35%)	58% (37%)	57% (30%)	63% (28%)	59% (29%)
Drug dependence is often caused by traumatic experiences, such as abuse, poverty or bereavement	55% (25%)	55% (31%)	55% (25%)	57% (28%)	55% (25%)	57% (26%)	55% (26%)
We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society	57% (21%)	55% (27%)	50% (26%)	66% (17%)	58% (21%)	55% (24%)	57% (22%)
We have a responsibility to provide the best possible care for people with drug dependence	68% (15%)	65% (21%)	60% (18%)	75% (13%)	67% (16%)	70% (15%)	68% (16%)
People who have a history of drug dependence are far less of a danger than most people suppose	40% (26%)	39% (34%)	31% (32%)	47% (39%)	40% (28%)	39% (27%)	40% (28%)
People with a history of drug dependence are too often demonised in the media	65% (14%)	63% (16%)	56% (18%)	65% (18%)	64% (15%)	65% (16%)	64% (15%)

Table 4.3	Country				Urban/rural		All
	England	**Scotland**	**Wales**	**Northern Ireland**	**Urban**	**Rural**	
	% agreeing (disagreeing)						
Fear and Exclusion							
People with a history of drug dependence are a burden on society	46% (36%)	55% (27%)	56% (24%)	49% (36%)	46% (35%)	50% (31%)	47% (34%)
A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence, even if they seemed fully recovered	31% (42%)	40% (39%)	36% (41%)	45% (42%)	33% (42%)	31% (41%)	33% (41%)
I would not want to live next door to someone who has been dependent on drugs	42% (32%)	48% (33%)	48% (28%)	53% (29%)	43% (32%)	44% (33%)	43% (32%)
Anyone with a history of drug dependence should be excluded from taking public office	38% (42%)	45% (35%)	45% (32%)	43% (43%)	39% (41%)	40% (39%)	39% (41%)
Most people who were once dependent on drugs can be trusted as babysitters	21% (51%)	21% (56%)	19% (54%)	24% (62%)	22% (52%)	20% (50%)	21% (52%)
Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services	43% (32%)	34% (46%)	32% (40%)	52% (28%)	41% (34%)	43% (32%)	42% (33%)
Acceptance and integration							
People who become dependent on drugs are basically just bad people	9% (80%)	9% (82%)	8% (80%)	5% (89%)	10% (78%)	5% (88%)	9% (80%)
Virtually anyone can become dependent on drugs	76% (14%)	82% (12%)	77% (12%)	83% (13%)	76% (14%)	80% (13%)	77% (14%)
It is important for people recovering from drug dependence to be part of the normal community	81% (6%)	80% (9%)	75% (9%)	90% (4%)	81% (7%)	81% (7%)	81% (7%)
People recovering from drug dependence should have the same rights to a job as anyone else	73% (12%)	75% (13%)	71% (13%)	76% (11%)	73% (12%)	73% (13%)	73% (12%)

Table 4.3	Country				Urban/rural		All
	England	Scotland	Wales	Northern Ireland	Urban	Rural	
	% agreeing (disagreeing)						
Recovery							
People can never completely recover from drug dependence	33% (44%)	38% (46%)	36% (42%)	33% (54%)	32% (45%)	36% (41%)	33% (44%)
People on medication like methadone to treat their drug dependence and no longer use illegal drugs, can be considered recovered	17% (60%)	10% (75%)	12% (62%)	3% (79%)	17% (60%)	11% (69%)	15% (62%)
Families of people with drug dependence							
Most people would not become dependent on drugs if they had good parents	24% (58%)	14% (76%)	18% (68%)	20% (71%)	23% (60%)	21% (63%)	23% (60%)
Parents would be foolish to let their children play in the park with the children of someone with a history of drug dependence	34% (45%)	30% (56%)	40% (42%)	32% (68%)	34% (47%)	36% (45%)	34% (46%)
Unweighted base (sample size)	*1,797*	*566*	*519*	*63*	*2,210*	*735*	*2,945*

5. Personal experience of drug dependence

RELATIONSHIPS WITH PEOPLE WITH A HISTORY OF DRUG DEPENDENCE

Respondents were asked about their experiences of people with a history of drug dependence, with drug dependence being defined in the questionnaire as "an overwhelming need to use drugs such as cocaine, heroin and cannabis". Respondents were asked whether they currently or have ever:

- lived with someone with a history of drug dependence;
- worked with someone with a history of drug dependence;
- had a neighbour with a history of drug dependence; or
- had a close friend with a history of drug dependence.

They were then asked to agree or disagree (on a five-point scale) with the following statements:

- In the future, I would be willing to live with someone with a history of drug dependence.
- In the future, I would be willing to work with someone with a history of drug dependence.
- In the future, I would be willing to live nearby to someone with a history of drug dependence.
- In the future, I would be willing to develop a friendship with someone with a history of drug dependence.

The same questions are used on the Attitudes to Mental Illness (AMI) survey, but refer to people "with a mental health problem" rather than "with a history of drug dependence". The 2010 AMI survey results are shown as a benchmark in Figure 5.1.

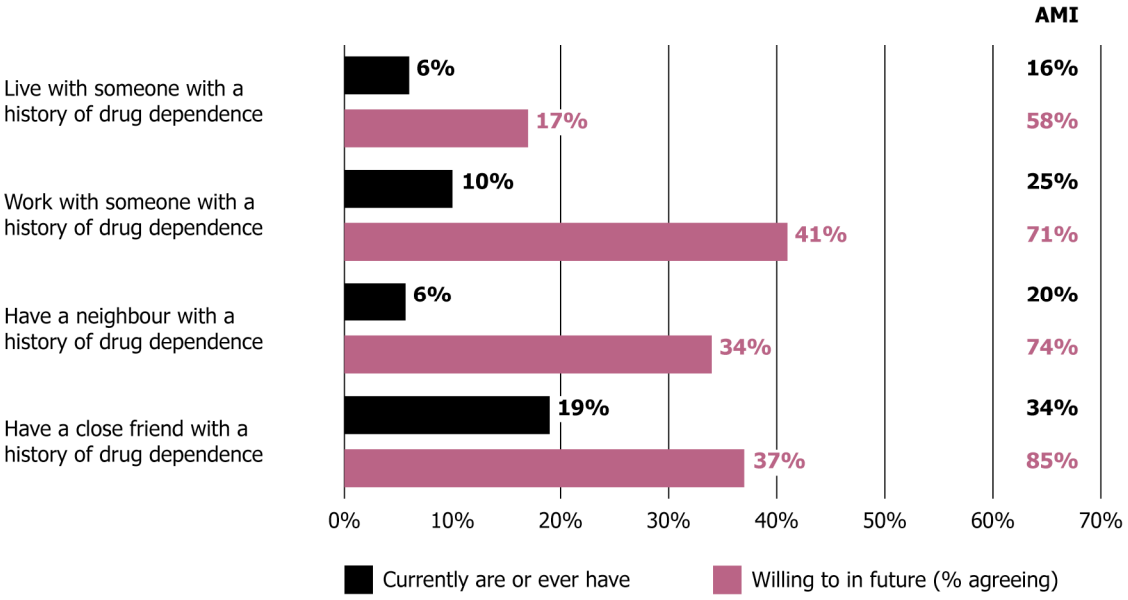
The most common personal experience of someone with a history of drug dependence is as a close friend: 19% of respondents said they currently have or have had a close friend with a history of drug dependence. As is the case for relationships as a whole, this is significantly lower than the 34% of respondents on the AMI survey who said they have or have had a close friend with a mental health problem.

One in 10 respondents (10%) said that they currently work with or have worked with someone with a history of drug dependence, compared with 1 in 4 (25%) on the AMI survey, and 6% live with or have lived with someone or have or have had a neighbour with a history of drug dependence (16% and 20%, respectively, on the AMI survey).

With regards to future relationships:

- two-fifths of respondents (41%) would be willing to work with someone with a history of drug dependence (71% on the AMI survey);
- 37% would be willing to develop a friendship with someone with a history of drug dependence (85% on the AMI survey);
- 34% would be willing to have a neighbour with a history of drug dependence (74% on the AMI survey); and
- 17% would be willing to live with someone with a history of drug dependence (58% on the AMI survey).

Figure 5.1: Relationships with people with a history of drug dependence – data from the 2010 Attitudes to Mental Illness (AMI) survey shown for comparison



FRIENDS AND FAMILY WITH A HISTORY OF DRUG DEPENDENCE

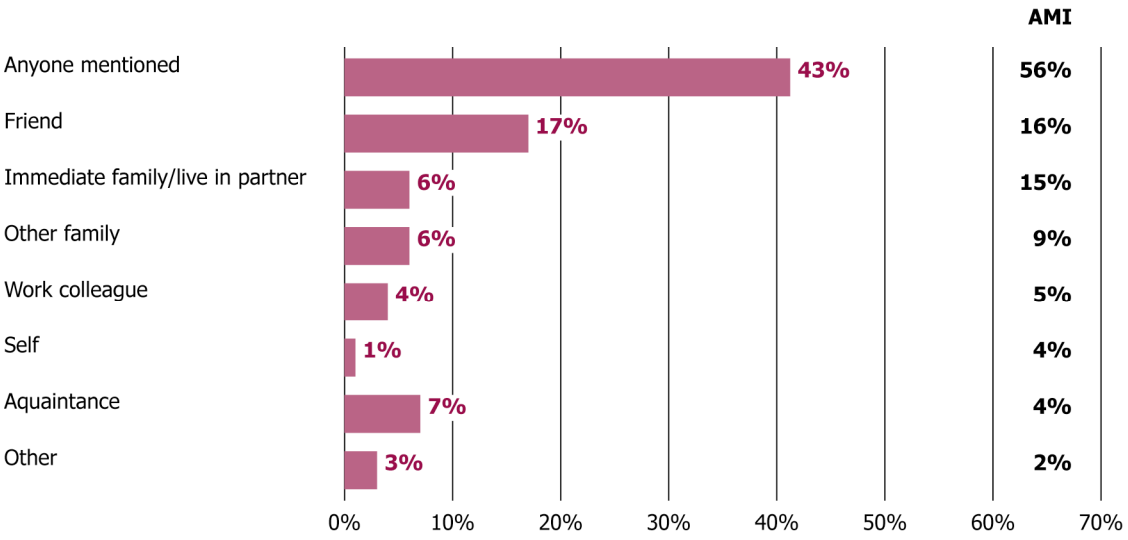
The questions above about personal contact with people with drug dependence do not cover all situations and respondents could have had more than one type of contact. Therefore, respondents were also asked who, if anyone, close to them has or has in the past had some kind of dependence on drugs. The results are shown in Figure 5.2.

Just over two-fifths of respondents indicated that someone they know has or has had some kind of dependence on drugs (43%), fewer than the 56% in the 2010 AMI survey who reported that they know someone who has had some kind of mental illness.

The most commonly selected answer was a friend, with 17% of respondents selecting this, the same proportion as on the AMI survey (16%). The next most common responses were immediate family/live-in partner (6%, fewer that the 15% reported on the AMI survey) and other family (6%, again fewer than the 9% on the AMI survey). A

few respondents (4%) said that they themselves had experienced some kind of dependence on drugs (a similar proportion to the 5% on the AMI survey).

Figure 5.2: Friends and family with a history of drug dependence – data from the 2010 Attitudes to Mental Illness (AMI) survey shown for comparison



IMPACT OF PERSONAL CONTACT ON ATTITUDES TO DRUG DEPENDENCE

Analysis was undertaken to see to what extent personal contact with individuals with a history of drug dependence has an impact on attitudes towards drug dependence. Table 5.1 shows the proportions of respondents agreeing or disagreeing with each of the attitude statements according to whether they had ever lived with, worked with, had been a neighbour of or a close friend of someone with a history of drug dependence (and respondents can appear in more than one of these groups) or had had none of these experiences.

In general, respondents who currently or in the past had lived, worked or were close friends with someone with a history of drug dependence had more positive attitudes to such people than those who had not had any personal experience. On the whole, those who had lived with or were close friends with a person with a history of drug dependence had the most positive attitudes. Respondents who reported they were current or past neighbours of someone with a history of drug dependence tended to have attitudes more like those who had no personal experience, but this was not always the case.

Respondents without personal experience of drug dependence had significantly more negative attitudes to three of the statements reflecting **blame and intolerance**:

- "One of the main causes of drug dependence is a lack of self-discipline and will-power" (62% with none agreed, compared with 51% of those who had lived with, 50% of worked with and 53% of close friends with groups).

- "Increased spending on services for people trying to overcome drug dependence is a waste of money" (26% with none agreed, compared with 16% of lived with and 21% of close friends with groups).

- "People with drug dependence don't deserve our sympathy" (23% with none agreed, compared with 18% of close friends with group).

People who had had a neighbour with drug dependence were more likely than those who had no personal experience of people with dependence to agree that "There is something about people with drug dependence that makes it easy to tell them from normal people".

On four of the statements relating to **sympathy and care**, once again respondents who had personal experience of people with a history of drug dependence showed more positive attitudes than those without. The two statements for which the difference was not significant were those relating to the causes of dependence. The statements that elicited significantly different responses were:

- "We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society" (54% with no personal experience agreed, compared with 77% of lived with, 63% of worked with and 66% of close friends with groups).

- "People who have a history of drug dependence are far less of a danger than most people suppose" (35% with none agreed, compared with 52% of lived with, 50% of worked with and 49% of close friends with groups).

- "People with a history of drug dependence are too often demonised in the media" (62% with none agreed, compared with 69% of worked with and 73% of close friends with groups).

- "We have a responsibility to provide the best possible care for people with drug dependence" (67% with none agreed, compared with 74% of close friends with groups).

For the statements relating to **fear and exclusion,** a similar pattern was found, with more negative attitudes for all statements among those without any personal experience of drug dependence compared with those who have lived, worked or been close friends with someone with drug dependence. For the statement "Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services", the only significant difference between groups of respondents was between those who had been a close friend of someone with drug dependence (48% agreed) and those with no personal experience (40% agreed).

Interestingly, unlike the other statements (for which respondents who had had a neighbour with a history of drug dependence responded similarly to those with no experience), those who had had a neighbour with a history of drug dependence were

significantly less likely to agree with the statement "I would not want to live next door to someone who has been dependent on drugs" than someone with no personal experience (40% agreeing compared with 50%). This again suggests that negative attitudes may in part reflect a fear of the unknown.

Responses to the group of statements concerning **acceptance and integration** also followed this general pattern. However, there were two variations. First, for the statement "People recovering from drug dependence have the same rights to a job as anyone else", the only significant difference was between respondents who had been close friends with someone with drug dependence (80% agreed) and those with no experience (72% agreed). Second, for the statement "People who become dependent on drugs are basically just bad people", respondents who had personal experience of people with drug dependence (all groups) were more likely to disagree than those with none (77% with none disagreed, compared with 92% of lived with, 88% of worked with, 88% of neighbour and 88% of close friends).

With respect to the statements concerning **recovery**, those without personal experience of people with drug dependence were less likely than all the other groups to disagree with the statement "People taking medication like methadone … and no longer use illegal drugs, can be considered recovered" (57% with none disagreed, compared with 74% of lived with, 75% of worked with, 78% of neighbour and 71% of close friends). The pattern was less clear for the other statement, although respondents who have had a close friend with a history of drug dependence were more likely to disagree with the statement "People can never recover from drug dependence" (50% disagreed) than those with no personal experience (43% disagreed).

Respondents who had no personal experience of people with drug dependence had far more negative attitudes towards **the families of people with drug dependence** than did all of those who had some experience:

- over a quarter of those with no experience (26%) agreed that "Most people would not become dependent on drugs if they had good parents", compared with 13% of those who have lived with, 17% who have worked with, 17% who have been neighbours with and 15% of close friends with someone with a history of drug dependence; and

- only 42% of those with no experience disagreed with the statement "Parents would be foolish to let their children play in the park with the children of someone with a history of drug dependence", compared with 65% of those who have lived with, 54% who have worked with or been neighbours with and 57% of close friends with someone with a history of drug dependence.

Table 5.1: Variations in proportions agreeing and disagreeing with the attitude statements by personal experience of drug dependence.

Table 5.1	**Past experience of people with drug dependence, now or past**					**All**
	Lived with	**Worked with**	**Neighbour with**	**Close friend with**	**None of these**	
	% agreeing (disagreeing)					
Blame and intolerance						
One of the main causes of drug dependence is a lack of self-discipline and will-power	51% (35%)	50% (32%)	60% (24%)	53% (31%)	62% (19%)	58% (23%)
There is something about people with drug dependence that makes it easy to tell them from normal people	40% (48%)	35% (50%)	47% (34%)	40% (45%)	36% (38%)	37% (40%)
People with drug dependence don't deserve our sympathy	16% (69%)	18% (70%)	26% (57%)	18% (66%)	23% (57%)	22% (60%)
Increased spending on services for people trying to overcome drug dependence is a waste of money	16% (65%)	20% (63%)	28% (55%)	21% (64%)	26% (55%)	24% (58%)
If people with drug dependence really wanted to stop using they could do so	41% (38%)	44% (41%)	51% (31%)	48% (38%)	50% (29%)	49% (32%)
Sympathy and care						
Drug dependence is an illness like any other long-term chronic health problem	64% (28%)	59% (31%)	53% (38%)	63% (28%)	59% (29%)	59% (30%)
Drug dependence is often caused by traumatic experiences, such as abuse, poverty or bereavement	52% (33%)	61% (25%)	49% (35%)	59% (26%)	56% (24%)	55% (26%)
We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society	77% (13%)	63% (22%)	51% (31%)	66% (19%)	54% (23%)	57% (22%)
We have a responsibility to provide the best possible care for people with drug dependence	65% (18%)	71% (16%)	65% (19%)	74% (15%)	67% (16%)	68% (16%)
People who have a history of drug dependence are far less of a danger than most people suppose	52% (27%)	50% (25%)	31% (39%)	49% (23%)	35% (29%)	40% (28%)
People with a history of drug dependence are too often demonised in the media	70% (15%)	69% (16%)	64% (18%)	73% (14%)	62% (15%)	64% (15%)

Table 5.1	**Past experience of people with drug dependence, now or past**					**All**
	Lived with	**Worked with**	**Neighbour with**	**Close friend with**	**None of these**	
	% agreeing (disagreeing)					
Fear and exclusion						
People with a history of drug dependence are a burden on society	35% (47%)	45% (38%)	51% (34%)	37% (49%)	51% (29%)	47% (34%)
A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence, even if they seemed fully recovered	21% (60%)	28% (52%)	36% (42%)	26% (56%)	35% (36%)	33% (42%)
I would not want to live next door to someone who has been dependent on drugs	22% (53%)	35% (42%)	40% (35%)	30% (46%)	50% (26%)	44% (32%)
Anyone with a history of drug dependence should be excluded from taking public office	30% (53%)	34% (49%)	46% (37%)	28% (55%)	44% (36%)	39% (41%)
Most people who were once dependent on drugs can be trusted as babysitters	38% (37%)	27% (45%)	19% (58%)	34% (41%)	17% (57%)	21% (52%)
Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services	46% (34%)	44% (33%)	42% (40%)	48% (31%)	40% (35%)	42% (33%)
Acceptance and integration						
People who become dependent on drugs are basically just bad people	4% (92%)	4% (88%)	5% (88%)	5% (88%)	11% (77%)	9% (80%)
Virtually anyone can become dependent on drugs	90% (6%)	81% (14%)	78% (16%)	86% (10%)	75% (14%)	77% (14%)
It is important for people recovering from drug dependence to be part of the normal community	87% (4%)	87% (7%)	82% (8%)	87% (6%)	79% (7%)	81% (7%)
People recovering from drug dependence should have the same rights to a job as anyone else	78% (12%)	77% (13%)	71% (15%)	80% (11%)	72% (12%)	73% (12%)

Table 5.1	**Past experience of people with drug dependence, now or past**					**All**
	Lived with	**Worked with**	**Neighbour with**	**Close friend with**	**None of these**	
	% agreeing (disagreeing)					
Recovery						
People can never completely recover from drug dependence	33% (51%)	35% (45%)	38% (46%)	34% (50%)	33% (43%)	33% (44%)
People taking medication like methadone to treat drug dependence and no longer use illegal drugs, can be considered recovered	12% (74%)	10% (75%)	11% (78%)	16% (71%)	16% (57%)	15% (62%)
Families of people with drug dependence						
Most people would not become dependent on drugs if they had good parents	13% (75%)	17% (70%)	17% (70%)	15% (72%)	26% (55%)	23% (60%)
Parents would be foolish to let their children play in the park with the children of someone with a history of drug dependence	21% (65%)	33% (54%)	33% (54%)	28% (57%)	37% (42%)	34% (46%)
Unweighted base (sample size)	*171*	*291*	*240*	*546*	*1,716*	*2,945*

6. Perceptions of different types of drug user

Respondents were given a list of six types of drug user, taken from different demographic groups and using different types of illegal drug. They were asked to rate the acceptability of each on a scale of 1 to 10, where 1 was very acceptable and 10 was not at all acceptable, in an attempt to determine whether some types of drug use are more acceptable than others to the UK public. The descriptions were:

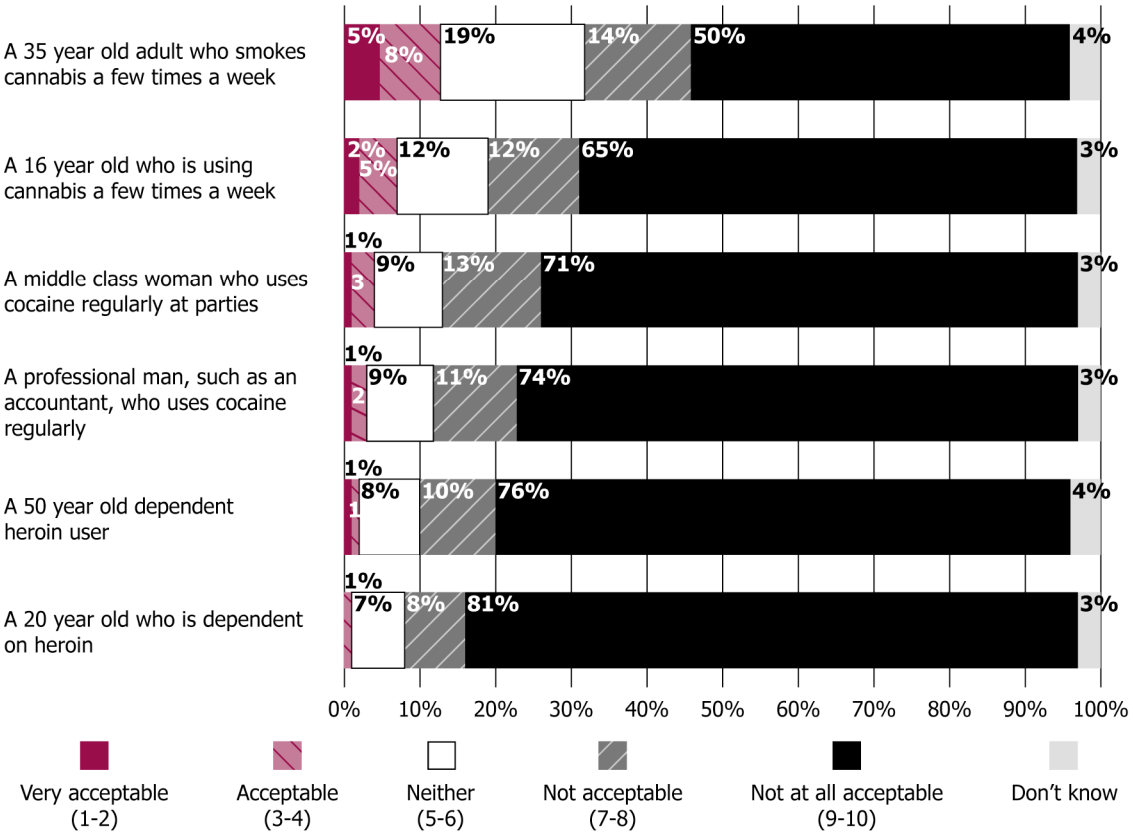
- a middle class woman who uses cocaine regularly at parties;
- a 20 year old who is dependent on heroin;
- a 35 year old adult who smokes cannabis a few times a week;
- a 50 year old dependent heroin user;
- a 16 year old who is using cannabis a few times a week; and
- a professional man, such as an accountant, who uses cocaine regularly.

For analysis purposes, we have grouped responses of 1 and 2 as 'very acceptable', 3 and 4 as 'acceptable', 5 and 6 as 'neither acceptable nor not acceptable', 7 and 8 as 'not acceptable and 9 and 10 as 'not at all acceptable'. The results are shown in Figure 6.1.

Generally, all six types of drug use were seen as unacceptable, although 'not acceptable' ratings of 7 to 10 varied quite considerably (from 64% to 89%). Opinion appears to be dependent on the drug type, with 'not acceptable' ratings ranging from 64% to 77% for cannabis, 83% to 85% for cocaine and 86% to 89% for heroin. The age of the user also has a bearing, with young users generally being seen as less acceptable than older users within each drug type.

Only a minority of respondents said that any type of use is 'acceptable', with ratings of 1 to 4 ranging from 13% for "A 35 year old adult who smokes cannabis a few times a week" and 7% for "A 16 year old who is using cannabis a few times a week", to 4% for "A middle class women who uses cocaine regularly at parties" and 3% for "A professional man, such as an accountant, who uses cocaine regularly", to 2% for "A 50 year old dependent heroin user" and 1% for "A 20 year old who is dependent on heroin".

Figure 6.1: Perceptions of the acceptability of different types of drug user



Opinion on the acceptability of these different types of drug use is quite consistent between different subgroups of respondents, with the exception that older respondents considered all drug use unacceptable, whereas the attitude of younger respondents was more varied. Also, men were more likely than women to think that drug use, other than heroin use, is acceptable.

While there was no difference by age in the very small proportion who considered heroin use acceptable, younger respondents were more likely to say the following types of drug use are acceptable (ratings of 1 to 4):

- a 35 year old adult who smokes cannabis a few times a week (16% of those in the 16–29 and 30–44 age groups, declining to 4% of those aged 75+);
- a 16 year old who is using cannabis a few times a week (13% of those aged 16–29, declining to 2% of those aged 75+);
- a middle class woman who uses cocaine regularly at parties (6% of those aged 16-29 and 30–44, declining to 2% of those aged 75+);
- a professional man, such as an accountant, who uses cocaine regularly (30-44 year age group were the most likely to consider acceptable (5%) and the 75 + age group the least (0%)).

Table 6.1: Variations in proportions considering different types of drug use are acceptable or not acceptable* by age and sex.

Type of drug use	Gender		Age group					All
	Men	**Women**	**16–29**	**30–44**	**45–59**	**60–74**	**75+**	
	*% acceptable (not acceptable)**							
A 35 year old adult who smokes cannabis a few times a week	17% (60%)	9% (68%)	16% (59%)	16% (60%)	12% (65%)	9% (68%)	4% (76%)	13% (64%)
A 16 year old who is using cannabis a few times a week	9% (73%)	6% (80%)	13% (66%)	8% (74%)	6% (83%)	6% (81%)	2% (87%)	8% (77%)
A middle class woman who uses cocaine regularly at parties	6% (80%)	3% (86%)	6% (83%)	6% (78%)	3% (87%)	2% (87%)	2% (87%)	4% (84%)
A professional man, such as an accountant, who uses cocaine regularly	4% (82%)	2% (87%)	3% (84%)	5% (80%)	3% (89%)	1% (88%)	0% (88%)	3% (85%)
A 50 year old dependent heroin user	2% (85%)	1% (87%)	2% (87%)	2% (84%)	2% (84%)	2% (85%)	0% (87%)	2% (86%)
A 20 year old who is dependent on heroin	1% (89%)	1% (89%)	1% (90%)	1% (86%)	2% (91%)	2% (89%)	0% (90%)	1% (89%)
Sample size (unweighted base)	*1,344*	*1,601*	*557*	*681*	*697*	*646*	*364*	*2,945*

* Acceptable = a rating of 1–4 and Not acceptable = a rating of 7–10 on a 10-point scale.

7. Discussion

This first UK-wide survey of attitudes to drug dependence has shown that public attitudes towards people with a history of drug dependence are generally far more negative than those expressed towards people with mental illness in a similar survey, also conducted in 2010. This confirms the findings of other studies that have looked at attitudes to drug dependence or addiction in the context of surveys of attitudes to a range of mental health problems (e.g. Crisp et al., 2005).

In his recent review of the literature relating to stigma and problem drug use, Lloyd (2010) highlighted the importance of both fear and a belief that individuals are to blame for their condition in the generation of stigma. A number of the statements in the survey reported here tapped into these beliefs and revealed high levels of both blame and intolerance and of fear and exclusion of people with a history of drug dependence. Conversely, significant proportions of people endorsed statements that show sympathy towards those with a history of drug problems and suggest they tend towards the view that drug dependence is an illness similar to other chronic conditions and are supportive of efforts to overcome it.

The public are less supportive of care for people with drug dependence than for those with mental health. However, they do believe equally that those with drug problems and those with mental health problems should have the same opportunity as others to get a job and live in the community. On balance, people consider recovery from drug dependence to be possible – more people disagreed with the statement "People can never completely recover from drug dependence" than agreed with it. However, only a small proportion think that people who have stopped using illicit drugs but are being prescribed medication like methadone can be considered recovered – almost two-thirds of respondents thought they could not. There has been a lot of debate in the media about methadone prescribing – describing it as substituting one drug for another – which may have had an influence. It would be interesting to know whether people perceive those taking medication for other chronic health problems, such as insulin for diabetes or antidepressants for mental health problems, in the same way.

The apparently paradoxical attitudes towards people with a history of drug dependence may reflect a lack of knowledge about drug dependence. Increasingly, research reveals dependence and addiction to be a complex phenomenon with a host of potential contributory causative factors: genetic, biological, social and environmental. This calls into question the extent to which people should be blamed for their drug dependence and how easy it is for them to 'just stop'.

The findings of this survey are similar to those in the recent Scottish Social Attitudes survey, which considered attitudes to cannabis and heroin use and to treatment and recovery (Ormston et al., 2010). It revealed "a lack of consensus about the causes of

persistent heroin use, perhaps rooted in a lack of public understanding but also perhaps reflecting the complexity of drug use. It also highlights some of the potential difficulties associated with community-based treatment and the reintegration of heroin users into society, with relatively high proportions of people expressing discomfort with the idea of a recovering heroin user moving near to them."

Another possible factor in the apparently contradictory responses is the difference between what we say and what we do, or between our perceptions of drug dependence as an abstracted social problem and as a more immediate personal issue. While people recognise the importance of providing support for individuals in recovery and the need for them to be part of the normal community, they do not want them as neighbours and are fearful of having support services in their neighbourhoods. Such attitudes are reflected in the campaigns that can often provide a significant barrier to the establishment of drug treatment services.[3] However, as fewer than half of respondents to the survey reported knowing someone with a history of drug dependence, these fears would appear, in general, not to be based on personal experience. Indeed, people who currently, or in the past, had lived, worked or been friends with someone with a history of drug dependence had less negative attitudes than people who had not.

The survey demonstrated variation between people with different socio-demographic characteristics and by geographical area. Women held slightly less negative attitudes towards those with a history of drug problems than did men. Both the youngest (16–29 years) and older (60+) adults had more negative attitudes towards those with drug problems than those in the middle age groups. Those in the AB social groups (professional/managerial occupations) had more positive attitudes towards those with histories of drug dependency. People living in Wales and, to a lesser extent, in Scotland had more negative attitudes, as did those living in urban compared with rural areas.

However, it is important to note that these factors may well be inter-related, or related to whether or not people have had personal contact with someone with drug dependence. For example, older adults, who had more negative attitudes, may be less likely to have had contact with someone with drug dependence.

The pattern of attitudes to different types of drug use is not unexpected, with cannabis use being more acceptable than cocaine use, which in turn is more acceptable than heroin use. However, the small proportion of people who said that a 35 year old smoking cannabis a few times a week is acceptable may seem surprising. However, recent public attitude surveys have suggested a hardening of attitudes towards cannabis use in recent years with 58% of respondents in the most recent British Social Attitudes Survey thinking cannabis should be illegal compared with 46% in 2001 while a quarter of respondents (24%) agreed with the view that cannabis "isn't as damaging as some people think", down from nearly a half (46%) in 2001 (Bailey et al, 2010)

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[3] See for example: http://news.bbc.co.uk/1/hi/wales/north_west/8528694.stm

It is noteworthy that use by young people was considered less acceptable than use by older people, perhaps reflecting a feeling that they may be at greater risk from harm from such use.

This survey has captured a snapshot of public attitudes to drug dependence in the UK and provides a baseline against which change can be measured. It suggests that the issues of fear and blame are important aspects of negative attitudes and that these may hamper provision of services for treatment and rehabilitation. However, it appears that these attitudes are not based on personal experience, as those who have had personal contact with people with drug dependence have more positive attitudes. This suggests that education about the nature of drug dependence and increased opportunities to see and interact with people in recovery from drug dependence may be valuable in changing attitudes and reducing stigma. However, for such measures to be effective and suitably targeted, more research is needed into what underpins these attitudes and how public attitudes are formed.

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APPENDIX A: Survey methodology

Population

The Attitudes to Drug Dependence survey was carried out in the UK as part of TNS-BMRB's Omnibus survey. The Omnibus survey aims to cover adults aged 16+, living in private households.

Interviews achieved

The sample size is 2,945 adults (aged 16+) across the UK. The UK sample was selected to be representative and boost interviews took place in Wales and Scotland. The sample size for each country is 1,797 in England, 566 in Scotland, 519 in Wales and 63 in Northern Ireland.

Interview mode

Interviews were carried out by face-to-face interviewing in-home, using computer assisted personal interviewing (CAPI).

Sampling frame

2001 Census small area statistics and the Postal Address File (PAF) are used to define sample points. These are areas of similar population sizes formed by the combination of wards, with the constraint that each point must be contained within a single Government Office Region. In addition, geographic systems are employed to minimise the drive time required to cover each area as optimally as possible.

600 points are defined south of the Caledonian Canal in Great Britain (GB), and, for UK samples, another 25 points are defined in a similar fashion in Northern Ireland. A further 5 points are defined north of the Caledonian Canal. These differ in size from the other points and each other to meet the need to separately cover the different parts of the Highlands and Islands.

Stratification and sample point selection

285 points are selected south of the Caledonian Canal for use by the Omnibus after stratification by Government Office Region and Social Grade. They are also checked to ensure they are representative by an urban and rural classification. Those points are divided into two replicates. Each set is used in alternate weeks. A further point north of the Caledonian Canal is issued every other week.

16 of the points in Northern Ireland are selected and divided into four replicates. Those replicates are used in rotation to give a wide spread across the Province over time in the UK samples. Similarly, the statistical accuracy of the GB sampling is maximised by

issuing sequential waves of fieldwork systematically across the sampling frame to provide maximum geographical dispersion. This ensures that the sample point selection remains representative for any specific fieldwork wave.

Selection of clusters within sampling points

All the sample points in the sampling frame have been divided into two geographically distinct segments, each containing, as far as possible, equal populations. The segments comprise aggregations of complete wards. For the Omnibus, alternate A and B halves are worked each wave of fieldwork. Each week different wards are selected in each required half and Census Output Areas selected within those wards. Then, groups of Output Areas containing a minimum of 125 addresses are sampled in those areas from the PAF.

Interviewing and quota controls

Assignments are conducted over two days of fieldwork and are carried out on weekdays from 2 p.m. to 8 p.m. and at the weekend. Quotas are set by gender (male, female housewife, female non-housewife); within female housewife, presence of children and working status, and within men, working status, to ensure a balanced sample of adults within effective contacted addresses. Interviewers are instructed to leave three doors between each successful interview.

Response rates

As this is a quota sample it is not possible to quote response rates for achieved interviews.

Fieldwork

Interviewing took place between 7 April and 2 May 2010.

The questionnaire

The survey uses a similar questionnaire to the Attitudes to Mental Illness research, which TNS-BMRB has conducted since 1993. A copy of the questionnaire is included as Appendix C. Most of the questions are the same across both surveys, with the terminology changing from 'mental health' to 'drug dependence' where relevant. Some of the mental health survey attitude statements were adapted for the attitudes to drug dependence research, in addition to some new statements being developed. Appendix B includes details of these statements.

Validation, editing and imputation

As the interviews are carried out using CAPI, validation is carried out at the point of interview. The CAPI program ensures that the correct questionnaire routing is followed, and checks for valid ranges on numerical variables such as age. Range and consistency checks are then validated in the post-interview editing process.

Following the fieldwork, data were converted from CAPI into the Quantum data processing package. A set of tabulations of questions by demographic variables was created. A dataset in SPSS format was exported from Quantum. The tabulations and dataset were checked against the source data by the research staff.

A problem inherent in all surveys is item non-response, where respondents agree to given an interview but either does not know the answer to certain questions or refuses to answer them. 'Don't know' responses have been counted as valid responses in the data analysis, so that the base for analysis for each question is the whole sample who were asked the question, *not* those who gave a substantive response. There has been no attempt made to impute missing data.

Weighting

The dataset was weighted to match the population profile by region.

As boost samples were conducted in Wales and Scotland, the resulting data for these countries were downweighted, to be representative of the populations across the UK. As well as weighting on Wales and Scotland, the final data were weighted to be representative of the target population by age, gender and working status.

The profile of the samples before and after application of the weighting is shown in Table A.1.

Analysis

The attitude statements in this report are reported as the proportions 'agreeing' or 'disagreeing'. The 'agree' category combines the responses 'agree strongly' and 'agree slightly'. The 'disagree' category combines the responses 'disagree strongly' and 'disagree slightly'.

In our commentary, we have only reported on differences that are statistically significant at the 95% confidence level or higher. That is, if a finding is statistically significant we can be 95% confident that the differences reported are real rather than occurring just by chance. The significance tests used were t-tests. It should be noted that these tests are based on an assumption of a simple random sampling method. This survey did not use a simple random sample; however, it is common practice in such surveys to use the formulae applicable to simple random samples to estimate confidence intervals.

Table A.1: Sample profiles before and after weighting.

	Weighted		Unweighted	
	N	***%***	***N***	***%***
Gender				
Male	971	49	1,344	46
Female	1,029	51	1,601	54
Age group				
16–24	282	14	363	12
25–34	335	17	418	14
35–44	369	18	457	16
45–54	323	16	491	17
55–64	304	15	470	16
65–74	194	10	382	13
75+	195	10	364	12
Social grade				
AB	414	21	551	19
C1	596	30	805	27
C2	407	20	568	19
DE	582	29	1,021	35
Employment status				
Working	1,062	53	1,384	47
Non–working	938	47	1,561	53
Country				
England	1,684	84	1,797	61
Scotland	161	8	566	19
Wales	93	5	519	18
Northern Ireland	62	3	63	2
Total	**2,000**	**100**	**2,945**	**100**

Factor analysis

A factor analysis was carried out on the 21 statements that covered attitude to people with a history of drug dependence, in order to identify a smaller set of underlying themes to describe the findings. This type of analysis groups together variables that people tend to respond to in similar ways, suggesting that they are tapping into the same underlying attitudes or beliefs.

A principal components analysis with varimax rotation was carried out using SPSS. This led to the identification of four factors with an eigenvalue greater than one, which between them accounted for 45% of the variance in responses. All but two statements loaded with a level of over 0.5 on a factor and the minimum loading was 0.44. Statements were allocated to the factor on which they had the highest loading.

The factors were labelled based on the apparent themes of the statements:

Factor 1: Blame and intolerance
Factor 2: Sympathy and care
Factor 3: Fear and social exclusion
Factor 4: Acceptance and integration

Table A.2 shows the statements with their factor loadings. The figures shown in bold indicate the group into which they were assigned for analysis. Negative factor loadings relate to disagreement rather than agreement with the statement.

Table A.2: Factor loadings for the attitude statements relating to people with a history of drug dependence.

Components:	1 Blame and intolerance	2 Sympathy and care	3 Fear and exclusion	4 Acceptance and integration
One of the main causes of drug dependence is a lack of self-discipline and will-power	**.587**	*-.089*	*.201*	*.149*
There is something about people with drug dependence that makes it easy to tell them from normal people	**.508**	*.112*	*.176*	*-.113*
Drug dependence is an illness like any other long-term chronic health problem	*-.258*	**.608**	*.064*	*.220*
People who become dependent on drugs are basically just bad people	*.487*	*.132*	*.187*	**-.526**
Virtually anyone can become dependent on drugs	*-.038*	*.166*	*.078*	**.657**
Drug dependence is often caused by traumatic experiences, such as abuse, poverty or bereavement	*-.089*	**.636**	*.067*	*.050*
We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society	*-.031*	**.565**	*-.321*	*.204*
We have a responsibility to provide the best possible care for people with drug dependence	*-.268*	**.597**	*-.097*	*.241*
People with drug dependence don't deserve our sympathy	**.567**	*-.231*	*.215*	*-.203*
People with a history of drug dependence are a burden on society	*.354*	*-.095*	**.530**	*-.038*
Increased spending on services for people trying to overcome drug dependence is a waste of money	**.597**	*-.214*	*.166*	*-.223*
A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence, even if they seemed fully recovered	*.308*	*.120*	**.597**	*-.071*
I would not want to live next door to someone who has been dependent on drugs	*.308*	*-.031*	**.587**	*-.164*
Anyone with a history of drug dependence should be excluded from taking public office.	*.315*	*-.012*	**.588**	*-.079*
People who have a history of drug dependence are far less of a danger than most people suppose	*.131*	**.519**	*-.389*	*.010*
Most people who were once dependent on drugs can be trusted as babysitters	*-.009*	*.288*	**-.563**	*.068*
It is important for people recovering from drug dependence to be part of the normal community	*-.021*	*.312*	*-.206*	**.608**
Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services	*.143*	*.345*	**-.439**	*.235*
People recovering from drug dependence should have the same rights to a job as anyone else	*-.009*	*.227*	*-.277*	**.590**
People with a history of drug dependence are too often demonised in the media	*-.037*	**.452**	*-.127*	*.395*
If people with drug dependence really wanted to stop using they could do so	**.649**	*-.153*	*-.016*	*.112*

APPENDIX B: Comparison of attitude statements

Attitudes to Drug Dependence 2010	Statement Type	Attitudes to Mental Health 2010
I would not want to live next door to someone who has been dependent on drugs.	*Attitudes to Mental Health statement*	I would not want to live next door to someone who has been mentally ill.
A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence, even if they seemed fully recovered.	*Similar to Attitudes to Mental Health statement*	A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered.
Anyone with a history of drug dependence should be excluded from taking public office.	*Attitudes to Mental Health statement*	Anyone with a history of mental problems should be excluded from taking public office
People with a history of drug dependence are a burden on society.	*Attitudes to Mental Health statement*	People with mental illness are a burden on society.
We have a responsibility to provide the best possible care for people with drug dependence.	*Attitudes to Mental Health statement*	We have a responsibility to provide the best possible care for people with mental illness.
Virtually anyone can become dependent on drugs.	*Attitudes to Mental Health statement*	Virtually anyone can become mentally ill.
Increased spending on services for people trying to overcome drug dependence is a waste of money.	*Attitudes to Mental Health statement*	Increased spending on mental health services is a waste of money.
People with drug dependence don't deserve our sympathy.	*Attitudes to Mental Health statement*	People with mental illness don't deserve our sympathy.
We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society.	*Attitudes to Mental Health statement*	We need to adopt a far more tolerant attitude toward people with mental illness in our society.
People with a history of drug dependence are too often demonised in the media.	*New to this survey*	No statement
People who have a history of drug dependence are far less of a danger than most people suppose.	*Attitudes to Mental Health statement*	People with mental illness are far less of a danger than most people suppose.
Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services.	*Attitudes to Mental Health statement*	Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services.

Attitudes to Drug Dependence 2010	Statement Type	Attitudes to Mental Health 2010
People recovering from drug dependence should have the same rights to a job as anyone else.	*Attitudes to Mental Health statement*	People with mental health problems should have the same rights to a job as anyone else.
Most people who were once dependent on drugs can be trusted as babysitters.	*Similar to Attitudes to Mental Health statement*	Most women who were once patients in a mental hospital can be trusted as babysitters.
Drug dependence is an illness like any other long-term chronic health problem.	*Similar to Attitudes to Mental Health statement*	Mental illness is an illness like any other.
One of the main causes of drug dependence is a lack of self-discipline and will-power.	*Attitudes to Mental Health statement*	One of the main causes of mental illness is a lack of self-discipline and will-power.
There is something about people with drug dependence that makes it easy to tell them from normal people.	*Attitudes to Mental Health statement*	There is something about people with mental illness that makes it easy to tell them from normal people.
Drug dependence is often caused by traumatic experiences, such as abuse, poverty or bereavement.	*New to this survey*	No statement
People who become dependent on drugs are basically just bad people.	*New to this survey*	No statement
Parents would be foolish to let their children play in the park with the children of someone who has a history of drug dependence.	*New to this survey*	No statement
Most people would not become dependent on drugs if they had good parents.	*New to this survey*	No statement
If people with drug dependence really wanted to stop using they could do so.	*New to this survey*	No statement
People can never completely recover from drug dependence.	*New to this survey*	No statement
It is important for people recovering from drug dependence to be part of the normal community.	*Similar to Attitudes to Mental Health statement*	The best therapy for many people with mental illness is to be part of a normal community.
People taking medication like methadone to treat their drug dependence and no longer use illegal drugs, can be considered recovered.	*New to this survey*	No statement

APPENDIX C: The questionnaire

UKDPC stigma project

Public attitudes to drug users

SHOW SCREEN

Q.1 We have been asked by the UK Drug Policy Commission to find out peoples' opinions about individuals who have drug problems. First, I am going to read out some opinions which other people hold about people with drug dependence and would like you to tell me how much you agree or disagree with each one. By drug dependence, we mean an overwhelming need to use drugs such as cocaine, heroin and cannabis.

01: Agree strongly
02: Agree slightly
03: Neither agree nor disagree
04: Disagree slightly
05: Disagree strongly
(DK)

...One of the main causes of drug dependence is a lack of self-discipline and will-power

...There is something about people with drug dependence that makes it easy to tell them from normal people

...Drug dependence is an illness like any other long-term chronic health problem

...People who become dependent on drugs are basically just bad people

...Virtually anyone can become dependent on drugs

…Drug dependence is often caused by traumatic experiences, such as abuse, poverty or bereavement

...We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society

...We have a responsibility to provide the best possible care for people with drug dependence

...People with drug dependence don't deserve our sympathy

...People with a history of drug dependence are a burden on society

...Increased spending on services for people trying to overcome drug dependence is a waste of money

...A person would be foolish to enter into a serious relationship with a person who has suffered from drug dependence, even if they seemed fully recovered

...I would not want to live next door to someone who has been dependent on drugs

...Anyone with a history of drug dependence should be excluded from taking public office [INTERVIEWER NOTE: If asked, public office means holding a position such as being on the local council]

...People who have a history of drug dependence are far less of a danger than most people suppose

...Most people who were once dependent on drugs can be trusted as babysitters

...It is important for people recovering from drug dependence to be part of the normal community

...Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services

…People recovering from drug dependence should have the same rights to a job as anyone else

…People with a history of drug dependence are too often demonised in the media

…If people with drug dependence really wanted to stop using they could do so

...People can never completely recover from drug dependence

...People taking medication like methadone to treat their drug dependence and no longer use illegal drugs, can be considered recovered

…Most people would not become dependent on drugs if they had good parents

…Parents would be foolish to let their children play in the park with the children of someone who has a history of drug dependence

SHOW SCREEN

Q.2 I am now going to ask about drug use more generally. Some people think that some types of drug use are more acceptable than others. In your opinion, on a scale of 1 to 10 where 1 is very acceptable and 10 is not at all acceptable, how acceptable are the following different types of drug use?

1 – Very acceptable
2
3
4
5
7
8
9
10 – Not at all acceptable
No opinion / DK

… A middle class woman who uses cocaine regularly at parties?

… A 20 year old who is dependent on heroin?

… A 35 year old adult who smokes cannabis a few times a week?

… A 50 year old dependent heroin user?

… A 16 year old who is using cannabis a few times a week?

… A professional man, such as an accountant, who uses cocaine regularly?

SHOW SCREEN – CAN MULTICODE

Q.3 The following statements are about your experiences in relation to people who have a history of drug dependence. By drug dependence we mean an overwhelming need to use drugs such as cocaine, heroin and cannabis.

Which of the following applies to you ….?

01: I live with, or have lived with, someone with a history of drug dependence
02: I work with, or have worked with, someone with a history of drug dependence
03: I have, or have had, a neighbour with a history of drug dependence
04: I have, or have had, a close friend with a history of drug dependence
(R)
(DK)

SHOW SCREEN

Q.4 The following statements ask about any future relationships you may experience with people who have a history of drug dependence. Please tell me how much you agree or disagree with each one, taking your answer from the screen.

01: Agree strongly
02: Agree slightly
03: Neither agree nor disagree
04: Disagree slightly
05: Disagree strongly
(DK)

…In the future, I would be willing to live with someone with a history of drug dependence

…In the future, I would be willing to work with someone with a history of drug dependence

…In the future, I would be willing to live nearby to someone with a history of drug dependence

…In the future, I would be willing to develop a friendship with someone with a history of drug dependence

SHOW SCREEN

Q.5 Previous surveys have shown that many people know someone who has had problems with drugs. Who is the person closest to you who has or has had some kind of dependence on drugs?

Please take your answer from this screen.

01: Immediate family (spouse\child\sister\brother\parent etc)
02: Partner (living with you)
03: Partner (not living with you)
04: Other family (uncle\aunt\cousin\grand parent etc)
05: Friend
06: Acquaintance
07: Work colleague
08: Self
09: Other (please specify)
10: No-one known
(R)