

Statistics from the Northern Ireland Drug Misuse Database: 1 April 2002 – 31 March 2003

This bulletin summarises information on people presenting to services with problem drug misuse and relates to the 12-month period ending 31 March 2003. It is the second bulletin reporting on information collected through 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.

Summary

In Northern Ireland during the twelve month period ending 31 March 2003:

- Information relating to 1438 individuals presenting to drug misuse agencies was received: in 1368 cases (95%) client consent was given for including data within the DMD.
- Three-quarters of users presenting were male; just over one-third of users were in their twenties, whilst almost one-third were aged under 20.
- Cannabis was recorded as the main drug of misuse for almost half (47%) of users, the next most common main drug of misuse being heroin (15%). This contrasts with Great Britain where typically almost three quarters of those presenting record heroin as their main drug of misuse. Other opiates were recorded as main drug for 9% of users and ecstasy for 8%.
- 72% of those presenting for treatment with heroin as the main problem drug had been treated before; the figures for ecstasy and cannabis were much lower (28% and 19% respectively).
- The majority (79%) of users reported never having injected a drug; only one-fifth of users have injected of the 1363 users whose injecting history is known.

Contents	Page
1. Introduction	2
2. Profile of service users	3
3. Drugs of misuse	4
4. Treatment history	6
5. Injecting and sharing behaviour	7
6. Viral testing	8
7. Other information	8
8. Comparisons: 2001-02 to 2002-03	9
9. Acknowledgements	10
10. Editorial notes	10
Annexes	
A Main tables	11
B Additional Health and Social Services Board and Prisons tables	35
C Comparison tables: 2001/02 – 2002/03	57
D The Northern Ireland Drug Misuse Database	61

1. Introduction

1.1 In 1995, the Northern Ireland Drugs Policy Statement highlighted the need for a centralised database on drug misuse in Northern Ireland. The then Department of Health and Social Services (DHSS) subsequently commissioned a feasibility study that considered the experience elsewhere (databases already existed in Scotland, Wales, and regionally in England), data availability, and data quality in Northern Ireland and took due account of issues of confidentiality. The study found that the majority of agencies were supportive of the idea of a drug misuse database and identified a number as potential providers.

1.2 Subsequently the Northern Ireland Drug Misuse Database (DMD) was established and data collection commenced from April 2000 – more details of the DMD are contained in Annex D. The database is maintained by the Drug and Alcohol Information and Research Unit (DAIRU) located within the Department of Health, Social Services, and Public Safety (DHSSPS). This bulletin is the second to be published using data from the DMD and covers the period 1 April 2002 – 31 March 2003. By the end of 2002-2003, 43 treatment sites were contributing to the database of which 22 were non-statutory, 18 were statutory and three services were based within prisons. It is important to note that although a client might present for treatment to services based within the prisons, this does not mean that individual is using drugs whilst in custody.

1.3 The DMD collects information on problem drug users presenting to services for the first time, or for the first time in six months or more. A problem drug user is defined as a 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. The data are collected from drug treatment agencies and include selected personal details and information regarding the drugs misused and the type of agency attended: these data are passed on in anonymised form to DAIRU for incorporation in the DMD. As client participation in the DMD is voluntary, in a number of instances consent was withheld and full information relating to these clients has not been incorporated into the DMD. (see Table 1: all main tables are contained in Annex A)

Northern Ireland Executive's Drug Strategy

1.4 The current Northern Ireland Drug Strategy was developed pre-devolution to be consistent with the UK Government's Strategy introduced in 1998 ("Tackling Drugs to Build a Better Britain"). The Northern Ireland Strategy placed a clear emphasis on the need for good information to support drug policy and practice, and identified a drug misuse database as one approach to collecting information. In May 2001 the Northern Ireland Executive endorsed a model for the joint implementation of the Drug Strategy and the Strategy for Reducing Alcohol Related Harm. Under this model, a number of new working groups, including the Information and Research Working Group (IRWG), were established. The DMD is an important strand of the programme of work to be taken forward by this group and by DAIRU in support of the two strategies.

1.5 The aim of the DMD is to provide high-quality, consistent information on the numbers and profiles of presenting problem drug users to inform both policy and

practice. The database will be kept under review.

Other Information Available

1.6 It is important to note that the report does not provide information on the overall size and nature of the problem of drug use or misuse in Northern Ireland. A number of other strands of research instigated by the Information and Research Working Group complement this DMD publication. Details of these and other research projects are available on-line at

<http://www.dhsspsni.gov.uk/stats&research/pubs.html>.

Participation in the DMD

1.7 Client participation in the DMD is optional and depends on client consent. Information was received from 1438 individuals presenting for treatment, and client consent was withheld in 70 (5%) of cases (Table 1). All figures in this report are based on the 1368 individuals who gave their consent for their information to be incorporated in the DMD.

2. Profile of service users

Age and Gender of Users

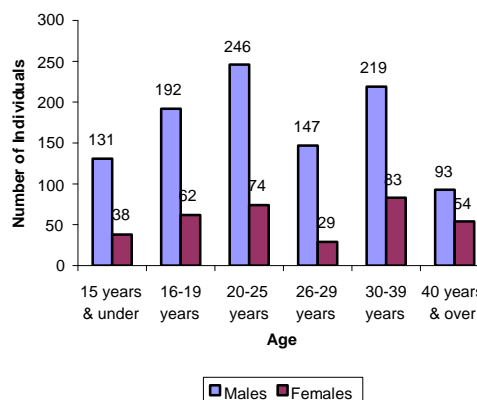
2.1 Males accounted for three-quarters of those presenting to services in 2002-3 (Table 2). This gender ratio of around three males to one female is similar to the typical distribution found in GB over recent years. GB figures have been published in a series of statistical bulletins by the Department of Health. The most recent figures available are from the statistical press release 'Provisional Statistics from the National Drug Treatment Monitoring System in England, 2001/02'.

2.2 The mean age of those presenting for treatment was 26, with over one-third (36%) of users being in their twenties. Almost one third (31%) of those presenting for

treatment were aged under twenty, whilst only 11% were aged 40 or over. (Table 3).

2.3 The age profile for females was slightly older than that for males: 30% of men were aged 30 or more, whilst the corresponding figure for women was 40%. (Table 4; Figure 1)

Figure 1. Age and gender of individuals presenting for treatment: 2002-2003



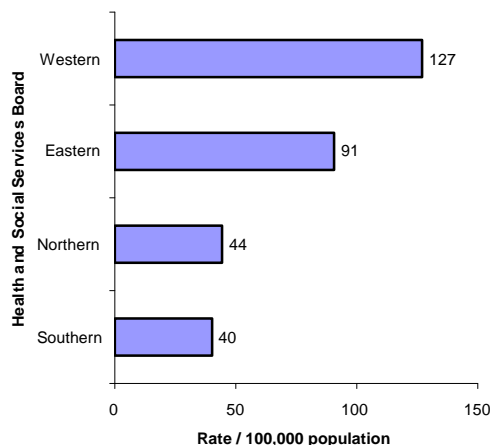
Geography

2.4 Just under half (44%) of users presented for treatment in the Eastern Health and Social Services Board area, whilst only 9% were being treated in the Southern HSSB area and 7% within the prisons (Table 1). It should be noted that these figures are based on where people presented for treatment, not their place of residence. Data on place of residence for those registered on the DMD are incomplete, as only 5-figure postcodes are available, and, in some instances, postcode data are missing or erroneous. For people whose area of residence could be determined, 89% lived in the same HSSB area as they were treated in. This suggests that HSSB of treatment is a reasonable proxy for HSSB of residence.

2.5 The incidence of treatment per 100,000 population was higher in the Western and Eastern HSSB areas (127 and 91 per 100,000 population respectively) than in the Northern (44 per 100,000

population) and the Southern (40 per 100,000 population). (Figure 2)

Figure 2. Rates per 100,000 population presenting for treatment in Health and Social Services Board Areas: 2002-2003



2.6 This picture reflects the position for those agencies contributing to the DMD; as coverage of the DMD expands (see Annex C), the picture will become more definitive.

Type of Treatment Service Agency

2.7 Most users (61%) presented for treatment at statutory agencies. The picture varied sharply across Northern Ireland, with over two-thirds (67%) of users in the Eastern HSSB area presenting to non-statutory agencies, whilst in the other three HSSB areas most users presented to statutory agencies. (Table 5)

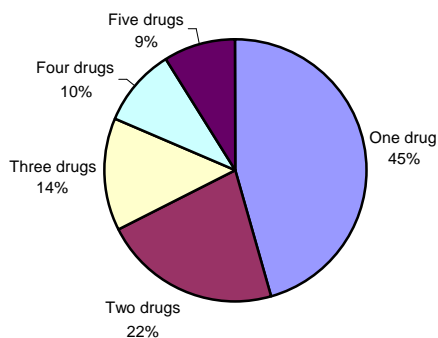
3. Drugs of Misuse

Background

3.1 Users must record at least one drug of misuse in order to be entered on the DMD – this is listed as the main drug of misuse; they can be recorded as misusing a maximum of four other drugs. Figure 3 shows that just under half of users were recorded as misusing only one drug; just over one fifth misused two drugs; and smaller proportions misused three, four, and five drugs. An unknown proportion of those users recorded as misusing five drugs would

have been misusing more than this, but only five drugs are recorded on the DMD. Most of the figures in this bulletin are based on the main drug of misuse, although some analyses report on all drugs of misuse.

Figure 3. Number of drugs misused per user: 2002-2003

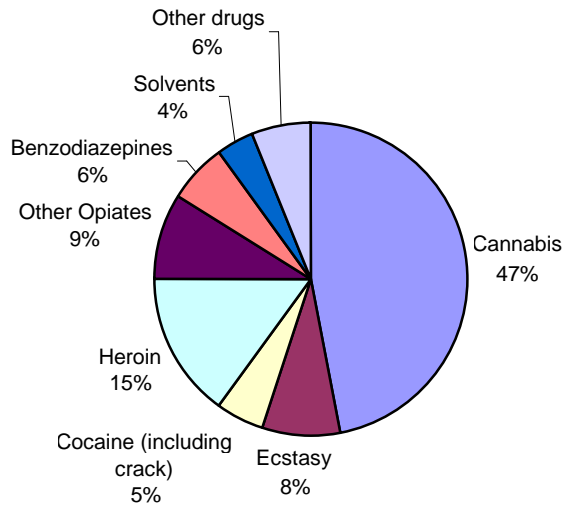


Main Drug of Misuse

3.2 Cannabis was the most frequently reported main drug of misuse, accounting for almost half (47%) of those presenting for treatment. Heroin was reported by 15% of users; other opiates by 9%; and ecstasy by 8%. The “other opiates” group includes drugs such as codeine, paracodol and morphine but excludes heroin and methadone, which are listed separately. Cocaine was reported by 5% of users. These figures are considerably different from those in GB, which show that typically around two-thirds of users report heroin as their main drug of misuse. (Figure 4, Table 6)

3.3 There was considerable variation between males and females in main problem drugs used. Exactly half (50%) of males reported cannabis as their main drug of misuse, considerably higher than the proportion of females (37%). Heroin misuse amongst males (16%) was also higher than the corresponding figure for females (12%). Other opiates, on the other hand, were much more likely to be the main drug for females,

Figure 4. Main drugs of misuse: 2002-2003

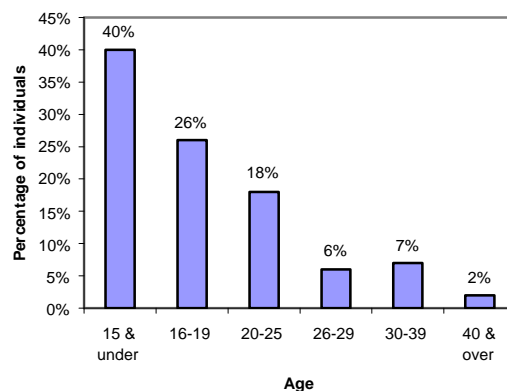


accounting for almost one-fifth (19%) of all women presenting for treatment, but only 6% of men. Similarly, women were twice as likely as men to report benzodiazepines as a main drug (10% of females compared to 5% of males). (Table 6)

3.4 There were also differences by age: cannabis use was most common amongst young people aged 15 or less – cannabis accounted for 79% of users in this age group: solvents for almost all of the rest. 16-19 year olds were much more likely to present for cannabis (66%) than any other drug. Cannabis was the most frequently reported main drug in each of the 20-25, 26-29 and 30-39 year old age groups, however its use decreased as age increased. Conversely the use of heroin and other opiates increased with increasing age. Amongst the over 40's, other opiates were the main presenting drugs (29%), partly accounting for the higher proportion of women presenting for treatment for problems with other opiates. Benzodiazepines and cannabis (both 22%) were the next most common main drugs (Table 7).

3.5 The average (mean) age reported for first use of the main drug was 19. Four in ten reported using their main drug of misuse before the age of 16, whilst just over one quarter (26%) reported taking it between the ages of 16 and 19. Only 9% reported first using their main drug at the age of 30 or over. (Figure 5) Consideration of these figures needs to take account of the fact that the age profile of those presenting for treatment is young, with only 33% aged 30 or more.

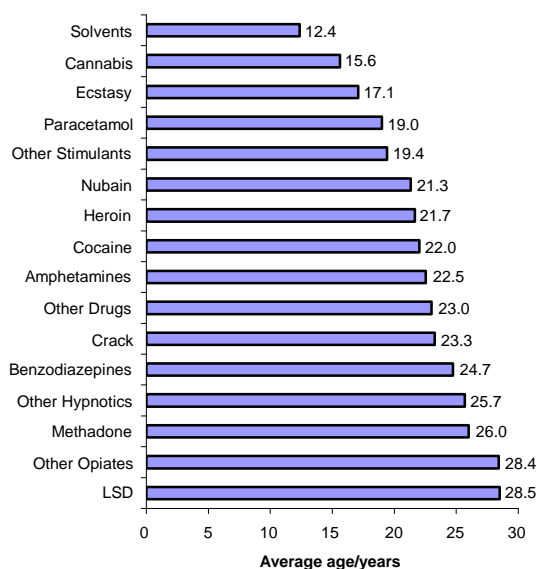
Figure 5. Age of first use: main drug of misuse: 2002-2003



3.6 There were substantial differences in age of first use for different drugs. The lowest average age of first use was for

solvents (just over 12 years) followed by cannabis (age 16). The average age of first use of ecstasy was 17. Heroin (22); cocaine (22); and crack (23) had similar average ages of first use, whilst benzodiazepines (25) and other opiates (28) tended to be used for the first time at later ages. (Figure 6)

Figure 6. Average age of first use for different main drugs: 2002-2003



Geography

3.7 Those presenting for treatment in the Northern Board area were much more likely to have heroin as their main drug (51% of users in this area) than any other drug. The percentages reporting heroin as their main drug in other Board areas is much lower (Eastern, 10%; Southern, 15%; and Western, 7%). In other Board areas the main presenting drug was cannabis with 53% of users in both the Eastern and Western Board area reporting this as their main drug: the corresponding figure for the Southern Board was 46%. The percentage from the Northern Board area reporting cannabis as their main drug of misuse was 22%. Within Prisons, the most frequently reported main drugs were cannabis (35% of users) and ecstasy (25%) (Table 8).

All drugs of misuse

3.8 Those presenting for treatment may be misusing more than one drug, and up to four additional drugs of misuse can be recorded on the DMD. Some drugs – mostly the class A drugs such as heroin and cocaine – tend to be recorded as main drugs if they are being used at all. As seen in Table 9, 253 people reported use of heroin, the majority of these (209 or 83%) reporting heroin as their main problem drug. Other drugs showed a greater propensity to be recorded as subsidiary drugs – for example 433 users reported use of ecstasy, but ecstasy was the main problem drug in only 116 (27%) of these instances.

3.9 Table 9, which contains information on all drugs of misuse, shows some differences from the corresponding “main drug” table (Table 7). The most common drug of misuse was cannabis, with two thirds (66%) of all individuals presenting for treatment reporting misuse of cannabis. The second most common drug group of misuse was ecstasy (32%) followed by benzodiazepines (22%). Other opiates were reported by 19% of all individuals and heroin by 18%.

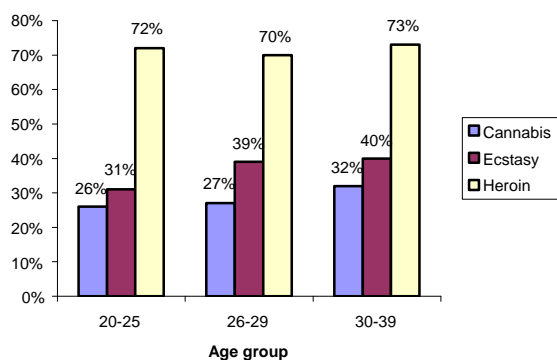
4. Treatment History

4.1 One third of those presenting to treatment in 2002-3 had previously been treated for drug misuse. Most users (67%) had not been treated before. (Table 10) These figures exclude a small number of users whose treatment history is unknown.

4.2 There was considerable variation between the treatment histories of those presenting for different main drugs of misuse: whereas approximately three quarters (72%) of those having heroin as their main drug of misuse had been treated before, figures for many other drugs were lower: 19% of those presenting with cannabis as their main drug had been treated

before: figures for those presenting with ecstasy and solvents as main drug were 28% and 10% respectively. There are some variations in previous treatment history between different drugs and age groups (Figure 7).

Figure 7. Percentage of users previously treated for selected drugs and age groups



5. Injecting and Sharing Behaviour

Injecting Behaviour

5.1 Data regarding a user's 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.

5.2 For users presenting to treatment and for whom the route of administration is known, 194 (14%) reported currently injecting their main drug. Other main routes of administration are; smoking (43%); swallowing or chewing (oral) – 37% and sniffing (6%).

5.3 Injecting was mainly limited to heroin users – of the 194 injectors, more than 8 out of 10 (86%) reported injecting heroin. Cannabis, by contrast, was usually smoked (83% of cannabis users smoked the drug). Solvents were usually sniffed. (Table 11)

5.4 Injecting history is known for 1363 persons presenting for treatment. Table 12

shows that around one in five (21%) of these reported ever having injected a drug. Males presenting for treatment were almost twice as likely to have injected than females (23% compared to 13%).

5.5 There was a marked low concentration of injectors in the Southern HSSB area: only 6% of all lifetime injectors were treated in this area. The Northern HSSB area had the highest concentration with almost 4 in 10 lifetime injectors (38%) presenting for treatment there. Over half (56%) of people with a known injecting history presenting in the Northern HSSB area had a history of injecting. One fifth (21%) of people presenting for treatment in prisons had a history of injecting compared to 17% in the Western board and 13% in both the Eastern and Southern Board areas.

5.6 Information on the age that injectors began injecting is available in respect of 247 injectors (Table 13). The modal age group for commencing injecting was 20-25 years, with two-fifths (42%) of injectors starting in that age range. However over a third (35%) commenced before age 20, most of these in their late teens.

Sharing Equipment

5.7 The Department of Health, in their statistical publications on regional DMDs, suggest that reliance on a single question about sharing behaviour is likely to produce an underestimate of true sharing behaviour. The Northern Ireland DMD also uses a single question to elicit information about sharing behaviour, and thus the results quoted in this bulletin should be treated as minimum estimates.

5.8 Information about the sharing of drug paraphernalia is known for 1334 people. (Table 14) Of these, just over one-tenth (11%) reported sharing equipment. Men (12% of whom had shared) were more likely to have shared equipment than women (7%).

5.9 Sharing was much more common in the Northern Board area (37% reported sharing) than in other Board areas (eg Western Board, 11%). This strongly suggests that the equipment being shared was injecting equipment, given the higher rates of injecting in the Northern Board area.

5.10 Just under one third (30%) of all current injectors had shared equipment in the last four weeks. Among males, the highest incidence of current sharing among injectors was in the Western Board, where over two fifths (45%) of all current males injectors had shared equipment in the last 4 weeks. Among females, the highest incidence of current sharing was in the Northern Board where 45% of current injectors had shared (Table 15).

6. Viral Testing

6.1 The incidences of HIV, Hepatitis B, and Hepatitis C amongst injecting drug users are of concern to the individuals themselves; their partners and prospective partners; and generally for public health reasons.

6.2 The DMD records if ever-injected individuals presenting for treatment had previously been offered diagnostic tests for HIV, Hepatitis B, and Hepatitis C: it does not record if individuals took up these offers or the results of any tests. Information for 2002-2003 is available in respect of 281 persons in relation to HIV, Hepatitis B and Hepatitis C.

6.3 Table 16 shows that over half (58%) of all injecting drug users had previously been offered an HIV test; 67% a test for Hepatitis B; and 67% a test for Hepatitis C. In general, the incidence of test offers for Hepatitis B and Hepatitis C was higher for those being treated in the Northern Board area.

6.4 Almost one third (31%) of all individuals who had been offered a test for Hepatitis B had completed a Hepatitis B vaccination course. The Eastern Board had the highest proportion of individuals completing the vaccination (44% of all those who had been offered a Hepatitis B test), whilst fewer than one in ten (9%) of individuals in the Southern Board had completed the vaccination (Table 16).

6.5 These data from the DMD are being supplemented from June 2002 on with the introduction of an anonymised testing study of injecting drug users in contributing agencies in Northern Ireland. This study is being carried out in conjunction with the Public Health Laboratory Service. This study should provide robust data on levels of infection in the injecting drug-using population. The first report for Northern Ireland is due for publication in October 2003.

7. Other Information

7.1 Some background information on users presenting for treatment is given in Tables 17-20.

Living Arrangements

7.2 Two-fifths (41%) of those presenting for treatment lived with their parents, and around one sixth (16%) lived alone. A similar proportion (15%) lived with a partner and child, and almost one in twenty (4%) were single parents. Around 3% of respondents were homeless. (Table 17)

Employment Status

7.3 Over one tenth (13%) of those presenting for treatment were in employment at the time that treatment commenced. Almost two-thirds (63%) were out of work, with 13% not having ever been in paid employment, and the majority of the

rest being unemployed for a year or longer. 17% were students. (Table 18)

Referral Agencies

7.4 The largest group of those presenting for treatment were referred by General Practitioners – referrals from GPs made up just under one-third (30%) of all referrals. More than a quarter (26%) were self-referred. The remainder came from a wide variety of sources, including family and friends (9%); and other health and social services sources (eg through mental health services – 8%; social services – 5%). (Table 19)

Legal Status

7.5 Nearly a third (31% or 425) of individuals presenting for treatment had some sort of contact with the criminal justice system at the time of presenting for treatment. The largest group (126) were awaiting trial, with a further 106 on probation. Some caution needs to be exercised when considering these figures as the data do not allow those who have no contact with the criminal justice system to be distinguished from those for whom legal status is not known. (Table 20)

Health and Social Services Board data

7.6 Many of the main tables in Annex A contain a breakdown by Health and Social Services Board area. Additional analyses by HSSB area and prisons are given in Annex B.

8. Comparisons: 2001-02 to 2002-03

8.1 In 2002-2003, 1368 individuals presented for treatment compared to 941 the year before, an increase of 427 or 45%. However if we compare the number of returns from those agencies that were contributing in both 2001-2002 and 2002-2003 the increase was 34 or 4%.

8.2 In general, there was an increase in the proportion of younger individuals, while the proportion of older clients fell. There was an increase in the proportion of both males and females in each of the 15 and under and 16 – 19 age groups. There was a small decrease in the proportion of both 20-25 and 26-29 year olds but there was also a more marked fall in the proportion of 30-39 year old males and females presenting for treatment, while there was no change in the 40 and over group. The greatest decrease was females in the 26-29 year old age band. (Table T1)

8.3 As in 2001/02, cannabis was the most commonly reported main drug. However its use as a main drug has risen from 35% in 2001/02 to 47% this year. The use of cocaine as a main drug has also increased from 2% last year to 5% this year – although it should be noted these observations are based on a relatively small number of individuals. The proportion of clients reporting the use of opiates fell this year. Heroin use was reported by 21% of clients in 2001/02, but by 2002/03 this has fallen to 15%. Similarly the use of other opiates as a main drug fell from 14% in 2001/02 to 9% this year. There was a very small decrease in the proportion of clients reporting solvents as their main drug while the reported use of both ecstasy and benzodiazepines remained constant. (Table T2)

8.4 The proportion of individuals who had ever injected fell from 26% to 21% in Northern Ireland as a whole. The proportion of users who had ever injected remained relatively unchanged in the Eastern, Southern and Western boards. However there was a marked fall in the proportion of individuals in the Northern board who had ever injected (82% in 2001/02 compared to 56% in 2002/03). Over one fifth (21%) of individuals presenting for treatment in the prisons this year had previously injected. Last year none of the clients presenting in to

services in prison had ever injected. However this was based on a very small number of individuals. (Table T3)

9. Acknowledgements

9.1 DAIRU would like to thank all the people involved in collecting the data presented in this bulletin – particularly the agencies who have collected and sent in data, and individuals presenting for treatment for providing the information and allowing it to be used. DAIRU are also grateful to the DMD Project Management Group; the Drug and Alcohol Coordinators; the Drug and Alcohol Strategy Team in DHSSPS; and members of the Information and Research Working Group for their support and assistance.

10. Editorial Notes

10.1 Data were first collected for the DMD in Northern Ireland from 1 April 2000. The DMD was in a development stage in 2000-2001, and data from that year are not suitable for publication. Details about the Northern Ireland Drug Misuse Database are given in Annex D.

10.2 For the purposes of clarity, figures in this bulletin are shown in accordance with the following publication conventions:

- . not applicable
- zero
- 0 less than 0.5%

10.3 Percentages do not always add to 100 due to rounding.

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

Kieron Moore
DAIRU
Annex 2
Castle Buildings
Stormont
Belfast BT4 3SQ
Telephone: 028 9052 2501
Fax: 028 90 52 3288
E-mail: DAIRU@dhsspsni.gov.uk

10.5 Further copies of this publication can be obtained from the above address, or on-line at

<http://www.dhsspsni.gov.uk/stats&research/pubs.html>

Many other statistical and research reports from the Department of Health, Social Services and Public Safety's Information and Analysis Unit are available at this web address.

The Northern Ireland Statistics and Research Agency

10.6 The Northern Ireland Statistics and Research Agency (NISRA) is the principal source of official statistical information about Northern Ireland. Further information is available from the NISRA website at www.nisra.gov.uk or via e-mail at info.nisra@dfpni.gov.uk.

Future Publications

10.7 This DMD publication will be updated on an annual basis. The next DMD Statistical Bulletin will be published on Tuesday 12th October 2004. Updates on key statistics may be published from time to time.

ANNEX A – TABLES

TABLE	TITLE	PAGE
Table 1	Total number of DMD forms received from each Health and Social Services Board Area: 2002-2003	13
Table 2	Gender of individuals presenting for treatment by Health and Social Services Board Area: 2002-2003	14
Table 3	Age of individuals presenting for treatment by Health and Social Services Board Area: 2002-2003	15
Table 4	Age and gender of individuals presenting for treatment by Health and Social Services Board Area: 2002-2003	16
Table 5	Agency type of individuals presenting for treatment in each Health and Social Services Board Area: 2002-2003	17
Table 6	Main drug of misuse of individuals presenting for treatment by gender: 2002-2003	18
Table 7	Main drug of misuse of individuals presenting for treatment by age: 2002-2003	19
Table 8	Main drug of misuse of individuals presenting for treatment by Health and Social Services Board Area: 2002-2003	20
Table 9	All drugs of misuse of individuals presenting for treatment by Health and Social Services Board Area: 2002-2003	21
Table 10	Treatment history of individuals presenting for treatment by main drug of misuse: 2002-2003	22
Table 11	Route of administration for main drug of misuse by individuals presenting for treatment: 2002-2003	23
Table 12	Gender of individuals presenting for treatment who have ever injected by Health and Social Services Board Area: 2002-2003	24
Table 13	Age first injected of individuals presenting for treatment who have ever injected by Health and Social Services Board Area: 2002-2003	25
Table 14	Gender of individuals presenting for treatment who have ever shared equipment by Health and Social Services Board Area: 2002-2003	26

Table 15	Number of current injectors presenting for treatment who are currently sharing equipment by Health and Social Services Board Area: 2002-2003	27
Table 16	Number of injectors who have previously been offered a test for HIV, Hepatitis B and C and completed a Hepatitis B vaccination course by Health and Social Services Board Area: 2002-2003	28-31
Table 17	Living arrangements of individuals presenting for treatment: 2002-2003	32
Table 18	Employment status of individuals presenting for treatment: 2002-2003	32
Table 19	Referral details of individuals presenting for treatment: 2002-2003	33
Table 20	Legal status of individuals presenting for treatment: 2002-2003	33

Table 1. Total number of DMD forms received from each Health and Social Services Board Area: 2002-2003

numbers and percentages

HSSB	Total number of forms received ^(a)	Number of consent withheld forms received ^(b)	Number of forms analysed ^(c)
Eastern	619	16	603
Northern	228	39	189
Southern	128	3	125
Western	367	10	357
Prisons	96	2	94
TOTAL	1438	70	1368

Percentages

Eastern	43	23	44
Northern	16	56	14
Southern	9	4	9
Western	26	14	26
Prisons	7	3	7
TOTAL	100	100	100

^(a) A DMD form is completed for every new **problem drug user** who presents at an Agency for treatment. This covers only those problem drug users attending the Agency for the very first time, or for those who have not attended the Agency within the previous six months. They must present with a drug related problem

^(b) The provision of information to the database is voluntary exercise requiring client consent. Where consent is not given a blank form is returned with 'consent withheld' written across it, along with the designated Agency code.

^(c) All data in this statistical bulletin are based on an analysis of DMD forms where consent is given.

Table 2. Gender of individuals presenting for treatment by Health and Social Services Board Area: 2002-2003

<u>numbers and percentages</u>			
HSSB	Males	Females	Persons
Eastern	426	177	603
Northern	143	46	189
Southern	94	31	125
Western	271	86	357
Prisons	94	-	94
TOTAL	1028	340	1368

Percentages

Eastern	71	29	100
Northern	76	24	100
Southern	75	25	100
Western	76	24	100
Prisons	100	-	100
TOTAL	75	25	100

Table 3. Age of individuals presenting for treatment by Health and Social Services Board Area: 2002-2003

<u>numbers and percentages</u>							
HSSB	15 years & under	16-19 years	20-25 years	26-29 years	30-39 years	40 years & over	TOTAL
Eastern	120	130	97	72	126	58	603
Northern	11	10	72	31	46	19	189
Southern	11	11	25	14	41	23	125
Western	26	68	94	48	78	43	357
Prisons	1	35	32	11	11	4	94
TOTAL	169	254	320	176	302	147	1368

Percentages

Eastern	20	22	16	12	21	10	100
Northern	6	5	38	16	24	10	100
Southern	9	9	20	11	33	18	100
Western	7	19	26	13	22	12	100
Prisons	1	37	34	12	12	4	100
TOTAL	12	19	23	13	22	11	100

Table 4. Age and gender of individuals presenting for treatment by Health and Social Services Board Area: 2002-2003

<u>numbers and percentages</u>			
Age group	Males	Females	Persons
15 years & under	131	38	169
16-19 years	192	62	254
20-25 years	246	74	320
26-29 years	147	29	176
30-39 years	219	83	302
40 years & over	93	54	147
ALL AGES	1028	340	1368

Percentages

15 years & under	13	11	12
16-19 years	19	18	19
20-25 years	24	22	23
26-29 years	14	9	13
30-39 years	21	24	22
40 years & over	9	16	11
ALL AGES	100	100	100

Table 5. Agency type of individuals presenting for treatment in each Health and Social Services Board Area: 2002-2003

<u>numbers and percentages</u>			
HSSB ^(a)	Non-statutory	Statutory	TOTAL
Eastern	401	202	603
Northern	24	165	189
Southern	21	104	125
Western	44	313	357
TOTAL	490	784	1274

Percentages

Eastern	67	33	100
Northern	13	87	100
Southern	17	83	100
Western	12	88	100
TOTAL	39	61	100

^(a) Returns from Prisons are excluded from this analysis.

Table 6. Main drug of misuse of individuals presenting for treatment by gender: 2002-2003

<u>numbers and percentages</u>			
Main Drug ^(a)	Male	Female	Persons
Cannabis	514	126	640
Ecstasy	97	19	116
Cocaine	52	10	62
Crack cocaine	3	1	4
Heroin	169	40	209
Methadone	2	1	3
Other Opiates	60	64	124
Benzodiazepines	53	35	88
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	8	4	12
Other stimulants	14	3	17
Solvents	34	14	48
Other drugs	22	23	45
TOTAL	1028	340	1368

Percentages

Cannabis	50	37	47
Ecstasy	9	6	8
Cocaine	5	3	5
Crack cocaine	0	0	0
Heroin	16	12	15
Methadone	0	0	0
Other Opiates	6	19	9
Benzodiazepines	5	10	6
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	1	1	1
Other stimulants	1	1	1
Solvents	3	4	4
Other drugs	2	7	3
TOTAL	100	100	100

^(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table 7. Main drug of misuse of individuals presenting for treatment by age: 2002-2003

Main Drug ^(a)	numbers and percentages						Persons
	15 years & under	16-19 years	20-25 years	26-29 years	30-39 years	40 years & over	
Cannabis	133	167	143	64	101	32	640
Ecstasy	5	45	36	13	15	2	116
Cocaine	-	9	18	11	21	3	62
Crack cocaine	-	-	1	1	1	1	4
Heroin	-	5	64	43	79	18	209
Methadone	-	-	2	1	-	-	3
Other Opiates	1	1	16	17	47	42	124
Benzodiazepines	1	12	18	11	14	32	88
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	4	1	5	2	12
Other stimulants	-	3	5	4	4	1	17
Solvents	28	11	2	3	2	2	48
Other drugs	1	1	11	7	13	12	45
TOTAL	169	254	320	176	302	147	1368

Percentages

Cannabis	79	66	45	36	33	22	47
Ecstasy	3	18	11	7	5	1	8
Cocaine	-	4	6	6	7	2	5
Crack cocaine	-	-	0	1	0	1	0
Heroin	-	2	20	24	26	12	15
Methadone	-	-	1	1	-	-	0
Other Opiates	1	0	5	10	16	29	9
Benzodiazepines	1	5	6	6	5	22	6
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	1	1	2	1	1
Other stimulants	-	1	2	2	1	1	1
Solvents	17	4	1	2	1	1	4
Other drugs	1	0	4	4	4	8	3
TOTAL	100	100	100	100	100	100	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table 8. Main drug of misuse of individuals presenting for treatment by Health and Social Services Board Area: 2002-2003

numbers and percentages

Main Drug ^(a)	Eastern	Northern	Southern	Western	Prisons	Persons
Cannabis	319	41	58	189	33	640
Ecstasy	44	5	5	39	23	116
Cocaine	26	4	9	9	14	62
Crack cocaine	-	2	-	-	2	4
Heroin	61	97	19	26	6	209
Methadone	1	1	-	1	-	3
Other Opiates	59	14	22	26	3	124
Benzodiazepines	43	13	3	21	8	88
Barbiturates	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-
Amphetamines	5	4	1	2	-	12
Other stimulants	10	-	-	6	1	17
Solvents	30	3	7	6	2	48
Other drugs	5	5	1	32	2	45
TOTAL	603	189	125	357	94	1368

Percentages

Cannabis	53	22	46	53	35	47
Ecstasy	7	3	4	11	25	8
Cocaine	4	2	7	3	15	5
Crack cocaine	-	1	-	-	2	0
Heroin	10	51	15	7	6	15
Methadone	0	1	-	0	-	0
Other Opiates	10	7	18	7	3	9
Benzodiazepines	7	7	2	6	9	6
Barbiturates	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-
Amphetamines	1	2	1	1	-	1
Other stimulants	2	-	-	2	1	1
Solvents	5	2	6	2	2	4
Other drugs	1	3	1	9	2	3
TOTAL	100	100	100	100	100	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table 9. All drugs of misuse of individuals presenting for treatment by Health and Social Services Board Area: 2002-2003

numbers and percentages

Main Drug ^(a)	Eastern	Northern	Southern	Western	Prisons	All boards
Persons	603	189	125	357	94	1368
Cannabis	406	95	82	251	65	899
Ecstasy	153	39	39	147	55	433
Cocaine	73	19	26	54	32	204
Crack cocaine	3	12	1	2	7	25
Heroin	68	110	24	39	12	253
Methadone	6	7	5	4	-	22
Other Opiates	98	83	30	41	7	259
Benzodiazepines	116	102	16	54	19	307
Barbiturates	3	-	-	-	-	3
Other hallucinogens	2	1	1	1	1	6
Amphetamines	26	13	3	26	1	69
Other stimulants	54	9	14	57	18	152
Solvents	50	6	8	20	4	88
Other drugs	32	5	10	54	16	117

Percentages

Cannabis	67	50	66	70	69	66
Ecstasy	25	21	31	41	59	32
Cocaine	12	10	21	15	34	15
Crack cocaine	0	6	1	1	7	2
Heroin	11	58	19	11	13	18
Methadone	1	4	4	1	-	2
Other Opiates	16	44	24	11	7	19
Benzodiazepines	19	54	13	15	20	22
Barbiturates	0	-	-	-	-	0
Other hallucinogens	0	1	1	0	1	0
Amphetamines	4	7	2	7	1	5
Other stimulants	9	5	11	16	19	11
Solvents	8	3	6	6	4	6
Other drugs	5	3	8	15	17	9

^(a) The main drug is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment. A further four subsidiary drugs can be recorded. The figures for "all drugs" include all drugs recorded either as the main or a subsidiary drug. These figures add up to more than 100%.

Table 10. Treatment history of individuals presenting for treatment by main drug of misuse: 2002-2003

Main Drug ^(a)	<u>numbers and percentages</u>			
	Treated before	Not treated before	Treatment history unknown	TOTAL
Cannabis	124	514	2	640
Ecstasy	33	83	-	116
Cocaine	13	49	-	62
Crack cocaine	3	1	-	4
Heroin	150	59	-	209
Methadone	3	-	-	3
Other Opiates	59	64	1	124
Benzodiazepines	31	57	-	88
Barbiturates	-	-	-	-
Other hallucinogens	-	-	-	-
Amphetamines	5	7	-	12
Other stimulants	7	10	-	17
Solvents	5	43	-	48
Other drugs	16	29	-	45
TOTAL	449	916	3	1368

Percentages^(b)

Cannabis	19	81	..	100
Ecstasy	28	72	..	100
Cocaine	21	79	..	100
Crack cocaine	75	25	..	100
Heroin	72	28	..	100
Methadone	100	-	..	100
Other Opiates	48	52	..	100
Benzodiazepines	35	65	..	100
Barbiturates	-	-	..	-
Other hallucinogens	-	-	..	-
Amphetamines	42	58	..	100
Other stimulants	41	59	..	100
Solvents	10	90	..	100
Other drugs	36	64	..	100
TOTAL	33	67	..	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

(b) The percentage of users who have previously been treated has been based on those whose treatment history is known and excludes those for whom treatment history was not known.

Table 11. Route of administration for main drug of misuse by individuals presenting for treatment: 2002-2003

Main Drug ^(a)	numbers and percentages				
	Inject	Oral	Smoke	Sniff	TOTAL
Cannabis	-	104	531	2	637
Ecstasy	-	116	-	-	116
Cocaine	4	8	5	44	61
Crack cocaine	1	-	3	-	4
Heroin	166	1	40	-	207
Methadone	-	3	-	-	3
Other Opiates	8	113	2	-	123
Benzodiazepines	-	88	-	-	88
Barbiturates	-	-	-	-	0
Other hallucinogens	-	-	-	-	0
Amphetamines	1	8	-	3	12
Other stimulants	1	12	-	4	17
Solvents	-	13	5	30	48
Other drugs	13	31	-	1	45
TOTAL	194	497	586	84	1361

Percentages

Cannabis	-	16	83	-	100
Ecstasy	-	100	-	-	100
Cocaine	7	13	8	72	100
Crack cocaine	25	-	75	-	100
Heroin	80	1	19	-	100
Methadone	-	100	-	-	100
Other Opiates	7	92	2	-	100
Benzodiazepines	-	100	-	-	100
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	8	67	-	25	100
Other stimulants	6	71	-	24	100
Solvents	-	27	10	63	100
Other drugs	29	69	-	2	100
TOTAL	14	37	43	6	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

(b) This figure excludes 7 DMD forms where the route of administration was not recorded.

Table 12. Gender of individuals presenting for treatment who have ever injected by Health and Social Services Board Area: 2002-2003

numbers and percentages

HSSB	Males ever injected	Males with known injecting history	Females ever injected	Females with known injecting history	Persons ever injected	Persons with known injecting history
Eastern	62	423	17	177	79	600
Northern	88	142	18	46	106	188
Southern	14	94	2	31	16	125
Western	54	270	6	86	60	356
Prisons	20	94	-	-	20	94
TOTAL	238	1023	43	340	281	1363

Percentages ^(a)

Eastern	15	10	13
Northern	62	39	56
Southern	15	7	13
Western	20	7	17
Prisons	21	-	21
TOTAL	23	13	21

^(a) The percentage of users who have ever injected has been based on those whose injecting status is known, i.e. excluding those for whom the injecting status was not known.

Table 13. Age first injected of individuals presenting for treatment who have ever injected by Health and Social Services Board Area: 2002-2003

numbers and percentages

HSSB	15 years & under	16-19 years	20-25 years	26-29 years	30-39 years	40 years & over	Persons
Eastern	3	11	32	10	9	2	67
Northern	1	35	42	12	5	1	96
Southern	-	4	4	1	3	-	12
Western	3	23	19	5	3	-	53
Prisons	-	7	7	3	2	-	19
TOTAL	7	80	104	31	22	3	247 ^(b)

Percentages ^(a)

Eastern	5	16	48	15	13	3	100
Northern	1	37	44	13	5	1	100
Southern	-	33	33	8	25	-	100
Western	6	43	36	9	6	-	100
Prisons	-	37	37	16	11	-	100
TOTAL	3	32	42	13	9	1	100

^(a) The percentage of users who have ever injected has been based on those whose injecting status is known, i.e. excluding those for whom the status was not known.

^(b) This figures excludes 34 individuals who have previously injected but whose age first injected was not known.

Table 14. Gender of individuals presenting for treatment who have ever shared equipment by Health and Social Services Board Area: 2002-2003

numbers and percentages

HSSB	Males ever shared	Males with known sharing history	Females ever shared	Females with known sharing history	Persons ever shared	Persons with known sharing history
Eastern	27	411	4	175	31	586
Northern	54	140	14	46	68	186
Southern	4	90	-	30	4	120
Western	34	265	4	84	38	349
Prisons	4	93	-	-	4	93
TOTAL	123	999	22	335	145	1334

Percentages ^(a)

Eastern	7	2	5
Northern	39	30	37
Southern	4	-	3
Western	13	5	11
Prisons	4	-	4
TOTAL	12	7	11

^(a) The percentage of users who have ever shared equipment has been based on those whose sharing status is known, i.e. excluding those for whom the sharing status was not known.

Table 15. Number of current injectors presenting for treatment who are currently sharing equipment by Health and Social Services Board Area: 2002-2003

HSSB	Male injectors sharing in last 4 weeks	Males with known sharing history	Female injectors sharing in last 4 weeks	Females with known sharing history	Persons injecting & sharing in last 4 weeks	Persons with known sharing history
Eastern	6	28	2	9	8	37
Northern	16	60	5	11	21	71
Southern	1	9	-	2	1	11
Western	15	33	1	3	16	36
Prisons	-	-	-	-	-	-
TOTAL	38	130	8	25	46	155

Percentages ^(a)

Eastern	21	22	22
Northern	27	45	30
Southern	11	-	9
Western	45	33	44
Prisons	-	-	-
TOTAL	29	32	30

^(a) The percentage of current injectors who have shared equipment in the last 4 weeks has been based on those whose sharing in the last 4 week status is known, ie excluding those for whom the sharing in the last 4 weeks status was not known.

Table 16. Number of injectors who have previously been offered a test for HIV, Hepatitis B and Hepatitis C by Health and Social Services Board Area: 2002-2003

numbers and percentages

(a) HIV

HSSB	HIV test	No HIV test	Test status unknown	TOTAL
Eastern	44	33	2	79
Northern	63	42	1	106
Southern	9	5	2	16
Western	34	25	1	60
Prisons	9	11	-	20
TOTAL	159	116	6	281

Percentages ^(a)

Eastern	57	43	..	100
Northern	60	40	..	100
Southern	64	36	..	100
Western	58	42	..	100
Prisons	45	55	..	100
TOTAL	58	42	..	100

^(a) The percentage of users who have previously been offered a test for HIV has been based on those whose HIV test offer status is known, excluding those for whom the HIV test offer status was not known.

/continued

Table 16 (continued)

(b) Hepatitis B

HSSB	Hep B test	No Hep B test	Test status unknown	TOTAL
Eastern	44	31	4	79
Northern	86	20	-	106
Southern	11	4	1	16
Western	34	25	1	60
Prisons	9	11	-	20
TOTAL	184	91	6	281

Percentages ^(a)

Eastern	59	41	..	100
Northern	81	19	..	100
Southern	73	27	..	100
Western	58	42	..	100
Prisons	45	55	..	100
TOTAL	67	33	..	100

^(a) The percentage of users who have previously been offered a test for Hepatitis B has been based on those whose Hepatitis B test offer status is known, excluding those for whom the Hepatitis B test offer status was not known.

/continued

Table 16 (continued)

(c) Hepatitis C

HSSB	Hep C test	No Hep C test	Test status unknown	TOTAL
Eastern	47	28	4	79
Northern	83	23	-	106
Southern	10	5	1	16
Western	33	26	1	60
Prisons	10	10	-	20
TOTAL	183	92	6	281

Percentages ^(a)

Eastern	63	37	..	100
Northern	78	22	..	100
Southern	67	33	..	100
Western	56	44	..	100
Prisons	50	50	..	100
TOTAL	67	33	..	100

^(a) The percentage of users who have ever been offered a test for Hepatitis C has been based on those whose Hepatitis C test offer status is known, excluding those for whom the Hepatitis C test offer status was not known.

Table 16 (continued)

(d) Hepatitis B Vaccination

HSSB	Hep B vaccination	No Hep B vaccination	Vaccination status unknown	TOTAL
Eastern	17	22	5	44
Northern	27	52	7	86
Southern	1	10	-	11
Western	5	26	3	34
Prisons	3	6	-	9
TOTAL	53	116	15	184 ^(b)

Percentages ^(a)

Eastern	44	56	..	100
Northern	34	66	..	100
Southern	9	91	..	100
Western	16	84	..	100
Prisons	33	67	..	100
TOTAL	31	69	..	100

^(a) The percentage of users who have ever previously completed a vaccination course for Hepatitis B has been based on those whose Hepatitis B vaccination course status is known, i.e. excluding those for whom the Hepatitis B vaccination course status was not known.

^(b) Only respondents who have previously been offered a test for Hepatitis B were asked if they had completed a Hepatitis B vaccination course.

Table 17. Living arrangements of individuals presenting for treatment: 2002-2003

numbers and percentages

Living arrangements	<i>Number</i>	<i>%</i>
Alone	222	16
With spouse/partner	83	6
With spouse/partner and children	207	15
With dependent children	48	4
With parents	564	41
With friends	50	4
Residential rehabilitation hostel	30	2
Roofless	3	0
Homeless	39	3
Other	118	9
TOTAL	1364	100

Table 18. Employment status of individuals presenting for treatment: 2002-2003

numbers and percentages

Employment status	<i>Number</i>	<i>%</i>
In employment	182	13
Never employed	180	13
Unemployed-1 year or less	162	12
Unemployed-1 year or more	520	38
On government training scheme	27	2
Student	232	17
Other	57	4
TOTAL	1360	100

Table 19. Referral details of individuals presenting for treatment: 2002-2003

numbers and percentages

Referral by	<i>Number</i>	<i>%</i>
GP	407	30
Psychiatrist/mental health services	115	8
Social services	67	5
A+E	6	0
Community addiction team	56	4
Non-statutory agency	23	2
Legal	60	4
Self	348	26
Family/friend	129	9
Workplace	4	0
Other	152	11
TOTAL	1367	100

Table 20. Legal status of individuals presenting for treatment: 2002-2003

numbers and percentages

Legal status	<i>Number</i>	<i>%</i>
None/missing	943	69
Deferred sentence	26	2
On probation	106	8
Community service	3	0
Awaiting sentence	72	5
Trial pending	126	9
Other	92	7
TOTAL	1368	100

ANNEX B – ADDITIONAL HEALTH AND SOCIAL SERVICES BOARD TABLES

TABLE	TITLE	PAGE
Table HB1	Main drug of misuse of individuals presenting for treatment by gender: 2002-2003 (For each Health and Social Services Board area)	36-40
Table HB2	Main drug of misuse of individuals presenting for treatment by age: 2002-2003 (For each Health and Social Services Board area)	41-45
Table HB3	Route of administration for main drug of misuse by individuals presenting for treatment: 2002-2003 (For each Health and Social Services Board area)	46-50
Table HB4	Treatment history of individuals presenting for treatment by main drug of misuse: 2002-2003 (For each Health and Social Services Board area)	51-55

Table HB1. Main drug of misuse of individuals presenting for treatment by gender: 2002-2003

numbers and percentages

(a) Eastern Board

Main Drug ^(a)	Male	Female	TOTAL
Cannabis	248	71	319
Ecstasy	31	13	44
Cocaine	21	5	26
Crack cocaine	-	-	-
Heroin	45	16	61
Methadone	1	-	1
Other Opiates	29	30	59
Benzodiazepines	19	24	43
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	4	1	5
Other stimulants	7	3	10
Solvents	19	11	30
Other drugs	2	3	5
TOTAL	426	177	603

Percentages

Cannabis	58	40	53
Ecstasy	7	7	7
Cocaine	5	3	4
Crack cocaine	-	-	-
Heroin	11	9	10
Methadone	0	-	0
Other Opiates	7	17	10
Benzodiazepines	4	14	7
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	1	1	1
Other stimulants	2	2	2
Solvents	4	6	5
Other drugs	0	2	1
TOTAL	100	100	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB1. Main drug of misuse (continued)

(b) Northern Board

Main Drug ^(a)	Male	Female	TOTAL
Cannabis	29	12	41
Ecstasy	3	2	5
Cocaine	3	1	4
Crack cocaine	1	1	2
Heroin	81	16	97
Methadone	1	-	1
Other Opiates	6	8	14
Benzodiazepines	12	1	13
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	2	2	4
Other stimulants	-	-	-
Solvents	2	1	3
Other drugs	3	2	5
TOTAL	143	46	189

Percentages

Cannabis	20	26	22
Ecstasy	2	4	3
Cocaine	2	2	2
Crack cocaine	1	2	1
Heroin	57	35	51
Methadone	1	-	1
Other Opiates	4	17	7
Benzodiazepines	8	2	7
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	1	4	2
Other stimulants	-	-	-
Solvents	1	2	2
Other drugs	2	4	3
TOTAL	100	100	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB1. Main drug of misuse (continued)

(c) Southern Board

Main Drug ^(a)	Male	Female	TOTAL
Cannabis	50	8	58
Ecstasy	4	1	5
Cocaine	7	2	9
Crack cocaine	-	-	-
Heroin	14	5	19
Methadone	-	-	-
Other Opiates	9	13	22
Benzodiazepines	2	1	3
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	-	1	1
Other stimulants	-	-	-
Solvents	7	-	7
Other drugs	1	-	1
TOTAL	94	31	125

Percentages

Cannabis	53	26	46
Ecstasy	4	3	4
Cocaine	7	6	7
Crack cocaine	-	-	-
Heroin	15	16	15
Methadone	-	-	-
Other Opiates	10	42	18
Benzodiazepines	2	3	2
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	-	3	1
Other stimulants	-	-	-
Solvents	7	-	6
Other drugs	1	-	1
TOTAL	100	100	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB1. Main drug of misuse (continued)

(d) Western Board

Main Drug ^(a)	Male	Female	TOTAL
Cannabis	154	35	189
Ecstasy	36	3	39
Cocaine	7	2	9
Crack cocaine	-	-	-
Heroin	23	3	26
Methadone	-	1	1
Other Opiates	13	13	26
Benzodiazepines	12	9	21
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	2	-	2
Other stimulants	6	-	6
Solvents	4	2	6
Other drugs	14	18	32
TOTAL	271	86	357

Percentages

Cannabis	57	41	53
Ecstasy	13	3	11
Cocaine	3	2	3
Crack cocaine	-	-	-
Heroin	8	3	7
Methadone	-	1	0
Other Opiates	5	15	7
Benzodiazepines	4	10	6
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	1	-	1
Other stimulants	2	-	2
Solvents	1	2	2
Other drugs	5	21	9
TOTAL	100	100	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB1. Main drug of misuse (continued)

(e) Prisons

Main Drug ^(a)	Male	Female	TOTAL
Cannabis	33	-	33
Ecstasy	23	-	23
Cocaine	14	-	14
Crack cocaine	2	-	2
Heroin	6	-	6
Methadone	-	-	-
Other Opiates	3	-	3
Benzodiazepines	8	-	8
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	-	-	-
Other stimulants	1	-	1
Solvents	2	-	2
Other drugs	2	-	2
TOTAL	94	-	94

Percentages

Cannabis	35	-	35
Ecstasy	24	-	24
Cocaine	15	-	15
Crack cocaine	2	-	2
Heroin	6	-	6
Methadone	-	-	-
Other Opiates	3	-	3
Benzodiazepines	9	-	9
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	-	-	-
Other stimulants	1	-	1
Solvents	2	-	2
Other drugs	2	-	2
TOTAL	100	-	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB2. Main drug of misuse of individuals presenting for treatment by age: 2002-2003

numbers and percentages

(a) Eastern Board

Main Drug ^(a)	15 years & under	16-19 years	20-25 years	26-29 years	30-39 years	40 years & over	Persons
Cannabis	101	91	45	30	39	13	319
Ecstasy	2	19	13	7	3	-	44
Cocaine	-	3	5	7	9	2	26
Crack cocaine	-	-	-	-	-	-	-
Heroin	-	-	13	10	28	10	61
Methadone	-	-	-	1	-	-	1
Other Opiates	1	1	6	6	28	17	59
Benzodiazepines	1	5	7	5	12	13	43
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	2	1	1	1	5
Other stimulants	-	2	3	2	3	-	10
Solvents	15	9	2	1	2	1	30
Other drugs	-	-	1	2	1	1	5
TOTAL	120	130	97	72	126	58	603

Percentages

Cannabis	84	70	46	42	31	22	53
Ecstasy	2	15	13	10	2	-	7
Cocaine	-	2	5	10	7	3	4
Crack cocaine	-	-	-	-	-	-	-
Heroin	-	-	13	14	22	17	10
Methadone	-	-	-	1	-	-	0
Other Opiates	1	1	6	8	22	29	10
Benzodiazepines	1	4	7	7	10	22	7
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	2	1	1	2	1
Other stimulants	-	2	3	3	2	-	2
Solvents	13	7	2	1	2	2	5
Other drugs	-	-	1	3	1	2	1
TOTAL	100	100	100	100	100	100	100

^(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB2. Main drug of misuse by age (continued)

(b) Northern Board

Main Drug ^(a)	15 years & under	16-19 years	20-25 years	26-29 years	30-39 years	40 years & over	Persons
Cannabis	7	7	18	2	6	1	41
Ecstasy	1	1	2	-	1	-	5
Cocaine	-	-	3	-	1	-	4
Crack cocaine	-	-	1	1	-	-	2
Heroin	-	2	39	21	29	6	97
Methadone	-	-	1	-	-	-	1
Other Opiates	-	-	2	2	5	5	14
Benzodiazepines	-	-	4	4	-	5	13
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	-	-	3	1	4
Other stimulants	-	-	-	-	-	-	-
Solvents	3	-	-	-	-	-	3
Other drugs	-	-	2	1	1	1	5
TOTAL	11	10	72	31	46	19	189

Percentages

Cannabis	64	70	25	6	13	5	22
Ecstasy	9	10	3	-	2	-	3
Cocaine	-	-	4	-	2	-	2
Crack cocaine	-	-	1	3	-	-	1
Heroin	-	20	54	68	63	32	51
Methadone	-	-	1	-	-	-	1
Other Opiates	-	-	3	6	11	26	7
Benzodiazepines	-	-	6	13		26	7
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	-	-	7	5	2
Other stimulants	-	-	-	-	-	-	-
Solvents	27	-	-	-	-	-	2
Other drugs	-	-	3	3	2	5	3
TOTAL	100	100	100	100	100	100	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB2. Main drug of misuse by age (continued)

(c) Southern Board

Main Drug ^(a)	15 years & under	16-19 years	20-25 years	26-29 years	30-39 years	40 years & over	Persons
Cannabis	4	10	13	7	15	9	58
Ecstasy	1	-	1	1	2	-	5
Cocaine	-	-	2	1	6	-	9
Crack cocaine	-	-	-	-	-	-	-
Heroin	-	1	3	3	11	1	19
Methadone	-	-	-	-	-	-	-
Other Opiates	-	-	2	2	6	12	22
Benzodiazepines	-	-	3	-	-	-	3
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	1	-	-	-	1
Other stimulants	-	-	-	-	-	-	-
Solvents	6	-	-	-	-	1	7
Other drugs	-	-	-	-	1	-	1
TOTAL	11	11	25	14	41	23	125

Percentages

Cannabis	36	91	52	50	37	39	46
Ecstasy	9	-	4	7	5	-	4
Cocaine	-	-	8	7	15	-	7
Crack cocaine	-	-	-	-	-	-	-
Heroin	-	9	12	21	27	4	15
Methadone	-	-	-	-	-	-	-
Other Opiates	-	-	8	14	15	52	18
Benzodiazepines	-	-	12	-	-	-	2
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	4	-	-	-	1
Other stimulants	-	-	-	-	-	-	-
Solvents	55	-	-	-	-	4	6
Other drugs	-	-	-	-	2	-	1
TOTAL	100	100	100	100	100	100	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB2. Main drug of misuse by age (continued)

(d) Western Board

Main Drug ^(a)	15 years & under	16-19 years	20-25 years	26-29 years	30-39 years	40 years & over	Persons
Cannabis	20	49	52	21	39	8	189
Ecstasy	1	12	14	2	8	2	39
Cocaine	-	-	4	2	2	1	9
Crack cocaine	-	-	-	-	-	-	-
Heroin	-	2	7	8	8	1	26
Methadone	-	-	1	-	-	-	1
Other Opiates	-	-	4	7	7	8	26
Benzodiazepines	-	2	1	2	2	14	21
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	1	-	1	-	2
Other stimulants	-	1	2	2	1	-	6
Solvents	4	1	-	1	-	-	6
Other drugs	1	1	8	3	10	9	32
TOTAL	26	68	94	48	78	43	357

Percentages

Cannabis	77	72	55	44	50	19	53
Ecstasy	4	18	15	4	10	5	11
Cocaine	-	-	4	4	3	2	3
Crack cocaine	-	-	-	-	-	-	-
Heroin	-	3	7	17	10	2	7
Methadone	-	-	1	-	-	-	0
Other Opiates	-	-	4	15	9	19	7
Benzodiazepines	-	3	1	4	3	33	6
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	1	-	1	-	1
Other stimulants	-	1	2	4	1	-	2
Solvents	15	1	-	2	-	-	2
Other drugs	4	1	9	6	13	21	9
TOTAL	100	100	100	100	100	100	100

^(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB2. Main drug of misuse by age (continued)

(e) Prisons

Main Drug ^(a)	15 years & under	16-19 years	20-25 years	26-29 years	30-39 years	40 years & over	Persons
Cannabis	1	10	15	4	2	1	33
Ecstasy	-	13	6	3	1	-	23
Cocaine	-	6	4	1	3	-	14
Crack cocaine	-	-	-	-	1	1	2
Heroin	-	-	2	1	3	-	6
Methadone	-	-	-	-	-	-	-
Other Opiates	-	-	2	-	1	-	3
Benzodiazepines	-	5	3	-	-	-	8
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	-	-	-	-	-
Other stimulants	-	-	-	-	-	1	1
Solvents	-	1	-	1	-	-	2
Other drugs	-	-	-	1	-	1	2
TOTAL	1	35	32	11	11	4	94

Percentages

Cannabis	100	29	47	36	18	25	35
Ecstasy	-	37	19	27	9	-	24
Cocaine	-	17	13	9	27	-	15
Crack cocaine	-	-	-	-	9	25	2
Heroin	-	-	6	9	27	-	6
Methadone	-	-	-	-	-	-	-
Other Opiates	-	-	6	-	9	-	3
Benzodiazepines	-	14	9	-	-	-	9
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	-	-	-	-	-
Other stimulants	-	-	-	-	-	25	1
Solvents	-	3	-	9	-	-	2
Other drugs	-	-	-	9	-	25	2
TOTAL	100	100	100	100	100	100	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB3. Route of administration for main drug of misuse by individuals presenting for treatment: 2002-2003

numbers and percentages

(a) Eastern Board

Main Drug ^(a)	Inject	Oral	Smoke	Sniff	TOTAL
Cannabis	-	26	291	1	318
Ecstasy	-	44	-	-	44
Cocaine	2	2	1	20	25
Crack cocaine	-	-	-	-	-
Heroin	50	1	10	-	61
Methadone	-	1	-	-	1
Other Opiates	2	55	1	-	58
Benzodiazepines	-	43	-	-	43
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	3	-	2	5
Other stimulants	-	8	-	2	10
Solvents	-	6	5	19	30
Other drugs	-	5	-	-	5
TOTAL	54	194	308	44	600

Percentages

Cannabis	-	8	92	0	100
Ecstasy	-	100	-	-	100
Cocaine	8	8	4	80	100
Crack cocaine	-	-	-	-	-
Heroin	82	2	16	-	100
Methadone	-	100	-	-	100
Other Opiates	3	95	2	-	100
Benzodiazepines	-	100	-	-	100
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	60	-	40	100
Other stimulants	-	80	-	20	100
Solvents	-	20	17	63	100
Other drugs	-	100	-	-	100
TOTAL	9	32	51	7	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB3. Route of administration (continued)

(b) Northern Board

Main Drug ^(a)	Inject	Oral	Smoke	Sniff	TOTAL
Cannabis	-	2	38	-	40
Ecstasy	-	5	-	-	5
Cocaine	1	-	-	3	4
Crack cocaine	-	-	2	-	2
Heroin	76	-	19	-	95
Methadone	-	1	-	-	1
Other Opiates	1	13	-	-	14
Benzodiazepines	-	13	-	-	13
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	4	-	-	4
Other stimulants	-	-	-	-	-
Solvents	-	2	-	1	3
Other drugs	4	1	-	-	5
TOTAL	82	41	59	4	186

Percentages

Cannabis	-	5	95	-	100
Ecstasy	-	100	-	-	100
Cocaine	25	-	-	75	100
Crack cocaine	-	-	100	-	100
Heroin	80	0	20	-	100
Methadone	-	100	-	-	100
Other Opiates	7	93	-	-	100
Benzodiazepines	-	100	-	-	100
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	100	-	-	100
Other stimulants	-	-	-	-	-
Solvents	-	67	-	33	100
Other drugs	80	20	-	-	100
TOTAL	44	22	32	2	100

^(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB3. Route of administration (continued)

(c) Southern Board

Main Drug ^(a)	Inject	Oral	Smoke	Sniff	TOTAL
Cannabis	-	7	51	-	58
Ecstasy	-	5	-	-	5
Cocaine	-	2	2	5	9
Crack cocaine	-	-	-	-	-
Heroin	12	-	7	-	19
Methadone	-	-	-	-	-
Other Opiates	-	22	-	-	22
Benzodiazepines	-	3	-	-	3
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	1	-	-	-	1
Other stimulants	-	-	-	-	-
Solvents	-	5	-	2	7
Other drugs	1	-	-	-	1
TOTAL	14	44	60	7	125

Percentages

Cannabis	-	12	88	-	100
Ecstasy	-	100	-	-	100
Cocaine	-	22	22	56	100
Crack cocaine	-	-	-	-	-
Heroin	63	-	37	-	100
Methadone	-	-	-	-	-
Other Opiates	-	100	-	-	100
Benzodiazepines	-	100	-	-	100
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	100	-	-	-	100
Other stimulants	-	-	-	-	-
Solvents	-	71	-	29	100
Other drugs	100	-	-	-	100
TOTAL	11	35	48	6	100

^(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB3. Route of administration (continued)

(d) Western Board

Main Drug ^(a)	Inject	Oral	Smoke	Sniff	TOTAL
Cannabis	-	59	128	1	188
Ecstasy	-	39	-	-	39
Cocaine	-	1	1	7	9
Crack cocaine	-	-	-	-	-
Heroin	23	-	3	-	26
Methadone	-	1	-	-	1
Other Opiates	5	20	1	-	26
Benzodiazepines	-	21	-	-	21
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	1	-	1	2
Other stimulants	1	3	-	2	6
Solvents	-	-	-	6	6
Other drugs	8	23	-	1	32
TOTAL	37	168	133	18	356

Percentages

Cannabis	-	31	68	1	100
Ecstasy	-	100	-	-	100
Cocaine	-	11	11	78	100
Crack cocaine	-	-	-	-	-
Heroin	88	-	12	-	100
Methadone	-	100	-	-	100
Other Opiates	19	77	4	-	100
Benzodiazepines	-	100	-	-	100
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	50	-	50	100
Other stimulants	17	50	-	33	100
Solvents	-	-	-	100	100
Other drugs	25	72	-	3	100
TOTAL	10	47	37	5	100

^(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB3. Route of administration (continued)

(e) Prisons

Main Drug ^(a)	Inject	Oral	Smoke	Sniff	TOTAL
Cannabis	-	10	23	-	33
Ecstasy	-	23	-	-	23
Cocaine	1	3	1	9	14
Crack cocaine	1	-	1	-	-
Heroin	5	-	1	-	6
Methadone	-	-	-	-	-
Other Opiates	-	3	-	-	3
Benzodiazepines	-	8	-	-	8
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	-	-	-	-
Other stimulants	-	1	-	-	1
Solvents	-	-	-	2	2
Other drugs	-	2	-	-	2
TOTAL	7	50	26	11	94

Percentages

Cannabis	-	30	70	-	100
Ecstasy	-	100	-	-	100
Cocaine	7	21	7	64	100
Crack cocaine	-	-	-	-	-
Heroin	83	-	17	-	100
Methadone	-	-	-	-	-
Other Opiates	-	100	-	-	100
Benzodiazepines	-	100	-	-	100
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	-	-	-	-
Other stimulants	-	100	-	-	100
Solvents	-	-	-	100	100
Other drugs	-	100	-	-	100
TOTAL	7	53	28	12	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table HB4. Treatment history of individuals presenting for treatment by main drug of misuse: 2002-2003

numbers and percentages

(a) Eastern Board

Main Drug ^(a)	Treated before	Not treated before	Treatment history unknown	TOTAL
Cannabis	43	275	1	319
Ecstasy	10	34	-	44
Cocaine	6	20	-	26
Crack cocaine	-	-	-	-
Heroin	34	27	-	61
Methadone	1	-	-	1
Other Opiates	27	31	1	59
Benzodiazepines	13	30	-	43
Barbiturates	-	-	-	-
Other hallucinogens	-	-	-	-
Amphetamines	2	3	-	5
Other stimulants	4	6	-	10
Solvents	3	27	-	30
Other drugs	1	4	-	5
TOTAL	144	457	2	603

Percentages ^(b)

Cannabis	14	86	..	100
Ecstasy	23	77	..	100
Cocaine	23	77	..	100
Crack cocaine	-	-	..	-
Heroin	56	44	..	100
Methadone	-	-	..	-
Other Opiates	47	53	..	100
Benzodiazepines	30	70	..	100
Barbiturates	-	-	..	-
Other hallucinogens	-	-	..	-
Amphetamines	40	60	..	100
Other stimulants	40	60	..	100
Solvents	10	90	..	100
Other drugs	20	80	..	100
TOTAL	24	76	..	100

^(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

^(b) The percentage of users who have previously been treated has been based on those whose treatment history is known, i.e. excluding those for whom the treatment history was not known.

Table HB4. Treatment history (continued)

(b) Northern Board

Main Drug ^(a)	Treated before	Not treated before	Treatment history unknown	TOTAL
Cannabis	10	30	1	41
Ecstasy	3	2	-	5
Cocaine	-	4	-	4
Crack cocaine	1	1	-	2
Heroin	81	16	-	97
Methadone	1	-	-	1
Other Opiates	11	3	-	14
Benzodiazepines	6	7	-	13
Barbiturates	-	-	-	-
Other hallucinogens	-	-	-	-
Amphetamines	2	2	-	4
Other stimulants	-	-	-	-
Solvents	-	3	-	3
Other drugs	2	3	-	5
TOTAL	117	71	1	189

Percentages ^(b)

Cannabis	25	75	..	100
Ecstasy	60	40	..	100
Cocaine	-	-	..	-
Crack cocaine	50	50	..	100
Heroin	84	16	..	100
Methadone	-	-	..	-
Other Opiates	79	21	..	100
Benzodiazepines	46	54	..	100
Barbiturates	-	-	..	-
Other hallucinogens	-	-	..	-
Amphetamines	50	50	..	100
Other stimulants	-	-	..	-
Solvents	-	-	..	-
Other drugs	40	60	..	100
TOTAL	62	38	..	100

^(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

^(b) The percentage of users who have previously been treated has been based on those whose treatment history is known, i.e. excluding those for whom the treatment history was not known.

Table HB4. Treatment history (continued)

(c) Southern Board

Main Drug ^(a)	Treated before	Not treated before	Treatment history unknown	TOTAL
Cannabis	12	46	-	58
Ecstasy	-	5	-	5
Cocaine	2	7	-	9
Crack cocaine	-	-	-	-
Heroin	13	6	-	19
Methadone	-	-	-	-
Other Opiates	9	13	-	22
Benzodiazepines	1	2	-	3
Barbiturates	-	-	-	-
Other hallucinogens	-	-	-	-
Amphetamines	1	-	-	1
Other stimulants	-	-	-	-
Solvents	1	6	-	7
Other drugs	-	1	-	1
TOTAL	39	86	-	125

Percentages ^(b)

Cannabis	21	79	..	100
Ecstasy	-	-	..	-
Cocaine	22	78	..	100
Crack cocaine	-	-	..	-
Heroin	68	32	..	100
Methadone	-	-	..	-
Other Opiates	41	59	..	100
Benzodiazepines	33	67	..	100
Barbiturates	-	-	..	-
Other hallucinogens	-	-	..	-
Amphetamines	-	-	..	-
Other stimulants	-	-	..	-
Solvents	14	86	..	100
Other drugs	-	-	..	-
TOTAL	31	69	..	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

(b) The percentage of users who have previously been treated has been based on those whose treatment history is known, i.e. excluding those for whom the treatment history was not known.

Table HB4. Treatment history (continued)

(d) Western Board

Main Drug ^(a)	Treated before	Not treated before	Treatment history unknown	TOTAL
Cannabis	49	140	-	189
Ecstasy	16	23	-	39
Cocaine	1	8	-	9
Crack cocaine	-	-	-	-
Heroin	16	10	-	26
Methadone	1	-	-	1
Other Opiates	10	16	-	26
Benzodiazepines	8	13	-	21
Barbiturates	-	-	-	-
Other hallucinogens	-	-	-	-
Amphetamines	-	2	-	2
Other stimulants	3	3	-	6
Solvents	-	6	-	6
Other drugs	12	20	-	32
TOTAL	116	241	-	357

Percentages ^(b)

Cannabis	26	74	..	100
Ecstasy	41	59	..	100
Cocaine	11	89	..	100
Crack cocaine	-	-	..	-
Heroin	62	38	..	100
Methadone	0	-	..	0
Other Opiates	38	62	..	100
Benzodiazepines	38	62	..	100
Barbiturates	-	-	..	-
Other hallucinogens	-	-	..	-
Amphetamines	-	-	..	-
Other stimulants	50	50	..	100
Solvents	-	-	..	-
Other drugs	38	63	..	100
TOTAL	32	68	..	100

^(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

^(b) The percentage of users who have previously been treated has been based on those whose treatment history is known, i.e. excluding those for whom the treatment history was not known.

Table HB4. Treatment history (continued)

(e) Prisons

Main Drug ^(a)	Treated before	Not treated before	Treatment history unknown	TOTAL
Cannabis	10	23	-	33
Ecstasy	4	19	-	23
Cocaine	4	10	-	14
Crack cocaine	2	-	-	2
Heroin	6	-	-	6
Methadone	-	-	-	-
Other Opiates	2	1	-	3
Benzodiazepines	3	5	-	8
Barbiturates	-	-	-	-
Other hallucinogens	-	-	-	-
Amphetamines	-	-	-	-
Other stimulants	-	1	-	1
Solvents	1	1	-	2
Other drugs	1	1	-	2
TOTAL	33	61	-	94

Percentages ^(b)

Cannabis	30	70	..	100
Ecstasy	17	83	..	100
Cocaine	29	71	..	100
Crack cocaine	-	-	..	-
Heroin	-	-	..	-
Methadone	-	-	..	-
Other Opiates	67	33	..	100
Benzodiazepines	38	63	..	100
Barbiturates	-	-	..	-
Other hallucinogens	-	-	..	-
Amphetamines	-	-	..	-
Other stimulants	-	-	..	-
Solvents	-	-	..	-
Other drugs	50	50	..	100
TOTAL	35	65	..	100

ANNEX C – COMPARISON TABLES 2001- 02 TO 2002- 03

TABLE	TITLE	PAGE
Table T1	Age and gender of individuals presenting for treatment: 2001-2002 and 2002-2003	58
Table T2	Main drug of misuse of individuals presenting for treatment: 2001-2002 and 2002-2003	59
Table T3	Number of individuals presenting for treatment who have ever injected by Health and Social Services Board Area: 2001-2002 and 2002-2003	60

Table T1. Age and gender of individuals presenting for treatment: 2001-2002 and 2002-2003

Age group	2001/2002			2002/2003		
	Males	Females	Persons	Males	Females	Persons
15 years & under	65	19	84	131	38	169
16-19 years	96	33	129	192	62	254
20-25 years	183	46	229	246	74	320
26-29 years	118	35	153	147	29	176
30-39 years	176	68	244	219	83	302
40 years & over	63	39	102	93	54	147
ALL AGES	701	240	941	1028	340	1368

Percentages

15 years & under	9	8	9	13	11	12
16-19 years	14	14	14	19	18	19
20-25 years	26	19	24	24	22	23
26-29 years	17	15	16	14	9	13
30-39 years	25	28	26	21	24	22
40 years & over	9	16	11	9	16	11
ALL AGES	100	100	100	100	100	100

Table T2. Main drug of misuse of individuals presenting for treatment: 2001-2002 and 2002-2003

Main Drug ^(a)	2001/02	2002/03
Cannabis	326	640
Ecstasy	88	116
Cocaine	22	62
Crack cocaine	6	4
Heroin	202	209
Methadone	2	3
Other Opiates	128	124
Benzodiazepines	55	88
Barbiturates	-	-
Other hallucinogens	-	-
Amphetamines	3	12
Other stimulants	10	17
Solvents	59	48
Other drugs	40	45
TOTAL	941	1368

Percentages

Cannabis	35	47
Ecstasy	9	8
Cocaine	2	5
Crack cocaine	1	0
Heroin	21	15
Methadone	0	0
Other Opiates	14	9
Benzodiazepines	6	6
Barbiturates	-	-
Other hallucinogens	-	-
Amphetamines	0	1
Other stimulants	1	1
Solvents	6	4
Other drugs	4	3
TOTAL	100	100

^(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

Table T3. Number of individuals presenting for treatment who have ever injected by Health and Social Services Board Area: 2001-2002 and 2002-2003

HSSB	2001/2002		2002/2003	
	Persons ever injected	Persons with known injecting history	Persons ever injected	Persons with known injecting history
Eastern	53	426	79	600
Northern	139	169	106	188
Southern	5	29	16	125
Western	34	250	60	356
Prisons	-	7	20	94
TOTAL	231	881	281	1363

Percentages ^(a)

Eastern	12	13
Northern	82	56
Southern	17	13
Western	14	17
Prisons	-	21
TOTAL	26	21

^(a) The percentage of users who have ever injected has been based on those whose injecting status is known, i.e. excluding those for whom the injecting status was not known.

ANNEX D – THE NORTHERN IRELAND DRUG MISUSE DATABASE

In 1995, the Northern Ireland Drugs Policy Statement highlighted the need for a centralised database on drug misuse in Northern Ireland. The then Department of Health and Social Services (DHSS) was tasked with taking forward a feasibility study that would consider the experience elsewhere (databases already existed in Scotland, Wales and regionally in England), data availability and data quality in Northern Ireland and consider issues of confidentiality. The consultants employed to carry out the study reported that the majority of agencies were supportive of the idea of a drug misuse database and identified twelve agencies (six statutory and six non-statutory) as potential providers.

In response to the report DHSS Health established a project group to examine the issues involved in the establishment of a drug misuse database, and to make recommendations to the Central Co-ordinating Group for Action Against Drugs (CCGAAD) on the best way to carry forward the establishment of the database. In April 1999, having considered a report from the group, CCGAAD agreed that a database should be created and approved the establishment of a project management group to oversee implementation. More specifically, the role of the project management group was to design a suitable data collection form and detailed guidance notes, and to ensure that adequate training was provided to contributors to the database.

In August 1999, a new Drug Strategy for Northern Ireland was launched. It placed a clear emphasis on the need for good information to support drug policy and practice and recommended that a new programme of information and research should be developed. The Drug Strategy also identified a drug misuse database as one approach to collecting information. Responsibility for developing the Drug Information and Research Strategy, including the Northern Ireland Drug Misuse Database, was assumed by the Drug Information and Research Unit (DIRU). This unit was established within the Department of Health, Social Services and Public Safety in April 2000 after the transfer of policy responsibility for drug-related work from the Northern Ireland Office.

The Drug and Alcohol Information and Research Unit (DAIRU) undertake day-to-day work relating to the implementation, management and development of the database, under the guidance of the project management group, which is chaired by DAIRU. This new unit replaced DIRU and reflects the model for the joint implementation of the Drug and Alcohol Strategies as approved by the Executive in May 2001.

The Drug Misuse Database Project Management Group is comprised of representatives of all agencies that contribute to the database, the Drug and Alcohol Strategy Team within DHSSPS and DAIRU.

The Northern Ireland Drug Misuse Database (NI DMD) has been developed along the lines of the regional databases in England. The NI DMD manager is a member of the National Forum for Drug Data. This group includes the database managers from Scotland and Wales, regional database managers from England and representatives from the Home Office and the Department of Health. Following a strategic review of the structure and operation of the regional databases in England and Wales, the National Drugs Treatment Monitoring System

was introduced in April 2001. The new system collects information on clients entering treatment; in addition, further information is collected on each client at the end of each financial year including whether or not they are still in treatment.

The aim of the NI DMD is to enhance knowledge and understanding of the drug problem, to help inform decision-making and to improve the suitability and range of services available. It offers a profile of the misuse of drugs, based on anonymous information about new problem drug users presenting for treatment at a broad range of services. The provision of this information to the database is a voluntary exercise requiring an individual's consent. Where consent is withheld, the individual is asked to allow two pieces of information, age and sex, to be recorded on the form.

Data collection for the Northern Ireland Drug Misuse Database commenced on 1 April 2000. Services contributing to the database consist mainly of specialist drug services both statutory and non-statutory. Initially, ten agencies (six statutory and four non-statutory) agreed to contribute to the database. At the end of March 2003 there were forty-three treatment sites contributing to the database. Work will continue to enhance existing coverage and extend the coverage of the database in the future to more treatment agencies.