Athlone Institute of Technology

Tobacco, alcohol and drug use among students in Athlone Institute of Technology

Lisa Hanlon

Submitted in part fulfilment of the M.A. in Advanced Social Care Practice

25th May 2018

Word count 15,671

Signed declaration

I declare that this dissertation and the research involved in it are entirely the work of the author. This work, or part of it, has not been submitted for a qualification to any other institute or university.

Signature: _____   Date: 25th May 2018

Acknowledgements

Firstly, I would to thank my supervisor Mairead Seery for her insight and support over the last number of months.

Secondly, I would like to thank my classmates for their advice and encouragement.

Next, I would like to thank the Heads of department, lecturers and students who kindly supported and participated in my study.

I also wish to thank Sheila McGree, my research methods lecturer, for her wisdom and guidance.

Finally, and most importantly, I owe a huge debt of gratitude to my family who showed me endless support and understanding. Thank you for being there and allowing me the time to give this the effort and energy it required.

Table of contents   **Page no.**

Abstract

Little is known of the impact of tobacco, alcohol and drug use amongst third level students due to limited research of the population. The 18-24 year old age category has been highlighted by researchers as an at-risk group for binge drinking and drug use yet they are largely ignored by academic studies.

The objective of this study was to identify how tobacco, alcohol and drugs are used by students in AIT. The findings from the current research provide useful information about their use of these substances, plus the harm this causes and the harm reduction measures they use. It is hoped that the findings of the study will help shape the interventions and campaigns offered to students.

The sample was current AIT students. Questionnaires were used in class to collect the data from 192 participants. The anonymous questionnaire was divided into four sections and had thirty questions relating to tobacco, alcohol and drug use. Due to time limitations the sample is not a representative one of the wider AIT student population. The majority of respondents were female, first year students, aged 18-21 years.

In this study, over 40% of respondents reported they were current smokers, many of these only smokes when they drink alcohol. A large majority of smokers admitted they either want to stop smoking or are unsure about continuing to smoke.

The vast majority of the sample drink alcohol and have been drunk at some stage. In relation to binge drinking (six or more drinks) in the last four weeks, over a quarter of respondents said they do it more than once a week. Although one quarter of the sample reported they drink for enjoyment and to be sociable, another quarter do so for emotional or psychological reasons e.g. to forget worries or anxiety.

In relation to alcohol related harm, over half of the respondents reported having felt the effects of alcohol in class, having missed class in the last year and one third believe their alcohol use harmed their studies in the same time frame. Half of the students admitted having blackouts in the last year and 42% had an accident/injury due to alcohol in the last year.

Drug use was reported less than anticipated, maybe due to the small sample size. Despite the low numbers, twelve respondents reported drug use affected their

studies in the last year and fifteen respondents noted they were worried about their drug use. Regarding harm reduction when using drugs, the study revealed that most people will ask a friend for advice before using a drug, would ask a friend to look out for them or research online. None of these methods are very reliable and put a lot of responsibility on peers. This discovery suggests that students may need reliable sources of information and support about drugs.

Ultimately this dissertation concludes that a harm reduction model would be beneficial to educate students on harm reducing techniques and refusal skills. This model acknowledges their life stage, and the role of social environments, and is non-judgemental and realistic.

Literature Review

The purpose of this review is to examine the relevant theory and previous research on drug, alcohol and tobacco use in Ireland, and in particular among third level students. The latest comprehensive survey of students' health and lifestyle was in 2002/3. In the sixteen years that have passed, other sectors of the Irish population have been researched regarding their health and substance use, but the student population has not.

Firstly, in order to ensure students are educated about their use of tobacco, alcohol and drugs and to encourage healthy choices we need to know what the current rate of use is. Secondly, it is also important to know how they are using these substances and if that use is causing harm to them academically and personally. Finally, there is an analysis of what can be done to reduce the harm caused by the use of tobacco, alcohol and drugs.

Tobacco, alcohol and drug use

Tobacco use in Ireland

Smoking rates appear to be decreasing among young people. 16% of children aged 11-17 years report that they have smoked, which is a decrease from 2010 (NicGabhainn and Murphy, 2010). It could be assumed that limited access to tobacco has caused a decrease in smoking rates in the underage category.

Changes to legislation has impacted on the falling rates of smoking of teenagers reported by Taylor, Babineau, Keogan, Whelan and Clancy (2016) in The European School Survey Project on Alcohol and Other Drugs (ESPAD). In this study, data was collected from 15-16 year olds from thirty-five European countries, including Ireland. While young people have reported that they are smoking less and have fewer friends who smoke, their awareness of the risks of smoking has not increased. This may be attributed to the lack of school based awareness campaigns about the risks of smoking (Li, Keogan, Taylor, and Clancy, 2018).

Tobacco use amongst students

Previous studies have found that approximately one in four students were current smokers (Hope, Dring, and Dring, 2005; MacNeela, Dring, Ven Lente, Place, Dring,

and McCaffrey, 2012). Respondents reported they smoke on average seven cigarettes per day, with males smoking more than females. The College Lifestyle and Attitudinal National (CLAN) Survey (Hope et al, 2005) is a national survey among undergraduate full-time students in Ireland. It was undertaken in twenty-one third level colleges during the academic year 2002/3. The study represented a total undergraduate student population of over 100,000. The aims of the CLAN survey were to establish a national student profile of lifestyle habits. Although the survey is not up to date, it is still relevant reading as it pertains to third level students in Ireland and there has been no comprehensive research of this kind undertaken since.

Alcohol use in Ireland

Since the first Health Behaviour in School aged Children (HBSC) study (Gavin, Keane, Callaghan, Molcho, Kelly, and Nic Gabhainn, 2015) in 1998, there has been a decrease seen in the percentage of school-aged children reporting having had an alcoholic drink and in levels of lifetime drunkenness, especially among 13–15 year olds. For all measures of drinking, there was little gender difference. The HBSC international survey runs on a four-year cycle with approximately forty-four participating countries, including Ireland.

In the past year, 80% of Irish adults have consumed alcohol. It is the most commonly used substance by Irish people (National Advisory Committee on Drugs and Alcohol, NACDA, 2016). This research sampled a representative number of people aged fifteen and older from August 2014 to August 2015 and found that not only are the majority of people drinking alcohol, but many of them are doing it to a harmful degree.

Research by Long and Mongan (2014) indicated that one third of male drinkers and over one fifth of female drinkers, who consumed alcohol in the week prior to the survey, drank more than the HSE's recommended low-risk weekly drinking guidelines. This measure was highest in the 18–24 years' age group. The Health Service Executive (Health Service Executive, 2017) recommendations on low risk weekly guidelines for alcohol are up to eleven standard drinks for women and up to seventeen standard drinks for men. These drinks are supposed to be spread out over a week.

The main objective of the Irish National Alcohol Diary survey (Long and Mongan, 2014) was to estimate consumption of and expenditure on alcohol in Ireland by people aged 18-75 years. Long and Mongan (2014) found that in the week prior to the survey, one in eight men and one in ten women consumed more than the recommended weekly guidelines in a single day. This measure was, once again, highest in the 18–24 years' age group, with one in four young men and one in five young women drinking more than the recommended weekly guidelines in a single day (Long and Mongan, 2014).

Alcohol use amongst students

When asked the reasons why they drink in the CLAN survey (Hope et al, 2005), students' most popular answers were 'to be sociable', because they enjoy it and to relax. In terms of more negative reasons to drink, almost 12% said they drink 'to forget their worries' and approximately 5% do so due to loneliness or feelings of anxiety or depression. This study also found that students, especially males, display poor coping strategies. A number of students allege that they turn to drink and drugs to deal with their issues (Hope et al, 2005).

The CLAN study (Hope et al, 2005) found 61% male and 44% female students reported binge drinking at least once a week. The HSE (Health Service Executive, 2017) define binge drinking as having six or more standard drinks. Out of every hundred reported drinking sessions, well over half counted as binge drinking, with higher incidences for males than females. It should be noted that at the time of this research binge drinking was defined as drinking 75 grams of pure alcohol on one occasion. The level for binge drinking is now 60 grams on one occasion (Health Service Executive, 2017).

The tobacco, alcohol and drug use amongst third level students in Ireland was the focus of The National Student Drug Survey conducted by Bingham, O'Driscolland De Barra (2015). In relation to alcohol, this study reported that over half of respondents had an alcoholic drink in the previous week. Over one third of respondents reported binge drinking on a monthly basis and another third reported the same behaviour on a weekly basis. However, many questions must be asked about this online anonymous and randomised survey. As it was never published in full, it is not a reliable source.

Drug use in Ireland

Illicit drug use has increased amongst young people in Ireland (NACDA, 2016).Last year usage of illegal drugs was highest amongst those aged 15-24 years for both genders; however, usage amongst males of this age is considerably higher than females of the same age. Cannabis is the most commonly used illegal drug across all age groups, regardless of whether considering lifetime, past year or past month usage (NACDA, 2016).

Drug use amongst students

Similar to results from research with the general population, cannabis was the most common illegal drug used by students (Bingham, O'Driscoll and De Barra, 2015; Hope, Dring and Dring, 2005). The CLAN survey reported that over one third reported they had used it in the past twelve months and one in five had used cannabis in the past thirty days. In the past thirty days, 9% of males and 3% of females used cannabis ten or more times. Male students were much more likely to use these illegal drugs than female students (Hope et al, 2005).

Ecstasy was the second most used illegal drug, although at a much lower level than cannabis (Bingham, O'Driscoll and De Barra, 2015; Hope, Dring and Dring, 2005). This was followed by cocaine, magic mushrooms and amphetamines.

Bingham et al (2015) also reported that over 15% of respondents were concerned about their drug use and over 40% were concerned about that of a friend. In the same study, approximately a third of students are alleged to have purchased a 'mystery white powder'. When asked where they would look for information on drugs, 30% would go to a friend and 30% would check an independent website.

Tobacco, alcohol and drug related harm

Smoking related harm

The annual death toll from smoking related diseases in Ireland is at least 5,200, which accounts for 19% of all deaths (Department of Health, 2013). One in every two smokers will die of a tobacco-related disease e.g. cancers, respiratory and cardiovascular diseases (Doll, Peto, Wheatley and Sutherland, 1994). There is no

available research on smoking related harm relating to students specifically. This may be due to the long term effects of smoking which usually become evident in later life. When researching harm in the student population, it is therefore pertinent to consider harms that are felt in the short to medium term.

Alcohol related harm

Alcohol is responsible for approximately 90 deaths every month (Lyons, Lynn, Walsh, Suton and J., 2011) and is a contributory factor in half of all suicides (Martin, 2010).In the past twelve months 15% of those drinking at harmful levels felt that their drinking harmed their health, and one fifth felt they should cut down on their drinking. In the last year 18% of drinkers said they regretted something they said or did after drinking. Men aged 15-24 years were the most likely to be in an accident due to alcohol. One in ten claimed they were in a physical fight as a result of their drinking (Department of Health and Children, 2015).

It appears that as alcohol consumption increases with age, along with it comes increased risky behaviours and the associated harms. In the National Alcohol Diary survey, 18–24 year olds described the highest rate of hazardous and harmful drinking and were most likely to experience alcohol-related harm. Approximately one quarter reported harming their health and harm to their work or study. A further example of harm caused by drinking can be found in The Healthy Ireland Survey (Department of Health and Children, 2017). It is an annual face-to-face survey, first conducted in 2014/15 with people aged fifteen and older. It was found that one fifth of drinkers indicate that during the past twelve months they have had feelings of guilt or remorse after drinking.

College students appear to be part of a culture where binge drinking is normalised and this may be putting them at risk of harm (Casper, Child, Gilmour, McIntyre and Pearson, 2009). Students who were regular binge drinkers, defined as binge drinking at least weekly, were two to three times more likely to experience a range of adverse consequences as a result of their drinking in comparison to students who were binge drinking less frequently, or were non-binge drinkers (Davoren, Shiely, Byrne and Perry, 2015). All students who drank reported suffering a minimum of one negative consequence. The most common ones were regretting something said or done, feeling the effects of alcohol in class, missing days in college or harm to their

studies. One in four male students reported getting into a fight and one in ten reported unintentional or unprotected sex due to their alcohol use (Cahill and Byrne, 2010).

Drug related harm

According to the HRB (Health Research Board, 2016) there were 697 drug-related deaths in 2014. Half of these people were aged thirty-nine years or younger and three in four of all the deaths were males. Prescription drugs were implicated in three of every four poisoning deaths. Cocaine-related deaths increased by 15% from 2013 to 2014. Students are not known for having high usage of prescription drugs or cocaine but this has not been researched since the CLAN survey in 2002/3. This may have changed in line with national trends. There is no previous research available on drug related harm specific to the student population.

Theories and models

It is essential to consider the stage of life that the student population is experiencing as this may inform their substance use. Arnett's theory of emerging adulthood suggests there is an additional stage of development knows as emerging adulthood (Arnett, 2000). Arnett coined the phrase 'emerging adulthood' and published numerous articles in American psychology journals identifying it as a newly defined stage of the life span. This stage occurs between the ages of eighteen to twenty-five and should be seen as its own stage, distinct from late adolescence or early adulthood. This new stage may have come about because of the extension of education into the twenties and the delay of marriage and parenthood. Arnett proposes the stage can be characterised by five distinct features; the age of identity explorations, the age of instability, the age of self-focus, the age of feeling in-between and the age of possibilities. It is due to these features that emerging adults are more likely to experiment with substances in order to experience different states of consciousness, relieve identity confusion, self-medicate due to anxiety caused by instability and experience freedoms that might not be acceptable once they reach adulthood.

Another feature of this life stage is the change of social control from that of parents to friends. In the past young people would have gone from their parents' home to the marital home. In modern times, young people can live on their own or with friends

between the ages of eighteen to twenty-five and away from parental control. Social networks and relationships may form the social control in this time frame. Friendship groups may form based on similar interests and these groups may encourage substance use within the group (Kobus, 2003; Arnett J. , 2005). Friends can be a concern in relation to peer pressure. Peer alcohol, cannabis, ecstasy and tobacco use were very strongly associated with lifetime and current use by the individual (Yanovitxky, Stewart, & Lederman, 2006). Young people often move away from their parents for college which may have served as a protective factor (Taylor, Babineau, Keogan, Whelan and Clancy, 2016).

Arnett (2005) argues that emerging adults are less likely than adults to see the negative consequences of drug use. This is due to an optimistic bias at this life stage. Emerging adults feel life will work out well for them and they have high expectations for their future. Reyna and Farley (2006) purpose that young people are aware that they are susceptible from harm related tot drug use but they take the risk anyway. They are seen as calculated risks that are 'worth it'.

The Prototype Willingness Model (Gerrard, Gibbins, Houlihan, Stock and Pomery, 2008) addresses the reasoned and less reasoned aspects of adolescent decision making in relation to health risk behaviour. The basic assumption of the model is that adolescent health risk behaviour is often not planned or intentional. Instead of being premeditated, it is instead a reaction to situations that encourage risky behaviour e.g. the binge drinking of alcohol at a house party. This increased opportunity for drug use being a predictor for use was also supported by research of university students in the UK (Bennett and Holloway, 2015). In this UK based study it was found that students who frequent pubs and clubs regularly are more likely to use drugs. Students reported they most commonly used drugs associated with leisure-based night-time activities.

The second assumption of the model is that young people have images or prototypes in their mind of how a typical person looks that engages in certain behaviours e.g. a typical smoker or drinker their age. The young people believe if they then engage in that same behaviour, they will become like that image and be seen by others as being a smoker, drinker or drug user. The image can also represent a person who purposefully chooses to not engage in the behaviour e.g.

someone who abstains from alcohol/drinks in a safe manner. These prototypes are related to the person's willingness to engage in that behaviour. The more willing the person is to engage in the behaviour; the more unlikely they are to think about the consequences of the behaviour. This model promotes the use of prototypes in health behaviour interventions to endorse risk avoidance and increase awareness of negative consequences. For example, describing peers who engage in risky behaviour in negative terms can result in the image of the behaviour being viewed more unfavourably, for example, the smell of smoke clings to the clothes of a smoker. This causes a decline in the willingness to engage in that same behaviour.

Harm reduction measures

College health promotion needs to work off the premise that it is likely that students are using tobacco, alcohol and drugs. It is also likely that the majority of people are not intentionally causing themselves harm, even if they are. The true extent of the consequences of students' substance use may not even be realised. It was reported by Palmer (2012) that almost 10% of students in their sample reported negative consequences that had come to the attention of college/legal authorities (Palmer, McMahon, Moreggi, Rounsaville and Ball, 2012). This implies that many students with problematic use risk going undetected.

Substance use issues may be poorly self-reported by students. Due to their youth, students have been using a drugs or alcohol for less time than adults who may be accessing support services. Younger people are less likely to perceive their substance habits as misuse or addiction (Stevens, Schebel and Ruiz, 2007).

Rather than advising abstinence, a harm reduction strategy could be appropriate. Einstein (2007) describes harm reduction as a non-judgemental approach that meets the person where they are at. According to Marlatt and Witkiewitz (2010), harm reduction interventions are designed to meet the needs of people engaged in unsafe behaviours. They are best deployed as part of an overall health promotion strategy which aims to reduce substance use (MacCoun, 2009). With harm reduction it is not necessary to focus on abstinence. The approach is more realistic and in fact concedes that young people are unlikely to be successful if the goal is abstinence. It is put forward by some researchers (Stevens, Schebel and Ruiz, 2007) that young people lack the life skills or emotional capability to successfully sustain a drug free

status. Treatment programs will often expel people who use, while harm reduction programmes focus on retaining people and offering ongoing support in anticipation of them choosing to change their behaviour (Stimson, 1998). In this way, harm reduction is recovery focussed and empowers people to make positive behavioural changes.

As Gerrard et al (2008) suggests, students may be more likely to use substances because they may be more likely to be in situations which encourage that use. The harm reduction model accepts the social contexts where harmful behaviour occurs and then adapts harm preventative measures accordingly (Bonomo and Bowes, 2001).

Conclusions from the literature

Overall the research indicates that school aged children are smoking less, trying alcohol at a later age and getting drunk less often. The ESPAD and HSBC statistics refer to those under eighteen who do not have legal access to tobacco and alcohol. These results are interesting for the current study as these teens may be similar to current first year students in AIT.

Although it may be encouraging to see apparent decreases in the use and abuse of tobacco, alcohol and drugs in young people, as they get older the positive trends do not seem to continue for the 18-24 year old age category. The National Alcohol Diary survey data suggests these behaviours change and young adults may start smoking, using illicit drugs and drinking more alcohol. The results from the CLAN research shows that the drinking patterns among college undergraduate students has the potential to interfere with their academic performance and cause many personal and health related issues. Men appear to be more likely to drink alcohol above low risk limits. Those most at risk appear to be 18-24 year olds which could place a lot of third level students into the high risk age category.

Due to the negative consequences related to smoking, binge drinking and drug use students are at risk of avoidable harm. This target group is ideally placed in college to be targeted with further education and harm reduction initiatives.

Justification for the study

The research that is currently available primarily concerns people aged fifteen and older in Ireland or European studies of school going teenagers. Previous research indicates that the 18-24 year old age group is most at risk for beginning to smoke, binge drinking and experimenting with drugs. Third level students tend to be in this same age category. Despite this, there has been limited research on the student population. The most comprehensive study relating specifically to college students in Ireland was the CLAN study in 2002/3.A whole new generation of students are in the third level system and the situation is likely to be quite different now compared to sixteen years ago.

The other major study, The National Student Drug Survey is recent but there is reason to question how replicable and reliable it is. It was published in a very limited format. It is not clear how many students took part and what colleges they attended so it cannot be assumed that the results are generalizable for the rest of the student population.

In order to ensure students enjoy their college experience in a safe way and reduce the risk of harm, it is important to assess their level of awareness of potential harm caused by alcohol and drug use. Also, their knowledge and use of harm reduction strategies in relation to their drug use.

The researcher is interested in this topic because there has been no recent research on smoking, drug and alcohol use among students in AIT specifically. The level of use may vary between colleges. It would be worthwhile to focus on one college in order to establish the use and impact of tobacco, alcohol and drugs amongst the students attending that college.

The findings from the current study could provide useful information and help shape the interventions and campaigns offered to students. Education initiatives and harm reduction campaigns need to target the issues students identify in relation to their tobacco, drug and alcohol use to ensure they are relevant and useful.

Method

This section outlines the research method used and will provide the rationale for selecting the particular method. It highlights the research design, the recruitment of participants and materials used. It will explain the procedure undertaken to carry out the study, and will review ethical considerations and how data was analysed. This section concludes with a discussion of the limitations encountered in this study.

Research Design

This study used a cross-sectional questionnaire design to look at tobacco, drug and alcohol use amongst students attending AIT. When assessing the tobacco, drug and alcohol use of a population commonly use quantitative methods such as questionnaires (Hope, Dring and Dring, 2005; Taylor, Babineau, Keogan, Whelan and Clancy, 2016) Qualitative methods, such as focus groups or interviews, could have been utilised and would have provided interested descriptive data. However, the researcher was concerned that participants could be less willing to be honest about excessive alcohol use or illicit drug use. In addition, the researcher is a member of staff in AIT, which could have made participants less truthful about unhealthy behaviours and the associated negative consequences.

Online data collection presents many advantages as it makes a large and geographically diverse population more accessible in a short space of time. However, emails regarding surveys can be dismissed as junk mail and are deleted before being opened (Lefever, 2007). When comparing computer-based surveys with paper-pencil surveys Bates (2008) found the lowest response rate came from the group who had received the survey link via email. The study also found that although participants perceive levels of anonymity and confidentiality differently in different settings, this did not appear to significantly impact on the responses given. Studies have found the same results when comparing web-based administration with paper-and-pencil administration (Steffen, 2014; Van de Looij-Jenses, 2008). Due to time constraints, paper based questionnaires were the most efficient way to collect data from participants.

In advance of the main study, the researcher conducted a pilot of the questionnaires with AIT student volunteers who were similar to the target population. There are many benefits to piloting the questionnaire because confusing questions or badly designed questionnaires can causes participants to skip or misunderstand questionnaires (Boynton, 2004; Burford, 2009). This exercise provided an opportunity to get an understanding of how well the survey content and material would be received by participants. In particular, it allowed for testing of study materials such as the information sheet, participant support-information sheet and the questionnaire. The pilot 'participants' helped to identify instances of poor question design that may have been confusing to participants. They also timed themselves completing the questionnaire. This allowed the researcher to give an accurate estimation to participants as to how long the questionnaire would take to complete. They found it took seven minutes to complete the questionnaire.

The use of questionnaires provided many benefits. The target population was students in college in AIT. The population was easily accessible during class time where they gathered in sufficient numbers to ensure an adequate sample size. In addition, as the questionnaire only took approximately five minutes to complete, the class time taken up by the study was usually no more than fifteen minutes maximum. This minimum level of disruption meant it was more likely lecturers would agree to the research during their class time.

Anonymity was another advantage of this method. No identifying information was required so participants could be truthful about their use of illicit drugs without fear of repercussions.

Participants

All participants in the study were enrolled in AIT. The inclusion criteria for participants were to be students of at least eighteen years of age and registered on a full time undergraduate course. Classes in the lifelong learning school were excluded, as they are not full time students. There were no other exclusionary criteria.

In the sample, there were 129 female students, sixty-two males and one person chose not to disclose their gender. There was a mix of students from different years

of study. 134 were first years, seven were in second year, forty-one were in third year and ten participants were in 4th year. Ages of participants ranged from 18-40 years and older with 75.5% of students in the youngest category of 18-21 years. Twenty-one students were aged 22-25, ten were 26-30 years, nine were between 31- 39 years and seven were aged 40+ years.

Materials

The research instrument used was questionnaires, (Appendix 1). The questionnaire design was based on National Student Drug Survey (Bingham, O'Driscoll and De Barra, 2015) and the College Lifestyle and Attitudinal National (CLAN) (Hope, Dring and Dring, 2005) surveys. The actual set of survey questions used in both of these studies was not published. The questions asked in these surveys can only be presumed inferred from the published results and discussion sections.

The questionnaire was divided into four sections and had thirty questions. The questions were a variety of close ended and multiple-choice questions. There were no open ended questions but some questions did have an 'other' answer option where participants could provide extra information if appropriate.

The first section related to general information including gender, year of study, age range and weekly spending habits.

The second section, containing seven questions, identified tobacco use. Examples included; "Do you currently smoke?" and "Do you want to stop smoking?" Participants who did not smoke could skip to the next section.

Section three pertained to alcohol use. There were eight questions pertaining to alcohol. Sample questions included "What age were you when you starting drinking?" Questions that enquired about how often participants drank alcohol and how often they had six or more alcoholic drinks in one drinking session were included.

The final section concerned drug use. There were eleven questions in total in this section. Example questions included "In what circumstances/setting did you use illegal drugs in the last twelve months?" and "When taking a new drug do you take any of the following precautions?"

Procedure

Ethical approval for this study was obtained from AIT Ethics Committee. Consent to contact lecturers was obtained from all heads of department in the college, (Appendix 2). Lecturers were contacted by email in the schools of business, humanities, nursing, and engineering (Appendix 3). They were asked to identify a suitable class the researcher could visit to administer the questionnaires.

Participants were aged eighteen years or older, so they could consent to participate. Parental consent was not required. Consent was presumed by virtue of having completed the questionnaire as outlined in the information sheet that accompanied the questionnaire (Appendix 4).

The participants who chose to take part did so anonymously. The only personal information asked was not identifying information. They were asked their year of study, their age category and gender. The questionnaire responses are confidential. Nobody has access to them except the researcher and research supervisor if requested.

The topic being discussed was outlined in the information sheet to act as a 'trigger warning' so prospective participants were aware there were questions regarding personal substance use. The issue of personal substance use can be a sensitive topic. If usage has caused harm or distress to the participant in the past, there is a possibility they could feel uncomfortable or upset by the questionnaire. The questions were sequenced in a way that maximised the ability and willingness of respondents to provide accurate and comprehensive information. General information was obtained first, and then tobacco related questions. Followed by questions concerning alcohol and finally, drug use. All participants were aged eighteen or older so the questions up to this point related to their legal use of tobacco and alcohol. The questions about illicit drug use were placed last in the hope that participants would be more at ease at this stage.

It was important for participants to be made aware that they were not obliged to participate. They were verbally reminded they could stop filling in the questionnaire at any point even if they had started to fill it in. Support information was provided on a separate flier which students were advised to take away with them.

The questionnaire was administered in a classroom setting with the lecturer present so the setting was familiar to the participants. The lecturer was known to the students should a participant have required any assistance. The researcher is also the Healthy Campus Coordinator in the college and could contact relevant services should any student have requested further assistance.

Non-probability sampling was employed to select participants for the study. The researcher could not control what chances participants had to be included. However, there was a purposeful effort made for maximum variation among the sample. The process involved contacting lecturers, with an effort to include lecturers from as many different departments as possible. The lecturers then acted as gatekeepers to the participants, as they selected the class to invite to participate in the study. The objective of this study was to deliver a minimum sample size of one hundred students from different years of study and from different schools in the institute. Eleven classes participated in the study, which resulted in 192completed questionnaires.

Process for administration of the questionnaires

The individual lecturers nominated a class on their timetable that would be suitable to participate. In advance of commencing the study, the researcher emailed each lecturer a message to display on Moodle to provide advance notice of the study (Appendix 5). This message was to inform students of the nature of the study and that the questionnaire would be administered during their class time on a specified date.

Prior to data collection, the participants received an explanation of the study from their lecturer. On arrival to class, a verbal reminder was given that students were not obliged to take part. The anonymity of participants was also verbally confirmed before the questionnaire was administered. Participants were first given the information sheet to read over. Subsequently the questionnaire was administered to everyone present in the class. The researcher remained in the classroom in case participants had any questions. The participants were then given support information to keep for future reference (Appendix 6). Participants handed their completed questionnaire back to the researcher.

In terms of the response rate, participants knew about the study in advance so they could choose to be present in class or not. There may not have been full class attendance at the classes visited by the researcher but everyone present consented to take part and completed a questionnaire. Given the advance notice given to the class about the study, it cannot be known if any students decided not to attend class due to the study taking place. In total 192 students were administered the questionnaire and all of those were completed and returned. Nobody refused to take part on the day.

Data analysis:

Data management and analysis was performed using the IBM Statistical Package for the Social Sciences (SPSS) version 24. The responses to the questionnaire were converted to numbers to represent codes for the data entry stage. The data was transferred from the questionnaires to SPSS manually and individually by the researcher.

Limitations of the study:

This study did not have a representative sample, as there were only 192 participants out of approximately 5,500 students. There were time constraints that meant it was not possible to gather data from a larger number of participants and then time to input further data.

As the lecturers chose which classes would get involved there was a limited numbers of certain participants from the various years of study.

Studies that ask participants to self-report their use of tobacco, alcohol and drugs can have inaccurate results due to self-report bias. When asked about use, misuse and the negative consequences of their use, participants may be unwilling to divulge the information, unable to remember the details accurately or reluctant to present themselves in an unfavourable light. Students have a tendency to under-report their heavy drinking episodes and related negative consequences, particularly to someone representing the college (Davis, 2010).

The researcher was a member of staff in AIT, which presented both advantages and disadvantages. Being a staff member meant fewer access issues with heads of

department and lecturers. The researcher could be flexible about visiting the various classes at dates and times to suit the lecturers' timetables.

Results

This section of the study outlines the results from the 192 completed questionnaires and highlights the key findings. The aim of the study was to investigate tobacco, drug and alcohol use amongst students attending AIT. The findings are broken down into three main themes and correspond to the objectives of the study. The themes are tobacco, alcohol and drug use, then tobacco, alcohol and drug related harm and finally, harm reduction measures.

For the findings to be meaningful, it was better to present them using two different approaches. For the most part, the figures shown represent a percentage of the sample. Due to the small size of the sample some of the smaller figures are better presented by frequency, in which case the figure represent the number of participant responses to a question.

General information results:

The first four questions were designed to gain some basic information from participants. In question one they were asked what year of study they are in. The breakdown of the 192 participants is shown by year of study in Fig.0.1

Fig.0.1 Q1. Participants by year of study
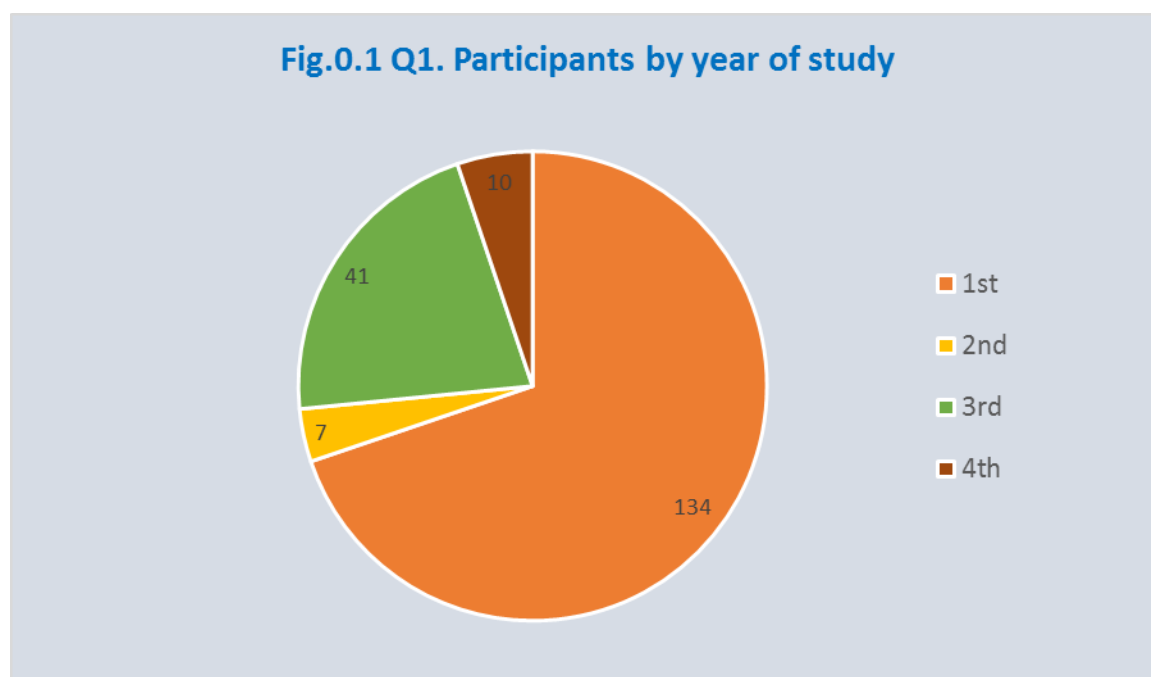
Almost 70% of the participants were in 1st year, the next largest cohort was the third years who comprised 21.4% of the sample. Second and fourth years only made up 8.8% of the sample.

In question two participants could describe their gender as male, female or they could indicate if they would rather not say. There were sixty-two males, 129 females and one person who chose not to disclose their gender.

In terms of age categories in question three the details are depicted in Fig.0.2. Three quarters of the sample were in the youngest age category. Each category got smaller as the ages increased.

Fig.0.2 Q.3 Participants by age
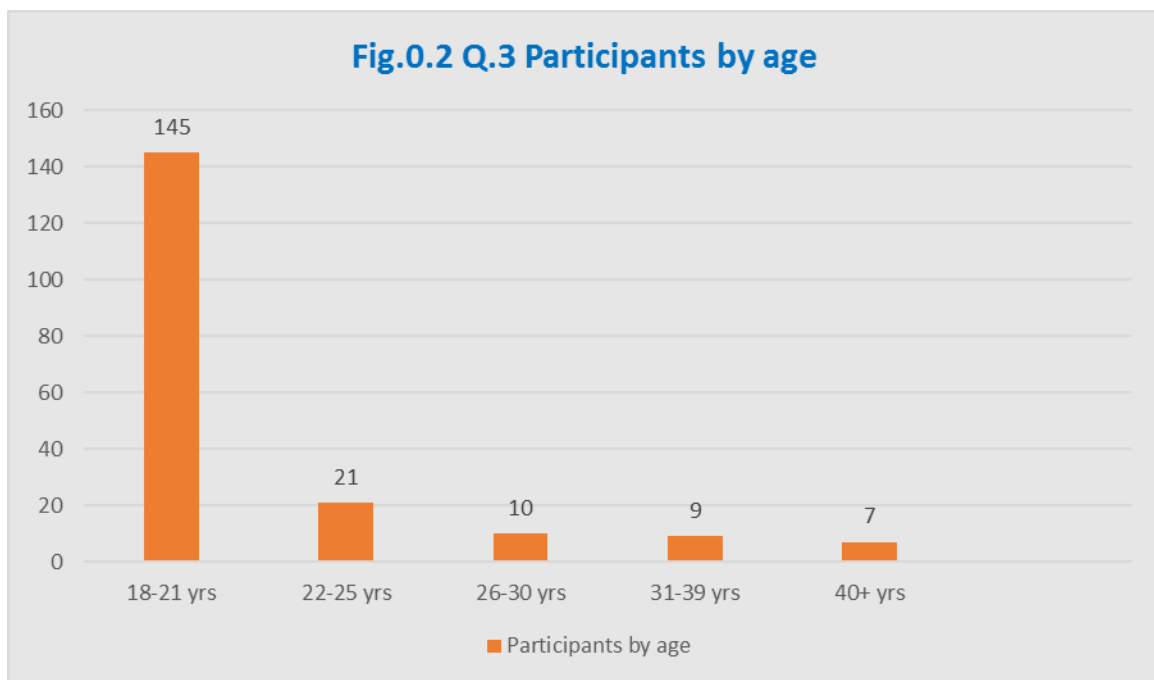
The final question in this section was to ascertain how participants spend their money every week by asking how much they spend on certain items; the results are shown in Fig.0.3. The amounts shown represent the average spend by the number of respondents who chose to respond.

Fig.0.3 Q. 4 Weekly spending

Category	Weekly spending
Food	€36.65
Accommodation	€79.70
Travel	€35.29
Alcohol	€23.70
Tobacco	€22.12
Illegal Drugs	€30
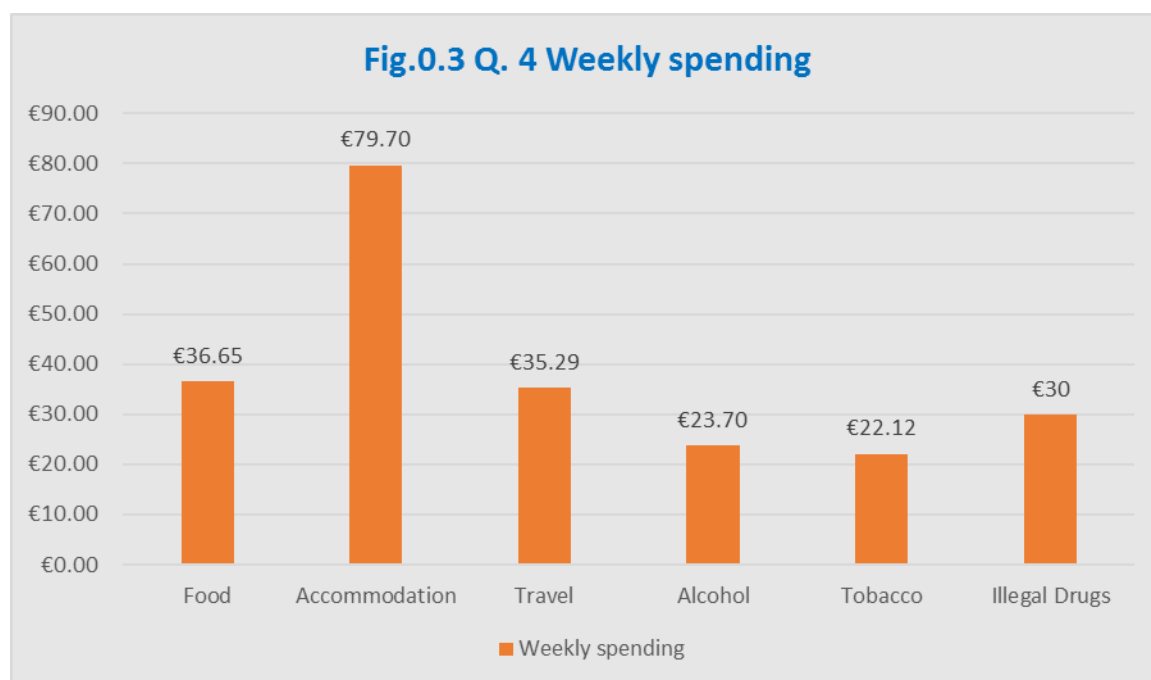
Theme 1: Tobacco, alcohol and drug use amongst AIT students

Tobacco use amongst AIT students

Fig 1.1 shows the rates of reported smoking. The male and female data is based on that percentage of each gender that responded to this question. The data indicates that many of those who have smoked did not remain a smoker. More females indicated they had tried smoking and would describe themselves as currently smoking than the male respondents.

Fig. 1.1 Rates of tobacco use amongst AIT students
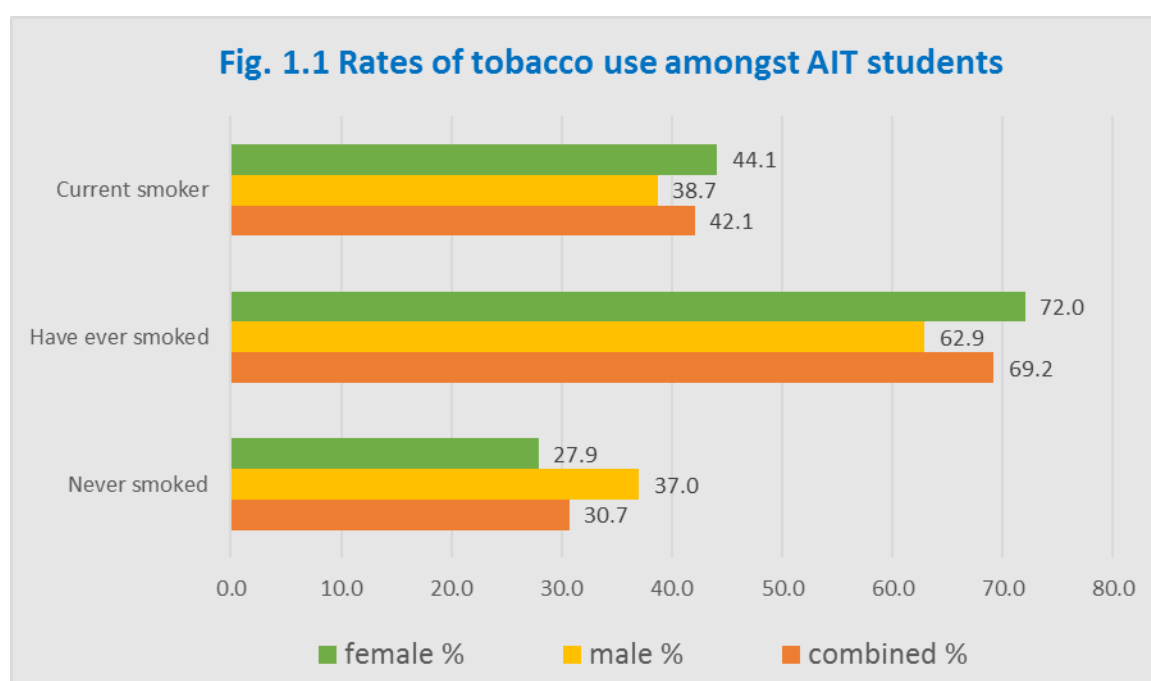
Although it was not a separate question on the questionnaire, forty-three respondents who had originally identified as a non-smoker later admitted they smoke occasionally, mostly when consuming alcohol. Thirty-seven of them said they smoke when they drink alcohol. Despite considering themselves non-smokers, they nonetheless went on to answer various questions that had been aimed only at those who said they currently smoke. For this reason, these respondents were added to the numbers of those who 'currently smoke' as this is a more accurate reflection of the smoking rates.

Fig. 1.2 Q.7 Age when started smoking
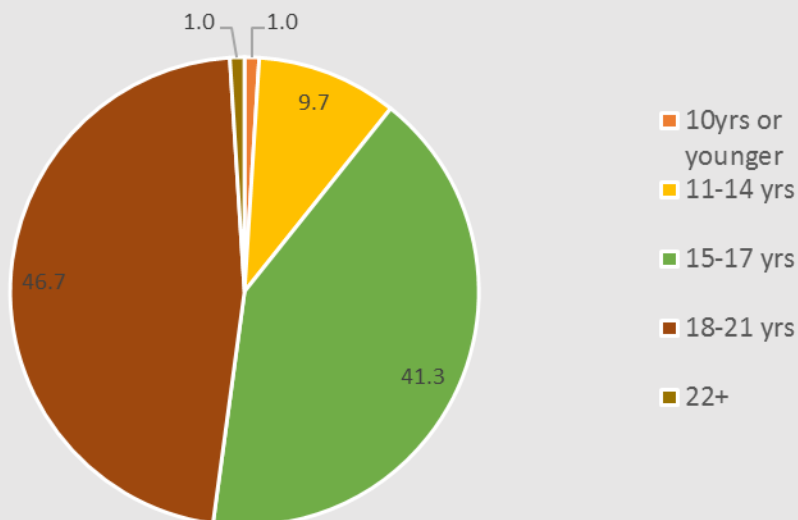
Almost half of respondents to question seven regarding age indicated they were 18-21 years when they started smoking (Fig. 1.2). The bulk of third level students fall into this age category, indicating that the college years are the time when many begin to smoke. A further 41.3% of respondents were aged 15-17 years when they started smoking. In total 88.0% of respondents were aged between 15 and 21 years. As respondents are mostly in these age categories when they start smoking and when they attend AIT, it could be surmised their smoking is a recently started habit.

Question eight inquired about how long respondents have been smoking and 40% of those who responded to the question are smoking less than one year. It could be therefore assumed that the habit is new and perhaps not yet deep-rooted.

Question nine was concerned with how often people smoke. 86 respondents answered this question. 36.0% of them smoke daily or most days. The largest group of respondents, 51.2% said they smoke when they drink alcohol.

Fig. 1.3. Q.11 % want to stop smoking
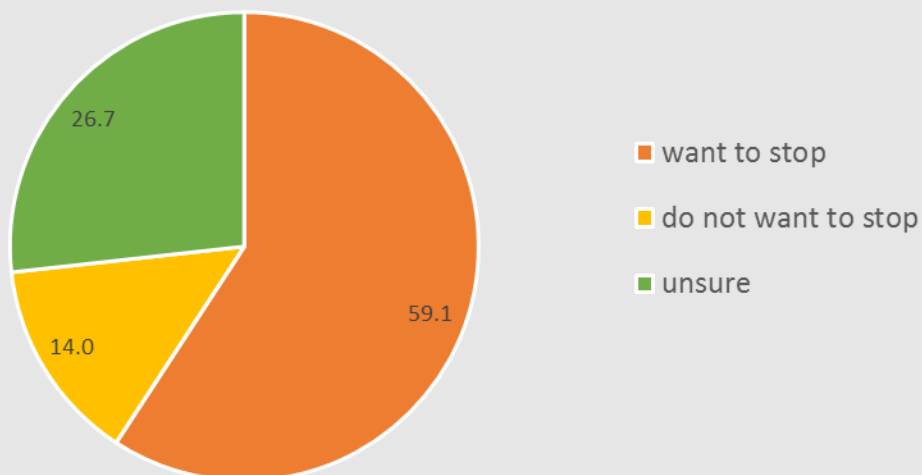
When asked in question eleven whether they want to stop smoking, 71 people responded (Fig. 1.3). It should be again noted that in an earlier question, only 38 people said they currently smoke, yet people who do not identify as current smokers also answered this question. 85.9% of respondents to this question either want to give up or are unsure which may indicate that at some point they may consider stopping smoking.

Alcohol use amongst AIT students

When asked "Do you drink alcohol?" all respondents answered the question with most of them, 94.3%, indicating that they do drink. This shows that the vast majority of students in this sample drink and very few abstain from alcohol. Excluding first sips of alcohol, 64.0% of this sample claim they started drinking at 15-17 years (Fig.1.4). This would be classed as underage drinking. 22.9% started drinking at 18-21years so they were at or above the legal drinking age. This indicates most students have started drinking alcohol before they started college in AIT. In total 86.9% of males and females started drinking between 15-21 years. This is a similar figure to the 88% reported above who said they started smoking in the same age category.

As can be seen in Fig.1.4 below, little or no drinking happens at age ten or younger. It can also be seen that more males than females said they started drinking between 11-14 years. The majority of both genders indicated that they started drinking underage i.e. 15-17 years. More males than females apparently started drinking between 18-21 years.

Fig.1.4 Q.13 Age started drinking (excluding first sips)
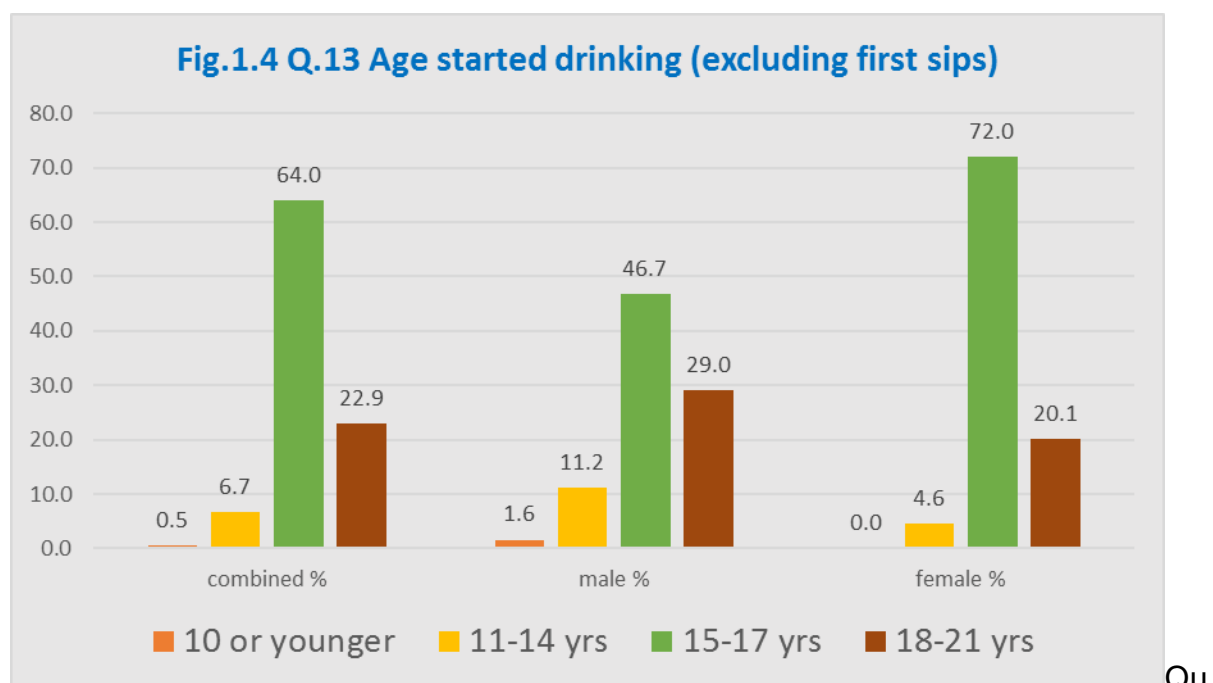
Question fourteen asked participants at what age they first got drunk (Fig. 1.5). Most respondents, 95.4%, reported being drunk at some point. This occurred mostly between the ages of 15-21 years, with higher rates in the underage category.

More females (66.5%) reported first being drunk under the age of eighteen than males (53%).

Fig.1.5 Q.14 Age first got drunk
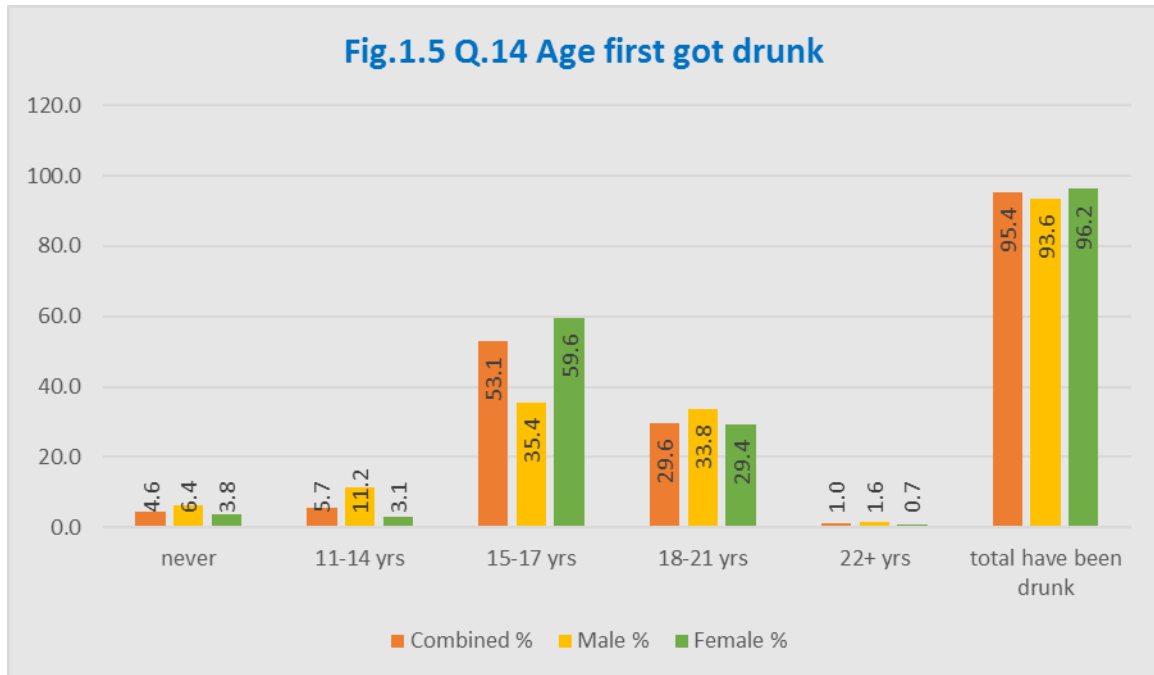
Fig.1.6 indicates the places where participants report they drink most often. Respondents could select as many places as applied to them; the figures represent the number of respondents who chose each variable. Of the 181 respondents who admitted they drink alcohol, pubs and clubs were the most popular places. Friend's places were also popular and one respondent stated another location would be concerts. These figures suggest that most respondents drink outside the home in

Fig. 1.6 Q.15 Where people drink most often
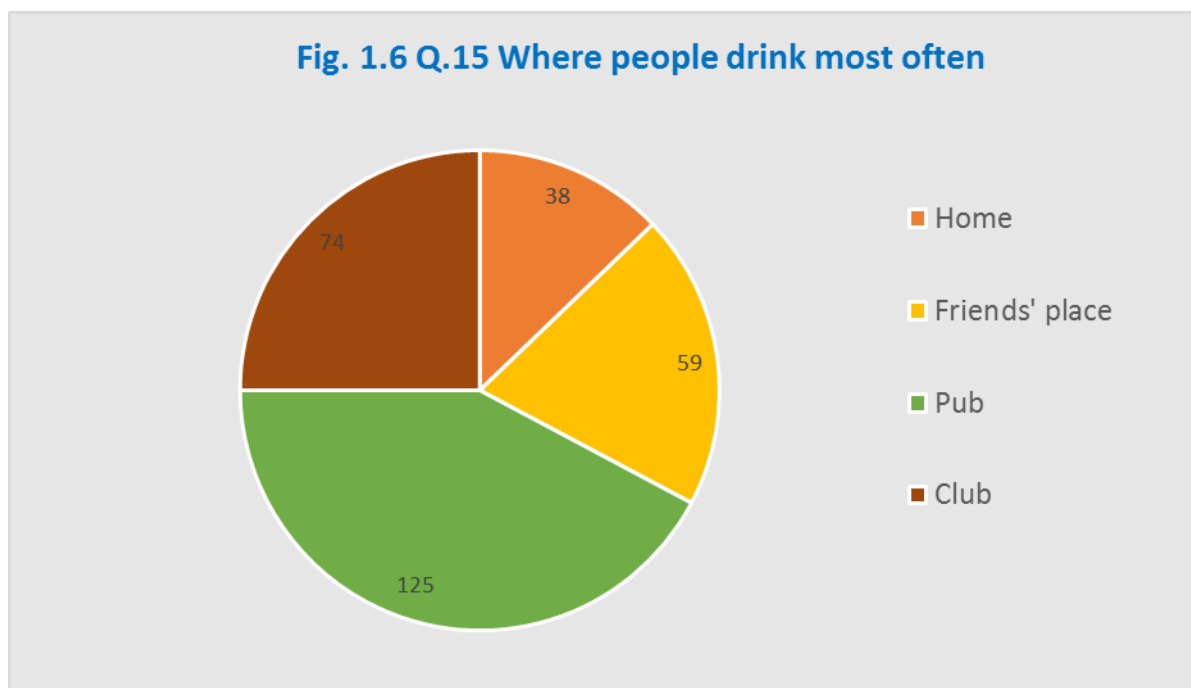
licensed premises i.e. pubs and clubs.

When asked, in question sixteen, how many times in the last seven days respondents had a drink containing alcohol; the most popular response (42.9%) was 'none'.

Fig. 1.7 Q.16 How many times in the last 7 days respondents had a drink containing alcohol?

Legend	Value
Daily %	6.6
6 times %	0.5
5 times %	1.1
4 times %	3.8
3 times %	0.5
2 times %	14.8
Once %	29.7
None %	42.9
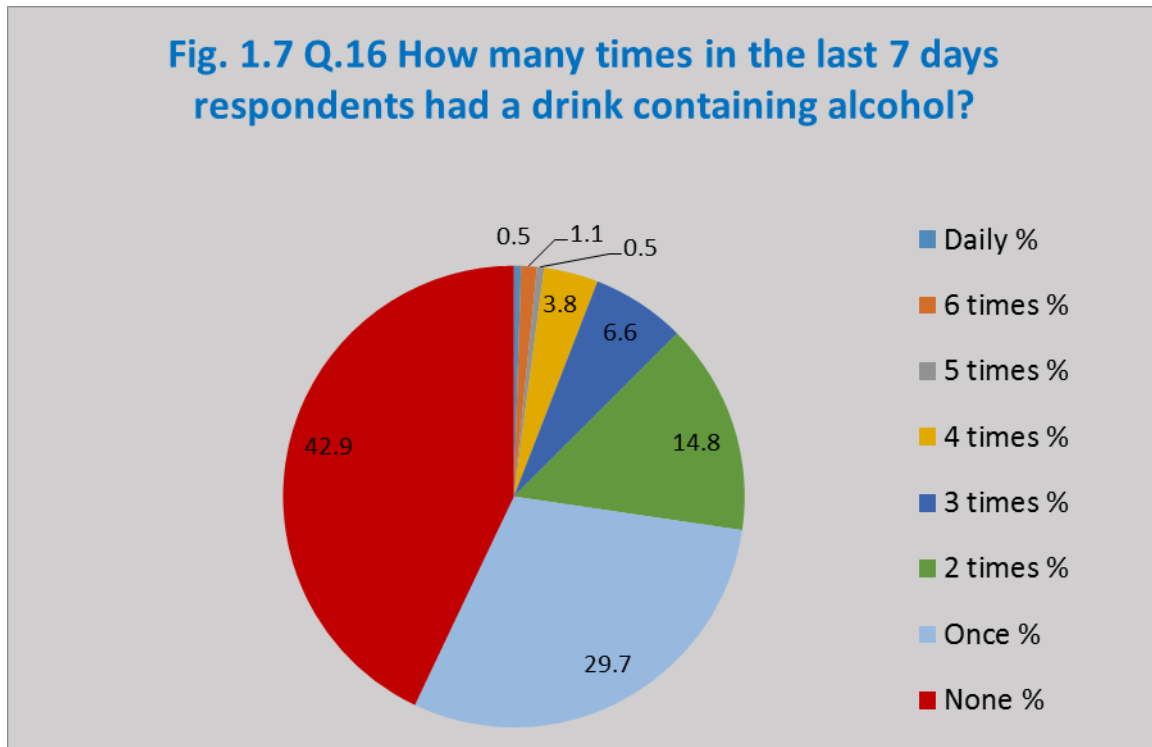
Almost one third of the respondents had had a drink once in the past seven days. This is a large proportion of the sample who has alleged they have drunk little to no alcoholic drinks in the preceding seven days. The combined responses for once or twice were reported by 44.5% respondents. Respondents who drank more often than that were shown by smaller numbers (Fig. 1.7). It cannot be known if this is a typical drinking pattern for these participants but it offers a snapshot of this particular time frame.

The next question concerned, how many times in the last 4 weeks respondents drank six or more alcoholic drinks in one drinking session.

Fig. 1.8 Q.17 How often reported binge drink in the last 4 weeks
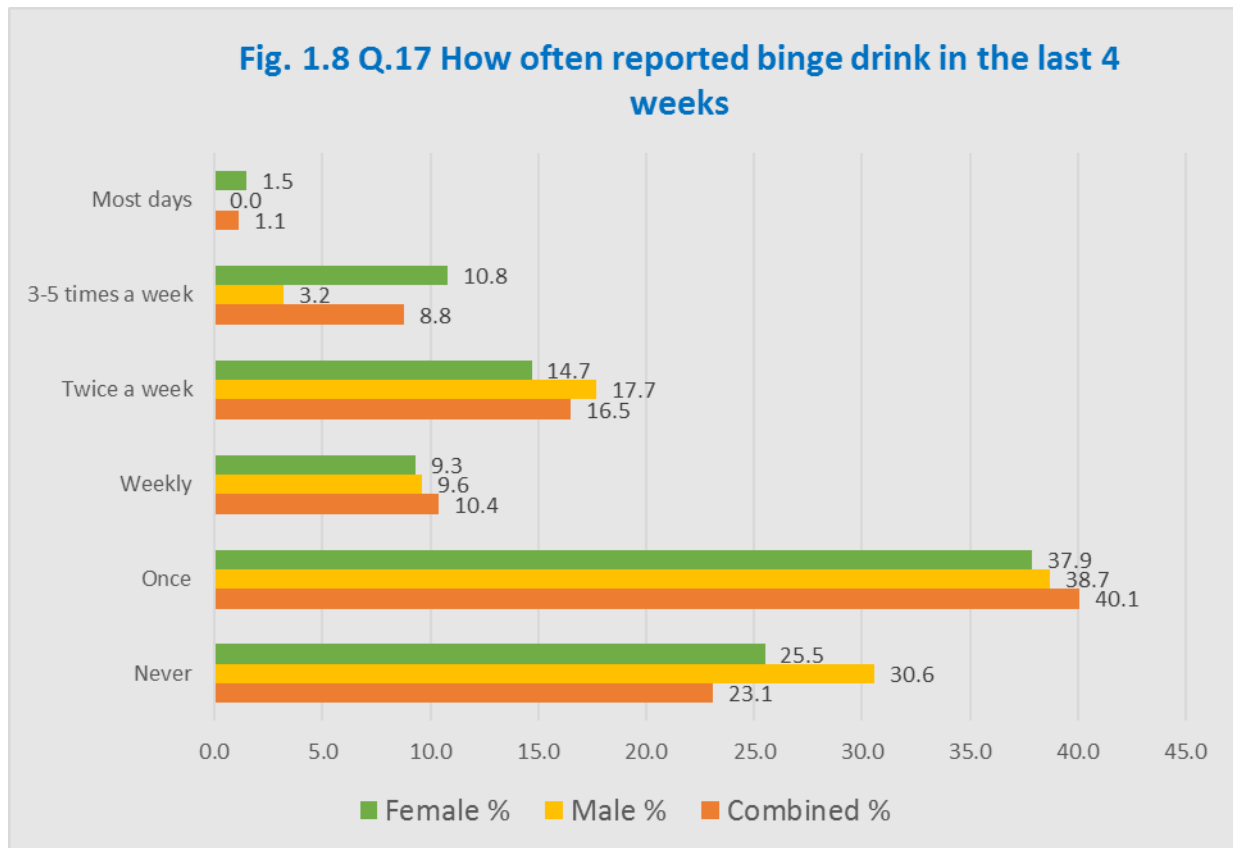
This related to binge drinking behaviour in the previous 4 weeks. This question gives a clearer picture of harmful or binge drinking than the previous question as it focuses on quantity consumed and rate of incidence. The figures based on the 182 respondents to this question are shown in Fig. 1.8. Almost one quarter of respondents to this question had not binge drank at all in the previous four weeks. Approximately 40% of them had one binge drinking session in the same time frame. 10.4% reported they would binge drink weekly and even larger numbers do it more often: 16.5% binge would say they had been binge drinking twice a week for the last four weeks and 8.8% reported binge drinking three to five times a week.

Differences could be seen in the figures when analysed by gender. More males (30.6%) than females (25.5%) stated they had not been binge drinking in the last 4 weeks. The numbers do not differ by much for weekly and twice weekly reported

rates by gender. However, when it came to more frequent binge drinking, i.e. three to five times a week, more than three times as many females (10.8%) reported doing this than males (3.2%). Most troublingly, 2 females reported they had been binge drinking most days i.e. most days in the last 4 weeks, while no males expressed this frequency.

In question eighteen, participants were asked why they usually drink, and could select as many reasons as applied. 181 people responded to the question, these figures are expressed in Fig. 1.9

Fig. 1. 9 Q.18 Reasons why usually drink alcohol

Reason	% of respondents
Don't know	2.7
Felt I needed it	8.2
Depressed	3.8
Anxiety	6.6
To forget worries	9.9
Lonely	3.8
With food	9.9
Relaxation	24.8
Enjoyment	74.5
To be sociable	85.0
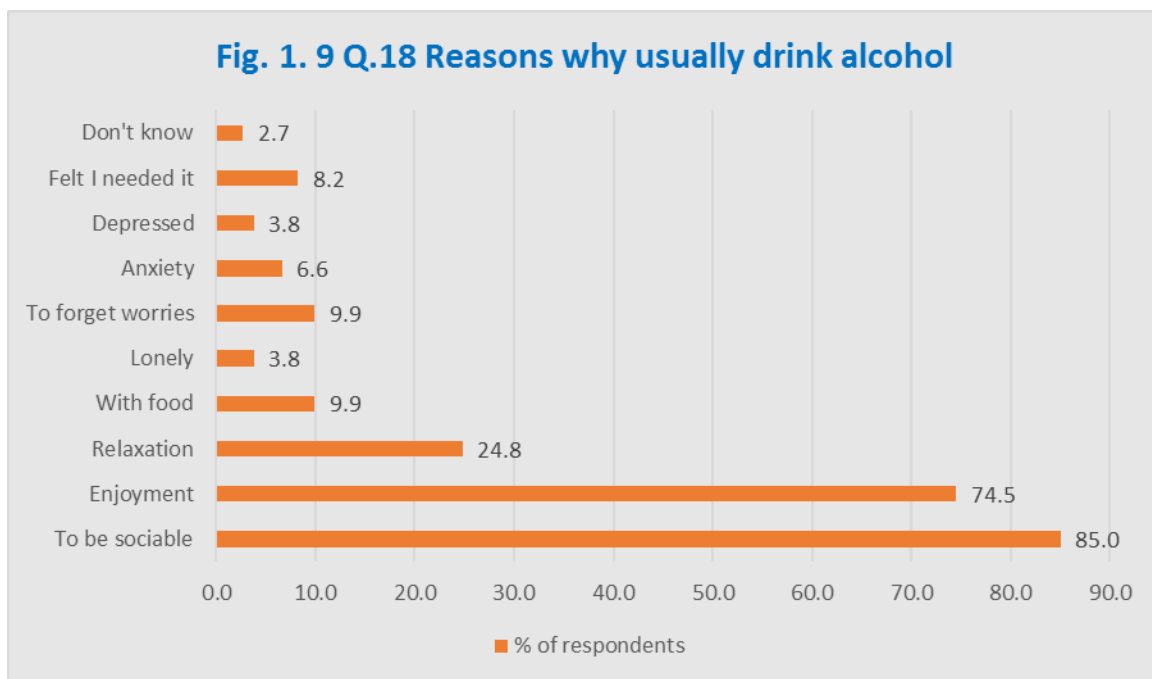
Most respondents cited their reasons for drinking as being '*to be sociable'* (85.0%) and for '*enjoyment*' (74.5%). These two were by far the most often selected reasons by respondents to this question. Almost one quarter (24.8%) drink alcohol for the purposes of '*relaxation*'. Although many of the other reasons had low numbers, when combined the responses for lonely, to forget worries, anxiety, depressed and feeling they needed it comes to 32.3% which means almost of third of this sample of students are drinking alcohol for emotional, social or psychological difficulties they are experiencing.

Drug use amongst AIT students

Questions twenty to thirty concerned the use of drugs. The first question in this section asked 'do you use illegal drugs?' This question may have created ambiguity as only thirty-one students said they use drugs but in later questions a further fifty-two respondents admitting using drugs at some point. The results of question twenty-three are a more accurate reflection of actual drug use as it covers current and previous drug use.

Question twenty-one was concerned with reasons why people do not use drugs. 161 respondents answered this question so the results below (Fig.1.10) are based on those who answered. Respondents could choose as many reasons as applied to them.

Fig.1.10 Q.21 % Reasons for not using drugs
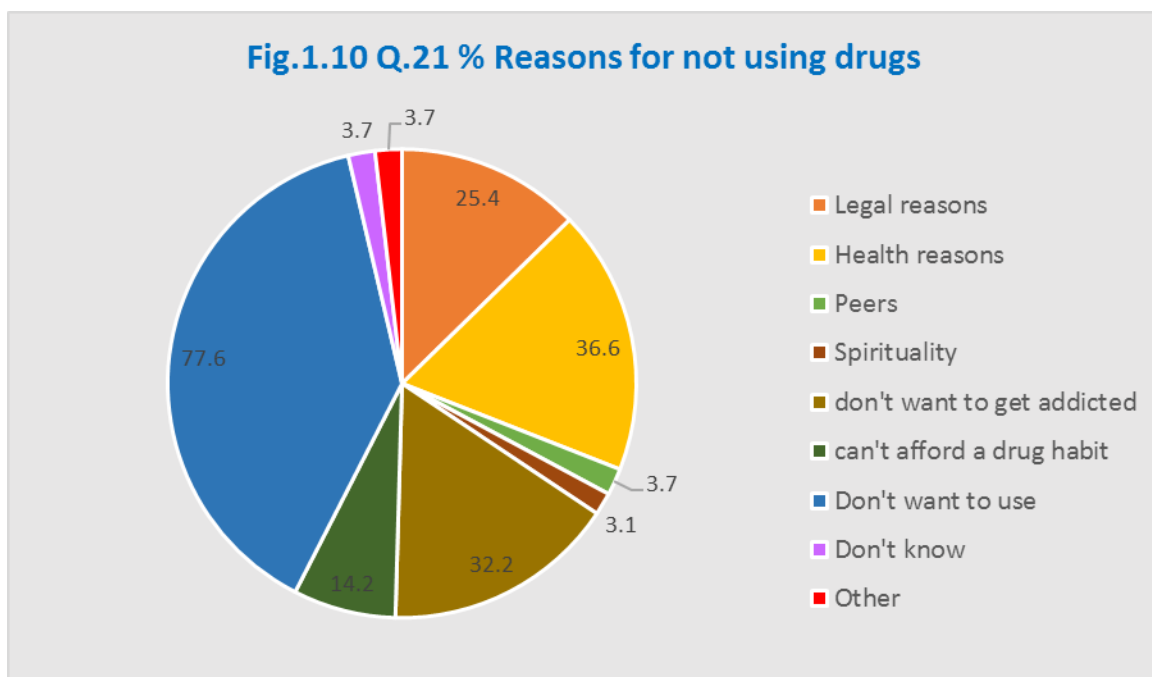
From Fig.1.10 it can be seen that three quarters of respondents selected that they '*don't want to use*' as a reason to not use drugs. Over a third of respondents chose health reasons and that they '*don't want to get addicted'*. A quarter selected legal reasons for not using drugs. The other reasons all had smaller results and nobody selected the availability (i.e. or lack thereof) of drugs as a reason to not use.

In the 'other' section at the end of the question, six respondents gave other reasons they do not use drugs:

"*Afraid of drugs, no interest in them*"

"Am on prescription medication"

"Saw effects on a friend"

"Saw family members mess up their lives over drugs"

"Sport"

"Too afraid"

The reasons why some people choose to use drugs was covered in question twenty-two, with results shown in Fig.1.11. Only fifteen people responded to this question so the figures below represent those respondents. It was best shown in frequency of responses rather than percentages of sample.

Fig.1.11 Q.22 Reasons for using drugs
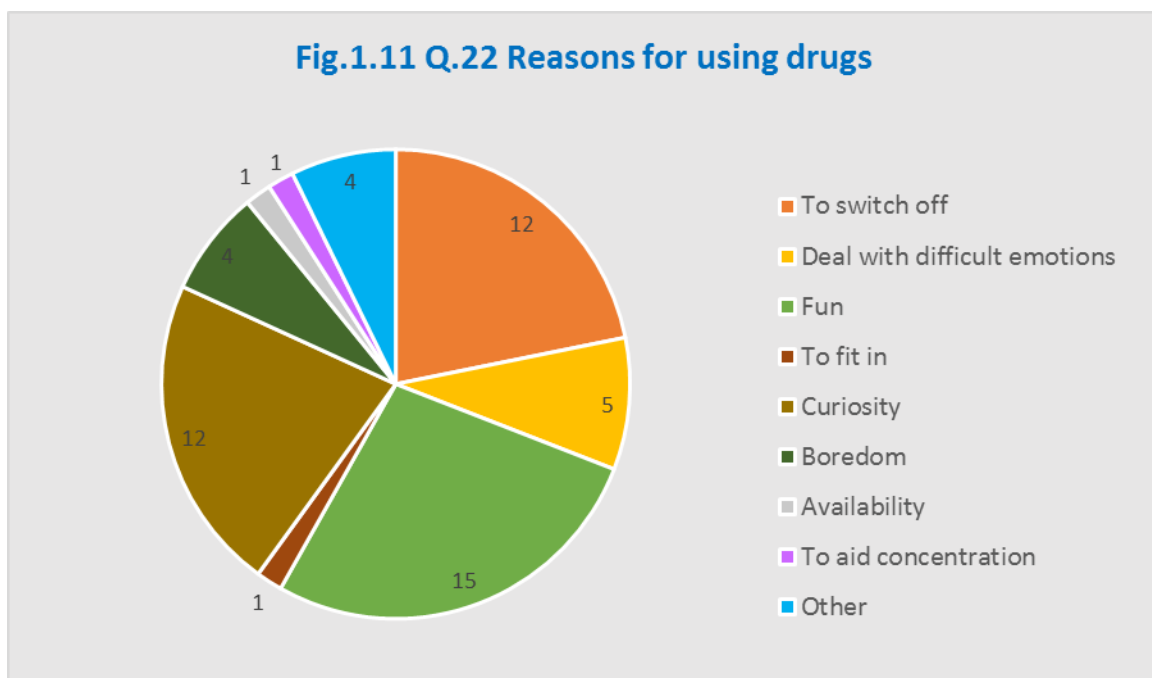
The most common reason given was fun, followed by *'curiosity'* and 'to *switch off'* which were both selected by twelve people. Of the five people who chose the reason '*deal with difficult emotions'* all of them were female, however, there were more females than males in the sample.

Additional reasons given by respondents included:

"*Help to sleep"*

"*Open my mind/change perception"*

"*Relaxation"*

"To gain perspective"

The table below (Fig.1.12) represents the data gained from question twenty-three where respondents were asked, "Have you ever used any of the following?" A list of drugs was given on one side and the corresponding time frame the drug was used on the other. 107 people filled out this section, and the figures below represent the frequency of responses given by individual participants and not percentages.

Fig.1.12 Drugs used by participants

Drug	In past week	In past 4 weeks	In past 6 months	12+ months	Tried it	Total
Cannabis	19	9	12	3	31	75
Synthetic cannabis	2	1	-	1	4	8
MDMA/Ecstasy	1	7	5	3	8	24
Unknown Pill	-	1	1	4	3	9
Cocaine	2	7	8	3	5	25
Unknown powder	-	3	-	-	-	3
LSD	1	-	1	1	1	4
Amphetamines	-	1	2	4	4	11
Magic Mushrooms	-	-	3	-	3	6
Mephedrone	-	-	1	1	1	3
Non Prescribed medication	1	-	1	1	1	4
Ketamine	1	3	2	1	1	8
Solvents	-	-	-	-	1	1
Heroin	-	-	-	-	1	1

Cannabis was the most popular drug reported by respondents. A third of those who used it had only tried it and a quarter of those who admitted use had used it in the last week. Ecstasy (24) and cocaine (25) had similar frequency of use. The next most common drug was amphetamines (11), closely followed by unknown pill (9) and then ketamine (8) and synthetic cannabis (8). The data is Fig.1.12 gives an

indication of which drugs are used by this sample and how often. Some of the reported incidence may suggest regular use whilst others may have been once off experimentation. Of the 182 reported incidences of drug use in Fig.1.12, one third said they had 'tried it' and another one third had used a drug in the last one to four weeks.

Participants were asked at what age they were when they first used drugs in question twenty-four (Fig.1.13). Again this data is given in frequency rather than percent of sample.

Fig.1.13 Q.24 Age first used drugs
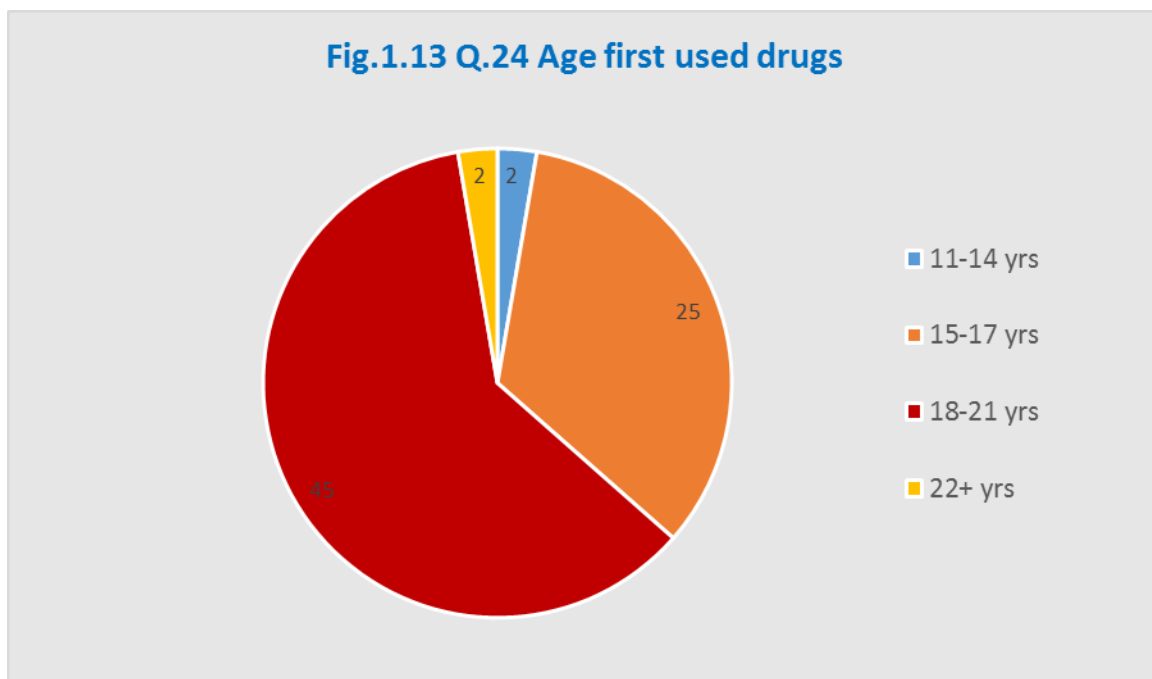
Of the seventy-four respondents 60.8% first tried drugs when aged 18-21 years. This may the same age as when they are most likely to be attending AIT. Almost half as many respondents were aged 15-17 years which could indicate they had first tried drugs before attending college.

Question twenty-five asked 'In what kind of circumstances/settings did you use illegal drugs in the last 12 months?' People could check as many of the settings as applied to them. With friends was the most popular setting, this was selected forty times. At a party was selected twenty-nine times. Both of these settings were group social settings. During a normal day was chosen eight times, alone seven times and when studying two times. These three settings are not group social settings. For other

settings, one respondent suggested festivals and another suggested on holidays as settings they have used drugs.

Forty-nine people responded to question twenty-six regarding how often they use drugs (Fig.1.14).

Fig.1.14 Q.26 How often drugs are used %
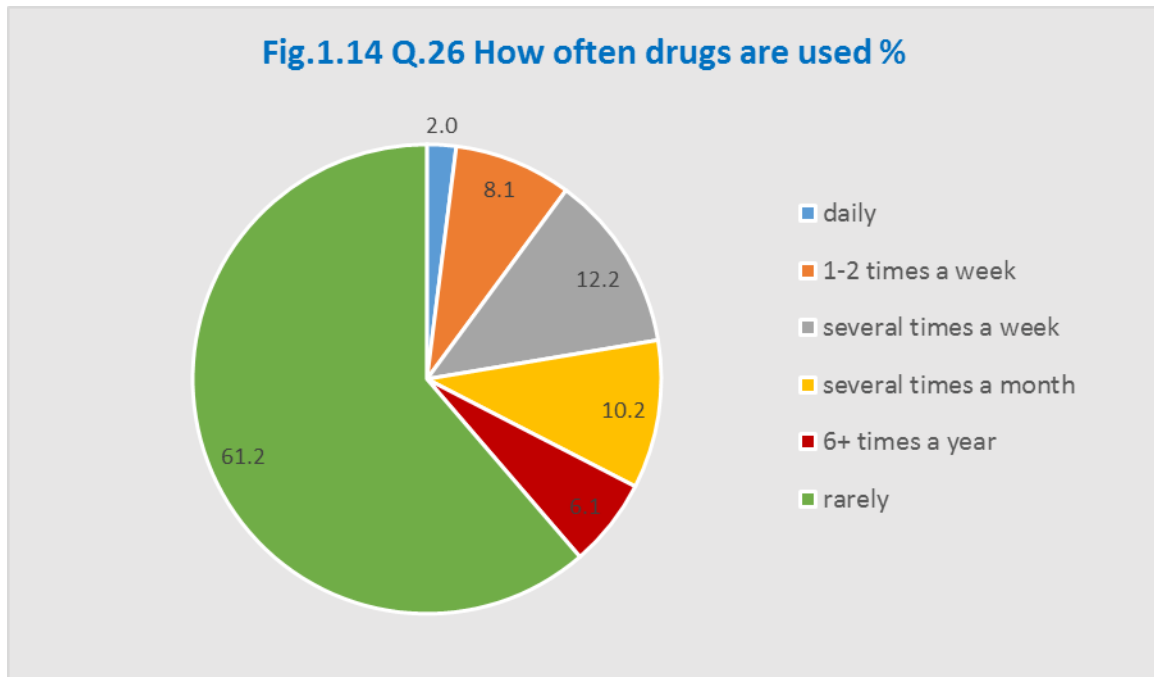
Thirty (61.2%) said they use drugs '*rarely*' which was the majority of the respondents to this question. However, 22.3% report high usage from one-to-two times per week to daily usage. A further 10.2 % categorised their usage as several times a month.

Theme 2: Alcohol and drug related harm amongst AIT students

There were no questions related to harm caused by smoking. This study looked at short term harms only. Long term harms were not an objective of this study. Due to the age of the sample, most smokers are 'new' smokers so are unlikely to report any smoking related illnesses or harms.

Alcohol related harm reported by AIT students

Question nineteen aimed to explore how alcohol use impacts the lives of participants under three sections. They were asked to complete a sentence 'Due to alcohol use I have…'by selecting as many statements as applied to them from a list of seventeen statements presented in a grid. The first three statements related to academic performance, the next eleven related to personal harm, the final three concerned social harm. Participants could also indicate the frequency with which these actions applied to them, by placing a tick in the relevant column.

The results for this question are given below (Fig.2.1) and are based on the 172 participants who answered this question.

Fig.2.1 Impact of alcohol use on academic performance

Academic performance "Due to alcohol use I have… "	Weekly		Monthly		In the last 6 months		In the last year		Total %
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	
Felt the effects of alcohol in class	6	3.4	32	18.6	38	22.0	17	9.8	53.8
Missed class	12	6.9	34	19.7	35	20.3	12	6.9	53.8
Harmed my studies	5	2.9	17	9.8	22	12.7	21	12.2	37.6

Over half of the respondents reported having felt the effects of alcohol in class in the last year and missed class in the same period. Over one third of them believe their alcohol use harmed their studies in the last year.

Fig.2.2 Impact of alcohol related to personal harm

Personal harm "Due to alcohol use I have… "	Weekly		Monthly		In the last 6 months		In the last year		Total %
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	
Worried about my drinking habits	6	3.4	4	2.3	6	3.4	9	5.2	14.3
Regretted things said or done	13	7.5	38	22.0	27	15.6	40	23.2	68.3
Had accidents/injuries	1	0.5	11	6.3	22	12.7	39	22.6	42.1
Been admitted to hospital	-	-	-		2	1.1	8	4.6	5.7
Gotten into a fight	2	1.1	5	2.9	10	5.8	23	13.3	23.1
Been arrested	-	-	-		-		2	1.1	1.1
Had money problems	4	2.3	15	8.7	21	12.2	17	9.8	33.0
Passed out	-		4	2.3	16	9.3	31	18.0	29.6
Had blackouts/memory loss	4	2.3	9	5.2	31	18.0	42	24.4	49.9
Had unintentional sex	-		2	1.1	15	8.7	11	6.3	16.1
Had unprotected sex	1	0.5	4	2.3	18	10.4	13	7.5	20.7

At 68.3% '*regretted things said or done'* was the most common effect of alcohol use with the respondents to this question. As shown in Fig.2.2, 42.1% indicated they had an accident or injury in the last year and almost one quarter had gotten into a fight. Of the respondents to '*had accidents/injuries'* there were more female respondents than male. 43.4% of the whole female sample alleged an accident or injury in the last twelve months and a quarter of the whole male sample recorded the same. In terms of being in a fight, over a quarter (25.8%) of the overall male sample had been in a fight due to alcohol. 18.6% of the overall female sample noted they had been in a fight in the last twelve months. While this figure is lower than the figure reported for males, it nonetheless reflects a large number of females who are drinking alcohol and reporting aggressive behaviour.

A third reported they had money problems due to their alcohol use at some stage in the twelve months. Approximately half of the respondents had blackouts in the last

year and 29.6% had passed out in the same time frame. Regarding sexual activity when drinking alcohol, over 16% had unintentional sex and a fifth had unprotected sex.

Fig.2.3 Impact of alcohol related to social harm

Social harm	Weekly		Monthly		In the last 6 months		In the last year		Total %
"Due to alcohol use I have... "	Freq.	%	Freq.	%	Freq.	%	Freq.	%	
Harmed friendships	1	0.5	4	2.3	5	2.9	19	11.0	16.2
Harmed relationships	1	0.5	5	2.9	8	4.6	17	9.8	17.8
Harmed my home life	-	-	5	2.9	-	-	8	4.6	7.5

As can be seen in Fig.2.3 over 17% of respondents to this section admitted their drinking had harmed relationships and almost as many had harmed friendships in the last year.

Three respondents added comments to the other harms section listed under the table in the questionnaire:

"I already have mental health problems however my drinking habits have worsened my symptoms."

"I am not afraid to speak my mind, more so after a few. So when I called out a friend being sexually abusive to others at a club I was exiled for doing what I thought was right. "

"Worried that I may have damaged my reputation. "

Drug related harm reported by AIT students

The final question in the questionnaire concerned the effects of drug use. Again, like an earlier question this was presented in a table format and divided into three sections, academic performance, personal harm and social harm. The results can be seen in Fig. 2.4, Fig.2.5 and Fig.2.6

Fig. 2.4 Impact of drug use on academic performance

Academic performance					
"Due to drug use I have… "	In the last week	In the last month	In the last 6 months	In the last yr.	Total
Felt the effects of drugs in class	2	2	2	2	8
Missed class	2	4	2	3	11
Harmed my studies	2	4	3	3	12

As indicated in Fig 2.4 eight people felt the effects of drugs in class. Eleven respondents reported they missed class and twelve admitted their drug use harmed their studies.

Fig.2.5 Impact of drug use relating to person harm

Personal harm					
Due to drug use I have…	In the last week	In the last month	In the last 6 months	In the last year	Total
Worried about my drug use	2	5	3	5	15
Regretted things said or done	1	5	4	4	14
Had accidents/injuries	-	2	2	2	6
Been admitted to hospital	-	-	1	1	2
Gotten into a fight	-	3	2	1	6
Suffered violence/intimidation buying drugs	-	-	1	-	1
Been arrested	-	-	-	1	1
Had money problems	2	3	-	3	8
Had unintentional sex	1	2		3	6

| Had unprotected sex | 1 | 2 | 2 | 1 | 6 |

Fig 2.5 illustrates the impact drug use has on the respondent personally. Fifteen respondents worried about their drug use in the last year and fourteen of them regretted something they said or did in the same time frame. Worryingly, six people said they suffered accidents or injuries in the last year, two had been admitted to hospital, six had been in a fight, and one had been arrested.

Fig.2.6 Impact of drug use relating to social harm

Social harm					
"Due to drug use I have… "	In the last week	In the last month	In the last 6 months	In the last year	Total
Harmed friendships	-	1	3	-	4
Harmed relationships	-	1	1	2	4
Harmed my home life	1	-	2	2	5

Fig.2.6 reveals the harms to the relationships. Four people indicated that their drug use had harmed friendships and relationships in the previous twelve months. Five respondents specified that their drug use had harmed their home life.

Theme 3: Harm reduction measures

In terms of precautions regarding drug use in question twenty-seven, the figures in Fig.3.1 are given by frequency as respondents could choose more than one option. Twenty-five respondents would ask a friend as a precaution when taking a new drug. '*Ask a sober friend to watch out for me'* was selected seven times. Both of these precautions place responsibility on friends of unknown expertise or experience. Starting off with smaller doses is a widely known precaution when taking a new drug, this was chosen eighteen times. The next most popular response was to research online (16).

Fig.3.1. Q.27 Precautions when taking a new drug

Category	Value
Other	5
No precautions	3
Start off with smaller doses	18
avoid using in unfamiliar places	11
Avoid mixing with alchohol	5
Avoid mixing with other drugs	8
Ask sober friend to watch out for me	7
Ask friends	25
Research online	16

■ Precautions when taking a new drug
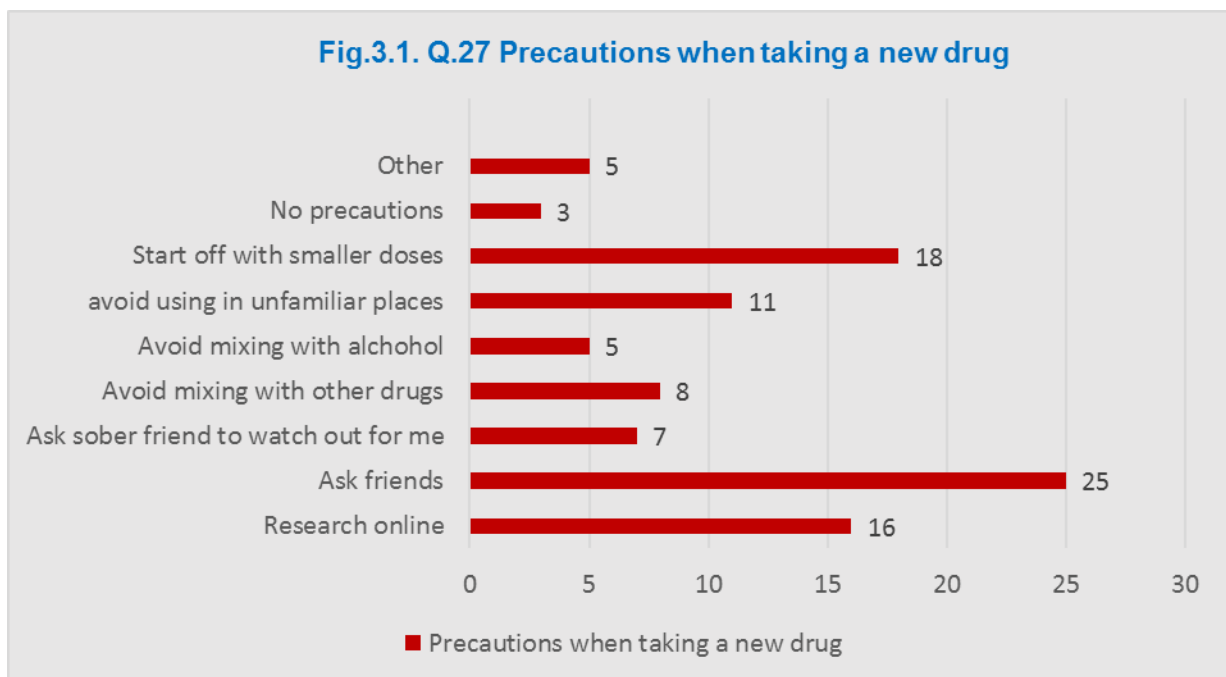
Question twenty-eight asked participants where they usually buy drugs. Fifty-four people responded to this question. The most popular answer was to buy from a friend (37) followed by seventeen said they would buy from a dealer. Nobody said they would usually buy from the internet. This was backed up by the next question which whether they had purchased drugs online. Nobody indicated they had ever bought drugs online.

Summary of Results:

The sample included 192 participants. 75.0% of them were aged 18-21 years, 70% are first year students and 67% of the sample was female. This is not a representative sample so the results cannot be generalised for the rest of the students in AIT. This study offers a snapshot of the reported habits of a small group of students in one particular time frame.

The results suggest that one third of those who try smoking will become a smoker and that smoking is more common amongst females. More respondents smoke occasionally, mostly with alcohol, and do not describe themselves as current smokers than those who originally admitted they were current smokers. However, this discrepancy could have been affected by the vague phrasing of the question. Most respondents started smoking between 15-21 years. It was shown later in the next section that this is the same age category when people indicated they start drinking alcohol. Many of those who smoke have started recently, perhaps since starting in AIT. A large majority of smokers, 85.9%, either want to give up or are unsure. There is a small minority who are certain they wish to continue smoking.

Drinking alcohol is popular, 94.3% of the sample drinks alcohol and 95.4% of them have been drunk at some point. More females than males indicated underage drinking, getting drunk whilst underage and frequent binge drinking.

42.9% of respondents had no alcoholic drinks in the previous seven days and 44.5% had alcoholic drinks on only one or two occasions. However, this question gives no information as to the quantity consumed on these occasions. When asked about binge drinking i.e. six or more drinks in one session, 10.4% binge drink weekly, 16.5% binge drink twice a week and 8.8% three to five times a week.

When asked why they drink most respondents chose to be sociable and enjoyment. Approximately a third drinks for emotional/psychological reasons, for example, lonely; to forget worries, anxiety, depressed and feeling they needed to drink.

When looking at the impact of alcohol on the participants, this study implied that alcohol use impacts academic performance. Over one fifth of respondents who drink

felt the effects of alcohol in class on a weekly to monthly basis, over a quarter missed class and over 12% believed it harmed their studies in the same time frame.

The most common personal harms in the last year due to alcohol include one fifth had unprotected sex, a quarter had been in a fight, almost one third had passed out, over one third had money problems, over 42% had accidents and injuries and over 68% regretted something they said or did.

Cannabis was the most popular drug in this sample, 39% of the whole sample had at least tried it at some point. The next most popular drugs were ecstasy and cocaine. Over 60% of those who tried drugs did do aged 18-21 years. Most respondents who have used drugs did so with friends or at a party. The majority of those who admit using drugs state they do so rarely. However, one fifth of them report a higher usage ranging from once or twice a week to daily usage.

When asked about precautions when taking a new drug, the most popular response was to 'ask a friend'. There is no data to assert the knowledge or experience of respondents' friends so this may not be reliable source to depend on. Another seven respondents said they ask a sober friend to watch out for them. There is no data to explain what this entails and if the sober friend would know what to do if the respondent were to have a bad reaction to a drug.

There were smaller figures for the impact of drugs on the respondents academically and personally but this may have been due to the small sample size. Even though regular drug was not commonly reported, eight participants had felt the effects of drugs in class, eleven had missed class and twelve felt drugs harmed their studies in the last year. in the last twelve months fifteen participants worried about their drug use and fourteen had regretted something they said or done due to drugs.

The findings from this research study indicate that 42.1% of this sample smoke, 94.3% drinks alcohol and 43.2% have used drugs at some point. It is clearly evident from the results of the study that the ages of 15-21years are the times when people experiment with and sometimes continue to use tobacco, alcohol and drugs. Most students attend AIT aged 18-21 years so their substance use may impact them academically and personally whilst they are attending here. These findings are further discussed in the next section.

Discussion

This section interprets the results and discusses their implications. First a summary of the implications of the findings is given. Here the findings are integrated and related to the research questions, theories and previous research findings. Second is an evaluation of methodological issues in hindsight. In this part the limitations of the study are discussed. This leads to the third sections where suggestions are made for future research. Finally, a number of recommendations are given for possible strategies to deal with the use of alcohol and drugs in AIT.

Use of tobacco, alcohol and drugs

Tobacco use

Several reports have shown that one in four students are smokers and the rates are even lower amongst young people with just over one in ten school age children smoking (Hope, Dring, & Dring, 2005; MacNeela, et al., 2012; NicGabhainn & Murphy, 2010). Due to the low rates found amongst young Irish teens it could have expected to see similar low rates in the current study. However, the current study found a higher rate of current smokers amongst AIT students in the sample, a reported 42%. A possible explanation for this is that the younger cohort has limited access to cigarettes so are less likely to smoke underage. More than half of the smokers in the current study smoke when they drink alcohol. It is possible therefore those students are more likely to take up smoking when they come of age and start frequenting pubs and clubs with designated smoking areas. As mentioned in the literature review emerging adults experiment more and as there is a lot of socialising when in college, they may find themselves more often in situations that encourage smoking (Arnett J. , 2005).

Further research should be undertaken to see if smoking increases in college and if there is a correlation to drinking alcohol in licensed premises and frequenting designated smoking areas. It would also be worthwhile to follow up with graduates to investigate smoking rates after college and see if their smoking rates come more in line with national trends.

More females than males were reported to have tried smoking and admitted to currently smoking in the current study. This outcome is contrary to that of Hope et al, (2005) where smoking was found to be higher amongst male students. This finding

must be interpreted with caution as there were a small number of male students in the sample and the overall number of participants was such that the findings are not generalizable to the rest of the AIT population.

Alcohol use

Consistent with the literature (National Advisory Committee on Drugs and Alcohol, NACDA, 2016; Long and Mongan, 2014), the current study also found that alcohol is the most commonly used drug. Most students in the current sample declared they drink and very few abstain from alcohol. Gavin (2015) noted an increase in the age young people start to drink alcohol with a specific decrease in drinking in 13-15 age group. The current study supports this finding; most students started drinking aged 15-17 or 18-21 years.

One unanticipated finding was regarding students' reported drinking in the seven days preceding the study. Previous studies (Hope, Dring and Dring, 2005; Bingham, O'Driscoll and De Barra, 2015) have found that up to three quarters of students would report having alcohol in the week prior to the study. In the current study, 42.1% reported they had no alcoholic drinks in the previous seven days. It is not clear what may have caused this difference. It could be simply the small sample happened to include a lot of students who do not drink often. The researcher observed the largest class that took part in the study were a group of students studying a sport related course. They appeared to be a physically fit group who likely participated in a lot of sport and possibly drink less often than students studying other courses unrelated to health and fitness. Also, only those who turned up for class on the day took part. It is unknown if students who were affected by their alcohol use were not present in class that day and no are not represented in the sample.

Women and alcohol

It was not an objective of the study to see if there were gender differences in relation to alcohol use. However, due to the fact that women are recommended to consume less alcohol than men, there were some interesting findings regarding women's increased consumption rates. It is difficult to ascertain why women are drinking greater amounts of alcohol and doing it more often. It could be because modern women face less gender related barriers than in the past and are seen as equal to

men in more situations (Arnett J., 2005). Although, it many ways this is a positive step it could be a dangerous trend when it comes to alcohol. The low risk weekly drinking guidelines are lower for women than men because physically women process alcohol differently and should not drink as much alcohol as men. There should be more education for women about the dangers of drinking to the same level as men. This needs to be specifically targeted at the older teenager and young adults who are more at risk of binge drinking.

Reasons why people use alcohol

The top three reasons for drinking were reflected in a similar pattern in previous research (Hope, Dring and Dring, 2005) and the current study, namely, '*to be sociable'*, '*enjoyment'* and '*relaxation*'. There were also similarities in the way the more negative reasons for drinking were represented by low figures individually but when combined made up a noteworthy number of students who drink alcohol for emotional or psychological reasons, such as to forget worries, loneliness and anxiety. In the current study four times as many students reported drinking because they '*felt they needed it'*. The current study also reported more females than males selecting the more negative reasons for drinking. This is not supported by previous research (Hope, Dring and Dring, 2005) that had indicated male students are more likely to ignore their problems, turn to drugs and alcohol when suffering from mental health issues and that they exhibit poorer coping techniques and help seeking behaviours. One figure that differed from previous research may indicate a worrying tendency.

Drug use in Ireland
Previous studies (Bingham, O'Driscoll and De Barra, National Student Drug Durvey, 2015; Hope, Dring and Dring, 2005) have found that cannabis is most common drugs among young people and adults in Ireland and it is the most popular drug by a wide margin. This finding was mirrored in the current study where one third has tried it and one quarter has used it in the week prior to the study. Ecstasy and cocaine were the second and third most popular drugs as reported in the literature and in the current study. It is not surprising that cannabis is the most popular drug as many people view it as a benign 'natural' drug.

Why students use or abstain from drugs

In terms of the reasons why students chose to use drugs or not, there contrasts between the results in the current study and the National Drug Survey (Bingham, et al, 2015). In the National Student Drug Survey, the top answer was health consequences followed by criminality. In the current study, three quarters of them said they simply '*don't want to use'*, this was followed by health and not wanting to get addicted. In some ways it is difficult to compare these results as the full survey is not available in the National Drug Survey so it cannot be certain exactly what participants were asked and some of their results are unclear. For example, respondents could choose '*Health consequences'* and '*Health*' as reasons not to use drugs. Similarly, they could choose '*criminality*' and '*law*' as other reasons. It is not known if these reasons were made clearer to participants at the time.

Results of the two studies are more consistent when it comes to reasons why students used drugs. The most popular answers in both studies were fun, curiosity and switching off. These answers are intriguing when viewed through the prism of the theory of emerging adulthood (Arnett J., 2005) and the prototype willingness model (Gerrard, Gibbins, Houlihan, Stock and Pomery, 2008), both of which are outlined in the literature review. It was put forward that emerging adults are in a time of experimentation and freedom that is unacceptable in other life stages. Also as they face a time of anxiety, confusion and upheaval they may experiment more and seek escape at this age more than another. It is proposed that their sometimes risky behaviour is less about premeditation or recklessness and instead may be a simple reaction to an environment conducive to smoking, binge drinking and drug experimentation.

Alcohol and drug related harm

It should be again noted that investigating the short term harm from tobacco was not an objective of this study.

Alcohol related harm

The questions from the CLAN survey (Hope, Dring and Dring, 2005) on harms relating to alcohol use utilised some similar variables to those employed in the current study; this offers an opportunity for some obvious comparisons. Some results were similar despite the sixteen-year gap between the two pieces of research and

some were quite different. Regarding impact on academic performance there were similar results for those who felt the effects of alcohol in class but the current study had higher results for missed class and harm to studies. In general, students in the current study are seeing the impact of their alcohol use on their academic performance. Over half of them have felt the effects of alcohol in class and missed class in the last year and over one third believe alcohol has harmed their studies in the last year.

Overall the most commonly reported harm in both studies was feelings of regret about things said or done. In terms of personal harms, there were similar figures for unintentional sex but otherwise the current study tended to have higher figures in all other variables including considerable higher numbers of students who reported being in a fight, having money problems, unprotected sex and harming their relationships. There were some variables in the current study that were not included in the CLAN study. The current study enquired about blackouts and passing out due to alcohol and found almost half revealed they had suffered the former and a third suffered the latter. There are discrepancies between the two studies regarding physical injuries due to alcohol which may be down to differences in how the questions were phrased. The CLAN survey specified '*harm to health*' and '*been in an accident*'. The current study simply asked about accidents/injuries. The questions in the CLAN survey are more open to interpretation as '*harm to health'* could include symptoms of a hangover or a broken wrist, whilst '*been in an accident'* could evoke images of car accidents or other more serious incidents. Nevertheless, in the current study over 42% of respondents said they had an accident or injury sometime in the last year due to alcohol which signifies considerable physical harm to a large proportion of students. In personal communication with the researcher, the nurse who works in student health centre said she would estimate that 15% of their patients are students impacted by their alcohol use (Tully, 2018).

Binge drinking

Previous research (Long and Mongan, 2014; Department of Health and Children, 2015) evaluating binge drinking has found the 18-24year age group are the most at risk age group for binge drinking. The research has indicated males are more likely to binge drink (Long and Mongan, 2014; Hope, Dring and Dring, 2005). In contrast, the current study found more males reported not binge drinking at all in the previous

four weeks. Women reported more binge drinking and a habit of doing it more often than their male counterparts. The current study also found evidence of regular binge drinking but less than was reported in previous studies. In the current study one in four had not been binge drinking in the previous four weeks and under half had done it just once in the same time frame. Regarding frequent binge drinking almost 17% binge drink twice weekly and almost 9% do it three to five times a week. More females than males reported binge drinking three to five times a week. No males reported binge drinking daily but two female participants stated they did. This is a small number of people but given the size of the sample, it is a worrying admission by any number of people and may indicate very harmful and hazardous drinking

Drug related harm

Due to the small sample size and because drug use was reported less than anticipated, there are very small figures in relation to drug related harm. As alcohol is the most popular drugs, there are more reported harms. However, the small results do not mitigate the harm that was reported by those who use drugs.

Twelve respondents reported that their drug use has affected their studies in the last year. In terms of personal harms, fifteen respondents have worried about their drug use in the last year. This is a considerable amount of people given how small a number are using drugs. Eight people alleged they had money problems due to their drug use. This is unsurprising as the reported average weekly spend on drugs was €30. This is worrying given the weekly average spend on food is €36.65.

Also in relation to drugs, six people said they suffered accidents or injuries in the last year, six had been in a fight, and one had been arrested. These results need to be interpreted with caution. Respondents selected drugs as the reason for these harms but it is not known if they were also under the influence of alcohol or if it was drugs alone.

Respondents who use drugs are also affected on a social level. Four people admitted their drug use affected their relationships and friendships in the last year. Five went on to report that their home life had been affected by their drug use.

Harm reduction in relation to drug use

On the question of precautions taken when using a new drug, the current study found that students' first port of call is their friends. Asking a friend about a drug was also the top answer to this question in the National Drug Survey. In the current study the next most popular answer was to '*start off with smaller doses*'. This option does not seem to have featured in the National Drug Survey; at least it does not appear in the summarised results that were made available.

Other common precautions between the two surveys are '*to research the drug online*', avoid mixing with other drugs/alcohol and to ask a sober friend to watch out for them. An additional common response in the current study was '*to avoid using drugs in unfamiliar places*', again this option does not seem to feature in the National Drug Survey. Many students did not indicate that they use any precautions Possible implication of this are the possibilities that students are either unaware of what precautions could be taken or are simply choosing to not undertake any precautions.

A further alarming result is regarding the frequent use of the internet to research a new drug. It is not apparent if online research is done on reputable sites which give the pros and cons of a drug and how to reduce harm if using it. The other type of online research could involve sites that sell drugs where personal reviews of drugs can be left by individuals. The motivations and true identity of these reviewers is not known and therefore could not ensure safety or reliability any more than asking friends for advice. Research has shown that students do not feel informed about drugs (Bingham, O'Driscoll and De Barra, 2015). Most students look to the internet for information on drugs or else rely on their friends. An implication of this is the possibility that students are clearly seeking this information so they should be signposted towards reputable means of educating themselves about drugs.

Another factor to consider is that students' foremost precaution is to ask their friends about a drug before using it. There is nothing known about the knowledge or expertise of these friends. It is unlikely students are significantly lowering any risk factors by asking their friends' advice about a drug. Another precaution involving friends was to '*ask a sober friend to watch out for* me'. It is unclear what this strategy entails, whether the sobriety means free from drugs and/or free from alcohol or if this

'responsible' friend would know what to do if a friend in their charge were to have a bad reaction to a drug.

Research has looked at friends peer educators for the promotion of harm reduction campaigns. A study in the U.S. advocates the use of peers as social leaders who can steer conversations toward safe alcohol use. They would initially be able to easily influence their own social network as the already possess the skills and habits to exert such influence (Carey, Lust, Reid, Kallchman and Carey, 2016). This strategy is backed up by the Prototype Willingness Model described in the literature review (Gerrard et al, 2008).

Harm reduction should be the overarching principle in any health promotion initiative with students. This point of view accepts that a drug-free society is unattainable and is an alternative to the classic prohibition or criminalization attitudes (Einstein, 2007).

This non- judgemental approach is important as students see their alcohol use as a normal and expected part of the college experience. American students who took part in focus groups in one study recommended that campaigns be framed in a positive and open minded light. This would facilitate the teaching of facts about alcohol without judgement and the emphasising of responsible consumption rather than a scare format (Casper, Child, Gilmour, McIntyre and Pearson, 2009).

Evaluation of methodological issues in hindsight

A source of uncertainty in the study lies in the risk of social desirability bias, that students may have underreported their use of tobacco, alcohol and drugs. They survey was being completed in the classroom alongside their peers and the researcher is a member of staff. Participants were repeatedly reminded of the anonymity of the study but it is not known how much of a bias was caused.

A limitation of the study is that of the size of the sample. The current study is based on a non-generalizable convenience sample. The researcher did not get to choose how many participants were from each year of study, their age or gender. If there had not been time constraints the sample could have been larger and more diverse. The small sample size may have impacted on the quantity of data on drug use. It can be assumed that more students use 'legal' drugs such as tobacco and alcohol. The small sample meant there were a very small number of participants providing the information on drugs.

Those included in the survey were those who attended class on the day the researcher visited their class. It is not known how many were not present from each class and if their possible responses would have differed from those who did attend class and participate in the study. Only those who attended class completed the survey so this method may have excluded those whose attendance is affected by alcohol or drugs.

In hindsight some parts of the questionnaire may have lacked clarity. For example, '*do you currently smoke*'? The word 'currently' could be interpreted in the literal sense, as in at the time of the survey, although this is unlikely. However, it could mean today or ordinarily. In the case of someone who does not smoke during the day and only smokes when out drinking, they may not see themselves as a '*current smoker'.*

Similar issues exist for the question '*Do you use drugs*'? A vague question like this may only attract a positive answer for someone who uses drugs regularly. A person

who has not used drugs in the last month may not believe that at the time of the study it is true to say they 'use drugs'.

There was an ambiguity to the question '*Have you been in a fight*'? The fight could refer to a physical fight or a verbal disagreement. The questions should have been clearer, perhaps divided into two separate ones, one referring to a physical fight and one verbal row with another person. However, the original question still gleaned useful information as those who indicated they had been in a fight are still admitting to a certain level of aggression due to alcohol.

Due to time constraints the questions asked in the questionnaire were limited. In hindsight there are questions that could have been left out and others that could have been included. For example, to leave out about how many years respondents have been smoking. As they are mostly aged 18-21 years it is unlikely many will have long terms habits. The questionnaire did not enquire about what they drink e.g. spirits or beer and also did not ask about the quantity of alcohol usually consumed on a usual night out. The questionnaire only asked about how often they drink six or more drinks. It would have been interesting to know how far beyond six drinks some people go. The questions also failed to qualify what a standard drink is, i.e. one small glass of wine or a glass of beer or a single measure of a spirit. Some people many have counted a large glass wine or a pint as a single drink when they actually equate to two standard drinks. Questions should have been included about harm reduction relating to alcohol, these could have included avoiding spirits or shots, eating before drinking and alternating alcoholic drinks with water/soft drinks. Finally, an opportunity to learn about pre-drinking habits was missed. Drinking before going to the pub or club, is also known as predrinking, prinks or preloading. It is well documented amongst student populations in other countries. Further research should include questions to see how common this behaviour is amongst Irish students.

To avoid participants' time being wasted they were instructed to skip to next section if they indicated no to certain questions. For the most part this instruction was not followed. Had the researcher used an electronic tool like survey monkey participants would have been brought automatically to next section if they selected no to certain questions. Although this may seem efficient, in fact it would have meant an opportunity for additional data would have been missed. For example, respondents

who said they do not smoke would have skipped to the next section relating to alcohol. The results would have lacked information from forty-three people who had indicated they do not smoke but later went on to admit they smoke occasionally, mostly when they drink. Also that most of them had started smoking in the last year and that many of them wish to stop smoking or are unsure about continuing to smoke. The same goes for those who indicated that do not use drugs in question twenty then went on to list drugs they had tried in question twenty-three.

A further limitation was my limited knowledge of SPSS. I mostly relied on YouTube tutorials to learn how to enter my data into SPSS. It was a beneficial to learn something about SPSS and the system was helpful in terms of being a suitable place to input the data. When it came to analysing the data the most straightforward strategy was to calculate simple frequencies and basic descriptive statistics. I struggled with any analysis that was more complicated than this. It may not have been ideal to use SPSS due to my lack of understanding and familiarity with it, especially given the time frame given for this research. It was difficult to comprehend how to use the tables and other types of graphs in SPSS so the results are instead illustrated using the graph and table features in Microsoft Word.

Suggestions for future research

Given the high risk for harmful drinking and experimentation with drugs further research is needed among Irish students. A national survey with a representative sample which would be generalizable for all students would provide up to date helpful information. Better recommendations for intervention and support could be suggested following on from this type of research.

Previous research shows that there is little or no education done in schools regarding the dangers of smoking. As smoking is still an issue, it could provide an interesting area of research to assess the knowledge young people currently possess about the dangers of smoking. Following this research appropriate education measures could be introduced in schools that may avoid young people beginning to smoke when they come of age and the barriers to smoking have been removed.

There appears to be a link of some kind between smoking and drinking alcohol. The current study did not go far enough and did not have a large enough sample to

indicate a significant relationship. However, it is indicated in the current study that more students smoke with alcohol than view themselves are 'current' smokers. This phenomenon should be investigated further to see why, in a country with a smoking ban in pubs and clubs, and numerous other legislative measures and controls there appears to be an increase in people smoking when they drink.

Older research showed that males reported drinking more alcohol than females. More recent research and the current study suggest this gender gap is closing and in some cases females report binge drinking more than males. It is recommended that women should drink less than men; it could be investigated as to whether females are aware of this fact and why it is so. It could be assessed as to whether knowing this information causes a decrease in hazardous drinking behaviour.

There appears to be a culture of binge drinking amongst students. Given the level of harms this causes to them academically and personally, this warrants further research. Ways to combat this drinking culture needs to investigated, for example, the use of peers as social leaders. These topics have been studied in American university but never in an Irish context.

Final conclusions

This study supports the findings of previous research of substance use by college students which show that smoking, binge drinking and experimentation with drugs are commonplace. These findings detail the impact of alcohol in particular on students both academically and personally. Although early adulthood may be characterised by a time of increased freedom and experimentation there is still a responsibility for colleges to ensure the safety and wellbeing of their students. Students need to be reminded of the harms of tobacco use, binge drinking and drug use. They need to be aware of reliable places to go to for information, advice and support if they are concerned about their use of tobacco, alcohol or drugs. College students should be educated on harm reducing techniques and refusal skills which acknowledges the likelihood that they will be in environments conducive to the use of alcohol and drugs. All approaches to education and support should encompass the harm reduction principle which is non-judgemental and realistic.

Recommendations

- Colleges should offer education on the dangers of smoking and information on cutting down and quitting.

- Colleges need to commit to address the culture associated with alcohol use.

- To respond to the rate of injuries and other negative consequences students need more education on binge drinking.

- Due to the rates of unsafe sex reported, continued promotion of safe sex practices need to be reinforced.

- Appropriate support services, for example, student counselling needs to advertised as an alternative to alcohol and drug use when upset or anxious.

- More alcohol free events should be available to students as evening social events.

- Students need to be informed of reputable, reliable and informative websites about drugs.

- Based on the popularity of cannabis there needs to be awareness raised amongst students as to the dangers of using cannabis and supportive information about safer use and cutting down use.

- There needs to be more general safety campaigns, for example, 'safety on a night out' and 'mind your mates'.

Reference list

Arnett, J. (2000). Emerging adulthood: A theory of development from the late teens through to the twenties. *American Psychologist, 55*(5), 469-480.

Arnett, J. (2005). The Developmental Context of Substance Use in Emerging Adulthood. *Journal of Drug Issues, 35*(2), 235-253.

Bates, S., and Cox, J. (2008, May). The impact of computer versus paper-pencil survey and individual versus group administration, on self reports of sensitive behaviours. *Computers in Human Behaviour, 24*(3), 903-916.

Bennett, T. and Holloway, K. (2015). Drug use among college and university students; Findings from a national survey. *Journal of Substance Use, 20*(1), 50-55.

Bingham, T., O'Driscoll, C. and De Barra, G. (2015). *National Student Drug Survey.* Dublin.

Bonomo, Y. and Bowes, G. (2001). Putting harm reduction into an adolescent context. *Journal of paediatrics and child health., 37*, 5-8.

Boynton, P. (2004). Administering, analysing and reporting your questionnaire. *British Medical Journal, 328* (7452), 1372-1375.

Burford, B. (2009). Asking the right questions and getting meaningful responses: 12 tips on developing and administering a questionnaire survey for healthcare professionals. *Medical Teacher, 31*, 207-211.

Cahill, E. and Byrne, M. (2010). Alcohol and drug use in students attending a student health centre. *Irish Medical Journal, 103*(8), 230-230. Retrieved 01 04, 2018, from http://archive.imj.ie//ViewArticleDetails.aspx?ArticleID=6382

Carey, K., Lust, S., Reid, A., Kallchman, S. and Carey, M. (2016). How mandated college students talk about alcohol: Peer communication factors associated with drinking. *Health Ciommunication, 31*(9), 1127-1134.

Casper, M., Child, J., Gilmour, D., McIntyre, K. and Pearson, J. (2009). Health research perspectives: Incorporating college student experiences with alcohol. *Health Communication, 20*(3), 289-298.

Davis, C. (2010). Social desirability biases in self-reported alcohol consumption and harms. *Addictive Behaviours, 35*(4), 302-311.

Davoren, M., Shiely, F., Byrne, M. and Perry, I. (2015). Hazardous alcohol consumption among university students in Ireland: a cross-sectional study. *British Medical Journal, 5*(1), 1-8.

Department of Health. (2013). *Tobacco Free Ireland. Report of the Tobacco Free Policy Review Group.* Dublin: Department of Health.

Department of Health and Children. (2015). *Healthy Ireland Survey 2015. Summary of findings.* Dublin: Deptartment of Health and Children. Retrieved 12 31, 2017, from http://health.gov.ie/wp-content/uploads/2015/10/Healthy-Ireland-Survey-2015-Summary-of-Findings.pdf

Department of Health and Children. (2017). *Healthy Ireland Survey 2017. Summary of Findings.* Dublin: Department of Health and Children. Retrieved 01 04, 2018, from http://health.gov.ie/wp-content/uploads/2017/10/16-048825-Healthy-Ireland-Survey-18-October for-printing.pdf.

Doll, R., Peto, R., Wheatley, K, and Sutherland, I. (1994). Mortality in relation to smoking: 40 years' observations on male British doctors. *British Medical Journal, 309*, 901-911.

Einstein, S. (2007). Harm and risk reduction:History, theories, Issues, and Implications. *Substance Use and Misuse, 42*, 257-265.

Gavin, A., Keane, E., Callaghan, M., Molcho, M., Kelly, C. and Nic Gabhainn, S. (2015). *The Irish Health Behaviour in School Aged Children (HBSC) study 2014.* Dublin: Department of Health and National University of Ireland, Galway. Retrieved 01 01, 2018, from http://www.nuigalway.ie/hbsc/hbscireland/2014study/

Gerrard, M., Gibbins, F., Houlihan, A., Stock, M. and Pomery, E. (2008). A dual-process approach to health risk decision making: The Prototype willingness model. *Development Review, 28*(1), 29-61.

Health Research Board. (2016, 12 13). Health Research Board publish latest drug-related death figures. Dublin, Dublin, Ireland. Retrieved 01 04, 2018, from http://www.hrb.ie/home/media/press-release/?no_cache=1tx_ttnews%5Btt_news%5D=868

Health Service Executive. (2017). *Alcohol Programme*. Retrieved 05 04, 2018, from Heatlh Service Executive: https://www.hse.ie/eng/health/hl/change/alcohol/

Hope, A. (2005). *College Lifestyle and Attitudinal National (CLAN) Survey.* Dublin: Department of Health and Children.

Hope, A., Dring, C. and Dring, J. (2005). *College Lifestyle and Attitudinal National (CLAN) Survey.* Dublin: Department of Health and Children.

Kobus, K. (2003). Peers and adolescent smoking. *Addiction, 98*(1), 37-55.

Lefever, S. (2007). Online data collection in academic research: advantages and limitations. *British Journal of Educational Technology., 38*(4), 574-582.

Li, S., Keogan, S., Taylor, K. and Clancy, L. (2018). Decline of adolescent smoking in Ireland 1995-2015: Trend analysis and associated factors. *British Medical Journal Open*, 1-7.

Long, J. and Mongan, D. (2014). *Alcohol consumption in Ireland 2013. Analysis of a national alcohol diary survey.* Dublin: Health Research Board.

Lyons, S., Lynn, E., Walsh, S., Suton, M. and J. (2011). *Alcohol-related deaths and deaths smong people who were alcohol dependent in Ireland, 2004 to 2008.* Dublin: Health Research Board.

MacCoun, R. (2009). Harm reduction is a good label for a criterion all drug programs should meet. *Addiction, 104*(3), 431-342.

MacNeela, P., Dring, C., Ven Lente, E., Place, C., Dring, J. and McCaffrey, J. (2012). *Health and well-being of NUI Galway undergraduate students: The student lifestyle survey.* Galway: National University of Irelland, Galway.

Marlatt, G. and Witkiewitz, K. (2010). Update on harm reduction policy and intervention. *Annual review of Clinical Psychology, 6*, 591-601.

Martin, J. (2010). Alcohol-attributable mortality in Ireland. *Alcohol and Alcoholism, 45*(4), 379-386.

National Advisory Committee on Drugs and Alcohol, NACDA. (2016). *Prevalence of drug use and gambling in Ireland and drug use in Northern Ireland.* Dublin: National Advisory Committee on Drugs and Alcohol.

NicGabhainn, S. and Murphy, C. (2010). *Smoking behaviour among school children in Ireland. Factsheet 1. HBSC Ireland Team.* Dublin: Department of Health. Retrieved 01 01, 2018, from http://www.nuigalway.ie/hbsc/documents/2010_fs_1_smokingjan.pdf

Palmer, R., McMahon, T., Moreggi, D., Rounsaville, B. and Ball, S. (2012). College student drug use: Patterns, concerns, consequences, and interest in intervention. *Journal of College Student Development, 53*(1), 124-132.

Reyna, V. and Farley, F. (2006). Risk and rationality in adolescent decision making. *Psychological science in the public interest, 7*(1), 1-44.

Steffen, M. (2014). Self-Report of tobacco use status: Comparison of paper-based questionnaire, online questionnaire, and direct face-to-face interview - Implications for meaningful use. . *Population Health Management, 17*(3), 185-189.

Stevens, S., Schebel, R. and Ruiz, B. (2007). The seven challenges: an effective treatment for adolescents with co-occuring substance abuse and mental health problems. *Journal of social work practice in the addictions, 7*, 29-49.

Stimson, G. (1998). Harm reduciton in action:Putting theory into practice. *International Journal of Drug Policy, 9*, 401-409.

Taylor, K., Babineau, K., Keogan, S., Whelan, E. and Clancy, L. (2016). *ESPAD 2015: European Schools Project on Alcohol and other Drugs in Ireland.* Dublin: Department of Health. Retrieved 10 18, 2017, from http://www.drugsandalcohol.ie/26116/1/Irish-ESPAD-2015-16.09.16.pdf

Tully, L. (2018). Personal communication with the researcher .

Van de Looij-Jenses, P. (2008). Comparison of web-based verus paper-and-pencil self-administered questionnaire:Effects on Health indicators in dutch adolescents. *Health Services Research, 43*(5), 108-1721.

Yanovitxky, I., Stewart, L. and Lederman, L. (2006). Social distance, perceived drinking by peers, and alcohol use by college students. *Health Communication, 19*(1), 1-10.

Appendices

1. Questionnaire

2. Consent email to Heads of Department

3. Invitation to lecturers to participate in study

4. Participant information sheet

5. Moodle advance notice of study

6. Participant support information flier

Appendix 1: Questionnaire

Section 1: General information

1. What year are you in? *(tick one)*

☐ 1st   ☐ 2nd   ☐ 3rd   ☐ 4th

2. What is your gender? *(Please tick)*

☐ male   ☐ female   ☐ Rather not say

3. What age are you? *(please tick)*

☐ 18-21   ☐ 22-25   ☐ 26-30   ☐ 31-39   ☐ 40+

4. How much on average would you spend a week on the following?

Item	Weekly spend approx.
Food	€
Accommodation	€
Travel costs	€
Alcohol	€
Tobacco	€
Illegal drugs	€

Section 2: Information relating to tobacco use

5. Have you ever smoked a cigarette? (If no skip to the next section)

☐ Yes   ☐ no

6. Do you currently smoke? (If no skip to next section)

☐ Yes   ☐ no

7. What age were you when you started smoking? *(please tick)*

☐ < 10   ☐ 11-14   ☐ 15-17   ☐ 18-21   ☐ 22+

8. Average number of <u>years</u> you have been smoking *(please tick)*

☐ <1 yr.   ☐ 1-2 yrs.   ☐ 3-5 yrs.   ☐ 6+yrs

9. How often do you smoke? *(please tick)*

☐ daily   ☐ Most days   ☐ weekly   ☐ rarely   ☐ When I drink alcohol

10. Average no of cigarettes a day …….

11. Do you want to stop smoking? *(please tick)*

☐ yes   ☐ no   ☐ unsure

12. Do you drink alcohol? *(please tick)*

☐ yes   ☐ no

(If no skip to next section)

13. What age were you when you started drinking? **(excluding first sips)**

☐ < 10yrs   ☐ 11-14   ☐ 15-17   ☐ 18-21   ☐ 22+

14. What age were you when you first got drunk? *(please tick)*

☐ never   ☐ < 10yrs   ☐ 11-14   ☐ 15-17   ☐ 18-21   ☐ 22+

15. Where do you drink most often? *(can tick more than one)*

☐ At home   ☐ At a friend's place   ☐ Pub   ☐ Club

Other *(please specify)* ....

16. How many times in the last 7 days have had a drink containing alcohol?

☐ Daily   ☐ 6 times   ☐ 5 times   ☐ 4 times

☐ 3 times   ☐ 2 times   ☐ Once   ☐ none

17. How many times in the last 4 weeks have you drunk 6 or more alcoholic drinks in one drinking session?

☐ never   ☐ once   ☐ weekly   ☐ Twice a week

☐ 3- 5 times a week   ☐ Most days   ☐ daily

18. Why do you usually drink alcohol *(tick as many as apply)*

☐ To be sociable	☐ Enjoyment	☐ Relaxation	☐ With food	☐ lonely
☐ To forget worries	☐ Anxiety	☐ Depressed	☐ Felt I needed it	☐ Don't know

19. Please tick the relevant box for every statement below

Due to alcohol use I have….	weekly	monthly	In the last 6 months	In the last year	never
Harm related to academic performance					
Felt the effects of alcohol in class					
Missed class					
Harmed my studies					
Personal harm					
Worried about my drinking habits					
Regretted things said or done					
Had accidents/injuries					
Been admitted to hospital					
Gotten into a fight					
Been arrested					
Had money problems					
Passed out					
Had blackouts/memory loss					
Had unintentional sex					
Had unprotected sex					
Social harm					
Harmed friendships					
Harmed relationships					
Harmed my home life					

Other harms you have experienced please comment here:

....

....

....

....

<mark>Section 4:</mark> Information relating to drug use

20. Do you use illegal drugs? *(please tick)*

☐ yes   ☐ no

21. If no, why not? (Or if you stopped, why?) *(tick as many as apply)*

☐ Legal reasons   ☐ Health reasons   ☐ Peers   ☐ Spirituality   ☐ Availability

☐ Don't want to get addicted   ☐ Can't afford a drug habit   ☐ Don't want to use   ☐ Don't know

Other (please specify).. <mark>*(If not using drugs, skip to the end)*</mark>

22. If yes, why do you use illegal drugs?

☐ To switch off   ☐ Deal with difficult emotions   ☐ Fun   ☐ To fit in   ☐ Curiosity

☐ Boredom   ☐ Availability   ☐ To aid concentration   ☐ Don't know

Other (please specify)..

23. Have you ever used any of the following? *(please tick the relevant box for each drug)*

Drug	Used in the past week	Used in the past 4 weeks	Used in the past 12 months	Used 12months +	I have tried it (even once)	Never tried it
Cannabis/marijuana						
Synthetic cannabis						
MDMA pills (AKA ecstasy)						
Unknown pill						
Cocaine						
Unknown white powder						
LSD						
Amphetamines (AKA Speed)						
Magic mushrooms						
Mephedrone(AKA snowblow)						
Non prescribed meds (e.g. Ritalin/diazepam)						

Contd....	Used in the past week	Used in the past 4 weeks	Used in the past 12 months	Used 12months +	I have tried it (even once)	Never tried it
ketamine						
Solvents						
Heroin						
Other…………………. (Please specify)						

24. What age were you when you first used illegal drugs?

☐ <10 yrs. ☐ 11-14 ☐ 15-17 ☐ 18-21 ☐ 22+

25. In what kind of circumstances/setting did you use illegal drugs in the last 12 months?

☐ Alone ☐ With friends ☐ At a party ☐ During a normal day

☐ When studying ☐ At work ☐

Other (please specify)..

26. How often do you use illegal drugs?

☐ Daily ☐ Several times a week ☐ Several times a month ☐ 6+ times a year

☐ 1-2 times a week ☐ Rarely ☐ never

27. When taking a new drug do you take any of the following precautions?

☐ Research online ☐ Ask friends ☐ Ask sober friend to watch out for me ☐ Avoid mixing with other drugs

☐ Avoid mixing with alcohol ☐ Avoid using in unfamiliar places ☐ Start off with smaller doses ☐ No precautions

Other (please specify)..

28. Where do you usually buy illegal drugs?

☐ Friend ☐ Dealer ☐ online

29. Have you ever purchased illegal drugs from the internet?

☐ yes   ☐ no

30. Please tick the relevant box for every statement below

Due to drug use I have…	In the last week	In the last month	In the last 6 months	In the last year	never
Harm related to academic performance					
Felt the effects of drugs in class					
Missed class					
Harmed my studies					
Personal harm					
Worried about my drug use					
Regretted things said or done					
Had accidents/injuries					
Been admitted to hospital					
Got into a fight					
Suffered violence/intimidation buying drugs					
Been arrested					
Had money problems					
Had unintentional sex					
Had unprotected sex					
Social harm					
Harmed friendships					
Harmed relationships					
Harmed my home life					

Other harms you have experienced please comment here:

....
....
....

Thank you for completing the questionnaire.

If any of the questions raised any concerns for you, please seek further information and support from the contacts listed in the student support information flier

Appendix 2: Consent email to Heads of Department

Good afternoon Oliver,

I am emailing to check if you would permit me to contact some lecturers in your department about requesting their permission to go into their classes to carry out a questionnaire? I am hoping to carry out some research on smoking, drug and alcohol use amongst AIT students as part of my final year dissertation for my MA in Advanced Social Care Practice. This would involve a questionnaire that students would fill out in class, the questionnaire takes less than 10 minutes to complete.

Kind Regards,

Lisa Hanlon

Healthy Campus Coordinator

Room D11, Athlone Institute of Technology, N37 HD68

☏ +353 (0)90 6468122

✉lhanlon@ait.ie

Appendix 3: Invitation to lecturers to participate in study

Teresa,

I was wondering if I could ask a favour of you please?

Do you have class that I could visit for about 15 minutes to do a questionnaire with the students? I am in the final year of my MA in Social Care Practice and my research piece is looking at drug, alcohol and tobacco use amongst AIT students. Some student's trialled the questionnaire for me and it took 7 minutes to complete so I could do it during the first or last 15 minutes of one of your classes?
The students must be 18 or over and be enrolled in a full time course. My research proposal was already approved by AIT ethics committee and I emailed all heads of Dept for permission to contact lecturers.

If you have a class in mind that this might suit, please let me know so we can arrange further.

Thank you,

Kind Regards,

Lisa Hanlon

Healthy Campus Coordinator

Room D11, Athlone Institute of Technology, N37 HD68

☎ +353 (0)90 6468122

✉lhanlon@ait.ie

Appendix 4: Participant information sheet

Participant information sheet

Student Questionnaire: Drugs, alcohol and tobacco use among students in Athlone Institute of Technology.

I would like to invite you to participate in a research project that will contribute towards my Master's dissertation. Taking part in the study is completely voluntary and you are not obliged to participate. In order to decide whether you want to participate in the study please read all the information provided on this information sheet. Please ask me if there is anything that is not clear or if you would like more information

What is the purpose of the study?

The purpose of this study is to gather data on AIT students reported usage of tobacco, drugs and alcohol. The study will focus on exploring substance use patterns amongst students.

Why have I been invited to take part?

You have been invited to take part as you satisfy the requirement of being a full time undergraduate AIT student who is aged 18 years or over.

Do I have to take part?

You do not have to take part. Choosing not to take part will not disadvantage you in any way. Completion of the following questionnaire will be taken as an indication of your consent to participate in the research.

If you do not wish to consent to participating in this study, please DO NOT submit a completed questionnaire.

What do I have to do to take part?

If you decide to take part, you can keep this information sheet for your reference. You can then complete one of the questionnaires provided by the researcher/your lecturer. The questionnaire will be a mix of tick box style questions as well as open ended questions to which you can provide more detailed answers. The questionnaire should take approximately 8-10 minutes to complete but the time taken will vary according to the depth of your responses.

Incentives

There is no financial incentive to participate in this research.

What are the possible risks of taking part?

There are no foreseeable risks in participating in the study. The main disadvantage to taking part in the study is that you will be donating around 10 minutes of your time. If whilst completing the questionnaire you decide that you do not wish to continue or you find any of the content upsetting, you may withdraw from participating without any explanation.

What are the possible benefits of taking part?

There are no direct benefits of taking part in the study. However, the information I receive from the study may help inform future education campaigns for students. The more detailed responses I receive, the more accurate and thorough my analysis will be.

Will my taking part be kept confidential?

Your responses in the questionnaire will be strictly anonymous and confidential. Any information about you will be handled in strictest confidence by the researcher only and will only be used in a way that will not allow you to be identified. All data will remain anonymous and you will not be asked to provide your name, address or any contact details. There will be no possibility of you as an individual being linked with the data.

What will happen to the results of the study?

The results of the study will form part of my research and will be analysed within my Master's dissertation.

Thank you for reading this information sheet and for considering taking part in this research

Appendix 5: Moodle advance notice of study

Mary,

Thank you again for agreeing to my visit to your class to distribute the questionnaire. To confirm it will be nursing students Tuesday 20th at their 1pm class. What room are they in?

If you wish to inform them over Moodle about the questionnaire you can use the text below:

Advance notice about questionnaire

Lisa Hanlon would like to invite you to participate in a research project that will contribute towards her Master's dissertation.

Her topic is: Drugs, alcohol and tobacco use among students in Athlone Institute of Technology.

To gather data for her study, Lisa will be distributing a paper-based questionnaire to undergraduate students in AIT during class time. She will visit your class during our 1pm class on Tuesday 20th March.

Taking part in the study is completely voluntary and you are not obliged to participate. This is an anonymous questionnaire. You must be a full time undergraduate AIT student who is aged 18 years or over.

Kind Regards,

Lisa Hanlon

Healthy Campus Coordinator

Room D11, Athlone Institute of Technology, N37 HD68

☎ +353 (0)90 6468122

✉lhanlon@ait.ie

Appendix 6: Participant support information flier

Participant support information

If you have any questions or require more information about this study, please contact me using the following details: Lisa Hanlon. Email: lhanlon@ait.ie.

If this study has harmed you in any way or if you wish to make a complaint about the conduct of the study, you can contact my dissertation supervisor at AIT for further advice and information: Mairead Seery. Email: mseery@ait.ie

If the content of this gives you any cause for concern about your substance use, please contact any of the following for further information or support.

AIT Students Union: 09064 68067

AIT Health Centre: 09064 68063

AIT Counselling: email counsellor@ait.ie or phone AIT Health Centre for appointments

Useful websites:

www.drugs.ie/

www.askaboutalcohol.ie/

www.quit.ie/

.