

Publication Summary



Estimating the National and Local Prevalence of Problem Drug Use in Scotland

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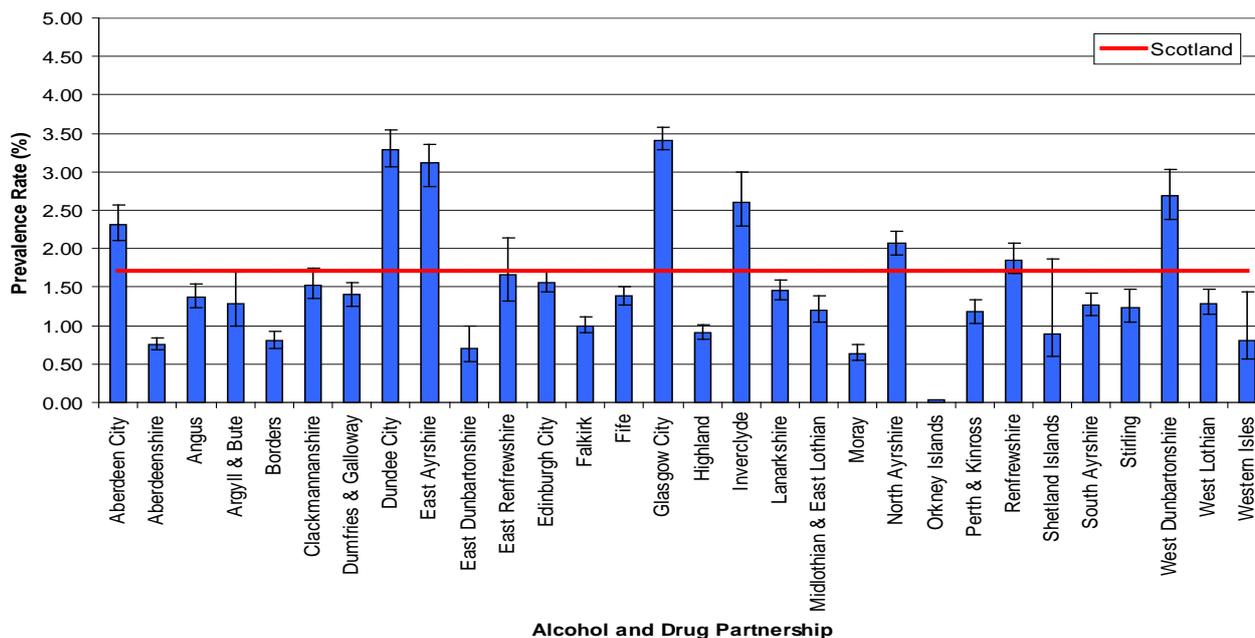
About this Release

The report contains estimates of the prevalence of problem drug use (opiates and benzodiazepines) in 2009/10 for council, Alcohol and Drug Partnership (ADP), health board (HB), and police force areas in Scotland.

In the context of these estimates, problem drug use is defined as the problematic use of opiates (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines and implies routine and prolonged use as opposed to recreational and occasional drug use. Breakdowns are also given by age group (for males) and gender.

Key Points

Estimated prevalence rate of problem drug use by Alcohol and Drug Partnership area, ages 15 to 64 years old; 2009/10



Notes:
Error bars are shown to indicate the range of the 95% confidence intervals.

- 1) Although the estimate of problem drug use prevalence was higher in 2009/10 compared to 2006 (1.71% compared to 1.62%), it cannot be said conclusively that actual prevalence has increased. However, we can be reasonably sure that actual problem drug use prevalence has not declined since 2006.
- 2) The prevalence of problem drug use is higher in men (2.5%) than women (1.0%). Amongst men the age group 25 to 34 years old had the highest estimated rate of prevalence (5.0%).
- 3) The highest levels of prevalence were estimated to be in the Glasgow City Council area and Dundee City Council area.
- 4) The population of individuals with problem drug use seems to be getting older. The proportion aged 35 to 64 years old in 2006 was 34% but this had increased to 43% in 2009/10.

Background

The report gives estimates of the prevalence of problem drug use for 2009/10. The estimates were derived using similar methods to those used by the University of Glasgow Centre for Drug Misuse Research to calculate estimates for previous years – i.e. 2000, 2003 and 2006. Whilst the estimate of prevalence of problem drug use has increased it cannot be said conclusively that actual prevalence has increased.

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Further Information

Further information can be found in the [Full Publication Report](#) or on the [ISD website](#)

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