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Bulletin

Prevalence of Drug Use and Gambling in Ireland and Drug use in Northern Ireland

2014/15 Drug Prevalence Survey: Prescription Drugs Results

NACDA
National Advisory Committee on Drugs and Alcohol

Department of Health
An Roinn Sláinte
Männystrie O Poustie
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Ipsos

Contents

Key Findings:

It should be noted that the ordering of the key findings below is according to the order of appearance in the bulletin and is not intended to reflect the order of importance of the findings.

Sedatives or Tranquillisers

Sedatives or Tranquillisers are commonly used terms for the same group of medicines which depress, slow down or calm the brain and central nervous system.

- Prevalence rates for sedatives or tranquillisers are 13.1% for lifetime use, 6.1% for last year, and 3.3% for last month use.
- Prevalence rates are significantly higher among females compared to males for lifetime (15.3% vs 10.8%), last year (7.7% vs 4.4%) and last month (4.1% vs 2.4%). Prevalence rates are also statistically significantly higher for older (i.e. 35-64 y/o) than younger (i.e. 15-34 y/o) adults for lifetime (16.3% vs 8.9%), last year (7.7% vs 4.1%) and for last month (4.6% vs 1.6%). Those over 65 have the highest prevalence rates for lifetime (21.4%), last year (12.7%) and last month (10.9%).
- The median age of first use of sedatives or tranquillisers is 30 years. This is unchanged since the previous survey.
- The majority of people who used sedatives or tranquillisers in the last month report using sedatives or tranquillisers on 20 days or more in the month prior to the survey (58.9%), an increase on the 2010/11 proportion (53.3%). This rate is higher in males than females (68.3% vs. 53.6%) and for older adults (64.1%) than younger adults (39.3%).
- Lifetime (21.8%), last year (12.3%) and last month rates (9.4%) of sedative or tranquilliser use are highest among those classified as Group E (All those dependent on the state long term).
- For prevalence of sedatives or tranquillisers by housing tenure, last year and last month rates are highest for those renting from local authority/housing authority (12.2% and 8.6% respectively).
- The results show that levels of lifetime, last year and last month tranquilliser or sedative use decreases as years of education increases. All prevalence rates are lowest among those who ceased education at 20 years or over. Rates are highest among those who ceased education at 15 years or under.
- All prevalence rates are lowest for those whose highest level of education is upper secondary. The highest prevalence rates are for those who have no formal education or only primary level education.
- According to marital status, lifetime and last year rates are highest for those who are divorced and last month rates are highest for those who are widowed.

Anti-Depressants

These are medicines to treat depression

- Prevalence rates for anti-depressants are 11.6% for lifetime use, 5.9% for last year, and 4.8% for last month. Last year use (5.9% up from 4.8%) represents a statistically significant increase on 2010/11 result.
- Prevalence rates are significantly higher among females compared to males for lifetime (14.5% vs 8.6%), last year (7% vs 4.8%) and last month (5.7% vs 3.9%). Last year use (14.5%, up from 12.4%) by females showed a statistically significant increase on 2010/11 result. Prevalence rates were also statistically higher for older than younger adults for lifetime (14.2% vs 8.3%), last year (7.4% vs 4%) and for last month (6.2% vs 3%).
- The median age of first use of anti-depressants is 30 years. This is unchanged since the previous survey.
- The majority of people who used anti-depressants in the last month report using on 20 days or more in the month prior to the survey (92.7%), a slight increase on the 2010/11 proportion (92.4%). This rate is slightly higher in males than females (93.6% vs. 92%) and for older adults (93.6%) than younger adults (90.2%).

- Lifetime (19.4%), last year (10.4%) and last month rates (9%) of anti-depressant use are highest among those classified as Group E (All those dependent on the state long term).
- For housing tenure, lifetime (24.5%) last year (12.9%) and last month (9.9%) prevalence rates for anti-depressant use are highest for those renting from local authority/housing authority.
- The results show that levels of lifetime, last year and last month anti-depressant use decrease as years of education increases. All prevalence rates are lowest among those who ceased education at 20 years or over. All prevalence rates are highest for those who ceased education at 15 years or under.
- Lifetime and last year prevalence rates are lowest for those whose highest level of education is upper secondary. Last month prevalence is lowest for those whose highest level of education is third level. Lifetime and last month prevalence rates are highest for those who have no formal education or only primary level education. Last year prevalence rates are highest for those who attained lower secondary level education or no formal education/primary education.
- According to marital status, all prevalence rates are highest for those who are separated.

Other Opiates

The term '*other opiates*' relates to opiates other than heroin and methadone and includes a number of drugs, most commonly codeine.

For the complete list of drugs included in the term '*other opiates*' please see the showcard in the appendix that was presented to respondents during the survey.

- Prevalence rates for other opiates are 63.8% for lifetime use, 45.8% for last year, and 21% for last month use.
- Prevalence rates are significantly higher among females compared to males for lifetime (68.2% vs 59.4%), last year (51.1% vs 40.5%) and last month (25.6% vs 16.3%). Over 65s had the lowest prevalence rates for lifetime (49%), last year (29.7%) and last month (13.5%).
- The median age of first use of other opiates is 18 years.
- The majority (58.8%) of people who used other opiates in the last month report using other opiates on 1-3 days in the month prior to the survey. This is slightly higher in females than males (59.7% vs. 57.5%) and for younger adults (61.2%) than older adults (56.8%).
- Lifetime (71.3%) and last year (53%) use of other opiates are highest among those classified as Group B (Middle management, senior civil servants, managers and owners of own business).
- For prevalence by housing tenure, lifetime (63.7%), last year (52.4%) and last month (22.1%) prevalence rates for other opiates are highest for those who live with parents/ other family.
- The results show that levels of lifetime, last year and last month other opiate use increase as years of education increases. All prevalence rates are highest among those who ceased education at 20 years or over. Rates are lowest among those who ceased education at 15 years or under.
- All prevalence rates are lowest for those with no formal education or primary education only. Prevalence rates are highest for those who attained a third level education.
- According to marital status, lifetime and last month rates are highest for those who are separated. Last year rates are highest for those who are single/never married.

Introduction

This bulletin presents findings regarding the use of prescription drugs in Ireland from the fourth drug prevalence survey of households in Ireland and Northern Ireland. Within Ireland the survey sampled a representative number of people aged 15+ from August 2014 to August 2015. The bulletin presents results regarding use of prescription drugs on lifetime (ever used), last year (recent use) and last month (current use) prevalence rates for Ireland. Finally the bulletin examines a range of important issues including age of first use, frequency of use, methods of using prescription drugs, how prescription drugs are obtained and the profile of those who take them. The survey was carried out according to standards set by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

The Drug Prevalence Survey 2014/15 for the Republic of Ireland introduced a number of key changes to the questionnaire and sample population targeted, most notably;

- The sample population was extended from 15-64 years to include all those aged 15+ years.
- A new section focusing on gambling prevalence was included.

These changes, therefore, require some modification of the bulletin layout to ensure that the valuable insights garnered from the trend data of 15-64 year olds is continued, but also to ensure that the 2014/15 data of all those aged 15+ is adequately addressed.

The survey was commissioned by the National Advisory Committee on Drugs and Alcohol (NACDA) in Ireland and the Public Health Information & Research Branch (PHIRB) within the Department of Health, in Northern Ireland. The main focus of the survey was to obtain prevalence rates for key illegal drugs, such as cannabis, ecstasy, cocaine and heroin on a lifetime (ever used), last year (recent use), and last month (current use) basis. Similar prevalence questions were also asked of alcohol, tobacco, and other drugs (e.g. tranquillisers); attitudinal and demographic information was also sought from respondents.

Methodology

The questionnaire and methodology for this general population survey were based on best practice guidelines drawn up by the EMCDDA. The questionnaires were administered through face-to-face interviews with respondents aged 15+ years in Ireland who are normally resident in households. Thus persons outside these age ranges, or who do not normally live in private households, have not been included in the survey (for example prisons, nursing homes etc.).

Fieldwork for the survey was carried out between August 2014 and August 2015 and the final achieved sample comprised of 7,005 respondents in the Republic of Ireland. The response rate for the survey was 61%.

Area-based sampling was applied. A three-stage process was used to construct the sample for this survey. The first stage involved stratifying by former Health Board regions in Ireland and sampling within each Health Board was primarily in proportion to the population. The achieved sample was weighted by gender, age and former Health Board region to maximise its representativeness of the general population. Details of the methodology can be found in the technical report.

Interviews were conducted using computer-assisted personal interviewing (CAPI). These techniques allow interviews to be conducted more efficiently and more accurately than other techniques, such as pen-and-paper completion.

Reliability of the Estimates

The tests of statistical significance are used to establish the degree of confidence with which we can infer that the observed changes in drug prevalence between 2014/15 and 2010/11 are not due to sampling error. For the change in prevalence over time, a significance level of 5% has been specified which means that the likelihood that sampling error accounts for the observed change is less than 5%. More stringent criteria are used for the tests of association; for instance between prevalence and socio-economic group, significance levels of 1% and 0.1% are used.

In statistical testing, a result is deemed statistically significant if it is unlikely to have occurred by chance, and hence provides enough evidence to reject the hypothesis of 'no effect'. As used in statistics, significant does not mean important or meaningful. A small, but important, real-world difference may fail to reach significance in a statistical test. Conversely, a statistically significant finding may have no practical consequence. This is especially important to remember when working with large sample sizes because any difference can be statistically significant if the samples are extremely large. Whether the change is of practical importance is reflected in an evaluation of effect size, which is a substantive issue.

Limitations of the General Population Survey Methodology

A general population drug prevalence survey has some limitations. Some groups with high drug use prevalence are not covered by the general population survey method (for example the homeless, those in prison etc.). Additionally, drug prevalence questions are considered to be sensitive and therefore people may refuse to participate or they may under-report their drug use. Moreover, for some groups the numbers can be too small for reliable prevalence estimations and for these specific groups, general population prevalence estimates can be supplemented by other methods (e.g. capture-recapture for problem drug use and surveys targeting special populations (e.g. prisoners, students, early school leavers)).

What is prevalence?

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

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

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

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

Understanding the Results of this Bulletin

This bulletin contains prevalence rates and other relevant information regarding the use of prescription drugs in Ireland for 2014/15. Results are given for all respondents (all adults aged 15+ years) and for gender and age (15-34, 35-64 and 65+ years) categories.

Those over 65 were included in the Republic of Ireland survey for the first time in 2014/15, therefore the current results report prevalence levels of all those aged 15+ years, while the comparative results are provided for those aged 15-64 years.

Comparisons between 2014/15 and the 2010/11 survey results are presented for prevalence, frequency of use, age of first use.

Statistical significance tests for changes over time have been undertaken and changes that reach the threshold for statistical significance have been reported (for further details see below). The figures for 2006/7 and 2002/3 in Ireland reported in this bulletin may differ slightly from figures report in earlier publications. These differences are due to the application of improved estimation procedures for comparing data over time. The

2010/11 data presented in this bulletin has not been adjusted since its publication.

All prevalence rates presented in the accompanying tables are rounded to one decimal place. As in all sample surveys, the greater the sample size the more statistically reliable are the results. Some of the differences in prevalence rates in the tables will be attributable to natural sample variations. Percentages may not always sum to 100 due to either the effect of rounding or that respondents could give more than one answer.

Glossary

For the complete list of drugs included in the terms sedative or tranquillisers and 'other opiates' please see the showcards that were presented to respondents during the survey, and are located in the appendix.

Sedatives or Tranquillisers

Sedatives or tranquillisers are commonly used terms for the same group of medicines which depress, slow down or calm the brain and central nervous system. They are mainly Benzodiazepines ("Benzos") but other drugs with the same effects e.g. Zolpidem and Zopiclone are included in this group. Medically they are often referred to as hypnotics, which induce sleep, and anxiolytics or anti-anxiety agents.

The same drug can be used as a hypnotic or as an anti-anxiety agent depending on the dosage used and on the time of day that they are used. Hypnotics are used to treat insomnia (lack of adequate restful sleep) that is causing distress. Anxiolytics are often referred to as 'minor tranquillisers'. Benzodiazepines anxiolytics are the most common type used to obtain relief of severe and disabling anxiety.

Anti-depressants

These are medicines used to treat conditions such as low or sad mood, loss of interest or pleasure in daily activities, fatigue and energy loss usually known as depression. Different drug classes are available on prescription to treat depression. These drugs are prescribed under medical supervision.

Other Opiates

The term 'other opiates' relates to opiates other than heroin and methadone and includes a number of drugs, but most commonly codeine. The category includes medicines that are available over-the-counter or on prescription. Although the medicines listed in the category 'other opiates' are legal, they can still be highly addictive and can be misused.

The medicines included are: Codeine, DF 118 30 tablets, Feminax, Kapake, Migraleve, Nurofen Plus, Panadeine tablets, Paracodin, Paramol, Solpadeine, Solpadol, Syndol, Tylex, Unifu Plus with Vitamin C, Veganin Plus, Tramadol, Opiates (excluding heroin & methadone), Temgesic®, Kapake®, Morphine, Opium, DF118 ® (DF's), Diffs, Dikes, Peach, Fentanyl (Durogesic ® & Sublimaze ® & Actiq ®), Oxycodone (Oxycontin ® & Oxynorm ®), MST ® (MST's), Buprenorphine (Subutex ®), Diconal ®, Pethidine, Napps.

SOC2000 Classification

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

A	Professionals, senior management and top civil servants
B	Middle management, senior civil servants, managers and owners of business
C1	Junior management and owners of small businesses
C2	Skilled manual workers and manual workers responsible for other workers
D	Semi-skilled and unskilled manual workers, trainees and apprentices
E	All those dependent on the State long-term
F1	Farmer 50+ acres
F2	Farmer < 50 acres

Results

Prevalence Rates and Comparisons between 2010/11 and 2014/15

Table 1.1.1: Sedatives or Tranquillisers Prevalence Rates (Adults 15-64) by Gender (%)

	All adults (15-64)			Male (15-64)			Female (15-64)		
	06/07	10/11	14/15	06/07	10/11	14/15	06/07	10/11	14/15
Total Weighted N (valid responses)	4967	5127	5937	2513	2553	2957	2454	2574	2980
Lifetime prevalence (Ever used)	10.6	13.9	13.1	8.1	12.4	10.8	13.2	15.5	15.3[a]
Last year prevalence	4.7	6.5	6.1	3.7	5.7	4.4	5.7	7.3	7.7[a]
Last month prevalence	3.0	2.8	3.3	2.4	2.3	2.4	3.6	3.3	4.1[a]

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

* Statistically significant changes ($p<0.05$) between 10/11 and 14/15

a Statistically significant differences ($p<0.001$) between males and females were found for 2014/15

Table 1.1.2: Sedatives or Tranquillisers Prevalence Rates (Adults 15+) by Age (%)

	Young Adults 15-34			Older Adults 35-64			65+
	06/07	10/11	14/15	06/07	10/11	14/15	14/15
Total Weighted N (valid responses)	2315	2254	2592	2652	2873	3345	1039
Lifetime prevalence (Ever used)	5.9	10.1	8.9	14.7	16.9	16.3[b]	21.4
Last year prevalence	2.6	4.8	4.1	6.5	7.8	7.7[b]	12.7
Last month prevalence	1.3	1.0	1.6	4.5	4.1	4.6[b]	10.9

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

* Statistically significant changes ($p<0.05$) between 2010/11 and 2014/15

b Statistically significant differences ($p<0.0001$) between younger and older groups for 2014/15

The lifetime prevalence of sedatives or tranquillisers for adults aged 15-64 in 2014/15 is 13.1%, 6.1% in the last year, and 3.3% used in the last month. There has been no statistically significant change in the proportion who ever used in their lifetime (0.8 percentage point decrease since 2010/11), used last year (0.4 percentage point decrease since 2010/11) or last month (0.5 percentage point increase).

The prevalence of sedatives or tranquillisers has not changed significantly for males or females since 2010/11. Prevalence is significantly higher in females than males for lifetime use (15.3% vs. 10.8%), last year (7.7% vs. 4.4%) and last month use (4.1% vs. 2.4%).

No significant changes are observed for the prevalence of sedatives or tranquillisers use in younger or older adults since 2010/11. For young adults 8.9% reported ever using in their lifetime, 4.1% used in the last year and 1.6% in the last month prior to the survey. For older adults 16.3% reported ever using in their lifetime, 7.7% used in the last year and 4.6% last month. All prevalence rates are significantly higher for older adults than younger adults.

Over 65s report the highest levels of use with 21.4% reporting lifetime use, 12.7% in the last year and 10.9% in the last month.

Table 1.2.1: Anti-Depressants Prevalence Rates (Adults 15-64) by Gender (%)

	All adults (15-64)			Male (15-64)			Female (15-64)		
	06/07	10/11	14/15	06/07	10/11	14/15	06/07	10/11	14/15
Total Weighted N (valid responses)	4967	5124	5937	2513	2553	2957	2454	2571	2980
Lifetime prevalence (Ever used)	9.3	10.4	11.6	5.9	8.3	8.6	12.6	12.4	14.5*[a]
Last year prevalence	4.4	4.8	5.9*	3.0	4.0	4.8	5.7	5.6	7.0[a]
Last month prevalence	3.2	4.1	4.8	2.3	3.2	3.9	4.0	5.0	5.7[a]

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

* Statistically significant changes ($p<0.05$) between 2010/11 and 2014/15

a Statistically significant differences ($p<0.01$) between males and females were found for 2014/15 data

Table 1.2.2: Anti-Depressants Prevalence Rates (Adults 15+) by Age (%)

	Young Adults 15-34			Older Adults 35-64			65+
	06/07	10/11	14/15	06/07	10/11	14/15	14/15
Total Weighted N (valid responses)	2315	2253	2592	2652	2872	3345	1039
Lifetime prevalence (Ever used)	7.3	6.8	8.3	11.1	13.2	14.2[b]	10.5
Last year prevalence	3.4	3.0	4.0	5.3	6.2	7.4[b]	5.0
Last month prevalence	2.3	2.3	3.0	4.0	5.5	6.2[b]	4.8

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

* Statistically significant changes ($p<0.05$) between 10/11 and 14/15

b statistically significant differences ($p<0.0001$) between younger and older groups for 2014/15

The lifetime prevalence of anti-depressant use for those aged 15-64 in 2014/15 is 11.6%, last year use is 5.9% and 4.8% used last month. There has been a statistically significant change in the proportion of adults who used in the last year (1.1 percentage point increase since 2010/11).

Prevalence of use of anti-depressants is significantly higher for females than males, with 7.0% of females using in the last year compared to 4.8% of males. Lifetime prevalence has increased significantly for females (14.5% up from 12.4% in 2010/11).

No significant changes occurred in prevalence of anti-depressant use in younger or older adults since 2010/11. For young adults 8.3% report lifetime use, 4% used last year and 3% in the last month. For older adults 14.2% reported lifetime use, 7.4% used in the last year and 6.2% used last month. All prevalence rates are significantly higher for older adults than for younger adults.

Of those aged over 65, 10.5% report use of anti-depressants in their lifetime, 5% used in the last year and 4.8% in the last month.

Table 1.3.1: Other Opiates Prevalence Rates (Adults 15-64) by Gender (%)

	All adults (15-64)				Male (15-64)				Female (15-64)			
	02/03	06/07	10/11	14/15	02/03	06/07	10/11	14/15	02/03	06/07	10/11	14/15
Total Weighted N (valid responses)	4918	4967	5127	5937	2470	2513	2553	2957	2448	2454	2574	2980
Lifetime prevalence (Ever used)	3.0	6.2	38.8	63.8	2.0	4.8	35.2	59.4	3.9	7.6	42.4	68.2[a]
Last year prevalence	0.5	2.2	27.9	45.8	0.4	1.5	24.0	40.5	0.5	2.8	31.7	51.1[a]
Last month prevalence	0.2	0.9	14.2	21.0	0.2	0.9	11.1	16.3	0.1	1.0	17.1	25.6[a]

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

a Statistically significant differences ($p<0.0001$) between males and females were found for 2014/15 data

Table 1.3.2: Other Opiates Prevalence Rates (Adults 15+) by Age (%)

	Young Adults 15-34				Older Adults 35-64				65+
	02/03	06/07	10/11	14/15	02/03	06/07	10/11	14/15	14/15
Total Weighted N (valid responses)	2333	2315	2254	2592	2585	2652	2873	3345	1039
Lifetime prevalence (Ever used)	2.9	4.6	37.0	62.6	3.0	7.6	40.2	64.6	49.0
Last year prevalence	0.6	1.7	28.3	48.6	0.4	2.5	27.6	43.6[b]	29.7
Last month prevalence	0.1	0.8	14.2	22.4	0.2	1.1	14.1	19.9	13.5

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

b statistically significant differences ($p<0.01$) between younger and older groups for 2014/15

The results for other opiates are not comparable with previous prevalence surveys due to wording and show card changes. In 2010/11 the survey specifically asked about substances containing codeine. There were further changes to the show card in 2014/15 (see show card 138 in the appendix).

Overall 63.8% report lifetime use of other opiates, 45.8% report use in the last year and 21% in the last month.

Over half of females report using other opiates in the last year (51.1%) and over one quarter used in the month before the survey (25.6%). Male prevalence rates are significantly lower than females with 40.5% reporting use in the last year and 16.3% in the last month.

For young adults 62.6% report lifetime use of other opiates, 48.6% used in the last year and 22.4% in the last month. Among older adults 64.6% report lifetime use, 43.6% used in the last year and 19.9% in the last month. Young adults report significantly higher rates of last year use than older adults.

Last year prevalence of use of other opiates in those aged over 65 is 29.7%, lower than the young adult and older adult groups.

Age of First Use

Table 2.1.1: Age of First Use of Sedatives or Tranquillisers (Lifetime use, Adults 15-64) by Gender (%)

	All adults (15-64)			Male (15-64)			Female (15-64)		
	06/07	10/11	14/15	06/07	10/11	14/15	06/07	10/11	14/15
Total Weighted N (valid responses)	524	690	753	201	301	301	323	388	452
Median age	30	30	30	29	28	29	31	30	33

Table 2.1.2: Age of First Use of Sedatives or Tranquillisers (Lifetime use, Adults 15+) by Age (%)

	Young Adults (15-34)			Older Adults (35-64)			65+
	06/07	10/11	14/15	06/07	10/11	14/15	14/15
Total Weighted N (valid responses)	136	224	225	388	466	528	211
Median age	22	22	21	35	37	35	60

Table 2.2.1: Age of First Use of Anti-Depressants (Lifetime use, Adults 15-64) by Gender (%)

	All adults (15-64)			Male (15-64)			Female (15-64)		
	06/07	10/11	14/15	06/07	10/11	14/15	06/07	10/11	14/15
Total Weighted N (valid responses)	455	530	676	149	211	249	306	319	427
Median age	32	30	30	34	34	32	30	30	30

Table 2.2.2: Age of First Use of Anti-Depressants (Lifetime use, Adults 15+) by Age (%)

	Young Adults (15-34)			Older Adults (35-64)			65+
	06/07	10/11	14/15	06/07	10/11	14/15	14/15
Total Weighted N (valid responses)	164	152	210	290	378	465	104
Median age	21	21	22	35	35	35	55

Table 2.3: Age of First Use of Other Opiates (Lifetime use, Adults 15+) by Gender and Age (%)

	All adults (15-64)	Male (15-64)	Female (15-64)	Young Adults (15-34)	Older Adults (35-64)	65+
Total Weighted N (valid responses)	3420	1573	1883	1462	1958	425
Median age	18	18	17	15	20	41

Age of first use (lifetime use):

The median age for first use of sedatives or tranquillisers by adults aged 15-64 (Tables 2.1.1 & 2.1.2) is 30 years, for males is 29 and 33 years for females. Age of first use for young adults is 21, compared to 35 in older adults and 60 in those aged over 65. The median age went up by one year for males since the 2010/11 survey and three years for females.

The median age for first use of anti-depressants by adults aged 15-64 (Tables 2.2.1 & 2.2.2) is 30 years. Median age at first use is higher in males than females (32 vs. 30) and higher in older adults than younger adults (35 vs. 22). The median age at first use for those aged over 65 is 55 years. No change occurred overall, for females or for older adults since the 2010/11 survey. The median age dropped two years for males since 2010/11 and increased by one year for young adults.

The median age of first use of other opiates by adults aged 15-64 (Table 2.3) is 18. The median age of first use is 18 for males and 17 for females. For younger adults the median age at first use is 15, for older adults is age 20, and for those 65 or over the median age is 41.

Table 3.1.1: Frequency of Use of Sedatives or Tranquillisers per Month (People who used in the last month, Adults 15-64) by Gender (%)

	All adults (15-64)			Male (15-64)			Female (15-64)		
	06/07	10/11	14/15	06/07	10/11	14/15	06/07	10/11	14/15
Total Weighted N (valid responses)	147	142	193	60	58	70	87	85	123
20 days or more	57.1	53.3	58.9	53.3	52.8	68.3	59.8	53.6	53.6
10–19 days	6.2	7.2	9.5	5.0	7.9	10.2	6.9	6.7	9.1
4–9 days	17.0	17.7	11.9	16.7	18.1	6.2	17.2	17.4	15.2
1–3 days	19.7	21.9	19.6	25.0	21.3	15.2	16.1	22.3	22.1

Table 3.1.2: Frequency of Use of Sedatives or Tranquillisers per Month (People who used in the last month, Adults 15+) by Age (%)

	Young Adults (15-34)			Older Adults (35-64)			65+
	06/07	10/11	14/15	06/07	10/11	14/15	14/15
Total Weighted N (valid responses)	29	24	40	118	119	153	113
20 days or more	41.4	22.7	39.3	61.0	59.3	64.1	73.5
10–19 days	3.4	14.1	20.2	6.8	5.8	6.7	8.0
4–9 days	17.2	29.6	16.4	16.9	15.3	10.8	6.3
1–3 days	37.9	33.7	24.1	15.3	19.6	18.4	12.2

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

2 The number of people who used sedatives or tranquillisers in the last month in the 2010/11 and 2014/15 surveys is unlikely to be sufficient to detect differences where they occur in the population as statistically significant.

Tables 3.1.1 and 3.1.2 show the frequency of use in the month prior to the survey for people who used sedatives or tranquillisers in the last month. Overall, 58.9% report using for 20 days or more in the last month, and 9.5% report using for 10-19 days. For males 68.3% used sedatives or tranquillisers on 20 or more days in the previous month, while 53.6% of females used at the same frequency. Using sedatives or tranquillisers for 20 days or more is more common in older adults (64.1%) than younger adults (39.3%), and highest in those aged over 65 (73.5%).

Table 3.2.1: Frequency of Use of Anti-Depressants per Month (People who used in the last month, Adults 15-64) by Gender (%)

	All adults (15-64)			Male (15-64)			Female (15-64)		
	06/07	10/11	14/15	06/07	10/11	14/15	06/07	10/11	14/15
Total Weighted N (valid responses)	152	209	256	56	80	103	94	129	171
20 days or more	91.1	92.4	92.7	87.5	89.5	93.6	94.7	94.3	92.0
10–19 days	4.9	3.0	2.1	7.1	3.8	1.2	3.2	2.5	2.7
4–9 days	1.8	3.3	3.0	1.8	3.5	1.1	1.1	3.2	4.3
1–3 days	2.2	1.2	2.2	3.6	3.1	4.1	1.1	0.0	1.0

Table 3.2.2: Frequency of Use of Anti-Depressants per Month (People who used in the last month, Adults 15+) by Age (%)

	Young Adults (15-34)			Older Adults (35-64)			65+
	06/07	10/11	14/15	06/07	10/11	14/15	14/15
Total Weighted N (valid responses)	51	51	77	101	158	206	50
20 days or more	92.2	92.3	90.2	90.1	92.5	93.6	91.2
10–19 days	5.9	0.0	2.6	5.0	4.0	1.9	4.1
4–9 days	2.0	7.7	4.6	2.0	1.9	2.5	3.9
1–3 days	0.0	0.0	2.6	3.0	1.6	2.1	0.8

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

2 The number of people who used sedatives or tranquillisers in the last month in the 2010/11 and 2014/15 surveys is unlikely to be sufficient to detect differences where they occur in the population as statistically significant.

Tables 3.2.1 and 3.2.2 show the frequency of use in the month prior to the survey for people who used anti-depressants in the last month. Overall, 92.7% of adults report using for 20 days or more in the last month. For males 93.6% used anti-depressants on 20 or more days in the previous month, while 92% of females used at the same frequency. The proportion of young adults who used on 20 days or more in the last month is 90.2%, while 93.6% of older adults and 91.2% of those aged over 65 used at the same frequency.

Table 3.3: Frequency of Use of Other Opiates per Month (People who used in the last month) by Gender and Age (%)

	All adults (15-64)	Male (15-64)	Female (15-64)	Young Adults (15-34)	Older Adults (35-64)	65+
Total Weighted N (valid responses)	1238	476	762	575	663	137
20 days or more	6.2	5.9	6.4	2.9	9.1	28.5
10–19 days	8.1	7.8	8.3	8.3	7.9	11.8
4–9 days	26.9	28.9	25.6	27.6	26.2	24.9
1–3 days	58.8	57.5	59.7	61.2	56.8	34.7

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

Table 3.4 shows the frequency of use in the month prior to the survey for people who used other opiates in the last month. The majority (58.8%) of those in this group aged 15-64 report using other opiates for 1-3 days in the month prior to the survey. For males 57.5% used other opiates for 1-3 days in the previous month, while 59.7% of females used at the same frequency. Using other opiates for 20 days or more is more common in older adults (9.1%) than younger adults (2.9%). Use of other opiates for 20 days or more is highest for those aged 65 or over (28.5%).

Method by which prescription drugs are taken

Table 4.1: Method of taking Sedatives or Tranquillisers (People who used in the last month) (%)

	All Adults (15+)	Male (15+)	Female (15+)	Young Adults (15-34)	Older Adults (35-64)	65+
Total Weighted N (valid responses)	309	104	205	40	153	113
Oral (Tablets or Syrup)	99.3	99.4	99.3	100	98.9	99.6
Injection with a needle	0.3	0.0	0.5	0.0	0.7	0.0
Other	0.3	0.6	0.2	0.0	0.4	0.4

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

People who used sedatives or tranquillisers in the last month were asked about the most common method used to take sedatives or tranquillisers. The majority report taking sedatives or tranquillisers orally (Tablets or Syrup) (99.3%), while 0.3% said they inject and 0.3% indicated they use another method.

Table 4.2: Method of taking Anti-Depressants (People who used in the last month) (%)

	All Adults (15+)	Male (15+)	Female (15+)	Young Adults (15-34)	Older Adults (35-64)	65+
Total Weighted N (valid responses)	335	125	210	79	206	50
Oral (tablets or Syrup	99.7	100	99.5	100	99.5	100.0
Injection with a needle	0.3	0.0	0.5	0.0	0.5	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0

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

People who used anti-depressants in the last month were asked about the most common method used to take anti-depressants. The majority report taking anti-depressants orally (Syrup or tablet) (99.7%), while 0.3% said they inject.

How prescription drugs were obtained on last occasion used

Table 5.1: How Sedatives or Tranquillisers were Obtained on Last Occasion Used (People who used in the last year) (%)

	All Adults (15+)	Male (15+)	Female (15+)	Young Adults (15-34)	Older Adults (35-64)	65+
	309	104	205	40	153	113
I got them on a prescription	94.6	93.6	95.1	89.9	92.7	98.6
I got them from someone I know	3.1	6.4	1.4	10.1	3.6	0.0
I bought them without a prescription in a chemist	2.0	0.0	3.1	0.0	3.1	1.4
I bought them over the internet	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.3	0.0	0.4	0.0	0.6	0.0

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

People who used sedatives or tranquillisers in the last year were asked how they got their sedatives or tranquillisers the last time they used. The majority report getting sedatives or tranquillisers on a prescription (94.6%), followed by getting them from someone they know (3.1%), bought without a prescription in a chemist (2.0%), and 0.3% state they obtained them in other ways. Males are more likely to report getting sedatives or tranquillisers from someone they know (6.4% of males vs. 1.4% of females), and young adults are more likely than older adults to report the same (10.1% of young adults vs. 3.6% of older adults report getting sedatives or tranquillisers from someone they know).

Table 5.2: How Anti-Depressants were Obtained on Last Occasion Used (People who used in the last year) (%)

	All Adults (15+)	Male (15+)	Female (15+)	Young Adults (15-34)	Older Adults (35-64)	65+
	335	125	210	79	206	50
I got them on a prescription	98.5	100	97.5	97.6	98.4	100
I got them from someone I know	1.0	0.0	1.5	2.4	0.6	0.0
I bought them without a prescription in a chemist	0.2	0.0	0.4	0.0	0.4	0.0
I bought them over the internet	0.4	0.0	0.6	0.0	0.6	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0

All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses0

People who used anti-depressants in the last year were asked how they got their anti-depressants the last time they used. The majority report getting anti-depressants on a prescription (98.5%), followed by getting them from someone they know (1%), buying them on the internet (0.4%), and without a prescription in a chemist (0.2%).

Table 5.3: How Other Opiates were Obtained on Last Occasion Used (People who used in the last year) (%)

	All Adults (15+)	Male (15+)	Female (15+)	Young Adults (15-34)	Older Adults (35-64)	65+
	1388	533	856	579	665	140
I got them on a prescription	30.0	29.8	30.0	21.8	30.9	59.3
I got them from someone I know	3.1	3.2	3.1	4.8	2.0	2.0
I bought them without a prescription in a chemist	64.4	65.2	63.9	70.4	64.8	37.6
I bought them over the internet	0.0	0.0	0.0	0.0	0.0	0.0
Other	2.5	1.8	2.9	3.0	2.3	1.1

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

People who used other opiates in the last year were asked how they got other opiates the last time they used. The majority report getting other opiates without a prescription in a chemist (64.4%), followed by getting them on a prescription (30%), getting them from someone they know (3.1%) and other unspecified sources (2.5%). Males and females had broadly similar results. Those aged over 65 were most likely to report getting other opiates on prescription (59.3% vs. 30.9% of older adults, and 21.8% of young adults).

Prescription Drug Prevalence by Socio-economic Group (SOC2000 Classification)

Table 6.1: Sedative or Tranquilliser Prevalence by Socio-Economic Group (SOC2000 Classification) (%)

	Lifetime*	Last year*	Last month*
A: Professional, senior management, top civil servants (n=192)	13.8	5.5	1.6
B: Middle management, senior civil servants, managers and owners of own business (n=1046)	15.6	7.0	3.6
C1: Junior management and owners of small business (n=1913)	14.0	6.4	3.4
C2: Skilled manual workers and manual workers responsible for other workers (n=1304)	11.2	5.3	2.9
D: Semi-Skilled and unskilled manual workers, trainees and apprentices (n=925)	9.5	5.2	3.4
E: All those dependent on the state long term (n=1266)	21.8	12.3	9.4
F1: Farmer 50+ acres (n=254)	9.3	5.0	3.1
F2: Farmer <50 acres (n=104)	11.4	4.8	4.8

* Wald-F statistical significance test (p <0.0001) for a test of equality among groups.
Due to weighting, categories do not always sum to weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Analysis of sedative or tranquilliser prevalence by socio-economic group status shows that lifetime (21.8%), last year (12.3%) and last month rates (9.4%) are highest in Group E (All those dependent on the state long term). Lifetime prevalence is lowest for Group F1 (farmers with more than 50 acres) (9.3%), and last year prevalence is lowest for Group F2 (farmers with less than 50 acres) (4.8%). Last month prevalence (1.6%) is lowest for Group A (professionals, senior management & top civil servants). Group differences are statistically significant for lifetime, last year and last month prevalence.

Table 6.2: Anti-Depressants Prevalence by Socio-Economic Group (SOC2000 Classification) (%)

	Lifetime*	Last year*	Last month*
A: Professional, senior management, top civil servants (n=192)	7.5	2.9	2.9
B: Middle management, senior civil servants, managers and owners of own business (n=1046)	8.3	4.7	3.6
C1: Junior management and owners of small business (n=1913)	10.9	4.4	3.8
C2: Skilled manual workers and manual workers responsible for other workers (n=1304)	10.3	5.5	4.3
D: Semi-Skilled and unskilled manual workers, trainees and apprentices (n=925)	9.2	5.0	4.1
E: All those dependent on the state long term (n=1266)	19.4	10.4	9.0
F1: Farmer 50+ acres (n=254)	7.4	3.7	2.0
F2: Farmer <50 acres (n=104)	7.0	5.0	5.0

* Wald-F statistical significance test (p <0.0001) for a test of equality among groups.
Due to weighting, categories do not always sum to weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Analysis of anti-depressant prevalence by socio-economic group status shows that lifetime (19.4%), last year (10.4%) and last month rates (9%) are highest in Group E (All those dependent on the state long term). Lifetime prevalence rates are lowest for Group F2 (farmers with less than 50 acres) (7%). Use of anti-depressants in the last year is highest for Group A (professional, senior management & top civil servants) (2.9%) and last month rates are lowest for Group F1 (farmers with more than 50 acres) (2%). Group differences are statistically significant for lifetime, last year and last month prevalence.

Table 6.3: Other Opiates Prevalence by Socio-Economic Group (SOC2000 Classification) (%)

	Lifetime*	Last year*	Last month*
A: Professional, senior management, top civil servants (n=192)	63.5	37.4	22.4
B: Middle management, senior civil servants, managers and owners of own business (n=1046)	71.3	53.0	22.4
C1: Junior management and owners of small business (n=1913)	64.7	46.5	21.9
C2: Skilled manual workers and manual workers responsible for other workers (n=1304)	60.2	41.6	18.1
D: Semi-Skilled and unskilled manual workers, trainees and apprentices (n=925)	55.3	38.1	16.6
E: All those dependent on the state long term (n=1266)	56.0	38.6	20.4
F1: Farmer 50+ acres (n=254)	55.2	39.9	15.1
F2: Farmer <50 acres (n=104)	54.1	36.2	8.7

* Wald-F statistical significance test (p <0.001) for a test of equality among groups.
Due to weighting, categories do not always sum to weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Those in Group B (Middle management, senior civil servants, managers and owners of own business) are most likely to ever take other opiates in their lifetime (71.3%), and are also most likely to report last year use (53%). Group B and Group A (professional, senior management & top civil servants) report the highest rate of other opiate use in the last month (both 22.4%). Lifetime (54.1%), last year (36.2%) and last month (8.7%) rates are lowest for group F2 (farmers with less than 50 acres). Group differences are statistically significant for lifetime, last year and last month prevalence.

Work Status

Table 7.1: Sedatives or Tranquilliser Prevalence by Work Status (%)

	Lifetime*	Last year*	Last month*
At work (n=3600)	11.5	4.7	2.0
Unemployed (n=646)	17.3	8.4	5.0
Student (n=802)	4.8	2.0	0.6
Engage in home duties (n=852)	18.1	10.4	7.3
Retired (n=853)	21.3	11.9	10.4
Other (n=251)	41.8	27.0	19.9

* Wald-F statistical significance test (p <0.0001) for a test of equality among groups.
Due to weighting, categories do not always sum to total weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Lifetime (41.8%), last year (27%) and last month (19.9%) prevalence rates for sedative or tranquilliser use are highest among those classified as being in the 'other' group. Those who are retired report the next highest rate of use of sedatives or tranquillisers for lifetime (21.3%), last year (11.9%) and last month (10.4%). Prevalence rates are lowest amongst students. Group differences are statistically significant for all prevalence measures.

Table 7.2: Anti-Depressants Prevalence by Work Status (%)

	Lifetime*	Last year*	Last month*
At work (n=3600)	9.0	3.9	3.1
Unemployed (n=646)	17.2	9.6	7.7
Student (n=802)	5.1	2.9	1.9
Engage in home duties (n=852)	17.6	8.7	7.7
Retired (n=853)	10.1	5.1	4.5
Other (n=251)	35.2	23.8	20.8

* Wald-F statistical significance test (p <0.0001) for a test of equality among groups.
Due to weighting, categories do not always sum to total weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Prevalence rates of anti-depressant use are highest among those classified as being in the 'other' group. The next highest rates of anti-depressant use are seen in those who are engaged in home duties and the unemployed with 7.7% of both groups reporting last month use of anti-depressants. Lifetime (5.1%), last year (2.9%), and last month prevalence (1.9%) are lowest amongst students. Group differences are statistically significant for all three prevalence measures.

Table 7.3: Other Opiates Prevalence by Work Status (%)

	Lifetime*	Last year*	Last month
At work (n=3600)	64.9	46.2	19.9
Unemployed (n=646)	59.3	40.4	18.8
Student (n=802)	60.9	48.6	23.3
Engage in home duties (n=852)	59.9	43.1	21.3
Retired (n=853)	51.6	29.2	13.3
Other (n=251)	59.9	43.2	28.9

* Wald-F statistical significance test (p <0.0001) for a test of equality among groups.
Due to weighting, categories do not always sum to total weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Lifetime (64.9%) prevalence rate of other opiates is highest for those at work, last year prevalence (48.6%) is highest for students, and last month prevalence (28.9%) is highest among those classified as being in the 'other' group. Lifetime (51.6%), last year (29.2%) and last month (13.3%) prevalence rates are lowest for those who are retired. Group differences are significant for lifetime use and use in the last year.

Housing tenure

Table 8.1: Sedative or Tranquilliser Prevalence by Housing Tenure (%)

	Lifetime*	Last year*	Last month*
Owned in part or full (n=4357)	15.1	7.7	5.2
Rented from private landlord (n=1221)	14.0	5.6	2.5
Rented from LA/HA (n=479)	20.4	12.2	8.6
Other (n=65)	21.5	10.5	6.4
Live with parents/other family (n=883)	7.0	3.0	1.0

* Wald-F statistical significance test (p <0.0001) for a test of equality among groups.
Due to weighting, categories do not always sum to total weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Table 8.1 presents sedative or tranquilliser prevalence rates according to type of housing tenure. Lifetime rates for sedative or tranquilliser prevalence are highest in the group classified as 'others' (21.5%). Last year (12.2%) and last month (8.6%) prevalence are highest for those renting from Local Authority/ Housing Authority. Lifetime (7%), last year (3%), and last month (1%) prevalence rates are lowest for those who live with parents/other family. Group differences are statistically significant for all three prevalence measures.

Table 8.2: Anti-Depressant Prevalence by Housing Tenure (%)

	Lifetime*	Last year*	Last month*
Owned in part or full (n=4357)	10.8	5.4	4.7
Rented from private landlord (n=1221)	12.5	5.9	4.6
Rented from LA/HA (n=479)	24.5	12.9	9.9
Other (n=65)	14.2	7.9	6.0
Live with parents/other family (n=883)	5.7	3.4	2.5

* Wald-F statistical significance test ($p < 0.001$) for a test of equality among groups.
Due to weighting, categories do not always sum to total weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Table 8.2 presents anti-depressant prevalence rates according to type of housing tenure. Lifetime use of anti-depressants (24.5%), last year use (12.9%) and last month use (9.9%) are highest for those renting from Local Authority/Housing Authority. Lifetime (5.7%), last year (3.4%), and last month (2.5%) prevalence rates are lowest for those who live with parents/other family. Group differences are statistically significant for all three prevalence measures.

Table 8.4: Other Opiates Prevalence by Housing Tenure (%)

	Lifetime*	Last year*	Last month
Owned in part or full (n=4357)	63.2	43.1	20.0
Rented from private landlord (n=1221)	55.0	39.0	18.8
Rented from LA/HA (n=479)	58.9	40.3	18.0
Other (n=65)	62.5	41.9	13.7
Live with parents/other family (n=883)	63.7	52.4	22.1

* Wald-F statistical significance test ($p < 0.01$) for a test of equality among groups.
Due to weighting, categories do not always sum to total weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Table 8.4 presents other opiate prevalence rates according to type of housing tenure. Lifetime (63.7%), last year (52.4%) and last month (22.1%) prevalence rates for other opiate prevalence are highest for those living with parents/other family. Lifetime (55%), and last year (39%) prevalence rates are lowest for those renting from a private landlord. Last month (13.7%) prevalence is lowest among those classified in the 'other' category. Group differences are statistically significant for lifetime and last year prevalence measures.

Age Ceased Education

Table 9.1: Sedative or Tranquilliser Prevalence by Age Education Ceased (%)

	Lifetime*	Last year*	Last month*
15 years and under (n=755)	20.0	11.7	9.5
16-19 years (n=2361)	15.3	7.7	5.0
20 years and over (n=2482)	14.3	6.6	3.8

* Wald-F statistical significance test ($p < 0.01$) for a test of equality among groups.
Due to weighting, categories do not always sum to total weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Table 9.1 describes sedative or tranquilliser prevalence by the age that formal education was ceased. Lifetime (20%), last year (11.7%) and last month (9.5%) sedative or tranquilliser prevalence is highest among those who ceased education at 15 years and under. Lifetime (14.3%), last year (6.6%) and last month (3.8%) rates were lowest for those whose education ceased aged 20 or older. Group differences in all three prevalence rates are statistically significant.

Table 9.2: Anti-Depressant Prevalence by Age Education Ceased (%)

	Lifetime	Last year*	Last month*
15 years and under (n=755)	13.2	8.2	7.4
16-19 years (n=2361)	13.0	7.0	6.0
20 years and over (n=2482)	10.7	4.6	3.7

* Wald-F statistical significance test ($p < 0.001$) for a test of equality among groups.
Due to weighting, categories do not always sum to total weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Table 9.2 describes anti-depressant prevalence by the age that formal education was ceased. Lifetime (13.2%), last year (8.2%) and last month (7.4%) anti-depressant prevalence is highest among those who ceased education at 15 years and under. Lifetime (10.7%), last year (4.6%) and last month (3.7%) rates were lowest for those whose education ceased aged 20 or older. Group differences in prevalence rates are statistically significant for last year and last month prevalence.

Table 9.3: Other Opiates Prevalence by Age Education Ceased (%)

	Lifetime*	Last year*	Last month
15 years and under (n=755)	50.9	31.7	17.5
16-19 years (n=2361)	61.2	41.0	19.0
20 years and over (n=2482)	65.3	46.7	20.3

* Wald-F statistical significance test ($p < 0.0001$) for a test of equality among groups.
Due to weighting, categories do not always sum to total weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Table 9.3 describes other opiates prevalence by the age that formal education was ceased. Lifetime (65.3%), last year (46.7%) and last month (20.3%) other opiates prevalence rates are highest among those who ceased education at 20 years and over. Lifetime (50.9%), last year (31.7%) and last month (17.5%) rates are lowest for those whose education ceased aged 15 or under. Group differences in prevalence rates are statistically significant for lifetime and last year prevalence.

Highest Education Level Attained

Table 10.1: Sedative or Tranquilliser Prevalence by Highest Education Level Attained (%)

	Lifetime*	Last year*	Last month*
No formal education/primary (n=504)	20.3	12.7	10.5
Lower secondary (n=1376)	14.8	7.5	5.2
Upper Secondary (n=2012)	11.8	6.0	3.5
Third level (n=3088)	14.8	6.7	3.6

* Wald-F statistical significance test ($p < 0.01$) for a test of equality among groups.
Due to weighting, categories do not always sum to total weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Table 10.1 presents sedative or tranquilliser prevalence rates according to the highest level of qualification attained by respondents. Lifetime (20.3%), last year (12.7%) and last month (10.5%) rates are highest for those with no formal education/primary education. Lifetime (11.8%), last year (6%) and last month (3.5%) prevalence rates are lowest for those whose highest level of education is upper secondary. Group differences in all three prevalence rates are statistically significant.

Table 10.2: Anti-Depressant Prevalence by Highest Education Level Attained (%)

	Lifetime	Last year	Last month
No formal education/primary (n=504)	12.6	6.8	6.1
Lower secondary (n=1376)	12.3	6.8	5.4
Upper Secondary (n=2012)	10.4	5.3	4.7
Third level (n=3088)	11.6	5.5	4.4

* Wald-F statistical significance test ($p < 0.0001$) for a test of equality among groups.
Due to weighting, categories do not always sum to total weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Table 10.2 presents anti-depressant prevalence rates according to the highest level of education attained by respondents. Lifetime (12.6%) and last month (6.1%) rates are highest for those with no formal education/primary education. Last year rate are highest for those who have lower secondary education only, and those with no formal education/primary education (both 6.8%). Lifetime (10.4%), and last year (5.3%) prevalence rates are lowest for those whose highest level of education is upper secondary. Lowest last month (4.4%) prevalence rates are seen in those with third level education.

Table 10.3: Other Opiates Prevalence by Highest Education Level Attained (%)

	Lifetime*	Last year*	Last month*
No formal education/primary (n=504)	43.7	25.7	13.3
Lower secondary (n=1376)	59.4	41.5	20.3
Upper Secondary (n=2012)	59.7	41.9	19.3
Third level (n=3088)	66.7	48.2	21.2

* Wald-F statistical significance test ($p < 0.0001$) for a test of equality among groups.
Due to weighting, categories do not always sum to total weighted n.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Table 10.3 presents other opiate prevalence rates according to the highest level of education attained by respondents. Lifetime (66.7%), last year (48.2%) and last month (21.2%) rates are highest for those whose highest level of education is third level. Lifetime (43.7%), last year (25.7%) and last month (13.3%) prevalence rates are lowest for those who have no formal education/primary education. Group differences in all three prevalence rates are statistically significant.

Marital Status

Table 11.1: Sedative or Tranquilliser Prevalence by Marital Status (%)

	Lifetime*	Last year*	Last month*
Single/never married (n=2231)	10.2	4.9	2.6
married (n=3531)	14.2	6.7	4.1
Cohabiting (n=610)	16.2	7.3	3.4
Separated (n=187)	22.8	12.9	8.9
Divorced (n=115)	39.0	19.8	12.6
Widowed (n=315)	27.3	18.2	15.9

* Wald-F statistical significance test ($p<0.0001$) for a test of equality among groups.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Table 11.1 shows results for sedative or tranquilliser prevalence according to respondents' marital status. Lifetime usage rates are highest among those classified as divorced (39%), followed by those who are widowed (27.3%). Last year rates were also highest for these groups (19.8% and 18.2% respectively) and last month rates were highest among those widowed and divorced (15.9% and 12.5% respectively). For all three prevalence measures, group differences are statistically significant.

Table 11.2: Anti-Depressant Prevalence by Marital Status (%)

	Lifetime*	Last year*	Last month*
Single/never married (n=2231)	9.1	5.1	4.1
married (n=3531)	10.9	5.7	4.8
Cohabiting (n=610)	13.3	4.3	3.1
Separated (n=187)	32.0	16.0	13.9
Divorced (n=115)	26.0	9.3	7.6
Widowed (n=315)	12.7	6.3	6.0

* Wald-F statistical significance test ($p<0.001$) for a test of equality among groups.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Table 11.2 shows results for anti-depressant prevalence according to respondents' marital status. Lifetime prevalence rates are highest among those who are separated (32%), followed by those classified as divorced (26%). Last year rates were highest for these groups (16% and 9.3% respectively) as were last month rates (13.9% and 7.6% respectively). For all three prevalence measures, group differences are statistically significant.

Table 11.3: Other Opiate Prevalence by Marital Status (%)

	Lifetime*	Last year*	Last month
Single/never married (n=2231)	61.4	47.6	20.7
married (n=3531)	62.0	41.6	19.4
Cohabiting (n=610)	64.1	44.6	20.5
Separated (n=187)	66.5	46.2	23.3
Divorced (n=115)	64.2	42.2	22.6
Widowed (n=315)	49.7	31.1	15.9

* Wald-F statistical significance test ($p<0.0001$) for a test of equality among groups.
All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses

Table 11.3 shows results for other opiate prevalence according to respondents' marital status. Lifetime (66.5%) and last month (23.3%) rates are highest among those classified as separated. Last year prevalence rates are highest for those who are single/never married (47.6%). Lifetime (49.7%), last year (31.1%) and last month (15.9%) prevalence rates are lowest for those classified as widowed. For lifetime and last year prevalence measures, group differences are statistically significant.

Appendix: Showcard presented to respondents as part of the 2014/15 survey

Showcard 138

Codeine	Opiates (excluding heroin & methadone)
Df 118 30 Tablets	Temgesic ®
Feminax Tablets	Kapake ®
Kapake	Morphine
Migraleve	Opium
Nurofen Plus	DF118 ® (DF's)
Panadeine Tablets	Diffs
Paracodin	Dikes
Paramol	Peach
Solpadeine	Fentanyl (Durogesic ® & Sublimaze ® & Actiq ®)
Solpadol	Oxycodone (Oxycontin ® & Oxynorm ®)
Syndol	MST ® (MST's)
Tylex	Buprenorphine (Subutex ®)
Uniflu Plus with Vitamin C	Diconal ®
Veganin Plus	Pethidine
Tramadol	Napps

Showcard 16

Sedatives	Benzos
Sleeping pills	Roches
Rohypnol ®	Librium ®
Roofies	Valium ®, (Diazepam) D5/D10
Row rows	Normison ®, (Duck eggs), Temazepam
Dalmane ®, Flurazepam	Ativan ®
Mogadon ®, (Moggies), Nitrazepam	Halcion ®, Triazolam
Phenobarbitone	Xanax ®
Tranquillisers	Stilnoct ®, Zolpidem
Tranks	Zimovane ®, Zopiclone
Downers	

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