

## Statistics from the Northern Ireland Drug Misuse Database: 1 April 2001 – 31 March 2002

This bulletin summarises information on people presenting to services with problem drug misuse and relates to the 12-month period ending 31 March 2002. It is the first bulletin reporting on information collected through the Northern Ireland Drug Misuse Database (DMD), which was established in April 2000 and which collects detailed data, including information on drugs misused and injecting behaviour, on those presenting for treatment.

### Summary

In Northern Ireland during the twelve month period ending 31 March 2002:

- Information relating to 969 individuals presenting to drug misuse agencies was received: in 916 cases (95%) client consent was given for including data within the DMD.
- Almost three-quarters of users presenting were male; just over two-fifths of users were in their twenties, whilst more than a fifth were aged under 20.
- Cannabis was recorded as the main drug of misuse for around one-third (34%) of users, the next most common main drug of misuse being heroin (21%). This contrasts with Great Britain where typically around two-thirds of those presenting record heroin as their main drug of misuse. Other opiates were recorded as main drug for 14% of users and ecstasy for 9%.
- 74% of those presenting for treatment with heroin as the main problem drug had been treated before; the figures for cannabis and ecstasy were much lower (23% and 21% respectively).
- The majority (74%) of users reported never having injected a drug: only a quarter of users have injected of the 861 users whose injecting history is known.

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## **1. Introduction**

**1.1** In 1995, the Northern Ireland Drugs Policy Statement highlighted the need for a centralised database on drug misuse in Northern Ireland. The then Department of Health and Social Services (DHSS) subsequently commissioned a feasibility study that considered the experience elsewhere (databases already existed in Scotland, Wales, and regionally in England), data availability, and data quality in Northern Ireland and took due account of issues of confidentiality. The study found that the majority of agencies were supportive of the idea of a drug misuse database and identified a number as potential providers.

**1.2** Subsequently the Northern Ireland Drug Misuse Database (DMD) was established and data collection commenced from April 2000 – more details of the DMD are contained in Annex C. The database is maintained by the Drug and Alcohol Information and Research Unit (DAIRU) located within the Department of Health, Social Services, and Public Safety (DHSSPS). This bulletin is the first to be published using data from the DMD and covers the period 1 April 2001 – 31 March 2002. By the end of 2001-2002, 23 treatment sites were contributing to the database of which 10 were non-statutory and 13 were statutory.

**1.3** The DMD collects information on problem drug users presenting to services for the first time, or for the first time in six months or more. A problem drug user is defined as a person who experiences social, psychological, physical or legal problems (related to intoxication and/or regular excessive consumption and/or dependence) as a consequence of their own use of drugs or chemical substances. Drugs are defined as any drug, whether prescribed or not, including solvents and tranquillisers but excluding alcohol and tobacco. The data are

collected from drug treatment agencies and include selected personal details and information regarding the drugs misused and the type of agency attended: these data are passed on in anonymised form to DAIRU for incorporation in the DMD. As client participation in the DMD is voluntary, in a number of instances consent was withheld and full information relating to these clients has not been incorporated into the DMD. (see Table 1: all main tables are contained in Annex A)

### **Northern Ireland Executive's Drug Strategy**

**1.4** The current Northern Ireland Drug Strategy was developed pre-devolution to be consistent with the UK Government's Strategy introduced in 1998 ("Tackling Drugs to Build a Better Britain"). The Northern Ireland Strategy placed a clear emphasis on the need for good information to support drug policy and practice, and identified a drug misuse database as one approach to collecting information. In May 2001 the Northern Ireland Executive endorsed a model for the joint implementation of the Drug Strategy and the Strategy for Reducing Alcohol Related Harm. Under this model, a number of new working groups, including the Information and Research Working Group (IRWG), were established. The DMD is an important strand of the programme of work to be taken forward by this group and by DAIRU in support of the two strategies.

**1.5** The aim of the DMD is to provide high-quality, consistent information on the numbers and profiles of presenting problem drug users to inform both policy and practice. The database will be kept under review.

### **Other Information Available**

**1.6** It is important to note that the report does not provide information on the overall size and nature of the problem of drug use or misuse in Northern Ireland. A number of

other strands of research instigated by the Information and Research Working Group complement this DMD publication. In June 2002, a study into the extent of problem heroin use in Northern Ireland was published; in October 2002, a secondary analysis of survey data relating to drugs and drug use amongst young people was published; and in August 2002, an all-island drug prevalence survey was commissioned jointly with the National Advisory Committee on Drugs in the Republic of Ireland. Details of these and other research projects are given in Annex D.

### Participation in the DMD

1.7 Client participation in the DMD is optional and depends on client consent. Information was received from 969 individuals presenting for treatment, and client consent was withheld in 53 (5%) of cases (Table 1). All figures in this report are based on the 916 individuals who gave their consent for their information to be incorporated in the DMD.

## 2. Profile of service users

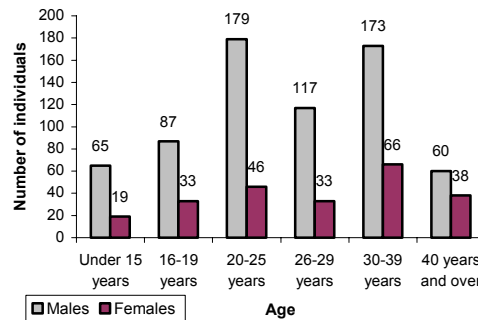
### Age and Gender of Users

2.1 Males accounted for almost three-quarters of those presenting to services in 2001-2 (Table 2). This gender ratio of around three males to one female is similar to the typical distribution found in GB over recent years. GB figures have been published in a series of statistical bulletins by the Department of Health (for example see Bulletin 2002/7 "Statistics from the Regional Drug Misuse Databases for six months ending March 2001").

2.2 The mean age of those presenting for treatment was 27, with over two-fifths of users being in their twenties. Just over one fifth (22%) of those presenting for treatment were aged under twenty, whilst only 11% were aged 40 or over (Table 3).

2.3 The age profile for females was slightly older than that for males: 34% of men were aged 30 or more, whilst the corresponding figure for women was 44%. (Table 4; Figure 1)

Figure 1. Age and gender of individuals presenting for treatment: 2001-2002



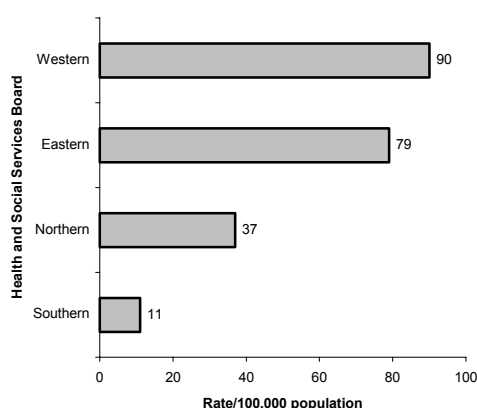
### Geography

2.4 Just over half (51%) of users presented for treatment in the Eastern Health and Social Services Board area, whilst only 4% were being treated in the Southern HSSB area (Table 2). It should be noted that these figures are based on where people presented for treatment, not their place of residence. Data on place of residence for those registered on the DMD are incomplete, as only 5-figure postcodes are available, and, in some instances, postcode data are missing or erroneous. For people whose area of residence could be determined, 91% lived in the same HSSB area as they were treated in. This suggests that HSSB of treatment is a reasonable proxy for HSSB of residence. The exception is the Southern HSSB area where only one third of users residing in the area were treated there.

2.5 The incidence of treatment per 100,000 population was higher in the Western and Eastern HSSB areas (90 and 79 per 100,000 population respectively) than in the Northern (37 per 100,000 population)

and especially the Southern (11 per 100,000 population). (Figure 2)

**Figure 2. Rates per 100,000 population presenting for treatment in Health and Social Services Board Areas: 2001-2002**



**2.6** This picture reflects the position for those agencies contributing to the DMD; as coverage of the DMD expands (see Annex C), the picture will become more definitive.

### Type of Treatment Service Agency

**2.7** Most users (69%) presented for treatment at statutory agencies. The picture varied sharply across Northern Ireland, with more than half (52%) of users in the Eastern HSSB area presenting to non-statutory agencies, whilst in the Northern Board all users presented to statutory agencies; the use of non-statutory agencies in the Southern and Western HSSBs was also limited. Again, as more treatment agencies contribute to the DMD this position will become clearer. (Table 5)

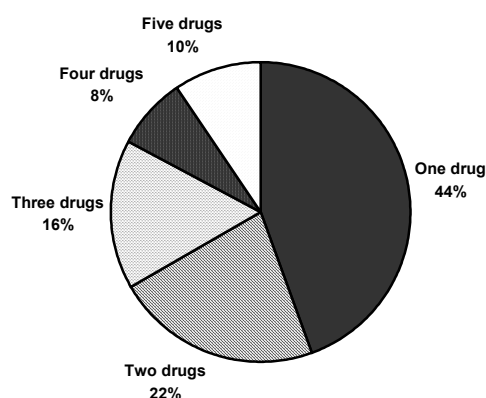
## 3. Drugs of Misuse

### Background

**3.1** Users must record at least one drug of misuse in order to be entered on the DMD – this is listed as the main drug of misuse; they can be recorded as misusing a maximum of four other drugs. Figure 3 shows that just over two-fifths of users were

recorded as misusing only one drug; just over one fifth misused two drugs; and smaller proportions misused three, four, and five drugs. An unknown proportion of those users recorded as misusing five drugs would have been misusing more than this, but only five drugs are recorded on the DMD. Most of the figures in this bulletin are based on the main drug of misuse, although some analyses report on all drugs of misuse.

**Figure 3: Number of drugs misused per user: 2001-2002**

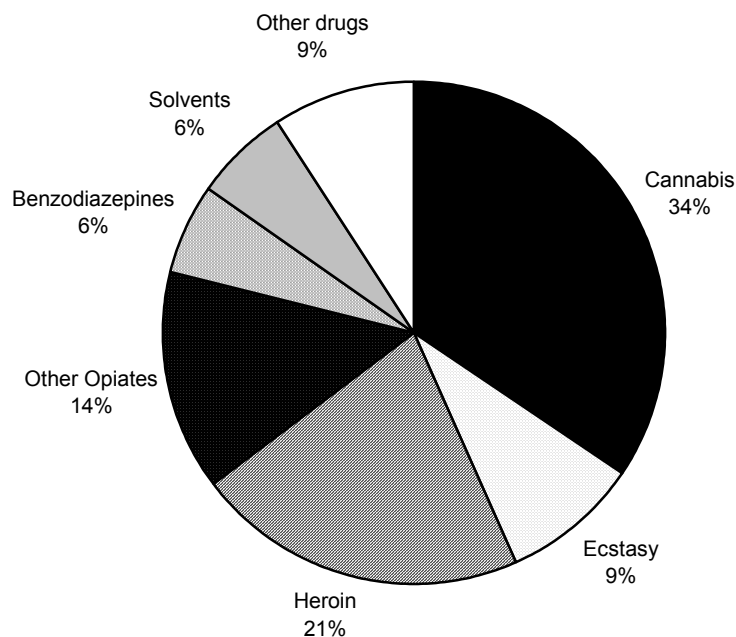


### Main Drug of Misuse

**3.2** Cannabis was the most frequently reported main drug of misuse, accounting for around one third (34%) of those presenting for treatment. Heroin was reported by 21% of users; other opiates by 14%; and ecstasy by 9%. The “other opiates” group includes drugs such as codeine, nubain, and morphine but excludes heroin and methadone, which are listed separately. These figures are considerably different from those in GB, which show that typically around two-thirds of users report heroin as their main drug of misuse. (Figure 4, Table 6)

**3.3** There was considerable variation between males and females in main problem drugs used. Nearly two-fifths (39%) of males reported cannabis as their main drug of misuse, almost double the proportion of females (20%). Heroin misuse amongst males (24%) was also higher than the

Figure 4. Main drugs of misuse: 2001-2002



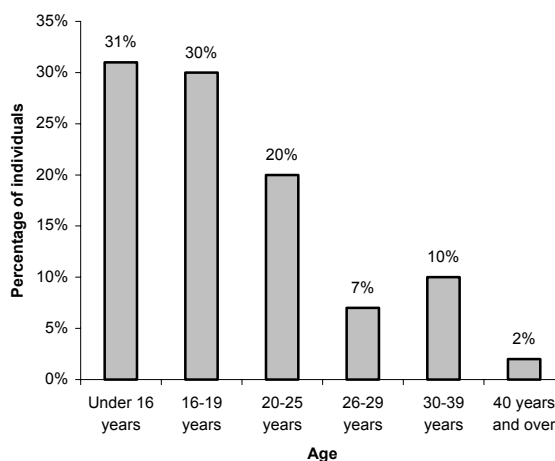
corresponding figure for females (14%). Other opiates, on the other hand, were much more likely to be the main drug for females, accounting for between one quarter and one third (30%) of all women presenting for treatment, but only 8% of men. (Table 6)

**3.4** There were also differences by age: solvents were common only amongst young people aged 15 or less – solvents accounted for 48% of users in this age group: cannabis for almost all of the rest. 16-19 year olds were much more likely to present for cannabis (54%) than any other drug. In general, users aged between 20 and 39 were as likely to present for heroin as for cannabis, whilst for those aged over 40, other opiates were the main presenting drugs (35%), partly accounting for the higher proportion of women presenting for treatment for problems with other opiates. (Table 7)

**3.5** The average (mean) age reported for first use of the main drug was 20. Nearly one third reported using their main drug of misuse before the age of 16, whilst a similar proportion reported taking it between the ages of 16 and 19. Only 12% reported first

using their main drug at the age of 30 or over. (Figure 5) Consideration of these figures needs to take account of the fact that the age profile of those presenting for treatment is young, with only 37% aged 30 or more.

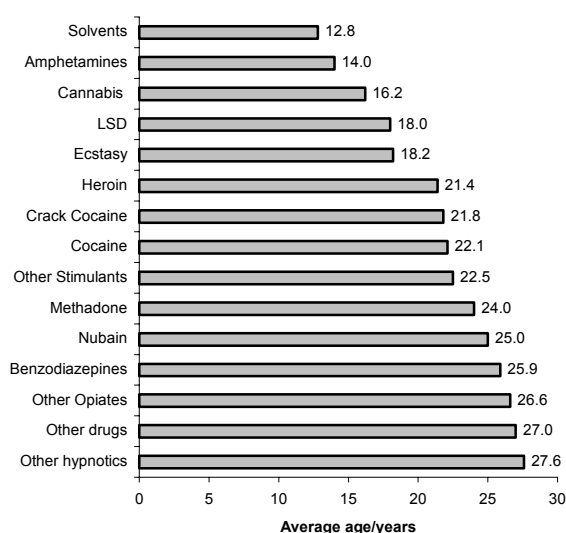
Figure 5. Age of first use: main drug of misuse: 2001-2002



**3.6** There were substantial differences in age of first use for different drugs. The lowest average age of first use was for solvents (nearly 13 years) closely followed by amphetamines (age 14). The average age

of first use of cannabis was 16 and of ecstasy, 18. Heroin (21); cocaine (22); and crack (22) had similar average ages of first use, whilst benzodiazepines (26) and other opiates (27) tended to be used for the first time at later ages. (Figure 6)

**Figure 6. Average age of first use for different main drugs: 2001-2002**



### Geography

**3.7** Those presenting for treatment in the Northern Board area were much more likely to have heroin as their main drug (84% of users in this area) than any other drug. The percentages reporting heroin as their main drug in other Board areas is much lower (Eastern, 10%; Southern, 18%; and Western, 4%). In other Board areas the main presenting drug was cannabis with 42% of users in the Western Board area reporting this as their main drug: the corresponding figures for the Eastern and Southern Board were 40% and 35% respectively. The percentage from the Northern Board area reporting cannabis as their main drug of misuse was 3%. (Table 8)

### All drugs of misuse

**3.8** Those presenting for treatment may be misusing more than one drug, and up to four additional drugs of misuse can be recorded on the DMD. Some drugs – mostly

the class A drugs such as heroin and cocaine – tend to be recorded as main drugs if they are being used at all. As seen in Table 9, 221 people reported use of heroin, the majority of these (196 or 89%) reporting heroin as their main problem drug. Other drugs showed a greater propensity to be recorded as subsidiary drugs – for example 243 users reported use of ecstasy, but ecstasy was the main problem drug in only 87 (36%) of these instances.

**3.9** Table 9, which contains information on all drugs of misuse, shows some differences from the corresponding “main drug” table (Table 7). The most common drug of misuse was cannabis, with nearly three-fifths (57%) of all individuals presenting for treatment reporting misuse of cannabis. The second most common drug group of misuse was other opiates (28%) followed closely by ecstasy (27%); heroin (24%); and benzodiazepines (24%).

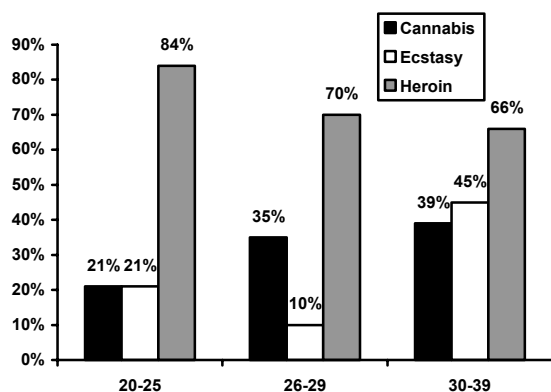
## 4. Treatment History

**4.1** Two-fifths of those presenting to treatment in 2001-2 had previously been treated for drug misuse. Most users (60%) had not been treated before. (Table 10) These figures exclude a small number of users whose treatment history is unknown.

**4.2** There was considerable variation between the treatment histories of those presenting for different main drugs of misuse: whereas approximately three quarters (74%) of those having heroin as their main drug of misuse had been treated before, figures for many other drugs were lower: 23% of those presenting with cannabis as their main drug had been treated before: figures for those presenting with ecstasy and solvents as main drug were 21% and 9% respectively. Some of this variation is attributable to an age effect, but within age bands this pattern is also discernable – for example 84% of heroin users aged 20-25

had been treated before compared to 21% of cannabis users in the same age band. (Figure 7)

**Figure 7: Percentage of users previously treated for selected drugs and age groups**



## 5. Injecting and Sharing Behaviour

### Injecting Behaviour

**5.1** Data regarding a user's injecting behaviour are collected in two different ways. The route of administration for drugs of misuse is recorded; and another question asks users if they have ever injected any drug.

### Current Injecting Behaviour

**5.2** For users presenting to treatment and for whom the route of administration is known, 167 (20%) reported currently injecting their main drug. Other main routes of administration are swallowing or chewing (oral) – 39%; smoking (32%); and sniffing (8%).

**5.3** Injecting was mainly limited to heroin users – of the 167 injectors, more than 9 out of 10 reported injecting heroin. Cannabis, by contrast, was usually smoked (87% of cannabis users smoked the drug). Solvents were usually sniffed. (Table 11)

### Lifetime Injecting Behaviour

**5.4** Injecting history is known for 861 persons presenting for treatment. Table 12

shows that around one-quarter (26%) of these reported ever having injected a drug. Males presenting for treatment were almost twice as likely to have injected than females (30% compared to 16%).

**5.5** There was a marked concentration of injectors in the Northern HSSB area: three-fifths (60%) of all lifetime injectors were treated in this area. Put another way, 86% of people presenting in the Northern HSSB area had a history of injecting: the corresponding figure for the other three Board areas taken together was 13%.

**5.6** Information on the age that injectors began injecting is available in respect of 204 injectors (Table 13). The modal age group for commencing injecting was 20-25 years, with two-fifths (41%) of injectors starting in that age range. However nearly a third (30%) commenced before age 20, most of these in their late teens.

### Sharing Equipment

**5.7** The Department of Health, in their statistical publications on regional DMDs, suggest that reliance on a single question about sharing behaviour is likely to produce an underestimate of true sharing behaviour. The Northern Ireland DMD also uses a single question to elicit information about sharing behaviour, and thus the results quoted in this bulletin should be treated as minimum estimates.

**5.8** Information about the sharing of drug paraphernalia is known for 378 people. (Table 14) Of these, just over one-third reported sharing equipment. Men (40% of whom had shared) were much more likely to have shared equipment than women (19%).

**5.9** Sharing was much more common in the Northern Board area (70% reported sharing) than in other Board areas (eg Eastern Board, 17%). This strongly suggests that the equipment being shared was

injecting equipment, given the higher rates of injecting in the Northern Board area.

## **6. Viral Testing**

**6.1** The incidences of HIV, Hepatitis B, and Hepatitis C amongst injecting drug users are of concern to the individuals themselves; their partners and prospective partners; and generally for public health reasons.

**6.2** The DMD records if ever-injected individuals presenting for treatment had previously been offered diagnostic tests for HIV, Hepatitis B, and Hepatitis C: it does not record if individuals took up these offers or the results of any tests. Information for 2001-2002 is available in respect of 213 persons in relation to HIV; 217 for Hepatitis B; and 215 for Hepatitis C.

**6.3** Table 15 shows that half of all injecting drug users had previously been offered an HIV test; 71% a test for Hepatitis B; and 68% a test for Hepatitis C. In general, the incidence of test offers for Hepatitis B and Hepatitis C (but not HIV) was higher for those being treated in the Northern Board area.

**6.4** These data from the DMD are being supplemented from June 2002 on with the introduction of an anonymised testing study of injecting drug users in contributing agencies in Northern Ireland. This study is being carried out in conjunction with the Public Health Laboratory Service. This study should provide robust data on levels of infection in the injecting drug-using population. (see Annex D)

## **7. Other Information**

**7.1** Some background information on users presenting for treatment is given in Tables 16-19.

## **Living Arrangements**

**7.2** Two-fifths (40%) of those presenting for treatment lived with their parents, and one-fifth (20%) lived alone. A similar proportion (22%) lived with a partner, and one in twenty (5%) were single parents. Around 2% of respondents were homeless. (Table 16)

## **Employment Status**

**7.3** Around one-sixth (17%) of those presenting for treatment were in employment at the time that treatment commenced. Two-thirds (67%) were out of work, with 13% not having ever been in paid employment, and the majority of the rest being unemployed for a year or longer. 13% were students. (Table 17)

## **Referral Agencies**

**7.4** The largest group of those presenting for treatment were referred by General Practitioners – referrals from GPs made up around one-third (34%) of all referrals. More than a quarter (27%) were self-referred. The remainder came from a wide variety of sources, including family and friends (10%); and other health and social services sources (eg through mental health services – 8%; social services – 6%). (Table 18)

## **Legal Status**

**7.5** Nearly a third (31% or 283) of individuals presenting for treatment had some sort of contact with the criminal justice system at the time of presenting for treatment. The largest group (111) were on probation, with a further 100 awaiting trial. Some caution needs to be exercised when considering these figures as the data do not allow those who have no contact with the criminal justice system to be distinguished from those for whom legal status is not known. (Table 19)

## **Health and Social Services Board data**

**7.6** Many of the main tables in Annex A contain a breakdown by Health and Social



Services Board area. Additional analyses by HSSB area are given in Annex B.

## 8. Acknowledgements

8.1 DAIRU would like to thank all the people involved in collecting the data presented in this bulletin – particularly the agencies who have collected and sent in data, and individuals presenting for treatment for providing the information and allowing it to be used. DAIRU are also grateful to the DMD Project Management Group; the Drug and Alcohol Coordinators; the Drug and Alcohol Strategy Team in DHSSPS; and members of the Information and Research Working Group for their support and assistance.

## 9. Editorial Notes

9.1 Data were first collected for the DMD in Northern Ireland from 1 April 2000. The DMD was in a development stage in 2000-2001, and data from that year are not suitable for publication. This bulletin contains the first data from the Northern Ireland DMD to be published. Details about the Northern Ireland Drug Misuse Database are given in Annex C.

9.2 For the purposes of clarity, figures in this bulletin are shown in accordance with the following publication conventions:

- . not applicable
- zero
- 0 less than 0.5%

9.3 Percentages do not always add to 100 due to rounding.

9.4 Any comments or questions concerning the data contained in this publication, or requests for further information, should be addressed to:

Dave Rogers  
DAIRU  
Annex 2  
Castle Buildings  
Stormont  
Belfast BT4 3UD  
telephone: 028 9052 2607  
fax: 028 90 52 3288  
e-mail: dave.rogers@dhsspsni.gov.uk

9.5 Further copies of this publication can be obtained from the above address, or on-line at

[www.dhsspsni.gov.uk/iau/pubs.html](http://www.dhsspsni.gov.uk/iau/pubs.html).

Many other statistical and research reports from the Department of Health, Social Services and Public Safety's Information and Analysis Unit are available at this web address.

## The Northern Ireland Statistics and Research Agency

9.6 The Northern Ireland Statistics and Research Agency (NISRA) is the principal source of official statistical information about Northern Ireland. Further information is available from the NISRA website at [www.nisra.gov.uk](http://www.nisra.gov.uk) or via e-mail at [info.nisra@dfpni.gov.uk](mailto:info.nisra@dfpni.gov.uk).

## Future Publications

9.7 This DMD publication will be updated on an annual basis. The next DMD Statistical Bulletin will be published on Tuesday 14<sup>th</sup> October 2003. Updates on key statistics may be published from time to time.



## **ANNEX A – TABLES**

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**Table 1. Total number of DMD forms received from each Health and Social Services Board Area: 2001-2002**

numbers and percentages

HSSB	Total number of forms received <sup>(a)</sup>	Number of consent withheld forms received <sup>(b)</sup>	Number of forms analysed <sup>(c)</sup>
Eastern	493	22	471
Northern	187	29	158
Southern	34	-	34
Western	255	2	253
<b>TOTAL</b>	<b>969</b>	<b>53</b>	<b>916</b>

**Percentages**

Eastern	51	42	51
Northern	19	55	17
Southern	4	-	4
Western	26	4	28
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>

<sup>(a)</sup> A DMD form is completed for every new **problem drug user** who presents at an Agency for treatment. This covers only those problem drug users attending the Agency for the very first time, or for those who have not attended the Agency within the previous six months. They must present with a drug related problem

<sup>(b)</sup> The provision of information to the database is voluntary exercise requiring client consent. Where consent is not given a blank form is returned with 'consent withheld' written across it, along with the designated Agency code.

<sup>(c)</sup> All data in this statistical bulletin are based on an analysis of DMD forms where consent is given.

**Table 2. Gender of individuals presenting for treatment by Health and Social Services Board Area: 2001-2002**

<u>numbers and percentages</u>			
<b>HSSB</b>	<b>Males</b>	<b>Females</b>	<b>Persons</b>
<b>Eastern</b>	350	121	471
<b>Northern</b>	126	32	158
<b>Southern</b>	24	10	34
<b>Western</b>	181	72	253
<b>TOTAL</b>	681	235	916
<b><u>Percentages</u></b>			
<b>Eastern</b>	74	26	100
<b>Northern</b>	80	20	100
<b>Southern</b>	71	29	100
<b>Western</b>	72	28	100
<b>TOTAL</b>	74	26	100

**Table 3. Age of individuals presenting for treatment by Health and Social Services Board Area: 2001-2002**

<u>numbers and percentages</u>							
HSSB	Under 16 years	16-19 years	20-25 years	26-29 years	30-39 years	40 years and over	Persons
Eastern	68	74	91	61	124	53	471
Northern	-	3	66	43	39	7	158
Southern	1	3	4	6	18	2	34
Western	15	40	64	40	58	36	253
<b>TOTAL</b>	84	120	225	150	239	98	916

**Percentages**

Eastern	14	16	19	13	26	11	100
Northern	-	2	42	27	25	4	100
Southern	3	9	12	18	53	6	100
Western	6	16	25	16	23	14	100
<b>TOTAL</b>	9	13	25	16	26	11	100

**Table 4. Age and gender of individuals presenting for treatment by Health and Social Services Board Area: 2001-2002**

<u>numbers and percentages</u>			
<b>Age group</b>	<b>Males</b>	<b>Females</b>	<b>Persons</b>
<b>Under 16 years</b>	65	19	84
<b>16-19 years</b>	87	33	120
<b>20-25 years</b>	179	46	225
<b>26-29 years</b>	117	33	150
<b>30-39 years</b>	173	66	239
<b>40 years and over</b>	60	38	98
<b>ALL AGES</b>	681	235	916

**Percentages**

<b>Under 16 years</b>	10	8	9
<b>16-19 years</b>	13	14	13
<b>20-25 years</b>	26	20	25
<b>26-29 years</b>	17	14	16
<b>30-39 years</b>	25	28	26
<b>40 years and over</b>	9	16	11
<b>ALL AGES</b>	100	100	100



**Table 5. Agency type of individuals presenting for treatment in each Health and Social Services Board Area: 2001-2002**

<u>numbers and percentages</u>			
<b>HSSB</b>	<b>Non-statutory</b>	<b>Statutory</b>	<b>Persons</b>
<b>Eastern</b>	247	224	471
<b>Northern</b>	-	158	158
<b>Southern</b>	1	33	34
<b>Western</b>	32	221	253
<b>TOTAL</b>	280	636	916

**Percentages**

<b>Eastern</b>	52	48	100
<b>Northern</b>	-	100	100
<b>Southern</b>	3	97	100
<b>Western</b>	13	87	100
<b>TOTAL</b>	31	69	100

**Table 6. Main drug of misuse of individuals presenting for treatment by gender: 2001-2002**

numbers and percentages			
Main Drug <sup>(a)</sup>	Male	Female	Persons
Cannabis	263	48	311
Ecstasy	64	23	87
Cocaine	17	4	21
Crack cocaine	6	-	6
Heroin	164	32	196
Methadone	2	-	2
Other Opiates	55	71	126
Benzodiazepines	35	20	55
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	2	1	3
Other stimulants	7	3	10
Solvents	45	14	59
Other drugs	21	19	40
<b>TOTAL</b>	<b>681</b>	<b>235</b>	<b>916</b>

**Percentages**

Cannabis	39	20	34
Ecstasy	9	10	9
Cocaine	2	2	2
Crack cocaine	1	-	1
Heroin	24	14	21
Methadone	0	-	0
Other Opiates	8	30	14
Benzodiazepines	5	9	6
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	0	0	0
Other stimulants	1	1	1
Solvents	7	6	6
Other drugs	3	8	4
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table 7. Main drug of misuse of individuals presenting for treatment by age: 2001-2002**

Main Drug <sup>(a)</sup>	numbers and percentages						Persons
	Under 16 years	16-19 years	20-25 years	26-29 years	30-39 years	40 years and over	
Cannabis	43	65	76	40	66	21	311
Ecstasy	1	25	29	10	20	2	87
Cocaine	-	2	7	3	5	4	21
Crack cocaine	-	2	2	1	1	-	6
Heroin	-	4	69	57	59	7	196
Methadone	-	-	-	-	1	1	2
Other Opiates	-	4	18	22	48	34	126
Benzodiazepines	-	3	10	10	17	15	55
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	2	1	-	-	-	3
Other stimulants	-	3	1	3	2	1	10
Solvents	40	9	7	-	3	-	59
Other drugs	-	1	5	4	17	13	40
<b>TOTAL</b>	<b>84</b>	<b>120</b>	<b>225</b>	<b>150</b>	<b>239</b>	<b>98</b>	<b>916</b>

**Percentages**

Cannabis	51	54	34	27	28	21	34
Ecstasy	1	21	13	7	8	2	9
Cocaine	-	2	3	2	2	4	2
Crack cocaine	-	2	1	1	0	-	1
Heroin	-	3	31	38	25	7	21
Methadone	-	-	-	-	0	1	0
Other Opiates	-	3	8	15	20	35	14
Benzodiazepines	-	3	4	7	7	15	6
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	2	0	-	-	-	0
Other stimulants	-	3	0	2	1	1	1
Solvents	48	8	3	-	1	-	6
Other drugs	-	1	2	3	7	13	4
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table 8. Main drug of misuse of individuals presenting for treatment by Health and Social Services Board Area: 2001-2002**

numbers and percentages

Main Drug <sup>(a)</sup>	Eastern	Northern	Southern	Western	Persons
Cannabis	188	5	12	106	311
Ecstasy	50	3	3	31	87
Cocaine	13	-	2	6	21
Crack cocaine	1	3	-	2	6
Heroin	47	133	6	10	196
Methadone	2	-	-	-	2
Other Opiates	71	10	8	37	126
Benzodiazepines	40	1	2	12	55
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	3	-	-	-	3
Other stimulants	3	1	-	6	10
Solvents	44	-	1	14	59
Other drugs	9	2	-	29	40
<b>TOTAL</b>	<b>471</b>	<b>158</b>	<b>34</b>	<b>253</b>	<b>916</b>

**Percentages**

Cannabis	40	3	35	42	34
Ecstasy	11	2	9	12	9
Cocaine	3	-	6	2	2
Crack cocaine	0	2	-	1	1
Heroin	10	84	18	4	21
Methadone	0	-	-	-	0
Other Opiates	15	6	24	15	14
Benzodiazepines	8	1	6	5	6
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	1	-	-	-	0
Other stimulants	1	1	-	2	1
Solvents	9	-	3	6	6
Other drugs	2	1	-	11	4
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table 9. All drugs of misuse of individuals presenting for treatment by Health and Social Services Board Area: 2001-2002**

numbers and percentages

Main Drug <sup>(a)</sup>	Eastern	Northern	Southern	Western	All Boards
Persons	471	158	34	253	916
Cannabis	273	80	19	151	523
Ecstasy	111	30	17	85	243
Cocaine	50	19	6	37	112
Crack cocaine	3	16	-	5	24
Heroin	54	139	8	20	221
Methadone	4	1	-	-	5
Other Opiates	104	90	11	48	253
Benzodiazepines	92	86	7	31	216
Barbiturates	-	-	-	-	-
Other hallucinogens	1	-	1	1	3
Amphetamines	24	12	5	15	56
Other stimulants	40	6	1	37	84
Solvents	58	-	1	17	76
Other drugs	34	6	5	46	91

**Percentages**

Cannabis	58	51	56	60	57
Ecstasy	24	19	50	34	27
Cocaine	11	12	18	15	12
Crack cocaine	1	10	-	2	3
Heroin	11	88	24	8	24
Methadone	1	1	-	-	1
Other Opiates	22	57	32	19	28
Benzodiazepines	20	54	21	12	24
Barbiturates	-	-	-	-	-
Other hallucinogens	0	-	3	0	0
Amphetamines	5	8	15	6	6
Other stimulants	8	4	3	15	9
Solvents	12	-	3	7	8
Other drugs	7	4	15	18	10

<sup>(a)</sup> The main drug is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment. A further four subsidiary drugs can be recorded. The figures for "all drugs" include all drugs recorded either as the main or a subsidiary drug. These figures add up to more than 100%.

**Table 10. Treatment history of individuals presenting for treatment by main drug of misuse: 2001-2002**

<u>numbers and percentages</u>				
Main Drug <sup>(a)</sup>	Treated before	Not treated before	Treatment history unknown	TOTAL
Cannabis	71	232	8	311
Ecstasy	18	69	-	87
Cocaine	7	14	-	21
Crack cocaine	3	3	-	6
Heroin	144	50	2	196
Methadone	2	-	-	2
Other Opiates	63	55	8	126
Benzodiazepines	23	32	-	55
Barbiturates	-	-	-	-
Other hallucinogens	-	-	-	-
Amphetamines	1	2	-	3
Other stimulants	5	5	-	10
Solvents	5	53	1	59
Other drugs	18	22	-	40
<b>TOTAL</b>	<b>360</b>	<b>537</b>	<b>19</b>	<b>916</b>

**Percentages <sup>(b)</sup>**

Cannabis	23	77	..	100
Ecstasy	21	79	..	100
Cocaine	33	67	..	100
Crack cocaine	50	50	..	100
Heroin	74	26	..	100
Methadone	100	-	..	100
Other Opiates	53	47	..	100
Benzodiazepines	42	58	..	100
Barbiturates	-	-	..	100
Other hallucinogens	-	-	..	100
Amphetamines	33	67	..	100
Other stimulants	50	50	..	100
Solvents	9	91	..	100
Other drugs	45	55	..	100
<b>TOTAL</b>	<b>40</b>	<b>60</b>	<b>..</b>	<b>100</b>

<sup>(a)</sup> The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

<sup>(b)</sup> The percentage of users who have previously been treated has been based on those whose treatment history is known and excludes those for whom treatment history was not known.

**Table 11. Route of administration for main drug of misuse by individuals presenting for treatment: 2001-2002**

Main Drug <sup>(a)</sup>	numbers and percentages				
	Inject	Oral	Smoke	Sniff	TOTAL
Cannabis	-	32	229	1	262
Ecstasy	-	81	-	-	81
Cocaine	1	2	4	11	18
Crack cocaine	-	1	3	2	6
Heroin	152	1	28	-	181
Methadone	1	1	-	-	2
Other Opiates	4	111	-	-	115
Benzodiazepines	-	49	-	-	49
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	1	-	1	2
Other stimulants	2	5	-	1	8
Solvents	1	2	-	52	55
Other drugs	6	30	-	-	36
<b>TOTAL</b>	<b>167</b>	<b>316</b>	<b>264</b>	<b>68</b>	<b>815</b>

**Percentages**

Cannabis	-	12	87	0	100
Ecstasy	-	100	-	-	100
Cocaine	6	11	22	61	100
Crack cocaine	-	17	50	33	100
Heroin	84	1	15	-	100
Methadone	50	50	-	-	100
Other Opiates	3	97	-	-	100
Benzodiazepines	-	100	-	-	100
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	50	-	50	100
Other stimulants	25	63	-	13	100
Solvents	2	4	-	95	100
Other drugs	17	83	-	-	100
<b>TOTAL</b>	<b>20</b>	<b>39</b>	<b>32</b>	<b>8</b>	<b>100</b>

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

(b) This figure excludes 101 DMD forms where the route of administration was not recorded.

**Table 12. Gender of individuals presenting for treatment who have ever injected by Health and Social Services Board Area: 2001-2002**

numbers and percentages

HSSB	Males ever injected	Males with known injecting history	Females ever injected	Females with known injecting history	Persons ever injected	Persons with known injecting history
Eastern	44	318	9	105	53	423
Northern	111	123	23	32	134	155
Southern	4	24	-	10	4	34
Western	31	177	3	72	34	249
<b>TOTAL</b>	190	642	35	219	225	861

**Percentages** <sup>(a)</sup>

Eastern	14	9	13
Northern	90	72	86
Southern	17	-	12
Western	18	4	14
<b>TOTAL</b>	30	16	26

<sup>(a)</sup> The percentage of users who have ever injected has been based on those whose injecting status is known, i.e. excluding those for whom the injecting status was not known.



**Table 13. Age first injected of individuals presenting for treatment who have ever injected by Health and Social Services Board Area: 2001-2002**

numbers and percentages

HSSB	Under 16 years	16-19 years	20-25 years	26-29 years	30-39 years	40 years and over	Persons
Eastern	-	10	21	8	2	-	41
Northern	3	38	48	25	12	4	130
Southern	-	1	2	-	1	-	4
Western	1	9	13	4	2	-	29
<b>TOTAL</b>	4	58	84	37	17	4	204 <sup>(b)</sup>

**Percentages** <sup>(a)</sup>

Eastern	-	24	51	20	5	-	100
Northern	2	29	37	19	9	3	100
Southern	-	25	50	-	25	-	100
Western	3	31	45	14	7	-	100
<b>TOTAL</b>	2	28	41	18	8	2	100

<sup>(a)</sup> The percentage of users who have ever injected has been based on those whose injecting status is known, i.e. excluding those for whom the status was not known.

<sup>(b)</sup> This figures excludes 21 individuals who have previously injected but whose age first injected was not known.

**Table 14. Gender of individuals presenting for treatment who have ever shared equipment by Health and Social Services Board Area: 2001-2002**

numbers and percentages

HSSB	Males ever shared	Males with known sharing history	Females ever shared	Females with known sharing history	Persons ever shared	Persons with known sharing history
Eastern	14	74	4	30	18	104
Northern	80	108	13	24	93	132
Southern	2	7	-	-	2	7
Western	17	93	1	42	18	135
<b>TOTAL</b>	<b>113</b>	<b>282</b>	<b>18</b>	<b>96</b>	<b>131</b>	<b>378</b>

**Percentages** <sup>(a)</sup>

Eastern	19	13	17
Northern	74	54	70
Southern	29	-	29
Western	18	2	13
<b>TOTAL</b>	<b>40</b>	<b>19</b>	<b>35</b>

<sup>(a)</sup> The percentage of users who have ever shared equipment has been based on those whose sharing status is known, i.e. excluding those for whom the sharing status was not known.

**Table 15. Number of injectors who have previously been offered a test for HIV, Hepatitis B and Hepatitis C by Health and Social Services Board Area: 2001-2002**

numbers and percentages

**(a) HIV**

HSSB	Offered HIV test	Not Offered HIV test	Test status unknown	TOTAL
Eastern	31	16	6	53
Northern	59	71	4	134
Southern	2	2	-	4
Western	14	18	2	34
<b>TOTAL</b>	<b>106</b>	<b>107</b>	<b>12</b>	<b>225</b>

**Percentages <sup>(a)</sup>**

Eastern	66	34	..	100
Northern	45	55	..	100
Southern	50	50	..	100
Western	44	56	..	100
<b>TOTAL</b>	<b>50</b>	<b>50</b>	<b>..</b>	<b>100</b>

<sup>(a)</sup> The percentage of users who have previously been offered a test for HIV has been based on those whose HIV test offer status is known, excluding those for whom the HIV test offer status was not known.

/continued

**Table 15 (continued)**

**(b) Hepatitis B**

<b>HSSB</b>	<b>Offered Hep B test</b>	<b>Not Offered Hep B test</b>	<b>Test status unknown</b>	<b>TOTAL</b>
<b>Eastern</b>	31	17	5	53
<b>Northern</b>	103	29	2	134
<b>Southern</b>	2	2	-	4
<b>Western</b>	17	16	1	34
<b>TOTAL</b>	153	64	8	225

**Percentages** <sup>(a)</sup>

<b>Eastern</b>	65	35	..	100
<b>Northern</b>	78	22	..	100
<b>Southern</b>	50	50	..	100
<b>Western</b>	52	48	..	100
<b>TOTAL</b>	71	29	..	100

<sup>(a)</sup> The percentage of users who have previously been offered a test for Hepatitis B has been based on those whose Hepatitis B test offer status is known, excluding those for whom the Hepatitis B test offer status was not known.

/continued

**Table 15 (continued)**

**(c) Hepatitis C**

<b>HSSB</b>	<b>Offered Hep C test</b>	<b>Not Offered Hep C test</b>	<b>Test status unknown</b>	<b>TOTAL</b>
<b>Eastern</b>	30	17	6	53
<b>Northern</b>	97	34	3	134
<b>Southern</b>	2	2	-	4
<b>Western</b>	18	15	1	34
<b>TOTAL</b>	147	68	10	225

**Percentages** <sup>(a)</sup>

<b>Eastern</b>	64	36	..	100
<b>Northern</b>	74	26	..	100
<b>Southern</b>	50	50	..	100
<b>Western</b>	55	45	..	100
<b>TOTAL</b>	68	32	..	100

<sup>(a)</sup> The percentage of users who have ever been offered a test for Hepatitis C has been based on those whose Hepatitis C test offer status is known, excluding those for whom the Hepatitis C test offer status was not known.

**Table 16. Living arrangements of individuals presenting for treatment: 2001-2002**

<u>numbers and percentages</u>		
Living arrangements	<i>Number</i>	%
Alone	175	20
With spouse/partner	75	8
With spouse/partner and children	121	14
With dependent children	41	5
With parents	356	40
With friends	36	4
Residential rehabilitation hostel	27	3
Roofless	1	0
Homeless	19	2
Other	41	5
<b>TOTAL</b>	<b>892</b>	<b>100</b>

**Table 17. Employment status of individuals presenting for treatment: 2001-2002**

<u>numbers and percentages</u>		
Employment status	<i>Number</i>	%
In employment	150	17
Never employed	114	13
Unemployed-1 year or less	105	12
Unemployed-1 year or more	375	43
On government training scheme	10	1
Student	115	13
Other	12	1
<b>TOTAL</b>	<b>881</b>	<b>100</b>

**Table 18. Referral details of individuals presenting for treatment: 2001-2002**

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numbers and percentages

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Referral by	Number	%
GP	307	34
Psychiatrist/mental health services	76	8
Social services	55	6
A+E	6	1
Community addiction team	32	4
Non-statutory agency	12	1
Legal	55	6
Self	243	27
Family/friend	87	10
Workplace	1	0
Other	35	4
TOTAL	909	100

**Table 19. Legal status of individuals presenting for treatment: 2001-2002**

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numbers and percentages

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Legal status	Number	%
None/missing	624	68
Deferred sentence	12	1
On probation	111	12
Community service	1	0
Awaiting sentence	59	6
Trial pending	100	11
Other	9	1
TOTAL	916	100





## **ANNEX B – ADDITIONAL HEALTH AND SOCIAL SERVICES BOARD TABLES**

<b>TABLE</b>	<b>TITLE</b>	<b>PAGE</b>
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**Table HB1. Main drug of misuse of individuals presenting for treatment by gender: 2001-2002**

numbers and percentages

**(a) Eastern Board**

Main Drug <sup>(a)</sup>	Male	Female	Persons
Cannabis	162	26	188
Ecstasy	34	16	50
Cocaine	10	3	13
Crack cocaine	1	-	1
Heroin	39	8	47
Methadone	2	-	2
Other Opiates	32	39	71
Benzodiazepines	26	14	40
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	2	1	3
Other stimulants	1	2	3
Solvents	36	8	44
Other drugs	5	4	9
<b>TOTAL</b>	<b>350</b>	<b>121</b>	<b>471</b>

**Percentages**

Cannabis	46	21	40
Ecstasy	10	13	11
Cocaine	3	2	3
Crack cocaine	0	-	0
Heroin	11	7	10
Methadone	1	-	0
Other Opiates	9	32	15
Benzodiazepines	7	12	8
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	1	1	1
Other stimulants	0	2	1
Solvents	10	7	9
Other drugs	1	3	2
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>

<sup>(a)</sup> The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table HB1. Main drug of misuse (continued)**

**(b) Northern Board**

Main Drug <sup>(a)</sup>	Male	Female	Persons
Cannabis	4	1	5
Ecstasy	2	1	3
Cocaine	-	-	-
Crack cocaine	3	-	3
Heroin	111	22	133
Methadone	-	-	-
Other Opiates	3	7	10
Benzodiazepines	1	-	1
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	-	-	-
Other stimulants	1	-	1
Solvents	-	-	-
Other drugs	1	1	2
<b>TOTAL</b>	<b>126</b>	<b>32</b>	<b>158</b>

**Percentages**

Cannabis	3	3	3
Ecstasy	2	3	2
Cocaine	-	-	-
Crack cocaine	2	-	2
Heroin	88	69	84
Methadone	-	-	-
Other Opiates	2	22	6
Benzodiazepines	1	-	1
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	-	-	-
Other stimulants	1	-	1
Solvents	-	-	-
Other drugs	1	3	1
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table HB1. Main drug of misuse (continued)**

**(c) Southern Board**

<b>Main Drug <sup>(a)</sup></b>	<b>Male</b>	<b>Female</b>	<b>Persons</b>
Cannabis	9	3	12
Ecstasy	3	-	3
Cocaine	2	-	2
Crack cocaine	-	-	-
Heroin	6	-	6
Methadone	-	-	-
Other Opiates	1	7	8
Benzodiazepines	2	-	2
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	-	-	-
Other stimulants	-	-	-
Solvents	1	-	1
Other drugs	-	-	-
<b>TOTAL</b>	<b>24</b>	<b>10</b>	<b>34</b>

**Percentages**

Cannabis	38	30	35
Ecstasy	13	-	9
Cocaine	8	-	6
Crack cocaine	-	-	-
Heroin	25	-	18
Methadone	-	-	-
Other Opiates	4	70	24
Benzodiazepines	8	-	6
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	-	-	-
Other stimulants	-	-	-
Solvents	4	-	3
Other drugs	-	-	-
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table HB1. Main drug of misuse (continued)**

**(d) Western Board**

<b>Main Drug <sup>(a)</sup></b>	<b>Male</b>	<b>Female</b>	<b>Persons</b>
Cannabis	88	18	106
Ecstasy	25	6	31
Cocaine	5	1	6
Crack cocaine	2	-	2
Heroin	8	2	10
Methadone	-	-	-
Other Opiates	19	18	37
Benzodiazepines	6	6	12
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	-	-	-
Other stimulants	5	1	6
Solvents	8	6	14
Other drugs	15	14	29
<b>TOTAL</b>	<b>181</b>	<b>72</b>	<b>253</b>

**Percentages**

Cannabis	49	25	42
Ecstasy	14	8	12
Cocaine	3	1	2
Crack cocaine	1	-	1
Heroin	4	3	4
Methadone	-	-	-
Other Opiates	10	25	15
Benzodiazepines	3	8	5
Barbiturates	-	-	-
Other hallucinogens	-	-	-
Amphetamines	-	-	-
Other stimulants	3	1	2
Solvents	4	8	6
Other drugs	8	19	11
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table HB2. Main drug of misuse of individuals presenting for treatment by age: 2001-2002**

numbers and percentages

**(a) Eastern Board**

Main Drug <sup>(a)</sup>	Under 16 years	16-19 years	20-25 years	26-29 years	30-39 years	Over 40 years	Persons
Cannabis	36	41	38	17	42	14	188
Ecstasy	1	13	16	6	13	1	50
Cocaine	-	-	6	1	4	2	13
Crack cocaine	-	1	-	-	-	-	1
Heroin	-	2	10	13	18	4	47
Methadone	-	-	-	-	1	1	2
Other Opiates	-	3	8	15	26	19	71
Benzodiazepines	-	2	7	7	15	9	40
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	2	1	-	-	-	3
Other stimulants	-	2	-	1	-	-	3
Solvents	-	8	3	-	2	-	13
Other drugs	31	-	2	1	3	3	40
<b>TOTAL</b>	<b>68</b>	<b>74</b>	<b>91</b>	<b>61</b>	<b>124</b>	<b>53</b>	<b>471</b>

**Percentages**

Cannabis	53	55	42	28	34	26	40
Ecstasy	1	18	18	10	10	2	11
Cocaine	-	-	7	2	3	4	3
Crack cocaine	-	1	-	-	-	-	0
Heroin	-	3	11	21	15	8	10
Methadone	-	-	-	-	1	2	0
Other Opiates	-	4	9	25	21	36	15
Benzodiazepines	-	3	8	11	12	17	8
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	3	1	-	-	-	1
Other stimulants	-	3	-	2	-	-	1
Solvents	-	11	3	-	2	-	3
Other drugs	46	-	2	2	2	6	8
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table HB2. Main drug of misuse by age (continued)**

**(b) Northern Board**

Main Drug <sup>(a)</sup>	Under 16 years	16-19 years	20-25 years	26-29 years	30-39 years	Over 40 years	Persons
Cannabis	-	-	4	1	-	-	5
Ecstasy	-	-	2	-	-	1	3
Cocaine	-	-	-	-	-	-	-
Crack cocaine	-	1	1	-	1	-	3
Heroin	-	2	55	39	34	3	133
Methadone	-	-	-	-	-	-	-
Other Opiates	-	-	4	1	4	1	10
Benzodiazepines	-	-	-	1	-	-	1
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	-	-	-	-	-
Other stimulants	-	-	-	1	-	-	1
Solvents	-	-	-	-	-	-	-
Other drugs	-	-	-	-	-	2	2
<b>TOTAL</b>	-	3	66	43	39	7	158

**Percentages**

Cannabis	-	-	6	2	-	-	3
Ecstasy	-	-	3	-	-	14	2
Cocaine	-	-	-	-	-	-	-
Crack cocaine	-	33	2	-	3	-	2
Heroin	-	67	83	91	87	43	84
Methadone	-	-	-	-	-	-	-
Other Opiates	-	-	6	2	10	14	6
Benzodiazepines	-	-	-	2	-	-	1
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	-	-	-	-	-
Other stimulants	-	-	-	2	-	-	1
Solvents	-	-	-	-	-	-	-
Other drugs	-	-	-	-	-	29	1
<b>TOTAL</b>	-	100	100	100	100	100	100

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table HB2. Main drug of misuse by age (continued)**

**(c) Southern Board**

Main Drug <sup>(a)</sup>	Under 16 years	16-19 years	20-25 years	26-29 years	30-39 years	Over 40 years	Persons
Cannabis	-	2	1	3	6	-	12
Ecstasy	-	-	2	-	1	-	3
Cocaine	-	1	-	-	-	1	2
Crack cocaine	-	-	-	-	-	-	-
Heroin	-	-	-	1	5	-	6
Methadone	-	-	-	-	-	-	-
Other Opiates	-	-	1	-	6	1	8
Benzodiazepines	-	-	-	2	-	-	2
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	-	-	-	-	-
Other stimulants	-	-	-	-	-	-	-
Solvents	1	-	-	-	-	-	1
Other drugs	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>18</b>	<b>2</b>	<b>34</b>

**Percentages**

Cannabis	-	67	25	50	33	-	35
Ecstasy	-	-	50	-	6	-	9
Cocaine	-	33	-	-	-	50	6
Crack cocaine	-	-	-	-	-	-	-
Heroin	-	-	-	17	28	-	18
Methadone	-	-	-	-	-	-	-
Other Opiates	-	-	25	-	33	50	24
Benzodiazepines	-	-	-	33	-	-	6
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	-	-	-	-	-
Other stimulants	-	-	-	-	-	-	-
Solvents	100	-	-	-	-	-	3
Other drugs	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.



**Table HB2. Main drug of misuse by age (continued)**

**(d) Western Board**

Main Drug <sup>(a)</sup>	Under 16 years	16-19 years	20-25 years	26-29 years	30-39 years	Over 40 years	Persons
Cannabis	7	22	33	19	18	7	106
Ecstasy	-	12	9	4	6	-	31
Cocaine	-	1	1	2	1	1	6
Crack cocaine	-	-	1	1	-	-	2
Heroin	-	-	4	4	2	-	10
Methadone	-	-	-	-	-	-	-
Other Opiates	-	1	5	6	12	13	37
Benzodiazepines	-	1	3	-	2	6	12
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	-	-	-	-	-
Other stimulants	-	1	-	1	2	1	5
Solvents	8	1	4	-	1	-	14
Other drugs	-	1	4	3	14	8	30
<b>TOTAL</b>	<b>15</b>	<b>40</b>	<b>64</b>	<b>40</b>	<b>58</b>	<b>36</b>	<b>253</b>

**Percentages**

Cannabis	47	55	52	48	31	19	42
Ecstasy	-	30	14	10	10	-	12
Cocaine	-	3	2	5	2	3	2
Crack cocaine	-	-	2	3	-	-	1
Heroin	-	-	6	10	3	-	4
Methadone	-	-	-	-	-	-	-
Other Opiates	-	3	8	15	21	36	15
Benzodiazepines	-	3	5	-	3	17	5
Barbiturates	-	-	-	-	-	-	-
Other hallucinogens	-	-	-	-	-	-	-
Amphetamines	-	-	-	-	-	-	-
Other stimulants	-	3	-	3	3	3	2
Solvents	53	3	6	-	2	-	6
Other drugs	-	3	6	8	24	22	12
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table HB3. Route of administration for main drug of misuse by individuals presenting for treatment: 2001-2002**

numbers and percentages

**(a) Eastern Board**

Main Drug <sup>(a)</sup>	Inject	Oral	Smoke	Sniff	TOTAL
Cannabis	-	8	145	1	154
Ecstasy	-	45	-	-	45
Cocaine	-	2	2	7	11
Crack cocaine	-	-	-	1	1
Heroin	34	-	9	-	43
Methadone	1	1	-	-	2
Other Opiates	-	62	-	-	62
Benzodiazepines	-	36	-	-	36
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	1	-	1	2
Other stimulants	-	1	-	1	2
Solvents	-	-	-	42	42
Other drugs	1	6	-	-	7
<b>TOTAL</b>	<b>36</b>	<b>162</b>	<b>156</b>	<b>53</b>	<b>407</b>

**Percentages**

Cannabis	-	5	95	1	100
Ecstasy	-	100	-	-	100
Cocaine	-	18	18	64	100
Crack cocaine	-	-	-	100	100
Heroin	79	-	21	-	100
Methadone	50	50	-	-	100
Other Opiates	-	100	-	-	100
Benzodiazepines	-	100	-	-	100
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	50	-	50	100
Other stimulants	-	50	-	50	100
Solvents	-	-	-	100	100
Other drugs	14	86	-	-	100
<b>TOTAL</b>	<b>9</b>	<b>40</b>	<b>39</b>	<b>13</b>	<b>100</b>

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table HB3. Route of administration (continued)**

**(b) Northern Board**

Main Drug <sup>(a)</sup>	Inject	Oral	Smoke	Sniff	TOTAL
Cannabis	-	-	4	-	4
Ecstasy	-	3	-	-	3
Cocaine	-	-	-	-	-
Crack cocaine	-	-	3	-	3
Heroin	109	-	16	-	125
Methadone	-	-	-	-	-
Other Opiates	-	10	-	-	10
Benzodiazepines	-	1	-	-	1
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	-	-	-	-
Other stimulants	-	1	-	-	1
Solvents	-	-	-	-	-
Other drugs	1	-	-	-	1
<b>TOTAL</b>	<b>110</b>	<b>15</b>	<b>23</b>	<b>-</b>	<b>148</b>

**Percentages**

Cannabis	-	-	100	-	100
Ecstasy	-	100	-	-	100
Cocaine	-	-	-	-	-
Crack cocaine	-	-	100	-	100
Heroin	87	-	13	-	100
Methadone	-	-	-	-	-
Other Opiates	-	100	-	-	100
Benzodiazepines	-	100	-	-	100
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	-	-	-	-
Other stimulants	-	100	-	-	100
Solvents	-	-	-	-	-
Other drugs	-	-	-	-	-
<b>TOTAL</b>	<b>74</b>	<b>10</b>	<b>16</b>	<b>-</b>	<b>100</b>

<sup>(a)</sup> The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table HB3. Route of administration (continued)**

**(c) Southern Board**

Main Drug <sup>(a)</sup>	Inject	Oral	Smoke	Sniff	TOTAL
Cannabis	-	-	12	-	12
Ecstasy	-	3	-	-	3
Cocaine	-	-	1	1	2
Crack cocaine	-	-	-	-	-
Heroin	3	1	2	-	6
Methadone	-	-	-	-	-
Other Opiates	-	7	-	-	7
Benzodiazepines	-	2	-	-	2
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	-	-	-	-
Other stimulants	-	-	-	-	-
Solvents	-	1	-	-	1
Other drugs	-	-	-	-	-
<b>TOTAL</b>	<b>3</b>	<b>14</b>	<b>15</b>	<b>1</b>	<b>33</b>

**Percentages**

Cannabis	-	-	100	-	100
Ecstasy	-	100	-	-	100
Cocaine	-	-	50	50	100
Crack cocaine	-	-	-	-	-
Heroin	50	17	33	-	100
Methadone	-	-	-	-	-
Other Opiates	-	100	-	-	100
Benzodiazepines	-	100	-	-	100
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	-	-	-	-
Other stimulants	-	-	-	-	-
Solvents	-	100	-	-	100
Other drugs	-	-	-	-	-
<b>TOTAL</b>	<b>9</b>	<b>42</b>	<b>45</b>	<b>3</b>	<b>100</b>

<sup>(a)</sup> The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table HB3. Route of administration (continued)**

**(d) Western Board**

Main Drug <sup>(a)</sup>	Inject	Oral	Smoke	Sniff	TOTAL
Cannabis	-	24	68	-	92
Ecstasy	-	30	-	-	30
Cocaine	1	-	1	3	5
Crack cocaine	-	1	-	1	2
Heroin	6	-	1	-	7
Methadone	-	-	-	-	-
Other Opiates	4	32	-	-	36
Benzodiazepines	-	10	-	-	10
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	-	-	-	-
Other stimulants	2	3	-	-	5
Solvents	1	1	-	10	12
Other drugs	4	24	-	-	28
<b>TOTAL</b>	<b>18</b>	<b>125</b>	<b>70</b>	<b>14</b>	<b>227</b>

**Percentages**

Cannabis	-	26	74	-	100
Ecstasy	-	100	-	-	100
Cocaine	20	-	20	60	100
Crack cocaine	-	50	-	50	100
Heroin	86	-	14	-	100
Methadone	-	-	-	-	-
Other Opiates	11	89	-	-	100
Benzodiazepines	-	100	-	-	100
Barbiturates	-	-	-	-	-
Other hallucinogens	-	-	-	-	-
Amphetamines	-	-	-	-	-
Other stimulants	40	60	-	-	100
Solvents	8	8	-	83	100
Other drugs	14	86	-	-	100
<b>TOTAL</b>	<b>8</b>	<b>55</b>	<b>31</b>	<b>6</b>	<b>100</b>

<sup>(a)</sup> The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

**Table HB4. Treatment history of individuals presenting for treatment by main drug of misuse: 2001-2002**

numbers and percentages

**(a) Eastern Board**

Main Drug <sup>(a)</sup>	Treated before	Not treated before	Treatment history unknown	TOTAL
Cannabis	45	136	7	188
Ecstasy	10	40	-	50
Cocaine	2	11	-	13
Crack cocaine	1	-	-	1
Heroin	27	20	-	47
Methadone	2	-	-	2
Other Opiates	34	29	8	71
Benzodiazepines	14	26	-	40
Barbiturates	-	-	-	-
Other hallucinogens	-	-	-	-
Amphetamines	1	2	-	3
Other stimulants	1	2	-	3
Solvents	4	40	-	44
Other drugs	4	5	-	9
				0
<b>TOTAL</b>	<b>145</b>	<b>311</b>	<b>15</b>	<b>471</b>

**Percentages <sup>(b)</sup>**

Cannabis	25	75	..	100
Ecstasy	20	80	..	100
Cocaine	15	85	..	100
Crack cocaine	100	-	..	100
Heroin	57	43	..	100
Methadone	-	-	..	100
Other Opiates	54	46	..	100
Benzodiazepines	35	65	..	100
Barbiturates	-	-	..	100
Other hallucinogens	-	-	..	100
Amphetamines	33	67	..	100
Other stimulants	33	67	..	100
Solvents	9	91	..	100
Other drugs	44	56	..	100
<b>TOTAL</b>	<b>32</b>	<b>68</b>	<b>..</b>	<b>100</b>

<sup>(a)</sup> The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

<sup>(b)</sup> The percentage of users who have previously been treated has been based on those whose treatment history is known, i.e. excluding those for whom the treatment history was not known.

**Table HB4. Treatment history (continued)**

**(b) Northern Board**

Main Drug <sup>(a)</sup>	Treated before	Not treated before	Treatment history unknown	TOTAL
Cannabis	1	4	-	5
Ecstasy	1	2	-	3
Cocaine	-	-	-	-
Crack cocaine	1	2	-	3
Heroin	108	23	2	133
Methadone	-	-	-	-
Other Opiates	5	5	-	10
Benzodiazepines	1	-	-	1
Barbiturates	-	-	-	-
Other hallucinogens	-	-	-	-
Amphetamines	-	-	-	-
Other stimulants	-	1	-	1
Solvents	-	-	-	-
Other drugs	2	-	-	2
<b>TOTAL</b>	<b>119</b>	<b>37</b>	<b>2</b>	<b>158</b>

**Percentages <sup>(b)</sup>**

Cannabis	20	80	..	100
Ecstasy	33	67	..	100
Cocaine	-	-	..	100
Crack cocaine	33	67	..	100
Heroin	82	18	..	100
Methadone	-	-	..	100
Other Opiates	50	50	..	100
Benzodiazepines	100	-	..	100
Barbiturates	-	-	..	100
Other hallucinogens	-	-	..	100
Amphetamines	-	-	..	100
Other stimulants	-	100	..	100
Solvents	-	-	..	100
Other drugs	100	-	..	100
<b>TOTAL</b>	<b>76</b>	<b>24</b>	<b>..</b>	<b>100</b>

(a) The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

(b) The percentage of users who have previously been treated has been based on those whose treatment history is known, i.e. excluding those for whom the treatment history was not known.

**Table HB4. Treatment history (continued)**

**(c) Southern Board**

Main Drug <sup>(a)</sup>	Treated before	Not treated before	Treatment history unknown	TOTAL
Cannabis	5	7	-	12
Ecstasy	1	2	-	3
Cocaine	1	1	-	2
Crack cocaine	-	-	-	-
Heroin	4	2	-	6
Methadone	-	-	-	-
Other Opiates	4	4	-	8
Benzodiazepines	1	1	-	2
Barbiturates	-	-	-	-
Other hallucinogens	-	-	-	-
Amphetamines	-	-	-	-
Other stimulants	-	-	-	-
Solvents	-	-	-	-
Other drugs	-	-	-	-
<b>TOTAL</b>	<b>16</b>	<b>17</b>	<b>1</b>	<b>34</b>

**Percentages <sup>(b)</sup>**

Cannabis	42	58	..	100
Ecstasy	33	67	..	100
Cocaine	50	50	..	100
Crack cocaine	-	-	..	100
Heroin	67	33	..	100
Methadone	-	-	..	100
Other Opiates	50	50	..	100
Benzodiazepines	50	50	..	100
Barbiturates	-	-	..	100
Other hallucinogens	-	-	..	100
Amphetamines	-	-	..	100
Other stimulants	-	-	..	100
Solvents	-	-	..	100
Other drugs	-	-	..	100
<b>TOTAL</b>	<b>48</b>	<b>52</b>	<b>..</b>	<b>100</b>

<sup>(a)</sup> The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

<sup>(b)</sup> The percentage of users who have previously been treated has been based on those whose treatment history is known, i.e. excluding those for whom the treatment history was not known.



**Table HB4. Treatment history (continued)**

**(d) Western Board**

Main Drug <sup>(a)</sup>	Treated before	Not treated before	Treatment history unknown	TOTAL
Cannabis	20	85	1	106
Ecstasy	6	25	-	31
Cocaine	4	2	-	6
Crack cocaine	1	1	-	2
Heroin	5	5	-	10
Methadone	-	-	-	-
Other Opiates	20	17	-	37
Benzodiazepines	7	5	-	12
Barbiturates	-	-	-	-
Other hallucinogens	-	-	-	-
Amphetamines	-	-	-	-
Other stimulants	4	2	-	6
Solvents	1	13	-	14
Other drugs	12	17	-	29
<b>TOTAL</b>	<b>80</b>	<b>172</b>	<b>1</b>	<b>253</b>

**Percentages <sup>(b)</sup>**

Cannabis	19	81	..	100
Ecstasy	19	81	..	100
Cocaine	67	33	..	100
Crack cocaine	50	50	..	100
Heroin	50	50	..	100
Methadone	-	-	..	100
Other Opiates	54	46	..	100
Benzodiazepines	58	42	..	100
Barbiturates	-	-	..	100
Other hallucinogens	-	-	..	100
Amphetamines	-	-	..	100
Other stimulants	67	33	..	100
Solvents	7	93	..	100
Other drugs	41	59	..	100
<b>TOTAL</b>	<b>32</b>	<b>68</b>	<b>..</b>	<b>100</b>

<sup>(a)</sup> The main drug of misuse is the drug which is causing the client the most problems at the time they present themselves to the Agency for treatment.

<sup>(b)</sup> The percentage of users who have previously been treated has been based on those whose treatment history is known, i.e. excluding those for whom the treatment history was not known.



## **ANNEX C – THE NORTHERN IRELAND DRUG MISUSE DATABASE**

In 1995, the Northern Ireland Drugs Policy Statement highlighted the need for a centralised database on drug misuse in Northern Ireland. The then Department of Health and Social Services (DHSS) was tasked with taking forward a feasibility study that would consider the experience elsewhere (databases already existed in Scotland, Wales and regionally in England), data availability and data quality in Northern Ireland and consider issues of confidentiality. The consultants employed to carry out the study reported that the majority of agencies were supportive of the idea of a drug misuse database and identified twelve agencies (six statutory and six non-statutory) as potential providers.

In response to the report DHSS Health established a project group to examine the issues involved in the establishment of a drug misuse database, and to make recommendations to the Central Co-ordinating Group for Action Against Drugs (CCGAAD) on the best way to carry forward the establishment of the database. In April 1999, having considered a report from the group, CCGAAD agreed that a database should be created and approved the establishment of a project management group to oversee implementation. More specifically, the role of the project management group was to design a suitable data collection form and detailed guidance notes, and to ensure that adequate training was provided to contributors to the database.

In August 1999, a new Drug Strategy for Northern Ireland was launched. It placed a clear emphasis on the need for good information to support drug policy and practice and recommended that a new programme of information and research should be developed. The Drug Strategy also identified a drug misuse database as one approach to collecting information. Responsibility for developing the Drug Information and Research Strategy, including the Northern Ireland Drug Misuse Database, was assumed by the Drug Information and Research Unit (DIRU). This unit was established within the Department of Health, Social Services and Public Safety in April 2000 after the transfer of policy responsibility for drug-related work from the Northern Ireland Office.

The Drug and Alcohol Information and Research Unit (DAIRU) undertake day to day work relating to the implementation, management and development of the database, under the guidance of the project management group, which is chaired by DAIRU. This new unit replaced DIRU and reflects the model for the joint implementation of the Drug and Alcohol Strategies as approved by the Executive in May 2001.

The Drug Misuse Database Project Management Group is comprised of representatives of all agencies that contribute to the database, the Drug and Alcohol Strategy Team within DHSSPS and DAIRU.

The Northern Ireland Drug Misuse Database (NI DMD) has been developed along the lines of the regional databases in England. The NI DMD manager is a member of the National Forum for Drug Data. This group includes the database managers from Scotland and Wales, regional database managers from England and representatives from the Home Office and the Department of Health. Following a strategic review of the structure and operation of the regional databases in England and Wales, the National Drugs Treatment Monitoring System was introduced in April 2001. The new system collects information on clients entering

treatment; in addition, further information is collected on each client at the end of each financial year including whether or not they are still in treatment.

The aim of the NI DMD is to enhance knowledge and understanding of the drug problem, to help inform decision-making and to improve the suitability and range of services available. It offers a profile of the misuse of drugs, based on anonymous information about new problem drug users presenting for treatment at a broad range of services. The provision of this information to the database is a voluntary exercise requiring an individual's consent. Where consent is withheld, the individual is asked to allow two pieces of information, age and sex, to be recorded on the form.

Data collection for the Northern Ireland Drug Misuse Database commenced on 1 April 2000. Services contributing to the database consist mainly of specialist drug services both statutory and non-statutory. Initially, ten agencies (six statutory and four non-statutory) agreed to contribute to the database. At the end of March 2002 there were thirteen contributors (at twenty-three treatment sites) to the database. Work will continue to enhance existing coverage and extend the coverage of the database in the future to more treatment agencies.

## **ANNEX D – RESEARCH PROGRAMME**

A substantial programme of research has been agreed by the Information and Research Working Group (IRWG), which was established to establish and meet the research and information needs of the joint implementation of the Drug Strategy and the Strategy for Reducing Alcohol Related Harm (see paragraph 1.4). This work, which is being progressed by IRWG and DAIRU, includes the following recent and current projects:

### **Recently Published Research**

***Heroin Use in Northern Ireland:*** A qualitative Study into Heroin Users' Lifestyles, Experiences and Risk Behaviours. Karen McElrath. 2001.

This study examined patterns of drug taking; health issues; risk behaviours associated with injection practices; and experience of drug treatment practices using qualitative methods in a sample of 43 current and former heroin users in Northern Ireland.

***Prevalence of Problem Heroin Use in Northern Ireland.*** Karen McElrath. March 2002.

This research project made estimates of the prevalence of problem heroin use in Northern Ireland in the period November 2000 – October 2001 using a number of different methodologies. The central estimate of problem heroin users was in the range 695-1250.

***Drug and Alcohol Use Among Young People in Northern Ireland – A Secondary Analysis of Drug and Alcohol Use Surveys.*** Bob Miller and Lizanne Dowds. October 2002.

This reports the findings of detailed analyses of the drug and alcohol modules of two surveys carried out in 2000: the Young Persons Behaviour and Attitudes Survey, a school-based survey covering 11-16 year olds; and the NISRA Omnibus Survey, a household survey with 16-25 year olds being the focus of analysis.

These reports can be obtained from the address on page 9 of this bulletin or on-line at [www.dhsspsni.gov.uk/iau/pubs.html](http://www.dhsspsni.gov.uk/iau/pubs.html)

### **Ongoing Projects**

IRWG has a number of projects currently being developed. Projects currently under way are:

***All-Ireland Drug Prevalence Survey.*** A household population survey to estimate the prevalence of illicit drug use among 15-64 year-olds in Northern Ireland, the Republic of Ireland, and on an all-Ireland basis. The survey is being conducted by MORI/MRC and will be completed by June 2003.

***Anonymised Salivary Testing Survey Among Injecting Drug Users.*** – This Survey commenced on 1 June 2002. The aim of the survey is to monitor trends in HIV and Hepatitis B and C infection in injecting drug users. Results from the survey are produced by the Public Health Laboratory Service, first results for Northern Ireland will be available by June 2003.

***Register of Research on Drugs and Alcohol in Northern Ireland.*** To be produced by DAIRU for publication in March 2003

***Research into young vulnerable groups.*** The first stage of this research will examine the profile of young people generally at risk of drug and alcohol misuse, especially examining young vulnerable people such as those excluded from school, those in contact with the criminal justice system etc. It will also and assess the suitability of service provision for young people presenting for service. This research is scheduled for completion in June 2003. Further research will focus on the needs of young vulnerable groups.