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Health Intelligence

Extent of substance use and misuse in Northern Ireland

Update October 2020

Summary of key statistics for the
PHA Alcohol and Drug Commissioning Direction

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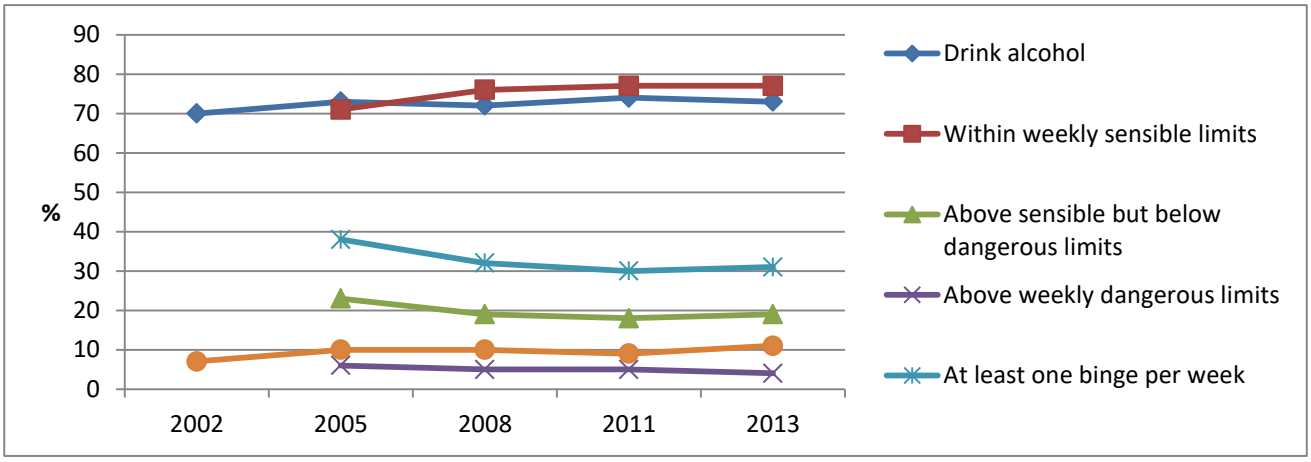
1. Substance use prevalence based on population surveys

1.1. Adult Drinking Pattern Survey

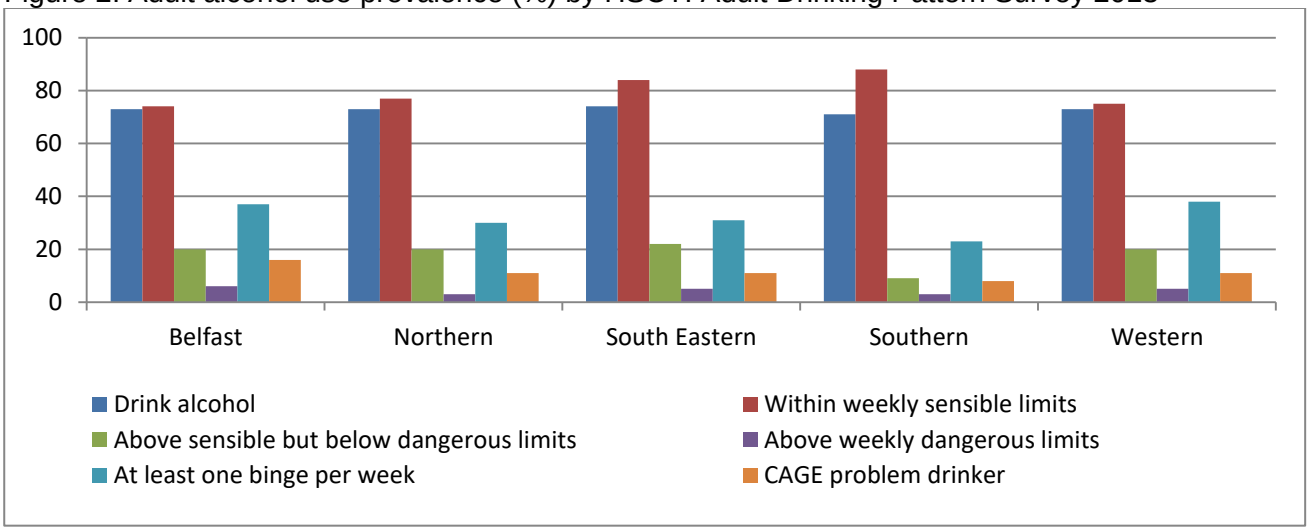
Information on alcohol use levels is available from the Adult Drinking Pattern Survey (ADP), the most robust survey of alcohol use in NI, for the period 2002 to 2013 (Figure 1). Over this period there was an increase in the proportion of those who reported drinking alcohol and drinking sensibly (of those who drink alcohol), while the rate of those reporting drinking above weekly sensible but below dangerous levels and those binge drinking decreased. The prevalence of drinking above dangerous levels and being identified as problem drinkers (based on CAGE) has stayed stable.

Figure 1 Alcohol use prevalence (%): Adult Drinking Pattern Survey 2002 to 2013



There was variation in prevalence by HSS Board/HSC Trust area. At time of the last survey in 2013 (Figure 2), the indicators of problem alcohol use such as at least one weekly binge and problem drinker according to CAGE were highest in Western (binge: 38%) and Belfast (binge: 37%, CAGE 16%) Trust. The highest proportion of those drinking within weekly sensible limits was reported for the Southern (88%) and South-Eastern (84%) Trust.

Figure 2. Adult alcohol use prevalence (%) by HSCT: Adult Drinking Pattern Survey 2013



Note: weekly alcohol use status and CAGE caseness is % of those who drink alcohol

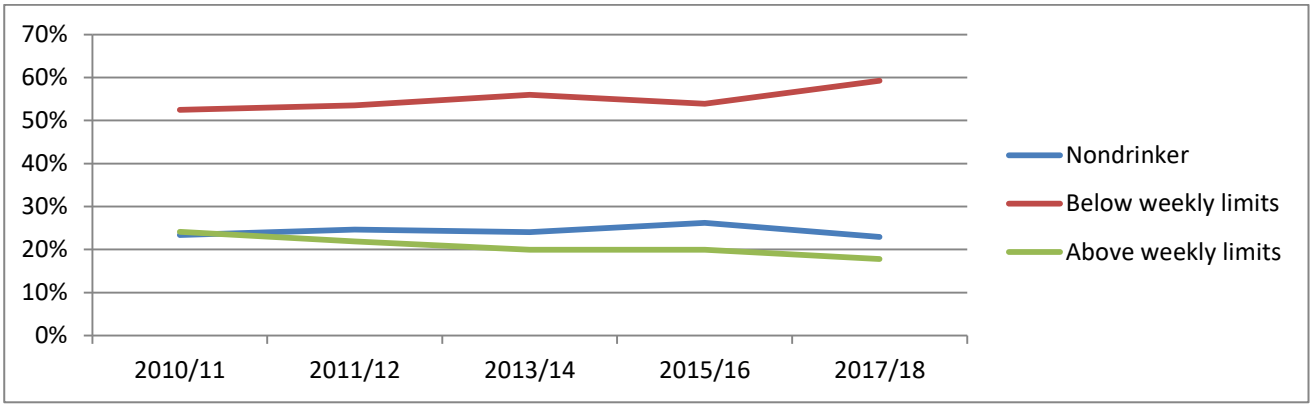
Age and gender patterns showed that alcohol consumption and risky drinking is lower/less frequent among females and with increasing age (see Table A1 in Appendix).

1.2. NI Health Survey

With the last Alcohol Drinking Pattern Survey conducted in 2013, more recent data on alcohol use prevalence come from the NI Health Survey. This survey includes an annual module on alcohol use among the adult population (aged 18 or older). In 2018/19, questions regarding alcohol use were changed in the survey, thus, trends for different demographics can only be provided up to 2017/18 as the figures below show.

The 2018/19 survey indicates that about one in five adults do not drink alcohol, though there is a gender difference, with three-quarters of females drinking alcohol compared to 83% of males. The last survey did not provide detail on drinking within/above weekly limits and instead it reported on frequency and perceived quantity. One in ten women drank on three or more days per week and 2% reported to drink quite a lot or heavily. The respective figures for males were one in six (16%) for three or more drinking days per week and 9% for drinking quite a lot or heavily.

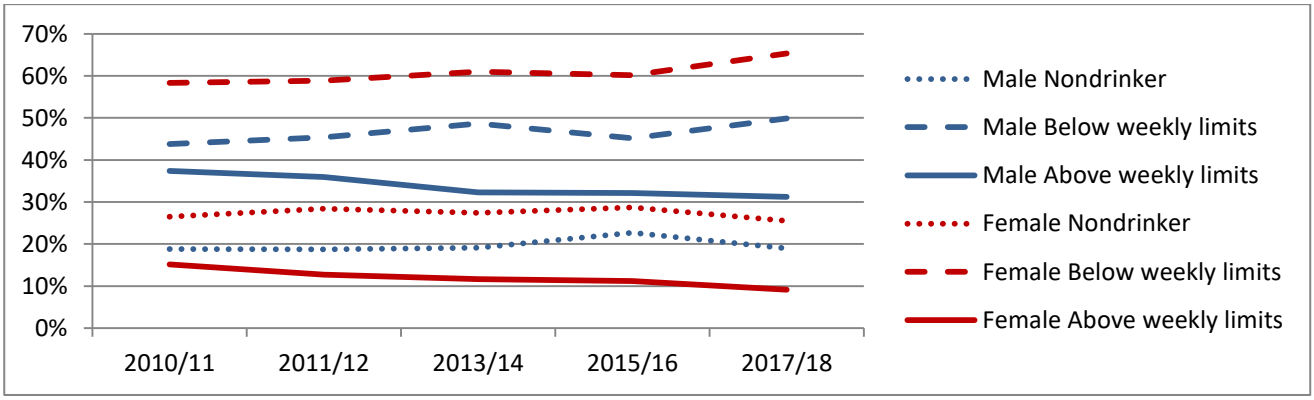
Figure 3. Alcohol status: NI Health Survey 2010-2018



Note: NI Health Survey calculates weekly drinking status out of whole sample, not only those who drink

Drinking status varies by gender, with more males than females drinking above weekly limits while more females than males being non-drinkers or drinking within weekly limits.

Figure 4. Alcohol status by gender 2010-2018 (NI Health Survey)



Drinking prevalence decreases with age, with a more pronounced decline from age 55 onwards, particularly for females (Figure 5). The highest, at 85%, was among those aged 25-34 and the lowest, at 51%, among those aged 75 or older. There was also some over time variation for drinking alcohol by Trust area, though the trend lines show a convergence for the most recent year 2017/18 (Figure 6). The highest was in SEHSCT with 80% and the lowest in WHSCT with 74%.

Figure 5. Drinking prevalence by age and gender 2017/18 (NI Health Survey)

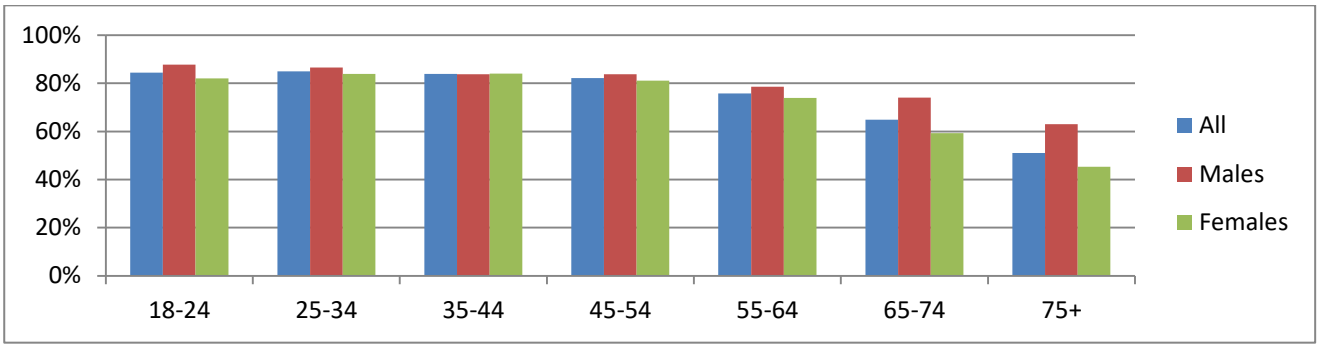
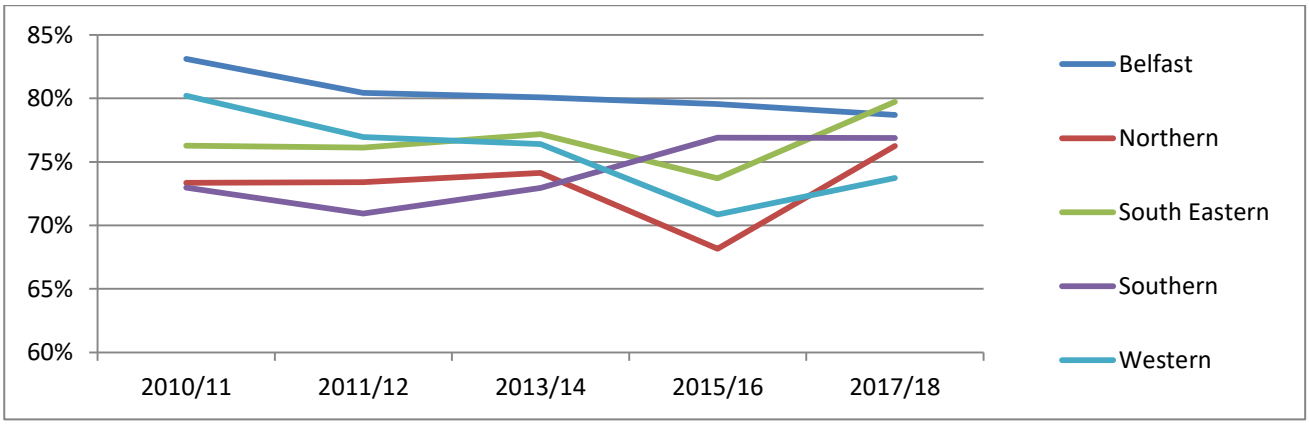
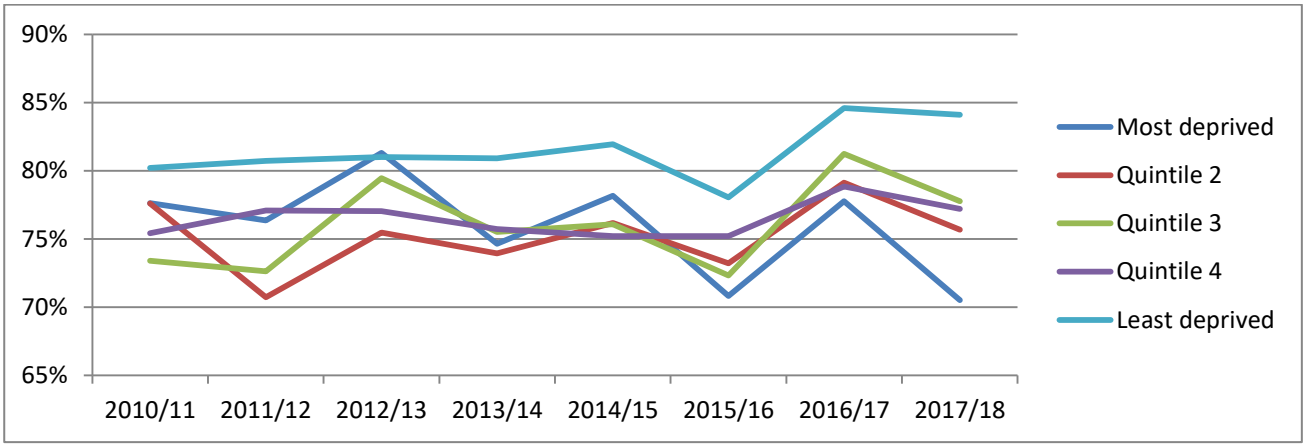


Figure 6. Drinking prevalence by HSCT 2010-2018 (NI Health Survey)



Drinking prevalence varies by deprivation, with a higher proportion of those in the least deprived areas drinking alcohol and the lowest proportion among those in the most deprived areas (84% and 71% in 2017/18, respectively; Figure 7).

Figure 7. Drinking prevalence by deprivation quintile 2010-2018 (NI Health Survey)



Drinking above weekly limits follows an age gradient and varies by deprivation and Trust area. In 2017/18 it was highest among the youngest (aged 18-24), the least deprived and those living in BHSCT area (Figure 8 overleaf). Since 2010, declines in drinking above weekly limits were seen in males aged 18-24, females aged 18-54, across all deprivation quintiles, and in BHSCT and WHSCT.

Estimating alcohol use and misuse based on NI Health Survey prevalence

According to the NIHS 2017/18, over three-quarters of the adult NI population (aged 18 and older) drink alcohol; this equates to about 1,100,000 people. About 6 in 10 adults in the population (59%), an estimate of just under 850,000 people, drink within sensible limits and 1 in 5 (an estimated 260,000) drink above weekly sensible limits. An overview by gender and HSCT area is shown in Table 1a; Table 1b provides estimates based on the 2018/19 HSNI and based on different questions.

Table 1. Alcohol use and misuse: population estimates based on the NI Health Survey

a) Estimates based on 2017/18 survey(adults aged 18+)

		Population estimate	Drink alcohol	Within weekly limits	Above weekly limits
All	***%***	*100*	*77*	*59*	*18*
	n	1,434,431	1,104,512	846,314	258,198
Males	**%**	49	81	50	31
	n	696,361	564,052	348,180	215,872
Females	**%**	51	75	65	9
	n	738,070	553,553	479,746	66,426
BHSCT	**%**	19	79	57	22
	n	279,171	220,545	159,127	61,417
NHSCT	**%**	26	76	60	16
	n	366,106	278,240	219,663	58,576
SEHSCT	**%**	19	80	59	21
	n	277,588	222,070	163,776	58,293
SHSCT	**%**	20	77	60	17
	n	283,367	218,192	170,020	48,172
WHSCT	**%**	16	74	61	13

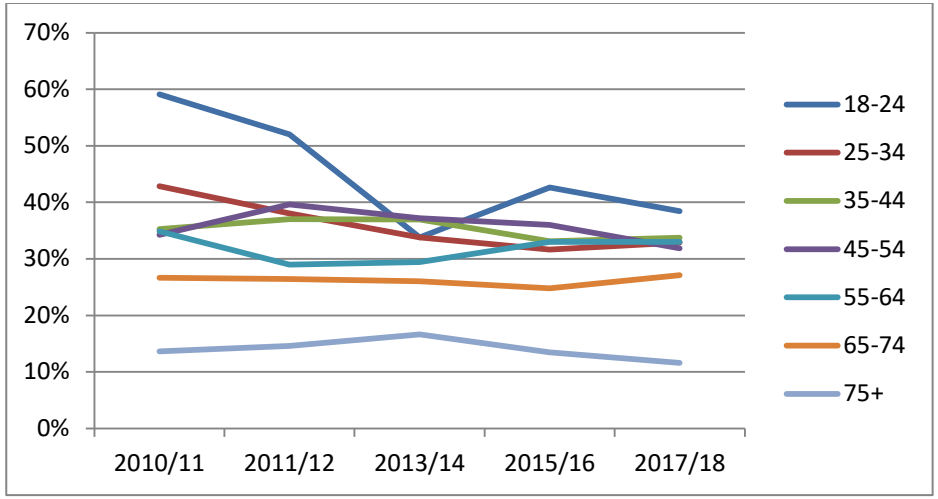
Note: population estimates based on mid-year population estimates for 2017 (NISRA)

b) Estimates based on 2018/19 survey (adults aged 18 and older)

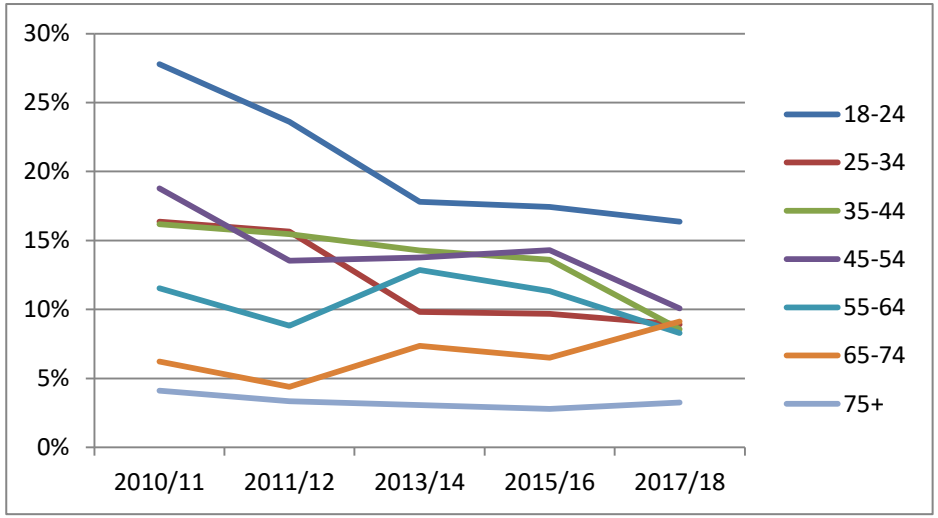
		Population estimate	Drink alcohol	Drink 3+ days/week	Perceive themselves to drink a lot/ heavily
Males	**%**		83	*16*	*9*
	n	706,773	586,622	93,859	52,796
Females	**%**		76	10	2
	n	746,189	567,104	56,710	11,342

Figure 8. Proportion drinking above weekly limits 2010-2018

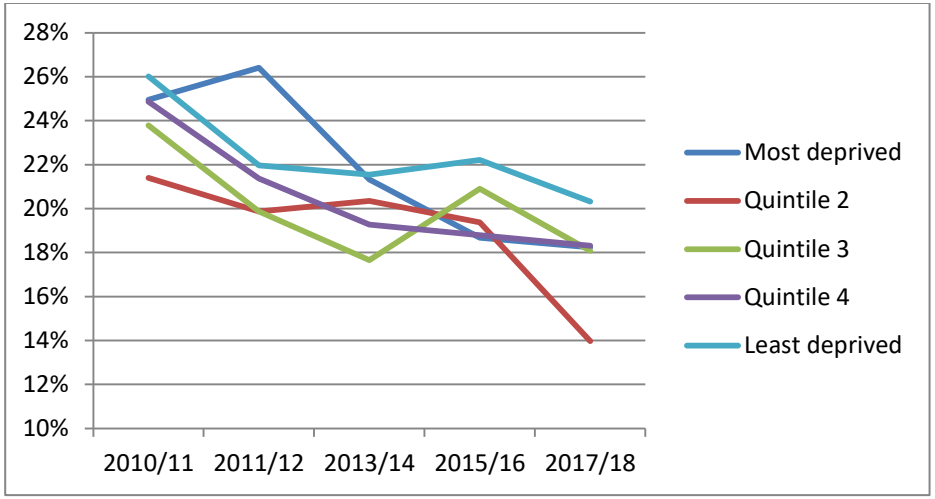
a) Males by age group



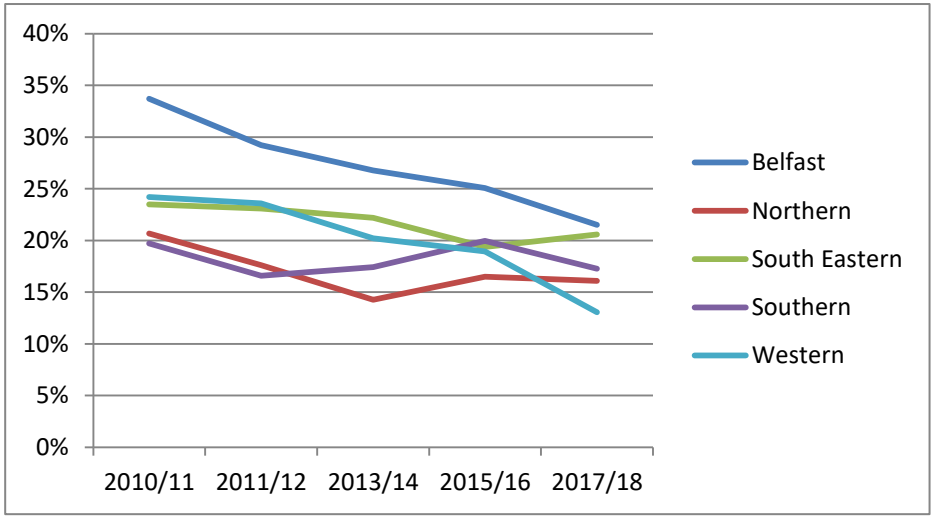
b) Females by age group



c) Deprivation



d) HSCT



1.3 Drug Prevalence Survey

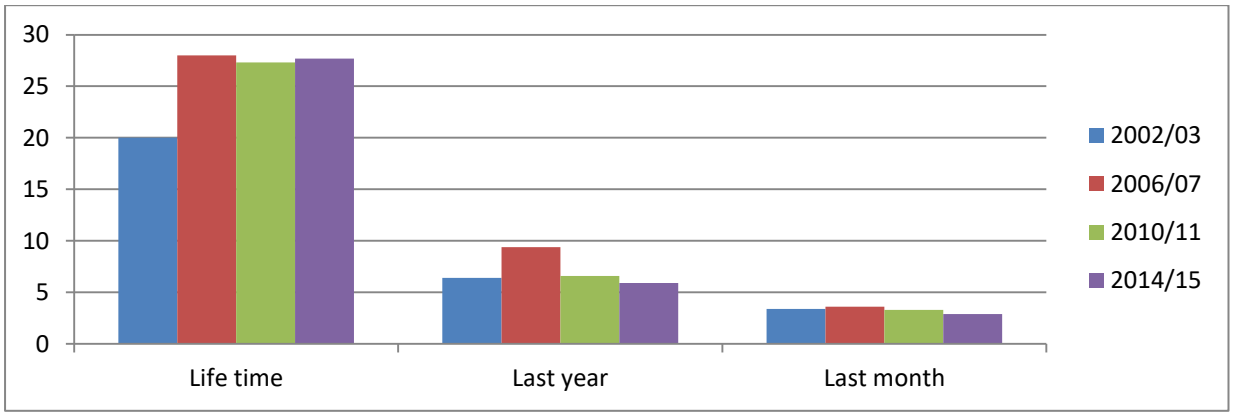
The Drug prevalence survey measures use of illegal drugs and select prescription drug classes and data is available for the period 2002/03 to 2014/15.

1.3.1. Illegal drug use

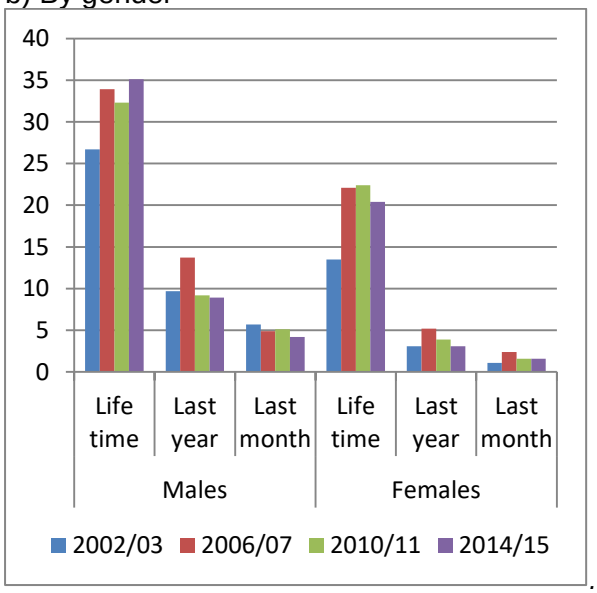
Figure 9 shows the prevalence of any illegal drug use across the four surveys for different time periods for those aged 15-64. In the most recent survey in 2014/15, there was no change in overall prevalence of any illegal drugs since the previous survey in 2010/11. Lifetime use in 2014/15 was significantly higher than in 2002/3 overall, for males and females, and those aged 35-64 (see Table A2 in Appendix).

Figure 9. Prevalence of any illegal drug use in NI – Drug Prevalence Survey 2002-2015

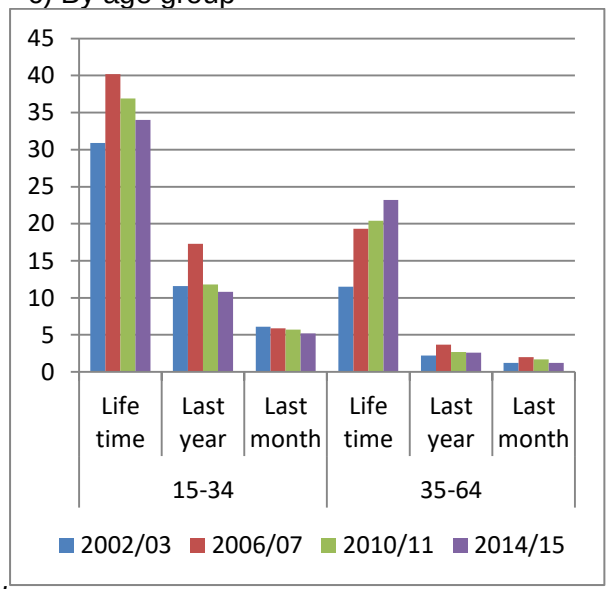
a) Lifetime, last year and last month prevalence (aged 15-64 years)



b) By gender



c) By age group



Source: NACD & PHIRB, 2016

Note: "any illegal drug" refers to amphetamines, cannabis, cocaine powder, crack, ecstasy, LSD, magic mushrooms, poppers and solvents;

Tables 2 and 3 show last month and last year prevalence of use of any illegal drug and selected illegal drugs. Please note again the higher prevalence among males and younger ages as

compared to females and older age groups. There is variation by Trust area, though BHSCT tends to have the higher prevalence across different substances. Further to note, individual users may have used more than one illegal drug in the last month/year. The data also suggest that a general population survey may not provide sufficiently reliable data on drug use. For example, NHSCT seems to have 0% heroin use which contradicts findings from service data (eg needle and syringe exchange data).

Table 2. Last month prevalence of illegal drug use (2014/15)

	Any drug	Cannabis	Cocaine	Amphetamine	Ecstasy
All	***2.9***	***2.2***	***0.6****	***0.2***	***0.3***
Male	4.2	4.4	0.9*	0.4	0.6
Female	1.6	1.3	0.3*	0.0	0.0
15-34	5.2	4.6	1.2*	0.3	0.6
35-64	1.2	0.9	0.2	0.1	0.1
BHSCT	4.8	3.6	1.0	0.8	0.4
NHSCT	1.7	1.7	0.4	0.0	0.2
SEHSCT	3.6	2.5	0.8	0.0	0.2
SHSCT	1.9	1.5	0.6	0.2	0.2
WHSCT	3.0	1.7	0.2	0.0	0.6

Source: Drug Prevalence Survey 2014/15, Bulletins 1 and 2, NACD & PHIRB (2016)
Note: 'any illegal drug' includes cannabis, heroin, crack, cocaine, amphetamines, ecstasy, LSD, magic mushrooms, solvents, and poppers
** Significant change ($p<0.05$) in prevalence of a drug in 2014/15 when compared to prevalence reported in the 2002/03 survey.*

Table 3. Last year prevalence of heroin, methadone, mephedrone, "legal highs", and anabolic steroids

	Heroin	Methadone	Mephedrone	"Legal highs"	Anabolic steroids
All	***0.2***	***0.3***	***0.6***	***0.2***	***0.6***
Male	0.2	0.5	0.9	0.6	0.6
Female	0.1	0.1	0.3	0.1	0.7
15-34	0.2	0.5	1.2	0.8	0.8
35-64	0.1	0.1	0.1	0.1	0.5
BHSCT	0.2	0.6	1.0	0.8	1.6
NHSCT	0.0	0.0	1.1	0.4	0.4
SEHSCT	0.4	0.2	0.0	0.0	0.2
SHSCT	0.0	0.4	0.6	0.4	0.6
WHSCT	0.0	0.2	0.2	0.0	0.6

Source: Drug Prevalence Survey 2014/15;

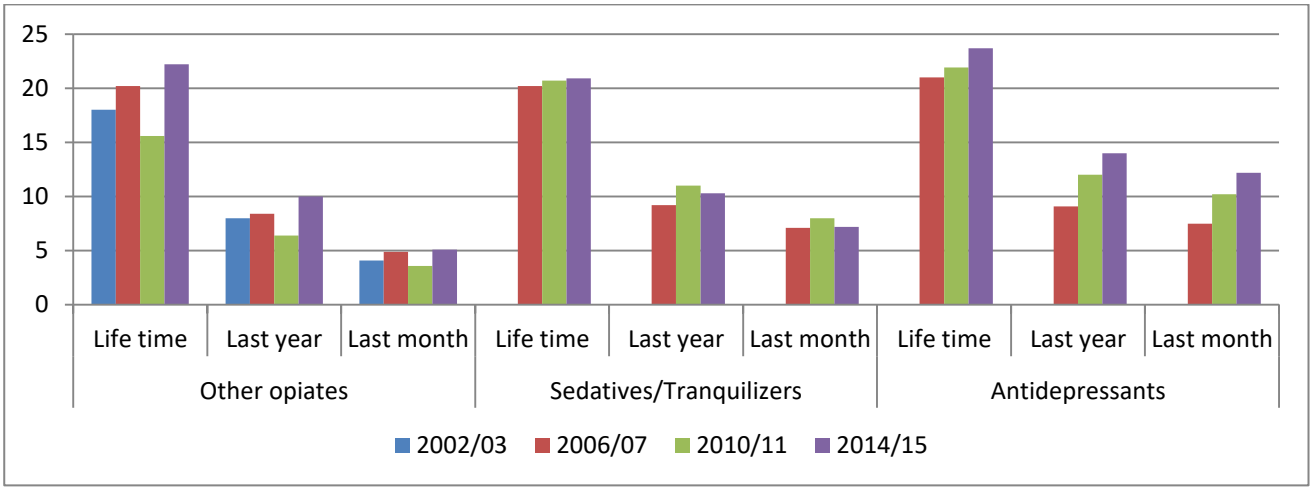
1.3.2. Prescription drug use

The Drug Prevalence Surveys provide prevalence for three groups of prescription/over the counter drugs: other opiates (ie opiate pain killers excluding heroin, methadone), sedatives/tranquillisers and antidepressants). Figure 10a shows that for antidepressants there has been a steady increase across all three reference periods over the last three surveys, while for other opiates this was apparent for lifetime use (see also Table A3 in Appendix). For last month use, Figure 10b indicates that females and older adults have higher levels of use than males and younger adults across all

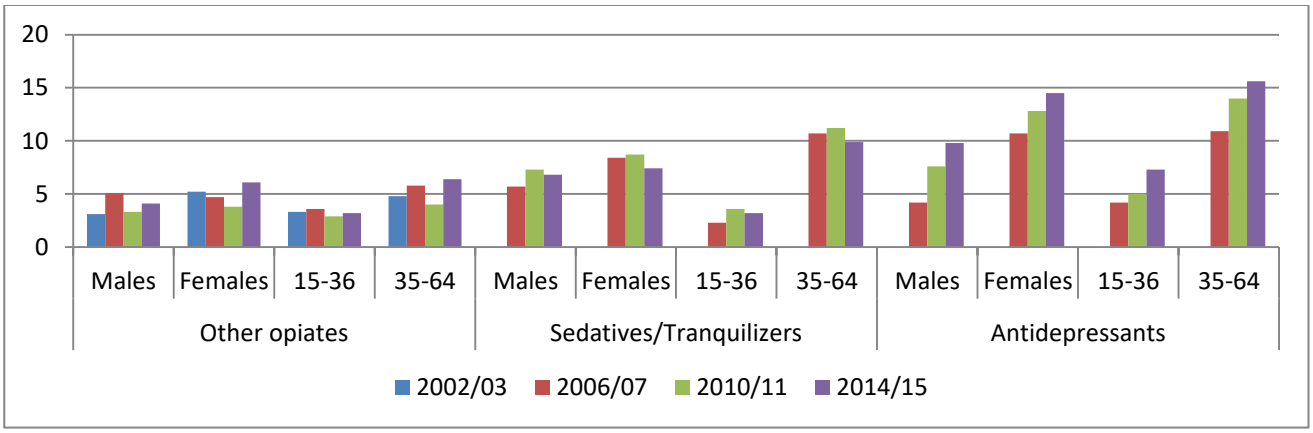
three drug categories. BHSCT had the highest prevalence of last month use of antidepressants (Figure 10c).

Figure 10. Drug Prevalence Survey 2002/3-2014/15 – use of selective prescription drugs

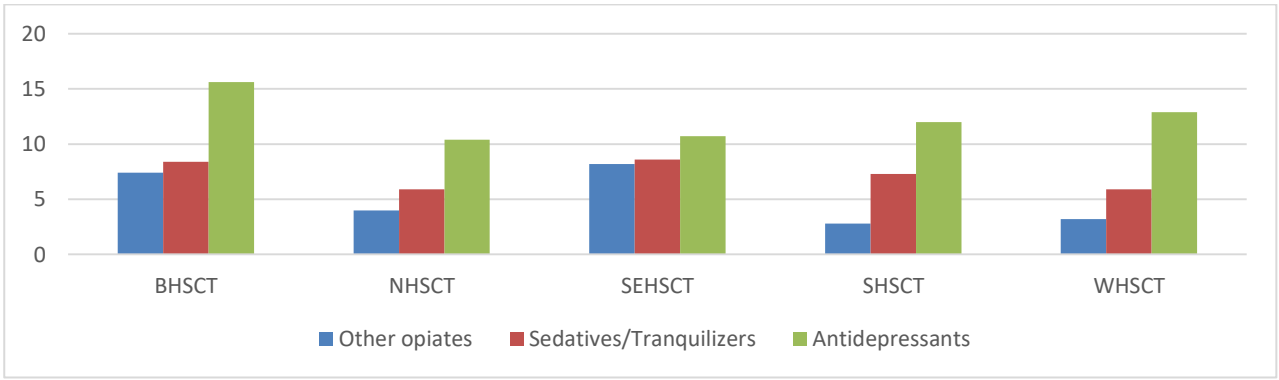
a) Lite time, last year and last month prevalence



b) Last month prevalence by gender and age groups



c) Last month prevalence by HSCT

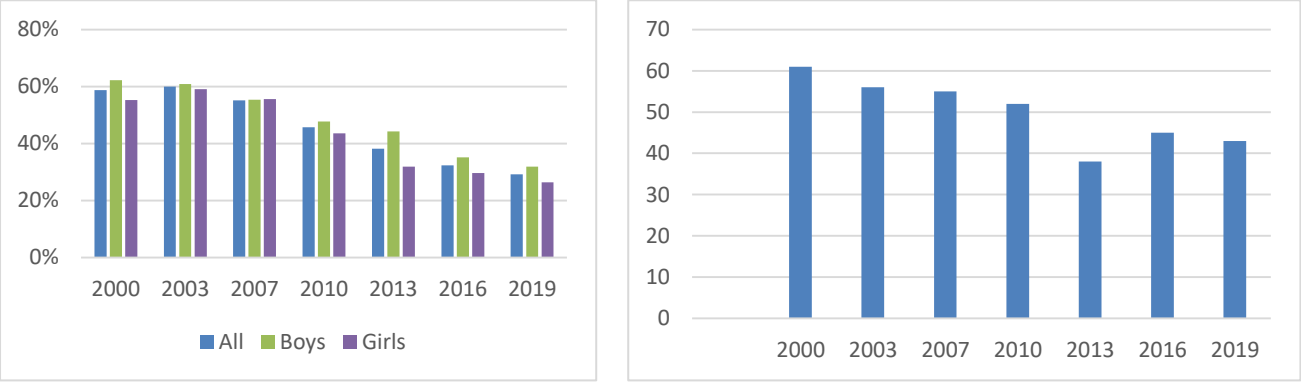


The 2010/11 Drug Prevalence Survey (Bulletin 6) showted that the vast majority of current users got their sedatives/tranquillisers (95%) and their antidepressants (99%) on prescription (eg males and 15-34 year olds: got sedatives from someone else, 4.4% and 13.9%%, respectively).

1.4. Young Person's Behaviour and Attitude Survey (YPBAS)

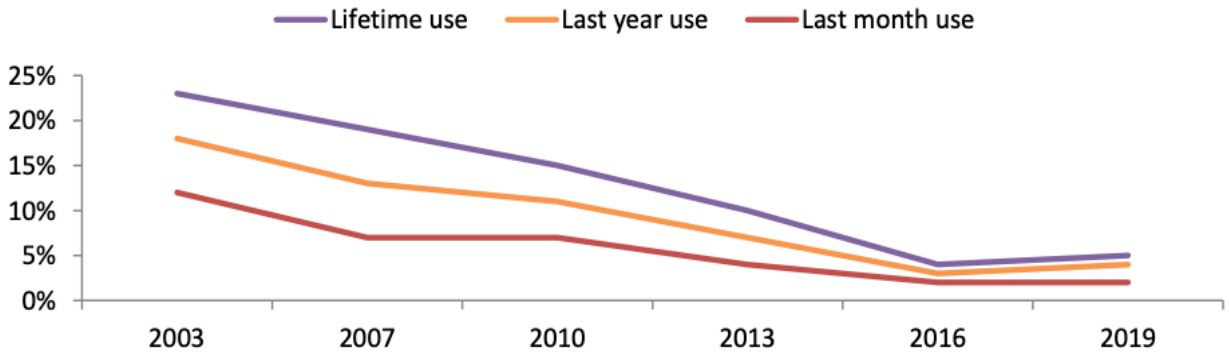
The YPBAS collects information on substance use and various other topics from post-primary pupils in years 8-12 via self-completion questionnaires in classroom settings. Over the period 2003-2019 (see also Table A4 in Appendix), lifetime prevalence of alcohol (full drink) and drug use have been declining (Figures 11a, 12). A decrease in lifetime experience of drunkenness has been observed from 2003 to 2013 but increased again in 2016 (Figure 11b). Among those that reported ever having used a drug in 2019, the most commonly used were cannabis (71%), solvents (27%), and cocaine (24%).

Figure 11. Proportion of young people reporting to
a) Ever have taken an alcoholic drink (by gender) and b) Of those that drink: ever been drunk



Source: https://www.health-ni.gov.uk/sites/default/files/publications/health/infographic-19-ypbas.pdf

Figure 12. Proportion of young people that drink alcohol that report having ever used drugs: YPBAS 2003-2019

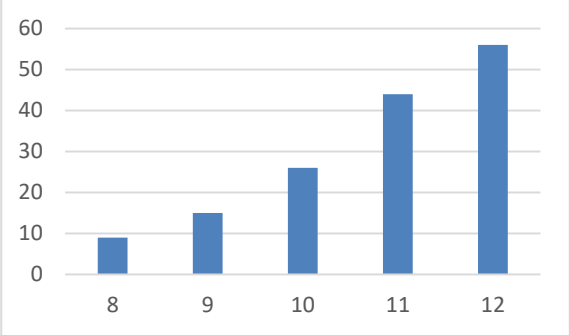


Source: *https://www.health-ni.gov.uk/sites/default/files/publications/health/infographic-19-ypbas.pdf*

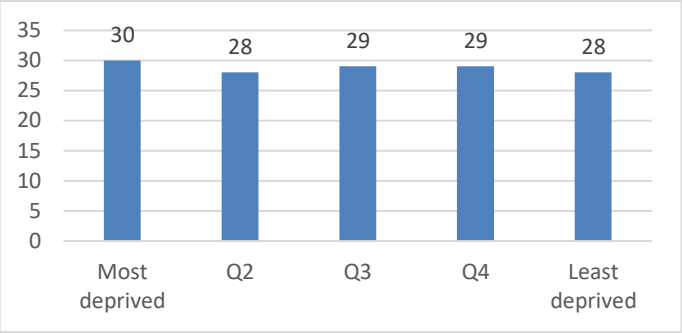
There is a strong age gradient for young people reporting to have ever taken a drink increases by year group (Figure 13a). In 2019, over half of young people in year 12 had reported taking alcohol (56%) compared to less than one in ten in year 8. In contrast, there were no differences in young people's reports of ever having had an alcoholc drink by deprivation quintile (Figure 13b).

Figure 13. Proportion of young people reporting to have ever taken a drink by

a) year group



b) deprivation quintile



Source: https://www.health-ni.gov.uk/sites/default/files/publications/health/infographic-19-ypbas.pdf

Three quarters of young people (76%) live in a household where adults drink alcohol.

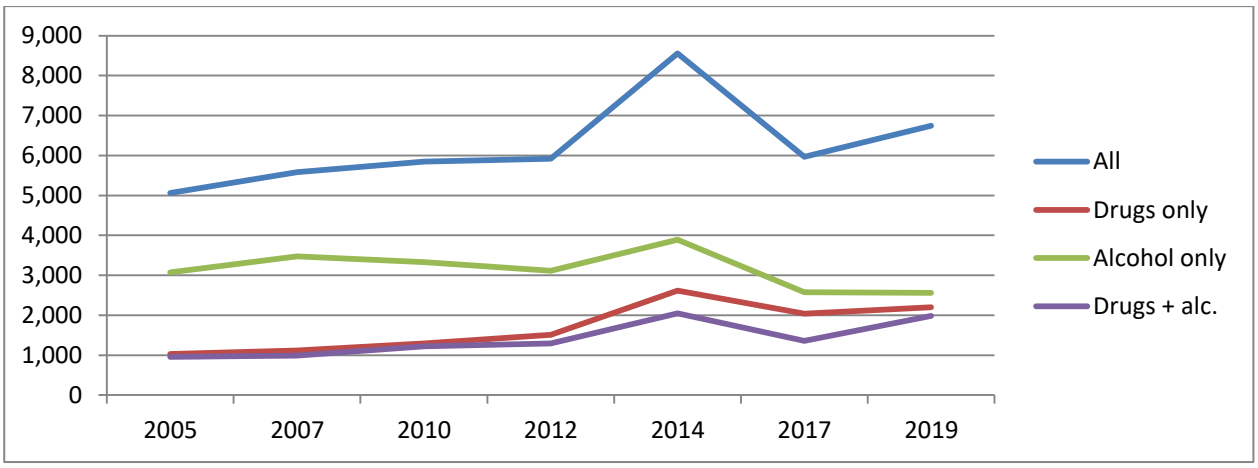
2. Treatment-based estimates of substance using population

2.1. Census of drug and alcohol treatment services

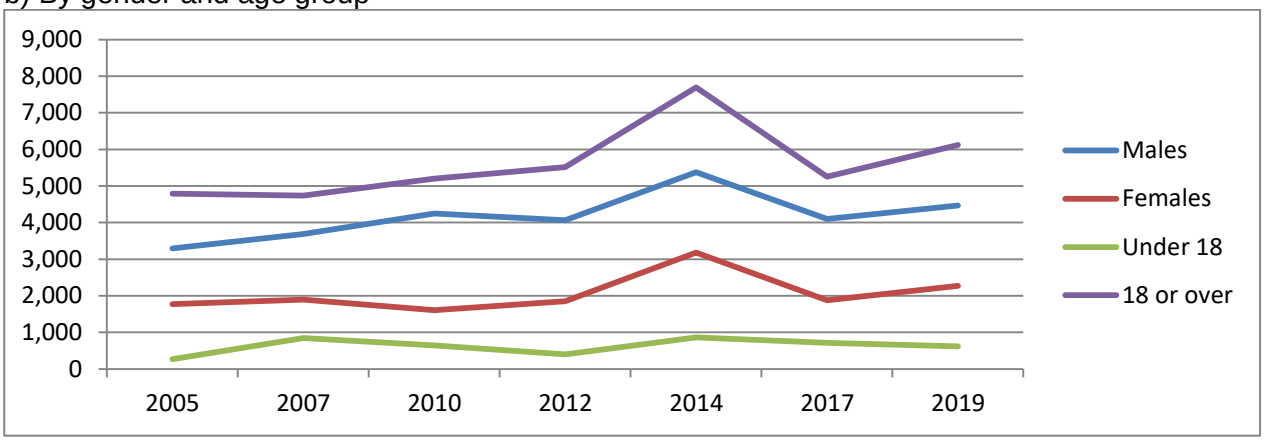
Figure 14 shows the numbers of individuals in treatment for substance misuse by treatment type, sex and if adult or under age 18 years over the period 2005-2019 (see also Table A5 in Appendix). The most recent Census of drug and alcohol treatment services was on 30th April 2019. Overall, 6,743 individuals were in treatment which represents an increase of 13% in comparison to the previous census in 2017 (n=5,969). This increase was observed across all treatment types with the exception of alcohol only which showed a slight decrease (<1%). This increase was observed across both genders and for adults aged 18 and older, with a small drop for the under 18s (minus 13%). Please note in 2014, the Big Lottery funded Impact of Alcohol services were in place. Their funding has since ended which is reflected in the decline of numbers in 2017.

Figure 14. Number of individuals in treatment on Census days in 2005-2019

a) All and by treatment type



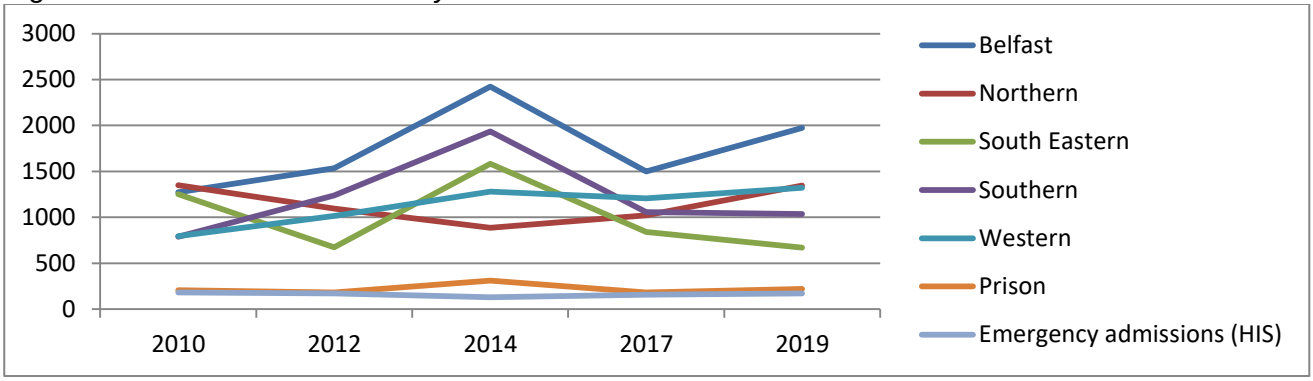
b) By gender and age group



Source: Census of Drug and Alcohol Treatment Services
Please note: Census day is generally 1 March apart from 2014 (1 September) and 2019 (30 April)

HSC Trust level data have been available since the 2010 Census (prior to this it was based around the four HSSBs; Figure 15, see also Table A6 in Appendix). The HSCT data for Belfast, South Eastern and Southern show the same pattern as described above and can be explained by the additional funding from the Big Lottery.

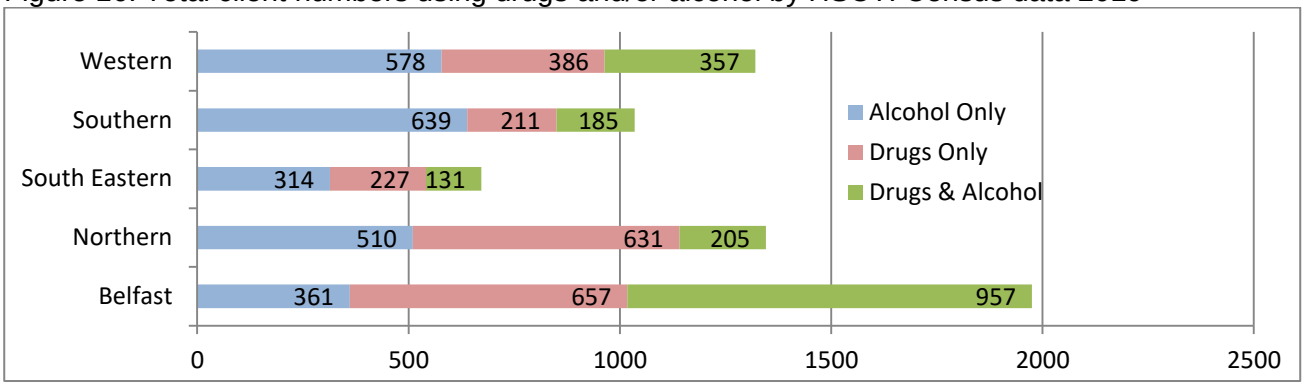
Figure 15. Total client numbers by HSCT: Census data 2010-2019



Source: Census of alcohol and drug treatment services

Across Trusts there was variation in the number of clients in services for drug/ alcohol misuse as shown for 2019 in Figure 16. BHSCT and NHSCT had higher numbers attending for drug use only, WHSCT and SHSCT for alcohol only, and BHSCT and WHSCT for mixed drug and alcohol use.

Figure 16. Total client numbers using drugs and/or alcohol by HSCT: Census data 2019



Source: https://www.health-ni.gov.uk/news/census-drug-and-alcohol-treatment-services-northern-ireland-30-april-2019

Of those in treatment at the 2019 Census (6,743; Table 4), the majority were male (66%), 9% were under 18, and the largest group in treatment was for alcohol problems (38%).

Table 4. Census of substance misuse treatment services 30th April 2019

Treatment	Alcohol only		Alcohol and drugs		Drugs only		N
	%	n	%	n	%	n	
All	*38.0*	*2,560*	*29.4*	*1,982*	*32.6*	*2,201*	*6,743*
Male	59.5	1,524	71.6	1,420	69.3	1,526	4,470
Female	40.5	1,036	28.4	562	30.7	675	2,273
Under 18	2.5	63	22	439	5	118	620
Over 18	97.5	2,497	78	1,543	95	2,083	6,123
Prison	0.3	7	7	143	3	72	222
HIS	86	151	0.2	4	0.8	17	172
Residential	3	89	7	148	4	86	323
Non-residential	97	2,466	93	1,829	96	2,112	5,341
Statutory*	67	1,726	38	757	78	1,710	3,971
Non-statutory	33	834	62	1,225	22	491	2,550

*Source: https://www.health-ni.gov.uk/publications/census-drug-and-alcohol-treatment-services-northern-ireland-30th-april-2019 * includes prison*

There was some variation by substance use category and demographics/service variables.

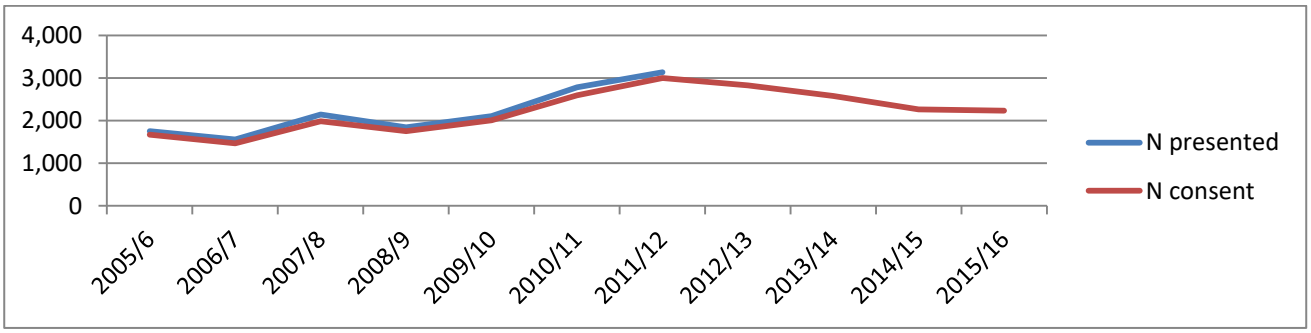
- Females were more likely in treatment for alcohol only, while fewer under 18s were;
- The majority of those receiving treatment in prison did so for both alcohol and drugs.
- Residential treatment was taken up more by those with mixed alcohol and drug problems while emergency admissions (HIS) were primarily due to alcohol only;

Statutory services treated fewer users with alcohol and drug problems but more with alcohol only or drug only than non-statutory services.

2.2. Drug Misuse Database (DMD)

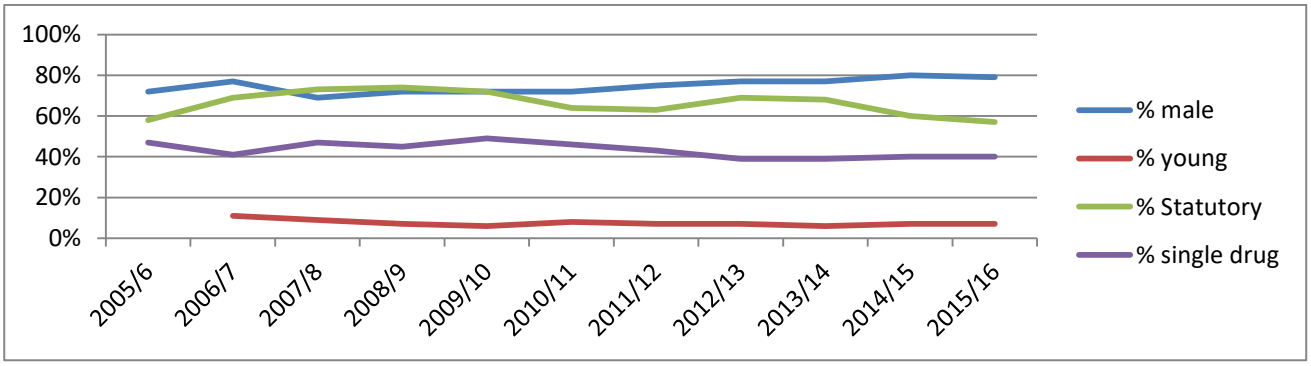
The DMD collected information on individuals who presented to substance use services for the first time or for the first time in six months or longer. Figure 17 shows DMD information over the period 2005/6 to 2015/16. Overall, numbers of presentation nearly doubled until 2011/12 and then declined again, remaining stable between 2014/15 and 2015/16.

Figure 17. Number of presentations and those that consented to be included in DMD 2005-2016



Source: https://www.health-ni.gov.uk/publications/statistics-northern-ireland-drug-misuse-database-200102-201516

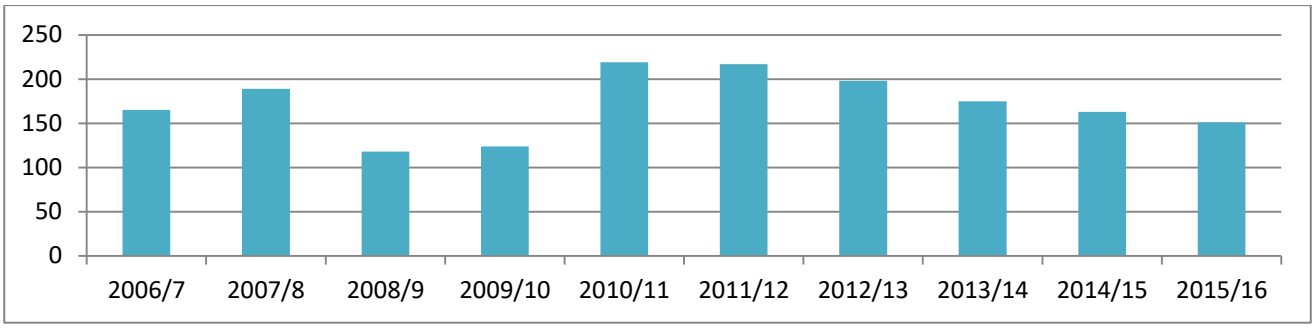
Figure 18. Proportion of presentations for drug misuse who were male, under 18 years, single drug users, and in statutory services: DMD 2005-2016



Source: https://www.health-ni.gov.uk/publications/statistics-northern-ireland-drug-misuse-database-200102-201516

The proportion of men, being close to three-quarters of service users, remained stable throughout this period (Figure 18). Those under 18 made up just under 10% of all presentations. Over time the proportion presenting to statutory services and those who only used a single drug decreased. The proportion of young people presenting to services has remained relatively stable, though numbers have been fluctuating between 120 to 220 per year (see Figure 19).

Figure 19. Number of young people registered for drug treatment: DMD 2006-2016



2.3. Substance Misuse Database (SMD)

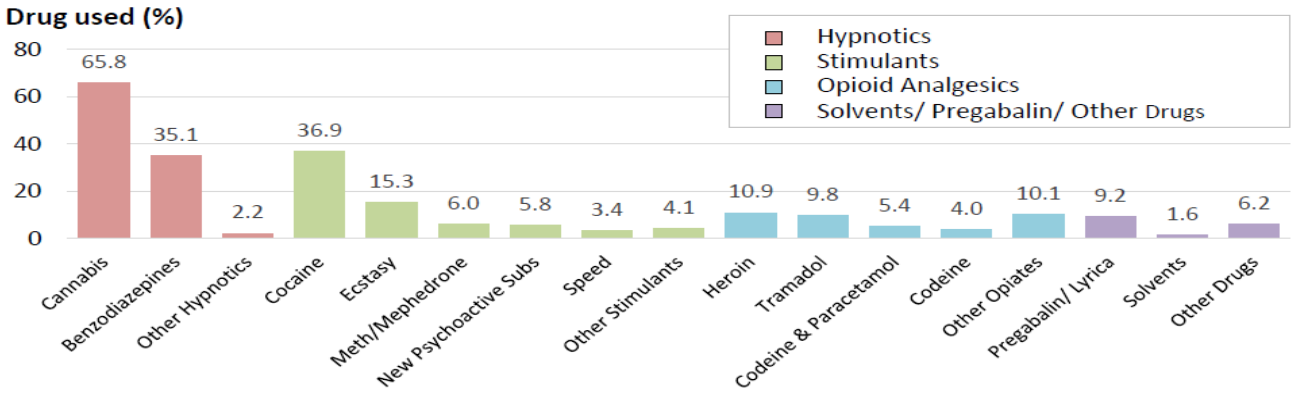
From 2016/17 the SMD replaced the DMD and combines information on those presenting to services with problem drug and/or alcohol misuse. Information is published for 12-month periods ending at the 31 March each year. In 2016/17, the only year for which a report was available, 4,368 clients presented to services of which under half had problem use of alcohol only and over one quarter each had problem use of drugs only and mixed drugs and alcohol (Table 5). Males made up the majority of clients, ranging from 65% for alcohol only to 81% for mixed drugs and alcohol. There were 271 clients aged under 18; they were more likely to present with drug and mixed drug and alcohol problems than only problem alcohol use.

Table 5. Numbers presenting to substance misuse services by treatment type, gender and under 18: SMD 2016/17

Client Type	Drug only	Drug and Alcohol	Alcohol only	Total
Number of users on SMD by client type				
Number of individuals	1,195	1,250	1,923	**4,368**
% of all users on SMD	27.4%	28.6%	44.0%	**100%**
Males (N)	885	1,009	1,255	**3,149**
% Male within Type	74.1	80.7	65.3	**72.1**
Females (N)	310	241	668	**1,219**
% Female within Type	25.9	19.3	34.7	**27.9**
Under 18 (N)	145	78	46	**271**
% Under 18 years	12.1	6.2	2.4	**6.2**

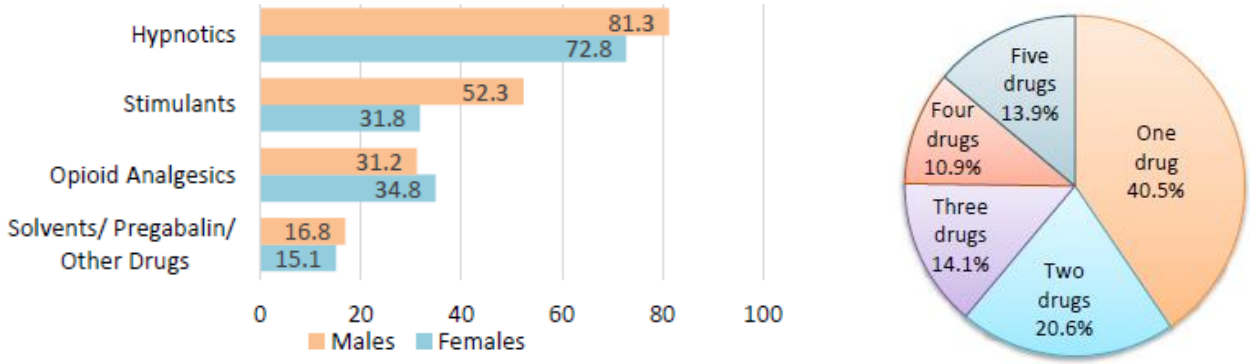
Over half of clients (56%, 2,445) presented with drug use. Cannabis, cocaine and benzodiazepines were the most commonly used drugs (Figure 20). The proportion of males using a drug class/type was generally higher apart from opioid analgesics which were used by a higher proportion of females (Figure 21). About three in five drug users used more than one drug.

Figure 20. Drug use by drug class: SMD 2016/17



Source: Foster et al. (2018), https://www.health-ni.gov.uk/sites/default/files/publications/health/smd-2016-17.pdf

Figure 21. Drug group used by gender and number of drugs taken: SMD 2016/17



Source: Foster et al. (2018), https://www.health-ni.gov.uk/sites/default/files/publications/health/smd-2016-17.pdf

In addition, among drug users:

- One in five clients took at least one prescription drug.
- One in ten had ever injected; of these, one in five had shared equipment.
- Over a quarter (26.2%) had received previous treatment, 58.7% of whom had received counselling.

A summary of drug statistics by HSCT is shown in Figure 22.

Figure 22. Summary drug statistics by HSCT: SMD 2016/17

Belfast HSC Trust

Number of clients: 575 (23.5%)

Most commonly used drugs:

1. Cannabis: 69.7%
2. Cocaine : 33.6%
3. Benzodiazepines: 28.9%
4. Ecstasy: 12.7%
5. Heroin: 9.4%

9.6% of clients have injected

Northern HSC Trust

Number of clients: 197 (8.1%)

Most commonly used drugs:

1. Cannabis: 57.9%
2. Cocaine: 29.9%
3. Benzodiazepines : 26.4%
4. Heroin: 14.7%
5. Pregabalin/Lyrica: 13.2%

15.7% of clients have injected

South Eastern HSC Trust

Number of clients: 435 (17.8%)

Most commonly used drugs:

1. Cannabis: 49.2%
2. Benzodiazepines: 37.0%
3. Cocaine: 21.8%
4. Ecstasy: 11.5%
5. Other Hypnotics: 9.9%

9.0% of clients have injected

Southern HSC Trust

Number of clients: 261 (10.7%)

Most commonly used drugs:

1. Cannabis: 54.0%
2. Cocaine: 30.3%
3. Benzodiazepines: 15.3%
4. Heroin: 14.9%
5. Ecstasy: 10.3%

11.9% of clients have injected

Western HSC Trust

Number of clients: 386 (15.8%)

Most commonly used drugs:

1. Cannabis: 71.2%
2. Cocaine: 29.5%
3. Benzodiazepines: 21.2%
4. Ecstasy: 17.9%
5. New Psychoactive Substances: 12.2%

10.6% of clients have injected

HM Prisons (Marked with stars ★)

Number of clients: 591 (24.2%)

Most commonly used drugs:

1. Cannabis: 78.7%
2. Cocaine: 61.3%
3. Benzodiazepines : 60.4%
4. Ecstasy: 24.0%
5. Tramadol: 22.3%/ Other Opiates: 22.0%

10.3% of clients have injected

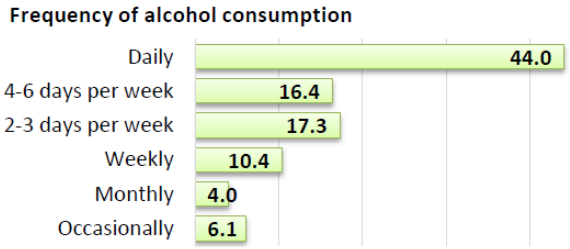
Source: Foster et al. (2018), https://www.health-ni.gov.uk/sites/default/files/publications/health/smd-2016-17.pdf

Problem alcohol use was reported by 3,173 clients (72.6%), for 77.3% of them alcohol was the main problem. Among problem alcohol users:

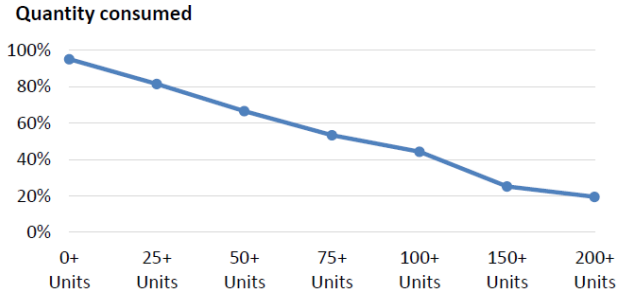
- Previous treatment for problem alcohol use was reported by 41.6% of whom 46.3% had received counselling and 34.4% had a Detox.
- Over two in five clients (44%) used alcohol daily (Figure 23a).
- Nearly three quarters (71.2%) had consumed alcohol within the last 4 weeks; of these nearly half had drank an average of 100 or more units per week (Figure 23b).

Figure 23. SMD 2016/17: Clients attending for alcohol use problems

a) Alcohol use frequency among clients



b) Weekly quantity consumed on average for those who drank in last 4 weeks:



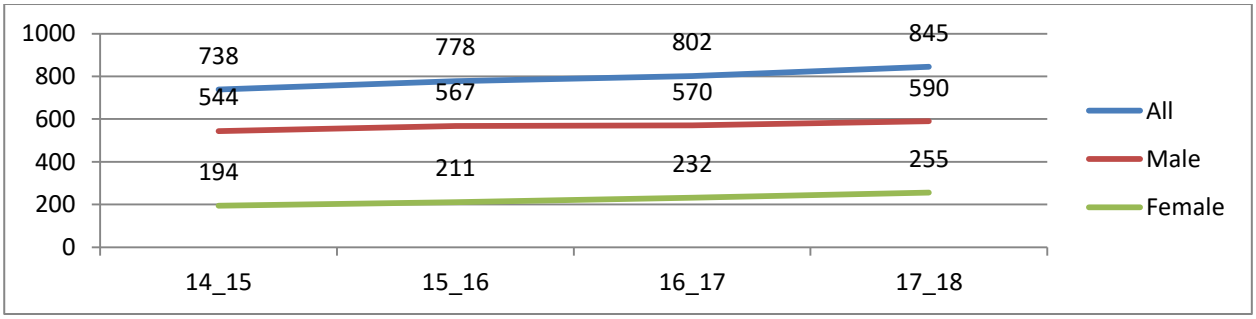
Source: Foster et al. (2018), https://www.health-ni.gov.uk/sites/default/files/publications/health/smd-2016-17.pdf

2.4. Substitute prescribing

Overall, in 2017/18, 984 opioid users had been in contact with Substitute Prescribing treatment services of which 185 were initiations and 103 were discontinuations. There were 44 patient transfers between HSCT Trusts and prison and 12 patients were recorded as deceased (HSCB & PHA, 2018).

On Census day (31 March) in 2017/18, 845 individuals received OST, 361 (41%) were receiving treatment for 5 or more years. The number of clients on opioid substitution treatment (OST) has steadily increased in the last 4 years, for both males and females (Figure 24). The number of males is more than double the number of females on OST.

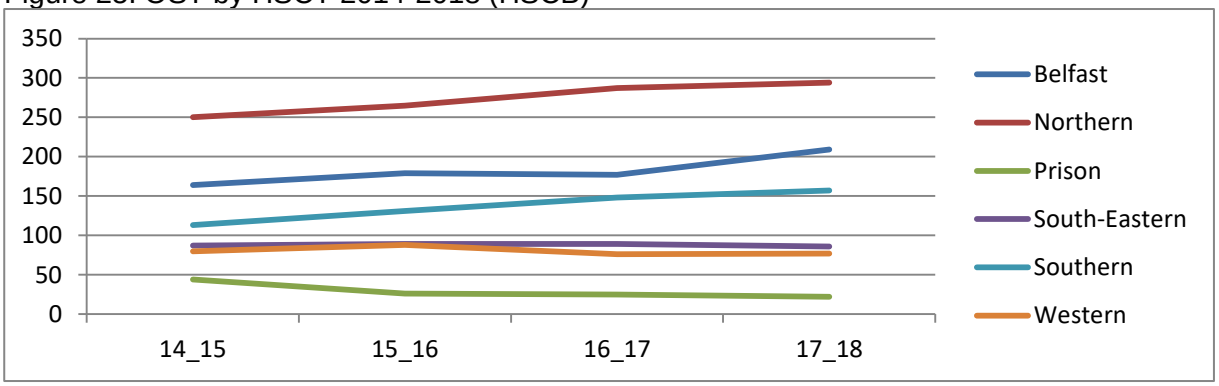
Figure 24. Number of clients on OST by gender on Census of patients at 31 March each year: 2014-2018 (HSCB)



Source: PHA Substitute Prescribing Database Reports

Northern, Belfast and Southern Trust have seen an increase in the number of clients on OST (Figure 25). In 2017/18, 294, 209, and 157 clients were receiving OST, respectively. While the numbers for SEHSCT and WHSCT remained stable, with the latest being 86 and 77, a decrease was seen in prison from 44 in 2014/15 to 22 in 2017/18. Although NHSCT has higher number of clients, BHSCT had the highest rate (75 vs 71 per 100,000 population) as well as the highest numbers of initiations (97 vs 35) and discontinuations (51 vs 22; HSCB & PHA, 2018).

Figure 25. OST by HSCT 2014-2018 (HSCB)

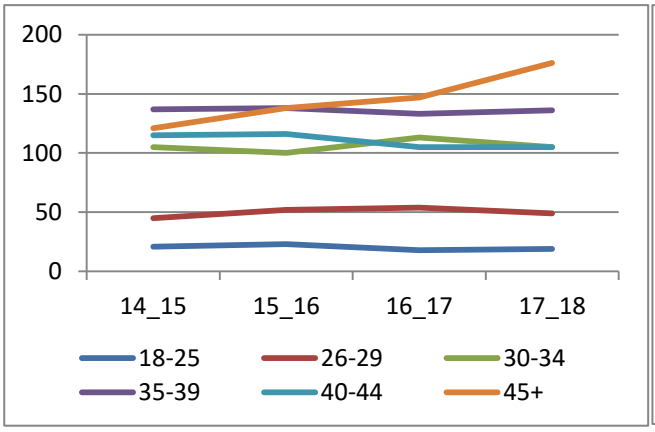


Source: PHA Substitute Prescribing Database Reports

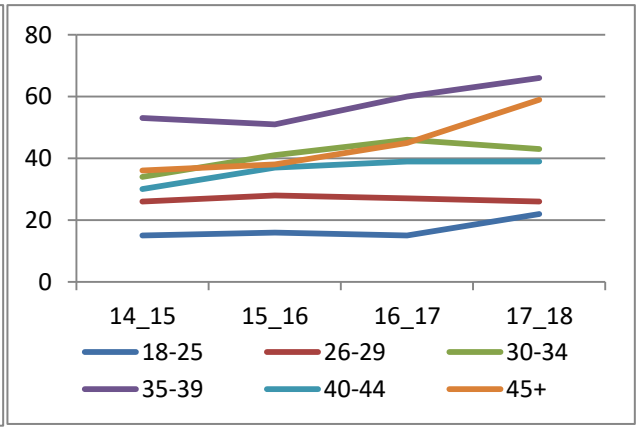
The majority of clients on OST are 30 years or older. Clients aged 45 and older have seen the largest increase among both males and females though there are some differences in age patterns over time by gender (Figure 26a & b).

Figure 26. Numbers on OST by gender and age group 2014-2018 (HSCB)

a) Males



b) Females



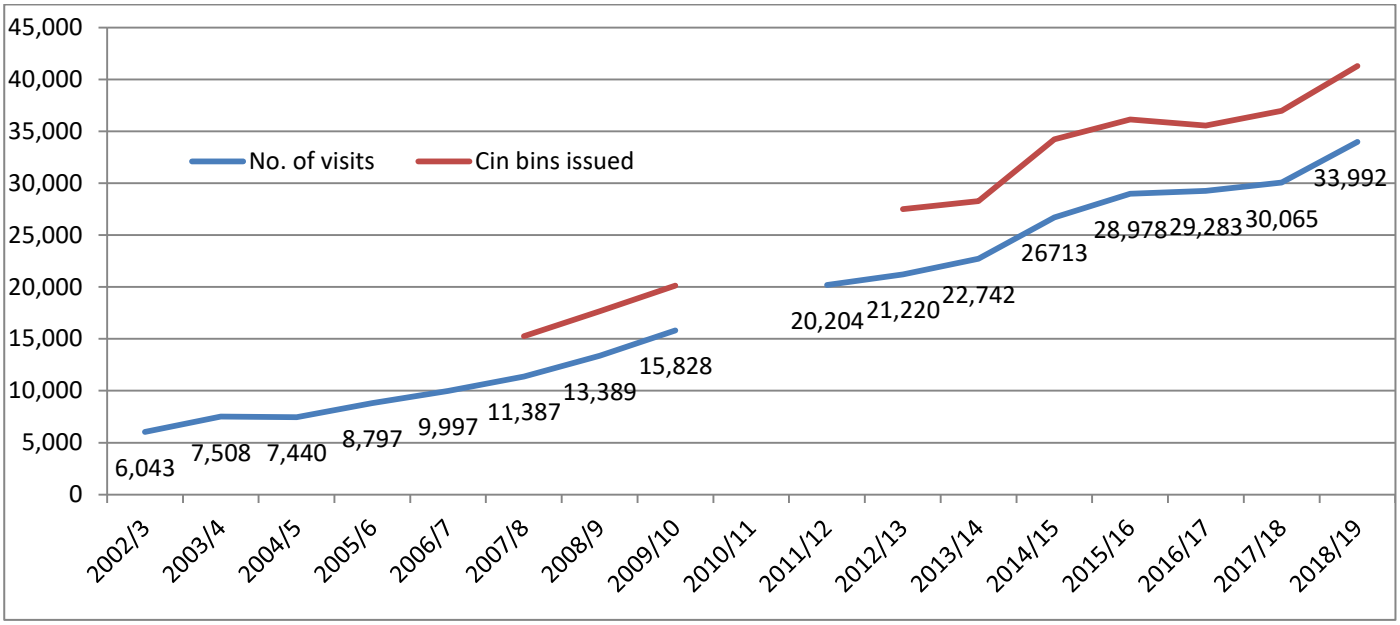
Source: PHA Substitute Prescribing Database Reports

2.5. Needle and Syringe Exchange (NSE)

The latest report on NSE services is available for the financial year 2018/19 for which 33,992 visits to pharmacies were recorded, indicating a 13% increase to the previous year. Overall, demand for NSE services has increased year on year as indicated by number of visits and cin bins issued (Figure 27).

Most visits were made to pharmacies in the Belfast Trust area which saw an increase of 19% compared to the previous year. Larger increases in visits to pharmacies were seen in the Southern (33%) and South Eastern (27%) areas, with a slight increase in Northern Trust areas (2%) and a continued decrease in Western areas (-13%; Table 6).

Figure 27. Number of visits to NSE pharmacies and cin bins issued 2002-2019



Source: https://www.publichealth.hscni.net/publications/annual-report-needle-syringe-exchange-scheme

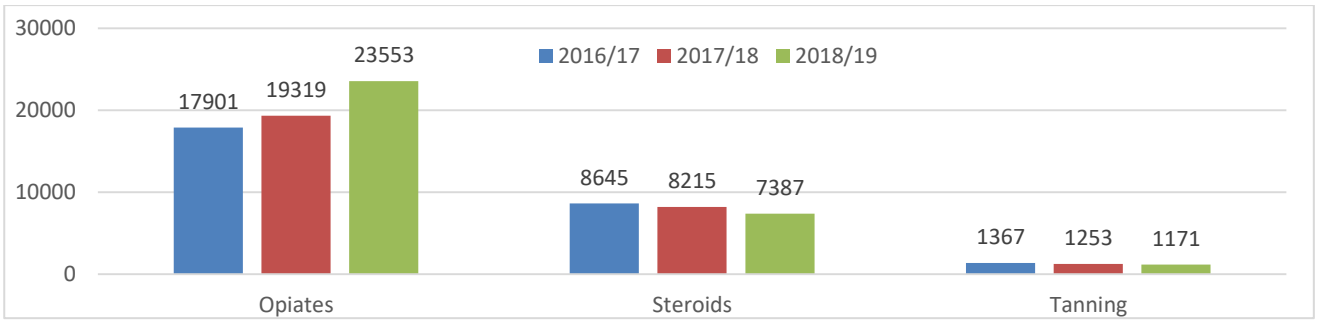
Table 6. Number of visits to NSE pharmacies by Trust: 2017/18 and 2018/19

Trust area of pharmacy	No of visits 2017/18	% of visits by Trust area of pharmacy 2017/18	No of visits 2018/19	% of visits by Trust area of pharmacy 2018/19	Percentage change from 2017/18
Belfast	17,600	59%	20,969	62%	19%
Northern	6,323	21%	6,459	19%	2%
South Eastern	1,725	6%	2,199	6%	27%
Southern	1,133	4%	1,509	4%	33%
Western	3,284	11%	2,856	8%	-13%
Total	***20,065***	***100%***	***33,992***	***100%***	***13%***

Source: https://www.publichealth.hscni.net/sites/default/files/2019-12/NSES%20Annual%20Report%202018-19.pdf

In 2018/19, the vast majority of NSE service users were male (84%) and aged 31 or older (63%). The highest number of visits in the age bracket 31-40 came from SHSCT (51%). Most visits (69%) were made by opiate users (Figure 28). Number of visits for opiates has increased over the last 3 years, while those for users of steroids and tanning have declined. While the proportion of visits by opiate users was highest in Belfast (83%), SHSCT (71%) and NHSCT (57%), in contrast, for steroid users it was in WHSCT (59%) and SEHSCT (42%).

Figure 28. Number of visits made to NSE pharmacies by selected user type 2016-2019



Source: https://www.publichealth.hscni.net/publications/annual-report-needle-syringe-exchange-scheme

Overall, 41,304 packs were issued in 2018/19. Belfast had the highest share of packs issued (over half of all packs) but it had the lowest proportion of cin bins returned (26% vs Western 63%), with the NI average being 35% (Figures 29a and b).

Figure 29a. Number of packs issued by HSCT area 2018/19

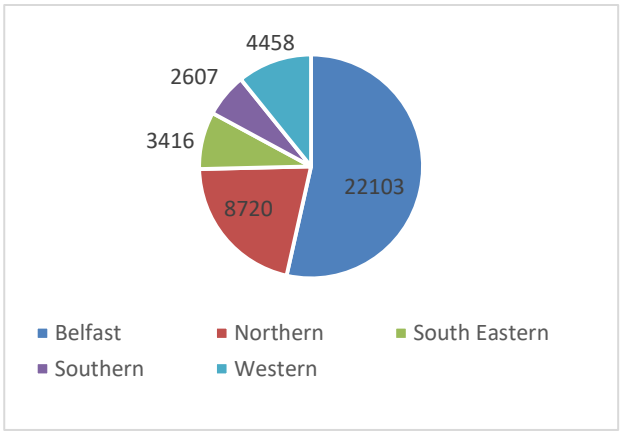
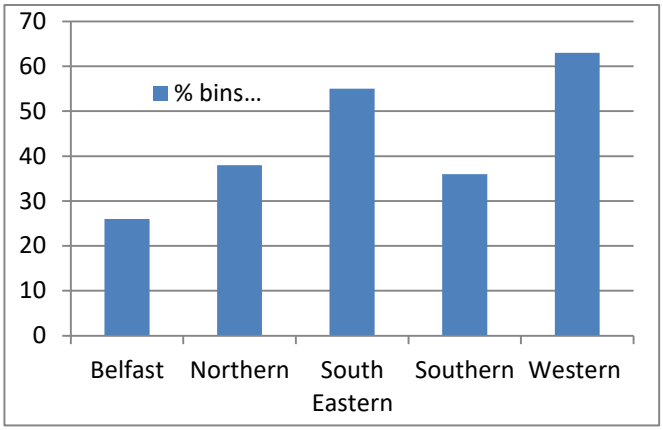


Figure 29b. Percentage of bins returned by HSCT area 2018/19

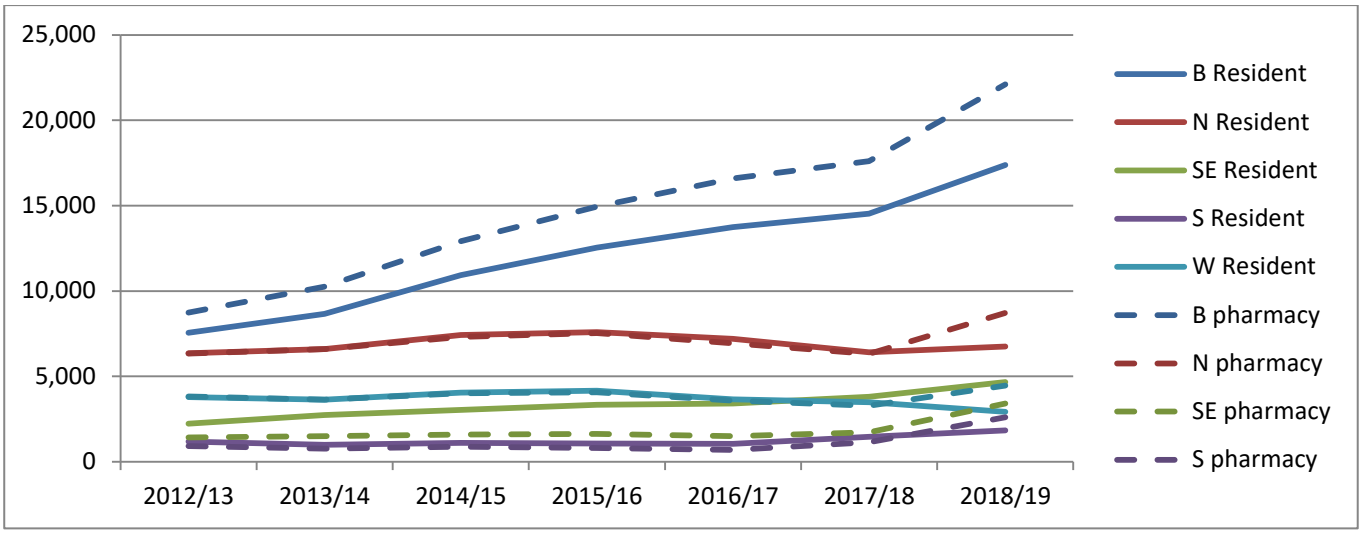


Source: https://www.publichealth.hscni.net/sites/default/files/2019-12/NSES%20Annual%20Report%202018-19.pdf

While Belfast pharmacies received around 3 in 5 visits for NSE, just over half of visits (51%) were made by clients living in the Belfast Trust area. The biggest increase in visits by Trust area of residence was seen in the Southern area (up 27%), with a decrease noting in Western (-16%).

Figure 30 shows the number of visits by Trust area of residency and by Trust area of the pharmacy. Belfast pharmacies receive far more visits than are made by Belfast residents, suggesting that a significant proportion of NSE clients from other areas attend. In Northern and Western Trust areas similar can be said, with higher numbers of clients visiting pharmacies in these areas than who are registered as living there. In contrast, the reverse relationship was noted for SE Trust, where the number of visits by Trust area of residence is lower than that of visits to pharmacies in that area.

Figure 30. Number of visits by Trust area of residence and Trust area of pharmacy 2012-2019

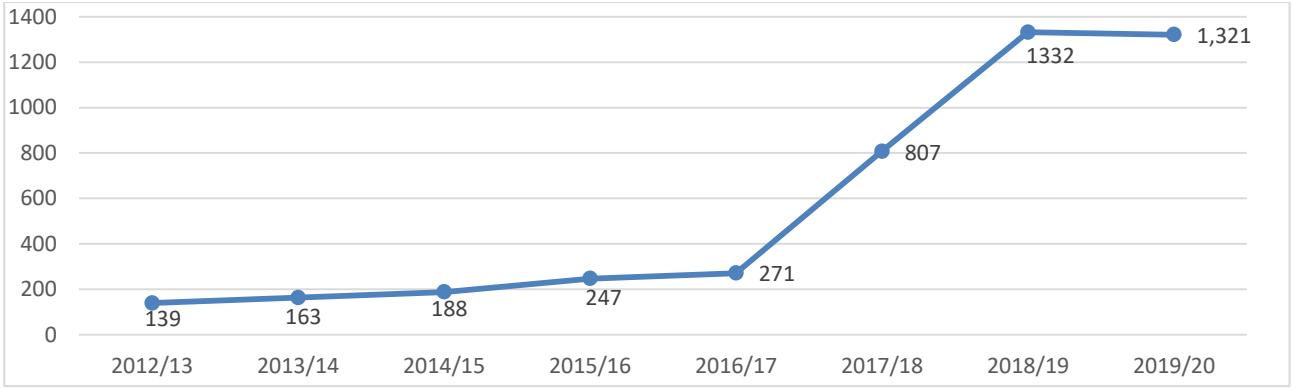


Note: solid line indicates HSC Trust area of residence, dashed line indicates Trust area of pharmacy
Source: https://www.publichealth.hscni.net/publications/annual-report-needle-syringe-exchange-scheme

2.6. Naloxone distribution

Naloxone is a medication to reverse opioid overdose. Numbers for the distribution of naloxone take home packs are available from 2012 to 2020. Figure 31 shows a steady increase in number of packs being distributed until 2018/19 and plateaued in 2019/20 (1,321 packs). The highest number of packs was distributed 2018/19, representing a 65% increase on the year previous (807 to 1,332).

Figure 31. Number of Naloxone packs distributed each year 2012/13 to 2019/20



Source: https://www.publichealth.hscni.net/publications/take-home-naloxone-reports

In the most recent financial year of 2019/20, 180 cases of administration of naloxone were recorded with 91% (163) of patients surviving. Figure 32 shows that when breaking down these figures by gender, the majority of patients were male (111, with 63 being female and 6 cases of gender not being reported; Figure 33). Additionally, 23 cases were reported to be recently out of prison, and/or having recently received detoxification treatment.

Figure 32. Numbers of naloxone applications and numbers surviving OD

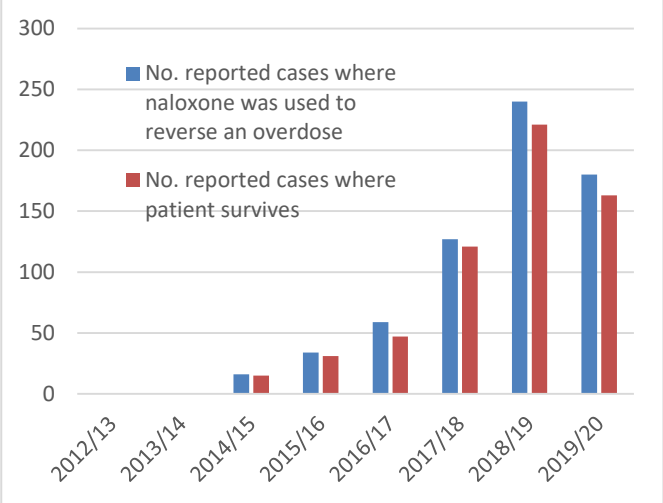
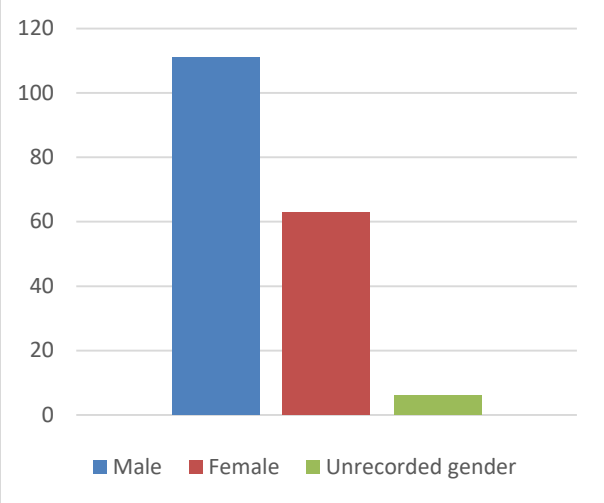


Figure 33. Naloxone use by gender 2019/20



Source:https://www.publichealth.hscni.net/publications/take-home-naloxone-reports
Note: In figure 33 less than 5 cases were reported for administration of naloxone and survival of overdose for 2012/13 and 2013/14.

In 2019/20, 96 (53%) of the administered naloxone packs had recorded what drugs had been taken alongside heroin, with 91% of cases (n=87) surviving an overdose. The most common drug taken with heroin was recorded to be benzodiazepines (66% of cases), followed by Pregabalin (23%) anf alcohol (14%). This follows the same pattern as figures reported for 2018/19.

Table 7. Number of cases recorded in which a substance was taken as well as heroin: 2018/19 and 2019/20.

Substance taken with heroin	No. of cases 2018/19	No. of cases 2019/20
Benzodiazepines	55	63
Pregabalin	37	22
Alcohol	15	14
Other opiods	13	5
NPS	7	5
Cocaine	3	1
Methadone	2	2
MDMA	1	0

Please note: other opioids includes fentanyl, codeine, dihydrocodeine and oxycodeine.
Source: https://www.publichealth.hscni.net/publications/take-home-naloxone-reports

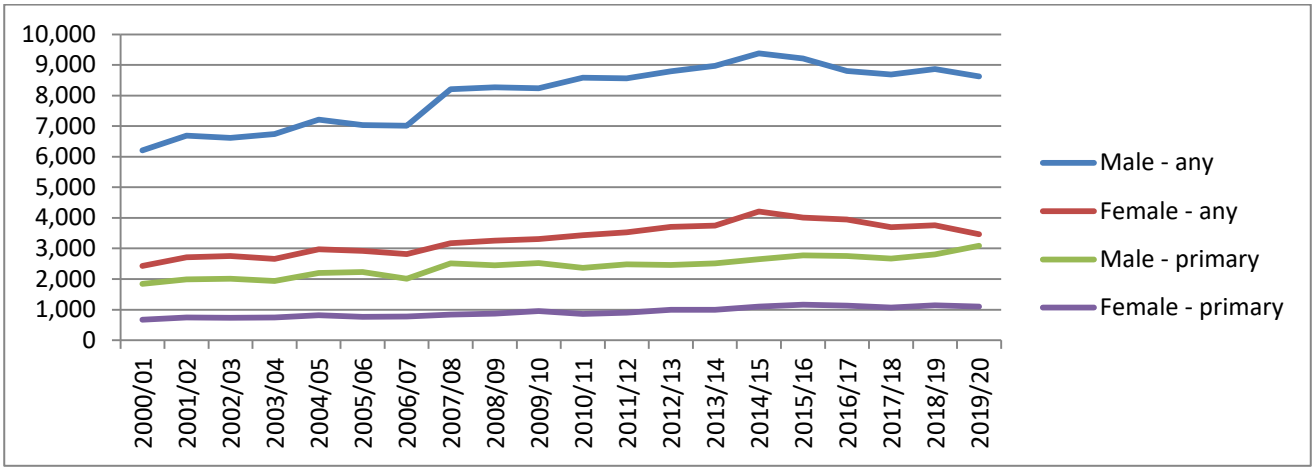
During 2019/20, 121 cases involved emergency serves being contacted; this was lower than in 2018/19 (145). The most common reason for not calling an ambulance was recorded to be that it was deemed unnecessary due to the good recovery by the patient. Other reasons included avoiding a ‘hassle’, the patient refusing the service or due to fear of the police arriving as a consequence. The ambulance service had been reportedly contacted for 8 of the 17 cases where a patient died.

3. Substance related harm: hospital admissions and mortality

3.1. Alcohol related hospital admissions

Alcohol related hospital admissions, for both primary and any diagnosis as well as both genders, steadily increased between 2000/01 to 2014/15 as shown in Figure 34 indicate (see also Table A7 in Appendix). A small decrease has been observed for any diagnosis in recent years, whilst primary diagnosis admissions for males continue to increase. Admission numbers are more than double for males compared with females. For 2019/20, these stood at 8,623 for males and 3,463 for females for any diagnosis, and 3,092 and 1,100 for males and females, repectively, for primary diagnosis.

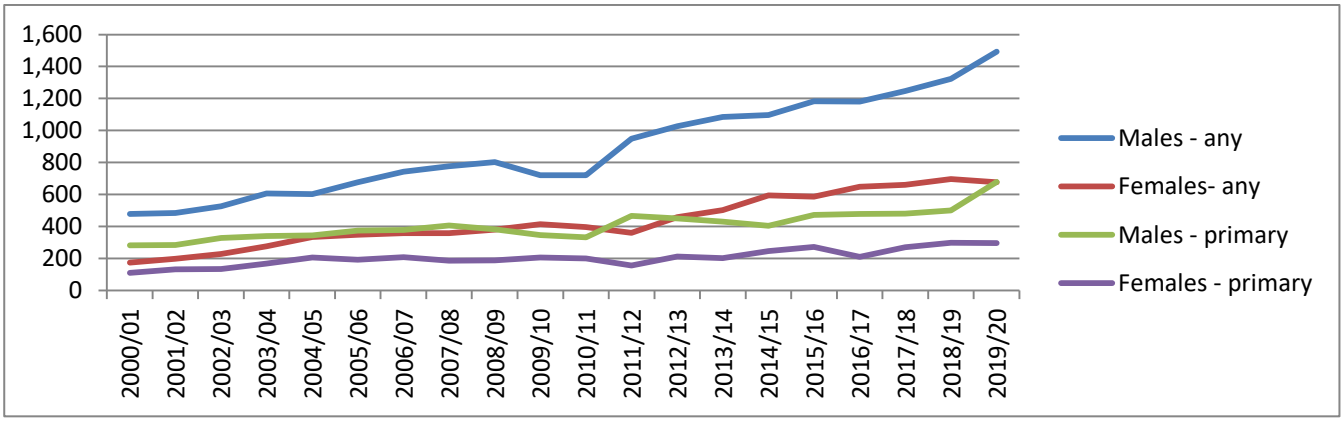
Figure 34. Admissions to HSC hospitals with an alcohol related diagnosis: whole population 2000/01-2019/20



Note: Deaths and discharges were used to denote admissions; this figure should not be used to denote individuals as a person may be admitted to hospital more than once in a year or across a number of years
Source: Hospital Information Branch, DoH

A pattern of increasing admissions was also observed for a diagnosis of alcoholic liver disease (K70), as primary and any diagnosis (Figure 35), with the same gender pattern as above.

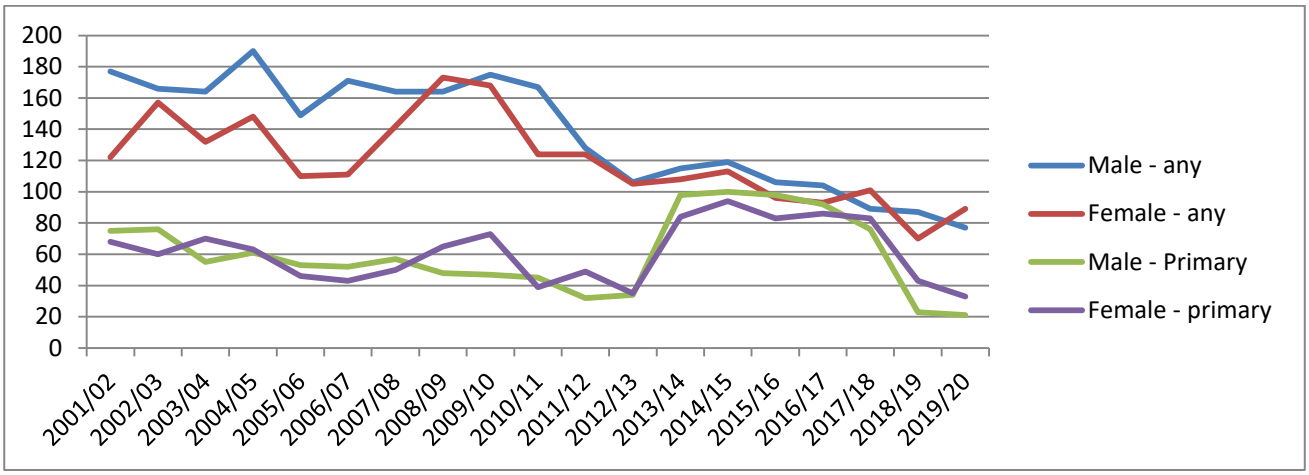
Figure 35. Admissions to HSC hospitals with a diagnosis of alcoholic liver disease (K70): 2000/01-2019/20



Source: Hospital Information Branch, DoH

A different picture emerged for children and young people aged under 18 years (Figure 36). Over the 19 year period of 2001/02 to 2019/20 there has been a decrease for any diagnosis alcohol related admissions and numbers by gender are relatively similar. For primary diagnosis alcohol related admissions, an increase with subsequent plateau was observed from 2013/14 and for the next four years, followed by a substantial decrease in the last two years. This decrease was more pronounced among young males than young females as diagnosis have converged. In 2019/20 numbers for primary and any diagnosis were slightly higher for females (33 and 89, respectively) than males (77 and 21, repectively; see Table A7 in Appendix for further detail).

Figure 36. Admissions to HSC hospitals with an alcohol related diagnosis for under 18s: 2000/01-2019/20

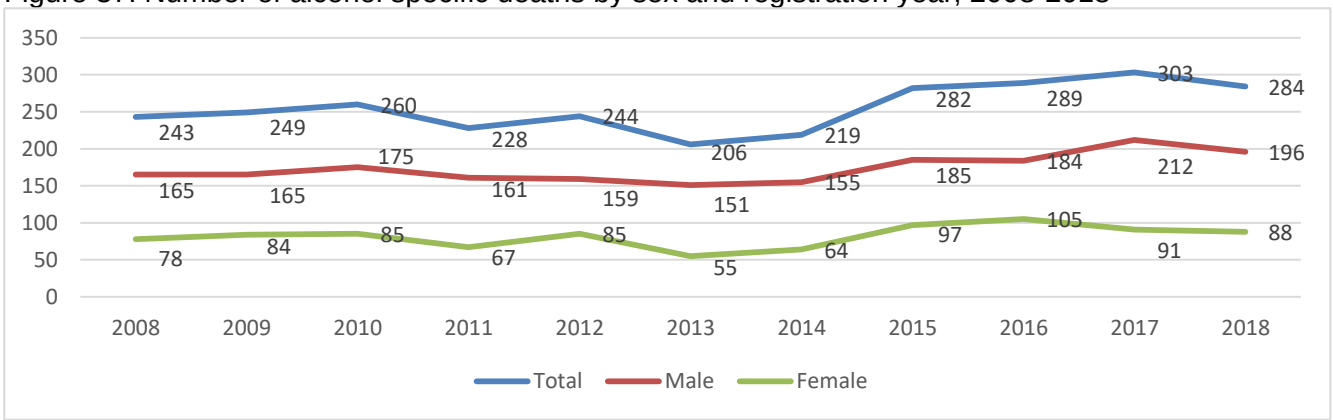


Note: Deaths and discharges were used to denote admissions; this figure should not be used to denote individuals as a person may be admitted to hospital more than once in a year or across a number of years
Source: Hospital Information Branch, DoH

3.2. Alcohol related mortality

Alcohol-related deaths have increased over the last 18 years for both males and females and 284 were registered in 2018 (Figure 37). The highest numbers of deaths were registered in Belfast and NHSCT (Table 8). The most common underlying cause belongs into the physical health category, while poisoning and mental and behavioural disorders due to use of alcohol made up about one third (Figure 38).

Figure 37. Number of alcohol specific deaths by sex and registration year, 2008-2018



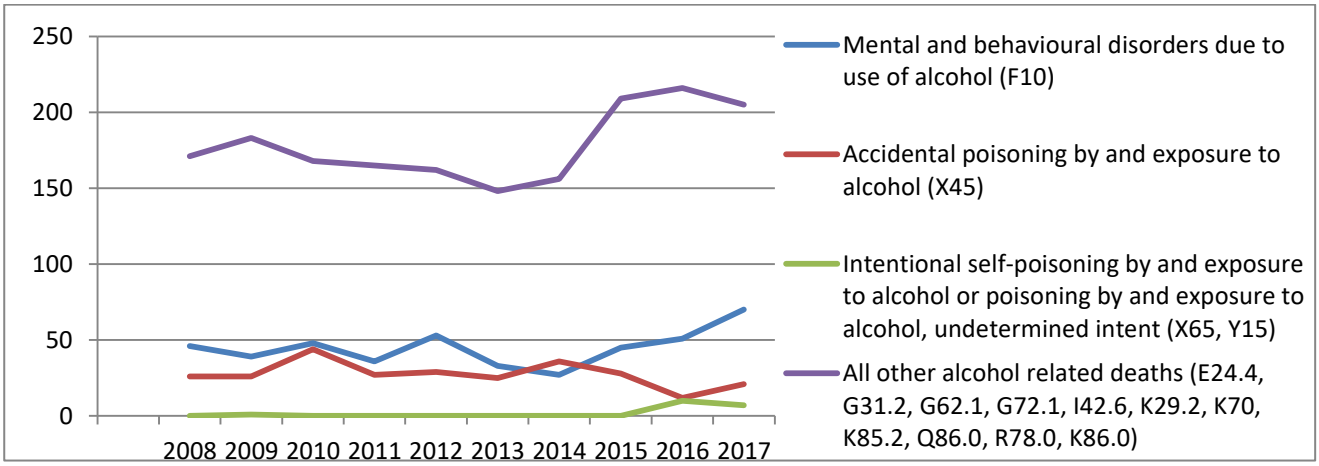
Source: https://www.nisra.gov.uk/publications/alcohol-specific-deaths-2008-2018

Table 8. Number of alcohol related deaths by HSCT and registration year, 2008-2018

Registration Year	Health and Social Care Trust					Total
	Belfast	Northern	South Eastern	Southern	Western	
2008	75	63	46	29	30	**243**
2009	67	52	45	37	48	**249**
2010	71	45	38	44	62	**260**
2011	67	45	47	33	36	**228**
2012	73	38	43	41	49	**244**
2013	55	46	32	31	42	**206**
2014	61	48	38	36	36	**219**
2015	69	66	47	44	56	**282**
2016	88	62	50	34	55	**289**
2017	75	75	42	52	59	**303**
2018	79	67	49	41	48	**284**
Total (2008-2018)	***780***	***607***	***477***	***422***	***521***	***2,807***

Source: https://www.nisra.gov.uk/publications/alcohol-specific-deaths-2008-2018

Figure 38. Number of alcohol related deaths by underlying cause of death and registration year, 2008-2018



Source: https://www.nisra.gov.uk/publications/alcohol-specific-deaths-2008-2018

Alcohol related deaths have a marked deprivation gradient (Table 9). In 2018, those living in the most deprived areas were around 4 times more likely to have their deaths registered as alcohol related than those in the least deprived areas.

Table 9. Number of alcohol related deaths by deprivation quintile NIMDM171 and death rate per 100,000 population, 2014-2018

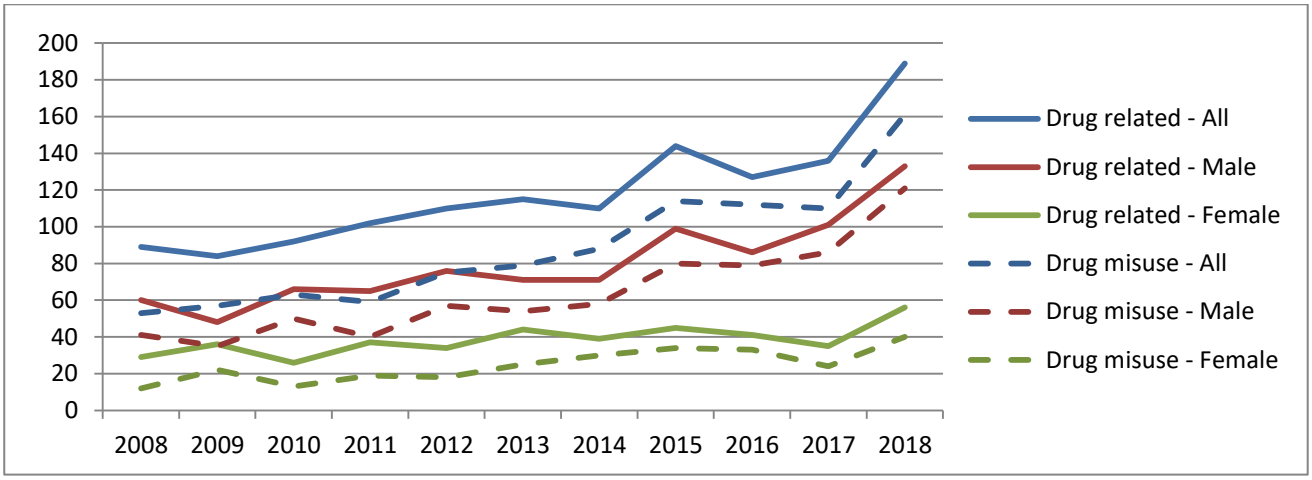
Cause of Death	Deprivation Quintile[1]				
	Most Deprived 1	2	3	4	Least Deprived 5
Alcohol related deaths	**477**	**358**	**224**	**183**	**135**
All deaths	**16,028**	**16,376**	**15,679**	**15,069**	**14,461**
Rate per 100,000 population	*27.4*	*18.9*	*11.4*	*9.4*	*7.6*

Source: https://www.nisra.gov.uk/publications/alcohol-specific-deaths-2008-2018

3.3. Drug related mortality

In 2018, 189 drug related deaths were registered of which 161 (85%) were deaths due to drug misuse. Around three quarters of these deaths were males. Since 2008 (Figure 39), drug related deaths have more than doubled (from 89) and those due to drug misuse more than tripled (from 53). This trend was mainly driven by deaths by males (see also Table A8 in Appendix).

Figure 39. Number of drug related deaths and deaths due to drug misuse by gender, 2008-2018



Source: https://www.nisra.gov.uk/publications/drug-related-and-drug-misuse-deaths-2008-2018

While all Trust areas saw an increase in drug related and drug misuse deaths, the rise was greater in Southern, South-Eastern and Belfast HSCT (Table 10).

Table 10. Drug related deaths and deaths due to drug misuse by HSCT 2008-2017/18

Registr. Year	Belfast		Northern		South Eastern		Southern		Western	
	Drug related	Drug misuse	Drug related	Drug misuse	Drug related	Drug misuse	Drug related	Drug misuse	Drug related	Drug misuse
2008	32	24	23	12	11	7	12	6	11	4
2009	28	19	17	14	13	7	17	12	9	5
2010	29	22	21	15	19	13	17	9	6	4
2011	32	19	18	10	15	9	21	12	16	9
2012	41	31	21	16	16	9	22	13	10	6
2013	46	34	27	17	16	13	15	10	11	5
2014	36	30	21	18	14	13	24	15	15	12
2015	50	35	23	20	24	21	27	22	20	16
2016	40	36	28	23	20	18	18	15	21	20
2017	49	43	36	28	19	12	14	12	18	15
2018	64		43		31		31		20	
Total (2008-2018)	***447***	***307***	***278***	***185***	***198***	***130***	***218***	***131***	***157***	***105***
	Total drug related = 1,384 **Total drug misuse = 858**									

Source: https://www.nisra.gov.uk/publications/drug-related-and-drug-misuse-deaths-2008-2018
Note: figures for registered drug misuse deaths not currently available for 2018.

There has been an increase in the total number of drug related deaths across most local government districts from 2014-2018. Belfast district showed the highest number consistently. Mid Ulster had the lowest rate of drug related deaths for 2018 (4.1%).

Table 11: Number and rate of drug-related deaths by local government district 2014-2018.

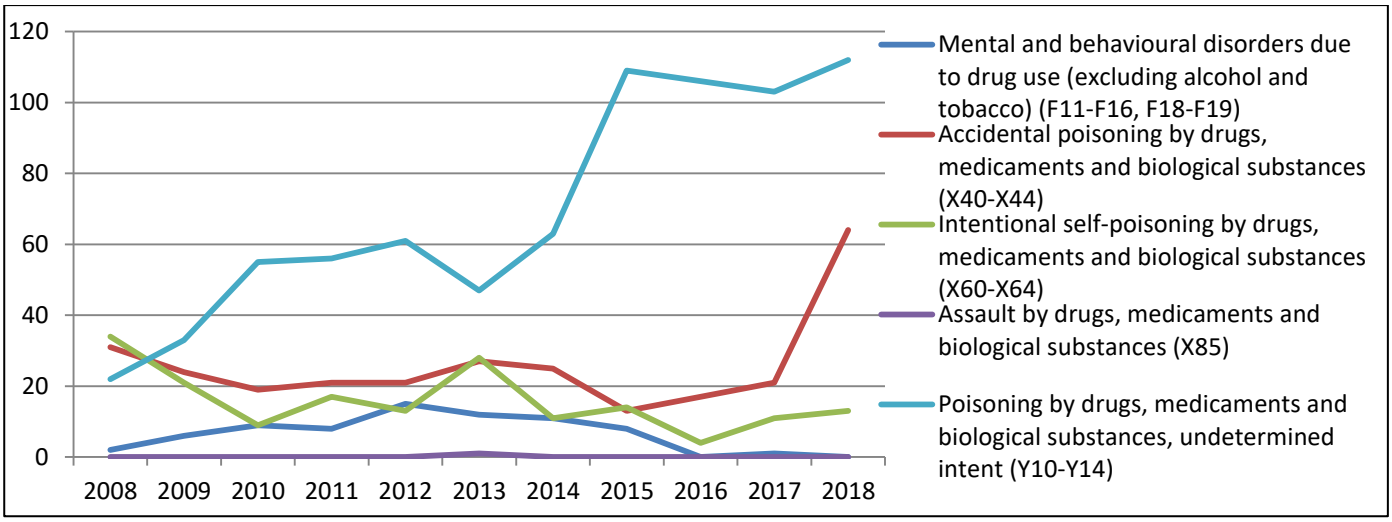
Local Government District	Registration Year									
	2014		2015		2016		2017		2018	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Antrim & Newtownabbey	8	5.7	11	7.8	10	7.1	10	7.1	19	13.3
Armagh City, Banbridge & Craigavon	14	6.8	18	8.7	11	5.2	8	3.8	19	8.9
Belfast	36	10.7	52	15.3	38	11.2	47	13.8	68	19.9
Causeway Coast & Glens	6	4.2	7	4.9	8	5.6	9	6.3	6	4.2
Derry City & Strabane	9	6.0	11	7.4	12	8.0	9	6.0	8	5.3
Fermanagh & Omagh	4	3.5	6	5.2	5	4.3	4	3.4	11	9.4
Lisburn & Castlereagh	3	2.2	6	4.3	7	5.0	11	7.7	6	4.2
Mid & East Antrim	5	3.7	6	4.4	12	8.7	11	8.0	17	12.3
Mid Ulster	10	7.0	5	3.5	5	3.4	13	8.9	6	4.1
Newry, Mourne & Down	6	3.4	9	5.1	9	5.1	8	4.5	15	8.3
Ards & North Down	9	5.7	13	8.2	10	6.3	6	3.7	14	8.7
Total	***110***	***6.0***	***144***	***7.8***	***127***	***6.8***	***136***	***7.3***	***189***	***10.0***

Source: https://www.nisra.gov.uk/publications/drug-related-and-drug-misuse-deaths-2008-2018

There has been a dramatic change in the registered underlying cause of drug related deaths between 2008 and 2018, with the largest number classified as poisonings of undetermined intent (Figure 40)[1]. The numbers classified as accidental or intentional poisonings have declined over the same period, with a sharp increase in deaths due to accidental poisoning in 2018.

[1] *Please note, NISRA are currently reviewing the classification of underlying causes of suicides and deaths of undetermined intent due to improved data recording and collation procedures. This will also affect the reclassification of drug related deaths of undetermined intent from 2015-2018 and should result in fewer such cases but an increase in other underlying causes such as accidental deaths. At this stage it is not known when the corrected figures will be released. Please see this document for details:* https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Guidance%20Note%20to%20Users%20Northern%20Ireland%20Suicide%20Statistics.pdf

Figure 40. Underlying cause for drug related deaths 2008-2018



Source: https://www.nisra.gov.uk/publications/drug-related-and-drug-misuse-deaths-2008-2018

Opioids were the drug class most frequently involved in deaths (115) in 2018 (see also Tables A9 and A10 in Appendix), followed by benzodiazepines (97) and Pregabalin (54).

Between 2008 and 2018 further changes were observed:

- the proportion of deaths where alcohol was mentioned on the death certificate has more than halved: drug related deaths from 46% to 23%; drug misuse deaths 53% to 22%;
- the number of deaths with 5 or more drugs mentioned on the death certificate has increased from 2 to 32.

Drug related and drug misuse deaths also show a strong deprivation gradient, with an increased rate of such deaths in the most deprived compared to the least deprived areas of 4 to 5 times (Table 12).

Table 12: Number of drug related deaths and deaths due to drug misuse by deprivation quintile, 2014-2018.

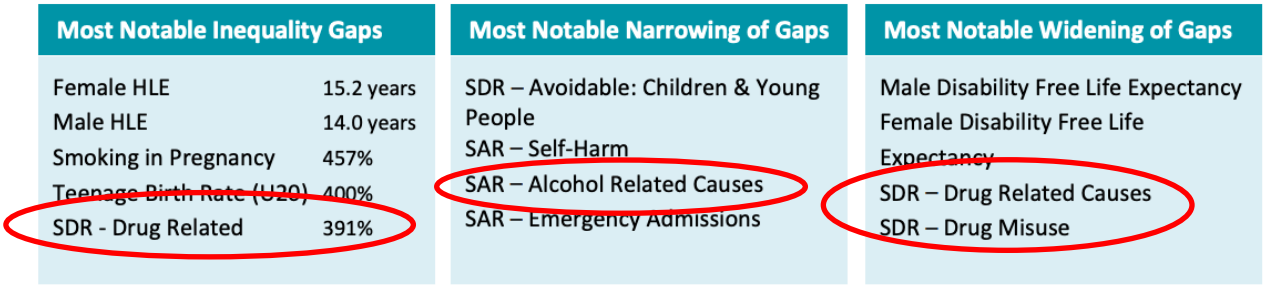
	Deprivation Quintile[1]				
Cause of Death	**Most Deprived 1**	**2**	**3**	**4**	**Least Deprived 5**
All deaths	*16,028*	*16,376*	*15,679*	*15,069*	*14,461*
Drug related deaths	314	159	88	82	63
Rate per 100,000 population	*18.0*	*8.4*	*4.5*	*4.2*	*3.6*
Deaths due to drug misuse	259	130	75	72	49
Rate per 100,000 population	*14.9*	*6.8*	*3.8*	*3.7*	*2.8*

Source: https://www.nisra.gov.uk/publications/drug-related-and-drug-misuse-deaths-2008-2018

3.4. Health inequalities

The 2020 Health inequalities report found that alcohol and drug misuse "continue to show some of the largest health inequalities in NI" (Carson et al., 2020, p.5). In terms of deaths specifically relating to alcohol misuse and hospital admissions due to alcohol, the rate in most deprived areas is four times that in the least deprived.

- Standardised admissions rate for alcohol related causes improved a little in the most deprived areas and increased slightly in the least deprived areas, showing a slight narrowing of the gap.
- The difference in alcohol specific deaths between most and least deprived had remained static.
- Drug related deaths had increased slightly in the most deprived areas but remained unchanged in least deprived areas, with a widening of the gap in this area as well as deaths related to drug misuse.



Most Notable Inequality Gaps	
Female HLE	15.2 years
Male HLE	14.0 years
Smoking in Pregnancy	457%
Teenage Birth Rate (U20)	400%
SDR - Drug Related	391%

Most Notable Narrowing of Gaps
SDR – Avoidable: Children & Young People
SAR – Self-Harm
SAR – Alcohol Related Causes
SAR – Emergency Admissions

Most Notable Widening of Gaps
Male Disability Free Life Expectancy
Female Disability Free Life Expectancy
SDR – Drug Related Causes
SDR – Drug Misuse

Source https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2020.pdf ; p.5

Similar discrepancies were also found at Trust and LGD level. A summary of the five largest inequalities at sub-regional level in is shown in Table 13 overleaf.

- Alcohol related admissions showed the largest inequality gap in Derry City & Strabane (145%), Mid & East Antrim (126%) and Causeway Coast & Glens (115%)
- The largest inequality gap in deaths due to drug misuse were in WHSCT (172%), SEHSCT (153%) and NHSCT (146%).
- The largest inequality gap in drug related deaths were reported for nine of the eleven LGDs, with the largest inequality gap being reported in the Lisburn & Castlereagh LGD.

Table 13. Five largest deprivation inequality gaps by HSCT and LGD

Belfast HSCT	SDR Drug Related (125%)	SDR Drug Misuse (125%)	Crude Suicide Rate (106%)	SAR Alcohol Related (106%)	SAR Drug Related (104%)
Northern HSCT	SDR Drug Related (147%)	SDR Drug Misuse (146%)	SAR Drug Related (105%)	SDR Alcohol Specific (105%)	SAR Self-Harm (104%)
South Eastern HSCT	SDR Drug Related (159%)	SDR Drug Misuse (153%)	Smoking During Pregnancy (105%)	SDR Alcohol Specific (101%)	Teenage Birth Rate (U20) (97%)
Southern HSCT	Teenage Birth Rate (U20) (120%)	SAR Alcohol Related (101%)	Smoking During Pregnancy (100%)	SAR Self-Harm (95%)	SAR Drug Related (87%)
Western HSCT	SDR Drug Misuse (172%)	SDR Drug Related (159%)	SAR Alcohol Related (139%)	SAR Drug Related (107%)	SAR Self-Harm (105%)
Antrim & Newtownabbey LGD	SDR Drug Related (138%)	Smoking During Pregnancy (123%)	SDR Alcohol Specific (118%)	Teenage Birth Rate (U20) (111%)	Crude Suicide Rate (108%)
Ards & North Down LGD	SDR Drug Related (126%)	Teenage Birth Rate (U20) (113%)	SDR Alcohol Specific (97%)	Smoking During Pregnancy (89%)	SAR Alcohol Related (78%)
Armagh City, Banbridge & Craigavon LGD	Teenage Birth Rate (U20) (141%)	SAR Alcohol Related (105%)	SAR Drug Related (98%)	SAR Self-Harm (97%)	Smoking During Pregnancy (81%)
Belfast LGD	SDR Drug Related (96%)	SAR Drug Related (95%)	SAR Alcohol Related (91%)	SAR Self-Harm (86%)	Teenage Birth Rate (U20)(73%)
Causeway Coast & Glens LGD	SDR Drug Related (157%)	SDR Alcohol Specific (121%)	SAR Alcohol Related (115%)	Teenage Birth Rate (U20) (111%)	SAR Drug Related (102%)
Derry City & Strabane LGD	SAR Alcohol Related (145%)	SDR Alcohol Specific (130%)	SAR Drug Related (112%)	SAR Self-Harm (111%)	SDR Drug Related (91%)
Fermanagh & Omagh LGD	SDR Drug Related (85%)	SAR Alcohol Related (80%)	SAR Drug Related (79%)	Smoking During Pregnancy (70%)	SAR Self-Harm (62%)
Lisburn & Castlereagh LGD	SDR Drug Related (188%)	Smoking During Pregnancy (176%)	SDR Alcohol Specific (140%)	Teenage Birth Rate (U20) (107%)	SAR Alcohol Related (104%)
Mid & East Antrim LGD	SDR Drug Related (184%)	SAR Drug Related (149%)	Teenage Birth Rate (U20) (146%)	SAR Self-Harm (144%)	SAR Alcohol Related (126%)
Mid Ulster LGD	SDR Drug Related (108%)	SAR Alcohol Related (73%)	Teenage Birth Rate (U20) (63%)	Crude Suicide Rate (61%)	Smoking During Pregnancy (57%)
Newry, Mourne & Down LGD	SDR Drug Related (107%)	Smoking During Pregnancy (71%)	Teenage Birth Rate (U20) (69%)	SAR Self-Harm (62%)	SAR Alcohol Related (59%)

Source: https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2020.pdf ; p.37

4. High risk populations

4.1. Lesbian, gay, bisexual and transgender persons (LGB&T)

The most recent and so far largest survey of LGB&T community in NI was conducted with 941 individuals in 2012 (Rooney, 2012). Survey respondents were 15 to 64 years old, 319 were women and 40 identified as transgender.

Alcohol: A larger proportion of LGB&T individuals drink alcohol than in the general population; although it needs to be noted that the latter includes older respondents who are less likely to drink alcohol. Women in the LGB&T community seem more likely to drink alcohol and to drink more heavily (Rooney, 2012) compared to the general population (Corrigan & Scarlett, 2018).

Table 14. Percentages of individuals engaging in alcohol consumption in the LGB&T community and the general population

Alcohol use level	APO 2012 (ages 15-64)			NI Health Survey 2017/18 (ages 18+)		
	All	**Males**	**Females**	***All***	**Males**	**Females**
Drink alcohol	*91*	89	93	*77*	81	74
Drink above weekly limits				*24*	37	15
Hazardous (AUDIT)	*57*	59	55			

Note: APO 2012 – All partied out? Survey (Rooney, 2012); NI Health Survey 2018/19 does not include questions relating to drinking limits/hazardous drinking therefore 2017/18 figures are relied upon.

Drugs: LGB&T individuals (62%) were more than twice as likely to have taken any illicit drug over their lifetime than was reported in the Drug Prevalence Survey 2014/15 (27%; NACD & DoH, 2016). Transgender people were the subgroup with the highest level of any drug use. Similar to the general population, CNS depressant drugs (cannabis, sedatives, antidepressants) and opiates were used more frequently than "'recreational' drugs associated with the nightclub scene" (Rooney, 2012, p.10); the exception were poppers. While use of all drugs was higher among LGB&T individuals, use of drugs associated with the nightclub scene was disproportionately higher among LGB&T persons.

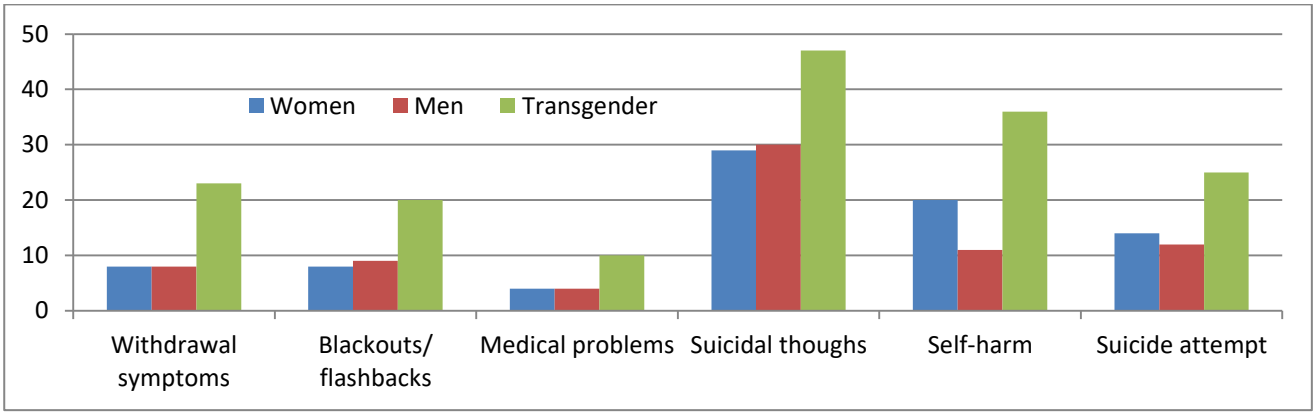
Table 15. Prevalence of drug use in LGB&T and NI populations aged 15-64 (%)

DRUG	LIFETIME			LAST YEAR			LAST MONTH		
	APO	NI	TRANS	APO	NI	TRANS	APO	NI	TRANS
Any illegal drug[7]	62	22	74	37	7	53	28	3	40
Cannabis	56	24	66	27	5	42	14	3	26
Poppers	46	9	63	25	1	34	16	0.1	21
Opiates	40	29	55	30	6	50	22	4	42
Sedatives	38	21	47	22	11	34	12	8	24
Anti-depressants	37	22	50	22	12	37	17	10	34
Ecstasy	29	9	45	10	1	21	4	0.3	16
Cocaine	29	7	42	12	2	19	4	0.5	11
Amphetamines	22	6	32	4	1	13	1	0.3	5
Legal highs	21	2	40	10	1	23	3	0.2	10
LSD	17	5	24	2	0.2	8	0.2	0.0	0
Mephedrone	12	2	11	7	1	3	3	0.1	0

Source: APO Survey (2012) and NACD & PHIRB (2011) Drug Prevalence Survey 2010/11

In terms of gender differences in the LGB&T community, females were more likely than males to have used cannabis (lifetime: 61% vs 50%, last year: 29% vs 25%, last month: 16% vs 12%) which is in contrast to the general population. Otherwise the gender pattern in the LGB&T population is similar to the one in the general population (females higher for opiates and antidepressants; about similar levels for sedatives; males higher for illicit drugs) – particularly for more recent use. Selective problems/experiences of LGB&T people in which drugs and alcohol have been a factor are shown in Figure 41, indicating that more transgender individuals were affected by these experiences than LGB people. It was suggested that alcohol and drugs are used as a coping mechanism in a homophobic society (stigma, prejudice), which causes emotional and psychological distress, and resulting in the club and bar culture as the only opportunity for social activities.

Figure 41. Selective problems/experiences of LGB&T people in which drugs and alcohol have been a factor



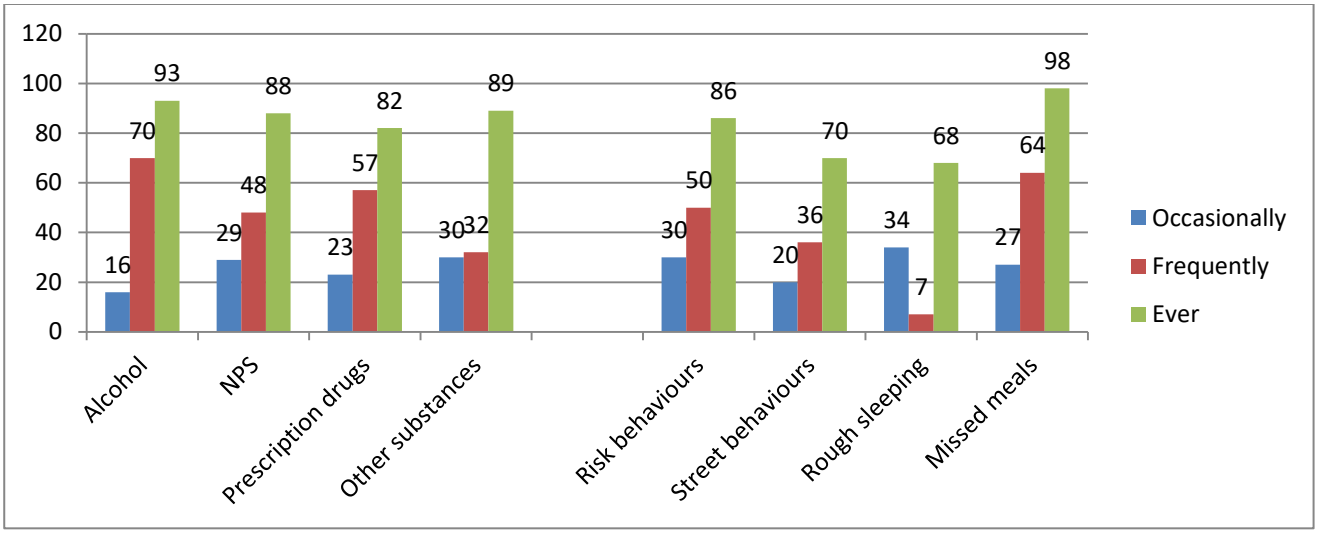
Source: Rooney, 2012; https://www.publichealth.hscni.net/sites/default/files/TRP-AllPartiedOut-FinalReport-Mar12.pdf

4.2. Homeless population

A recent scoping exercise on health needs in the homeless population in NI (PHA &CHNI, 2017), involving a survey of providers (accommodation/floating support projects, N=57: Belfast=37) and a survey of adult clients (aged 18 or older, N=258) receiving services from identified providers of homelessness services.

The vast majority of providers considered substance use issues (88%) and NPS use issues (93%) among their service users to be somewhat or very different from the general population. Providers rated the excessive/problematic use of different substances in their service users as very common, with alcohol, prescription drugs and NPS being the most frequently abused substances (Figure 42). In addition, substantial proportions of providers identified service users, as a result of their problematic use/whilst intoxicated, engaging in missing meals, risk behaviours and street behaviours (eg begging, drinking) frequently, and rough sleeping occasionally.

Figure 42. Proportion (%) of providers rating service users' excessive/problematic use of select substances and engagement in behaviours as a result of/whilst intoxicated



Note: Ever = cumulative % of not often, occasionally, and frequently
Source: PHA & CHNI, 2017; https://www.publichealth.hscni.net/publications/picture-health

Service users themselves reported that alcohol was the most frequently used substance, apart from tobacco (Table 16). Their responses suggest lower levels of substance misuse than those from providers, thus, there may be issues of under-reporting.

Table 16. Homeless service user reports of frequency of substance use (%)

	NEVER	MONTHLY OR LESS	2-4 TIMES A MONTH	2-3 TIMES A WEEK	4+ A WEEK	EVER (%) S	M	F
tobacco (smoking)[a]	27	7	3	4	57	73	72	73
e-cigarette (vaping)[b]	91	3	2	1	2	8	10	5
alcohol[b]	18	27	26	14	14	83	81	82
nps[b]	85	5	4	1	3	14	17	10
prescription drugs*[c]	75	8	7	3	6	24	24	23
methadone (prescribed)[d]	96	1	1	0	1	3	3	3
other substances[d,e,f]	89	0	2	3	5	10	8	12

*'Ever' refers to any reported use (i.e. all categories of response except 'never'): calculation based on responses minus missing data. * use not as intended and/or unprescribed use; n=258: a - missing data, n=7, 3%; b - missing data n=4, 2%; c - missing data, n=6, 2.3%; d - missing data, n=3, 1%; e - male: (multiple responses, n=11) - 9 (6%) respondents indicated use of cannabis; 2 (1%) cocaine; f - Female: (multiple responses, n=12): 7 (6%) indicated use of cannabis; 3 (3%) cocaine; 1 (each) ecstasy, 'meth'*

Source: PHA & CHNI, 2017; https://www.publichealth.hscni.net/publications/picture-health

Providers also noted an increase in NPS use of their service users over the last 2 years (referring to period 2014-2016). In addition, the (vast) majority of providers (Table 17) observed that NPS use among their clients had somewhat/great effects on clients' mental and physical health but also on the service environment, staff and client safety, and service delivery. The frequency of specific issues/problems arising due to NPS use from a provider perspective is shown in Table 18.

Table 17. Providers' perception of the effect of clients' NPS use

THE EFFECT OF NPS USE ON (%)...	NO EFFECT	VERY LITTLE EFFECT	SOME EFFECT	A GREAT EFFECT	SOME/GREAT EFFECT	RANK
Mental health of client	14	4	11	71	82	1
Physical health of client	14	5	27	54	80	2
service / project environment	16	7	36	41	77	3
staff safety	13	18	41	29	70	4
client safety	16	16	39	29	68	5
service delivery	16	21	34	29	63	6

Source: PHA & CHNI, 2017; https://www.publichealth.hscni.net/publications/picture-health

Figure 18. Providers' perception of the effect of clients' NPS use: frequency of occurrence (%)

DUE TO / WHILST USING NPS...	NO. TIMES IN LAST 12 M (%)				
RISK BEHAVIOURS	never	1-2	3-5	5+	EVER
erratic / risky behaviours	14	13	30	43	86
increased antisocial behaviour	16	14	34	36	84
risky sexual activity	18	18	38	27	82
increased nps related activity in hostel	25	13	32	30	75
increased rough sleeping	36	30	27	7	64
increase injecting	36	27	29	9	64
increased criminal activity	27	11	38	25	73
increased street activity[1]	39	21	30	9	61
increase needle sharing	45	46	5	4	55
INCREASED AGGRESSION					
aggressive behaviour generally	20	13	36	32	80
in service / project setting	23	11	41	25	77
HEALTH PROBLEMS					
mental health	14	5	36	45	86
physical health	16	13	39	32	84
OTHER ISSUES					
less engagement with services	18	13	41	29	82
episodes of hospitalisation	21	25	43	11	79
calls to police / police interventions	18	16	32	34	82
eviction / prevented from using service	23	23	43	11	77
emergency visits to a&e	27	9	41	23	73
client withdrew / terminated service	29	13	43	16	71
ambulance calls / 999	29	7	38	27	71

[1]e.g. begging, drinking, etc. 'ever' = any reported use (i.e. all categories of response except 'never');

Source: PHA & CHNI, 2017; https://www.publichealth.hscni.net/publications/picture-health

4.3. Looked after children

Of the 2,421 children in care for twelve months or longer at 30 September 2018, 4% (95; 5% boys, 3% girls) were identified as having a substance abuse problem; the same as the corresponding figure for England (4%; Rogers & Waugh, 2019). Substance abuse was more common among older children, with 17% of children looked after aged 16 and over identified as having a problem. Most (94%) children identified as having a substance abuse problem were offered intervention and three fifths (58%) accepted intervention.

4.4. Hidden Harm

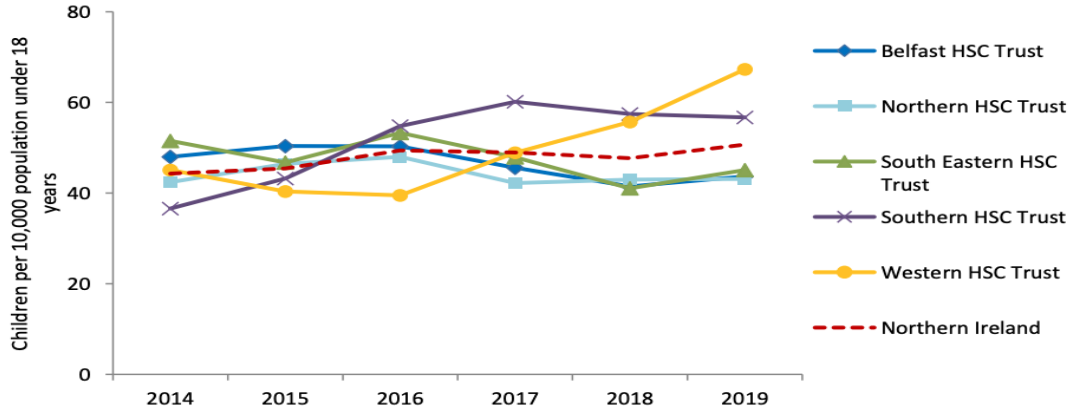
Parental substance misuse is an important factor for children and young people being involved with social services. About 40% of children and young people registered on the Child Protection Register and about 70% of those being looked after have this status due to parental substance misuse (percentages from Hidden Harm Strategy). Table 19 shows extrapolated figures for how many cases by HSCT area may be affected by parental substance misuse. Figure 43 provides trend data on how many children/young people are on the Child Protection Register by HSCT.

Table 19. Estimated number of children on Child Protection Register and Looked After as a direct effect of parental substance misuse

	All	**BHSCT**	**SEHSCT**	**SHSCT**	**NHSCT**	**WHSCT**
Children on Child Protection Register						
N as 31 March 2019	***2,211***	334	366	550	468	493
Estimate: 40% as a direct effect of parental substance misuse	***884***	134	146	220	187	197
Looked after children						
N as 31 March 2019	***3,281***	824	587	560	663	647
Estimate: 70% as a direct effect of parental substance misuse	***2,297***	577	411	392	464	453

Source: IAD (2019; https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-18-19.pdf)

Figure 43. Children on the Child Protection Register by Trust at 31 March (2014-2019)



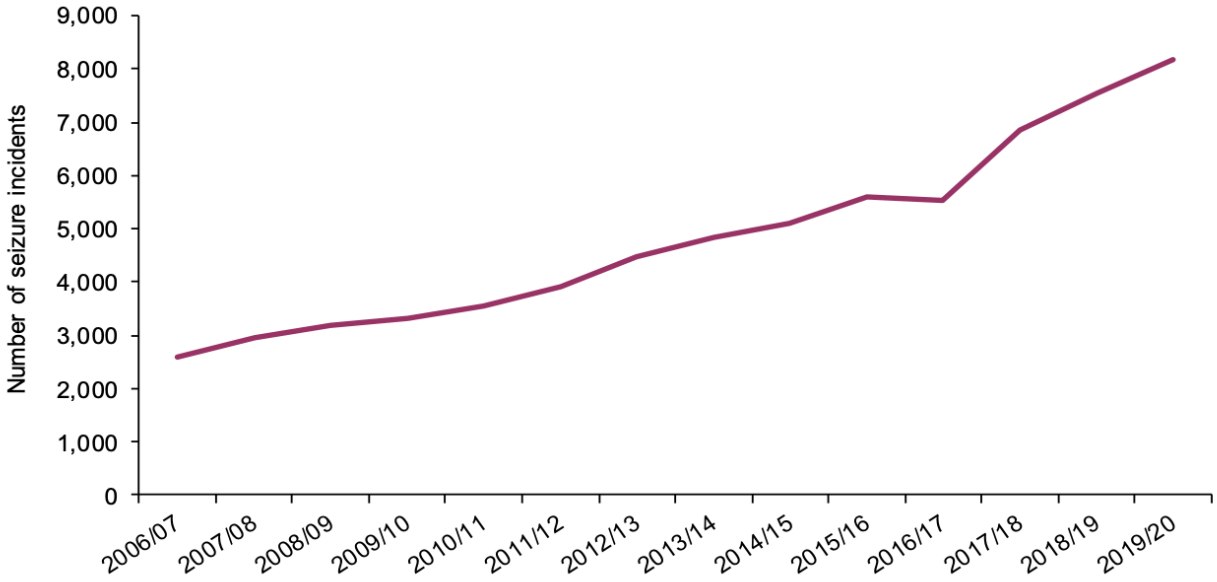
Source: IAD (2019: https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-18-19.pdf)

5. Criminal Justice System

5.1. PSNI recorded drug seizures and arrest statistics

The annual report on police recorded drug seizure statistics for 2019/20 showed an increase in both drug seizure incidents (up by 8.1%; from 7,490 to 8,177) and number of individuals arrested for drug related offences (up by 15.1% from 3,318 to 3,819) compared to the previous year (PSNI, 2020).

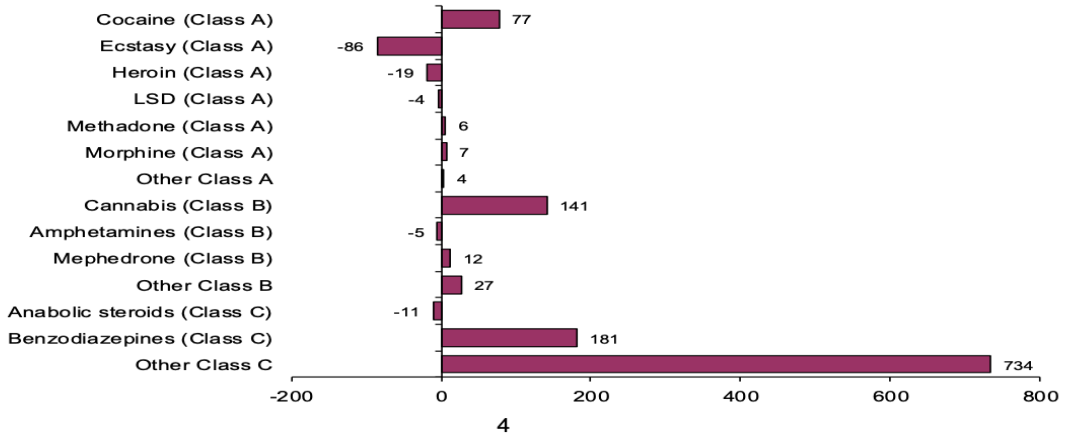
Figure 44. Drug seizure incidents 2006/7 to 2019/20



Source: PSNI 2020 (https://www.psni.police.uk/globalassets/inside-the-psni/our-statistics/drug-seizure-statistics/201920/drug-seizures-bulletin-mar_-20.pdf)
Note: the number of seizure incidents was reduced in March 2020 due to the impact of Covid-19.

In 2019/20, most of the 8,177 drug seizure incidents related to cannabis in all forms (5,636), followed by benzodiazepines (1,197) and cocaine (1,108). The pattern of seizures by drug type was similar across the last 2 financial years.

Figure 45. Number of drug seizure incidents by drug type for 2019/20 compared with 2018/19.

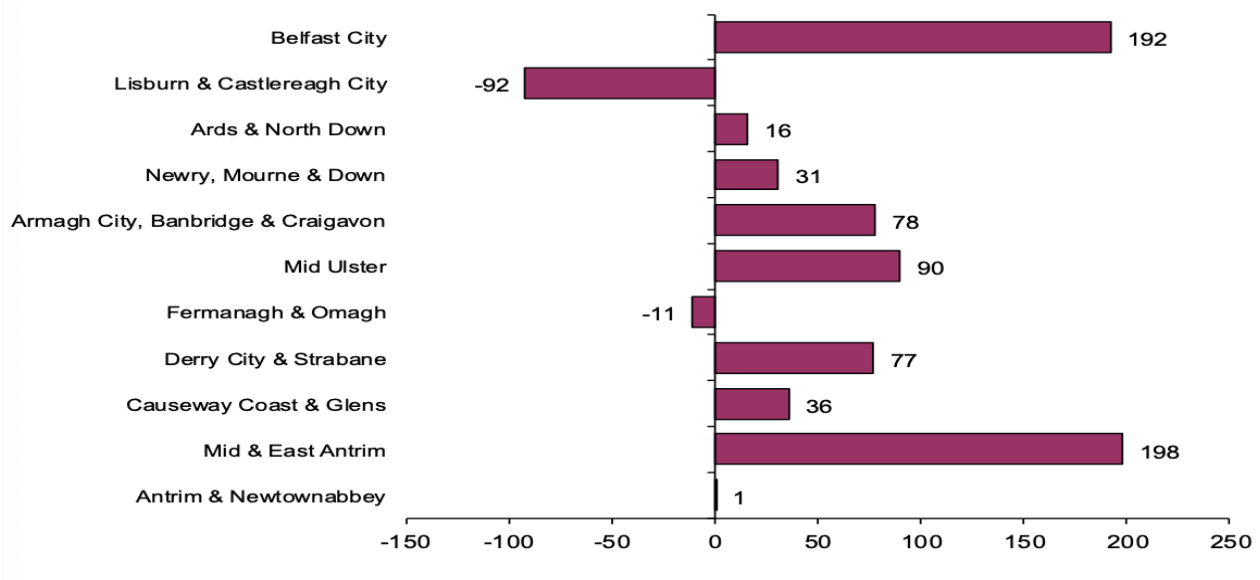


Source: PSNI 2020 https://www.psni.police.uk/globalassets/inside-the-psni/our-statistics/drug-seizure-statistics/201920/drug-seizures-bulletin-mar_-20.pdf

Note: Pregabalin and Gabapentin were reclassified by PSNI as Class C drugs in April 2019 and thus fall under the 'Other Class C' drugs. Other Class ee also includes tramadol, 'Z-class' drugs,< GHB/GBL.

By far the highest number of seizure incidents occurred in Belfast City (2,636); the lowest number was recorded for Fermanagh & Omagh Policing District (322) in 2019/20. Mid & East Antrim had the largest increase in seizures (+198) from 2018/19 to 2019/20. Followed by Belfast City for drug seizures (+192; Table A11a). Within Belfast, South and North Belfast Policing Districts had the highest number of seizures and arrests (Table A11a & b in Appendix).

Figure 46. Number of drug seizure incidents by policing district for 2019/20 compared with 2018/19



Source: PSNI 2020 https://www.psni.police.uk/globalassets/inside-the-psni/our-statistics/drug-seizure-statistics/201920/drug-seizures-bulletin-mar_-20.pdf

5.2. Probation Board NI caseload profile relating to alcohol and drugs

On 31 March 2019, PBNI had a caseload of 4,216 people of which 89% were male. Individuals get rated in terms of an alcohol and drug Offending Related Score (ORS) and a Problem Score (PS; PBNI, 2019). Information on those scoring positively (ie alcohol or drugs being slightly, fairly, or very relevant to offending) during their latest Assessment, Case Management and Evaluation (ACE) exercise was available for clients starting in 2017/18 (PBNI, 2018) and is summarised in the table below. Around 6 in 10 people supervised by PBNI had an ORS and PS for alcohol and about half had these for drugs (Table 20).

- Drug related ORS and PS were less common among females and those aged 40 and older.
- ORS and PS for alcohol and drugs declined from age group 30-39 onwards.
- While there was no difference in alcohol ORS and PS by sentence type, drug ORS and PS were lower among community sentences as compared with custodial ones.
- There were differences by PBNI team clients started off with. Both alcohol and drugs were less of an issue in the specialist team, Prison team had the highest ORS and PS proportion for drugs, while the rural team had higher ORS scores for alcohol.

The 2015 survey of 666 PBNI service users indicated that 69% of survey respondents had their alcohol use discussed in supervision sessions and 61% had discussed their drug use (PBNI, 2016).

Table 20. ACE: Prevalence of Offending Related Score (ORS) and Problem Score (PS) for alcohol and drugs: 2017/18 new starts (PBNI, 2018)

		Alcohol		Drugs	
		ORS	**PS**	**ORS**	**PS**
All (n=2,443, 90% of intake)		57%	59%	49%	53%
Severity	Small	11%	18%	9%	14%
	Moderate	23%	23%	17%	21%
	Large	23%	18%	23%	18%
Gender	Male	59%	61%	52%	55%
	Female	44%	44%	33%	41%
Age group	Under 20	60%	62%	57%	61%
	20-24	62%	63%	63%	68%
	25-29	61%	62%	58%	61%
	30-39	55%	57%	52%	54%
	40+	51%	53%	23%	27%
Sentence	Community	57%	58%	45%	50%
	Custodial	57%	62%	67%	66%
Team	Belfast	54%	58%	50%	55%
	Rural	61%	59%	41%	45%
	Specialist	53%	54%	27%	33%
	Prisons	57%	62%	67%	67%

Source: PBNI (2018) https://www.pbni.org.uk/wp-content/uploads/2019/10/ACE-Profile-of-New-Starts-2017-18.pdf

Data Sources

Substance use prevalence

- Adult Drinking Pattern Survey https://www.health-ni.gov.uk/articles/adult-drinking-patterns-survey
- NI Health Survey https://www.health-ni.gov.uk/topics/doh-statistics-and-research/health-survey-northern-ireland
- Drug Prevalence Survey https://www.health-ni.gov.uk/articles/drug-prevalence-survey
- YPBAS https://www.health-ni.gov.uk/sites/default/files/publications/health/infographic-19-ypbas.pdf
  https://www.health-ni.gov.uk/articles/young-persons-behaviour-attitudes-survey
  https://www.nisra.gov.uk/publications/young-persons-behaviour-and-attitude-survey-2019

Treatment service data

- Census of drug and alcohol treatment services https://www.health-ni.gov.uk/publications/census-drug-and-alcohol-treatment-services-northern-ireland-30th-april-2019 ; https://www.health-ni.gov.uk/publications/census-drug-and-alcohol-treatment-services-northern-ireland-2005-2014
- Drug Misuse Database https://www.health-ni.gov.uk/publications/statistics-northern-ireland-drug-misuse-database-200102-201516
- Substance Misuse Database https://www.health-ni.gov.uk/publications/statistics-northern-ireland-substance-misuse-database-201617
- Needle and syringe exchange https://www.publichealth.hscni.net/publications/annual-report-needle-syringe-exchange-scheme
- Substitute prescribing https://www.publichealth.hscni.net/search/node?keys=northern%20ireland%20substitute%20prescribing%20database
- Naloxone https://www.publichealth.hscni.net/publications/take-home-naloxone-reports

Alcohol and drug related mortality

- Alcohol related mortality https://www.nisra.gov.uk/statistics/cause-death/alcohol-deaths
- Drug related mortality https://www.nisra.gov.uk/statistics/cause-death/drug-related-deaths
- Health inequalities: Carson & Laverty (2020). Health inequalities. Annual report 2020. PHIRB, DoH. https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2020.pdf

High risk populations

LGBT

- Rooney (2012). All partied out? http://www.publichealth.hscni.net/sites/default/files/TRP-AllPartiedOut-FinalReport-Mar12.pdf

Homeless population

- PHA &CHNI (2017). A picture of health. https://www.publichealth.hscni.net/publications/picture-health

LAC and Hidden Harm:

- Rogers & Waugh, 2019 https://www.health-ni.gov.uk/sites/default/files/publications/health/child-care-ni-17-18.pdf

- https://www.health-ni.gov.uk/publications/childrens-social-care-statistics-northern-ireland-201819

Criminal Justice

Drug seizure stats for all reports see: https://www.psni.police.uk/inside-psni/Statistics/drug-seizure-statistics/

- PSNI (2019). Police recorded drug seizures and arrests in NI: Update to 31 March 2019. https://www.psni.police.uk/globalassets/inside-the-psni/our-statistics/drug-seizure-statistics/documents/police-recorded-drug-seizures-and-arrests-in-northern-ireland-2006-07-to-2018-19.pdf

Probation

- PBNI (2016). Service User Survey 2015 – Headline Results. PBNI Statistical Brief. https://www.pbni.org.uk/wp-content/uploads/2015/02/Service-User-Survey-2015-Report-110516.pdf
- PBNI (2017). PBNI ACE risk and needs profile. Clients starting an Order in 2016/17. PBNI Statistical Brief. https://www.pbni.org.uk/wp-content/uploads/2018/06/ACE-Profile-of-New-Starts-2016-17-05.06.18.pdf
- PBNI (2019). Probation Board for Northern Ireland Caseload Statistics Report. Financial Year 2018/19. PBNI Statistics and Research Branch. https://www.pbni.org.uk/wp-content/uploads/2019/05/Caseload-Statistics-Report-2018.19.pdf
- PBNI (2020). Probation Board for Northern Ireland Caseload Statistics report. Financial year 2019/20. https://www.pbni.org.uk/wp-content/uploads/2020/05/PBNI-Caseload-Statistics-Report-FY-2019.20.pdf

All population estimates calculated using mid-year population estimates for 2019 (NISRA): https://www.nisra.gov.uk/publications/2019-mid-year-population-estimates-northern-ireland

Appendix

Table A1. Alcohol use and misuse: prevalence from the Adult Drinking Pattern Survey 2013 (adults aged 18-75): %

	Drink alcohol	Within weekly sensible limits	Above sensible but below dangerous limits	Above weekly dangerous limits	At least one binge per week	CAGE caseness
All	*73*	*77*	*19*	*4*	*31*	*11*
Males	76	74	20	5	35	13
Females	70	81	16	3	27	10
18-29	82	70	24	5	50	17
30-44	80	77	20	3	36	11
45-59	73	79	16	5	28	9
60-75	58	83	14	3	11	9
BHSCT	73	74	20	6	37	16
NHSCT	73	77	20	3	30	11
SEHSCT	74	74	22	5	31	11
SHSCT	71	88	9	3	23	8
WHSCT	73	75	20	5	38	11

Note: weekly alcohol use status and CAGE caseness is % of those who drink alcohol

Table A2. Trend in any illegal drug use in NI (%) – Drug Prevalence Survey 2002-2015

		2002/03	2006/07	2010/11	2014/15
All 15-64	**Life time**	20.0	28.0	27.3	27.7
	Last year	6.4	9.4	6.6*	5.9
	Last month	3.4	3.6	3.3	2.9
Males	**Life time**	26.7	33.9	32.3	35.1**
	Last year	9.7	13.7	9.2*	8.9
	Last month	5.7	4.9	5.1	4.2
Females	**Life time**	13.5	22.1	22.4	20.4**
	Last year	3.1	5.2	3.9	3.1
	Last month	1.1	2.4	1.6	1.6
15-34	**Life time**	30.9	40.2	36.9	34.0
	Last year	11.6	17.3	11.8*	10.8
	Last month	6.1	5.9	5.7	5.2
35-64	**Life time**	11.5	19.3	20.4	23.2**
	Last year	2.2	3.7	2.7	2.6
	Last month	1.2	2.0	1.7	1.2

Source: NACD & PHIRB (2016)
*Note: "any illegal drug" refers to amphetamines, cannabis, cocaine powder, crack, ecstasy, LSD, magic mushrooms, poppers and solvents; * significant change (p<0.5) compared to 2006/07*
*** Significant change (p<0.05) in prevalence of a drug in 2014/15 when compared to prevalence reported in the 2002/03 survey.*

Table A3. Trend in use of selective medication: Drug Prevalence Survey data by gender and age band 2002/3-2014/15

		Other opiates				Sedatives/tranquillisers				Antidepressants			
		2002/03	**2006/07**	**2010/11**	**2014/15**	**2002/03**	**2006/07**	**2010/11**	**2014/15**	**2002/03**	**2006/07**	**2010/11**	**2014/15**
All 15-64	Life time	18.0	20.2	15.6	22.2[ab]	-	20.2	20.7	20.9	-	21.0	21.9	23.7
	Last year	8.0	8.4	6.4	10.0[ab]	-	9.2	11.0	10.3	-	9.1	12.0	14.0[a]
	Last month	4.1	4.9	3.6	5.1[a]	-	7.1	8.0	7.2	-	7.5	10.2	12.2[a]
Males	Life time	16.4	17.4	13.9	19.2[a]	-	18.1	17.2	18.9	-	13.4	15.3	17.1
	Last year	6.9	8.0	5.8	8.5[a]	-	8.2	9.3	9.6	-	5.8	8.9	10.6
	Last month	3.1	5.1	3.3	4.1	-	5.7	7.3	6.8	-	4.2	7.6	9.8
Females	Life time	19.5	23.0	17.4	25.1[ab]	-	22.3	24.1	22.8	-	28.4	28.4	30.3
	Last year	9.0	8.7	7.0	11.4[ab]	-	10.2	12.7	10.9	-	12.4	15.2	17.2
	Last month	5.2	4.7	3.8	6.1[a]	-	8.4	8.7	7.4	-	10.7	12.8	14.5
15-34	Life time	17.9	14.4	13.0	18.2[a]	-	11.7	13.6	13.6	-	13.6	13.6	16.7
	Last year	7.5	7.1	5.6	9.4[a]	-	4.6	6.4	6.3	-	5.8	7.1	9.4
	Last month	3.3	3.6	2.9	3.2	-	2.3	3.6	3.2	-	4.2	5.0	7.3
35-64	Life time	18.0	24.7	17.6	25.0[ab]	-	26.5	25.8	26.0	-	26.6	28.0	28.6
	Last year	8.3	9.3	6.9	10.4[ab]	-	12.6	14.3	13.1	-	11.7	15.7	17.1
	Last month	4.8	5.8	4.0	6.4[ab]	-	10.7	11.2	9.9	-	10.9	14.0	15.6

Source: NACD & PHIRB (2016); Note: changes in the definition of other opiates were made from 2006/07 to 2010/11; [a] *Significant change (p<0.05) in prevalence of a drug in 2014/15 when compared to prevalence reported in the 2010/11 survey.* [b] *Significant change (p<0.05) in prevalence of a drug in 2014/15 when compared to prevalence reported in the 2002/03 survey.*

Table A4. Trend in lifetime alcohol use, drunkenness and drug use 2000-2019 (YPBAS, ages 11-16)

	Ever drunk alcohol			Ever been drunk[1]			Ever used any drugs		
	All	**Males**	**Females**	***All***	**Males**	**Females**	***All***	**Males**	**Females**
2000	*57*	60	54	*61*	61	62			
2003	*60*	61	59	*56*	56	57	*23*	26	20
2007	*55*	56	55	*55*	51	58	*19*	19	19
2010	*46*	48	44	*52*[2]	53	51	*15*	17	12
2013	*38*	44	32	*38*	40	37	*8*[3]		
2016	*33*	35	30	*45*	43	48	*5*		
2019	*29*	32	26	*43*	43	43	*5*	6	3

Note: 1997 HBSC survey "Have you ever tasted an alcoholic drink?"; 2000-2003 YPBAS "Have you ever taken an alcoholic drink (not just a taste or sip)?"; Ever used any drugs: includes drugs or solvents;
[1] of those who had ever drank alcohol
[2] secondary analysis resulted in 23% ever drunk for whole sample (25% boys, 22% girls)
[3] Drugs only
http://www.csu.nisra.gov.uk/survey.asp96.htm; https://www.health-ni.gov.uk/sites/default/files/publications/health/summary-19-ypbas.pdf

Table A5. Number of individuals in treatment on Census days in 2005-2019

	1st Mar 2005		**1st Mar 2007**		**1st Mar 2010**		**1st Mar 2012**		**1st Sepr 2014**		**1st Mar 2017**		**30th Apr 2019**		***Change '17-'19***
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	n	%	%
Total	*5,064*		*5,583*		*5,846*		*5,916*		*8,553*		*5,969*		6,743		+13
Treatment type															
Drugs	1,030	20	1,118	20	1,294	22	1,514	26	*2,617*	*31*	*2,036*	*34*	2,201	33	+8
Alcohol	3,074	61	3,476	62	3,328	57	3,111	53	*3,891*	*45*	*2,577*	*43*	2,560	38	-1
D+A	960	19	989	18	1,224	21	1,291	22	*2,045*	*24*	*1,356*	*23*	1,982	30	+46
Gender															
M	3,292	65	3,686	66	4,244	73	4,066	69	*5,377*	*63*	*4,095*	*69*	4,470	66	+9
F	1,772	35	1,897	34	1,602	27	1,850	31	*3,176*	*37*	*1,874*	*31*	2,273	34	+21
Age band															
<18	271	5	847	15	644	11	398	7	*862*	*90*	*713*	*12*	620	9	-13
18+	4,793	95	4,736	85	5,202	89	5,518	93	*7,691*	*10*	*5,256*	*88*	6,123	91	+16

Source: Reports on Census of drug and alcohol treatment services
https://www.health-ni.gov.uk/publications/census-drug-and-alcohol-treatment-services-northern-ireland-2017
https://www.health-ni.gov.uk/publications/census-drug-and-alcohol-treatment-services-northern-ireland-2005-2014

Table A6. Individuals in treatment for alcohol and/or drug problems by area: 2010-2019

		BHSCT	SEHSCT	NHSCT	SHSCT	WHSCT
2012	Drugs only	467	170	430	172	201
	Alc only	558	332	579	887	567
	Alc + drugs	502	173	85	181	247
	Total	***1536***	***675***	***1094***	***1240***	***1015***
2014	Drugs only	982	571	441	246	257
	Alc only	680	547	366	1,460	671
	Alc + drugs	763	464	81	231	351
	Total	***2425***	***1582***	***888***	***1937***	***1279***
2017	Drugs only	649	329	495	259	295
	Alc only	464	350	443	559	616
	Alc + drugs	385	162	85	240	297
	Total	***1498***	***841***	***1023***	***1058***	***1208***
2019	Drugs only	657	227	631	211	386
	Alc only	361	314	510	639	578
	Alc + drugs	957	131	205	185	537
	Total	***1,975***	***672***	***1,346***	***1,035***	***1,501***
Change 2017-19		*477*	*-169*	*323*	*-23*	*293*

Source: Census of alcohol and drug treatment services

Table A7. Admissions to HSC hospitals with an alcohol related diagnosis: 2000/01-2017/18

	Whole population				Under 18 years			
	Primary diagnos.		Any diagnosis		Primary diagnosis		Any diagnosis	
	Male	Female	Male	Female	Male	Female	Male	Female
2000/01	1,844	675	6,208	2,424				
2001/02	1,990	741	6,689	2,713	75	68	177	122
2002/03	2,015	733	6,612	2,749	76	60	166	157
2003/04	1,933	745	6,738	2,655	55	70	164	132
2004/05	2,199	821	7,207	2,973	61	63	190	148
2005/06	2,234	770	7,031	2,921	53	46	149	110
2006/07	2,013	777	7,009	2,817	52	43	171	111
2007/08	2,508	836	8,207	3,174	57	50	164	142
2008/09	2,448	868	8,270	3,257	48	65	164	173
2009/10	2,523	952	8,235	3,308	47	73	175	168
2010/11	2,367	855	8,585	3,431	45	39	167	124
2011/12	2,478	902	8,560	3,531	32	49	128	124
2012/13	2,464	1,000	8,794	3,706	34	35	106	105
Introduction of new K852 code for acute pancreatitis due to the use of alcohol								
2013/14	2517	991	8,967	3,751	98	84	115	108
2014/15	2644	1097	9,381	4,209	100	94	119	113
2015/16	2770	1158	9,205	4,011	98	83	106	96
2016/17	2754	1133	8,802	3,942	92	86	104	93
2017/18	2673	1070	8,689	3,692	76	83	89	101
2018/19	2,810	1,137	8,868	3,757	23	43	87	70
2019/20	3,092	1,100	8,623	3,463	21	33	77	89

Source: Hospital Information Branch, DoH

Table A8: Number of drug related deaths and deaths due to drug misuse[1] by sex and registration year, 2008-2018

Cause of Death	Sex	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total (2008-2018)
Drug related deaths	Male	60	48	66	65	76	71	71	99	86	101	133	**876**
	Female	29	36	26	37	34	44	39	45	41	35	56	**422**
	Person	**89**	**84**	**92**	**102**	**110**	**115**	**110**	**144**	**127**	**136**	**189**	**1,298**
Of which													
Deaths due to drug misuse	Male	41	35	50	40	57	54	58	80	79	86	121	**701**
	Female	12	22	13	19	18	25	30	34	33	24	40	**270**
	Person	**53**	**57**	**63**	**59**	**75**	**79**	**88**	**114**	**112**	**110**	**161**	**971**
Deaths due to drug misuse as a percentage of drug related deaths	Male	*68%*	*73%*	*76%*	*62%*	*75%*	*76%*	*82%*	*81%*	*92%*	*85%*	*91*	*80%*
	Female	*41%*	*61%*	*50%*	*51%*	*53%*	*57%*	*77%*	*76%*	*80%*	*69%*	*71*	*64%*
	Person	*60%*	*68%*	*68%*	*58%*	*68%*	*69%*	*80%*	*79%*	*88%*	*81%*	*85*	*75%*

[1] As defined by the current UK indicator of drug misuse (see Notes)

Table A9: Number of drug related deaths where selected substances were mentioned1 on the death certificate by registration year, 2008-2018

Substance	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total (2008-18)
Drug related-deaths	***89***	***84***	***92***	***102***	***110***	***115***	***110***	***144***	***127***	***136***	***189***	***1,298***
All Opioids	35	37	52	54	67	71	63	88	90	86	115	**758**
Heroin/Morphine*	6	9	16	17	24	25	11	27	25	24	40	**224**
Methadone*	1	1	3	4	5	5	8	6	8	6	15	**62**
Tramadol	11	8	13	17	31	20	22	28	33	31	27	**241**
Codeine not from compound formulation*	14	8	17	15	22	22	19	13	17	16	13	**176**
Dihydrocodeine not from compound formulation*	11	17	10	9	8	5	8	13	18	8	11	**118**
Oxycodone	1	4	9	6	2	9	8	12	10	15	13	**89**
Fentanyl	-	1	6	3	7	4	1	15	13	13	10	**73**
Cocaine*	6	4	3	5	4	1	8	8	3	13	28	**83**
All amphetamines*	4	4	2	4	4	1	11	7	8	6	15	**66**
MDMA/Ecstasy*	3	3	1	2	4	1	7	4	7	5	11	**48**
Any psychoactive substance**	-	4	2	2	2	4	19	16	7	12	10	**78**
Cathinones (includes Mephedrone)	-	-	1	2	2	3	8	7	1	4	3	**31**
All benzodiazepines*	35	28	40	36	47	47	45	63	67	61	97	**566**
Temazepam*	6	1	3	1	4	-	1	4	2	6	9	**37**
Diazepam*	28	22	35	34	42	40	42	58	61	54	76	**492**
Pregabalin	-	-	-	-	-	1	5	7	9	33	54	**109**
Gabapentin	-	-	-	-	-	1	-	-	-	7	5	**13**
All antidepressants	27	27	22	20	28	27	30	38	39	25	42	**325**
Mirtazapine	5	2	6	4	6	5	11	11	13	11	12	**86**
Tricyclic antidepressants (TCA)	15	18	10	10	11	11	13	19	17	9	10	**143**
Dothiepin	6	5	2	3	6	3	-	3	1	-	-	**29**
Amitriptyline	8	9	8	4	4	9	12	17	15	8	8	**102**
Selective serotonin re-uptake inhibitors (SSRI)	6	5	7	6	10	7	6	7	8	7	17	**86**
Paracetamol (includes dextropropoxyphene or propoxyphene mentioned without paracetamol)	4	4	4	5	4	8	3	2	1	2	10	**47**

[1] Where a drug is mentioned as being present, this does not indicate primary responsibility for death.

* A drug related death that mentions this drug or any drug in this class will always be a death due to drug misuse as these drugs are controlled under the Misuse of Drugs Act 1971. Mephedrone was controlled in 2010 and Tramadol in 2013. Deaths to these two drugs have not been included in the drug misuse tables until after they were controlled.

** For a list of the drugs included within this new psychoactive substance (legal-highs) grouping, please refer to the Notes section of this workbook.

Note: The total for all amphetamines, all benzodiazepines and all antidepressants is the total number of death certificates these drugs in any form have been mentioned on. For example, it is possible for temazepam and diazepam to be mentioned on the same death certificate, this would count as one death that mentions temazepam, one that mentions diazepam but would only count once in the all benzodiazepines category.

More than one drug may be reported per death. These are mentions of each drug, and should not be added to give total deaths.

These notes also apply to Table A10 below.

Table A10. Percentage of drug-related deaths where selected substances were mentioned on the death certificate by registration year, 2008-2018.

Substance	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total (2008-2018)
Drug related-deaths	***89***	***84***	***92***	***102***	***110***	***115***	***110***	***144***	***127***	***136***	***189***	***1,298***
All Opioids	39.3	44.0	56.5	52.9	60.9	61.7	57.3	61.1	70.9	63.2	60.8	**58.3**
Heroin/Morphine*	6.7	10.7	17.4	16.7	21.8	21.7	10.0	18.8	19.7	17.6	21.2	**17.2**
Methadone*	1.1	1.2	3.3	3.9	4.5	4.3	7.3	4.2	6.3	4.4	7.9	**4.8**
Tramadol	12.4	9.5	14.1	16.7	28.2	17.4	20.0	19.4	26.0	22.8	14.3	**18.5**
Codeine not from compound formulation*	15.7	9.5	18.5	14.7	20.0	19.1	17.3	9.0	13.4	11.8	6.9	**13.5**
Dihydrocodeine not from compound formulation*	12.4	20.2	10.9	8.8	7.3	4.3	7.3	9.0	14.2	5.9	5.8	**9.1**
Oxycodone	1.1	4.8	9.8	5.9	1.8	7.8	7.3	8.3	7.9	11.0	6.9	**6.9**
Fentanyl	-	1.2	6.5	2.9	6.4	3.5	0.9	10.4	10.2	9.6	5.3	**5.6**
Cocaine*	6.7	4.8	3.3	4.9	3.6	0.9	7.3	5.6	2.4	9.6	14.8	**6.3**
All amphetamines*	4.5	4.8	2.2	3.9	3.6	0.9	10.0	4.9	6.3	4.4	7.9	**5.1**
MDMA/Ecstasy*	3.4	3.6	1.1	2.0	3.6	0.9	6.4	2.8	5.5	3.7	5.8	**3.7**
Any psychoactive substance**	-	4.8	2.2	2.0	1.8	3.5	17.3	11.1	5.5	8.8	5.3	**6.0**
Cathinones (includes Mephedrone)	-	-	1.1	2.0	1.8	2.6	7.3	4.9	0.8	2.9	1.6	**2.4**
All benzodiazepines*	39.3	33.3	43.5	35.3	42.7	40.9	40.9	43.8	52.8	44.9	51.3	**43.5**
Temazepam*	6.7	1.2	3.3	1.0	3.6	-	0.9	2.8	1.6	4.4	4.8	**2.9**
Diazepam*	31.5	26.2	38.0	33.3	38.2	34.8	38.2	40.3	48.0	39.7	40.2	**37.8**
Pregabalin	-	-	-	-	-	0.9	4.5	4.9	7.1	24.3	28.6	**8.3**
Gabapentin	-	-	-	-	-	0.9	-	-	-	5.1	2.6	**1.0**
All antidepressants	30.3	32.1	23.9	19.6	25.5	23.5	27.3	26.4	30.7	18.4	22.2	**24.9**
Mirtazapine	5.6	2.4	6.5	3.9	5.5	4.3	10.0	7.6	10.2	8.1	6.3	**6.6**
Tricyclic antidepressants (TCA)	16.9	21.4	10.9	9.8	10.0	9.6	11.8	13.2	13.4	6.6	5.3	**10.9**
Dothiepin	6.7	6.0	2.2	2.9	5.5	2.6	-	2.1	0.8	-	-	**2.2**
Amitriptyline	9.0	10.7	8.7	3.9	3.6	7.8	10.9	11.8	11.8	5.9	4.2	**7.8**
Selective serotonin re-uptake inhibitors (SSRI)	6.7	6.0	7.6	5.9	9.1	6.1	5.5	4.9	6.3	5.1	9.0	**6.5**
Paracetamol (includes dextropropoxyphene or propoxyphene mentioned without paracetamol)	4.5	4.8	4.3	4.9	3.6	7.0	2.7	1.4	0.8	1.5	5.3	**3.6**

Table A11. Number of drug seizures and arrests by policing district for 2018/19 and 2019/20

a) Drug seizures

Policing district[1]	Drug seizure incidents		
	Apr'18-Mar'19	Apr'19-Mar'20[2]	change
Belfast City	2,444	2,636	192
East	*387*	*410*	*23*
North	*696*	*688*	*-8*
South	*963*	*1,114*	*151*
West	*398*	*424*	*26*
Lisburn & Castlereagh City	694	602	-92
Ards & North Down	391	407	16
Newry, Mourne & Down	586	617	31
Armagh City, Banbridge & Craigavon	721	799	78
Mid Ulster	403	493	90
Fermanagh & Omagh	333	322	-11
Derry City & Strabane	593	670	77
Causeway Coast & Glens	454	490	36
Mid & East Antrim	466	664	198
Antrim & Newtownabbey	476	477	1
Northern Ireland	**7,561**	**8,177**	**616**

b) Drug arrests

Policing district[1]	Drug-related arrests		
	Apr'18-Mar'19	Apr'19-Mar'20[2]	change
Belfast City	1,320	1,559	239
East[3]	*188*	*183*	*-5*
North[3]	*359*	*373*	*14*
South[3]	*564*	*789*	*225*
West[3]	*209*	*214*	*5*
Lisburn & Castlereagh City	248	261	13
Ards & North Down	153	143	-10
Newry, Mourne & Down	187	174	-13
Armagh City, Banbridge & Craigavon	260	276	16
Mid Ulster	143	191	48
Fermanagh & Omagh	140	147	7
Derry City & Strabane	332	425	93
Causeway Coast & Glens	204	233	29
Mid & East Antrim	167	205	38
Antrim & Newtownabbey	164	205	41
Northern Ireland	**3,318**	**3,819**	**501**

Source: PSNI (2020 https://www.psni.police.uk/globalassets/inside-the-psni/our-statistics/drug-seizure-statistics/201920/drug-seizures-bulletin-mar_-20.pdf)