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Statistics from the Northern Ireland Substance Misuse Database: 1 April 2021 – 31 March 2022 *Experimental Statistics*

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Substance Misuse Database:
1 April 2021 – 31 March 2022
*Experimental statistics***

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Introduction

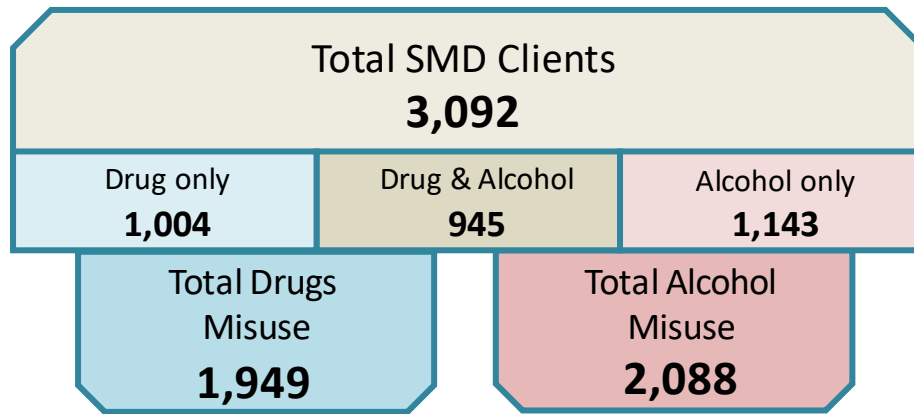
This bulletin summarises information on people presenting to services with problem drug and/ or alcohol misuse and relates to the 12-month period ending 31 March 2022. The statistics in this report are **Experimental Statistics**; these are statistics that are published in order to involve users and stakeholders in their development and as a means to improve quality. Further detail can be found in the notes at the end of this report.

The impact of the Covid-19 pandemic and subsequent restrictions resulted in some disruption to services during 2020/21, 2021/22. This should be taken into consideration when making comparisons with previous years. Additionally, it should be noted that due to changes in service delivery following Covid-19 restrictions, it was not possible to obtain the majority of Substance Misuse Database records for those accessing treatment within HM Prison services. For this reason, records for those accessing drug and alcohol services within HM Prisons have not been included in this report, and similarly, they have not been included in the statistics for previous years to allow for appropriate comparisons. Hence, the figures for previous years in the accompanying statistical tables will not match those previously published. It is hoped that we will be in a position to resume including information on people presenting for treatment in prison in future reports.

Key Findings

- In Northern Ireland in 2021/22, a total of 3,092 clients were recorded on the Substance Misuse Database as having presented to services for problem substance misuse.
- More than one-third of clients presented to services indicating alcohol misuse only (37.0%, 1,143); One-third of clients presented to services indicating problem drug use only (32.5%, 1,004); 30.6% of clients presented to services indicating both drug and alcohol misuse (945 clients).
- The majority of clients were male. Just over a quarter of clients presenting to treatment for either drugs only, or for drugs & alcohol, were female (27.7% & 27.4% respectively). However, around two-fifths of clients presenting to treatment for problem alcohol use only were female (41.8%).
- Around two-fifths of clients presenting to treatment were aged 26-39 years for both drug misuse only (43.6%), and for drug & alcohol misuse (40.4%); however, clients accessing services for misuse of alcohol only tended to be in older age-groups with almost three-quarters (72.4%) being 40 years and over.
- Cannabis was the most commonly used drug with more than three-fifths of clients who use drugs reporting taking it (62.0%), this was followed by Cocaine (49.4%); Benzodiazepines (23.9%) and Pregabalin (16.7%).
- Around one in ten drug use clients reported ever having injected (10.7%); around a quarter of those who had injected (24.0%) reported having shared injecting equipment at some time.
- Of those clients presenting to services for drug misuse, almost three-fifths indicated daily use (57.6%); of those clients attending for problem alcohol use, two-fifths (42.7%) indicated daily consumption of alcohol.

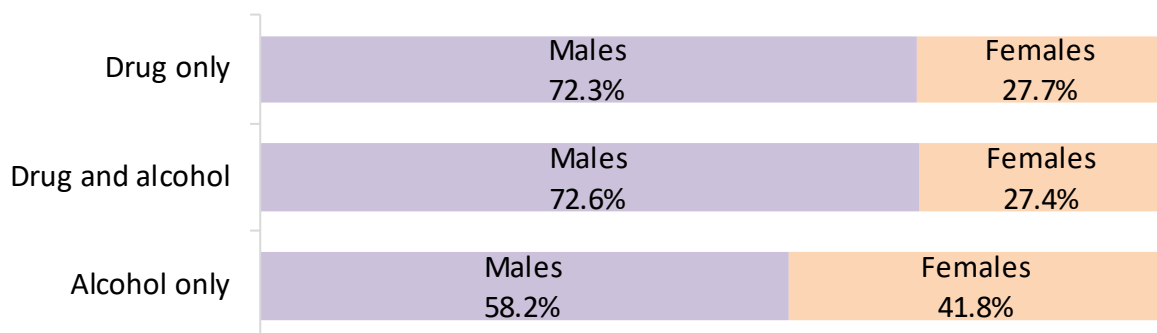
SMD clients



During 2021/22 a total of 3,092 clients were recorded on the Substance Misuse database as having presented to treatment for substance use; of these 63.0% indicated drugs misuse (1,949 clients) and 67.5% indicated misuse of alcohol (2,088 clients).



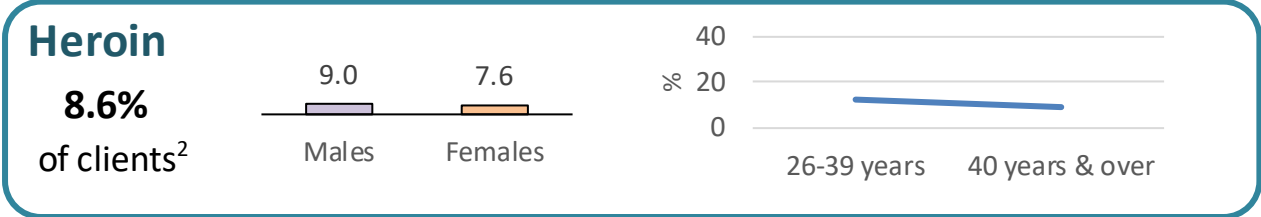
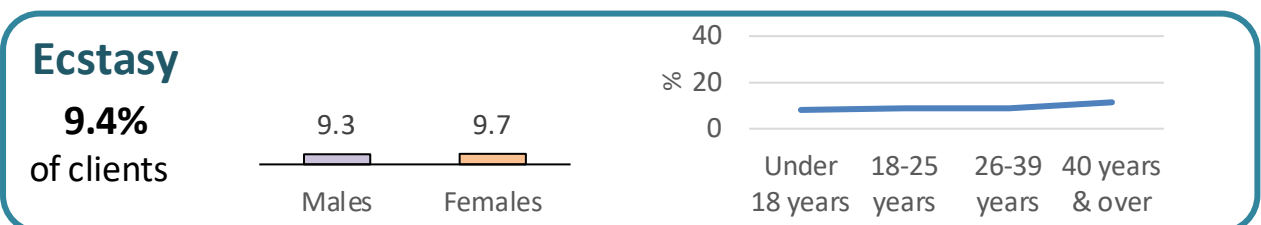
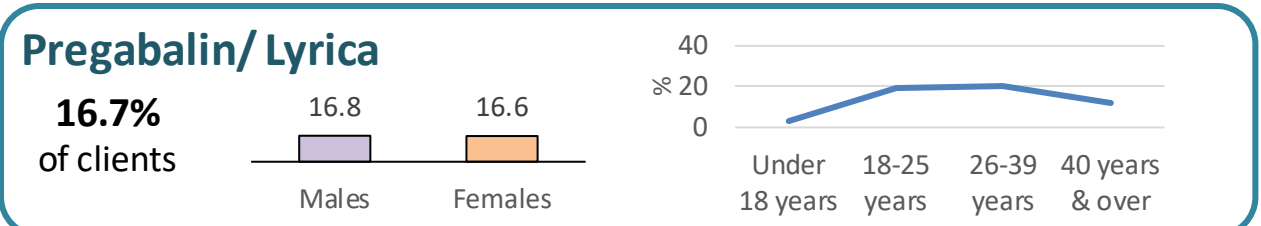
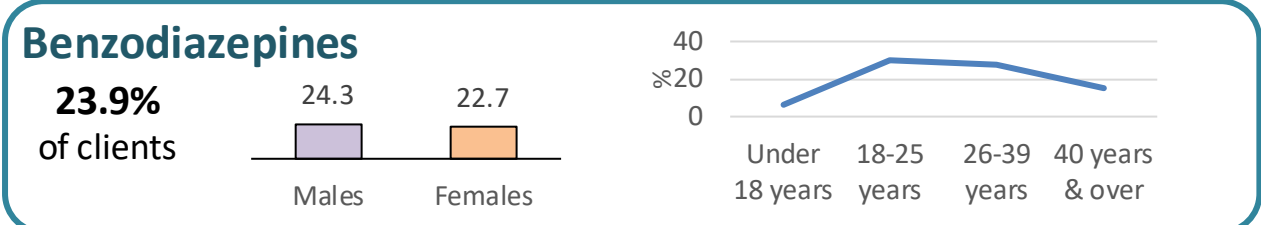
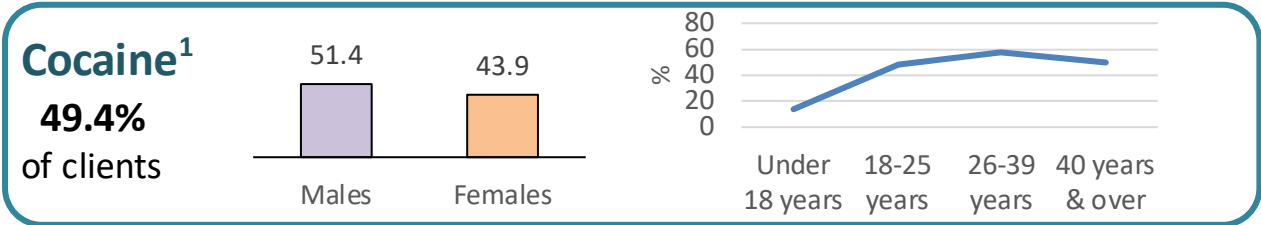
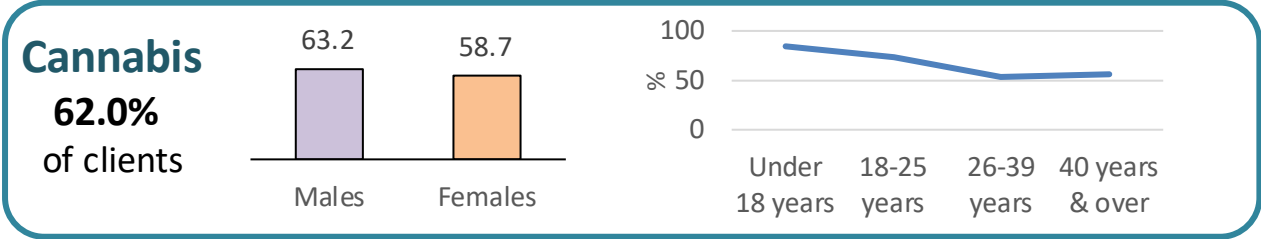
Around two-fifths of clients presenting to treatment were aged 26-39 years for both drug misuse only (43.6%), and for drug & alcohol misuse (40.4%); however, clients accessing services for misuse of alcohol only tended to be in older age-groups with almost three-quarters being aged 40 years and over (72.4%).



The majority of clients were male. Around a quarter of clients presenting to treatment for either drugs only (27.7%), or for drugs & alcohol (27.4%), were female. However, more than two-fifths of clients presenting to treatment for problem alcohol use only were female (41.8%).

Drug Misuse

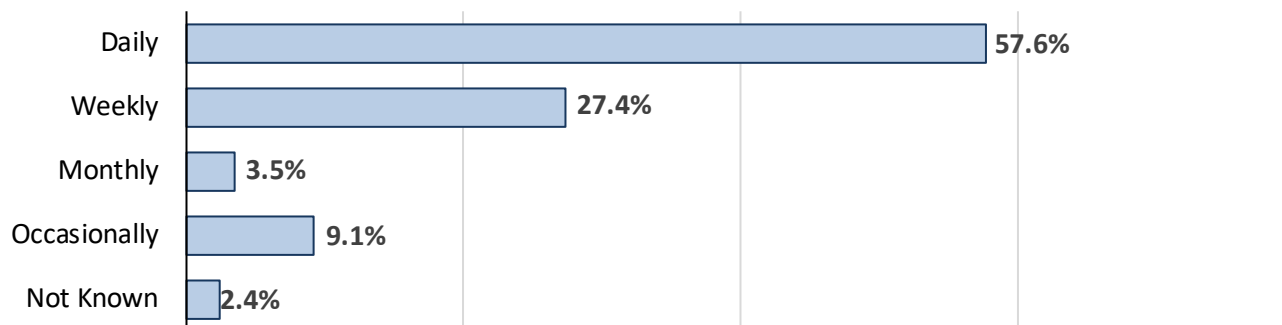
The drugs most commonly reported by those presenting to treatment for drug misuse were Cannabis (62.0% of clients); Cocaine¹ (49.4% of clients), Benzodiazepines (23.9% of clients); Pregabalin/ Lyrica (16.7% of clients); Ecstasy (9.4% of clients); and Heroin (8.6% of clients).



¹ Excludes cases where crack cocaine was explicitly specified.

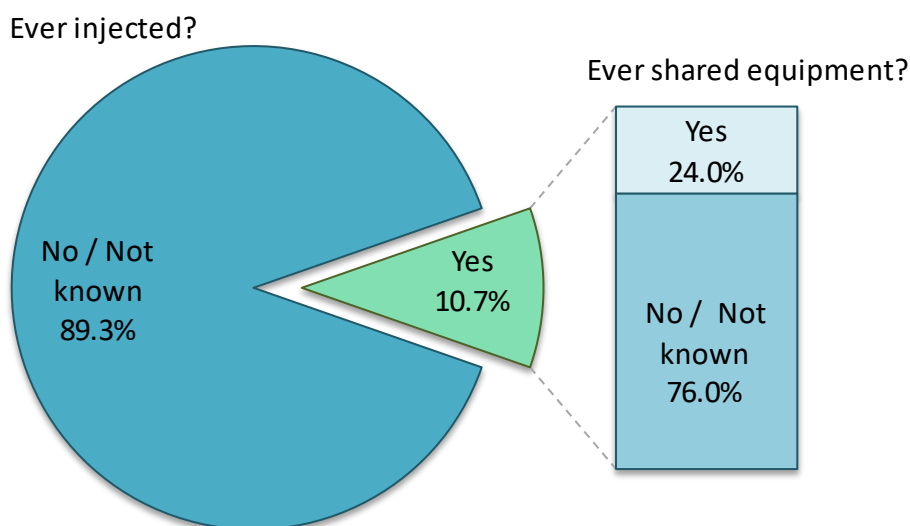
² Due to the low proportion of clients aged under 18 presenting to treatment for Heroin, the 'under 18' and '18-25 years' age groups have been removed from this chart to prevent disclosure.

Frequency of use



Almost three-fifths of clients presenting to treatment for drug misuse (57.6%) reported daily use of drugs.

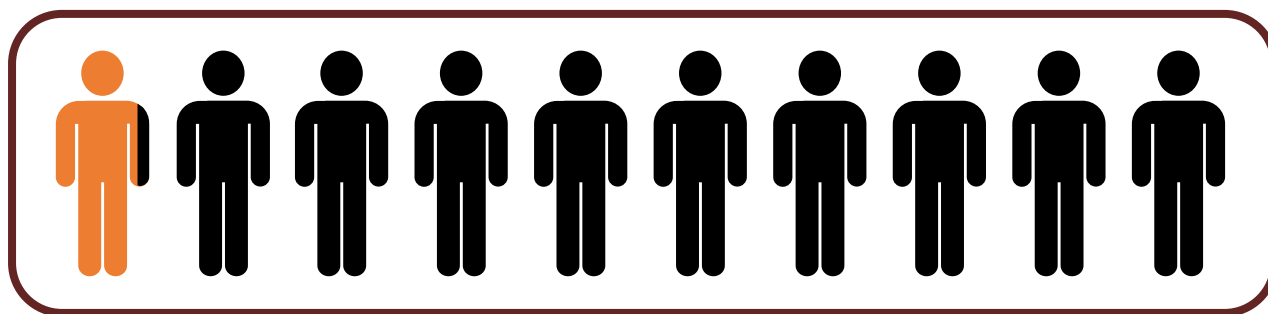
Injecting Drug Behaviour





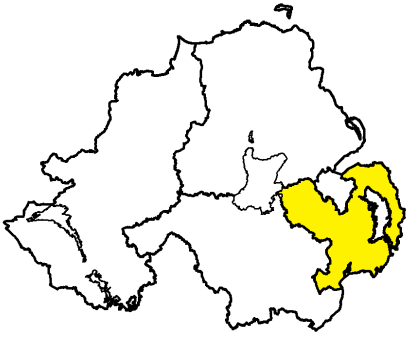

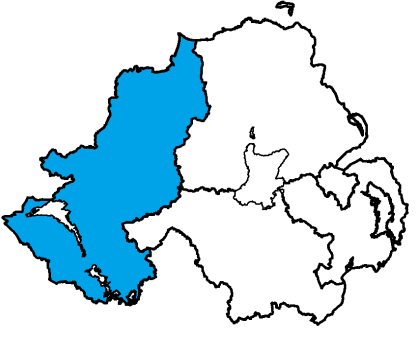
One-in-ten drug use clients reported ever having injected (10.7%). Similar proportions were seen in both females (9.5%) and males (11.1%). Around a quarter of those who had injected (24.0%) reported having shared injecting equipment at some time.

Prescribed Drug use

Fewer than one-in-ten clients (8.7%) presenting to treatment for drug misuse indicated they took at least one prescription drug.



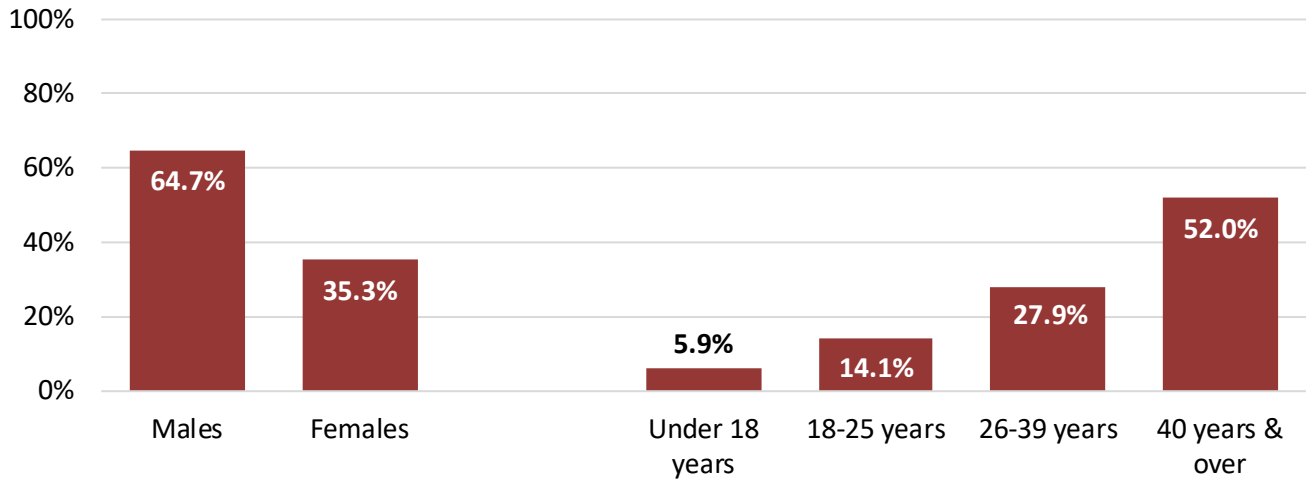
Summary Drug Statistics by HSC Trust

<p>Belfast HSC Trust</p>  <p>Number of clients: 578 (29.7%)</p> <p>Most commonly used drugs:</p> <ol style="list-style-type: none"> 1. Cannabis: 51.2% 2. Cocaine: 47.1% 3. Benzodiazepines: 28.5% 4. Pregabalin/Lyrica: 20.6% 5. Heroin: 18.7% <p>19.6% of clients had ever injected</p>	<p>Northern HSC Trust</p>  <p>Number of clients: 242 (12.4%)</p> <p>Most commonly used drugs:</p> <ol style="list-style-type: none"> 1. Cannabis: 56.6% 2. Cocaine: 47.1% 3. Benzodiazepines: 25.6% 4. Pregabalin/Lyrica: 18.2% 5. Ecstasy: 12.4% <p>7.0% of clients had ever injected</p>	<p>South Eastern HSC Trust</p>  <p>Number of clients: 342 (17.5%)</p> <p>Most commonly used drugs:</p> <ol style="list-style-type: none"> 1. Cannabis: 64.6% 2. Cocaine: 52.3% 3. Benzodiazepines: 21.1% 4. Pregabalin/Lyrica: 18.7% 5. Ecstasy: 11.1% <p>9.9% of clients had ever injected</p>
<p>Southern HSC Trust</p>  <p>Number of clients: 256 (13.1%)</p> <p>Most commonly used drugs:</p> <ol style="list-style-type: none"> 1. Cannabis: 60.9% 2. Cocaine: 45.3% 3. Benzodiazepines: 15.2% 4. Pregabalin/Lyrica: 9.4% 5. Ecstasy: 5.9% <p>5.9% of clients had ever injected</p>	<p>Western HSC Trust</p>  <p>Number of clients: 531 (27.2%)</p> <p>Most commonly used drugs:</p> <ol style="list-style-type: none"> 1. Cannabis: 75.0% 2. Cocaine: 52.9% 3. Benzodiazepines: 23.9% 4. Ecstasy: 14.7% 5. Pregabalin/Lyrica: 14.1% <p>5.5% of clients had ever injected</p>	

Problem Alcohol use

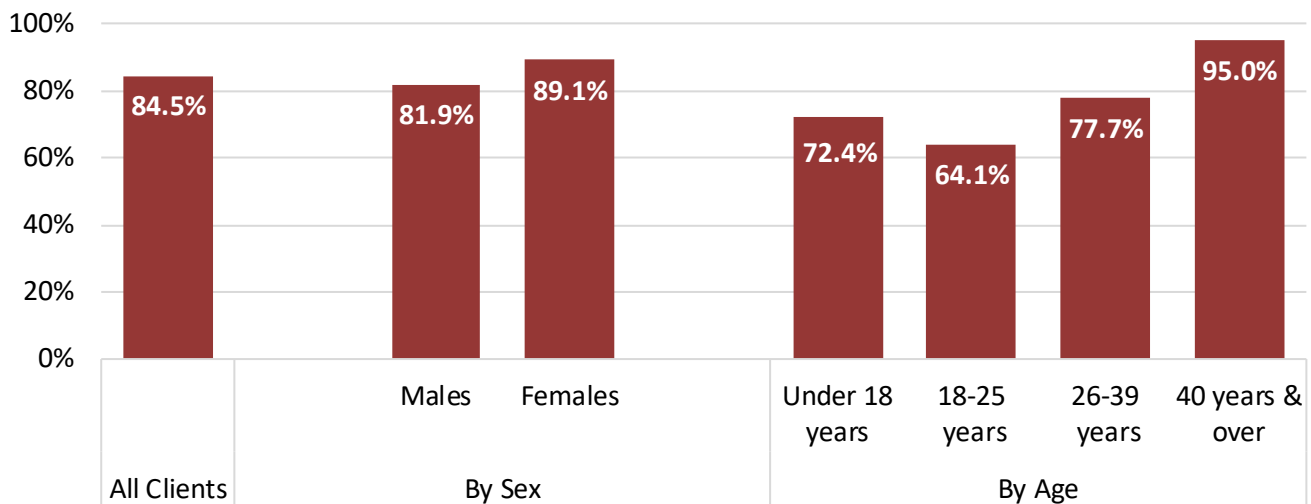
During 2021/22 around two-thirds of clients (64.7%) presenting to services indicating problem alcohol use were male. Over half of clients (52.0%) were aged 40 years or over with a small proportion under 18 years of age (5.9%).

Clients presenting to treatment for alcohol misuse by age and sex

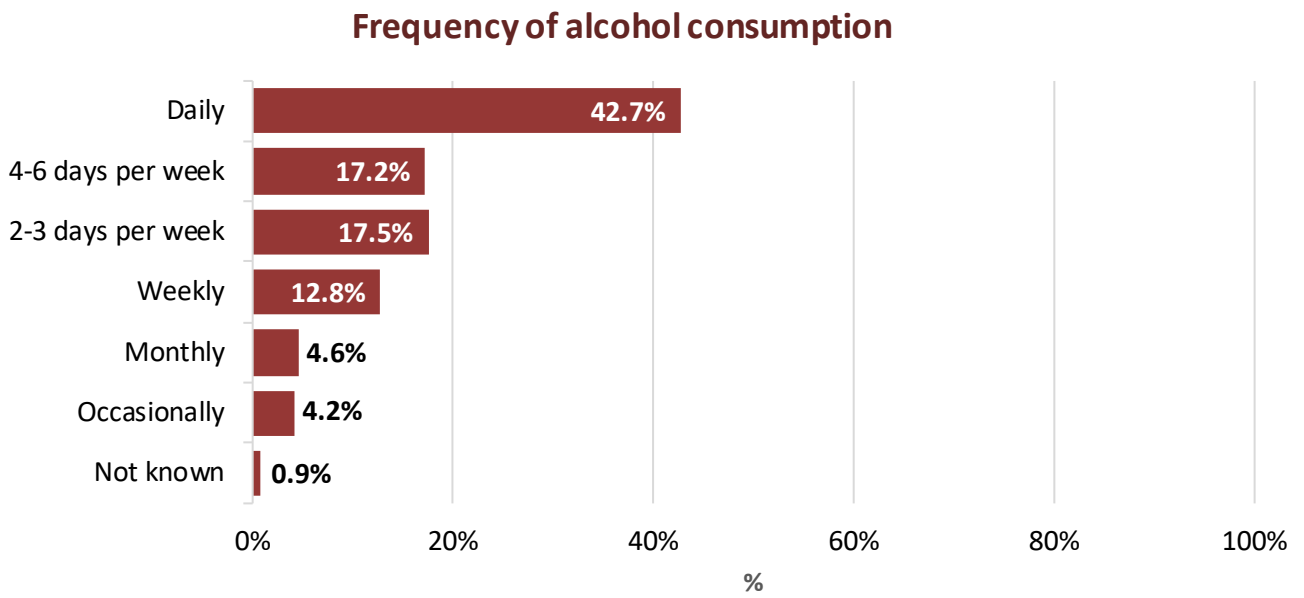


For more than four-fifths of clients reporting problem alcohol use (84.5%), alcohol was their primary problem substance. Females (89.1%) were more likely than males (81.9%) to report problem alcohol use as their primary problem substance. The majority of clients presenting to services with problem alcohol use, who were aged 40 years and over, indicated that it was their primary problem (95.0%).

Proportion of those with problem alcohol use for whom alcohol is the main problem substance



Four-fifths of clients indicating problem alcohol use (79.0%) reported drinking within the last four weeks; around two-fifths indicated daily use of alcohol (42.7%).



Experimental Statistics

This bulletin summarises information on people presenting to services with problem drug and/ or alcohol misuse and relates to the 12-month period ending 31 March 2022. This is the fourth bulletin reporting on information collected through the Northern Ireland Substance Misuse Database (SMD), the previous reports covered the 2020/21; 2019/20; and 2016/17 time periods. Statistics covering 2017/18 and 2018/19 were not published due to concerns that information returns received by the Department of Health were not sufficiently comprehensive and that coverage was not at a level suitable for publication.

During this time period the Department has continued to liaise with service providers to improve the quality and coverage of the information. This process is still ongoing and the release of 2021/22 information as **Experimental Statistics** allows users and stakeholders to be involved in the development of this statistical series. Feedback is welcome and will be utilised to improve the quality and value of the statistics in line with user requirements; any comments should be sent to phirb@health-ni.gov.uk.

Technical Notes

1. The Substance Misuse Database is an online data collection system that captures information on people presenting to services for treatment with problem drug and/or alcohol use. Both statutory and non-statutory organisations contribute to the database on a voluntary basis. A list of contributing services can be found in the statistical tables accompanying this report.
2. An entry in the Substance Misuse Database is completed for every client who presents at an Agency with a drug and/or alcohol related problem for treatment. Only those clients attending for the very first time or those who have not attended for treatment within the previous six months are recorded on the SMD. This means that a small number of clients may be recorded twice on the SMD within one year. This amounted to 14 clients in 2021/22.
3. Analysis by Health and Social Care Trust is based on the number of clients presenting for a service located in that Trust area. Services available across Trusts vary and this may be reflected in the drugs misused. For example, where special Benzodiazepines Projects exist, there will be greater proportions of clients presenting for treatment for problem Benzodiazepines use (e.g. in the South Eastern Trust area).
4. All percentages are rounded to one decimal place.

Considerations & Limitations of the data

5. The impact of the Covid-19 pandemic and subsequent restrictions resulted in some disruption to services during 2020/21 and 2021/22. This should be taken into consideration when making comparisons with previous years. Additionally, it should be noted that due to changes in service delivery following Covid-19 restrictions, it was not possible to obtain the majority of Substance Misuse Database records for those accessing treatment within HM Prison services. For this reason, all records for those accessing drug and alcohol services within HM Prisons have been removed from this report, and similarly, from previous years to allow for appropriate comparisons. Hence, the figures for previous years in the accompanying statistical tables will not match those previously published. It is hoped that we will be in a position to resume including information on people presenting for treatment in prison in future reports.
6. Due to the ongoing development work on these statistics, care should be taken when making comparisons between this and previous statistical releases, and when considering the implications of the data presented in an historical context.
7. It should be noted that findings in this report may differ from those presented in other reports due to the discretionary engagement of individual services in SMD collection.

Information Analysis Directorate (IAD) sits within the **Department of Health (DoH)** and carries out various statistical work and research on behalf of the department. It comprises four statistical areas: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are out-posted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the UK Code of Practice for Official Statistics.

About Public Health Information and Research Branch

The role of Public Health Information and Research Branch (PHIRB) is to support public health policy development through managing the public health survey function while also providing analysis and monitoring data. The head of the branch is the Principal Statistician, Mr. Bill Stewart.

In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland, All Ireland Drug Prevalence Survey, Young Persons Behaviour & Attitudes Survey, Patient Experience Surveys and the Adult Drinking Patterns Survey.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality based projects conducted for both the region as well as for more localised area levels. In addition, PHIRB is responsible for the production of official life expectancy estimates for NI, and areas within the region.

PHIRB provides support to a range of key DoH NI strategies including Making Life Better, a 10 year cross-departmental public health strategic framework as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also has a key role in supporting the Departmental Substance Use Strategy, by maintaining and developing key departmental databases such as, the Substance Misuse Database, Impact Measurement Tool and the Census of Drug & Alcohol Treatment Services, which are all used to monitor drug misuse and treatments across Northern Ireland. In addition to Departmental functions, PHIRB also support the executive level Programme for Government and its strategic outcomes through a series of performance indicators.