Drug use in Ireland and Northern Ireland

2010/11 Drug Prevalence Survey: Cocaine Results

This bulletin presents key findings regarding the use of cocaine in 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 cocaine on lifetime (ever used), last year (recent use) and last month (current use) prevalence rates for the Republic of Ireland. The bulletin also examines age of first use, frequency of use, and method of taking cocaine, how cocaine is obtained, reasons for stopping use and the profile of cocaine use within the general population. The survey was carried out according to standards set by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Key findings

It should be noted that the key findings are presented according to the order of the bulletin contents and are not intended to be indicative of the relative importance of the findings.

- Prevalence rates for cocaine powder and/or crack were 7% for lifetime use, 2% for last year use and 0.5% for last month use. There was a statistically significant increase in lifetime use since 2006/7

- Cocaine powder accounted for the majority of cocaine use; with limited crack cocaine use.

- Prevalence rates were highest among men. There was a statistically significant increase in lifetime prevalence of cocaine powder and/or crack use and cocaine powder use for men since 2006/7.

- Young adults in 2011 were more likely to report using cocaine powder and/or crack than older adults. Statistically significant differences were found in young and older adults' lifetime, last year and last month prevalence rates.

- Since 2006/7 there has been a statistically significant increase in cocaine powder and/or crack lifetime prevalence among older adults.

- The median age of first cocaine powder use for lifetime users was 21 years. Among those who had ever been a regular user the median age of first regular use was also 21 years.

- There was a statistically significant decrease in the frequency of cocaine powder use since 2006/7. The majority of current cocaine powder users reported using cocaine on 1-3 days in the month before the survey (lowest frequency of use).

- The majority of current cocaine powder users reported 'snorting' the drug. Findings were similar for men, women, young and older adults.

- The majority of recent cocaine powder users reported obtaining the drug from someone known to them; similar patterns were observed across all subgroups.

- The majority of recent cocaine powder users indicated it would be easy for them to obtain cocaine in a given 24-hour period.

- Of those who had ever used cocaine powder, 22% had used it regularly. Of those who had used it regularly, 83% had stopped taking cocaine powder.

- The most common reasons for stopping cocaine use included: not wanting to take it anymore; no longer being able to afford it; and concerns about health.

- With regard to perceived risk of cocaine use the majority of respondents, 74%, considered trying cocaine once or twice a 'great risk'.

- Of those who had ever used cocaine, 32%, perceived trying cocaine once or twice as a 'moderate risk'.

- Lifetime, last year and last month prevalence of cocaine powder and/or crack was highest among people who were dependent on the state.

- Cocaine powder and/or crack prevalence rates within the general population were highest among people in rented accommodation: Lifetime and last month rates were highest among those renting from a private landlord while last year rates were highest among those renting from a local authority/housing agent.

- Lifetime, last year and last month prevalence rates within the general population were highest among those with a third level education. Lifetime and last month rates increased as highest level of qualification attained increased.

Contents

Prevalence Tables

Ireland

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. This bulletin presents results for the Republic of Ireland only.

NACD was reconstituted for the period until the end of 2016, in line with the timescale of the National Drugs Strategy. The remit of the Committee was extended to include alcohol and is now called the National Advisory Committee on Drugs and Alcohol (NACDA).

The role of the new committee is to advise Government on the prevalence, prevention, treatment, rehabilitation and consequences of substance use and misuse in Ireland, based on the analysis of research findings and other information available to it.

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

It should be noted that the findings are presented according to the order of the bulletin contents and are not intended to be indicative of the relative importance of the findings.

About the Drug Prevalence Survey

The questionnaire and methodology for the general population 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 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 of 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 representativeness of the general population.

Details of the methodology have been summarised in a paper published on the websites of the NACDA (*http://www.nacda.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. However lifetime information is a core EMCDDA requirement, allowing analysis and international comparisons of outcomes e.g. continuation/discontinuation rates.

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.

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1   Since January 2005 the Health Boards in Ireland were 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 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 5 Health and Social Care Trust areas, while in the previous two surveys the data was weighted by the 4 Health and Social Services Boards that existed at the time.

What is Prevalence? *continued*

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 for illicit drugs over time, last year use is the best reflection of changes as it refers to recent use.

Understanding the Results of this Bulletin

This bulletin contains prevalence rates and other relevant information regarding the use of cocaine in 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 earlier survey results are presented for prevalence, frequency of use, age of first use.

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).

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 the 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 NACDA bulletins/reports incorporate these effects and are addressed in the following 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.

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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 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. 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)).

Details of all drug prevalence estimates with 95% confidence intervals have been calculated and are available at the NACDA website.

Glossary

Cocaine

Cocaine hydrochloride is a substance under international control by the United Nations Single Convention on Narcotic Drugs[5]. It is a stimulant derived from leaves of the coca bush that grows 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).

Crack

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

Freebase

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

Snort/Do a line

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

Injecting

Cocaine powder can 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.

Socio-economic grouping

In 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

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5   United Nations (2006), Multilingual Dictionary of Narcotic Drugs and Psychotropic Substances under International Control, United Nations, New York.

Results

Prevalence rates and comparisons between 2006/7 and 2010/11 (Table 1)

The results from the 2010/11 survey in Ireland show that, for all adults aged 15-64 years, prevalence rates of any form of cocaine use (cocaine total)[6] were 7% (lifetime) 2% (last year) and 0.5% (last month). Among all adults cocaine powder use was most commonly reported, thus lifetime prevalence rates for cocaine powder were also 7%.

Prevalence rates for crack cocaine use among all adults in Ireland were very low; 0.6% (lifetime) and 0.1% (last year). There was no report of current (last month) crack cocaine use.

Since the previous survey in 2006/7 there has been statistically significant increases in the lifetime prevalence of cocaine total (+1.5 percentage points) and cocaine powder (+1.7 percentage points). There has been no other statistically significant change in cocaine prevalence among all adults (15-64 years) since 2006/7.

Gender

Prevalence rates for cocaine total were higher among men than women for lifetime (10% vs. 4%), last year (2% vs. 1%) and last month (0.8% vs. 0.3%) measures. Similarly prevalence rates for the use of cocaine powder by gender were the same as those for any form of cocaine use. The differences in men and women's 2010/11 lifetime and last year prevalence rates for cocaine total and cocaine powder were statistically significant.

Crack cocaine prevalence rates were higher among men than women for lifetime (1.0% vs. 0.2%) and last year (0.2% vs. 0.1%). As previously stated there were no reports of last month crack cocaine use. The difference in men and women's lifetime prevalence rates for crack cocaine was statistically significant.

Since 2006/7 lifetime prevalence rates for men increased; cocaine total prevalence (+2.9 percentage points) and cocaine powder (+3.0 percentage points). However, lifetime prevalence rates have changed very little for women (less than one percentage point). There were no other statistically significant changes in cocaine total, cocaine powder or crack cocaine prevalence among men or women since 2006/7.

Age

Cocaine total prevalence rates were higher among young adults (15-34 years) than older adults (35-64 years); lifetime (9% vs. 5%) last year (3% vs. 0.5%) and last month (1.0% vs. 0.1%).

Once again prevalence rates for cocaine powder use were very similar across the three time periods. The differences in young and older adults' prevalence rates for cocaine and cocaine powder in 2010/11 were statistically significant.

Lifetime crack cocaine rates among young adults were higher than older adults' (0.7% vs. 0.5%). Last year prevalence rates for crack cocaine use were very low among young adults (0.2%) and older adults (0.1%). No young or older adults reported crack cocaine use in the last month. There were no statistically significant differences in 2010/11 young and older adults' crack cocaine prevalence rates.

Since 2006/7, lifetime prevalence rates among older adults increased; cocaine total (+2.1 percentage points) and cocaine powder (+2.1 percentage points). There were no statistically significant changes in cocaine prevalence rates among young adults since 2006/7.

Age of first use and age of first regular use (Tables 2 & 3)

Age of first use (ever used) (Table 2a): The median age at which all respondents (15-64 years) first used cocaine powder was 21 years. Similarly a median age of 21 years was found for men and women alike. For young adults the median age of first use was 20 years while for older adults the median age was 25 years.

Age of first use (ever regularly used) (Table 2b): The median age of first use among those who ever regularly used cocaine powder was 20 years and this was also the case for men while the median age for women was slightly lower at 19 years. The median age for young adults (15-34 years) was also 19 years; however, the median age among older adults was much higher at 25 years.

Age of first regular use among those who had ever used regularly (Table 2c): Among respondents who had ever used cocaine powder regularly at some point in their lives, the median age of first use was 21 years. A median age of 21 years was also found for men and women. This was higher for older adults than young adults (25 vs. 20 years).

Number of years between first use and first regular use (Table 2d): The period of time between first using cocaine powder and becoming a regular user (lag[7]) was two years for all adults. This time lag applied to all subgroups examined except for young adults (15-34 years), for whom the time lag was one year.

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6   Cocaine total includes cocaine powder and/or crack.

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

Age of first crack use (ever used) (Table 3): Among all respondents the median age of first crack cocaine use was 23 years. This was higher for men than women (24 vs. 21 years) and higher for older adults than young adults (25 vs. 21 years).

Since 2006/7, there have been no statistically significant changes in median age of first cocaine powder use for lifetime users or ever regular users; median age of first regular cocaine use for ever regular users; or median age of first crack use.

Frequency of cocaine powder use (Current users) (Table 4)

Table 4 shows the frequency of use in the month prior to the survey for current cocaine powder users. The number of current users of cocaine powder was relatively small. The majority (95%) reported using cocaine powder 1-3 days in the month prior to the survey (i.e. lowest frequency use category). The remainder of respondents, 5%, reported using cocaine powder on 4-9 days in the month before the survey. Lowest frequency of use, 1-3 days, was more likely reported by men than women (100% vs. 82%) and more likely by older (100%) than young (95%) adults.

The proportion of all adults (15-64 years) reporting lowest frequency of use has increased (+27.2 percentage points) since 2006/7 and this was also found for men (+37.4 percentage points), young adults (+22.5 percentage points) and older adults (+100.0 percentage points). These changes in lowest frequency of use between 2006/7 and 2010/11 were statistically significant and may be explained by changes reported in higher frequency of use categories.

The proportion of adults reporting using cocaine on 4-9 days in the month prior to the survey has decreased (-20.1 percentage points) since 2006/7. Similarly there has been a decline in the proportion of men (-28.1 percentage points) and older adults (-100.0 percentage points) reporting cocaine use on 4-9 days in the month prior to the survey. These changes in frequency of use were statistically significant.

Since 2006/7, there has been a decline in the proportion of adults reporting the highest frequency of use, i.e. using cocaine powder on 20 or more days in the month prior to the survey. Among all adults the share reporting highest frequency of use has decreased (-7.1 percentage points) to no reports of the highest frequency of use. Similar declines were found among men and young adults reporting highest frequency of use; men (-9.3 percentage points) and younger adults (-7.5 percentage points). These changes were not statistically significant.

Method by which cocaine powder was used (Table 5)

Current cocaine powder users were asked about the most common method used to take cocaine powder. The most common method reported was snorting cocaine powder (95%), also known as 'doing a line' while 5% said they smoked cocaine powder. No respondents reported any other method of cocaine use.

Snorting cocaine powder was the only method of use reported by women (100%). The most common method reported by men was snorting (93%) followed by smoking (7%). Similar results were found across the age sub-groups; snorting was the only method of use reported by older adults (100%) and young adults were most likely to snort cocaine (94%) followed by smoking cocaine (6%).

How cocaine powder was obtained on last occasion used (Table 6)

Recent cocaine powder users were asked how they obtained the drug on the last occasion they had used it. The majority of respondents reported obtaining the drug from someone known to them. Over half (54%) of all adult respondents (15-64 years) reported being given the drug by a friend or a family member; 15% shared the drug amongst friends and 10% had bought the drug from a friend. Only 3% of all adults aged 15-64 reported being given the drug by a stranger and an additional 1% mentioned buying the drug from a stranger.

Similar patterns were observed across the age sub-groups. No older adults (35-64 years) reported being given the drug by a stranger compared to 4% of young adults (15-34 years). However, older adults were more likely to buy the drug from a stranger than young adults (4% vs. 0%).

Women were more likely than men to report being given the drug by a friend or family member (60% vs. 52%) and women were also more likely to share the drug amongst friends (24% vs. 12%). Conversely men were more likely than women to obtain the drug from a contact not known to them personally (9% vs. 2%). Men were also more likely than women to be given the drug by a contact not personally known (11% vs. 3%).

Where cocaine powder was obtained on last occasion used (Table 7)

Recent cocaine powder users were asked where they obtained the drug on the last occasion they used it. Most respondents indicated they obtained cocaine at the house of friends (39%), followed by getting it at a disco/bar/club (37%), a street/park (12%), ordered by telephone (11%) with 1% of recent users reporting getting cocaine at school or college.

Women were more likely to get their cocaine at the house of friends (58% vs. 32%). Men were more likely to obtain their cocaine at a disco/bar/club (39% vs. 33%), in a street/park (15% vs. 4%), to order by telephone (12% vs. 6%) and at school or college (1% vs. 0%).

Young adults were more likely than older adults to source their cocaine at a disco/bar/club (42% vs. 20%), at the house of friends (39% vs. 38%) and at school or college (1% vs. 0%). On the other hand older adults were more likely to source their cocaine by telephone (23% vs. 8%) and they were also more likely to source their cocaine in a street/park (19% vs. 11%).

Ease of obtaining cocaine (Table 8)

Recent users were asked how easy/difficult it would be to obtain cocaine in a 24-hour period. The majority of respondents (70%) indicated it would be easy for them to obtain cocaine in a 24-hour period. The size of this majority has increased since 2006/7 (when 64% of recent users indicated it would be easy[8]). Men were more likely than women to find it easy to obtain cocaine (73% vs. 62%). Older adults (75%) were more likely than young adults (69%) to report it would be easy to obtain cocaine in a 24-hour period.

Stopping cocaine use (Table 9)

Lifetime cocaine powder users were asked if they ever used cocaine on a regular basis and 22% of this group reported they had. This response was more common among men (25%) than women (14%) and young adults were marginally more likely to have ever used cocaine on a regular basis than older adults (22% vs. 21%).

People who reported using cocaine regularly at some point were asked about attempts to stop cocaine use. Of this group 83% reported they had stopped using cocaine and 14% said they had tried to stop but had not succeeded.

Among those who reported using cocaine regularly, women (97%) were more likely than men (80%) to stop using cocaine. Men were more likely than women to have tried to stop and failed (17% vs. 3%).

Older adults (86%) were more likely to have stopped using cocaine than young adults (82%). Young adults were marginally more likely to have tried and failed to stop than older adults (15% vs. 13%). More young adults (3%) had never tried to stop than older adults (2%).

Reasons for stopping cocaine use (Table 10)

The most common reason given by respondents for stopping cocaine use was 'did not want to use any longer' (18%), followed by 'no longer able to afford it' (17%) and 'concerns about health' (15%). After these 'pros did not outweigh the cons' was mentioned by 14% of those who stopped and 'no longer part of their social life' was a reason given by 13%. Among the remaining reasons the most frequently reported were 'being on a rehabilitation programme' (8%) and 'impact on jobs/friends/family' (6%). After these the most frequently mentioned responses were 'being persuaded by friends/family members to stop' (4%), 'not enjoying the after effects' (2%), 'pregnancy' (1%) and 'reduced availability or supply of cocaine' (0.6%).

The most common reason given by men for stopping cocaine use was 'no longer able to afford it' (19%), followed by 'pros did not outweigh the cons' and 'concerns about health' (both 16%). Among the reasons given by women for stopping, the most common were: 'did not want to use any longer' (37%), 'being on a rehabilitation programme' (16%) and 'concerns about health' (10%).

Among the most common reasons for stopping cocaine use, young adults mentioned 'no longer able to afford to it' (20%), 'pros did not outweigh the cons' (17%) and 'concerns about health' (16%). The reasons older adults reported stopping cocaine use were 'did not want to use any longer' (21%), followed by 'being on a rehabilitation programme' (14%) and 'concerns about health' (12%).

Risk perception (Table 11)

Respondents (15-64 years) were asked about risk from trying cocaine once or twice: Respondents surveyed were most likely to rate trying cocaine once or twice as a 'great risk' (74%). Women were more likely than men to rate this as a 'great risk' (78% vs. 71%) as were older adults than younger adults (80% vs. 68%). Attitudes towards cocaine risk differed among those who had ever used cocaine and those who had not. People who never used cocaine were more likely to rate it as a 'great risk' than lifetime users (78% vs. 30%). Of those who ever used cocaine, 32% perceived trying cocaine once or twice as a moderate risk. However men (32%) were more likely to perceive trying cocaine once or twice as a 'slight risk' while women (37%) perceived it as a 'great risk'. Of the young adults who ever used cocaine, 35% perceived trying cocaine once or twice as a 'moderate risk' while older adults who ever used cocaine were most likely to perceive it as a 'great risk' (32%).

Respondents (15-64 years) were asked about risk from trying crack once or twice: Respondents surveyed were most likely to rate trying crack cocaine once or twice as a 'great risk' (87%). Women were marginally more likely than men to rate this as a 'great risk' (87% vs. 86%). Young adults (83%) were less likely than older adults (90%) to perceive trying crack cocaine once or twice as a 'great risk'. Attitudes towards crack cocaine risk were similar among those who had tried cocaine and those who had not. Of those who had never tried cocaine, 87% perceived trying crack once or twice as a 'great risk'. Similarly, 80% of those who had tried cocaine perceived trying crack once or twice as a 'great risk'.

Profile of cocaine (total) use within the general population

For the purpose of analysis detailed below, a cocaine user was defined as someone who had used either cocaine powder, crack cocaine or both.

Cocaine Prevalence by Socio-economic Group (SOC2000 Classification) (Table 12)

Cocaine prevalence analysed by socio-economic group showed that lifetime, last year and last month rates were highest among people in Group E (All those dependent on the State long-term) at 11%, 3% and 2% respectively. Lifetime prevalence rates were lowest for Group C2 (Skilled manual workers and manual workers responsible for other workers). Last year and last month rates were lowest among Group A (Professional, senior management and top civil servants) with no respondents in this group reporting cocaine use in the last year or last month. There were no statistically significant differences in prevalence rates by socio-economic group status.

Work Status (Table 13)

Table 13 presents 2010/11 results for the prevalence of cocaine use according to work status of survey respondents. Lifetime and last year prevalence rates were highest amongst those classified as students: 12% (lifetime) and 5% (last year). Last month prevalence was highest among those classified as not being in paid work (1%). There were no statistically significant group differences.

Housing tenure (Table 14)

Table 14 presents 2010/11 results for the prevalence of cocaine use according to the housing tenure of survey respondents. Lifetime and last month prevalence rates were highest in groups classified as *'Renting from a private landlord'*. The rates for this group were 12% (lifetime) and 1% (last month). Last year prevalence was highest among those classified as *'Renting from a local authority or a housing agency'* at 3%. Group differences were statistically significant for lifetime (p≤0.0001) and last year (p=.0001) prevalence measures.

Age ceased education (Table 15)

Table 15 outlines cocaine prevalence by the age people said they had ceased education. Lifetime, last year and last month prevalence rates were highest among those who ceased formal education at 15 years and under: lifetime (8%), last year (2%) and last month (1%). Lifetime prevalence rates were 6% for those who ceased education aged between 16-19 years and 8% for those who ceased education at 20 years and over. There were no statistically significant group differences.

Highest education level attained (Table 16)

Cocaine prevalence rates according to highest level of education attained are presented in Table 16. Lifetime prevalence was highest among those with third level education at 7%. Similarly last year and last month prevalence rates were highest among those with third level education; last year (2%) and last month (1%). There were no statistically significant group differences.

Knowing people who took cocaine (Table 17)

Of all adults surveyed (15-64 years) in 2010/11, 25% reported they personally knew people who took cocaine at the time of the survey. This response was more likely among men (30%) than women (21%) and among young adults (36%) than older adults (16%).

Marital Status (Table 18)

Table 18 presents cocaine prevalence rates according to respondents' marital status. Lifetime and last year prevalence were highest among those classified as co-habiting; lifetime (17%) and last year (5%). Last month prevalence was highest among single people (1%). Group differences were statistically significant for lifetime (p≤0.0001) and last year prevalence (p≤0.0001).

Table 1: Cocaine prevalence rates (%)

	All Adults 15-64			Males			Females			Young Adults 15-34			Older Adults 35-64		
	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11
Total Weighted N (valid responses)	4918	4967	5126	2470	2513	2552	2448	2454	2574	2333	2315	2253	2585	2652	2873
Life time prevalence (Ever Used)															
Cocaine total	3.0	5.3	6.8[ab]	4.3	7.0	9.9[abc]	1.6	3.5	3.8[b]	4.7	8.2	9.4[b]	1.4	2.7	4.8[abd]
Cocaine powder	2.9	5.0	6.7[ab]	4.1	6.7	9.7[abc]	1.6	3.3	3.8[b]	4.6	7.8	9.3[b]	1.4	2.6	4.7[abd]
Crack	0.3	0.6	0.6[b]	0.5	0.8	1.0[bc]	0.1	0.4	0.2	0.5	1.0	0.7	0.2	0.2	0.5
Last year prevalence (Recent Use)															
Cocaine total	1.1	1.7	1.5	1.7	2.3	2.3[c]	0.5	1.0	0.7	2.0	3.1	2.8	0.3	0.5	0.5[d]
Cocaine powder	1.1	1.6	1.5	1.7	2.2	2.3[c]	0.5	0.9	0.7	2.0	2.9	2.7	0.3	0.5	0.5[d]
Crack	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.2	0.2	–	0.0	0.1
Last month prevalence (Current Use)															
Cocaine total	0.3	0.5	0.5	0.7	0.8	0.8	–	0.2	0.3	0.7	1.0	1.0	0.04	0.05	0.1[d]
Cocaine powder	0.3	0.5	0.5	0.7	0.7	0.8	–	0.2	0.3	0.7	1.0	1.0	0.04	0.05	0.1[d]
Crack	–	0.03	0.0	–	0.04	0.0	–	0.03	0.0	–	0.1	0.0	–	0.00	0.0

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

[b]   Denotes a statistically significant change (p<0.05) between 2002/3 and 2010/11

[c]   Denotes a statistically significant difference between men and women in 2010/2011

[d]   Denotes a statistically significant difference between age groups in 2010/2011

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 (Ever used)

	All Adults 15-64			Males			Females			Young Adults 15-34			Older Adults 35-64		
	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11
Total Weighted N (valid responses)	**140**	**251**	**344**	**102**	**169**	**218**	**38**	**82**	**126**	**106**	**181**	**198**	**34**	**70**	**146**
Median age	20	22	21	20	22	21	21	21	21	20	20	20	25	26	25

Table 2b: Age of first use cocaine (Ever regularly used)

	All Adults 15-64			Males			Females			Young Adults 15-34			Older Adults 35-64		
	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11
Total Weighted N (valid responses)	**27**	**35**	**71**	**21**	**22**	**52**	**6**	**12**	**19**	**23**	**29**	**40**	**4**	**5**	**31**
Median age	19	19	20	19	20	20	21	18	19	19	19	19	22	22	25

Table 2c: Age of first regular use (Ever regular users)

	All Adults 15-64			Males			Females			Young Adults 15-34			Older Adults 35-64		
	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11
Total Weighted N (valid responses)	**27**	**35**	**70**	**21**	**22**	**51**	**6**	**12**	**19**	**23**	**29**	**40**	**4**	**5**	**30**
Median age	21	20	21	20	21	21	21	20	21	20	20	20	24	25	25

Table 2d: Average number of years between first use and first regular use (Ever regular users)

	All Adults 15-64			Males			Females			Young Adults 15-34			Older Adults 35-64		
	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11
Total Weighted N (valid responses)	**27**	**35**	**71**	**21**	**22**	**52**	**6**	**12**	**19**	**23**	**29**	**40**	**4**	**5**	**31**
Average no. of years	1	1	1.5	2	0.8	1.5	0	1.4	1.6	2	1.0	1.2	1	1.1	1.9

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

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

All figures are based on weighted data, are rounded to the nearest decimal place and based on valid responses.

Table 3: Age of first use crack cocaine (Ever used)

	All Adults 15-64			Males			Females			Young Adults 15-34			Older Adults 35-64		
	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11	02/03	06/07	10/11
Total Weighted N (valid responses)	15	30	34	13	21	26	2	9	8	10	23	16	5	6	18
Median age	22	20	23	21	20	24	27	21	21	21	20	21	25	26	25

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

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

All figures are based on weighted data, are rounded to the nearest decimal place and based on valid responses.

Table 4: Frequency of cocaine powder use (Current users) (%)

	All Adults 15-64		Males		Females		Young Adults 15-34		Older Adults 35-64	
	06/07	10/11	06/07	10/11	06/07	10/11	06/07	10/11	06/07	10/11
Total Weighted N (valid responses)	25	26	19	19	6	7	23	22	1	4
20 days or more	7.1	0.0	9.3	0.0	0.0	0.0	7.5	0.0	0.0	0.0
10-19 days	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4-9 days	24.6	4.5[a]	28.1	0.0[a]	13.0	17.5	20.3	5.3	100.0	0.0[a]
1-3 days	68.3	95.5[a]	62.6	100.0[a]	87.0	82.5	72.2	94.7[a]	0.0	100.0[a]

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

All figures are based on weighted data, are rounded to the nearest decimal place and based on valid responses.

Table 5: Method of taking cocaine by which cocaine powder was used (%)

	All Adults 15-64	Males	Females	Young Adults 15-34	Older Adults 35-64
Total Weighted N (valid responses)	26	19	7	22	4
Line/snort	94.6	92.7	100.0	93.7	100.0
Needle	0.0	0.0	0.0	0.0	0.0
Other (smoke)	5.4	7.3	0.0	6.3	0.0
Don't know	0.0	0.0	0.0	0.0	0.0

All figures are based on weighted data, are rounded to the nearest decimal place and based on valid responses.

Table 6: How cocaine was obtained on last occasion used (Recent users) (%)

	All Adults 15-64	Males	Females	Young Adults 15-34	Older Adults 35-64
Total Weighted N (valid responses)	**75**	**57**	**18**	**60**	**15**
Given by family/friend	53.7	51.6	60.3	53.3	55.5
Shared amongst friends	15.1	12.2	24.2	16.3	10.3
Bought from a friend	10.3	10.3	10.2	10.3	10.2
Bought from a contact not personally known	7.6	9.3	2.2	7.3	8.6
Given by a stranger	3.3	4.3	0.0	4.1	0.0
Given by a contact not personally known	9.3	11.3	3.2	8.8	11.5
Bought from a stranger	0.7	1.0	0.0	0.0	3.8
Other	0.0	0.0	0.0	0.0	0.0
Refused to answer	0.0	0.0	0.0	0.0	0.0

All figures are based on weighted data, are rounded to the nearest decimal place and based on valid responses.

Due to weighting, gender and/or age categories do not always sum to total weighted N.

Table 7: Where cocaine was obtained on last occasion used (Recent users) (%)

	All Adults 15-64	Males	Females	Young Adults 15-34	Older Adults 35-64
Total Weighted N (valid responses)	**76**	**58**	**19**	**61**	**15**
House of friends	38.7	32.4	57.9	38.8	38.0
Disco/bar/club	37.4	39.0	32.5	41.7	20.1
Street/park	12.4	15.2	3.7	10.7	19.1
Ordered by telephone	10.6	12.1	5.9	7.6	22.8
House of a dealer	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0
School/college	1.0	1.3	0.0	1.2	0.0
Office/workplace	0.0	0.0	0.0	0.0	0.0
Don't know	0.0	0.0	0.0	0.0	0.0
Refused to answer	0.0	0.0	0.0	0.0	0.0

All figures are based on weighted data, are rounded to the nearest decimal place and based on valid responses.

Due to weighting, gender and/or age categories do not always sum to total weighted N.

Table 8: Ease of obtaining cocaine in a 24-hour period (Recent users) (%)

	All Adults 15-64	Males	Females	Young Adults 15-34	Older Adults 35-64
Total Weighted N (valid responses)	**76**	**58**	**19**	**61**	**15**
Very easy	38.3	42.2	26.3	40.4	29.9
Fairly easy	31.6	30.3	35.6	28.3	44.6
Neither easy or difficult	15.0	16.6	9.8	17.7	3.7
Fairly difficult	9.5	9.3	10.1	8.4	14.0
Very difficult	2.1	1.6	3.7	1.1	6.2
Don't know	3.5	0.0	14.5	4.0	1.6

All figures are based on weighted data, are rounded to the nearest decimal place and based on valid responses.

Due to weighting, gender and/or age categories do not always sum to total weighted N.

Table 9: Stopping cocaine use (Ever regular users) (%)

	All Adults 15-64	Males	Females	Young Adults 15-34	Older Adults 35-64
Total Weighted N (valid responses)	**347**	**249**	**98**	**211**	**136**
Yes	21.6	24.6	13.9	22.0	20.8
Ever regular cocaine users and stopping cocaine use					
Total weighted N(valid responses)	**75**	**61**	**14**	**46**	**28**
Regular user – stopped taking	83.0	79.9	97.0	81.5	85.5
Regular user – tried to stop but failed	14.3	16.8	3.0	15.3	12.5
Regular users never tried to stop	2.7	3.3	0.0	3.2	2.0

All figures are based on weighted data, are rounded to the nearest decimal place and based on valid responses.

Due to weighting, gender and/or age categories do not always sum to total weighted N.

Table 10: Reasons for stopping cocaine use (Ever regular users who stopped using) (%)

	All Adults 15-64	Males	Females	Young Adults 15-34	Older Adults 35-64
Total Weighted N (valid responses)	**62**	**49**	**13**	**38**	**24**
Did not want to take anymore	17.6	12.2	37.4	15.6	20.7
No longer part of social life	12.5	13.6	8.5	14.5	9.4
Did not enjoy after effects	2.4	3.1	0.0	0.0	6.2
Health concerns	14.5	15.8	9.9	16.3	11.9
Persuaded by friends/family	4.0	5.1	0.0	6.6	0.0
Cost/could not longer afford it	16.6	18.8	8.5	20.1	11.2
Impact on job/friends/family	5.7	6.1	4.4	2.7	10.4
Less available supply	0.6	0.0	3.1	0.0	1.7
Pregnancy	1.0	0.0	4.7	1.6	0.0
Pros did not outweigh the cons	14.4	16.1	7.9	17.2	9.8
Rehab programme	7.5	5.3	15.7	3.4	14.0
Other	3.1	3.9	0.0	1.9	4.8
Don't know	0.0	0.0	0.0	0.0	0.0

All figures are based on weighted data, are rounded to the nearest decimal place and based on valid responses.

Table 11: Perceived risk related to using cocaine (%)

	General Population					Those Who Never Used Cocaine					Those Who Ever Used Cocaine				
	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	All Adults 15-64	Male	Female	Young Adults 15-34	Older Adults 35-64
Total Weighted N (valid responses)	5128	2554	2574	2254	2874	4776	2300	2476	2041	2736	350	252	98	213	137
Perceived risk related to trying cocaine once or twice															
No risk	0.9	1.2	0.6	0.9	0.8	0.4	0.4	0.4	0.4	0.4	7.1	8.5	3.4	5.3	9.8
Slight risk	7.0	8.5	5.6	8.9	5.6	5.3	5.9	4.8	6.7	4.3	30.5	32.0	26.6	30.4	30.6
Moderate risk	17.4	19.4	15.5	22.0	13.8	16.3	18.0	14.8	20.7	13.1	32.0	31.8	32.4	35.0	27.3
Great risk	74.3	70.6	78.0	67.7	79.5	77.6	75.3	79.6	71.7	81.9	30.3	27.7	36.8	28.9	32.3
Don't know	0.4	0.4	0.4	0.5	0.3	0.4	0.4	0.4	0.5	0.3	0.2	0.0	0.8	0.4	0.0
Perceived risk related to trying crack once or twice															
No risk	0.4	0.4	0.4	0.6	0.3	0.3	0.3	0.3	0.4	0.2	1.6	1.5	1.9	1.7	1.5
Slight risk	2.9	2.9	2.8	3.4	2.5	2.7	2.7	2.8	3.3	2.4	4.6	4.8	4.3	4.6	4.7
Moderate risk	9.2	10.0	8.4	12.4	6.8	9.0	9.6	8.3	12.2	6.5	13.1	13.8	11.2	13.8	11.9
Great risk	86.6	86.0	87.2	82.6	89.8	87.1	86.7	87.5	82.9	90.3	80.0	79.8	80.4	79.3	81.0
Don't know	0.8	0.6	1.1	1.1	0.6	0.9	0.7	1.0	1.2	0.6	0.7	0.2	2.2	0.6	0.9

Due to weighting, gender and/or age categories do not always sum to total weighted N.

All figures are based on weighted data, are rounded to the nearest decimal place and based on valid responses.

Table 12: Cocaine (Total)[+] prevalence by socio-economic group (SOCO 2000 Classification) (%)

	Total Weighted N (valid responses)	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
A. Professional, senior management, top civil servants	109	6.6	0.0	0.0
B. Middle management, senior civil servants, managers and owners of own business	791	5.8	1.0	0.1
C1. Junior management and owners of small business	1681	6.9	1.5	0.3
C2. Skilled manual workers and manual workers responsible for other workers	938	5.1	0.9	0.2
D. Semi-skilled and unskilled manual workers, trainees and apprentices	884	6.1	1.5	0.5
E. All those dependent on the State long-term	679	10.6	2.9	1.7

[†]   Wald F-test for statistical significance (p<0.001) for a test of equality among groups

[+]   Figures are for cocaine powder and crack cocaine combined

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 and are based on valid responses.

Table 13: Cocaine (Total)[+] Prevalence by work status (%)

	Total Weighted N (valid responses)	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
In paid work	4027	6.3	1.3	0.3
Not in paid work	810	9.4	2.6	1.4
Student	72	11.7	5.2	0.9
Other	0	0.0	0.0	0.0

[†]   Wald F-test for statistical significance (p<0.001) for a test of equality among groups

[+]   Figures are for cocaine powder and crack cocaine combined

All figures are based on weighted data, all figures are rounded to the nearest decimal place and are based on valid responses.

Table 14: Cocaine (Total)[+] prevalence by housing tenure (%)

	Total Weighted N (valid responses)	Lifetime[†] (Ever Used)	Last Year[†] (Recent Use)	Last Month (Current Use)
Owned in part or full	3767	5.2	0.9	0.3
Rented from private landlord	875	12.2	3.1	1.0
Rented from LA/HA	385	10.2	3.3	0.8
Other	41	12.4	1.8	1.8

†   Wald F-test for statistical significance (p<0.001) for a test of equality among groups

+   Figures are for cocaine powder and crack cocaine combined

All figures are based on weighted data, all figures are rounded to the nearest decimal place and are based on valid responses.

Table 15: Cocaine (Total)[+] prevalence by age education ceased (%)

	Total Weighted N (valid responses)	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
15 years and under	438	8.1	1.9	0.9
16-19 years	1815	6.4	1.6	0.6
20 years and over	1639	7.8	1.5	0.6

†   Wald F-test for statistical significance (p<0.001) for a test of equality among groups

+   Figures are for cocaine powder and crack cocaine combined

All figures are based on weighted data, all figures are rounded to the nearest decimal place and are based on valid responses.

Table 16: Cocaine (Total)[+] prevalence by highest qualification level attained (%)

	All adults 15-64	Males	Females	Young adults 15-34
Primary	319	5.1	0.7	0.1
Lower second level	1063	6.2	1.4	0.2
Upper second level	1402	6.7	1.3	0.4
Third level	2302	7.3	1.7	0.6

†   Wald F-test for statistical significance (p<0.001) for a test of equality among groups

+   Figures are for cocaine powder and crack cocaine combined

All figures are based on weighted data, all figures are rounded to the nearest decimal place and are based on valid responses.

Table 17: Personally knew people who took cocaine (Total)+ (2006/07 and 2010/11)

	All Adults 15-64		Males		Females		Young Adults 15-34		Older Adults 35-64	
	06/07	10/11	06/07	10/11	06/07	10/11	06/07	10/11	06/07	10/11
Total Weighted N (valid responses)	**4852**	**5004**	**2460**	**2496**	**2392**	**2508**	**2268**	**2200**	**2584**	**2804**
Yes	23.0	25.2	25.7	29.5	20.2	20.9	33.6	36.4	13.6	16.3

+ Figures are for cocaine powder and crack cocaine combined

All figures are based on weighted data, all figures are rounded to the nearest decimal place and are based on valid responses.

Table 18: Cocaine prevalence by marital status

	Total Weighted N (valid responses)	Lifetime† (Ever Used)	Last Year† (Recent Use)	Last Month (Current Use)
Single	**1747**	10.0	3.2	1.2
Married	**2673**	2.9	0.1	0.0
Co-habiting	**444**	17.2	4.5	0.9
Separated	**135**	9.1	0.3	0.0
Divorced	**66**	9.4	0.6	0.6
Widowed	**56**	1.2	0.0	0.0

† Wald F-test for statistical significance (p<0.001) for a test of equality among groups
+ Figures are for cocaine powder and crack cocaine combined

All figures are based on weighted data, all figures are rounded to the nearest decimal place and are based on valid responses.

Research Advisory Group

Ms Joan O'Flynn (NACD until Feb 2012), Des Corrigan (NACD until December 2011), Dr Justine Horgan (NACDA until August 2013), Dr Deirdre Mongan, Dr Jean Long (HRB), Dairearca Ní Néill (D/Health) and Ms Marion Rackard (HSE).