

Drug Use in Ireland and Northern Ireland

Bulletin 4

2006/2007 Drug Prevalence Survey: Cocaine Results

This bulletin provides a comprehensive overview of many different aspects of cocaine use in Ireland and Northern Ireland. It presents data gathered in the All Ireland Drug Prevalence Survey 2006/2007 relating to both cocaine powder and crack cocaine use on a lifetime (ever used), last year (recent use), and last month (current use) basis. The bulletin also examines age of first use, regular use, and method of taking cocaine, ease of obtaining cocaine, reasons for stopping use, perceptions of risk and the profile of cocaine users. The survey was carried out by Ipsos MORI in Ireland and by the Central Survey Unit of the Northern Ireland Statistics and Research Agency in Northern Ireland according to standards set by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Ireland - Key Findings

- Cocaine powder accounted for the majority of cocaine use. Crack cocaine use was very limited.
- Prevalence rates for cocaine powder and/or crack combined were highest among younger respondents – the lifetime prevalence rate for young adults aged 15-34 (8%) was approximately three times the rate of older adults aged 35-64 (3%).
- Male respondents reported higher prevalence rates cocaine powder and/or crack combined than females across all time periods. The lifetime prevalence rate for males (7%) was double the rate for females (3%).
- The average age that respondents reported they had first used cocaine powder was 22 years (22 for males and 21 for females). The average age of first regular use was 20 years (21 for males and 20 for females).
- The majority of current cocaine powder users (68%) took the drug less than once a week. However, one-in-four current cocaine powder users reported using the drug at least once a week (25%).
- All current cocaine powder users reported 'snorting' the drug.

- The overwhelming majority of recent cocaine powder users obtained the drug from someone known to them. Nearly half (49%) had been given it by family or friends; one-third (33%) had bought the drug from a friend and 9% shared the drug amongst friends.
- The majority of recent cocaine powder users (64%) considered it 'very easy' or 'fairly easy' to obtain cocaine powder within a 24 hour period.
- Of those who had ever taken cocaine powder one-in-seven respondents (14%) said that they had used the drug regularly. Of these, the vast majority (82%) said they had stopped taking cocaine powder, 10% said they had tried to stop but failed and only 8% of regular users said they had never tried to stop.
- 'Health concerns' was the most common reason stated (28%) for stopping cocaine powder use.
- Nearly all respondents (83%) who had never used cocaine powder or crack compared to 60% of those who had, felt there was a 'great risk' associated with use of the drug.
- Prevalence rates for cocaine powder and/or crack combined were higher among younger respondents - the lifetime prevalence rate for those aged 15-34 (9%) was approximately four times that for those aged 35-64 (2%).
- Male respondents reported higher prevalence rates for cocaine powder and/or crack combined than females across all time periods. The lifetime prevalence figure for males was 7% compared to 3% for females.
- The average age that respondents reported they had first used cocaine powder was 22. The average age of first regular use was 23.
- All current users took cocaine powder less than once a week.
- All current users took cocaine powder by snorting.
- Almost three quarters of recent users of cocaine powder had obtained it from someone known to them. Two fifths (40%) had been given cocaine powder by family or friends, just over one fifth (21%) said it had been shared amongst friends while 13% had bought it from a friend.

Northern Ireland - Key Findings

- Cocaine powder accounted for the majority of cocaine use. Crack cocaine use was very limited.
- Over half (56%) of recent users reported that cocaine powder was either 'fairly easy' or 'very easy' to obtain, while 30% said it was 'fairly difficult' or 'very difficult' to obtain.

Northern Ireland - Key Findings (Continued)

- Of respondents who stated that they had ever taken cocaine powder, 8% said that they had used it regularly. All of these respondents said that they had stopped taking cocaine.
- The vast majority (85%) of respondents who had never used cocaine powder or crack, compared to almost half (45%) who had, felt that there was a 'great risk' associated with trying these drugs once or twice.

Comparisons in Prevalence Rates between 2002/3 and 2006/7

All findings reported are statistically significant at least at the 5% level. Some of the findings presented here have previously been published in Bulletin 1.

Ireland

Cocaine total (includes cocaine powder and crack cocaine):

- Lifetime use of cocaine total increased among all adults aged 15-64 from 3.0% in 2002/3 to 5.3% in 2006/7.
- Increases in lifetime use of cocaine total were found among males (from 4.3% to 7%), females (from 1.6% to 3.5%), young adults aged 15-34 (from 4.7% to 8.2%) and older adults aged 35-64 (from 1.4% to 2.7%).
- Last year use of cocaine total increased among all adults aged 15-64 (from 0.9% to 1.7%) and among females (from 0.5% to 1.0%).
- There was also a significant, albeit small, increase in last month use of cocaine total among females (from 0.0% to 0.2%).

Cocaine powder:

- Lifetime use of cocaine powder increased among all adults aged 15-64 from 2.9% in 2002/3 to 5.0% in 2006/7.
- Lifetime use of cocaine powder increased among young adults aged 15-34 years (from 4.5% to 7.8%), among older adults aged 35-64 years (from 1.4% to 2.6%) among males (from 4.1% to 6.7%) and among females (from 1.6% to 3.3%).
- There was also a significant, albeit small, increase in last month use of cocaine powder among females (from 0.0% to 0.2%) since the previous survey.

Northern Ireland

Cocaine total (includes cocaine powder and crack cocaine):

- Lifetime use of cocaine total increased among all adults aged 15-64 from 1.6% in 2002/3 to 5.2% in 2006/7.
- Increases in lifetime use of cocaine total were also found among males (from 2.8% to 7.4%), females (from 0.5% to 2.9%), young adults aged 15-34 years (from 2.9% to 9.1%) and older adults aged 35-64 years (from 0.6% to 2.3%).
- Last year use of cocaine total increased among all adults aged 15-64 (from 0.5% to 1.9%), males (from 1.0% to 2.8%), females (from 0.1% to 0.9%), young adults aged 15-34 years (from 1.0% to 3.5%) and older adults aged 35-64 years (from 0.1% to 0.7%).
- There were no significant increases in last month use of cocaine total among any of the groups of respondents.

Cocaine powder:

- Lifetime use of cocaine powder increased among all adults aged 15-64 from 1.6% in 2002/3 to 5.1% in 2006/7.
- Increases in lifetime use of cocaine powder were also found among males (from 2.7% to 7.3%), females (from 0.5% to 2.9%), young adults aged 15-34 years (from 2.9% to 9.1%) and older adults aged 35-64 years (from 0.6% to 2.2%).
- Last year use of cocaine powder increased among all adults aged 15-64 (from 0.5% to 1.9%), males (from 0.9% to 2.8%), females (from 0.1% to 0.9%), young adults aged 15-34 years (from 0.9% to 3.5%) and older adults aged 35-64 years (from 0.1% to 0.7%).
- There were no significant increases in last month use of cocaine powder among any of the groups of respondents.

Crack:

- The only significant increase in crack prevalence rates since the previous survey was for lifetime use among females (from 0.1% to 0.4%).

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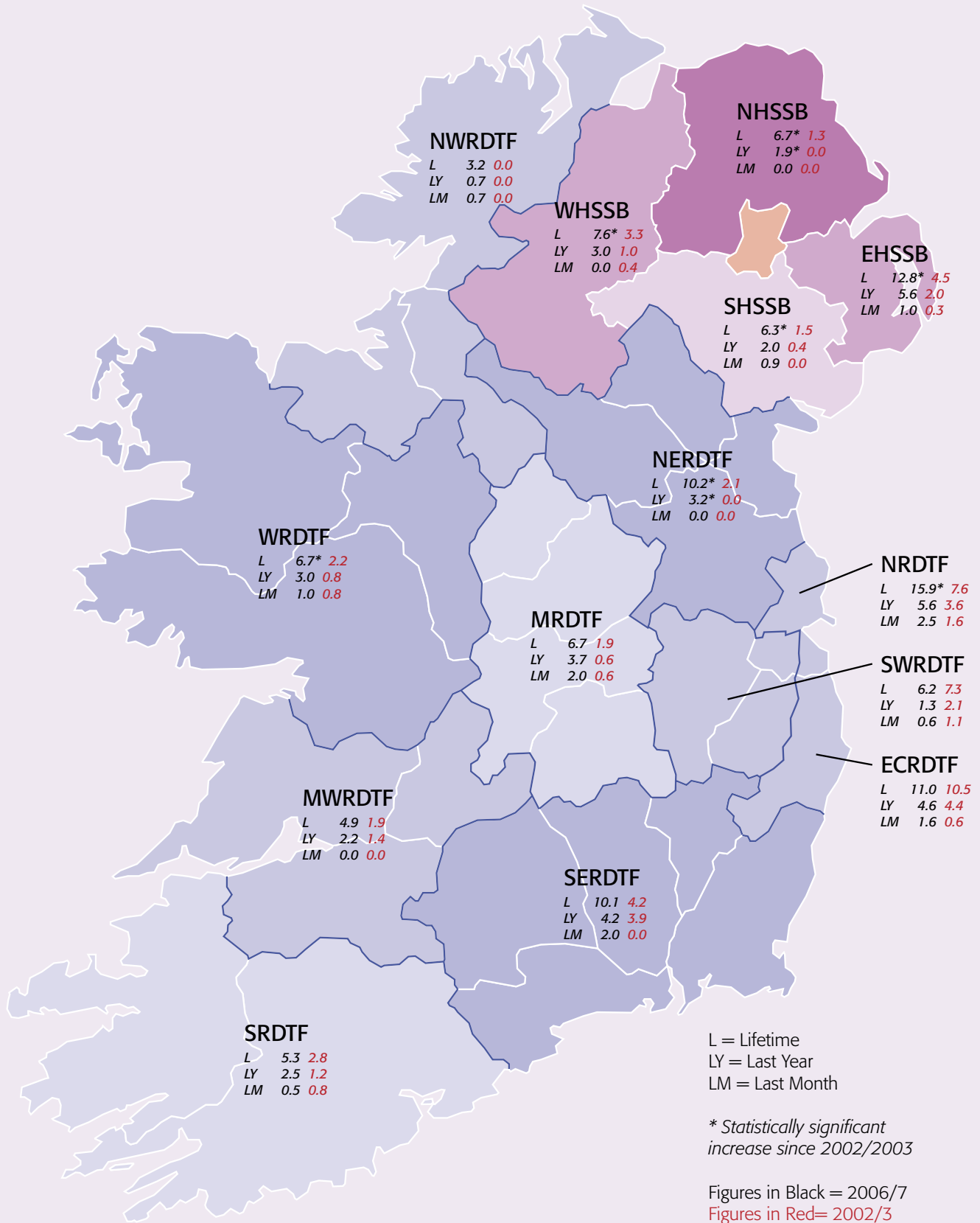
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Map 1:
Cocaine use (including crack): prevalence rates for young adults aged 15-34 by Regional Drugs Task Force (RDTF) and Health and Social Services Board (HSSB) areas 2006/7 and 2002/3



Purple boundary and shading highlights the RDTF areas.
 HSSB areas are highlighted in pink shading.

Introduction

The survey was commissioned by the National Advisory Committee on Drugs (NACD) in Ireland and the Public Health Information and Research Branch (PHIRB), formerly known as the Drug and Alcohol Information and Research Unit (DAIRU), within the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland.

The main focus of the survey was to obtain prevalence rates for key illegal drugs, such as cannabis, ecstasy, cocaine and heroin, on a lifetime (ever used), last year (recent use), and last month (current use) basis. Similar prevalence questions were also asked of alcohol, tobacco, and other drugs (e.g. tranquillisers); attitudinal and demographic information was also sought from respondents.

Methodology

The questionnaire and methodology for this survey were based on best practice guidelines drawn up by the EMCDDA. The questionnaires were administered through face-to-face interviews with respondents aged between 15 and 64 normally resident in households in Ireland and Northern Ireland. Thus persons outside these age ranges, or who do not normally reside in private households, have not been included in the survey. This approach is commonly used throughout the EU and because of the exclusion of those living in institutions (for example, prisons, hostels) this type of prevalence survey is usually known as a general population survey.

Fieldwork for the survey was carried out between October 2006 and May 2007 and the final achieved sample was 6,969 (4,967 in Ireland and 2,002 in Northern Ireland). The response rate for the survey was 65% in Ireland and 62% in Northern Ireland. Area based sampling was applied in Ireland. The first stage involved stratifying by Health Board¹/Regional Drugs Task Force (RDTF) area in Ireland. Within the Health Board/RDTF strata Electoral Divisions (EDs) were selected as areas. In Northern Ireland, the first stage involved stratifying by Health and Social Services Board (HSSB) areas and within the strata simple random sampling was used. The achieved sample was weighted by gender, age, RDTF area in Ireland and HSSB area in Northern Ireland, to maximise representativeness of the general population. The effects of stratification, clustering and weighting have been incorporated in the interval estimates (i.e. design effect adjusted). Details of the methodology have been

published on the websites of the NACD (<http://www.nacd.ie/>) and the DHSSPS (<http://www.dhsspsni.gov.uk/>) in comprehensive technical reports containing copies of the questionnaires used in each jurisdiction.

The Research Advisory Group (RAG) decided to change from using a pen and paper interviewing technique to computer-assisted personal interviewing (CAPI), where the interviewer records responses electronically. This technique has several advantages: interviews can be administered more quickly; human error is minimised, yielding higher-quality data; and data input is managed more efficiently, thus cutting costs.²

What is Prevalence?

The term prevalence refers to the proportion of a population who has used a drug over a particular time period. In general population surveys, prevalence is measured by asking respondents in a representative sample drawn from the population to recall their use of drugs. The three most widely used recall periods are: lifetime (ever used a drug), last year (used a drug in the last twelve months), and last month (used a drug in the last 30 days). Provided a sample is representative of the total population, prevalence information obtained from a sample can be used to infer prevalence in the population.

Lifetime prevalence refers to the proportion of the sample that reported ever having used the named drug at the time they were surveyed. A person who records lifetime prevalence may – or may not – be currently using the drug. Lifetime prevalence should not be interpreted as meaning that people have necessarily used a drug over a long period of time or that they will use the drug in the future.

Last year prevalence refers to the proportion of the sample that reported using a named drug in the year prior to the survey. For this reason, last year prevalence is often referred to as recent use.

Last month prevalence refers to the proportion of the sample that reported using a named drug in the 30 day period prior to the survey. Last month prevalence is often referred to as current use. A proportion of those reporting current use may be occasional (or first-time) users who happen to have used in the period leading up to the survey – it should therefore be appreciated that current use is not synonymous with regular use.

As with other European surveys, people over the age of 64 are excluded from this survey, as they grew up in an era when both the use and availability of illegal drugs were very limited. Therefore surveys with older people have, to date, shown very low rates of use even on a lifetime basis. This situation will

1 Since January 2005 the Health Boards in Ireland have undergone restructuring and are merged under one authority – the Health Service Executive. However for the purpose of comparison with 2002/3 data, we have continued to weight the data by the former Health Board areas as these correspond with the Regional Drugs Task Force (RDTF) structures. The above reference relates to the Health Board structures details in *Bulletin 2: Drug Use in Ireland and Northern Ireland 2002/2003 Drug Prevalence Survey – Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results (Revised) June, 2005*.

2 EMCDDA Handbook on Population Surveys

change over time as the younger population grows older. Hence lifetime prevalence rates are likely to increase for a considerable period of time. When examining the data and comparing results over time, last year use is the best reflection of changes as it refers to recent use. Last month use is equally valuable as it refers to current use.

Understanding the Results in this Bulletin

First results from the second Drug Prevalence Survey were published in Bulletin 1 (January 2008). They gave lifetime, last year and last month prevalence rates for key drugs for the Island of Ireland, Ireland and Northern Ireland. Bulletin 2, published in June 2008, contained comparable information for Ireland and its constituent Regional Drugs Task Force areas (former Health Board areas) and Northern Ireland and its constituent Health and Social Services Board areas.

Bulletin 3 (2006/7 Drug Prevalence Survey: Cannabis Results) due to be published in December 2008, examines age of first use; regular use; type of cannabis used; method by which cannabis is used; how and where cannabis is obtained; reasons for stopping use; attitudes to cannabis use and perceptions of risk, together with the typical profile of cannabis users.

This bulletin (*Bulletin 4*) contains prevalence rates for the use of cocaine and other information relating to cocaine use in Ireland and Northern Ireland for 2006/7 and also provides comparison information between 2002/3 and 2006/7. Results are given for all respondents, and are also presented by gender and by age (young adults aged 15-34 and older adults aged 35-64).

Readers should note that the total sample size for each group is given at the head of each column. All prevalence rates presented in the accompanying tables are rounded to one decimal place and are rounded to whole numbers in the text (except for percentages less than 1%). Changes in prevalence rates between 2002/3 and 2006/7 are also rounded to one decimal place and reported in this format in the text.

As in all sample surveys, the greater the sample size the more statistically reliable are the results. Some of the differences in prevalence rates in the tables will be attributable to natural sample variations. Detailed confidence intervals for all prevalence rates contained in this bulletin can be found on the websites of the NACD and DHSSPS in Bulletin 1 and 2.

Invalid responses have been excluded from all analyses. Percentages may not always sum to 100 due to either the effect of rounding or where respondents could give more than one answer.

Where the figure 0.0% appears it does not mean that no-one has used the drug, rather it means that in this category no respondent reported use. The confidence intervals will provide a prevalence

rate for all categories of drug use reported for lifetime, last year and last month, by gender and by age. Details regarding the calculation of confidence intervals can be found in the Technical Report published on the NACD and DHSSPS websites.

Two statistical tests were used to examine the relationship between cocaine use and other variables such as age, gender, economic status and the study year.

The Chi-Square test examined the association between categorical variables and cocaine use in 2006/7. For the purposes of this study, a p-value of less than 0.05 indicated that a true association or relationship existed and the differences observed were not due to chance. The Z-Test was used to compare differences in the proportions for selected variables for example 'how cocaine was obtained' between 2002/3 and 2006/7.

In an attempt to compare prevalence rates for cocaine use across different social classes/socio-economic groups, the Standard Occupational Classification (SOC2000) was used in Ireland. The SOC2000 is based on the employment status, level of responsibility and qualifications, of the chief income earner within a household. Respondents were then coded into social grades.

SOC2000 Classification:

- A** Professionals, senior management and top civil servants
- B** Middle management, senior civil servants, managers and owners of business
- C1** Junior management and owners of small businesses
- C2** Skilled manual workers and manual workers responsible for other workers
- D** Semi-skilled and unskilled manual workers, trainees and apprentices
- E** All those dependent on the State long-term

Respondents were coded into the following social grades in Northern Ireland based on the National Statistics Socio-Economic Classification (NSSEC) as this has replaced Social Class based on Occupation and Socio-Economic Group (SEG). The NSSEC classification data shown in Table 34 relate to the individual.

NSSEC Classification:

- Managerial and professional occupations
- Intermediate occupations
- Small employers and own account workers
- Lower supervisory and technical occupations
- Semi-routine and routine occupations
- Never worked and long term unemployed

Some of the tables for Ireland (Tables 14-16,18) and Northern Ireland (Tables 34-37) differ slightly with regard to the response categories. Table 17: Ireland Age Education Ceased has no comparable table for Northern Ireland.

Future Publications

Further publications from the Drug Prevalence Survey will present analysis of data on cannabis, polydrug use, sedatives, tranquillisers, anti-depressants and alcohol.

Glossary

Cocaine

Cocaine hydrochloride is a stimulant derived from leaves of the coca bush that grows primarily in the South American countries of Columbia, Peru and Bolivia. The drug takes effect within minutes and users tend to feel energetic, alert, euphoric and talkative, with heightened sensations of sight, sound and smell. It is available in two forms, cocaine powder and crack.

Cocaine Powder

The white, crystalline powder form of cocaine (hydrochloride salt) is the most commonly used type.

Crack

Crack is produced by mixing the salt with sodium bicarbonate, and is so called due to the cracking sounds the 'rocks' or 'stones' make when heated for smoking (inhalation) after vaporization.

Freebase

Freebase is produced by mixing the salt with ammonia. This is sometimes washed with ether. The solid material so produced is then heated for smoking (inhalation) after vaporization.

Snort/Do a line

Cocaine powder is usually administered by inhaling through the nose using a rolled banknote, straw, metal tube etc.

Injecting

Cocaine powder can also be made into a solution and injected either on its own or in combination with heroin (known as a 'speedball'). Some people inject crack by dissolving it with citric acid and water.

Results – Ireland

Prevalence of cocaine use (Table 1)

One-in-twenty respondents (5%) aged 15-64 reported the lifetime use of any form of cocaine (cocaine total); 2% reported use in the last year and 0.5% reported last month use. Most respondents reported using cocaine powder, thus lifetime, last year and last month prevalence rates for cocaine powder were the same as the aforementioned total cocaine prevalence rates.

Crack cocaine prevalence rates were very low; only 0.6% of all respondents reported lifetime use of the drug while 0.1% reported use in previous year. Current (last month) use of crack cocaine was negligible (0.03%).

Results comparison with 2002/3 survey

Since the previous survey in 2002/3, there were significant increases among all adults aged 15-64 in the lifetime use (from 3.0% to 5.3%) and last year use (from 0.9% to 1.7%) of any form of cocaine. In addition, the lifetime use of cocaine powder increased among all adults aged 15-64 from 2.9% in 2002/3 to 5.0% in 2006/7. There were no statistically significant changes in crack cocaine prevalence rates since the previous survey.

Age (Table 1)

Young adults reported higher cocaine (including crack) prevalence rates than older adults across all three time periods. The total cocaine lifetime prevalence rate for young adults aged 15-34 (8%) was approximately three times the rate for older adults aged 35-64 (3%), while last year prevalence rate for young adults aged 15-34 (3%) was six times that for older adults aged 35-64 (0.5%). One percent of young adults reported the last month use of any form of cocaine compared with only 0.05% of older adults.

Prevalence rates for the use of cocaine powder were very similar, as this was the most common form of cocaine use.

Young adults also reported higher levels of crack cocaine usage than their older counterparts. The lifetime prevalence rate for those aged 15-34 (1%) was five times the rate for respondents aged 35-64 (0.2%). A small minority of young adults reported last year (0.2%) and last month (0.1%) crack cocaine use. Conversely, no older adults reported last year or current crack cocaine use.

Results comparison with 2002/3 survey

Since the previous survey in 2002/3, significant increases in the lifetime use of any form of cocaine were found among both young adults aged 15-34 years (from 4.7% to 8.2%) and older adults aged 35-64 years (from 1.4% to 2.7%). Similar significant increases were found for cocaine powder among these groups.

Gender (Table 1)

Male respondents reported higher prevalence rates than females across all three time periods, and for all forms of cocaine use. The lifetime total cocaine prevalence rate for males (7%) was double the rate for females (3%). The last year total cocaine prevalence rate use was 2% for males and 1% for females. The last month prevalence rate for males (0.8%) was four times the rate for females (0.2%).

Once again, very similar prevalence rates were reported for the use of cocaine powder, as this was the most common form of cocaine use.

Males reported higher levels of crack cocaine use on a lifetime basis than females; 0.8% compared to 0.4%. The last year crack cocaine prevalence rate was the same for males and females (each 0.1%). As stated previously last month crack cocaine prevalence rates were negligible, 0.04% among males and 0.03% among females.

Results comparison with 2002/3 survey

Since the previous survey in 2002/3, significant increases in the lifetime use of any form of cocaine were found among both males (from 4.3% to 7.0%) and females (from 1.6% to 3.5%). There was also a significant, albeit small, increase in last month use of any form of cocaine among females (from 0.0% to 0.2%). Similar increases were found for cocaine powder across the same categories.

First use cocaine powder (Table 2)

The average³ age respondents reported that they first used cocaine powder was 22 years³. The average age males reported first using cocaine powder was also 22 years. Females were slightly younger; they reported first using cocaine powder at 21 years. Young adults aged 15-34 reported a lower average age of first use (20 years) than older adults aged 35-64 (26 years).

Results comparison with 2002/3 survey

In contrast, in the previous survey in 2002/3, respondents reported a younger average³ age of first use of cocaine powder (20 years for all adults aged 15-64). Males also reported a younger average age of first use in the previous survey (20 years), as did older adults (25 years).

First use crack (Table 3)

The number of people who reported the use of crack cocaine was small. The average³ age all adult respondents reported first use of crack cocaine was 20 years³. The average age males reported first using crack cocaine was at 20 years. The average age females reported first using crack cocaine was 21 years. Young adults aged 15-34 reported a lower average age of first use (20 years) than older adults aged 35-64 (26 years).

Results comparison with 2002/3 survey

Conversely, in the 2002/3 survey, males, females and young adults reported an older average³ age of first use of crack cocaine than in 2006/7. However, the proportion of respondents who reported crack cocaine use was very low at both time periods.

First regular use of cocaine powder (Table 2)

The average³ age of first regular use of cocaine powder was 21 years for males and 20 years for females. Young adults aged 15-34 reported first using regularly at 20 years while the corresponding figure for older adults aged 35-64 was 25 years.

The period of time between first using cocaine and becoming regular users (lag⁴) was one year, across gender and age groups.

Results comparison with 2002/3 survey

In the previous survey in 2002/3, the average³ ages of first regular use of cocaine powder were broadly similar, as was the lag between first use and becoming a regular use. Gender differences were observed in that males were more likely to become regular users after eight months compared to two years in 2002/3. The lag time for young adults starting regular use shortened from two years to one year.

Frequency of cocaine powder use (Table 4)

The number of current users of cocaine powder was relatively small; most were young adult males. The majority of current users (68%) had used cocaine powder less than once a week. However, one-in-four current cocaine powder users (25%) reported using the drug on 4-9 days in the previous month (at least once a week) and 7% reported daily use.

Similarly, the majority of male current users (63%) had used cocaine powder less than once a week; 28% reported using the drug at least once a week (4-9 days) and 9% reported daily use. Among female respondents, 87% of current users reported taking the drug less than once a week; 13% reported taking cocaine at least once a week in the previous month.

Among young adults aged 15-34, the majority of current users (72%) reported using cocaine less than once a week. One-in-five (20%) reported cocaine use at least once a week in the previous month and 7% reported daily use. Among older adults aged 35-64 the number of current cocaine users was very small; all reported use at least once a week.

Results comparison with 2002/3 survey

Similarly, in the previous survey in 2002/3, the majority of current cocaine powder users reported using the drug less than once a week. However, in that year no respondents reported daily use and the percentage of all adults who reported weekly use was lower (17%). Older adults reported use as less than once per

3 The median was used to measure central tendency in the case of age of first use to avoid extreme values skewing the results.

4 Lag was calculated by measuring the time in years between first use of cocaine and first regular use of the drug.

week (1-3 days per month) in 2002/3 and in this survey, 2006/7 they reported use as at least once per week (4-9 days per month).

Method of taking cocaine powder (Table 5)

Across gender and age groups, all current users of cocaine powder reported snorting the drugs. In the 2002/3 survey this was also the predominant route of administration of the drug.

How cocaine powder was obtained (Table 6)

Respondents who had recently taken cocaine were asked how they had obtained the drug on the last occasion they had used it. The overwhelming majority of respondents obtained the drug from someone known to them. Nearly half (49%) of all adult respondents aged 15-64 had been given the drug by family or friends; one-third (33%) had bought the drug from a friend and 9% had shared the drug amongst friends. Only 4% of all adults aged 15-64 bought the drug from a stranger and an additional 2% reported being given the drug by a stranger.

A similar pattern was repeated across gender and age groups. However, more females (69%) reported being given the drug by family and friends than males (40%). Conversely, more males (41%) reported buying the drug from a friend than females (15%). Male respondents (11%) were also more likely than female respondents (5%) to report sharing the drugs amongst friends. Older adults aged 35-64 were more likely to have bought the drug from a friend than young adults aged 15-34; 48% compared to 31%. On the other hand, no older adults (35-64 years) reported sharing the drug among friends compared to 11% of the young adults (15-34 years).

Results comparison with 2002/3 survey

The proportions of recent cocaine users who were given the drug by family/friends (33%) or bought the drug from friends (25%) were slightly higher in 2006/7 compared to the previous survey. In the previous 2002/3 survey recent cocaine users were more likely to have obtained the drug from a stranger; in that year 8% of all recent users reported being given the drug by a contact not known to them, 8% were given the drug by a stranger and 12% got the drug from a contact not known to them. No-one reported buying from a stranger in 2002/3 compared with 4% in 2006/7.

The only significant changes in responses since 2002/3 were decreases in the proportions of those who bought the drug from a contact not known personally, and the proportions given the drug by a contact not known personally.

Where cocaine powder was obtained (Table 7)

Respondents who had recently taken cocaine were also asked where they had obtained it on the last occasion that they had used it. Just under half (43%) said they had obtained it at the

house of a friend, 36% had obtained it in a disco/bar/club and 7% said they obtained cocaine from the house of a dealer. Only 3% reported ordering the drug by phone.

More males (46%) than females (34%) reported obtaining cocaine from the house of a friend. However half the female respondents (50%) reported obtaining the drug in a disco/bar/club compared to 30% of males. Female respondents were three times more likely than male respondents to report having ordered the drug by phone (6% compared to 2%), while male respondents were twice as likely as females to have obtained the drug in the house of a dealer (8% compared to 4%).

The vast majority of older adults aged 35-64 (82%) obtained their cocaine from the house of a friend. Among young adults aged 15-34 similar proportions reported obtaining their cocaine from the house of a friend (36%) and in a disco/bar/club (39%).

Results comparison with 2002/3 survey

In the previous 2002/3 survey more respondents reported obtaining cocaine on the street (11%) or ordering the drug over the phone (10%) than in the 2006/7 survey. This may in part be due to the fact that they were more likely to have reported buying the drug from someone unknown to them. However, more respondents in 2006/7 reported obtaining the drug in the house of a dealer.

These apparent changes since 2002/3 are not statistically significant.

Ease of obtaining cocaine powder (Table 8)

The majority of recent cocaine users (64%) considered it 'very easy' or 'fairly easy' to obtain cocaine within a 24 hour period. These figures were similar for both male (64%) and female (63%) respondents and for both young (64%) and older respondents (62%).

Results comparison with 2002/3 survey

In the previous survey, fewer respondents reported (5%) that it was 'fairly difficult' to obtain cocaine in a 24 hour period in 2002/3 compared with respondents in the 2006/7 survey where 18% said it was fairly difficult to obtain cocaine in a 24 hour period. This increase in the proportions who reported it being 'fairly difficult' to obtain cocaine since the previous survey, was statistically significant.

Stopping cocaine powder use and reasons for stopping (Table 9)

Nearly one-in-seven respondents (14%) who reported having ever taken cocaine said that they had used the drug regularly. Similar proportions of male (13%) and female (15%) cocaine users reported having ever taken the drug regularly. On the other hand, young adults aged 15-34 were more than twice as likely

as older adults aged 35-64 to report having ever used the drug regularly; 16% and 7% respectively.

Among all adults, the majority of regular cocaine users (82%) said that they had stopped taking cocaine, 10% said that they had tried to stop but failed and only 8% of regular users said that they had never tried to stop.

The same proportion (82%) of male and female regular cocaine users reported having stopped taking the drugs. However male regular cocaine users were twice as likely as female regular users to report having tried to stop but failed (12% compared to 6%). Conversely, female regular users (12%) were twice as likely as male regular users (6%) to report having never tried to stop using cocaine.

As previously stated, only a small number of regular users were older adults. That said, all older adults (35-64 years) who reported regular use of cocaine had stopped taking the it, compared with 78% of young adults. The proportions of young adults (15-34 years) who tried but failed to stop (12%) were similar to those young adults who never tried to stop (10%) taking cocaine.

Results comparison with 2002/3 survey

Fewer respondents reported regular use of cocaine (14%) in 2006/7 than in 2002/3 (19%) and a larger proportion in 2006/7 (82%) had stopped use than in 2002/3 (62%). The only significant change in responses since 2002/3 was a decrease in the proportion of regular users who reported never having tried to stop taking cocaine.

Reasons for stopping cocaine powder use (Table 10)

Among all adults aged 15-64 who had stopped regular cocaine use, 'health concerns' was the most common reason given for stopping (28%). An additional 17% cited cost as a reason for stopping, and 11% stopped because of the impact of its use on their job, family and/or friends. Finally, 9% reported entry into a rehabilitation programme as a reason for stopping cocaine use.

Female regular cocaine users were proportionally more likely than male regular users to cite health concerns as a reason for stopping use - 39% compared to 23%. Conversely, no female respondents reported the cost of the drug as being a reason for stopping, while over one-quarter (26%) of male respondents did. Similarly, no female regular cocaine users reported entry into rehabilitation as a reason for stopping use, compared to 13% of male regular users who stopped.

'Health concerns' was the main reason (31%) given by young adults (15-34 years) for stopping use, followed by the cost of the drug (21%). Conversely, among older adults (aged 35-64), the reason for stopping cited most was due to the impact on their job, family and/or friends (26%) followed by health

concerns (18%). Older adults (16%) were more than twice as likely as young adults (7%) to report entry into rehabilitation as a reason for stopping cocaine use.

Results comparison with 2002/3 survey

As the coding of responses changed since the last survey, the only observation on which conclusions can be drawn is that 8% reported a 'Rehab programme' as a main reason for stopping cocaine use in 2006/7 whereas no-one reported this in 2002/3.

Risk perception (Table 11)

When asked about the risk involved in the use of drugs, most of those surveyed felt there was a 'great risk' associated with trying cocaine and/or crack once or twice (82%). Only 13% thought there was a 'moderate risk'. Very few respondents thought there was 'no risk' (0.7%).

Similarly, the majority of males and females (80% and 84% respectively) felt there was a 'great risk' associated with trying cocaine and/or crack once or twice. However, young adults (75%) were less likely than older adults (87%) to perceive trying cocaine as a 'great risk'. Similar trends were observed amongst people who had never used cocaine, although the figures were marginally higher i.e. a slightly higher percentage of these people thought there was a 'great risk'.

Attitudes towards cocaine or crack risk differed among those who had used cocaine from those who had not. Fewer respondents who had used cocaine felt there was a 'great risk' associated with trying the drug (60%) compared with those who had never used cocaine (83%). Over one-in-five (21%) respondents who had ever used cocaine felt there was a 'moderate risk', while 6% felt there was 'no risk' associated with trying cocaine and/or crack once or twice. Males who had used cocaine were more likely to hold this view (8%) when compared with females who had used cocaine (2%). Young adults (60%) were as likely as older adults (59%) to think there was a 'great risk' associated with trying cocaine.

Results comparison with 2002/3 survey

Since the previous survey, significant increases were observed in the proportions of respondents that associated a 'slight' (from 3% to 4%) and 'moderate' risk (from 9% to 13%) with trying cocaine once or twice. Conversely, there was a significant drop in the proportion of respondents that associated a 'great risk' (from 86% to 82%) with trying cocaine. A similar pattern was observed among those who had never tried cocaine. There were no significant differences between the two surveys in the perceived risk among all those who had used cocaine at some time in their lives.

Profile of cocaine (total) users - includes powder and crack

For the purpose of the statistical tests detailed below, a cocaine user was defined as someone who had used cocaine powder only, crack cocaine only or both. Tests were performed on the data for lifetime, last year and last month prevalence rates.

Gender (Table 12)

The results of the three chi-square tests were statistically significant. This indicates that there is an association between gender and cocaine use. Males were proportionately more likely than females to have ever used cocaine, to have used it in the last twelve months, and to report current use of the drug.

This association has not changed since the 2002/3 survey.

Age (Table 13)

The results of all three chi-square tests were statistically significant. This indicated that there is an association between age and cocaine use. Young adults aged 15-34 were proportionately more likely than older adults aged 35-64 to report lifetime, last year and current (last month) cocaine use.

This association has not changed since the 2002/3 survey.

Socio-Economic Group⁵ (Table 14)

The results of two of the chi-square tests were statistically significant. This indicated that there is an association between socio-economic grouping and cocaine use. Respondents in the socio-economic group C1 had a higher lifetime and last year prevalence rate than expected, while respondents in the socio-economic group B had a lower lifetime and last year prevalence rate than expected.

Results comparison with 2002/3 survey

Since the previous survey there was a **two fold increase among respondents in the socio-economic group C1** in reported lifetime use (from 3.2% to 6.3%) and last year use (from 1.0% to 2.0%) of cocaine. Results from the 2002/3 survey found no association between socio-economic grouping and cocaine use.

Work status (Table 15)

The results of the three chi-square tests were not statistically significant. This indicates that there is no association between work status and cocaine use.

This association has not changed since the 2002/3 survey.

Housing tenure (Table 16)

Results of two chi-square tests were statistically significant. There is an association between housing tenure and cocaine use. Respondents who reported renting their property from a private landlord had higher lifetime and last year prevalence rates than expected. Conversely, respondents who owned their homes in part or full had lower prevalence rates than expected for lifetime and last year use.

This association is consistent with the 2002/3 survey.

Age education ceased (Table 17)

Results from three chi-square tests indicate that there is no statistically significant association between age education ceased and cocaine use.

This differs to 2002/3 when an association was found for last year use among those who had left full-time education before the age of 15 – they were more likely to have lower prevalence rates.

Education level (Table 18)

The result of one chi-square test was statistically significant. This indicated an association between education level and lifetime use of cocaine. Respondents who had attained higher levels of education reported higher lifetime prevalence rates than expected. Conversely, those respondents who had obtained an elementary level of education reported a lower lifetime prevalence rate than expected.

This association is consistent with the 2002/3 survey.

Personally know people who take cocaine (Tables 19 & 20)

Just 14% of respondents in 2002/3 reported personally knowing people who had taken cocaine whereas almost a quarter (23%) in 2006/7 reported personally knowing people who take cocaine. Slightly more males (16%) than females (12%) reported personally knowing people who take cocaine in 2002/3 and this continued to be the pattern in 2006/7 (26% for males and 20% for females). Young adults (21%) were almost three times more likely to personally know people who take cocaine in 2002/3 than older adults (8%). This gap narrowed slightly in 2006/7, where the difference for young adults was two and half times that of older adults (34% and 14% respectively).

The increases in the proportions of respondents personally knowing people who take cocaine are statistically significant (Z-Test) across all categories.

5 See classification of Socio-Economic Groups on page 6

Results – Northern Ireland

Prevalence of cocaine use (Table 21)

Approximately one-in-twenty respondents (5%) aged 15-64 reported that they had taken cocaine powder and/or crack at some time in their lives, with 2% having used the drugs in the last year and 0.3% in the last month.

Almost all users reported taking cocaine powder so the lifetime, last year and last month prevalence rates were either very similar or identical to the figures for cocaine total (above).

A very small proportion of all respondents reported using crack, with 0.4% having taken it at some time in their lives and 0.0% in the last year. No current (last month) use of crack was reported.

Results comparison with 2002/3 survey

Since the previous survey in 2002/3, there were significant increases among all adults aged 15-64 in the lifetime use (from 1.6% to 5.2%) and last year use (from 0.5% to 1.9%) of cocaine powder and/or crack. In addition, increases in 2006/7 were found in the lifetime use (from 1.6% to 5.1%) and last year use (from 0.5% to 1.9%) of cocaine powder among all adults aged 15-64. There were no statistically significant differences in crack prevalence rates among 15-64 year olds.

Age (Table 21)

Prevalence rates were higher for younger respondents. The total cocaine lifetime prevalence rate for young adults aged 15-34 (9%) was approximately four times that for older adults aged 35-64 (2%) while the last year prevalence rate for young adults was 4% compared to 0.7% for older adults. In the last month, 0.6% of 15-34 year olds and 0.2% of 35-64 year olds reported using any form of cocaine.

Very similar or identical figures to the above were reported for use of cocaine powder only as it accounts for the majority of cocaine use.

Young adults reported higher lifetime levels of crack usage (0.6%) than older adults (0.3%) while 15-34 and 35-64 year olds had similar last year crack prevalence rates (0.0% and 0.1% respectively). No respondents reported use of crack in the last month.

Results comparison with 2002/3 survey

Since the previous survey in 2002/3, there were significant increases among young adults aged 15-34 (from 2.9% to 9.1%) and older adults aged 35-64 (from 0.6% to 2.3%) in the lifetime use of cocaine powder and/or crack. Increases were also found in the last year use of cocaine powder and/or crack among 15-34 year olds (from 1.0% to 3.5%) and 35-64 year olds (from 0.1% to 0.7%). Similar significant increases were found for cocaine powder only.

Gender (Table 21)

Male respondents reported higher prevalence rates than females across all three time periods for cocaine powder and/or crack combined. The lifetime total cocaine prevalence figure for males was 7% – more than double that for females (3%). The figure for last year total cocaine use was 3% for males and 0.9% for females. Last month total cocaine use was exclusively confined to males (0.7%).

Again, very similar or identical figures to the above were reported for use of cocaine powder only as it accounts for the majority of cocaine use.

Males and females reported equal levels of crack use on a lifetime basis (0.4% each). Only males reported using crack in the previous year (0.1%) and as previously stated, no respondents reported any current (last month) use of crack.

Results comparison with 2002/3 survey

Since the previous survey in 2002/3, there were significant increases among males (from 2.8% to 7.4%) and females (from 0.5% to 2.9%) in the lifetime use of cocaine powder and/or crack. Increases were also found in the last year use of cocaine powder and/or crack among males (from 1.0% to 2.8%) and females (from 0.1% to 0.9%). Similar increases were found for cocaine powder only. The only statistically significant increase in crack prevalence rates since the previous survey was for lifetime use among females (from 0.1% to 0.4%).

First use cocaine powder (Table 22)

The average⁶ age that respondents reported that they had first used cocaine powder was 22 years. Males reported first using cocaine powder at 23, while the average age of first use for females was 21. Young adults aged 15-34 reported a lower average age of first use (21 years) than older adults aged 35-64 (25 years).

Results comparison with 2002/3 survey

Since the previous survey in 2002/3, the average⁶ age of first use of cocaine powder among all respondents has remained unchanged. The average age has risen by one year for males (from 22 years) and dropped by one year (from 22 years) for females. Among the age groups, the age of first use of cocaine powder has stayed the same for young adults and was lower by one year (from 26 years) for older adults.

First use crack (Table 23)

A small number of respondents reported using crack. The average⁶ age that respondents reported their first use was 23 years. Both males and females reported first using crack at 23 years of age, as did those aged 15-34 and 35-64.

Results comparison with 2002/3 survey

The average⁶ age of first use of crack was lower in 2002/3 among all respondents and males (both 19 years) than in 2006/7 (both 23 years). It was also lower among young adults aged 15-34 in the previous survey (18 years compared to 23 years in 2006/7) but was higher among older adults aged 35-64 (29 years compared to 23 years in 2006/7).

First regular use of cocaine powder (Table 22)

The total number of respondents who regularly used cocaine was small, but some information could still be extracted from the available data.

The average⁶ age of first regular use of cocaine powder for all respondents was 23 years. Males reported first using cocaine powder regularly at 23, while the average age of first regular use for females was 25. Young adults aged 15-34 reported a lower average age of first regular use (20 years) than older adults aged 35-64 (30 years).

The average period of time between first using cocaine powder and becoming a regular user (lag⁷) was one year for all adults.

Results comparison with 2002/3 survey

Since the previous survey in 2002/3, the average⁶ age of first regular use of cocaine powder has increased by one year among all respondents and males (both from 22 years) and decreased by 2 years among young adults aged 15-34 (from 22 years). The average period of time between first using cocaine powder and becoming a regular user has increased by half a year (from 0.5 years).

6 The median was used to measure central tendency in the case of age of first use to avoid extreme values skewing the results.

7 Lag was calculated by measuring the time in years between first use of cocaine and first regular use.

Frequency of cocaine powder use (Table 24)

As with regular users, the number of current users of cocaine powder was very small. All of these users were male, the majority of which were in the 15-34 age group. All had used cocaine powder on 1-3 days in the last month.

Results comparison with 2002/3 survey

Results from the previous survey were similar with regard to the gender and age profiles of cocaine powder users, although over a third (35%) of current users in 2002/3 reported using it at least once a week (4-9 days).

Method of taking cocaine powder (Table 25)

All the current users said they snorted cocaine powder, also known as 'doing a line'. This was also the case in the 2002/3 survey.

How cocaine powder was obtained (Table 26)

Recent users of cocaine powder were asked how they had obtained it on the last occasion. Almost three-quarters had got the cocaine powder from someone known to them: two-fifths (40%) had been given it by family or friends, just over one-fifth (21%) said it had been shared amongst friends while 13% had bought it from a friend.

The majority of recent cocaine powder users were male and those aged 15-34. With regard to how cocaine was obtained, a similar pattern of responses to the above was evident among these two groups of respondents.

Results comparison with 2002/3 survey

Results from the previous survey in 2002/3 were broadly similar with regard to the gender and age profiles of recent cocaine powder users and how they obtained cocaine.

Where cocaine powder was obtained (Table 27)

Respondents who had recently taken cocaine powder were also asked where they had obtained it on the last occasion. Over half (55%) had obtained it at the house of a friend and almost a quarter (24%) had got it at a disco/bar/club. One-in-ten (10%) respondents had got the cocaine powder at the house of a dealer, 8% in a street/park, 2% had ordered it by phone for collection/delivery and 2% at some other place. No-one had obtained the drug at school/college or at the office/workplace.

As previously stated, most recent cocaine powder users were male and young adults. Again, a similar pattern of responses to the above was evident among these two groups of respondents with regard to where cocaine was obtained.

Results comparison with 2002/3 survey

In the previous survey in 2002/3, the most common places respondents had obtained cocaine powder were: a disco/club/bar (28%), the house of a friend (27%), ordered by phone for collection/delivery (20%), street/park (19%) and some other place (7%). Due to the small numbers of recent users in both surveys, the only significant change in responses since 2002/3 was the drop in the proportion of those who ordered the cocaine by phone for collection/delivery.

Ease of obtaining cocaine powder (Table 28)

Over half (56%) of recent users reported that cocaine powder was either 'fairly easy' or 'very easy' to obtain, while 30% said it was 'fairly difficult' or 'very difficult' to obtain. There were no significant differences between males and females or between young adults and older adults with regard to these combined categories of ease or difficulty in obtaining cocaine.

Results comparison with 2002/3 survey

In 2002/3, 43% of recent users said it was 'fairly easy' or 'very easy' to obtain cocaine while just under one half (46%) stated that it was 'fairly difficult' or 'very difficult'. However, as the numbers of recent users in both surveys were small, these apparent changes since 2002/3 are not statistically significant.

Stopping cocaine powder use and reasons for stopping (Tables 29 & 30)

Of respondents who stated that they had ever taken cocaine powder, 8% said that they had used it regularly. The number of regular cocaine powder users was therefore very small. Similar numbers of males and females were regular users and most were aged 15-34. All of these respondents said that they had stopped taking cocaine powder.

The most common reasons given for stopping taking cocaine powder by all regular users were: 'did not want to take anymore' (28%), 'put on a rehabilitation programme' (22%), 'did not enjoy after effects' (19%), 'concerned about health/health reasons' (13%), 'cost/could no longer afford it' (10%) and 'no longer part of social life' (9%).

Results comparison with 2002/3 survey

In 2002/3, a similar proportion of those who had ever used cocaine powder (7%) reported taking it regularly. No other comparisons were meaningful due to the very small numbers of regular users in both surveys.

Risk perception (Table 31)

The vast majority of all respondents (83%) felt there was a 'great risk' associated with trying cocaine powder or crack once or twice. Just over one-in-ten (12%) perceived there to be a 'moderate risk', 4% a 'slight risk', 1% 'no risk' and 0.4% said they 'didn't know'.

A higher proportion of females (86%) than males (79%) felt there was a 'great risk' associated with trying cocaine powder or crack once or twice. Similarly, older adults (89%) were more likely than young adults (75%) to perceive experimental use of cocaine powder or crack as a 'great risk'.

Attitudes towards trying cocaine powder or crack once or twice differed considerably between those who had ever used cocaine and those who had not. The vast majority (85%) of respondents who had never used cocaine felt there was a 'great risk' associated with trying cocaine powder or crack once or twice compared to 45% of those who had used cocaine. Just over one-in-ten (11%) of those who had never used cocaine felt that there was a 'moderate risk' compared to almost a third (32%) of respondents who had used it. Just under a quarter (24%) of those who had used cocaine at some time in their lives perceived there to be a 'slight risk' or 'no risk' compared to 4% of those who had not. This pattern was largely consistent among males and females and the age groups.

Results comparison with 2002/3 survey

In 2002/3, a higher proportion (89%) of all respondents felt that there was a 'great risk' associated with experimental use of cocaine powder or crack. Similarly, the proportion of all those who had never used cocaine and who felt that trying cocaine powder or crack once or twice was a 'great risk', was higher in the previous survey (89%) than in 2006/7. There were no significant differences between the two surveys in the perception of risk among all those who had used cocaine at some time in their lives.

Profile of cocaine (total) users – includes powder and crack

For the purposes of the statistical tests detailed below, a cocaine user was defined as someone who has used cocaine powder only, crack only or both.

Tests were performed on the data for lifetime and last year prevalence rates where possible. The number of respondents who were current cocaine users was small, so data relating to last month use was excluded from this part of the analysis.

Gender (Table 32)

The results of the two chi-square tests were statistically significant. This indicates that there is an association between gender and cocaine use. Males were more likely than females to have ever used cocaine and to have used it in the last twelve months.

Results from the 2002/3 survey found the same association between gender and cocaine use.

Age (Table 33)

The results of the two chi-square tests were statistically significant. This indicates that there is an association between age and cocaine use. Young adults aged 15-34 reported higher lifetime and last year cocaine prevalence rates than older adults aged 35-64.

Results from the 2002/3 survey found the same association between age and cocaine use.

National Statistics Socio-Economic Classification (NSSEC)⁸ (Table 34)

Due to small cell counts, the chi-square test was only appropriate for lifetime prevalence data but did not return a significant result. This indicates that there is no association between NSSEC and cocaine use on a lifetime basis.

Results from the 2002/3 survey found no association between Socio-Economic Group (SEG) and cocaine use.

Work Status⁹ (Table 35)

Neither of the chi-square tests returned a statistically significant result. This indicates that there is no association between employment status and cocaine use on a lifetime or last year basis.

Results from the 2002/3 survey found no association between work status and cocaine use.

8 In 2002/3, Socio-Economic Group (SEG) was used in NI.

9 The work status categories used in NI differed slightly between the 2002/3 and 2006/7 surveys.

Housing tenure¹⁰ (Table 36)

The results of the two chi-square tests were statistically significant. This indicates that there is a significant association between housing tenure and cocaine use. Respondents who rented their property had higher lifetime and last year prevalence rates than those who owned their own homes or were buying it with the help of a mortgage or loan.

Results from the 2002/3 survey found a similar association between housing tenure and cocaine use.

Education level (Table 37)

The results of the two chi-square tests were statistically significant. This indicates that there is a significant association between education level and cocaine use. Respondents who had attained educational qualifications had higher lifetime and last year prevalence rates than those who had no qualifications.

Results from the 2002/3 survey found no association between educational qualifications and cocaine use.

Personally know people who take cocaine (Tables 38 & 39)

In 2002/3, just under one-tenth of respondents (9%) reported personally knowing people who had taken cocaine compared to just over one-fifth (21%) in 2006/7. Significant increases since the previous survey were also found among males (from 11% to 24%), females (from 6% to 18%), young adults aged 15-34 (from 13% to 32%) and older adults aged 35-64 (from 5% to 13%). In both 2002/3 and 2006/7, males were more likely than females, and young adults were more likely than older adults, to have reported personally knowing people who take cocaine.

10 The housing tenure categories used in NI differed between the 2002/3 and 2006/7 surveys.

Ireland and Northern Ireland Comparison - Key Findings

- In both Ireland and Northern Ireland, cocaine powder accounted for the vast majority of cocaine use. Use of crack was limited.
- Prevalence rates for cocaine and/or crack combined (cocaine total) were similar in both jurisdictions for all respondents: lifetime (each 5%), last year (each 2%) and last month (0.5% in Ireland and 0.3% in Northern Ireland).
- The profile of cocaine total users was similar in both Ireland and Northern Ireland. Males and young adults aged 15-34 reported higher rates of cocaine total use on a lifetime, last year and last month basis.
- A higher proportion of respondents in Ireland (14%) than in Northern Ireland (8%) considered themselves to be regular cocaine powder users.
- Among regular users, older adults first started using cocaine powder at a younger age in Ireland (22 years) than in Northern Ireland (30 years).
- Current users of cocaine powder used more frequently in Ireland (4-9 days per month) than in Northern Ireland (1-3 days per month).
- The majority of recent users in both jurisdictions found it 'very easy' or 'fairly easy' to obtain cocaine powder in a 24 hour period: 64% in Ireland and 56% in Northern Ireland.
- Most recent users obtained cocaine powder in the house of a friend in both Ireland and Northern Ireland.
- Over one third of female cocaine powder users (35%) in Northern Ireland bought the cocaine from a contact not known to them personally compared to 7% of females in Ireland.
- A higher proportion of all adult, young adult and female cocaine powder users in Ireland compared to Northern Ireland attach great risk to trying cocaine or crack once or twice.

Table 1: Ireland

Cocaine Prevalence Rates (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
<i>Total Weighted N (valid responses)</i>	(4967)	(2513)	(2454)	(2315)	(2652)
Lifetime Prevalence (%)					
Cocaine total	5.3	7.0	3.5	8.2	2.7
Cocaine powder	5.0	6.7	3.3	7.8	2.6
Crack	0.6	0.8	0.4	1.0	0.2
Last Year Prevalence (Recent use) (%)					
Cocaine total	1.7	2.3	1.0	3.1	0.5
Cocaine powder	1.6	2.2	0.9	2.9	0.5
Crack	0.1	0.1	0.1	0.2	0.0
Last Month Prevalence (Current use) (%)					
Cocaine total	0.5	0.8	0.2	1.0	0.05
Cocaine powder	0.5	0.7	0.2	1.0	0.05
Crack	0.03	0.04	0.03	0.1	0.00

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 2: Ireland

Age of First Use and First Regular Use of Cocaine Powder					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
Age first use cocaine (all users)					
<i>Total Weighted N (valid responses)</i>	(251)	(169)	(82)	(181)	(70)
Mean age of first use	22	23	22	21	26
Median of age of first use ¹	22	22	21	20	26
Age first use cocaine (regular users)					
<i>Total Weighted N (valid responses)</i>	(35)	(22)*	(12)*	(29)*	(5)*
Mean age of first use	21	21	20	20	23
Median of age of first use ¹	19	20	18	19	22
Age first regular use cocaine (regular users)					
<i>Total Weighted N (valid responses)</i>	(35)	(22)*	(12)*	(29)*	(5)*
Mean age of first use	22	22	21	21	24
Median of age of first use ¹	20	21	20	20	25
Average number of years between first use and first regular use of cocaine (regular users)					
<i>Total Weighted N (valid responses)</i>	(35)	(22)*	(12)*	(29)*	(5)*
Average number of years	1	0.8	1.4	1.0	1.1

¹ Median is used as a measure of central tendency to avoid extreme values skewing results.

* Due to rounding, the weighted Ns for the gender or age categories do not always sum to the total weighted N.

All figures are based on weighted data.

All figures are based on valid responses.

Table 3: Ireland

Age of First Use of Crack (All Users)					
	All adults		Young adults	Older adults	
	15-64	Male		Female	15-34
<i>Total Weighted N (valid responses)</i>	(30)	(21)	(9)	(23)*	(6)*
Mean age of first use	21	20	21	20	24
Median of age of first use ¹	20	20	21	20	26

1 Median is used as a measure of central tendency to avoid extreme values skewing results.

* Due to rounding, the weighted Ns for the gender or age categories do not always sum to the total weighted N.

All figures are based on weighted data.

All figures are based on valid responses.

Table 4: Ireland

Frequency of Cocaine Powder Use* (Current Users) (%)					
	All adults		Young adults	Older adults	
	15-64	Male		Female	15-34
<i>Total Weighted N (valid responses)</i>	(25)	(19)	(6)	(23)**	(1)**
20 days or more	7.1	9.3	0.0	7.5	0.0
10-19 days	0.0	0.0	0.0	0.0	0.0
4-9 days	24.6	28.1	13.0	20.3	100.0
1-3 days	68.3	62.6	87.0	72.2	0.0

* EMCDDA 'Handbook for Surveys on Drug Use among the General Population' (Aug. 2002) defines frequency of drug use as:

20 days or more = daily or almost daily

10-19 days = several times a week

4-9 days = at least once a week

1-3 days = less than once a week.

** Due to rounding, the weighted Ns for the gender or age categories do not always sum to the total weighted N.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 5: Ireland

Method of Taking Cocaine Powder (Current Users) (%)					
	All adults		Young adults	Older adults	
	15-64	Male		Female	15-34
<i>Total Weighted N (valid responses)</i>	(25)	(19)	(6)	(23)*	(1)*
Line/Snort	100.0	100.0	100.0	100.0	100.0
Needle	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0
Don't know	0.0	0.0	0.0	0.0	0.0

* Due to rounding, the weighted Ns for the gender or age categories do not always sum to the total weighted N.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 6: Ireland

How Cocaine Powder was Obtained* (Recent Users) (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
<i>Total Weighted N (valid responses)</i>	(79)	(56)	(23)	(67)	(12)
Given by family/friends	48.5	40.0	69.5	47.9	52.2
Shared amongst friends	9.4	11.1	5.4	11.1	0.0
Bought from a friend	33.1	40.6	15.0	30.5	47.8
Bought from contact not known personally	1.9	0.0	6.5	2.2	0.0
Given by stranger	2.2	3.0	0.0	2.5	0.0
Given by contact not known personally	1.1	0.0	3.7	1.3	0.0
Bought from a stranger	3.8	5.4	0.0	4.5	0.0

* Based on responses of those who had used cocaine powder in the last 12 months.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 7: Ireland

Where Cocaine Powder was Obtained* (Recent Users) (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
<i>Total Weighted N (valid responses)</i>	(79)	(56)	(23)	(67)	(12)
House of friends	42.7	46.4	33.7	35.7	81.7
Disco/bar/club	35.8	29.9	50.1	38.9	18.3
Street/park	5.5	5.6	5.3	6.5	0.0
Ordered by phone	3.3	2.0	6.5	3.9	0.0
House of a dealer	6.8	7.8	4.4	8.1	0.0
School/college	0.0	0.0	0.0	0.0	0.0
Office/workplace	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0
Refused to answer	5.9	8.3	0.0	6.9	0.0

* Based on responses of those who had used cocaine powder in the last 12 months.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 8: Ireland

Ease of Obtaining Cocaine Powder in a 24 Hour Period* (Recent Users) (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
<i>Total Weighted N (valid responses)</i>	(79)	(56)	(23)	(67)	(12)
Very easy	34.0	36.4	28.3	34.0	34.2
Fairly easy	29.7	27.6	35.0	30.0	28.0
Neither easy or difficult	10.0	5.3	21.4	8.5	18.1
Fairly difficult	17.6	21.2	8.9	18.4	13.6
Very difficult	3.8	4.1	3.2	3.4	6.0
Don't know	4.8	5.5	3.2	5.7	0.0

* Based on responses of those who had used cocaine powder in the last 12 months.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 9: Ireland

Regular Cocaine Powder Users and Stopping Cocaine Use (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
Lifetime cocaine users who have ever used cocaine regularly*					
<i>Total Weighted N (valid responses)</i>	(251)	(169)	(82)	(181)	(70)
	13.8	13.3	14.8	16.3	7.3
Regular cocaine users and stopping cocaine use					
<i>Total Weighted N (valid responses)</i>	(35)	(22)**	(12)**	(29)**	(5)**
Regular user – Stopped taking	81.6	81.6	81.5	78.3	100.0
Regular user – Tried to stop but failed	10.0	12.1	6.2	11.8	0.0
Regular user – Never tried to stop	8.4	6.3	12.3	9.9	0.0

* As a percentage of lifetime cocaine powder users.

** Due to rounding, the weighted Ns for the gender or age categories do not always sum to the total weighted N.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 10: Ireland

Reasons for Stopping Cocaine Powder Use (Regular Users who have Stopped) (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
<i>Total Weighted N (valid responses)</i>	(28)	(18)	(10)	(23)	(5)
Did not want to take any more	8.2	0.0	23.5	7.1	13.2
No longer part of social life	3.0	4.6	0.0	3.6	0.0
Did not enjoy after effects	8.9	0.0	25.4	10.9	0.0
Health concerns	28.3	22.6	38.8	30.6	17.9
Persuaded by friends/family	0.0	0.0	0.0	0.0	0.0
Cost/could no longer afford it	16.9	26.1	0.0	20.7	0.0
Impact on job/friends/family	10.8	16.6	0.0	7.5	25.7
Less available supply	0.0	0.0	0.0	0.0	0.0
Pregnancy	4.3	0.0	12.3	5.3	0.0
Pros did not outweigh cons	0.0	0.0	0.0	0.0	0.0
Rehab programme	8.5	13.1	0.0	6.8	16.5
Other	0.0	0.0	0.0	0.0	0.0
Don't know	11.0	17.1	0.0	7.6	26.8

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 11: Ireland

Risk Perception (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
Perceived risk related to trying cocaine or crack once or twice					
General Population					
<i>Total Weighted N (valid responses)</i>	(4876)	(2472)	(2404)	(2272)	(2604)
No risk	0.7	1.1	0.4	0.9	0.6
Slight risk	4.4	5.1	3.6	5.9	3.1
Moderate risk	12.6	13.6	11.7	17.1	8.7
Great risk	81.9	80.0	83.8	75.5	87.4
Don't know	0.4	0.3	0.5	0.6	0.2
Those Who Have Never Used Cocaine Total†					
<i>Total Weighted N (valid responses)</i>	(4615)	(2296)	(2319)	(2082)	(2533)
No risk	0.4	0.6	0.3	0.4	0.5
Slight risk	3.9	4.4	3.3	5.3	2.7
Moderate risk	12.2	13.1	11.2	16.7	8.4
Great risk	83.1	81.7	84.6	76.9	88.2
Don't know	0.4	0.3	0.6	0.7	0.2
Those Who Have Ever Used Cocaine Total†					
<i>Total Weighted N (valid responses)</i>	(261)	(176)	(85)	(190)	(71)
No risk	5.9	7.7	2.3	6.6	4.1
Slight risk	13.1	14.3	10.7	11.5	17.3
Moderate risk	21.2	19.9	24.0	21.8	19.6
Great risk	59.7	58.2	63.0	60.0	59.0
Don't know	0.0	0.0	0.0	0.0	0.0

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 12: Ireland

Cocaine Total† Prevalence by Gender (%)			
	Male	Female	Total
<i>Total Weighted N (valid responses)</i>	(2513)	(2454)	(4967)
Lifetime Prevalence*			
No	93.0	96.5	94.7
Yes	7.0	3.5	5.3
Last 12 Months Prevalence*			
No	97.7	99.0	98.3
Yes	2.3	1.0	1.7
Last 30 Days Prevalence*			
No	99.2	99.8	99.5
Yes	0.8	0.2	0.5

* $p < 0.05$

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 13: Ireland

Cocaine Total† Prevalence by Age Group (%)			
	Young adults 15-34	Older adults 35-64	Total
<i>Total Weighted N (valid responses)</i>	(2315)	(2652)	(4967)
Lifetime Prevalence*			
No	91.8	97.3	94.7
Yes	8.2	2.7	5.3
Last 12 Months Prevalence*			
No	96.9	99.5	98.3
Yes	3.1	0.5	1.7
Last 30 Days Prevalence*			
No	99.0	100.0	99.5
Yes	1.0	0.0	0.5

* p < 0.05

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 14: Ireland

Cocaine Total† Prevalence by Socio-Economic Group (SEG) (%)							
	A	B	C1	C2	D	E	Total
<i>Total Weighted N (valid responses)</i>	(232)	(868)	(1423)	(1111)	(799)	(485)	(4918)
Lifetime Prevalence by SEG*							
No	93.1	96.9	93.7	95.2	94.5	94.0	94.7
Yes	6.9	3.1	6.3	4.8	5.5	6.0	5.3
Last 12 Months Prevalence by SEG*							
No	98.7	99.5	98.0	98.1	97.5	98.8	98.3
Yes	1.3	0.5	2.0	1.9	2.5	1.2	1.7
Last 30 Days Prevalence by SEG							
No	99.1	100.0	99.4	99.7	98.9	99.6	99.5
Yes	0.9	0.0	0.6	0.3	1.1	0.4	0.5

* p < 0.05

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 15: Ireland

Cocaine Total† Prevalence by Work Status (%)					
	In paid work	Not in paid work	Student	Other	Total
<i>Total Weighted N (valid responses)</i>	(3202)	(1228)	(526)	(2)	(4958)
Lifetime Prevalence					
No	94.5	95.1	95.2	100.0	94.7
Yes	5.5	4.9	4.8	0.0	5.3
Last 12 Months Prevalence					
No	98.3	98.7	97.7	100.0	98.3
Yes	1.7	1.3	2.3	0.0	1.7
Last 30 Days Prevalence					
No	99.5	99.7	99.0	100.0	99.5
Yes	0.5	0.3	1.0	0.0	0.5

Results not statistically significant

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 16: Ireland

Cocaine Total† Prevalence by Housing Tenure (%)					
	Owned in part or full	Rented from private landlord	Rented from LA/HA	Other	Total
<i>Total Weighted N (valid responses)</i>	(3522)	(932)	(466)	(48)	(4968)
Lifetime Prevalence*					
No	96.3	88.1	95.7	95.8	94.7
Yes	3.7	11.9	4.3	4.2	5.3
Last 12 Months Prevalence*					
No	98.8	96.2	99.1	95.8	98.3
Yes	1.2	3.8	0.9	4.2	1.7
Last 30 Days Prevalence					
No	99.5	98.9	100.0	100.0	99.5
Yes	0.5	1.1	0.0	0.0	0.5

* $p < 0.05$

LA/HA = Local Authority or Housing Association.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 17: Ireland

Cocaine Total† Prevalence by Age Education Ceased (%)				
	15 years & under	16-19	20 years & over	Total
<i>Total Weighted N (valid responses)</i>	(517)	(1924)	(1416)	(3857)
Lifetime Prevalence				
No	96.9	95.2	94.4	95.2
Yes	3.1	4.8	5.6	4.8
Last 12 Months Prevalence				
No	99.6	98.4	98.4	98.6
Yes	0.4	1.6	1.6	1.4
Last 30 Days Prevalence				
No	100.0	99.4	99.6	99.6
Yes	0.0	0.6	0.4	0.4

Results not statistically significant

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 18: Ireland

Cocaine Total† Prevalence by Highest Education Level Attained (%)					
	Elementary	Lower second level	Upper second level	Third level	Total
<i>Total Weighted N (valid responses)</i>	(324)	(1472)	(1195)	(1967)	(4958)
Lifetime Prevalence*					
No	97.8	95.9	94.1	93.7	94.7
Yes	2.2	4.1	5.9	6.3	5.3
Last 12 Months Prevalence					
No	99.1	98.6	97.5	98.5	98.3
Yes	0.9	1.4	2.5	1.5	1.7
Last 30 Days Prevalence					
No	99.1	99.7	99.3	99.5	99.5
Yes	0.9	0.3	0.7	0.5	0.5

* p < 0.05

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 19: Ireland

Personally know people who take cocaine (%) 2002/3					
	All adults 15-64		Young adults 15-34	Older adults 35-64	
	Male	Female		Male	Female
<i>Total Weighted N (valid responses)</i>	(4848)	(2432)	(2416)	(2309)*	(2540)*
Yes	14.3	16.4	12.2	21.3	7.9
No	85.7	83.6	87.8	78.7	92.1

* Due to rounding, the weighted Ns for the gender or age categories do not always sum to the total weighted N.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 20: Ireland

Personally know people who take cocaine (%) 2006/7					
	All adults 15-64	Male	Female	Young adults 15-34	Older adults 35-64
<i>Total Weighted N (valid responses)</i>	(4852)	(2460)	(2392)	(2268)	(2584)
Yes	23.0	25.7	20.2	33.6	13.6
No	76.9	74.2	79.8	66.2	86.3
Don't know	0.1	0.1	0.1	0.2	0.0

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 21: Northern Ireland

Cocaine Prevalence Rates (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
<i>Total Weighted N (valid responses)</i>	(2000)	(992)	(1008)	(843)*	(1149)*
Lifetime Prevalence (%)					
Cocaine Total	5.2	7.4	2.9	9.1	2.3
Cocaine Powder	5.1	7.3	2.9	9.1	2.2
Crack	0.4	0.4	0.4	0.6	0.3
Last Year Prevalence (Recent use) (%)					
Cocaine Total	1.9	2.8	0.9	3.5	0.7
Cocaine Powder	1.9	2.8	0.9	3.5	0.7
Crack	0.0	0.1	0.0	0.0	0.1
Last Month Prevalence (Current use) (%)					
Cocaine Total	0.3	0.7	0.0	0.6	0.2
Cocaine Powder	0.3	0.7	0.0	0.6	0.2
Crack	0.0	0.0	0.0	0.0	0.0

* Eight respondents confirmed they were eligible to participate in the survey but did not state their exact age.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 22: Northern Ireland

Age of First Use and First Regular Use of Cocaine Powder					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
Age first use cocaine (all users)					
<i>Total Weighted N (valid responses)</i>	(103)	(73)	(30)	(77)*	(25)*
Mean age of first use	23	24	22	22	28
Median of age of first use ¹	22	23	21	21	25
Age first use cocaine (regular users)					
<i>Total Weighted N (valid responses)</i>	(8)	(3)*	(4)*	(6)	(2)
Mean age of first use	22	23	22	20	30
Median of age of first use ¹	20	20	24	19	30
Age first regular use cocaine (regular users)					
<i>Total Weighted N (valid responses)</i>	(8)	(3)*	(4)*	(6)	(2)
Mean age of first use	23	24	23	21	30
Median of age of first use ¹	23	23	25	20	30
Average number of years between first use and first regular use of cocaine (regular users)					
<i>Total Weighted N (valid responses)</i>	(8)	(3)*	(4)*	(6)	(2)
Average number of years	1.0	1.3	0.8	1.3	0.0

¹ Median is used as a measure of central tendency to avoid extreme values skewing results.

* Due to rounding, the weighted Ns for the gender or age categories do not always sum to the total weighted N.

All figures are based on weighted data.

All figures are based on valid responses.

Table 23: Northern Ireland

Age of First Use of Crack (All Users)					
	All adults 15-64		Young adults 15-34	Older adults 35-64	
	Male	Female		Male	Female
<i>Total Weighted N (valid responses)</i>	(8)	(4)	(4)	(5)	(3)
Mean age of first use	23	25	20	21	26
Median of age of first use ¹	23	23	23	23	23

1 Median is used as a measure of central tendency to avoid extreme values skewing results.

All figures are based on weighted data.

All figures are based on valid responses.

Table 24: Northern Ireland

Frequency of Cocaine Powder Use* (Current Users) (%)					
	All adults 15-64		Young adults 15-34	Older adults 35-64	
	Male	Female		Male	Female
<i>Total Weighted N (valid responses)</i>	(7)	(7)	(0)	(5)	(2)
20 days or more	0.0	0.0	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0	0.0	0.0
4-9 days	0.0	0.0	0.0	0.0	0.0
1-3 days	100.0	100.0	0.0	100.0	100.0

* EMCDDA 'Handbook for Surveys on Drug Use Among the General Population' (Aug. 2002) defines frequency of drug use as:

20 days or more = daily or almost daily

10-19 days = several times a week

4-9 days = at least once a week

1-3 days = less than once a week.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 25: Northern Ireland

Method of Taking Cocaine Powder (Current Users) (%)					
	All adults 15-64		Young adults 15-34	Older adults 35-64	
	Male	Female		Male	Female
<i>Total Weighted N (valid responses)</i>	(7)	(7)	(0)	(5)	(2)
Line/Snort	100.0	100.0	0.0	100.0	100.0
Needle	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0
Don't know	0.0	0.0	0.0	0.0	0.0

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 26: Northern Ireland

How Cocaine Powder was Obtained* (Recent Users) (%)	All adults		Young adults	Older adults	
	15-64	Male		Female	15-34
<i>Total Weighted N (valid responses)</i>	(37)	(28)	(9)	(29)	(8)
Given by family/friend	39.8	43.5	29.2	37.5	49.0
Shared amongst group of friends	21.1	25.6	7.6	23.2	12.9
Bought from a friend	13.3	8.4	28.0	14.3	9.4
Bought from contact not known personally	16.4	10.1	35.2	18.3	9.1
Given by stranger	1.9	2.6	0.0	2.4	0.0
Given by contact not known personally	3.9	5.3	0.0	0.0	19.6
Bought from a stranger	3.4	4.6	0.0	4.3	0.0

* Based on responses of those who had used cocaine powder in the last 12 months.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 27: Northern Ireland

Where Cocaine Powder was Obtained* (Recent Users) (%)	All adults		Young adults	Older adults	
	15-64	Male		Female	15-34
<i>Total Weighted N (valid responses)</i>	(37)	(28)	(9)	(30)**	(8)**
House of a friend	54.7	46.7	78.6	51.4	67.9
Disco/bar/club	23.9	27.3	13.8	26.7	12.9
Street/park	7.8	10.5	0.0	9.8	0.0
Ordered by phone for collection/delivery	1.9	2.5	0.0	0.0	9.4
House of a dealer	9.7	10.5	7.6	9.7	9.8
School/college	0.0	0.0	0.0	0.0	0.0
Office/workplace	0.0	0.0	0.0	0.0	0.0
Other	1.9	2.6	0.0	2.4	0.0

* Based on responses of those who had used cocaine powder in the last 12 months.

** Due to rounding, the weighted Ns for the age categories do not sum to the total weighted N.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 28: Northern Ireland

Ease of Obtaining Cocaine Powder in a 24 Hour Period* (Recent Users) (%)					
	All adults		Young adults	Older adults	
	15-64	Male		Female	15-34
<i>Total Weighted N (valid responses)</i>	(37)	(28)	(9)	(30)**	(8)**
Very easy	24.5	21.5	33.6	23.4	29.0
Fairly easy	31.2	36.5	15.4	30.3	34.8
Neither easy nor difficult	14.6	16.9	7.6	18.2	0.0
Fairly difficult	11.7	15.6	0.0	5.5	36.2
Very difficult	18.0	9.5	43.3	22.6	0.0

* Based on responses of those who had used cocaine powder in the last 12 months.

** Due to rounding, the weighted Ns for the age categories do not sum to the total weighted N.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 29: Northern Ireland

Regular Cocaine Powder Users and Stopping Cocaine Use (%)					
	All adults		Young adults	Older adults	
	15-64	Male		Female	15-34
Lifetime cocaine users who have ever used cocaine regularly*					
<i>Total Weighted N (valid responses)</i>	(103)	(73)	(30)	(77)**	(25)**
	7.5	4.7	14.5	7.9	6.5
Regular cocaine users and stopping cocaine use					
<i>Total Weighted N (valid responses)</i>	(8)	(3)**	(4)**	(6)	(2)
Regular user – Stopped taking	100.0	100.0	100.0	100.0	100.0
Regular user – Tried to stop but failed	0.0	0.0	0.0	0.0	0.0
Regular user – Never tried to stop	0.0	0.0	0.0	0.0	0.0

* As a percentage of lifetime cocaine users.

** Due to rounding, the weighted Ns for the gender or age categories do not always sum to the total weighted N.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 30: Northern Ireland

Reasons for Stopping Cocaine Powder Use (Regular Users who have Stopped) (%)	All adults		Young adults	Older adults	
	15-64	Male			Female
<i>Total Weighted N (valid responses)</i>	(8)	(3)*	(4)*	(6)	(2)
Did not want to take any more	27.5	21.1	32.6	35.0	0.0
No longer part of social life	8.9	0.0	15.9	0.0	41.5
Did not enjoy after effects	18.7	0.0	33.6	23.8	0.0
Health concerns	12.5	28.3	0.0	0.0	58.5
Persuaded by friends/family	0.0	0.0	0.0	0.0	0.0
Cost/could no longer afford it	9.9	0.0	17.8	12.6	0.0
Impact on job/friends/family	0.0	0.0	0.0	0.0	0.0
Less available supply	0.0	0.0	0.0	0.0	0.0
Pregnancy	0.0	0.0	0.0	0.0	0.0
Pros did not outweigh cons	0.0	0.0	0.0	0.0	0.0
Rehab programme	22.4	50.6	0.0	28.5	0.0
Other	0.0	0.0	0.0	0.0	0.0

* Due to rounding, the weighted Ns for the gender categories do not sum to the total weighted N.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 31: Northern Ireland

Risk Perception (%)	All adults		Young adults	Older adults	
	15-64	Male			Female
Perceived risk related to trying cocaine or crack once or twice					
General Population					
<i>Total Weighted N (valid responses)</i>	(1956)	(967)	(989)	(830)*	(1121)*
No risk	1.1	1.6	0.5	1.6	0.6
Slight risk	3.5	3.7	3.4	5.1	2.4
Moderate risk	12.1	14.7	9.6	17.7	8.1
Great risk	82.9	79.3	86.3	75.2	88.5
Don't know	0.4	0.6	0.1	0.4	0.4
Those Who Have Never Used Cocaine Total†					
<i>Total Weighted N (valid responses)</i>	(1853)	(894)	(959)	(753)*	(1095)*
No risk	0.7	1.1	0.3	1.0	0.5
Slight risk	2.9	2.9	2.9	4.2	2.0
Moderate risk	11.0	13.3	8.9	16.0	7.7
Great risk	85.0	82.0	87.8	78.5	89.4
Don't know	0.4	0.7	0.2	0.4	0.4
Those Who Have Ever Used Cocaine Total†					
<i>Total Weighted N (valid responses)</i>	(103)	(74)**	(30)**	(77)	(26)
No risk	7.9	7.9	8.0	8.1	7.5
Slight risk	15.6	13.3	21.1	14.2	19.5
Moderate risk	31.7	32.1	30.6	34.5	23.3
Great risk	44.8	46.7	40.3	43.2	49.7
Don't know	0.0	0.0	0.0	0.0	0.0

* Five respondents who were routed to this question confirmed they were eligible to participate in the survey but did not state their exact age.

** Due to rounding, the weighted Ns for the gender categories do not sum to the total weighted N.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 32: Northern Ireland

Cocaine Total† Prevalence by Gender (%)			
	Male	Female	Total
<i>Total Weighted N (valid responses)</i>	(992)	(1008)	(2000)
Lifetime Prevalence*			
No	92.6	97.1	94.8
Yes	7.4	2.9	5.2
Last 12 Months Prevalence*			
No	97.2	99.1	98.1
Yes	2.8	0.9	1.9
Last 30 Days Prevalence			
No	99.3	100.0	99.7
Yes	0.7	0.0	0.3

* p < 0.05

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 33: Northern Ireland

Cocaine Total† Prevalence by Age Group (%)			
	Young adults 15-34	Older adults 35-64	Total
<i>Total Weighted N (valid responses)</i>	(843)	(1149)	(1992)**
Lifetime Prevalence*			
No	90.9	97.7	94.8
Yes	9.1	2.3	5.2
Last 12 Months Prevalence*			
No	96.5	99.3	98.1
Yes	3.5	0.7	1.9
Last 30 Days Prevalence			
No	99.4	99.8	99.7
Yes	0.6	0.2	0.3

* p < 0.05

** Eight respondents confirmed they were eligible to participate in the survey but did not state their exact age.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 34: Northern Ireland

Cocaine Total† Prevalence by National Statistics Socio-Economic Classification (NSSEC) (%)								
	Managerial & professional occupations	Intermediate occupations	Small employers and own account workers	Lower supervisory & technical occupations	Semi-routine & routine occupations	Never worked & long term unemployed	Not classified	Total
<i>Total Weighted N (valid responses)</i>	(534)	(211)	(202)	(130)	(637)	(106)	(172)	(1992)
Lifetime Prevalence								
No	96.3	95.2	93.3	94.0	93.8	92.7	97.2	94.8
Yes	3.7	4.8	6.7	6.0	6.2	7.3	2.8	5.2
Last Year Prevalence								
No	98.9	99.4	97.1	96.8	97.8	97.5	97.7	98.1
Yes	1.1	0.6	2.9	3.2	2.2	2.5	2.3	1.9
Last Month Prevalence								
No	100.0	100.0	98.7	99.4	99.5	100.0	100.0	99.7
Yes	0.0	0.0	1.3	0.6	0.5	0.0	0.0	0.3

Results not statistically significant

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 35: Northern Ireland

Cocaine Total† Prevalence by Work Status (%)				
	In paid work	Not in paid work	Other	Total
<i>Total Weighted N (valid responses)</i>	(1243)	(607)	(150)	(2000)
Lifetime Prevalence				
No	94.6	94.9	96.8	94.8
Yes	5.4	5.1	3.2	5.2
Last Year Prevalence				
No	98.4	97.8	97.4	98.1
Yes	1.6	2.2	2.6	1.9
Last Month Prevalence				
No	99.6	99.7	100.0	99.7
Yes	0.4	0.3	0.0	0.3

Results not statistically significant

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 36: Northern Ireland

Cocaine Total† Prevalence by Housing Tenure (%)								
	Owned outright	Buying with the help of mortgage or loan	Pay part rent and part mortgage (co-ownership)	Rented from Housing Executive	Rented from a housing association	Rented privately	Live rent free	Total
<i>Total Weighted N (valid responses)</i>	(527)	(908)	(5)	(244)	(38)	(256)	(16)	(1995)**
Lifetime Prevalence*								
No	98.8	95.6	76.4	92.7	90.9	86.7	100.0	94.8
Yes	1.2	4.4	23.6	7.3	9.1	13.3	0.0	5.2
Last Year Prevalence*								
No	99.5	98.5	100.0	98.1	98.6	93.9	100.0	98.1
Yes	0.5	1.5	0.0	1.9	1.4	6.1	0.0	1.9
Last Month Prevalence								
No	100.0	99.7	100.0	99.7	100.0	98.7	100.0	99.7
Yes	0.0	0.3	0.0	0.3	0.0	1.3	0.0	0.3

* p < 0.05

** Due to rounding, the weighted Ns for the housing tenure categories do not sum to the total weighted N.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 37: Northern Ireland

Cocaine Total† Prevalence by Highest Qualification Level Attained (%)							
	Degree level or higher	Higher Education	GCE/A-level	GCSE A-C or equivalent	GCSE D-G or equivalent	No qualifications	Total
<i>Total Weighted N (valid responses)</i>	(310)	(237)	(355)	(434)	(159)	(503)	(1999)**
Lifetime Prevalence*							
No	96.2	94.1	93.3	92.8	95.9	96.9	94.8
Yes	3.8	5.9	6.7	7.2	4.1	3.1	5.2
Last Year Prevalence*							
No	99.4	98.3	95.6	97.9	98.5	99.1	98.1
Yes	0.6	1.7	4.4	2.1	1.5	0.9	1.9
Last Month Prevalence							
No	100.0	100.0	99.4	99.1	100.0	99.9	99.7
Yes	0.0	0.0	0.6	0.9	0.0	0.1	0.3

* p < 0.05

** Due to rounding, the weighted Ns for the qualification categories do not sum to the total weighted N.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 38: Northern Ireland

Personally know people who take cocaine (%) 2002/3					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
<i>Total Weighted N (valid responses)</i>	<i>(3463)</i>	<i>(1717)</i>	<i>(1746)</i>	<i>(1534)</i>	<i>(1929)</i>
Yes	8.7	11.1	6.3	13.4	5.0
No	91.3	88.9	93.7	86.6	95.0

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 39: Northern Ireland

Personally know people who take cocaine (%) 2006/7					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
<i>Total Weighted N (valid responses)</i>	<i>(1946)</i>	<i>(965)</i>	<i>(981)</i>	<i>(826)*</i>	<i>(1115)*</i>
Yes	21.3	24.4	18.1	32.4	13.1
No	78.7	75.6	81.9	67.6	86.9

* Five respondents who were routed to this question confirmed they were eligible to participate in the survey but did not state their exact age.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Table 40: Northern Ireland

Cocaine Total [†] Prevalence by Health and Social Services Board (HSSB) Area (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Male	Female			
Lifetime Prevalence (%)					
Eastern HSSB	7.2*	10.7*	3.8*	12.8*	3.1*
Northern HSSB	3.8*	5.6*	1.9*	6.7*	1.8
Southern HSSB	3.5*	5.6*	1.3	6.3*	1.3
Western HSSB	4.6*	5.0	4.2*	7.6*	2.3*
Last Year Prevalence (Recent use) (%)					
Eastern HSSB	2.8*	4.0	1.7*	5.6	0.8
Northern HSSB	1.1*	2.0*	0.3	1.9*	0.6
Southern HSSB	1.1	2.1	0.0	2.0	0.3
Western HSSB	1.7	2.3	1.2	3.0	0.8
Last Month Prevalence (Current use) (%)					
Eastern (EHSSB)	0.7	1.4	0.0	1.0	0.4
Northern (NHSSB)	0.0	0.0	0.0	0.0	0.0
Southern (SHSSB)	0.4	0.8	0.0	0.9	0.0
Western (WHSSB)	0.0	0.0	0.0	0.0	0.0

* Indicates a statistically significant increase in prevalence rates between 2002/3 and 2006/7.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

Table 41: Ireland

Cocaine Total† Prevalence by Regional Drugs Task Force (RDTF) Area (%)					
	All adults			Young adults	Older adults
	15-64	Male	Female	15-34	35-64
Lifetime Prevalence (%)					
East Coast RDTF	9.1	11.4	6.9*	11.0	7.2*
Midlands RDTF	4.4*	5.2	3.5	6.7	2.4
Mid-Western RDTF	2.9	4.2	1.6	4.9	1.4
North Eastern RDTF	5.6*	8.1*	3.0*	10.2*	1.8
North Western RDTF	1.6*	1.6	1.7	3.2	0.4
Northern RDTF	11.0*	15.1	6.9	15.9*	6.4
South Eastern RDTF	6.7*	10.1*	3.3	10.1	4.1*
South Western RDTF	3.8	4.7	3.0	6.2	1.4
Southern RDTF	3.1	4.9	1.2	5.3	1.3
Western RDTF	3.5	3.5	3.5	6.7*	0.9
Last Year Prevalence (Recent use) (%)					
East Coast RDTF	3.1	3.7	2.6	4.6	1.6
Midlands RDTF	1.7	1.4	1.9	3.7	0.0
Mid-Western RDTF	1.0	1.6	0.3	2.2	0.0
North Eastern RDTF	1.5*	2.8*	0.0	3.2*	0.0
North Western RDTF	0.3	0.0	0.6	0.7	0.0
Northern RDTF	3.3	5.8	0.8	5.6	1.1
South Eastern RDTF	2.4	3.4	1.4	4.2	1.0
South Western RDTF	0.8	1.0	0.6	1.3	0.3
Southern RDTF	1.1	1.8	0.5	2.5	0.0
Western RDTF	1.5	1.1	1.9*	3.0	0.3
Last Month Prevalence (Current use) (%)					
East Coast RDTF	0.8	1.6	0.0	1.6	0.0
Midlands RDTF	0.9	1.4	0.4	2.0	0.0
Mid-Western RDTF	0.0	0.0	0.0	0.0	0.0
North Eastern RDTF	0.0	0.0	0.0	0.0	0.0
North Western RDTF	0.3	0.0	0.6	0.7	0.0
Northern RDTF	1.4	2.8	0.0	2.5	0.4
South Eastern RDTF	0.9*	1.3	0.5	2.0	0.0
South Western RDTF	0.3	0.0	0.6	0.6	0.0
Southern RDTF	0.2	0.4	0.0	0.5	0.0
Western RDTF	0.4	0.5	0.3	1.0	0.0

* Indicates a statistically significant increase in prevalence rates between 2002/3 and 2006/7.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

† Figures are for cocaine powder and crack combined.

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