Drug use in Ireland and Northern Ireland

Bulletin 6

2010/11 Drug Prevalence Survey: Sedatives or Tranquillisers and Anti-depressants Results

This bulletin presents key findings regarding the use of sedatives or tranquillisers and anti-depressant in Ireland and Northern Ireland from the third drug prevalence survey of households in Ireland and Northern Ireland. A representative sample of adults aged between 15 and 64 years was sampled during late 2010 and early 2011. The bulletin presents results regarding use of sedatives or tranquillisers and anti-depressants on lifetime (ever used), last year (recent use) and last month (current use) prevalence rates. The bulletin also examines age of first use, frequency of use, methods of taking the substances, how they were obtained and the profile of those who take these substances. The survey was carried out according to standards set by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Key Findings

Ireland Key Findings

- The results from the 2010/11 survey show that the prevalence for sedatives or tranquillisers for adults aged 15–64 in Ireland are 14% (lifetime), 7% (last year) and 3% (last month). There were statistically significant increases in both lifetime and last year prevalence since 2007.
- For anti-depressants, prevalence rates among adults aged 15–64 years are 10% (lifetime), 5% (last year) and 4% (last month). Statistically significant increases were found for last month prevalence only.
- In 2011 women were more likely to report taking sedatives or tranquillisers than men. Since 2007 prevalence of sedatives or tranquillisers has increased among women and men. The extent of the increase was similar for last year rates but for lifetime rates the change was larger among men.
- In 2011 women were more likely to report taking anti-depressants than men. Since the survey in 2007 lifetime prevalence for men increased while no change was found for women.
- Use of sedatives or tranquillisers continues to be higher among older (35–64 yrs) than younger (15–34) adults. Since 2007 prevalence increased for both age groups. However younger adults in 2011 were more likely to report use of sedatives/ tranquillisers on a lifetime and last year basis when compared to younger adults in 2007.
- Use of anti-depressants was higher among older (35–64 yrs) than younger (15–34) adults in 2011. Since the 2007 survey the proportion of older adults reporting lifetime use of anti-depressants has increased.
- The average age at which respondents first took sedatives or tranquillisers in Ireland is 30 years. Age of first use of sedatives or tranquillisers is lower among men (28 years) than women (30 years) in 2011.
- The average age at which respondents first took anti-depressants is 30 years, 2 years earlier than the age of first use reported in 2007. Age of first use is lower among women (30 years) than men (34 years).
- More than half (53%) of respondents who take sedatives or tranquillisers reported doing so on 20 or more of the 30 days before the survey.
- Most (92%) respondents who take anti-depressants reported doing so on 20 or more of the 30 days before the survey.
- Prescription was the main way that people said they access sedatives or tranquillisers (95%) and is also the main method used to access anti-depressants (98%). For both sedatives or tranquillisers and anti-depressants, the share of people who purchased the drugs without prescription from a chemist or who got them from someone they know has declined since 2007.

- For sedatives or tranquillisers and anti-depressants, prevalence rates are highest among people in professional and higher managerial positions and among people who are State dependent.
- Prevalence of sedatives or tranquillisers and anti-depressants are also associated with other indicators of deprivation: prevalence of sedatives or tranquillisers and of anti-depressants are highest among those who are not in paid work and those who live in local authority/ social housing. Prevalence of anti-depressants is highest among those who ceased education at 15 years or under.

Northern Ireland Key Findings

- The results from the 2010/11 survey show that the prevalence rates for sedatives or tranquillisers for adults aged 15–64 in Northern Ireland were 21% (lifetime), 11% (last year) and 8% (last month). Since 2006/7 there were no significant differences for lifetime, last year and last month prevalence.
- There were no significant differences for sedatives or tranquillisers between 2006/7 and 2010/11 for the categories of all adults, males, females, young adults (15–34 yrs) and older adults (35–64 yrs) for any of the prevalence rates.
- For anti-depressants, prevalence rates among adults aged 15–64 years were 22% (lifetime), 12% (last year) and 10% (last month). Significant increases were found between 2006/7 and 2010/11 for last year and last month prevalence rates for all adults, males and older adults (35–64 yrs).
- Prevalence rates were higher for older respondents (35–64 yrs) than younger respondents (15–34 yrs) for both tranquillisers or sedatives and anti-depressants. For each of these drug categories, results were significantly higher for older respondents for all prevalence periods.
- In relation to sedatives or tranquillisers, females reported higher significant prevalence rates than males for lifetime prevalence and last year prevalence.
- There were significant differences between males and females for all three prevalence rates for anti-depressants, females having higher prevalence rates than males.
- The average (median) age that respondents reported they had first used sedatives or tranquillisers was 32 years – 31 years for males and 32 years for females.
- With regards to sedatives or tranquillisers, there was a significant change between 2006/7 and 2010/11 in relation to the average (median) age of first use in young adults (15–34 yrs).
- The average (median) age that respondents reported they had first used anti-depressants was 32 years – 35 years for males and 32 years for females.
- Over two-thirds (69%) of current users of sedatives or tranquillisers and over nine in ten (94%) current users of anti-depressants took them daily or almost daily.
- The vast majority of current users took sedatives or tranquillisers (99%) and anti-depressants (99%) orally.
- Most current users got their sedatives or tranquillisers (95%) or their anti-depressants (99%), on prescription.
- Respondents who were divorced, widowed or separated reported high prevalence rates for sedatives or tranquillisers and anti-depressants.

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Introduction

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

The main purpose of the survey was to obtain prevalence rates for key illegal drugs, such as cannabis and cocaine on a lifetime (ever used), last year (recent use) and last month (current use) basis. The survey also covers prescription drugs including sedatives or tranquillisers and anti-depressants. Similar prevalence questions were asked for alcohol, tobacco and other drugs.

About the Drug Prevalence Survey

The questionnaire and methodology for the general population survey were based on best practice guidelines drawn up by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The questionnaires were administered through face-to-face interviews with respondents aged between 15 and 64 years and who are normally resident in households in Ireland and Northern Ireland. Thus persons outside these age ranges, or who do not normally live in private households, have not been included in the survey (for example prisons, nursing homes etc).

Fieldwork for the survey was carried out between October 2010 and May 2011 and the final achieved sample comprised 7,669 respondents (5,134 in Ireland and 2,535 in Northern Ireland). Interviews were conducted using computer-assisted personal interviewing (CAPI). These techniques allow interviews to be conducted more efficiently and more accurately than other techniques such as pen-and-paper completion.

The response rate for the survey was 60% in Ireland and 67% in Northern Ireland. Area based sampling was applied in Ireland. The first stage involved stratifying by Health Board in Ireland[1]. The achieved sample was weighted by gender, age and region[2] in Ireland and by gender, age and Health and Social Care Trust area in Northern Ireland[3] to maximise its representativeness of the general population.

Details of the methodology have been summarised in a paper published on the websites of the NACD (*http://www.nacd.ie/*) and the DHSSPS (*http://www.dhsspsni.gov.uk/*).

What is Prevalence?

The term **prevalence** refers to the proportion of a population who have 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 that 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 future.

Last year prevalence refers to the proportion of the sample that reported using a named drug in the year prior to the survey. 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 noted 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 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.

1 Since January 2005 the Health Boards in Ireland have been restructured and merged under one authority, the Health Service Executive. For the purpose of facilitating comparisons between the 2002/3, 2006/7 and the current survey, it was decided to continue to weight the data by the former Health Board areas as these correspond with the Regional Drug Task Force (RDTF) structures.

2 The composition of the population in Ireland changed substantially since Census 2006. Given that Census 2011 information was not available when weights were calculated, data were weighted using 2010 population estimates. For the purpose of constructing post-stratification weights, Regional Authority areas were used to define regions instead of Health Board/RDTF.

3 Since the 2006/7 Survey the Health and Social Services Boards and the Health and Social Care Trusts have been restructured. In the 2010/11 survey the data have been weighted by the five Health and Social Care Trust areas, while in the previous two surveys the data was weighted by the four Health and Social Services Boards that existed at the time.

Understanding the Results of this Bulletin

Results from the three NACD Drug Prevalence Surveys (November 2011) were published in the first 2011 bulletin *First Results from the 2010/11 Drug Prevalence Survey* and gave lifetime, last year and last month prevalence rates for key drugs for the Island of Ireland, Republic of Ireland and Northern Ireland. The second bulletin (June 2012) *Results for Regional Drug Task Force and Health and Social Care Trust*, presented prevalence rates at a regional level for Ireland and Northern Ireland.

Presentation of Estimates

This bulletin contains prevalence rates and other relevant information regarding the use of sedatives or tranquillisers and anti-depressants in Ireland and Northern Ireland for 2010/11. Results are given for all respondents (all adults aged 15–64 years) and for gender and age (15–34 and 35–64 years) categories.

Comparisons between 2010/11 and 2006/7 results are presented for prevalence and age of first use. In the 2010/11 and 2006/7 surveys, respondents were asked about use of sedative and tranquillisers in one question and about anti-depressants in a separate question. This was a change from practice in the survey in 2002/3 when respondents were asked about use of sedatives, tranquillisers or anti-depressants together. As a result of these measurement changes comparisons between 2010/11 and 2006/7 only are available.

Statistical significance tests for changes over time have been undertaken and changes that reach the threshold for statistical significance have been included in reporting (for further details see below). The figures for Ireland in 2006/7 reported in this bulletin may differ slightly from figures reported in earlier publications. These differences are due to applying improved estimation procedures for comparing between 2006/7 and 2010/11 drug prevalence survey data.

All prevalence rates presented in the accompanying tables are rounded to one decimal place and are rounded to whole numbers in the text. Where it provides for a better understanding of the situation, figures are sometimes reported in the text at one decimal place (e.g. small/low figures).

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.

Reliability of Estimates

Effects of Survey design and statistical significance: The vast majority of surveys employ complex design features including stratification and clustering as well as weighting adjustments. These features greatly improve the efficiency and coverage of the survey but their effects must be taken into account in data analysis and estimation. The analyses for the 2011 NACD bulletins/reports incorporate these effects and are addressed in three key ways: (i) The confidence intervals for prevalence estimates are design effect adjusted using the Clopper Pearson method; (ii) For the change in prevalence over time, significance levels are calculated on the basis of design-effect adjusted Newcombe-Wilson Hybrid Confidence Intervals; (iii) Ordinal and non-normally distributed metric outcomes are modelled in an ordinal regression framework with Wald F-Test as significance test. This is the equivalent of a Mann-Whitney-Wilcoxon test for complex surveys[4]; (iv) Similarly, the significance of associations between prevalence rates and multi-categorical grouping variables is tested by Wald F-Tests for logistic regression models.

The tests of statistical significance are used to establish the degree of confidence with which we can infer that the observed changes in drug prevalence between 2010/11 and 2006/7 are not due to sampling error. For the change in prevalence over time, a significance level of 5% has been specified which means that the likelihood that sampling error accounts for the observed change is less than 5%. More stringent criteria are used for the tests of association for instance between prevalence and socio-economic group: for these significance levels of 1% and 0.1% are used. For greater transparency the actual significance level *p* rather than the threshold value is reported when discussing results of tests of association.

In statistical testing, a result is deemed statistically significant if it is unlikely to have occurred by chance and hence provides enough evidence to reject the hypothesis of 'no effect'. As used in statistics, *significant* does not mean *important* or *meaningful*, as it does in everyday speech. It is important to realise that statistical significance and substantive or practical significance are not the same. A small, but important, real-world difference may fail to reach significance in a statistical test. Conversely, a statistically significant finding may have no practical consequence. This is especially important to remember when working with large sample sizes because any difference can be statistically significant if the samples are extremely large. Whether the change is of practical importance is reflected in an evaluation of effect size, which is a substantive issue.

4 Natarajan S, Lipsitz S, Fitzmaurice GM, Sinha D, Ibrahim JG, Haas J, Gellad W, *An extension of the Wilcoxon rank sum test for complex sample survey data*, Journal of the Royal Statistical Society, Applied Statistics (2012), 61/4: 653–644.

Robustness: Sometimes bivariate association can be confounded by other variables most notably gender and age. Where this is the case in the reporting of Republic of Ireland data, it is noted in the text and findings that are not robust are not included in the key findings section.

Limitations of the General Population Survey Methodology

A general population drug prevalence survey has some limitations. As mentioned earlier, some groups with high drug use prevalence are not covered by the general population survey method (for example the homeless, those in prison). Additionally, drug prevalence questions are considered to be sensitive and therefore people may refuse to participate or they may under-report their drug use. Moreover, for some groups the numbers can be too small for reliable prevalence estimations and for these specific groups, general population prevalence estimates can be supplemented by other methods (e.g. capture-recapture for problem drug use and surveys targeting special populations (e.g. prisoners, students, early school leavers).

In order to assess reliability of the drug prevalence estimates, 95% confidence intervals have been calculated and are available on the NACD website.

Glossary

Sedatives and Tranquillisers

Sedatives and tranquillisers are commonly used terms for the same group of medicines which depress, slow down or calm the brain and central nervous system. They are mainly Benzodiazepines ("Benzos") but other drugs with the same effects e.g. Zolpidem and Zopiclone are included in this group. Medically they are often referred to as hypnotics, which induce sleep and anxiolytics or anti-anxiety agents.

The same drug can be used as a hypnotic or as an anti-anxiety agent depending on the dosage used and on the time of day that they are used. Hypnotics are used to treat insomnia (lack of adequate restful sleep) which is causing distress. Anxiolytics are often referred to as 'minor tranquillisers'. Benzodiazepines anxiolytics are the most common type used to obtain relief of severe and disabling anxiety.

Anti-depressants

These are medicines used to treat conditions such as the low or sad mood, loss of interest or pleasure in daily activities, fatigue and energy loss usually known as depression. Different drug classes are available on prescription to treat depression. All of these drugs above are prescribed under medical supervision and can only be obtained by description from a pharmacist.

Socio-economic Grouping

In the Republic of Ireland socio-economic grouping is based on a classification of occupation and coded to the Standard Occupation Classification 2000.

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). The NSSEC classification data shown in Table 21 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

Results – Ireland

Prevalence Rates and Comparisons between 2006/7 and 2010/11

Sedatives or Tranquillisers (Table 1a)

The results from the 2010/11 survey show that for adults aged 15–64 the prevalence rates for sedatives/tranquillisers in Ireland are 14% (lifetime), 7% (last year) and 3% (last month). Since the last survey in 2007, lifetime prevalence of sedatives or tranquillisers increased (+3.4 percentage points) and last year prevalence also increased (+1.8 percentage points) among all adults in Ireland.

Anti-depressants (Table 1b)

For anti-depressants, prevalence rates among adults aged 15–64 years are 10% (lifetime), 5% (last year) and 4% (last month). Lifetime and last year prevalence have changed little since the last survey. The only change found to be statistically significant was an increase of just under 1 percentage point in last month prevalence of anti-depressants (all adults; 15–64 yrs).

Gender

Sedatives or Tranquillisers (Table 1a)

Prevalence of sedatives or tranquillisers is higher among women than men for lifetime (16% vs 12%), last year (7% vs 6%) and last month (5% vs 3%) use. The results show that the difference between men and women's use in 2010/11 is statistically significant for all three prevalence measures.

Changes in prevalence of sedatives or tranquillisers were found for men and women since the last survey. The results show increased lifetime rates among men (+4.4 percentage points) and women (+2.3 percentage points) and increased last year rates among men (+2.0 percentage points) and women (+1.6 percentage points). Since the last survey there was no other statistically significant change.

Anti-depressants (Table 1b)

Use of anti-depressants in 2011 is higher among women than men for lifetime (13% vs 8%), last year (6% vs 4%) and last month (5% vs 3%) measures. The difference between men and women's lifetime, last year and last month use in 2010/11 is statistically significant.

Rates for men's lifetime use of anti-depressants increased (+2.4 percentage points) between 2007 and 2011 while no statistically significant changes are recorded among women for that period.

Age

Sedatives or Tranquillisers (Table 1a)

Results from the 2010/11 survey show that the prevalence of sedatives or tranquillisers is higher among older (35–64 yrs) than younger (15–34 yrs) adults as shown in lifetime (17% vs 10%), last year (8% vs 5%) and last month (4% vs 1%) rates.

Since the survey in 2007 there have been increases in lifetime prevalence of sedatives or tranquillisers among younger and older adults. The increase was larger among younger (+4.2 percentage points) than older adults (+2.3 percentage points). Compared to 2007, younger adults in 2011 are more likely to report last year use of sedatives and tranquilisers (+2.3 percentage points).

Anti-depressants (Table 1b)

Table 1b shows that use of anti-depressants is higher among older (35–64 yrs) than younger (15–34 yrs) adults as shown in lifetime (13% vs 7%), last year (6% vs 3%) and last month (6% vs 2%) rates.

Lifetime use of anti-depressants among older adults has increased (+2.3% percentage points) since the last survey in 2007.

Age of First Use

Sedatives or Tranquillisers (Table 2a)

Table 2a shows that among all adults (15–64 yrs) the median age of first use of sedatives or tranquillisers in 2011 is 30 years. Although the median age for all adults in 2007 was also 30 years, statistical analyses shows that median age of first use tends to be higher in 2011 when compared to 2007 (p=.025)[5].

Among men the median age is lower (28 years) than among women (30 years). Younger adults (15–34 yrs) began using sedatives or tranquillisers much earlier (22 years) than older adults (37 years). Age of first use for older adults in 2011 (37 years) is slightly higher than in 2007 (35 years). There is no change since 2007 in the median age of first use among younger adults.

Anti-depressants (Table 2b)

Table 2b shows that among all adults the median age of first use of anti-depressants is 30 years, two years lower than the median age recorded in 2007. Age of first use is lower among women (30 years) than men (34 years) and lower among younger adults (21 years) than older adults (35 years). However the distribution of median age at first use of anti-depressants in Ireland between 2007 and 2011 has not changed in a way that was statistically significant.

5 The Mann-Whitney-Wilcoxon tests are rank sum tests and not median tests. The Mann-Whitney-Wilcoxon tests rank all of the observations from both groups and then sums the ranks from one of the groups which is compared with the expected rank sum. It is possible, although not very common, for groups to have different rank sums and yet have equal or nearly equal medians.

Frequency of Use

Sedatives or Tranquillisers (Table 3a)

Table 3a shows that of those currently using sedatives or tranquillisers, more than half (53%) reported taking them on 20 or more of the 30 days before the survey (highest frequency use category). Since 2007 there has been a decline (-3.8 percentage points) in the share reporting the highest frequency use category and an increase in the share reporting the other frequency use categories.

Women are marginally more likely than men to report the high frequency use category in 2011 (54% vs 53%). This marks a change from 2007 when high frequency use was substantially higher among women. The narrowing between women and men's propensity for high frequency use is mainly due to the lower share of women (-6.2 percentage points) reporting high frequency use in 2011 when compared to 2007.

Table 3a shows that older adults (35–64 yrs) are more likely than younger adults (15–34 yrs) to report high frequency use of sedatives or tranquillisers in 2011 (59% vs 23%). However the greater propensity to report high frequency in 2011 is due largely to the decline among younger adults (-18.7 percentage points) reporting high frequency use of sedatives or tranquillisers since the last survey[6].

Anti-depressants (Table 3b)

Of those who currently take anti-depressants, the vast majority (92%) reported using them on 20 or more of the 30 days before the survey. The 2011 results show that women (94%) are more likely to report high frequency use of anti-depressants than men (90%). Rates are very similar for younger (15–34 yrs) and older (35–64 yrs) adults (92% vs 93%).

Method of Taking Sedatives or Tranquillisers and Anti-depressants (Table 4)

Sedatives or Tranquillisers

The results presented in Table 4 show that of those who currently take sedatives or tranquillisers the majority (98%) take them in oral form (i.e. tablets or syrup). Women are marginally more likely than men to report this method (99% vs 98%) and the rates are the same for younger (15–34 yrs) and older (35–64 yrs) adults (98% for both age groups). Just less than 2% of current users reported injecting sedatives or tranquillisers in 2011.

Anti-depressants

Of current users an overwhelming majority (100%) said they consumed anti-depressants in oral form (tablets or syrup) (Table 4).

How Sedatives or Tranquillisers and Anti-depressants were Obtained (Table 5)

Sedatives or Tranquillisers

Results (Table 5) show that the most common way current users obtain sedatives or tranquillisers is by prescription: Compared with women (93%), men (98%) are more likely to get sedatives or tranquillisers on prescription and older adults (96%) are more likely than younger adults (90%) to do so.

A relatively small share (3%) said they bought sedatives or tranquillisers without prescription in a chemist and this response was more common among women (4%) than men (1%) and more common among older (3%) than younger (0%) adults.

Of current users, 2% obtain sedatives or tranquillisers from someone they know. Younger adults are more likely than older adults to report this (10% vs 1%): this is a large change in the age group profiles reporting this method in 2007 (13% and 6%). No respondents reported using the internet to purchase sedatives or tranquilisers and this is unchanged since 2007.

Anti-depressants

Among people currently taking anti-depressants in Ireland the most common method is by prescription (98%). Women and men are almost equally likely to report this method (98% vs 97%) while a greater share of older adults (99%) than younger adults (95%) reported using prescription. A far smaller share reported buying anti-depressants without a prescription from a chemist (2%). Compared to women, men were more likely to buy without prescription from a chemist (3% vs 1%) and this response was also more likely among younger (3%) than older adults (1%). No respondents reported using the internet to purchase anti-depressants and this is unchanged since 2007[7].

6 The number of young adults (15–34 yrs) who are current users of sedatives or tranquillisers in this survey sample is very small. It should be noted that the precision of the estimates for frequency of use is affected by this small number. For this reason points estimates should be interpreted with caution.

7 These figures for 2007 are not reported in Table 5. For further information please see NACD Bulletin 6 *Drug Use in Ireland and Northern Ireland: 2006/2007 Drug Prevalence Survey: Sedatives or Tranquillisers and Anti-depressants Results*.

User profile

Sedatives or Tranquillisers and Anti-depressants Prevalence by Socio-economic Group (SOC2000 Classification) (Table 6)

Sedatives or Tranquillisers

Table 6 shows the prevalence for sedatives or tranquillisers in 2011 broken down by socio-economic group. The results show that prevalence is highest among Groups E (*All those dependent on the state long-term*) and A (*Professionals, Senior management and top civil servants*). For Group E prevalence rates are 19% (lifetime), 11% (last year) and 7% (last month). Group A prevalence rates are 18% (lifetime), 11% (last year) and 3% (last month). In comparison lifetime and last year rates are lower in the remaining groups (Groups B-D). The association between the prevalence of sedatives or tranquillisers and socio-economic group is statistically significant (p=.000) for each prevalence measure.

Anti-depressants

Table 6 shows that people in Group E in Ireland (*All those dependent on the state long-term*) are most likely to report use of anti-depressants. Prevalence rates for anti-depressants for Group E are 19% for lifetime, 10% for last year and 9% for last month use. In contrast Group A (*Professionals, Senior Management and top Civil Servants*) is least likely to use anti-depressants: prevalence rates for Group A are 8% for lifetime, 2% for last year and 2% for last month use. The association between prevalence of anti-depressants and socio-economic group is statistically significant (p=.000).

Work Status (Table 7)

Sedatives or Tranquillisers

Table 7 presents 2011 results for prevalence of sedatives or tranquillisers according to the work status of survey respondents. These results show that prevalence of sedatives or tranquillisers in 2011 is highest among those not in paid work and for this group prevalence rates are 19% (lifetime), 11% (last year) and 7% (last month).

For the remaining groups, lifetime rates for sedatives or tranquillisers are higher among those in paid work (13%) than among students (10%). Last year prevalence is the same for students and people in paid work (6% for both) while last month rates are slightly higher for students (3% vs 2%). This pattern is supported by statistically significant results for each of the prevalence measures (p=.000).

Anti-depressants

Results in Table 7 outline the association between use of anti-depressants and respondents' work status. The results show that people who are not in paid work are most likely to use anti-depressants in 2011: For this group prevalence rates for anti-depressants are 17% (lifetime) 10% (last year) and 8% (last month). Lower 2011 prevalence rates are found for those who are in paid work: 9% (lifetime), 4% (last year) and 3% (last month). Of the three groups the lowest rates for anti-depressant use are among students: lifetime (9%), last year (3%) and last month (less than 1%). The association between prevalence of anti-depressants and work status is statistically significant (p=.000).

Housing Tenure (Table 8)

Sedatives or Tranquillisers

Table 8 sets out prevalence of sedatives or tranquillisers according to different types of housing tenure. For all prevalence types, the rates for sedatives or tranquillisers are highest for the group that is *'Renting from local authority/housing agent'*: For this group rates are 20% (lifetime), 10% (last year) and 6% (last month). The group next most likely to use sedatives or tranquillisers are those who own property (*in part or full*): Table 8 shows that prevalence rates for this group are 14% (lifetime), 7% (last year) and 3% (last month). Prevalence of sedatives or tranquillisers in Ireland is lowest among those renting from a private landlord, followed by the 'other' category. The association between prevalence of sedatives or tranquillisers and housing tenure is statistically significant (p=.000).

Anti-depressants

Table 8 also outlines prevalence of anti-depressants in Ireland in 2011 according to different types of housing tenure. The results shows that use of anti-depressants is highest among those who are *renting from local authority/housing agent* and the prevalence rates are 22% (lifetime), 12% (last year) and 11% (last month). Rates are lower for those who own property (*in part or in full*) at 10% (lifetime), 4% (last year) and 4% (also for last month). The association between prevalence of anti-depressants and housing tenure is statistically significant (p=.000).

Age Ceased Education (Table 9)

Sedatives or Tranquillisers

Table 9 outlines the prevalence of sedatives or tranquillisers according to age at which people ceased formal education. The results show that prevalence of sedatives or tranquillisers is highest among those who left school earliest (15 years and under). For this group rates are 20% (lifetime), 10% (last year) and 7% (last month). For those who ceased education between 16–19 years prevalence rates are 14% (lifetime), 7% (last year) and 4% last month. These are similar to those who ceased education at 20 years and older: 15% (lifetime), 7% (last year) and 2% (last month). The association between prevalence of sedatives or tranquillisers and aged ceased formal education is statistically significant (p=.000).

Anti-depressants

Table 9 outlines the prevalence of anti-depressants by the age respondents ceased their formal education. The pattern of results shows use of anti-depressants decreases with number of years in education. Those who left school earliest (15 years and under) are most likely to use anti-depressants (p=.000). The prevalence rates for those who left school at 15 years or under are: 19% (lifetime), 10% (last year) and 9% (last month).

The lifetime rates for anti-depressants among those who left school at 16–19 years are the same as the rates for those who left at 20 years and over (11% for both) while last year and last month rates are slightly higher for those who left school at 16–19 years: last year (6% vs 4%) and last month (5% vs 3%).

Highest Qualification Level Attained (Table 10)

Sedatives or Tranquillisers

Table 10 presents prevalence of sedatives or tranquillisers according to respondents' highest level of qualification. Lifetime rates are highest for those with third level education at 16%. In contrast the other prevalence rates were highest for those with primary education at 7% (last year) and 5% (last month). The association between prevalence of sedatives or tranquillisers and level of qualification is statistically significant (p=.000).

Anti-depressants

Table 10 presents prevalence of anti-depressants by highest level of qualification attained. The results for 2011 show that use of anti-depressants is highest among those who attained primary level as their highest qualification level: Lifetime rate for this group is 12% while for those with upper secondary and third level qualifications, lifetime rates are about 10% (each). Last year anti-depressant use is 7% for those with primary as their highest qualification level; again higher than the rate for those who attained secondary or third level qualifications (5% each). Finally last month prevalence for those whose highest qualification attained is primary level is 6%, lower than the other qualification level groups (about 4% for each group).

The differences with regard to use of anti-depressants between those with primary and those with higher levels of education completed are not statistically significant.

Marital Status (Table 11)

Sedatives or Tranquillisers

Table 11 sets out 2011 prevalence for sedatives or tranquillisers according to survey respondents' marital status. About one quarter of those classified as widowed, divorced and separated reported taking sedatives or tranquillisers on a lifetime basis (29%, 25% and 24%). Last year rates were also highest for these groups (15%, 17% and 11%) as are last month rates (11%, 12% and 8%).

Rates for sedatives or tranquillisers are higher among married than single people for lifetime (14% vs 11%) and last month (3% vs 2%) measures. However once the effects of age and gender are controlled[8], single people are significantly more likely to use sedatives or tranquillisers than married people on a lifetime (p=.000), last year (p=.001) and last month (p=.012).

Comparing cohabiting and married groups, lifetime rates are slightly higher among those co-habiting than married (16% vs 14%); last year rates are also higher among the cohabiting than married (8% vs 6%) groups. Table 11 shows that last month prevalence of sedatives or tranquillisers is lower among married people (2.9% vs 2.0%). The association between prevalence of sedatives or tranquillisers and marital status is statistically significant (p=.000).

Anti-depressants

Table 11 sets out 2011 prevalence for anti-depressants by marital status. Prevalence is highest among respondents who are divorced and the rates are lifetime (26%), last year (15%) and last month (12%). Prevalence rates for anti-depressants are lowest among those who are single: lifetime (11%), last year (6%) and last month (2%). The pattern of results for prevalence of anti-depressants is statistically significant for all prevalence measures (p=.000).

Rates among married people are higher than those for single people and this applies to lifetime (11% vs 8%), last year (5% vs 4%) and last month (4% vs 3%). However once the effects of age and gender are controlled[8], results show that single people are significantly more likely than married people to take anti-depressants (p=.000) and this holds for lifetime, last year and last month prevalence measures.

8 The results controlled for age and gender effects are not reported in the tables of this bulletin.

Results – Northern Ireland

Age

Sedatives or Tranquillisers (Table 14a)

In 2010/11, over one in five respondents (21%) aged 15–64 reported that they had used sedatives or tranquillisers at some point in their lives, 11% had used them in the last year and 8% had used them in the last month.

There were no significant differences between 2006/7 and 2010/11 in relation to the categories of all adults, males, females, young adults (15–34 yrs) and older adults (35–64 yrs), for any of the prevalence rates.

Anti-depressants (Table 14b)

Over one fifth (22%) of all adults in 2010/11 reported lifetime use of anti-depressants, 12% had used them in the last year and 10% had used them in the last month.

Last year prevalence between all adults was statistically significant between 2006/7 and 2010/11 – an increase of 2.9 percentage points. Significant increases were also found for male respondents (+3.1 percentage points) and in relation to older adults (35–64 yrs) (+4.0 percentage points).

There were significant differences in relation to last month prevalence rates between 2006/7 and 2010/11. These were found between all adults (+2.7 percentage points), males (+3.4 percentage points) and older adults (+4.0 percentage points).

There were no significant differences between 2006/7 and 2010/11 for the categories of all adults, males, females, young adults (15–34 yrs) and older adults (35–64 yrs) for lifetime prevalence.

Age of First Use

Sedatives or Tranquillisers (Table 15a)

The average (median) age[9] that all adults reported they had first used sedatives or tranquillisers was 32 years in 2010/11 – 32 years for females and 31 years for males. Young adults (15–34 yrs), on average reported first using these drugs at 20 years, while older adults (35–64 yrs), on average reported first using these drugs at 38 years.

There was a significant difference in relation to the age that young adults had first taken sedatives or tranquillisers between 2006/7 and 2010/11 (p=0.049). However, this figure is close to the 0.05 level of significance and caution should be exercised here as this may result in a Type I error (i.e. when the null hypothesis has been rejected when there is in fact no difference in the samples between 2006/7 and 2010/11). Conversely, although there was no difference between males for the years 2006/7 and 2010/11 the probability (p=0.054) is also close to the 0.05 level of significance and there is therefore the potential of creating a Type II error (i.e. rejecting the null hypothesis when it is false).

There were no significant differences in relation to all adults, females and older adults between 2006/7 and 2010/11.

Anti-depressants (Table 15b)

In 2010/11, the average age that respondents aged 15–64 years reported they had first used anti-depressants was 32 years; the corresponding age for males was 35 years and the corresponding age for females was 32 years. Young adults (15–34 yrs) reported first having used anti-depressants at 20 years while older adults (35–64 yrs) reported first using these at 37 years.

There were no significant differences in relation to all adults, males, females, young adults or older adults (35–64 yrs), between 2006/7 and 2010/11.

Frequency of Use

Sedatives or Tranquillisers (Table 16a)

Over two thirds (69%) of current users aged 15–64 reported that they used sedatives or tranquillisers on a daily or almost daily basis. The proportions for males and females were 70% and 69% respectively. Older adults (35–64 years) were more likely to use tranquillisers or sedatives on a daily basis than younger adults (15–34 years) – 73% compared with 55%.

There were no significant differences in relation to frequency of use for all adults, males, females, young adults (15–34 yrs) and older adults (35–64 yrs), between 2006/7 and 2010/11.

Anti-depressants (Table 16b)

Almost all (94%) current users of anti-depressants take them on a daily or almost daily basis. Similar proportions of females (94%) and males (93%) reported that this was the case. A higher proportion of older adults (95%) than young adults (89%) reported daily or almost daily consumption.

There were no significant differences in relation to frequency of use for all adults, males, females, young adults (15–34 yrs) and older adults (35–64 yrs), between 2006/7 and 2010/11.

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

Method of Taking Sedatives or Tranquillisers and Anti-depressants (Table 17)

Sedatives or tranquillisers

Almost all (99%) current users of sedatives or tranquillisers reported that they took these drugs orally – 100% of females and 98% of males. Similar proportions of older adults (35–64 yrs) and young adults (15–34 years) reported that this was the case – 99% and 100% respectively.

Anti-depressants

Almost all (99%) current users of anti-depressants did so orally – 100% of males and 99% of females. The proportions for young adults (15–34 yrs) and older adults (35–64 yrs) were 100% and 99% respectively.

How Sedatives or Tranquillisers and Anti-depressants were Obtained (Table 18)

All current users of sedatives or tranquillisers and anti-depressants were asked how they had obtained their drugs.

Sedatives or Tranquillisers

The vast majority (95%) of current users of sedatives and tranquillisers had got them on prescription. A further 3% had got these from someone they knew and 2% bought these from a chemist without a prescription. No current sedative or tranquilliser user reported buying these over the internet. A higher proportion of females (97%) than males (93%) got tranquillisers or sedatives on prescription. A higher proportion of older adults (35–64 yrs) than younger adults (15–34 yrs) got these drugs on prescription – 98% compared with 83%. No older adults reported getting sedatives or tranquillisers from someone they knew, while 14% of young adults reported that this was the case.

Anti-depressants

Almost all (99%) current users of anti-depressants got them on prescription, 0.3% got them from someone they knew and 1% bought them over the counter in a chemist without a prescription. No current user reported buying anti-depressants over the internet. All males got their anti-depressants on prescription and 98% of female current users reported that this was the case. Almost 100% of older adults (35–64 yrs) and 95% of young adults (15–34 yrs) reported getting anti-depressants on prescription. Four percent of young adults reported buying anti-depressants in a chemist without a prescription compared with 0.3% of older adults.

User Profile

Gender (Table 19)

Sedatives or Tranquillisers

Females had higher prevalence rates than males for all prevalence periods. For lifetime prevalence, this was 24% for females compared with 17% for males; the last year prevalence rate was 13% for females and 9% for males; and the last month prevalence rate was 9% for females and 7% for males.

There were significant differences between males and females for lifetime prevalence and last year prevalence.

Anti-depressants

Females reported higher prevalence rates than males for lifetime (28% vs 15%), last year (15% vs 9%) and last month (13% vs 8%) prevalence rates.

There were significant differences between males and females for all prevalence periods.

Age (Table 20)

Sedatives or Tranquillisers

The lifetime prevalence rate for those aged 35–64 (26%) was almost twice that of those aged 15–34 years (14%). Older adults were also more than twice as likely as young adults to have used sedatives or tranquillisers in the last year (14% vs 6%) and almost three times as likely to have used them in the last month (11% vs 4%).

There were significant differences between young adults (15–34 yrs) and older adults (35–64 yrs) for all prevalence periods.

Anti-depressants

Similar results were found for anti-depressants, with older adults more likely than young adults to have used them at some point in their lives, in the last year and in the last month. The lifetime prevalence rate for those aged 35–64 (28%) was twice that of those aged 15–34 years (14%). Older adults had higher last year (16% vs 7%) and last month (14% vs 5%) prevalence rates than young adults.

There were significant differences between young adults (15–34 yrs) and older adults (35–64 yrs) for all prevalence periods.

National Statistics Socio-economic Classifications (NSSEC) (Table 21)

Sedatives or Tranquillisers

In relation to lifetime prevalence, there was a higher proportion (27%) of those who had never worked and were long-term unemployed using sedatives or tranquillisers, than any other socio-economic category. This was followed by intermediate occupations and semi-routine and routine occupations (both 24%). Those classified as being small employers and own account workers were least likely to have used sedatives or tranquillisers on a lifetime basis (18%).

In terms of recent use of sedatives or tranquillisers, the highest prevalence rates were among those who had never worked and were long-term unemployed and those in semi-routine and routine occupations (both 15%). This was followed by the classification of lower supervisory and technical occupations (13%). In contrast, those in managerial and professional occupations (9%) were least likely to have used sedatives or tranquillisers in the last year.

Those in semi-routine and routine occupations and those who had never worked and were long-term unemployed (both 11%) had the highest last month usage of tranquillisers or sedatives. This was closely followed by lower supervisory and technical occupations (10%). Those in managerial and professional occupations were least likely to have used sedatives or tranquillisers (5%) in the last month.

The association between prevalence of sedatives or tranquillisers and socio-economic classification is statistically significant (p=0.000) at all three prevalence levels.

Anti-depressants

Approximately one third (33%) of those who had never worked or were long-term unemployed had taken anti-depressants at least once in their lives. This was followed by those in semi-routine and routine occupations (27%). Small employers and own account workers (17%) were less likely than other socio-economic groups to have lifetime prevalence of anti-depressants.

The highest last year prevalence rate for anti-depressants was among those who had never worked or were long-term unemployed (22%). This was followed by those in semi-routine and routine occupations (16%) and those classified as lower supervisory and technical occupations (13%).

Like lifetime and last year prevalence rates, those who had never worked or were long-term unemployed had the highest last month prevalence rate (17%). This was followed by those in semi-routine and routine occupations (14%) and those in intermediate occupations (10%). Those in managerial and professional occupations were least likely to have used anti-depressants during the last month (8%).

The association between prevalence of anti-depressants and socio-economic classification is statistically significant (p=0.000) at all three prevalence levels.

Work Status (Table 22)

Sedatives or Tranquillisers

In relation to sedatives or tranquillisers, those not in paid employment had higher prevalence rates than those in paid employment for all three time periods – lifetime (35% vs 16%), last year (24% vs 6%) and last month (19% vs 3%).

Anti-depressants

This trend was also true for anti-depressants. In relation to lifetime prevalence this was 38% for those not in paid employment compared with 16% for those in paid employment. A quarter (25%) of those who were not in paid employment reported recent usage of anti-depressants compared with 7% of those in employment. Over one fifth (22%) of those who were not in paid employment had taken anti-depressants in the last month compared with 5% of those in paid employment.

Housing Tenure (Table 23)

Sedatives or Tranquillisers

Those who rented from a housing association (38%) and those who rented from the Northern Ireland Housing Executive (NIHE) (34%) were more likely to report lifetime prevalence of sedatives or tranquillisers than people living in all other types of housing tenure. This was also true for those who reported last year prevalence of sedatives or tranquillisers; 28% for those renting from a housing association and 21% for those renting from NIHE. Current users were also more likely to have rented from NIHE or a housing association (both 19%) than from other types of housing tenure.

The association between prevalence of sedatives or tranquillisers and housing tenure is statistically significant (p=0.000) at all three prevalence levels.

Anti-depressants

Over two-fifths (41%) of those respondents who rented from NIHE had taken anti-depressants at least once in their lifetime. This was followed by 35% of those who rented from a housing association and 24% of those who rented privately. This trend was also true for those who reported recent use and current use of anti-depressants. In relation to recent users, 28% rented from NIHE and 22% rented from a housing association. With regards to current use, 25% rented from NIHE and 16% rented from a housing association.

The association between prevalence of anti-depressants and housing tenure is statistically significant (p=0.000) at all three prevalence levels.

Education Level (Table 24)

Sedatives or Tranquillisers

Respondents who had no qualifications had higher lifetime (27%), last year (17%) and last month (15%) prevalence rates of sedatives or tranquillisers, than other respondents.

The association between prevalence of sedatives or tranquillisers and education level is statistically significant (p=0.000) at all three prevalence levels.

Anti-depressants

Persons who had no qualifications were also more likely to report use of anti-depressants for lifetime (29%), last year (18%) and last month (16%) than those with qualifications.

The association between prevalence of anti-depressants and education level is statistically significant (p=0.000) at all three prevalence levels.

Marital Status (Table 25)

Sedatives or Tranquillisers

A higher proportion of divorced, widowed and separated persons had taken sedatives or tranquillisers for all three time periods than those in other marital status categories.

The association between prevalence of sedatives or tranquillisers and marital status is statistically significant (p=0.000) at all three prevalence levels.

Anti-depressants

This trend was also found in relation to anti-depressants. A higher proportion of respondents who were divorced, widowed and separated had taken anti-depressants in all three time periods than those in other marital status categories.

The association between prevalence of anti-depressants and marital status is statistically significant (p=0.000) at all three prevalence levels.

Ireland

Table 1a: Sedatives or Tranquillisers – Prevalence Rates (%)

	All adults 15–64		Males		Females		Young adults 15–34		Older adults 35–64	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total Weighted N (valid responses)	**4967**	**5127**	**2513**	**2553**	**2454**	**2574**	**2315**	**2254**	**2652**	**2873**
Lifetime Prevalence (Ever used)	10.5	13.9[a]	8.0	12.4[a]	13.2	15.5[abc]	5.9	10.1[a]	14.6	16.9[a]
Last Year Prevalence (Recent use)	4.7	6.5[a]	3.7	5.7[a]	5.7	7.3[ac]	2.5	4.8[a]	6.5	7.8
Last Month Prevalence (Current use)	3.0	2.8	2.4	2.3	3.5	3.3[bc]	1.3	1.0	4.4	4.1

a Denotes a statistically significant change ($p<0.05$) between 2006/7 and 2010/11.
b Denotes a statistically significant difference between men and women in 2006/7.
c Denotes a statistically significant difference between men and women in 2010/11.

Due to weighting, gender and/or age categories do not always sum to 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 1b: Anti-depressants – Prevalence Rates (%)

	All adults 15–64		Males		Females		Young adults 15–34		Older adults 35–64	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total Weighted N (valid responses)	**4967**	**5124**	**2513**	**2553**	**2454**	**2571**	**2315**	**2253**	**2652**	**2872**
Lifetime Prevalence (Ever used)	9.2	10.4	5.9	8.3[a]	12.5	12.5[bc]	7.1	6.8	10.9	13.2[a]
Last Year Prevalence (Recent use)	4.3	4.8	3.0	4.0	5.6	5.6[bc]	3.2	3.0	5.2	6.2
Last Month Prevalence (Current use)	3.1	4.0[a]	2.3	3.2	3.9	5.0[bc]	2.2	2.3	3.9	5.5

a Denotes a statistically significant change ($p<0.05$) between 2006/7 and 2010/11.
b Denotes a statistically significant difference between men and women in 2006/7.
c Denotes a statistically significant difference between men and women in 2010/11.

Due to weighting, gender and/or age categories do not always sum to 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 2a: Age of First Use of Sedatives or Tranquillisers (All Users)

	All adults 15–64		Males		Females		Young adults 15–34		Older adults 35–64	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total Weighted N (valid responses)	**524**	**690**	**201**	**301**	**323**	**388**	**136**	**224**	**388**	**466**
Median age of first use[b]	30	30[a]	29	28	31	30	22	22	35	37

a Denotes a statistically significant change ($p<0.05$) between 2006/7 and 2010/11.
b Median is used as a measure of central tendency to avoid extreme values skewing results.

Due to weighting, gender and/or age categories do not always sum to 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 2b: Age of First Use of Anti-depressants (All Users)

	All adults 15–64		Males		Females		Young adults 15–34		Older adults 35–64	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total Weighted N (valid responses)	**455**	**530**	**149**	**211**	**306**	**319**	**164**	**152**	**290**	**378**
Median age of first use[b]	32	30	34	34	30	30	21	21	35	35

a Denotes a statistically significant change ($p<0.05$) between 2006/7 and 2010/11.

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

Due to weighting, gender and/or age categories do not always sum to 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 3a: Frequency of Use of Sedatives or Tranquillisers per month (Current Users) (%)

	All adults 15–64		Males		Females		Young adults 15–34		Older adults 35–64	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total Weighted N (valid responses)	**147**	**142**	**60**	**58**	**87**	**85**	**29**	**24**	**118**	**119**
20 days or more	57.1	53.3	53.3	52.8	59.8	53.6	41.4	22.7	61.0	59.3
10–19 days	6.2	7.2	5.0	7.9	6.9	6.7	3.4	14.1	6.8	5.8
4–9 days	17.0	17.7	16.7	18.1	17.2	17.4	17.2	29.6	16.9	15.3
1–3 days	19.7	21.9	25.0	21.3	16.1	22.3	37.9	33.7	15.3	19.6

a Denotes a statistically significant change ($p<0.05$) between 2006/7 and 2010/11.

† Wald F-test for statistical significance ($p<.001$) [ordinal regression] that all groups are equal.

Due to weighting, gender and/or age categories do not always sum to 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 3b: Frequency of Use of Anti-depressants per month (Current Users) (%)

	All adults 15–64		Males		Females		Young adults 15–34		Older adults 35–64	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total Weighted N (valid responses)	**152**	**209**	**56**	**80**	**94**	**129**	**51**	**51**	**101**	**158**
20 days or more	91.1	92.4	87.5	89.5	94.7	94.3	92.2	92.3	90.1	92.5
10–19 days	4.9	3.0	7.1	3.8	3.2	2.5	5.9	0.0	5.0	4.0
4–9 days	1.8	3.3	1.8	3.5	1.1	3.2	2.0	7.7	2.0	1.9
1–3 days	2.2	1.2	3.6	3.1	1.1	0.0	0.0	0.0	3.0	1.6

a Denotes a statistically significant change ($p<0.05$) between 2006/7 and 2010/11.

† Wald F-test for statistical significance ($p<.001$) [ordinal regression] that all groups are equal.

Due to weighting, gender and/or age categories do not always sum to 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 4: Method of Taking Sedatives or Tranquillisers and Anti-depressants (Current Users) (%)

	Sedatives or Tranquillisers					Anti-depressants				
	All adults 15–64	**Male**	**Female**	**Young adults 15–34**	**Older adults 35–64**	**All adults 15–64**	**Male**	**Female**	**Young adults 15–34**	**Older adults 35–64**
Total Weighted N (valid responses)	**142**	**58**	**85**	**24**	**119**	**209**	**80**	**129**	**51**	**158**
Oral (Tablets or Syrup)	98.4	97.8	98.7	98.0	98.4	99.8	100	99.7	100	99.7
Injection with a Needle	1.6	2.2	1.3	2.0	1.6	0.2	0.0	0.3	0.0	0.3
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Due to weighting, gender and/or age categories do not always sum to 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: How Sedatives or Tranquillisers and Anti-depressants were Obtained (Current Users) (%)

	Sedatives or Tranquillisers					Anti-depressants				
	All adults 15–64	**Male**	**Female**	**Young adults 15–34**	**Older adults 35–64**	**All adults 15–64**	**Male**	**Female**	**Young adults 15–34**	**Older adults 35–64**
Total Weighted N (valid responses)	**140**	**58**	**83**	**24**	**117**	**209**	**80**	**129**	**51**	**158**
Got them on prescription	95.2	98.0	93.3	89.7	96.3	97.8	96.9	98.3	95.1	98.6
Got from someone I know	2.3	1.0	3.1	10.4	0.6	0.4	0.4	0.4	1.6	0.0
Bought without prescription in chemist	2.5	1.0	3.6	0.0	3.1	1.9	2.7	1.3	3.4	1.4
Bough them over the Internet	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Due to weighting, categories do not always sum to 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: Sedatives or Tranquillisers and Anti-depressants Prevalence by Socio-economic Group (SOCO2000 Classification) (%)

SOC2000 Classification	Sedatives or Tranquillisers			Anti-depressants		
	Lifetime† (Ever Used)	Last Year† (Recent Use)	Last Month† (Current Use)	Lifetime† (Ever Used)	Last Year† (Recent Use)	Last Month† (Current Use)
Total Weighted N (valid responses)	**5083**	**5083**	**5083**	**5080**	**5079**	**5079**
A. Professional, senior management, top civil servants	17.7	11.4	2.8	7.7	2.2	2.2
B. Middle management, senior civil servants, managers and owners of own business	13.8	5.9	2.0	9.0	4.1	3.3
C1 Junior management and owners of small business	12.9	5.2	2.0	9.2	4.1	3.4
C2. Skilled manual workers and manual workers responsible for other workers	12.9	5.8	2.3	8.8	3.7	3.3
D Semi-skilled and unskilled manual workers, trainees and apprentices	12.7	6.5	2.4	9.6	3.9	3.3
E. All those dependent on the State long-term	19.2	10.7	6.7	18.6	10.4	9.1

† Wald F-test for statistical significance ($p<.001$) [logistic regression] that all groups are equal.

Due to weighting, work status categories do not always sum to 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 7: Sedatives or Tranquillisers and Anti-depressants Prevalence by Work Status (%)

	Sedatives or Tranquillisers			Anti-depressants		
	Lifetime† (Ever Used)	Last Year† (Recent Use)	Last Month† (Current Use)	Lifetime† (Ever Used)	Last Year† (Recent Use)	Last Month† (Current Use)
Total Weighted N (valid responses)	**4909**	**4909**	**4909**	**4907**	**4906**	**4906**
In paid work	12.7	5.6	1.9	9.0	3.8	3.3
Not in paid work	18.9	10.6	6.7	17.3	9.5	8.2
Student	9.6	5.8	2.5	8.7	3.0	0.8
Other	0.0	0.0	0.0	0.0	0.0	0.0

† Wald F-test for statistical significance ($p<.001$) [logistic regression] that all groups are equal.

Due to weighting, gender and/or age categories do not always sum to 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 8: Sedatives or Tranquillisers and Anti-depressants Prevalence by Housing Tenure (%)

	Sedatives or Tranquillisers			Anti-depressants		
	Lifetime† (Ever Used)	Last Year† (Recent Use)	Last Month† (Current Use)	Lifetime† (Ever Used)	Last Year† (Recent Use)	Last Month† (Current Use)
Total Weighted N (valid responses)	**5069**	**5069**	**5069**	**5066**	**5065**	**5065**
Owned in part or full	14.3	6.6	2.6	9.9	4.4	3.9
Rented from private landlord	10.7	5.0	2.4	8.3	3.6	2.5
Rented from LA/HA	19.6	10.4	5.9	21.5	11.6	10.5
Other	6.9	3.9	0.0	1.8	1.8	0.0

† Wald-F test for statistical significance (p<.001) [logistic regression] that all groups are equal.

Due to weighting, work status categories do not always sum to 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 9: Sedatives or Tranquillisers and Anti-depressants Prevalence by Age Education Ceased (%)

	Sedatives or Tranquillisers			Anti-depressants		
	Lifetime†,†† (Ever Used)	Last Year†,†† (Recent Use)	Last Month†,†† (Current Use)	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
Total Weighted N (valid responses)	**3892**	**3892**	**3892**	**3891**	**3890**	**3890**
15 years and under	20.4	9.5	6.9	18.7	10.4	9.1
16–19 years	14.4	7.0	3.6	10.9	5.5	4.9
20 years and over	15.1	6.7	1.9	10.5	4.0	3.3

† Wald-F test for statistical significance (p<.001) [logistic regression] that all groups are equal.

†† Wald-F significance test (p<.001) that the prevalence among those who ceased education at 15 years and under, is larger than among those who ceased education at 16 years and over.

Due to weighting, gender and/or age categories do not always sum to 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: Sedatives or Tranquillisers and Anti-depressants Prevalence by Highest Qualification Level Attained (%)

	Sedatives or Tranquillisers			Anti-depressants		
	Lifetime† (Ever Used)	Last Year† (Recent Use)	Last Month† (Current Use)	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
Total Weighted N (valid responses)	**5087**	**5087**	**5087**	**5084**	**5083**	**5083**
Primary	13.9	7.1	4.5	12.3	7.1	5.9
Lower second level	13.4	6.3	3.4	10.0	4.7	4.0
Upper second level	11.1	6.0	2.4	9.7	4.6	4.2
Third level	15.6	6.6	2.3	10.6	4.5	3.7

† Wald F-test for statistical significance ($p<.001$) [logistic regression] that all groups are equal.

Due to weighting, gender and/or age categories do not always sum to 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 11: Sedatives or Tranquillisers and Anti-depressants Prevalence by Marital Status (%)

	Sedatives or Tranquillisers			Anti-depressants		
	Lifetime† (Ever Used)	Last Year† (Recent Use)	Last Month† (Current Use)	Lifetime† (Ever Used)	Last Year† (Recent Use)	Last Month† (Current Use)
Total Weighted N (valid responses)	**5121**	**5121**	**5121**	**5119**	**5118**	**5118**
Single	11.4	5.6	1.8	8.2	4.2	3.3
Married	14.2	6.3	2.9	10.6	4.5	4.1
Co-habiting	15.6	7.6	2.0	13.0	5.2	4.7
Separated	24.3	10.6	8.2	19.0	10.1	8.0
Divorced	25.3	16.9	12.3	26.4	15.0	11.5
Widowed	29.4	15.0	11.2	11.3	7.6	5.6

† Wald F-test of statistical significance ($p<.001$) [logistic regression] that all groups are equal.

Due to weighting marital status categories do not sum to the 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.

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Table 14a: Sedatives or Tranquillisers – Prevalence Rates (%)

	All adults 15–64		Males		Females		Young adults 15–34		Older adults 35–64	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total Weighted N (valid responses)	**2002**	**2535**	**993**	**1262**	**1009**	**1272**	**844**	**1069**	**1150**	**1463**
Lifetime Prevalence (Ever used)	20.2	20.7	18.1	17.2	22.3	24.1	11.7	13.6	26.5	25.8
Last Year Prevalence (Recent use)	9.2	11.0	8.2	9.4	10.2	12.7	4.6	6.4	12.6	14.3
Last Month Prevalence (Current use)	7.1	8.0	5.7	7.3	8.4	8.7	2.3	3.6	10.7	11.2

Due to weighting, gender and/or age categories do not always sum to 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 14b: Anti-depressants – Prevalence Rates (%)

	All adults 15–64		Males		Females		Young adults 15–34		Older adults 35–64	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total Weighted N (valid responses)	**2000**	**2535**	**992**	**1263**	**1009**	**1272**	**843**	**1069**	**1150**	**1464**
Lifetime Prevalence (Ever used)	21.0	21.9	13.4	15.3	28.4	28.4	13.6	13.6	26.6	28.0
Last Year Prevalence (Recent use)	9.1	12.0[a]	5.8	8.9[a]	12.4	15.2	5.8	7.1	11.7	15.7[a]
Last Month Prevalence (Current use)	7.5	10.2[a]	4.2	7.6[a]	10.7	12.8	4.2	5.0	10.0	14.0[a]

a Denotes a significant change ($p<0.05$) between 2006/7 and 2010/11.

Due to weighting, gender and/or age categories do not always sum to 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 15a: Age of First Use of Sedatives or Tranquillisers (All Users) (%)

	All adults 15–64		Males		Females		Young adults 15–34		Older adults 35–64	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total Weighted N (valid responses)	**404**	**519**	**179**	**215**	**225**	**307**	**99**	**144**	**304**	**377**
Median age of first use[b]	30	32	30	31	30	32	18	20[a]	35	38

Due to weighting, gender and/or age categories do not always sum to 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 15b: Age of First Use of Anti-depressants (All Users) (%)

	All adults 15–64		Males		Females		Young adults 15–34		Older adults 35–64	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total Weighted N (valid responses)	**419**	**554**	**132**	**193**	**287**	**361**	**114**	**145**	**305**	**409**
Median age of first use[b]	32	32	34	35	31	32	21	20	37	37

a Significant change ($p<0.05$) between 2006/7 and 2010/11.

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

Due to weighting, gender and/or age categories do not always sum to 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 16a: Frequency of Use of Sedatives or Tranquillisers per Month (Current Users) (%)

	All adults 15–64		Males		Females		Young adults 15–34		Older adults 35–64	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total Weighted N (valid responses)	**142**	**203**	**57**	**92**	**85**	**111**	**19**	**38**	**123**	**164**
20 days or more	65.6	69.1	50.2	69.6	75.8	68.7	51.1	54.9	67.8	72.9
10–19 days	7.2	9.0	11.7	7.7	4.2	10.0	0.0	9.2	8.3	8.4
4–9 days	12.6	10.0	20.4	11.0	7.4	9.1	34.6	15.6	9.2	8.7
1–3 days	14.7	12.0	17.7	11.8	12.7	12.1	14.3	20.4	14.7	10.1

Due to weighting, gender and/or age categories do not always sum to 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 16b: Frequency of Use of Anti-depressants per Month (Current Users) (%)

	All adults 15–64		Males		Females		Young adults 15–34		Older adults 35–64	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total Weighted N (valid responses)	**150**	**259**	**42**	**96**	**108**	**162**	**35**	**53**	**115**	**205**
20 days or more	86.8	93.6	70.9	92.7	93.0	94.2	74.4	89.1	90.6	94.8
10–19 days	3.4	3.0	6.4	4.8	2.3	2.0	8.0	3.7	2.0	2.9
4–9 days	4.6	2.4	9.6	2.6	2.7	2.2	12.9	5.8	2.1	1.5
1–3 days	5.1	1.0	13.1	0.0	2.0	1.5	4.7	1.4	5.2	0.9

a significant change ($p<0.05$) between 2006/7 and 2010/11.

Due to weighting, gender and/or age categories do not always sum to 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 17: Method of Taking Sedatives or Tranquillisers and Anti-depressants (Current Users) (%)

	Sedatives or Tranquillisers					Anti-depressants				
	All adults 15–64	Male	Female	Young adults 15–34	Older adults 35–64	All adults 15–64	Male	Female	Young adults 15–34	Older adults 35–64
Total Weighted N (valid responses)	**203**	**92**	**111**	**38**	**161**	**259**	**96**	**161**	**53**	**205**
Oral (Tablets or Syrup)	99.1	97.9	100.0	100.0	98.8	99.3	100.0	98.9	100.0	99.1
Injection with a Needle	0.5	1.0	0.0	0.0	0.6	0.7	0.0	1.1	0.0	0.9
Other	0.5	1.1	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0

Due to weighting categories do not always sum to 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 18: How Sedatives or Tranquillisers and Anti-depressants were Obtained (Current Users) (%)

	Sedatives or Tranquillisers					Anti-depressants				
	All adults 15–64	Male	Female	Young adults 15–34	Older adults 35–64	All adults 15–64	Male	Female	Young adults 15–34	Older adults 35–64
Total Weighted N (valid responses)	**203**	**92**	**111**	**38**	**164**	**259**	**96**	**162**	**53**	**205**
I got them on prescription	95.0	93.1	96.6	82.5	98.0	98.7	100.0	97.9	94.9	99.7
I got them from someone I know	2.6	4.4	1.2	13.9	0.0	0.3	0.0	0.5	1.4	0.0
I bought them without a prescription in a chemist	1.6	1.0	2.2	0.0	2.0	1.0	0.0	1.6	3.7	0.3
I bought them over the Internet	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.7	1.5	0.0	3.6	0.0	0.0	0.0	0.0	0.0	0.0

Due to weighting, categories do not always sum to 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 19: Sedatives or Tranquillisers and Anti-depressant Prevalence by Gender (%)

	Sedatives or Tranquillisers			Anti-depressants		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**
Total Weighted N (valid responses)	**1262**	**1272**	**2535**	**1263**	**1272**	**2535**
Lifetime Prevalence (Ever used)[ab]	17.2	24.1	20.7	15.3	28.4	21.9
Last Year Prevalence (Recent use)[ab]	9.4	12.7	11.0	8.9	15.2	12.0
Last Month Prevalence (Current use)[b]	7.3	8.7	8.0	7.6	12.8	10.2

Due to weighting, gender and/or age categories do not always sum to 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: Sedatives or Tranquillisers and Anti-depressant Prevalence by Age Group (%)

	Sedatives or Tranquillisers			Anti-depressants		
	Young adults 15–34	**Older Adults 35–64**	**Total**	**Young adults 15–34**	**Older Adults 35–64**	**Total**
Total Weighted N (valid responses)	**1069**	**1469**	**2535**	**1069**	**1464**	**2535**
Lifetime Prevalence (Ever used)[ab]	13.6	25.8	20.7	13.6	28.0	21.9
Last Year Prevalence (Recent use)[ab]	6.4	14.3	11.0	7.1	15.7	12.0
Last Month Prevalence (Current use)[ab]	3.6	11.2	8.0	5.0	14.0	10.2

a $p<0.05$ (sedatives or tranquillisers).
b $p<0.05$ (anti-depressants).

Due to weighting, gender and/or age categories do not always sum to 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 21: Sedatives or Tranquillisers and Anti-depressants Prevalence by National Statistics Socio-economic Classification (%)

	Sedatives or Tranquillisers			Anti-depressants		
	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
Total Weighted N (valid responses)	**2527**	**2529**	**2527**	**2530**	**2528**	**2529**
Managerial and professional occupations	19.9	8.8	5.0	20.1	9.5	8.0
Intermediate occupations	24.2	11.2	8.0	23.1	12.2	10.5
Small employers and own account workers	18.4	10.4	8.4	16.8	10.0	9.2
Lower supervisory and technical occupations	20.3	12.7	9.9	23.1	13.3	9.8
Semi-routine and routine occupations	24.0	14.5	11.5	27.3	15.7	13.9
Never worked and long-term unemployed	26.5	15.4	11.1	32.7	22.2	16.7
Not classified	3.9	1.4	0.5	2.9	0.5	0.0
Total	**20.7**	**11.0**	**8.0**	**21.9**	**12.0**	**10.2**

Due to weighting NSSEC categories do not sum to the 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 22: Sedatives or Tranquillisers and Anti-depressants Prevalence by Work Status (%)

	Sedatives or Tranquillisers			Anti-depressants		
	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
Total Weighted N (valid responses)	**2534**	**2533**	**2533**	**2535**	**2532**	**2533**
In paid work	15.5	5.8	3.1	16.2	6.7	5.4
Not in paid work	35.0	23.6	19.3	37.8	25.1	22.0
Other	3.9	1.5	0.5	2.9	0.5	0.0
Total	**20.7**	**11.0**	**8.0**	**21.9**	**12.0**	**10.2**

Due to weighting, work status categories do not always sum to 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 23: Sedatives or Tranquillisers and Anti-depressants Prevalence by Housing Tenure (%)

	Sedatives or Tranquillisers			Anti-depressants		
	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
Total Weighted N (valid responses)	**2525**	**2528**	**2526**	**2528**	**2527**	**2524**
Own it outright	18.2	9.5	6.9	16.7	8.7	7.5
Buying it with the help of a mortgage or loan	16.3	7.4	4.8	17.4	8.4	6.9
Pay part rent and part mortgage (co-ownership)	–	–	–	18.2	10.0	10.0
Rented from Northern Ireland Housing Executive (NIHE)	34.2	21.0	18.8	41.2	27.9	24.8
Rented from a housing association	38.3	28.4	18.5	34.6	22.0	16.0
Rented privately	22.7	12.1	7.8	24.5	12.3	9.8
Live rent free	10.5	5.3	5.3	10.5	10.5	10.5
Total	**20.7**	**11.0**	**8.0**	**21.9**	**12.0**	**10.2**

Due to weighting housing tenure categories do not sum to the 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.
'-' Denotes number less than 5.

Table 24: Sedatives or Tranquillisers and Anti-depressants Prevalence by Highest Qualification Level Attained (%)

	Sedatives or Tranquillisers			Anti-depressants		
	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
Total Weighted N (valid responses)	**2528**	**2527**	**2525**	**2526**	**2525**	**2526**
Degree level or higher	16.8	7.5	3.4	16.1	7.5	6.0
Higher Education	21.0	8.8	7.1	19.0	9.5	8.5
GCE/A Level	15.9	7.2	4.3	17.6	8.7	7.0
GCSE A-C level	21.1	11.4	8.7	24.7	13.6	11.2
GCSE D-G level	22.4	14.2	9.3	21.1	11.8	9.9
No qualifications	26.8	16.9	14.6	29.3	18.5	16.3
Total	**20.7**	**11.0**	**8.0**	**21.9**	**12.0**	**10.2**

Due to weighting, categories do not sum to the 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 25: Sedatives or Tranquillisers and Anti-depressants Prevalence by Marital Status (%)

	Sedatives or Tranquillisers			Anti-depressants		
	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
Total Weighted N (valid responses)	**2532**	**2529**	**2529**	**2534**	**2531**	**2529**
Single	17.1	8.8	6.0	17.2	9.8	7.9
Married	19.2	9.1	7.0	18.4	9.2	8.1
Co-habiting	21.1	9.3	4.3	20.5	10.6	6.8
Separated	33.6	22.1	17.0	54.0	35.4	31.3
Divorced	42.9	28.0	22.0	60.3	32.2	27.5
Widowed	36.1	29.5	23.0	31.1	23.0	19.7
A civil partner in a legally recognised civil partnership	–	–	–	0.0	0.0	0.0
Total	**20.7**	**11.0**	**8.0**	**21.9**	**12.0**	**10.2**

Due to weighting marital status categories do not sum to the 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.
'-' Denotes number less than 5.

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