

Drug Use in Ireland and Northern Ireland

2002/2003 Drug Prevalence Survey: Cocaine Results

This bulletin provides a comprehensive overview of many different aspects of cocaine use in Ireland and Northern Ireland. It presents data gathered in the All Ireland Drug Prevalence Survey 2002/2003 relating to both cocaine powder and crack use on a lifetime (ever used), last year (recent use), and last month (current use) basis. The bulletin also examines age of first use, regular use, method of taking cocaine, ease of obtaining cocaine, reasons for stopping use, perceptions of risk and the profile of cocaine users.

IRELAND – Key Findings

- Cocaine powder accounted for the majority of cocaine use. Crack cocaine use was very limited.
- Prevalence rates were higher among younger respondents – the lifetime prevalence rate for those aged 15-34 (4.7%) was more than three times that of those aged 35-64 (1.4%).
- Male respondents reported higher prevalence rates than females across all time periods. The lifetime prevalence figure for males was 4.3% compared to 1.6% for females.
- The average age that respondents reported they had first used cocaine powder was 20 years for males and 21 for females. The average age of first regular use was 20 for males and 21 for females.
- The majority (83%) of current users took cocaine less than once a week.
- The majority of current users (83%) take cocaine by snorting.
- Over three quarters of recent users obtained their drugs from someone known to them. One third (33%) had been given cocaine by family or friends. Almost one fifth (19%) had shared the drug amongst friends. A quarter (25%) had bought cocaine from a friend.
- Most users (68%) considered it 'very easy' or 'fairly easy' to obtain cocaine within a 24 hour period.
- One-in-five (19%) of respondents who said that they had ever taken cocaine said that they had used it regularly. Of these, almost two thirds (62%) said that they had stopped taking cocaine, 7% said that they had tried to stop and failed, whilst three-in-ten respondents (32%) said that they had never tried to stop.
- The reason for quitting given by most users who had stopped was cost (42%).

- Nearly all respondents (87%) who had never used cocaine, compared to three-in-five (58%) of those who had ever used cocaine, felt there was a "great risk" associated with use of the drug.
- Lifetime prevalence rates in the three former health board areas around Dublin (ECAHB, NAHB, SWAHB) were much higher than in other areas. The figures were 6.3%, 5.2% and 5% respectively.

NORTHERN IRELAND – Key Findings

- Cocaine powder accounted for the majority of cocaine use. Crack cocaine use was again very limited.
- Prevalence rates were higher among younger respondents – the lifetime prevalence rate for those aged 15-34 (2.9%) was around five times that for those aged 35-64 (0.6%).
- Male respondents reported higher prevalence rates than females across all time periods. The lifetime prevalence figure for males was 2.8% compared to 0.5% for females.
- The average age that respondents reported that they had first used cocaine powder was 22. The average age of first regular use was also 22.
- Two thirds of current users took cocaine less than once a week.
- All current users consumed cocaine by snorting.
- Nearly two thirds of recent users had obtained their drugs from someone known to them. One fifth (19%) had been given cocaine by family or friends. One tenth (9%) had shared the drug amongst friends, while 34% had bought cocaine from a friend.
- Almost half (46%) of recent users reported that cocaine was either 'fairly difficult' or 'very difficult' to obtain, while 43% reported that it was either 'fairly easy' or 'very easy' to obtain.

- One-in-fourteen (7%) of respondents who said that they had ever taken cocaine said that they had used it regularly. Of these, three quarters (75%) said that they had stopped taking cocaine, 25% said that they had tried to stop and failed. No respondents said that they had never tried to stop.
- Nearly all respondents (89%) who had never used cocaine compared to around half (55%) of those who had ever used cocaine, felt there was a "great risk" associated with use of the drug.
- The lifetime prevalence rate in the EHSSB (2.4%), which includes the Belfast City Council area, was higher than the lifetime prevalence rates reported for the three other Health and Social Services Board areas.

IRELAND AND NORTHERN IRELAND COMPARISON – Key Findings

- In both jurisdictions cocaine powder accounted for the vast majority of cocaine use. Use of crack was extremely limited.
- Total cocaine use, use of cocaine powder and use of crack was higher in Ireland. Lifetime cocaine use in Ireland (3%) was nearly double that of Northern Ireland (1.6%).
- The profile of cocaine users was similar throughout the Island of Ireland. Males and younger adults aged 15-34 reported higher rates of cocaine use on a lifetime, last year and last month basis across the Island.
- A greater proportion of cocaine users in Ireland (19%) than in Northern Ireland (7%) classified themselves as "regular" users.
- More recent users in Ireland (68%), than in Northern Ireland (43%) found it 'very easy' or 'fairly easy' to obtain cocaine within a 24 hour period.

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Introduction

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

The main focus of the survey was to obtain prevalence rates for key illegal drugs, such as cannabis, ecstasy, cocaine, and heroin, on a lifetime (ever used), last year (recent use), and last month (current use) basis. Similar prevalence questions were also asked of alcohol, tobacco, and other drugs (e.g. tranquillisers); attitudinal and demographic information was also sought from respondents.

Following open tender, the contract for conducting the survey was awarded to MORI MRC.

Methodology

The questionnaire and methodology for this 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. This approach is commonly used throughout the EU and because of the exclusion of those living in institutions (for example prisons, nursing homes etc.) this type of prevalence survey is usually known as a **general population survey**.

Fieldwork for the survey was carried out between October 2002 and April 2003 and the final achieved sample comprised of 8,434 respondents (4,918 in Ireland and 3,516 in Northern Ireland). The response rate for the survey was 70% in Ireland and 63% in Northern Ireland.

The sample was weighted by gender, age, Health Board¹ in Ireland and Health and Social Services Board area in Northern Ireland, to maximise its representativeness of the general population.

Details of the methodology have been summarised in a paper published on the websites of the NACD (<http://www.nacd.ie/>) and the DHSSPS (<http://www.dhsspsni.gov.uk/>) and a comprehensive technical report containing copies of the questionnaires used in both jurisdictions will be published separately.

What is Prevalence?

The term **prevalence** refers to the proportion of a population who have used a drug over a particular time period. In general population surveys, prevalence is measured by asking respondents in a representative sample drawn from the population to recall their use of drugs. The three most widely used recall periods are: lifetime (ever used a drug), last year (used a drug in the last twelve months), and last month (used a drug in the last 30 days). Provided that a sample is representative of the total population, prevalence information obtained from a sample can be used to infer prevalence in the population.

Lifetime prevalence refers to the proportion of the sample that reported ever having used the named drug at the time they were surveyed. A person who records lifetime prevalence may or may not be currently using the drug. Lifetime prevalence should not be interpreted as meaning that people have necessarily used a drug over a long period of time or that they will use the drug in future.

Last year prevalence refers to the proportion of the sample that reported using a named drug in the year prior to the survey. For this reason, last year prevalence is often referred to as **recent use**.

Last month prevalence refers to the proportion of the sample that reported using a named drug in the 30 day period prior to the survey. Last month prevalence is often referred to as **current use**. A proportion of those reporting **current use** may be occasional (or first-time) users who happen to have used in the period leading up to the survey – it should therefore be appreciated that current use is not synonymous with regular use.

¹ Since January 2005 the Health Boards in Ireland have undergone restructuring and are merged under one authority – the Health Service Executive. The above reference relates to the Health Board structure detailed in *Bulletin 2: Drug Use in Ireland and Northern Ireland 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results (Revised) June 2005*.

Understanding the Results of this Bulletin

Initial results from the Drug Prevalence Survey were published in Bulletin 1 (October 2003, revised June 2005), which gave lifetime, last year, and last month prevalence rates for key drugs for the Island of Ireland, Ireland and Northern Ireland. Bulletin 2, published in March 2004 (revised June 2005), contained comparable information for Ireland and its constituent Health Boards and Northern Ireland and its constituent Health and Social Services Board areas. Prevalence rates for alcohol and tobacco (and, relating to Northern Ireland only, for anabolic steroids and Nubain®) were also included in the tables.

Bulletin 3 (2002/2003 Drug Prevalence Survey: Cannabis Results), published in October 2005, examined age of first use; regular use; type of cannabis used; method by which cannabis is used; how and where cannabis is obtained; reasons for stopping use; attitudes to cannabis use and perceptions of risk, together with the typical profile of cannabis users.

This bulletin (*Bulletin 4*) contains prevalence rates for the use of cocaine and other information relating to cocaine use in Ireland and Northern Ireland. Results are given for all respondents aged between 15 and 64, by gender and by age (younger adults aged 15-34 and older adults aged 35-64).

Readers should note that the total sample size for each group is given at the head of each column. As in all sample surveys, the greater the sample size the more statistically reliable the results become. Due to the small prevalence rates the figures are presented to one decimal place to facilitate the description of differences noted.

Invalid responses have been excluded from all analyses. Percentages may not always sum to 100 due to either the effect of rounding or where respondents could give more than one answer.

Statistical significance tests (Chi-Square Tests) have been carried out on a range of variables. These tests are used to establish the degree of confidence with which we can infer that the observed findings are an accurate reflection of the views of the population. In this bulletin, where test results have emerged as statistically significant, this has been reported at the 5% level of probability ($p \leq 0.05$). Therefore, where a value of p less than or equal to 0.05 was found, we can be confident that 95 times out of 100 the outcomes that we have observed are real i.e. not due to sampling error.

In an attempt to compare prevalence rates for cocaine use across different social classes/socio-economic groups, the Standard Occupational Classification (SOC2000) was used. The SOC2000 is based on the employment status, level of responsibility and qualifications, of the chief income earner within a household. Further information will be available in a technical report that will be published separately.

Respondents were then coded into the following social grades;

- A** (Professionals, senior management and top civil servants)
- B** (Middle management, senior civil servants, managers and owners of businesses)
- C1** (Junior management and owners of small businesses)
- C2** (Skilled manual workers and manual workers responsible for other workers)
- D** (Semi-skilled and unskilled manual workers, trainees and apprentices)
- E** (All those dependant on the State long-term)

Future Publications

This is the fourth bulletin in a series that explores findings from the drug prevalence survey 2002/2003. Future bulletins will include an analysis of polydrug use, use of sedatives, tranquillisers and anti-depressants and an exploration of the socio-demographic profile of drug users throughout the Island of Ireland. A detailed technical report, including copies of the questionnaires used, will also be published.

Glossary

Cocaine

Cocaine hydrochloride is a stimulant derived from leaves of the coca bush that grows primarily in the South American countries of Colombia, Peru and Bolivia. The drug takes effect within minutes and users tend to feel energetic, alert, euphoric and talkative, with heightened sensations of sight, sound and smell. It is available in two forms, cocaine powder and crack.

Cocaine Powder

The white, crystalline powder form of cocaine (hydrochloride salt) is the most commonly used type.

Crack

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

Freebase

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

Snort/Do a line

Cocaine powder is usually administered by inhaling through the nose using a rolled up banknote, straw, metal tube etc.

Injecting

Cocaine powder can also be made into a solution and injected either on its own or in combination with heroin (known as a 'speedball'). Some people inject crack by dissolving it with citric acid and water.

Results – Ireland

Prevalence of Cocaine Use (Table 1)

One-in-thirty three respondents (3%) aged 15-64 reported that they had taken any form of cocaine at some stage in their lives, with 1.1% having used in the last year and 0.3% having used in the last month.

Most respondents reported using cocaine powder. Of all respondents, 2.9% reported that they had used cocaine powder at some stage in their lives, with 1.1% having used in the last year and 0.3% having used in the last month.

A minority of cocaine users reported using crack, 0.3% of all respondents had taken crack at some time in their lives, while 0.1% had used crack in the previous year. No current (last month) use of crack was reported.

Age (Table 1)

Overall, prevalence rates were higher for younger respondents. The total cocaine lifetime prevalence rate for those aged 15-34 (4.7%) was more than three times the rate for those aged 35-64 (1.4%). The last year prevalence rate for those aged 15-34 (2%) was nearly seven times that for respondents aged 35-64 (0.3%). Similarly, the rate for last month use was much higher for those aged 15-34 (0.7%) than for those aged 35-64 (0.04%).

Very similar figures were reported for use of cocaine powder only as this accounts for the majority of cocaine use.

Younger respondents also reported higher levels of crack use. The lifetime prevalence rate for those aged 15-34 was 0.5% compared with 0.2% for those aged 35-64. Of younger respondents, 0.2% reported using crack in the past year, compared with no older respondents. No respondents reported any current (last month) use of crack.

Gender (Table 1)

Male respondents generally reported higher prevalence rates than females. The lifetime total cocaine prevalence figure was 4.3% compared to 1.6% for females. The figure for last year total cocaine use was 1.7% for males and 0.5% for females. Last month total cocaine use was exclusively confined to males (0.7%).

Once again, very similar figures were reported for use of cocaine powder only as this accounts for the majority of cocaine use.

Male respondents reported higher levels of crack use on a lifetime basis (0.5% compared to 0.1% for females). Males and females reported the same level of use in the previous year (0.1%). As previously stated, no respondents reported any current (last month) use of crack.

First use (Table 2 & Table 3)

The average age that respondents reported that they had first used cocaine powder was 20 years². The average age males reported first using cocaine powder was 20. The average age females reported first using cocaine powder was 21. Younger respondents aged 15-34 reported a lower average age of first use (20 years) than older respondents aged 35-64 (25 years).

Regarding crack, the average age that respondents reported their first use was 22 years². The average age males reported first using crack was 21. The average age females reported first using crack was 27. Younger respondents aged 15-34 reported a lower average age of first use (21 years) than older respondents aged 35-64 (25 years).

First regular use (Table 2)

The average age of first regular use of cocaine powder was 20 years for males and 21 years for females. Similarly, younger respondents aged 15-34 reported first using regularly at 20 years while the corresponding figure for older respondents in the 35-64 age-group was 24 years.

The period of time between first using cocaine and becoming a regular user (lag³) was one year.

Frequency of use (Table 4)

Current users of cocaine were exclusively male and almost all were aged 15-34. The vast majority of current users (83%) had used cocaine powder less than once a week. Seventeen per cent used cocaine powder on 4-9 days in the previous month (at least once a week). No current crack use was reported.

Method of taking cocaine⁴ (Table 5)

As previously stated, current users of cocaine were almost entirely young males, and current users reported using cocaine powder only. Over four fifths (83%) said they snorted cocaine or "did a line". None reported injecting/using a needle. Less than one fifth (17%) stated they took cocaine by some other method.

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

3 Lag was calculated by measuring the time in years between when a respondent reported first using cocaine and first using cocaine regularly.

4 This was a multi-choice question and therefore percentages will not equal 100%.

How cocaine was obtained (Table 6)

Respondents who had recently taken cocaine were asked how they had obtained it on the last occasion that they had used it. Over three quarters had obtained their drugs from someone known to them. One third (33%) had been given the drug by family or friends. Almost one fifth (19%) had shared the drug amongst friends. One quarter (25%) had bought the drug from a friend. No respondent reported buying the drug from a stranger.

This pattern was repeated across gender and age groups, although more females (42%) reported buying cocaine from friends than males (21%). Less than one third (30%) of older respondents reported sharing cocaine amongst friends, compared to 17% of respondents aged 15-34. It should be noted, however, that the number of regular female cocaine users was small (one fifth of the total). Only 12% of regular cocaine users were older (aged 35-64).

Where cocaine was obtained (Table 7)

Respondents who had recently taken cocaine were also asked where they had obtained it on the last occasion that they had used it. Over half (52%) said they had obtained it at the house of a friend whilst 38% had obtained it at a disco/club/bar and 11% said that they had obtained cocaine in the street or park. Only 2.5% had obtained the drug from the house of a dealer.

More males (56%) than females (39%) reported obtaining cocaine from the house of a friend. Similarly, fewer females (20%) reported obtaining cocaine at a disco/bar/club than males (43%). The majority of older adults aged 35-64 (72%) obtained their cocaine from a disco/bar/club. However, as previously stated, the number of recent cocaine users who were female or older was quite small.

Ease of obtaining cocaine (Table 8)

The majority of recent users (68%) considered it 'very easy' or 'fairly easy' to obtain cocaine within a 24 hour period. These figures were similar for both male (70%) and female (59%) respondents and for both younger (70%) and older respondents (52%).

Stopping cocaine use and reasons for stopping (Tables 9 & 10)

Nearly one-in-five respondents (19%) who said that they had ever taken cocaine said that they had used it regularly.

Of these, over three-in-five (62%) said that they had stopped taking cocaine, around one-in-fourteen (7%) said that they had tried to stop and failed, whilst three-in-ten respondents (32%) said that they had never tried to stop. One-in-twelve (8%) of males had tried to stop but failed. No females had tried to

stop but failed, although it should be noted once again that only a small number of regular cocaine users were women. All older users (100%) who tried to stop succeeded – but older respondents made up a small minority of regular cocaine users.

Two fifths (42%) of regular users who stopped using cocaine cited cost as being a factor in their decision. Over one third (35%) said they did not want to take it any more. Around one-in-three (32%) stopped because of health concerns. The same number were persuaded to stop by friends and family.

As previously stated, only a small number of regular users who stopped were women or older adults aged 35-64, but from the available data it appears that cost was an important factor in stopping for older adults (78%) and females (69%).

No regular users who stopped using cocaine cited 'a less available supply' as a reason. Similarly, no regular users who stopped did so by entering rehab.

Risk perception (Table 11)

When asked about the risk involved in the use of drugs, most of the general population felt there was a 'great risk' associated with cocaine and crack use (86%). Only 9% thought there was a moderate risk. Virtually no-one (0.7%) thought there was no risk.

Similarly, males and females (86% and 87% respectively) felt there was a 'great risk' associated with cocaine and crack use. However, a lower percentage of younger adults (83%) thought that cocaine use carried a great risk when compared with older adults (89%). All these figures were very similar amongst members of the population who had never used cocaine.

Fewer respondents who had used cocaine felt there was a 'great risk' associated with use of the drug (58%) when compared to those who had never used cocaine (87%). Nearly one-in-five (24%) felt there was a moderate risk. One-in-sixteen (6%) felt there was no risk at all. Males were more likely to hold this view (7% of men who had used cocaine) when compared with females (2% of women who had used cocaine). One-in-ten (10%) of older adults also shared this view, which was twice the rate of younger respondents (5%). Older adults who had taken cocaine were least likely to be of the opinion that cocaine use carried a great risk (48%).

Health board areas⁵ (Table 12)

Lifetime prevalence rates in the three former health board areas around Dublin were higher than in other areas (ECAHB – 6.3%, NAHB – 5.2%, SWAHB – 5%). The last year prevalence rates for the ECAHB (2.3%), NAHB (1.7%) and SWAHB (1.5%) were also amongst the highest figures reported. Similarly, the figures for last month use in these three former health board areas were also the three highest (ECAHB – 0.5%, NAHB – 0.8%, SWAHB – 0.6%).

5 See Bulletin 2: Drug Use in Ireland and Northern Ireland 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results (Revised) for further details.

Profile of cocaine users

For the purposes of the statistical tests detailed below, a cocaine user was defined as someone who has used cocaine powder only, crack only or both.

Gender (Table 13)

The results of all three chi-square tests were statistically significant. This indicates that there is an association between gender and cocaine use. Males are more likely than females to have ever used cocaine, used it in the last twelve months and used it in the last month.

Age (Table 14)

The results of all three chi-square tests were statistically significant. This indicates that there is an association between age and cocaine use. Younger respondents (15-34) reported greater levels of cocaine use than older respondents (35-64) across all three prevalence categories.

Socio-economic group⁶ (Table 15)

None of the three chi-square tests returned a significant result. This indicates that there is no association between socio-economic group (SEG) and cocaine use on a lifetime, last year or last month basis. However, respondents from SEG E (all those dependant on the State long term) did report a slightly higher lifetime prevalence rate when compared to other groups, but this was not statistically significant.

Work status (Table 16)

The results of the three chi-square tests were not statistically significant. This indicates that there is no association between work status and cocaine use.

Housing tenure (Table 17)

The results of two chi-square tests were statistically significant. This indicates that there is an association between housing tenure and cocaine use. Respondents who rented their property from a private landlord had higher prevalence rates than expected for lifetime and last year use. Respondents who owned their home in part or in full had lower prevalence rates than expected for lifetime and last year use.

Age education ceased (Table 18)

The result of one chi-square test was statistically significant. This indicates that there is an association between age education ceased and cocaine use for last year use. Those respondents who left full time education under 15 years of age had much lower prevalence rates than expected.

Education level (Table 19)

The results of two chi-square tests were statistically significant. This indicates that there is an association between education level and cocaine use. Respondents who had attained higher levels of education reported higher levels of cocaine use than expected on a lifetime and last year basis. Those respondents who had obtained an elementary level of education reported lower prevalence rates than expected.

6 See classification of Socio-Economic Groups on page 4.

Results – Northern Ireland

Prevalence of cocaine use (Table 20)

Around one-in-sixty respondents (1.6%) aged 15-64 reported that they had taken any form of cocaine at some stage in their lives, with 0.5% having used in the last year and 0.1% having used in the last month.

Nearly all users reported using cocaine powder. The lifetime, last year and last month prevalence figures were very similar to the total cocaine figures (above).

A very small minority of cocaine users reported that they had used crack, 0.2% of all respondents had taken crack at some time in their lives, while 0.04% had used crack in the previous year. No current (last month) use of crack was reported.

Age (Table 20)

Prevalence rates were higher for younger respondents. The total cocaine lifetime prevalence rate for those aged 15-34 (2.9%) was nearly five times the rate for those aged 35-64 (0.6%). The last year prevalence rate for those aged 15-34 (1%) was ten times that for respondents aged 35-64 (0.1%). Only 0.2% of young adults reported using any form of cocaine in the past month. No older adults did.

Very similar figures were reported for use of cocaine powder only as this accounts for the majority of cocaine use.

Younger respondents also reported higher levels of crack usage. The lifetime prevalence rate for those aged 15-34 was 0.4% compared with 0.1% for those aged 35-64. Some younger respondents (0.1%) reported using crack in the past year, compared with no older respondents. No respondents reported use of crack in the previous month.

Gender (Table 20)

Male respondents reported higher prevalence rates than females across all time periods for all types of cocaine. The lifetime total cocaine prevalence figure for males was 2.8% compared to 0.5% for females – almost six times higher. The figure for last year total cocaine use was 1% for males and 0.1% for females. Last month total cocaine use was exclusively confined to males (0.2%).

Once again, very similar figures were reported for use of cocaine powder only as this accounts for the majority of cocaine use.

Males reported higher levels of crack use on a lifetime basis (0.4% compared to 0.1% for females). Only males reported using crack in the previous year (0.1%). As previously stated, no respondents reported any current (last month) use of crack.

First use (Table 21 & Table 22)

The average age that respondents reported that they had first used cocaine powder was 22 years⁷. Males reported first using cocaine powder at 22. Females also reported first using cocaine powder at 22. Younger respondents aged 15-34 reported a lower average age of first use (21 years) than older respondents aged 35-64 (26 years).

The number of people in Northern Ireland who had used crack was small. The average age that respondents reported their first use was 19 years⁷. Males reported first using crack at 19. Only one female reported using crack, so it was not possible to determine an average age of first use. Younger respondents aged 15-34 reported a lower average age of first use (18 years) than older respondents (29 years).

First regular use (Table 21)

The total number of regular users in the Northern Ireland was small, but some information could still be extracted from the available data.

The average age of first regular use of cocaine powder was 22 years for males. No regular users of cocaine powder were female. Younger respondents aged 15-34 reported first using regularly at 22 years. No older respondents used cocaine regularly.

The average period of time between first using cocaine and becoming a regular user was half a year.

Frequency of use (Table 23)

As with regular users, the number of current users of cocaine powder was very small and all were males aged 15-34. Two-in-three (65%) had used cocaine powder less than once a week. However, 35% used cocaine powder on 4-9 days in the previous month (at least once a week). No current crack use was reported.

Method of taking cocaine powder⁸ (Table 24)

Current users of cocaine were all young males who had used cocaine powder only. 100% said they snorted cocaine or 'did a line'.

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

8 This was a multi-choice question and therefore percentages will not equal 100%.

How cocaine was obtained (Table 25)

Respondents who had recently taken cocaine were asked how they had obtained it on the last occasion that they had used it. Nearly two thirds had obtained their drugs from someone known to them. Almost one fifth (19%) had been given the drug by family or friends. One tenth (9%) had shared the drug amongst friends. One third (34%) had bought the drugs from a friend.

Most recent cocaine users in Northern Ireland were young and male. These figures listed above are therefore broadly similar within these two categories.

Where cocaine was obtained (Table 26)

Respondents who had recently taken cocaine were also asked where they had obtained it on the last occasion that they had used it. Over a quarter (28%) had obtained the drug at a disco/bar/club, 27% had obtained it at the house of a friend while less than one fifth (19%) had got their cocaine in the street or park. One fifth (20%) had ordered by phone, but no-one had obtained the drug from the house of a dealer.

As previously stated, most recent cocaine users in Northern Ireland were young and male. Once again, the figures listed above are broadly similar within these two categories.

Ease of obtaining cocaine (Table 27)

Almost half (46%) of recent users reported that cocaine was either 'fairly difficult' or 'very difficult' to obtain, while 43% reported that it was either 'fairly easy' or 'very easy' to obtain.

Stopping cocaine use and reasons for stopping (Tables 28 & 29)

Around one-in-fourteen (7.4%) of respondents who said that they had ever taken cocaine said that they had used it regularly. The number of regular cocaine users in Northern Ireland was therefore very small – all were young males. Of these, three quarters (75%) said that they had stopped taking cocaine. The remaining 25% said they had tried to stop and failed.

Three reasons for stopping were given by the small number of regular users who ceased using cocaine. One third said they did not want to take it any more. One third stopped after being put on a rehab programme. One third stated "some other reason".

Risk perception (Table 30)

When asked about the risk involved in the use of drugs, most of the general population felt there was a 'great risk' associated with use of cocaine/crack (89%). Only 8% thought there was a moderate risk. Very few respondents (0.4%) thought there was no risk.

Similarly, males and females (87% and 90% respectively) felt there was a 'great risk' associated with cocaine and crack use. However, fewer younger adults (84%) thought that cocaine use carried a great risk when compared with older adults (92%). Similar trends were observed amongst people who had never used cocaine, although the figures were marginally higher i.e. a slightly higher percentage of these people thought there was a great risk.

Attitudes towards cocaine or crack use amongst those who had used cocaine did, however, differ from those reported by people who had not. Fewer respondents who had used cocaine felt there was a 'great risk' associated with use of the drug (55%) when compared with those who had never used cocaine (89%). One-in-five (21%) felt there was a moderate risk, while 3% felt there was no risk at all. Males were more likely to hold this latter view (3% of men who had used cocaine) when compared with females (0% of women who had used cocaine). Younger adults (53%) were less likely than older adults (65%) to think there was a great risk associated with cocaine use.

Health and social services board areas⁹ (Table 31)

The lifetime prevalence rate in the Eastern Health and Social Services Board (EHSSB) area was 2.4%. This was higher than the lifetime prevalence rates reported for the three other Health and Social Services Board areas. This board includes the Belfast City Council area. The EHSSB area also had the highest last year prevalence rate (1%). However, the EHSSB had a marginally lower last month prevalence rate (0.1%) when compared with the Western Health and Social Services Board area (0.2%).

Profile of cocaine users

For the purposes of the statistical tests detailed below, a cocaine user was defined as someone who has used cocaine powder only, crack only or both.

Tests were performed on the data for lifetime and last year prevalence rates. The number of current cocaine users in Northern Ireland was small, so data relating to last month use was excluded from this part of the analysis.

⁹ See Bulletin 2: Drug Use in Ireland and Northern Ireland 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results (Revised) for further details.

Gender (Table 32)

The results of the two chi-square tests were statistically significant. This indicates that there is an association between gender and cocaine use. Males are more likely than females to have ever used cocaine and to have used it in the last twelve months.

Age (Table 33)

The results of the two chi-square tests were statistically significant. This indicates that there is an association between age and cocaine use. Younger respondents (15-34) reported greater levels of cocaine use than older respondents (35-64) on a lifetime and last year basis.

Socio-economic group¹⁰ (Table 34)

Neither of the chi-square tests returned a significant result. This indicates that there is no association between socio-economic group and cocaine use on a lifetime or last year basis.

Work status (Table 35)

Neither chi-square test returned a significant result. This indicates that there is no association between work status and cocaine use on a lifetime or last year basis.

Housing tenure (Table 36)

The result of one chi-square test was statistically significant. This indicates that there is a significant association between housing tenure and cocaine use. Respondents who rented their property from a private landlord had a higher lifetime prevalence rate than expected.

Educational qualifications (Table 37)

Neither chi-square test returned a significant result. This indicates that there is no association between educational qualifications and cocaine use on a lifetime or last year basis.

¹⁰ See classification of Socio-Economic Groups on page 4.

Comparison – Ireland and Northern Ireland

Type of cocaine used

In both jurisdictions cocaine powder accounted for the vast majority of cocaine use. Use of crack was extremely limited.

Prevalence

In nearly all instances, levels of cocaine use were higher in Ireland than in Northern Ireland. The total figure for lifetime use in Ireland (3%) was nearly double that reported for Northern Ireland (1.6%). The figures for recent use were similarly proportioned. The last year prevalence rate was 1.1% in Ireland and 0.5% in Northern Ireland. Likewise, the figure for current use was higher in Ireland (0.3%) than it was in Northern Ireland (0.1%).

Profile of users

The profile of cocaine users was broadly similar throughout the Island of Ireland. Males reported higher rates of cocaine usage on a lifetime, last year and last month basis in both Ireland and Northern Ireland. Younger adults aged 15-34 also reported higher levels of lifetime, recent and current cocaine use in both jurisdictions. Both these results were statistically significant. A significant association was also found between housing tenure and cocaine use in both jurisdictions for lifetime cocaine use. However, this outcome was observed for recent use in Ireland only. Additionally, an association was noted between age education ceased and cocaine use on a last year basis in Ireland. There was also an association between highest level of educational attainment and cocaine use in Ireland on a lifetime and last year basis. No association was found between educational qualifications and cocaine use in Northern Ireland.

Regular users

The number and relative proportion of regular users in Ireland was higher than in Northern Ireland. In Ireland 19% of those respondents who had ever used cocaine classified themselves as “regular” users. The corresponding figure for Northern Ireland was 7%.

Ease of obtaining cocaine

A greater percentage of recent users in Ireland (68%), than in Northern Ireland (43%) found it ‘very easy’ or ‘fairly easy’ to obtain cocaine within a 24 hour period. More users in Northern Ireland (46%), than in Ireland (15%) found it ‘very difficult’ or ‘fairly difficult’ to obtain cocaine within 24 hours.

Table 1: Ireland

Cocaine Prevalence Rates (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Males	Females			
<i>Total Weighted N (valid responses)</i>	(4918)	(2470)	(2448)	(2333)	(2585)
Lifetime Prevalence (%)					
Cocaine Total	3.0	4.3	1.6	4.7	1.4
Cocaine Powder	2.9	4.1	1.6	4.6	1.4
Crack	0.3	0.5	0.1	0.5	0.2
Last Year Prevalence (Recent use) (%)					
Cocaine Total	1.1	1.7	0.5	2.0	0.3
Cocaine Powder	1.1	1.7	0.5	2.0	0.3
Crack	0.1	0.1	0.1	0.2	-
Last Month Prevalence (Current use) (%)					
Cocaine Total	0.3	0.7	-	0.7	0.04
Cocaine Powder	0.3	0.7	-	0.7	0.04
Crack	-	-	-	-	-

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

Table 2: Ireland

Age of First Use and First Regular Use of Cocaine					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Males	Females			
Age first used cocaine (all users)					
<i>Total Weighted N (valid responses)</i>	(140)	(102)	(38)	(106)	(34)
Mean age of first use	22	22	22	20	26
Median of age of first use ¹	20	20	21	20	25
Age first used cocaine (regular users)					
<i>Total Weighted N (valid responses)</i>	(27)	(21)	(6)	(23)	(4)
Mean age of first use	20	19	21	19	22
Median of age of first use ¹	19	19	21	19	22
Age first regularly used cocaine (regular users)					
<i>Total Weighted N (valid responses)</i>	(27)	(21)	(6)	(23)	(4)
Mean age of first regular use	21	21	22	21	23
Median of age of first regular use ¹	21	20	21	20	24
Average number of years between first use and first regular use of cocaine (regular users)					
<i>Total Weighted N (valid responses)</i>	(27)	(21)	(6)	(23)	(4)
Average number of years	1	2	0	2	1

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

All figures are based on weighted data.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 3: Ireland

Age of First Use of Crack (All Users)					
	All adults			Young adults	Older adults
	15-64	Males	Females	15-34	35-64
<i>Total Weighted N (valid responses)</i>	(15)	(13)	(2)	(10)	(5)
Mean age of first use	22	22	27	21	25
Median of age of first use ¹	22	21	27	21	25

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

All figures are based on weighted data.
All figures are based on valid responses.

Table 4: Ireland

Frequency of Cocaine Use* (Current Users) (%)					
	All adults			Young adults	Older adults
	15-64	Males	Females	15-34	35-64
<i>Total Weighted N (valid responses)</i>	(17)	(17)	(0)	(16)	(1)
20 days or more	0.0	0.0	-	0.0	0.0
10 - 19 days	0.0	0.0	-	0.0	0.0
4 - 9 days	16.6	16.6	-	17.6	0.0
1 - 3 days	83.4	83.4	-	82.4	100.0

*EMCDDA 'Handbook for Surveys on Drug Use Among the General Population' (Aug. 2002) defines frequency of drug use as:
20 days or more = daily or almost daily
10-19 days = several times a week
4-9 days = at least once a week
1-3 days = less than once a week

All figures are based on weighted data.
All figures are rounded to the nearest decimal place.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 5: Ireland

Method of Taking Cocaine Powder (Current Users) (%)					
	All adults			Young adults	Older adults
	15-64	Males	Females	15-34	35-64
<i>Total Weighted N (valid responses)</i>	(17)	(17)	(0)	(16)	(1)
Line/Snort	83.2	83.2	-	82.1	100.0
Needle	0.0	0.0	-	0.0	0.0
Other	16.8	16.8	-	17.9	0.0
Don't Know	0.0	0.0	-	0.0	0.0

This was a multi-choice question, therefore percentages may not total 100%.

All figures are based on weighted data.
All figures are rounded to the nearest decimal place.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 6: Ireland

How Cocaine was Obtained* (Recent Users) (%)					
	All adults			Young adults	Older adults
	15-64	Males	Females	15-34	35-64
<i>Total Weighted N (valid responses)</i>	(51)	(41)	(11)	(45)	(6)
Given by family/friend	32.5	34.8	23.8	31.9	36.6
Shared amongst friends	18.7	20.5	11.7	17.0	30.4
Bought from a friend	25.1	20.6	42.3	27.0	12.5
Bought from contact not known personally	12.0	12.4	10.6	11.5	15.2
Given by stranger	8.1	7.2	11.7	9.3	0.0
Given by contact not known personally	8.3	10.5	0.0	6.5	20.5
Bought from a stranger	0.0	0.0	0.0	0.0	0.0

* Based on responses of those who had used cocaine in the last 12 months.

All figures are based on weighted data.
All figures are rounded to the nearest decimal place.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 7: Ireland

Where Cocaine was Obtained* (Recent Users) (%)					
	All adults			Young adults	Older adults
	15-64	Males	Females	15-34	35-64
<i>Total Weighted N (valid responses)</i>	(51)	(39)	(12)	(44)	(6)
House of a friend	52.0	55.9	39.1	55.6	27.7
Disco/bar/club	37.9	43.3	20.2	32.9	72.3
Street/Park	11.2	14.6	0.0	12.9	0.0
Ordered by phone	9.7	3.2	31.1	11.1	0.0
House of a dealer	2.5	3.2	0.0	2.8	0.0
Other	0.0	0.0	0.0	0.0	0.0
School/college	0.0	0.0	0.0	0.0	0.0
Office/workplace	0.0	0.0	0.0	0.0	0.0
Don't Know	2.2	0.0	9.6	2.6	0.0

* Based on responses of those who had used cocaine in the last 12 months.

All figures are based on weighted data.
All figures are rounded to the nearest decimal place.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 8: Ireland

Ease of Obtaining Cocaine in a 24 Hour Period* (Recent Users) (%)					
	All adults			Young adults	Older adults
	15-64	Males	Females	15-34	35-64
<i>Total Weighted N (valid responses)</i>	(51)	(39)	(12)	(44)	(6)
Very easy	36.2	34.9	40.3	38.4	30.4
Fairly easy	31.6	35.5	18.8	31.4	21.4
Neither easy or difficult	10.5	7.5	20.4	12.0	33.0
Fairly difficult	4.5	2.5	10.9	2.9	15.2
Very difficult	10.9	11.3	9.6	12.5	0.0
Don't Know	6.4	8.3	0.0	2.8	30.4

* Based on responses of those who had used cocaine in the last 12 months

All figures are based on weighted data.
All figures are rounded to the nearest decimal place.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 9: Ireland

Regular Cocaine Users and Stopping Cocaine Use (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Males	Females			
Lifetime cocaine users who have ever used cocaine regularly*					
<i>Total Weighted N (valid responses)</i>	(140)	(102)	(38)	(105)	(35)
	19.2	20.5	16.0	21.9	11.2
Regular cocaine users and stopping cocaine use					
<i>Total Weighted N (valid responses)</i>	(27)	(21)	(6)	(23)	(4)
Regular user - Stopped taking	61.7	62.3	59.6	55.2	100.0
Regular user - Tried to stop but failed	6.5	8.4	0.0	7.6	0.0
Regular user - Never tried to stop	31.8	29.3	40.4	37.2	0.0

* As a percentage of lifetime cocaine users.

All figures are based on weighted data.
All figures are rounded to the nearest decimal place.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 10: Ireland

Reasons for Stopping Cocaine Use (Regular Users who have Stopped) (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Males	Females			
<i>Total Weighted N (valid responses)</i>	(17)	(13)	(4)	(13)	(4)
Did not want to take any more	35.3	25.9	69.1	31.0	49.6
No longer part of social life	9.4	12.1	0.0	12.3	0.0
Did not enjoy after effects	5.9	7.6	0.0	0.0	25.2
Health concerns	32.3	32.7	30.9	34.5	25.2
Persuaded by friends/family	32.0	41.0	0.0	25.6	52.8
Cost/could no longer afford it	41.9	34.3	69.1	30.8	78.0
Impact on job/friends/family	22.1	19.7	30.9	21.2	25.2
Less available supply	0.0	0.0	0.0	0.0	0.0
Pregnancy	8.4	0.0	38.1	10.9	0.0
Pros did not outweigh cons	8.6	11.0	0.0	11.2	0.0
Rehab programme	0.0	0.0	0.0	0.0	0.0
Other	16.2	12.1	30.9	21.2	0.0
Don't Know	0.0	0.0	0.0	0.0	0.0

This was a multi-choice question, therefore percentages will not total 100%.

All figures are based on weighted data.
All figures are rounded to the nearest decimal place.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 11: Ireland

Risk perception (%)	All adults		Young adults	Older adults	
	15-64	Males	15-34	35-64	
Perceived risk related to trying cocaine or crack once or twice					
General Population					
<i>Total Weighted N (valid responses)</i>	(4912)	(2466)	(2446)	(2331)	(2581)
No risk	0.7	0.8	0.7	1.0	0.5
Slight risk	3.1	3.3	2.9	3.8	2.4
Moderate risk	9.1	9.2	9.1	11.6	6.9
Great risk	86.4	85.9	86.9	83.2	89.3
Don't know	0.7	0.9	0.5	0.4	0.9
Those Who Have Never Used Cocaine					
<i>Total Weighted N (valid responses)</i>	(4767)	(2361)	(2406)	(2223)	(2544)
No risk	0.6	0.5	0.7	0.8	0.3
Slight risk	2.8	2.8	2.8	3.4	2.3
Moderate risk	8.7	8.6	8.8	11.1	6.6
Great risk	87.2	87.3	87.3	84.2	89.9
Don't know	0.7	0.9	0.5	0.5	0.9
Those Who Have Ever Used Cocaine					
<i>Total Weighted N (valid responses)</i>	(145)	(105)	(40)	(108)	(37)
No risk	5.9	7.4	2.0	4.6	9.8
Slight risk	11.5	14.5	3.8	12.1	9.9
Moderate risk	23.8	21.8	29.3	21.8	29.8
Great risk	58.1	56.3	62.9	61.5	48.3
Don't know	0.6	0.0	2.0	0.0	2.2

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

All users of cocaine powder or crack.

Table 12: Ireland

Cocaine Prevalence: Health board areas summary (%) ¹	All adults			Young adults	Older adults
	15-64	Males	Females	15-34	35-64
Cocaine (total, including crack)					
Lifetime Prevalence (%)					
Health Board					
East Coast Area HB (ECAHB)	6.3	10.5	2.0	10.5	3.0
Midland HB	1.3	2.0	0.6	1.9	0.8
Mid-Western HB	1.1	1.2	1.1	1.9	0.5
North Eastern HB	1.2	2.4	-	2.1	0.5
North West HB	-	-	-	-	-
Northern Area HB (NAHB)	5.2	8.1	2.5	7.6	2.9
South Eastern HB	2.5	3.4	1.5	4.2	1.1
South Western Area HB (SWAHB)	5.0	6.7	3.3	7.3	1.9
Southern HB	1.9	2.2	1.5	2.8	1.0
Western HB	1.6	2.1	1.2	2.2	1.2
Last Year Prevalence (%)					
Health Board					
East Coast Area HB (ECAHB)	2.3	4.2	0.4	4.4	0.7
Midland HB	0.3	0.6	-	0.6	-
Mid-Western HB	0.6	0.7	0.6	1.4	-
North Eastern HB	-	-	-	-	-
North West HB	-	-	-	-	-
Northern Area HB (NAHB)	1.7	2.7	0.8	3.6	-
South Eastern HB	1.7	2.5	1.0	3.9	-
South Western Area HB (SWAHB)	1.5	2.1	0.8	2.1	0.7
Southern HB	0.7	1.0	0.4	1.2	0.3
Western HB	0.7	1.3	-	0.8	0.5
Last Month Prevalence (%)					
Health Board					
East Coast Area HB (ECAHB)	0.5	0.9	-	0.6	0.3
Midland HB	0.3	0.6	-	0.6	-
Mid-Western HB	-	-	-	-	-
North Eastern HB	-	-	-	-	-
North West HB	-	-	-	-	-
Northern Area HB (NAHB)	0.8	1.6	-	1.6	-
South Eastern HB	-	-	-	-	-
South Western Area HB (SWAHB)	0.6	1.3	-	1.1	-
Southern HB	0.4	0.8	-	0.8	-
Western HB	0.4	0.7	-	0.8	-

1. Since January 2005 the Health Boards in Ireland have undergone restructuring and are merged under one authority – the Health Service Executive. The above reference relates to the Health Board structure detailed in *Bulletin 2: Drug Use in Ireland and Northern Ireland 2002/2003 Drug Prevalence Survey: Health Board (Ireland) & Health and Social Services Board (Northern Ireland) Results (Revised) June 2005*.

Table 13: Ireland

Cocaine Prevalence by Gender (%)			
	Male	Female	Total
<i>Total Weighted N (valid responses)</i>	(2470)	(2448)	(4918)
Lifetime Prevalence*			
No	95.7	98.4	97.0
Yes	4.3	1.6	3.0
Last 12 Months Prevalence*			
No	98.3	99.5	98.9
Yes	1.7	0.5	1.1
Last 30 Days Prevalence*			
No	99.3	100.0	99.7
Yes	0.7	0.0	0.3

* p <= 0.05

All figures are based on weighted data.
 All figures are rounded to the nearest decimal place.
 All figures are based on valid responses.
 All users of cocaine powder or crack.

Table 14: Ireland

Cocaine Prevalence by Age Group (%)			
	15-34	35-64	Total
<i>Total Weighted N (valid responses)</i>	(2333)	(2585)	(4918)
Lifetime Prevalence*			
No	95.3	98.6	97.0
Yes	4.7	1.4	3.0
Last 12 months Prevalence*			
No	98.0	99.8	98.9
Yes	2.0	0.2	1.1
Last 30 days Prevalence*			
No	99.3	100.0	99.7
Yes	0.7	0.0	0.3

* p <= 0.05

All figures are based on weighted data.
 All figures are rounded to the nearest decimal place.
 All figures are based on valid responses.
 All users of cocaine powder or crack.

Table 15: Ireland

Cocaine Prevalence by Socio-Economic Group (SEG) (%)							
	A	B	C1	C2	D	E	Total
<i>Total Weighted N (valid responses)</i>	(174)	(767)	(1573)	(1147)	(842)	(409)	(4912)
Lifetime Prevalence by SEG							
No	97.7	97.4	96.8	97.6	97.1	95.4	97.0
Yes	2.3	2.6	3.2	2.4	2.9	4.6	3.0
Last 12 Months Prevalence by SEG							
No	99.4	98.7	99.0	99.0	99.0	98.8	98.9
Yes	0.6	1.3	1.0	1.0	1.0	1.2	1.1
Last 30 Days Prevalence by SEG							
No	100.0	100.0	99.6	99.4	99.6	99.8	99.7
Yes	0.0	0.0	0.4	0.6	0.4	0.2	0.3

Results not statistically significant.

All figures are based on weighted data.
 All figures are rounded to the nearest decimal place.
 All figures are based on valid responses.
 All users of cocaine powder or crack.

Table 16: Ireland

Cocaine Prevalence by Work Status (%)					
	In paid work	Not in paid work	Student	Other	Total
<i>Total Weighted N (valid responses)</i>	(3139)	(1090)	(657)	(24)	(4910)
Lifetime Prevalence by Work Status					
No	96.8	97.2	97.7	100.0	97.0
Yes	3.2	2.8	2.3	0.0	3.0
Last 12 Months Prevalence by Work Status					
No	98.9	99.0	98.8	100.0	98.9
Yes	1.1	1.0	1.2	0.0	1.1
Last 30 Days Prevalence by Work Status					
No	99.6	99.4	100.0	100.0	99.7
Yes	0.4	0.6	0.0	0.0	0.3

Results not statistically significant.

All figures are based on weighted data.
 All figures are rounded to the nearest decimal place.
 All figures are based on valid responses.
 All users of cocaine powder or crack.

Table 17: Ireland

Cocaine Prevalence by Housing Tenure (%)					
	Owned in part or full landlord	Rented from private LA/HA	Rented from LA/HA	Other	Total
<i>Total Weighted N (valid responses)</i>	(3719)	(607)	(453)	(139)	(4918)
Lifetime Prevalence by Housing Tenure*					
No	97.7	93.4	96.0	97.1	97.0
Yes	2.3	6.6	4.0	2.9	3.0
Last 12 Months Prevalence by Housing Tenure*					
No	99.3	96.9	98.7	98.6	98.9
Yes	0.7	3.1	1.3	1.4	1.1
Last 30 Days Prevalence by Housing Tenure					
No	99.7	99.7	99.3	100.0	99.7
Yes	0.3	0.3	0.7	0.0	0.3

* p <= 0.05

LA/HA = Local Authority or Housing Association.

All figures are based on weighted data.
 All figures are rounded to the nearest decimal place.
 All figures are based on valid responses.
 All users of cocaine powder or crack.

Table 18: Ireland

Cocaine Prevalence by Age Education Ceased (%)				
	15 years & under	16-19	20 years & over	Total
<i>Total Weighted N (valid responses)</i>	(738)	(2051)	(1070)	(3859)
Lifetime Prevalence by Age Education Ceased				
No	97.8	97.2	96.4	97.1
Yes	2.2	2.8	3.6	2.9
Last 12 Months Prevalence by Age Education Ceased*				
No	99.9	98.9	98.8	99.0
Yes	0.1	1.1	1.2	0.9
Last 30 Days Prevalence by Age Education Ceased				
No	99.9	99.5	99.6	99.6
Yes	0.1	0.5	0.4	0.4

* p <= 0.05

All figures are based on weighted data.
 All figures are rounded to the nearest decimal place.
 All figures are based on valid responses.
 All users of cocaine powder or crack.

Table 19: Ireland

Cocaine Prevalence by Highest Education Level Attained (%)					
	Elementary	Lower second level	Upper second level	Third level	Total
<i>Total Weighted N (valid responses)</i>	(456)	(1551)	(1361)	(1545)	(4913)
Lifetime Prevalence by Education level*					
No	99.3	97.4	96.8	96.1	97.0
Yes	0.7	2.6	3.2	3.9	3.0
Last 12 Months Prevalence by Education level*					
No	100.0	99.2	98.5	98.6	98.9
Yes	0.0	0.8	1.5	1.4	1.1
Last 30 Days Prevalence by Education level					
No	100.0	99.7	99.6	99.6	99.7
Yes	0.0	0.3	0.4	0.4	0.3

* p <= 0.05

All figures are based on weighted data.
 All figures are rounded to the nearest decimal place.
 All figures are based on valid responses.
 All users of cocaine powder or crack.

Table 20: Northern Ireland

Cocaine Prevalence Rates (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Males	Females			
<i>Total Weighted N (valid responses)</i>	(3516)	(1739)	(1777)	(1550)	(1966)
Lifetime Prevalence (%)					
Cocaine Total	1.6	2.8	0.5	2.9	0.6
Cocaine Powder	1.6	2.7	0.5	2.9	0.6
Crack	0.2	0.4	0.1	0.4	0.1
Last Year Prevalence (Recent use) (%)					
Cocaine Total	0.5	1.0	0.1	1.0	0.1
Cocaine Powder	0.5	0.9	0.1	0.9	0.1
Crack	0.04	0.1	-	0.1	-
Last Month Prevalence (Current use) (%)					
Cocaine Total	0.1	0.2	-	0.2	-
Cocaine Powder	0.1	0.2	-	0.2	-
Crack	-	-	-	-	-

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

Table 21: Northern Ireland

Age of First Use and First Regular Use of Cocaine					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Males	Females			
Age first used Cocaine (all users)					
<i>Total Weighted N (valid responses)</i>	(56)	(47)	(8)	(44)	(12)
Mean age of first use	23	23	24	22	28
Median of age of first use ¹	22	22	22	21	26
Age first used cocaine (regular users)					
<i>Total Weighted N (valid responses)</i>	(4)	(4)	-	(4)	-
Mean age of first use	22	22	-	22	-
Median of age of first use ¹	22	22	-	22	-
Age first regularly used cocaine (regular users)					
<i>Total Weighted N (valid responses)</i>	(4)	(4)	-	(4)	-
Mean age of first regular use	22	22	-	22	-
Median of age of first regular use ¹	22	22	-	22	-
Average number of years between first use and first regular use of cocaine (regular users)					
<i>Total Weighted N (valid responses)</i>	(4)	(4)	-	(4)	-
Average number of years	0.5	0.5	-	0.5	-

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

All figures are based on weighted data.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 22: Northern Ireland

Age of First Use of Crack (All Users)					
	All adults			Young adults	Older adults
	15-64	Males	Females	15-34	35-64
Total Weighted N (valid responses)	(9)	(8)	(1)	(7)	(2)
Crack					
Mean age of first use	21	20	-	19	28
Median of age of first use ¹	19	19	-	18	29

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

All figures are based on weighted data.
All figures are based on valid responses.

Table 23: Northern Ireland

Frequency of Cocaine Use* (Current Users) (%)					
	All adults			Young adults	Older adults
	15-64	Males	Females	15-34	35-64
Total Weighted N (valid responses)	(3)	(3)	-	(3)	-
20 days or more	-	-	-	-	-
10 - 19 days	-	-	-	-	-
4 - 9 days	35.4	35.4	-	35.4	-
1 - 3 days	64.6	64.6	-	64.6	-

*EMCDDA 'Handbook for Surveys on Drug Use Among the General Population' (Aug. 2002) defines frequency of drug use as:
20 days or more = daily or almost daily
10-19 days = several times a week
4-9 days = at least once a week
1-3 days = less than once a week

All figures are based on weighted data.
All figures are rounded to the nearest decimal place.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 24: Northern Ireland

Method of Taking Cocaine (Current Users) (%)					
	All adults			Young adults	Older adults
	15-64	Males	Females	15-34	35-64
Total Weighted N (valid responses)	(3)	(3)	-	(3)	-
Line/Snort	100.0	100.0	-	100.0	-
Needle	0.0	0.0	-	0.0	-
Other	0.0	0.0	-	0.0	-
Don't know	0.0	0.0	-	0.0	-

This was a multi-choice question, therefore percentages will not total 100%.

All figures are based on weighted data.
All figures are rounded to the nearest decimal place.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 25: Northern Ireland

How Cocaine was Obtained* (Recent Users) (%)						
	All adults 15-64			Young adults 15-34		Older adults 35-64
	Males	Females				
<i>Total Weighted N (valid responses)</i>	(15)	(14)	(1)	(13)	(2)	
Given by family/friend	19.3	21.2	0.0	22.7	0.0	
Shared amongst friends	8.9	0.0	100.0	10.4	0.0	
Bought from a friend	34.0	37.3	0.0	22.4	100.0	
Bought from contact not known personally	0.0	0.0	0.0	0.0	0.0	
Given by stranger	6.6	7.3	0.0	7.8	0.0	
Given by contact not known personally	18.9	20.8	0.0	22.3	0.0	
Bought from a stranger	12.0	13.5	0.0	14.5	0.0	

* Based on responses of those who had used cocaine in last 12 months.

All figures are based on weighted data.
All figures are rounded to the nearest decimal place.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 26: Northern Ireland

Where Cocaine was Obtained* (Recent Users) (%)						
	All adults 15-64			Young adults 15-34		Older adults 35-64
	Males	Females				
<i>Total Weighted N (valid responses)</i>	(15)	(14)	(1)	(13)	(2)	
House of a friend	26.5	29.1	0.0	22.4	50.0	
Street/Park	18.9	20.8	0.0	22.3	0.0	
Disco/bar/club	27.8	20.8	100.0	32.7	0.0	
Ordered by phone	19.8	21.7	0.0	14.5	50.0	
House of a dealer	0.0	0.0	0.0	0.0	0.0	
Other	7.0	7.7	0.0	8.2	0.0	
School/college	0.0	0.0	0.0	0.0	0.0	
Office/workplace	0.0	0.0	0.0	0.0	0.0	
Don't Know	0.0	0.0	0.0	0.0	0.0	

* Based on responses of those who had used cannabis in last 12 months.

All figures are based on weighted data.
All figures are rounded to the nearest decimal place.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 27: Northern Ireland

Ease of Obtaining Cocaine in a 24 Hour Period* (Recent Users) (%)						
	All adults 15-64			Young adults 15-34		Older adults 35-64
	Males	Females				
<i>Total Weighted N (valid responses)</i>	(16)	(15)	(1)	(14)	(2)	
Very easy	24.1	26.2	0.0	28.0	0.0	
Fairly easy	18.5	20.2	0.0	13.4	50.0	
Neither easy or difficult	0.0	0.0	0.0	0.0	0.0	
Fairly difficult	28.1	21.6	100.0	24.5	50.0	
Very difficult	17.8	19.4	0.0	20.7	0.0	
Don't Know	11.5	12.6	0.0	13.4	0.0	

* Based on responses of those who had used cocaine in the last 12 months.

All figures are based on weighted data.
All figures are rounded to the nearest decimal place.
All figures are based on valid responses.
Figures are for cocaine powder only.

Table 28: Northern Ireland

Regular Cocaine Users and Stopping Cocaine Use (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Males	Females			
Lifetime cocaine users who have ever used cocaine powder regularly*					
<i>Total Weighted N (valid responses)</i>	(56)	(47)	(8)	(44)	(12)
	7.4	8.7	0.0	9.4	0.0
Regular cocaine users and stopping cocaine use					
<i>Total Weighted N (valid responses)</i>	(4)	(4)	(0)	(4)	(0)
Regular user - Stopped taking	74.9	74.9	-	74.9	-
Regular user - Tried to stop but failed	25.1	25.1	-	25.1	-
Regular user - Never tried to stop	0.0	0.0	-	0.0	-

* As a percentage of lifetime cocaine users.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Figures are for cocaine powder only.

Table 29: Northern Ireland

Reasons for Stopping Cocaine Use (Regular Users Who Have Stopped) (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Males	Females			
<i>Total Weighted N (valid responses)</i>	(3)	(3)	(0)	(3)	(0)
Did not want to take any more	33.2	33.2	-	33.2	-
Health concerns	0.0	0.0	-	0.0	-
No longer part of social life	0.0	0.0	-	0.0	-
Did not enjoy after effects	0.0	0.0	-	0.0	-
Impact on job/friends/family	0.0	0.0	-	0.0	-
Cost/could no longer afford it	0.0	0.0	-	0.0	-
Pros did not outweigh cons	0.0	0.0	-	0.0	-
Persuaded by friends/family	0.0	0.0	-	0.0	-
Pregnancy	0.0	0.0	-	0.0	-
Rehab programme	33.2	33.2	-	33.2	-
Less available supply	0.0	0.0	-	0.0	-
Other	33.6	33.6	-	33.6	-
Don't Know	0.0	0.0	-	0.0	-

This was a multi-choice question, therefore percentages will not total 100%.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

Figures are for cocaine powder only.

Table 30: Northern Ireland

Risk perception (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Males	Females			
Perceived risk related to trying cocaine or crack once or twice					
General Population					
<i>Total Weighted N (valid responses)</i>	(3514)	(1737)	(1776)	(1550)	(1964)
No risk	0.4	0.5	0.3	0.6	0.2
Slight risk	2.7	3.2	2.3	3.8	1.9
Moderate risk	7.8	8.2	7.3	10.7	5.5
Great risk	88.6	87.4	89.7	84.5	91.8
Don't know	0.6	0.7	0.4	0.5	0.7
Those Who Have Never Used Cocaine					
<i>Total Weighted N (valid responses)</i>	(3456)	(1689)	(1767)	(1504)	(1952)
No risk	0.3	0.4	0.3	0.6	0.2
Slight risk	2.5	2.7	2.2	3.2	1.9
Moderate risk	7.5	7.9	7.2	10.4	5.4
Great risk	89.1	88.3	89.9	85.4	92.0
Don't know	0.5	0.7	0.4	0.4	0.7
Those Who Have Ever Used Cocaine					
<i>Total Weighted N (valid responses)</i>	(58)	(48)	(9)	(45)	(12)
No risk	2.7	3.2	0.0	3.4	0.0
Slight risk	19.5	21.7	8.1	22.4	8.9
Moderate risk	20.7	19.5	27.1	19.3	25.9
Great risk	55.3	53.5	64.8	52.6	65.2
Don't know	1.8	2.1	0.0	2.3	0.0

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

All users of cocaine powder or crack.

Table 31: Northern Ireland

Cocaine Prevalence Rates: Health and Social Services Board Area summary (%)					
	All adults 15-64			Young adults 15-34	Older adults 35-64
	Males	Females			
Cocaine (total, including crack)					
Lifetime Prevalence (%)					
Health and Social Services Board					
Eastern	2.4	4.0	0.9	4.5	0.8
Northern	1.0	2.1	-	1.3	0.9
Southern	0.8	1.4	0.2	1.5	0.2
Western	1.6	2.5	0.8	3.3	0.2
Last Year Prevalence (%)					
Health and Social Services Board					
Eastern	1.0	1.9	0.2	2.0	0.3
Northern	-	-	-	-	-
Southern	0.2	0.3	-	0.4	-
Western	0.4	0.9	-	1.0	-
Last Month Prevalence (%)					
Health and Social Services Board					
Eastern	0.1	0.3	-	0.3	-
Northern	-	-	-	-	-
Southern	-	-	-	-	-
Western	0.2	0.4	-	0.4	-

Table 32: Northern Ireland

Cocaine Prevalence by Gender (%)			
	Male	Female	Total
<i>Total Weighted N (valid responses)</i>	(1739)	(1777)	(3516)
Lifetime Prevalence*			
No	97.2	99.5	98.4
Yes	2.8	0.5	1.6
Last 12 Months Prevalence*			
No	99.0	99.9	99.5
Yes	1.0	0.1	0.5
Last 30 Days Prevalence			
No	99.8	100.0	99.9
Yes	0.2	0.0	0.1

* p <= 0.05

All figures are based on weighted data.
 All figures are rounded to the nearest decimal place.
 All figures are based on valid responses.
 All users of cocaine powder or crack.

Table 33: Northern Ireland

Cocaine Prevalence by Age Group (%)			
	15-34	35-64	Total
<i>Total Weighted N (valid responses)</i>	(1550)	(1966)	(3516)
Lifetime Prevalence*			
No	97.1	99.4	98.4
Yes	2.9	0.6	1.6
Last 12 Months Prevalence*			
No	99.0	99.9	99.5
Yes	1.0	0.1	0.5
Last 30 Days Prevalence			
No	99.8	100.0	99.9
Yes	0.2	0.0	0.1

* p <= 0.05

All figures are based on weighted data.
 All figures are rounded to the nearest decimal place.
 All figures are based on valid responses.
 All users of cocaine powder or crack.

Table 34: Northern Ireland

Cocaine Prevalence by Socio-Economic Group (SEG) (%)							
	A	B	C1	C2	D	E	Total
<i>Total Weighted N (valid responses)</i>	(76)	(473)	(977)	(597)	(619)	(774)	(3516)
Lifetime Prevalence by SEG							
No	98.7	98.1	99.0	97.7	98.5	98.1	98.4
Yes	1.3	1.9	1.0	2.3	1.5	1.9	1.6
Last 12 Months Prevalence by SEG							
No	100.0	99.4	99.7	99.3	99.4	99.5	99.5
Yes	0.0	0.6	0.3	0.7	0.6	0.5	0.5
Last 30 Days Prevalence by SEG							
No	100.0	99.6	100.0	100.0	99.8	100.0	99.9
Yes	0.0	0.4	0.0	0.0	0.2	0.0	0.1

Results not statistically significant.

All figures are based on weighted data.
 All figures are rounded to the nearest decimal place.
 All figures are based on valid responses.
 All users of cocaine powder or crack.

Table 35: Northern Ireland

Cocaine Prevalence by Work Status (%)					
	In paid work	Not in paid work	Student	Other	Total
<i>Total Weighted N (valid responses)</i>	(2040)	(1130)	(333)	(13)	(3516)
Lifetime Prevalence by Work Status					
No	98.4	98.0	99.4	100.0	98.4
Yes	1.6	1.9	0.0	0.0	1.6
Last 12 Months Prevalence by Work Status					
No	99.3	99.6	100.0	100.0	99.5
Yes	0.7	0.4	0.0	0.0	0.5
Last 30 Days Prevalence by Work Status					
No	99.9	100.0	100.0	100.0	99.9
Yes	0.1	0.0	0.0	0.0	0.1

Results not statistically significant.

All figures are based on weighted data.
 All figures are rounded to the nearest decimal place.
 All figures are based on valid responses.
 All users of cocaine powder or crack.

Table 36: Northern Ireland

Cocaine Prevalence by Housing Tenure (%)						
	Owned	Rented from private landlord	Other rented	Rent free	Other answer	Total
<i>Total Weighted N (valid responses)</i>	(2448)	(275)	(752)	(19)	(6)	(3500)
Lifetime Prevalence by Housing Tenure*						
No	98.7	94.9	98.7	100.0	100.0	98.4
Yes	1.3	5.1	1.3	0.0	0.0	1.6
Last 12 Months Prevalence by Housing Tenure						
No	99.4	99.6	99.7	100.0	100.0	99.5
Yes	0.6	0.4	0.3	0.0	0.0	0.5
Last 30 Days Prevalence by Housing Tenure						
No	99.9	99.6	100.0	100.0	100.0	99.9
Yes	0.1	0.4	0.0	0.0	0.0	0.1

* $p \leq 0.05$

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

All users of cocaine powder or crack.

Table 37: Northern Ireland

	Qualifications	No Qualifications	Total
<i>Total Weighted N (valid responses)</i>	(2367)	(1145)	(3512)
Lifetime Prevalence			
No	98.2	98.7	98.3
Yes	1.8	1.3	1.7
Last 12 Month Prevalence			
No	99.5	99.6	99.5
Yes	0.5	0.4	0.5
Last 30 Days Prevalence			
No	99.9	100.0	99.9
Yes	0.1	0.0	0.1

Results not statistically significant.

All figures are based on weighted data.

All figures are rounded to the nearest decimal place.

All figures are based on valid responses.

All users of cocaine powder or crack.



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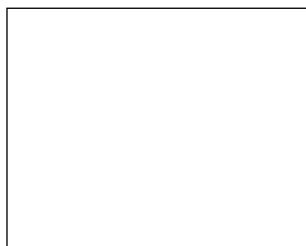
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