Drug use in Ireland and Northern Ireland

2010/11 Drug Prevalence Survey: Polydrug Use Results

This bulletin presents key findings regarding polydrug use (the use of more than one substance within a specific time period) in Ireland. These are based on the 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 prevalence rates for combinations of both legal and illegal drug use for the Republic of Ireland and also examines gender and age differences and the relationship between the use of a particular substance and the use of another substance. 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. It should also be noted that the figures presented for prevalence are for that specific combination only and do not provide information on individual substances unless specified.

- Twenty percent of all adults aged 15-64 in Ireland had not used any substance (legal or illegal) within the last month.

- Alcohol and tobacco use was the most common combination of substance use reported among all adults (16%).

- Four percent of all adults had used tobacco only within the last month.

- Among all adults, the last month prevalence of polydrug use which included any illegal drug was 3%.

- Females (23%) were more likely than males (16%) not to have used any substance (legal or illegal) during the last month.

- Last month prevalence of alcohol and tobacco use was higher among men (20%) than women (13%) and among young adults than older adults (18% vs. 15% respectively).

- Last month prevalence of alcohol, tobacco, and any illegal drug was higher among men (3%) than women (0.4%) and among young adults (3%) than older adults (1%).

- Older adults were more likely than younger adults to use the combination of alcohol and anti-depressants.

- There were statistically significant differences in prevalence rates of polydrug use among men and women and among young and older adults.

- Of those who had smoked tobacco, 78% had also used alcohol in the last month.

- Of those who had used cannabis 85% had also used alcohol and 77% had also smoked tobacco in the last month.

- Since 2006/7 there have been statistically significant decreases in the use of tobacco among users of alcohol, the use of tobacco among users of cannabis and the use of alcohol among users of tobacco. Findings were similar for men and young adults.

- Users of cannabis, users of amphetamine-type stimulants and users of cocaine were likely to have used other legal as well as illegal substances in the last month.

- Users of sedatives or tranquillisers and users of anti-depressants were likely to have used other legal substances.

- Among users of alcohol males were more likely than females to have also used cannabis.

- Among users of alcohol females were more likely than males to have also used anti-depressants.

- There were statistically significant differences in the use of another substance among young and older adult users of alcohol.

- Among young and older adults who smoked tobacco there were statistically significant differences in their use of another substance as well.

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.

In 2013 NACD was reconstituted until the end of 2016, in line with the time frame 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, 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.

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 sample achieved 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.

---

1   Since January 2005 the Health Boards in Ireland have been restructured and merged under one authority, the Health Service Executive. For the purpose of facilitating comparisons between the 2002/3, 2006/7 and the current survey, it was decided to continue to weight the data by the former Health Board areas as these correspond with the Regional Drug Task Force 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. However, this situation is likely to change over time as the younger population grows older and will be kept under review. 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 change as it refers to recent use.

Understanding the Results of this Bulletin

This bulletin contains prevalence rates and other relevant information regarding current polydrug use; that is, the use of more than one substance within the last month (last 30 days), 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 based on data provided for last month use.

Due to changes in the combinations of polydrug use since the last survey, comparisons between 2010/11 and earlier survey results are not presented for prevalence of use. Comparisons between 2010/11 and earlier survey results are presented for use of one substance by users of another substance.

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 may have given more than one answer.

For the purpose of this study:

■ 'Legal drugs' refers to alcohol, tobacco, sedatives or tranquillisers, anti-depressants and 'other legal drugs'. Due to small numbers methadone, other opiates[4] and anabolic steroids are grouped as 'other legal drugs'

■ 'Any illegal drugs' refers to amphetamines, cannabis, cocaine powder, crack, ecstasy, heroin, LSD, magic mushrooms, poppers and solvents

■ 'No legal or illegal drugs' refers to none of the above specified (legal or illegal) drugs in the last month

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 2010/11 NACD/A Bulletins 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.

---

4   Opium, Temgesic®, Diconal®, Napps, MSTs®, Pethidine, DF118®, (Dihydrocodeine), Buprenorphine and Morphine, Codeine, Feminax, Kapake, Diffs, Dikes, Peach, Fentanyl (Durogesic®, Sublimaze®, Actiq®), Oxycodone (Oxycontin®, Oxynorm®), and Buprenorphine (Subutex®), Maxilief, Migraleve, Nurofen Plus, Codeine Phosp, Panadeine, Paracetamol/Caffeine/Codeine and Doxylamine, Paracodin, Paramol, Solpadeine, Solpadol, Syndol, Tylex, Uniflu Plus, Veganin Plus.

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.

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.

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.

Definition of Polydrug Use

There are a number of forms of polydrug use. The most general definition of polydrug use (and the form reported in this bulletin) is concurrent substance use, which involves a person using at least two substances during the same time period (for example having used both cocaine and ecstasy in the last month).

Polydrug use is associated with a number of negative consequences including mental and physical ill-health, violence, aggression and a range of social problems. Polydrug use is more

likely to result in accidents and death (including death from overdose) than when a single substance is consumed.

There is evidence that polydrug use is common among people seeking drug treatment. The majority of cases treated in 2010 in Ireland reported problem drug use of more than one substance (65%) (HRB 2011)[6]. Polydrug use is more complex to treat, requiring services that can treat both alcohol and other drug dependence while providing a broad range of interventions, and is associated with poorer treatment outcomes. Earlier research shows that the pattern of use of 'additional' substances was linked to the main problem substance, the most common additional problem substances were cannabis followed by cocaine and benzodiazepines.[6]

In considering the results presented here, note that the figures for prevalence are for that specific combination of drugs ONLY. Thus, the figures for alcohol only refers to that group of people who consumed alcohol only, i.e. that group did not use any other substance during that specified interval. A higher percentage than this will actually have consumed alcohol, but will also have used another substance (for example, smoke tobacco). The important point is that the tables presented in this bulletin are not aimed at presenting information on the prevalence of individual substances, but rather at the prevalence of the combination of drugs.

RESULTS – IRELAND

Polydrug Use – Last Month Prevalence

All adults (Table 1)

Results from the 2010/11 survey in Ireland show that among all adults aged 15-64 years, 20% had not used any substance (legal or illegal) in the last month. In other words a large proportion of adults aged 15-64 were not current users of any substance, legal or illegal.

The largest proportion of respondents (39%) had consumed alcohol only; the most frequently reported combination of polydrug use involved the two most familiar substances, alcohol and tobacco (16%). Four percent of respondents had used tobacco only.

Apart from the combination of alcohol and tobacco, the last month prevalence rates of all other combinations of polydrug use were low. The second most frequently reported combination of polydrug use was alcohol and other legal drugs (7%) followed by alcohol, tobacco and other legal drugs (2%) and alcohol,

---

6   Alcohol and Drug Research Unit of the Health Research Board (2011) Trends in treated problem drug use in Ireland, 2005 to 2010.
     Available at *http://www.hrb.ie/publications*.

tobacco and any illegal drugs (2%). The proportion of all adults reporting various other polydrug use combinations ranged from less than 0.1% to 0.9%. The total last month prevalence rate for all polydrug use combinations which included any illegal drug was 3%. The total last month prevalence rate for all other polydrug use combinations was 4%.

Again it should be noted that prevalence rates are for the specific combination of substances ONLY and do not indicate the level of consumption of any individual substance on its own.

Gender (Tables 2 & 3)

A higher percentage of females (23%) than males (16%) had not used any substance (legal or illegal) during the last month. Also, higher percentages of women than men reported using the following combinations: alcohol and other legal drugs (8% vs. 5%); tobacco only (5% vs. 4%); alcohol, tobacco and other legal drugs (3% vs. 2%); alcohol and anti-depressants (1% vs. 0.6%); and alcohol, tobacco and anti-depressants (1% vs. 0.4%).

Men were more likely than women to report alcohol as the only substance used during the last month (42% vs. 36%). Higher percentages of men than women reported using alcohol and tobacco (20% vs. 13%); alcohol, tobacco and any illegal drugs (3% vs. 0.4%); alcohol and any illegal drugs (0.7% vs. 0.1%) and alcohol, other legal drugs and any illegal drugs (0.3% vs. 0.0%).

These differences in 2010/11 men and women's last month prevalence rates were statistically significant.

Age Table (4 & 5)

Similar percentages of young adults (15-34 years) and older adults (35-64 years) reported they had not used any drugs (legal or illegal) during the last month; 21% and 19% respectively. Also, similar percentages of young and older adults reported they had used tobacco only (4% vs. 5%) and the following combinations during the last month: alcohol and other legal drugs (6% vs. 7%) and alcohol, tobacco and other legal drugs (3% vs. 2%).

Last month prevalence of alcohol and tobacco was higher among young adults (18%) than older adults (15%). Also last month prevalence rates were higher among young adults than older adults for the combination of alcohol, tobacco and any illegal drugs (3% vs. 0.7%); and the combination of alcohol and any illegal drugs was higher among young adults (1%) than older adults (0.1%).

However, higher percentages of older adults than young adults reported they had used the following combinations: alcohol and anti-depressants (1% vs. 0.4%); alcohol, tobacco and sedatives or tranquillisers (0.5% vs. 0%) and alcohol, sedatives or tranquillisers and anti-depressants (0.3% vs. 0.1%) during the last month.

These differences in 2010/11 young and older adults' last month prevalence rates were statistically significant.

Relationship between use of particular substances and use of other substances – All adults (Table 6)

Patterns of polydrug use change when the data for specific drugs used was analysed. Table 6 presents 2010/11 patterns of association between the use of one substance and the use of another substance. For example, of those respondents who used alcohol (3,621), 31% also used tobacco and 3% also used cannabis in the last month.

In general the commonly used legal substances (alcohol and tobacco) were associated with less use of other substances than vice versa. Of those who had smoked tobacco in the last month, 78% had also drunk alcohol. However, for both alcohol and tobacco the proportion of respondents using them in combination with other legal or illegal drugs was low; last month prevalence of cocaine use among users of alcohol was 0.7% and among tobacco users was 1%.

In contrast, users of cannabis, amphetamine-type stimulants and cocaine were more likely to have used other legal as well as illegal substances. Of those who had used cannabis within the last month, 85% had also used alcohol and 77% had also smoked tobacco. Of those who had used cocaine within the last month, all respondents (100%) reported also using alcohol, 77% smoked tobacco, 41% used cannabis, 14% used amphetamine-type stimulants and 12% used anti-depressants.

Since the previous survey in 2006/7, the last month prevalence of tobacco use among users of alcohol decreased (-4.7 percentage points), while the last month prevalence of anti-depressant use by users of alcohol increased (+1.1 percentage points). There were also decreases in use of alcohol among users of tobacco (-2.9 percentage points), use of tobacco among users of cannabis (-11.6 percentage points) and use of sedatives or tranquillisers among users of anti-depressants (-12.1 percentage points). Since 2006/7, there were decreases in the last month prevalence of amphetamine-type stimulant use among users of cannabis (-9.5 percentage points), among users of tobacco (-0.7 percentage points) and among users of alcohol (-0.4 percentage points).

Relationship between use of particular substances and use of other substances – Gender (Tables 7 & 8)

Table 7 and Table 8 present patterns of association between the use of one substance and the use of another substance for men and for women in 2010/11. Among users of alcohol, men were more likely than women to have smoked tobacco (34% vs. 28%). Similarly among users of alcohol men were more likely

than women to have used cannabis (5% vs. 1%). However, more women than men who were users of alcohol reported they had also used anti-depressants (5% vs. 2%) during the last month.

Among users of tobacco, men were more likely than women to have also used alcohol (83% vs. 73%). Similarly, among users of tobacco, men were more likely than women to have used cannabis (11% vs. 3%) while larger proportions of women than men reported also using anti-depressants (9% vs. 5%) within the last month. Of those who had used sedatives or tranquillisers, last month prevalence of cannabis use was higher among men than women (15% vs. 5%). There were no other statistically significant differences in the use of one substance by users of another substance among men and women.

Since 2006/7, there was a decrease in the use of tobacco among men who were users of alcohol (-3.4 percentage points). Similarly, there was a decrease in the use of tobacco among men who were users of cannabis (-14.8 percentage points) and a decrease in the use of alcohol (-4.5 percentage points) among men who were users of tobacco. Since 2006/7, there were also decreases in the last month prevalence of amphetamine-type stimulant use among men who were users of cannabis (-8.9 percentage points) and among men who were users of alcohol (-0.5 percentage points).

Since 2006/7, the only statistically significant changes in use of one substance by users of another substance among women were a decrease in the use of tobacco among users of alcohol (-6.2 percentage points) and an increase in the use of anti-depressants among users of alcohol (+1.8 percentage points).

Relationship between use of particular substances and use of other substances – Age (Tables 9 & 10)

Differences between young adults (15-34 years) and older adults (35-64 years) in the use of more than one substance were observed, mainly for alcohol and tobacco. Among users of alcohol:

- Young adults were more likely than older adults to have reported also using tobacco (36% vs. 27%)
- Young adults were more likely than older adults to have reported also using cannabis (6% vs. 2%)
- Young adults were more likely than older adults to have reported also using cocaine (1% vs. 0.2%)

However, a higher percentage of older adult than young adult users of alcohol reported they had also used anti-depressants (5% vs. 2%). Likewise, the use of sedatives or tranquillisers was also higher among older adult than younger adult users of alcohol (4% vs. 1%).

Similar results were observed among users of tobacco:

- Young adults were more likely than older adults to have reported also using alcohol (82% vs. 75%)
- Young adults were more likely than older adults to have reported also using cannabis (11% vs. 4%)
- Young adults were more likely than older adults to have reported also using cocaine (2% vs. 0.5%).

However, a higher percentage of older adult than young adult users of tobacco reported that they had also used anti-depressants (8% vs. 5%). The use of sedatives or tranquillisers was also higher among older adult than younger adult users of tobacco (7% vs. 2%).

There were some further differences between young and older adults in the use of more than one substance, such as cannabis, cocaine, sedatives or tranquillisers and anti-depressants. Among users of cannabis, older adults were more likely than young adults to also use sedatives or tranquillisers (24% vs. 3%), with similar results for use of anti-depressants among users of cannabis (20% vs. 5%). Similarly among cocaine users:

- Older adults were more likely than young adults to have reported also using amphetamine-type stimulants (79% vs. 3%)
- Older adults were more likely than young adults to have reported also anti-depressants (52% vs. 5%)

Among users of anti-depressants, older adults were more likely than young adults to have used sedatives or tranquillisers (31% vs.13%) while, more young than older adult users of anti-depressants had used tobacco within the last month (64% vs. 37%). However, of users of sedatives or tranquillisers, young adults were more likely than older adults to have also used cocaine (11% vs. 0.3%).

Since 2006/7, last month prevalence of tobacco use decreased among young adult (-4.9 percentage points) and older adult (-4.1 percentage points) users of alcohol. Similarly last month prevalence of tobacco use among young adults users of cannabis also decreased (-14.3 percentage points).

Since 2006/7, last month prevalence of amphetamine-type stimulant use decreased among young adult users of cannabis (-13.4 percentage points), among young adult users of tobacco (-1.5 percentage points) and among young adult users of alcohol (-0.9 percentage points). Among older adult users of alcohol, there was an increase in the use of anti-depressants (+1.6 percentage points) since 2006/7. There were decreases in the use of tobacco (-13.2 percentage points) and the use of sedatives or tranquillisers (-15.1 percentage points) among older adult users of anti-depressants.

In conclusion, the results of the prevalence of polydrug use among the general population are presented in this bulletin with the key findings highlighted above.

Table 1: Top 30 of last month prevalence of no drug, monodrug and polydrug use – All adults (15-64)

Substance	Frequency n=5120	Percent
Alcohol	2001	39.1
No drug	1002	19.6
Alcohol and Tobacco	831	16.2
Alcohol and Other legal drugs	342	6.7
Tobacco	214	4.2
Alcohol, Tobacco and Other legal drugs	125	2.4
Other legal drugs	121	2.4
Alcohol, Tobacco and Any illegal drugs	81	1.6
Tobacco and Other legal drugs	46	0.9
Alcohol and Anti-depressants	45	0.9
Alcohol, Tobacco and Anti-depressants	33	0.6
Anti-depressants	30	0.6
Alcohol and Any illegal drugs	21	0.4
Alcohol and Sedatives or Tranquillisers	21	0.4
Alcohol, Tobacco and Sedatives or Tranquillisers	17	0.3
Alcohol, Tobacco, Other legal drugs and Any illegal drugs	14	0.3
Tobacco and Anti-depressants	14	0.3
Alcohol, Sedatives or Tranquillisers and Other legal drugs	12	0.2
Alcohol, Anti-depressants and Other legal drugs	12	0.2
Sedatives or Tranquillisers	11	0.2
Tobacco and Sedatives or Tranquillisers	10	0.2
Alcohol, Sedatives or Tranquillisers and Anti-depressants	10	0.2
Alcohol, Tobacco, Sedatives or Tranquillisers and Anti-depressants	9	0.2
Alcohol, Other legal drugs and Any illegal drugs	8	0.2
Tobacco and Any illegal drugs	7	0.1
Alcohol, Sedatives or Tranquillisers, Anti-depressants and Other legal drugs	7	0.1
Any illegal drugs	6	0.1
Sedatives or Tranquillisers and Anti-depressants	6	0.1
Alcohol, Tobacco, Anti-depressants and Other legal drugs	6	0.1
Tobacco, Anti-depressants and Other legal drugs	5	0.1

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

Table 2: Top 30 of last month prevalence of no drug, monodrug and polydrug use – Males

Substance	Frequency n=2551	Percent
Alcohol[a]	1077	42.2
Alcohol and Tobacco[a]	497	19.5
No drug[a]	410	16.1
Alcohol and Other legal drugs[a]	137	5.4
Tobacco[a]	89	3.5
Alcohol, Tobacco and Any illegal drugs[a]	72	2.8
Alcohol, Tobacco and Other legal drugs[a]	51	2.0
Other legal drugs[a]	30	1.2
Tobacco and Other legal drugs	19	0.7
Alcohol and Any illegal drugs[a]	18	0.7
Alcohol and Anti-depressants[a]	14	0.6
Anti-depressants	14	0.5
Alcohol, Tobacco and Anti-depressants[a]	10	0.4
Alcohol, Tobacco, Other legal drugs and Any illegal drugs	9	0.4
Alcohol, Tobacco and Sedatives or Tranquillisers	9	0.4
Alcohol and Sedatives or Tranquillisers	9	0.3
Alcohol, Other legal drugs and Any illegal drugs[a]	8	0.3
Alcohol, Sedatives or Tranquillisers and Other legal drugs	7	0.3
Any illegal drugs	6	0.2
Alcohol, Anti-depressants and Other legal drugs	6	0.2
Tobacco and Any illegal drugs	5	0.2
Tobacco, Anti-depressants and Other legal drugs	5	0.2
Sedatives or Tranquillisers	5	0.2
Tobacco and Anti-depressants	4	0.2
Sedatives or Tranquillisers and Anti-depressants	3	0.1
Alcohol, Sedatives or Tranquillisers and Anti-depressants	3	0.1
Alcohol, Tobacco, Anti-depressants and Other legal drugs	3	0.1
Alcohol, Tobacco, Sedatives or Tranquillisers and Anti-depressants	3	0.1
Tobacco and Sedatives or Tranquillisers	2	0.1
Alcohol, Sedatives or Tranquillisers, Anti-depressants and Other legal drugs	2	0.1

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

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

Table 3: Top 30 of the last month prevalence of no drug, monodrug and polydrug use – Females

Substance	Frequency n=2569	Percent
Alcohol[a]	924	36.0
No drug[a]	592	23.1
Alcohol and Tobacco[a]	334	13.0
Alcohol and Other legal drugs[a]	205	8.0
Tobacco[a]	124	4.8
Other legal drugs[a]	91	3.5
Alcohol, Tobacco and Other legal drugs[a]	74	2.9
Alcohol and Anti-depressants[a]	31	1.2
Tobacco and Other legal drugs	27	1.0
Alcohol, Tobacco and Anti-depressants[a]	24	0.9
Anti-depressants	16	0.6
Alcohol and Sedatives or Tranquillisers	12	0.5
Tobacco and Anti-depressants	10	0.4
Alcohol, Tobacco and Any illegal drugs[a]	9	0.4
Tobacco and Sedatives or Tranquillisers	8	0.3
Alcohol, Tobacco and Sedatives or Tranquillisers	7	0.3
Alcohol, Sedatives or Tranquillisers and Anti-depressants	7	0.3
Sedatives or Tranquillisers	7	0.3
Alcohol, Anti-depressants and Other legal drugs	6	0.2
Alcohol, Tobacco, Sedatives or Tranquillisers and Anti-depressants	6	0.2
Alcohol, Sedatives or Tranquillisers and Other legal drugs	5	0.2
Alcohol, Tobacco, Other legal drugs and Any illegal drugs	5	0.2
Alcohol, Sedatives or Tranquillisers, Anti-depressants and Other legal drugs	5	0.2
Alcohol and Any illegal drugs[a]	3	0.1
Alcohol, Tobacco, Anti-depressants and Other legal drugs	2	0.1
Sedatives or Tranquillisers and Anti-depressants	2	0.1
Tobacco and Any illegal drugs	1	0.06
Tobacco, Anti-depressants and Other legal drugs	0	0.0
Alcohol, Other legal drugs and Any illegal drugs[a]	0	0.0
Any illegal drugs	0	0.0

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

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

Table 4: Top 30 of the last month prevalence of no drug, monodrug and polydrug use – Young adults (15-34)

Substance	Frequency n=2251	Percent
Alcohol	830	36.9
No drug	468	20.8
Alcohol and Tobacco[a]	403	17.9
Alcohol and Other legal drugs	140	6.2
Tobacco	78	3.5
Alcohol, Tobacco and Other legal drugs	76	3.4
Alcohol, Tobacco and Any illegal drugs[a]	62	2.8
Other legal drugs	51	2.3
Tobacco and Other legal drugs	26	1.2
Alcohol and Any illegal drugs[a]	18	0.8
Alcohol, Tobacco and Anti-depressants	16	0.7
Alcohol, Tobacco, Other legal drugs and Any illegal drugs	14	0.6
Alcohol and Anti-depressants[a]	9	0.4
Tobacco and Anti-depressants	7	0.3
Anti-depressants[a]	5	0.2
Alcohol and Sedatives or Tranquillisers	5	0.2
Alcohol, Other legal drugs and Any illegal drugs	5	0.2
Any illegal drugs	5	0.2
Tobacco and Any illegal drugs	4	0.2
Alcohol, Sedatives or Tranquillisers and Other legal drugs	2	0.1
Alcohol, Anti-depressants and Other legal drugs	2	0.1
Tobacco and Sedatives or Tranquillisers	2	0.1
Sedatives or Tranquillisers	2	0.1
Alcohol, Tobacco, Anti-depressants and Other legal drugs	1	0.06
Alcohol, Sedatives or Tranquillisers and Anti-depressants[a]	1	0.05
Alcohol, Tobacco and Sedatives or Tranquillisers[a]	1	0.03
Alcohol, Tobacco, Sedatives or Tranquillisers and Anti-depressants	0	0
Alcohol, Sedatives or Tranquillisers, Anti-depressants and Other legal drugs	0	0
Sedatives or Tranquillisers and Anti-depressants	0	0
Tobacco, Anti-depressants and Other legal drugs	0	0

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

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

Table 5: Top 30 of last month prevalence of no drug, monodrug and polydrug use – Older adults (35-64)

Substance	Frequency n=2869	Percent
Alcohol	1172	40.8
No drug	534	18.6
Alcohol and Tobacco[a]	428	14.9
Alcohol and Other legal drugs	201	7.0
Tobacco	135	4.7
Other legal drugs	70	2.4
Alcohol, Tobacco and Other legal drugs	49	1.7
Alcohol and Anti-depressants[a]	36	1.3
Anti-depressants[a]	25	0.9
Tobacco and Other legal drugs	19	0.7
Alcohol, Tobacco and Any illegal drugs[a]	19	0.7
Alcohol, Tobacco and Anti-depressants	17	0.6
Alcohol and Sedatives or Tranquillisers	16	0.6
Alcohol, Tobacco and Sedatives or Tranquillisers[a]	16	0.5
Sedatives or Tranquillisers	10	0.3
Alcohol, Anti-depressants and Other legal drugs	10	0.3
Alcohol, Sedatives or Tranquillisers and Other legal drugs	10	0.3
Alcohol, Sedatives or Tranquillisers and Anti-depressants[a]	9	0.3
Alcohol, Tobacco, Sedatives or Tranquillisers and Anti-depressants	9	0.3
Tobacco and Sedatives or Tranquillisers	8	0.3
Alcohol, Sedatives or Tranquillisers, Anti-depressants and Other legal drugs	7	0.2
Tobacco and Anti-depressants	7	0.2
Sedatives or Tranquillisers and Anti-depressants	6	0.2
Tobacco, Anti-depressants and Other legal drugs	5	0.2
Alcohol, Tobacco, Anti-depressants and Other legal drugs	4	0.2
Alcohol and Any illegal drugs[a]	4	0.1
Tobacco and Any illegal drugs	3	0.1
Alcohol, Other legal drugs and Any illegal drugs	3	0.1
Any illegal drugs	1	0.05
Alcohol, Tobacco, Other legal drugs and Any illegal drugs	0	0.0

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

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

Table 6: Total number of users of one substance by users of another substance and related percentages –
All adults (15-64)

	Last Month Prevalence		Users of Alcohol		Users of Tobacco		Users of Cannabis		Users of ATS[1]		Users of Cocaine		Users of ST[2]		Users of AD[3]	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total weighted N	4967	5126	3653	3621	1619	1451	128	143	19	5	25	26	147	142	154	209
Alcohol	73.4	70.6			81.2	78.3†	90.6	84.5	100.0	100.0	100.0	100.0	65.3	65.2	62.1	63.5
Tobacco	32.6	28.3	36.1	31.4†			88.3	76.7†	84.2	88.3	80.0	77.2	45.6	46.1	50.0	43.5
Cannabis	2.6	2.8	3.2	3.3	7.0	7.6			78.9	62.4	60.0	40.9	4.7	9.0	5.8	6.1
ATS[1]	0.4	0.1	0.5	0.1†	1.0	0.3†	11.7	2.2†			25.0	14.1	0.7	0.4	0.6	1.2
Cocaine	0.5	0.5	0.7	0.7	1.2	1.4	11.7	7.4	33.3	74.1			0.7	2.1	0.0	1.5
ST[2]	3.0	2.8	2.6	2.6	4.1	4.5	5.5	9.0	5.3	11.7	4.0	11.4			38.3	26.2†
AD[3]	3.1	4.1	2.6	3.7†	4.8	6.3	7.0	8.9	5.3	52.9†	0.0	12.4	40.1	38.5		

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

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

a   Denotes a statistically significant difference between gender in 2010/2011

1   ATS – Amphetamine-type stimulants (Ecstasy and Amphetamines)

2   ST – Sedatives or Tranquillisers

3   AD – Anti-depressants

Table 7: Total number of users of one substance by users of another substance and related percentages – Males

	Last Month Prevalence		Users of Alcohol		Users of Tobacco		Users of Cannabis		Users of ATS[1]		Users of Cocaine		Users of ST[2]		Users of AD[3]	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total weighted N	2513	2554	1966	1946	844	800	99	119	13	4	19	19	60	58	58	80
Alcohol	78.2	76.3			87.6	83.1at	92.0	84.4	100.0	100.0	100.0	100.0	63.9	70.6	63.8	55.7
Tobacco	33.6	31.3	37.6	34.2at			89.9	75.1†	92.3	100.0	84.2	75.6	47.5	49.2	48.3	44.8
Cannabis	4.0	4.7	4.7	5.2a	10.5	11.2a			84.6	67.0	63.2	49.7	6.6	15.3a	8.6	10.9
ATS[1]	0.5	0.2	0.7	0.2†	1.4	0.5	11.1	2.2†			26.3	13.5	0.0	0	0.0	2.5
Cocaine	0.7	0.8	1.0	1.0	1.9	1.8	12.0	8.0	38.5	67.0			0.0	1.4	0.0	2.5
ST[2]	2.4	2.3	2.0	2.1	3.4	3.5	4.0	7.4	0.0	0.0	0.0	4.1			38.6	23.8
AD[3]	2.3	3.2	1.9	2.3a	3.3	4.5a	5.1	7.3	0.0	52.5†	0.0	10.5	36.7	33.2		

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

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

a   Denotes a statistically significant difference between gender in 2010/2011

1   ATS – Amphetamine-type stimulants (Ecstasy and Amphetamines)

2   ST – Sedatives or Tranquillisers

3   AD – Anti-depressants

Table 8: Total number of users of one substance by users of another substance and related percentages – Females

	Last Month Prevalence		Users of Alcohol		Users of Tobacco		Users of Cannabis		Users of ATS[1]		Users of Cocaine		Users of ST[2]		Users of AD[3]	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total weighted N	2454	2572	1678	1673	776	651	28	24	6	1	6	7	87	85	96	129
Alcohol	68.4	65.1			74.4	72.5a	85.7	85.1	100.0	100.00	100.0	100.0	66.3	61.5	61.5	68.3
Tobacco	31.6	25.3	34.4	28.2at			85.7	84.7	80.0	45.8	80.0	81.8	44.8	44.0	51.0	42.8
Cannabis	1.1	0.9	1.4	1.2a	3.1	3.1a			60.0	45.8	50.0	15.8	3.4	4.8a	3.2	3.1
ATS[1]	0.2	0.04	0.4	0.1	0.5	0.1	10.7	2.1			33.3	15.8	1.1	0.7	1.0	0.4
Cocaine	0.2	0.3	0.4	0.4	0.5	0.8	10.7	4.5	33.3	100.0			1.1	2.5	0.0	0.9
ST[2]	3.5	3.3	3.4	3.1	5.0	5.7	10.7	17.1	16.7	54.2	16.7	32.1			38.5	27.7
AD[3]	3.9	5.0	3.5	5.3at	6.3	8.5a	10.7	17.0	16.7	54.2	0.0	17.5	42.5	42.1		

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

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

a Denotes a statistically significant difference between gender in 2010/2011

1 ATS – Amphetamine-type stimulants (Ecstasy and Amphetamines)

2 ST – Sedatives or Tranquillisers

3 AD – Anti-depressants

Table 9: Total number of users of one substance by users of another substance and related percentages – Young adults (15-34)

	Last Month Prevalence		Users of Alcohol		Users of Tobacco		Users of Cannabis		Users of ATS[1]		Users of Cocaine		Users of ST[2]		Users of AD[3]	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total weighted N	2315	2254	1709	1597	833	706	97	102	17	2	23	22	30	24	50	51
Alcohol	73.8	70.9			84.8	82.4a	93.8	86.4	100.0	100.0	100.0	100.0	70.0	69.7	68.0	68.5
Tobacco	36.0	31.3	41.3	36.4at			89.7	75.4t	82.4	68.9	78.3	73.2	48.3	48.0	50.0	64.3a
Cannabis	4.2	4.5	5.3	5.5a	10.4	11.0a			76.5	0.0t	58.3	34.2	3.3	13.3	7.8	9.5
ATS[1]	0.7	0.1	1.0	0.1t	1.7	0.2t	13.4	0.0t			21.7	2.6a	3.3	2.4	2.0	1.1
Cocaine	1.0	1.0	1.3	1.4a	2.2	2.3a	14.4	7.4	31.3	31.1			3.3	10.8a	0.0	2.3
ST[2]	1.3	1.0	1.2	1.0a	1.7	1.6a	1.0	3.1a	5.9	31.1	4.2	11.5			24.0	13.1a
AD[3]	2.2	2.3	2.0	2.2a	3.0	4.7a	4.1	4.7a	5.9	31.1	0.0	5.3a	40.0	28.4		

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

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

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

1 ATS – Amphetamine-type stimulants (Ecstasy and Amphetamines)

2 ST – Sedatives or Tranquillisers

3 AD – Anti-depressants

Table 10: Total number of users of one substance by users of another substance and related percentages –
Older adults (35-64)

	Last Month Prevalence		Users of Alcohol		Users of Tobacco		Users of Cannabis		Users of ATS[1]		Users of Cocaine		Users of ST[2]		Users of AD[3]	
	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11	06/7	10/11
Total weighted N	**2652**	**2872**	**1935**	**2023**	**787**	**745**	**31**	**41**	**2**	**3**	**1**	**4**	**118**	**119**	**103**	**158**
Alcohol	73.0	70.4			77.5	74.5a	80.6	79.7	100.0	100.0	100.0	100.0	64.1	64.3	59.2	61.8
Tobacco	29.7	25.9	31.5	27.4at			83.9	79.8	100.0	100.0	100.0	100.0	44.9	45.7	50.0	36.8at
Cannabis	1.2	1.4	1.3	1.6a	3.3	4.3a			100.0	100.0	100.0	79.2	5.1	8.2	4.9	5.0
ATS[1]	0.1	0.1	0.1	0.2	0.3	0.4	6.5	7.6			100.0	79.2a	0.0	0.0	0.0	1.3
Cocaine	0.0	0.1	0.1	0.2a	0.1	0.5a	3.3	7.6	50.0	100.0			0.0	0.3a	0.0	1.3
ST[2]	4.4	4.1	3.9	3.8a	6.7	7.3a	19.4	24.0a	0.0	0.0	0.0	10.4			45.6	30.5at
AD[3]	3.9	5.5	3.2	4.8at	6.6	7.8a	16.7	19.5a	0.0	66.0	0.0	52.2a	39.8	40.5		

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

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

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

[1]   ATS – Amphetamine-type stimulants (Ecstasy and Amphetamines)

[2]   ST – Sedatives or Tranquillisers

[3]   AD – Anti-depressants

Research Advisory Group

Ms Joan O'Flynn (NACD until Feb 2012), Dr 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).