The Scottish Government
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PUBLIC ATTITUDES TOWARDS PEOPLE WITH DRUG DEPENDENCE AND PEOPLE IN RECOVERY

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PUBLIC ATTITUDES TOWARDS PEOPLE WITH DRUG DEPENDENCE AND PEOPLE IN RECOVERY

Progressive Partnership

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Executive Summary

Background

The Scottish Government is committed to tackling issues relating to drug dependence in Scotland, through a range of policies across health, justice and social care. In order to inform an effective and proportionate response to the problem of stigma towards drug users in Scotland, the Scottish Government Justice Analytical Services Division commissioned Progressive to undertake research to provide up to date information about public attitudes in Scotland towards people with a history of drug dependence. This builds on previous research undertaken by the UK Drug Policy Commission (UKDPC) in 2010.

Aims and objectives

The overall aim of the research was to provide data on the current extent and nature of stigma amongst the Scottish general public towards people with drug dependence and people who have recovered from drug dependence.

Associated objectives were for the 2016 findings to be compared with those from the previous UKDPC study, and act as a baseline representative sample of Scottish public opinion in order to track changes in public attitudes over time.

Research method

The data was gathered by Progressive Partnership using the YouGov online omnibus survey. YouGov drew a sub-sample of its panel that was representative of Scottish adults in terms of age, gender and social class, and invited this sub-sample to complete the survey. Once the survey was complete, the final data were statistically weighted to the national profile of all adults aged 18+, based on age, gender, social class and region. The questionnaire is provided in Appendix 1.

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

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

Research findings

Personal experience of drug use and drug dependence

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

Respondents were also asked about people they knew who had experienced drug dependence (defined as an overwhelming need to use illegal drugs such as cocaine, heroin and cannabis). Only a very small minority (3%) had experience of this themselves, while roughly one in ten knew someone through their wider family (9%), through work

(9%), a friend (13%) or an acquaintance (13%) who was affected. However, the majority (60%) had no experience in relation to drug dependence.

Blame and intolerance of people with drug dependence

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

However, the idea that increased spending on helping people overcome drug dependence was a waste of money was less prevalent, with only 26% agreeing. Almost half (46%) of the sample disagreed with this statement. This suggests that whilst personal agency was seen as a contributing factor in dependence by many, drug dependent individuals are not perceived as unworthy of public support. This is confirmed by the lack of support for the statement 'people with drug dependence don't deserve our sympathy', with which only one fifth (21%) of the sample agreed and over half (55%) disagreed. A significant proportion of respondents (38%) agreed that those with a dependence on drugs were easy to tell from other people.

Sympathy and care towards people with drug dependence

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

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

Fear and exclusion of people with a history of drug dependence

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

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

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

These findings suggest that, while many people have sympathy for people who have experienced drug dependence, a significant minority have concerns about personal

contact with such people, either through relationships, being in the same community or allowing them to babysit for children.

Acceptance and integration of people with a history of drug dependence

Despite the evidence of some fear in relation to people who have experienced drug dependence, respondents did also show high levels of agreement with statements about acceptance and integration, indicating a strong sense that people recovering from drug dependence should be included in the community and a recognition that this kind of issue could affect anyone.

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

Recovery from drug dependence

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

Attitudes towards family members of people with drug dependence

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

Perceived acceptability of different types of drug use

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

- Smoking cannabis a few times a week
- Using methadone[1] for 10 years or more
- Using ‘party drugs’ (e.g. ecstasy/other illegal stimulants) at the weekend
- Using heroin on a daily basis for six months
- Using cocaine every day
- Using heroin on a daily basis for 10 years or more

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

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

Using heroin daily for ten or more years was seen as the least acceptable type of drug use, with almost eight in ten (78%) respondents scoring this the maximum '10' (not at all acceptable). Both using heroin daily for six months (75%) and using cocaine every day (74%) were seen as not at all acceptable by three quarters of respondents.

The use of party drugs was deemed not at all acceptable by just over half of those sampled (56%), while using methadone for ten years or more was viewed as not at all acceptable by just under half of respondents (48%).

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

Comparisons to UKDPC Research

One of the aims of this project was to compare findings with previous research conducted by the UK Drug Policy Commission (UKDPC). This research also employed an omnibus approach and included a boost sample for Scotland. The Scottish Government wished to compare the Scottish findings from the 2010 survey to the current omnibus survey conducted with the Scottish population in 2016.

The 2010 research used a face-to-face rather than an online method, which means that the results are not directly comparable. Analysis of the data gathered using the face-to-face method in 2010, compared to the online method adopted in 2016, indicates that the data collection method may have affected the findings. Overall agreement with many of the attitude statements has decreased; however, there is no consistent pattern in terms of positive and negative statements. In other words, people were less likely to agree with negative statements (indicating a positive change in attitudes), but were also less likely to agree with many positive statements (indicating a negative change in attitudes). Time series analysis is provided in the main body of this report, but should be treated with caution because of the change in method used.

Summary and conclusions

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

The survey showed that one fifth of the sample had ever used recreational drugs, and 3% have ever been dependent on drugs. A further 50% of respondents reported they know someone who has used recreational drugs, and 37% know someone who has ever experienced drug dependence. This indicates that the majority of the Scottish adult population (69%) has had direct or indirect experience of recreational drug use, whilst four in ten (40%) have had direct or indirect experience of drug dependence.

The majority of respondents were found to have sympathy and understanding towards people with drug related issues, with many agreeing with statements asserting that drug

dependence is an illness, that people with a history of drug dependence are demonised in the media, and that we have a responsibility to provide the best possible care for people with drug dependence.

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

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

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

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

This omnibus survey will serve as a robust baseline against which future studies can be compared. The findings from this research will also be used by the Scottish Government to inform an effective and proportionate response to the problem of stigma towards drug users in Scotland.

Background and Objectives

Background

The Scottish Government is committed to tackling issues relating to drug dependence in Scotland, through a range of policies across health, justice and social care. One area of focus is the need to understand public attitudes towards those in our society involved in crime, disorder and danger. Inherent negative attitudes towards those recovering from drug dependence are not supportive of their recovery. Current and former drug users have been found to be more likely to recover if their families and wider community are supportive and engaged in the recovery process[2].

Previous research conducted in 2010 on behalf of UK Drug Policy Commission (UKDPC) established a degree of sympathy amongst the Scottish general public towards those with a history of drug problems. They felt that in order to recover from drug dependence, those with drug problems should have the same opportunity as others to get a job and be part of the community. This research, however, also found that feelings of blame and intolerance towards people with a history of drug dependence were higher in Scotland than in the UK as whole.

In order to inform an effective and proportionate response to the problem of stigma towards drug users in Scotland, the Scottish Government Justice Analytical Services Division commissioned Progressive to undertake research to provide up to date information about public attitudes in relation to this issue.

Aims and objectives

The overall aim of the research was to provide data on the current extent and nature of stigma amongst the Scottish general public towards people with drug dependence and people who have recovered from drug dependence.

Associated objectives were for the 2016 findings to be compared with those from the UKDPC study (2011), and act as a baseline representative sample of Scottish public opinion in order to track changes in public attitudes over time.

[2] Singleton, Nicola (2011) Getting Serious about Stigma in Scotland: The problem with stigmatising drug users, UKDPC

Method and Sample

Research method

The data was gathered by Progressive Partnership using the YouGov online omnibus survey. Respondents were drawn from a panel of over 30,000 members from all sections of the Scottish population. YouGov drew a sub-sample of its panel that was representative of Scottish adults in terms of age, gender and social class, and invited this sub-sample to complete the survey. Only this sub-sample had access to the questionnaire via their username and password, and respondents could only ever answer the survey once. All questionnaires were self-completed.

Respondents were sent an email inviting them to take part in the survey. YouGov's sampling system randomly selected respondents from its available panel, and allocated the survey according to the quotas set for a nationally representative sample. The email message included a link taking respondents to the YouGov website where the survey was hosted. Everyone taking part received a modest cash incentive of under a pound for doing so.

Fieldwork was conducted between 15 and 17 March 2016. Once the survey was complete, the final data were statistically weighted to the national profile of all adults aged 18+, based on age, gender, social class and region.

The questionnaire

The survey questionnaire consisted of:

- A set of 25 attitude statements about drug dependence
- A set of 6 statements about the perceived acceptability of different types of drug use
- Two questions about respondents' personal experience: one about recreational drug use and one about drug dependence.

A copy of the questionnaire is provided in Appendix 1.

The attitude statements were the same as those used in the previous UKDPC survey, with some minor amendments to ensure clarity and ease of understanding. These statements had previously been grouped into categories based on factor analysis (see the previous report[3] for full details) and analysis is presented in this report with statements grouped in the same way.

Ethics and informed consent

To ensure that respondents could give informed consent, and to reflect the sensitive nature of the research, this section of the omnibus started by asking:

"The following questions are about drug use and drug dependence. We understand this may be a sensitive topic but please remember your answers will always be treated anonymously and will never be analysed individually. There will also be the

[3] Ibid.

option to select "Prefer not to say" where appropriate. Are you happy to continue with this section of the survey?"

In addition, at the end of the question set, respondents were provided with website addresses for Scottish Families Affected by Alcohol or Drugs, the Scottish Recovery Consortium and Addaction, in case they had been affected by, or wanted more information on the topic of drug dependence.

Sample profile

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

Table 1: Sample profile

	%		%
Gender		**Region**	
Male	48%	North East Scotland	14%
Female	52%	Highlands and Islands	9%
		South Scotland	14%
Age		West Scotland	10%
18-24	12%	Central	16%
25-34	14%	Mid Scotland and Fife	11%
35-44	18%	Lothians	14%
45-54	19%	Glasgow	12%
55+	37%		
		Working status	
Socio-economic group[4]		Working full time	40%
ABC1	45%	Working part time	13%
C2DE	55%	Full time student	8%
		Retired	23%
		Unemployed	8%
		Not working / other	9%

Base (All): 1089

[4] Standard classifications used: AB (Higher & intermediate managerial, administrative, professional occupations); C1 (Supervisory, clerical & junior managerial, administrative, professional occupations); C2 (Skilled manual occupations); DE (Semi-skilled & unskilled manual occupations, unemployed and lowest grade occupations)

In addition to the standard demographic data, responses were analysed based on personal experience of recreational drug use and drug dependence (see the following section for further analysis of these questions). Table 2 outlines the groups used for this analysis.

Table 2: Sample profile by personal experience

Experience of recreational drug use	%	Experience of drug dependence	%
Personal experience	20%	Personal experience	3%
Other experience only	50%	Other experience only	37%
No experience	31%	No experience	60%

Base (All excluding 'prefer not to say'): Q3 1034, Q4 1041

Respondents classified within the 'personal experience' code were those who stated that they themselves had ever used recreational drugs or had ever been dependant on illegal drugs. Those classified as having 'other experience only' were respondents who had no direct personal experience themselves, but reported that friends, family or acquaintances had ever used recreational drugs or had ever been dependent on drugs.

Further analysis by this question can be found within the 'Research Findings' section of this report.

Analysis and reporting

Analysis was conducted by looking at sub-groups defined by socio-economic group, age, gender and experience (either direct personal experience or other experience through friends/family etc) of recreational drug use and drug dependence.

The sampling technique used was quota controlled to achieve a representative sample of the Scottish general public; use of quotas means it was a non-probability sample. The margin of error should therefore be treated as indicative, based on an equivalent probability sample. The margin of error for the total sample of 1,089 is ±0.86% to ±3.07%.

Any differences noted in this report are significant at the 95% confidence level ($p<0.05$), the market research industry standard.

Time series comparisons

One of the stated aims of the research was to build on and facilitate comparisons with the previous UKDPC study. The previous research also used an omnibus to gather the data; however, on that occasion a face-to-face method was adopted. The change in method to an online survey may have had an impact on the findings, and this should be borne in mind when making comparisons between the two studies. In particular, people can be more likely to state positive, or socially accepted views to an interviewer face-to-face, than they would when completing an anonymous online survey. The online approach used in this study was more likely to elicit accurate and honest responses, but does mean that findings are not directly comparable to the previous research.

Comparison data is therefore presented as a separate section in this report, although these limitations should be borne in mind when interpreting these findings. The research

findings from this study set a national baseline measure of attitudes in Scotland for future tracking using an online method.

Reporting conventions

Throughout this report, significant differences in the data are noted where they occur, to the 95% confidence level. Only significant differences are reported, and the word 'significant' refers to statistical significance. Where comparisons do not include a specific sub-group in the reporting, this is because that particular sub-group did not give a significantly different response to the one being referred to.

Standard notification is used in tables with '*' used to indicate results of less than 1% and '-' used to indicate no respondents gave a particular answer. For ease of reading the results, '1%' and '2%' notations have been left off some of the charts. In instances where percentages quoted in the text do not match the sum of two figures in the charts, this is due to rounding.

Research Findings

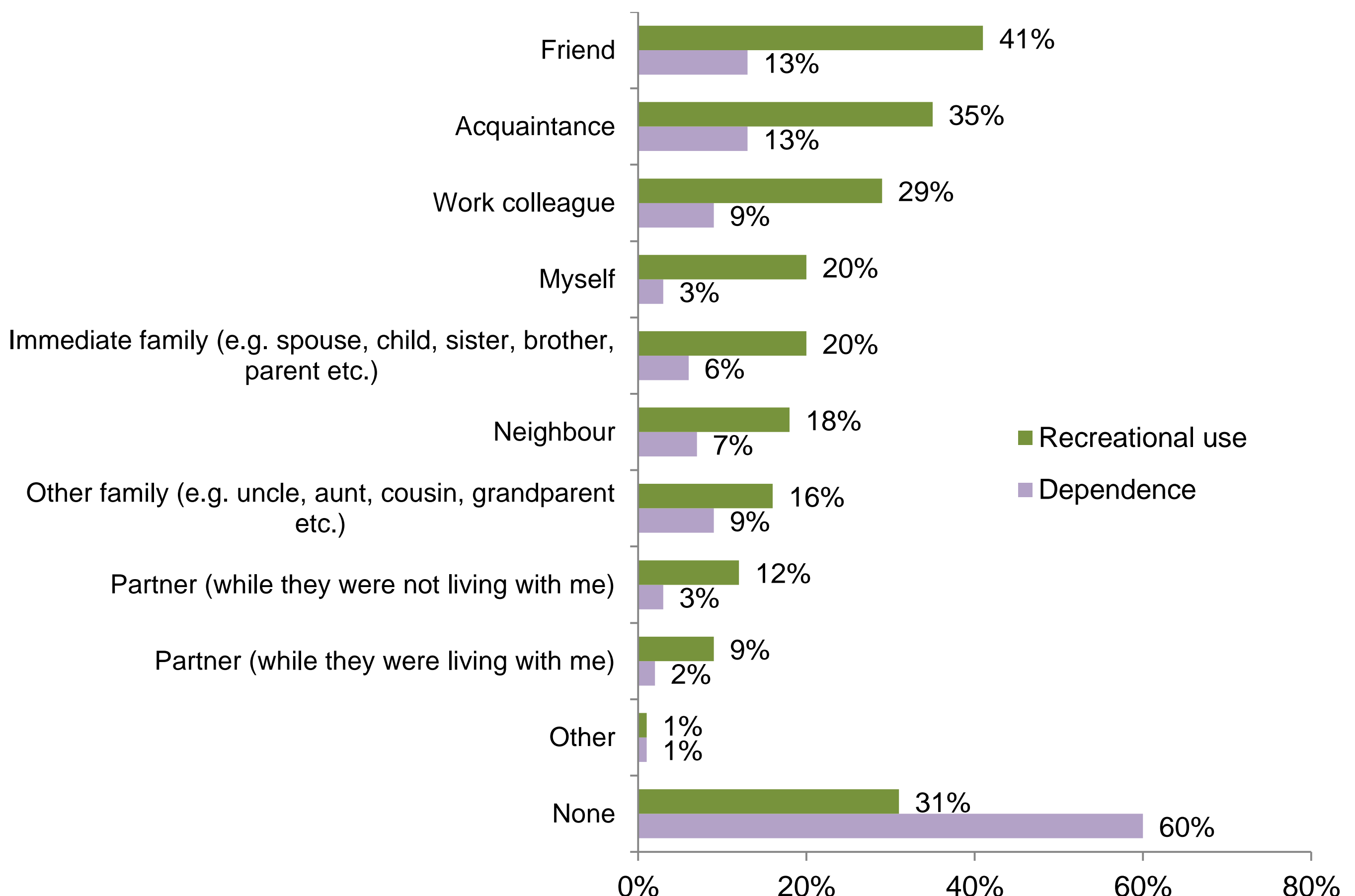
Personal experience of drug use and drug dependence

The survey explored personal experience of both recreational drug use and drug dependence. Respondents were asked whether they knew anybody who has ever used drugs recreationally (defined as taking drugs occasionally, e.g. at a party), and whether they knew anybody who has ever had some kind of dependence on drugs (defined as an overwhelming need to use illegal drugs such as cocaine, heroin and cannabis).

As shown in Figure 1, one fifth of respondents reported that they had ever used recreational drugs themselves. Four in ten respondents (41%) had a friend who had used drugs recreationally, while 35% reported an acquaintance, and 29% mentioned a work colleague. Overall, just under a third (31%) reported not knowing anyone who had used drugs recreationally.

The figures were lower when respondents were asked about people they knew who had experienced drug dependence. Only a very small minority (3%) had experience of this themselves, while roughly one in ten knew someone through their wider family (9%), through work (9%), a friend (13%) or an acquaintance (13%) who was affected. However, the majority (60%) had no experience in relation to drug dependence.

Figure 1: Experience of drug use and drug dependence



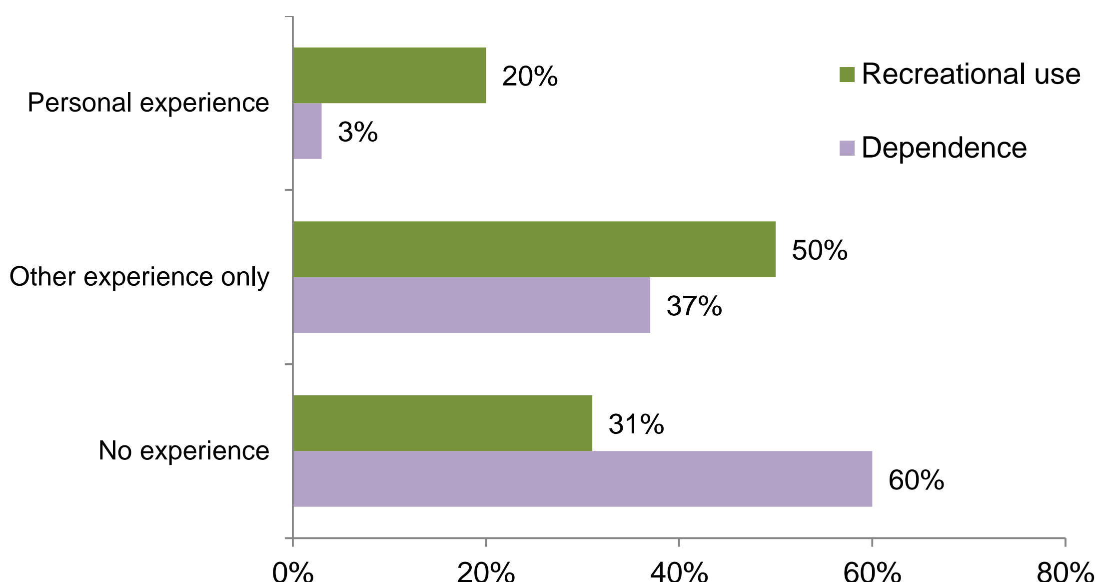
Base (All excluding 'prefer not to say'): Q3 1034, Q4 1041

In order to explore how personal experience may influence attitudes towards drug dependence and recovery, respondents were grouped into the following categories for analysis purposes:

- Respondents with personal experience for each of these questions on recreational drug use and drug dependence, i.e. those who selected ‘myself’ in answer to this question. These respondents may also have selected other options at this question, but the key criteria was that they had personal experience.
- Those with other experience only, i.e. they selected any other option(s) but not ‘myself’.
- Those with no experience, i.e. selecting ‘not applicable – I don’t know anyone who has used recreational drugs / has had some kind of drug dependence on drugs’.

Figure 2 shows how the sample was split when these definitions were applied. As shown here, 20% had personal experience of recreational drug use, 50% had other experience only, while 31% had no experience. In relation to drug dependence, 3% had personal experience, 37% had other experience only, while the majority (60%) had no experience.

Figure 2: Experience of recreational drug use and drug dependence – analysis categories



Base (All excluding ‘prefer not to say’): Q3 1034, Q4 1041

Throughout this report, analysis highlights where there were differences in attitudes towards drug dependence based on personal experience. This analysis is based on the sub-groups identified above.

Experience of recreational drug use: demographic analysis

Gender

Men were more likely than women to report personally having taken drugs recreationally (men 25%, women 15%), or to mention a friend (men 46%, women 36%), work colleague (men 33%, women 25%) or acquaintance (men 38%, women 32%) having taken drugs recreationally. Women were more likely than men to mention a partner not living with them (women 15%, men 9%) who has taken drugs recreationally.

Age

Experience also varied by age, with the oldest age group (55+) being the least likely to mention any kind of personal experience in relation to recreational drug use: 45% of the 55+ group said they had no experience at all, compared to 29% of 45-54 year olds, 21% of 18-24 and 25-34 year olds, and just 15% of those aged 35-44 years old. Only 8% of the oldest age group (55+) had taken drugs recreationally themselves. Across the other age groups the proportion who had ever taken recreational drugs themselves were broadly similar – 18-24 (27%), 25-34 (32%), 35-44 (28%), 45-54 (24%).

Socio-economic group

There were very few differences in personal experience between socio-economic groups, with ABC1s and C2DEs being equally likely to have taken drugs recreationally themselves (ABC1 21%, C2DE 19%). Those in the C2DE group were more likely than ABC1s to mention a friend (C2DE 44% compared to ABC1 37%), neighbour (21%, 14%) or wider family member (19%, 11%).

Experience of drug dependence: demographic analysis

Gender

Women were more likely than men to mention immediate family (women 8%, compared to men 3%) or a partner not living with them (women 5%, men 2%) who have experience of drug dependence. Men were more likely than women to report knowing a friend who had experience of drug dependence (men 15%, women 10%). There was no difference in terms of gender in the proportions who had personal experience of drug dependence or who had no experience of drug dependence.

Age

The oldest age group were less likely than any other to report having personal experience of drug dependence (0% compared to 6% of 18-24s, 5% of 25-34s, and 4% of 35-44s and 45-54s).

The 25-34 age group (13%) was more likely than any other age group to report a partner (not living with them) had issues with drug dependence, while those in the 35-44 age group were more likely than nearly every other age group (apart from 45-54s) to mention a colleague (15%).

Socio-economic group

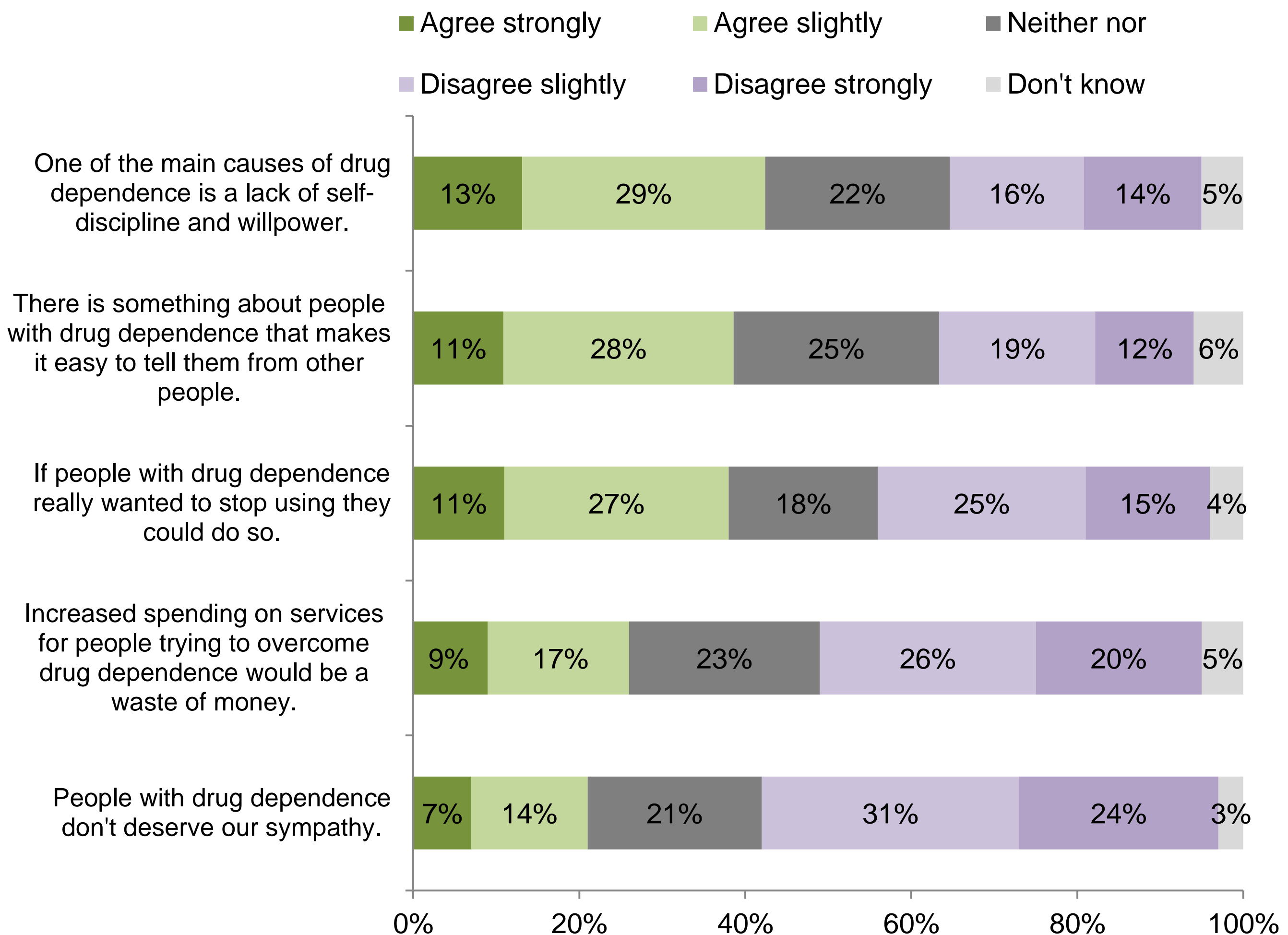
Again, there were very few differences in personal experience between socio-economic groups, with ABC1s and C2DEs being equally likely to have experienced drug dependence themselves. Those in the C2DE group were more likely than ABC1s to mention a friend (C2DE 15%, ABC1 10%), neighbour (C2DE 9%, ABC1 5%) or wider family member (C2DE 12%, ABC1 5%).

Blame and intolerance of people with drug dependence

The five attitude statements demonstrating blame and intolerance relate to a belief that people with a history of drug dependence are to blame for their situation, and indicate a negative attitude to those who experience drug dependence. The statements falling into this category are:

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

Figure 3: Blame and intolerance statements



Q1 Base (All): 1089

The data suggest that sizable minorities within the sample felt that a drug dependent person's own lack of willpower contributes to their situation. Forty-two percent of respondents agreed that a lack of self-discipline and willpower was a main cause of drug

dependence, and 37% agreed that if drug dependent individuals really wanted to stop using, they would be able to.

However, the idea that increased spending on helping people overcome drug dependence was a waste of money was less prevalent, with only 26% agreeing. Almost half (46%) of the sample disagreed with this statement. This suggests that whilst personal agency was seen as a contributing factor in dependence by many, drug dependent individuals are not perceived as unworthy of public support. This is confirmed by the lack of support for the statement 'people with drug dependence don't deserve our sympathy', with which only one fifth (21%) of the sample agreed and over half (55%) disagreed.

A significant proportion of respondents believe that people who are dependent on drugs are easily identifiable by the way that they look; 38% agreed that those with a dependence on drugs were easy to tell from other people**.**

Demographic analysis

Age

The 18-24 year old age group (24%) were less likely than the 45-54 year old group (43%) and 55+ (40%) groups to agree that those with a history of drug dependence could stop using if they really wanted.

The 18-24 year old cohort was also less likely than 45-54s and those aged 55+ to regard increased spending on overcoming drug dependence as a waste of money (18-24 13%, 45-54 33%, 55+ 31%) and also less likely than older respondents to feel that those with a drug dependence do not deserve sympathy (18-24 11%, 25-34 25%, 45-54 26%, 55+ 22%).

Gender

Men (50%) were more likely than women (34%) to agree that a lack of self-discipline and willpower was a main factor in drug dependence. Women (45%) were also more likely than men (36%) to disagree with the statement 'If people with drug dependence really wanted to stop using they could do so'.

Men (26%) were more likely than women (15%) to feel that those with a drug dependence were undeserving of sympathy.

Socio-economic group

People from the ABC1 socio-economic groups tended to be more positive towards people with drug dependence than those in the C2DE groupings:

- One of the main causes of drug dependence is a lack of self-discipline and willpower – C2DE 47% agreed, ABC1 36% agreed
- If people with a drug dependence really wanted to stop using they could do so – ABC1 47% disagreed, C2DE 36% disagreed
- Increased spending on services for people trying to overcome drug dependence would be a waste of money – C2DE 30% agreed, ABC1 22% agreed
- There is something about people with drug dependence that makes it easy to tell them from other people – C2DE 43% agreed, ABC1 32% agreed
- People with drug dependence do not deserve our sympathy – C2DE 25% agree, ABC1 16% agree.

Experience

In general, respondents with personal experience of recreational drug use were less likely to agree with each of these statements than other respondents. For example, 35% of those who had used drugs recreationally agreed that one of the main causes of drug dependence is lack of willpower, compared to 47% of those who had no experience of recreational drugs. They were also less likely to agree that you can tell people with drug dependence from other people (24% agreed, significantly lower than among those with other experience, 44%, and those with no experience, 39%), or that people with drug dependence don't deserve our sympathy (12% agreed, compared with 22% who had other experience and 26% with no experience).

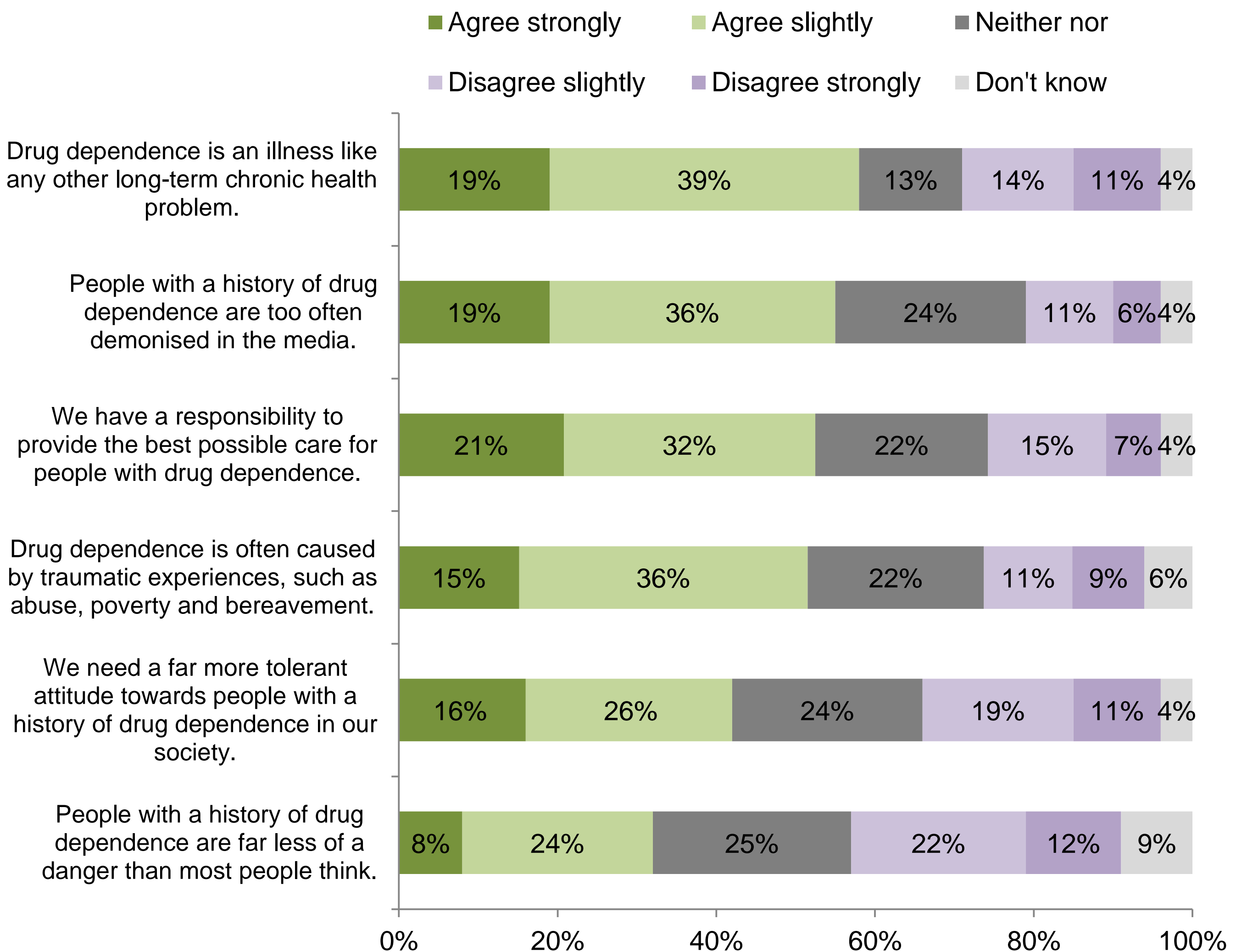
There were similar (although not as stark) differences based on personal experience or knowledge of people with a history of drug dependence. While the number of those with personal experience of drug dependence was too small to detect significant differences, those who had other experience (i.e. knew someone with a history of drug dependence) were more likely than those with no experience at all to disagree that there is something different about people with drug dependence, or that a main cause of drug dependence is lack of will power (other experience 37% disagreed, no experience 28%, for both statements).

Sympathy and care towards people with drug dependence

The following attitude statements, in contrast to the first category relating to intolerance and blame, indicate attitudes of sympathy and care, including a sense of responsibility for caring for people with a history of drug dependence. These statements (see Figure 4) are as follows:

- Drug dependence is an illness like any other long-term chronic health problem.
- People with a history of drug dependence are too often demonised in the media.
- We have a responsibility to provide the best possible care for people with drug dependence.
- 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.
- People with a history of drug dependence are far less of a danger than most people think.

Figure 4: Sympathy and care statements



Q1, Base (All): 1089

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

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

Demographic analysis

Age

While there was not a clear linear pattern in responses across the age groups, younger respondents tended to be more sympathetic towards those with issues of drug dependence than older age groups. For example, 18-24 year olds were more likely to agree drug dependence is an illness (71% agreed). The younger age groups were also more likely to agree that those affected are demonised in the media; 67% of 18-24s and 69% of 25-34s agreed, compared to 47% of those aged 55+.

The older age groups, meanwhile, were less likely than others to agree that we should adopt a more tolerant attitude to this issue (18-24 57%, 25-34 55%, 35-44 47%, significantly higher than 45-54 33% and 55+ 34%), or that those with a history of drug dependence are less of a danger than people think (18-24 46%, 25-34 41%, 35-44 38%, compared to 45-54 26% and 55+ 25%).

Gender

Women were generally more sympathetic towards those with a history of drug dependence than men. For example, women were more likely than men to agree that drug dependence is an illness (women 62%, men 54%), and that drug dependence is often caused by traumatic experiences (56%, 44%). Men were more likely than women to disagree that those with drug dependence are demonised in the media (men 22%, women 12%), we have a responsibility to care for people with drug dependence (27%, 17%) or that people with a history of drug dependence are less of a danger than most people think (39%, 29%).

Socio-economic group

Respondents from the higher ABC1 socio-economic groups were generally more sympathetic than those from the C2DE group, although the difference was less extreme than the differences seen by gender. ABC1s were more likely than C2DEs to agree that drug dependence is an illness (ABC1 65%, C2DE 53%), people affected are demonised by the media (ABC1 59%, C2DE 51%), and that the problem is often caused by traumatic experiences such as abuse, poverty or bereavement (ABC1 56%, C2DE 46%).

Experience

People with personal experience of recreational drug use were significantly more sympathetic than other respondents, with higher proportions agreeing with all of these statements. For example, 81% of these respondents agreed that those with a history of

drug dependence were demonised by the media, 73% agreed we have a responsibility to care for those affected by drug dependence, and 71% agreed that drug dependence is an illness comparable to other health problems. The only statement with a different pattern in responses between experience groups was for the statement about traumatic experiences causing drug dependence – in this instance, those with direct or indirect experience of recreational drug use were more likely than those with no experience to agree (personal experience 62% and other experience 54%, compared to no experience 43%).

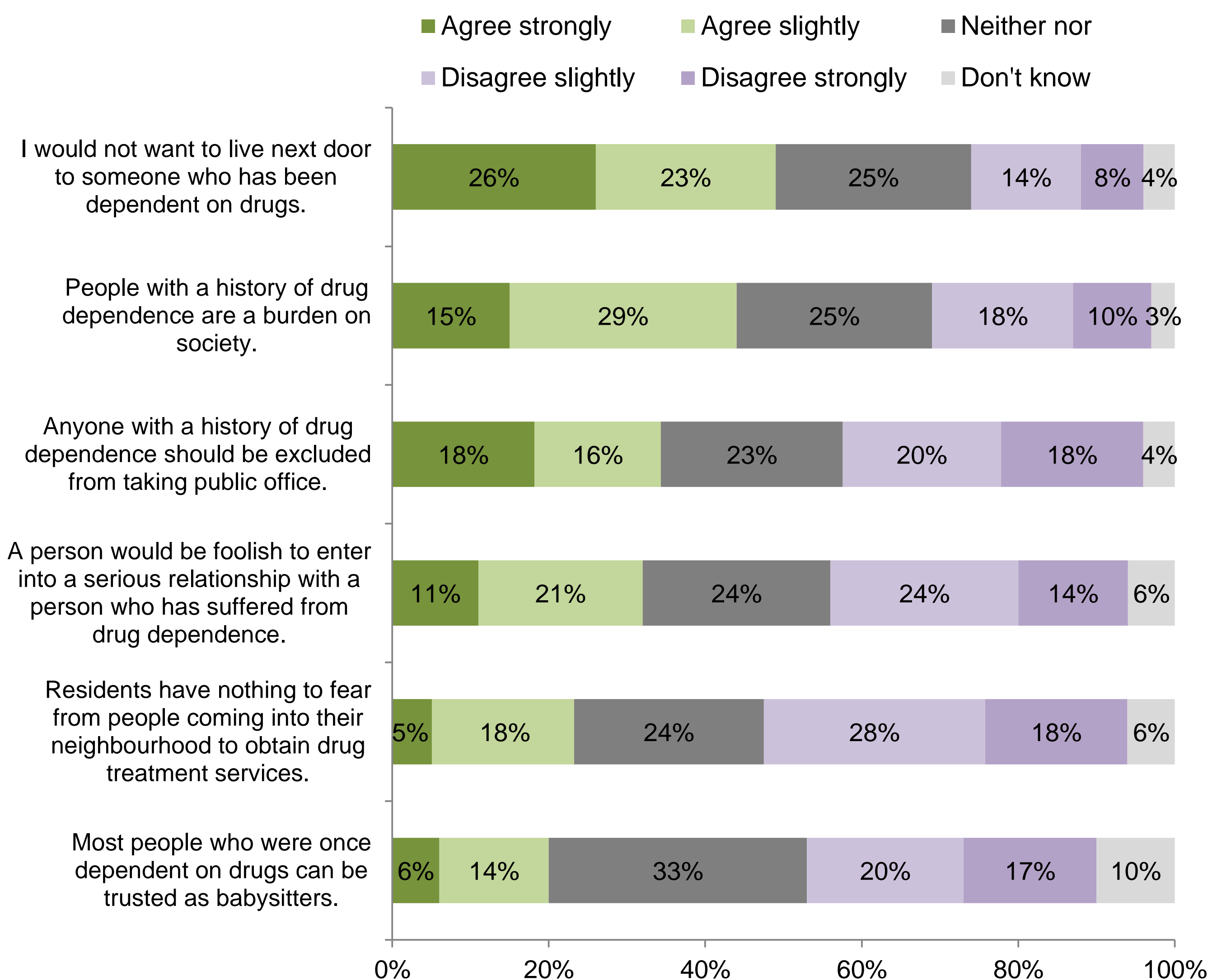
Again, similar differences emerged based on personal experience or knowledge of drug dependence, with those who had other experience being more likely than those with no experience at all to agree that we have a responsibility to provide the best possible care for those with drug dependence (other experience 59%, no experience 51%), that we need to adopt a more tolerant attitude (other experience 47%, no experience 36%) or that those with a history of drug dependence are less dangerous than people think (42%, 36%).

Fear and exclusion of people with a history of drug dependence

The third group of attitude statements centre around fear of people with a history of drug dependence and their exclusion from society (see Figure 5):

- I would not want to live next door to someone who has been dependent on drugs.
- People with a history of drug dependence are a burden on society.
- Anyone with a history of drug dependence should be excluded from taking public office (e.g. being on the local council).
- 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.
- Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services.
- Most people who were once dependent on drugs can be trusted as babysitters.

Figure 5: Fear and exclusion statements



Q1, Base (All): 1089

The data provides evidence of fear in relation to people with a history of drug dependence or those in recovery, with the strongest agreement with the statement about living next door to someone who has been dependent on drugs – half of the sample overall (50%) agreed that they would not want someone like this as a neighbour. A slightly lower proportion (44%) agreed that those with a history of drug dependence are a burden on society.

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

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

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

Demographic analysis

Age

There was a clear pattern in responses to these statements in that the youngest respondents (18-24 year olds) tended to be the least likely to express feelings of fear and exclusion with regards to people with a history of drug dependence. For example, they were less likely to agree they would not want a neighbour who had a history of drug dependence (29% agreed, significantly lower than 35-54s (46%), 45-54s (54%) and 55+ (59%), although not significantly lower than 25-34s (41%)); that people with a history of drug dependence are a burden on society (16%); they should be excluded from public office (9%); or that it would be foolish to have a relationship with such a person (8%). All of these were significantly lower agreement levels than for any other age group.

The two youngest age groups were also more likely than the three older age groups to agree that people have nothing to fear about people coming into their neighbourhoods for drug treatment (18-24 46% and 25-34 31% compared to 35-44 14%, 45-54 19% and 55+ 19%). The youngest respondents (28% of 18-24s) were also significantly more likely to agree that those who were once dependent on drugs could be trusted as babysitters than the oldest respondents (16% of 55+).

Gender

Men and women were in broad agreement across most of the statements relating to fear and exclusion. The only differences were that men were more likely than women to agree that they would not want to live next door to someone with a history of drug dependence (men 55%, women 45%), or that people affected are a burden on society (men 49%, women 40%).

Socio-economic group

Responses were broadly similar across the two socio-economic groups. The only difference observed was that C2DE respondents were more likely than ABC1s to agree that people with a history of drug dependence should be excluded from public office (C2DE 38%, ABC1 30%).

Experience

The acceptability of living next door to someone who has been dependent on drugs was strongly related to people's own personal experience of recreational drug use. Two thirds (66%) of those with no personal experience of this would not want to live next door to someone with a history of drug dependence; this fell to half (50%) of those with other experience only, and dropped again to just 28% among those with personal experience of recreational drug use. A similar pattern was observed for all other statements relating to fear and exclusion, indicating that personal experience has a clear effect on the perceived threat of people with a history of drug dependence and people in recovery.

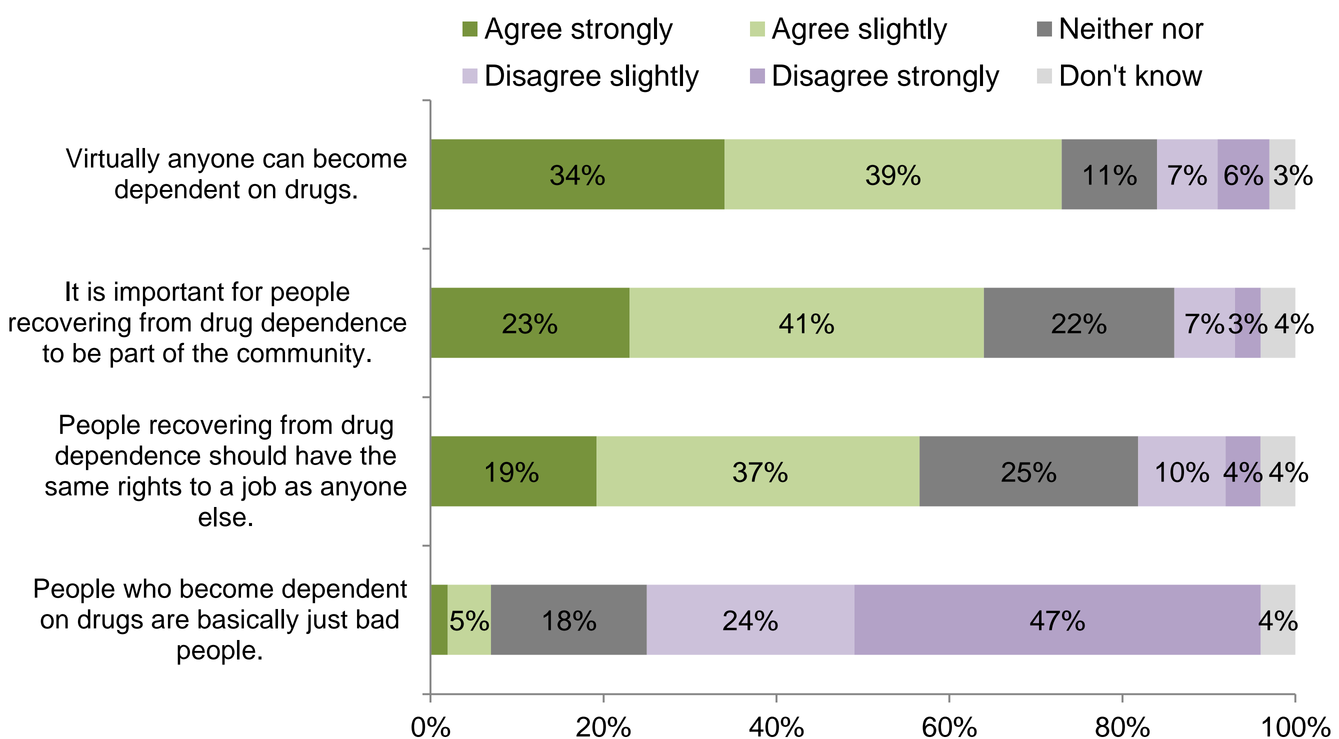
As with previous findings, a similar pattern was evident among those with some experience of drug dependence, with this group being more likely than those with no experience to disagree that they would not want someone who has been dependent on drugs as a neighbour (29% disagreed, compared to 16% of those with no experience), that those with drug dependence are a burden on society (36% compared with 22%) or that it would be foolish to have a relationship with such a person (44% as opposed to 33%).

Acceptance and integration of people with a history of drug dependence

The next group of attitude statements relates to a theme that the UKDPC report described as acceptance and integration. The statements in this group (see Figure 6) were:

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

Figure 6: Acceptance and integration statements



Q1, Base (All): 1089

Despite the evidence of some fear in relation to people who have experienced drug dependence, respondents did also show high levels of agreement with the statements about acceptance and integration, indicating a strong sense that people recovering from drug dependence should be included in the community and a recognition that this kind of issue could affect anyone.

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

Demographic analysis

Age

There was less of an obvious difference between responses from different age groups to these statements, although the youngest respondents were more likely than those aged 35 or over to agree that it is important for those recovering from drug dependence to be part of the community (79% agreed, significantly higher than 35-44 63%, 45-54 58% and 55+ 62%). They were also more likely than those aged 45+ to agree that people affected have the same rights to a job as anyone else (18-24 69%, significantly higher than 45-54 49% and 55+ 53%).

Gender

Responses were broadly similar across men and women for these statements, with the exception that men were more likely to disagree that people in recovery from drug dependence have the same right to a job as anyone else (18% of men disagreed, compared to 11% of women). Men were also more likely to agree that people who become dependent on drugs are basically just bad people (11% of men agreed, compared to 4% of women).

Socio-economic group

The ABC1 socio-economic group expressed greater levels of acceptance and integration for three of the four statements in this section. ABC1s were more likely than C2DEs to agree that virtually anyone can become drug dependent (ABC1 78% agreed, C2DE 70%) and people with a history of drug dependence should recover as part of the community (ABC1 68%, C2DE 61%). ABC1s were also more likely to disagree that people who become dependent on drugs are basically just bad people (77% disagreed, compared to 66% of C2DEs). The only statement for which there was no difference was in relation to people with drug dependence having the same rights to a job as anyone else (ABC1 60% agreed, C2DE 54% agreed).

Experience

In keeping with previous findings, those with personal experience of recreational drug use were more accepting than those without: agreement that virtually anyone can become drug dependent increased with the level of experience (no experience 66% agreed, other experience 75%, personal experience 88%) and a similar pattern was evident across all other statements.

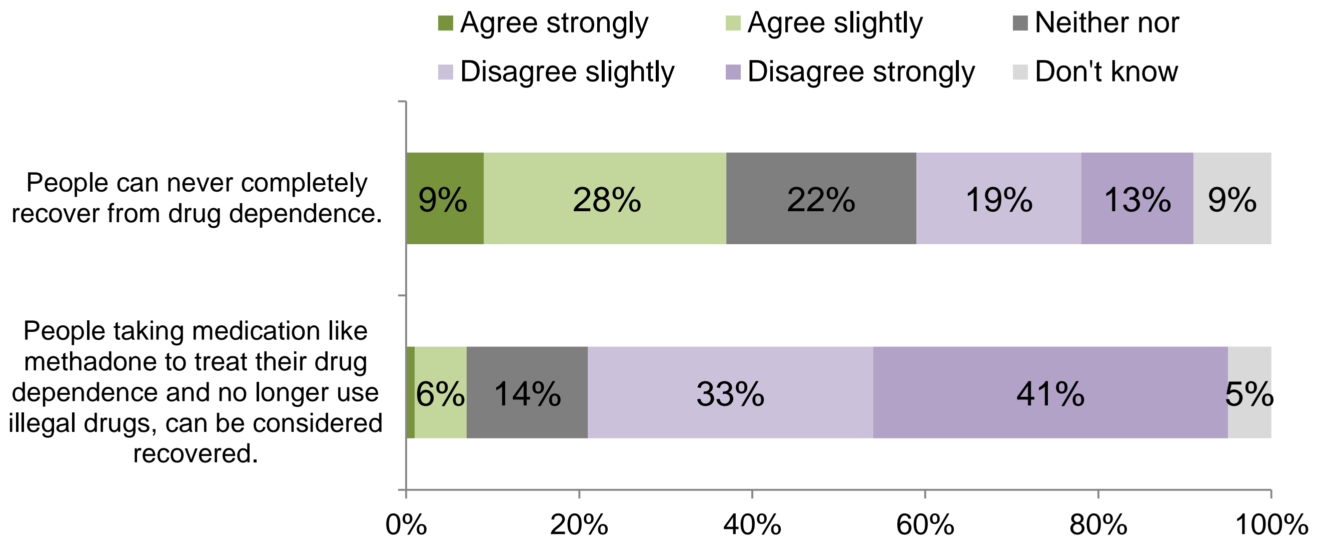
Those who knew someone with a history of drug dependence were more likely than those with no experience to agree that those recovering from drug dependence had the same rights to a job as anyone else (64% agreed, compared to 52% of those with no experience at all).

Recovery from drug dependence

Two of the statements examine people's beliefs about recovery from drug dependence (see Figure 7):

- 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.

Figure 7: Recovery from drug dependence statements



Q1, Base (All): 1089

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

Demographic analysis

Age

Responses were fairly similar across the age groups in relation to views on whether people could ever recover from drug dependence, with no significant differences between responses. The oldest respondents were most likely to disagree that people using medication such as methadone could be considered to be recovered: 81% of those aged 55+ and 80% of 45-54 year olds disagreed with this statement, compared to 56% of 18-24s, 67% of 25-34s and 71% of 35-44s.

Gender

There were no differences between men and women in their attitudes towards the statements on recovery from drug dependence.

Socio-economic group

Findings were mixed in relation to socio-economic group: ABC1s were more likely than C2DEs to disagree that people could never recover from drug dependence (ABC1 37% disagreed, C2DE 28%), but they were also more likely to disagree that methadone use constituted recovery (ABC1 79%, C2DE 70%).

Experience

Respondents with personal experience of recreational drug use were more likely to disagree that people could never recover from drug dependence than those with indirect or no experience (51% disagreed, compared to 30% of those with other experience and 26% of those with no experience).

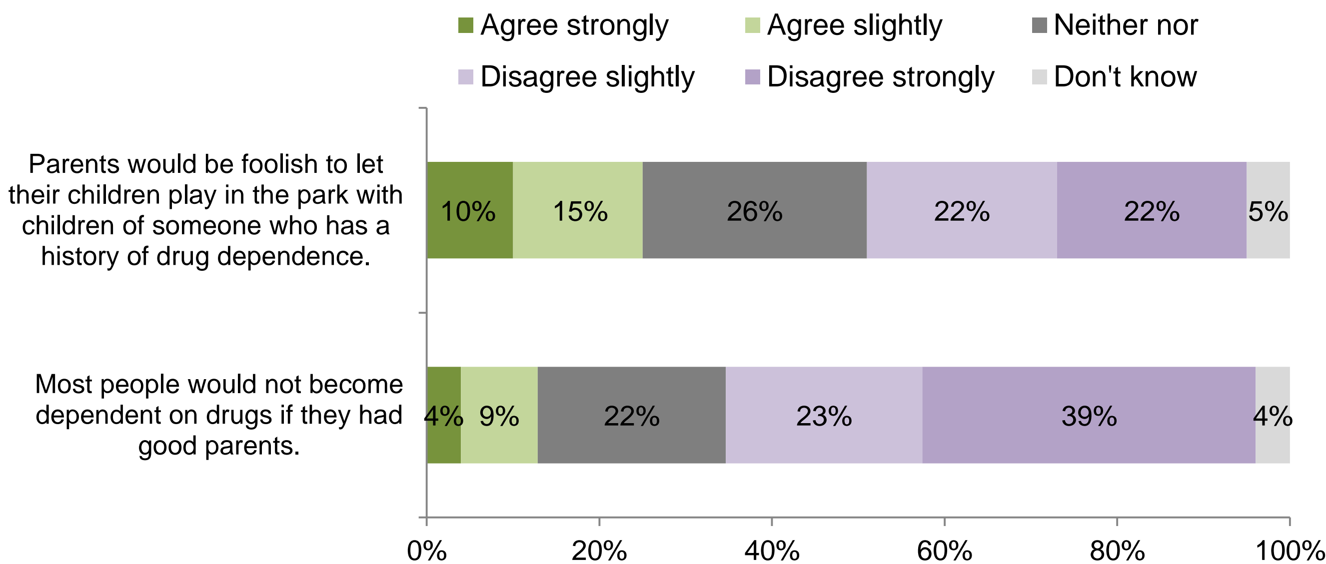
There were no differences in views of recovery based on personal experience of drug dependence.

Attitudes towards family members of people with drug dependence

The final two statements aim to identify the extent of stigma towards family members of people with drug dependence, and are as follows (see Figure 8):

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

Figure 8: Attitudes towards family members statements



Q1, Base (All): 1089

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

Any stigma associated with drug dependence therefore appears to be largely limited to the individual themselves, rather than to the family members of those affected.

Demographic analysis

Age

The oldest age group (31% of 55+) were more likely than the youngest (15% of 18-24s) to agree that it would be foolish for parents to let their children play with the children of those with a history of drug dependence. However, older respondents tended to be more likely to disagree that good parenting is an influence on drug dependence, although the pattern was less clear cut (65% of 55+ disagreed with this statement, significantly higher than 35-44s, 53%).

Gender

Women were more likely than men to disagree with both of these statements relating to family influences: two thirds of women (67%) disagreed that people would not become drug dependent if they had good parents (compared to 56% of men), while almost half of the female respondents (48%) disagreed it would be foolish for parents to let their children to play with the children of people with people with a history of drug dependence (compared to 40% of men).

Socio-economic group

There were no differences in responses to these questions by socio-economic group.

Experience

Again, a clear pattern emerged in responses to these statements based on respondents' own experiences in relation to recreational drug use. For example, people with no experience were the most likely to agree that parents would be foolish for letting their children play with the children of people with a history of drug dependence (38% agreed), significantly higher than those with indirect experience (25%), which was significantly higher than those with personal experience (13%). Similarly, those with no experience were less likely to disagree than those with any experience of recreational drugs that parenting is an influence on drug dependence (51% disagreed, compared to 73% of those with personal experience and 65% of those with other indirect experience).

People with some experience of drug dependence were also more likely to disagree with both of these statements than those with no experience. Those with the most direct experience of either recreational drug use or drug dependence, therefore, are less likely to demonstrate stigma towards the family members of people with a history of drug dependence.

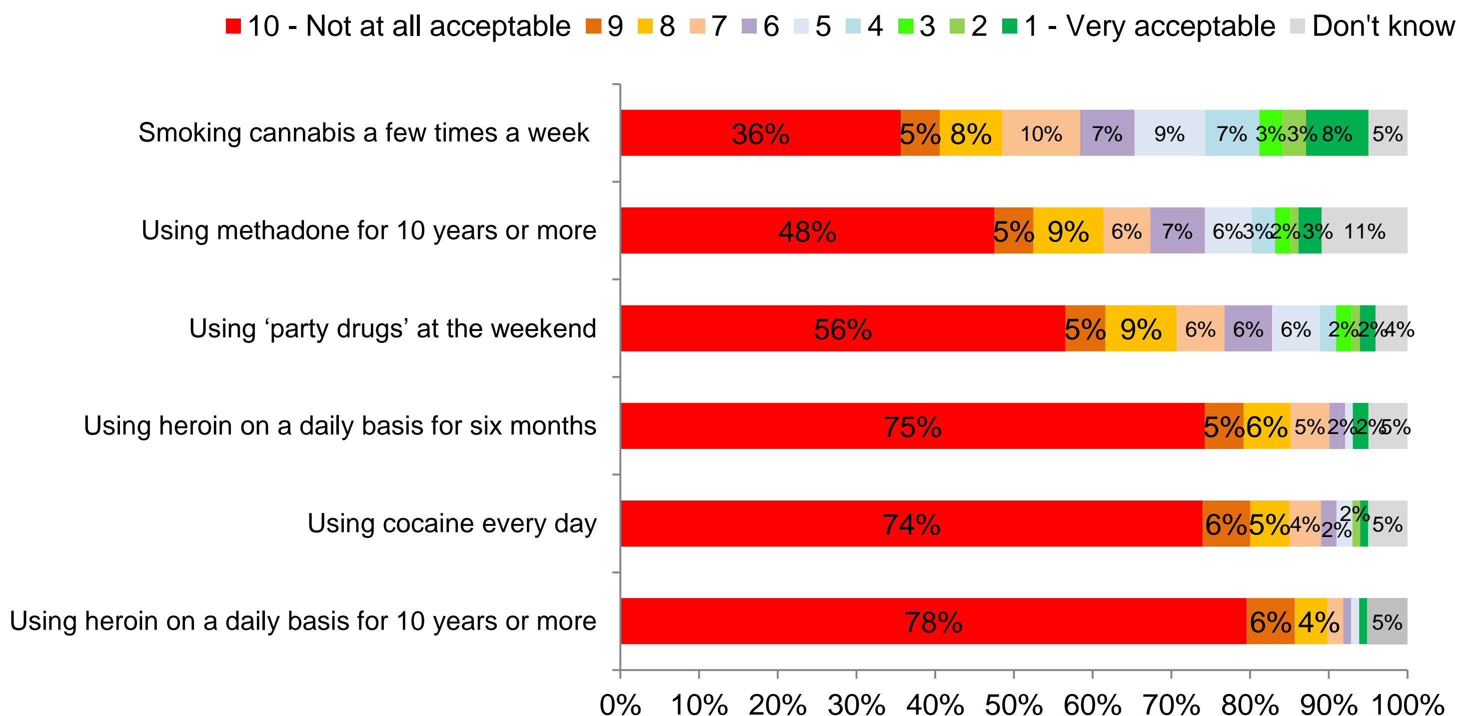
Perceived acceptability of different types of drug use

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

- Smoking cannabis a few times a week
- Using methadone[5] for 10 years or more
- Using ‘party drugs’ (e.g. ecstasy/other illegal stimulants) at the weekend
- Using heroin on a daily basis for six months
- Using cocaine every day
- Using heroin on a daily basis for 10 years or more.

Respondents were asked to rate each of these types of drug use on a scale of 1 to 10, where 1 is ‘very acceptable’ and 10 is ‘not at all acceptable’. Figure 9 outlines the proportion of people giving each score, and Table 3 presents the mean score for each type of drug use.

Figure 9: Perceived acceptability of different types of drug use



Q2, Base (All): 1089

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

Table 3: Perceived acceptability of different types of drug use (mean scores)

Type of drug use	Mean score
Smoking cannabis a few times a week	7.10
Using methadone for 10 years or more	8.19
Using 'party drugs' (e.g. ecstasy, other illegal stimulants etc.) at the weekend	8.39
Using heroin on a daily basis for six months	9.33
Using cocaine every day	9.33
Using heroin on a daily basis for 10 years or more	9.48

Q2, Base (All): 1089

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

Using heroin daily for ten or more years was seen as the least acceptable type of drug use, with almost eight in ten (78%) respondents scoring this the maximum '10' (not at all acceptable); mean score 9.48.

Both using heroin daily for six months (75%) and using cocaine every day (74%) were seen as '10' (not at all acceptable) by three quarters of respondents; mean score 9.33 for each.

The use of party drugs was deemed not at all acceptable by just over half of those sampled (56%); mean score 8.39. Using methadone for ten years or more was viewed as not at all acceptable by just under half of respondents (48%); mean score 8.19.

Smoking cannabis a few times a week received the least negative reaction of the six types of drug use, with a little over a third of the sample (36%) describing it as not at all acceptable; mean score 7.10. Indeed, 13% of respondents rated the acceptability of using cannabis as 1, 2 or 3, indicating that they find this type of drug usage acceptable.

Demographic analysis

Age

As shown in Table 4, those in the eldest two age bands (45-54 and 55+) were consistently more likely than the youngest two bands (18-24 and 25-34) to consider each scenario less acceptable. The figures in the table illustrate the mean score out of 10, and the proportion of respondents in each group who gave a score of 10 (i.e. 'not at all acceptable').

Table 4: Perceived acceptability of different types of drug use by age group

Mean scores (% scoring '10')	Age groups			
Type of drug use	**18-24**	**25-34**	**45-54**	**55+**
Using 'party drugs' (e.g. ecstasy, other illegal stimulants etc.) at the weekend	7.20 (35%)	7.89 (51%)	8.73 (61%)	9.14 (68%)
Using heroin on a daily basis for six months	9.03 (62%)	8.87 (67%)	9.60 (80%)	9.53 (81%)
Smoking cannabis a few times a week	5.96 (25%)	6.61 (30%)	7.48 (43%)	7.85 (42%)
Using heroin on a daily basis for 10 years or more	9.17 (68%)	9.15 (73%)	9.71 (84%)	9.64 (83%)
Using cocaine everyday	8.89 (58%)	8.98 (70%*)	9.54 (78%)	9.59 (83%)
Using methadone for 10 years or more	7.00 (27%)	7.48 (39%)	8.75 (58%)	8.48 (53%)

*not statistically significant

Gender

Women were less likely than men to consider drug usage as acceptable, for example using party drugs at weekends (women 8.86, men 7.87), smoking cannabis a few times a week (women 7.55, men 6.59) and using cocaine daily (women 9.47, men 9.19).

Women (81%) were also more likely than men (75%) to score using heroin daily for ten or more years as not at all acceptable. However, their mean scores were not significantly different for this type of drug use.

Socio-economic group

Similarly, those from a higher socio-economic background were also more likely to consider using drugs as unacceptable, compared to those from the C2DE groups. In particular, ABC1 respondents were more against using party drugs at weekends (ABC1 8.70, C2DE 8.13), smoking cannabis a few times a week (ABC1 7.39, C2DE 6.85) and using cocaine daily (ABC1 9.53, C2DE 9.17).

Whilst the mean score difference was not statistically significant regarding the use of heroin daily for ten or more years, ABC1 respondents (81%) were more likely than C2DE respondents (75%) to select a score of 10 meaning that they consider this type of drug use to be not at all acceptable.

Experience

Perhaps unsurprisingly, those with personal experience of recreational drug use were more likely to consider drug use as acceptable than those with only non-personal experience and those with no experience at all of recreational drug use (see Table 5).

Table 5: Perceived acceptability of different types of drug use by experience of recreational drug use

	Recreational use (mean scores)		
Statement	**Personal experience**	**Other experience only**	**No experience**
Using 'party drugs' (e.g. ecstasy, other illegal stimulants etc.) at the weekend	6.03	8.76	9.35
Using heroin on a daily basis for six months	8.79	9.42	9.59
Smoking cannabis a few times a week	4.24	7.44	8.57
Using heroin on a daily basis for 10 years or more	9.03	9.55	9.71
Using cocaine everyday	8.54	9.49	9.60
Using methadone for 10 years or more	7.36	8.14	8.88

While the low base size of those with personal experience of drug dependence prevents robust comparison, the data indicates that this group was more accepting across all six stated situations than those with only an non-personal experience of drug dependence or no experience at all.

Comparisons to UKDPC Research

One of the aims of this project was to compare findings with previous research conducted by the UK Drug Policy Commission (UKDPC). Conducted in 2010, this research also employed an omnibus approach and included a boost sample for Scotland. The Scottish Government wished to compare the Scottish findings from the 2010 survey to the current omnibus survey conducted with the Scottish population in 2016.

As noted earlier in this report, the 2010 research used a face-to-face rather than an online method, which means that the results are not directly comparable. However, time series analysis is provided here to give an indication of changing attitudes among Scottish respondents towards people who have a history of drug dependence and those in recovery. It is the intention that the current survey will serve as a robust baseline, against which future studies can be compared.

Analysis of the data gathered using the face-to-face method in 2010, compared to the online method adopted in 2016, indicates that the data collection method may have affected the findings. Overall agreement with many of the statements has decreased; however, there is no consistent pattern in terms of positive and negative statements. In other words, people were less likely to agree with negative statements (indicating a positive change in attitudes), but were also less likely to agree with many positive statements (indicating a negative change in attitudes). Caution should, therefore, be used in the interpretation of the findings reported in this section.

The data on the total proportions of the sample agreeing and disagreeing with each statement in both 2010 and 2016 is tabulated, and the commentary highlights differences that are statistically significant.

Table 6: Blame and intolerance of people with drug dependence

	2010		2016	
Statement	**Agree**	**Disagree**	**Agree**	**Disagree**
One of the main causes of drug dependence is a lack of self-discipline and willpower	59%	26%	42%	31%
There is something about people with drug dependence that makes it easy to tell them from other people	56%	31%	38%	31%
Increased spending on services for people trying to overcome drug dependence would be a waste of money	32%	52%	26%	46%
People with drug dependence don't deserve our sympathy	26%	57%	21%	55%
If people with drug dependence really wanted to stop using they could do so	53%	32%	37%	41%

Base 2010 (All): 566; Base 2016 (All): 1089

A significantly lower proportion of the sample agreed with all of these statements in 2016 than agreed with them in 2010.

However, the pattern was not as clear in relation to disagreement: there was no difference in the proportion disagreeing that you can tell people with drug dependence from other people or that people with drug dependence don't deserve our sympathy, while higher proportions disagreed that a lack of willpower is a main cause of the issue or that people could stop using drugs if they really wanted to.

There had been a decrease in the proportion of people disagreeing with the statement about increasing funding, as well a decrease in the proportion of people agreeing, i.e. fewer people had an opinion overall in relation to this statement.

Table 7: Sympathy and care towards people with drug dependence

	2010		2016	
Statement	**Agree**	**Disagree**	**Agree**	**Disagree**
Drug dependence is an illness like any other long-term chronic health problem	58%	34%	58%	25%
Drug dependence is often caused by traumatic experiences, such as abuse, poverty and bereavement	55%	32%	50%	21%
We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society	55%	27%	42%	30%
We have a responsibility to provide the best possible care for people with drug dependence	66%	21%	53%	22%
People with a history of drug dependence are far less of a danger than most people think	41%	34%	32%	34%
People with a history of drug dependence are too often demonised in the media	63%	18%	55%	17%

Base 2010 (All): 566; Base 2016 (All): 1089

A significantly lower proportion of the sample agreed with all of these statements in 2016 than agreed with them in 2010, with the exception of the statement about drug dependence being an illness. There had been no change in the proportion agreeing with this statement, although a smaller proportion now disagreed.

Although the drop in agreement may suggest a reduction in sympathy and care towards people with drug dependence, there was also a reduction in the proportion disagreeing that drug dependence is often caused by traumatic experiences. There was no significant difference in the proportion of people disagreeing with the other statements.

Table 8: Fear and exclusion of people with a history of drug dependence

	2010		2016	
Statement	**Agree**	**Disagree**	**Agree**	**Disagree**
People with a history of drug dependence are a burden on society	55%	27%	44%	28%
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	40%	39%	32%	38%
I would not want to live next door to someone who has been dependent on drugs	49%	32%	50%	22%
Anyone with a history of drug dependence should be excluded from taking public office (e.g. being on the local council)	45%	34%	34%	39%
Most people who were once dependent on drugs can be trusted as babysitters	22%	55%	19%	38%
Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services	33%	46%	23%	46%

Base 2010 (All): 566; Base 2016 (All): 1089

A significantly lower proportion of the sample agreed with most of these statements in 2016 than agreed with them in 2010, with the exception of the statements about not wanting to live next door to someone who has been dependent on drugs, and the statement that most people who were once dependent on drugs can be trusted as babysitters. However, for both of these statements there had been a decrease in the proportion of respondents disagreeing, suggesting an increase in concern about having a neighbour or babysitter with a history of drug dependence.

Table 9: Acceptance and integration of people with a history of drug dependence

	2010		2016	
Statement	**Agree**	**Disagree**	**Agree**	**Disagree**
People who become dependent on drugs are basically just bad people	8%	83%	7%	71%
Virtually anyone can become dependent on drugs	82%	13%	73%	13%
It is important for people recovering from drug dependence to be part of the community	80%	9%	64%	9%
People recovering from drug dependence should have the same rights to a job as anyone else	75%	14%	57%	14%

Base 2010 (All): 566; Base 2016 (All): 1089

In 2016, more respondents agreed that virtually anyone can become dependent on drugs, that those recovering should be part of the community, and have the same job rights as everyone else. There was no change in the proportion agreeing that those affected are basically just bad people, although fewer people disagreed with this statement in 2016 than in 2010.

Table 10: Recovery from drug dependence

	2010		2016	
Statement	**Agree**	**Disagree**	**Agree**	**Disagree**
People can never completely recover from drug dependence	38%	46%	37%	32%
People taking medication like methadone to treat their drug dependence and no longer use illegal drugs, can be considered recovered	9%	77%	7%	74%

Base 2010 (All): 566; Base 2016 (All): 1089

The proportions agreeing with both of the statements on recovery from drug dependence was consistent between the two surveys. However, fewer people disagreed that people can never completely recover from drug dependence in 2016.

Table 11: Attitudes towards family members of people with drug dependence

	2010		2016	
Statement	**Agree**	**Disagree**	**Agree**	**Disagree**
Most people would not become dependent on drugs if they had good parents	15%	76%	12%	62%
Parents would be foolish to let their children play in the park with children of someone who has a history of drug dependence	29%	56%	26%	44%

Base 2010 (All): 566; Base 2016 (All): 1089

The proportions agreeing with both of the statements about attitudes towards family members were consistent between the two surveys. However, fewer people disagreed with both of these statements, suggesting an increase in negative opinions in relation to family members of those with a history of drug dependence.

Summary and Conclusions

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

The survey showed that one fifth of the sample had ever used recreational drugs, and 3% have ever been dependent on drugs. A further 50% of respondents reported they know someone who has used recreational drugs, and 37% know someone who had ever been dependent on drugs. This indicates that the majority of the Scottish adult population (69%) has had direct or indirect experience of recreational drug use, whilst four in ten (40%) have had direct or indirect experience of drug dependence.

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

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

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

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

There was a consistent pattern of response across the demographic profile of the sample, with younger respondents, those within the ABC1 socio-economic groups and women more likely to state sympathetic and positive views towards people with a history of drug dependence and those in recovery than older respondents, C2DEs and men. As might be

expected, the more experience people have had with drugs, either recreational drugs or with drug dependence, the more sympathetic their views and opinions were.

This omnibus survey will serve as a robust baseline against which future studies can be compared. The findings from this research will also be used by the Scottish Government to inform an effective and proportionate response to the problem of stigma towards drug users in Scotland.

Appendix 1: Survey Questionnaire

The following questions are about drug use and drug dependence. We understand this may be a sensitive topic but please remember your answers will always be treated anonymously and will never be analysed individually. There will also be the option to select “Prefer not to say” where appropriate. Are you happy to continue with this section of the survey?

<1> Yes, I am

<2> No, I am not

Q1. **ASK ALL**

The following statements are about drug dependence. By "drug dependence", we mean an overwhelming need to use illegal drugs such as cocaine, heroin and cannabis on a regular basis. In general, to what extent do you agree or disagree with the following statements? (Please select one option on each row).

[Statements were split into batches of 5 so respondents did not see all 25 in one grid; statements were randomised]

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly	Don’t know
One of the main causes of drug dependence is a lack of self-discipline and willpower	1	2	3	4	5	6
There is something about people with drug dependence that makes it easy to tell them from other people	1	2	3	4	5	6
Drug dependence is an illness like any other long-term chronic health problem	1	2	3	4	5	6
People who become dependent on drugs are basically just bad people	1	2	3	4	5	6
Virtually anyone can become dependent on drugs	1	2	3	4	5	6
Drug dependence is often caused by traumatic experiences, such as abuse, poverty or bereavement	1	2	3	4	5	6
We need to adopt a far more tolerant attitude towards people with a history of drug dependence in our society	1	2	3	4	5	6
We have a responsibility to provide the best possible care for people with drug dependence	1	2	3	4	5	6
People with drug dependence don't deserve our sympathy	1	2	3	4	5	6
People with a history of drug dependence are a	1	2	3	4	5	6

burden on society						
Increased spending on services for people trying to overcome drug dependence would be a waste of money	1	2	3	4	5	6
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	1	2	3	4	5	6
I would not want to live next door to someone who has been dependent on drugs	1	2	3	4	5	6
Anyone with a history of drug dependence should be excluded from taking public office (e.g. being on the local council)	1	2	3	4	5	6
People who have a history of drug dependence are far less of a danger than most people think	1	2	3	4	5	6
Most people who were once dependent on drugs can be trusted as babysitters	1	2	3	4	5	6
It is important for people recovering from drug dependence to be part of the community	1	2	3	4	5	6
Residents have nothing to fear from people coming into their neighbourhood to obtain drug treatment services	1	2	3	4	5	6
People recovering from drug dependence should have the same rights to a job as anyone else	1	2	3	4	5	6
People with a history of drug dependence are too often demonised in the media	1	2	3	4	5	6
If people with drug dependence really wanted to stop using they could do so	1	2	3	4	5	6
People can never completely recover from drug dependence	1	2	3	4	5	6
People taking medication like methadone to treat their drug dependence and no longer use illegal drugs, can be considered recovered	1	2	3	4	5	6
Most people would not become dependent on drugs if they had good parents	1	2	3	4	5	6
Parents would be foolish to let their children play in the park with the children of someone who has a history of drug dependence	1	2	3	4	5	6

Q2. **ASK ALL**

For the following questions, please think about drug use more generally, rather than drug dependence... On a scale of 1 to 10, where 1 is "Very acceptable" and 10 is "Not at all acceptable", how acceptable, if at all, do you consider the following types of drug use to be?

	Very acceptable									Not at all acceptable	No opinion / Don't know
Using 'party drugs' (e.g. ecstasy/other illegal stimulants) at the weekend	1	2	3	4	5	6	7	8	9	10	11
Using heroin on a daily basis for six months	1	2	3	4	5	6	7	8	9	10	11
Smoking cannabis a few times a week	1	2	3	4	5	6	7	8	9	10	11
Using heroin on a daily basis for 10 years or more	1	2	3	4	5	6	7	8	9	10	11
Using methadone for 10 years or more*	1	2	3	4	5	6	7	8	9	10	11
Using cocaine everyday	1	2	3	4	5	6	7	8	9	10	11

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

Q3. **ASK ALL**

Please remember that your answers will always be treated anonymously and will never be analysed individually. If you would prefer not to answer this question, please select the "Prefer not to say" option. If you don't know anyone who has used recreational drugs, please select the "Not applicable" option.

For the following question, by "recreationally", we mean taking drugs occasionally (e.g. at a party).

Which, if any, of the following people do you know who has **ever** used illegal drugs recreationally, regardless of current use? (Please select all that apply. If your answer does not show in the list, please type it in the "Other" box.)

	CODE
Immediate family (e.g. spouse, child, sister, brother, parent etc.)	1
Partner (while they were living with me)	2
Partner (while they were not living with me)	3
Other family (e.g. uncle, aunt, cousin, grandparent etc.)	4
Friend	5
Acquaintance	6
Work colleague	7
Neighbour	8
Myself	9
Other (please write in)	10
Not applicable – I don’t know anyone who has used recreational drugs	11
Prefer not to say	12

Q4. **ASK ALL**

Please remember that your answers will always be treated anonymously and will never be analysed individually. If you would prefer not to answer this question, please select the "Prefer not to say" option.

For the following question, by "dependence", we mean an overwhelming need to use illegal drugs such as cocaine, heroin and cannabis. Which, if any, of the following people do you know who has **ever** had some kind of dependence on illegal drugs? (Please select all that apply. If your answer does not show in the list, please type it in the "Other" box. If you don't know anyone who has had some kind of dependence on drugs, please select the "Not applicable" option)

	CODE
Immediate family (e.g. spouse, child, sister, brother, parent etc.)	1
Partner (while they were living with me)	2
Partner (while they were not living with me)	3
Other family (e.g. uncle, aunt, cousin, grandparent etc.)	4
Friend	5
Acquaintance	6
Work colleague	7
Neighbour	8
Myself	9
Other (please write in)	10

Not applicable – I don't know anyone who has had some kind of dependence on drugs	11
Prefer not to say	12

**If you've been affected by this topic or would like any more information, please contact

Scottish Families Affected by Alcohol and Drugs (SFAD) http://www.sfad.org.uk/ the Scottish Recovery Consortium (SRC) http://scottishrecoveryconsortium.org/ or Addaction http://www.addaction.org.uk/

Appendix 2: Technical Appendix

Method:

- The data was collected by an online panel administered by Progressive Scottish Opinion.
- The target group for this research study was a representative sample of the Scottish population.
- The sampling frame used for this study was an online interview administered members of our partner's panel of 30,000+ individuals who have agreed to take part in surveys.
- The target sample size was 1,000 and the final achieved sample size was 1,089.
- Fieldwork was undertaken between 15th and 17th March 2016.
- All persons on the sampling frame were invited to participate in the study.
- Data gathered using self-completion methodologies are validated using the following techniques:
  - Where the data is collected via an internet survey using an access panel, all respondents can only submit one response due to a system of password protection. Our internet panel supplier, YouGov, also complies with the rules of the MRS and ESOMAR.
- All research projects undertaken by Progressive comply fully with the requirements of ISO 20252.

Data Processing and Analysis:

- The final data set was weighted to reflect the Scottish population.
- Quota controls were used to guide sample selection for this study. This means that we cannot provide statistically precise margins of error or significance testing as the sampling type is non-probability. The margins of error outlined below should therefore be treated as indicative, based on an equivalent probability sample.
- The margin of error for the total sample of 1,089 is ±0.86% to ±3.07% (calculated at the 95% confidence level (market research industry standard).
- A computer edit of the data is carried out prior to analysis, involving both range and inter-field checks. Any further inconsistencies identified at this stage are investigated by reference back to the raw data on the questionnaire.
- Where 'other' type questions are used, the responses to these are checked against the parent question for possible up-coding.
- Responses to open-ended questions will normally be spell and sense checked. Where required these responses may be grouped using a code-frame which can be used in analysis.
- Our analysis package is used and a programme set up with the aim of providing the client with useable and comprehensive data. Cross breaks to be imposed on the data are discussed with the client in order to ensure that all information needs are being met.

How to access background or source data

The data collected for this social research publication:

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

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