

How do the French perceive heroin users?

In April 1999, the OFDT (French Monitoring Centre for Drugs and Drug Addiction) carried out a survey based on the opinions and perceptions relating to drugs and drug addiction. It was conducted over the phone among a sample of 2,002 people ageing from 15 to 75, selected by the quota method, as a representative cross-section of French population. The first results were published in *Tendances* n°4 in December 1999, as the final report is expected by June 2000 (see: *For more information*). One of the aims of the survey is to understand better how the French perceive drug users with problems, in order to help developing the public-oriented communication, and eventually to follow up the evolutions of these perceptions. That is why eight questions dealt with the respondents' opinions about heroin users, a minority group among users of illicit drugs, yet supposed to make up the "typical figure" of drug users as the French perceive or imagine the latter.

Split and sometimes ambivalent opinions

Questions are concerning the level of approval (quite agree, rather agree, rather disagree, totally disagree) about eight statements. The latter present heroin users as parasites or ill people, lending them some reprehensible behaviours (they would be dangerous for people around them, drag youngsters along with them), and describe the beginning of their practices by more or less emphasizing their responsibilities (they would take heroin as they cannot find a place of their own in society, because of their lack of will, for they have family problems, or in accordance with the life they chose to live).

When it comes to qualify these users, one respondent out of two rather or quite agrees to declare that they are ill people (23+28=51%, see chart further) and less than one respondent out of four grades them alongside parasites (8+13=22%). A majority agree about the danger heroin would represent: 74% and 64% of the respondents respectively consider them as dangerous for people around them or apt to dragging the youth along. As far as explaining heroin use is concerned, the respondents prove to be more divided: a little more than a half agree to denounce a lack of will (51%), the difficulty to find a place of one's own in society (56%) or family problems (59%), yet only one third admits that drug use might be a personal way of life. It should be taken into account that people surveyed very rarely refuse to express their opinions about these statements: the don't knows always amount to less than 3%.

These results must be cautiously interpreted as some statements put forward are ambiguous. In that respect, considering that heroin use is a personal choice of life could be a way of making drug addiction commonplace yet also incriminating the user. Similarly, when considering heroin users unable to find a place of their own in society can imply some people wish not to judge them responsible or, conversely, to condemn them as people "apart". For a better interpretation of the answers collected, the latter must be studied simultaneously: for example, a person certainly resents the heroin user when considering that the latter has made his/her own choice of living, seeks to drag the youth along, and is a parasite. On the contrary, a respondent may undoubtedly be more tolerant when explaining the heroin take by family problems, an inability to find a place of one's own in society, and when judging users as being ill yet not dangerous.

Very dissimilar types of perceptions

The classification methods help putting together respondents in dissimilar types (or classes), considering at the same time all their answers. They reveal statistical associations between these answers and therefore opinion structures, more or less coherent perceptions. The range of the answers collected could then be brought down to six types of perception as regards heroin users.

- *A qualified or uncertain majority*: this type group together a comparative majority of the surveyed (38% of them). More often than the average, its members

resort to an intermediate mode. In this way, nine out of ten of them declare they “rather agree” or “rather disagree” with the opinions according to which heroin users lack of will, try to drag the youth along, or are dangerous to people around them, versus each time more than half among the whole sample. When it comes to comparing heroin users to parasites, their opinions remain qualified although they rather express a disagreement. These intermediate answers may convey moderate perceptions unless they reveal these individuals’ uncertainty, insofar as they do not have a firmly founded opinion about drug addiction. Such a population could then make up a special target for next information campaigns.

Opinions about heroin users (percentage along the lines)

	Totally agree	Rather agree	Rather disagree	Totally disagree
Some people think taht those taking heroin...				
...do so because they cannot find a place of their own in society	18 %	39 %	20 %	22 %
...suffer from a lack of goodwill	30 %	25 %	26 %	17 %
...are ill people	23 %	28 %	23 %	25 %
...do so because of family problems	14 %	46 %	22 %	16 %
...are parasites	8 %	13 %	36 %	41 %
...are dangerous for people around them	33 %	40 %	17 %	8 %
...try to drag young people along	30 %	33 %	24 %	10 %
Some people think that taking heroin may be a way of live	12 %	21 %	26 %	40 %

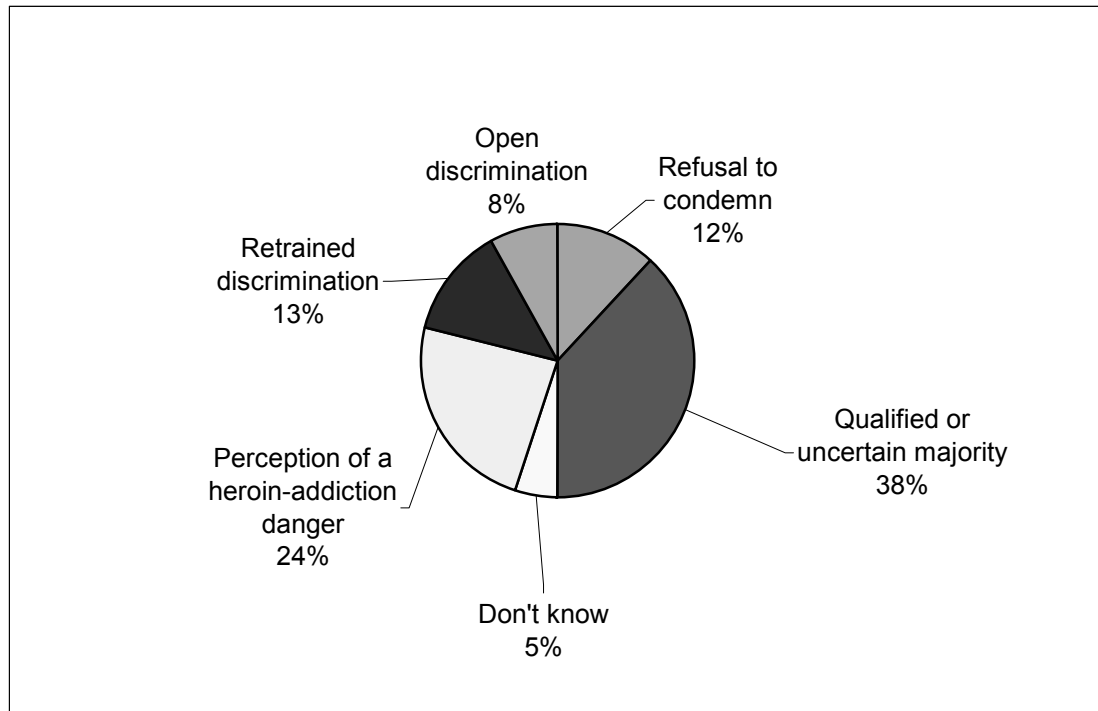
Source: OFDT 1999

- *The perception of a heroin-addiction danger*: this class includes one surveyed out of four (24%). These individuals are twice as numerous than the others to declare they “quite agree” that heroin users try to drag young people along, represent some danger for their friends and family, and lack of goodwill as well. Conversely, a majority refuse to compare heroin addicts to parasites. Although their answers paint an unflattering portrait of drug users, their opinions do vary yet are always straight about the reasons of the users’ behaviours: when it comes to mentioning family problems, a difficulty to find a place of one’s own in society, comparing the users to sick people, or considering the latter deliberately chose the life they live, they generally resort to radical modes (“totally disagree” or “totally disagree”).

- *A restrained discrimination*: this group of respondents (13% of the whole) mostly agrees to compare heroin users to parasites. They also “agree” more often to consider heroin-addicts dangerous for people around them, lacking goodwill, or likely to drag young people along. This profile of answers indicates a tendency to discriminate, to condemn heroin users; this tendency is not moderate (such an adjective would rather apply to the type described above) but restrained: these individuals identify heroin-addicts to parasites, although most of them chose a half-way mode, that is “rather agree”.
- *An open discrimination*: this type of perception encompasses 8% of the people surveyed and hardens the previous profile of answers, by resorting this time to a radical mode (“totally agree”). A large majority finds heroin users dangerous for people around them, likely to drag youngsters along, and lacking will. These surveyed are also more often apt to regard use as a way of life (the user is then considered responsible for his own fate).
- *A refusal to condemn*: this class is made up of 12% of the respondents. They massively reject the statements condemning heroin users, especially those presenting the latter as a threat to others: they do not think that users try to drag the youth along, or that they present some danger for people around them, even less that they are parasites. They seem to refuse to put any label whatsoever upon heroin-addicts, for they also reject more often than others opinions presenting users as passive victims (ill people or lacking goodwill).
- *The don't knows*: this type gathers up 5% of the people surveyed, who often refrain from answering to the questions. More than a half of them particularly do not give a decision on the opinions according to which heroin users try to drag youngsters along or resort to drugs because of family problems.

The distinction between the types of perceptions obtained is mainly made by the statements opposed to heroin users rather than by the causes perceived. The three classes hostile towards heroin-addicts amount to 45% of the respondents, that is a bit more than the qualified or uncertain group.

The six types of heroin users perceptions



Source: OFDT 1999

Which sociodemographic profiles could be associated with those types of opinions? It should be noted first that they do not depend on gender: only the restrained discrimination proves more often resorted to by females. In the same way, living conditions hardly make the difference between types: among people living in great urban areas (more than 200,000 inhabitants) the refusal to condemn is more frequent than in rural settlements, and conversely the open discrimination is a bit rarer. On the other hand, the age bracket reveals clearer disparities: the don't knows are the oldest (52 years-old on average), followed by the open discrimination type (50 years-old), those refusing to condemn being the youngest (35 years-old). The education level is also discriminating: among respondents holding no diploma or the primary leaving certificate 34% of them perceive a heroin-addiction danger and 24% take a more qualified or uncertain stand (against respectively 11% and 54% of those holding a university degree).

These types of perceptions can also be studied according to the surveyed's closeness to illicit psychoactive substances and their users. In this way, the restrained or open discrimination characterizes 24% of the respondents having never taken

cannabis during their lives (versus only 10% of those having already used it), 22% of those knowing no one using another illicit drug (against 17% of those knowing some), and eventually 22% of those who have never been proposed another drug (versus 14% of those having already experienced that). That closeness and the sociodemographic profile are obviously connected: for example, cannabis use and another drug offer are more frequent in urban areas, and more common among the youngest. In order to take these connections into account, specific associations, “other things being equal”, between sociodemographic indicators and types of opinions.

The relative qualified or uncertain majority: rather young and educated individuals

For a more accurate definition of the profile relating to the 38% of qualified or uncertain opinions, which can be suspected not to represent actual heroin users, the belonging to this type of perceptions has been modelled according to the respondents' sociodemographic profile and their closeness to illicit drugs. The only relevant effects are indicated in bold in the chart below (which modes are described in *Methodological references*). It's a matter of age-brackets and diplomas. Once these variables accounted for, neither gender nor living conditions characterize the uncertain or qualified majority. The same applies to closeness to drugs indicators: within comparable age-bracket and education level, the use of cannabis during one's life, the offer or the knowledge of another drug, and the perceived information degree do not help distinguishing the members of that class.

Belonging to the qualified or uncertain majority (logistic model)

	odds ratio	RI* 95 %
Gender		
Female (51,0%)	1,0	[0,8 ; 1,2]
Male (49,0%)	1	
Living conditions		
Rural area (25,6%)	1,1	[0,9 ; 1,5]
Urban area from 1,000 inhabitants to less than 200,000 inhabitants (34,9%)	1,0	[0,8 ; 1,3]
More than 200,000 inhabitants (39,5%)	1	
Age – brackets		
15-29 years-old (27,3%)	2,2	[1,6 ; 3,0]
30-44 years-old (31,3%)	1,8	[1,3 ; 2,3]
45-59 years-old (22,0%)	1,5	[1,1 ; 2,1]
60-75 years-old (19,4%)	1	
Education		
BEP (technical school certificate), CAP (vocational training certificate), BEPC (GCSE in Britain) (36,6%)	1,3	[0,9 ; 1,9]
BAC (GCE A level in Britain), university degree (42,8%)	2,9	[2,0 ; 4,1]
No diplomas, (CEP) primary leaving certificate (20,6%)	1	
Use of cannabis during one's life		
Yes (19,6%)	1,1	[0,8 ; 1,4]
No (80,2%)	1	
Knowledge of someone using another drug		
Yes (80,5%)	1,3	[0,9 ; 1,4]
No (19,5%)	1	
Offer of another drug during one's life		
Yes (15,5%)	0,8	[0,6 ; 1,1]
No (84,4%)	1	
Level of information perceived upon drugs		
Well informed (57,9%)	1,1	[0,9 ; 1,4]
Badly informed (42,1%)	1	

Source: OFDT 1999

*Reliability Interval

For each variable the reference mode is italicized. When structuring it, the odds ratio equals 1 for that mode.

This uncertain majority actually refers to young individuals having an education standard higher than or level with the BAC : other things being equal, with regard to the 60-75 year-olds, the 15-29 year-olds are 2.2 times more likely to belong to this majority, the 30-44 year-olds 1.8 time more, and the 45-59 year-olds 1.5 time more. The average age of the members of this category is 38 versus 44 for the rest of the sample. When always considering other things being equal, people holding a BEP,

CAO, or BEPC do not stand out from the respondents deprived of any diplomas, yet Baccalauréat holders and university graduates are 2.9 times more likely to rank among the uncertain majority than the latter.

Perceptions consistent with the assessments of public policies

- *A qualified or uncertain majority:* this group passes a quite moderate judgement on cannabis and heroin banishments: as far as their efficiency and legitimacy are concerned, it favours qualified answers (rather agree or rather disagree). They have various ways of considering legalization measures suggested in the questionnaire, depending on their medical justification and the drug at stake. They rather disagree with legalizing heroin use under some conditions, yet they rather favour cannabis use for therapeutic purposes and heroin under medical control.
- *The perception of a heroin-addiction danger:* more often than the average, those respondents consider it is possible to come to a stage when nobody would take drugs any more (22% versus 13%). Near half of them regard as quite good the legal order to get cured (mandated treatment) for users detained by the police. A clear majority claim to oppose to legalizing cannabis even under some conditions. They are also more often hostile to legalizing heroin even under medical control, as to selling syringes without prescriptions. Those individuals seem then to favour a coercive and prohibitionist policy although their opinions vary much as far as use banishments are concerned.
- *The restrained discrimination:* this type of perception refers to a strong opposition to legalization measures whatsoever. The respondents of this group are also more often opposed to selling syringes without prescriptions, and to prescribing drug substitutes. When compared to the previous group, this one proves to be more hostile to legalization as well as to medicalization.
- *The open discrimination:* even more than the previous ones, these individuals claim to oppose to any form of legalization, including for therapeutic purposes, like medicalization, and to selling syringes without prescriptions. Moreover, they seem to believe in the virtues of a prohibitionist policy: twice as often than the average they

consider forbidding use to be efficient (for heroin but even more for cannabis), and 34% of them quite agree with the assessing it is possible to attain a stage when nobody would take drugs any more (against 13% of the whole). This type of perceptions can be eventually characterized by unexpected answers revealing radical opinions. In this way, those respondents more often regard cannabis prohibition as undermining anybody's freedom to dispose of their bodies. Taking into account the way they perceive heroin users, they would probably judge such an attack quite legitimate. In the same way, they consider more frequently mandated treatment to be a very bad measure: such an opinion undoubtedly expresses here an attitude favouring repression without cure, as heroin-addicts are regarded as offenders responsible for their own condition.

- *The refusal to condemn:* these individuals are doubtful of the efficiency of use prohibition for heroin as for cannabis: 36% of them disagree with the notion that heroin prohibition prevents its use (against 25% of the whole), that proportion amounting to 45% when it comes to cannabis (against 28% of the whole). Otherwise they more often favour syringes legal selling or drug substitutes prescribing. A majority of them do not believe in the possibility of reaching a stage when nobody would drug themselves any more. They favour more than the average cannabis legalization without restrictions or under some conditions, as well as its prescription to relieve the pain. The refusal to condemn heroin-addicts goes along then with a more liberal attitude in terms of public policies especially for cannabis.
- The don't knows: this minority who does not give its opinion upon heroin users also cumulate no answers when it comes to estimate public policies actually carried out or to be considered.

The analysis of the answers collected makes it necessary to be careful when interpreting the answers considered individually: for example, some individuals favouring repression and the strictest prohibition declare themselves opposed to mandated treatment, as they consider use prohibition to undermine anybody's freedom to dispose of their bodies. The analysis reveals coherent and contrasted perceptions in relation to sociodemographic profiles where the age-bracket and the education level especially make the difference. The qualified or uncertain majority particularly relates

to young and educated individuals, whose closeness to illicit drugs is neither more nor less important than others. The way heroin users are perceived coincide as well with clear-cut opinions upon the public policy carried out as with measures to be considered: each time users create hostility or concern, the respondent favours a more repressive and coercive policy. Only one surveyed out of ten refuses to condemn heroin-addicts. Among the nine others, half of them have qualified or uncertain opinions, and perhaps no opinion at all, and the other half adopts perceptions opposed to heroin users. These results show the full extent of the public communication effort to be made in order to fight condemning drug users. Based on social help for heroin users and risk prevention connected with use, the success of the health policy for reducing risks currently carried out depends partly on that effort.

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- **For more information**

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- **Methodological references**

The EROPP survey (about representations, opinions, and perceptions relating to psychotropic substances) was developed by the OFDT then carried out from March 30th till April 10th 1999 by the BVA Survey Institute (CATI method: Computer-Aided Telephone Interviews) among 2,002 individuals ageing from 15 to 75 years-old. This quota sampling (according to gender, age, occupation of the household reference individual, geographic area, and demographic area) is representative of the French population. The survey will be renewed in 2001.

The classification methods group together the respondents according to their answers in order to obtain a little number of classes, each one being quite homogeneous, yet also as different as possible from each other. The diversity of the cross-section is thus brought down to some very contrasted types. In order to characterize each class, its answers profile is compared with the average one. The classification method used here is the Ascending Hierarchy Classification (ASC). It aggregates one by one the surveyed, in order to define an interlocking of partitions going here from 2,002 classes (one for each individual) to one class (including the whole cross-section), before the analyst chooses the number of types he wants to interpret between these two extremes. Once the number of classes defined, the latter will be set by the mobile centres method, which strengthens homogeneity of each class.

The logistic model is based upon the notion of an “odds ratio” (or balance of probabilities). Let us call p the probability to belong to one group relating to a specific type of opinions. If that probability equals p for the i individual, and p' for the j individual, the *odds-ratio* of i in relation to j should be calculated as follows: $[p/(1-p)]/[p'/(1-p')]$. The logistic regression aims at measuring the influence of one variable upon another, “other things being equal”, that is: taking into account other variables being introduced in a statistical model. Let us then be more specific about the way the results of a logistic regression must be read. For each variable a mode is referred to, and the others are compared to it. The more the odds ratio of a mode is above 1, the more it is over-represented among the group being considered. The reliability interval calculated for the odds ratio measures the accuracy of the results and makes it possible to assess their relevance: according to the random variables connected with the size of

the cross-section, there are 95% probabilities that the reliability interval should include the true value of the odds ratio, and when value 1 stands within that interval, the effect is regarded as not statistically relevant. Such a model measures the effect of a variable by controlling every others. For example, once the type of housing, the age, the diploma, and the closeness to drugs indicators accounted for, gender has no effect on the belonging to the uncertain or qualified type: compared to a man (the reference) a woman has “once more” and consequently “as many chances” to belong to that type.

Tendances

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