

Department of Health, Social Services and Public Safety

An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

Statistics from the Northern Ireland Drug Misuse Database: Six-month update: 1 April – 30 September 2002

This update summarises key information on people presenting to services with problem drug use and relates to the 6-month period 1 April 2002 to 30 September 2002. It also provides comparisons with findings from each of the two previous six-month periods. It reports on information from the Northern Ireland Drug Misuse Database (DMD), which was established in April 2000 and which collects detailed data, including information on drugs misused and injecting behaviour, on those presenting for treatment.

A problem drug user is defined as person who experiences social, psychological, physical or legal problems (related to intoxication and/or regular excessive consumption and/or dependence) as a consequence of their own use of drugs or chemical substances. Drugs are defined as any drug, whether prescribed or not, including solvents and tranquillisers but excluding alcohol and tobacco.

A full description of the DMD and the definitions used in this publication can be found in the annual publication: '*Statistics from the Northern Ireland Drug Misuse Database: 1 April 2001 – 31 March 2002.*' (<http://www.dhsspsni.gov.uk/stats&research/pubs.html>)

Participation in the DMD

Client participation in the DMD is optional and depends on client consent. For the period 1 April – 30 September 2002, information was received from 635 individuals presenting for treatment, and client consent was withheld in 38 (6.0%) cases.

Table 1. Number of DMD forms received

	1/4/01 – 30/9/01	1/10/01 – 31/3/02	1/4/02 – 30/9/02
Number of forms receivedⁱ	461	512	635
Number of forms with consent withheldⁱⁱ	13	18	38
Number of forms analysed	448 ⁱⁱⁱ	494 ⁱⁱⁱ	597

All figures in this report are based on the 597 individuals who gave their consent for

their information to be incorporated into the DMD.

The increase in the number of returns for the present six-month period may be partially explained by an increase in the number of agencies now contributing to the DMD. During the current reporting period, some Youth Counselling Services – located across Northern Ireland – have begun to submit returns to the DMD.

Gender

The gender breakdown for clients presenting for treatment remains relatively unchanged. For the period April – September 2002, 445 (74.5%) individuals were male. This compares with 76.9% in October 2001 – March 2002 and 71.9% in the six months prior to that.

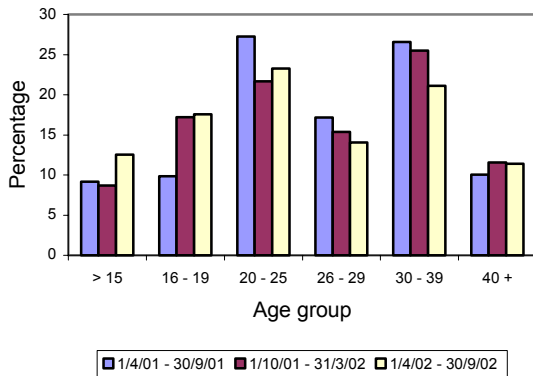
Statistical Update
Published May 2003



Age at referral

Over the last twelve months there were increases in the proportion of clients in the under 16 and 16-19 age groups. The proportion of 20 –25, 26-29 and 30-39 year olds fell while the over 40s remained constant.

Figure 1. Age at referral

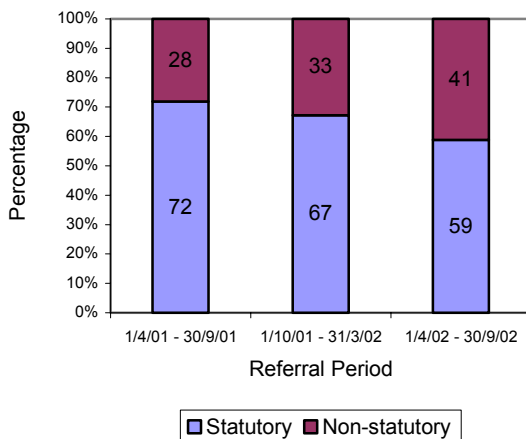


The average age at referral was 26.1 years, compared to 27.6 years for the corresponding six-month period last year.

Agency type

The proportion of users presenting to non-statutory agencies has increased in each of the last two six-month periods.

Figure 2. Agency Type



Main Drug

Table 2 shows the main drug of misuse for males and females for the current reporting period.

Figure 3. Main drug: 1/4/2002 30/9/2002

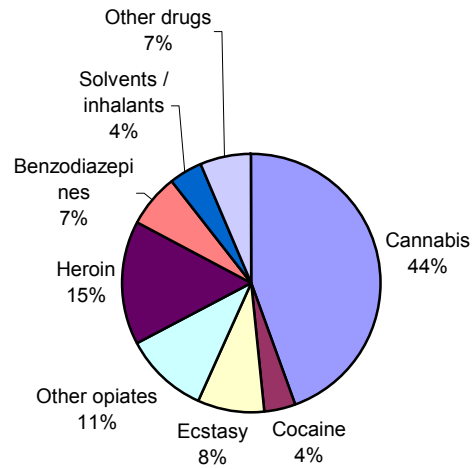


Table 2. Main drug by gender

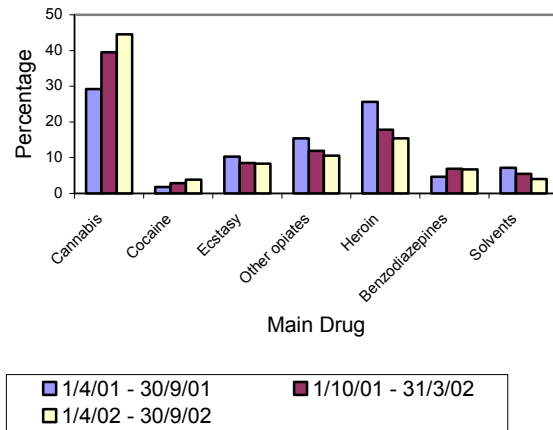
	Female	Male
Cannabis	32.9	48.5
Cocaine	2.0	4.5
Ecstasy	6.6	9.0
Other opiates	21.7	6.7
Heroin	11.8	16.6
Benzodiazepines	11.2	5.2
Solvents / inhalants	4.6	3.8
Other drugs	9.2	5.6
TOTAL	100.0	100.0

The number of clients reporting cannabis and cocaine as a main drug has increased steadily in each of the last two six month periods. Less than one third of clients (29%) presented with cannabis as their main drug of misuse during the corresponding period last year. This has increased to 45% in the current period. The use of cocaine as a main drug has risen from 2% to 4% over the same period.

The number of problem users presenting for treatment with heroin as a main drug has fallen from 26% to 15% and other opiates from 15% to 11%, from the corresponding period in the previous year. There have also been small decreases in

the reported use of ecstasy and solvents as main drugs.

Figure 4. Main drug: 1/4/01 - 30/9/02



There has been a steady increase, over each of the previous two six-month periods, in the proportion of both males and females reporting cannabis as their main drug. For the period April – September 2001, 33% of males and 21% of females reported cannabis as their main drug. In 2002, these figures rose to 48% and 33% respectively. The proportion of problem users presenting for treatment with benzodiazepines as a main drug increased in a similar fashion from 4% of males and 7% of females to 5% and 11% respectively, over the same period.

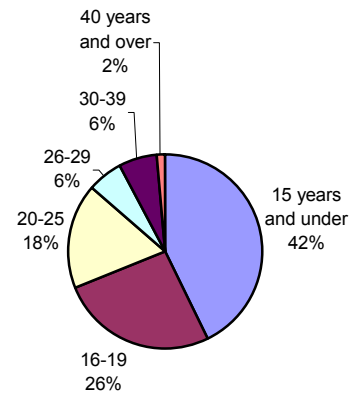
The percentage of male problem users presenting for treatment with heroin as a main drug fell from 30% in the corresponding period of 2001 to 17%. Among females, 12% reported using heroin compared to 16% in the previous year.

The proportion of problem users reporting other opiates as a main drug has also fallen with 7% of males and 22% of females reporting them in the current period compared to 9% of males and 32% of females in the previous year.

Age of first use of main drug

In the last 6 months there has been very little change in the age that the main drug was first used. The average (mean) age reported for first use of the main drug was 18.7 years. This shows a slight change from each of the two previous six-month periods (19.8 and 19.9 years).

Figure 5. Age of first use of main drug



Two thirds (66.6%) of clients first used their main drug before the age of twenty.

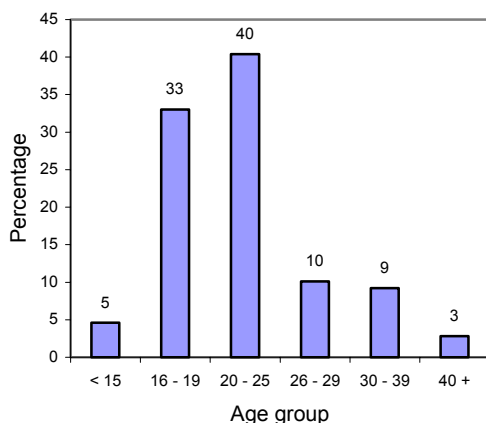
Injecting and sharing behaviour

Data regarding a users injecting behaviour are collected in two different ways. The route of administration for drugs of misuse is recorded; and another question asks users if they have ever injected any drug.

For users presenting to treatment and for whom the route of administration is known, 16% (93 individuals) reported currently injecting their main drug. This compares with 25% in the corresponding period in the previous year.

Injecting history is known for 594 individuals presenting for treatment. Just less than one quarter (22%) reported ever injecting a drug. This is consistent with the previous 6-month period (22%) but represents a decrease from the corresponding 6-month period in the previous year (30%).

Figure 6. Age first injected - main drug



Information on the age that injectors began injecting is available in respect of 109 injectors.

The modal age group for commencing injecting was 20-25 years, with two fifths (40%) of injectors starting in that age range. However, a similar proportion (38%) commenced before age 20.

Information about the sharing of drug paraphernalia is known for 572 people. Of

these, just over one tenth (12%) reported sharing equipment. As with each of the previous 6-month periods, sharing was more common among men (86% for the present period compared to 88% in the previous six months and 84% in the six months prior to that).

Viral testing

The DMD records if ever-injected individuals presenting for treatment had previously been offered diagnostic tests for HIV, Hepatitis B and Hepatitis C.

For the period April – September 2002, of the 128 individuals who have ever injected and whose test offer status is known, 56% were offered a test for HIV; 63% were offered a test for Hepatitis B and 63% were offered a test for Hepatitis C.

Offers of test for HIV were consistent with the previous 6-month period (55% currently compared to 54% previously). Offers of tests for Hepatitis B and C fell by 8% and 5% respectively from the previous 6-month period.

Any comments or questions concerning the data contained in this publication, or requests for further information or further copies of this publication, should be addressed to:

Kieron Moore
DAIRU
Annex 2
Castle Buildings
Stormont
Belfast BT4 3SQ
Tel: 028 90522501
E-mail: kieron.moore@dhsspsni.gov.uk

ⁱ These figures are subject to change since there may be a significant time lag between date of referral and date of first face-to-face contact and subsequent submission of a DMD form.

ⁱⁱ The figures for the numbers of consent-withheld forms published in this update differ from those previously published in the Drug Misuse Database Statistical Bulletin (2001-2002). This is as a result of a change in the procedure for collating this information. A database has now been developed for recording the details of the forms. When a client withholds consent, only gender and date of birth are requested. The date of receipt of the form is used as a proxy for the referral date.

Most of the consent-withheld forms for the financial year 2001-02 were posted in two batches on March 30th and 31st 2002. The forms posted on the 30th March were received on the 31st and those posted on the 31st were received on 1st April. All these forms were included in the initial count for the DMD Annual Bulletin 2001-02.

Since the introduction of the Database, the date of receipt of the forms is now used as a proxy for the date of referral. Hence the forms received on the 1st April have no longer been included in the figures for 2001-02 and are now incorporated into the 2002-03 figures.

ⁱⁱⁱ Figure originally published in 'Statistics from the NI Drug Misuse Database' for 2001-02 was 916. This number has since increased as explained above.