

## The French and Drugs: Perceptions, Opinions and Attitudes 1988 – 1998

The analysis of perceptions and opinions of the general population toward drugs should be considered a helpful tool in decision making. Monitoring the evolution of these perceptions and opinions provides useful information when evaluating implemented policies or campaigns that have been undertaken. Monitoring may also be helpful in the conception of well-adapted prevention messages.

Approximately thirty different surveys, all related in some measure to drugs and drug addiction, were conducted in France between 1988 and 1998. Most of these surveys were commissioned by the Comité Français d'Education pour la Santé (French Centre for Health Education) (CFES) in preparation for prevention campaigns, or to measure their impact, or by various press groups interested in observing the state of opinions at a particular point in time. Considering the multiplicity of questions asked of the French in these different surveys, we find it appropriate to group them together into two major categories - First, how they perceive this phenomenon (types of representations of the different substances and users, level of feelings of proximity and tolerance), and second, their opinions on how to deal with this issue (information and prevention, repression, decriminalising use). Even though the elements produced by these surveys are sometimes contradictory and are often difficult to compare (different contexts, protocols, sampling methods and the fact that these problems evolve over time), they at least enable a large amount of information to be gathered.

### HOW DO THE FRENCH PERCEIVE THE PHENOMENON?

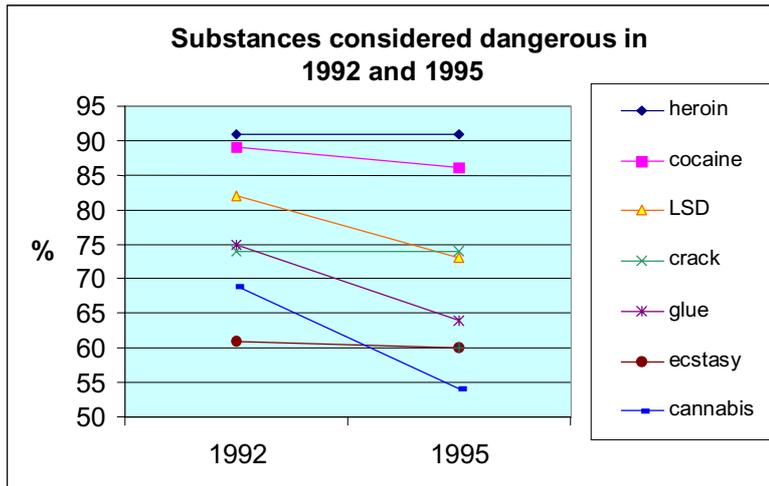
- **Substances**

**Licit substances are more frequently considered to be drugs in the same capacity as illicit drugs.** The perception that these substances are drugs makes it possible to establish a hierarchy in how frequently they are cited as such. Within this hierarchy, alcohol, tobacco (more and more often) and certain medications (tranquillisers) appear well after opiates, cocaine and cannabis, but before amphetamines and inhalants. This hierarchy, determined by a pre-established list, is somewhat modified depending upon how questions are asked. Thus, only 3% of the French spontaneously cited psychotropic medicines as drugs, but 77% cited them as drugs when explicitly offered this type of answer.

Knowledge of substances - Although the notoriety of crack and ecstasy grew significantly over the 1990s these drugs remained relatively poorly known compared to other illicit substances in 1995. **Fourteen percent of those questioned in 1997 stated that they were not familiar with any drugs. This is a high rate** when in the same survey only 7% of them had no opinion when asked if an occasional smoker of cannabis is a drug addict.

Although most illicit substances are still perceived to be dangerous, the perception of danger decreased for certain drugs between 1992 and 1995. This was mainly the case for cannabis (from 69% to 54 %). Nevertheless, the perceived danger of heroin, crack, ecstasy, and cocaine in a lesser measure, remained stable. Another question showed that 85% of the French consider certain medication to be as dangerous as harder drugs.

Eurobarometers 92 and 95 (French answers): "According to you, which of the following drugs are dangerous?" (Several possible answers)



The percentage of individuals who felt that cannabis consumption had no serious health implications also increased from 1990 to 1996 but remained in the minority (38%). In terms of perceived danger, there was an increasingly marked differentiation between cannabis and other illicit substances, since 92% of the French considered drugs to be a very serious danger in 1996.

More often than not, young people identified substances with the risks perceived in using them rather than with the existence of any possible proscription for that use. In this respect, epidemiological monitoring surveys of "drug consumption" behaviours conducted in army recruiting centres provided an excellent point of view of young recruits until 1996. Although a large majority of those surveyed felt that heroin and cocaine were dangerous and addictive, it was also noted that 25% did not feel this way about cannabis, and 20% did not feel this way about ecstasy.

As a general rule, a large majority of the French is aware that there is a **risk of addiction**: 83% agreed with this in 1991. In 1993, 77% believed that it is difficult to quit taking drugs once one has begun. However, a 1996 survey indicates that 79% of those surveyed believe that it is always possible to escape drug addiction. Although the number of French who favour **distinguishing "soft drugs" from "hard drugs"** slightly grew over the 1990s, there was no truly significant increase. It has mostly been noted that a **fairly clear majority is still strongly opposed to this** (64 % in 1993, 61 % in 1997).

- **Uses and Users**

**Drug abuse is often cited at the top of the list of dangers facing young people.** This is even the case in surveys that do not focus specifically upon the drug theme. Among possible causes that could induce a young individual to take drugs and perceived factors of vulnerability, the search for a lacking sense of well-being (as cited by the majority of those who answered the surveys, due to educational or professional failure, various problems, escape from reality) very clearly came before the effects of being drawn into taking drugs by someone else (18%). Breaking the law, which could be suggested as an incentive to take drugs, was very little cited (2%). The notion of pleasure, which appeared for the first time in a 1997 survey, was selected by 7% of those questioned. At the beginning of the decade, the legitimacy of experimenting with drugs was very controversial (refusal of this grew from 80 to 90 % from 1990 to 1992).

**The idea that cannabis use can escalate into using "harder" drugs was strongly set in public opinion in 1992,** even though there was a strong difference of opinion about this between cannabis and non-cannabis users (who respectively rejected and accepted the idea at around 80%). This question has never been asked in a survey since that time.

A very large majority of those surveyed from 1990 to 1996 considered drug addicts to be ill, but this did not stop six out of ten people from finding them "aggressive and dangerous" in the mid 1990s. However, it has been noted in some surveys that when protocol does not oppose the two notions of ill and delinquent, they can co-exist. **The classic distinction between ill and delinquent does not sufficiently clarify the perception that the public may have of drug addicts.** Moreover, when the respondent has an additional item enabling him/her to characterise drug addiction as an escape, the opinion that drug addicts are ill loses its immutable character. Thus, we see that opinions may evolve in function with items proposed as answers.

**Only a minority of the French considers occasional cannabis users to be drug addicts.** In 1997, only 29% of all respondents considered that someone who occasionally smokes a joint for the pleasure of it is a drug addict. The idea that drug addicts are responsible for what has happened to them was shared by less than half of the French in 1995, a trend which has slightly declined since 1992. This item, as with many others, poses the problem of the definition of the term. How can an individual who wishes to distinguish opiate addicts from regular cannabis users position himself on this question?

Globally speaking, it appears that individuals who have completed upper education, inhabitants of urban zones and women have the **most tolerant attitudes** toward drug use. In this category, we also find people who have had contact with drugs or users in particular. These trends were confirmed over the 1990s. However, concerning young people, the idea of tolerance, which appears in some surveys, is not always systematic.

- **Proximity**

**An increase in the feeling of proximity to drug users** was observed in the population during the 1990s. It may be thought that this is largely due, particularly among young people, to the normalisation of cannabis use as evoked in the "baromètre santé jeunes 97" (Youth Health Barometer 97). Around 70% of all respondents felt that it was easy to obtain drugs, while at the same time 32% and 60% (according to the survey and age groups) were found to have known at least one person who had taken drugs. Seventy-seven percent of the French considered that there was an increasing number of drug addicts in France. However, this type of question poses a problem with the definition of the term "drug addict". Moreover, it should be pointed out that 81% of those who have never had any contact with drugs felt this progression compared to 65% among those who already had.

## WHAT DO THE FRENCH THINK ABOUT HOW THE PROBLEM IS BEING HANDLED?

- **Prevention and care**

According to the French, who could contribute the most to prevention actions? Two surveys conducted in 1996 and 1998 provide the following answers to this question:

	<b>96</b> (IFOP – CFES)	<b>98</b> (IFOP - Santé Magazine)
<b>Family</b>	45 %	45 %
<b>Schools</b>	13 %	21 %
<b>Journalists, media</b>	8 %	12 %
<b>Physicians</b>	13 %	9 %
<b>Police</b>	4 %	6 %
<b>Associations</b>	11 %	6 %
<b>Elected officials</b>	5 %	Choice not offered

This question is faulted in that it does not define the level of prevention it is referring to and does not propose that the respondent establish a hierarchy of the various answers. Nevertheless, it makes it possible to note that the **role of family remains of utmost importance**. Other surveys show that family increasingly became important from 1988 to 1997, particularly as a place for dialogue. It should also be noted that the media was given more importance in 1998, as well as schools, which were considered to be privileged areas for prevention.

According to those questioned, in terms of communication the idea of information (which one may obtain within the health and social system, particularly from doctors) appears to be separate from the idea of prevention (which must come from family and schools in a smaller measure). Television also represents, in a less obvious manner, a conceivable means for prevention.

**Those prevention actions, which have been perceived to be most effective, combine the possibility of implementing dialogue with a certain dimension of proximity** (local policies). It should be pointed out that 90% of the French agree that reinforcing prevention actions in schools is an effective way of dealing with this problem. These numbers tend to confirm the importance given to prevention in public opinion. However, in 1992, nearly one third of the French felt that "talking about drugs could awaken curiosity" toward them.

Many French felt that there is an obligation to provide drug addicts with care and access to the best medical treatment, following the example of primary prevention.

**In 1996 and 1997, around 70% of the French considered substitute treatments to be effective.** Although programs for the medically controlled distribution of heroin and the therapeutic use of cannabis did not have the same levels of approval, support for them was fairly strong (39% for the first and 55% for the second).

Dialogue has proven to be a successful way of dealing with children who are taking drugs. If a child himself takes the necessary steps to inform his/her parents that he/she is doing so, dialogue moves into a pole position as it was selected by 88% of the French.

In 1996, we were able to assess that the French were well disposed toward personal involvement in the fight against drugs and drug addiction (68% were willing to participate in related information sessions). However, these figures decreased when proposed actions brought them into closer contact with users (59% would participate in support groups on a regular basis and 56% would volunteer two hours per week to help an association).

- **Repression**

There was strong approval for the repression of drug dealers and traffickers (82% were in favour of this in 1996 and 94% favoured it in 1997).

**The public found that when dealing with users, coercive measures were less effective than information and prevention actions** (around 50% were favourable of reinforcing police action). This was especially the case when proposals were seen to be too categorical (93% rejected the idea that "the only solution was to lock all drug addicts up in prison", and only 6% believed that imprisoning a drug addict would enable him/her to get off of drugs for good).

A majority of individuals found that using urine analysis was legitimate if performed by the police. One-third felt that this was legitimate if performed by an employer and one-fourth within the framework of new employment.

The main idea which seems to be clearer now in terms of punishment is that **prosecution and punishment should be dealt to users** of heroin and cocaine (85 % agreed), cannabis (~70 %) or alcohol (~50 %). However, this notion may be challenged when the terms in the proposal differ. Three-fourths of the respondents **disagreed with the idea that drug addicts should be punished**.

- **The Judicial Status of Cannabis**

In the debate over the judicial status of cannabis, a drop in the number of opinions favouring penalisation for its use was noted (from 69% to 64% from 1993 to 1997), while there was a slight increase in the number of individuals favouring distinguishing between "hard" and "soft" drugs. The number of those accepting the **idea that cannabis could be freely sold** was still in the minority when compared to those who believe that this could incite its use. **Nevertheless, this possibility has little by little lost the marginal status it had at the beginning of the 1990s** (32% in 1998 compared to 10% in 1992).

## **CONCLUSION**

Observing perceptions of drug addiction is made complex by the changing character of phenomenon's of use within society, knowledge of the different substances and the attitude of the population toward them. It turns out to be quite difficult to interpret trends, because of the numerous methodological nuances encountered in surveys. Nevertheless, this observation has revealed itself to be necessary in relation to current political policy orientations. These are aimed at ensuring that, in terms of drugs, individuals do not have a unique representation (that they are capable of differentiating between substances) but that they know how to distinguish between experimenting, use and abuse.

Thus, it is necessary to resort to the use of a perpetual observation system which reflects current problems and at the same time to re-use a large core of identical questions each year that may be compared so that reliable conclusions about trends may be drawn. Moreover, questions must be clearer (it thus appears essential to distinguish between substances by not using the generic term of "drug"), yet unequivocal and understandable to the heterogeneous population of survey respondents.

This "panel" of French perceptions and opinions related to drug addiction must be relevant to orientations, must make it possible to realise how perceptions evolve, and must describe their range in order to construct information and prevention actions.

<b>Survey</b>	<b>Year</b>	<b>Size</b>	<b>Method</b>	<b>Collection</b>	<b>Age</b>
"Drogue : la vérité des chiffres" (Louis Harris – Le Parisien)	<b>86</b>	1.000	Quotas	One-on-one	15 and +
"Prévention en matière de Toxicomanie" (SOFRES – Grande Ecoute)	<b>88</b>	1.000	Quotas	One-on-one	18 and +
"Conditions de vie et Aspirations des Français" (CREDOC)	<b>88</b>	2.000	Quotas	One-on-one	18 and +
"Les Européens et la drogue" (TMO - Eurobaromètre – Commission Européenne)	<b>89</b>	~1.000	Random	One-on-one	15 and +
	<b>90</b>	~1.000	Random	One-on-one	15 and +
	<b>92</b>	~1.000	Random	One-on-one	15 and +
	<b>95</b>	1.002	Random	One-on-one	15 and +
"L'attitude des Français vis-à-vis de la drogue" (IFOP – CFES)	<b>90</b>	1.004	Quotas	One-on-one	12-50
	<b>91</b>	1.028	Quotas	One-on-one	12-50
	<b>92</b>	1.009	Quotas	One-on-one	12-50
"La consommation de haschisch parmi les 12-44 ans" (SOFRES – Grande Ecoute)	<b>92</b>	1.167	Quotas	One-on-one	12-44
"Baromètre santé – adultes" (CFES)	<b>92</b>	2.099	Random	Telephone	18-75
	<b>93/94</b>	1.950	Random	Telephone	18-75
	<b>95/96</b>	1.993	Random	Telephone	18-75
"Baromètre santé – jeunes" (CFES)	<b>94</b>	4.004	School	Self admin.	11-15
	<b>97</b>	4.115	Random	Telephone	12-19
"Les Français et les drogues douces" (IFOP – Globe Hebdo)	<b>93</b>	1.005	Quotas	Telephone	15 and +
"Qu'est ce que la drogue aujourd'hui ?" (IFOP-CFES)	<b>93</b>	1.001	Quotas	Telephone	15 and +
"Enquête KABP <sup>1</sup> face à l'infection du virus du SIDA" (BVA - ORS Ile de France)	<b>94</b>	1.500*	Random	Telephone	18-69
"Post-test de la campagne de prévention contre la drogue" (IOD – CFES)	<b>94</b>	600	Quotas	Telephone	15-50
"Comportement des Français face au tabagisme et à la santé" (Démoscopie – CFES)	<b>95</b>	1.000	Quotas	One-on-one	18-75
"Suivi épidémiologique des conduites d'appétence pour les toxiques en centre de sélection" (Service de Santé des Armées)	<b>96</b>	2.698	Random	One-on-one	18-23
"Les français et la drogue en 1996" (IFOP – CFES)	<b>96</b>	1.005	Quotas	Telephone	15-50
"Les français et le débat sur les drogues douces" (IFOP – l'Evènement du jeudi)	<b>97</b>	925	Quotas	Telephone	15 and +
"Prévention et usage de drogue" (Publimétrie – Grande Ecoute)	<b>97</b>	1.002	Quotas	Telephone	15 and +
"L'attitude des Français vis-à-vis de la drogue" (IFOP – Le Quotidien du Médecin)	<b>97</b>	1.000	Quotas	Telephone	15 and +
"Enquête sur les conduites déviantes des lycéens" (CNRS, CADIS – OFDT)	<b>97</b>	9.919	School	Self admin.	15-20
"Drogue, sondage exclusif" (IFOP – Santé Magazine)	<b>98</b>	1.001	Quotas	Telephone	15 and +
"Les représentations sur la société et ses institutions" (Jeunes en Questions)	<b>98</b>	1.062	Quotas	Post (mail)	15-29

### **FOR MORE INFORMATION**

*Perceptions, opinions, attitudes et connaissances de la population française en matière de toxicomanie : Etat des lieux et étude des évolutions depuis la fin des années 80 – BECK F. – OFDT – September 1998 (in French)*

<sup>1</sup> Knowledge, Attitudes, Beliefs and Practice

\* Question on drug addiction were only asked in a sample of the PACA and Ile de France regions (around 2.000 individuals) and not in the rest of France.

*Prévention des toxicomanies : les Européens et la drogue – Enquête Eurobaromètre 43.0 et 43.1 (jeunes) June, 1995 – INRA – Official Publication Office of the European Communities – Luxembourg – 1996 (in French, with English technical specifications in annexe)*

### **METHODOLOGICAL REFERENCE POINTS**

Many factors make it difficult to monitor trends by simultaneously analysing the various studies conducted:

**Different Contexts** (Each survey has a particular complexion. Sometimes it is difficult to isolate items)

**Problems evolve over time** (new substances, new trends – controlled distribution of heroin, cannabis, -, recurrent trends – decriminalisation, getting off of drugs...)

**Protocol differences** (collection methods, age group questioned, formulation, questions included in pre-existing surveys with a larger context – "omnibus" - or implementation of an ad hoc survey...)

**Sampling methods** (random, quotas, by clusters in schools...)

When two different surveys have methodologies that make it possible to compare their results under sufficiently acceptable conditions, the noted gap for an identical question is considered significant if it exceeds a threshold value which is calculated by taking the two sample sizes into account. An agreement has been made that standard deviations for the different rates being studied will be approximated using an hypothesis of normality for a first category error (risk of making a mistake by concluding that there has been significant evolution)  $\alpha = 0,05$  at the most.

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