Drug use in Ireland and Northern Ireland

Bulletin 3

2010/11 Drug Prevalence Survey: Cannabis Results

This bulletin presents findings regarding the use of cannabis 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 cannabis on lifetime (ever used), last year prevalence (recent use) and last month (current use) prevalence rates for Ireland. Prevalence results are also presented for cannabis dependence and cannabis abuse. Finally the bulletin examines a range of important issues including age of first use, frequency of use, methods of using cannabis, how cannabis is obtained and the profile of those who take it. 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 ordering of the key findings below is according to the order of appearance in the bulletin and is not intended to reflect the order of importance of the findings.

Ireland

- Prevalence rates were 25% for lifetime use, 6% for last year use and 3% for last month use. While there were statistical increases in the rates for lifetime prevalence since the last general population survey (2006/7), last year and last month prevalence were relatively unchanged.

- Prevalence rates were highest among men and younger adults (15-34 years). While increases were found in rates for men since the last survey in 2006/7, there has been relatively little change in women's rates.

- Among recent cannabis users 9% were classified as cannabis dependent. Dependence was higher among male and among young adult recent users. Among all adults (15-64 yrs) the share classified as cannabis dependent is less than 1%.

- Among recent cannabis users 17% met criteria for cannabis abuse. Rates of cannabis abuse are higher among male and young adult recent users. Among all adults (15-64 yrs) just over 1% meet the criteria for cannabis abuse.

- Among those who reported ever using cannabis (lifetime users) the median age of first use was 18 years. This is unchanged since the last survey.

- The majority of current cannabis users report using cannabis on 1-3 days in the month prior to the survey (lowest frequency) and this response was most common among female and older adult current users.

- Since the survey in 2006/7 the share of current cannabis users engaging in lowest frequency use (1-3 days) has increased. The share engaging in highest frequency use (20 days or more) has decreased, particularly among male and young adult current users.

- Herb was the main type of cannabis used by current users. The share of herb users relative to resin users has reversed since 2006/7 when resin was the most common form reported.

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

- The majority of lifetime cannabis users said they had never used the drug on a regular basis. Of those who have, most said they had stopped using.

- The three most common reasons given for stopping cannabis use were: not wanting to take it any more; it no longer being a part of respondents' social life and; health concerns.

- With regard to attitudes to cannabis use, most respondents

  - Agreed with cannabis use being permitted for medical reasons
  - Disagreed with cannabis use being permitted for recreational reasons
  - Disapproved of smoking cannabis occasionally
  - Considered smoking cannabis on a regular basis to be risky

- Rates for lifetime cannabis were highest among those classified as Group A (professionals and managers) and lowest among those in Group D (semi-skilled and un-skilled).

- Cannabis prevalence rates are highest among people renting accommodation: Lifetime and last year rates were highest among those renting from a private landlord, while rates for last month use were highest among those renting from a local authority/housing agency.

- The results show that levels of recent and current cannabis use increase with higher education: Last year and last month prevalence rates were highest among students; Lifetime rates were highest among those who ceased education at 20 years and over and among those with third level education. Rates were lowest among those who ceased education at 15 years or under and among those with primary level education only.

- Lifetime and last year prevalence were highest among those who were cohabiting, followed by those who were single. Last month rates were highest among cohabiting and divorced people.

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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. This bulletin presents results for Ireland only.

The National Advisory Committee on Drugs (NACD) has been reconstituted for the period until the end of 2016, in line with the timescale of the National Drugs Strategy. The Committee has been extended to incorporate alcohol as well as drugs and, to reflect this, it will henceforth be known as 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 information available to it.

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 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 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 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. 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.

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.

Cannabis dependence and abuse

The Diagnostic and Statistical Manual of Psychiatric Disorders (DSM), better known as the DSM-IV, is published by the American Psychiatric Association and covers all mental health disorders for children and adults. The details of cannabis dependence and cannabis abuse as defined[4] by the DSM-IV are outlined below.

DSM-IV substance abuse criteria: Substance abuse is defined by the DSM-IV as a maladaptive pattern of substance use leading to a clinically significant impairment or distress as manifested by one (or more) of the following, occurring with a twelve month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (such as repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; or neglect of children or household).

2. Recurrent substance use in situations in which it is physically hazardous (such as driving an automobile or operating a machine when impaired by substance use)

3. Recurrent substance-related legal problems (such as arrests for substance related disorderly conduct)

4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (for example, arguments with spouse about consequences of intoxication and physical fights).

DSM-IV substance dependence criteria: DSM-IV also defines substance dependence as a maladaptive pattern of substance use, leading to clinically significant impairment or distress. But substance dependence is manifested by different criteria i.e. three (or more) of the following, occurring any time in the same 12-month period:

1. Tolerance, as defined by either of the following: (a) A need for markedly increased amounts of the substance to achieve intoxication or the desired effect or (b) Markedly diminished effect with continued use of the same amount of the substance

2. Withdrawal, as manifested by either of the following: (a) The characteristic withdrawal syndrome for the substance or (b) The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.

3. The substance is often taken in larger amounts or over a longer period than intended.

4. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

6. Important social, occupational, or recreational activities are given up or reduced because of substance use.

7. The substance use is continued despite knowledge of having a persistent physical or psychological problem that is likely to have been caused or exacerbated by the substance (for example, current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Munich-Composite International Diagnostic Interview (M-CIDI)

The Composite International Diagnostic Interview (CIDI, World Health Organization, 1990) is a widely accepted and frequently used operationalisation of the DSM-IV diagnostic criteria. Advised by the EMCDDA, the abbreviated version, the Munich Composite International Diagnostic Interview (M-CIDI), a 19 item instrument reflecting the four cannabis abuse and seven cannabis dependence criteria, was used for the NACD 2010 Drug Prevalence Survey. Details of the instruments and questions used and a discussion of measurement issues regarding general population survey in Ireland will be reported separately in forthcoming NACDA publications.

Understanding the Results of this Bulletin

This bulletin contains prevalence rates and other relevant information regarding the use of cannabis 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). The figures for 2006/7 and 2002/3 in Ireland reported in this bulletin may differ slightly from figures report in earlier publications. These differences are due to the application of improved estimation procedures for comparing data over time.

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4   American Psychiatric Association. 1994. Diagnostic and Statistical Manual of Mental Disorders: DSM-IV. Washington D.C.: American Psychiatric Association. (pp. 181-183)

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 that 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 NACD 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[5]; (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 realize 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.

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)).

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

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5   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.

Glossary

Bong

A water pipe through which hot smoke is cooled down before inhaling.

Grass/Weed

Slang terms for herbal cannabis.

Hash, Hashish

Cannabis resin.

Hash Oil

A purified and concentrated form of resin or herbal cannabis

Herb

The fresh or (more commonly) dried leaves and flowering tops of plant.

Joint

A cannabis cigarette (also known as a spliff, reefer etc.).

Skunk

A type of high-potency herbal cannabis.

Resin

Produced by separating the resinous parts of plant from leaves etc.

SOC2000 Classification

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

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

Results

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

Among all adults rates of cannabis prevalence in 2010/11 are 25% (lifetime), 6% (last year) and 3% (last month). Since 2006/7 there has been a statistically significant increase in the lifetime prevalence of cannabis (+3.4 percentage points) in Ireland. There has been no other statistically significant change in cannabis prevalence among all adults (15-64 yrs) since 2006/7.

Gender

Prevalence rates for cannabis are higher among men for lifetime (33% vs 18%), last year (9% vs 3%) and last month (5% vs 1%) measures. The differences between men and women's 2010/11 prevalence rates are statistically significant.

Since 2006/7 lifetime rates for men increased (+6 percentage points) while for women rates changed very little (less than one percentage point). There was no other statistically significant change in cannabis prevalence among men or women since 2006/7.

Age

Cannabis prevalence rates are substantially higher among young (15-34 yrs) than older (35-64 yrs) adults and this is the case for lifetime (33% vs 19%), last year (10% vs 3%) and last month (5% vs 1%) prevalence. The differences in 2010/11 between young and older adults' prevalence rates are statistically significant.

Since 2006/7 lifetime prevalence rates among young adults increased (+4.8 percentage points). There were no statistically significant changes in cannabis prevalence rates among older adults.

Cannabis Dependence and Cannabis Abuse (Table 1a)

In relation to substance related disorders the DSM-IV manual identifies: substance abuse and substance dependence. Prevalence results for both of these disorders are presented below – first rates for recent cannabis users and this is followed by rates for the general population.

Recent cannabis users: Of recent cannabis users, 9% fulfil criteria for cannabis dependence; the share is higher among male recent users (11%) than female recent users (4%) and higher among young adult (15-34) recent users (10%) than older (35-64) recent users (7%).

With regard to cannabis abuse (Table 1a) 17% of recent users were classified as fulfilling criteria for cannabis abuse. Results by gender show that among recent users 20% of men and 8% of women abuse cannabis and 20% of young adults and 9% of older adults do so.

General population: Among all adults (15-64 yrs) surveyed less than 1% have been classified as cannabis dependent. The likelihood of cannabis dependence is higher among men (1%) than women (0.1%) and higher among young adults (1%) compared to older adults (0.3%).

Just over 1% of the general population meet criteria for cannabis abuse which when broken down by gender cannabis abuse is more prevalent among men (2%) than women (0.3%) and more prevalence among young adults (3%) than older adults (0.3%).

Age of First Use and Age of First Regular Use (Table 2)

Age of first use (ever used) (Table 2a): The median age at which respondents first used cannabis was 18 years: A median age of 18 years was found for men and women alike as well as for young adults. For older adults the median age of first use was 20 years. Among lifetime cannabis users there has been no change in the median age of first cannabis use since the survey in 2006/7.

Age of first use (ever regularly used) (Table 2b): Among those who ever regularly used cannabis the median age of first use is 17 years and this was the case for both men and women. The median age of first use is 16 years for young adults (15-34 yrs) and is slightly higher for older adults at 18 years.

Age of first regular use among those who had ever used regularly (Table 2c): Table 2a also presents results for age of first regular use of cannabis. Among respondents who said that they had used cannabis regularly at some point in their lives, the median age of first regular use was 18 years. This is higher for women than men (19 vs 18 years) and higher for older than young adults (19 vs 18 years).

Number of years between first use and first regular use (Table 2d): The period of time between first using cannabis and becoming a regular user was two years for all adults. This time lag applied to all sub-groups examined except for older adults (35-64 yrs), for whom the time lag was three years (Table 2d).

Frequency of Use (current users[6]) (Table 3)

Table 3 shows results of frequency of use in the month prior to the survey for current cannabis users. Of this group the most common response (48%) was 1-3 days in the month prior to the survey (i.e. lowest frequency use category). The next most frequent response was given by 21% of current cannabis users who reported using on 4-9 days in the month before the survey.

Highest frequency use i.e. on 20 or more days was reported by 14% of current cannabis users. Highest frequency use was more likely reported by men (14%) than women (12%) and more likely by older (24%) than young (10%) adults.

The proportion of all adults reporting lowest frequency use has increased (+10.8 percentage points) since 2006/7 and this was found for men (+12.7 percentage points) and women (+5.6 percentage points). For the highest frequency use category the proportion of adults reporting this category declined (-10.5 percentage points) since 2006/7. The decline was larger among men (-13.4 percentage points) than women (-0.8 percentage points). Changes in frequency of use between 2006/7 and 2010/11 are not statically significant[6].

Since 2006/7 the share of young adults reporting highest frequency use more than halved (-15 percentage points) while low frequency use increased (+8 percentage points). Among older adults increases were found for high frequency use (+1.6 percentage points) and low frequency use (+17.7 percentage points). These age-related differences are not statistically significant[6].

Type of cannabis most commonly used (Table 4)[7]

The results presented in Table 4 show current cannabis users reported use of 'weed' (47%), 'grass' (22%) and skunk (2%). Together this means that herb (71%) is the most common form of cannabis used by current users in 2010/11. Resin was reported by more than one quarter (27%) of current users and types mentioned were 'hash' (23%) and 'resin' (4%). Among current users herb is more common among men (71%) than women (67%) and among young adults (76%) than older adults (58%). Resin is more common among men (27%) than women (24%) and among older adults (34%) than younger adults (24%).

Comparing results over time shows that the share of herb relative to resin users has reversed since 2006/7 when resin was the most common form used by current users. The largest decreases were in found in forms of resin (hash (-31.2 percentage points), resin (-2.2 percentage points). A decrease was also found in use of grass (-5 percentage points). Since the 2006/7 the largest increases have been in forms of cannabis herb: weed (+38.1 percentage points) and skunk (+1.2 percentage points). Statistically significant changes over time were found for men (p=.0000) and young adults (p=.0000) but not for women or older adults[6].

Smokers of herbal cannabis and whether substance is grown in Ireland (Table 5)

Respondents who reported current cannabis use and smoked herbal cannabis (in the form of grass, weed, herb or skunk) were asked whether the cannabis they smoked in the last month was grown in Ireland. Of this group the majority (45%) did not know whether the cannabis they took was grown in Ireland or not, 38% said it was grown in Ireland (up from 16% in 2006/7) and 17% said it was not grown in Ireland (down from 51% in 2006/7).

Method by which cannabis is used (Table 6)

Current cannabis users were asked about the most common method used to take cannabis. The most common method reported was a joint (94%) while 4% said they used a pipe. Results by gender show that smoking joints was the only method reported by women (100%). Smoking joints was also the most common method reported by men (93%), followed by a pipe (4%) and a bong (2%). Less than 1% of men reported eating cannabis. In terms of age, smoking joints was reported more by young adults (97%) than older adults (87%) while using a pipe was more likely to be reported by older than young adults (11% vs 0.6%). Using a bong was reported by 2% of young adults and 1% of older adults said they were most likely to eat cannabis.

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6   The number of current cannabis users in the 2006/7 and 2010/11 surveys is unlikely to be sufficient to detect differences where they occur in the population as statistically significant.

7   It should be noted in relation to Table 4 and the discussion of this table, that many of these terms are names for the same form of cannabis (e.g. hash and resin are the same form while grass, weed, herb and skunk are terms used for the form known as cannabis herb).

How cannabis was obtained on last occasion used (Table 7)

Recent cannabis users were asked how they got their cannabis and most mentioned people that were well known to them: the majority mentioned getting cannabis from a family member or a friend (45%), followed by getting when friends shared it with them (22%) and buying it from a friend (19%). In comparison, respondents were much less likely to report getting cannabis from a contact not known to them personally: for example 6% said they had bought the cannabis from a person not known to them and 3% said they had been given cannabis by someone who was a contact but was not known to them personally.

Where cannabis was obtained on last occasion used (Table 8)

Recent cannabis users were asked where they had obtained their cannabis on the last occasion they had used it. Most respondents indicated that they had gotten cannabis at the house of friends (62%), followed by getting it in a street/park (14%), a disco/bar/club (8%), the house of a dealer (6%), ordered by telephone (4%) with just over 1% of recent user reporting getting cannabis whilst in school/college.

Women were more likely than men to obtain their cannabis in the house of a friend (74% vs 58%) and were also more likely to order cannabis by telephone than men (6% vs 3%). On the other hand men were more likely than women to source cannabis in a street or park (17% vs 4%), in a disco/club/bar (8% vs 6%) and in a house of a dealer (7% vs 5%).

A similar share of young and older adults reported sourcing cannabis at a house of a friend (both 62%). Young adults were more likely than older adults to report getting cannabis in a street/park (15% vs 8%) and to order cannabis by telephone (4% vs 2%). Older adults (35-64 yrs) however were more likely to source the cannabis they used in a disco/bar/club (9% vs 7%) and in the house of a dealer (8% vs 6%).

Ease of obtaining cannabis (Table 9)

Recent cannabis users were asked how easy/difficult it would be for them to obtain cannabis in a 24-hour period. Most (73%) respondents said that would be easy. The size of this majority has increased since 2006/7 (when 60% of recent users said it would be easy[8]). Men (73%) were almost as likely to find it easy to obtain cannabis as women (74%). Young adults were more likely than older adults to say it would be easy (76% vs 63%).

Stopping cannabis use and reasons for stopping (Table 10)

Lifetime cannabis users were asked if they had ever used cannabis on regular basis and 27% of this group said they had. This response was more common among men (32%) than women (18%) and among young (31%) than older (23%) adults.

People who had used cannabis regularly at some point were also asked about attempts to stop cannabis use. Of this group 74% said they had managed to stop and 10% said they had tried but had not succeeded.

Among those who had stopped using cannabis the share of women (76%) was higher than men (73%). More men than women had never tried to stop (17% vs 12%) while women were more likely than men to have tried and failed to stop (13% vs 10%).

Equal shares (74%) of young and older adults successfully stopped using cannabis. A larger share of young than older adults were not successful in their attempts at stopping (11% vs 9%). Older adults were marginally more likely to have never tried to stop using cannabis than young adults (17% vs 15%).

Reasons for stopping cannabis use (Ever regular users who stopped cannabis use) (Table 11)

'Not wanting to use any longer' was the most common reason given by respondents for stopping cannabis use and this reason was given by 27% of those who had stopped. After this 'cannabis no longer a part of social life' was a reason given by 18%, and health concerns was mentioned by 17% of those who stopped. Among the remaining reasons the most frequently reported were 'impact on job/friends/family' and 'not enjoying the after effects' (both 7%). After this the most frequently mentioned responses were being persuaded by friend/family members to stop (6%), no longer being able to afford to use cannabis (3%), having given up smoking (also 3%), being on rehabilitation programme and reduced availability/supply of cannabis (both 2%).

Among the reasons given for stopping cannabis use, the most common reasons mentioned by men were: no longer wanting to take cannabis any longer (29%), concerns about implications for health (18%) and cannabis being no longer a part of their social life (16%). The most common reasons for stopping given by women were: cannabis was no longer a part of their social life (25%), not wanting to take cannabis any more (21%) and health concerns (12%).

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8   Not reported in this bulletin. Please see *Drug Use in Ireland and Northern Ireland 2006/7 Drug Prevalence Survey, Cannabis Results (NACD 2008)*.

Among the most common reasons for stopping cannabis use, young adults mentioned: no longer wanting to take it (28%), health concerns (18%) and cannabis no longer being a part of their social life (16%). Older adults were most likely to stop because they no longer wanted to take it (26%), cannabis was no longer part of their social life (22%) and health concerns (14%).

Attitudes towards cannabis use (Table 12)

Respondents (15-64 yrs) were asked whether people should be permitted to take cannabis for medical reasons: Respondents were asked about the extent to which they agreed with cannabis use being permitted for medical reasons. Most of those surveyed agreed (66%) with the statement (comprising 34% who fully agreed and 32% who largely agreed). Men were more likely to agree with this statement than women (72% vs 60%) as were older than young adults (69%vs 62%).

Table 12 shows separate results for two different sub-samples: lifetime cannabis users and those who had never used cannabis. In both sub-samples the majority agreed with the statement and agreement was higher among men and older adults. Lifetime cannabis users were more likely to agree with the statement than those who had never used (85% vs 60%).

Respondents (15-64 yrs) were asked whether people should be permitted to take cannabis for recreational reasons: In this case, the majority of respondents disagreed (69%) with this statement (comprised of 46% reporting 'fully disagree' and the 23% reporting 'largely disagree'). Women (78%) were more likely to disagree than men (61%) and older (72%) were more likely to disagree than young adults (66%).

Responses were analysed for lifetime users and those who had never used cannabis separately: Among those who have never used cannabis, a large majority (80%) disagreed with the idea that cannabis should be permitted for recreational reasons. Among lifetime users more respondents agreed (44%) than disagreed (38%) with the statement.

Respondents (15-64 yrs) were asked about extent of approval/disapproval with smoking cannabis regularly: When asked about their views on people smoking cannabis regularly, 36% said they strongly disapproved and 37% disapproved. A smaller share of respondents said they did not disapprove (26%), while less than 1% said they did not know.

Disapproval was higher among those who had never used cannabis than among lifetime users (84% vs 40%). For both of these sub-groups women were more likely to disapprove than men while levels of disapproval were similar between older (41%) and young adults (40%).

Respondents (15-64 yrs) were asked about risk from smoking cannabis regularly: Respondents surveyed were most likely to rate smoking cannabis regularly as a great risk (64%). Women were more likely to rate this as risky than men (72% vs 56%) as were older adults (69% vs 58%). People who had never used cannabis were more likely to rate it as a 'great risk' (72%) than lifetime users (41%).

Profile of cannabis users

Cannabis Prevalence by Socio-economic Group (SOC2000 Classification)[9] (Table 13)

Cannabis prevalence analysed by socio-economic group status show that lifetime and last year rates are highest among people in Group A (*Professionals, Senior management and top civil servants*) at 35% and 10% respectively. However the rate for current use, last month prevalence is highest among people in Group E (*Long-term state dependent*) (5%). Lifetime rates were lowest for Group D (*Semi-skilled and unskilled workers*) (20%). Last year (21%) and last month rates (4%) are lowest for C2 (*Skilled manual workers and manual workers responsible for other workers*). However group differences are statistically significant for lifetime prevalence only (p=.0001).

Work Status (Table 14)

Cannabis

Table 14 presents 2010/11 results for prevalence of cannabis according to the work status of survey respondents. Lifetime prevalence is highest among those classified as being in paid work, while last year and last month rates are highest among students: 11% (last year) and 4% (last month). There are no statistically significant group differences.

Housing tenure (Table 15)

Table 15 presents cannabis prevalence rates according to type of housing tenure. Lifetime and last year rates for cannabis prevalence are highest in the group classified as '*Renting from a private landlord*': For this group rates are 37% (lifetime) and 12% (last year). Last month cannabis prevalence is highest among those classified as '*Renting from a local authority or housing agency* at 7%. Group differences are statistically significant for all three prevalence measures (p=.0000).

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9   Official/international system for classifying socio-economic group.

Age Ceased Education (Table 16)

Table 16 outlines cannabis prevalence by the age people said they had ceased formal education. Lifetime cannabis prevalence is highest among those who ceased education at 20 years and over (34%). Lifetime cannabis rates are 21% for those who ceased education between 16-19 years and 19% for those who ceased at 15 years or under. Last year and last month prevalence rates are highest for those who ceased education at 15 years or under (6% and 4%, respectively). Only group differences in lifetime prevalence rates are statistically significant (p=.0000).

Highest Education Level Attained (Table 17)

Table 17 presents cannabis prevalence rates according to the highest level of qualification attained by respondents. Lifetime rates are highest for those with third level education at 31% and lowest among those with primary level (14%). Last year prevalence is marginally higher among those with upper second level (7%), while the last month rate for those who attained primary, lower second and upper second levels is 3% each. Only group differences for lifetime rates are statistically significant (p=.0000).

Knowing people who use cannabis (Table 18)

Of all adults (15-64) surveyed 46% said in 2010/11 that they know someone personally who used cannabis. This response was more likely among men (53%) than women (40%) and among young adults (62%) than older adults (34%).

Marital Status (Table 19)

Table 19 sets out the results for cannabis prevalence according to respondents' marital status. Lifetime rates are highest among those classified as cohabiting (47%), followed by those classified as single (31%). Last year rates were also highest for these groups (13% and 12%) and last month rates were highest among those cohabiting and divorced (each 7%). For all three prevalence measures, group differences are statistically significant.

References

World Drug Report, United Nations Office on Drugs and Crime (UNODC), Vienna, Austria, 2012

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Table GPS-9, Part iii, EMCDDA Statistical Bulletin online, 2012, http://www.emcdda.Europa.eu/stats12#display:/stats12/gpstab9c.

Table 1: Cannabis – Prevalence Rates (%)

	All adults (15-64)			Males			Females			Young adults (15-34)			Older adults (35-64)		
	02/3	06/7	10/11	02/3	06/07	10/11	02/03	06/7	10/11	02/3	06/7	10/11	02/3	06/7	10/11
Total Weighted N (valid responses)	4918	4967	5127	2470	2513	2553	2448	2454	2574	2333	2315	2254	2585	2652	2873
Lifetime Prevalence (Ever used)	17.3	21.9	25.3ab	22.2	27.2	33.2abc	12.3	16.8	17.5b	23.8	28.6	33.4ab	11.4	16.2	19.0abd
Last Year Prevalence (Recent use)	5.1	6.3	6.0	7.2	8.8	9.1	2.9	3.9	2.9	8.7	10.6	10.3	1.8	2.7	2.6d
Last Month Prevalence (Current use)	2.6	2.6	2.8	3.4	4.1	4.7c	1.7	1.2	0.9b	4.3	4.3	4.5	0.9	1.2	1.4d

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 2010/11.

d   Denotes a statistically significant difference between age groups in 2010/11.

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

Table 1a: Cannabis Dependence and Cannabis Abuse using M-CIDI instrument (recent cannabis users and general population) (%)

	All adults (15-64)	Male	Female	Young adults (15-34)	Older adults (35-64)
Recent Users					
Total Weighted N (valid responses)	**305**	**231**	**74**	**232**	**73**
Cannabis Dependence	9.2	11.0	3.6	9.8	7.3
Cannabis Abuse	17.4	20.4	8.1	20.1	8.9
General Population					
Total Weighted N (valid responses)	**5,106**	**2,544**	**2,562**	**2,244**	**2,862**
Cannabis Dependence	0.6	1.2	0.1	1.1	0.3
Total Weighted N (valid responses)	**4,134**	**1,939**	**2,199**	**1,732**	**2,402**
Cannabis Abuse	1.3	2.4	0.3	2.7	0.3

Table 2a: Age of first use (Lifetime users)

	All adults (15-64)			Males			Females			Young adults (15-34)			Older adults (35-64)		
	02/3	06/7	10/11	02/3	06/07	10/11	02/03	06/7	10/11	02/3	06/7	10/11	02/3	06/7	10/11
Total Weighted N (valid responses)	**750**	**1087**	**1298**	**487**	**679**	**848**	**264**	**408**	**450**	**492**	**661**	**753**	**258**	**426**	**545**
Median Age	18	18	18	18	18	18	18	18	18	17	18	18	20	20	20

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

	All adults (15-64)			Males			Females			Young adults (15-34)			Older adults (35-64)		
	02/3	06/7	10/11	02/3	06/07	10/11	02/03	06/7	10/11	02/3	06/7	10/11	02/3	06/7	10/11
Total Weighted N (valid responses)	**176**	**280**	**354**	**183**	**208**	**272**	**42**	**72**	**82**	**138**	**201**	**230**	**39**	**79**	**124**
Median Age	16	17	17	16	17	17	16	17	17	16	17	16	18	19	18

Table 2c: Age of First Regular Use (Ever regularly users)

	All adults (15-64)			Males			Females			Young adults (15-34)			Older adults (35-64)		
	02/3	06/7	10/11	02/3	06/07	10/11	02/03	06/7	10/11	02/3	06/7	10/11	02/3	06/7	10/11
Total Weighted N (valid responses)	**166**	**280**	**354**	**126**	**208**	**272**	**40**	**72**	**82**	**130**	**201**	**230**	**36**	**79**	**124**
Median Age	18	18	18	18	18	18	17	18	19	17	18	18	19	20	19

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)		
	02/3	06/7	10/11	02/3	06/07	10/11	02/03	06/7	10/11	02/3	06/7	10/11	02/3	06/7	10/11
Total Weighted N (valid responses)	**152**	**276**	**354**	**122**	**205**	**272**	**29**	**72**	**82**	**124**	**198**	**230**	**27**	**79**	**124**
Average no. years	2	2	2	2	2	2	1	2	2	2	2	2	2	2	3

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

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

Table 3: Frequency of use of cannabis 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)	**128**	**142**	**99**	**119**	**28**	**24**	**97**	**102**	**31**	**41**
20 days or more	24.4	13.9	27.8	14.4	12.3	11.5	25.0	9.9	22.4	24.0
10-19 days	10.3	17.1	9.0	17.0	15.0	17.8	11.1	19.9	7.9	10.0
4-9 days	28.3	21.2	29.4	22.1	24.1	16.6	26.9	25.2	32.6	11.2
1-3 days	37.0	47.8	33.8	46.5	48.6	54.2	37.0	45	37.1	54.8

a   Denotes a statistically significant change (p<0.001) between 2006/7 and 2010/11.

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

Table 4: Type of cannabis commonly used (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)	**128**	**143**	**99**	**119**	**28**	**24**	**97**	**102**	**31**	**41**
Hash	53.8	22.6	50.3	23.5	66.2	18.3	53.4	19.2	55.2	31.2
Grass	26.8	21.8	27.8	19.9	23.5	30.9	27.1	12.6	26.0	44.9
Resin	6.4	4.2	6.7	3.8	5.2	6.0	4.3	4.9	13.1	2.3
Weed	8.4	46.5	10.1	49.0	2.5	33.9	11.1	61.3	0.0	9.3
Herb	1.9	–	2.5	–	0.0	–	2.5	–	0.0	–
Skunk	1.2	2.4	1.6	2.5	0.0	2.1	1.6	1.9	0.0	3.6
Hash Oil	0.8	0.7	1.1	0.5	0.0	2.1	0.0	0.0	3.4	2.6
Don't Know	0.6	1.7	0.0	0.7	2.6	6.8	0.0	0.0	24.	6.1

†   Denotes a statistically significant change in pattern of use (p<0.05) between 2006/7 and 2010/11.

All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses.
Some of the different terms used for the same form of cannabis (e.g. one form is grass/weed and another form is resin/hash).

Table 5: Cannabis grown in Ireland (Current users who smoke grass/weed/herb/skunk) (%)

	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)	**49**	**101**	**42**	**85**	**7**	**16**	**4**	**78**	**8**	**23**
Yes	16.1	38.3	17.1	39.1	9.9	33.9	10.8	36.3	43.0	45.1
No	51.2	16.5	53.8	17.0	36.3	13.9	55.4	15.7	29.6	19.6
Don't Know	32.7	45.2	29.0	43.9	53.8	52.2	33.8	48.0	27.4	35.8

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

Table 6: Method of taking cannabis (Current users) (%)

	All adults (15-64)	Male	Female	Young adults (15-34)	Older adults (35-64)
Total Weighted N (valid responses)	**143**	**119**	**24**	**102**	**41**
Joint	94.4	93.3	100	97.3	87.0
Pipe	3.4	4.1	0.0	0.6	10.6
Bong	1.5	1.8	0.0	2.1	0.0
Eat	0.7	0.8	0.0	0.0	1.0

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

Table 7: How cannabis was obtained on last occasion used (Recent users) (%)

	All adults (15-64)	Male	Female	Young adults (15-34)	Older adults (35-64)
Total Weighted N (valid responses)	**306**	**232**	**74**	**232**	**73**
Given by family/friend	45.2	42.8	52.9	40.4	60.5
Shared amongst friends	21.7	19.5	28.7	26.4	7.0
Bought from a friend	18.9	22.0	9.1	19.1	18.3
Bought from contact not known personally	5.9	6.7	3.3	6.9	2.7
Given by stranger	0.8	0.8	0.7	0.3	2.3
Given by contact not known personally	3.0	3.6	1.0	3.0	2.8
Bought from a stranger	1.3	1.5	0.5	1.1	1.9
Other	2.3	1.8	3.9	1.6	4.6
Refused to answer	1.0	1.3	0.0	1.3	0.0

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

Table 8: Where cannabis was obtained on last occasion used (Recent users) (%)

	All adults (15-64)	Male	Female	Young adults (15-34)	Older adults (35-64)
Total Weighted N (valid responses)	**306**	**232**	**74**	**232**	**73**
House of friends	62.2	58.4	74.0	62.4	61.7
Disco/bar/club	7.5	8.0	6.1	6.9	9.4
Street/park	13.5	16.7	3.5	15.2	8.3
Ordered by telephone	3.5	2.5	6.4	3.8	2.4
House of a dealer	6.1	6.6	4.5	5.5	8.0
Other	3.5	3.6	3.1	2.4	7.0
School/college	1.4	1.8	0.0	1.2	2.0
Office/Workplace	0.5	0.6	0.0	0.6	0.0
Don't know	1.5	1.3	2.4	1.6	1.2
Refused to Answer	0.3	0.4	0.0	0.4	0.0

Table 9: Ease of obtaining cannabis in a 24-hour period (Recent users) (%)

	All adults (15-64)	Male	Female	Young adults (15-34)	Older adults (35-64)
Total Weighted N (valid responses)	306	232	74	232	73
Very Easy	42.6	44.3	37.2	41.5	46.0
Fairly Easy	30.5	28.4	36.9	34.8	16.8
Neither easy or difficult	11.8	12.9	8.1	12.3	10.1
Fairly difficult	10.3	10.1	11.1	8.7	15.5
Very difficult	2.3	1.9	3.6	1.3	5.6
Don't know	2.5	2.3	3.2	1.4	6.0

Table 10: Regular cannabis users and stopping cannabis use (%)

	All adults (15-64)	Male	Female	Young adults (15-34)	Older adults (35-64)
Lifetime cannabis users who ever used cannabis regularly					
Total Weighted N (valid responses)	1298	849	450	753	545
Yes	27.3	32.0	18.3	30.5	22.8
Ever regular cannabis users and stopping cannabis use					
Total Weighted N (valid responses)	354	272	82	230	124
Regular user – stopped taking	74.0	73.4	75.8	74.0	74.0
Regular user – tried to stop but failed	10.4	9.7	12.8	11.4	8.7
Regular users – Never tried to stop	15.6	16.9	11.5	14.6	17.4

Table 11: Reasons for stopping cannabis use (Ever regular users who stopped using) (%)

	All adults (15-64)	Male	Female	Young adults (15-34)	Older adults (35-64)
Total Weighted N (valid responses)	262	200	62	170	92
Did not want to take any more	27.4	29.3	21.4	28.0	26.3
No longer part of social life	18.3	16.2	25.3	16.1	22.4
Did not enjoy after effects	7.2	7.6	6.0	6.5	8.7
Health concerns	16.8	18.2	12.3	18.4	13.9
Persuaded by friends/family	6.2	6.9	4.0	7.6	3.7
Cost/could no longer afford it	3.2	3.3	3.0	4.5	0.9
Impact on job-friends/family	7.3	6.8	8.8	8.0	5.9
Less available supply	2.2	2.3	1.6	0.0	6.1
Pregnancy	1.4	0.0	6.0	1.6	1.2
Pros did not outweigh cons	1.4	0.3	4.7	1.9	0.5
Rehab Programme	1.5	1.4	1.6	0.3	3.5
Gave up smoking cigarettes	2.8	3.2	1.8	2.6	3.3
Other	3.0	2.8	3.6	2.6	3.6
Don't know	1.3	1.7	0.0	2.0	0.0

Table 12: Attitudes towards cannabis use (%)

	GENERAL POPULATION					THOSE WHO HAVE NEVER USED CANNABIS					THOSE WHO EVER USED CANNABIS				
	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)
People should be permitted to take cannabis for medical reasons															
Total Weighted N (valid responses)	(5128)	(2554)	(2574)	(2254)*	(2874)*	(3829)	(1705)	(2125)	(1501)*	(2328)*	(1298)	(849)	(450)	(753)	(545)
Fully agree	34.3	39.6	28.9	31.6	36.4	27.9	30.6	25.7	23.2	30.9	53.1	57.7	44.4	48.2	59.9
Largely agree	31.5	32.0	31.0	30.6	32.4	31.6	34.2	29.4	28.8	33.3	31.4	27.5	38.7	33.6	28.4
Neither agree or disagree	9.4	8.7	10.1	10.9	8.1	10.3	9.7	10.8	12.0	9.2	6.6	6.7	6.6	8.9	3.6
Largely disagree	11.2	8.3	14.1	13.7	9.3	13.6	10.7	15.9	18.1	10.7	4.1	3.4	5.5	4.7	3.3
Fully disagree	11.1	9.8	12.4	10.8	11.4	13.6	12.8	14.2	14.1	13.3	3.8	3.7	3.8	4.2	3.2
Don't know	2.5	1.6	3.4	2.7	2.4	3.1	2.0	3.9	3.8	2.6	1.0	1.0	1.0	0.5	1.7
People should be permitted to take cannabis for recreational reasons															
Total Weighted N (valid responses)	(5128)	(2554)	(2564)	(2254)*	(2874)*	(3829)	(1705)	(2125)	(1501)*	(2328)*	(1087)	(679)	(408)	(661)	(426)
Fully agree	6.8	9.8	3.8	7.9	5.9	3.0	4.2	2.1	2.9	3.0	18.0	21.1	12.0	17.7	18.3
Largely agree	12.7	17.6	7.7	13.0	12.4	8.0	11.5	5.2	7.5	8.3	26.3	29.8	19.8	23.9	29.7
Neither agree or disagree	10.5	11.4	9.7	13.0	9.0	8.5	9.3	7.8	9.5	7.8	16.7	15.6	18.8	18.6	14.0
Largely disagree	23.4	22.0	24.7	24.0	22.8	24.4	24.7	24.2	26.0	23.4	20.2	16.7	26.8	20.0	20.4
Fully disagree	45.8	38.5	53.0	41.6	49.0	55.2	49.4	59.8	52.9	56.6	18.1	16.6	20.9	19.0	16.8
Don't know	0.9	0.8	1.1	1.0	0.9	1.0	1.1	1.0	1.2	0.8	0.8	0.3	1.7	0.8	0.9
People smoking cannabis occasionally															
Total Weighted N (valid responses)	(5128)	(2554)	(2574)	(2254)*	(2874)*	(3829)	(1705)	(2125)	(1501)*	(2328)*	(1298)	(849)	(450)	(753)	(545)
Do not disapprove	26.2	32.2	20.2	30.2	23.0	14.8	16.9	13.2	15.1	14.6	59.6	62.9	53.2	60.3	58.5
Disapprove	37.4	35.6	39.1	38.6	36.4	39.6	39.6	39.7	42.2	38.0	30.7	27.6	36.6	31.4	29.7
Strongly disapprove	35.7	31.4	39.9	30.2	39.9	44.6	42.6	46.2	41.3	46.7	9.4	9.0	10.1	8.2	11.0
Don't know	0.8	0.9	0.8	1.0	0.7	1.0	1.0	1.0	1.4	0.7	0.4	0.6	0.1	0.1	0.8
Perceived risk related to smoking cannabis regularly															
Total Weighted N (valid responses)	(5128)	(2554)	(2574)	(2254)*	(2874)*	(3829)	(1705)	(2125)	(1501)*	(2328)*	(1298)	(849)	(450)	(753)	(545)
No risk	0.9	1.3	0.6	1.4	0.6	0.4	0.3	0.4	0.4	0.3	2.6	3.3	1.3	3.3	1.7
Slight risk	7.6	10.7	4.7	9.7	6.0	4.5	6.3	3.1	5.7	3.7	16.8	19.3	12.0	17.6	15.7
Moderate risk	26.9	31.1	22.8	31.2	23.6	22.7	26.6	19.5	27.2	19.8	39.4	40.0	38.2	39.1	39.8
Great risk	64.0	56.4	71.5	57.5	69.1	71.8	66.1	76.3	66.2	75.4	41.0	37.1	48.5	40.0	42.5
Don't know	0.5	0.5	0.6	0.3	0.7	0.7	0.7	0.7	0.5	0.8	0.1	0.2	0.0	0.0	0.3

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

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

Table 13: Cannabis prevalence by socio-economic group (SOCO2000 Classification) (%)

	Lifetime[†] (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
Total Weighted N (valid responses)	5083	5082	5082
A. Professional, senior management, top civil servants	35.1	9.8	3.1
B. Middle management, senior civil servants, managers and owners of own business	30.2	5.4	2.2
C1. Junior management and owners of small business	27.1	5.6	2.4
C2. Skilled manual workers and manual workers responsible for other workers	20.6	3.8	1.8
D. Semi-skilled and unskilled manual workers, trainees and apprentices	20.2	6.9	2.9
E. All those dependent on the State long-term	26.2	8.0	5.2

[†]   Wald-F statistically significance test ($p < .0001$) for a test of equality among groups.

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 14: Cannabis Prevalence by Work Status (%)

	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
Total Weighted N (valid responses)	5117	5115	5115
In paid work	27.9	4.9	2.3
Not in paid work	22.4	6.2	3.2
Student	20.9	10.4	4.1
Other	66.1	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 based on valid responses and are rounded to the nearest decimal place.

Table 15: Cannabis Prevalence by Housing Tenure (%)

	Lifetime[†] (Ever Used)	Last Year[†] (Recent Use)	Last Month[†] (Current Use)
Total Weighted N (valid responses)	5069	5068	5068
Owned in part or full	22.2	4.3	1.8
Rented from private landlord	37.4	11.5	4.9
Rented from LA/HA	28.8	9.3	6.9
Other	19.0	6.9	3.7

[†]   Wald-F statistically significance test ($p < .0001$) for a test of equality among groups.

Due to weighting, categories do not always sum to total weighted n.

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

Table 16: Cannabis Prevalence by Age Education Ceased (%)

	Lifetime[†] (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
Total Weighted N (valid responses)	**3893**	**3891**	**3891**
15 years and under	19.4	6.1	4.3
16-19 years	20.7	4.5	2.5
20 years and over	34.0	5.5	2.3

† Wald-F statistically significance test ($p < .0001$) for a test of equality among groups.

Due to weighting, categories do not always sum to total weighted n.

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

Table 17: Cannabis Prevalence by Highest Education Level Attained (%)

	Lifetime[†] (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
Total Weighted N (valid responses)	**5087**	**5086**	**5086**
Primary	13.7	3.4	3.0
Lower second level	18.0	5.6	2.7
Upper second level	23.4	7.0	3.3
Third level	31.4	5.8	2.4

† Wald-F statistically significance test ($p < .0001$) for a test of equality among groups.

Due to weighting, categories do not always sum to total weighted n.

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

Table 18: Personally Know People who Take Cannabis (%)

	All adults (15-64)			Males			Females			Young adults (15-34)			Older Adults (16-34)		
	02/3	06/7	10/11	02/3	06/07	10/11	02/03	06/7	10/11	02/3	06/7	10/11	02/3	06/7	10/11
Total Weighted N (valid responses)	**4870**	**4868**	**5024**	**2442**	**2473**	**2511**	**2428**	**2395**	**2513**	**2316**	**2270**	**2199**	**2554**	**2599**	**2825**
Yes	35.2	43.2	46.4	41.2	48.2	52.9	29.2	38.0	39.9	48.7	58.5	62.4	23.0	29.8	34.0

Table 19: Cannabis Prevalence by Marital Status (%)

	CANNABIS		
	Lifetime (Ever Used)	Last Year (Recent Use)	Last Month (Current Use)
Total Weighted N (valid responses)	**5122**	**5120**	**5120**
Single	30.8	11.5	4.8
Married	18.4	1.3	0.7
Co-habiting	46.9	12.6	6.8
Separated	26.5	4.5	2.2
Divorced	25.9	8.6	6.6
Widowed	10.0	3.6	3.6

† Wald-F statistically significance test ($p < .0001$) for a test of equality among groups.

Due to weighting, categories do not always sum to total weighted n.

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

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