

Indications of Public Health in the English Regions

10: Drug Use



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3. Drug Use
4. Young People
5. Crime
6. Structured Drug Treatment
7. Health and Social Consequences
8. Deaths Related to Drugs Misuse

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Reports in the series

The reports in the Indications of Public Health in the English Regions series address areas covered by the White Paper Choosing Health. Previous reports addressed the following topics: general health, lifestyles, ethnicity, child health, sexual health, mental health, alcohol and older people and can be found at www.apho.org.uk/apho/indications.htm.

About the APHO

Please turn to the inside back cover of this report.



Foreword

Drug misuse has a profound impact on the health and wellbeing of individuals. It affects not only users but also their families and surrounding communities; creating a major drain on resources, in particular in the Health and Criminal Justice Systems.

Especially in our most deprived areas, whole neighbourhoods can be adversely affected by drug use and the crime that often accompanies it. The result is that drug use contributes to national health inequalities, whilst trapping new generations in poverty and ill health as its consequences deny children a safe and stable environment in which to develop.

This is why the previous Government Drug Strategy sought to alleviate the harms that drug use causes to the individual, their families and the wider community. A key component of this approach was the substantial investment to support the expansion of effective drug treatment for those who need it. As a result, we have seen;

- An increase of 138% in the numbers in drug treatment.
- Four out of five of those in treatment assessed as having treatment that has had a positive long term impact in tackling their addiction.
- Waiting times at all time lows.
- A stabilisation and in some cases reductions in drug related deaths and blood borne viruses following sharp increases in the 1990s.
- And a reduction of over 20% in drug related crime since 2003.

The new 2008 drug strategy, *Drugs: protecting families and communities* provides us with a real opportunity to build on this progress as we seek to meet the difficult challenges that remain. It highlights how tackling the issue of drug misuse requires considerable investment in a cross-cutting, multidisciplinary response. The basis for such action must be multi-agency intelligence brought together from diverse sources in order to better understand the extent and characteristics of this public health issue. Such intelligence can help inform better prevention and a greater range of treatment types in order to provide drug users with personalised and appropriate support. This document provides a wealth of data on the prevalence and consequences of drug misuse across the Government Office Regions in England and is a valuable resource to assist in identifying key priorities within each region.

The intelligence provided here can be utilised to improve both prevention initiatives and the lives of drug users through informing a better understanding of their treatment needs. Such efforts will not only improve their wellbeing but should also help prevent the harm, which all too often falls on their children, relatives and communities.

A handwritten signature in black ink, reading "Liam Donaldson". The signature is written in a cursive, flowing style.

Sir Liam Donaldson
Chief Medical Officer for England

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Executive Summary



1. Executive Summary

Background

As part of the series of *Indications of Public Health in the English Regions* commissioned from the Association of Public Health Observatories (APHO) by the Chief Medical Officer (CMO) for England, the North West Public Health Observatory (NWPHO) has published this report on illicit drug use (as defined by the Misuse of Drugs Act, 1971).

The United Kingdom (UK) has high lifetime prevalence of amphetamines, cannabis, cocaine and ecstasy use in comparison to other EU member states (EMCDDA, 2008b). The UK also has the highest identified prevalence of problematic drug users (PDU) aged 15-64 years in Europe at 10.2 per 1,000 population with the rate for England at 9.8 per 1,000 population (EMCDDA, 2008b; Hay et al., 2008b). Definitions of PDU vary across the UK countries. In England, PDU is defined as users of opiates and/or crack cocaine (Hay et al., 2008a).

Drug use can lead to a range of public health problems. Burden is placed on the National Health Service (NHS) due to the acute effects of drug use, such as accidental poisoning, as well as long term chronic effects of drug use such as hepatitis, human immunodeficiency virus (HIV) and cardiovascular disease. Drug use can also affect several aspects of society, from the impact on the criminal justice system of those who commit crime to fund their drug use and the economic burden due to loss of employment and reduced capacity to work, to other negative effects of drug use on the social and behavioural welfare of communities.

This report has been produced in the context of the development and production of the new national strategy, *Drugs: protecting families and communities – 2008-2018 strategy* (Home Office, 2008). The strategy highlights certain steps to reduce the harm and cost of drug use on the health and wellbeing of the population:

- Protecting communities through robust enforcement to tackle drug supply, drug related crime and anti-social behaviour.
- Preventing harm to children, young people and families affected by drug misuse.
- Delivering new approaches to drug treatment and social re-integration.
- Public information campaigns, communications and community engagement.

This regional indications report contains 46 separate indicators of drug use relating to the individual, community and population, with various measures of the effects this has on health and wellbeing. In particular, the report focuses on the nine English regions, but, where possible, the situation in England has been put into a wider European context. Where datasets allow, the analysis is presented by the Index of Multiple Deprivation 2007 (IMD, 2007) correlations at local authority level. Secondly, where small area data are available, analysis by a geodemographic classification, P² People and Places is included (Appendix 3). These sub-regional measures are presented to enhance the interpretation of public health effects of drugs on different sections of the population to enable better-targeted local action.

Key Findings

There are evident variations between regions across virtually all indicators. The *lifetime*, *last year* and *last month* use of different drugs vary between regions, with hospital admissions due to drug use and deaths related to drugs misuse also displaying variation, dependent on region. The prevalence of opiate and/or crack cocaine use, the rate of individuals in contact with structured drug treatment and the number of drug related hospital admissions were all higher in more deprived regions of England in comparison to more affluent regions.

The rate of *last year* and *last month* use of *any drug* nationally has decreased year-on-year between 2002/03 and 2007/08. The prevalence of *last year* and *last month* cannabis use has also had year-on-year decreases in the same period. There has been an increase nationally in the *lifetime*, *last year* and *last month* use of cocaine between 2002/03 and 2007/08. This increase in use is evident in both males and females and in virtually all regions. During this same period, the *lifetime* rate of amphetamine use has remained stable. However, there has been an overall decrease in the reported *last year* and *last month* use of amphetamines throughout England indicating a positive change in behaviour.

Whilst the rate of *lifetime* use of ecstasy increased in England between 2002/03 and 2007/08, there has been a decrease in the *last year* and *last month* use of this drug. The decrease in *last year* use of ecstasy during this time period was most evident in the South East where the rate decreased from 21.2 per 1,000 population in 2002/03 to 11.6 per 1,000 population in 2007/08. London also had a substantial decrease in the *last year* use of ecstasy in the same period, and had the highest rate of *last year* and *last month* use of cocaine in 2007/08. The fall in the *last year* and *last month* use of ecstasy and amphetamines may be related to the increase in recent use of cocaine. In recent years the price of cocaine has decreased (Eaton et al., 2008). The self reported *last year* and *last month* use of these drugs suggests a move from the use of amphetamines and ecstasy to cocaine. In addition, there has been an increase in the number of deaths with cocaine mentioned on the death certificate between 2001 and 2005 (Eaton et al., 2008).

The increase in the use of cocaine, particularly in 16-24 year olds, could have significant public health implications. There is concern about the potentially serious longer term health effects of cocaine use (for example, cardiovascular, neurological and psychiatric problems). Some of these health problems could be aggravated by the concomitant use of alcohol and other substances. The concomitant use of alcohol and cocaine results in the formation of cocaethylene (Raffa & Epstein, 1979), a pharmacologically active metabolite synthesised in the liver which is believed to have a higher toxic potency than cocaine (Lepere & Charbit, 2002). As alcohol and cocaine are often used together (Gossop, Manning & Ridge, 2006; Pennings, Leccese & de Wolff, 2002), the increase in cocaine use, along with high levels of binge drinking in several English regions (Deacon et al., 2007) could have serious implications for public health.

The number, and rate, of hospital admissions related to drug use is increasing. A more detailed look at inequalities has been undertaken in this report by comparing the number of drug related hospital admissions across different lifestyle groups. The lifestyles groups are developed using geographical and behavioural information to classify people by where and how they live. This revealed that individuals living in 'Urban Challenge' who are typically unemployed, low income and smokers, have over 17 times greater drug related hospital admission than the most affluent group, 'Mature Oaks'. Whilst the number of drug related hospital admissions are increasing nationally, the number and rate of deaths related to drugs misuse have fluctuated between 2001 and 2007, with an overall decrease in this time period.

Substance Use Intelligence Gaps

The UK has extensive drug data collection tools, including the British Crime Survey (BCS), the Offending Crime and Justice Survey (OCJS), the National Drug Treatment Monitoring System (NDTMS) and the Drug Harm Index (DHI). However, there is constant development and refinement of data sources. Upon commencement of this report some data sources were unavailable, in development stages or unusable. More detail on some of the substance use intelligence gaps is detailed below.

Drugs: protecting families and communities – 2008-2018 strategy (Home Office, 2008), focuses on treatment effectiveness through improvement of retention and successful completion of those in contact with structured drug treatment. In recognition of the importance of effective treatment, the monitoring of treatment outcomes, in terms of substance use, risky behaviour, crime and health and social functioning, was incorporated into the routine monitoring of individuals in contact with structured drug treatment from October 2007. At the time of writing the system is in place but in an early period of establishment and therefore data on treatment outcomes are unavailable.

The link between drug use and offending has been well established in UK policy, with the *Updated Drug Strategy* (Home Office, 2002a) and *Drugs: protecting families and communities – 2008-2018 strategy* (Home Office, 2008) constructing a large proportion of policy on the premise that reducing an individual's drug use will reduce their offending. Survey work has suggested high levels of drug use among prison samples (Liriano & Ramsey, 2003; Singleton, Farrell & Meltzer, 1999). However, at present, there is no routine monitoring of structured drug treatment within the prison system in England. During 2008/09, a pilot project was introduced into certain English prisons, to establish routine monitoring of structured drug treatment within the prison system.

Between a quarter and a third of all drug misusers also misuse alcohol (DH & NTA, 2006). Various outcome studies have found that drug treatment services were having little or no impact on alcohol consumption by drug service clients, despite half having identified alcohol problems (Darke et al., 2006; Gossop et al., 2002). *Models of Care for Alcohol Misusers* (MoCAM) (DH & NTA, 2006) recommends that drug users in contact with specialist drug treatment services have their alcohol use and treatment needs routinely and continually assessed. The MoCAM also suggests that drug users could receive their alcohol and drug treatment within the same treatment setting. Whilst the MoCAM identifies the need to treat both alcohol and drug use within drug treatment settings, the updated alcohol harm reduction strategy *Safe. Sensible. Social. - The Next Steps in the National Alcohol Strategy* (DH, 2007) recognises that, within the substance misuse field, there is no agreed protocol to ensure that a client with drug and alcohol problems attending a drug and alcohol service for drug treatment will receive treatment for both their drug and alcohol problems. The identification of alcohol problems is of particular importance to those in contact with drug treatment services due to the high prevalence of hepatitis C in this group. Approximately half of current injecting drug users in 2005 were infected with hepatitis C virus (HPA, 2006). Heavy alcohol consumption by persons infected with the hepatitis C virus (HCV) can increase the risk of progression of end stage liver disease (Poynard, Bedossa & Opoion, 1997). During 2008/09, the National Treatment Agency (NTA) commenced routine monitoring of structured alcohol treatment, within tier 3 and 4 alcohol services and drug services, as part of the NDTMS. This routine monitoring will help to establish the extent of alcohol specific issues among those in contact with structured drug treatment.

Within *Drugs: protecting families and communities – 2008-2018 strategy* (Home Office, 2008), there is recognition of the need to continue to promote harm minimisation, including syringe exchange and drug-assisted treatments that encourage drug users to enter treatment, in order to reduce the risk of overdose and the risk of infection for the wider community. During 2008/09, the NTA were in the process of rolling out a monitoring system to examine the activity of all syringe exchanges throughout England. However, there is currently no national system to monitor other activity within open access tier 2 services (as defined by the Models of Care, NTA, 2002).

Injecting drug users are vulnerable to a wide range of infections, including those caused by viruses such as HIV and hepatitis C. The Unlinked Anonymous Prevalence Monitoring Programme (UAPMP) surveys current and previous injectors in contact with structured drug treatment. Whilst the UAPMP surveys the number of those in contact with treatment who had antibodies to hepatitis C, this information cannot be provided within the report due to the combination of data from two separate English regions. In addition, the Health Protection Agency Centre for Infections provided numbers of diagnoses of hepatitis C rather than rates and therefore the data could not be utilised as an indicator. The number of diagnoses can be found in Appendix 4.

Regional Summaries



**Map of British Isles with England
Government Office Regions defined.**



North East

In 2006/07 the North East had a prevalence level of 9.4 problematic drug users (PDU) per 1,000 population, a level close to the England average of 9.8. The rate of injecting PDU in this region was slightly higher than the England average at 4.1 per 1,000 population compared with 3.5 per 1,000 population.

The rate of *lifetime* and *last year* use of *any drug* among 16-59 year olds in the North East was below the England average in 2007/08, however, the rate of *last month* use of *any drug* was above the average at 52.1 compared to 49.8 per 1,000 population. There has been a decrease of *lifetime* amphetamine use in males in the North East between 2002/03 and 2007/08. In 2007/08 this region had the second highest rate of *last year* usage of amphetamines overall and among females compared to the other regions. In 2006 the North East had the highest *lifetime* rate of amphetamine use amongst 10-25 year olds (8.6%). A higher percentage of females aged under 18 reported *lifetime* amphetamine use compared with their male counterparts (5.0% compared 3.6%).



Whilst the North East had the second lowest overall *lifetime* use of cannabis among 16-59 year olds (255.2 per 1,000 population), the region had the second highest *lifetime* prevalence among 16-24 year olds in 2007/08. The North East was one of three regions which showed an increase in *last year* use of cannabis among 10-25 year olds from 13.3% in 2003 to 15.2% in 2006. The *lifetime* prevalence of cocaine use among females has increased overall by more than 50% in the region between 2002/03 and 2007/08. There was a substantial increase in *last year* use of cocaine in the North East from 13.7 per 1,000 population in 2002/03 to 34.6 per 1,000 population in 2006/07. However the rate of *last year* use has since fallen to 13.3 per 1,000 population in 2007/08. Whilst the estimated *lifetime* ecstasy use in the North East has increased overall between 2002/03 and 2007/08, *last month* use has approximately halved in the same time period.

The highest rate of *lifetime* anabolic steroid use was reported in the North East in all years between 2005/06 and 2007/08, with a rate of 12.0 per 1,000 population in 2007/08. The lowest rate of *lifetime* ketamine use amongst females was reported in this region in 2007/08 at 1.2 per 1,000 population.

The North East had the highest penetration rate of 15-24 year old PDU in contact with structured drug treatment (39.3%).

The North East had the lowest proportion of individuals assessed via the Drug Interventions Programme (DIP), in 2006/07, who stated the use of crack cocaine in the previous month (18.7%) and a higher than average percentage of individuals who stated the use of benzodiazepines in the *last month* (12.1% compared with England average of 7.3%). Individuals in the North East were most likely to feel that drugs were the main cause of crime in Britain during 2006/07-2007/08 (34.8%).

The rate of individuals in contact with treatment in the North East in 2006/07 (6.6 per 1,000 population) was above the England average of 5.8 per 1,000 population. The North East had the lowest average age of those in contact with treatment (30.1 years) and the lowest percentage of individuals stating their main problematic drug as crack cocaine, 2.2% of the in-treatment population stated crack cocaine as a main drug. This region had the second highest penetration rate of PDU in contact with treatment in comparison to all other regions (54.7%).

Whilst the numbers of hospital episodes attributed to psychoactive substances were relatively small in the North East, this region had the second highest rate of hospital admission attributed to psychoactive substances in 2006/07. The North East had the lowest number of deaths related to drugs misuse in 2007 (n=91). However, the rate per 100,000 population of deaths related to drugs misuse in this region (5.2 per 100,000 population) was the highest.

North West

In 2006/07, the North West had the second highest number of problematic drug users (PDU) in the country, along with a rate of PDU of 12.3 per 1,000 population, a rate above the England average (9.8 per 1,000 population). The North West also had the highest rate of opiate users, 10.9 per 1,000 population, in the same year.

The North West had above average rates of *lifetime*, *last year* and *last month* drug use during 2007/08 of 360.3, 95.8 and 52.8 per 1,000 population respectively. The highest rate of *last year* drug use amongst males was reported in the North West (134.9 per 1,000 population).

The North West had above average rates of *last year* and *last month* use of cannabis in 2007/08 (74.5 and 41.0 per 1,000 population respectively). The highest rate of *last month* cannabis use amongst males was found in the North West (64.8 per 1,000 population). Over two-fifths of 16-24 year old males in the North West had ever used cannabis in 2007/08, and approximately a quarter had used cannabis in the previous year.

The lowest rate of *last month* use of amphetamines was reported in the North West in 2007/08 at 1.8 per 1,000 population. The North West had the second highest estimated rate of *lifetime* ecstasy use in 2007/08 (79.7 per 1,000 population) and above average rates of *last year* and *last month* use.

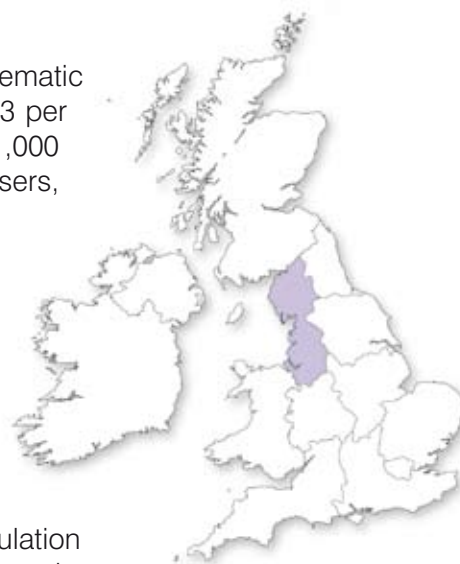
The highest proportion of *lifetime* and *last year* use of Class A drugs in 10-25 year olds in 2006 was found in the North West at 12.9% and 8.1% respectively. In addition the North West had the highest proportion of 10-25 year olds who had initiated Class A drug use at under 25 years of age compared with all other regions (12.5%). In 2006, the North West had the highest proportions of 10-25 year olds reporting *lifetime* use of amyl nitrate (11.9%) and ecstasy (9.3%). Additionally, this region had the second highest proportions of young people reporting *lifetime* use of amphetamines (7.8%) and cocaine (9.3%) in 2006.

In 2006/07, the North West had the second highest number, and fourth highest rate, of individuals assessed by the Drug Interventions Programme (DIP), along with the highest stated last month use of cocaine among this group (28.9%). The North West had the largest proportion of individuals aged 40 and over assessed by the DIP who stated the use of heroin in the *last month* during 2006/07 (58.5%), in contrast to the England average of 43.7%.

The North West had the highest rate, and number, of individuals in contact with structured drug treatment in 2006/07. The average age of those in contact with treatment in the North West (34.0 years) was above the England average (32.8 years). The highest percentage of those aged under 18 stating cocaine as their main problematic drug was found in the North West (6.3%). This region had a relatively high treatment penetration rate of estimated opiate and/or crack cocaine users in contact with treatment; 49.5% of estimated PDU were in contact with treatment in the North West in comparison to the England average of 45.2%.

The rate of hospital episodes attributed to psychoactive substances in the North West was consistently the highest among the English regions between 2001/02 and 2006/07, with a rate of 206.4 per 100,000 population in 2006/07.

The North West had the second highest rate of deaths related to drugs misuse in 2007 (4.9 per 100,000 population) in comparison to the England average of 4.2 per 100,000 population. However, the rate of deaths in this region has fallen substantially between 2001 and 2007, when the rate was 5.9 per 100,000 population.



Yorkshire and The Humber

In 2006/07, Yorkshire and The Humber had an estimated rate of problematic drug users (PDU) of 11.8 per 1,000 population, a higher rate than the England average of 9.8 per 1,000 population. This region had the highest estimated rate of injecting PDU (5.0 per 1,000 population) with this region also having the second highest rate of opiate users in England (10.5 per 1,000 population).



The second highest *last year* and *last month* usage of *any drug* in Yorkshire and The Humber was recorded in 2007/08 at 96.8 and 55.7 per 1,000 population respectively. In Yorkshire and The Humber approximately four times more males than females reported use of amphetamines in the previous year in 2007/08. The second highest rate of *last year* cannabis use was recorded in this region in 2007/08 (76.3 per 1,000 population). Over two-fifths of 16-24 year old males in Yorkshire and The Humber had ever used cannabis in 2007/08, and approximately a quarter had used cannabis in the previous year. Yorkshire and The Humber had above average *lifetime* rates of ecstasy, anabolic steroid and ketamine use in 2007/08.

The greatest reduction of 10-25 year olds reporting drug use in the *last year* between 2003 and 2006 was found in males in Yorkshire and The Humber. In 2006, females aged 10-25 years in Yorkshire and The Humber were more likely than their male counterparts to report *lifetime* use of Class A drugs. The second lowest proportion of 10-25 year olds reporting *lifetime* cocaine use in 2006 was recorded in this region (4.6%). Additionally, the lowest recorded proportion of young people reporting *lifetime* LSD/mushroom and solvent use was in Yorkshire and The Humber at 2.2% and 1.2% respectively.

Yorkshire and The Humber had a low proportion of their in-treatment population aged under 18 (3.5%) in comparison to the England average (5.9%) in 2006/07. The characteristics of those aged under 18 in treatment were also different to other regions, in Yorkshire and The Humber this group were less likely to state cannabis as their main problematic substance and more likely to state heroin than in other regions.

In both 2005/06 and 2006/07 clients assessed by the Drug Interventions Programme (DIP) in Yorkshire and The Humber were more likely to report the use of heroin in the previous month than those from any other region.

Individuals resident in Yorkshire and The Humber were the second most likely to feel that drugs were the main cause of crime in Britain during 2006/07-2007/08 (34.6%).

Yorkshire and The Humber had the third highest rate of individuals in contact with treatment in 2006/07 at 7.8 per 1,000 population. This region had the highest penetration rate of PDU in contact with treatment in comparison to all other regions (54.9%), along with the second highest proportion of their in-treatment population whose main problematic drug was stated as heroin. The proportion of those stating heroin as a main drug (72.3%) was substantially higher than the England average (62.2%).

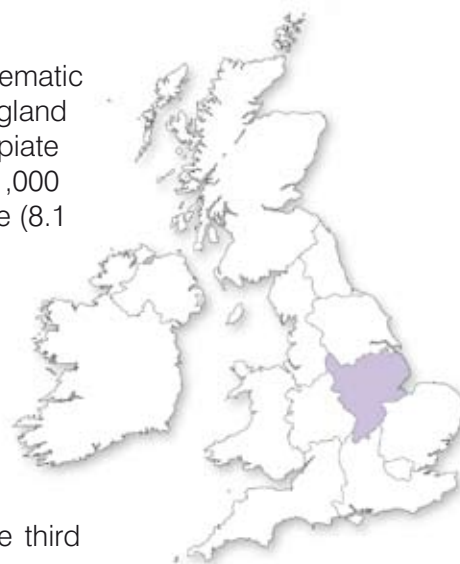
Yorkshire and The Humber was one of three regions to have rates of hospital episodes attributed to psychoactive substances higher than the England average in 2006/07.

Yorkshire and The Humber had a higher than average rate of deaths related to drugs misuse during 2007 (4.7 compared with England average of 4.2 per 100,000 population).

East Midlands

In 2006/07 the East Midlands had a lower estimated rate of problematic drug users (8.5 per 1,000 population) in comparison to the England average (9.8 per 1,000 population). The estimated rate of opiate and crack cocaine users in the East Midlands (7.3 and 3.7 per 1,000 population respectively) were also lower than the England average (8.1 and 5.4 per 1,000 population respectively).

In 2007/08, the East Midlands had the third highest rate of use of *any drug* in the *last month* amongst males (77.3 per 1,000 population). Over half of males aged 25-39 in the East Midlands reported *lifetime* use of cannabis (519.2 per 1,000 population). The East Midlands had a high rate of *last month* use of amphetamines (the second highest regionally at 3.9 per 1,000 population) and a low rate of *last month* cocaine use (the third lowest regionally at 7.0 per 1,000 population).



Unlike most of the other regions, in 2000 there was a substantial difference in the rate of drug dependency between genders in the East Midlands. The rate of females stating a dependency to a drug was low in the East Midlands (3.1 per 1,000 population) in comparison to males in the region (31.0 per 1,000 population) and the England average for females (19.6 per 1,000 population).

The highest proportion of males aged 18-25 who reported use of *any drug* in their *lifetime* in 2006 was found in the East Midlands (56.0%). However, in the same year the third lowest proportion of males aged 18-25 reported *last month* use of *any drug* (18.7%). The East Midlands had lower than average percentages of 10-25 year olds reporting use of cannabis in the previous year and previous month in 2006. The East Midlands had the second highest rate of *lifetime* use of amyl nitrate and solvents among 10-25 year olds in 2006 (10.8% and 5.4% respectively).

During 2006/07, the East Midlands had the largest proportion of individuals assessed by the Drug Interventions Programme (DIP) who stated the use of illicit methadone in the previous month compared to all other English regions (8.3%). This region was the only area to experience an increase in stated *last month* use of crack cocaine in females assessed by DIP between 2005/06 and 2006/07 from 32.2% to 40.1%.

The mean age of those in contact with structured drug treatment in England in 2006/07 in East Midlands was the second lowest regionally (31.1 years). In the East Midlands the highest proportion of individuals who stated amphetamines as their main problematic substance was recorded (4.5%).

In all years from 2001/02 to 2006/07 the East Midlands had a lower than average rate of hospital admissions attributed to psychoactive substances.

In August 2006 the rate of claimants of Incapacity Benefit or Severe Disablement Allowance as a result of drug misuse in the East Midlands (103.7 per 100,000 population) was lower than the England average (125.9 per 100,000 population) and the third lowest nationally.

The East Midlands had the second lowest rate, and number, of deaths related to drugs misuse in England in 2007 (3.6 per 100,000 population compared with the England average of 4.2 per 100,000 population).

West Midlands

In 2006/07 the West Midlands had a higher estimated rate of problematic drug users (PDU) (10.9 per 1,000 population) in comparison to the England average (9.8 per 1,000 population). In 2006/07, there was a higher prevalence of opiate users in the West Midlands compared with the England average, 9.3 compared with 8.1 per 1,000 population.

During 2007/08 the *lifetime* (302.9 per 1,000 population) prevalence of use of *any drug* in the West Midlands was the lowest recorded regionally. The lowest prevalence of *lifetime* use of amphetamines, cannabis and ecstasy was recorded in this region in 2007/08.

A steady year-on-year decrease in the rate of *last month* cannabis use was recorded in this region from 2003/04 onwards, and the third lowest rate regionally at 35.8 per 1,000 population in 2007/08.

The second highest rate of *last month* cocaine use was recorded in the West Midlands in 2007/08 at 12.6 per 1,000 population, and an increase from 4.7 in 2002/03.



Unlike the majority of other regions, there was a substantial difference in the rate of drug dependency (according to the Psychiatric Morbidity Study (PMS)) between genders in the West Midlands. The rate of females stating a dependency to a drug was low in the West Midlands (2.5 per 1,000 population) in comparison to the England female average (19.6 per 1,000 population).

Regionally, the second lowest rates of *lifetime* use of amphetamines, cannabis, ecstasy and LSD/ mushrooms were recorded amongst 10-25 year olds in the West Midlands in 2006. The West Midlands had the second highest rate and number, of problematic drug users aged under 25 in England in 2006/07 (11.5 per 1,000 population in the West Midlands in comparison to the England average of 9.1 per 1,000 population). The West Midlands also had the second highest rate of PDU aged under 25 in contact with structured drug treatment (4.0 per 1,000 population). In this region the second highest proportion of those aged under 18 in treatment stating heroin as their main problematic substance was found (6.1%). In 2006, the lowest percentage of young people who had used *any drug* in the previous month aged 10-25 was observed in the West Midlands at 8.4% (compared with the England average of 10.5%). Additionally, this region had the lowest percentage of *lifetime* use of Class A drugs amongst 10-25 year olds in 2006 (6.1%).

The rate of population (aged 18-64 years) in the West Midlands assessed by the Drug Interventions Programme (DIP) (3.3 per 1,000 population) was higher than the England average of 2.8 per 1,000 population in 2006/07. Low rates of stimulant use in the previous month (amphetamines, cocaine and ecstasy) were found among those assessed by DIP in 2006/07.

The West Midlands had the highest proportion of individuals in contact with treatment who stated heroin as their main problematic drug in 2006/07 at 73.9% compared to the England average of 62.2%.

Hospital episodes attributed to psychoactive substances in the West Midlands were below the England average in all years between 2001/02 and 2006/07. In 2006/07 the rate of hospital admissions (106.8 per 100,000 population) were below the England average (116.7 per 100,000 population). In August 2006 the rate of claimants of Incapacity Benefit or Severe Disablement Allowance as a result of drug misuse in the West Midlands (103.1 per 100,000 population) was lower than the England average (125.9 per 100,000 population).

The West Midlands experienced an increase in the rate of deaths related to drugs misuse between 2001 and 2007 (from 3.8 in 2001 to 4.4 per 100,000 population in 2007). The rate of deaths related to drugs misuse in this region was higher than the England average in 2007 of 4.2 per 100,000 population.

East of England

The lowest rate of problematic drug users (PDU), PDU who inject and opiate use was demonstrated in the East of England at 5.4, 2.0 and 4.4 per 1,000 population respectively in 2006/07. The second lowest rate of crack cocaine use was also recorded in this region (3.4 per 1,000 population) in comparison to England average (5.4 per 1,000 population).

Last year and *last month* use of *any drug* in the East of England was the lowest regionally in 2007/08 at 78.3 and 42.0 per 1,000 population respectively. The lowest rate of *last month* cannabis and cocaine (32.9 and 5.2 per 1,000 population respectively) and the second lowest rate of *last month* amphetamine and ecstasy use was reported in the East of England (2.5 and 2.5 per 1,000 population respectively) in 2007/08. This region also had the lowest recorded *lifetime* rate of anabolic steroid use and second lowest rate of *lifetime* ketamine use at 1.8 and 8.6 per 1,000 population respectively in 2007/08.



The second lowest proportion of under 18 year olds in contact with structured treatment services was recorded in the East of England in 2006/07 (4.7%). The lowest prevalence of PDU aged 15-24 years was reported for the East of England (5.3 per 1,000 population). In the East of England lower than average rates of 10-25 year olds reporting *lifetime* use of *any drug* and *any Class A drug* were recorded. Among young people aged 10-25 years in 2006 low percentages of *lifetime* use of amphetamines, amyl nitrate, ecstasy and solvents were found in the East of England. The lowest percentage of 10-25 year olds stating *lifetime* use of LSD/mushrooms was reported in the East of England between 2003 and 2005, and the third lowest percentage in 2006.

The East of England had the lowest rate of Drug Interventions Programme (DIP) assessments in 2006/07 in England (1.7 per 1,000 population). The East of England also had the lowest rates of recorded drug offences in England in all years from 2001/02 to 2005/06 with a rate of 318 per 100,000 population in 2005/06.

The East of England had the second lowest rate of individuals in contact with structured drug treatment in 2006/07 at 3.7 per 1,000 population. This is in contrast to an England average of 5.8 per 1,000 population. The East of England had a relatively high percentage of females in contact with structured drug treatment (30.4% of the in-treatment population compared with an England average of 28.3%). The second lowest percentage of individuals in contact with structured treatment stating heroin as their main problematic substance was recorded in this region (55.6%). High proportions of cocaine (8.3%) and cannabis (16.6%) were reported as main problematic substances in this region.

In 2006/07, the lowest rate of hospital episodes attributed to psychoactive substances at 69.5 per 100,000 population was recorded in the East of England. This region also had the lowest rate compared to the other regions in each year from 2002/03 to 2006/07.

The East of England had the lowest rate of claimants for Incapacity Benefit or Severe Disablement Allowance as a result of drug misuse (79.0 per 100,000 population).

The lowest rate of deaths related to drugs misuse was recorded in the East of England in 2006 and 2007. The rate of deaths related to drugs misuse in 2007 was 3.2 per 100,000 population, compared to the England average of 4.2 per 100,000 population.

London

In 2006/07 London had the highest estimated rate of problematic drug users (PDU) at 14.2 per 1,000 population. London also had the highest rate of crack cocaine users per 1,000 population, considerably higher, compared to all other regions (8.9 per 1,000 in London and 5.4 per 1,000 population England average). According to estimates approximately a quarter of the crack cocaine users in England were resident in London.



London had the highest rate of *last month* use of *any drug* in 2007/08 at 56.2 per 1,000 population. In this region, the rate of *last year* use of *any drug* decreased by approximately a third between 2002/03 and 2007/08. Rates of amphetamine use in *lifetime*, *last year* and *last month* have decreased overall between 2002/03 and 2007/08, reductions have been found in London over this period.

The rate of *last month* use of cannabis was highest in London in 2007/08 (45.7 per 1,000 population). In contrast to the increase in *lifetime* prevalence of cocaine nationally and in the other regions, the rates have decreased in London between 2002/03 and 2007/08. Despite the trend of decreasing rates, in 2007/08 London had the highest prevalence of *lifetime*, *last year* and *last month* cocaine use at 89.1, 27.5 and 15.2 per 1,000 population respectively. London had the highest estimated rate of *lifetime* use of ecstasy in 2007/08 at 80.8 per 1,000 population. The estimated rate of *last year* use of ecstasy has fallen both nationally, and in most regions between 2002/03 and 2007/08. In London, there has been a decrease in *last year* use of ecstasy from 23.6 in 2002/03 to 18.4 per 1,000 population in 2007/08. However, London continued to have the highest rates of *last year* and *last month* use of this drug in 2007/08.

The second lowest rate of *lifetime* anabolic steroid use was recorded in London at 3.1 per 1,000 population in 2007/08. The highest rate of *lifetime* ketamine use was reported in London in 2006/07 and 2007/08 at 17.0 and 17.4 per 1,000 population respectively.

London had the lowest treatment penetration rate of 15-24 year old PDU in contact with treatment in the country (16.1%). The proportion of reported use of *any drug* across all measures of frequency amongst 10-25 year olds in 2006 in London was below the England average. The lowest percentage of *last month* and *last year* Class A drug use amongst young people in 2006 was reported in London at 4.3% and 1.1% respectively. The lowest proportions of young people reporting *lifetime* use of amphetamines and amyl nitrate in 2006 was recorded in London.

London had the highest number, and rate, of individuals assessed by the Drug Interventions Programme (DIP) in comparison to all other regions in 2006/07, along with the highest rate of crack cocaine use in the previous month among this cohort in both 2005/06 and 2006/07. London had the lowest rate of reported heroin use among those assessed by DIP in comparison to the other English regions and the lowest rates of *current* and *lifetime* injecting use among its DIP cohort in comparison to all other English regions. Rates of recorded drug offences were highest in London in all years between 2001/02 and 2005/06, with a rate of 726 per 100,000 population in 2005/06.

London had the lowest proportion of individuals in treatment stating heroin as a main problematic drug compared to the other English regions (44.0% compared to 62.2% in England in 2006/07). London region had a substantial proportion of individuals in contact with treatment stating crack cocaine as their main problematic drug in comparison to other regions (15.5% compared to 5.6% in England in 2006/07). London had the lowest treatment penetration rate of individuals stated as PDU (32.6%) compared to the other regions.

Between 2001/02 and 2007/08 rates of hospital episodes attributed to psychoactive substances were consistently below the England average. In 2007, London had a rate of drug related deaths below the England average (3.8 compared to 4.2 per 100,000 population).

South East

The South East had the second lowest estimated rate of problematic drug users (PDU) in England during 2006/07 (5.6 per 1,000 population in contrast to an England average of 9.8 per 1,000 population). A low estimated rate of injecting PDU and opiate use was also found in the South East (2.0 and 4.6 per 1,000 population). The lowest rate of crack cocaine use (3.1 per 1,000 population) was also evident in the South East.

The *lifetime* use of *any drug* in the South East during 2007/08 was the second highest regionally at 385.0 per 1,000 population. The *last year* and *last month* rates of *any drug* use in this region were below the England average in 2007/08, with year-on-year decreases recorded in this region between 2002/03 and 2007/08. Additionally this region had the second highest reported rates of *lifetime* use of amphetamines, cannabis and cocaine. However, similarly to the pattern of *any drug* use, both *last year* (with exception of cocaine) and *last month* prevalence of these drugs were below average in this region in 2007/08.



The *last year* and *last month* prevalence of cannabis in the South East had a year-on-year decrease between 2002/03 and 2007/08. The overall prevalence of these measures of cannabis use has fallen by approximately 50% in this time period in the South East.

In 2006/07 the South East had the highest proportion of their in-treatment population aged under 18 in England at 7.8%. The second highest percentage of young people (aged 10-25 years) who had used *any drug*, *any Class A drug* and cannabis in their *lifetime* were recorded in the South East in 2006.

In 2006 the highest proportion of 10-25 year olds who had ever used cocaine (10.3%) was recorded in the South East. Above average rates of *lifetime* use of amphetamines, amyl nitrate, ecstasy, LSD/mushrooms and solvents were recorded amongst young people in this region in 2006. This region also had the highest proportion of Year 8 (2003-2006) and Year 10 pupils (2002-2006) who knew someone personally who took drugs.

In 2005/06 and 2006/07, clients assessed by the Drug Interventions Programme (DIP) in the South East were more likely to state *last month* use of cannabis in comparison to other regions. In 2006/07 there was a high rate of both *last month* use of benzodiazepines (18.2%) and illicit methadone (14.7%) among females assessed by the DIP in the South East compared with the England average.

The South East had the lowest proportion of individuals who felt that drugs were the main cause of crime in 2006/07-2007/08 when compared to all other English regions.

The lowest rate of individuals in contact with treatment services was recorded in the South East in 2006/07 at 3.4 per 1,000 population. Lower than average proportions of the in-treatment population stating heroin and crack cocaine as their main problematic substances were found in this region, but, a higher than average proportion stated cocaine as their main problematic substance.

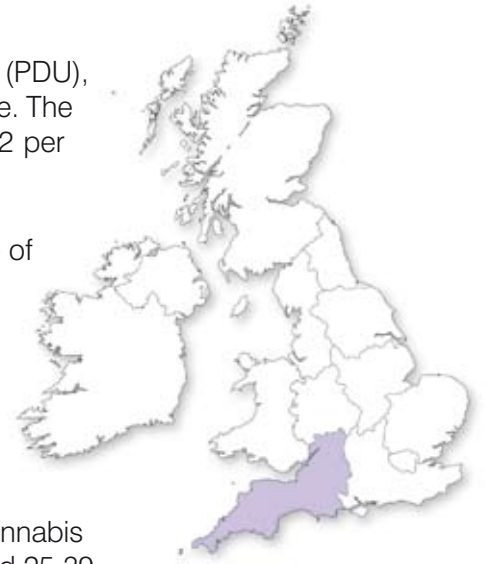
The rate of hospital episodes attributed to psychoactive substances in the South East was consistently lower than the England average between 2001/02 and 2006/07. This region had the second lowest rate of hospital episodes attributed to psychoactive substances in 2006/07 at 80.4 per 100,000 population.

Between 2001 and 2007 lower than average rates of drug related deaths were recorded in the South East. However, the rate of drug related deaths among females in 2007 was higher than the England average for this group (1.6 per 100,000 population compared to 1.5 per 100,000 population nationally).

South West

In 2006/07, the South West had rates of problematic drug users (PDU), opiate use and crack use that were lower than the England average. The South West also had the third highest rate of injecting PDU at 4.2 per 1,000 population compared with the average of 3.5 in England.

In 2007/08 the highest overall and female *lifetime* and *last year* use of *any drug* was found in the South West, with an overall increase in the rate of *lifetime* use between 2002/03 and 2007/08. The highest rates of *lifetime*, *last year* and *last month* use of amphetamines were recorded in the South West in 2007/08 at 135.6, 15.1 and 5.5 per 1,000 population respectively. The highest rates of *lifetime* and *last year* cannabis use were also recorded in the South West at 336.5 and 81.5 per 1,000 population respectively. Additionally, this region had the second highest rate of *last month* cannabis use in 2007/08 (45.0 per 1,000 population). Over half of males aged 25-39 years in the South West in 2007/08 reported *lifetime* use of cannabis (525.1 per 1,000 population).



In the South West in 2007/08 lower than average rates of *last month* use of ecstasy and cocaine were recorded. In addition, lower than average *lifetime* rates of anabolic steroid and ketamine use were observed.

Amongst 10-25 year olds in 2006 the South West had the highest proportion reporting *lifetime* use of *any drug* (37.2%), *last year* use of *any drug* (24.6%), *lifetime* use of cannabis (35.1%) and *last year* use of cannabis (22.7%). This region also had the second highest reported percentage of young people reporting *last month* use of *any drug* and cannabis in 2006. Above average proportions of young people reported *lifetime* and *last year* use of Class A drugs in 2006, but the proportion who reported *last month* use of Class A drugs was below average.

High proportions of young people in the South West reported *lifetime* use of ecstasy (9.0%), LSD/mushrooms (5.3%) and drinking alcohol whilst taking drugs in the previous year (15.3%). However, lower than average polydrug use was reported amongst 10-25 year olds in this region in 2006 (4.5% compared with the England average of 4.8%).

In both 2005/06 and 2006/07, clients assessed by the Drug Interventions Programme (DIP) in the South West were more likely than those from other regions to report the use of benzodiazepines. The lowest rate of cocaine use among the DIP population was recorded in the South West in 2006/07. *Lifetime* and *current* injecting was highest among the DIP cohort in the South West during 2006/07 (55.8% and 34.7% respectively).

Between 2001/02 and 2005/06 the South West had a rate of hospital admissions attributed to psychoactive substances higher than the national average, and in 2006/07 this rate fell below the national average at 116.0 per 100,000 population compared to 116.7 per 100,000 nationally.

In August 2006 the South West had the highest rate of claimants for Incapacity Benefit or Severe Disablement Allowance as a result of drug misuse (211.2 per 100,000 population).

The South West had the third highest rate of deaths related to drugs misuse in England during 2007 (4.8 per 100,000 population).

Introduction



2. Introduction

As part of the series of *Indications of Public Health in the English Regions*, commissioned from the Association of Public Health Observatories (APHO) by the Chief Medical Officer (CMO), the North West Public Health Observatory (NWPHO) have produced this document on illicit drug use in the English regions (as defined by the Misuse of Drugs Act, 1971).

In England and Wales there are an estimated 11 million people aged 16-59 who have used *any drug* in their *lifetime*, with approximately three million estimated to have used *any drug* in the *last year* (Hoare & Flatley, 2008). The United Kingdom (UK) has high *lifetime* prevalence of amphetamines, cannabis, cocaine and ecstasy use in comparison to other EU member states (EMCDDA, 2008b). The UK also has the highest identified prevalence of problematic drug users (PDU) aged 15-64 years in Europe at 10.2 per 1,000 population, with the rate for England at 9.8 per 1,000 population (EMCDDA, 2008b; Hay et al., 2008b). Definitions of PDU vary across the UK countries. In England, PDU is defined as users of opiates and/or crack cocaine, including those who inject either of these drugs (Hay et al., 2008a). International comparisons indicate that the UK has a lower lifetime prevalence of cocaine use among 15-34 year olds than the USA and Canada. However, along with Denmark and Spain the UK has higher lifetime prevalence of cocaine use than Australia and the European average (EMCDDA, 2008a)¹.

The public health implications of drug use are widespread and known to cause a range of acute and chronic health conditions. The acute effects of drug use, such as accidental and intentional poisoning, along with chronic effects of drug use, for example hepatitis B and C, HIV and cardiovascular problems, place a burden on the National Health Service (NHS) in terms of hospital and primary care treatment. However, the effects of drug use are not limited to health and health services. Drug use, in particular problematic opiate and/or crack cocaine use, places a sizeable burden on the criminal justice system, with users of these drugs often committing acquisitive crime to fund their drug use (Liriano & Ramsey, 2003; Singleton, Farrell & Meltzer, 1999; Holloway & Bennett, 2004; O'Shea, Jones & Sondhi, 2003). The estimated cost of problematic drug related crime in England and Wales is £13.9 billion (Singleton, Murray & Tinsley, 2006). The link between drug use and offending has been well established in UK policy within the most recent drug strategy, *Drugs: protecting families and communities – 2008-2018 strategy* (Home Office, 2008). This drug-related crime has implications for the population as a whole in terms of community cohesion and economic capacity. Therefore, drug use can negatively affect the wellbeing of both individuals and communities, in particular deprived communities with high levels of problematic drug use.

This regional indications report contains 46 separate indicators of drug use relating to the individual, community and population, with various measures of the effects this has on health and wellbeing. In particular, the report focuses on the nine English regions, but, where possible, the situation in England has been put into a wider European context.

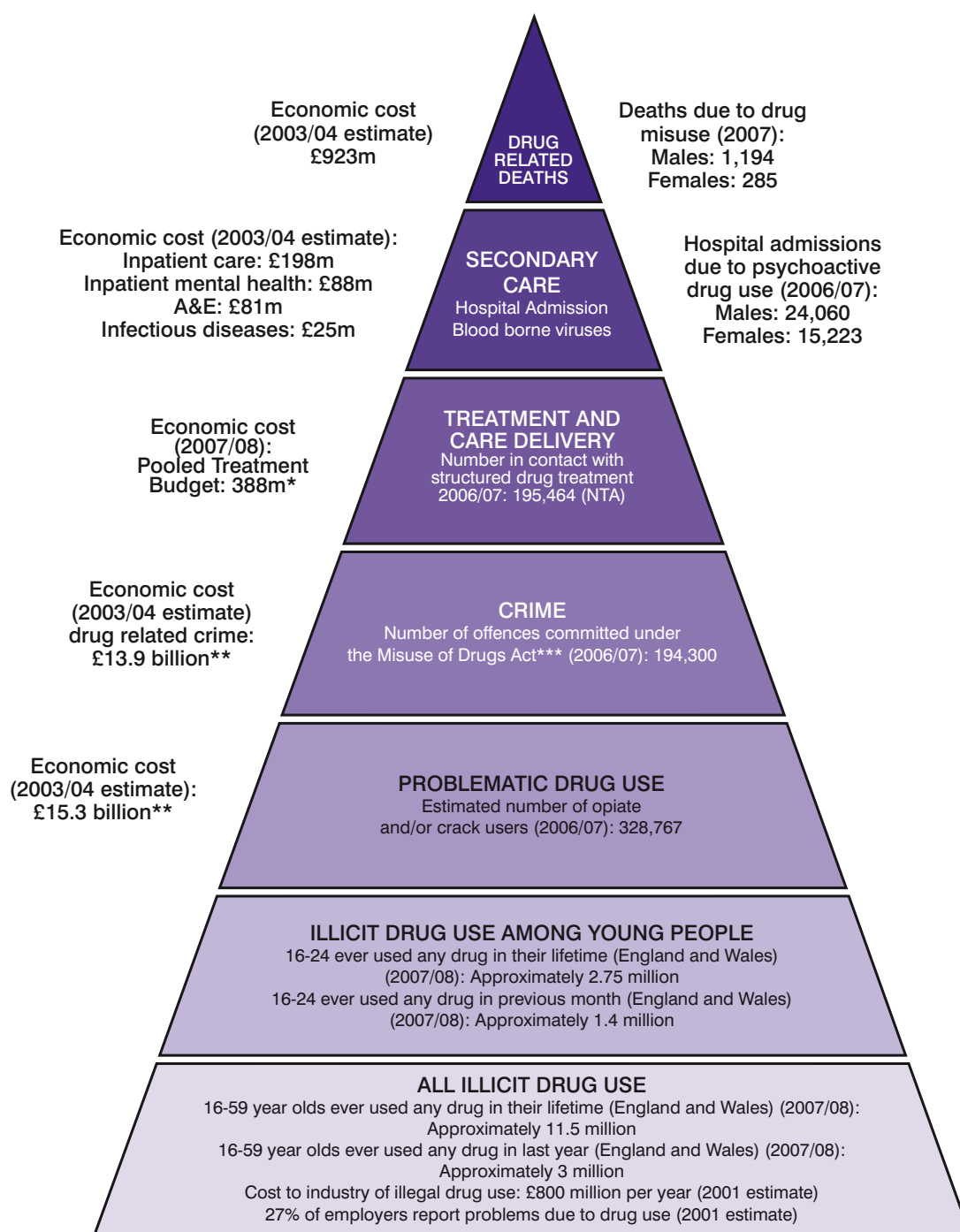
The collation of indicators aims to illustrate the differences and similarities between Government Office Regions (GOR). Where datasets allow, the analysis concentrates on presenting indicators by the Index of Multiple Deprivation 2007 (IMD, 2007) correlations at local authority level. Secondly, where small area data are available, analysis by a geodemographic classification, P² People and Places is included (Appendix 3). Each chapter also includes a key points summary, a section on data issues and definitions that detail the datasets used for each indicator, analyses performed and any limitations of the data.

¹ Methodological notes on European prevalence estimates can be found in the Drug Use chapter Data Issues section.

Indicator Highlights

The main report is divided into sections based on the illustration in Figure 1, which highlights the harm caused by drugs throughout England. Each section contains different measures of drug-related effect on the population. For example, 11.5 million people in England and Wales have tried an illicit drug in their *lifetime* (Hoare & Flatley, 2008), but problematic drug use occurs in only a proportion of those who have tried drugs and far less will be admitted to hospital or die as a result of their drug taking as illustrated in Figure 1. A summary of key findings follows, along with details of the indicators at the regional level, highlighting whether the regions show significantly high or low measures.

Figure 1: Summary of measures illustrated in the various sections of the report.



* The Pooled Treatment Budget is only a proportion of the total amount spent on drug treatment in a given year, it does not usually include money spent on young people or treatment within criminal justice services.

** £13.9 billion is part of the £15.3 billion estimated cost of problematic drug use (Singleton, Murray & Tinsley, 2006).

*** Crimes committed under the Misuse of Drugs Act (1971) include possession, supply and production of controlled substances.

2.1 Drug classifications & descriptions

The Misuse of Drugs Act (1971) divides drugs into three classifications, A, B and C. In law, Class A drugs are treated as the most harmful and Class C drugs as the least harmful. The maximum penalties for being convicted of an offence under the Act are fixed according to the class of drug. It is important to note that drug classifications can be changed and that this information is correct as of January 2009.

This section does not contain information on all drugs mentioned in the Misuse of Drugs Act (1971). It only provides information on those focussed on in this report.

CLASS A

Cocaine

Cocaine is made from the leaves of the coca shrub and is a powerful fast-acting, short-lived psychomotor stimulant. Cocaine is most commonly snorted, but it can also be prepared for injection.



Crack cocaine

Crack cocaine, a form of cocaine, is a powerful stimulant with short-lived effects. Crack cocaine tends to be stronger and more addictive than powder cocaine. Crack cocaine is usually formed as crystalline 'rocks'. It is most commonly smoked, but can also be prepared for injection.



Ecstasy MDMA

(3,4 methylenedioxymethamphetamine) Ecstasy refers to a synthetic drug chemically similar to amphetamines, but with different effects. Ecstasy typically has stimulant effects which boost the circulation of the neurotransmitter serotonin. Ecstasy is usually formed in tablets, but increasingly available in powder form.



LSD (Lysergic Acid Diethylamide)

LSD is a synthesised hallucinogenic drug. It is a white powder, but as a street drug, it is a liquid absorbed into paper sheets or very small pills. It is usually sold in the form of small pieces of blotting paper or small pills and taken orally.



Psilocybin (“Magic”) Mushrooms

Magic mushrooms are small brown mushrooms that stain blue to the touch which grow in the wild. They produce similar hallucinogenic-type effects to LSD when eaten. They are eaten either fresh or dried/stewed.



Heroin

Heroin is derived from the opium poppy. In Europe, brown heroin (the chemical base form) is most common. Heroin slows down body functioning and substantially reduces physical and psychological pain. For medical use, heroin (diamorphine) usually comes as injectable liquid. Heroin is usually either smoked or prepared for injection.



Methadone

Methadone is one of a number of synthetic opiates that are manufactured for medical use. Methadone does not deliver the same degree of pain reduction as heroin. Methadone use is usually aimed initially at preventing withdrawal symptoms and supporting stabilisation of health and lifestyle in those who are heroin dependent. The most common form of methadone is oral liquid, but it can also be produced as tablets or injectable liquid.



CLASS B

Amphetamines

Amphetamines are synthetic central nervous system stimulants. The most common form of amphetamines is powder. Amphetamine may be ingested, snorted, inhaled and, less commonly, injected. Note that whilst amphetamines are Class B, once prepared for injection it becomes Class A.



Cannabis

Cannabis, the world's most commonly used illicit drug, is a mild sedative and hallucinogen. It is derived from the leaves, flowers and seeds of cannabis plants. There are over 400 active ingredients in cannabis, including cannabidiol (CBD), cannabinol (CBN) and tetrahydrocannabinol (THC).

There are three main forms of cannabis common in Europe: cannabis resin; herbal cannabis and increasingly genetically modified 'skunk'. Cannabis is most commonly smoked (often combined with tobacco).

Cannabis has been subject to classification changes between 2003 and 2009. In 2003 cannabis was downgraded from Class B to C, and in 2009 was re-graded from C to B. The reclassification became law on 26th January 2009.



CLASS C

Amyl Nitrate

Amyl nitrate is a stimulant commonly known as 'poppers'. Nitrites dilate blood vessels allowing more blood to get to the heart causing an almost instant 'head rush' with flushed face and neck. Amyl nitrate is usually distributed in small bottles from which the vapours are sniffed.



Anabolic Steroids

Anabolic steroids are synthetic drugs which mimic the actions of testosterone in the body. They are typically used for performance or image enhancement reasons. The anabolic effects promote growth and development of tissue and aid quicker recovery from training sessions. They are most commonly available as liquid for injection or in tablet form.



Benzodiazepines

Benzodiazepines are prescription drugs typically used to treat anxiety, depression and insomnia. Commonly used benzodiazepines include diazepam (Valium), lorazepam (Ativan), chlordiazepoxide (librium), nitrazepam (Mogadon) flunitrazepam (Rohypnol) and temazepam. Benzodiazepines come as tablets, capsules, injections or suppositories.



Ketamine

Ketamine is a powerful anaesthetic licensed for use in human and animal medicine. At low doses it creates feelings of euphoria and can cause hallucinations at high dosages. Ketamine is available in many forms including liquid (for injecting), as a pill or powder.



Box 1: The Indicators

Drug Use

- Rate of problematic drug users per 1,000 population
- Rate of problematic drug users who inject per 1,000 population
- Rate of opiate users per 1,000 population
- Rate of crack cocaine users per 1,000 population
- Rate of drug users per 1,000 population
- Rate of amphetamine users per 1,000 population
- Rate of cannabis users per 1,000 population
- Rate of cocaine users per 1,000 population
- Rate of ecstasy users per 1,000 population
- Rate of anabolic steroid users per 1,000 population
- Rate of ketamine users per 1,000 of population
- Prevalence of adults who were dependent on *any drug*

Young People

- Percentage of those in contact with structured drug treatment aged under 18 years old
- Percentage of 10-25 year olds who have used *any drug*
- Percentage of 10-25 year olds who have used *any Class A drug*
- Percentage of 10-25 year olds who have used cannabis
- Percentage of 10-25 year olds who have used amphetamine in their lifetime
- Percentage of 10-25 year olds who have used amyl nitrate in their lifetime
- Percentage of 10-25 year olds who have used cocaine in their lifetime
- Percentage of 10-25 year olds who have used ecstasy in their lifetime
- Percentage of 10-25 year olds who have used LSD/mushrooms in their lifetime
- Percentage of 10-25 year olds who have used solvents in their lifetime
- Percentage of 10-25 year olds who have drunk alcohol whilst using drugs in the last 12 months
- Percentage of 10-25 year olds who have used more than one drug at a time in the last 12 months
- Percentage of Year 8 and Year 10 pupils who know someone personally who takes drugs

Crime

- Percentage of individuals assessed by DIP who used amphetamines in the previous month
- Percentage of individuals assessed by DIP who used benzodiazepines in the previous month
- Percentage of individuals assessed by DIP who used cannabis in the previous month
- Percentage of individuals assessed by DIP who used cocaine in the previous month
- Percentage of individuals assessed by DIP who used crack cocaine in the previous month
- Percentage of individuals assessed by DIP who used ecstasy in the previous month
- Percentage of individuals assessed by DIP who used heroin in the previous month
- Percentage of individuals assessed by DIP who used illicit methadone in the previous month
- Percentage of individuals assessed by DIP who have injected
- Rates of recorded drug offences per 100,000 population
- Percentage of individuals who met the OASys criteria for inclusion and were convicted of a Misuse of Drugs Act (1971) offence
- Percentage of individuals receiving an OASys assessment and have ever misused drugs who were assessed as highly likely to be reconvicted
- Percentage of adults who felt that drugs were the main cause of crime in Britain today

Box 1: The Indicators (cont.)**Structured Drug Treatment**

- Rate of individuals in contact with structured treatment services per 1,000 population
- Percentage of individuals in contact with structured drug treatment stating heroin as a main problematic drug
- Percentage of individuals in contact with structured drug treatment stating crack cocaine as a main problematic drug
- Percentage of offenders assessed by DIP who were currently in contact with structured drug treatment services
- Percentage of offenders assessed by DIP who have previously been in contact with structured drug treatment services within the last two years

Health and Social Consequences

- Rate of hospital admission attributed to psychoactive substances per 100,000 population
- Rate of claimants of Incapacity Benefit or Severe Disablement Allowance whose main reason was drug abuse

Deaths Related to Drug Misuse

- Rate of deaths related to drugs misuse (according to the drug strategy definition of a death related to drugs misuse) per 100,000 population (15-64 years)

Box 2: Terminology

This report includes terminology which is commonly used to describe frequencies of drug use and injecting. The terms are defined below.

Lifetime drug use/injecting

Lifetime drug use refers to the use of the drug/injecting at least once in the respondents life.

Last year/previous year drug use/injecting

This refers to drug use or injecting in the year prior to interview. It should be noted that in one survey year two individuals who respond to this question may be referring to different years as they may be interviewed 12 months apart.

Last month/previous month drug use/injecting

This refers to drug use or injecting in the month prior to interview.

Any drug

This refers to any illicit drug as defined by the Misuse of Drugs Act (1971).

Any Class A drug

This refers to any Class A drug as defined by the Misuse of Drugs Act (1971).

Drug Use



3. Drug Use

Indicators

- Rate of problematic drug users per 1,000 population;
- Rate of problematic drug users who inject per 1,000 population;
- Rate of opiate users per 1,000 population;
- Rate of crack cocaine users per 1,000 population;
- Rate of drug users per 1,000 population;
- Rate of amphetamine users per 1,000 population;
- Rate of cannabis users per 1,000 population;
- Rate of cocaine users per 1,000 population;
- Rate of ecstasy users per 1,000 population;
- Rate of anabolic steroid users per 1,000 population;
- Rate of ketamine users per 1,000 of population;
- Prevalence of adults who were dependent on *any drug*.

Rationale and Evidence

In 2002, the Government published the *Updated Drugs Strategy* (Home Office, 2002a), with the aim of reducing the demand for all illegal drugs (as defined by the Misuse of Drugs Act, 1971), along with a reduction in supply for these substances. Whilst the 2002 *Updated Drugs Strategy* aimed to reduce the use, particularly in young people, of all illicit drugs, a key target was the reduction in the number of individuals using those drugs that are deemed to have the greatest health and criminal justice related consequences (Home Office, 2002a). The more recent 2008 drug strategy, *Drugs: protecting families and communities – 2008-2018 strategy* (Home Office, 2008), aims to continue to reduce drug supply and drug use. However, the 2008 strategy has shifted focus and highlights how drug use impacts upon families and communities, the requirement for appropriately targeted funding, how effective partnership working among institutions is necessary and that drug users should acknowledge their responsibility to engage in drug treatment.

Furthermore, a key aim of the *Updated Drugs Strategy* (Home Office, 2002a) was to move problematic drug users into appropriate drug treatment. While 'problematic drug use' is a term applied differently in different settings, in England it refers to the use of opiates and/or crack cocaine (Hay et al., 2008a). It encompasses those who 'use' as well as those that 'misuse' or 'abuse' these types of drug. Opiates and/or crack cocaine may not be the primary drugs in use and those who also use other types of drugs in addition to opiates and crack cocaine have been included. This definition does not include people who only use other types of drug such as powder cocaine, amphetamines, ecstasy or cannabis (Man, 2007). While it is useful from a service planning perspective to know the total number of drug users/problematic drug users in any particular geographical area, it is also useful to know the rate of drug use as a proportion of the total population. Rates enable us to make both robust geographical comparisons, and to identify changes in the proportion of drug users within a given population in light of changes in the total population. Rates of lifetime drug use, in the last year and in the last month allow an assessment of trends in drug use across years, with drug use in the last year and the last month being useful to monitor recent and current drug use.

Background

In 2007/08, it was estimated that over 11 million people aged 16-59 in England and Wales had used any illicit drug in their *lifetime* (Hoare & Flatley, 2008). In the same year less than three million were estimated to have used *any drug* in the *last year*, with this figure falling to approximately 1.7 million in the *last month*. An estimated four and a half million had ever used a Class A drug, with just less than one million having used in the *last year* and 400,000 in the *last month*. Between 1998 and 2007/08 there was a stable pattern in the level of Class A drug use, although there was an increase in use of cocaine between these years. Approximately 730,000 individuals used cocaine and 470,000 used ecstasy in the *last year*. The cost to industry of illicit drug use in England and Wales is estimated to be £800 million per year, with 27% of employers reporting problems in their workforce due to drug use (Alcohol Concern & DrugScope, 2001).

In 2006/07 an estimated 328,767 problematic drug users (defined as users of opiates and/or crack cocaine, including those who inject either of these drugs) were resident in England, a rate of 9.8 per 1,000 of the population aged 15-64 (Hay et al., 2008b). Within this year, there were an estimated 273,123 opiate users and an estimated 180,618 users of crack cocaine in England, suggesting that a relatively high proportion of individuals had used both drugs during this period. The rate of opiate and crack cocaine use per 1,000 of population was 8.1 and 5.4 respectively. Problematic drug use accounts for 99% of the economic cost of Class A drug use in England and Wales, estimated to be £15.3 billion (Singleton, Murray & Tinsley, 2006).

3.1 Problematic drug use

Regional Commentary

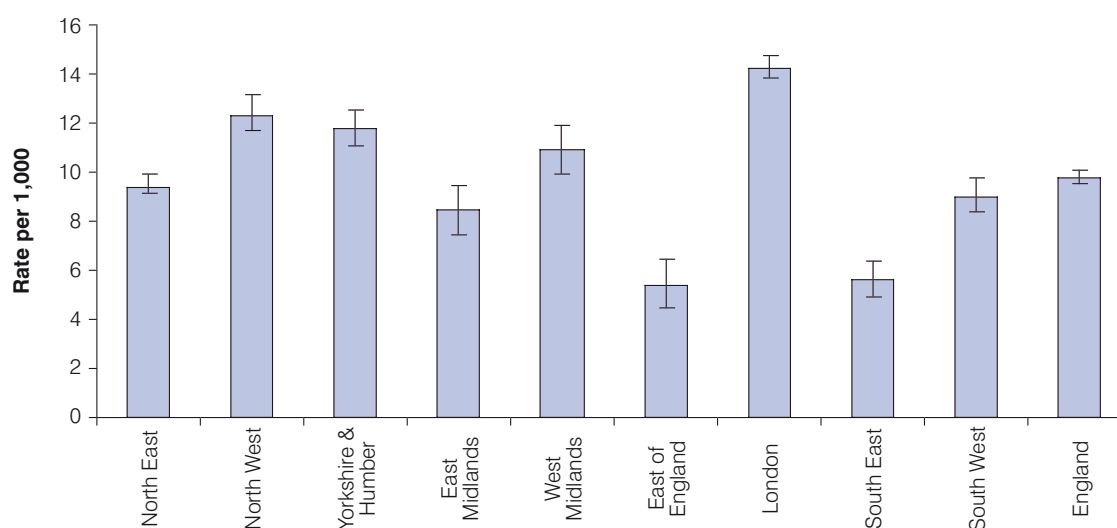
Rate of problematic drug users per 1,000 population

Due to the clandestine nature of opiate and crack cocaine use and the associated problems with monitoring drug use and polydrug use of these substances, indirect methods such as capture-recapture techniques and multiple indicator methods are employed (Singleton, Murray & Tinsley, 2006). Invariably, using indirect methods to estimate problematic drug use has methodological implications and there may be data anomalies due to different methods being employed in different areas of the country. Further methodological information can be found in Singleton, Murray & Tinsley (2006) and Frisher, Heatlie & Hickman (2007).

Standardisation of the methods used for estimation of problematic drug use has been attempted to make European comparisons more meaningful (EMCDDA, 2008b). However, differences in data capture and modelling still remain and caution is required when drawing comparisons across European member states and Norway. The UK has the highest identified prevalence of problematic drug users (PDU) aged 15-64 years in Europe at 10.2 per 1,000 population (EMCDDA, 2008b), with the rate for England at 9.8 per 1,000 population (Table 1). Further European comparisons can be found at Appendix 5.

The estimated rates of problem drug users aged 15-64 years varies considerably across the regions (Figure 2). The North West and London had the highest estimated rates of PDU, with London exhibiting the larger rate of the two regions (14.2 per 1,000 population) (Table 1). The East of England and South East had the lowest estimated rates at 5.4 and 5.6 per 1,000 population respectively.

Figure 2: Estimated rate of problematic drug users aged 15-64 years per 1,000 population, 2006/07.



Source: Hay et al. 2008b

Table 1: Estimated rate of problematic drug users aged 15-64 years per 1,000 population, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Total	9.36	12.28	11.76	8.45	10.90	5.38	14.20	5.61	9.02	9.76

Source: Hay et al. 2008b

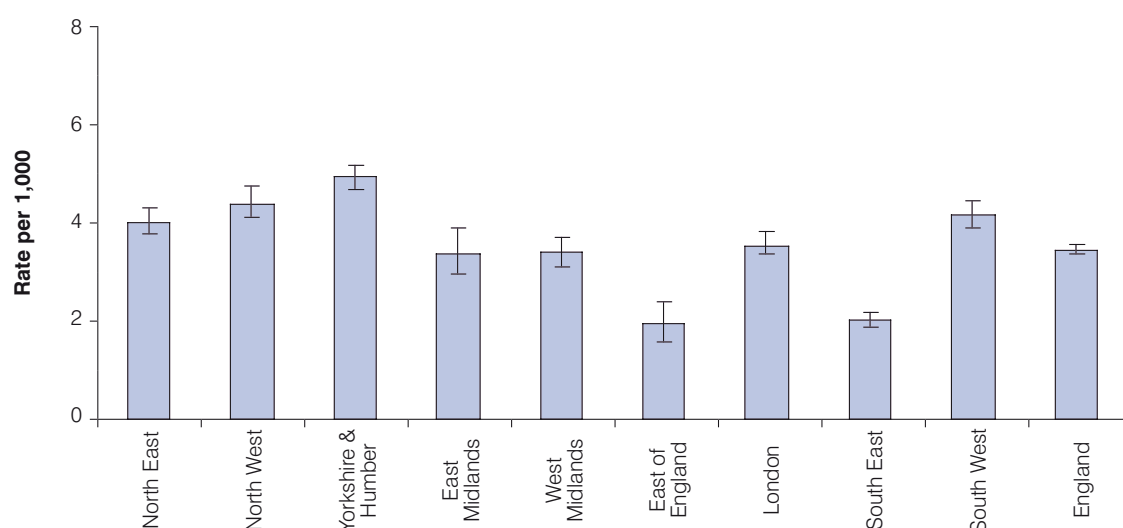
Table 2: Estimated number of problematic drug users aged 15-64 years, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Total	15823	55495	40070	24456	38235	19726	74822	30309	29831	328767

Source: Hay et al. 2008b

Rate of problematic drug users (opiate and/or crack cocaine users) who inject per 1,000 population

The rate of injecting PDU aged 15-64 years varies across the regions. The highest estimate was in Yorkshire and The Humber (5.0 per 1,000 population) and the lowest estimate in the East of England (2.0 per 1,000 population) (Figure 3). Although London had the second highest overall estimated number of injecting PDU, due to the dense population, interestingly it had only the fifth highest rate per 1,000 population (Table 3 and Table 4).

Figure 3: Estimated rate of problematic drug users (opiate and/or crack users) who inject aged 15-64 years per 1,000 population, 2006/07.

Source: Hay et al. 2008b

Table 3: Estimated rate of problematic drug users (opiate and/or crack users) who inject aged 15-64 years per 1,000 population, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Total	4.06	4.44	4.99	3.43	3.44	1.99	3.55	2.03	4.21	3.47

Source: Hay et al. 2008b

Table 4: Estimated number of problematic drug users who inject (opiate and/or crack users) aged 15-64 years, 2006/07.

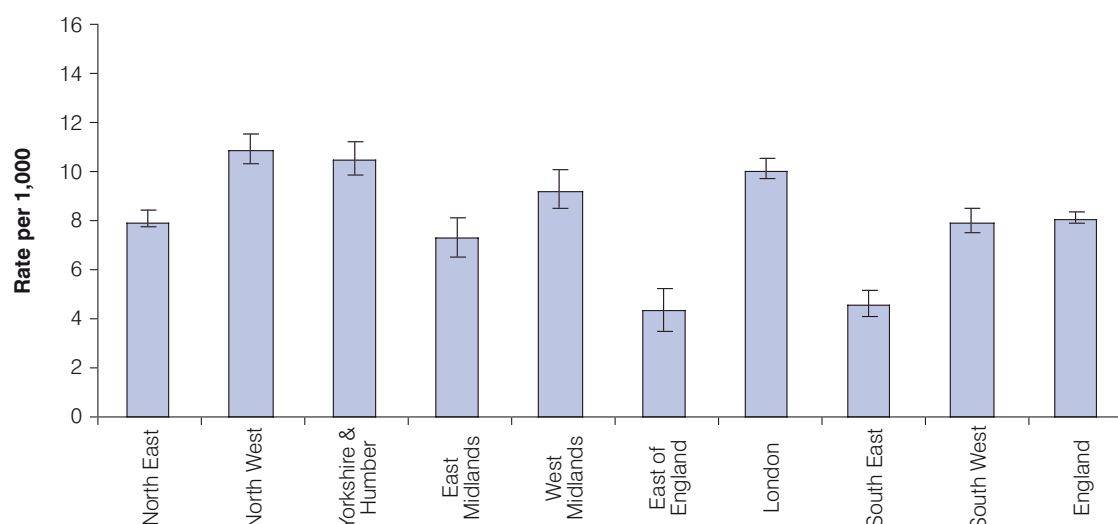
	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Total	6857	20074	17010	9936	12085	7300	18678	10951	13918	116809

Source: Hay et al. 2008b

Rate of opiate users per 1,000 population

Despite having the highest estimated total number of PDU aged 15-64 years (Table 6), London had a similar estimated rate of opiate users to the North West and Yorkshire and The Humber (Figure 4). The East of England and the South East had a relatively low estimated rate of opiate use, with 4.4 and 4.6 per 1,000 population respectively (Table 5). Estimated figures indicate that there were almost 275,000 opiate users in England (Table 6), with the largest number observed in London (53,085). Whilst London had the highest number of opiate users, the North West and Yorkshire and The Humber had a higher rate per 1,000 population (10.9 and 10.5 per 1,000 population compared with 10.1 per 1,000 population in London).

Figure 4: Estimated rate of opiate users aged 15-64 years per 1,000 population, 2006/07.



Source: Hay et al. 2008b

Table 5: Estimated rate of opiate users aged 15-64 years per 1,000 population, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Total	8.00	10.92	10.54	7.33	9.29	4.36	10.08	4.63	7.99	8.11

Source: Hay et al. 2008b

Table 6: Estimated number of opiate users aged 15-64 years, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Total	13520	49330	35917	21235	32597	15993	53085	25018	26428	273123

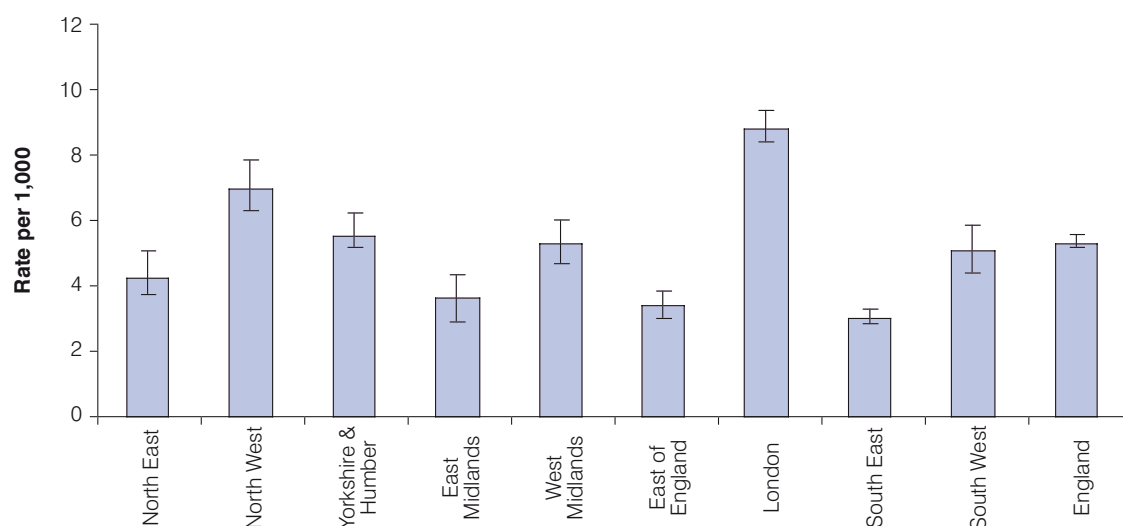
Source: Hay et al. 2008b

Rate of crack cocaine users per 1,000 population

Crack cocaine use is often associated with marginalised groups, such as sex workers or homeless, and due to the nature of crack cocaine use these groups are not usually included in survey data samples. England had an estimated prevalence of crack cocaine users of 5.7 to 6.4 per 1,000 population (EMCDDA, 2007a). Due to methodological differences, no direct comparisons can be made between crack cocaine use in England and any other European countries, however, in 2006, the EMCDDA indicated that crack cocaine was an emerging problem across Europe and that users tend to have a different background and different issues than powder cocaine users (EMCDDA, 2006).

The estimated numbers of crack cocaine users aged 15-64 years (Table 8) was considerably lower than opiate users (Table 6). The estimated rate of crack cocaine users in London was substantially higher than rates in other regions (Figure 5); 8.9 per 1,000 population in London, compared with the England estimated rate of 5.4 per 1,000 population (Table 7). The estimated number of crack cocaine users in London was approximately one quarter of the total for England.

Figure 5: Estimated rate of crack cocaine users aged 15-64 per 1,000 population, 2006/07.



Source: Hay et al. 2008b

Table 7: Estimated rate of crack cocaine users aged 15-64 years per 1,000 population, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Total	4.30	7.07	5.55	3.67	5.37	3.42	8.91	3.07	5.13	5.36

Source: Hay et al. 2008b

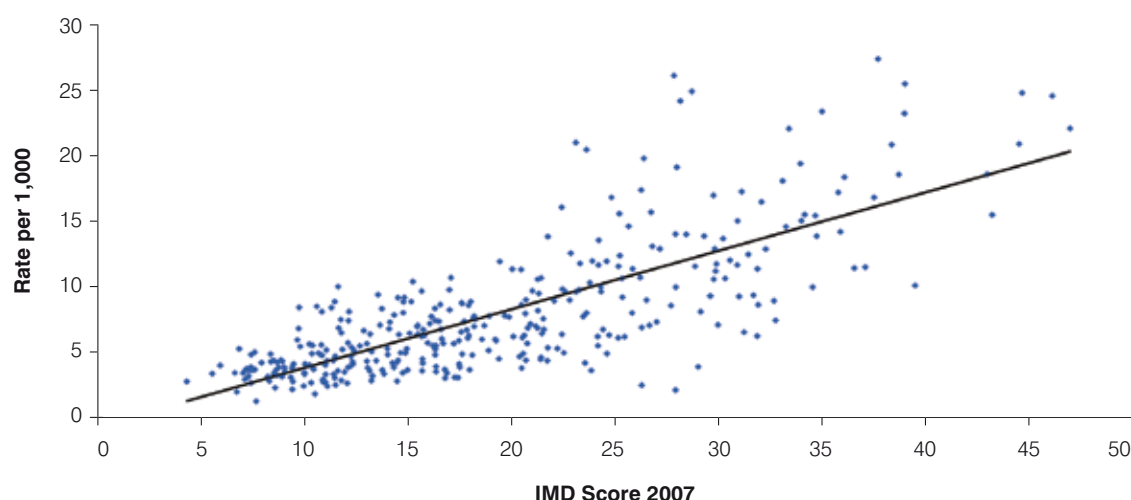
Table 8: Estimated number of crack cocaine users aged 15-64 years, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Total	7265	31943	18908	10638	18830	12549	46929	16585	16971	180618

Source: Hay et al. 2008b

Sub-regional Inequalities

Scatterplot 1: Prevalence of problematic drug users (2006/07) (aged 15-64 years) by local authority of residence and Index of Multiple Deprivation (2007).



Source: NWPHO from Hay et al. 2008b and Communities and Local Government (Index of Multiple Deprivation, 2007)

There was a significant positive correlation between the prevalence of problematic drug users aged 15-64 years and the Index of Multiple Deprivation (IMD) score (Scatterplot 1) ($r=0.77$, $p<0.01$). The majority of the outliers with relatively high deprivation rates and high prevalence of drug users represent densely populated London boroughs (including Islington, Tower Hamlets, Hackney, Lambeth, Southwark, Newham, Lewisham and Haringey). The local authorities with low IMD and low rates of PDU were mainly represented by the South East areas including Hart, Wokingham, Waverley, Elmbridge and East Hampshire.

3.2 Use of any drug

Regional Commentary

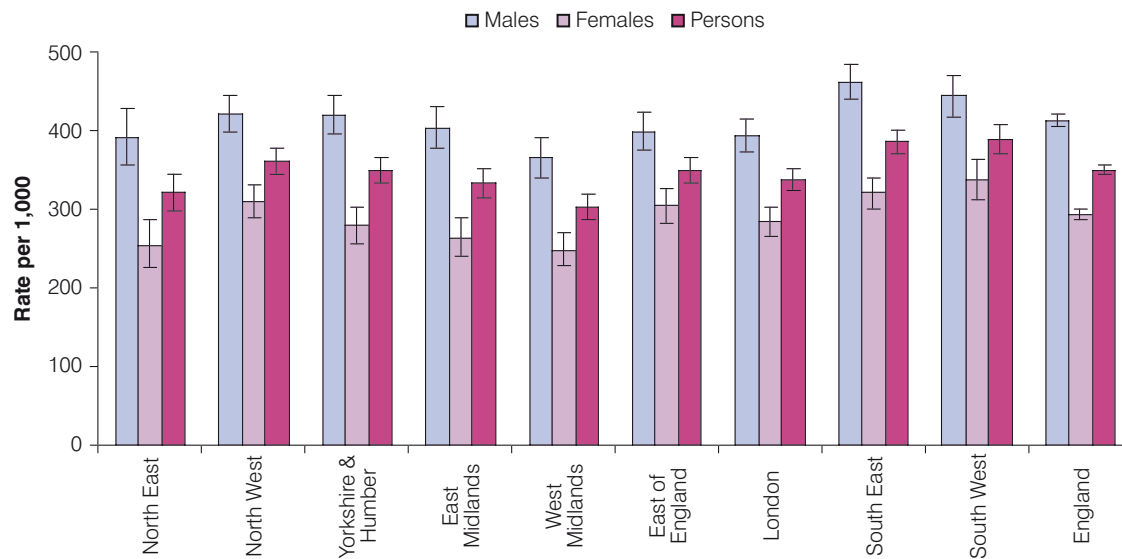
Rate of drug users per 1,000 population

Findings from the British Crime Survey (BCS) indicate that lifetime prevalence of use of *any drug* in the North West, the South East and South West was higher than England overall in 2007/08 for those aged 16-59 (Figure 6). The highest overall and female rates were found in the South West and the highest male rate in the South East (Table 9). Overall rates decreased between 2002/03 and 2004/05, with an increase since 2005/06. In 2007/08, the rate of lifetime prevalence of *any drug* among the three age categories in the South East and South West was considerably higher than the overall England rates (Table 10). Amongst males, the rates of 25-39 year olds reporting *lifetime* drug use was consistently higher than their 16-24 year old counterparts in all regions. However, amongst females, approximately half of the regions had a higher prevalence of *lifetime* drug use amongst 16-24 year olds compared to 25-39 year olds and the overall England rates were almost identical for these two groups.

Overall, in 2007/08, the BCS indicated that 87.7 per 1,000 population used drugs in the year prior to questioning (Figure 7). There has been a considerable decrease in the rates of *last year* use in England between 2002/03 and 2007/08 (Table 11). During this time the majority of regions, except Yorkshire and The Humber, saw an overall decrease in *last year* drug use prevalence. In London there has been a marked decrease in the rate of *last year* drug use of more than one third. The highest rate of *last year* drug use amongst males was reported in the North West (134.9 per 1,000 population) and amongst females in the South West (68.7 per 1,000 population). In England, approximately seven times as many 16-24 year olds reported *last year* drug use compared with 40-59 year olds. Rates of *last year* drug use among females aged 16-24 in Yorkshire and The Humber were considerably higher than the overall England rate (200.7 per 1,000 population compared to 157.8) (Table 12).

Rates of drug use in the month prior to questioning provide an assessment of current drug use (Figure 8). Between 2002/03 and 2007/08 the national rate of *last month* drug use has consistently decreased overall and amongst males (Table 13). There has also been an overall decrease in the rate of *last month* drug use amongst females in this period. Across England in 2007/08, the rate of drug use during the month before questioning was 49.8 per 1,000 population, with six of the regions having rates higher than this average. Yorkshire and The Humber had higher than average rates of *last month* use overall and amongst males and females, and was the only region which overall had an increase in *last month* prevalence between 2002/03 and 2007/08. The East Midlands and East of England showed the lowest rates of drug use in the month prior to questioning for females in 2007/08. As with *last year* prevalence, the rate of 16-24 year olds reporting *last month* drug use was approximately seven times that of their 40-59 year old counterparts nationally (Table 14). The rate of *last month* use in London was higher than the England rate among 40-59 year olds and lower among 16-24 year olds.

Figure 6: Rate of 16-59 year olds who have used any drug in lifetime per 1,000 population, 2007/08.



Source: NWPHO from British Crime Survey (weighted)

Table 9: Rate of 16-59 year olds who have used any drug in lifetime per 1,000 population by gender, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2002/03	377.85	398.14	366.93	377.45	342.43	402.54	474.77	428.27	402.19	401.57
	2003/04	382.78	409.04	344.86	376.04	329.36	414.48	419.51	447.38	390.27	395.88
	2004/05	353.54	403.36	350.00	359.64	324.54	425.33	393.41	425.83	450.69	392.58
	2005/06	355.84	394.44	330.51	365.65	357.91	418.99	414.96	414.88	458.10	394.76
	2006/07	426.88	441.52	392.93	392.76	351.98	417.35	397.13	441.60	445.85	413.66
	2007/08	391.53	421.05	419.70	403.44	364.79	398.82	393.19	461.07	443.10	412.73
Females	2002/03	272.02	274.81	274.08	252.14	234.49	277.70	316.22	329.53	323.09	287.68
	2003/04	251.04	271.65	263.69	268.34	207.15	282.65	331.92	323.46	304.63	282.97
	2004/05	218.35	304.67	257.11	252.37	228.41	278.01	311.68	317.02	289.66	280.53
	2005/06	249.15	277.29	254.48	272.52	217.93	295.91	323.19	282.11	336.66	281.41
	2006/07	243.31	281.76	263.29	266.97	252.36	293.05	288.15	304.04	337.02	284.51
	2007/08	254.55	309.11	279.04	263.73	247.31	303.57	283.87	320.10	336.46	292.21
Persons	2002/03	318.90	333.83	317.97	310.50	285.94	335.92	387.82	377.21	361.16	341.29
	2003/04	312.31	336.20	301.75	318.25	265.60	345.12	373.41	382.03	344.83	336.18
	2004/05	278.64	351.05	300.53	302.94	274.16	345.21	350.55	367.50	367.03	333.01
	2005/06	297.48	330.01	290.60	317.09	285.35	351.65	367.30	342.58	394.44	334.24
	2006/07	329.22	356.39	324.62	326.05	299.84	351.54	340.72	369.01	389.11	345.66
	2007/08	320.25	360.27	348.77	333.20	302.88	348.07	337.04	385.01	388.58	349.66

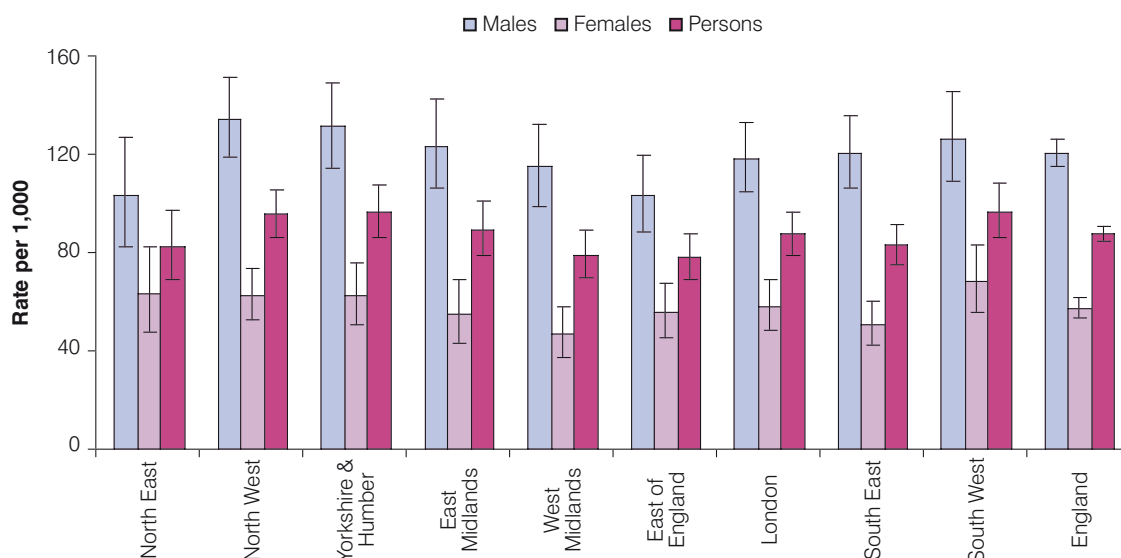
Source: NWPHO from British Crime Survey (weighted)

Table 10: Rate of 16-59 year olds who have used any drug in lifetime per 1,000 population by gender and age, 2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	16-24	462.59	497.06	473.02	500.00	379.31	453.53	431.09	537.50	506.38	472.02
	25-39	526.32	570.66	603.64	590.33	521.54	520.75	437.42	594.27	574.03	542.42
	40-59	284.21	291.27	285.71	254.63	272.73	303.50	338.57	347.74	332.82	304.65
Females	16-24	388.89	386.30	445.26	384.62	352.73	353.17	304.95	345.68	434.60	372.27
	25-39	346.77	414.35	358.82	339.67	326.71	410.46	328.98	409.03	408.26	373.62
	40-59	146.99	210.84	158.26	169.54	160.52	208.92	235.72	256.97	260.14	208.04
Persons	16-24	423.95	440.51	460.10	441.61	365.67	404.99	365.96	430.34	470.34	421.14
	25-39	432.77	484.31	472.57	460.69	413.07	458.22	382.81	497.13	491.43	452.85
	40-59	212.58	247.32	222.07	212.90	215.07	254.31	285.18	298.44	294.59	254.20

Source: NWPHO from British Crime Survey (weighted)

Figure 7: Rate of 16-59 year olds who have used *any drug* in the last year per 1,000 population, 2007/08.



Source: NPHO from British Crime Survey (weighted)

Table 11: Rate of 16-59 year olds who have used *any drug* in the last year per 1,000 population by gender, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2002/03	138.89	155.33	125.78	124.02	126.66	140.24	188.35	156.86	143.22	146.97
	2003/04	160.00	158.80	124.56	140.02	118.82	138.44	173.59	156.35	135.61	146.41
	2004/05	124.46	160.06	108.68	123.31	116.38	121.67	134.41	142.98	165.03	135.14
	2005/06	121.30	141.53	100.85	116.14	105.37	135.42	133.06	123.49	159.31	127.31
	2006/07	142.10	142.93	111.81	122.08	109.14	115.31	144.05	114.07	132.49	125.56
	2007/08	103.45	134.87	131.61	123.72	115.07	103.63	118.61	120.67	126.52	120.75
Females	2002/03	74.32	84.63	69.75	65.92	59.00	63.15	102.11	95.12	97.39	80.96
	2003/04	65.46	77.01	78.43	69.18	74.62	65.23	101.95	81.47	97.72	80.16
	2004/05	52.39	92.16	70.19	57.89	56.36	62.17	99.21	89.77	73.60	75.98
	2005/06	57.21	73.67	64.31	53.70	61.25	60.35	77.01	65.90	85.89	67.65
	2006/07	60.61	64.07	66.25	64.27	59.31	56.28	55.79	62.40	72.69	62.27
	2007/08	63.41	62.62	62.33	55.08	46.93	56.13	58.11	50.83	68.74	57.57
Persons	2002/03	102.97	118.56	96.05	92.95	91.30	99.04	140.87	125.03	119.53	112.03
	2003/04	109.46	115.43	100.42	101.93	95.76	99.85	136.15	116.66	115.05	111.35
	2004/05	85.05	124.21	87.90	88.53	85.16	89.31	116.19	114.45	117.49	103.74
	2005/06	85.86	104.23	81.98	83.10	82.52	94.13	103.95	92.05	120.85	95.40
	2006/07	98.76	100.92	87.96	91.02	83.25	84.04	98.49	86.81	101.49	92.27
	2007/08	82.59	95.79	96.80	89.49	79.10	78.32	87.59	82.98	96.97	87.74

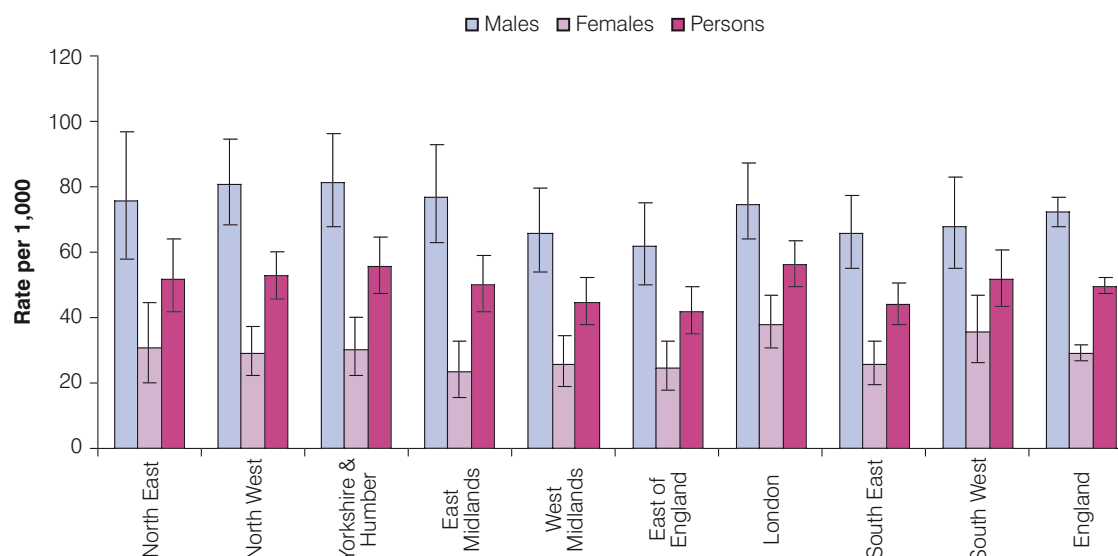
Source: NPHO from British Crime Survey (weighted)

Table 12: Rate of 16-59 year olds who have ever used *any drug* in the last year per 1,000 population by gender and age, 2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	16-24	220.69	337.35	286.62	308.02	249.04	224.72	191.62	304.76	239.32	265.68
	25-39	131.58	187.39	163.59	150.65	174.71	142.26	157.30	146.97	167.82	159.37
	40-59	42.11	22.38	45.45	40.19	36.71	37.71	55.62	43.52	58.28	42.20
Females	16-24	176.10	182.32	200.73	176.72	151.29	148.59	112.95	130.33	171.67	157.75
	25-39	69.11	69.73	45.36	47.62	43.40	59.01	79.04	52.49	71.26	60.35
	40-59	16.87	14.88	21.10	15.70	16.69	25.82	18.89	22.90	33.61	20.80
Persons	16-24	196.72	256.48	246.60	243.07	199.62	187.98	150.65	207.28	205.57	210.60
	25-39	97.05	122.86	99.89	98.01	101.21	95.02	117.36	98.19	119.54	106.74
	40-59	28.93	18.31	33.40	27.28	26.40	32.06	36.55	32.30	45.39	31.02

Source: NPHO from British Crime Survey (weighted)

Figure 8: Rate of 16-59 year olds who have used *any drug* in the last month per 1,000 population, 2007/08.



Source: NWPPO from British Crime Survey (weighted)

Table 13: Rate of 16-59 year olds who have used *any drug* in the last month per 1,000 population by gender, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2002/03	81.97	106.94	74.40	72.13	79.47	89.31	121.76	106.57	95.93	94.90
	2003/04	102.73	98.52	82.07	80.38	71.77	87.80	111.41	97.51	94.10	92.48
	2004/05	73.81	94.20	76.92	75.61	68.39	78.63	81.11	83.96	104.90	82.93
	2005/06	64.97	96.27	63.92	77.71	71.81	73.43	85.41	78.96	98.00	80.47
	2006/07	93.21	93.27	70.68	73.72	57.49	68.08	87.37	68.76	85.33	77.04
	2007/08	75.70	80.88	81.47	77.29	66.08	62.13	75.05	65.82	68.29	72.31
Females	2002/03	44.39	49.60	34.51	32.53	22.74	31.92	62.87	47.38	52.30	43.09
	2003/04	27.97	49.40	37.68	30.58	43.19	38.17	59.87	42.35	57.10	44.37
	2004/05	26.78	54.10	31.11	30.98	32.37	30.29	57.96	45.47	43.90	41.11
	2005/06	38.86	40.27	38.63	24.12	28.18	34.96	40.46	34.28	47.08	36.53
	2006/07	33.80	33.02	37.15	36.04	33.42	22.75	37.66	31.42	40.00	33.65
	2007/08	30.49	28.91	30.18	23.29	25.89	24.32	38.14	25.63	35.46	29.20
Persons	2002/03	61.00	77.08	53.22	51.35	49.86	58.28	89.32	76.09	73.33	67.46
	2003/04	63.48	72.69	58.85	53.19	56.87	61.58	84.43	68.47	74.49	67.12
	2004/05	47.71	73.25	52.60	51.90	49.49	52.33	68.97	63.48	73.18	60.76
	2005/06	50.54	65.49	50.64	49.67	49.24	52.41	62.02	54.55	71.03	56.95
	2006/07	62.11	61.20	52.89	53.75	44.98	44.03	61.74	49.07	61.52	54.21
	2007/08	52.10	52.76	55.67	50.08	44.85	41.99	56.21	44.11	51.81	49.80

Source: NWPPO from British Crime Survey (weighted)

Table 14: Rate of 16-59 year olds who have ever used *any drug* in the last month per 1,000 population by gender and age, 2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	16-24	172.41	231.23	187.90	187.23	126.44	127.34	143.71	177.78	120.17	165.78
	25-39	87.72	100.18	94.69	98.70	113.43	88.24	90.23	80.67	87.36	92.88
	40-59	31.58	8.25	27.55	24.73	20.25	23.41	36.32	20.24	38.40	24.85
Females	16-24	100.63	97.22	80.59	60.61	77.78	80.32	93.92	55.00	94.42	81.20
	25-39	20.41	29.72	27.61	28.50	27.12	22.33	40.72	31.72	29.95	29.88
	40-59	7.23	3.97	12.66	7.85	8.35	10.56	14.71	12.73	19.61	10.95
Persons	16-24	134.87	161.85	137.99	124.46	101.69	104.65	117.82	109.09	108.97	122.81
	25-39	54.85	62.14	58.51	62.03	64.91	49.91	64.34	54.99	58.69	59.27
	40-59	18.87	5.92	20.18	16.36	14.73	16.65	25.10	16.15	27.84	17.59

Source: NWPPO from British Crime Survey (weighted)

3.3 Amphetamines

Rate of amphetamine users per 1,000 population

Trend analysis of drug use across Europe indicates that there has been a downward trend in the prevalence of amphetamine use in the last few years. In the UK there has also been a decrease in amphetamine use, however, the UK continues to have the highest prevalence of amphetamine use compared to other identified European countries (EMCDDA, 2008b).

England and Wales had the highest identified prevalence of amphetamine use among 15-64 year olds on all measures of frequency (*lifetime, last year, last month*) compared to its European counterparts². Among 15-24 year olds, England and Wales, together with Denmark, had the highest identified prevalence of lifetime amphetamine use, compared with other European countries (EMCDDA, 2008b). Further European comparisons can be found at Appendix 5.

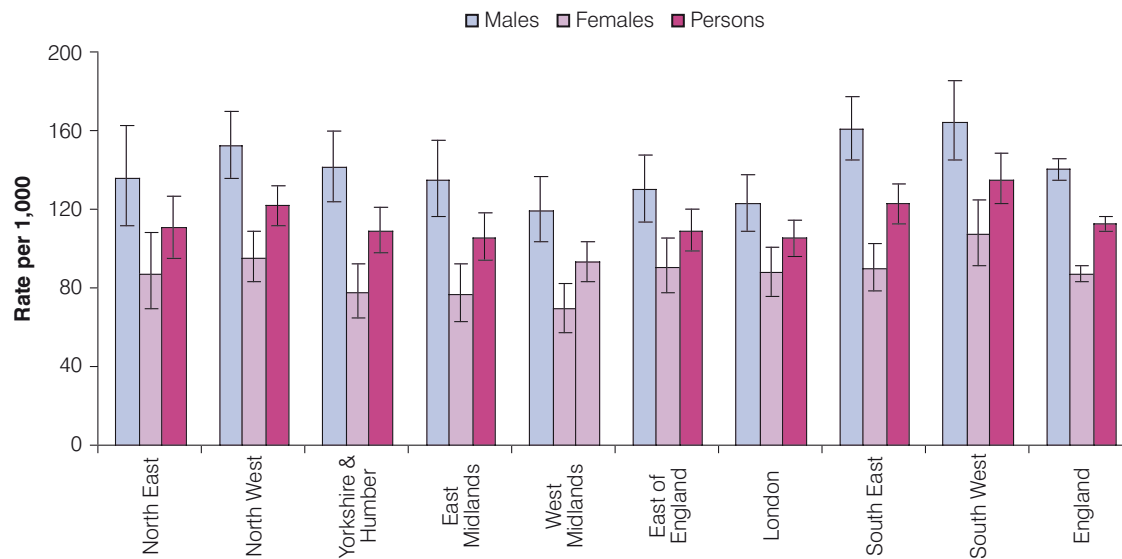
Findings from the British Crime Survey indicate that *lifetime* prevalence of amphetamine use has remained relatively stable between 2002/03 and 2007/08 (Table 15). However, a substantial increase was observed in this time period in males in the West Midlands and South West. In 2007/08 the highest *lifetime* prevalence was observed amongst males in the South West and lowest in females in the West Midlands (Figure 9). Overall *lifetime* prevalence in the West Midlands has consistently been the lowest across all regions between 2002/03 and 2007/08.

In 2007/08 the highest rate of amphetamines use in the previous year was found overall and amongst males and females in the South West (Figure 10). Rates of amphetamines use in the *last year* have steadily decreased overall between 2002/03 and 2007/08, and considerable reductions were found in the West Midlands and London over this period (Table 16). The decrease in *last year* use of amphetamines may be as a result of the increase in recent use of cocaine (Table 25). The only overall increase in *last year* amphetamine use was found in the South West, influenced mainly by the increase in female usage. In Yorkshire and The Humber approximately four times more males than females reported use of amphetamines in the previous year in 2007/08.

Gender analysis has been excluded due to the small sample size for *last month* use of amphetamines, only rates of use amongst persons has been reported. *Last month* prevalence of amphetamines decreased overall between 2002/03 and 2007/08 (Table 17). The highest rates of amphetamine use in the previous month were found in the South West (5.5 per 1,000 population), almost three times the lowest rate found in the North West (1.8 per 1,000 population) (Figure 11). Similarly to *last year* use, the South West was the only region with an overall increase in *last month* use of amphetamines between 2002/03 and 2007/08.

² European comparisons on EMCDDA website are only available for England and Wales. There are no available prevalence estimates for England only. Additionally, the prevalence estimates from England and Wales are based on 16-59 year olds but are included in the EMCDDA 15-64 year old category.

Figure 9: Rate of 16-59 year olds who have used amphetamines in *lifetime* per 1,000 population, 2007/08.



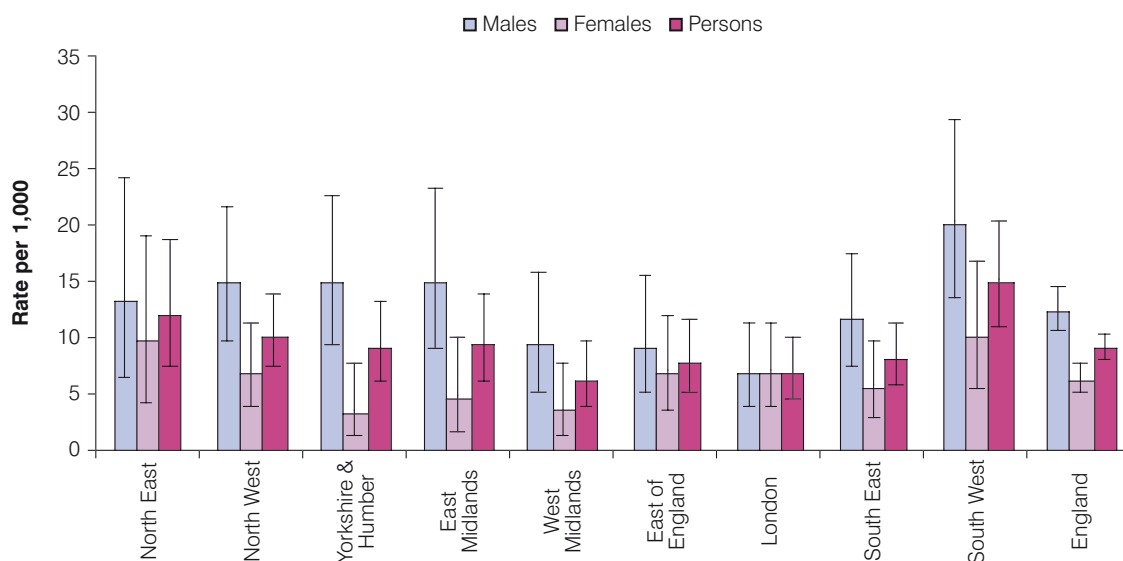
Source: NWPFO from British Crime Survey (weighted)

Table 15: Rate of 16-59 year olds who have used amphetamines in *lifetime* per 1,000 population by gender, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2002/03	162.60	164.08	131.09	139.35	105.61	134.60	180.34	150.32	140.08	146.18
	2003/04	137.44	132.35	134.87	139.44	111.29	146.38	165.89	150.41	136.95	140.56
	2004/05	124.46	136.50	114.63	128.92	92.02	156.21	120.88	147.60	162.05	132.65
	2005/06	142.05	137.86	132.12	133.28	122.49	133.95	144.78	134.28	166.67	138.34
	2006/07	189.22	152.71	124.74	140.52	107.70	147.75	120.04	163.96	181.75	145.83
	2007/08	136.06	152.40	141.31	135.11	119.33	130.49	123.18	161.29	164.66	140.68
Females	2002/03	86.56	102.06	85.22	84.33	68.52	74.69	91.44	104.51	90.27	88.98
	2003/04	99.86	84.51	77.28	76.85	64.23	88.58	102.67	100.45	92.23	87.90
	2004/05	71.93	94.00	72.39	66.25	63.89	85.53	89.34	102.18	91.20	84.46
	2005/06	97.73	82.53	70.60	68.94	72.23	92.72	95.08	84.23	88.82	83.62
	2006/07	103.37	96.12	71.08	74.05	73.58	95.94	84.19	97.38	96.35	88.28
	2007/08	87.38	95.68	77.59	77.16	69.46	90.91	87.90	90.05	107.12	87.39
Persons	2002/03	120.23	131.82	106.73	109.90	85.83	102.66	131.59	126.72	114.32	115.88
	2003/04	117.52	107.21	104.19	105.77	86.76	115.93	132.89	124.09	113.22	112.77
	2004/05	96.03	114.04	91.77	95.60	77.26	117.83	104.28	123.18	125.29	107.01
	2005/06	117.54	107.43	99.93	99.23	96.45	111.18	118.97	107.00	126.18	109.08
	2006/07	143.65	122.57	96.37	105.26	89.99	120.33	101.81	128.84	137.50	115.61
	2007/08	110.69	121.98	109.28	105.84	93.06	109.41	105.29	123.08	135.56	112.94

Source: NWPFO from British Crime Survey (weighted)

Figure 10: Rate of 16-59 year olds who have used amphetamines in the last year per 1,000 population, 2007/08.



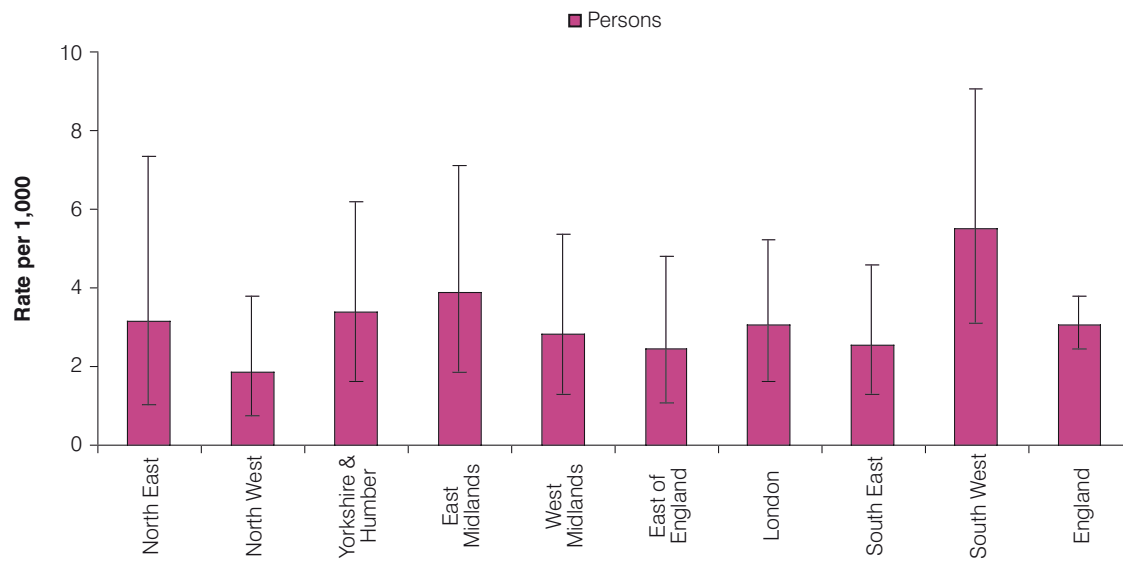
Source: NWPFO from British Crime Survey (weighted)

Table 16: Rate of 16-59 year olds who have used amphetamines in the last year per 1,000 population by gender, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2002/03	24.43	16.80	17.71	14.73	15.68	14.25	28.33	15.84	21.10	18.44
	2003/04	23.77	16.55	25.80	16.65	13.51	17.73	14.61	18.20	19.32	17.95
	2004/05	14.29	17.86	23.91	15.22	9.20	11.92	16.20	17.02	24.24	16.71
	2005/06	23.91	14.91	18.27	21.24	14.08	15.25	14.02	13.80	22.56	16.74
	2006/07	30.22	17.92	11.10	20.71	15.69	19.71	15.42	9.30	18.26	16.44
	2007/08	13.21	14.83	14.88	14.93	9.37	9.18	6.79	11.60	20.30	12.38
Females	2002/03	14.23	12.63	9.38	11.08	7.53	9.00	8.74	11.40	7.07	10.04
	2003/04	18.11	10.85	12.49	9.83	10.96	2.08	9.11	7.42	10.52	9.54
	2004/05	12.76	11.07	7.37	8.69	5.56	5.28	5.75	9.01	9.00	8.08
	2005/06	18.18	7.17	11.55	6.20	9.34	6.62	10.26	2.97	5.59	7.78
	2006/07	10.45	9.25	6.80	6.11	5.03	5.65	5.17	5.83	10.42	6.98
	2007/08	9.71	6.80	3.35	4.63	3.59	6.91	6.90	5.61	10.06	6.21
Persons	2002/03	18.76	14.63	13.29	12.78	11.42	11.45	17.90	13.30	13.83	13.99
	2003/04	21.48	13.81	18.71	12.99	12.19	9.85	12.05	12.52	14.21	13.63
	2004/05	12.81	14.50	15.40	11.75	7.29	8.31	10.71	12.52	16.66	12.15
	2005/06	20.74	10.66	14.76	12.97	11.62	10.24	11.79	7.69	13.66	11.82
	2006/07	19.74	13.30	9.15	12.96	10.14	12.27	10.13	7.47	14.19	11.50
	2007/08	12.02	10.23	9.08	9.34	6.32	7.97	6.85	8.14	15.07	9.09

Source: NWPFO from British Crime Survey (weighted)

Figure 11: Rate of 16-59 year olds who have used amphetamines in the last month per 1,000 population, 2007/08.



Source: NWPHO from British Crime Survey (weighted)

Table 17: Rate of 16-59 year olds who have used amphetamines in the last month per 1,000 population, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Persons	2002/03	6.49	6.87	4.15	4.56	4.72	5.17	5.12	4.60	4.07	5.07
	2003/04	5.93	7.48	6.24	2.40	4.57	2.19	4.76	3.65	7.76	4.96
	2004/05	3.20	5.61	4.26	5.46	4.67	2.58	4.40	4.85	4.67	4.50
	2005/06	8.81	4.40	5.70	5.67	4.20	4.22	4.49	4.45	4.23	4.84
	2006/07	8.64	5.42	3.59	4.86	2.62	4.19	1.60	4.17	5.41	4.23
	2007/08	3.16	1.84	3.37	3.89	2.84	2.45	3.07	2.56	5.51	3.08

Source: NWPHO from British Crime Survey (weighted)

3.4 Cannabis

Rate of cannabis users per 1,000 population

Cannabis is the most frequently used illicit substance in Europe, however in recent years there has been stabilisation in use (EMCDDA, 2008a). England and Wales had a higher identified prevalence of *lifetime* cannabis use when compared to the European average (30.1% compared with 21.8%) and the third highest identified *lifetime* prevalence of cannabis use among 15-64 year olds in the European Union³ (EMCDDA, 2008b). The prevalence of cannabis use in England and Wales among 15-24 year olds was relatively high when compared with the other identified European countries. This age group had the fourth highest *lifetime*, *last year* and *last month* prevalence of cannabis use in Europe (EMCDDA, 2008a). Further European comparisons can be found at Appendix 5.

In November 2003, Parliament approved the reclassification of cannabis from a Class B to C drug by passing the Misuse of Drugs Act 1971 (modification) Order 2003 (Queen's Printer of Acts of Parliament, 2003). The reclassification came into effect in January 2004 and reduced the maximum sentence for possession of this drug from five to two years, with most offences for cannabis possession resulting in a warning and confiscation of the drug. However, in 2008 the Home Secretary recommended to Parliament that due to the dominance of the UK cannabis market with skunk, a much stronger version of the drug, cannabis should be reclassified from Class C to B. The reclassification became law on 26th January 2009.

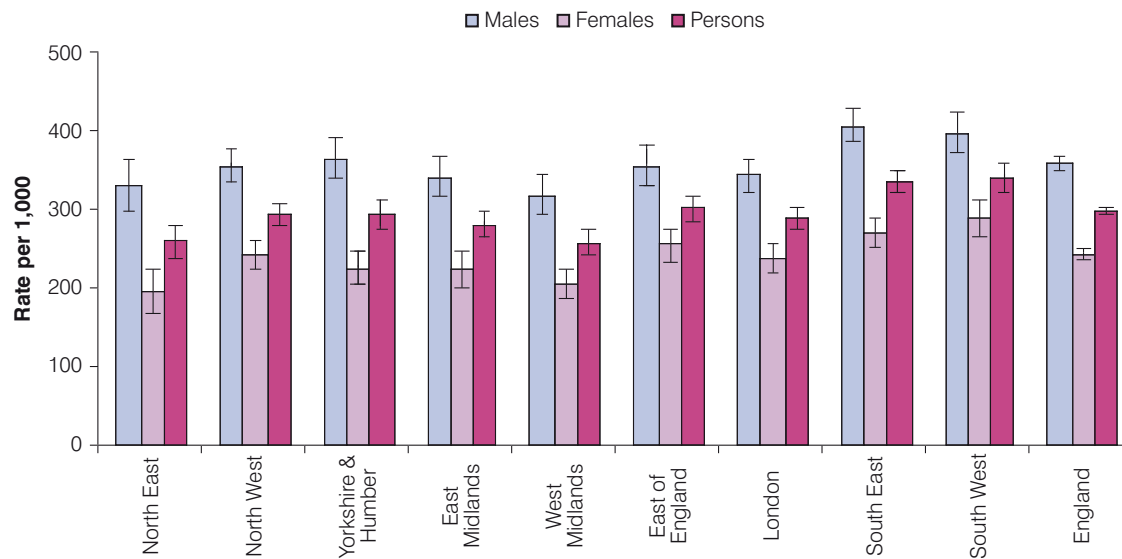
The *lifetime* prevalence of this drug in England has increased overall between 2002/03 and 2007/08 despite a steady year-on-year decrease between 2002/03 and 2005/06 (Table 18). There are differences in the *lifetime* prevalence of cannabis use between the south and north of England, with southern regions displaying higher overall *lifetime* rates of use (Figure 12). The South West had the highest *lifetime* prevalence of cannabis in 2007/08 (336.5 per 1,000 population) and the highest prevalence in females (283.4 per 1,000 population). The West Midlands had the lowest overall *lifetime* use of the drug (254.1 per 1,000 population). The *lifetime* prevalence of cannabis was highest among 25-39 year olds, with a rate of 396.6 per 1,000 population in England for this age group (Table 19). In four regions (Yorkshire and The Humber, East Midlands, South East and South West) over half of 25-39 year old males had used cannabis and London had the lowest rate of use among this age group.

Overall *last year* use of cannabis decreased year-on-year between 2002/03 and 2007/08, and overall in all regions (Table 20). In 2007/08, the South West and Yorkshire and The Humber had the highest rate of cannabis use in the *last year* (81.5 and 76.3 per 1,000 population respectively) (Figure 13). In all regions the rate of male *last year* cannabis use was approximately double that of their female counterparts. The lowest *last year* rate of cannabis use in 2007/08 was recorded in the North East at 61.3 per 1,000 population. In 2007/08, the rate of *last year* cannabis use was higher amongst 16-24 year olds in all regions compared with their older counterparts (Table 21). Approximately a quarter of 16-24 year old males in the North West and Yorkshire and The Humber had used cannabis in the *last year*.

There has been a consistent downward trend in the prevalence of *last month* cannabis use in England between 2002/03 and 2007/08, with a decrease of approximately a third in this period (Table 22). London and South West had the highest rate of *last month* use of cannabis (45.7 and 45.0 per 1,000 population respectively) (Figure 14). The highest rate of *last month* cannabis use amongst males was found in the North West (64.8 per 1,000 population) and amongst females in the South West (31.1 per 1,000 population). Over 16% of 16-24 year old males in the North West and Yorkshire and The Humber had used the drug in the *last month* (Table 23).

³ European comparisons on EMCDDA website are only available for England and Wales. There are no available prevalence estimates for England only. Additionally, the prevalence estimates from England and Wales are based on 16-59 year olds but are included in the EMCDDA 15-64 year old category.

Figure 12: Rate of 16-59 year olds who have used cannabis in *lifetime* per 1,000 population, 2007/08.



Source: NWPPO from British Crime Survey (weighted)

Table 18: Rate of 16-59 year olds who have used cannabis in *lifetime* per 1,000 population by gender, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2002/03	312.70	341.22	310.34	325.49	290.32	357.14	415.95	376.32	362.87	348.91
	2003/04	330.16	354.09	303.81	332.29	289.35	376.44	379.33	387.33	339.15	348.50
	2004/05	300.14	334.98	312.68	300.18	279.41	378.46	345.44	373.41	405.69	341.56
	2005/06	293.95	346.39	281.38	303.24	314.34	375.42	369.89	365.30	399.59	344.64
	2006/07	363.99	372.89	332.87	317.79	304.91	371.12	351.32	388.37	390.72	357.47
	2007/08	325.40	350.86	358.78	336.99	314.38	349.31	337.57	401.92	392.19	354.30
Females	2002/03	207.74	218.79	227.52	196.08	174.34	231.14	278.88	283.52	279.97	238.09
	2003/04	181.69	220.78	209.38	218.44	172.61	244.81	288.66	278.24	253.85	235.94
	2004/05	173.05	242.28	221.47	196.05	192.31	230.97	273.16	271.94	250.32	235.16
	2005/06	186.36	212.63	211.77	221.27	178.19	243.23	280.52	244.63	277.43	231.92
	2006/07	174.42	219.56	219.41	218.92	204.66	238.55	243.93	258.02	289.99	233.90
	2007/08	191.05	238.63	220.67	217.93	200.24	250.29	234.16	267.93	283.35	237.50
Persons	2002/03	254.86	277.45	266.39	256.27	229.68	289.83	340.60	328.47	320.02	290.27
	2003/04	251.11	283.42	253.74	271.41	228.14	306.85	331.85	329.95	293.84	289.02
	2004/05	229.73	286.01	264.06	244.86	233.80	298.28	307.63	318.90	325.00	285.00
	2005/06	234.44	272.77	245.14	260.66	243.71	303.26	323.59	299.39	335.84	284.48
	2006/07	263.42	291.16	273.05	265.29	252.70	301.08	295.92	319.63	338.51	292.51
	2007/08	255.21	290.02	289.26	277.15	254.10	296.53	284.26	329.69	336.52	293.15

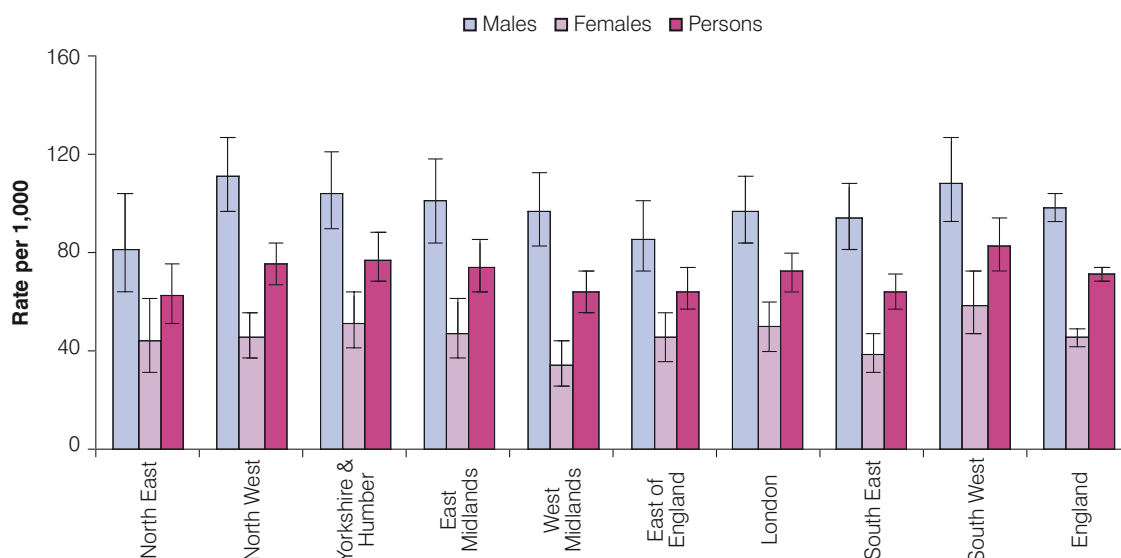
Source: NWPPO from British Crime Survey (weighted)

Table 19: Rate of 16-59 year olds who have used cannabis in *lifetime* per 1,000 population by gender and age, 2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	16-24	428.57	434.02	428.57	417.02	342.21	390.33	364.18	493.79	436.44	415.35
	25-39	456.14	488.41	545.66	519.18	459.09	487.60	387.80	520.36	525.11	481.96
	40-59	207.35	226.15	215.96	198.77	225.44	249.03	280.58	293.29	288.11	247.13
Females	16-24	351.85	296.70	344.32	311.97	290.91	293.65	267.03	279.70	417.02	309.82
	25-39	264.00	332.36	294.12	301.66	277.48	360.32	287.07	377.56	356.98	321.15
	40-59	84.13	155.05	121.51	128.53	119.67	155.74	175.62	196.44	194.41	154.67
Persons	16-24	389.61	363.12	388.79	364.61	315.99	342.91	313.39	373.79	426.75	361.30
	25-39	355.65	402.73	410.34	405.90	358.15	415.62	336.74	445.80	441.14	396.56
	40-59	143.22	187.47	169.09	163.95	171.04	200.00	225.93	240.94	238.69	198.82

Source: NWPPO from British Crime Survey (weighted)

Figure 13: Rate of 16-59 year olds who have used cannabis in the last year per 1,000 population, 2007/08.



Source: NWPHO from British Crime Survey (weighted)

Table 20: Rate of 16-59 year olds who have used cannabis in the last year per 1,000 population by gender, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2002/03	114.19	135.83	112.29	113.84	112.49	131.75	168.45	145.05	130.18	132.36
	2003/04	149.68	137.25	107.56	125.13	106.77	125.19	150.10	140.25	117.86	129.51
	2004/05	108.54	139.18	101.48	106.82	97.73	106.49	109.70	121.33	147.81	116.94
	2005/06	95.91	126.55	84.57	96.33	93.29	113.77	108.31	102.32	142.17	108.35
	2006/07	124.01	122.69	100.21	89.97	90.72	101.08	115.47	90.87	113.92	104.84
	2007/08	80.69	109.39	103.05	99.06	95.37	84.70	94.84	92.38	106.25	96.88
Females	2002/03	55.56	73.97	55.60	53.80	50.57	52.70	90.75	86.61	91.55	70.30
	2003/04	50.21	63.89	61.77	55.51	66.37	57.44	89.97	71.15	84.55	68.24
	2004/05	44.19	76.14	57.44	50.63	50.75	49.28	85.91	76.69	62.98	64.33
	2005/06	50.00	61.05	51.82	44.25	46.13	49.23	57.16	52.75	71.43	54.40
	2006/07	45.35	51.25	52.57	51.26	47.86	43.04	42.49	47.62	63.80	49.33
	2007/08	43.53	44.57	50.03	46.40	32.93	44.35	48.39	38.08	57.76	44.67
Persons	2002/03	81.41	103.64	82.23	81.70	80.11	89.56	125.76	114.93	110.20	99.51
	2003/04	96.65	98.30	83.19	87.63	85.68	89.45	118.60	103.78	100.13	97.09
	2004/05	73.41	105.89	78.01	76.96	73.37	75.40	97.20	97.36	103.47	88.99
	2005/06	70.48	90.47	67.43	69.46	68.84	78.25	81.81	75.07	105.44	79.52
	2006/07	82.25	84.55	74.98	69.05	68.43	70.40	77.81	67.86	87.93	75.58
	2007/08	61.31	74.52	76.33	72.49	62.38	63.23	70.87	63.14	81.49	69.58

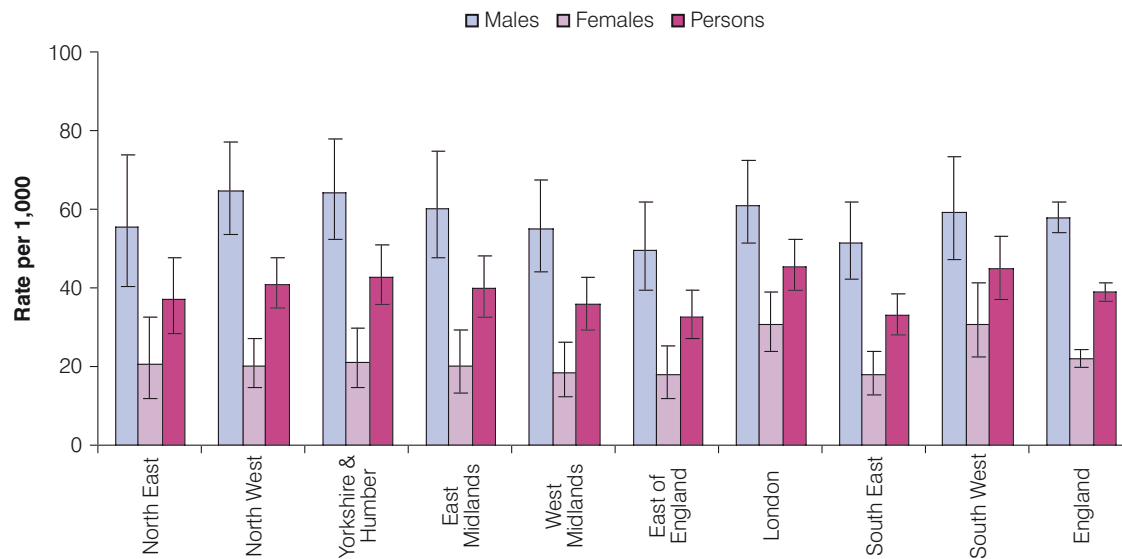
Source: NWPHO from British Crime Survey (weighted)

Table 21: Rate of 16-59 year olds who have used cannabis in the last year per 1,000 population by gender and age, 2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	16-24	170.07	261.76	246.01	234.04	198.47	197.03	179.64	240.63	222.22	220.05
	25-39	100.88	152.60	117.24	128.53	150.12	113.87	127.76	110.27	134.70	127.28
	40-59	34.12	18.87	33.01	32.41	30.26	27.24	33.82	33.03	47.26	31.74
Females	16-24	131.25	136.99	167.88	158.12	99.26	126.98	100.82	99.75	158.12	127.78
	25-39	40.00	46.99	31.31	35.63	28.88	44.52	65.40	39.78	57.21	44.73
	40-59	9.62	9.82	19.58	12.54	14.22	18.74	14.54	16.10	25.21	15.66
Persons	16-24	152.60	197.16	209.54	195.74	149.53	163.15	136.95	162.27	190.17	173.05
	25-39	69.04	95.24	70.82	80.25	82.07	75.54	95.53	73.33	95.07	83.35
	40-59	21.36	14.45	25.68	23.29	21.99	22.77	23.77	23.86	35.77	23.41

Source: NWPHO from British Crime Survey (weighted)

Figure 14: Rate of 16-59 year olds who have used cannabis in the last month per 1,000 population, 2007/08.



Source: NWPPO from British Crime Survey (weighted)

Table 22: Rate of 16-59 year olds who have used cannabis in the last month per 1,000 population by gender, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2002/03	71.78	99.13	64.54	66.86	75.27	82.61	109.44	97.94	91.37	87.15
	2003/04	90.76	85.28	72.82	73.96	64.54	78.89	95.46	86.93	80.04	81.45
	2004/05	60.69	79.74	69.72	64.57	54.12	68.68	62.90	68.80	95.77	70.07
	2005/06	50.92	88.89	55.71	63.03	63.13	63.96	65.14	64.79	86.60	68.50
	2006/07	77.84	73.54	59.89	55.36	52.67	60.43	65.71	59.65	69.67	63.43
	2007/08	55.56	64.79	64.45	60.53	55.11	49.97	61.43	51.49	59.58	58.17
Females	2002/03	33.59	38.46	26.62	26.47	19.65	26.35	56.24	43.33	50.55	36.90
	2003/04	23.71	37.90	31.30	25.04	39.44	33.91	53.50	38.59	48.01	38.12
	2004/05	20.93	44.73	25.37	25.36	27.89	26.50	46.24	36.65	34.70	33.65
	2005/06	32.99	32.84	31.35	19.41	19.35	27.69	26.13	27.13	40.73	28.65
	2006/07	25.58	25.88	25.36	30.63	26.45	19.26	23.87	26.34	31.29	25.87
	2007/08	20.58	20.35	21.35	20.11	18.56	17.86	30.88	17.75	31.07	22.07
Persons	2002/03	50.47	67.52	44.83	44.81	46.21	52.57	80.17	69.80	70.61	60.58
	2003/04	55.02	59.84	50.35	47.64	51.45	55.15	73.52	61.41	63.04	58.46
	2004/05	38.66	61.26	46.13	44.17	40.64	46.04	54.18	51.53	64.06	50.81
	2005/06	40.98	57.77	42.92	40.21	40.12	44.14	44.90	44.24	62.30	47.10
	2006/07	50.06	48.10	41.58	42.24	39.00	38.66	44.14	41.88	49.75	43.64
	2007/08	37.29	40.96	43.04	40.16	35.77	32.85	45.66	33.10	45.02	39.30

Source: NWPPO from British Crime Survey (weighted)

Table 23: Rate of 16-59 year olds who have used cannabis in the last month per 1,000 population by gender and age, 2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	16-24	122.45	167.16	165.61	131.91	110.69	104.09	143.71	121.50	111.11	133.50
	25-39	61.40	91.89	71.26	87.63	94.69	74.69	70.02	71.10	75.51	77.60
	40-59	26.25	7.07	17.88	18.49	13.87	15.58	23.65	16.02	30.53	18.03
Females	16-24	68.75	73.97	54.74	51.50	55.15	63.24	76.29	37.41	81.20	61.74
	25-39	16.00	19.09	21.53	23.75	16.25	15.87	33.33	20.58	29.75	22.36
	40-59	4.81	1.96	9.79	6.26	7.12	5.86	10.40	9.31	15.41	7.90
Persons	16-24	94.16	119.15	113.95	91.88	84.11	84.45	108.42	74.90	96.36	97.13
	25-39	39.67	51.78	43.39	54.39	50.71	40.50	51.39	43.92	51.55	47.88
	40-59	15.06	4.28	13.87	12.43	11.00	11.08	16.76	12.39	23.36	12.95

Source: NWPPO from British Crime Survey (weighted)

3.5 Cocaine

Rate of cocaine users per 1,000 population

In recent years the use of cocaine has risen across Europe and it is the second most commonly used illicit drug after cannabis (EMCDDA, 2008a). England and Wales reported the highest lifetime prevalence of cocaine use among 15-64 year olds and 15-24 year olds compared to other identified European countries⁴ (EMCDDA, 2008b). England and Wales along with Spain, Italy and Ireland have higher rates of lifetime cocaine use than the European average (EMCDDA, 2008b). Trends in high levels of cocaine use in England and Wales continued when *last month* and *last year* prevalence of cocaine use was considered, the second highest identified European rates of both prevalence measures were reported among 15-64 year olds in England and Wales. Among 15-24 year olds in England and Wales the highest *lifetime*, *last year* and *last month* prevalence in Europe was recorded (EMCDDA, 2008a). Further European comparisons can be found at Appendix 5.

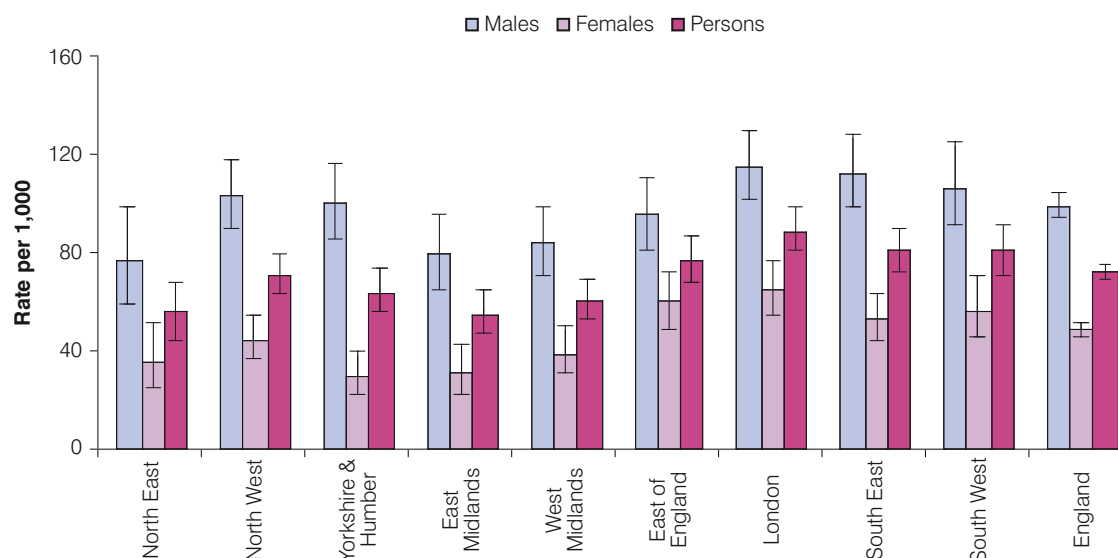
The *lifetime* rate of cocaine use has increased overall, and substantially in the majority of regions between 2002/03 and 2007/08, with the exception of London (Table 24). Although prevalence of *lifetime* cocaine use has decreased in London, in 2007/08 the highest rate of *lifetime* cocaine use was recorded in the region (89.1 per 1,000 population), in contrast to the lowest estimated prevalence of 55.1 per 1,000 population in the East Midlands (Figure 15). London also had the highest rate of *lifetime* cocaine use among males and females in comparison to all other English regions. The *lifetime* prevalence of cocaine use among females has more than doubled in the West Midlands and East of England between 2002/03 and 2007/08.

There was an increase in the prevalence of *last year* cocaine use in England between 2002/03 and 2007/08, with a peak in 2006/07 (Table 25). In particular, there has been a substantial increase in *last year* use of cocaine in the West Midlands from 11.4 per 1,000 population in 2002/03 to 23.7 per 1,000 population in 2007/08. London had the highest *last year* use of this drug in 2007/08 (27.5 per 1,000 population), considerably higher than the national average of 21.5 per 1,000 population (Figure 16). The lowest rate of *last year* use in 2007/08 amongst females was found in the North East (3.6 per 1,000 population). The male rate of *last year* use in the North East was more than six times the female rate in 2007/08.

Gender analysis has been excluded due to the small sample size for *last month* use of cocaine, only rates of use amongst persons has been reported. The national rate of *last year* cocaine use has fluctuated between 2002/03 and 2007/08, with an overall increase seen in this period (Table 26). The highest rate of *last month* use was found in London at 15.2 per 1,000 population, and the lowest rate was approximately one-third of this at 5.2 per 1,000 population in the East of England (Figure 17). Notably, the regions where the lowest and highest rates of *last month* use were recorded (East of England and London) were also the only regions where an overall decrease in use was recorded between 2002/03 and 2007/08.

⁴ European comparisons on EMCDDA website are only available for England and Wales. There are no available prevalence estimates for England only. Additionally, the prevalence estimates from England and Wales are based on 16-59 year olds but are included in the EMCDDA 15-64 year old category.

Figure 15: Rate of 16-59 year olds who have used cocaine in *lifetime* per 1,000 population, 2007/08.



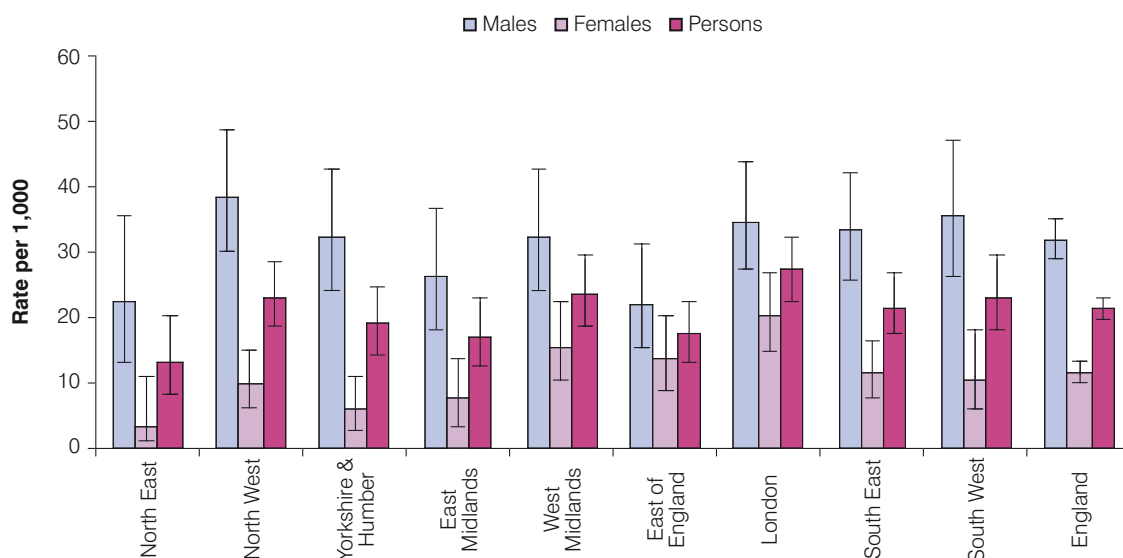
Source: NWPFO from British Crime Survey (weighted)

Table 24: Rate of 16-59 year olds who have used cocaine in *lifetime* per 1,000 population by gender, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2002/03	61.99	75.25	61.73	48.97	52.02	68.15	133.57	92.25	67.40	76.84
	2003/04	64.57	83.59	62.83	56.02	46.03	89.09	138.87	100.28	65.26	82.82
	2004/05	57.22	75.97	57.00	70.66	50.76	96.67	105.87	92.93	83.85	79.41
	2005/06	71.63	82.18	77.25	62.87	62.21	86.15	131.89	93.10	113.99	89.11
	2006/07	107.89	88.08	83.68	88.95	77.60	100.32	109.95	109.72	107.44	97.40
	2007/08	76.72	102.62	100.07	79.75	84.00	95.14	114.30	112.00	106.53	99.40
Females	2002/03	21.99	35.49	27.37	20.44	16.54	28.33	70.89	49.50	36.86	36.82
	2003/04	31.94	28.14	22.59	24.98	21.85	38.65	89.81	48.79	40.42	40.52
	2004/05	25.52	38.34	15.95	21.31	15.58	39.05	57.50	46.51	45.54	35.88
	2005/06	43.08	35.35	35.10	31.01	29.28	41.39	93.12	44.88	60.21	46.47
	2006/07	44.13	50.28	38.27	35.03	40.83	46.84	68.11	49.94	53.86	48.53
	2007/08	36.28	44.47	29.33	30.79	38.83	59.87	65.32	53.88	56.88	48.10
Persons	2002/03	39.71	54.55	43.51	33.71	33.44	46.88	99.20	70.21	51.58	55.65
	2003/04	47.94	54.20	41.43	38.87	33.42	62.20	113.26	73.08	52.04	60.43
	2004/05	39.08	56.10	35.07	44.44	32.34	65.12	80.55	67.97	63.65	56.17
	2005/06	55.83	56.46	55.18	46.23	45.15	61.73	111.49	66.77	85.53	66.27
	2006/07	74.07	67.91	59.69	60.28	58.46	72.11	88.39	78.04	79.60	71.67
	2007/08	55.63	71.13	64.14	55.06	59.88	76.64	89.13	80.94	80.85	72.54

Source: NWPFO from British Crime Survey (weighted)

Figure 16: Rate of 16-59 year olds who have used cocaine in the last year per 1,000 population, 2007/08.



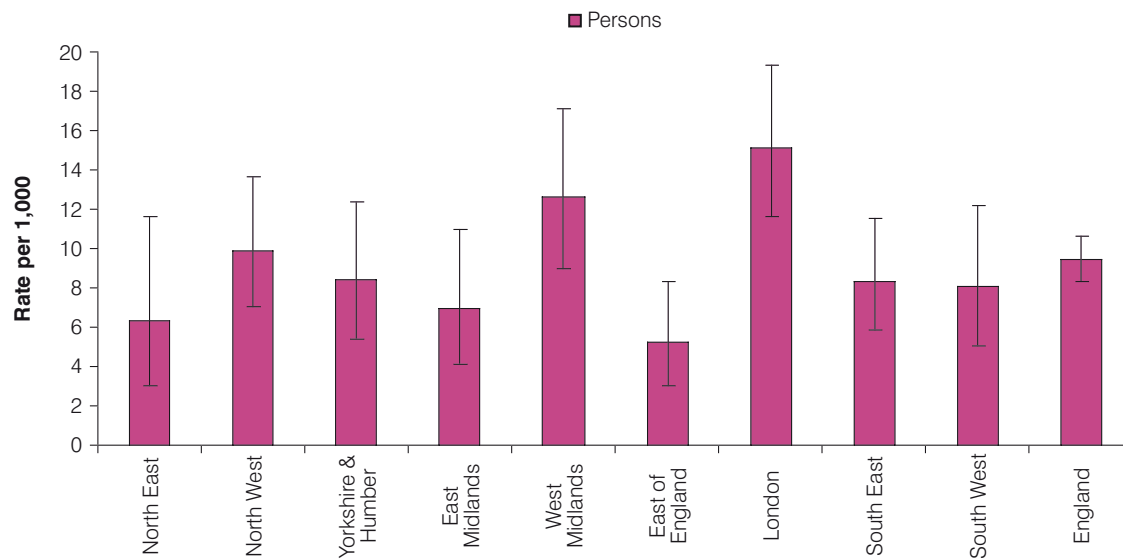
Source: NPHO from British Crime Survey (weighted)

Table 25: Rate of 16-59 year olds who have used cocaine in the last year per 1,000 population by gender, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2002/03	14.68	31.11	15.00	17.63	22.28	22.98	50.28	33.21	25.27	27.68
	2003/04	28.35	39.02	23.94	16.60	10.33	38.46	53.89	29.78	23.00	30.72
	2004/05	22.89	29.60	20.41	20.59	17.75	26.99	39.15	26.63	27.03	26.36
	2005/06	25.32	32.89	23.88	28.04	26.09	33.11	45.19	31.18	24.59	30.78
	2006/07	53.95	39.03	27.01	34.57	33.33	30.42	39.10	32.92	32.30	34.96
	2007/08	22.52	38.79	32.45	26.67	32.78	22.31	35.07	33.70	36.06	32.01
Females	2002/03	11.66	10.32	7.04	4.26	1.50	4.84	20.38	14.38	11.76	10.11
	2003/04	8.33	12.44	8.58	7.14	9.47	8.98	27.91	13.79	13.75	12.99
	2004/05	10.44	8.83	4.91	7.11	5.01	7.92	21.47	13.14	12.19	10.41
	2005/06	19.27	10.54	8.30	9.30	8.72	10.49	30.94	10.39	17.40	13.59
	2006/07	17.42	17.07	9.88	10.67	15.70	11.30	16.00	15.40	14.94	14.34
	2007/08	3.64	10.15	6.00	7.69	15.53	13.81	20.26	11.65	10.81	11.95
Persons	2002/03	13.71	20.29	10.78	10.93	11.41	13.29	33.88	23.51	18.27	18.46
	2003/04	17.71	24.66	15.77	11.51	9.88	22.58	40.32	21.34	18.08	21.26
	2004/05	15.37	18.64	12.14	13.84	11.36	16.36	29.89	19.38	18.99	17.85
	2005/06	22.00	20.60	15.70	18.20	17.10	20.80	37.80	19.80	20.80	21.60
	2006/07	34.55	27.32	18.27	21.87	23.85	20.31	27.44	23.69	23.30	24.15
	2007/08	13.28	23.29	19.13	17.09	23.67	17.48	27.46	21.83	23.17	21.51

Source: NPHO from British Crime Survey (weighted)

Figure 17: Rate of 16-59 year olds who have used cocaine in the last month per 1,000 population, 2007/08.



Source: NWPFO from British Crime Survey (weighted)

Table 26: Rate of 16-59 year olds who have used cocaine in the last month per 1,000 population, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Persons	2002/03	5.78	8.06	6.22	4.56	4.72	7.39	15.34	7.66	7.72	7.84
	2003/04	7.38	13.20	5.81	4.80	4.18	10.92	17.77	10.41	8.61	9.86
	2004/05	8.33	8.85	4.59	6.71	4.95	6.02	11.53	10.09	8.66	7.95
	2005/06	8.79	9.03	7.02	8.52	9.36	6.93	20.59	9.11	11.06	10.19
	2006/07	19.14	14.29	7.83	8.91	11.11	6.87	15.72	9.43	12.15	11.42
	2007/08	6.33	9.95	8.39	6.99	12.62	5.21	15.16	8.36	8.09	9.43

Source: NWPFO from British Crime Survey (weighted)

3.6 Ecstasy

Rate of ecstasy users per 1,000 population

It is estimated that *lifetime* prevalence of ecstasy use in European countries varies from 0.3% to 7.3% (EMCDDA, 2008a). England and Wales had the highest identified *lifetime* prevalence of ecstasy use at 7.3%⁵ and the second highest *last year* prevalence compared to other European countries. *Lifetime* ecstasy use among 15-24 year olds was also high with only the Czech Republic identified as having consistently higher rates than England and Wales (EMCDDA, 2008b). Further European comparisons can be found at Appendix 5.

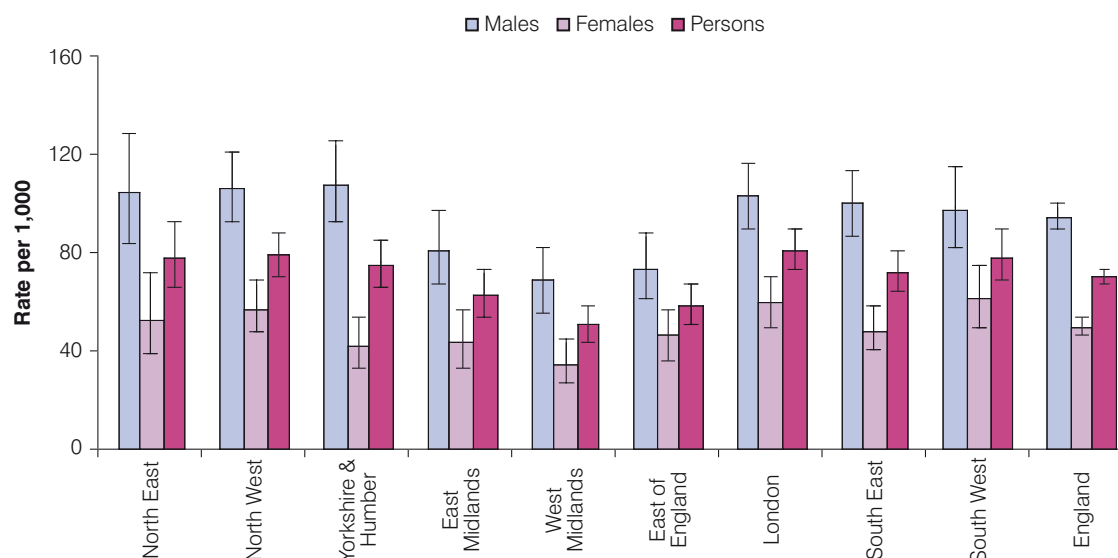
Nationally and in the majority of regions there was an overall increase in the *lifetime* use of ecstasy between 2002/03 and 2007/08, with the exception of London (Table 27). This increase was also evident in almost all regions by gender, except London where there has been a decrease in *lifetime* use between 2002/03 and 2007/08 among males. Despite the decrease in *lifetime* ecstasy prevalence in London, the highest estimated rate of *lifetime* use during 2007/08 was recorded in this region at 80.8 per 1,000 population in comparison to the lowest rate of 50.7 per 1,000 population in the West Midlands (Figure 18).

London had the highest estimated *last year* use of ecstasy in 2007/08 (18.4 per 1,000 population) (Figure 19). The estimated rate of *last year* use of ecstasy has fallen nationally between 2002/03 and 2007/08 (Table 28). This decrease was most evident in the South East, where there has been a reduction in *last year* use of ecstasy from 21.2 in 2002/03 to 11.6 per 1,000 population in 2007/08. The fall in *last year* use of ecstasy may be a result of the increase in recent use of cocaine (Table 25), due to a decrease in price of this drug in recent years (Eaton et al., 2008). In 2007/08, five times more females in London reported ecstasy use in the previous year compared to females in the North East, with rates of 12.4 and 2.4 per 1,000 population respectively.

Gender analysis has been excluded due to the small sample size for *last month* use of ecstasy, only rates of use amongst persons has been reported. The national rate of ecstasy use in the *last month* has fluctuated considerably between 2002/03 and 2007/08, with an overall decrease in prevalence during this period (Table 29). In 2007/08, *last month* ecstasy use was highest in London (9.0 per 1,000 population) and lowest in the West Midlands (2.2 per 1,000 population) (Figure 20). Considerable reductions in *last month* ecstasy use were found in North West and South West regions between 2002/03 and 2007/08.

⁵ European comparisons on EMCDDA website are only available for England and Wales. There are no available prevalence estimates for England only. Additionally, the prevalence estimates from England and Wales are based on 16-59 year olds but are included in the EMCDDA 15-64 year old category.

Figure 18: Rate of 16-59 year olds who have used ecstasy in *lifetime* per 1,000 population, 2007/08.



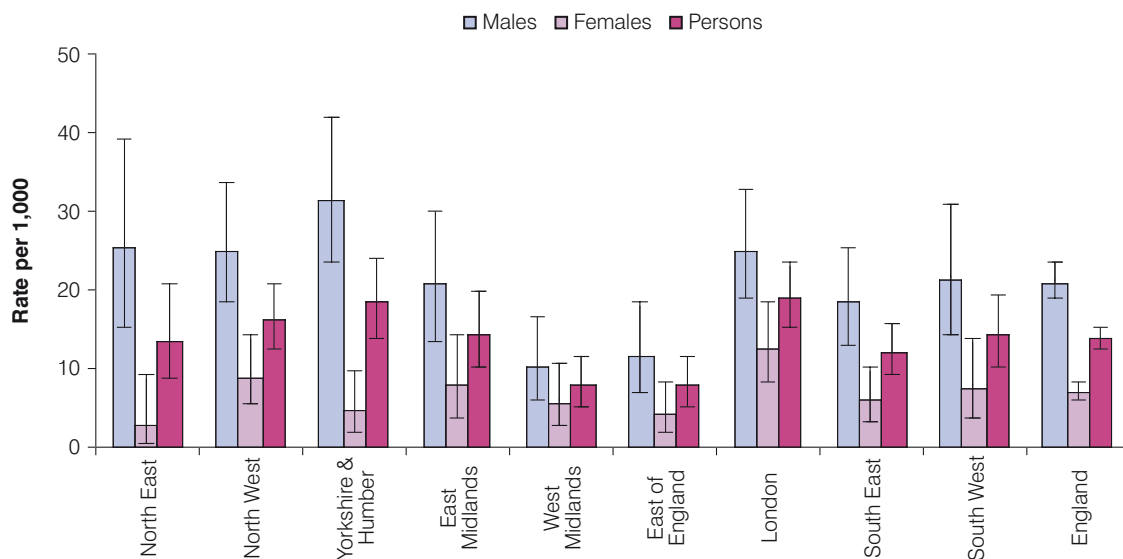
Source: NWPPO from British Crime Survey (weighted)

Table 27: Rate of 16-59 year olds who have used ecstasy in *lifetime* per 1,000 population by gender, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2002/03	99.03	103.79	68.78	62.68	54.50	65.66	117.85	87.85	75.04	82.93
	2003/04	97.48	95.62	72.57	71.58	58.82	81.54	104.91	76.58	64.34	80.87
	2004/05	64.29	94.14	94.87	75.96	57.42	78.42	90.23	84.49	98.27	83.53
	2005/06	99.58	95.34	70.42	69.55	63.50	76.11	112.15	89.94	102.93	87.19
	2006/07	117.41	98.05	86.63	86.13	74.15	97.10	96.54	92.55	110.80	94.50
	2007/08	105.54	106.10	108.18	81.38	68.71	73.44	103.30	99.95	97.67	94.11
Females	2002/03	42.58	51.46	42.19	32.34	20.26	24.19	54.04	43.09	37.65	39.53
	2003/04	49.93	42.75	41.28	27.65	32.09	29.70	70.82	49.68	37.22	43.26
	2004/05	35.96	53.28	39.85	32.36	27.22	33.74	56.34	48.39	41.18	42.36
	2005/06	47.62	44.17	49.14	35.58	29.25	40.26	67.06	43.40	57.18	46.07
	2006/07	51.16	48.78	40.10	34.25	42.69	41.74	56.24	45.74	49.35	45.80
	2007/08	53.20	57.38	42.61	43.88	34.07	46.03	59.61	48.66	61.15	49.91
Persons	2002/03	67.63	76.53	54.68	46.43	36.57	43.53	82.86	64.80	55.67	59.96
	2003/04	71.48	67.62	55.95	47.96	44.87	54.57	87.08	62.37	50.32	61.03
	2004/05	48.66	72.77	65.18	52.81	41.61	54.12	72.46	65.09	68.69	61.64
	2005/06	70.85	67.22	59.57	51.80	45.76	56.56	88.74	64.54	79.30	65.29
	2006/07	82.77	71.74	62.01	58.59	57.79	67.60	75.78	67.89	78.89	68.90
	2007/08	78.23	79.70	75.14	62.45	50.74	58.57	80.84	72.34	78.68	70.95

Source: NWPPO from British Crime Survey (weighted)

Figure 19: Rate of 16-59 year olds who have used ecstasy in the last year per 1,000 population, 2007/08.



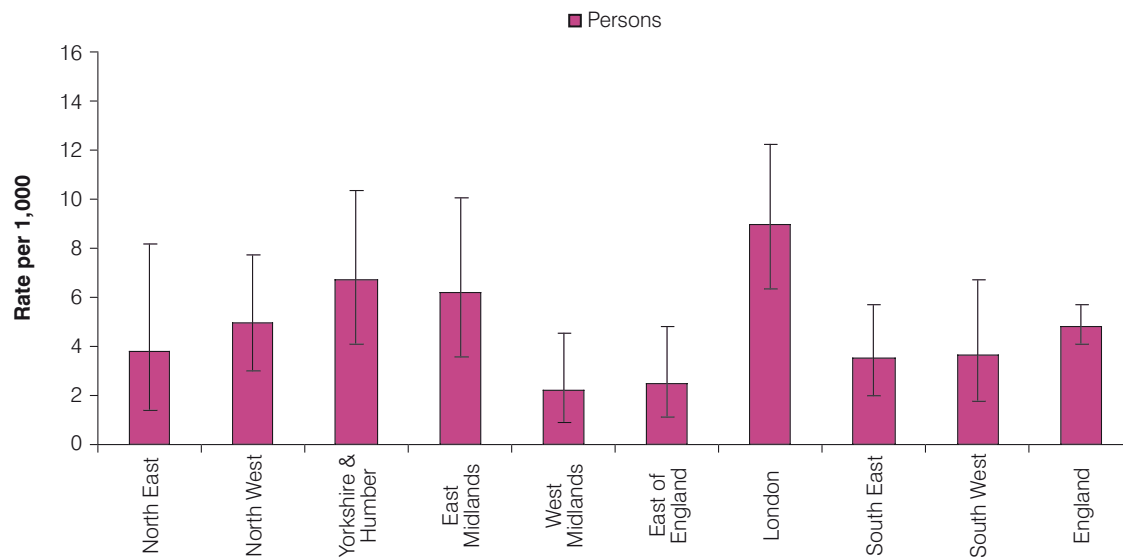
Source: NPHO from British Crime Survey (weighted)

Table 28: Rate of 16-59 year olds who have used ecstasy in the last year per 1,000 population by gender, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2002/03	30.84	31.72	15.90	19.59	18.18	19.81	39.55	29.46	27.00	26.34
	2003/04	31.50	29.88	26.64	12.45	14.31	23.88	36.52	24.27	23.92	25.16
	2004/05	18.57	23.68	28.83	22.34	22.60	14.43	24.14	24.84	23.53	22.89
	2005/06	16.90	26.70	16.20	22.10	12.00	12.60	19.90	26.70	20.40	20.00
	2006/07	19.79	33.19	21.50	21.59	23.13	17.68	32.42	18.53	21.04	23.70
	2007/08	25.07	24.56	31.10	20.38	10.03	11.15	24.77	18.08	21.05	20.57
Females	2002/03	12.92	12.61	8.60	8.51	3.75	4.84	10.47	12.89	7.05	9.24
	2003/04	12.50	14.61	7.01	7.14	10.21	3.45	10.30	10.82	10.51	9.75
	2004/05	10.44	8.82	14.10	9.49	2.78	2.11	15.14	10.89	9.65	9.21
	2005/06	15.89	8.41	7.65	6.19	5.60	3.86	17.32	5.56	8.71	8.35
	2006/07	12.79	10.59	5.55	6.09	12.57	5.64	12.38	4.99	11.05	8.81
	2007/08	2.42	8.70	4.66	7.70	5.38	4.03	12.39	5.61	7.19	6.87
Persons	2002/03	20.16	21.77	12.44	13.66	10.62	11.81	23.60	21.18	16.66	17.33
	2003/04	21.39	21.79	16.18	9.60	12.17	13.46	22.50	17.16	16.78	17.01
	2004/05	14.08	16.07	20.65	15.52	12.22	8.02	19.43	17.54	16.34	15.69
	2005/06	16.90	16.60	11.70	13.80	8.70	7.50	18.50	15.20	14.00	13.80
	2006/07	16.06	21.38	13.06	13.75	17.97	11.32	22.08	11.18	16.19	15.97
	2007/08	13.24	15.97	18.11	13.98	7.57	7.66	18.40	11.60	13.97	13.50

Source: NPHO from British Crime Survey (weighted)

Figure 20: Rate of 16-59 year olds who have used ecstasy in the last month per 1,000 population, 2007/08.



Source: NWPFO from British Crime Survey (weighted)

Table 29: Rate of 16-59 year olds who have used ecstasy in the last month per 1,000 population, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Persons	2002/03	7.92	12.82	4.98	6.83	3.54	4.06	7.66	7.40	10.97	7.51
	2003/04	8.85	10.89	8.71	1.92	4.57	4.00	13.62	6.50	8.18	7.70
	2004/05	6.40	6.99	7.87	7.13	4.37	2.86	6.30	7.46	4.33	6.00
	2005/06	8.16	8.09	5.69	4.86	5.48	2.11	6.74	5.87	7.48	6.03
	2006/07	8.65	10.08	6.86	6.88	5.88	3.87	10.91	4.38	7.42	7.16
	2007/08	3.78	4.98	6.71	6.21	2.21	2.45	8.97	3.48	3.68	4.85

Source: NWPFO from British Crime Survey (weighted)

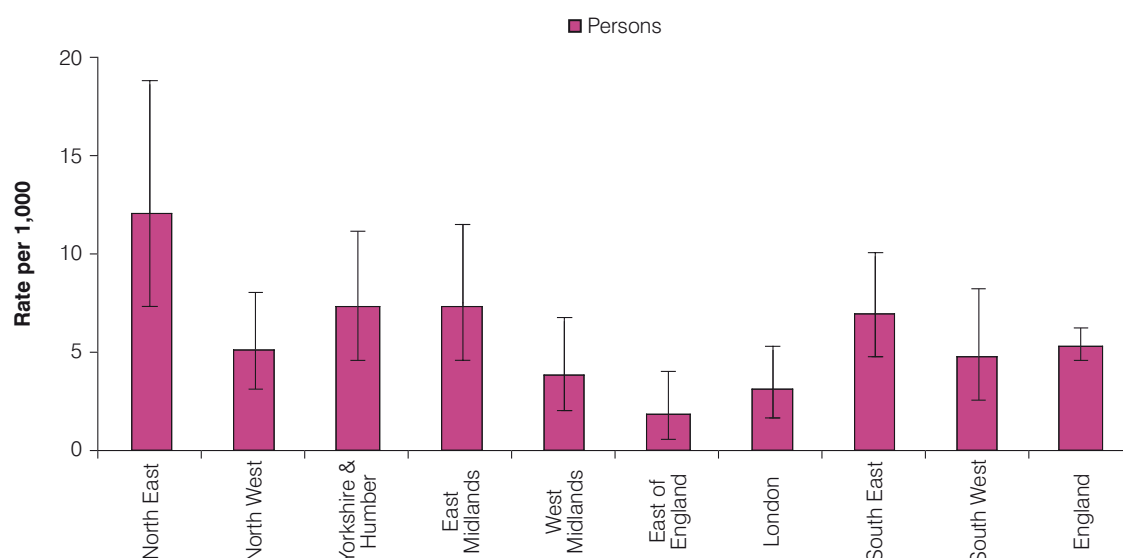
3.7 Anabolic steroids

Rate of anabolic steroid users per 1,000 population

Analysis of *last year* and *last month* use of anabolic steroids has been excluded due to the small number of users. Gender analysis has been excluded due to the small sample size for *lifetime* use of anabolic steroids, only rates of use amongst persons have been reported.

Rates of *lifetime* use of anabolic steroids in England have fluctuated between 2002/03 and 2007/08, with an overall increase in this time period (Table 30). In 2007/08, the highest rate of *lifetime* anabolic steroid use was found in the North East (12.0 per 1,000 population), 6.5 times the lowest rate found in the East of England (1.8 per 1,000 population) (Figure 21).

Figure 21: Rate of 16-59 year olds who have used anabolic steroids in *lifetime* per 1,000 population, 2007/08.



Source: NWPHO from British Crime Survey (weighted)

Table 30: Rate of 16-59 year olds who have used anabolic steroids in *lifetime* per 1,000 population, 2002/03-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Persons	2002/03	7.20	5.06	3.32	5.00	5.10	4.06	2.86	2.55	4.47	4.14
	2003/04	11.79	6.30	6.22	3.36	5.69	5.09	2.21	4.68	6.87	5.40
	2004/05	6.39	7.20	3.93	5.02	6.10	5.72	1.37	2.81	5.32	4.72
	2005/06	10.66	7.62	4.34	8.09	4.51	3.01	6.16	6.25	2.27	5.67
	2006/07	11.71	5.40	6.19	5.65	4.57	5.34	3.71	7.00	5.05	5.76
	2007/08	11.97	5.21	7.37	7.34	3.78	1.83	3.05	6.94	4.78	5.36

Source: NWPHO from British Crime Survey (weighted)

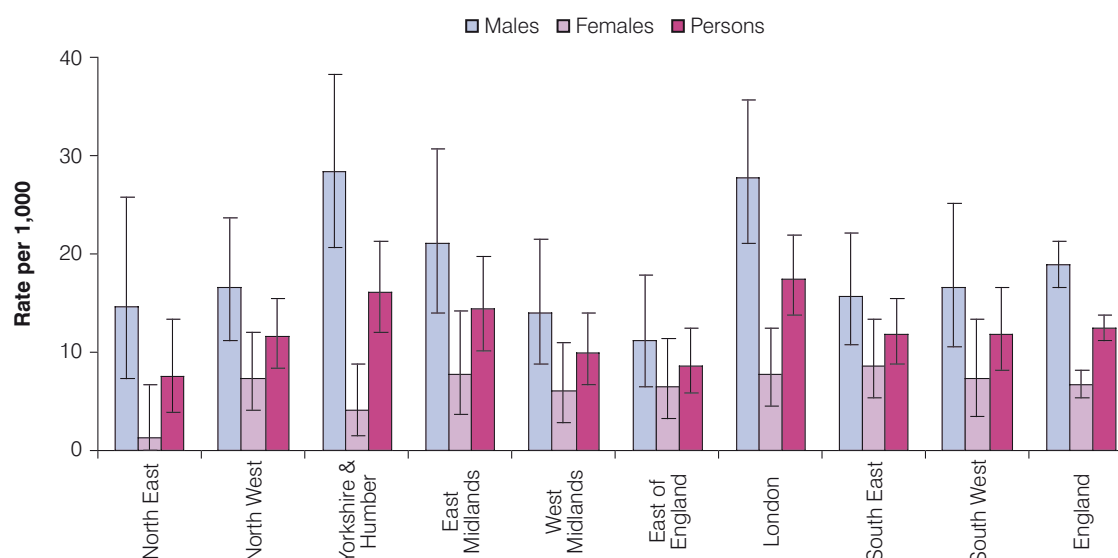
3.8 Ketamine

Rate of ketamine users per 1,000 population

Questions regarding ketamine use were added to the British Crime Survey in 2006/07. Analysis of *last year* and *last month* use of ketamine has been excluded due to the small number of users.

There has been an increase nationally in *lifetime* use of ketamine between 2006/07 and 2007/08 (Table 31). In 2007/08 the highest rates of *lifetime* ketamine use were found in London and Yorkshire and The Humber at 17.4 and 16.1 per 1,000 population respectively (Figure 22). These regions also had the highest rates amongst males. The lowest rate of *lifetime* ketamine use was recorded in the East of England in 2007/08 at 8.6 per 1,000 population.

Figure 22: Rate of 16-59 year olds who have used ketamine in *lifetime* per 1,000 population, 2007/08.



Source: NWPFO from British Crime Survey (weighted)

Table 31: Rate of 16-59 year olds who have used ketamine in *lifetime* per 1,000 population by gender, 2006/07-2007/08.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2006/07	18.42	16.32	17.27	16.32	19.73	13.87	21.95	16.19	23.84	18.12
	2007/08	14.47	16.49	28.32	21.06	14.00	11.13	27.51	15.55	16.54	18.75
Females	2006/07	4.65	4.60	6.79	3.81	7.54	3.93	11.83	3.32	8.43	6.11
	2007/08	1.21	7.24	4.00	7.69	5.98	6.32	7.78	8.58	7.20	6.66
Persons	2006/07	11.10	10.06	11.41	9.69	13.39	8.62	16.99	9.41	15.84	11.80
	2007/08	7.56	11.49	16.09	14.33	9.77	8.57	17.39	11.80	11.76	12.43

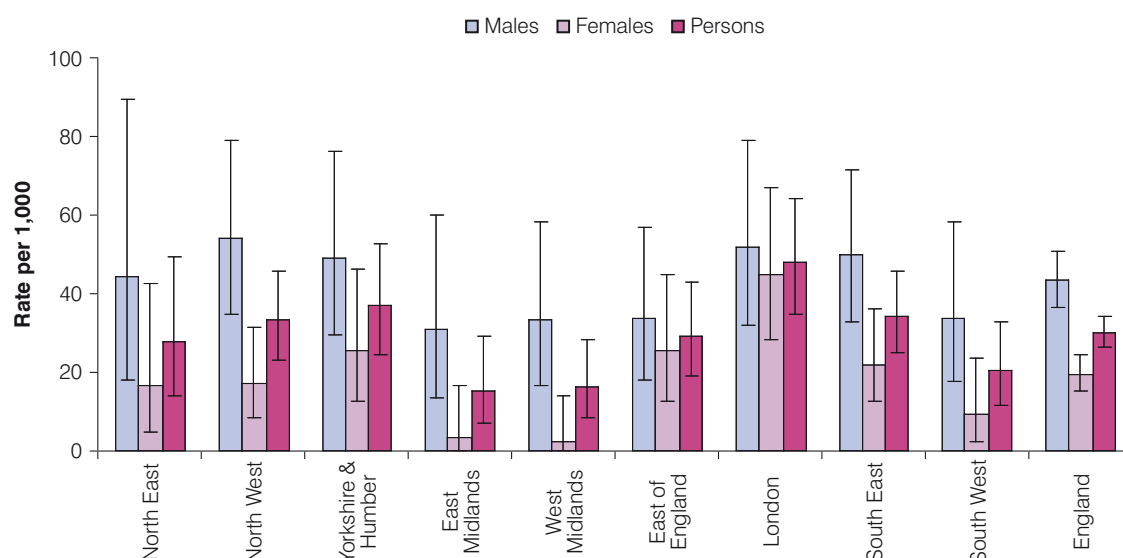
Source: NWPFO from British Crime Survey (weighted)

3.9 Drug dependency

Prevalence of adults who were dependent on any drug

Findings from the Psychiatric Morbidity Survey (PMS) 2000 indicate that 30.2 per 1,000 population aged 16-74 years were dependent upon an illicit drug in England (Figure 23). Recorded rates of dependence among females were very low in the East and West Midlands and relatively low in the South West. The rate of dependency was particularly high for both males and females in London, where there was little difference in the rates of dependency by gender compared with the other regions (Table 32). The rates of drug dependency in the East of England also varied little by gender, in contrast to the other regions where the rate of dependency among males was considerably higher than the rate of dependency among their female counterparts. Rates of drug dependency were highest among 16-24 year olds in all regions. The highest rate of drug dependency among 60-74 year olds was recorded in the North East at 11.1 per 1,000 population (compared with the national average of 3.6 per 1,000 population) (Table 33). Interestingly, the overall pattern of drug dependency (Figure 23) resembles the pattern of problem drug use (Figure 2) despite the different years of data collection (PMS 2000 and PDU 2006/07 respectively).

Figure 23: Rate of 16-74 year olds who were dependent on any drug per 1,000 population, 2000.



Source: NWPHE from Psychiatric Morbidity Survey

Table 32: Rate of 16-74 year olds who were dependent on any drug per 1,000 population by gender, 2000.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	44.59	54.05	49.18	31.01	33.13	33.68	51.95	49.82	33.71	43.40
Females	16.88	17.15	25.51	3.05	2.47	25.29	44.90	21.96	9.26	19.57
Persons	27.92	33.11	36.94	15.36	16.28	29.23	48.00	34.29	20.30	30.23

Source: NWPHE from Psychiatric Morbidity Survey

Table 33: Rate of 16-74 year olds who were dependent on *any drug* per 1,000 population by gender and age, 2000.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	16-24	166.67	195.65	85.11	115.38	148.15	111.11	50.00	181.82	181.82	135.65
	25-39	54.05	106.56	100.92	47.62	40.82	38.46	86.96	72.29	79.21	72.08
	40-59	15.87	11.63	24.19	10.00	22.90	28.99	41.67	20.10	0.00	19.88
	60-74	25.64	0.00	0.00	0.00	0.00	0.00	0.00	8.20	0.00	2.79
Females	16-24	90.91	120.00	139.53	55.56	0.00	93.75	104.17	71.43	0.00	78.03
	25-39	23.53	16.04	27.78	0.00	0.00	52.63	68.63	29.91	16.13	29.07
	40-59	0.00	5.18	7.19	0.00	7.04	0.00	13.33	12.66	5.81	6.48
	60-74	0.00	0.00	0.00	0.00	0.00	10.20	11.36	6.41	9.52	4.24
Persons	16-24	125.00	156.25	111.11	90.91	54.79	102.94	79.55	126.13	75.47	105.58
	25-39	32.79	51.78	64.52	19.90	18.78	45.63	76.02	47.50	44.44	47.56
	40-59	7.04	8.22	15.21	4.90	14.65	12.90	27.21	16.06	3.25	12.72
	60-74	11.11	0.00	0.00	0.00	0.00	5.56	6.62	7.19	4.95	3.61

Source: NWPHO from Psychiatric Morbidity Survey

3.10 Trends in the price and purity of drugs, 2003-2007

Trends in the price and purity of drugs are supplied to UK Focal Point from the Law Enforcement Agencies and Forensic Science Service Ltd (Table 34 and Table 35). However, these data are only available on a UK level and are not available separately for England.

The purity of brown heroin fluctuated between 2003 and 2007. A considerable rise in purity was found between 2003 and 2005 (from 32.7% to 46.5%), the purity decreased between 2005 and 2006 and then increased between 2006 and 2007. The average price of one gram of heroin steadily decreased from £62 per gram in 2003 to £48 per gram in 2007. In 2007, the lowest price per gram and highest mean percentage purity (49.8%) of heroin was recorded.

The purity of crack cocaine decreased considerably from 69.6% in 2003 to 49.5% in 2006, and increased to 52.3% in 2007. Unlike the purity of crack cocaine, the price remained stable over the same period averaging at £18.50 per 0.2g⁶. Similar to crack cocaine, the purity of powder cocaine has decreased considerably between 2003 and 2007 (51.2% in 2003 compared to 33.2% in 2007). The price of one gram of cocaine has steadily decreased from £55 in 2003 to £46 per gram in 2007.

Purity levels of amphetamines fluctuated between 10.8% in 2003 to 10.9% in 2007, the lowest purity of 9.0% was recorded in 2004. Price patterns were similar to purity patterns and the price per gram of amphetamines has remained stable in this time period (between £8 and £10 per gram), the lowest price of £8 per gram was recorded in 2004 when the lowest purity was also recorded.

Between 2003 and 2007 considerable fluctuations in the tetrahydrocannabinol (THC) content of cannabis resin have been observed. In 2004 the lowest average THC content was found at 1.6% compared to the highest in 2005 at 5.5%. Fluctuations in the price of cannabis resin have also been observed in the same period. However, in 2005 when the highest mean content of THC was observed, the lowest price was also recorded (£1.94 per gram).

The price of herbal cannabis increased between 2003 and 2006 from £2.54 per gram in 2003 to £2.68 per gram in 2006. In 2007, an increased average price of £3.95 per gram was recorded, but this increase may be due to changes in the calculation methodology used. The mean level of THC in herbal cannabis has increased from 1.9% in 2005 to 4.5% in 2007.

Between 2003 and 2005 the average 3,4-methylene-dioxy-methamphetamine (MDMA) (mg) content in ecstasy tablets was consistent at approximately 65.8%, however, in 2006 the average MDMA content dropped substantially and was recorded at 48.0%. The purity level recorded in 2007 showed an increase in mean ecstasy percentage, with a rise to 51.8% in 2007. The price of one ecstasy tablet has seen similar patterns to the purity and was relatively stable at an average of £4.33 per tablet between 2003 and 2005 and has decreased to £3 per tablet in 2006 and 2007.

⁶ Due to changes in the methodology of calculating the price of crack cocaine per gram (compared to the previous calculation by rock or 0.2g) 2007 prices cannot be compared to earlier prices.

Table 34: Law enforcement agencies: Mean price of illegal drugs in the United Kingdom, 2003-2007.

Drug (price per gram)	2003	2004	2005	2006	2007
Amphetamines	£9.00	£8.00	£10.00	£9.00	£9.00
Cannabis herb*	£2.54	£2.54	£2.64	£2.68	£3.95*
Cannabis resin*	£2.32	£2.00	£1.94	£2.12	£2.82*
Cocaine	£55.00	£51.00	£49.00	£49.00	£46.00
Crack cocaine**	£19.00	£18.00	£19.00	£18.00	£65.00
Ecstasy***	£5.00	£4.00	£4.00	£3.00	£3.00
Heroin	£62.00	£55.00	£54.00	£52.00	£48.00
LSD	£3.00	£3.00	£3.00	£3.00	£3.50

Source: Law Enforcement Agencies from UK Focal Point 2008 (Eaton et al., 2008)

*Before 2007 the cannabis values were based on the price per ounce. In 2007 this changed to calculation based on a usual street deal of 1/8oz. The 2007 price has been converted to gram equivalent.

**Crack cocaine prices before 2007 were provided per rock (0.2g) not per gram. 2007 prices cannot be compared to earlier prices.

***Average price per tablet.

Table 35: Street level mean percentage purity of drugs in the United Kingdom, 2003-2007.

Drug****	2003	2004	2005	2006	2007
Amphetamines	10.8	9.0	10.1	10.6	10.9
Cannabis resin	4.6	1.6	5.5	2.7	4.5
Cocaine	51.2	42.4	42.7	34.5	33.2
Crack cocaine	69.6	63.7	64.8	49.5	52.3
Ecstasy	64.5	66.7	66.3	48.0	51.8
Herbal cannabis	-	-	1.9	2.1	4.5
Heroin (brown)	32.7	39.9	46.5	43.5	49.8
Heroin (white)	-	50.0	-	-	-

Source: Forensic Science Service Ltd 2008 and ACMD 2008 from UK Focal Point Report 2008 (Eaton et al., 2008)

****For cannabis products the % THC content is shown; for ecstasy mg of MDMA base per tablet/unit is shown; and for other illicit drugs the % of pure substance is shown.

Data Issues

Prevalence estimates of problematic drug users (Hay et al., 2008a)

Problematic drug use was defined as the use of opiates and/or crack cocaine (including injecting of either of these drugs). Research used to base estimates of problematic drug users applied two methods: the Capture-Recapture model and the Multiple Indicator Method. There may be anomalies in data due to different methods being used in different areas of the country. Further methodological information can be found in Singleton, Murray & Tinsley (2006) and Frisher, Heatlie & Hickman (2007).

British Crime Survey

The British Crime Survey (BCS) is a large nationally representative private household survey conducted in England and Wales. From 2001 the BCS was conducted continuously, rather than bi-annually and over a financial, rather than calendar, year. The change to continuous interviewing has impacted upon the time periods interviewees refer to when asked about *last year* and *last month* drug use. Responses from two interviewees in one BCS year can potentially be one year apart and referring to different years, however, *last year* use is still considered a good indicator of recent drug use included in the questionnaire (Roe & Man, 2006). Use of drugs in the previous month is a good indicator of very recent drug use but is subject to more variation due to the small number of *last month* users.

In 2007/08, a response rate of 77% was achieved from the national sample of 67,296 addresses issued. Of those interviewed 30,954 were eligible to complete the drugs module. Once other exclusions were made (i.e. those who admitted *lifetime* use of a fictional drug and therefore the honesty of their responses were questioned) and the booster samples were excluded, the final sample size for the drugs module was 28,692.

The BCS is based on random representative sampling; however, the numbers are estimates of prevalence of drug use. As a household survey, the methodology is not sensitive enough to reach certain groups where drug use is particularly prevalent, such as those who are homeless, those in prison, students living in halls of residence, those who lead chaotic lives and are rarely at home, and those without a permanent address (Roe & Man, 2006). The methodological nature of the survey underestimates the use of some drugs, in particular heroin and crack cocaine, as many of the users of these drugs are among the hard to reach populations and may not wish to disclose their true drug use. Therefore, estimates of opiate and crack cocaine use have been derived from a source other than BCS (Hay et al., 2008b). Only 16 to 59 year olds are eligible to complete the drug module and, considering recent trends in drug use among older populations (Beynon, McVeigh & Roe, 2007), potentially some trends in drug use are not captured.

BCS uses booster samples to ensure that ethnic minorities (dropped in the 2007/08 sample) and young people are accurately represented in the survey, however, due to the lack of demographic information included in the booster sample datasets (2002/03 – 2006/07) these have not been included in the analysis conducted in this report.

Guidance received from the Home Office indicated that a sample size of at least 72 users is required to breakdown the drug use data by nine regions. This criteria was applied to the data and where the sample size was below this cut off the data has not been presented. The age analysis has only been presented for use of *any drug* and cannabis due to the small sample sizes when data were split by multiple variables for the other drug items. In addition, the use of anabolic steroids in the *last month* has not been analysed by region due to the low rate of reported use and due to the cyclic use of this drug, making the validity of this measure questionable.

The data were weighted using the individual weighting values provided in the datasets to compensate for unequal selection processes, differential responses (between geographical areas, age and gender) and time of year when questionnaire was completed. For more information please refer to the BCS Technical Reports found at <http://rds.homeoffice.gov.uk/rds/bcs-methodological.html>

Psychiatric Morbidity Survey

The Psychiatric Morbidity Survey (PMS) is a survey of psychiatric morbidity among adults (aged 16-74) living in private households in England, Scotland and Wales (including the Highlands and Islands) carried out in 2000.

The PMS examines drug dependence based on questions from the US Epidemiological Catchment Area (ECA) study. At least one positive response from five questions related to drug dependency was taken as an indication of at least some level of drug dependency.

UK Focal Point (Eaton et al., 2008)

Information on the purity of drugs is provided to UK Focal Point from Forensic Science Service Limited.

Trends in the price of drugs are compiled by UK Focal Point using information from law enforcement agencies (Police and HM Customs) and Independent Drug Monitoring Unit (IDMU).

EMCDDA (2008b)

Comparisons of prevalence estimates for problematic drug use across European member states should be viewed with caution as methodologies vary and data capture represents a number of different years from 2001 to 2006/07.

The England and Wales rates referred to are based on 2006/07 figures from the British Crime Survey. Rates for England as a separate country are not available, therefore all rates refer to England and Wales. Additionally, the rates referred to from the British Crime Survey refer to 16-59 year olds, but for the purposes of European comparison are categorised within the 15-64 year old category.

Indicator Definitions

Rate of problematic drug users per 1,000 population

This is an estimate of problematic drug users (those who use opiates and/or crack cocaine) aged 15-64 years in England 2006/07.

Rate of problematic drug users who inject per 1,000 population

This is an estimate of problematic drug users (those who use opiates and/or crack cocaine) who inject either of these drugs aged 15-64 years in England 2006/07.

Rate of opiate users per 1,000 population

This is an estimate of opiate users aged 15-64 years in England 2006/07.

Rate of crack cocaine users per 1,000 population

This is an estimate of crack cocaine users aged 15-64 years in England 2006/07.

Rate of drug users per 1,000 population

This is an estimate of the rate per 1,000 population aged 16-59 years who have used any illicit drug in their lifetime, in the previous year and in the previous month.

Rate of amphetamine users per 1,000 population

This is an estimate of the rate per 1,000 population aged 16-59 years who have used amphetamines in their lifetime, in the previous year and in the previous month.

Rate of cannabis users per 1,000 population

This is an estimate of the rate per 1,000 population aged 16-59 years who have used cannabis in their lifetime, in the previous year and in the previous month.

Rate of cocaine users per 1,000 population

This is an estimate of the rate per 1,000 population aged 16-59 years who have used cocaine in their lifetime, in the previous year and in the previous month.

Rate of ecstasy users per 1,000 population

This is an estimate of the rate per 1,000 population aged 16-59 years who have used ecstasy in their lifetime, in the previous year and in the previous month.

Rate of anabolic steroid users per 1,000 population

This is an estimate of the rate per 1,000 population aged 16-59 years who have used anabolic steroids in their lifetime.

Rate of ketamine users per 1,000 population

This is an estimate of the rate per 1,000 population aged 16-59 years who have used ketamine in their lifetime.

Prevalence of adults who are dependent on any drug

The rate per 1,000 population of adults aged 16-74 years dependent on *any drug*. In addition to questions on the frequency of use of illicit drugs, a series of dependency questions was also asked. A positive response to any of the dependency questions was taken as an indication of dependence, at a low threshold. Habitual users (i.e. daily users for a fortnight or more) or those who have developed some tolerance for the drug, so require more to get the same effect, were recorded as dependent.

Box 3: Key Points - Drug Use

Estimates of the Prevalence of Problematic Drug Users

Problematic drug users (PDU) are defined as the users of opiates and/or crack cocaine. Research used to base estimates of problem drug users by application of two methods: the Capture-Recapture model and the Multiple Indicator Method.

- It is estimated that 9.8 per 1,000 population, aged 15-64, in England are problematic drug users (PDU).
- Rates of PDU in London and the North West were the highest at 14.2 and 12.3 per 1,000 population respectively.
- Yorkshire and The Humber had the highest rate of injecting PDU (5.0 per 1,000 population), the East of England and the South East had the lowest rate at 2.0 per 1,000 population.
- The largest estimated number of opiate users was in London (53,085). The highest rate per 1,000 population was in the North West at 10.9.
- The estimated rate of crack cocaine users was considerably higher in London (8.9 per 1,000) compared to the other regions.

British Crime Survey

The British Crime Survey (BCS) is a large nationally representative private household survey conducted in England and Wales. The BCS is based on random representative sampling; however, the numbers are estimates of prevalence of drug use.

- In 2007/08 in England 349.7 per 1,000 population had used any illicit drug in their *lifetime*, 87.7 per 1,000 population had used *any drug* in the previous year and 49.8 per 1,000 population had used *any drug* in the previous month.
- *Last year* and *last month* prevalence of *any drug* decreased between 2002/03 and 2007/08, whilst *lifetime* prevalence increased in the same period.
- Rates of *last year* drug use in London have decreased by more than one third between 2002/03 and 2007/08.
- Compared with other European countries, England and Wales had the highest identified prevalence of amphetamine use across all frequency measurements (*lifetime*, *last year*, *last month*).
- Nationally, *lifetime* prevalence of amphetamine use had remained relatively stable, whilst use in the *last year* and *last month* has declined between 2002/03 and 2007/08.
- In 2007/08, the highest rate of *last year* and *last month* amphetamine use was found in the South West at 15.1 and 5.5 per 1,000 population respectively.
- Prevalence of *lifetime* cannabis use in England and Wales was higher than the European average (30.1% compared to 21.8%).
- *Lifetime* use of cannabis steadily decreased in England between 2002/03 and 2005/06, and has increased between 2005/06 and 2007/08. However, *last year* and *last month* prevalence have decreased year-on-year in this period.
- In 2007/08, the southern regions of England displayed higher *lifetime* rates of cannabis compared to the northern regions.
- The highest rate of cannabis use in *lifetime* and *last year* was found in the South West at 336.5 and 81.5 per 1,000 population respectively, 2007/08.
- The highest rate of cannabis use in the *last month* among males was found in the North West at 64.8 per 1,000 population, 2007/08.
- In 2007/08, approximately a quarter of 16-24 year old males in the North West and Yorkshire and The Humber had used cannabis in the previous year and over 16% of 16-24 year old males in these regions had used cannabis in the previous month.

- England and Wales had the highest identified *lifetime* prevalence of cocaine use compared with other identified European countries among 15-64 and 15-24 year olds.
- The *lifetime* rate of cocaine use has increased substantially overall and in the majority of regions between 2002/03 and 2007/08, with the exception of London.
- The national rate of *last year* cocaine use has fluctuated between 2002/03 and 2007/08, with an overall increase seen in this period.
- London had the highest rate of *lifetime*, *last year* and *last month* use of cocaine at 89.1, 27.5 and 15.2 per 1,000 population respectively in 2007/08, despite overall decreases in all frequency measures of use in London between 2002/03 and 2007/08.
- England and Wales had the highest identified *lifetime* use of ecstasy among 15-64 year olds compared to other identified European countries.
- Nationally and in the majority of regions there was an overall increase in the *lifetime* use of ecstasy between 2002/03 and 2007/08, with the exception of London.
- Use of ecstasy in the previous year and month decreased nationally between 2002/03 and 2007/08.
- There were considerable differences in the *lifetime* and *last year* use of ecstasy between males and females; the rate of male use was generally twice that of females across the regions.
- Despite an overall reduction in *lifetime* and *last year* ecstasy use in London, this region had the highest recorded rate of *lifetime*, *last year* and *last month* ecstasy use at 80.8, 18.4 and 9.0 per 1,000 population respectively.
- Rates of *lifetime* use of anabolic steroids in England have fluctuated between 2002/03 and 2007/08, with an overall increase in this time period.
- In 2007/08, the highest rate of *lifetime* anabolic steroid use was found in the North East (12.0 per 1,000 population), and 6.5 times the lowest rate found in the East of England (1.8 per 1,000 population).
- There has been an increase nationally in *lifetime* use of ketamine between 2006/07 and 2007/08.
- In 2007/08 the highest rates of *lifetime* ketamine use were found in London and Yorkshire and The Humber at 17.4 and 16.1 per 1,000 population respectively.

Psychiatric Morbidity Survey

The Psychiatric Morbidity Survey (PMS) examines drug dependence based on questions from the US Epidemiological Catchment Area (ECA) study. At least one positive response from five questions related to drug dependency was taken as an indication of at least some level of drug dependency.

- In 2000, it was estimated that 30.2 per 1,000 population in England were dependent on an illicit drug.
- In England, rates of dependency were highest among males aged 16-24 (135.7 per 1,000 population). However, in London the rate for females aged 16-24 was approximately double that of their male counterparts (104.2 per 1,000 population compared to 50.0 per 1,000 population).

Price and purity

Information on the purity of drugs is provided to UK Focal Point from Forensic Science Service Limited. Trends in the price of drugs are compiled by UK Focal Point using information from law enforcement agencies (Police and HM Customs) and Independent Drug Monitoring Unit (IDMU).

- Considerable decreases in the purity of cocaine, crack cocaine and ecstasy were observed between 2003 and 2007.
- The purity and price of amphetamines remained relatively stable between 2003 and 2007.
- The purity of brown heroin fluctuated between 2003 to 2007; however, in 2007 it was approximately 15% purer than in 2003. In comparison, the price decreased from £62 per gram in 2003 to £48 per gram in 2007.

Young People



4. Young People

Indicators

- Percentage of those in contact with structured drug treatment aged under 18 years old;
- Percentage of 10-25 year olds who have used *any drug*;
- Percentage of 10-25 year olds who have used *any Class A drug*;
- Percentage of 10-25 year olds who have used cannabis;
- Percentage of 10-25 year olds who have used amphetamine in their lifetime;
- Percentage of 10-25 year olds who have used amyl nitrate in their lifetime;
- Percentage of 10-25 year olds who have used cocaine in their lifetime;
- Percentage of 10-25 year olds who have used ecstasy in their lifetime;
- Percentage of 10-25 year olds who have used LSD/mushrooms in their lifetime;
- Percentage of 10-25 year olds who have used solvents in their lifetime;
- Percentage of 10-25 year olds who have drunk alcohol whilst using drugs in the last 12 months;
- Percentage of 10-25 year olds who have used more than one drug at a time in the last 12 months;
- Percentage of Year 8 and Year 10 pupils who know someone personally who takes drugs.

Rationale and Evidence

Initiation into drug use at a young age has been associated with negative outcomes in later life including an increase in years of ill health, educational underachievement and the increased risk of progression into problematic drug use (Sumnall et al., 2006). One of the central aims of the *Updated Drug Strategy* (Home Office, 2002a) was the prevention of young people's initiation into drug use. Under the *Every Child Matters* (DfES, 2003) 'Be Healthy' outcome, the encouragement for children and young people not to take drugs has been highlighted through focus on prevention and early intervention with those considered most at risk. Early intervention, assessments and care planning involvement in all agencies dealing with children, including schools, have been specified as methods to identify and reduce drug use among children and young people.

Background

Lifetime prevalence of use of at least one illicit drug has fallen steadily among young people between 1998 and 2007/08. This decline has been attributed mainly to a decline in the use of cannabis amongst young people. However, it is estimated that in England and Wales there are 2.75 million 16-24 year olds who have used at least one drug in their *lifetime* and three-quarters of a million who have used a drug in the previous month (Hoare & Flatley, 2008). Compared with trends from other identified European countries, young people (aged 15-24) in England and Wales have the highest identified rates of *lifetime* use of cocaine and amphetamines and the second highest identified rate of lifetime use of ecstasy (EMCDDA, 2008b). Further European comparisons can be found at Appendix 5.

4.1 Structured drug treatment

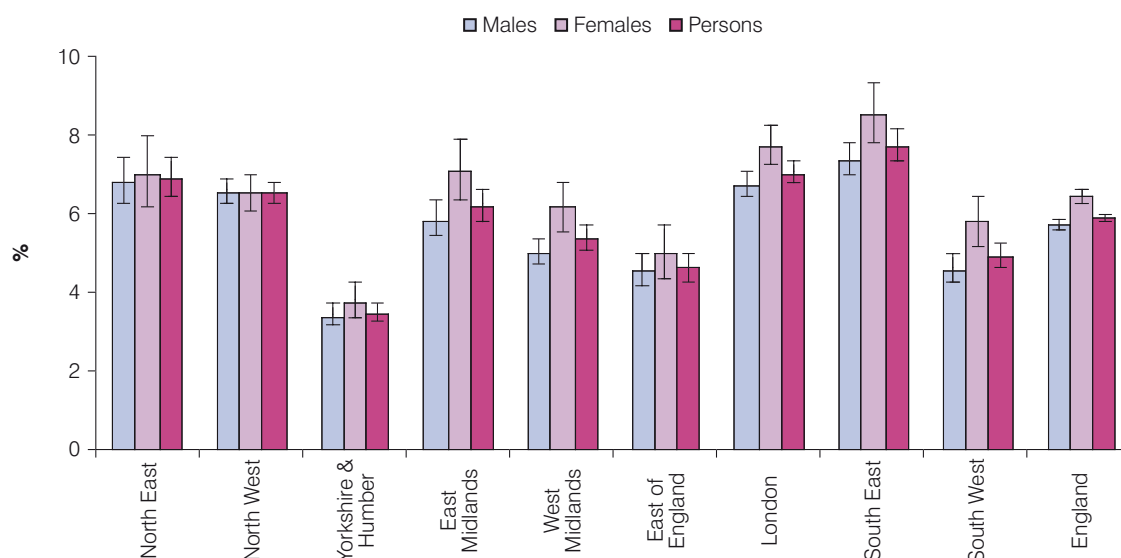
Regional Commentary

Percentage of those in contact with structured drug treatment aged under 18 years old

Across the majority of regions a higher proportion of those aged under 18 in contact with treatment services were female compared with males (Figure 24 and Table 36). Considerably lower percentages of males and females in treatment aged under 18 were found for Yorkshire and The Humber when compared with other regions. Of those in contact with treatment aged under 18, the highest percentage was found for the South East (7.8%). Nationally, 81.9% of those in contact with treatment services aged under 18 stated their primary problematic substance as cannabis (Table 39). This varied regionally from 72.0% in Yorkshire and The Humber to 93.1% in London. In England, 3.4% of those in contact with treatment aged under 18 reported heroin as their main problematic substance. This varied from 1.2% in the North West to 6.2% in Yorkshire and The Humber.

Figure 25 illustrates differences in the rate of problematic drug users (PDU) aged 15-24 in contact with treatment throughout the various regions in England. London and the West Midlands had the highest estimated prevalence of PDU (12.1 and 11.5 per 1,000 population respectively) (Table 40). London only had 2.0 per 1,000 population aged 15-24 years in contact with treatment, even though this region had a high prevalence of PDU in this age group (12.1 per 1,000 population) in comparison to the England average (9.1 per 1,000 population). The penetration rate of the estimated number of 15-24 year old PDU in contact with treatment also varied according to region. In the North East, an estimated 39.3% of PDU aged 15-24 were in contact with structured drug treatment. In contrast, the penetration rate of 15-24 year old PDU in contact with treatment in London was 16.1%, suggesting that a very large proportion of young opiate and/or crack cocaine users in this area were not seeking any structured treatment for their drug use.

Figure 24: Percentage of those in contact with structured drug treatment aged under 18 years old, 2006/07.



Source: NWPFO from NDTMS

Table 36: Percentage of those in contact with structured drug treatment aged under 18 years old by gender, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	6.87	6.57	3.41	5.88	5.06	4.55	6.76	7.42	4.61	5.74
Females	7.07	6.55	3.76	7.08	6.18	4.99	7.73	8.60	5.83	6.43
Persons	6.92	6.57	3.51	6.21	5.35	4.68	7.04	7.76	4.96	5.94

Source: NWPFO from NDTMS

Table 37: Number of those in contact with structured drug treatment aged under 18 years old by gender, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	571	1706	637	630	750	429	1683	982	632	8020
Females	210	689	280	283	323	205	780	464	322	3556
Persons	781	2395	917	913	1073	634	2463	1446	954	11576

Source: NWPFO from NDTMS

Table 38: Rate of those in contact with structured drug treatment aged 10-17 years⁷ per 1,000 population by gender, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	4.23	4.53	2.32	2.71	2.56	1.48	4.72	2.24	2.39	3.01
Females	1.60	1.93	1.07	1.30	1.16	0.74	2.32	1.14	1.30	1.41
Persons	2.94	3.26	1.71	2.03	1.87	1.12	3.55	1.71	1.86	2.24

Source: NWPFO from NDTMS

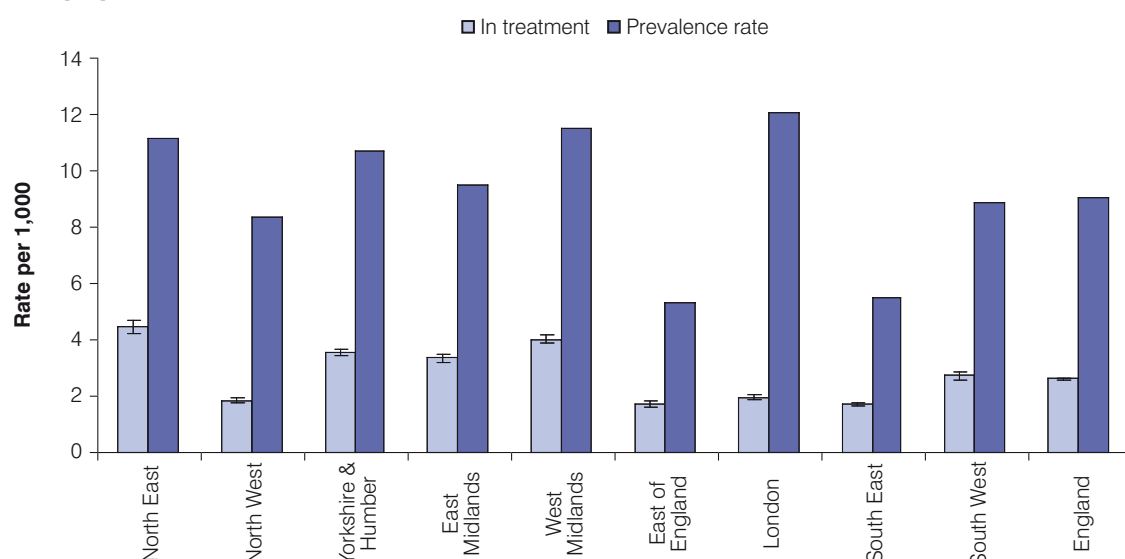
Table 39: Main problematic substance of those in contact with structured drug treatment aged under 18 years old, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
	%	%	%	%	%	%	%	%	%	%
Amphetamines	3.59	2.36	3.99	3.41	1.52	1.10	0.52	1.47	3.34	2.12
Benzodiazepines	1.60	0.34	0.33	0.00	0.09	0.00	0.14	0.21	0.11	0.28
Cannabis	76.73	81.08	71.98	79.89	80.66	82.33	93.11	81.29	76.21	81.91
Cocaine	2.39	6.29	3.32	3.19	3.89	4.57	1.92	5.89	4.41	4.16
Crack cocaine	0.00	0.55	1.00	0.77	1.52	0.79	1.08	0.91	0.65	0.83
Heroin	2.66	1.22	6.20	5.38	6.07	4.42	1.69	3.01	5.92	3.42
Other drugs	12.50	7.94	12.96	7.03	5.88	6.78	1.50	6.87	8.83	7.02
Other opiates	0.53	0.21	0.22	0.33	0.38	0.00	0.05	0.35	0.54	0.26

Source: NWPFO from NDTMS

⁷ Age is calculated on 10-17 year olds only. NDTMS only collects data on individuals aged nine years and over, however, the numbers of nine year olds is so low across the country that 10-17 year olds provides a better representation of the prevalence of young people (aged under 18) in treatment.

Figure 25: Estimated rate of problematic drug users aged 15-24 and rate of those in contact with treatment stating opiates and/or crack cocaine as a problematic drug aged 15-24 per 1,000 population, 2006/07⁸.



Source: NWPFO from NDTMS and Hay et al. 2008b

Table 40: Estimated rate of problematic drug users aged 15-24 and rate of those in contact with treatment stating opiates and/or crack cocaine as a problematic drug aged 15-24 per 1,000 population, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Rate 15-24 PDU in treatment	4.48	1.86	3.56	3.37	4.04	1.73	1.96	1.72	2.74	2.62
Prevalence 15-24 PDU	11.19	8.35	10.72	9.50	11.54	5.31	12.08	5.52	8.91	9.06

Source: NWPFO from NDTMS and Hay et al. 2008b

Table 41: Estimated number of problematic drug users aged 15-24 and number of those in contact with treatment stating opiates and/or crack cocaine as a problematic drug aged 15-24 per 1,000 population, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Number 15-24 PDU in treatment	1568	1729	2570	1943	2878	1160	1909	1752	1729	17238
Estimated number 15-24 PDU	3987	7889	7927	5609	8345	3629	11834	5696	5758	60674

Source: NWPFO from NDTMS and Hay et al. 2008b

⁸ Confidence interval values are unavailable for the 15-24 year old prevalence rates of opiate and/or crack users therefore they have not been included.

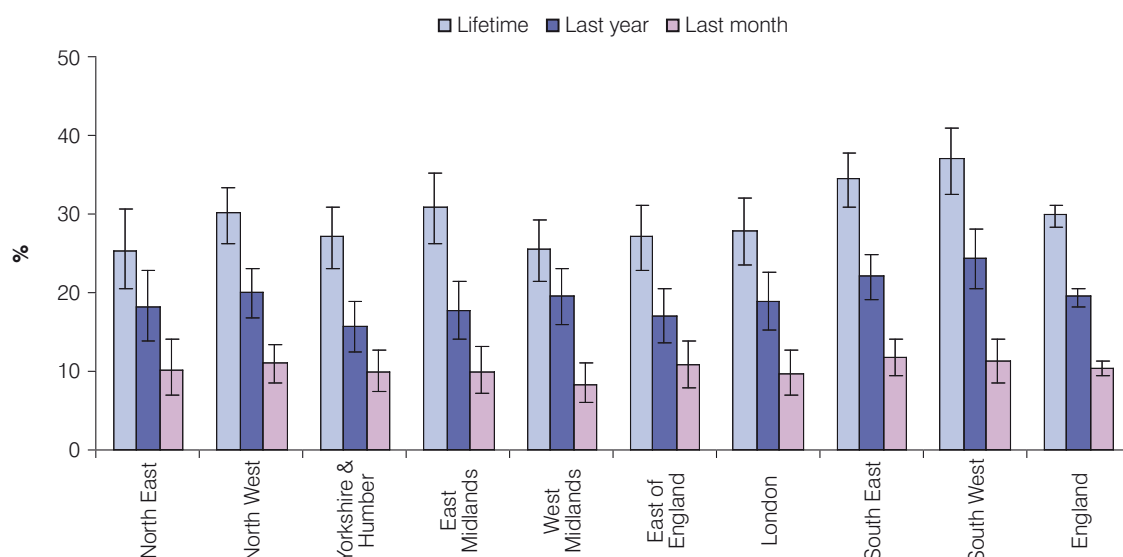
4.2 Use of any drug

Percentage of 10-25 year olds who have used any drug

The patterns in *lifetime*, *last year* and *last month* use of *any drug* were similar across all regions among 10-25 year olds (Figure 26). Lifetime prevalence of *any drug* decreased among males between 2003 and 2006 in England, with the largest decrease amongst this group recorded in Yorkshire and The Humber (Table 42). While lifetime prevalence of *any drug* among males was reducing nationally, among females it steadily increased between 2003 and 2005 and has remained stable in 2006. In 2005 and 2006, nationally a larger percentage of young females than males reported use of *any drug* in their lifetime. In England, 20.8% of females aged under 18 reported use of *any drug* in their lifetime, however regionally this varied from 15.0% in the North East to 31.1% in the South West (Table 43).

Nationally, last year prevalence of *any drug* decreased between 2003 and 2006 among 10-25 year olds (Table 44). The pattern of use among males mirrored the national trend, however, among females last year prevalence increased overall between 2003 and 2006. The greatest increase in last year prevalence between 2003 and 2006 was found amongst males in the North East and females in the South East. The greatest reduction of 10-25 year olds reporting drug use in the last year was found in males in Yorkshire and The Humber and females in the North West (Table 44). In England in 2006, 12.3% of males and 16.1% of females aged under 18 reported *last year* use of *any drug*. The largest percentage of males and females aged under 18 who reported drug use in the previous year was found in the South West. Use of *any drug* in the previous year was consistently higher among 18-25 year olds than under 18 year olds in all regions (Table 45).

Last month prevalence of *any drug* has decreased nationally in males aged 10-25 years between 2003 and 2005 and has remained stable in 2006 (Table 46). The greatest increase in last month prevalence between 2003 and 2006 was found amongst males in the North East and females in the South West. Among females, last month prevalence increased nationally and regionally between 2003 and 2006, with the exception of the West Midlands where a decrease was found. Nationally, a larger percentage of females aged under 18 reported use of *any drug* in the previous month compared to males (7.4% compared to 6.7%) (Table 47). Differences were noted in those aged 18-25 and nationally a greater percentage of males (19.1%) reported last month prevalence of *any drug* compared with females (11.7%).

Figure 26: Percentage of 10-25 year olds who have used *any drug*, 2006.

Source: NWPPO from OCJS

Table 42: Percentage of 10-25 year olds who have used *any drug* in their *lifetime* by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	27.42	36.96	33.76	31.38	34.47	31.03	27.52	34.15	32.79	32.78
	2004	25.95	34.73	31.43	33.18	30.71	28.40	29.61	31.17	27.64	30.63
	2005	28.48	31.45	30.42	28.28	27.15	26.81	25.55	32.81	31.52	29.58
	2006	27.89	29.06	24.60	31.40	26.52	25.74	28.29	31.76	33.72	29.02
Females	2003	28.07	31.92	26.20	32.42	25.60	32.61	28.06	30.99	31.46	29.73
	2004	28.22	34.40	23.30	32.88	25.57	32.84	25.98	33.85	34.57	30.41
	2005	24.00	33.93	29.70	32.21	29.53	32.08	25.40	33.97	37.92	31.45
	2006	23.23	31.33	29.84	30.70	24.90	29.03	27.73	37.40	40.82	31.34
Persons	2003	27.73	34.50	30.04	31.89	29.90	31.78	27.81	32.61	32.17	31.28
	2004	27.10	34.56	27.37	33.03	28.10	30.38	27.72	32.51	30.89	30.52
	2005	26.30	32.72	30.06	30.30	28.42	29.31	25.47	33.38	34.61	30.52
	2006	25.50	30.21	27.20	31.04	25.68	27.31	27.99	34.63	37.15	30.19

Source: NWPPO from OCJS

Table 43: Percentage of 10-25 year olds who have used *any drug* in their *lifetime* by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	<18	15.48	18.03	13.51	12.07	15.94	14.81	17.74	18.14	18.67	16.32
	18-25	44.44	43.80	40.38	56.04	42.39	49.33	44.44	54.17	54.05	48.00
Females	<18	15.00	21.24	21.71	20.17	16.67	16.36	22.31	20.57	31.06	20.84
	18-25	32.00	45.32	38.66	43.75	37.89	42.06	33.33	56.52	52.21	43.83
Persons	<18	15.24	19.68	17.33	16.17	16.32	15.44	20.00	19.28	24.47	18.49
	18-25	37.68	44.57	39.46	49.73	40.11	45.05	37.88	55.49	53.13	45.75

Source: NWPPO from OCJS

Table 44: Percentage of 10-25 year olds who have used any drug in the previous year by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	16.00	25.00	24.18	23.20	21.19	21.23	19.91	25.30	25.10	22.96
	2004	16.88	26.55	24.39	24.07	20.93	18.22	20.00	21.79	19.64	21.75
	2005	20.63	22.81	22.64	18.09	16.89	18.26	17.83	24.42	21.07	20.74
	2006	21.77	22.19	17.46	17.87	20.43	16.46	20.00	22.89	25.00	20.69
Females	2003	11.30	19.43	14.89	17.20	16.08	19.25	16.35	17.39	20.64	17.28
	2004	13.94	20.11	13.78	17.27	16.54	17.45	16.86	21.54	22.67	18.18
	2005	17.88	19.23	19.55	17.06	18.36	19.07	15.02	20.92	22.50	19.02
	2006	14.84	18.37	14.11	17.67	18.78	17.97	18.07	21.54	24.18	18.74
Persons	2003	13.75	22.27	19.62	20.26	18.53	20.30	18.00	21.43	23.03	20.16
	2004	15.38	23.29	19.12	20.64	18.68	17.87	18.36	21.67	21.06	19.98
	2005	19.29	20.97	21.09	17.56	17.67	18.64	16.36	22.72	21.76	19.88
	2006	18.21	20.25	15.80	17.77	19.58	17.18	18.96	22.21	24.60	19.70

Source: NWPHO from OCJS

Table 45: Percentage of 10-25 year olds who have used any drug in the previous year by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	< 18	11.90	14.21	9.46	8.62	13.77	9.88	13.71	13.14	14.67	12.30
	18-25	34.92	32.85	28.85	29.67	30.43	30.67	29.63	38.89	39.09	33.22
Females	< 18	12.50	15.54	14.73	15.97	16.00	13.64	17.36	13.94	25.19	16.12
	18-25	17.33	22.30	13.45	19.79	23.16	22.43	18.80	30.22	23.01	21.86
Persons	< 18	12.20	14.89	11.91	12.34	14.93	11.40	15.51	13.51	19.57	14.14
	18-25	25.36	27.54	20.63	24.60	26.74	25.82	23.23	34.05	30.94	27.11

Source: NWPHO from OCJS

Table 46: Percentage of 10-25 year olds who have used any drug in the previous month by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	8.00	17.07	15.16	13.40	12.71	10.85	10.62	18.15	14.34	14.08
	2004	11.88	16.52	15.33	13.89	10.08	10.08	11.67	12.31	11.43	12.73
	2005	11.25	14.06	12.08	10.55	8.44	8.30	9.13	14.40	12.26	11.53
	2006	12.24	12.50	12.70	11.11	9.13	12.66	9.80	12.11	12.02	11.68
Females	2003	5.22	9.55	5.11	7.53	8.24	8.56	7.98	8.70	6.88	7.78
	2004	4.85	10.06	7.42	9.09	7.35	8.02	9.96	8.72	11.74	8.76
	2005	7.95	9.76	7.52	8.53	7.42	10.70	9.49	9.78	12.08	9.31
	2006	8.39	9.64	7.26	8.84	7.76	8.84	9.66	11.57	10.74	9.39
Persons	2003	6.67	13.40	10.23	10.53	10.39	9.77	9.20	13.53	10.87	10.97
	2004	8.31	13.25	11.40	11.47	8.68	9.15	10.78	10.51	11.57	10.75
	2005	9.65	11.85	9.79	9.51	7.90	9.43	9.32	12.15	12.18	10.42
	2006	10.26	11.04	10.00	9.95	8.42	10.84	9.73	11.83	11.40	10.52

Source: NWPHO from OCJS

Table 47: Percentage of 10-25 year olds who have used any drug in the previous month by gender and age, 2006.

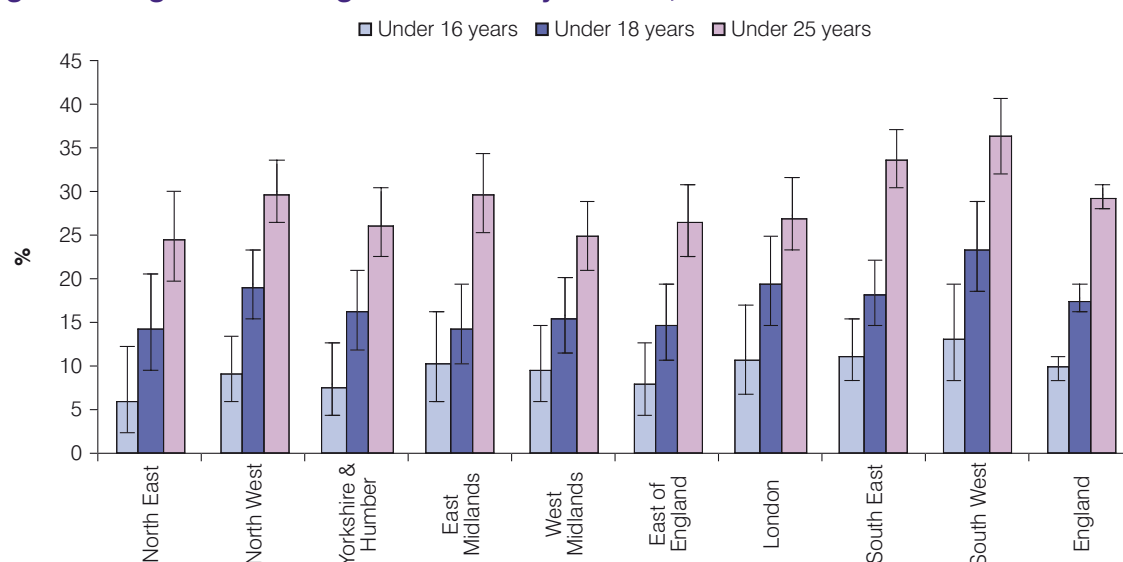
		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	< 18	7.14	7.65	8.11	5.17	5.80	6.79	4.03	7.20	7.33	6.71
	18-25	19.05	18.98	19.23	18.68	14.13	25.33	18.75	20.14	18.52	19.13
Females	< 18	6.25	7.25	8.53	10.08	4.67	7.34	8.26	6.28	9.30	7.44
	18-25	10.67	12.95	5.88	7.29	12.63	10.38	11.11	17.58	12.39	11.71
Persons	< 18	6.71	7.45	8.30	7.66	5.21	7.01	6.12	6.77	8.24	7.06
	18-25	14.49	15.94	12.11	12.83	13.37	16.57	14.21	18.71	15.38	15.13

Source: NWPHO from OCJS

Research of age of initiation into drug use has indicated that early substance use is associated with preference of hedonism over health. Early onset of substance use (alcohol, tobacco, and drugs such as crack cocaine and amphetamines) in adolescence is deemed to be useful markers of later life risk (Cho, Hallfors & Iritani, 2007). In contrast, there is mixed evidence for the usefulness of cannabis initiation as a predictor of later drug use and addiction (Cho, Hallfors & Iritani, 2007; Kelly, Cornelius, & Clark, 2004; Lynskey et al., 2004), typically because of differences in onset and substance use variables.

Analysis of the trends of age of first drug use among young people aged 10-25 years illustrated that most young people do not use drugs. Nationally, the average percentage of those who had never used drugs among this age group increased from 69.6% in 2003 to 70.6% in 2006 (Table 48). Of those who reported using drugs, the rates of first use across different age groups have remained relatively stable between 2003 and 2006, but there has been an increase in the percentage of the sample who reported using their first drug whilst under 16 years old from 7.3% in 2003 to 9.7% in 2006. In 2006, young people in the South East and South West were more likely to have used their first drug at aged under 16 than those in other regions (Figure 27).

Figure 27: Age of first drug use of 10-25 year olds, 2006.



Source: NWPFO from OCJS

Table 48: Age of first drug use of 10-25 year olds, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
		%	%	%	%	%	%	%	%	%	%
Under 16	2003	6.25	7.58	6.97	8.54	5.71	7.43	9.23	5.65	8.33	7.25
	2004	5.51	10.82	8.90	7.94	7.36	9.18	8.61	7.67	9.39	8.57
	2005	5.56	12.10	9.91	9.04	8.82	7.77	10.99	8.98	8.76	9.37
	2006	5.88	9.05	7.65	10.07	9.64	7.69	10.83	11.22	13.17	9.69
Under 18	2003	9.86	15.71	15.07	15.38	12.37	13.85	13.41	12.96	19.15	14.42
	2004	10.33	17.26	14.20	18.77	13.59	16.10	14.00	16.81	17.79	15.73
	2005	12.64	16.35	16.90	16.18	13.00	13.83	15.00	16.48	15.96	15.36
	2006	14.20	19.03	16.12	14.35	15.44	14.50	19.34	18.33	23.38	17.50
Under 25	2003	26.18	33.44	29.14	31.15	28.57	31.43	27.66	31.76	31.43	30.43
	2004	25.95	32.98	26.05	32.24	27.68	29.12	27.27	31.71	30.62	29.61
	2005	24.58	31.13	28.02	29.07	26.25	27.69	23.55	31.64	32.57	28.73
	2006	24.75	29.78	26.17	29.88	24.89	26.50	27.17	33.86	36.40	29.39
Never used	2003	73.82	66.56	70.87	68.85	71.43	68.57	72.34	68.25	68.57	69.56
	2004	74.05	67.02	73.95	67.76	72.32	70.88	72.73	68.29	69.38	70.39
	2005	75.42	68.87	71.98	70.93	73.75	72.31	76.45	68.36	67.43	71.27
	2006	75.25	70.22	73.83	70.12	75.11	73.50	72.83	66.14	63.60	70.61

Source: NWPFO from OCJS

4.3 Class A

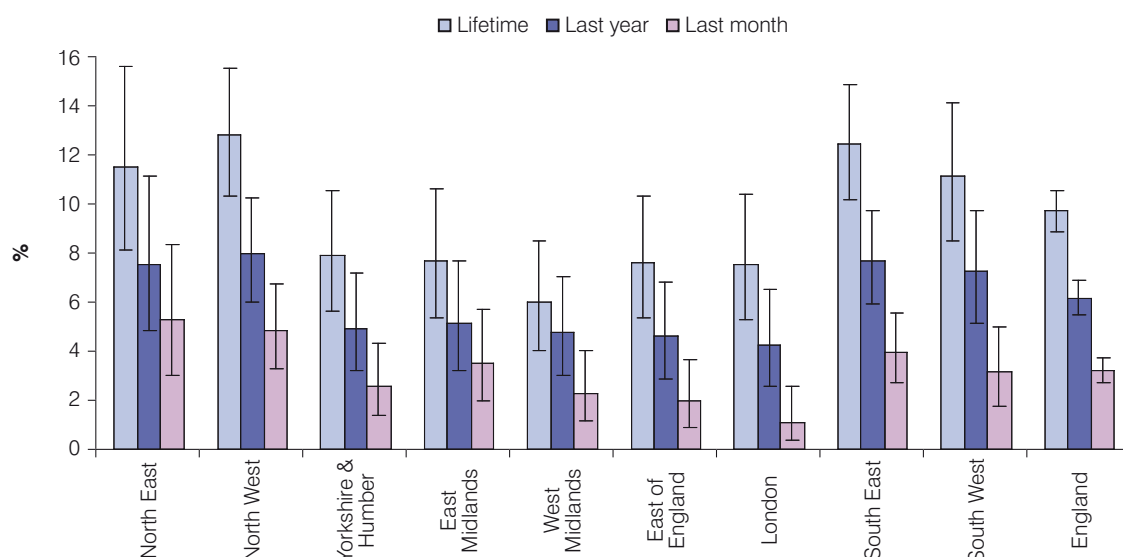
Percentage of 10-25 year olds who have used any Class A drug

Between 2003 and 2006 the proportion of 10-25 year olds using *any Class A drug* in their lifetime has remained relatively stable at approximately 10%. This proportion has decreased in males during 2003-2006 and increased in females during the same period (Table 49). In 2006, the percentage of females reporting *lifetime* use of Class A drugs was higher than their male counterparts in three regions (Yorkshire and The Humber, East of England and the South East).

Overall there has been a small increase in the prevalence of Class A drug use in the last year in England between 2003 and 2006 (Table 51). Between 2003 and 2006, the greatest increase in *last year* use was observed in the North East overall and amongst males. There were also regional variations in the level of *last year Class A drug* use among females, in Yorkshire and The Humber there was an increase in *last year* use between 2003 and 2006 from 2.1% to 5.2%. In contrast, during the same time period, London was the only region which had a decrease in last year prevalence amongst females. The highest proportion of *last year* use in 2006 was found in the North West (8.1%).

The percentage of males and females reporting *last month* use of Class A drugs in 2006 was similar at 3.5% and 3.1% respectively. Approximately six times as many males in the North East reported *last month* use in 2006 (6.2%) compared to their male counterparts in London (1.0%). The lowest percentage of both males and females reporting use in the previous month in 2006 was recorded in London.

Across all measures of frequency (*lifetime*, *last year* and *last month*) and in all regions, considerably more 18-25 year olds were using Class A drugs than under 18 year olds (Table 50, Table 52 and Table 54). Figure 29 shows that 0.8% of young people in England reported initiation of Class A drug use at under 16 years of age. The South East reported the highest proportion of under 16 Class A drug initiates (2.0%). Four regions reported zero Class A initiates aged under 16 in 2006 (North East, East Midlands, East of England and London) (Table 55).

Figure 28: Percentage of 10-25 year olds who have used *any Class A drug*, 2006.

Source: NWPFO from OCJS

Table 49: Percentage of 10-25 year olds who have used *any Class A drug* in their lifetime by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	8.87	13.35	14.35	14.51	11.44	9.76	9.38	15.15	11.20	12.35
	2004	7.55	12.46	10.32	9.81	9.41	8.03	9.40	13.28	10.47	10.46
	2005	12.58	12.85	13.26	8.59	7.66	7.98	6.09	11.11	10.85	10.29
	2006	14.29	13.62	6.35	11.48	6.93	5.44	7.69	12.01	11.83	10.07
Females	2003	7.83	10.97	6.44	6.59	6.72	5.91	10.85	11.32	5.99	8.45
	2004	9.76	12.17	6.79	6.42	6.02	7.46	10.51	11.63	6.12	8.84
	2005	9.33	12.91	7.89	7.14	8.24	8.96	7.54	12.77	10.42	9.80
	2006	8.97	12.24	9.56	4.17	5.26	10.19	7.56	13.04	10.57	9.49
Persons	2003	8.37	12.18	10.43	10.67	9.00	7.93	10.17	13.27	8.78	10.42
	2004	8.67	12.32	8.56	8.10	7.68	7.78	9.98	12.45	8.43	9.66
	2005	11.00	12.88	10.57	7.84	7.97	8.44	6.85	11.92	10.64	10.04
	2006	11.55	12.92	7.95	7.76	6.07	7.69	7.62	12.53	11.22	9.78

Source: NWPFO from OCJS

Table 50: Percentage of 10-25 year olds who have used *any Class A drug* in their lifetime by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	< 18	4.76	3.23	2.03	1.72	2.16	0.61	1.61	4.62	3.31	2.74
	18-25	26.98	27.74	12.50	23.66	14.13	16.00	16.67	24.14	23.42	21.02
Females	<18	4.94	4.59	5.30	1.68	1.32	3.64	2.48	3.85	5.26	3.68
	18-25	13.33	23.02	14.29	7.22	11.46	16.98	12.82	23.50	16.81	16.46
Persons	<18	4.85	3.93	3.57	1.70	1.72	1.82	2.04	4.26	4.23	3.19
	18-25	19.57	25.36	13.45	15.26	12.77	16.57	14.43	23.78	20.09	18.57

Source: NWPFO from OCJS

Table 51: Percentage of 10-25 year olds who have used any Class A drug in the previous year by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	5.60	7.32	9.43	10.31	5.93	6.13	6.64	10.12	7.57	7.85
	2004	3.75	8.26	8.01	6.02	6.59	3.88	6.25	9.49	7.86	7.04
	2005	8.75	9.38	9.81	4.52	5.78	4.98	3.91	7.46	7.66	7.07
	2006	10.27	9.01	4.76	7.66	5.63	3.78	4.33	7.59	8.46	6.85
Females	2003	2.61	6.69	2.13	2.69	3.53	3.21	6.46	5.28	4.59	4.44
	2004	6.06	5.75	3.53	2.73	4.78	4.25	5.36	7.69	3.64	5.05
	2005	5.96	7.10	4.89	2.84	3.91	5.58	5.14	8.15	7.92	5.92
	2006	5.13	7.16	5.18	2.78	4.05	5.56	4.20	7.93	6.10	5.62
Persons	2003	4.17	7.01	5.85	6.58	4.68	4.76	6.54	7.75	6.18	6.17
	2004	4.92	6.99	5.79	4.36	5.66	4.04	5.79	8.59	5.88	6.05
	2005	7.40	8.21	7.34	3.66	4.78	5.26	4.55	7.79	7.78	6.50
	2006	7.62	8.07	4.97	5.18	4.81	4.63	4.26	7.76	7.31	6.23

Source: NWPFO from OCJS

Table 52: Percentage of 10-25 year olds who have used any Class A drug in the previous year by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	< 18	2.38	2.69	1.35	1.72	2.16	0.61	1.61	2.95	1.99	2.00
	18-25	20.97	17.65	9.62	15.05	10.87	10.81	8.33	15.17	17.43	14.13
Females	<18	4.94	3.57	3.79	0.84	0.66	3.64	1.65	2.88	2.26	2.64
	18-25	5.33	12.23	6.72	5.15	9.38	7.55	6.84	13.66	10.62	9.19
Persons	<18	3.64	3.14	2.50	1.28	1.38	1.82	1.63	2.92	2.11	2.31
	18-25	12.41	14.91	8.07	10.00	10.11	8.89	7.46	14.33	13.96	11.47

Source: NWPFO from OCJS

Table 53: Percentage of 10-25 year olds who have used any Class A drug in the previous month by gender, 2003-2006.

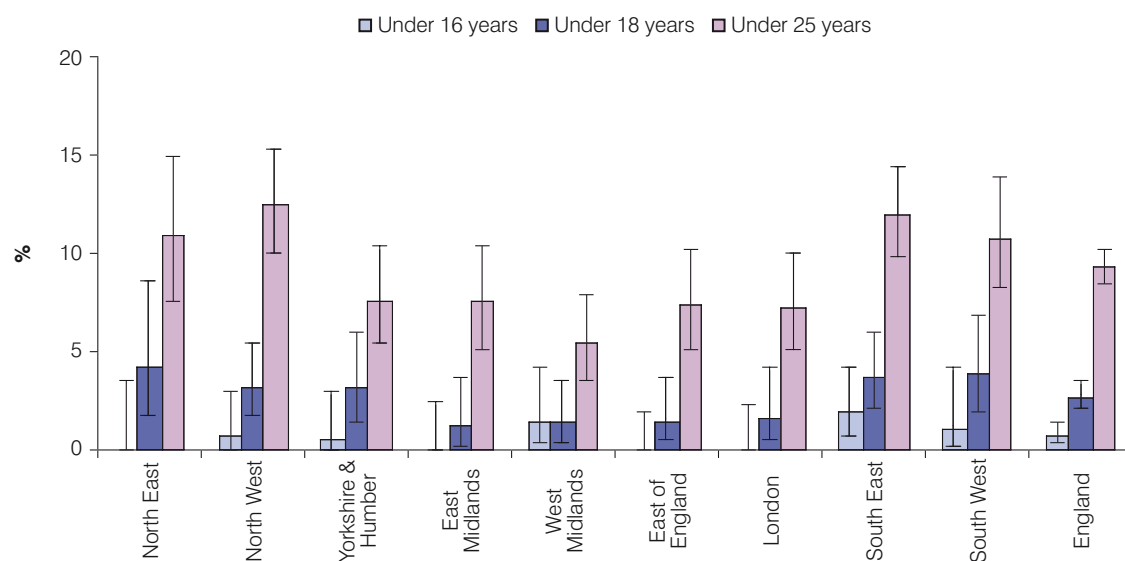
		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	3.20	3.35	6.15	5.15	2.54	3.77	2.21	5.95	2.39	3.95
	2004	1.25	5.01	3.83	5.09	3.49	1.55	2.50	6.15	4.29	3.95
	2005	5.63	6.25	4.15	2.51	4.00	2.07	1.74	4.11	3.83	3.89
	2006	6.16	5.26	2.38	5.74	2.60	1.68	0.96	3.40	3.46	3.47
Females	2003	2.61	2.87	0.85	1.08	1.96	2.14	1.90	3.11	1.83	2.10
	2004	2.42	1.72	1.77	1.36	3.31	1.42	2.30	2.82	1.62	2.13
	2005	2.65	3.55	2.63	1.90	2.73	2.79	2.77	3.53	2.08	2.83
	2006	4.49	4.48	2.79	1.39	2.02	2.31	1.26	4.60	2.85	3.05
Persons	2003	2.92	3.12	3.55	3.16	2.24	3.01	2.04	4.56	2.13	3.04
	2004	1.85	3.35	2.81	3.21	3.40	1.49	2.40	4.49	3.04	3.05
	2005	4.18	4.86	3.39	2.20	3.33	2.41	2.28	3.83	2.99	3.36
	2006	5.30	4.86	2.58	3.53	2.30	1.98	1.12	4.01	3.16	3.26

Source: NWPFO from OCJS

Table 54: Percentage of 10-25 year olds who have used any Class A drug in the previous month by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	< 18	2.38	1.08	1.35	0.86	0.00	0.61	0.00	1.69	0.66	0.96
	18-25	11.29	10.95	3.85	11.83	6.52	4.05	2.38	6.21	7.34	7.22
Females	<18	3.70	1.02	2.27	0.84	0.66	0.91	0.00	1.44	0.00	1.12
	18-25	5.33	9.35	3.36	2.06	4.17	3.77	2.56	8.20	6.19	5.36
Persons	<18	3.03	1.05	1.79	0.85	0.34	0.73	0.00	1.57	0.35	1.04
	18-25	8.03	10.14	3.59	6.84	5.32	3.89	2.49	7.32	6.76	6.22

Source: NWPFO from OCJS

Figure 29: Age of first use of Class A drug of 10-25 year olds, 2006.

Source: NWPFO from OCJS

Table 55: Age of first use of Class A drug of 10-25 year olds, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
		%	%	%	%	%	%	%	%	%	%
Under 16	2003	1.72	0.37	0.49	0.60	0.91	0.56	0.00	0.68	1.90	0.75
	2004	0.77	0.96	1.26	0.00	0.00	0.95	0.47	1.46	1.61	0.90
	2005	2.34	2.46	1.40	0.60	0.48	1.01	1.55	0.91	2.00	1.40
	2006	0.00	0.84	0.53	0.00	1.49	0.00	0.00	1.98	1.18	0.83
Under 18	2003	2.74	1.41	2.51	3.27	1.37	1.28	0.74	3.32	2.07	2.06
	2004	2.13	1.75	1.51	3.40	0.95	1.69	0.98	5.05	3.34	2.44
	2005	4.47	2.69	3.74	2.05	1.76	1.72	1.74	2.91	3.41	2.68
	2006	4.27	3.17	3.23	1.28	1.38	1.47	1.64	3.83	3.89	2.74
Under 25	2003	8.37	11.76	10.04	10.19	8.44	7.69	9.79	12.87	8.58	10.06
	2004	7.23	11.41	8.06	7.89	7.32	7.37	9.98	11.76	8.25	9.14
	2005	10.71	12.07	9.89	7.16	7.58	8.24	6.65	11.45	10.10	9.55
	2006	10.96	12.52	7.60	7.55	5.47	7.49	7.21	11.96	10.87	9.36
Never used	2003	91.63	88.24	89.96	89.81	91.56	92.31	90.21	87.13	91.42	89.94
	2004	92.77	88.59	91.94	92.11	92.68	92.63	90.02	88.24	91.75	90.86
	2005	89.29	87.93	90.11	92.84	92.42	91.76	93.35	88.55	89.90	90.45
	2006	89.04	87.48	92.40	92.45	94.53	92.51	92.79	88.04	89.13	90.64

Source: NWPFO from OCJS

4.4 Cannabis

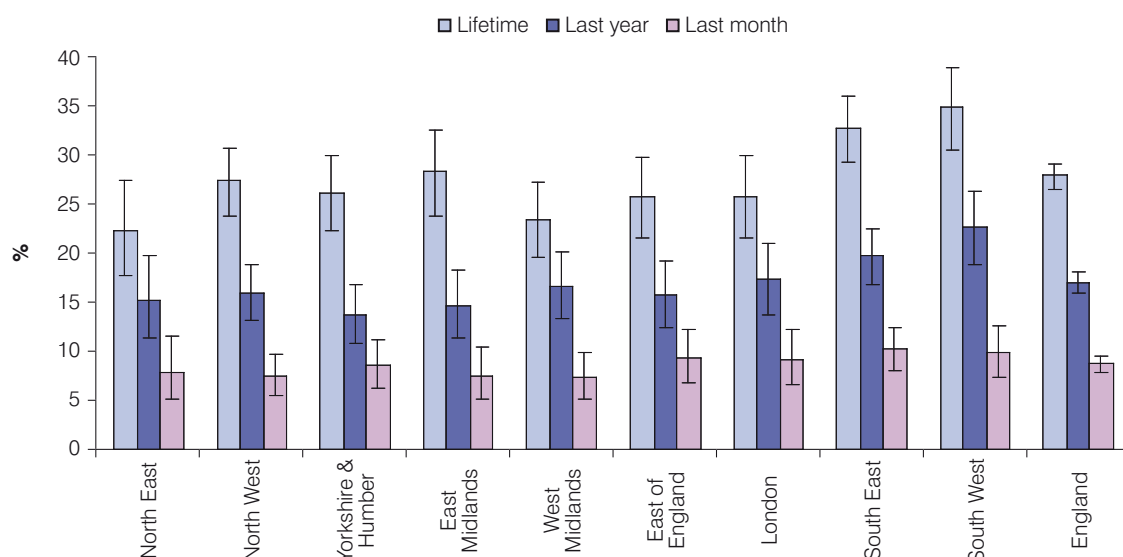
Percentage of 10-25 year olds who have used cannabis

Findings from the OCJS indicate that among 10-25 year olds, cannabis is the drug with the highest lifetime prevalence overall. However, the lifetime prevalence of this drug decreased between 2003 and 2006 (Table 56), which includes the period in which cannabis was reclassified from a Class B to C drug (Queen's Printer of Acts of Parliament, 2003). Between 2004 and 2006 the percentage of females who reported lifetime use of cannabis was higher than that of their male counterparts (Table 56). The proportion of *lifetime* use of cannabis in 2006 ranged from 35.1% in the South West to 22.4% in the North East (Figure 30). In 2006, 18-25 year olds consistently reported higher prevalence of *lifetime* cannabis use compared to under 18 year olds across all regions. Approximately five times as many male 18-25 year olds, than under 18 year olds, had used cannabis in their *lifetime* in the East Midlands compared to the national average amongst males of 1:3 (Table 57).

Nationally use of cannabis in the *last year* decreased between 2003 and 2006 (Table 58). In Yorkshire and The Humber, there was a decrease in the proportion of those stating the *last year* use of cannabis from 18.4% in 2003 to 13.8% in 2006. In contrast, there was an increase in this measure in the North East from 13.3% in 2003 to 15.2% in 2006. In both the West Midlands and South East there was a decrease in *last year* use amongst males between 2003 and 2006, and an increase amongst females in the same period. Regionally higher prevalence of *last year* cannabis use was reported amongst 18-25 year olds than under 18 year olds, with the exception of females in Yorkshire and The Humber where a larger percentage of under 18s reported *last year* use (Table 59).

Similarly to *last year* use of cannabis, nationally, *last month* use has fallen steadily (Table 60). However, among females, *last month* use of cannabis increased between 2003 and 2006 in six of the English regions. Among males, *last month* use of cannabis fell between 2003 and 2006 in the majority of regions, with exception of the North East and East of England. Approximately twice as many 18-25 year olds used cannabis in the previous month in 2006 compared with under 18 year olds (Table 61).

In England in 2006, over one quarter of young people had tried cannabis by age 25 (27.3%), with 15.8% initiating use of cannabis at under 18 years of age (Figure 31). Nationally, the percentage of young people who first used cannabis at under 16 years of age increased from 6.2% in 2003 to 8.2% in 2006 (Table 62). In 2006 approximately 2.5 times as many young people in the South West indicated that they first tried cannabis at under 16 years of age (10.2%) compared with the North East (3.9%).

Figure 30: Percentage of 10-25 year olds who have used cannabis, 2006.

Source: NWPFO from OCJS

Table 56: Percentage of 10-25 year olds who have used cannabis in their lifetime by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	25.00	33.33	30.96	30.69	30.64	29.67	25.89	32.63	32.13	30.66
	2004	25.32	31.64	29.68	30.23	28.85	25.60	28.09	29.53	27.17	28.73
	2005	27.67	29.15	29.66	25.63	25.23	24.69	24.23	31.17	31.40	28.05
	2006	25.85	26.79	24.02	28.85	24.24	24.58	26.83	30.37	32.95	27.43
Females	2003	25.22	30.52	23.83	28.42	24.60	30.81	25.95	29.65	29.77	27.80
	2004	23.93	32.46	22.34	31.82	24.06	31.34	24.42	32.30	33.74	28.80
	2005	22.67	29.85	28.95	29.19	27.06	30.52	23.72	32.07	35.83	29.27
	2006	19.23	28.06	28.63	27.91	22.76	27.19	25.21	35.20	37.40	28.78
Persons	2003	25.10	31.97	27.43	29.57	27.52	30.20	25.93	31.18	31.03	29.25
	2004	24.61	32.06	26.02	31.03	26.40	28.16	26.17	30.92	30.27	28.77
	2005	25.24	29.51	29.30	27.45	26.21	27.43	23.96	31.61	33.53	28.66
	2006	22.44	27.44	26.29	28.37	23.48	25.82	25.96	32.82	35.11	28.12

Source: NWPFO from OCJS

Table 57: Percentage of 10-25 year olds who have used cannabis in their lifetime by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	< 18	13.10	15.22	12.75	10.34	15.11	13.33	16.13	17.23	18.00	14.90
	18-25	42.86	42.34	40.00	52.17	38.04	49.33	43.21	52.08	53.15	46.22
Females	< 18	9.88	18.37	20.93	17.65	14.57	16.36	19.01	18.27	28.03	18.44
	18-25	29.33	41.73	36.97	40.63	35.79	38.32	31.62	54.35	48.25	41.11
Persons	< 18	11.52	16.84	16.55	14.04	14.83	14.55	17.55	17.71	22.70	16.60
	18-25	35.51	42.03	38.39	46.28	36.90	42.86	36.36	53.35	50.67	43.47

Source: NWPFO from OCJS

Table 58: Percentage of 10-25 year olds who have used cannabis in the previous year by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	15.20	22.26	22.95	21.65	19.07	20.75	18.58	24.40	23.51	21.47
	2004	16.25	22.71	22.30	20.83	20.16	17.05	18.75	20.77	18.93	20.06
	2005	18.13	20.63	20.75	16.58	14.67	16.60	17.83	22.88	20.31	19.17
	2006	19.05	18.38	16.14	15.87	17.32	15.00	18.54	19.90	24.14	18.41
Females	2003	11.30	16.88	13.62	15.59	14.90	18.18	14.45	16.15	17.89	15.66
	2004	12.12	17.82	12.01	16.82	15.81	16.04	14.56	19.23	21.86	16.56
	2005	15.89	15.68	16.17	15.17	15.23	16.74	12.65	17.66	20.42	16.23
	2006	11.54	13.73	11.29	13.49	16.26	16.59	16.39	19.64	21.14	15.92
Persons	2003	13.33	19.63	18.37	18.68	16.90	19.55	16.36	20.36	20.90	18.60
	2004	14.15	20.23	17.19	18.81	17.92	16.60	16.57	20.00	20.30	18.32
	2005	17.04	18.09	18.46	15.85	14.97	16.67	15.11	20.34	20.36	17.70
	2006	15.18	16.01	13.75	14.66	16.77	15.75	17.38	19.77	22.68	17.15

Source: NWPFO from OCJS

Table 59: Percentage of 10-25 year olds who have used cannabis in the previous year by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	<18	11.90	12.50	8.72	8.62	12.95	9.09	12.10	11.76	14.67	11.42
	18-25	28.57	26.28	26.67	25.00	23.91	28.00	28.40	33.33	36.94	28.89
Females	<18	9.88	13.27	14.73	12.61	13.91	13.64	15.70	12.98	22.73	14.43
	18-25	13.33	14.39	7.56	14.58	20.00	19.63	17.09	27.17	19.30	17.69
Persons	<18	10.91	12.89	11.51	10.64	13.45	10.91	13.88	12.33	18.44	12.87
	18-25	20.29	20.29	16.52	19.68	21.93	23.08	21.72	29.88	28.00	22.87

Source: NWPFO from OCJS

Table 60: Percentage of 10-25 year olds who have used cannabis in the previous month by gender, 2003-2006.

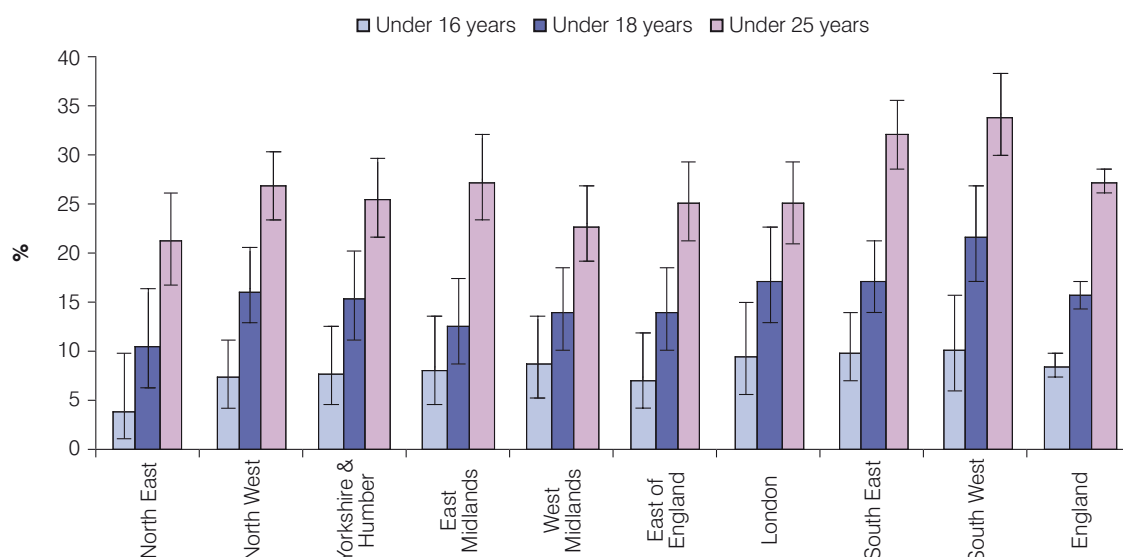
		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	8.00	14.94	13.52	11.34	11.44	10.85	10.18	15.77	13.94	12.78
	2004	11.25	12.98	13.24	11.57	8.91	9.69	10.83	11.28	11.07	11.29
	2005	8.75	11.56	11.32	9.55	7.11	7.05	9.13	12.85	11.11	10.17
	2006	10.88	9.03	11.81	8.17	7.36	11.25	9.76	10.73	10.77	10.01
Females	2003	5.22	7.32	4.26	5.91	7.06	8.02	7.60	7.45	4.59	6.54
	2004	3.64	8.33	5.65	8.64	6.62	7.55	9.58	7.69	11.34	7.80
	2005	6.62	7.99	5.64	6.16	6.25	9.77	7.11	7.34	11.67	7.62
	2006	5.13	5.97	5.24	6.98	7.32	7.41	8.82	9.69	8.98	7.46
Persons	2003	6.67	11.21	8.98	8.68	9.16	9.52	8.79	11.70	9.59	9.70
	2004	7.38	10.63	9.47	10.09	7.74	8.72	10.18	9.49	11.20	9.55
	2005	7.72	9.73	8.47	7.80	6.65	8.33	8.07	10.17	11.38	8.89
	2006	7.92	7.47	8.57	7.57	7.34	9.43	9.26	10.21	9.90	8.72

Source: NWPFO from OCJS

Table 61: Percentage of 10-25 year olds who have used cannabis in the previous month by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	<18	7.14	6.52	6.71	5.17	5.76	5.45	4.03	6.30	7.33	6.08
	18-25	15.87	12.41	19.05	11.96	9.78	24.00	18.52	18.06	15.45	15.91
Females	<18	3.70	5.61	6.98	7.56	4.64	7.34	7.44	5.77	9.16	6.43
	18-25	6.67	6.47	3.36	6.25	11.58	7.48	10.26	14.13	8.77	8.70
Persons	<18	5.45	6.05	6.83	6.38	5.17	6.20	5.71	6.05	8.19	6.25
	18-25	10.87	9.42	10.71	9.04	10.70	14.29	13.64	15.85	12.05	12.03

Source: NWPFO from OCJS

Figure 31: Age of first use of cannabis of 10-25 year olds, 2006.

Source: NWPFO from OCJS

Table 62: Age of first use of cannabis of 10-25 year olds, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
		%	%	%	%	%	%	%	%	%	%
Under 16	2003	4.35	6.30	6.22	7.27	5.12	6.08	7.35	5.42	7.66	6.23
	2004	5.47	10.00	7.95	6.81	5.98	7.66	6.51	7.27	9.31	7.65
	2005	5.51	10.64	9.43	6.59	6.83	5.56	8.81	8.54	8.21	8.08
	2006	3.88	7.17	7.61	8.00	8.54	7.03	9.49	9.87	10.18	8.24
Under 18	2003	8.28	14.33	13.57	13.88	11.46	12.66	11.81	12.56	18.12	13.24
	2004	9.78	15.79	13.60	17.11	12.50	14.97	12.42	16.03	17.68	14.74
	2005	11.43	14.09	16.21	13.64	11.43	12.20	13.12	16.03	15.55	13.99
	2006	10.43	16.18	15.33	12.55	13.94	13.92	17.21	17.16	21.58	15.76
Under 25	2003	24.47	30.66	26.81	28.61	26.46	29.49	25.77	30.43	30.74	28.50
	2004	23.42	30.84	25.09	30.23	25.97	27.19	25.71	29.92	29.87	27.93
	2005	23.51	28.08	27.38	26.37	24.14	25.85	22.34	30.12	31.61	27.02
	2006	21.14	26.77	25.40	27.34	22.83	25.17	25.11	32.11	34.07	27.28
Never used	2003	75.53	69.34	73.19	71.39	73.54	70.51	74.23	69.57	69.26	71.50
	2004	76.58	69.16	74.91	69.77	74.03	72.81	74.29	70.08	70.13	72.07
	2005	76.49	71.92	72.62	73.63	75.86	74.15	77.66	69.88	68.39	72.98
	2006	78.86	73.23	74.60	72.66	77.17	74.83	74.89	67.89	65.93	72.72

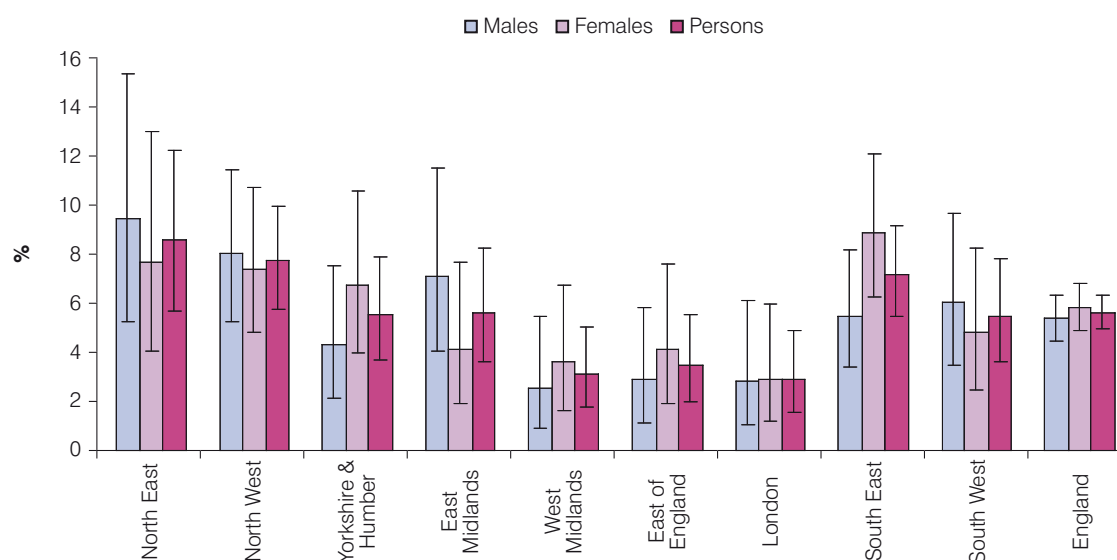
Source: NWPFO from OCJS

4.5 Amphetamines

Percentage of 10-25 year olds who have used amphetamines in their lifetime

The level of *lifetime* use of amphetamines decreased in England year-on-year between 2003 and 2006, with most regions displaying a decrease in use during this time period (Table 63). The percentage of those reporting *lifetime* use of amphetamines in 2006 ranged from 8.6% in the North East to 2.9% in London (Figure 32). Nationally in 2006, approximately seven times as many 18-25 year olds had used amphetamines in their *lifetime* compared to under 18 year olds (Table 64).

Figure 32: Percentage of 10-25 year olds who have used amphetamines in their *lifetime*, 2006.



Source: NWPPO from OCJS

Table 63: Percentage of 10-25 year olds who have used amphetamines in their *lifetime* by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	5.65	9.57	10.88	13.54	8.51	6.70	5.33	12.95	9.24	9.49
	2004	6.29	8.31	6.74	7.44	7.06	6.00	4.26	9.35	7.22	7.18
	2005	6.92	8.46	7.58	6.53	5.41	4.62	2.17	6.46	7.72	6.32
	2006	9.52	8.05	4.37	7.18	2.59	2.92	2.88	5.47	6.11	5.41
Females	2003	8.70	9.03	6.81	6.56	7.09	4.81	5.04	8.46	5.99	7.03
	2004	11.59	8.41	6.71	6.39	6.77	4.46	5.04	9.09	5.69	7.18
	2005	8.00	7.16	8.65	6.67	7.06	4.21	2.77	10.08	4.58	6.77
	2006	7.74	7.46	6.77	4.17	3.63	4.15	2.94	8.93	4.84	5.87
Persons	2003	7.11	9.31	8.86	10.13	7.77	5.81	5.18	10.75	7.73	8.27
	2004	8.98	8.36	6.73	6.91	6.91	5.31	4.67	9.22	6.50	7.18
	2005	7.44	7.80	8.11	6.60	6.29	4.42	2.48	8.22	6.21	6.55
	2006	8.61	7.75	5.57	5.65	3.13	3.50	2.91	7.22	5.49	5.64

Source: NWPPO from OCJS

Table 64: Percentage of 10-25 year olds who have used amphetamines in their *lifetime* by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	<18	3.57	2.15	0.00	0.00	0.00	0.00	0.00	2.09	1.99	1.11
	18-25	17.46	16.06	10.48	16.13	6.52	9.33	7.14	11.03	11.71	11.82
Females	<18	5.00	3.57	3.03	0.84	0.66	1.82	0.00	0.96	2.24	1.92
	18-25	10.67	12.95	10.92	8.25	8.33	6.54	5.98	17.93	7.89	10.59
Persons	<18	4.27	2.88	1.43	0.43	0.34	0.73	0.00	1.57	2.11	1.50
	18-25	13.77	14.49	10.71	12.11	7.45	7.69	6.47	14.89	9.78	11.16

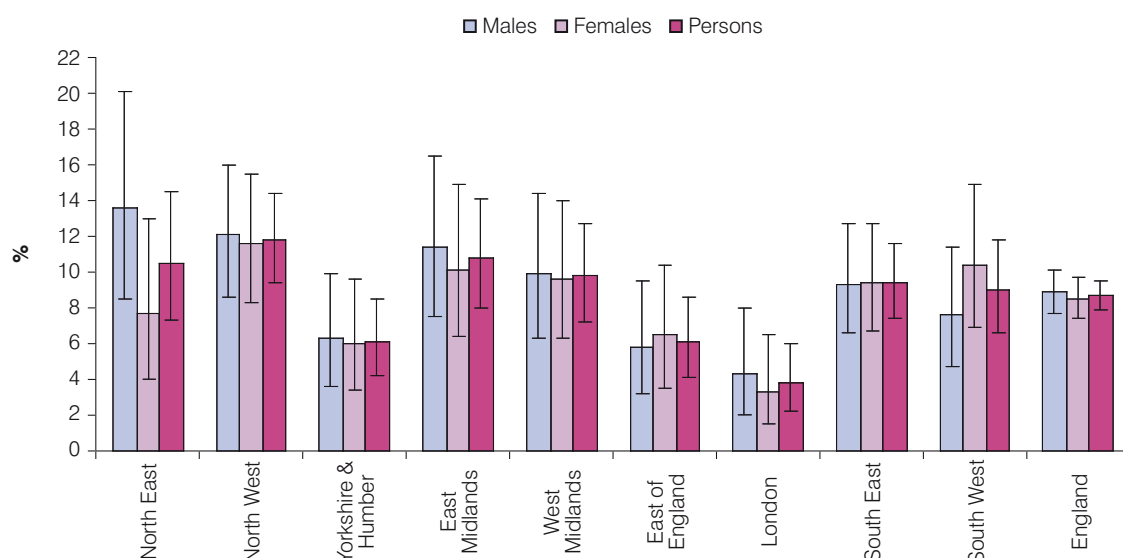
Source: NWPPO from OCJS

4.6 Amyl nitrate

Percentage of 10-25 year olds who have used amyl nitrate in their lifetime

After cannabis, amyl nitrate was the most frequently reported drug used by 10-25 year olds. Nationally the reported *lifetime* use of amyl nitrate decreased between 2003 and 2006 (Table 65). The North West had the highest proportion of *lifetime* use of amyl nitrate in 2006 (11.9%) (Figure 33). In the majority of regions the prevalence of amyl nitrate use amongst males decreased between 2003 and 2006, with the exception of the North East. In contrast the majority of regions found an increase in use amongst females in the same period, with the exception of three regions (Yorkshire and The Humber, East of England and London). Nationally in 2006, 18-25 year olds were approximately 3.5 times more likely to have used amyl nitrate compared to their under 18 years counterparts (Table 66).

Figure 33: Percentage of 10-25 year olds who have used amyl nitrate in their *lifetime*, 2006.



Source: NWPFO from OCJS

Table 65: Percentage of 10-25 year olds who have used amyl nitrate in their *lifetime* by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	9.68	13.31	13.03	14.06	13.19	8.25	8.48	13.51	11.60	11.95
	2004	10.69	15.13	10.92	11.21	10.59	5.60	4.70	9.61	7.19	9.68
	2005	11.39	12.54	9.51	10.10	6.31	8.82	4.78	9.11	8.11	9.03
	2006	13.70	12.11	6.32	11.48	9.96	5.83	4.35	9.38	7.63	8.92
Females	2003	6.09	11.25	6.52	5.46	8.70	6.95	5.84	7.23	7.01	7.50
	2004	9.15	11.08	6.01	10.91	6.74	6.47	4.67	9.07	8.20	8.12
	2005	10.00	12.54	6.39	11.00	9.02	6.07	3.57	10.35	7.92	8.70
	2006	7.69	11.68	6.00	10.19	9.68	6.48	3.36	9.44	10.48	8.57
Persons	2003	7.95	12.30	9.83	9.87	10.86	7.63	7.07	10.45	9.48	9.75
	2004	9.91	13.09	8.47	11.06	8.62	5.99	4.68	9.34	7.66	8.91
	2005	10.71	12.54	7.94	10.57	7.76	7.52	4.15	9.72	8.02	8.86
	2006	10.60	11.89	6.16	10.82	9.81	6.14	3.82	9.41	9.02	8.74

Source: NWPFO from OCJS

Table 66: Percentage of 10-25 year olds who have used amyl nitrate in their *lifetime* by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	<18	6.02	3.24	2.03	3.45	7.91	2.42	1.61	4.60	3.31	3.78
	18-25	23.81	24.09	12.38	21.51	13.04	13.33	8.43	17.24	13.51	16.59
Females	<18	4.94	6.67	3.82	5.04	5.26	2.75	3.31	3.37	6.72	4.72
	18-25	10.67	18.71	8.40	16.49	16.67	10.28	3.42	16.30	14.91	13.17
Persons	<18	5.49	5.00	2.87	4.26	6.53	2.55	2.45	4.03	4.91	4.23
	18-25	16.67	21.38	10.27	18.95	14.89	11.54	5.50	16.72	14.22	14.75

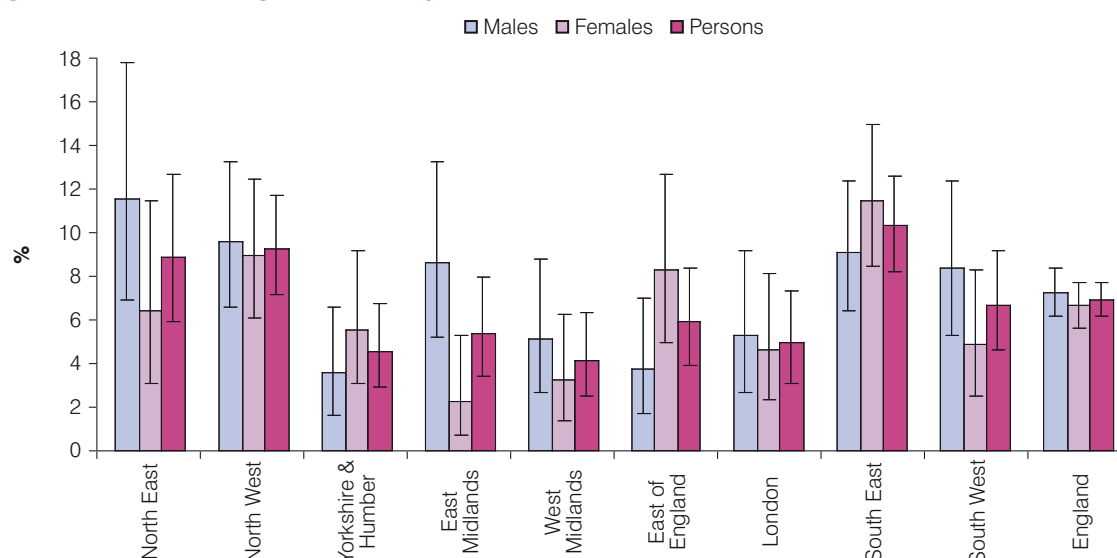
Source: NWPFO from OCJS

4.7 Cocaine

Percentage of 10-25 year olds who have used cocaine in their lifetime

Lifetime use of cocaine fluctuated between 2003 and 2006, with overall increased use during this period among 10-25 year olds in five of the regions (Table 67). The largest increase was found in the North East where *lifetime* cocaine use increased from 4.6% in 2003 to 8.9% in 2006. London experienced a decrease in reported use of cocaine from 7.2% in 2003 to 4.9% in 2006, the third lowest reported rate in the country and lower than the national average (7.0%). The highest proportion of 10-25 year olds reporting *lifetime* use of cocaine in 2006 was observed in the South East (10.3%) (Figure 34). There were substantial variations in the *lifetime* reported use of cocaine between under 18 and 18-25 year olds throughout all regions (Table 68). Nationally, a higher percentage of females aged under 18 reported *lifetime* cocaine use compared to their male counterparts (2.1% and 1.4% respectively). The South East had the highest reported use among 18-25 year olds in 2006 (21.0%).

Figure 34: Percentage of 10-25 year olds who have used cocaine in their *lifetime*, 2006.



Source: NWPFO from OCJS

Table 67: Percentage of 10-25 year olds who have used cocaine in their *lifetime* by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	6.45	9.26	8.75	9.33	6.38	6.70	5.75	11.75	6.80	8.20
	2004	5.00	8.01	5.63	5.14	5.86	5.62	6.81	9.07	7.19	6.75
	2005	8.18	9.38	8.33	5.53	6.31	5.44	3.48	7.73	6.18	6.89
	2006	11.56	9.60	3.56	8.61	5.15	3.78	5.29	9.14	8.40	7.27
Females	2003	2.61	6.73	1.28	3.80	2.76	3.76	8.40	7.17	3.69	4.84
	2004	5.49	7.56	2.84	4.55	2.99	5.97	7.75	8.79	2.85	5.65
	2005	4.67	5.97	3.01	3.81	5.10	6.57	5.93	9.24	3.75	5.59
	2006	6.41	8.96	5.58	2.31	3.24	8.29	4.62	11.51	4.86	6.66
Persons	2003	4.60	8.02	5.05	6.63	4.50	5.32	7.17	9.49	5.35	6.54
	2004	5.25	7.78	4.24	4.84	4.39	5.78	7.30	8.93	5.15	6.21
	2005	6.47	7.63	5.66	4.65	5.66	5.97	4.76	8.47	5.01	6.24
	2006	8.91	9.27	4.56	5.41	4.17	5.93	4.93	10.34	6.68	6.96

Source: NWPFO from OCJS

Table 68: Percentage of 10-25 year olds who have used cocaine in their lifetime by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	<18	3.57	1.61	1.35	0.86	2.14	0.00	0.81	1.68	1.32	1.41
	18-25	22.22	20.44	6.67	18.28	9.68	12.16	11.90	21.38	18.02	16.02
Females	<18	3.70	2.55	3.79	0.84	0.66	2.73	0.00	3.37	0.75	2.08
	18-25	9.33	17.99	7.56	4.12	7.29	14.02	9.40	20.77	9.73	12.14
Persons	<18	3.64	2.09	2.50	0.85	1.37	1.09	0.41	2.47	1.05	1.73
	18-25	15.22	19.20	7.14	11.05	8.47	13.26	10.45	21.04	13.84	13.94

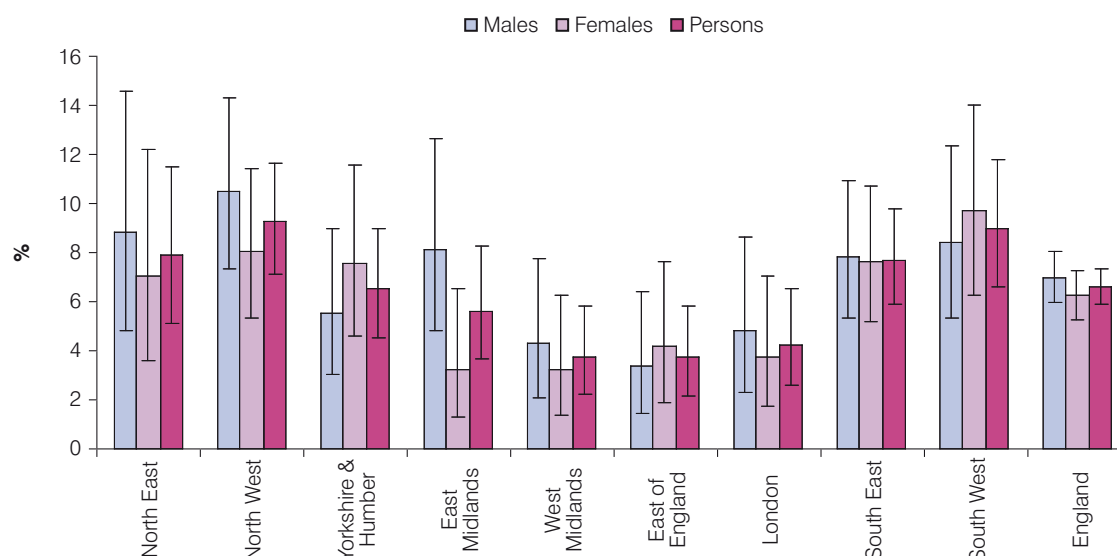
Source: NWPFO from OCJS

4.8 Ecstasy

Percentage of 10-25 year olds who have used ecstasy in their lifetime

In England between 2003 and 2005, overall *lifetime* use of ecstasy decreased among males and increased among females (Table 69). The most northerly regions (North East, North West and Yorkshire and The Humber) and southerly regions (South East and South West) had the highest reported levels of *lifetime* ecstasy use in 2006 (Figure 35). Notable differences were found in the percentage of *lifetime* ecstasy use dependent on age in 2006 (Table 70), under 18 year olds throughout England were much less likely to report ecstasy use compared with 18-25 year olds with reported *lifetime* rates of 1.6% and 13.4% respectively.

Figure 35: Percentage of 10-25 year olds who have used ecstasy in their *lifetime*, 2006.



Source: NWPHO from OCJS

Table 69: Percentage of 10-25 year olds who have used ecstasy in their *lifetime* by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	4.03	11.18	13.03	11.40	8.94	5.31	6.67	10.81	10.00	9.50
	2004	5.66	9.20	8.16	7.94	5.88	6.80	5.93	10.16	8.66	7.89
	2005	9.43	9.40	10.23	6.53	4.50	5.86	3.04	8.27	9.27	7.55
	2006	8.84	10.53	5.56	8.13	4.33	3.36	4.81	7.83	8.40	7.01
Females	2003	5.22	9.29	5.53	3.80	4.31	4.84	6.95	6.90	5.09	6.05
	2004	9.15	8.99	5.32	5.94	4.49	3.45	5.81	8.79	4.49	6.46
	2005	8.67	9.25	7.14	4.29	4.71	5.14	4.35	10.33	7.08	7.03
	2006	7.05	8.06	7.57	3.24	3.23	4.15	3.78	7.65	9.72	6.26
Persons	2003	4.60	10.25	9.30	7.69	6.53	5.09	6.82	8.90	7.73	7.79
	2004	7.43	9.09	6.74	6.93	5.17	5.30	5.87	9.47	6.70	7.18
	2005	9.06	9.33	8.68	5.38	4.61	5.52	3.73	9.27	8.22	7.29
	2006	7.92	9.27	6.56	5.65	3.76	3.74	4.26	7.74	9.04	6.63

Source: NWPHO from OCJS

Table 70: Percentage of 10-25 year olds who have used ecstasy in their *lifetime* by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	< 18	1.19	2.69	0.68	0.86	0.00	0.00	0.81	2.52	1.32	1.26
	18-25	19.05	21.17	12.38	17.20	10.87	10.81	10.71	16.55	18.02	15.60
Females	<18	3.70	2.55	3.79	0.84	0.66	0.90	0.83	0.00	5.22	1.91
	18-25	10.67	15.83	11.76	6.19	7.29	7.55	6.84	16.30	15.04	11.47
Persons	<18	2.42	2.62	2.15	0.85	0.34	0.36	0.82	1.35	3.16	1.58
	18-25	14.49	18.48	12.05	11.58	9.04	8.89	8.46	16.41	16.52	13.38

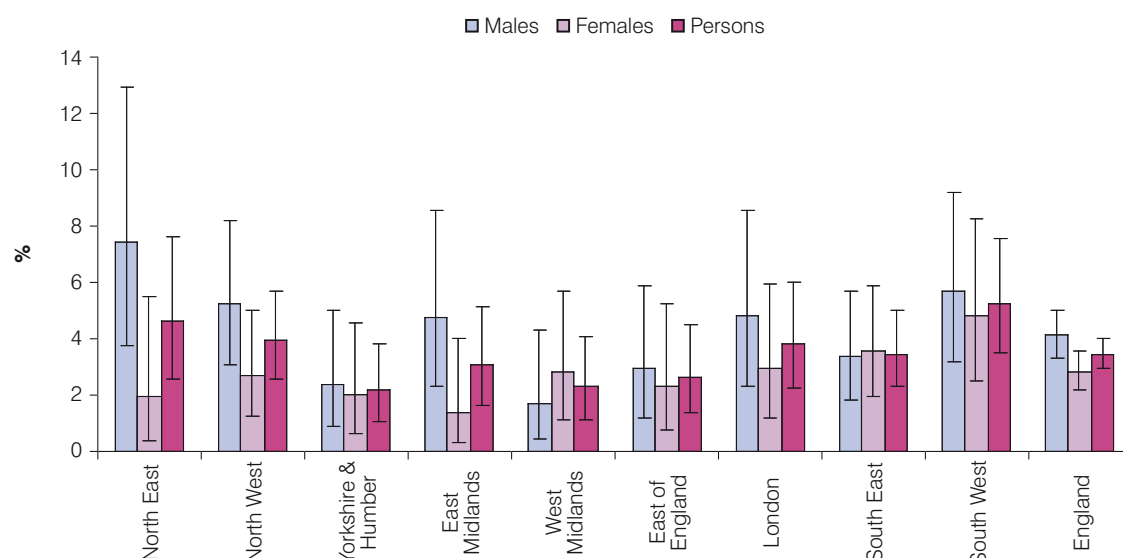
Source: NWPHO from OCJS

4.9 LSD/Mushrooms

Percentage of 10-25 year olds who have used LSD/mushrooms in their lifetime

Nationally, *lifetime* use of LSD/mushrooms has fallen steadily between 2003 and 2006 (Table 71). Among females in England there were fluctuations in *lifetime* use of LSD/mushrooms whereas *lifetime* use among males had steadily decreased between 2003 and 2006. In 2006, the North East had the highest rate of *lifetime* use among males (7.5%) and the South West had the highest rate among females (4.9%) (Figure 36). Nationally in 2006, 18-25 year olds were approximately eight times more likely to report use of LSD/mushrooms than under 18 year olds (Table 72).

Figure 36: Percentage of 10-25 year olds who have used LSD/mushrooms in their *lifetime*, 2006.



Source: NWPFO from OCJS

Table 71: Percentage of 10-25 year olds who have used LSD/mushrooms in their *lifetime* by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	6.45	7.74	7.14	7.25	4.68	5.29	6.70	8.43	6.40	6.82
	2004	4.38	7.12	4.24	5.14	4.31	3.19	4.27	5.70	6.47	5.13
	2005	6.29	5.31	6.44	4.52	3.15	3.35	3.04	3.88	6.59	4.70
	2006	7.48	5.26	2.38	4.78	1.72	2.93	4.81	3.39	5.73	4.12
Females	2003	5.22	5.14	3.42	0.00	2.35	1.07	3.88	4.38	2.76	3.27
	2004	2.44	5.51	2.83	2.28	2.99	0.99	2.72	4.65	3.25	3.33
	2005	2.67	4.18	2.26	2.38	3.14	0.93	2.78	5.43	5.00	3.41
	2006	1.92	2.69	1.99	1.39	2.83	2.30	2.94	3.57	4.86	2.83
Persons	2003	5.86	6.47	5.30	3.72	3.47	3.29	5.19	6.44	4.71	5.06
	2004	3.40	6.30	3.53	3.70	3.63	2.21	3.46	5.17	4.96	4.24
	2005	4.53	4.73	4.34	3.42	3.14	2.21	2.90	4.64	5.82	4.05
	2006	4.62	3.95	2.19	3.06	2.30	2.63	3.81	3.48	5.30	3.47

Source: NWPFO from OCJS

Table 72: Percentage of 10-25 year olds who have used LSD/mushrooms in their *lifetime* by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	< 18	2.38	0.54	0.00	0.00	0.00	0.00	0.81	1.26	1.99	0.74
	18-25	14.29	11.68	5.77	10.75	4.30	9.33	10.71	6.90	10.81	9.17
Females	< 18	2.47	1.53	0.76	0.84	0.66	0.91	1.65	0.00	0.75	0.96
	18-25	1.33	4.32	3.36	2.06	6.25	3.74	4.27	7.61	9.65	5.06
Persons	< 18	2.42	1.05	0.36	0.43	0.34	0.36	1.22	0.67	1.41	0.85
	18-25	7.25	7.97	4.48	6.32	5.29	6.04	6.97	7.29	10.22	6.96

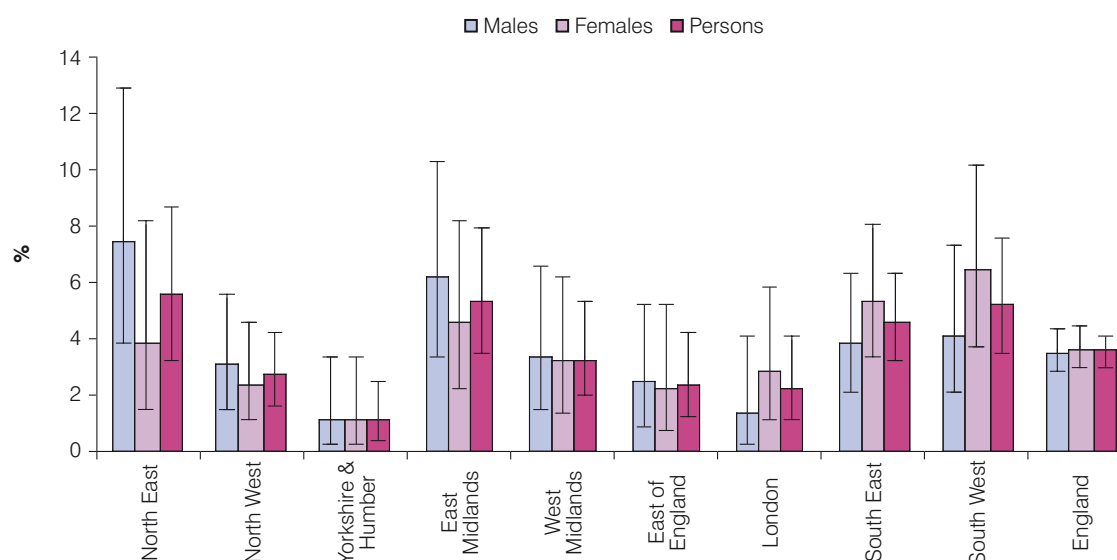
Source: NWPFO from OCJS

4.10 Solvents

Percentage of 10-25 year olds who have used solvents in their lifetime

In England in 2006, males and females aged 10-25 years reported similar prevalence of solvent use, at 3.6% and 3.7% respectively (Figure 37). Regional trends indicated that in 2006, the highest percentage of male solvent use was in the North East (7.5%) and the highest amongst females was in the South West (6.5%) (Table 73). A trend mirrored also in prevalence of LSD/mushrooms in the same year. In 2006, 18-25 year olds were 2.5 times as likely to report *lifetime* solvent use compared with under 18 year olds (Table 74).

Figure 37: Percentage of 10-25 year olds who have used solvents in their *lifetime*, 2006.



Source: NWPPO from OCJS

Table 73: Percentage of 10-25 year olds who have used solvents in their *lifetime* by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	4.80	4.62	4.64	4.17	4.27	4.29	1.79	4.79	4.42	4.23
	2004	6.92	3.57	2.83	4.19	1.95	3.17	2.12	3.37	3.25	3.33
	2005	4.40	3.76	4.55	5.53	4.07	3.36	3.91	2.60	3.10	3.78
	2006	7.53	3.10	1.18	6.25	3.43	2.52	1.44	3.92	4.21	3.55
Females	2003	4.39	4.17	2.16	3.28	2.75	1.60	3.09	3.15	4.63	3.23
	2004	3.07	2.90	1.07	4.11	2.61	2.49	3.52	5.70	6.91	3.68
	2005	2.00	2.68	2.63	4.81	4.33	3.26	4.37	4.36	7.11	3.98
	2006	3.85	2.40	1.20	4.63	3.23	2.31	2.94	5.36	6.48	3.66
Persons	2003	4.60	4.40	3.41	3.73	3.48	3.02	2.49	3.99	4.52	3.73
	2004	4.97	3.23	1.95	4.15	2.29	2.87	2.85	4.53	4.97	3.50
	2005	3.24	3.21	3.58	5.16	4.21	3.31	4.15	3.46	5.03	3.88
	2006	5.63	2.74	1.19	5.42	3.33	2.42	2.24	4.65	5.31	3.60

Source: NWPPO from OCJS

Table 74: Percentage of 10-25 year olds who have used solvents in their *lifetime* by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	< 18	2.41	1.61	0.00	0.86	2.14	1.23	0.81	2.09	1.32	1.41
	18-25	14.29	5.11	2.86	13.04	5.38	5.33	2.38	6.94	8.18	6.76
Females	< 18	4.94	1.54	0.76	5.88	1.97	0.00	2.48	4.78	4.51	2.96
	18-25	2.67	3.60	1.68	3.09	5.21	4.67	3.42	6.01	8.77	4.49
Persons	< 18	3.66	1.57	0.36	3.40	2.05	0.74	1.63	3.35	2.82	2.15
	18-25	7.97	4.35	2.23	7.94	5.29	4.95	2.99	6.42	8.48	5.54

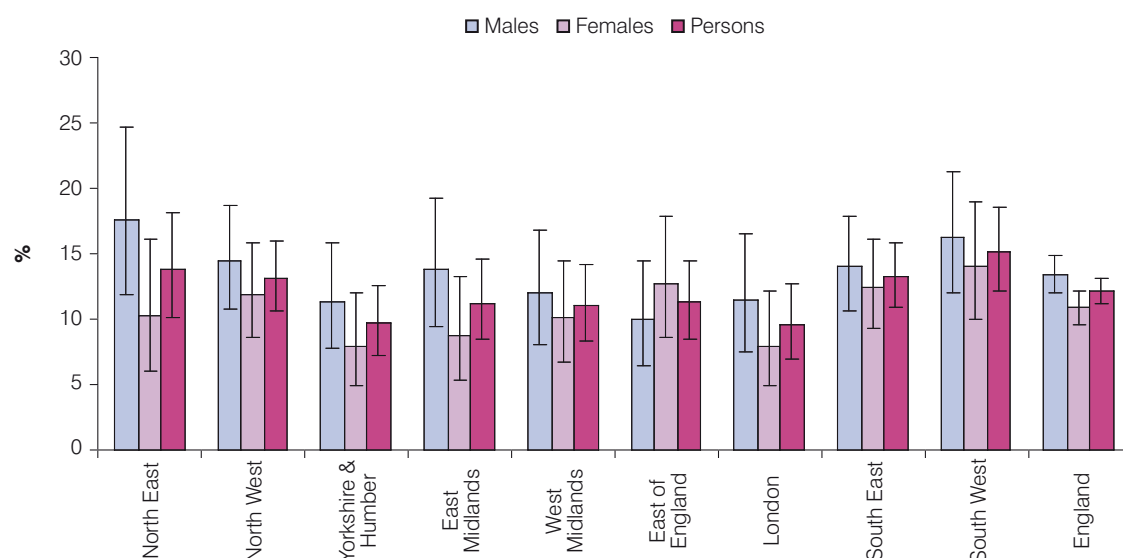
Source: NWPPO from OCJS

4.11 Drug and alcohol use

Percentage of 10-25 year olds who have drunk alcohol whilst using drugs in the last 12 months

Nationally, 12.1% of those sampled in 2006 stated that they had drunk alcohol whilst using drugs in the last 12 months (Figure 38), a decrease since 2003 (12.6%) (Table 75). Males were generally more likely to state that they had drunk alcohol whilst using drugs in the previous year than females. The South West (15.3%) had the highest reported level of drinking whilst using drugs in 2006, with London having the lowest rate (9.6%). The 18-25 year olds were substantially more likely to state mixing alcohol and drugs in the last year (20.3%) in comparison to under 18s (6.6%) (Table 76). The South West had the highest level of reported use of alcohol with drugs in the last year among under 18 year olds (8.7%).

Figure 38: Percentage of 10-25 year olds who have drunk alcohol whilst using drugs in the last 12 months, 2006.



Source: NWPFO from OCJS

Table 75: Percentage of 10-25 year olds who have drunk alcohol whilst using drugs in the last 12 months by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	10.40	15.85	14.75	13.92	11.86	14.15	13.27	17.56	15.14	14.54
	2004	13.13	16.81	14.63	14.35	13.18	11.63	13.75	15.38	12.14	14.09
	2005	13.13	13.13	14.72	12.06	8.89	10.79	10.00	14.65	13.79	12.58
	2006	17.69	14.46	11.37	13.88	12.02	9.96	11.48	14.06	16.35	13.42
Females	2003	7.83	10.83	7.23	11.83	12.55	11.23	11.41	10.25	10.55	10.55
	2004	8.48	12.36	7.07	10.45	9.19	8.96	9.96	11.28	9.72	9.92
	2005	11.26	11.54	9.02	8.06	9.77	12.56	8.30	14.13	15.00	11.23
	2006	10.26	11.90	8.00	8.76	10.12	12.79	7.98	12.47	14.11	10.89
Persons	2003	9.17	13.40	11.06	12.89	12.22	12.78	12.27	13.98	13.01	12.57
	2004	10.77	14.56	10.88	12.39	11.13	10.43	11.78	13.33	11.01	12.02
	2005	12.22	12.31	11.86	10.00	9.36	11.62	9.11	14.40	14.37	11.90
	2006	13.86	13.16	9.70	11.27	11.04	11.30	9.62	13.26	15.26	12.14

Source: NWPFO from OCJS

Table 76: Percentage of 10-25 year olds who have drunk alcohol whilst using drugs in the last 12 months by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	< 18	7.98	6.28	6.96	5.94	4.97	5.16	5.05	7.17	7.23	6.31
	18-25	21.99	27.37	25.00	23.92	21.95	24.68	24.47	29.35	25.68	25.42
Females	<18	5.15	6.94	5.75	6.71	5.56	7.69	5.49	7.26	10.41	6.86
	18-25	15.18	18.01	10.25	14.04	17.62	16.48	14.07	18.24	15.15	15.64
Persons	<18	6.61	6.61	6.40	6.33	5.28	6.24	5.27	7.22	8.70	6.57
	18-25	18.47	22.59	17.01	19.01	19.65	20.33	18.38	23.35	20.47	20.25

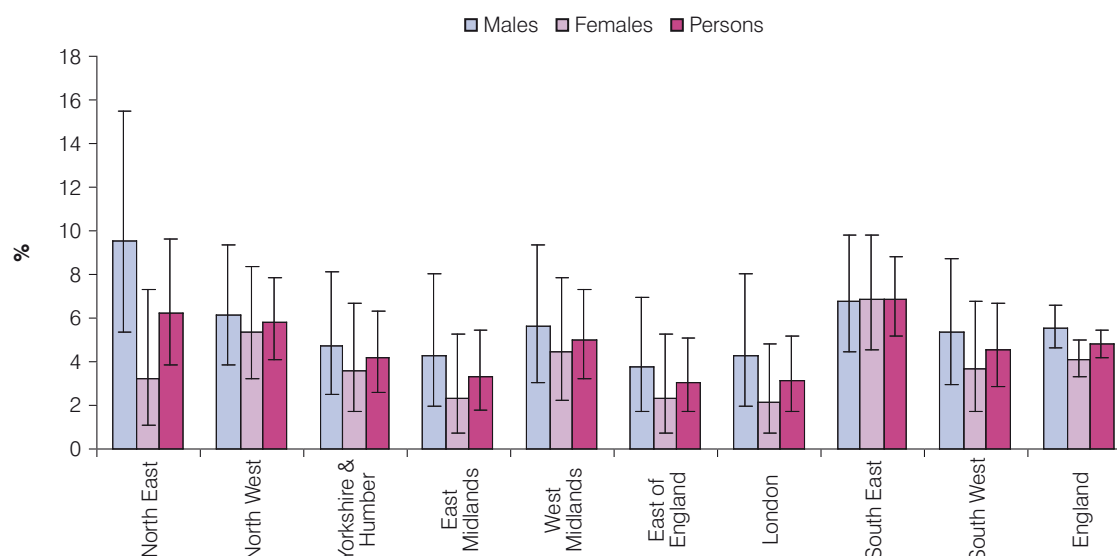
Source: NWPFO from OCJS

4.12 Polydrug use

Percentage of 10-25 year olds who have used more than one drug at a time in the last 12 months

Throughout England, overall there has been a decrease in the percentage of 10-25 year olds reporting that they had used more than one drug at a time in the last 12 months, a decrease from 5.1% in 2003 to 4.8% in 2006 (Table 77). In 2006, there were regional variations in the level of polydrug use in the previous year, from 3.0% in the East of England to 6.8% in the South East (Figure 39). Males aged 18-25 were twice as likely to have used more than one drug at the same time in the last 12 months (12.2%) in comparison to females of the same age range (6.0%) (Table 78).

Figure 39: Percentage of 10-25 year olds who have used more than one drug at a time in the last 12 months, 2006.



Source: NWPFO from OCJS

Table 77: Percentage of 10-25 year olds who have used more than one drug at a time in the last 12 months by gender, 2003-2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2003	3.20	6.40	9.02	7.22	8.47	5.66	6.64	8.04	5.98	6.97
	2004	6.25	8.26	6.27	6.94	5.04	3.10	6.25	8.21	5.36	6.34
	2005	7.50	6.88	4.91	4.52	4.44	3.32	4.78	5.91	5.75	5.37
	2006	9.52	6.15	4.71	4.31	5.58	3.73	4.31	6.77	5.32	5.56
Females	2003	2.61	4.46	2.13	3.23	3.14	3.74	2.66	4.04	2.29	3.25
	2004	2.42	5.46	3.18	2.73	3.68	2.36	1.92	6.15	3.64	3.79
	2005	3.97	4.44	3.38	2.37	3.13	4.19	2.37	5.71	4.58	3.92
	2006	3.21	5.36	3.60	2.30	4.45	2.28	2.10	6.87	3.63	4.08
Persons	2003	2.92	5.45	5.64	5.26	5.70	4.76	4.50	6.08	4.26	5.13
	2004	4.31	6.84	4.74	4.82	4.34	2.77	3.99	7.18	4.55	5.08
	2005	5.79	5.62	4.14	3.41	3.74	3.73	3.52	5.81	5.19	4.64
	2006	6.27	5.75	4.16	3.29	5.00	3.04	3.13	6.82	4.50	4.81

Source: NWPFO from OCJS

Table 78: Percentage of 10-25 year olds who have used more than one drug at a time in the last 12 months by gender and age, 2006.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	< 18	3.13	2.23	2.47	2.34	2.57	0.78	1.57	3.06	1.85	2.22
	18-25	12.03	13.50	12.13	10.37	11.11	10.26	12.39	14.49	11.60	12.23
Females	< 18	1.21	2.62	2.15	2.24	1.80	2.49	0.55	2.78	2.15	2.09
	18-25	5.45	8.04	4.18	3.22	6.19	3.98	4.26	9.58	5.56	5.98
Persons	< 18	2.20	2.42	2.33	2.28	2.18	1.52	1.07	2.93	1.99	2.16
	18-25	8.63	10.71	7.82	6.82	8.49	6.93	7.63	11.84	8.61	8.92

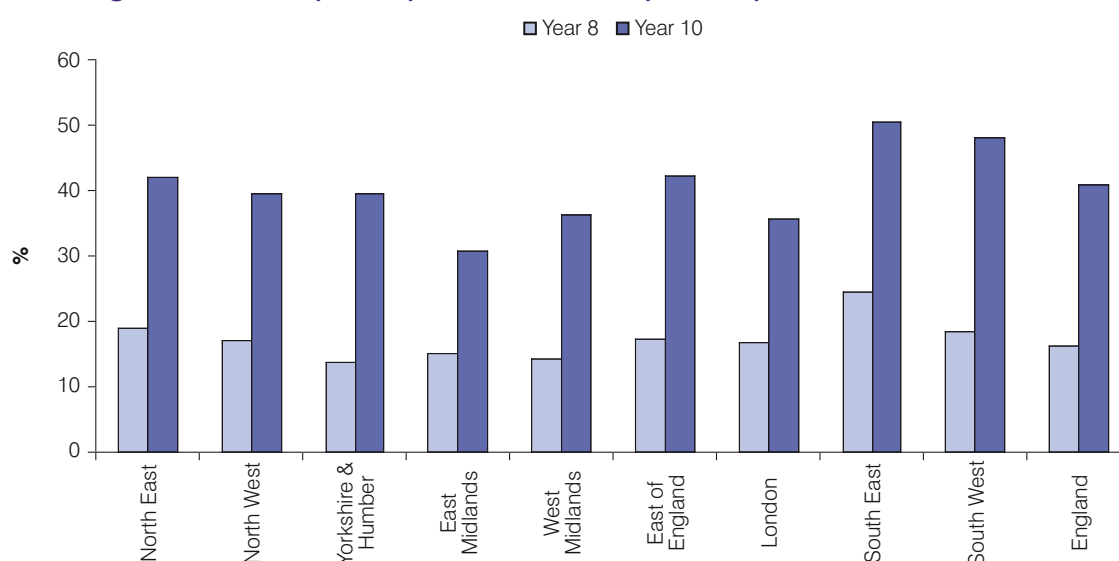
Source: NWPFO from OCJS

4.13 Personal knowledge of someone who takes drugs

Percentage of Year 8 and Year 10 pupils who know someone personally who takes drugs

Pupils in Year 10 were much more likely to know someone personally who took drugs than Year 8 pupils (Figure 40). Pupils in the South East were the most likely to personally know someone who took drugs in Year 8 (24.4%) and Year 10 (50.5%) compared with the other regions (Table 79). Similar proportions of males and females reported that they personally knew someone who took drugs from each year group, with the exception of the East Midlands. In the East Midlands a considerable difference was found between males and females in Year 10 (34.6% and 26.9% respectively). However, this difference should be viewed with caution due to possible methodological issues (see below for more detail).

Figure 40: Percentage of Year 8 and Year 10 pupils who know someone personally⁹ who takes drugs, 2003-2006 (Year 8) and 2002-2006 (Year 10).



Source: NWPFO from Health Related Behaviour Questionnaire (HRBQ), School Health Education Unit (SHEU)

Table 79: Percentage of Year 8 and Year 10 pupils who know someone personally who takes drugs by gender, 2003-2006 (Year 8) and 2002-2006 (Year 10).

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	Year 8	19.37	17.60	15.49	13.33	14.78	17.56	17.00	26.11	20.52	16.94
	Year 10	40.73	39.18	38.11	34.64	35.78	42.36	34.46	49.44	47.93	40.33
Females	Year 8	18.43	16.47	11.93	16.95	13.70	17.18	16.52	22.62	16.26	15.77
	Year 10	43.09	40.09	40.98	26.92	37.13	42.59	36.71	51.58	48.47	41.55
Persons	Year 8	18.88	17.01	13.78	15.13	14.25	17.37	16.73	24.43	18.45	16.35
	Year 10	42.01	39.64	39.55	30.75	36.46	42.48	35.66	50.54	48.21	40.95

*The number of schools in each local authority and therefore region who took part in the survey varied widely. East Midlands is based on schools from one local authority only, and therefore has a much smaller sample size than other regions. This is unlikely to be representative of the region as a whole.

Source: NWPFO from Health Related Behaviour Questionnaire, School Health Education Unit

⁹ Analysis presented only includes those who reported that they were 'certain' that they know someone personally who takes drugs.

Data Issues

The national *Smoking, Drinking and Drug Use Among Young People* survey could be utilised to provide annual estimates of the proportion of young people who take drugs. However, due to the exclusion of a Government Office Region variable in the data available through the UK Data Archive, measures from other data sources (NDTMS, OCJS and SHEU) are presented in this report.

False reporting is a factor that must be considered when surveying young people as it may lead to over and under reporting of drug use depending on the function and methodology of the survey (Percy et al., 2005).

National Drug Treatment Monitoring System

Those aged under 18 at the midpoint of the year are defined by NDTMS as young people, therefore the NDTMS analysis reported here is based on those aged under 18 in contact with structured treatment services on 30/09/2006.

NDTMS records data on individuals in structured drug treatment from age nine to 75. The rate of young people per 1,000 population in contact with structured drug treatment was based on those aged 10-17 only, as the number of nine year olds in contact with structured drug treatment is so low that their inclusion would have skewed the rate calculations.

It should be noted that the numbers of young people in treatment published in this report will not match those published by the NTA. The reasons for this include methodological differences in the calculation of age and the exclusion of primary alcohol users (who are included in the NTA figures).

Offending, Crime and Justice Survey

The OCJS is a national longitudinal self-report survey conducted annually in England and Wales which has completed four annual sweeps (2003, 2004, 2005, 2006). The survey aims to investigate offending, anti-social behaviour and drug use among 10-25 year olds.

For the purposes of this report, analysis of *last year* and *last month* use of drugs is limited to *any drug*, *any Class A drug* and cannabis due to the low response rates on the previous year and month measures for the other drugs. Analysis of responses to questions relating to heroin and crack cocaine have also been excluded due to low response rates and the underestimation of use of these drugs by survey data.

Percentage of Year 8 and Year 10 pupils who know someone personally who takes drugs (SHEU)

Participants were presented with four responses to the question 'Do you know anyone personally who you think takes any of the drugs' from the list presented. The choice of responses was 'No', 'Not sure', 'Fairly sure' and 'Certain'. Due to the ambiguous nature of the 'Not sure' and 'Fairly sure', only responses of 'Certain' were reported.

For Schools Health and Education Unit (SHEU), these data are collected using opportunistic rather than randomised sampling, as the SHEU "...exercises little or no control over which schools and which parts of the country become involved" (Balding, 2006). The samples taken from each school aim to reflect the academic profile of the year group, recognising the relationship between educational attainment (that is, it should be a mixed ability sample of approximately 100 pupils from each year group being studied).

Indicator Definitions

Percentage of young people in contact with structured drug treatment

This is the number and the percentage of young people (aged under 18 on 30/09/2006) who had accessed structured drug treatment services (tier 3 and 4 services) in 2006/07.

Percentage of 10-25 year olds who have used any drug

This is an estimate of the percentage of young people in England (aged 10-25 years) who have used any illicit drug in their lifetime, in the previous year and in the previous month, 2003 to 2006.

Percentage of 10-25 year olds who have used any Class A drug

This is an estimate of the percentage of young people in England (aged 10-25 years) who have used any Class A drug in their lifetime, in the previous year and in the previous month, 2003 to 2006.

Percentage of 10-25 year olds who have used cannabis

This is an estimate of the percentage of young people in England (aged 10-25 years) who have used cannabis in their lifetime, in the previous year and in the previous month, 2003 to 2006.

Percentage of 10-25 year olds who have used drugs in their lifetime

- Amphetamine
- Amyl nitrate
- Cocaine
- Ecstasy
- LSD/Mushrooms
- Solvents

This is an estimate of the percentage of young people in England (aged 10-25 years) who have used each of the drugs listed above in their lifetime, 2003 to 2006.

Percentage of 10-25 year olds who have drunk alcohol whilst using drugs in the last 12 months

This is an estimate of the percentage of young people in England (aged 10-25 years) who have drunk alcohol whilst using drugs in the previous year, 2003 to 2006.

Percentage of 10-25 year olds who have used more than one drug at a time in the last 12 months

This is an estimate of the percentage of young people in England (aged 10-25 years) who have used more than one drug simultaneously in the previous year, 2003 to 2006.

Percentage of Year 8 and Year 10 pupils who know someone personally who takes drugs

This is an estimate of the percentage of young people in Year 8 and Year 10 who responded 'certain' to the question, 'Do you know anyone personally who you think takes any of the drugs in the question above?' (list of drugs presented). Year 8 data, 2003 to 2006 and Year 10 data, 2002 to 2006.

Box 4: Key Points - Young People

National Drug Treatment Monitoring System

The NDTMS analysis reported here is based on those aged under 18 on 30/09/2006 in contact with structured treatment services.

- In the majority of regions a higher proportion of those aged under 18 in contact with structured drug treatment services were female. Considerably lower percentages of males and females in treatment aged under 18 were found for Yorkshire and The Humber compared with other regions.
- Nationally, 81.9% of those in contact with treatment services aged under 18 stated their primary problematic substance as cannabis.
- In the North East, an estimated 39.3% of PDU aged 15-24 were in contact with structured drug treatment compared with 16.1% in London.

Offending Crime and Justice Survey

The OCJS is a national longitudinal self-report survey conducted annually among 10-25 year olds in England and Wales which has completed four annual sweeps (2003, 2004, 2005, 2006). Where 'young people' or no age band is mentioned in the key points below this refers to 10-25 year olds.

- Overall, lifetime prevalence of *any drug* decreased among males between 2003 and 2006 and increased among females in the same period.
- In 2005 and 2006, nationally a larger percentage of young females than males reported use of *any drug* in their lifetime.
- Use of *any drug* in the *last year* among young people had a similar trend to *lifetime* use of *any drug*. Rates of use among males decreased and rates of use among females increased.
- In England, 12.3% of males aged under 18 reported *last year* use of *any drug*. Regionally, variation from 8.6% in the East Midlands to 14.7% in the South West was observed.
- Similar rates of *last month* use of *any drug* were found among males and females aged under 18 years; however, considerably more males aged 18-25 than females reported last month use of *any drug* (19.1% compared to 11.7%).
- Between 2003 and 2006 the proportion of 10-25 year olds using *any Class A drug* in their lifetime has remained relatively stable at approximately 10%. Overall, this proportion has decreased in males during 2003-2006 and increased in females during the same period.
- Overall there has been an increase in the prevalence of Class A drug use in the last year in England between 2003 and 2006. The greatest increase in *last year* Class A drug use was in the North East between 2003 and 2006. The highest proportion of *last year* use in 2006 was found in the North West (8.1%).
- Across all measures of drug use (*lifetime*, *last year* and *last month*) and in all regions, 18-25 year olds were using considerably more Class A drugs than under 18 year olds.
- In 2006, young people in the South East were more likely to have used their first Class A drug aged under 16 than those in other regions.
- Among young people, cannabis is the drug with the highest lifetime prevalence.
- Nationally, *lifetime*, *last year* and *last month* prevalence of cannabis use decreased between 2003 and 2006 among young people.
- In England the percentage of females who reported *lifetime* use of cannabis was higher than that of their male counterparts between 2004 and 2006.
- The proportion of *lifetime* use of cannabis in 2006 among 10-25 year olds ranged from 35.1% in the South West to 22.4% in the North East.
- Overall among females, *last month* cannabis use increased between 2003 and 2006. Among males, *last month* use of cannabis fell between 2003 and 2006 in the majority of regions, with exception of the North East and East of England.

- In 2006 approximately 2.5 times as many young people in the South West indicated that they first tried cannabis at under 16 years of age (10.2%) compared with the North East (3.9%).
- The level of *lifetime* use of amphetamines decreased in England as a whole between 2003 and 2006, with most regions displaying a decrease in use during this time period. The percentage of those reporting *lifetime* use of amphetamines in 2006 ranged from 8.6% in the North East to 2.9% in London.
- The reported *lifetime* use of amyl nitrate decreased among males between 2003 and 2006 in all regions, with the exception of the North East. Overall, the percentage of females reporting amyl nitrate use in the same period increased. The North West had the highest proportion of *lifetime* use of amyl nitrate (11.9%).
- *Lifetime* use of cocaine fluctuated between 2003 and 2006, with overall increased use during this period among 10-25 year olds in five of the regions. London experienced a decrease in reported use of cocaine from 7.2% in 2003 to 4.9% in 2006, the third lowest reported rate in the country and lower than the national average (7.0%).
- In England between 2003 and 2006, *lifetime* use of ecstasy steadily decreased among males and fluctuated at approximately 6-7% amongst females. In 2006, under 18 year olds throughout England were less likely to report ecstasy use compared to 18-25 year olds with reported *lifetime* rates of 1.6% and 13.4% respectively.
- Nationally, *lifetime* use of LSD/mushrooms has fallen steadily between 2003 and 2006. In 2006, the North East had the highest rate of *lifetime* use among males (7.5%) and the South West had the highest rate among females (4.9%).
- In England in 2006, males and females reported similar prevalence of solvents, at 3.6% and 3.7% respectively. Regional trends indicated that in 2006, the highest percentage of male solvent use was in the North East (7.5%) and the highest amongst females was in the South West (6.5%).
- Nationally, 12.1% of those sampled in 2006 stated that they had drunk alcohol whilst using drugs in the last 12 months, a decrease from 12.6% in 2003. The South West (15.3%) had the highest reported level of drinking whilst using drugs in 2006, with London having the lowest rate (9.6%).
- Throughout England, there has been a slight decrease in the percentage of young people reporting that they had used more than one drug at a time in the last 12 months. This fell from 5.1% in 2003 to 4.8% in 2006. In 2006, there were regional variations in level of polydrug use in the last year, from 3.0% in the East of England to 6.8% in the South East.

School Health Education Unit

Respondents were schoolchildren completing the Health Related Behaviour Questionnaire conducted by the Schools Health Education Unit.

- Pupils in Year 10 were much more likely to know someone personally who took drugs than Year 8 pupils. Pupils in the South East were the most likely to personally know someone who took drugs in Year 8 (24.4%) and Year 10 (50.5%) compared to other regions.

Crime



5. Crime

Indicators

- Percentage of individuals assessed by DIP who used amphetamines in the previous month;
- Percentage of individuals assessed by DIP who used benzodiazepines in the previous month;
- Percentage of individuals assessed by DIP who used cannabis in the previous month;
- Percentage of individuals assessed by DIP who used cocaine in the previous month;
- Percentage of individuals assessed by DIP who used crack cocaine in the previous month;
- Percentage of individuals assessed by DIP who used ecstasy in the previous month;
- Percentage of individuals assessed by DIP who used heroin in the previous month;
- Percentage of individuals assessed by DIP who used illicit methadone in the previous month;
- Percentage of individuals assessed by DIP who have injected;
- Rates of recorded drug offences per 100,000 population;
- Percentage of individuals who met the OASys criteria for inclusion convicted of a Misuse of Drugs Act (1971) offence¹⁰;
- Percentage of individuals receiving an OASys assessment and have ever misused drugs who were assessed as highly likely to be reconvicted;
- Percentage of adults who felt that drugs were the main cause of crime in Britain today.

Rationale and Evidence

The economic and social costs of Class A drug use in England and Wales were estimated to be around £15.4 billion, with drug related crime accounting for approximately 90% of this cost (£13.9 billion) (Singleton, Murray & Tinsley, 2006). The link between drug use and offending has been well established in UK policy with *Tackling Drugs to Build a Better Britain* (Home Office, 1998), the most recent drug strategy, *Drugs: protecting families and communities - 2008-2018 strategy* (Home Office, 2008) and the *National Crack Plan* (Home Office, 2002b) all constructing a large proportion of their policy on the premise that reducing an individual's drug use will reduce their offending. Epidemiological evidence supports the connection between drug use and offending. Survey work has suggested high levels of drug use among prison samples (Liriano & Ramsey, 2003; Singleton, Farrell & Meltzer, 1999), and among offender samples in the community (Hearnden & Harocopos, 2000; Holloway & Bennett, 2004; O'Shea, Jones & Sondhi, 2003). In addition high levels of criminality have been recorded among drug treatment samples (Coid et al., 2000; Gossop et al., 1998; Jones et al., 2007). The Arrestee Survey (Boreham et al., 2007), conducted between 2003-2006 among individuals arrested in England and Wales, found high levels of criminal behaviour among certain drug using groups. Regular users of heroin and/or crack cocaine were more likely to have committed acquisitive crime (81%) in comparison to those who did not take these drugs regularly (30%). Those who participated in the survey who used heroin and crack cocaine on a regular basis were more likely to have been arrested in the year prior to survey (79%) in comparison to those who took these drugs intermittently or not at all (48%). Research has also indicated that reductions in drug use brought about through treatment have a positive effect on levels of criminality (Gossop et al., 2000).

Background

One of the main recent schemes put in place by the Government to tackle the issue of drug related crime is the Drug Interventions Programme (DIP). The DIP aims to tackle drug related crime by offering holistic treatment and support to individuals entering the Criminal Justice System with substance use issues. This can happen at any stage of their contact with the Criminal Justice System from pre-arrest targeting by police to release from prison. The Drug Interventions Record (DIR) is the monitoring system for the DIP. Individuals who are new to the programme or are returning after a period of time off the caseload are assessed and information from this process is collected on the DIR. DIRs are completed by both community teams and by Counselling Assessment Referral Advice and Throughcare (CARAT) teams in prisons. The information collected can provide insights regarding the characteristics of a group of drug using offenders who may or may not access services voluntarily.

¹⁰ See section 5.3 for definition of OASys criteria for inclusion.

Delivery of the DIP is not consistent across all Drug (and Alcohol) Action Team (D(A)AT) areas. The priorities of teams will often reflect the key issues of a particular area and will also be affected by whether the area is intensive or non-intensive (a Home Office designation made on the basis of crime levels). Intensive areas have drug testing in custody suites, the results of which can influence which individuals are approached for assessment. The numbers and types of individuals assessed in each region can therefore be influenced by the designation and priorities of the D(A)AT areas within it. This should be considered when examining information collected on the DIR. The profile of individuals accessing DIP can also be influenced by changes in national policy. In April 2006, drug testing in custody suites changed from taking place on charge to taking place at the point of arrest, therefore increasing the numbers of offenders drug tested. As a positive drug test is the main trigger for contact in intensive DIP areas this increased the number of individuals assessed by DIP teams in the community. A recent piece of work by the Home Office has also highlighted that the type of individuals being brought into the scheme was influenced by this change in procedure. It highlighted that the individuals being drug tested after the change in policy tended to have less previous convictions (Skodbo et al., 2007).

The DIP data source is greatly influenced by the policies and interventions available in each region. The indicators in this section illustrate the characteristics of people engaged in DIP rather than of drug users who commit offences.

5.1 The Drug Interventions Programme

The DIR population

Tables 80 to 82 illustrate the breakdown of individuals assessed by DIP in 2005/06 and 2006/07 by gender and region and illustrate an increase in the number of DIRs conducted across England between these years. These tables have been included to provide the reader with information on the total size of the DIR population. Further analysis of DIP assessed individuals presented in Table 83 to Table 104 and Figure 42 to Figure 53 are based on the figures shown in Table 80. Table 81 shows the number of individuals assessed by DIP in each region by gender aged 18-64 years, this table is included to illustrate the figures used to calculate the rates per 1,000 population in each region as illustrated in Figure 41 and Table 82. Table 82 illustrates the rise in the rate of individuals (aged 18-64) assessed by DIP nationally and in each region between 2005/06 and 2006/07.

Table 80: Number of individuals assessed by DIP in each region, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	2930	8709	6997	5288	6661	3789	11716	6311	3529	55930
	2006/07	3501	11453	8582	5745	8996	4912	17201	7721	4564	72675
Females	2005/06	471	1507	1288	787	1159	474	1698	960	540	8884
	2006/07	600	1928	1720	813	1443	713	2472	1174	665	11528
Persons	2005/06	3401	10216	8285	6075	7820	4263	13414	7271	4069	64814
	2006/07	4101	13381	10302	6558	10439	5625	19673	8895	5229	84203

Source: NWPPO from DIR

Table 81: Number of individuals aged 18-64 assessed by DIP in each region, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	2926	8702	6991	5279	6658	3784	11707	6306	3528	55881
	2006/07	3500	11445	8578	5742	8988	4907	17175	7706	4560	72601
Females	2005/06	471	1507	1288	787	1159	474	1695	958	540	8879
	2006/07	599	1927	1720	812	1443	712	2471	1174	665	11523
Persons	2005/06	3397	10209	8279	6066	7817	4258	13402	7264	4068	64760
	2006/07	4099	13372	10298	6554	10431	5619	19646	8880	5225	84124

Source: NWPPO from DIR

Figure 41: Rate of individuals assessed by DIP per 1,000 population (18-64 years), 2006/07.

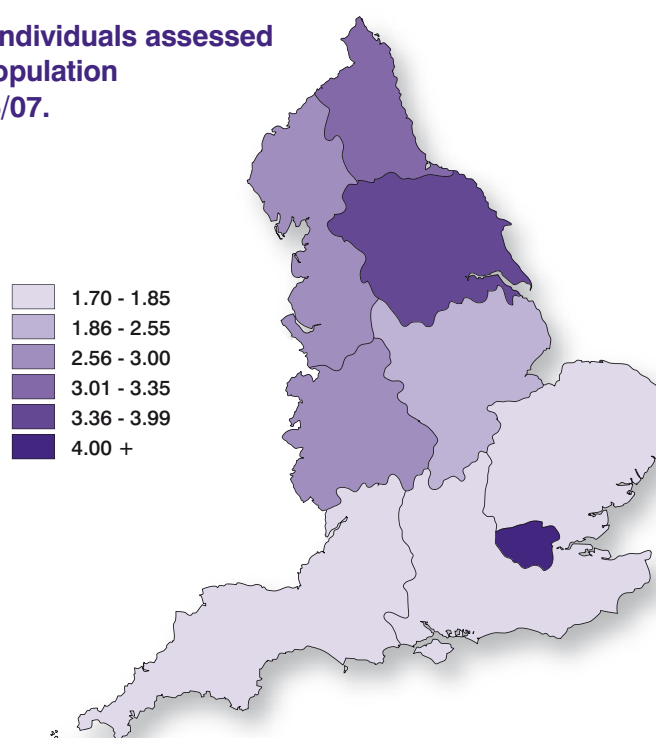


Table 82: Rate per 1,000 population of individuals aged 18-64 assessed by DIP in each region, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	3.75	4.16	4.44	3.93	4.07	2.23	4.71	2.52	2.31	3.57
	2006/07	4.49	5.47	5.44	4.27	5.50	2.89	6.91	3.08	2.98	4.64
Females	2005/06	0.59	0.71	0.81	0.59	0.71	0.28	0.68	0.38	0.35	0.56
	2006/07	0.75	0.91	1.09	0.61	0.88	0.42	1.00	0.46	0.43	0.73
Persons	2005/06	2.26	2.54	2.75	2.36	2.50	1.30	2.81	1.50	1.38	2.15
	2006/07	2.72	3.32	3.41	2.55	3.34	1.72	4.12	1.84	1.78	2.80

Source: NWPFO from DIR

Regional Commentary

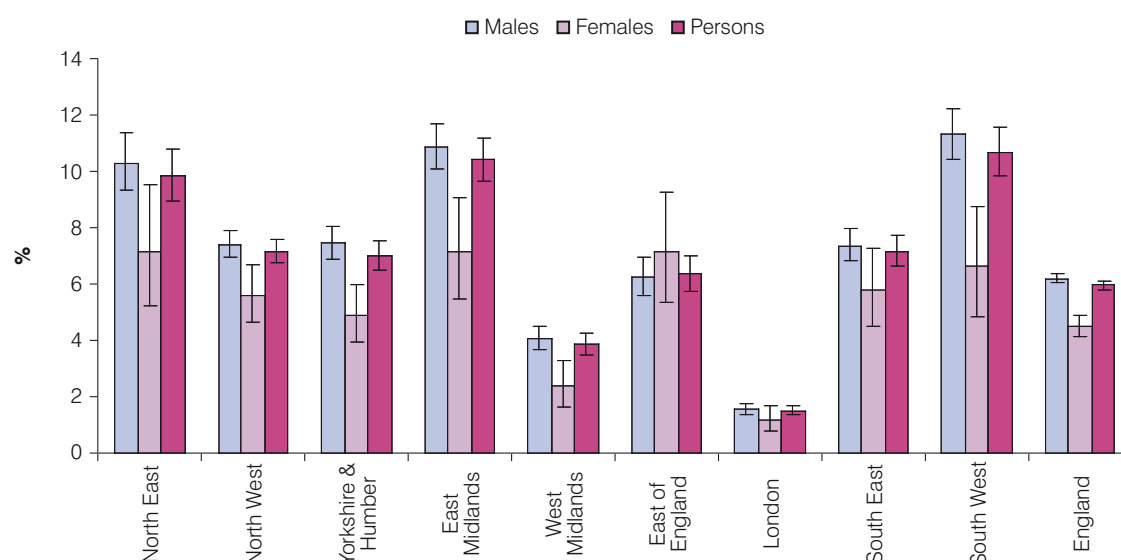
Percentage of individuals assessed by DIP who used amphetamines in the previous month

The usage of amphetamines was relatively low in all regions, but, there was substantial variation across the regions. Individuals assessed by DIP in the East Midlands, North East and South West were more likely to report amphetamine use than those in other regions in both 2005/06 and 2006/07 (Table 83). In 2006/07, males were more likely than females to report the use of amphetamines in the past month in all regions except the East of England where 6.3% of males compared with 7.2% of females reported use of amphetamines in the previous month (Figure 42).

Year-on-year comparison across gender indicated mixed patterns among males (Table 83). Among males the largest increase in previous month amphetamine use was found in the South West (from 10.6% in 2005/06 to 11.3% in 2006/07) and the largest decrease was observed in Yorkshire and The Humber (from 8.8% in 2005/06 to 7.5% in 2006/07). Among females, the majority of regions saw a reduction in reported *last month* amphetamine use between 2005/06 and 2006/07, with the exception of the East of England and the South West that had a 1.2% and 0.9% increase in use respectively.

In 2006/07 in most regions, individuals aged between 18-24 years of age were most likely to report the use of amphetamines in the previous month, with the exception of the East of England and London where the highest levels of those reporting previous month amphetamine use were aged 40 years and older (Table 84). The percentage of 18-24 year olds reporting previous month use of amphetamines ranged from 12.5% in the North East to 1.4% in London.

Figure 42: Percentage of individuals assessed by DIP who used amphetamines in the previous month, 2006/07.



Source: NWPFO from DIR

Table 83: Percentage of individuals assessed by DIP who used amphetamines in the previous month by gender, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	10.75	7.89	8.80	10.84	3.63	6.65	1.86	7.00	10.60	6.65
	2006/07	10.34	7.45	7.46	10.90	4.09	6.25	1.56	7.38	11.33	6.21
Females	2005/06	8.49	6.04	5.05	7.62	2.42	5.91	1.77	6.04	5.74	4.85
	2006/07	7.17	5.60	4.88	7.13	2.36	7.15	1.17	5.79	6.62	4.50
Persons	2005/06	10.44	7.62	8.22	10.42	3.45	6.57	1.85	6.88	9.95	6.40
	2006/07	9.88	7.18	7.03	10.43	3.85	6.36	1.51	7.17	10.73	5.97

Source: NWPCHO from DIR

Table 84: Percentage of individuals assessed by DIP who used amphetamines in the previous month by gender and age, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	18-24	13.36	7.44	9.09	10.79	5.19	5.80	1.32	9.20	13.51	7.06
	25-39	8.51	7.63	6.62	10.98	3.46	6.47	1.65	6.38	10.62	5.94
	40+	9.03	6.80	7.16	10.79	3.74	6.42	1.67	7.06	10.27	5.39
Females	18-24	7.48	7.25	4.82	8.40	2.75	10.65	1.62	5.90	5.42	5.33
	25-39	6.79	5.45	4.86	6.51	2.22	5.12	1.03	5.82	6.54	4.24
	40+	8.06	4.11	5.20	6.67	1.78	7.55	1.15	5.41	10.00	3.96
Persons	18-24	12.52	7.42	8.38	10.51	4.85	6.39	1.35	8.75	12.34	6.84
	25-39	8.26	7.27	6.33	10.41	3.30	6.30	1.57	6.30	10.11	5.69
	40+	8.86	6.38	6.83	10.25	3.43	6.56	1.60	6.88	10.24	5.19

Source: NWPCHO from DIR

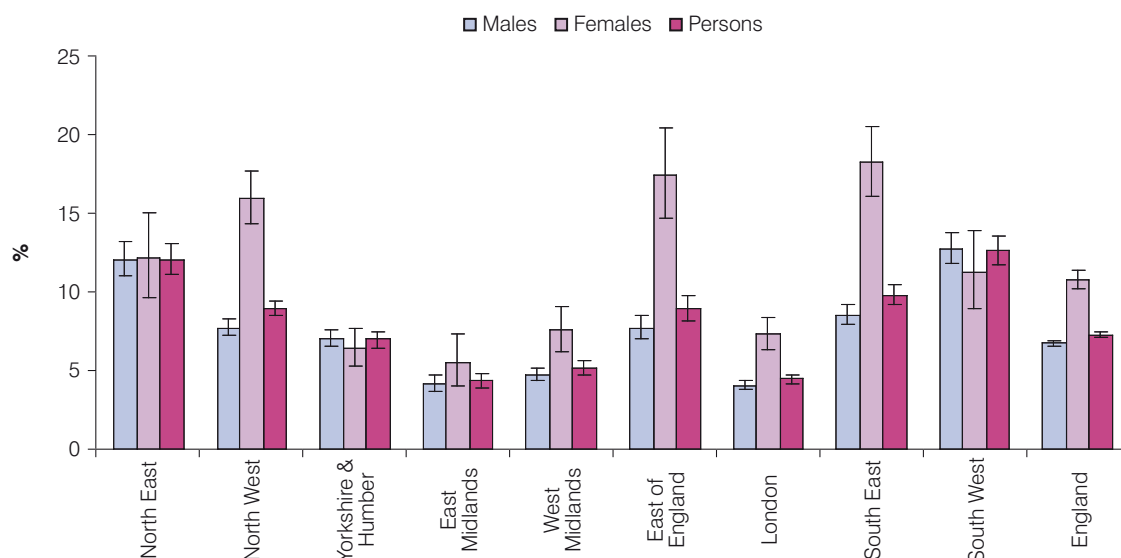
Percentage of individuals assessed by DIP who used benzodiazepines in the previous month

The proportion of individuals who reported the use of benzodiazepines during assessment was relatively low (Figure 43). In both 2005/06 and 2006/07 individuals from the South West were more likely than those from other regions to report use of benzodiazepines in the previous month (14.4% in 2005/06 and 12.6% in 2006/07) (Table 85).

In many regions in 2005/06 and 2006/07 females were more likely to report the use of benzodiazepines than their male counterparts (Table 85). The only exceptions to this were the East Midlands and Yorkshire and The Humber in 2005/06 and the South West and Yorkshire and The Humber in 2006/07. Females in the South East reported the highest rate of benzodiazepine use in both 2005/06 (21.7%) and 2006/07 (18.2%), whilst females in the East Midlands had the lowest rates of benzodiazepine use in both years (3.9% in 2005/06 and 5.5% in 2006/07). In both 2005/06 and 2006/07 males in the South West and North East reported the highest rate of use of this drug.

Whilst in most regions the peak age group for benzodiazepine use in both 2005/06 and 2006/07 was 25-39 years, this was not the case for the North East where it was the 18-24 years age group (13.5%) (Table 86). Among those aged 25-39 years in 2006/07 the percentage of individuals who reported use of benzodiazepines in the previous month ranged from 14.7% in the South West to 5.6% in the East Midlands.

Figure 43: Percentage of individuals assessed by DIP who used benzodiazepines in the previous month, 2006/07.



Source: NWPHO from DIR

Table 85: Percentage of individuals assessed by DIP who used benzodiazepines in the previous month by gender, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	12.22	9.58	8.19	5.03	4.44	10.21	6.66	10.84	14.34	8.37
	2006/07	12.05	7.74	7.05	4.18	4.74	7.70	4.03	8.52	12.77	6.73
Females	2005/06	12.95	16.59	8.00	3.94	9.15	17.30	11.96	21.67	15.00	12.66
	2006/07	12.17	15.92	6.40	5.54	7.55	17.39	7.32	18.23	11.28	10.74
Persons	2005/06	12.32	10.61	8.16	4.89	5.14	11.00	7.33	12.27	14.43	8.96
	2006/07	12.07	8.92	6.94	4.35	5.13	8.92	4.44	9.80	12.58	7.28

Source: NWPHO from DIR

Table 86: Percentage of individuals assessed by DIP who used benzodiazepines in the previous month by gender and age, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	18-24	13.21	4.47	6.26	2.29	3.43	4.51	1.40	4.62	9.42	4.47
	25-39	12.17	10.00	8.18	5.60	5.82	10.24	5.40	11.30	14.95	8.45
	40+	6.35	6.28	2.93	3.04	3.30	5.33	4.17	7.06	9.97	5.12
Females	18-24	15.42	13.75	7.61	6.49	7.07	14.81	4.04	12.56	10.84	9.45
	25-39	11.11	18.56	6.15	5.42	8.76	20.72	8.94	22.96	12.57	12.36
	40+	6.45	8.54	4.05	3.33	3.55	10.38	5.93	12.84	6.25	6.78
Persons	18-24	13.52	5.41	6.48	2.77	3.94	5.77	1.65	5.70	9.63	5.09
	25-39	12.01	11.40	7.84	5.58	6.21	11.60	5.89	12.88	14.65	9.01
	40+	6.37	6.63	3.12	3.07	3.34	5.97	4.40	7.71	9.57	5.35

Source: NWPHO from DIR

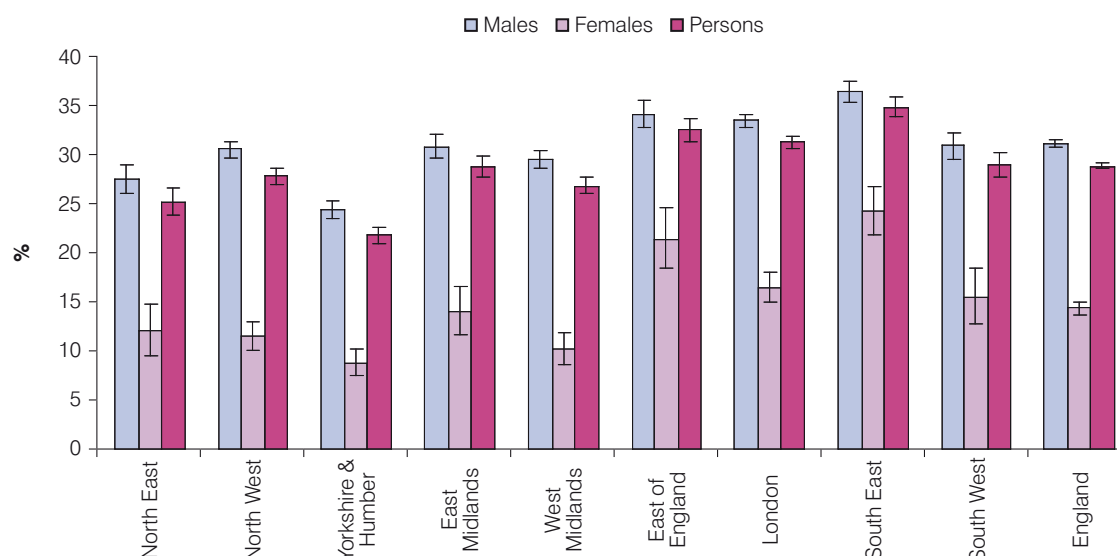
Percentage of individuals assessed by DIP who used cannabis in the previous month

The proportions of individuals reporting the use of cannabis were similar in both 2005/06 and 2006/07 (Table 87). In both years individuals from the South East were the most likely to report the use of cannabis (36.8% in 2005/06 and 34.9% in 2006/07) and those from Yorkshire and The Humber were least likely (23.8% in 2005/06 and 21.9% in 2006/07).

Males were more likely than females to report the use of cannabis in all regions and in both years. Regional variations in cannabis use were similar for males and females (Figure 44). In 2006/07, the highest levels of previous month cannabis use among males and females were found in the South East at 36.5% and 24.4% respectively.

In all regions, 18-24 year olds were more likely to report cannabis use than their older counterparts, however this percentage varied from 52.5% in London to 35.5% in Yorkshire and The Humber (Table 88).

Figure 44: Percentage of individuals assessed by DIP who used cannabis in the previous month, 2006/07.



Source: NWPCHO from DIR

Table 87: Percentage of individuals assessed by DIP who used cannabis in the previous month by gender, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	31.57	29.57	26.15	30.28	27.91	34.60	34.32	39.12	32.93	31.74
	2006/07	27.53	30.62	24.47	30.91	29.59	34.22	33.52	36.50	31.00	31.22
Females	2005/06	15.29	12.14	10.87	14.99	13.81	20.89	17.31	21.15	13.70	15.12
	2006/07	12.00	11.51	8.78	14.02	10.19	21.46	16.50	24.36	15.49	14.37
Persons	2005/06	29.31	27.00	23.78	28.30	25.82	33.08	32.17	36.75	30.38	29.46
	2006/07	25.26	27.87	21.85	28.82	26.91	32.60	31.38	34.90	29.03	28.91

Source: NWPCHO from DIR

Table 88: Percentage of individuals assessed by DIP who used cannabis in the previous month by gender and age, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	18-24	40.95	52.01	40.08	45.40	44.84	50.48	54.96	51.34	46.62	48.55
	25-39	20.57	22.55	17.47	23.88	21.88	28.59	26.74	31.09	26.27	24.32
	40+	14.38	15.66	15.85	19.06	19.34	19.95	20.89	24.09	22.05	19.55
Females	18-24	14.95	18.75	12.62	19.47	12.77	32.87	27.88	32.31	19.21	20.60
	25-39	11.11	9.98	7.14	11.71	8.37	17.65	13.82	19.97	14.92	12.08
	40+	6.45	8.23	6.36	10.00	10.65	12.26	13.19	22.30	8.75	11.40
Persons	18-24	37.24	48.63	35.53	42.41	40.35	48.33	52.45	48.74	42.65	45.08
	25-39	19.21	20.50	15.74	22.32	20.07	27.17	24.94	29.59	24.86	22.56
	40+	13.02	14.50	14.24	17.86	17.98	18.97	19.86	23.89	20.62	18.42

Source: NWPCHO from DIR

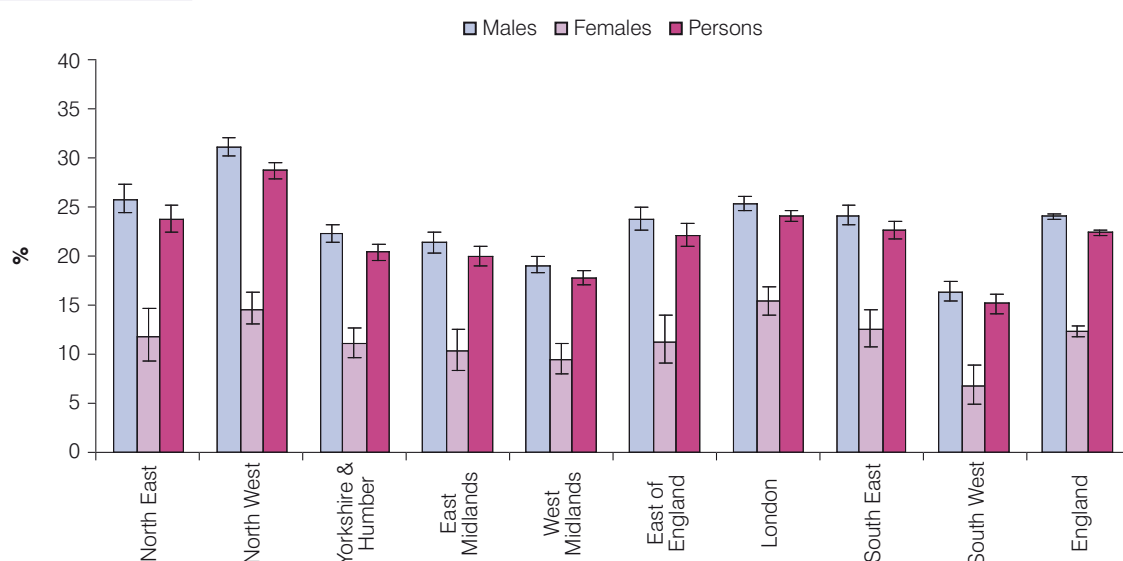
Percentage of individuals assessed by DIP who used cocaine in the previous month

In 2005/06 individuals assessed in the East of England, North West and South East were more likely than those assessed in other regions to report the use of cocaine (Table 89). This pattern altered in 2006/07 with individuals assessed in the North West more likely to report the use of cocaine than those in any other region (28.9%). All regions saw a substantial increase from 2005/06 to 2006/07 in reported use of cocaine, over which period the reported England average increased from 14.4% to 22.5%. This could be due to increased use of the drug but is also likely to be due to the change in national policy which moved drug testing in custody suites from the point of charge to the point of arrest from the beginning of 2006/07.

In all regions in both 2005/06 and 2006/07 males were consistently approximately twice as likely to report the use of cocaine than females (Table 89). In 2005/06 females assessed in the South East were more likely than their counterparts in other areas to report the use of cocaine (10.7%). Males assessed in the West Midlands in 2005/06 reported the lowest levels of cocaine use (10.9%) when compared to males in the other regions during this year. In 2006/07, 15.5% of females in London reported previous month cocaine use and they were found to be more likely than females in any of the other regions to report cocaine use (Figure 45).

In 2006/07 cocaine use was most prevalent among 18-24 year olds assessed in all regions with 34.7% of this group reporting previous month use (Table 90). This pattern was particularly marked in the North West where 53.1% of 18-24 year olds reported previous month cocaine use. Whether this is due to the greater prevalence of use of this drug in this age group in this region or is attributed to more active targeting of this age group by the police and DIP teams is not clear.

Figure 45: Percentage of individuals assessed by DIP who used cocaine in the previous month, 2006/07.



Source: NWPFO from DIR

Table 89: Percentage of individuals assessed by DIP who used cocaine in the previous month by gender, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	16.59	19.38	11.91	12.92	10.88	19.06	16.23	18.97	12.86	15.54
	2006/07	25.91	31.25	22.34	21.44	19.13	23.84	25.43	24.23	16.43	24.11
Females	2005/06	8.92	8.76	4.81	6.10	4.57	7.59	8.01	10.73	4.63	7.17
	2006/07	11.83	14.63	11.16	10.33	9.49	11.36	15.45	12.52	6.77	12.33
Persons	2005/06	15.52	17.82	10.80	12.03	9.95	17.78	15.19	17.88	11.77	14.39
	2006/07	23.85	28.85	20.47	20.07	17.80	22.26	24.18	22.69	15.20	22.50

Source: NWPFO from DIR

Table 90: Percentage of individuals assessed by DIP who used cocaine in the previous month by gender and age, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	18-24	36.52	55.49	38.61	33.42	28.73	36.38	32.05	36.67	27.11	36.93
	25-39	19.63	22.17	15.24	15.79	14.40	20.10	24.21	20.16	13.21	19.19
	40+	20.40	14.08	12.21	10.79	11.98	10.66	19.27	12.26	10.27	14.75
Females	18-24	14.49	32.00	19.67	15.65	10.81	18.98	22.02	18.21	8.37	18.56
	25-39	10.80	10.15	7.84	7.38	9.15	9.21	14.58	9.28	5.76	10.10
	40+	8.06	9.81	4.05	10.00	7.10	3.77	11.66	11.49	7.50	9.12
Persons	18-24	33.38	53.10	35.47	31.37	26.22	34.26	31.12	34.15	24.39	34.65
	25-39	18.36	20.20	14.00	14.71	13.70	18.69	22.86	18.69	12.29	17.89
	40+	18.28	13.41	10.83	10.69	11.21	9.79	18.26	12.17	9.97	13.97

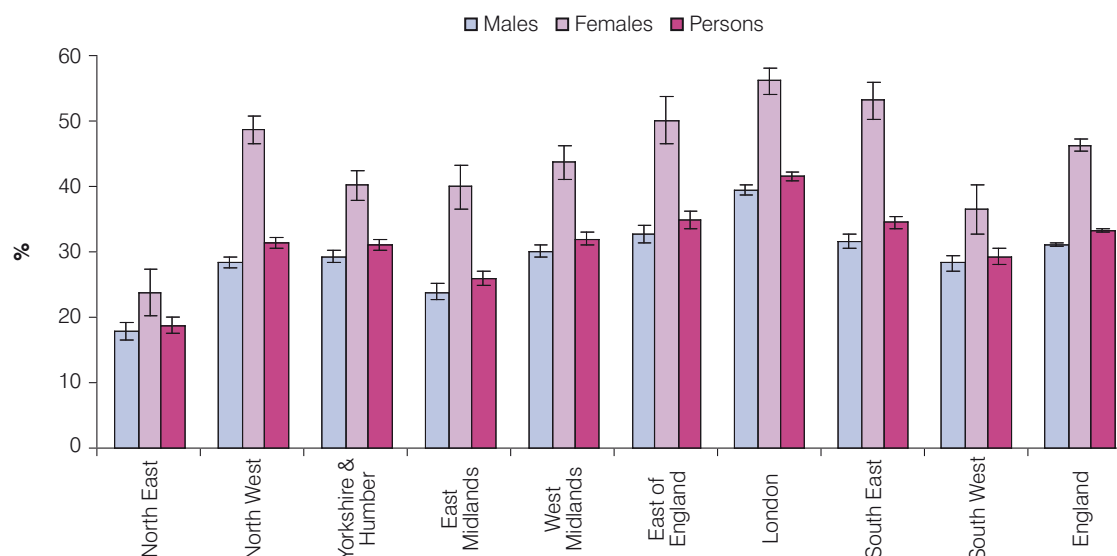
Source: NWPHO from DIR

Percentage of individuals assessed by DIP who used crack cocaine in the previous month

In all regions the proportion of individuals reporting crack cocaine use decreased from 2005/06 to 2006/07 (Table 91). Crack cocaine use was more common among individuals assessed in London than among those from any other region in both 2005/06 and in 2006/07 (48.9% in 2005/06 and 41.8% in 2006/07). The North East saw the lowest proportion of individuals reporting crack cocaine use in both years, 22.4% in 2005/06 and 18.7% in 2006/07.

Females assessed by DIP in 2005/06 and 2006/07 were more likely than males to report the use of crack cocaine (Table 91). In England in 2006/07, 46.5% of females reported *last month* crack cocaine use compared to 31.2% of males (Figure 46). There was a large amount of regional variation in the levels of crack cocaine use reported among both males and females in 2005/06 and 2006/07. In 2006/07, the highest level of crack cocaine use among males was reported in London (39.7%) and the lowest level in the North East (17.9%). In all regions a smaller proportion of females assessed reported using crack cocaine in 2006/07 than in 2005/06 except for East Midlands where the proportion of females reporting crack cocaine use increased from 32.2% in 2005/06 to 40.1% in 2006/07.

In the majority of regions in 2006/07 crack cocaine use was most common among 25-39 year olds. Crack cocaine use among this age group ranged from 48.4% in London to 21.4% in the North East (Table 92). In the North West crack cocaine use was most prevalent among individuals over 40 (40.3%).

Figure 46: Percentage of individuals assessed by DIP who used crack cocaine in the previous month, 2006/07.

Source: NWPHO from DIR

Table 91: Percentage of individuals assessed by DIP who used crack cocaine in the previous month by gender, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	21.64	29.00	31.61	26.10	32.25	37.05	47.11	36.14	35.36	34.60
	2006/07	17.85	28.50	29.34	24.02	30.21	32.82	39.65	31.84	28.37	31.22
Females	2005/06	27.39	49.10	41.85	32.15	45.56	55.27	61.37	55.31	45.37	48.05
	2006/07	23.83	48.91	40.35	40.10	43.87	50.35	56.35	53.41	36.54	46.50
Persons	2005/06	22.43	31.97	33.20	26.88	34.22	39.08	48.91	38.67	36.69	36.44
	2006/07	18.73	31.44	31.18	26.01	32.10	35.04	41.75	34.68	29.41	33.31

Source: NWPHO from DIR

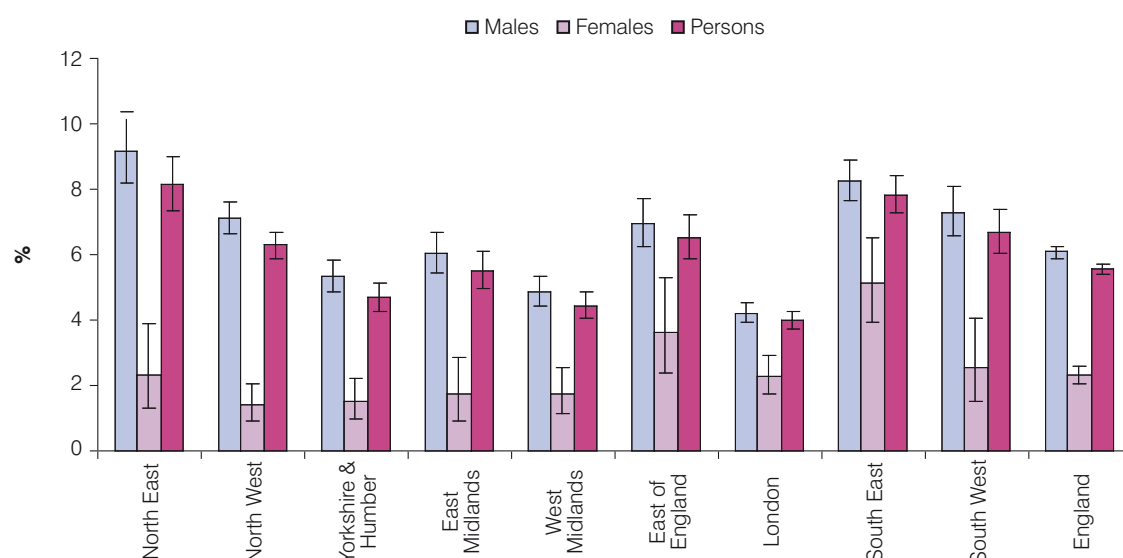
Table 92: Percentage of individuals assessed by DIP who used crack cocaine in the previous month by gender and age, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	18-24	15.07	11.03	17.37	15.32	22.20	23.76	22.21	23.50	22.85	19.16
	25-39	20.42	35.74	36.09	29.64	35.86	39.89	46.37	38.50	31.93	37.28
	40+	13.38	38.36	27.82	23.78	26.92	26.64	46.76	26.21	23.87	34.56
Females	18-24	21.96	31.25	37.11	37.79	46.17	48.15	43.03	51.79	37.44	40.30
	25-39	27.16	54.21	42.96	42.73	44.18	53.71	60.66	57.39	37.70	49.96
	40+	12.90	50.95	35.26	33.33	35.50	42.45	56.98	40.54	28.75	44.75
Persons	18-24	16.06	13.08	20.64	17.91	25.56	26.74	24.14	27.36	24.96	21.79
	25-39	21.39	38.75	37.24	31.32	36.97	41.68	48.37	41.05	32.64	39.10
	40+	13.30	40.33	29.07	25.04	28.27	28.64	48.12	27.82	24.39	35.97

Source: NWPHO from DIR

Percentage of individuals assessed by DIP who used ecstasy in the previous month

In both 2005/06 and 2006/07 males were more likely than females in all regions to report the use of ecstasy (Table 93). In 2006/07, the highest levels of ecstasy use in the previous month were reported by males assessed in the North East (9.2%) and females assessed in the South East (5.1%) (Figure 47). Ecstasy use was most prevalent among 18-24 year olds assessed in 2006/07, the percentage of 18-24 year olds who reported that they had used ecstasy in the previous month varied from 7.1% in London to 16.6% in the North East (Table 94).

Figure 47: Percentage of individuals assessed by DIP who used ecstasy in the previous month, 2006/07.

Source: NWPHO from DIR

Table 93: Percentage of individuals assessed by DIP who used ecstasy in the previous month by gender, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	7.41	7.08	6.20	6.75	4.77	6.89	3.67	8.13	7.45	6.10
	2006/07	9.17	7.12	5.33	6.07	4.88	6.96	4.22	8.26	7.32	6.08
Females	2005/06	2.34	1.73	2.33	2.80	1.29	2.53	1.53	4.58	3.33	2.30
	2006/07	2.33	1.40	1.51	1.72	1.73	3.65	2.27	5.11	2.56	2.30
Persons	2005/06	6.70	6.29	5.60	6.24	4.26	6.40	3.40	7.66	6.91	5.58
	2006/07	8.17	6.30	4.69	5.54	4.44	6.54	3.97	7.85	6.71	5.57

Source: NWPFO from DIR

Table 94: Percentage of individuals assessed by DIP who used ecstasy in the previous month by gender and age, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	18-24	18.73	15.75	11.59	11.14	9.32	12.75	7.29	15.88	14.76	12.09
	25-39	3.97	3.75	2.59	3.60	2.72	5.02	3.63	5.54	5.22	3.82
	40+	1.34	1.52	1.41	2.02	1.43	1.64	1.41	1.70	2.42	1.58
Females	18-24	3.74	5.25	3.34	4.20	1.57	8.33	5.25	8.72	5.42	4.80
	25-39	1.23	0.50	0.69	0.65	1.96	1.79	1.65	3.30	1.31	1.39
	40+	3.23	0.00	0.58	0.00	1.18	0.94	1.15	3.38	1.25	1.08
Persons	18-24	16.59	14.68	10.23	10.34	8.23	12.21	7.10	14.91	13.41	11.18
	25-39	3.57	3.22	2.28	3.22	2.62	4.61	3.35	5.24	4.73	3.47
	40+	1.66	1.29	1.27	1.76	1.39	1.55	1.37	1.89	2.29	1.51

Source: NWPFO from DIR

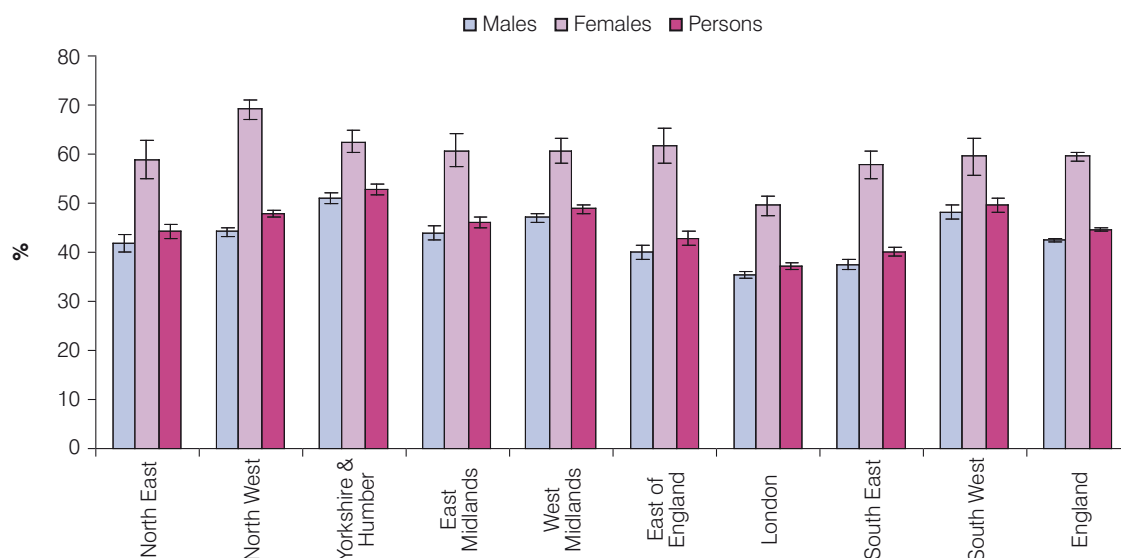
Percentage of individuals assessed by DIP who used heroin in the previous month

In both 2005/06 and 2006/07 individuals assessed in Yorkshire and The Humber were more likely to report the use of heroin than those from any other region at 58.7% in 2005/06 and 53.2% in 2006/07 (Table 95). Individuals assessed in London were the least likely to report use of this drug (41.8% in 2005/06 and 37.2% in 2006/07). There was a slight decrease between the two years in the proportion of individuals reporting the use of heroin in the majority of regions (except the East of England), with a decrease of 3.4% nationally.

Unlike many of the other drugs reported, females were more likely to report the use of heroin than males in all regions. In England in 2006/07, 59.9% of females reported *last month* heroin use compared with 42.5% of males (Figure 48). This was the case in both 2005/06 and 2006/07 (Table 95). This suggests that males assessed have a more diverse drug using profile than their female counterparts. In 2005/06, rates of heroin use among males and females were highest in Yorkshire and The Humber, at 56.4% for males and 71.1% for females, and lowest in London, at 39.9% for males and 55.2% for females. In 2006/07 the pattern was the same for males, however, for females the lowest reported rates of heroin use were in London and the highest were in the North West.

In 2006/07 heroin use was most prevalent among 25-39 year old individuals in all regions, this ranged from 64.4% in Yorkshire and The Humber to 44.6% in London (Table 96). Individuals using heroin in the North West had an older age profile than those from the other regions, with 58.5% aged 40 years and older compared to the England average of 43.7%.

Figure 48: Percentage of individuals assessed by DIP who used heroin in the previous month, 2006/07.



Source: NWPFO from DIR

Table 95: Percentage of individuals assessed by DIP who used heroin in the previous month by gender, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	47.88	46.62	56.38	47.54	50.49	40.38	39.90	39.72	50.72	46.11
	2006/07	41.99	44.43	51.20	44.14	47.18	40.23	35.37	37.66	48.40	42.53
Females	2005/06	63.91	68.21	71.12	60.48	60.22	61.18	55.18	59.27	61.30	62.43
	2006/07	59.33	69.45	62.91	61.13	60.91	62.13	49.72	58.01	59.85	59.89
Persons	2005/06	50.10	49.80	58.67	49.22	51.93	42.69	41.84	42.31	52.13	48.34
	2006/07	44.53	48.04	53.15	46.25	49.08	43.00	37.17	40.35	49.86	44.91

Source: NWPFO from DIR

Table 96: Percentage of individuals assessed by DIP who used heroin in the previous month by gender and age, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	18-24	28.75	14.31	27.71	27.20	30.75	25.18	18.06	22.29	31.28	23.43
	25-39	52.32	58.11	63.53	55.84	59.00	49.94	42.93	47.99	57.34	53.38
	40+	32.78	57.07	53.52	39.63	39.01	37.30	40.10	34.13	42.90	42.97
Females	18-24	63.08	51.25	57.14	62.98	64.44	56.94	38.38	53.85	64.53	55.61
	25-39	63.58	76.32	68.85	63.77	63.14	69.05	54.68	63.52	60.73	64.87
	40+	24.19	66.14	46.24	42.22	40.24	47.17	46.65	45.27	43.75	48.35
Persons	18-24	33.64	18.06	32.59	31.32	35.47	29.06	19.94	26.59	36.09	27.43
	25-39	53.95	61.09	64.42	56.86	59.56	52.42	44.57	50.08	57.76	55.03
	40+	31.30	58.49	52.29	39.97	39.20	38.54	40.97	35.37	42.99	43.72

Source: NWPFO from DIR

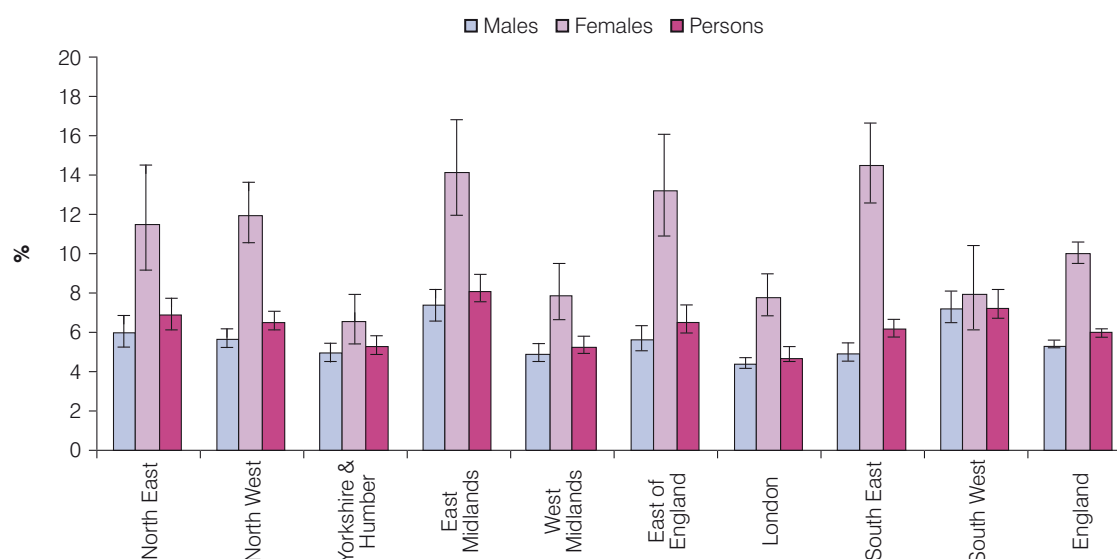
Percentage of individuals assessed by DIP who used illicit methadone in the previous month

Most regions saw a slight decrease in the proportion of individuals reporting the use of illicit methadone in 2006/07 when compared to 2005/06. The only region where this was not the case was the South West which saw a slight increase from 6.0% to 7.4% between 2005/06 and 2006/07. Use of illicit methadone was most common among individuals assessed in the North East in 2005/06 (10.4%) (Table 97). This changed in 2006/07 when it was most common in the East Midlands (8.3%).

Similarly to heroin, illicit methadone use was more common among females than males in all regions in both 2005/06 and 2006/07 (Table 97). The highest rate of illicit methadone use among females in both years was seen in the South East, 16.8% in 2005/06 and 14.7% in 2006/07 (Figure 49). Among males in 2005/06, the North East had the highest proportion of users of this drug (9.9%). In 2006/07 this changed with the East Midlands found to be the region with the highest proportion of male illicit methadone users (7.5%) closely followed by the South West (7.3%).

In 2006/07 illicit methadone use in almost all regions was most common among 25-39 year olds assessed, this percentage ranged from 10.3% in the East Midlands to 5.9% in London (Table 98). However, the North West and London were the exceptions as illicit methadone use was most common among individuals who were aged 40 or over in these regions. Analysis of the use of crack cocaine, heroin and illicit methadone among individuals assessed on DIP aged 40 years and older indicates that there may be an older drug using population in the North West and London areas.

Figure 49: Percentage of individuals assessed by DIP who used illicit methadone in the previous month, 2006/07.



Source: NWPHO from DIR

Table 97: Percentage of individuals assessed by DIP who used illicit methadone in the previous month by gender, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	9.93	7.57	6.95	7.90	5.36	6.52	5.17	6.18	5.84	6.54
	2006/07	6.14	5.68	5.08	7.47	4.97	5.74	4.49	4.99	7.32	5.44
Females	2005/06	13.59	16.59	8.15	11.82	8.63	14.35	7.77	16.77	6.67	11.36
	2006/07	11.67	12.14	6.69	14.39	8.04	13.46	7.97	14.65	8.12	10.16
Persons	2005/06	10.44	8.90	7.13	8.41	5.84	7.39	5.50	7.58	5.95	7.20
	2006/07	6.95	6.61	5.35	8.33	5.39	6.72	4.93	6.26	7.42	6.08

Source: NWPHO from DIR

Table 98: Percentage of individuals assessed by DIP who used illicit methadone in the previous month by gender and age, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	18-24	3.96	1.33	2.43	4.13	3.24	3.16	1.34	2.35	4.34	2.52
	25-39	8.04	7.53	6.56	9.58	6.00	7.42	5.43	6.52	8.84	6.91
	40+	3.34	7.98	4.81	7.59	5.27	5.19	6.48	5.19	6.50	6.22
Females	18-24	12.15	5.75	4.27	13.36	6.88	10.19	5.45	11.03	6.40	7.65
	25-39	12.04	13.78	8.13	15.40	9.15	16.62	8.87	17.77	9.95	11.67
	40+	8.06	13.92	5.78	12.22	6.51	8.49	7.84	10.81	3.75	9.00
Persons	18-24	5.13	1.78	2.73	5.19	3.75	4.01	1.72	3.53	4.64	3.15
	25-39	8.62	8.55	6.83	10.33	6.42	8.61	5.91	8.04	8.98	7.59
	40+	4.16	8.91	4.98	8.20	5.47	5.61	6.66	5.82	6.20	6.61

Source: NWPFO from DIR

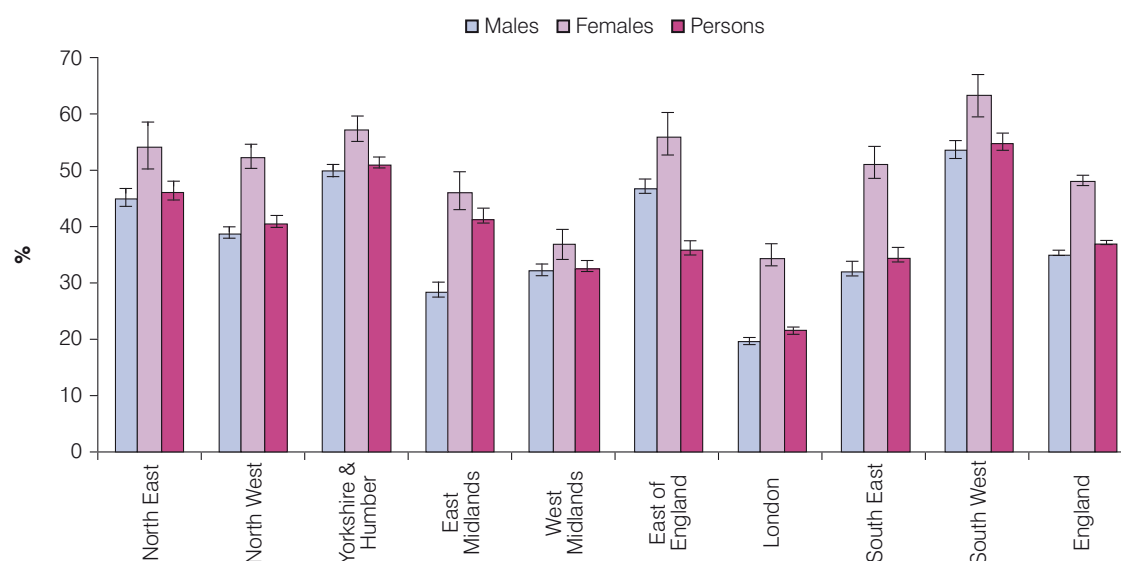
Percentage of individuals assessed by DIP who have injected

In 2005/06 individuals assessed in Yorkshire and The Humber (61.1%), the South West (58.9%) and North East (57.2%) were more likely to report having ever injected whilst those assessed in London were least likely (27.8%) (Table 99). The pattern was similar for 2006/07 (Figure 50). However, whilst in 2005/06 *lifetime* injecting was most common among individuals in Yorkshire and The Humber (61.1%), it was most common among individuals assessed in the South West in 2006/07 (55.8%). All regions saw a reduction in the proportion of individuals reporting having ever injected between 2005/06 and 2006/07.

In all regions in 2005/06 and 2006/07 females were more likely than males to report having injected in their lifetime (Table 99). Whilst for most regions there was a decrease in the proportion of both males and females reporting *lifetime* injecting between 2005/06 and 2006/07, there was some variation in this pattern. The East of England was a notable exception where a greater proportion of both males and females assessed in 2006/07 reported having ever injected than in 2005/06, with an increase in 10.6% of males reporting injecting and 2.3% increase in females injecting. Another exception was the South West where there was a slight increase in reported *lifetime* injecting among females between the two years (from 63.5% in 2005/06 to 64.5% in 2006/07) despite a reduction among males.

In the majority of regions *lifetime* injecting was most common among individuals aged 25-39 years old, this percentage ranged from 65.8% in the South West to 27.3% in London (Table 100). The only exception was in London where the prevalence of injecting was highest among individuals who were 40 years and over. The North West had a higher prevalence of *lifetime* injecting among individuals who were aged 40 and over than any other region (50.8%).

Figure 50: Percentage of individuals assessed by DIP who have ever injected, 2006/07.



Source: NWPFO from DIR

Table 99: Percentage of individuals assessed by DIP who have ever injected by gender, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	55.60	46.37	59.61	46.29	35.91	37.45	25.61	39.15	58.18	42.23
	2006/07	45.70	39.43	50.98	29.31	33.08	48.05	20.26	33.10	54.47	35.83
Females	2005/06	67.09	59.92	69.41	50.57	42.36	55.06	42.82	57.40	63.52	54.98
	2006/07	55.33	53.42	58.43	47.36	37.49	57.36	35.44	52.13	64.51	48.74
Persons	2005/06	57.19	48.37	61.13	46.85	36.87	39.41	27.78	41.56	58.88	43.98
	2006/07	47.11	41.45	52.22	42.22	33.69	36.78	22.17	35.62	55.75	37.60

Source: NWPFO from DIR

Table 100: Percentage of individuals assessed by DIP who have ever injected by gender and age, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	18-24	31.31	12.22	26.50	25.36	21.36	17.45	6.40	15.32	32.61	19.70
	25-39	57.60	51.74	64.81	51.48	41.26	43.74	25.30	43.75	65.52	49.91
	40+	31.44	51.03	47.65	39.29	28.68	36.07	26.69	33.53	48.94	38.55
Females	18-24	56.07	35.50	51.21	46.95	37.72	43.06	23.64	43.85	64.04	45.99
	25-39	59.88	60.40	64.68	55.31	39.35	63.43	39.34	59.28	67.80	58.17
	40+	29.03	49.37	44.51	34.44	28.40	41.51	35.76	43.24	50.00	42.17
Persons	18-24	34.84	14.58	30.59	27.85	23.66	20.58	8.00	19.21	37.16	22.99
	25-39	57.93	53.15	64.79	51.97	41.00	46.29	27.26	45.84	65.80	51.11
	40+	31.02	50.77	47.12	38.65	28.64	36.75	27.90	34.62	49.06	36.83

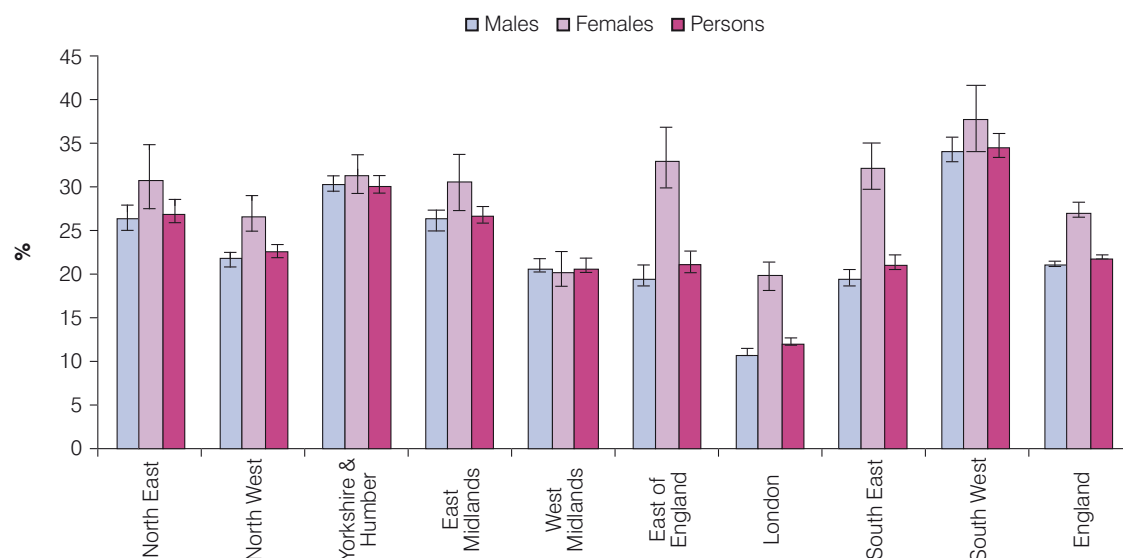
Source: NWPFO from DIR

In all regions current injecting (defined as injecting in the previous month) was less common among those assessed in 2006/07 than in 2005/06. As with *lifetime* injecting, current injecting was most prevalent among individuals assessed in Yorkshire and The Humber, the South West and the North East and least prevalent in London in 2005/06 and 2006/07 (Table 101). In 2006/07, current injecting ranged from 34.7% in the South West to 12.2% in London (Figure 51).

Generally, current injecting was more common in females assessed than males, rates of current injecting among females in 2006/07 ranged from 37.9% in the South West to 19.8% in London (Table 101). In the West Midlands in both 2005/06 and 2006/07 males were more likely to report current injecting than their female counterparts.

In all regions in 2006/07, current injecting was most commonly reported among 25-39 year olds (Table 102), with a range in rates from 40.8% in the South West to 15.6% in London. Among females in the North East, East Midlands, West Midlands and South West, injecting was most common in the 18-24 year old age range.

Figure 51: Percentage of individuals assessed by DIP who have injected in the previous month, 2006/07.



Source: NWPFO from DIR

Table 101: Percentage of individuals assessed by DIP who have injected in the previous month by gender, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	33.48	26.49	37.99	31.47	22.95	22.99	15.03	25.26	37.69	26.27
	2006/07	26.42	21.94	30.18	26.23	20.98	19.69	11.05	19.67	34.18	21.15
Females	2005/06	36.31	30.79	40.84	32.53	21.40	34.39	25.56	35.10	38.89	31.62
	2006/07	31.00	26.76	31.63	30.63	20.51	33.24	19.82	32.37	37.89	27.32
Persons	2005/06	33.87	27.12	38.43	31.60	22.72	24.26	16.36	26.56	37.85	27.01
	2006/07	27.09	22.64	30.42	26.78	20.91	21.40	12.15	21.35	34.65	21.99

Source: NWPFO from DIR

Table 102: Percentage of individuals assessed by DIP who have injected in the previous month by gender and age, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	18-24	20.36	7.66	16.86	16.81	14.45	10.11	3.80	9.56	22.52	12.68
	25-39	32.27	29.36	38.12	33.14	26.19	26.15	14.43	26.36	40.95	29.77
	40+	15.05	24.52	25.94	21.59	14.95	16.80	12.44	17.70	27.64	19.36
Females	18-24	36.45	23.50	32.10	33.97	24.36	27.31	13.74	28.46	39.90	29.57
	25-39	30.86	29.46	33.23	31.67	19.87	39.90	22.42	36.79	39.53	31.71
	40+	12.90	20.57	20.81	15.56	11.83	20.75	18.36	23.65	25.00	20.04
Persons	18-24	22.65	9.27	19.38	18.79	15.84	12.21	4.72	12.14	25.04	14.79
	25-39	32.07	29.38	37.30	32.95	25.34	27.93	15.55	27.77	40.78	30.05
	40+	14.68	23.90	25.07	20.79	14.46	17.30	13.22	18.37	27.36	18.34

Source: NWPFO from DIR

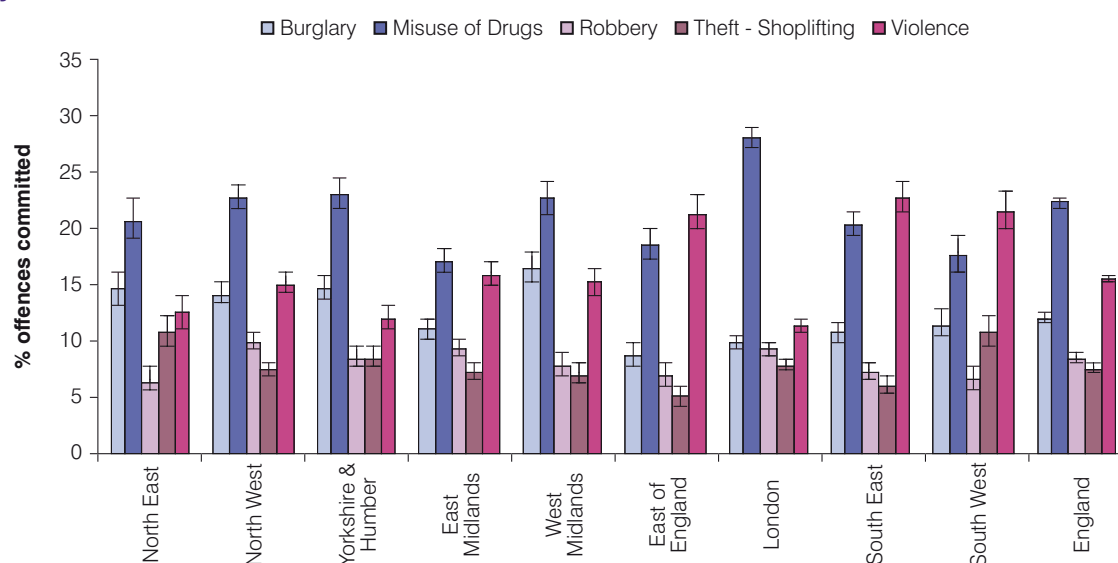
Percentage of key offences committed by problematic and non-problematic drug users assessed by DIP
The Misuse of Drugs Act (1971) is the main legislation covering drug categorisation and drug offences. The main offences covered within the Act are possession of a controlled substance, possession with intent to supply, supply or offering to supply a controlled substance, allowing your premises to be used for producing or supplying drugs and drug trafficking.

Problematic drug users (PDU) refer to those who stated on their DIR that heroin, crack cocaine or methadone was their main drug of use. Individuals who did not indicate that any of these drugs were the main drug of use were classed as non-problematic drug users. DIR records up to two offences for each assessment, therefore the analysis presented in this section is based on the total number of recorded offences committed by individuals assessed by DIP in each region.

Note: only five of the key offences committed by those assessed by DIP are shown in the figures and tables below¹¹.

Problematic drug users committed more burglary and shoplifting offences than non-problematic drug users (non-PDU) in all regions (Figure 52 and Figure 53). In England in 2006/07, 27.9% of all offences committed by PDU assessed by DIP were shoplifting compared to only 7.7% in their non-PDU counterparts (Table 103 and Table 104). Rates of robbery offences were marginally lower among PDU than non-PDU (6.5% compared with 8.6%). Non-PDU committed more Misuse of Drugs Act (1971) crimes and violent crimes in all regions compared with PDU. In 2006/07, in the East of England, South East and South West approximately one-fifth of all crimes committed by non-PDU were violent.

Figure 52: Percentage of key offences committed by non-problematic drug users assessed by DIP, 2006/07.



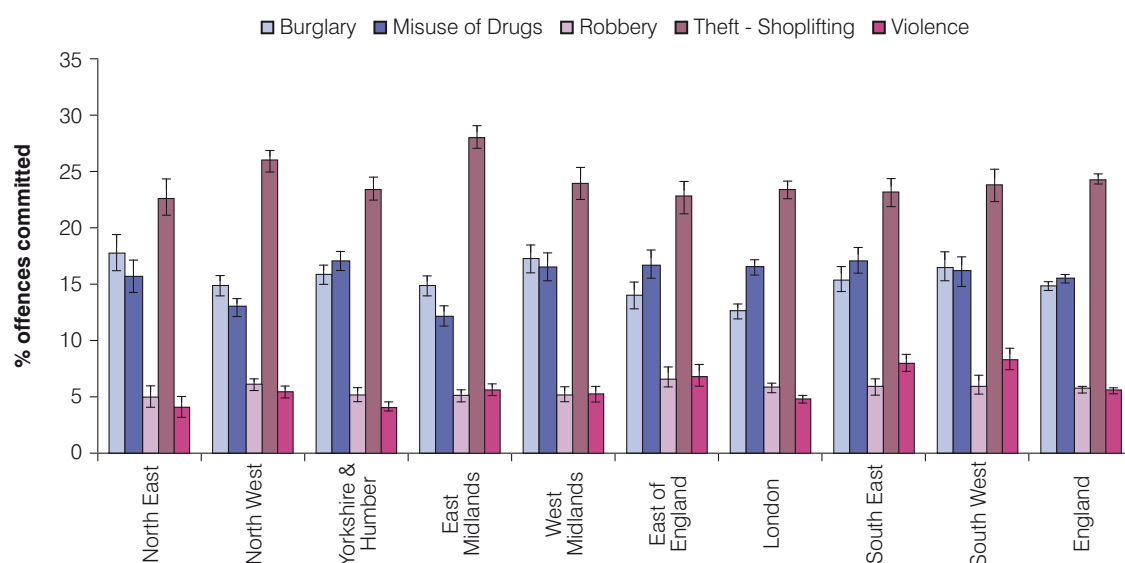
Source: NWPFO from DIR

¹¹ The 'key' offences were the most commonly committed recorded offences by both groups.

Table 103: Percentage of key offences committed by non-problematic drug users assessed by DIP, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Burglary	2005/06	15.58	13.45	15.43	10.99	15.25	10.33	10.60	11.77	12.38	12.63
	2006/07	14.63	14.28	14.85	11.02	16.40	8.68	10.06	10.79	11.55	12.17
Misuse of Drugs Act	2005/06	21.14	17.41	24.40	16.03	19.40	18.36	23.62	19.31	15.76	19.85
	2006/07	20.83	22.69	23.19	17.11	22.81	18.59	28.07	20.53	17.73	22.47
Robbery	2005/06	7.82	9.95	6.81	9.74	7.44	7.53	10.73	7.76	5.62	8.65
	2006/07	6.50	10.02	8.58	9.46	7.93	7.08	9.22	7.30	6.68	8.55
Theft - shoplifting	2005/06	11.12	9.10	11.23	8.66	10.18	5.31	7.42	8.16	10.69	8.87
	2006/07	10.76	7.52	8.54	7.28	7.08	5.19	7.81	6.02	10.92	7.66
Violence	2005/06	15.32	16.94	11.52	16.80	18.44	23.72	16.02	25.36	23.61	18.17
	2006/07	12.50	15.05	12.15	15.95	15.32	21.46	11.33	22.94	21.55	15.60

Source: NWPFO from DIR

Figure 53: Percentage of key offences committed by problematic drug users assessed by DIP, 2006/07.

Source: NWPFO from DIR

Table 104: Percentage of key offences committed by problematic drug users assessed by DIP, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Burglary	2005/06	21.47	17.55	18.93	17.45	19.44	16.18	15.87	19.63	21.76	18.14
	2006/07	20.34	17.01	18.14	16.96	19.66	15.99	14.45	17.66	18.92	17.06
Misuse of Drugs Act	2005/06	20.82	14.72	16.19	14.54	17.78	17.35	14.74	18.26	15.38	16.05
	2006/07	17.94	14.83	19.46	13.88	18.86	19.16	18.99	19.58	18.46	17.72
Robbery	2005/06	6.63	6.39	5.98	7.10	6.67	7.13	8.04	8.10	7.17	7.08
	2006/07	5.66	6.97	5.87	5.76	5.92	7.63	6.72	6.74	6.84	6.47
Theft - shoplifting	2005/06	24.06	31.14	31.04	28.98	30.79	24.74	27.98	27.28	29.30	28.89
	2006/07	25.95	29.73	26.88	32.07	27.38	26.02	26.83	26.49	27.20	27.91
Violence	2005/06	5.07	5.88	4.30	5.91	6.34	9.01	7.01	8.67	8.87	6.57
	2006/07	4.56	6.26	4.67	6.37	5.95	7.80	5.38	9.11	9.55	6.34

Source: NWPFO from DIR

5.2 Recorded drug offences

Rates of recorded drug offences per 100,000 population

In most regions there was a gradual increase in the rate of recorded drug offences between 2001/02 and 2004/05 (Table 105). In areas such as the North East, West Midlands and London the rate of offending fluctuated between 2001/02 and 2004/05, however, figures for 2004/05 were consistently higher than those for 2001/02. Across all four years examined rates of recorded drug offences were highest in London and lowest in the East of England. In 2004/05, the rate of drug offences was 459 per 100,000 population in London and 182 per 100,000 population in the East of England.

In 2005/06 changes were made to how the drug offences were categorised contributing to large increases in the number of offences recorded. However, the pattern of the highest rate of offences per 100,000 population in London and the lowest recorded in the East of England continued in this year.

Table 105: Rates of recorded drug offences per 100,000 population, 2001/02–2005/06.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
2001/02	279	214	210	176	236	144	362	186	194	224
2002/03	358	266	240	189	264	167	475	208	211	266
2003/04	318	266	241	204	272	177	450	210	222	265
2004/05	282	274	248	213	258	182	459	215	219	267
2005/06 ¹²	489	582	444	392	492	318	726	356	372	472

Source: ONS

¹² In 2005/06 the drugs offences were grouped with other offences, hence the large increase in rates of recorded drugs offences in this year.

5.3 Offender Assessment System

Background to OASys

The Offender Assessment System (OASys) was developed in 2003 by the National Probation Service and Prison Service to provide a standardised assessment of offenders which would provide a wide range of information to inform judgements on likelihood of re-offending and risk of serious harm.

A full OASys assessment should be completed in the community for all offenders designated Offender Management tier 2 and above, with the exception of those tier 2 cases in which there is a stand-alone unpaid work requirement. In the prison establishments, all those offenders serving a custodial sentence of at least 12 months should be assessed as well as all young adult offenders (between 18-21 years old) with a custodial sentence, regardless of length (Ministry of Justice, 2007).

OASys Inclusion Criteria

The full database of OASys assessments was filtered on predefined criteria for inclusion to ensure that only assessments related to drugs were included. The database of OASys assessments was filtered to include all assessments where the offender had been recorded as:

1. Disinhibited by drugs at the time the offence was committed (OASys question 2.10); or
2. Convicted for a drugs related offence¹³; or
3. Ever having misused drugs (OASys question 8.1).

Duplicate assessments were removed and one assessment per offender was selected for each financial year (the earliest assessment).

The total number of individuals assessed on OASys that met any one of the criteria described above is shown in Table 106 by region and gender. Analysis of individuals who met at least one of the OASys criteria is shown in Figure 54 to Table 111.

Table 106: Number of individuals assessed on OASys and met any one of the criteria for inclusion in each region, 2004/05-2006/07¹⁴.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2004/05	3220	5439	5599	3765	1744	1943	1893	3684	1711	28998
	2005/06	3879	7741	7050	5097	4890	3344	3939	5327	3016	44283
	2006/07	4221	9663	7921	5191	6251	3897	5911	6078	3783	52916
Females	2004/05	723	1118	1208	632	308	395	297	770	325	5776
	2005/06	799	1476	1311	825	801	629	501	980	537	7859
	2006/07	739	1586	1286	754	975	642	726	1008	582	8298
Persons	2004/05	3943	6558	6807	4398	2052	2338	2221	4455	2036	34808
	2005/06	4678	9217	8361	5924	5691	3973	4466	6308	3554	52172
	2006/07	4960	11249	9207	5947	7227	4539	6646	7086	4365	61226

Source: NWPFO from OASys

¹³ This criterion was wider than just Misuse of Drugs Act (1971) offences and also included trigger offences such as a burglary, shoplifting etc. Misuse of Drugs Act (1971) offences were identified within this criterion and where further analysis refers to Misuse of Drugs Act (1971) it only includes offences committed under the Act (i.e. Figure 54 and Tables 108 and 109).

¹⁴ Interpretation of Table 106 and 107 should be applied with caution. The number of offenders assessed on OASys with drug problems or for drug related offences increased significantly between 2004/05 and 2006/07 due to the increase in OASys assessors familiar with the process and as targets for OASys completion were set. Furthermore, the male and female totals do not add to the persons total as the persons figure includes individuals who had a missing gender.

The total number of individuals who were assessed on OASys and met criteria 3 for inclusion (ever having misused drugs) is shown in Table 107 by region and gender.

Table 107: Number of individuals assessed on OASys and met criteria 3 (ever having misused drugs) for inclusion in each region, 2004/05-2006/07¹⁵.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2004/05	1582	2604	2903	1932	884	806	942	1674	923	14250
	2005/06	1895	3551	3634	2622	2393	1401	2015	2393	1555	21459
	2006/07	1915	4399	3738	2514	2997	1593	2988	2739	1926	24809
Females	2004/05	373	600	707	353	177	184	164	411	161	3130
	2005/06	391	761	745	442	438	271	262	499	284	4093
	2006/07	375	820	696	401	507	274	410	519	312	4314
Persons	2004/05	1955	3204	3610	2285	1061	990	1106	2085	1084	17380
	2005/06	2286	4312	4379	3064	2831	1672	2277	2892	1839	25552
	2006/07	2290	5219	4434	2915	3504	1867	3398	3258	2238	29123

Source: NWPFO from OASys

Percentage of individuals who met the OASys criteria for inclusion and were convicted of a Misuse of Drugs Act (1971) offence

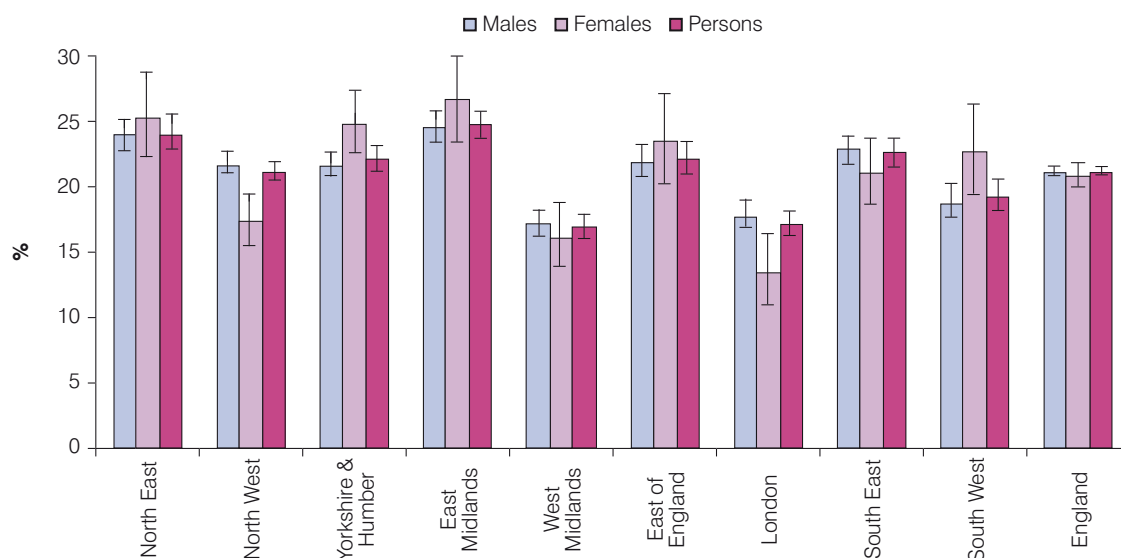
This indicator refers to the percentage of individuals who met any one of the criteria for inclusion and were convicted of a Misuse of Drugs Act (1971) offence. This is not a percentage of the overall number of offenders in each region but is a percentage of the totals detailed in Table 106. Interpretation of the figures should be considered carefully as this analysis refers to the index offence and does not account for other Misuse of Drugs Act (1971) offences sentenced for at the same time. Differences in the age profile should also be interpreted with caution as it may be that younger offenders were also committing Misuse of Drugs Act (1971) offences but had a shorter criminal history and therefore did not meet the criteria for OASys assessment.

In 2004/05 and 2005/06, offenders in the North East were most likely to have committed Misuse of Drugs Act (1971) offences when compared to the other regions, whilst individuals from the West Midlands were the least likely (Table 108). In 2006/07 the highest percentage of Misuse of Drugs Act (1971) offences were recorded in the East Midlands at 25.0% compared with 17.2% in the West Midlands. No consistent pattern emerged across regions as to whether males or females were more likely to have committed a Misuse of Drugs Act (1971) offence. In 2006/07 male offenders in the North West, West Midlands, London and the South East were more likely than their female counterparts to have been convicted of a Misuse of Drugs Act (1971) offence with this pattern reversed for the other regions (Figure 54).

In 2006/07, in the majority of regions offenders in the 40 and over age group were more likely than their younger counterparts to have been convicted of a Misuse of Drugs Act (1971) offence, this percentage ranged from 46.8% in the North East to 15.8% in London (Table 109). The exception to this was London where offenders aged 18-24 were found to be the mostly likely group (19.8%) to be convicted of this category of offences.

¹⁵ See Footnote 13 (above).

Figure 54: Percentage of individuals who met the OASys criteria for inclusion and were convicted of a Misuse of Drugs Act (1971) offence, 2006/07.



Source: NWPFO from OASys

Table 108: Percentage of individuals who met the OASys criteria for inclusion and were convicted of a Misuse of Drugs Act (1971) offence by gender, 2004/05-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2004/05	23.57	21.42	18.84	21.20	15.83	21.31	18.38	18.95	17.83	20.06
	2005/06	24.90	21.30	20.27	22.94	16.81	21.83	17.49	20.91	18.44	20.60
	2006/07	24.16	21.97	21.93	24.68	17.28	22.12	17.97	23.10	19.01	21.33
Females	2004/05	20.33	14.58	19.78	18.35	13.64	18.48	9.76	18.18	15.69	17.31
	2005/06	24.78	16.53	20.67	24.73	16.35	20.51	11.78	18.16	18.25	19.24
	2006/07	25.58	17.59	25.12	26.79	16.41	23.68	13.64	21.23	22.85	21.10
Persons	2004/05	22.98	20.25	19.01	20.78	15.50	20.83	17.20	18.81	17.49	19.60
	2005/06	24.88	20.54	20.33	23.19	16.75	21.62	16.84	20.48	18.40	20.40
	2006/07	24.38	21.35	22.37	24.95	17.17	22.34	17.48	22.83	19.52	21.30

Source: NWPFO from OASys

Table 109: Percentage of individuals who met the OASys criteria for inclusion and were convicted of a Misuse of Drugs Act (1971) offence by gender and age, 2006/07.

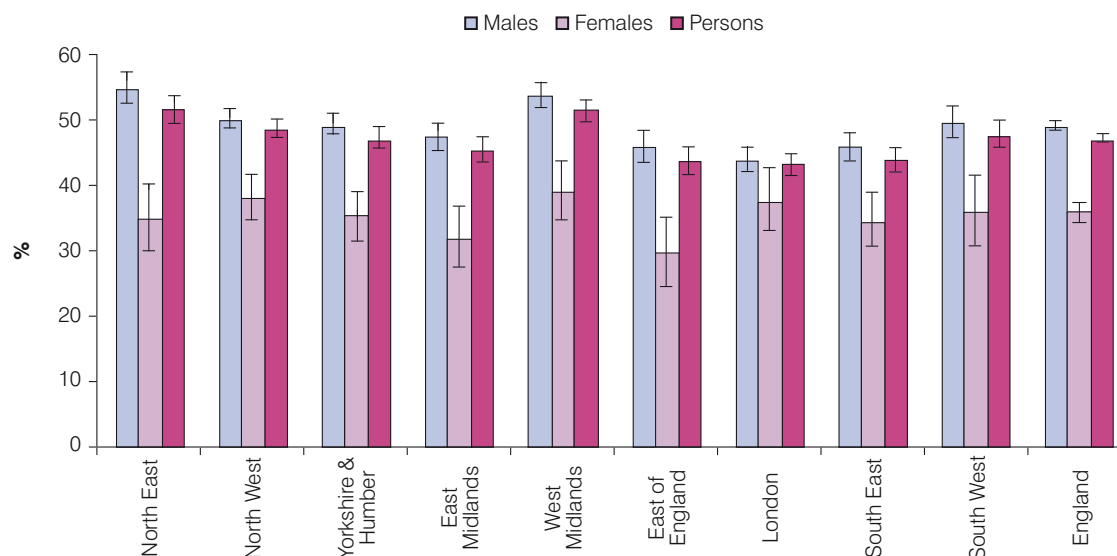
		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	18-24	14.69	19.39	17.89	18.48	13.10	16.81	20.18	17.31	14.74	17.23
	25-39	26.78	21.83	21.79	25.90	18.35	22.63	17.09	24.62	18.08	21.80
	40+	47.76	29.50	39.68	42.17	29.21	37.72	16.01	35.11	35.27	32.32
Females	18-24	18.72	13.49	17.70	17.03	12.07	14.65	15.34	16.91	23.04	16.22
	25-39	26.83	17.40	26.32	29.51	19.16	25.78	12.81	21.43	19.81	21.82
	40+	41.18	24.08	45.37	50.00	19.35	35.16	13.82	31.58	33.73	29.88
Persons	18-24	15.22	18.84	17.87	18.30	12.96	16.56	19.77	17.26	15.84	17.11
	25-39	26.79	21.11	22.46	26.39	18.48	23.12	16.55	24.14	18.30	21.81
	40+	46.76	28.60	40.46	43.11	27.76	37.29	15.77	34.58	35.03	31.96

Source: NWPFO from OASys

Percentage of individuals receiving an OASys assessment and have ever misused drugs who were assessed as *highly likely* to be reconvicted¹⁶

Whilst assessments of whether offenders were likely to be reconvicted were relatively similar in all regions, slightly higher proportions in the North East and West Midlands were judged to be highly likely to be reconvicted, whilst those in London were generally the least likely (Table 110). In 2006/07, the highest percentage of males assessed as highly likely to be reconvicted were in the North East (55.3%) and the highest percentage of females was in the West Midlands (39.6%) (Figure 55). In England overall, the lowest percentage of individuals assessed as highly likely to be reconvicted was the 18-24 year olds (Table 111).

Figure 55: Percentage of individuals receiving an OASys assessment and have ever misused drugs who are highly likely to be reconvicted, 2006/07.



Source: NWPPO from OASys

Table 110: Percentage of individuals receiving an OASys assessment and have ever misused drugs who are highly likely to be reconvicted by gender, 2004/05-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2004/05	48.67	47.73	43.82	45.65	53.28	48.26	38.75	45.10	49.51	46.34
	2005/06	52.45	49.34	48.71	46.95	53.49	45.90	45.61	46.34	49.45	48.78
	2006/07	55.30	50.88	49.87	47.85	54.22	46.58	44.38	46.18	50.21	49.53
Females	2004/05	34.32	34.83	32.81	32.29	41.24	30.43	40.24	31.14	28.57	33.61
	2005/06	32.48	35.48	35.57	31.45	37.21	32.84	37.79	32.26	32.75	34.35
	2006/07	35.47	38.66	35.78	32.42	39.64	29.93	38.05	34.87	36.22	36.21
Persons	2004/05	45.93	45.34	41.66	43.59	51.27	44.95	39.02	42.33	46.40	44.05
	2005/06	49.04	46.89	46.47	44.72	50.97	43.78	44.56	43.90	46.90	46.45
	2006/07	52.05	48.96	47.65	45.73	52.10	44.13	43.65	44.38	48.26	47.56

Source: NWPPO from OASys

¹⁶ The total from all scored questions in OASys is used to calculate an overall likelihood of reconviction which is grouped into three bands. A low likelihood of reconviction includes OASys scores between 0-40, a medium likelihood is scores from 41-99 and a high likelihood is scores from 100-168.

Table 111: Percentage of individuals receiving an OASys assessment and have ever misused drugs who are highly likely to be reconvicted by gender and age, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	18-24	57.05	44.22	49.53	46.56	52.54	42.70	37.60	43.06	45.52	46.63
	25-39	55.57	52.73	50.06	48.78	55.23	48.62	43.99	47.63	50.92	50.53
	40+	46.45	53.24	49.32	45.64	52.65	45.88	54.51	46.48	55.51	50.90
Females	18-24	36.51	39.10	37.00	30.08	39.60	40.68	37.04	43.31	31.00	37.36
	25-39	36.82	37.91	36.22	33.76	39.62	27.78	42.21	33.22	40.68	36.70
	40+	20.69	41.96	28.07	32.35	40.00	22.86	27.06	21.31	28.57	30.74
Persons	18-24	53.50	43.62	47.37	43.97	50.14	42.47	37.55	43.10	42.86	45.21
	25-39	52.58	50.19	47.98	46.83	53.26	45.27	43.80	45.36	49.65	48.50
	40+	42.39	51.51	45.89	44.00	50.88	42.36	51.00	42.79	51.91	48.01

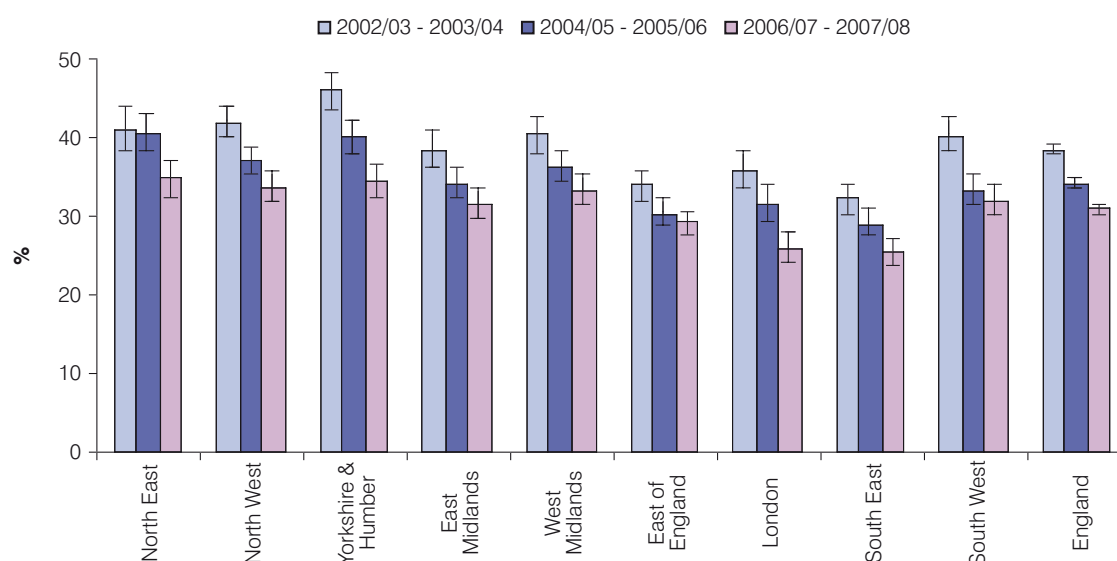
Source: NWPFO from OASys

5.4 Drugs as the main cause of crime

Percentage of adults who felt that drugs were the main cause of crime in Britain today

The percentage of adults who stated that drugs were the main cause of crime in Britain has steadily decreased nationally and in all regions between 2002/03-2003/04 and 2006/07-2007/08 (Table 112). Generally the proportions of adults who felt that drugs were the main cause of crime in Britain were similar across the regions (Figure 56). In 2002/03-2003/04 adults in Yorkshire and The Humber were most likely to feel that drug were the main cause of crime in Britain (46.1%) and those in the South East were least likely (32.3%). In 2004/05-2005/06 and 2006/07-2007/08 adults in the South East continued to be the least likely to feel that drugs were the main cause of crime (29.0% and 25.6% respectively). Those in the North East were most likely to think drugs were the main cause of crime in 2004/05-2005/06 and 2006/07-2007/08 at 40.6% and 34.8% respectively.

Figure 56: Percentage of adults stating that drugs are the main cause of crime in Britain, 2002/03-2003/04 - 2006/07-2007/08.



Source: NWPFO from British Crime Survey (unweighted)

Table 112: Percentage of adults stating that drugs are the main cause of crime in Britain, 2002/03-2003/04 – 2006/07-2007/08.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
2002/03-2003/04	41.22	42.04	46.11	38.44	40.46	34.04	35.80	32.29	40.34	38.64
2004/05-2005/06	40.60	37.24	40.08	34.35	36.52	30.37	31.66	29.01	33.45	34.36
2006/07-2007/08	34.83	33.68	34.60	31.50	33.09	29.21	25.87	25.58	31.90	31.00

Source: NWPFO from British Crime Survey (unweighted)

Data Issues

Drug Interventions Programme (DIP), 2005/06-2006/07

Information for monitoring the DIP is collected via Drug Interventions Records (DIR). DIP includes assessments completed in prison and the community with adults aged 18 and over (there is no upper age limit). The number of DIR assessments increased considerably between 2005/06 and 2006/07 due to the addition of more intensive (designated high crime) areas to the programme.

When viewing criminal justice data (including DIP data) the reader should consider the over-representation of males compared to the general population.

DIR allows for two offences to be reported. Analysis is based on a count of all offences recorded against the total number of individuals assessed on DIR in each region. As DIR only records two offences, when interpreting the findings the reader should note that there may be more offences that have not been reported on the DIR.

OASys Data, 2004/05-2006/07

The database of National Probation Service OASys assessments holds information on all individuals who receive an OASys assessment completed by a probation assessor in England. Filtering criteria was applied to the dataset to extract only information relating to drug users and those committing drug offences (see page 137 for more detail). OASys data from 2001/02 to 2003/04 was provided to NWPHO; however, the data was excluded from the analysis due to small sample sizes. Another significant limitation of the data is that only one assessment per offender was selected (the initial assessment in each financial year), it is possible that a later offence in the same year was for a misuse of drugs offence and therefore not recorded in the data provided to NWPHO.

OASys data should not be read as representative of the entire offending population and care should be taken in generalising the results. For example, if OASys is targeted at higher-risk offenders or offenders with certain offence types or sentence lengths, then the resulting risk/needs profiles will reflect only the risks and needs of these offenders. Analysis of 2006 data revealed that the risk/need levels of all those offenders commencing supervision were slightly lower than the risk/need levels of those for whom an assessment was completed.

Extra caution is also advised when interpreting the trends over time as the changes are affected by the number of assessors becoming more familiar with the OASys process and the targets set for OASys completion.

The reliability of the data is also dependent upon assessors using OASys consistently. Common definitions and interpretations need to be applied to ensure that risk/needs profiles from one probation area can be compared with those from another probation area. An inter-rater reliability study is currently being carried out with probation assessors.

British Crime Survey, 2002/03-2003/04, 2004/05-2005/06 and 2006/07-2007/08

The 2002/03 and 2003/04 datasets were combined, as well as the 2004/05 and 2005/06, and the 2006/07 and 2007/08 datasets in order to boost sample sizes. All responses with drugs selected as the main cause of crime were then analysed by region only. No further analysis by age or gender was conducted due to the small sample sizes.

Recorded Crime (ONS)

Recorded crime is the most readily available measure of crime, however, the figures do not necessarily indicate the true level of crime. Offences are not necessarily always reported to the police and many crimes do not have adequate evidence, therefore they may not be recorded (Phillipotts & Causer, 2006).

In 2005/06 the drugs offences were grouped with other offences, hence the large increase in rates of recorded drugs offences in this year. The 2005/06 figures have been included in Table 112 as they indicate that the regional trends of drug offences (although grouped with other crimes) continued in this year. At the time of writing 2005/06 rates were the most up to date figures available.

Indicator Definitions

Percentage of individuals assessed by DIP who used amphetamines in the previous month

The percentage of individuals assessed by DIP (aged 18 and over) in England who stated that they used amphetamines in the previous month, 2005/06 to 2006/07.

Percentage of individuals assessed by DIP who used benzodiazepines in the previous month

The percentage of individuals assessed by DIP (aged 18 and over) in England who stated that they used benzodiazepines in the previous month, 2005/06 to 2006/07.

Percentage of individuals assessed by DIP who used cannabis in the previous month

The percentage of individuals assessed by DIP (aged 18 and over) in England who stated that they used cannabis in the previous month, 2005/06 to 2006/07.

Percentage of individuals assessed by DIP who used cocaine in the previous month

The percentage of individuals assessed by DIP (aged 18 and over) in England who stated that they used cocaine in the previous month, 2005/06 to 2006/07.

Percentage of individuals assessed by DIP who used crack cocaine in the previous month

The percentage of individuals assessed by DIP (aged 18 and over) in England who stated that they used crack cocaine in the previous month, 2005/06 to 2006/07.

Percentage of individuals assessed by DIP who used ecstasy in the previous month

The percentage of individuals assessed by DIP (aged 18 and over) in England who stated that they used ecstasy in the previous month, 2005/06 to 2006/07.

Percentage of individuals assessed by DIP who used heroin in the previous month

The percentage of individuals assessed by DIP (aged 18 and over) in England who stated that they used heroin in the previous month, 2005/06 to 2006/07.

Percentage of individuals assessed by DIP who used methadone in the previous month

The percentage of individuals assessed by DIP (aged 18 and over) in England who stated that they used methadone in the previous month, 2005/06 to 2006/07.

Percentage of individuals assessed by DIP who have injected

The percentage of individuals assessed by DIP (aged 18 and over) in England who stated that they had injected (in their lifetime and in the previous month), 2005/06 to 2006/07.

Percentage of key offences committed by problematic and non-problematic drug users assessed by DIP

The percentage of key offences (burglary, Misuse of Drugs Act (1971), robbery, shoplifting, violence) committed by problematic drug users (opiate and/or crack cocaine users) and non-problematic drug users assessed by DIP (aged 18 and over) in England, 2005/06 and 2006/07.

Rates of recorded drug offences per 100,000 population

The rates of recorded crimes (broadly covering the more serious offences) recorded in England, 2001/02 to 2005/06.

Percentage of individuals who met the OASys criteria for inclusion convicted of a Misuse of Drugs Act (1971) offence

This is an estimate of the percentage of those who met the criteria for inclusion from OASys (disinhibited by drugs, committed a drugs offence, having ever misused drugs) and were convicted of an offence under the Misuse of Drugs Act (1971) (aged 18 and over), 2004/05 to 2006/07.

Percentage of individuals receiving an OASys assessment and have ever misused drugs who are highly likely to be reconvicted

This is an estimate of the percentage of those assessed by OASys and had ever misused drugs (aged 18 and over) who were scored as 'highly likely' to be reconvicted on their assessment, 2004/05 to 2006/07.

Percentage of adults who felt that drugs were the main cause of crime in Britain today

The British Crime Survey is conducted for the Home Office to gather information on levels of crime and public attitude to crime across England and Wales. This is an estimate of the percentage of adults (aged 18 and over) who reported drugs as the main cause of crime when presented with a pick-list of main causes.

The 2002/03 and 2003/04 datasets were combined, as well as the 2004/05 and 2005/06, and the 2006/07 and 2007/08 datasets. All responses with drugs selected as the main cause of crime were then analysed by region.

Box 5: Key Points - Crime

Drug Interventions Programme

Information for monitoring the Drug Interventions Programme (DIP) is collected via Drug Interventions Records (DIR). DIP includes assessments completed in prison and the community with adults aged 18 and over (there is no upper age limit). The following key points all refer to individuals assessed by DIP in 2005/06 and 2006/07.

- In 2006/07, males were more likely than females to report the use of amphetamines in the past month in all regions except the East of England where 6.3% of males compared with 7.2% of females reported use of amphetamines in the previous month.
- Generally in 2006/07, individuals aged between 18-24 years of age were most likely to report the use of amphetamines in the previous month. The percentage of this age group reporting previous month use of amphetamines ranged from 12.5% in the North East to 1.4% in London.
- In both 2005/06 and 2006/07, individuals from the South West were more likely than those from other regions to report use of benzodiazepines in the previous month (14.4% in 2005/06 and 12.6% in 2006/07).
- Females in the South East reported the highest rate of benzodiazepine use in both 2005/06 (21.7%) and 2006/07 (18.2%), whilst females in the East Midlands had the lowest rates of benzodiazepine use in both years (3.9% in 2005/06 and 5.5% in 2006/07).
- The proportions of individuals reporting the use of cannabis in the previous month were similar in both 2005/06 and 2006/07. In both years individuals from the South East were the most likely to report the use of cannabis (36.8% in 2005/06 and 34.9% in 2006/07) and those from Yorkshire and The Humber were least likely (23.8% in 2005/06 and 21.9% in 2006/07).
- In 2006/07, the highest levels of previous month cannabis use among males and females were found in the South East at 36.5% and 24.4% respectively.
- In 2006/07, individuals assessed in the North West were more likely to report the use of cocaine in the previous month than those in any other region (28.9%).
- The highest percentages of females reporting *last month* cocaine use were observed in the South East in 2005/06 and London in 2006/07 with percentages of 10.7% and 15.5% respectively.

- Crack cocaine use was more common among individuals assessed in London than among those from any other region in both 2005/06 and 2006/07 (48.9% in 2005/06 and 41.8% in 2006/07). The North East saw the lowest proportion of individuals reporting crack cocaine use in both years, 22.4% in 2005/06 and 18.7% in 2006/07.
- In most regions in 2006/07 crack cocaine use was most common among 25-39 year olds, this ranged from 48.4% in London to 21.4% in the North East. The exception to this was the North West where use of this drug was most prevalent among those aged over 40.
- In 2006/07, the highest levels of ecstasy use in the previous month were reported by males in the North East (9.2%) and females in the South East (5.1%).
- Ecstasy use was most prevalent among 18-24 year olds assessed in 2006/07, the percentage of 18-24 year olds who reported that they had used ecstasy in the previous month ranged from 16.6% in the North East to 7.1% in London.
- In both 2005/06 and 2006/07 individuals assessed in Yorkshire and The Humber were more likely to report the use of heroin than those from any other region, at 58.7% in 2005/06 and 53.2% in 2006/07.
- Individuals assessed in London were the least likely to report use of heroin in the previous month (41.8% in 2005/06 and 37.2% in 2006/07).
- In 2006/07 heroin use was most prevalent among 25-39 year old individuals in all regions, this ranged from 64.4% in Yorkshire and The Humber to 44.6% in London.
- Individuals using heroin in the North West had an older age profile than those from the other regions, with 58.5% aged 40 years and older compared to the England average of 43.7%.
- Use of illicit methadone in the previous month was most common among individuals assessed in the North East in 2005/06 (10.4%) and in the East Midlands in 2006/07 (8.3%).
- Most regions saw a decrease in use of illicit methadone in the previous month between 2005/06 and 2006/07, with the exception of the South West which saw a slight increase from 6.0% to 7.4% between 2005/06 and 2006/07.
- Illicit methadone use was more common among females than males in all regions in both 2005/06 and 2006/07. The highest rate of methadone use among females in both years was seen in the South East, 16.8% in 2005/06 and 14.7% in 2006/07.
- In 2006/07 illicit methadone use in almost all regions was most common among 25-39 year olds, this percentage varied among males from 5.4% in London to 9.6% in the East Midlands.
- In 2005/06 *lifetime* injecting was most common among individuals in Yorkshire and The Humber (61.1%) and among individuals assessed in the South West in 2006/07 (55.8%).
- Nationally *lifetime* and current (*last month*) injecting was most common among individuals between 25-39 years old, the highest percentages were seen in the South West (65.8% *lifetime* injecting and 40.8% current injecting) and the lowest percentages in London (27.3% *lifetime* injecting and 15.6% current injecting).
- Problematic drug users (PDU) committed more burglary and shoplifting offences than non-problematic drug users (non-PDU) in all regions.
- Non-PDU committed more Misuse of Drugs Act (1971) crimes and violent crimes in all regions compared with PDU. In the East of England, South East and South West approximately one-fifth of all crimes committed by non-PDU were violent.

Recorded Crime

In most regions there has been a gradual increase in the rate of recorded drug offences between 2001/02 and 2004/05. Across all five years examined rates of recorded drug offences were highest in London and lowest in the East of England.

OASys

The database of National Probation Service OASys assessments holds information on all individuals aged 18 and over who receive an OASys assessment completed by a probation assessor in England.

- In 2006/07 the highest percentage of Misuse of Drugs Act (1971) offences committed by those who received an OASys assessment were recorded in the East Midlands at 25.0% compared with 17.2% in the West Midlands.
- In 2006/07, in the majority of regions, offenders in the 40 and over age group were more likely than their younger counterparts to have been convicted of a Misuse of Drugs Act (1971) offence, this percentage ranged from 46.8% in the North East to 15.8% in London.
- In 2006/07, the highest percentage of males assessed as highly likely to be reconvicted were in the North East (55.3%) and the highest percentage of females was in the West Midlands (39.6%).

British Crime Survey

- In 2002/03-2003/04 adults in Yorkshire and The Humber (46.1%) were most likely to feel that drugs were the main cause of crime in Britain and those in the South East were least likely (32.3%).
- In 2004/05-2005/06 and 2006/07-2007/08 adults in the South East continued to be the least likely to feel that drugs were the main cause of crime (29.0% and 25.6% respectively).
- Those in the North East were most likely to think drugs were the main cause of crime in 2004/05-2005/06 and 2006/07-2007/08 at 40.6% and 34.8% respectively.

Structured Drug Treatment



6. Structured Drug Treatment

6.1 Structured (tier 3/4) drug treatment of the general population

Indicators

- Rate of individuals in contact with structured treatment services per 1,000 population;
- Percentage of individuals in contact with structured drug treatment stating heroin as a main problematic drug;
- Percentage of individuals in contact with structured drug treatment stating crack cocaine as a main problematic drug.

Rationale and Evidence

The use of treatment, and inducements to persuade problematic drug users into treatment, are a central part of UK drugs policy. The *Updated Drug Strategy* (Home Office, 2002a) aimed to increase the participation of problematic drug users (PDU) (defined as the use of opiates and/or crack cocaine) in drug treatment by 100% and to increase, year-on-year, the proportion of drug users successfully sustaining or completing treatment programmes. The new UK drug strategy, *Drugs: protecting families and communities – 2008-2018 strategy* (Home Office, 2008), also has particular focus on addressing unmet needs and barriers to treatment among vulnerable groups, drug users with children, targeted services for those with complex needs and drug misusing offenders. EMCDDA data indicate that the incidence of treatment demands (per 100,000 population) for drug use, among new clients (aged 15-64) in 2006, ranged from 123.5 per 100,000 population in the UK to 3.2 per 100,000 population in Turkey.

Drug treatments can be effective in reducing drug use and other associated problems. Outcome studies have concluded that drug treatment can result in improvements in personal health and social functioning, along with reduced public health risks (Gossop et al., 2003; Prendergast et al., 2002).

The National Drug Treatment Monitoring System (NDTMS) was established in April 2001 to collect data on all individuals in contact with structured drug treatment in England (i.e. high threshold tier 3 and 4 as defined by the Models of Care, NTA, 2002). NDTMS is the key resource for monitoring the number of individuals in contact with treatment, whilst also being the basis for examining the success of the UK drugs strategy.

Background

During 2006/07, there were 195,464 individuals in contact with structured drug treatment services (NTA, 2007). This was an increase of 10% on the number in contact with treatment in 2005/06, when the number was 177,055. There has been a 130% increase in the number in contact with treatment between 1998/99 and 2006/07. During 2005/06, routine reporting to the NDTMS, on which numbers in treatment are based, was extended to include structured young peoples drug services, leading to an increase of individuals recorded as being in treatment and affecting the profile of drug use of those in contact with treatment services.

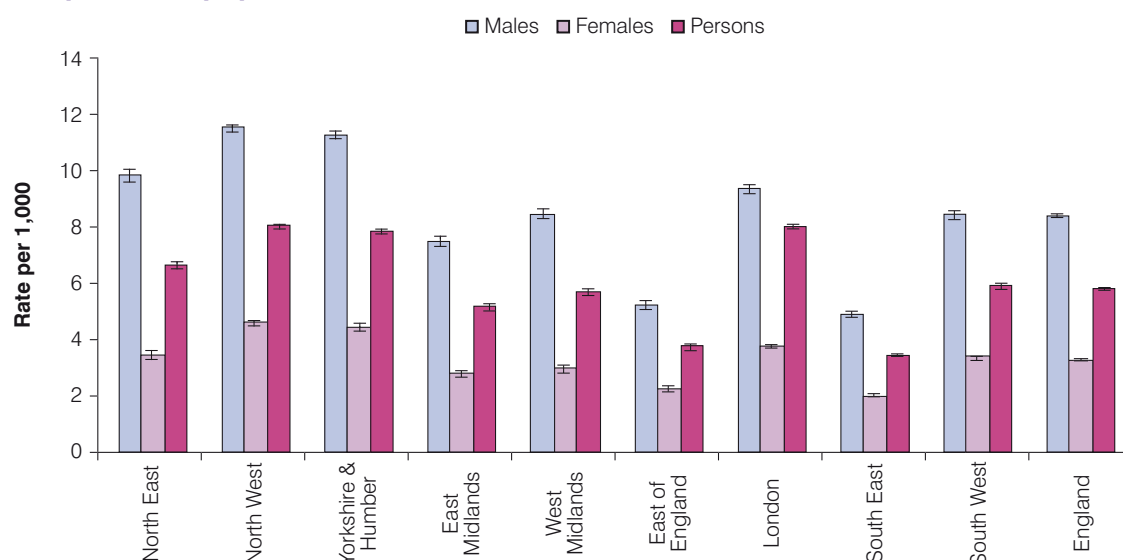
The majority of those in contact with treatment services in England in 2006/07, were primary opiate users (62.2%). In England as a whole, females in contact with structured drug treatment were significantly younger than males in contact with treatment ($p < 0.01$) (Figure 58).

Regional Commentary

Rate of individuals in contact with structured drug treatment services per 1,000 population

In 2006/07, the prevalence of treatment per 1,000 population varied across the regions (Figure 57). The North West had the highest prevalence of individuals in contact with treatment services (8.0 per 1,000 population), followed by London and Yorkshire and The Humber (8.0 and 7.8 per 1,000 population respectively) (Table 113). The East of England and the South East had the lowest rates of those in contact with treatment (3.7 and 3.4 per 1,000 population respectively). The North West and London had the highest numbers of those in contact with treatment services (n=36,478 and n=34,984 respectively) (Table 114). The North West and London combined accounted for over one third of the total treatment population in England. The gender ratio of those in contact with treatment services also varied dependent on region. The East of England and South East had lower rates of males in contact with structured treatment services compared with the other regions (5.2 and 4.9 per 1,000 population respectively). Those in contact with treatment in the North West, London, East of England and South West were, on average, older in comparison to the national average age (Figure 58 and Table 116).

Figure 57: Rate of individuals in contact with structured drug treatment services aged 15-64 per 1,000 population, 2006/07.



Source: NWPFO from National Drug Treatment Monitoring System (NDTMS)

Table 113: Rate of individuals in contact with structured drug treatment services aged 15-64 per 1,000 population, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	9.81	11.48	11.20	7.47	8.40	5.20	9.27	4.89	8.39	8.33
Females	3.44	4.57	4.42	2.78	2.96	2.26	3.76	1.99	3.35	3.27
Persons	6.59	7.99	7.80	5.13	5.68	3.73	7.96	3.44	5.86	5.78

Source: NWPFO from NDTMS

Table 114: Number of individuals in contact with structured drug treatment, 2006/07.

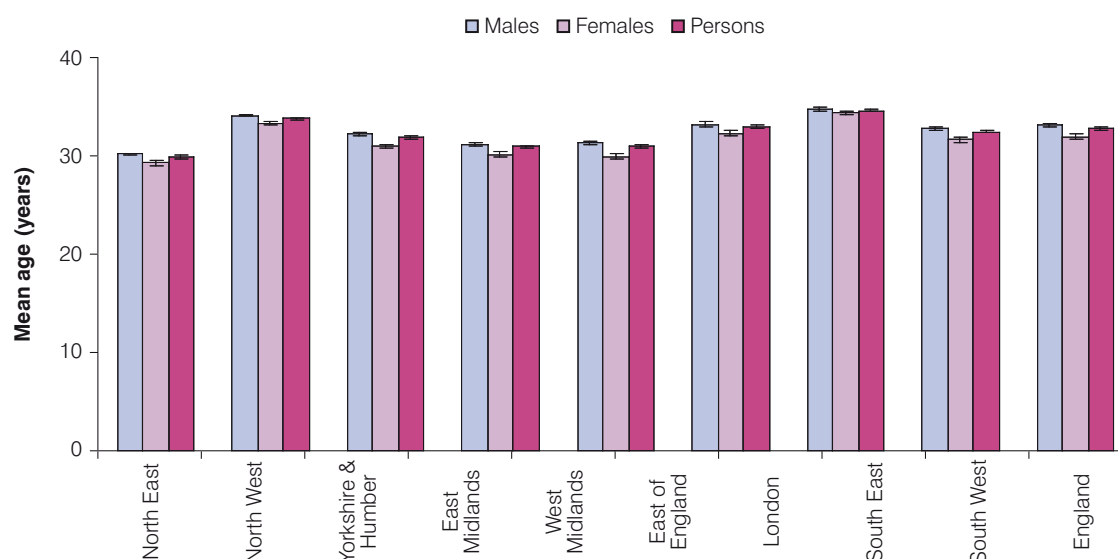
	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	8307	25961	18682	10707	14815	9422	24898	13230	13707	139729
Females	2972	10517	7443	3997	5230	4111	10086	5395	5521	55272
Persons	11279	36478	26125	14704	20045	13533	34984	18625	19228	195001

Source: NWPFO from NDTMS

Table 115: Number of individuals in contact with structured drug treatment by age and gender, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	<25	2066	4445	2883	2422	3342	1783	4743	2903	2485	27072
	25-39	5277	14594	12895	6634	9193	5470	12050	7180	8086	81379
	40+	964	6921	2902	1650	2278	2169	8102	3146	3133	31265
Females	<25	932	1870	1653	1170	1612	957	2049	1440	1329	13012
	25-39	1703	6291	4786	2264	2887	2291	4904	2830	3081	31037
	40+	332	2356	1001	563	729	863	3132	1123	1110	15479
Persons	<25	2998	6315	4536	3592	4954	2740	6792	4343	3814	40084
	25-39	6980	20885	17681	8898	12080	7761	16954	10010	11167	112416
	40+	1296	9277	3903	2213	3007	3032	11234	4269	4243	16744

Source: NWPFO from NDTMS

Figure 58: Mean age of individuals in contact with structured drug treatment by gender, 2006/07.

Source: NWPFO from NDTMS

Table 116: Mean age of individuals in contact with structured drug treatment by gender, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	30.32	34.25	32.40	31.36	31.45	33.39	34.91	32.98	33.30	33.10
Females	29.44	33.43	31.11	30.23	30.13	32.43	34.55	31.82	32.10	32.20
Persons	30.08	34.01	32.03	31.06	31.11	33.10	34.81	32.64	32.96	32.84

Source: NWPFO from NDTMS

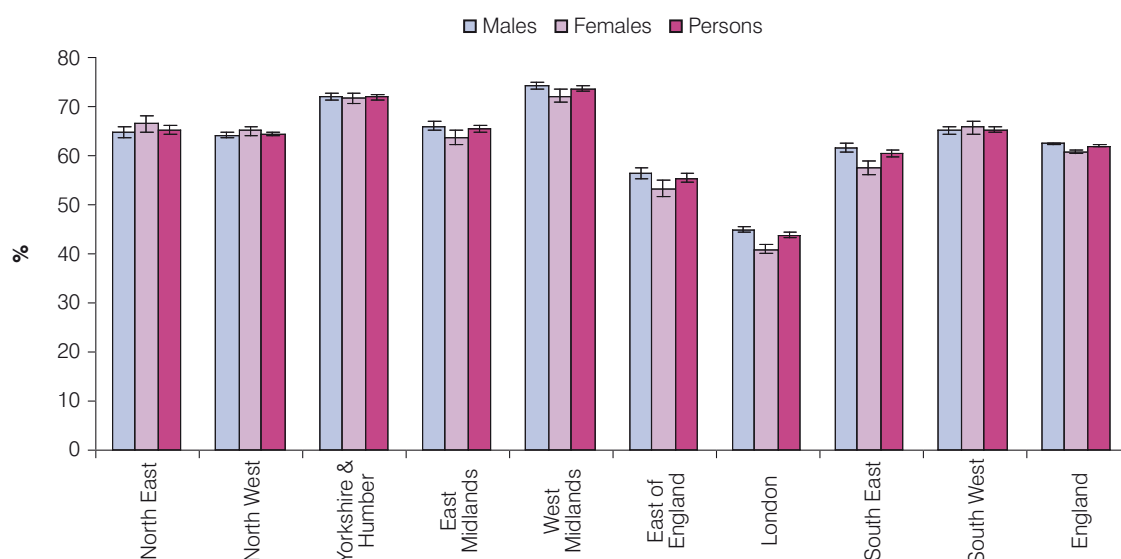
Percentage of individuals in contact with structured drug treatment stating heroin as a main problematic drug

There were differences at a regional level, in the proportion of those in treatment stating heroin as a main problematic drug (Figure 59). London had the lowest proportion of individuals stating heroin as a main problematic drug (44.0%), with the West Midlands and Yorkshire and The Humber having the highest levels (73.9% and 72.3% respectively) (Table 117).

Percentage of individuals in contact with structured drug treatment stating crack cocaine as a main problematic drug

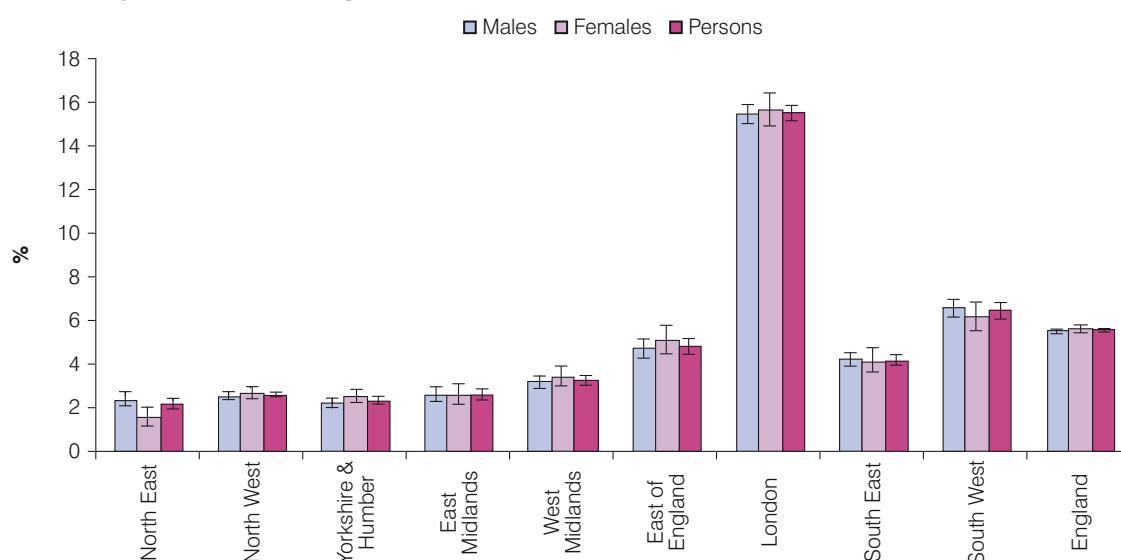
London had a substantial proportion of individuals in contact with treatment stating crack cocaine as their main problematic drug, compared with other regions (15.5%) (Figure 60). In comparison, in the North East, only 2.2% of the in-treatment population stated crack cocaine as their main problematic drug (Table 117). In London and the East of England, there were a relatively high percentage of individuals who stated cocaine as a main problematic drug (8.8% and 8.3% respectively) in comparison to other regions, such as Yorkshire and The Humber and the East Midlands (2.2% and 3.0% respectively).

Figure 59: Percentage of those in contact with treatment services who stated heroin as a main problematic drug, 2006/07.



Source: NWPFO from NDTMS

Figure 60: Percentage of those in contact with treatment services who stated crack cocaine as a main problematic drug, 2006/07.



Source: NWPFO from NDTMS

Table 117: Main problematic substance of those in contact with structured drug treatment by gender (percentage of regional total in contact with treatment), 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Heroin	65.09	64.42	72.40	66.26	74.44	56.56	45.11	61.89	65.35	62.66
Other opiates	7.84	7.14	8.82	9.24	4.19	6.26	10.09	7.03	3.43	7.35
Benzodiazepines	1.46	1.02	0.81	0.34	0.37	0.89	0.92	0.99	0.87	0.85
Amphetamines	3.77	3.35	3.08	3.98	1.77	2.65	0.71	2.45	3.85	2.67
Cocaine	4.76	7.06	2.55	3.28	3.76	8.67	9.21	6.56	5.04	5.91
Crack cocaine	2.41	2.55	2.23	2.63	3.21	4.74	15.49	4.21	6.59	5.56
Cannabis	12.76	13.30	8.35	13.37	11.36	17.44	17.01	15.28	12.78	13.47
Other drugs	1.92	1.17	1.77	0.91	0.91	2.79	1.45	1.60	2.10	1.54
Heroin	66.67	65.32	71.98	63.94	72.45	53.45	41.01	57.75	66.09	61.04
Other opiates	8.94	9.59	10.91	12.19	6.28	9.59	11.82	9.41	5.60	9.59
Benzodiazepines	1.93	1.63	1.12	1.03	0.54	1.90	2.88	2.75	1.54	1.77
Amphetamines	5.86	5.31	4.25	5.69	2.81	4.10	1.30	3.90	4.92	4.01
Cocaine	3.08	4.48	1.46	2.41	3.27	7.36	7.79	6.24	3.29	4.58
Crack cocaine	1.56	2.70	2.54	2.61	3.43	5.09	15.68	4.17	6.15	5.63
Cannabis	9.79	9.07	5.90	10.53	9.88	14.55	16.70	13.65	9.45	11.11
Other drugs	2.17	1.89	1.83	1.60	1.34	3.95	2.82	2.13	2.95	2.27
Heroin	65.50	64.68	72.28	65.63	73.92	55.62	43.96	60.69	65.56	62.20
Other opiates	8.13	7.85	9.42	10.04	4.73	7.27	10.58	7.72	4.05	7.98
Benzodiazepines	1.58	1.19	0.90	0.52	0.41	1.20	1.47	1.50	1.06	1.11
Amphetamines	4.32	3.92	3.41	4.45	2.04	3.09	0.88	2.87	4.15	3.05
Cocaine	4.32	6.31	2.24	3.04	3.63	8.27	8.81	6.47	4.54	5.54
Crack cocaine	2.19	2.59	2.32	2.62	3.26	4.85	15.54	4.20	6.46	5.58
Cannabis	11.98	12.08	7.65	12.60	10.97	16.57	16.92	14.81	11.84	12.81
Other drugs	1.98	1.38	1.78	1.10	1.02	3.14	1.83	1.75	2.34	1.74

Source: NWPFO from NDTMS

London also had the highest prevalence of individuals from ethnic groups, other than 'White British', per 1,000 population in contact with structured treatment. Individuals from ethnic groups other than 'White British', were significantly more likely to state crack cocaine as a main problematic drug in comparison to those who stated their ethnicity as 'White British' ($\chi^2=5,049.28$, $p<0.001$) (Table 118). This may also be a reflection of the treatment provision in the various regions as there may be more stimulant services in these areas.

Table 118: Prevalence of those in contact with drug treatment services by ethnicity per 1,000 population, 2006/07.

Ethnicity	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
White British	10.06	11.70	10.48	7.21	7.84	4.81	8.42	4.64	7.97	7.94
White Irish	4.42	7.02	7.99	4.19	11.83	3.93	11.52	2.98	8.66	8.12
White Other	3.90	5.33	4.18	6.70	4.69	2.77	8.18	2.64	6.82	5.83
White & Black Caribbean	14.38	17.05	18.97	20.11	29.19	14.11	34.17	13.00	37.67	24.73
White & Black African	4.52	8.54	16.31	12.63	21.07	9.94	14.28	4.42	15.07	12.11
White & Asian	11.91	6.53	12.26	5.60	13.00	7.11	4.42	3.01	7.27	6.56
Other mixed	11.36	18.01	13.09	21.85	15.96	8.27	22.12	7.56	17.93	16.53
Indian	1.50	1.58	3.35	2.59	4.99	1.59	3.95	1.63	2.67	3.30
Pakistani	2.46	4.49	8.51	5.35	8.67	6.28	5.24	5.89	4.23	6.45
Bangladeshi	4.35	10.55	6.22	5.39	10.54	10.90	11.34	1.60	7.20	9.72
Other Asian	17.08	11.39	18.99	12.45	14.63	6.53	10.24	4.62	7.26	10.57
Caribbean	3.88	11.43	13.04	13.10	14.41	6.48	16.77	7.03	28.20	14.65
African	0.23	3.59	3.46	2.10	4.98	1.99	5.49	1.67	5.32	4.42
Other Black	15.00	48.36	48.40	61.23	13.40	16.99	71.52	25.79	44.81	52.01
Chinese	0.48	0.87	0.24	0.29	0.08	0.15	1.20	0.35	0.10	0.60
Other	6.29	16.94	16.75	13.05	10.05	8.62	17.17	5.53	5.12	13.14
White British	3.58	4.77	4.39	2.80	2.99	2.21	4.14	1.97	3.27	3.31
White Irish	1.49	2.91	3.29	1.92	4.18	1.08	4.74	0.97	3.31	3.15
White Other	0.49	2.68	1.26	1.51	0.99	0.82	2.94	0.70	1.74	1.90
White & Black Caribbean	4.77	8.60	10.16	7.47	11.86	4.47	15.26	4.46	12.09	10.42
White & Black African	1.26	5.25	7.44	5.42	6.48	1.60	5.73	1.29	7.50	4.81
White & Asian	1.10	2.54	3.19	1.58	5.66	2.94	1.63	1.47	2.08	2.31
Other mixed	2.36	6.49	5.72	8.81	9.68	6.70	11.17	3.56	8.64	8.14
Indian	0.33	0.22	0.33	0.24	0.54	0.24	1.00	0.23	0.15	0.59
Pakistani	0.52	0.35	0.25	0.25	0.62	0.49	1.92	0.30	0.42	0.72
Bangladeshi	0.41	0.31	0.99	0.00	1.04	0.38	1.22	0.57	1.30	0.94
Other Asian	0.98	1.29	1.76	1.33	1.24	1.45	2.55	0.81	1.14	1.87
Caribbean	1.10	2.77	3.37	2.73	2.90	1.35	3.92	1.36	3.90	3.30
African	0.00	1.17	0.51	1.15	1.67	0.55	1.66	0.09	1.87	1.33
Other Black	10.99	21.96	8.34	14.89	3.77	5.82	17.80	5.43	9.95	13.85
Chinese	0.00	0.13	0.00	0.00	0.08	0.07	0.44	0.04	0.00	0.17
Other	0.60	3.57	2.02	2.84	1.49	1.43	4.45	1.37	1.49	2.92
White British	6.78	8.20	7.42	5.01	5.42	3.51	6.33	3.31	5.62	5.62
White Irish	2.96	4.94	5.64	3.05	8.02	2.44	8.08	1.94	5.93	5.59
White Other	2.19	4.01	2.75	4.04	2.79	1.76	5.47	1.57	4.08	3.78
White & Black Caribbean	9.72	12.72	14.42	13.62	20.18	9.20	24.16	8.64	24.85	17.33
White & Black African	2.98	6.87	12.20	9.15	14.25	5.78	9.93	2.85	11.50	8.48
White & Asian	6.79	4.54	7.89	3.63	9.45	5.01	3.07	2.25	4.70	4.48
Other mixed	7.09	12.29	9.49	15.16	12.77	7.45	16.50	5.45	13.09	12.23
Indian	0.94	0.92	1.88	1.40	2.76	0.91	2.48	0.92	1.41	1.92
Pakistani	1.51	2.44	4.40	2.88	4.68	3.45	3.64	3.14	2.41	3.64
Bangladeshi	2.43	5.42	3.63	2.74	5.75	5.76	6.24	1.10	4.52	5.34
Other Asian	10.67	7.15	11.97	7.51	8.80	4.19	6.80	2.94	4.55	6.74
Caribbean	2.57	7.05	8.18	7.81	8.27	3.83	9.50	4.07	15.92	8.47
African	0.14	2.52	2.18	1.66	3.47	1.26	3.55	0.88	3.64	2.90
Other Black	13.19	34.78	28.17	37.97	8.18	11.69	42.20	15.52	27.29	31.87
Chinese	0.24	0.51	0.13	0.15	0.08	0.11	0.81	0.19	0.05	0.38
Other	3.53	10.47	9.61	7.63	5.80	4.55	10.55	3.19	3.09	7.77

Source: NWPFO from NDTMS

Table 119: Main problematic drug of those stated as 'White British' in contact with treatment (percentage of regional total in contact with treatment stated as 'White British'), 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Heroin	65.56	64.53	72.51	66.45	75.50	54.64	46.42	60.13	66.86	63.98
Other opiates	7.92	7.83	9.31	10.22	4.60	7.04	11.74	8.08	4.01	7.93
Benzodiazepines	1.58	1.22	0.96	0.48	0.45	1.20	1.86	1.59	1.05	1.16
Amphetamines	4.42	4.02	3.65	4.76	2.32	3.29	1.15	3.11	4.26	3.43
Cocaine	4.34	6.48	2.16	2.79	3.52	8.85	10.80	6.53	4.42	5.58
Crack cocaine	2.16	2.47	2.10	2.08	2.69	4.45	11.55	3.96	5.20	4.04
Cannabis	12.01	12.07	7.56	12.08	9.81	17.27	14.94	14.86	11.82	12.16
Other drugs	2.01	1.39	1.76	1.14	1.11	3.27	1.54	1.72	2.37	1.73

Source: NWPFO from NDTMS

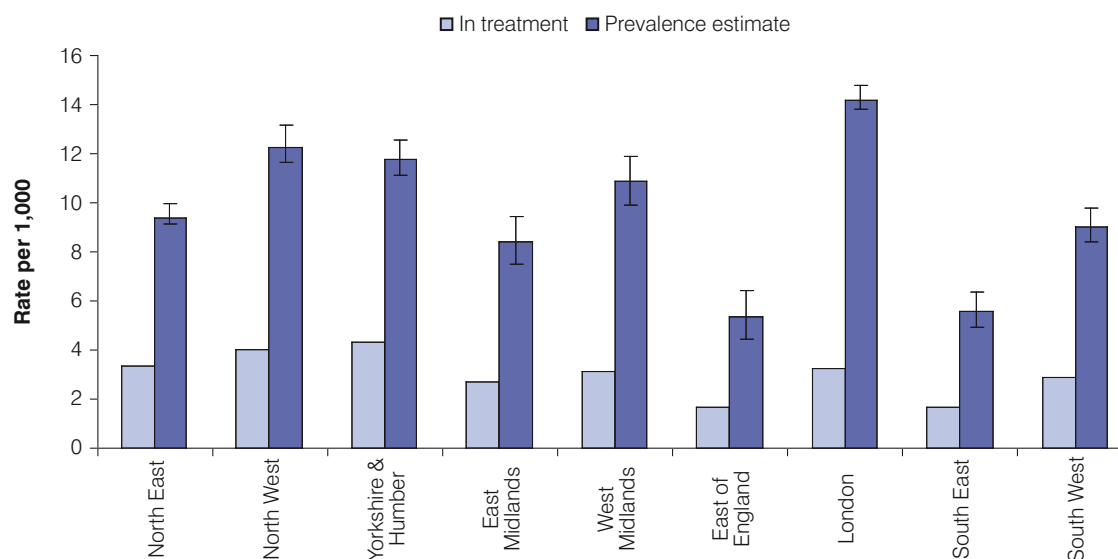
Table 120: Main problematic drug of ethnic groups other than 'White British' in contact with treatment (percentage of regional total in contact with treatment stated as ethnic groups other than 'White British'), 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Heroin	60.84	65.73	68.65	57.12	67.38	60.61	40.78	61.19	51.66	51.21
Other opiates	16.43	7.85	8.80	8.98	5.37	7.52	9.07	6.58	3.75	8.13
Benzodiazepines	1.40	0.83	0.75	0.73	0.29	0.70	0.99	0.95	0.65	0.84
Amphetamines	1.05	2.06	1.45	2.05	0.67	1.41	0.51	1.70	2.31	0.99
Cocaine	3.50	4.91	2.68	4.89	4.50	5.40	6.34	5.77	5.27	5.54
Crack cocaine	3.50	4.61	5.48	7.30	6.45	9.40	20.57	7.80	21.65	14.73
Cannabis	12.59	12.86	10.25	18.26	14.73	13.47	19.51	14.79	12.34	16.80
Other drugs	0.70	1.13	1.93	0.66	0.61	1.49	2.22	1.22	2.38	1.76

Source: NWPFO from NDTMS

The NDTMS records the primary problematic drug of individuals in contact with drug treatment services, along with secondary and tertiary problematic substances. The number of PDU in contact with treatment can be established by a count of those stating opiates and/or crack cocaine as either a primary, secondary or tertiary drug. The number in treatment stating opiates and/or crack cocaine in contact with structured drug treatment, revealed that some regions had a higher penetration level of PDU in treatment in comparison to others (Figure 61). Yorkshire & The Humber had the highest penetration rate of opiate and/or crack cocaine users in contact with treatment (54.9%) (Table 122). London had the lowest penetration rate at 32.6% of the estimated opiate and/or crack cocaine users in the region in contact with structured drug treatment services.

Figure 61: Estimated rate of problematic drug users and rate of those in contact with treatment stating opiates and/or crack cocaine as a problematic drug per 1,000 population, 2006/07.



Source: NWPFO from NDTMS and Hay et al., 2008b

Table 121: Estimated rate of problematic drug users and rate of those in contact with treatment stating opiates and/or crack cocaine as a problematic drug per 1,000 population, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Rate per 1,000 in treatment	5.13	6.11	6.61	4.14	4.75	2.60	5.64	2.58	4.49	4.46
Rate of PDU per 1,000 population	9.36	12.28	11.76	8.45	10.90	5.38	14.20	5.61	9.02	9.76

Source: NWPFO from NDTMS and Hay et al., 2008b

Table 122: Estimates of number of problematic drug users and actual number in contact with treatment stating opiates and/or crack cocaine as a problematic drug, 2006/07.

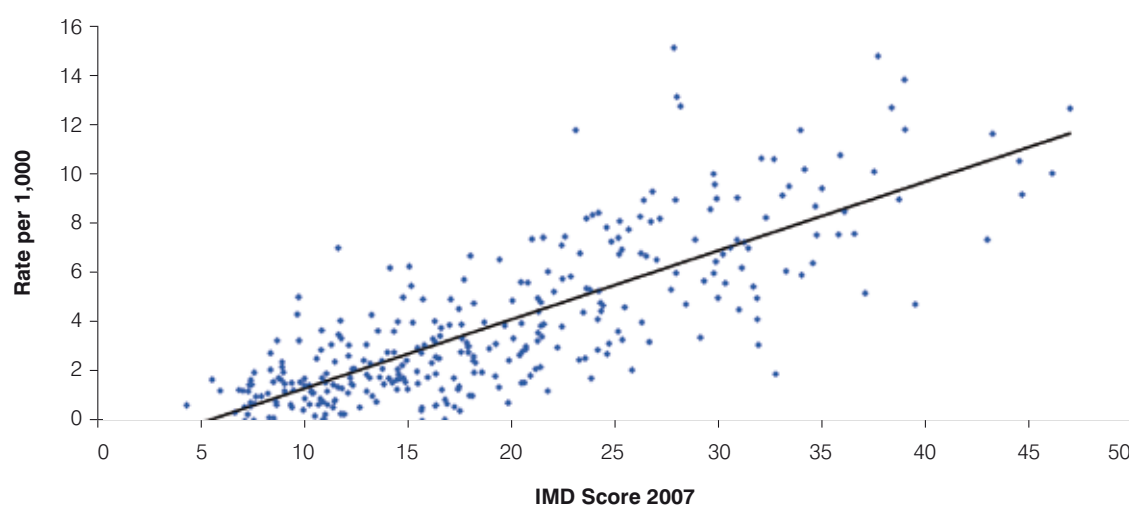
	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Number PDU in treatment	8652	27483	21996	11741	16623	9370	24373	13751	14594	148583
% PDU in treatment	54.68	49.52	54.89	48.01	43.48	47.50	32.57	45.37	48.92	45.19
Prevalence estimate number of PDU	15823	55495	40070	24456	38235	19726	74822	30309	29831	328767

Source: NWPFO from NDTMS and Hay et al., 2008b

Sub-regional Inequalities

At local authority level, England as a whole showed a significant positive association between the number of individuals in contact with structured drug treatment services per 1,000 population and deprivation ($r=0.80$, $p<0.01$) (Scatterplot 2). All regions separately also showed a positive association between numbers in treatment and deprivation.

Scatterplot 2: Prevalence of individuals in contact with structured drug treatment aged 15-64 by local authority of residence (2006/07) and Index of Multiple Deprivation (2007).



Source: NWPFO from NDTMS and Communities and Local Government (Index of Multiple Deprivation, 2007)

Data Issues

NDTMS

The National Drug Treatment Monitoring System (NDTMS) was introduced in April 2001 to collect data on all clients in contact with structured treatment services (i.e. high threshold tier 3 and 4 services as defined by the Models of Care, see National Treatment Agency [NTA, 2002]). NDTMS figures are used as a key source for monitoring the number of people in contact with drug treatment services.

The NTA supplied the NDTMS 2006/07 dataset, which was independently analysed by the authors. Government Office Region (GOR) of residence was derived from either the individuals Drug (and Alcohol) Action Team (D(A)AT) or local authority (LA) of residence. A small number of fields had neither D(A)AT or LA of residence information and, therefore, could not be attributed to a region. For this reason, the number of those in contact with drug treatment stated in this report does not directly match those reported by the NTA.

The age of those in contact with treatment was supplied directly from the NTA and was calculated as age at midpoint in the 2006/07 year (i.e. on 30/09/2006). There were 2,936 records, with region information, that did not have main problematic drug information. For this reason, the number of individuals with a main problematic drug and the number of individuals in contact with treatment by region do not match. Trend analysis of several years' data was not possible as only 2006/07 data were provided.

Indicator Definitions

Prevalence levels of those in contact with structured treatment services per 1,000 population, 2006/07

The number of people in contact with structured (tier 3/4 as defined by the Models of Care) drug treatment during a specified time period. The indicator is expressed as a directly standardised rate (DSR) from 100,000 resident population. Population denominators were mid-year estimates from the Office for National Statistics.

Percentage of individuals in contact with structured drug treatment stating heroin as a main problematic drug

The proportion of those with a stated main problematic drug, in contact with structured (tier 3/4 as defined by the Models of Care) drug treatment during a specified time period, who stated heroin as their primary problematic drug. This primary problematic drug is defined as the main drug that brought the individual into treatment.

Percentage of individuals in contact with structured drug treatment stating crack cocaine as a main problematic drug

The proportion of those with a stated main problematic drug, in contact with structured (tier 3/4 as defined by the Models of Care) drug treatment during a specified time period, who stated crack cocaine as their primary problematic drug. This primary problematic drug is defined as the main drug that caused the individual to seek treatment.

6.2 Drug treatment of offending population

Indicators

- Percentage of offenders assessed by DIP who were currently in contact with structured drug treatment services;
- Percentage of offenders assessed by DIP who have previously been in contact with structured drug treatment services within the last two years.

Rationale and Evidence

For rationale and evidence, please refer to the Crime chapter in this report.

Background

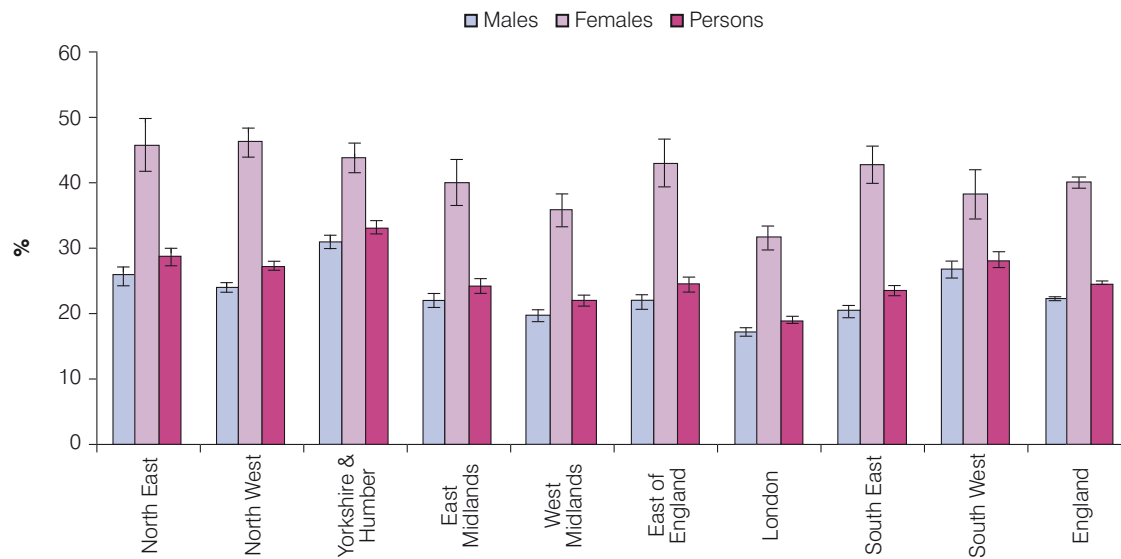
There has been an increase in the number of individuals assessed by the Drug Interventions Programme (DIP) using the Drug Intervention Record (DIR), who are currently, or who have been, in treatment in the last two years, between 2005/06 and 2006/07. In April 2006, drug testing in custody suites changed from taking place on charge to taking place at arrest therefore increasing the numbers of offenders drug tested. As a positive drug test is the main trigger for contact in intensive DIP areas, this also increased the number of individuals assessed by the DIP teams in the community. This change in policy resulted in more individuals being assessed by DIP and, therefore, the number being seen who are in treatment. Throughout England in 2006/07, there were a greater proportion of females assessed by DIP who were, or had been, in contact with treatment services in comparison to males. However, in England as a whole, there were a greater number of males in contact with treatment in comparison to females.

Regional Commentary

Percentage of offenders assessed by the Drug Interventions Programme (DIP) who were currently in contact with structured drug treatment services

In all regions in 2006/07, females assessed were more likely to be in contact with treatment than their male counterparts (Figure 62). In both 2005/06 and 2006/07, individuals assessed in London were less likely than their counterparts in other regions to be in treatment, whilst those in Yorkshire and The Humber were most likely (Table 123). The majority of regions saw an increase in the proportion of individuals assessed who were already in treatment between 2005/06 and 2006/07, except the West Midlands where a slight decrease was observed. In 2006/07 in all regions, individuals aged 25-39 were the most likely age group to be in treatment at the time of their assessment (Table 124).

Figure 62: Percentage of offenders assessed by DIP who were currently in contact with structured drug treatment services by gender, 2006/07.



Source: NWPFO from DIR

Table 123: Percentage of offenders assessed by DIP who are currently in contact with structured drug treatment services by gender, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	25.56	22.99	28.01	20.27	19.58	19.64	16.64	19.93	24.65	21.29
	2006/07	25.88	24.05	31.09	21.97	19.82	21.99	17.25	20.55	26.77	22.33
Females	2005/06	45.44	40.74	37.42	28.84	39.34	40.08	29.51	39.48	48.15	37.40
	2006/07	45.83	46.42	43.95	40.10	35.97	43.06	31.76	42.84	38.35	40.09
Persons	2005/06	28.32	25.61	29.47	21.38	22.51	21.91	18.26	22.51	27.77	23.50
	2006/07	28.80	27.28	33.24	24.21	22.05	24.66	19.07	23.50	28.25	24.76

Source: NWPFO from DIR

Table 124: Percentage of offenders assessed by DIP who are currently in contact with structured drug treatment services by age, 2006/07.

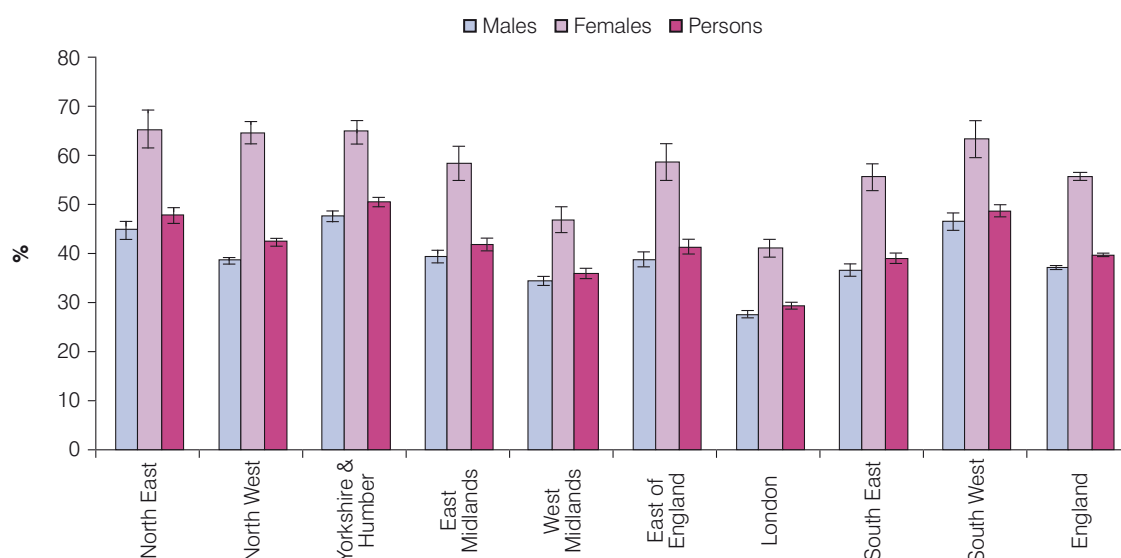
	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
18-24	24.56	10.77	16.79	20.72	24.46	18.89	11.27	18.13	16.38	16.57
25-39	69.35	69.26	73.16	67.57	65.07	64.60	63.46	66.51	70.14	67.75
40+	6.10	19.97	10.05	11.71	10.47	16.51	25.27	15.36	13.47	15.68

Source: NWPFO from DIR

Percentage of offenders assessed by DIP who have previously been in contact with structured drug treatment services within the last two years

As for current treatment, females assessed were more likely than their male counterparts to have been in treatment in the past two years in all regions (Figure 63 and Table 125). This was also the case for both 2005/06 and 2006/07. Whilst the proportions of individuals assessed, that had been in treatment in the previous two years, increased between 2005/06 and 2006/07 in Yorkshire and The Humber, the East Midlands and the West Midlands, it decreased in the other regions. In both 2005/06 and 2006/07, individuals assessed in London were less likely than those in other regions to report having been in treatment in the past two years. In 2005/06, individuals in the North East were the most likely (51.0%), whilst in 2006/07 it was those assessed in Yorkshire and The Humber (50.7%). In 2006/07, individuals aged between 25-39 years were more likely than those in other age groups to report having been in drug treatment in the previous two years (Table 126).

Figure 63: Percentage of offenders assessed by DIP who have been in contact with structured drug treatment services in the previous two years by gender, 2006/07.



Source: NWPFO from DIR

Table 125: Percentage of offenders assessed by DIP who have been in contact with structured drug treatment services in the previous two years by gender, 2005/06-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2005/06	47.88	41.89	45.75	39.26	33.03	39.22	31.20	40.42	47.35	39.14
	2006/07	45.04	38.76	47.84	39.58	34.45	39.03	27.86	36.74	46.74	37.39
Females	2005/06	70.28	67.68	65.84	51.84	45.30	63.08	44.05	59.06	67.78	57.54
	2006/07	65.50	64.89	64.94	58.67	47.12	58.91	41.42	55.79	63.46	55.86
Persons	2005/06	50.99	45.69	48.87	40.89	34.85	41.87	32.82	42.88	50.06	41.66
	2006/07	48.04	42.52	50.72	41.95	36.20	41.55	29.56	39.26	48.86	39.92

Source: NWPFO from DIR

Table 126: Percentage of offenders assessed by DIP who have been in contact with structured drug treatment services in the previous two years by age, 2006/07.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
18-24	27.16	12.36	19.02	23.81	27.94	22.12	15.32	21.85	19.30	19.65
25-39	66.35	69.88	71.54	66.09	63.30	63.76	61.86	65.26	68.34	66.47
40+	6.50	17.77	9.44	10.22	8.76	14.12	22.82	12.89	12.37	13.87

Source: NWPFO from DIR

Data Issues

For more detail on data issues relating to the Drug Interventions Programme data see the Crime chapter Data Issues section.

Indicator Definitions

Percentage of offenders assessed by DIP who were currently in contact with structured drug treatment services

The percentage of those assessed by DIP (aged 18 and over) in England who reported that they were currently receiving structured drug treatment, 2005/06 to 2006/07.

Percentage of offenders assessed by DIP who have previously been in contact with structured drug treatment services within the last two years

The percentage of those assessed by DIP (aged 18 and over) in England who reported that they had received structured drug treatment in the previous two years, 2005/06 to 2006/07.

Box 6: Key Points – Structured Drug Treatment

National Drug Treatment Monitoring System

The National Drug Treatment Monitoring System (NDTMS) collects monitoring data on all individuals in contact with structured drug treatment in England. NDTMS is the key resource for monitoring the number of individuals in contact with treatment, whilst also being the basis for examining the success of the UK drug strategy.

- The North West had the highest rate and number of individuals in contact with structured drug treatment during 2006/07. The North West and London regions combined accounted for over a third of the treatment population in England.
- The rate of individuals in contact with treatment per 1,000 population was above the England average in five regions: The North East, North West, Yorkshire and The Humber, London and the South West.
- The mean age of those in treatment ranged from 34.8 in London to 30.1 years in the North East.
- There were differences at a regional level, in the proportion of those in treatment stating heroin as a main problematic drug. The West Midlands and Yorkshire and The Humber had the highest percentage of those stating heroin as the main problematic drug (73.9% and 72.3% respectively). In contrast, in London only 44.0% stated heroin as a main problematic drug.
- London had a substantial proportion of individuals in contact with treatment who stated crack cocaine as their main problematic drug (15.5%). In the North East, only 2.2% stated this drug as their main problematic substance.
- The penetration level of opiate and/or crack cocaine users in contact with treatment varied according to region. In London, only 32.6% of the estimated number of opiate and/or crack cocaine users in the area were in contact with treatment. In contrast, 54.9% of the estimated number in Yorkshire and The Humber were in contact with structured treatment services.
- At a local authority level, England as a whole, along with all Government Office Regions, showed a positive association with deprivation and the rate of individuals in contact with structured drug treatment.

Drug Interventions Programme

Information for monitoring the Drug Interventions Programme (DIP) is collected via Drug Interventions Records (DIR). DIP includes assessments completed in prison and the community with adults aged 18 and over (there is no upper age limit). The following key points all refer to individuals assessed by DIP in 2005/06 and 2006/07.

- In England as a whole, females assessed by DIP were more likely to currently be in contact with structured drug treatment, or have been in treatment in the previous two years, in comparison to males.
- In both 2005/06 and 2006/07, individuals assessed by DIP in London were less likely than their counterparts in other regions to be in treatment, whilst those in Yorkshire and The Humber were the most likely.

Health and Social Consequences



7. Health and Social Consequences

7.1 Hospital admission

Indicator

- Rate of hospital admission attributed to psychoactive substances per 100,000 population.

Rationale and Evidence

Hospital admission data provide an indication of the burden that psychoactive substance use places on health services in England. The following chapter concentrates on those admitted to hospital, who had psychoactive substance use identified as a factor contributing to admission, not those treated for psychoactive substance use. While psychoactive substance use was not necessarily the main factor precipitating these episodes in hospital, it is known to have contributed to admission and this reflects the fact that substance use is associated with a range of serious health conditions, including hepatitis C and cardiovascular pathologies (Beynon & McVeigh, 2007). In some instances, drug use will not be identified when an individual is admitted to hospital and so the true burden on health services is likely to be greater than reported here. Furthermore, in this analysis each individual is only reported once per year but it is conceivable that some psychoactive substance users would be admitted to hospital more frequently than once per annum.

For the purpose of this report, an episode was associated with psychoactive substance use if any of the International Classification of Disease codes (ICD version 10) listed in Appendix 2 were reported in hospital episode statistics.

Background

These data show that there is an increasing number of psychoactive substance users reported in hospital admission data each year. This increase has been proportionally greater for females; between 2001/02 and 2006/07, there has been a 31.6% increase in the number of male substance users reportedly admitted to hospital and a 41.5% increase in the number of reported admissions for substance-using females. Females consistently constitute just over a third of all substance-related hospital admissions but the proportion of females has slightly but significantly increased in recent years. While females accounted for 37.2% of substance-related admissions in 2001/02, they accounted for 39.7% in 2006/07 (χ^2 trend=30.91, d.f.=1, $p<0.001$). Table 129 shows that in 2006/07, substance users aged between 25-39 years constituted the largest proportion of hospital admissions for both males and females.

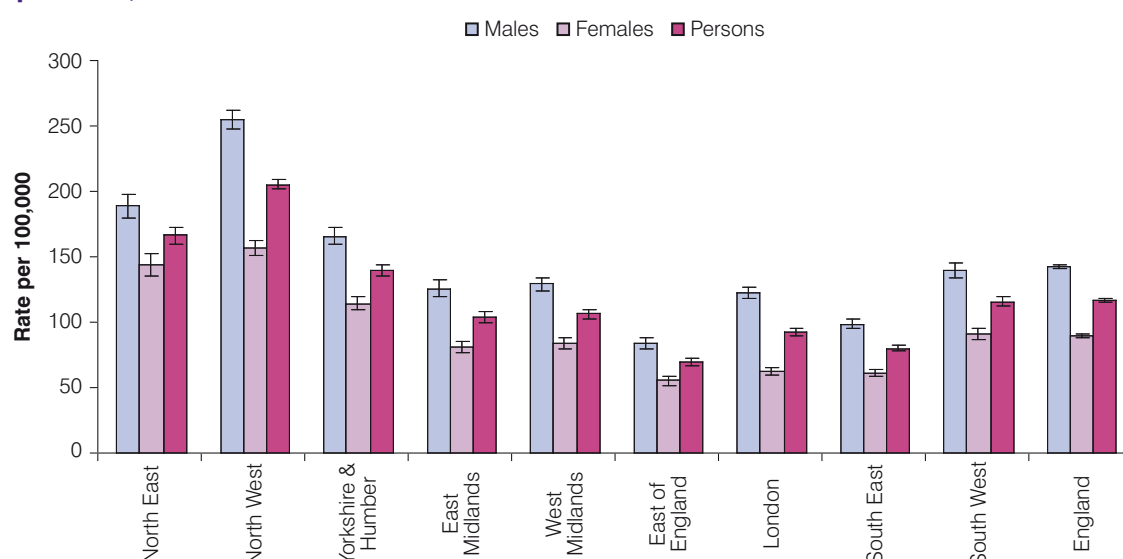
Either, this increase in the number of substance users reported in hospital episode data is a true increase in the number of substance-related admissions or, these results could indicate that, substance use is reported with increasing precision and the burden of substance use is reflected more accurately. It is highly likely that a combination of both factors has influenced the increase. The burden of chronic conditions is likely to increase in future years. In particular, hospital admissions for hepatitis C-related conditions (for example cirrhosis, end stage liver disease, hepatocellular carcinoma) are likely to increase considerably in forthcoming years, as the population of drug users in the UK is ageing (Beynon, McVeigh & Roe, 2007), resulting in significant costs to the NHS.

Regional Commentary

Rate of hospital admission attributed to psychoactive substances per 100,000 population

In all regions, the rate of hospital admissions attributed to psychoactive substances has increased overall between 2001/02 and 2006/07 (Table 127). Figure 64 shows considerable variation in the rate of psychoactive substance users admitted to hospital in 2006/07. Between 2001/02 and 2006/07, the North West consistently had the greatest rate of drug-related hospital admissions, the rate for East of England was consistently the lowest between 2002/03 and 2006/07 (Table 127). In addition to the North West, two regions had rates of hospital admission that were higher than the England average in 2006/07; North East and Yorkshire and The Humber, indicating that rates of hospital admissions in this year were higher in the northerly regions. Across all regions and in all years, the rate of admission among males was higher than that recorded for females (Table 127). The rate and number of admissions for males in London was double the rate of their female counterparts in 2006/07 (Table 127 & Table 128).

Figure 64: Rate of hospital admission attributed to psychoactive substances per 100,000 population, 2006/07.



Source: NPHO from Hospital Episode Statistics

Table 127: Rate of hospital admission attributed to psychoactive substances per 100,000 population, 2001/02-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2001/02	143.18	188.53	148.09	102.47	91.60	70.77	82.41	69.53	113.13	108.66
	2002/03	130.97	189.12	159.05	113.82	88.33	71.79	95.20	75.84	113.66	113.00
	2003/04	150.58	223.13	166.83	121.25	106.66	77.37	101.82	84.45	124.42	126.02
	2004/05	159.29	231.43	163.19	116.59	110.51	80.16	117.61	95.10	135.05	132.82
	2005/06	176.76	248.18	172.31	127.95	120.10	82.36	125.31	100.09	141.51	141.68
	2006/07	189.47	255.49	166.02	126.41	129.57	83.85	122.91	99.19	140.54	143.05
Females	2001/02	90.51	111.59	83.51	61.53	56.91	42.48	42.09	41.76	66.89	63.83
	2002/03	97.80	114.02	91.89	64.05	58.64	44.40	46.49	45.67	67.46	67.34
	2003/04	105.37	131.55	97.67	72.13	71.65	47.90	51.79	50.57	76.10	75.59
	2004/05	117.15	137.18	100.31	77.97	74.19	51.98	56.86	60.16	82.16	81.31
	2005/06	128.60	157.17	107.74	81.42	83.82	56.84	61.37	63.73	91.74	89.33
	2006/07	144.03	157.14	114.35	81.62	83.98	55.27	62.30	61.67	91.41	90.34
Persons	2001/02	116.55	149.68	115.59	82.03	74.33	56.62	62.20	55.63	89.93	86.18
	2002/03	114.20	151.25	125.24	88.96	73.49	58.09	70.90	60.74	90.50	90.12
	2003/04	127.77	176.99	132.01	71.21	89.15	62.63	76.92	67.52	100.20	97.78
	2004/05	137.98	184.05	131.64	97.30	92.35	66.01	87.34	77.94	108.59	107.07
	2005/06	152.44	202.43	140.01	104.75	101.99	69.59	93.42	82.01	116.59	115.50
	2006/07	166.61	206.43	140.26	104.11	106.80	69.52	92.72	80.36	115.96	116.72

Source: NPHO from Hospital Episode Statistics

Table 128: Number of hospital admissions attributed to psychoactive substances (persons aged 15-64), 2001/02-2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2001/02	1171	4097	2374	1402	1565	1236	2079	1813	1772	17509
	2002/03	1075	4131	2571	1572	1515	1263	2435	1985	1794	18341
	2003/04	1238	4914	2721	1694	1839	1372	2614	2227	1984	20603
	2004/05	1313	5139	2701	1648	1915	1429	3039	2519	2180	21883
	2005/06	1469	5546	2900	1834	2098	1489	3275	2672	2313	23596
	2006/07	1591	5752	2837	1838	2276	1533	3246	2666	2321	24060
Females	2001/02	757	2473	1356	839	971	743	1067	1090	1055	10351
	2002/03	821	2534	1506	883	1006	782	1184	1197	1073	10986
	2003/04	887	2942	1615	1005	1236	853	1320	1334	1220	12412
	2004/05	988	3080	1672	1100	1285	935	1459	1599	1328	13446
	2005/06	1090	3551	1815	1161	1460	1033	1596	1714	1503	14923
	2006/07	1224	3564	1943	1177	1471	1015	1637	1677	1515	15223
Persons	2001/02	1928	6570	3730	2241	2538	1979	3146	2903	2827	27862
	2002/03	1896	6665	4077	2455	2521	2045	3619	3182	2868	29328
	2003/04	2126	7856	4336	2699	3075	2226	3935	3562	3204	33019
	2004/05	2301	8219	4373	2748	3200	2364	4498	4136	3508	35347
	2005/06	2559	9097	4715	2995	3558	2523	4871	4395	3816	38529
	2006/07	2815	9329	4780	3015	3747	2548	4885	4345	3837	39301

Source: NWPFO from Hospital Episode Statistics

Table 129: Number of hospital admissions attributed to psychoactive substances by gender and age, 2006/07.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	15-24	401	1071	574	401	519	327	516	604	435	4848
	25-39	873	3105	1710	1033	1284	763	1623	1330	1272	12993
	40-64	317	1576	553	404	473	443	1107	732	614	6219
Females	15-24	405	862	599	359	540	266	361	532	472	4396
	25-39	544	1849	972	543	676	488	840	730	645	7287
	40-64	275	853	372	275	255	261	436	415	398	3540
Persons	15-24	806	1935	1173	760	1059	593	877	1136	908	9247
	25-39	1417	4961	2682	1576	1960	1251	2465	2062	1917	20291
	40-64	592	2433	925	679	728	704	1543	1147	1012	9763

Source: NWPFO from Hospital Episode Statistics

Sub-regional Inequalities

Admission rates for drug-specific conditions for both males and females show a strong positive association with deprivation. Figure 65 illustrates the relationships between geodemographic classifications and age standardised rates for drug related hospital admissions (see Appendix 3 for more detail). In England as a whole, 'Disadvantaged Households' and 'Urban Challenge' areas had particularly high rates of admission, which is reflected in all regions. The most deprived lifestyle group 'Urban Challenge', who are typically unemployed, low income and smokers, have over 17 times greater drug-related hospital admissions than the most affluent group, 'Mature Oaks'. Whilst for most groups the rate of drug-related hospital admission was in line with the level of deprivation experienced in their group; the rate of admission for 'Multicultural Centres' was lower compared to groups with lower levels of deprivation, namely 'Urban Producers' and 'New Starters'. Regionally, the highest rates of admission were found in 'Urban Challenge' areas of the North West and South West (712.0 and 677.7 per 100,000 population respectively) (Table 130).

Figure 65: Rate of hospital admission attributed to psychoactive substances per 100,000 population (aged 15-64) by geodemographic classification, 2006/07.

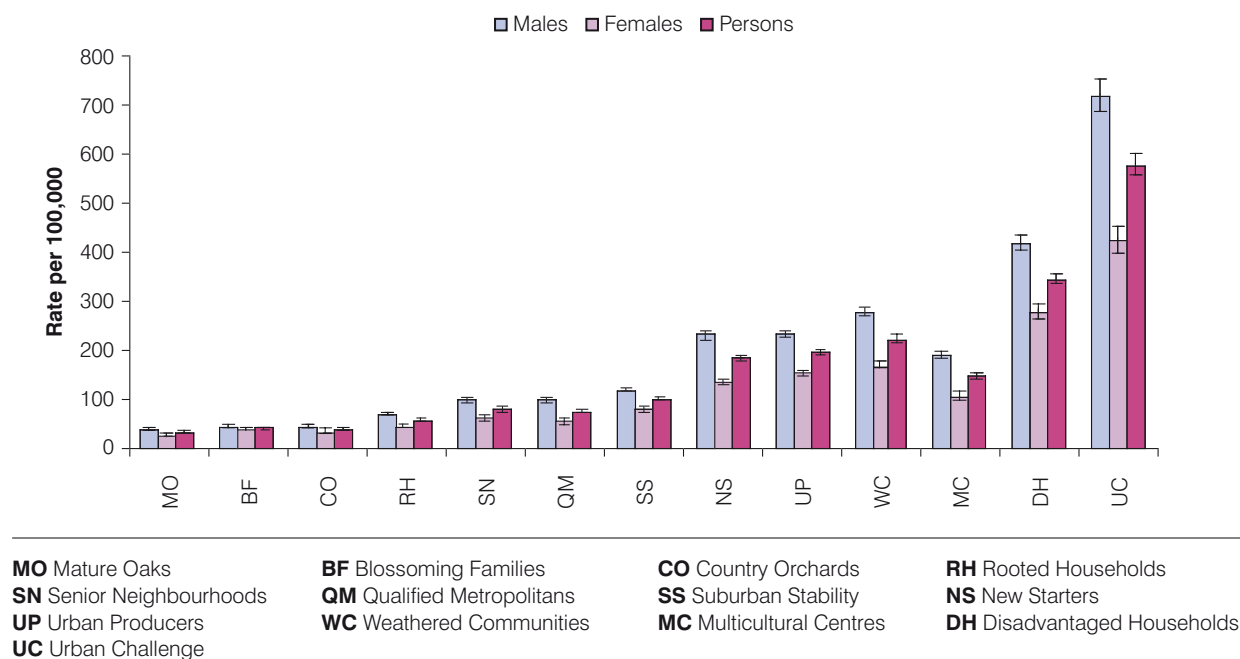


Table 130: Rate of hospital admission attributed to psychoactive substances per 100,000 population (aged 15-64) by geodemographic classification, 2006/07.

		MO	BF	CO	RH	SN	QM	SS	NS	UP	WC	MC	DH	UC
Males	NE	37.19	42.75	25.46	72.34	60.29	86.29	114.08	232.74	242.18	249.79	406.47	435.10	567.29
	NW	50.54	60.96	58.10	95.58	111.35	148.00	157.48	337.04	343.70	440.42	373.04	616.37	896.50
	YH	36.08	48.00	39.40	59.81	78.58	55.02	110.32	180.78	236.84	299.99	246.59	395.54	626.43
	EM	32.02	47.66	38.88	59.30	121.49	83.56	117.14	238.14	204.26	265.48	210.06	308.31	623.77
	WM	36.87	29.83	41.65	62.56	85.92	110.23	99.97	200.95	195.64	200.96	179.46	305.70	476.65
	EE	38.88	34.05	39.11	57.83	92.82	63.33	85.45	206.20	167.02	172.67	174.89	255.20	659.60
	L	33.76	76.74	41.80	71.50	85.64	97.05	109.41	176.80	153.19	176.16	152.70	206.48	192.55
	SE	39.01	44.26	46.77	73.42	86.99	106.69	124.76	227.49	180.66	288.11	150.14	269.52	856.56
	SW	51.23	50.00	57.93	66.95	141.02	113.80	148.40	330.54	248.25	335.73	405.62	459.05	869.48
	Eng	40.30	45.17	45.87	69.26	101.37	97.42	119.97	232.75	235.54	281.06	192.15	419.05	722.10
Females	NE	40.88	36.55	34.59	50.62	53.96	62.67	81.26	172.14	173.98	184.97	405.54	371.98	388.30
	NW	39.23	53.35	18.22	58.97	77.26	138.57	109.76	172.35	215.58	231.91	217.82	400.27	516.29
	YH	25.06	30.38	44.12	38.38	77.84	43.28	78.50	102.17	172.57	202.07	166.22	265.33	447.14
	EM	29.89	25.50	35.26	43.37	64.09	27.31	73.81	144.08	149.77	148.74	101.46	197.56	387.83
	WM	28.81	34.87	30.29	36.54	55.27	44.77	66.55	138.30	129.01	142.35	113.07	201.23	251.24
	EE	17.99	28.51	33.20	40.13	64.20	43.03	55.41	136.51	110.07	128.98	78.01	140.36	346.93
	L	17.66	27.98	45.14	36.65	53.73	53.42	57.36	94.26	86.26	87.00	72.99	91.88	104.49
	SE	24.43	39.18	23.66	44.20	52.10	56.88	93.74	144.74	117.26	128.82	95.63	150.65	277.31
	SW	38.21	58.95	44.05	53.27	73.07	63.85	94.28	197.88	166.11	224.02	289.95	268.93	470.32
	Eng	27.58	38.06	34.75	44.73	63.03	54.82	79.83	136.71	157.88	169.42	106.03	279.28	427.67
Persons	NE	39.05	39.67	29.99	61.44	57.10	74.99	97.67	203.90	207.19	217.13	406.04	401.62	480.54
	NW	45.06	57.56	38.40	77.21	94.27	145.73	133.63	258.87	278.88	336.14	297.97	502.91	712.04
	YH	30.54	39.29	41.74	49.08	78.21	49.29	94.41	143.27	204.25	251.13	208.06	327.59	544.32
	EM	30.96	36.66	37.08	51.33	93.13	57.33	95.52	193.63	176.70	206.57	158.07	250.62	514.83
	WM	32.84	32.33	36.03	49.54	70.58	77.75	83.26	171.47	161.80	171.66	147.26	251.42	367.35
	EE	28.35	31.31	36.15	48.95	78.50	53.53	70.28	173.03	137.83	150.43	129.09	195.13	508.77
	L	25.59	52.17	43.50	53.93	69.59	75.52	82.99	136.27	118.72	130.28	113.49	145.84	144.01
	SE	31.69	41.73	35.02	58.68	69.48	82.37	109.10	187.67	148.33	207.11	124.11	207.05	566.85
	SW	44.66	54.35	50.94	60.03	106.66	89.78	121.18	268.29	206.32	279.77	350.36	358.92	677.74
	Eng	33.94	41.68	40.31	56.94	82.11	76.58	99.81	186.69	196.08	224.84	150.19	345.92	580.95

Data Issues*Hospital Episodes Statistics, 2001/02-2006/07*

This indicator takes no account of multiple admissions by individuals throughout a particular year and does not attempt to capture the total amount of hospital activity associated with drug use. Additionally, the data quality of the hospital episodes statistics has been improving over time and therefore comparisons of year-on-year trends should be undertaken with caution as changes may be due to data quality improvements, not changes in treatment or practice. Drug use can lead to vulnerability to various viral infections, such as hepatitis C and bacterial infections, for example *Staphylococcus aureus*. Drug use is also associated with myocardial infarction and other cardiac problems. There is also evidence that individuals with a history of drug problems often encounter issues predisposing them to suicide. Therefore, the results presented based on these particular ICD-10 codes may underestimate the burden that drug use has on secondary care. Some data had no gender information. These have been included in overall totals, meaning the gender total will not match the overall totals.

Indicator Definition*Rate of hospital admission attributed to psychoactive substances per 100,000 population*

The number of people admitted to hospital during a specified time period with a condition directly attributable to their drug use (see Appendix 2), 2001/02 to 2006/07. The indicator is expressed as a directly standardised rate from 100,000 resident population (aged 15-64 years). Population denominators were mid-year estimates from the Office for National Statistics.

Psychoactive substance use admissions were derived from Hospital Episode Statistics (HES). Finished Consultant Episodes (FCEs) were extracted, where any one of the 14 diagnostic fields contained an ICD-10 code for a psychoactive substance use condition (see Appendix 2).

7.2 Incapacity as a result of drug abuse¹⁷

Indicator

- Rate of claimants of Incapacity Benefit or Severe Disablement Allowance whose main reason was drug abuse.

Rationale and Evidence

Drug abuse may affect an individual's ability to participate in the labour market, whether through intermittent, regular or long term absences, the loss of work or negative effects on the capacity to secure work. When an individual of working age is incapacitated by drug abuse to a level at which it is felt unreasonable to require them to seek work, they may be able to claim benefits on incapacity grounds if they are eligible. Incapacity Benefit (IB) and Severe Disablement Allowance (SDA) are two specific benefits that can be paid to working age individuals who are unable to work due to ill health or disability, including drug abuse. The rate of individuals claiming such benefits provides better understanding of the extent to which drug dependency affects the ability to participate in the labour market.

Background

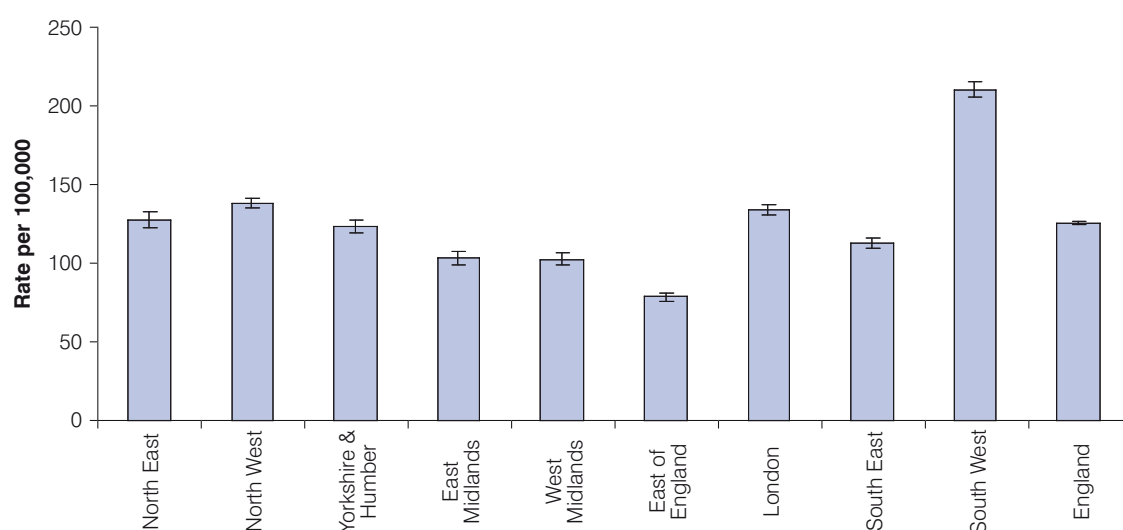
Incapacity Benefit (IB) is a benefit paid at a weekly rate for people under 65 who have paid adequate National Insurance contributions and are not (or are no longer) entitled to statutory sick pay. Severe Disablement Allowance (SDA) is a benefit for those aged 16 or over and under 65 who are not entitled to receive IB. Since April 2001, it has not been possible to make a new claim for SDA, but those people who initiated a claim before this date can continue to receive regular payments. Over 39,000 people in England were claiming IB or SDA as a consequence of drug abuse in England in mid-2006, a rate of 125.9 per 100,000 of the working age population (Table 131).

Regional Commentary

Rate of claimants of Incapacity Benefit or Severe Disablement Allowance whose main reason was drug abuse.

The rate of claimants with drug abuse as a main medical reason (per 100,000 working age population), varied considerably between regions, with the North East, North West, London and South West all having higher rates of claimants for drug abuse than the England average (Figure 66). The South West had the highest rate of claimants (211.2 per 100,000 working age population), over twice the rate found in the East of England (79.0 per 100,000 working age population) (Table 131).

Figure 66: Rate of claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is drug abuse per 100,000 working age population, August 2006.



Source: Work and Pensions Longitudinal Study, Department of Work and Pensions Information Directorate

¹⁷ The term 'abuse' is used by the Department of Work and Pensions (DWP) and therefore has been used in this section.

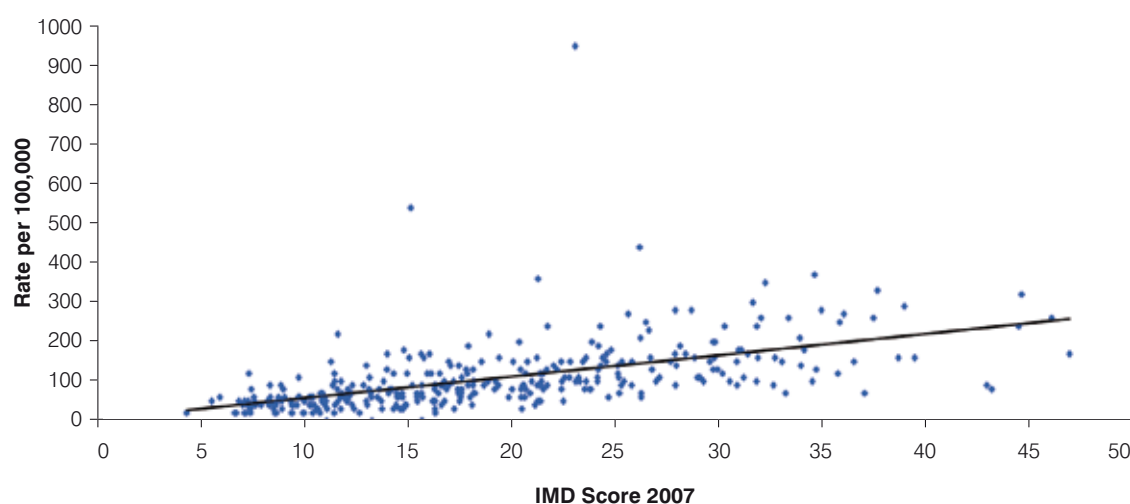
Table 131: Rate of claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is drug abuse per 100,000 working age population, August 2006.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Aug 2006	128.08	138.88	123.85	103.71	103.09	78.99	134.46	113.54	211.21	125.88

Source: Work and Pensions Longitudinal Study, Department of Work and Pensions Information Directorate

Sub-regional Inequalities

At a local authority level, all regions showed a positive association between the rate of claimants per 100,000 working age population and deprivation, with those in the more deprived areas generally having a higher rate of claimants ($r=0.54$, $p<0.01$) (Scatterplot 3).

Scatterplot 3: Rate of claimants of Incapacity Benefit or Severe Disablement Allowance, whose main medical reason is drug abuse per 100,000 working age population (2006) and Index of Multiple Deprivation (2007).

Source: Work and Pensions Longitudinal Study, Department of Work and Pensions Information Directorate, Communities and Local Government (Index of Multiple Deprivation, 2007)

Data Issues

These data do not reflect the whole impact of drug use on the labour market, which is likely to be higher. Not all individuals suffering from drug abuse will seek incapacity benefit. Others may be claiming IB/SDA for other primary reasons, with drug abuse as a secondary cause, and would not be included in the data.

Indicator Definition

Rate of claimants of Incapacity Benefit or Severe Disablement Allowance whose main reason was drug abuse

Data on the claimants of IB and SDA are derived from the Department of Work and Pensions Information Directorate. Claimants include people receiving benefits, as well as those who are not entitled but who continue to submit medical evidence or those who have had their benefit extinguished. Drug dependency does not itself confer entitlement to incapacity benefits. Entitlement is dependent upon the medical test of incapacity for work - the Personal Capability Assessment. Causes of incapacity are based on the International Classification of Diseases, 10th Revision, published by the World Health Organization. For the rate of claimants, the denominator used is the working age population (men aged 16-64 and women aged 16-59).

Box 7: Key Points - Health and Social Consequences

Hospital Episodes Statistics Work and Pensions Longitudinal Study

Hospital admission data provide an indication of the burden that psychoactive substance use places on health services in England. The rate of claimants was sourced from Incapacity Benefit or Severe Disablement Allowance claimants, whose main reason was drug abuse.

- Nationally, there has been a year-on-year increase in the number of hospital admissions as a consequence of drug abuse with this increase being more pronounced in females. Three regions had rates above the England average in 2006/07: The North East, North West and Yorkshire and The Humber. The North West had the largest number and rate of hospital admissions due to drug abuse in 2006/07.
- The rate of claimants per 100,000 of working population of Incapacity Benefit (IB) or Severe Disablement Allowance (SDA) due to drug abuse varied from 79.0 in the East of England to 211.2 in the South West. Along with the South West, three other regions had rates of IB and SDA claimants above the England average, the North East, North West and London.

Deaths Related to Drugs Misuse



8. Deaths Related to Drugs Misuse

Indicator

- Rate of deaths related to drugs misuse (according to the drug strategy definition of a death related to drugs misuse) per 100,000 population (15-64 years).

Rationale and Evidence

In recent years, the UK government has placed considerable emphasis on reducing health inequalities. As part of this commitment, a national Public Service Agreement health inequalities target has been initiated to reduce inequalities in life expectancy at birth by the year 2010 (DH, 2006). Drug use is often associated with deprivation and it is also associated with premature death from a variety of causes (Beynon & McVeigh, 2007). In 2000, the Advisory Council on the Misuse of Drugs raised concern over the increasing number of deaths associated with drug use within the UK (ACMD, 2000). In response, the government initiated an action plan to reduce the incidence of this type of death (Home Office, 2002a). Drug related deaths as a result of Class A drug use are also thought to cost £923 million in England and Wales (Singleton, Murray & Tinsley, 2006). It is difficult to ascertain the full involvement of drug use in premature deaths because the role of drug use frequently goes unrecognised as a contributory factor and it is therefore not reported in official figures (Beynon & McVeigh, 2007). However, available data is useful to monitor the impact of local strategies that aim to reduce deaths among the drug using population.

Background

There is some controversy regarding how to define a drug related death and which deaths should and should not be included in official figures (Beynon et al., 2007). In this report, figures from the Office for National Statistics were utilised in accordance with the drug strategy definition of a drug related death (ONS, 2005). Deaths included within this definition are those attributed to accidental and intentional poisoning with a substance controlled under the Misuse of Drugs Act (1971) and poisoning by such a substance where the intention was unknown, and mental and behavioural disorders due to psychoactive substance use (ONS, 2005).

Following sharp increases in the numbers and rate of drug related deaths during the 1990s, there has since been a stabilisation in the number and rates of drug related deaths in England (as shown in Table 132 and Table 133). Figure 67 shows rates of deaths related to drugs misuse per 100,000 of population, aged 15-64 years, for the year 2007. In England as a whole, 4.2 individuals per 100,000 of the population died of a drug related death during this year, although there is considerable variation by gender and age (Table 132 and Table 134).

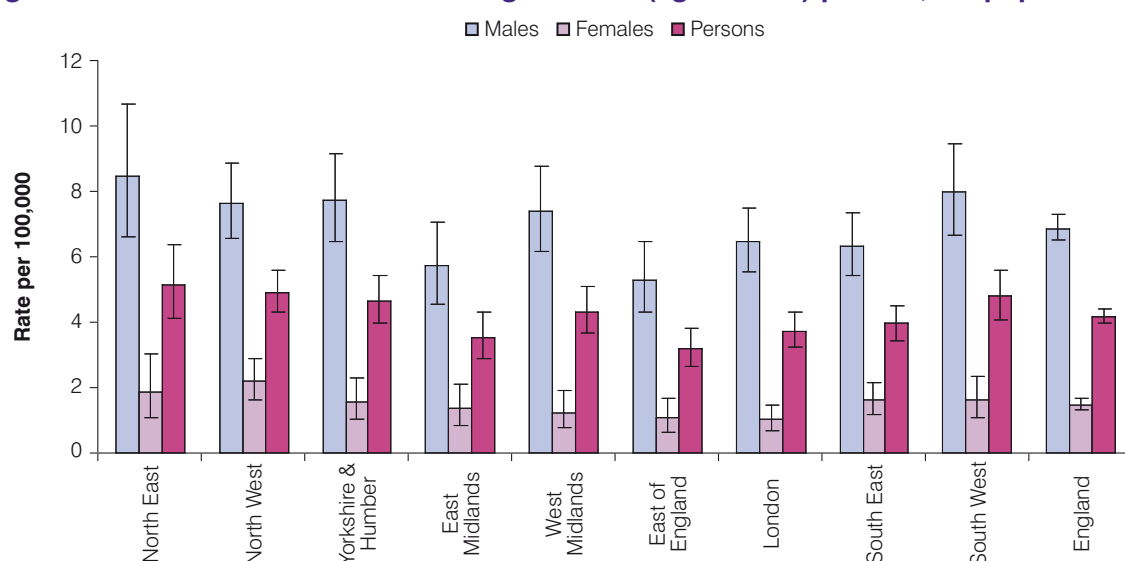
Regional Commentary

Rate of deaths related to drugs misuse (according to the drug strategy definition of a death related to drugs misuse) per 100,000 population (15-64 years)

While the comparability of European drug-related death data has improved in recent years, differences in the quality of reporting between countries remain and comparisons should be made with caution. Since 2000, many European Union countries have reported decreases in the numbers of drug-related deaths. However, in 2004 and 2005, the European Union experienced an increase in deaths related to drugs misuse which since then has begun to show small decreases (EMCDDA, 2008a).

The most accurate measure of deaths related to drugs misuse would be to consider the deaths as a proportion of drug users. However, the number of drug users within any geographical location is largely unknown. It is therefore important to consider that regions with a high rate of drug related deaths, as a proportion of the total population, may simply have a much larger drug using population than other regions. However, the figures displayed in this report show the health burden by geographical region and deaths as a proportion of the population, are a good indicator of this. The North East and North West had the greatest decrease in the rate of drug related deaths for males aged 15-64 years between 2001 and 2007, with the rates dropping by 2.4 and 2.5 per 100,000 population respectively (Table 132). In contrast, the West Midlands had an increase in the rate of male deaths related to drug misuse during the same period. The rate of female deaths related to drug misuse were considerably smaller than male rates, for all regions. The rate of female drug related deaths increased between 2001 and 2007 in four of the regions. Overall, East Midlands and West Midlands showed an increase between 2001 and 2007 in the rate of deaths related to drugs misuse, whereas all other regions showed a decrease.

Figure 67: Rate of deaths related to drugs misuse (aged 15-64) per 100,000 population, 2007.



Source: ONS

Table 132: Rate of deaths related to drugs misuse per 100,000 population (aged 15-64), 2001-2007.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2001	10.88	10.17	9.61	5.77	6.44	6.76	8.32	7.06	9.19	8.12
	2002	10.23	8.01	9.77	6.88	6.01	6.08	5.75	6.81	7.67	7.12
	2003	6.81	7.22	8.46	5.58	5.63	4.62	5.41	4.85	7.02	6.05
	2004	7.40	7.66	9.43	5.80	6.35	5.10	5.42	6.30	6.38	6.55
	2005	8.66	7.03	9.33	5.02	6.41	5.86	6.70	6.37	7.71	6.89
	2006	9.41	9.11	8.43	5.23	6.03	4.27	6.78	5.58	6.90	6.72
	2007	8.50	7.69	7.75	5.73	7.44	5.31	6.47	6.36	8.00	6.91
Females	2001	1.32	2.12	2.40	1.47	1.05	1.14	2.33	1.69	1.59	1.75
	2002	2.50	1.84	2.01	1.89	1.05	1.59	1.49	1.72	1.38	1.67
	2003	2.02	1.83	2.36	0.72	0.99	1.40	1.29	1.59	1.59	1.52
	2004	2.13	1.87	1.98	1.56	1.27	1.72	1.12	1.62	1.55	1.61
	2005	1.77	2.66	1.54	1.12	1.61	1.38	1.88	1.64	1.46	1.72
	2006	1.41	2.51	1.59	1.04	1.26	0.87	1.64	1.95	1.75	1.63
	2007	1.87	2.20	1.58	1.37	1.25	1.08	1.02	1.61	1.61	1.49
Persons	2001	8.22	5.92	5.39	3.55	3.81	5.06	5.02	4.01	5.25	4.95
	2002	4.72	4.72	5.65	4.09	3.82	4.12	3.76	3.57	4.35	4.37
	2003	5.83	4.46	4.51	2.51	3.54	3.24	3.24	2.90	4.07	3.67
	2004	6.18	4.55	5.36	3.68	4.07	3.38	3.38	3.62	3.19	4.02
	2005	5.18	4.83	5.43	3.08	4.01	3.61	4.30	3.99	4.58	4.30
	2006	5.39	5.80	5.02	3.14	3.65	2.56	4.21	3.75	4.32	4.17
	2007	5.17	4.94	4.68	3.56	4.35	3.19	3.75	3.98	4.81	4.20

Source: ONS

Table 133: Number of deaths related to drugs misuse, 2001-2007.

		NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
Males	2001	92	227	156	83	112	121	215	196	150	1352
	2002	85	182	160	95	105	110	149	168	124	1178
	2003	57	161	140	80	102	86	141	132	115	1014
	2004	64	172	160	82	110	93	143	169	112	1105
	2005	72	162	160	75	113	110	180	176	131	1179
	2006	81	210	149	79	110	79	180	155	118	1161
	2007	74	174	137	86	131	105	174	174	139	1194
Females	2001	16	55	42	23	23	25	64	52	32	332
	2002	23	49	35	28	23	37	44	53	29	321
	2003	19	51	41	16	22	30	41	45	28	293
	2004	19	44	38	27	23	33	34	53	32	303
	2005	18	64	29	18	34	29	55	50	26	323
	2006	14	59	33	16	24	20	50	56	36	308
	2007	17	51	31	24	26	24	28	48	36	285
Persons	2001	108	282	198	106	135	146	279	248	182	1684
	2002	108	231	195	123	128	147	193	221	153	1499
	2003	76	212	181	96	124	116	182	177	143	1307
	2004	83	216	198	109	133	126	177	222	144	1408
	2005	90	226	189	93	147	139	235	226	157	1502
	2006	95	269	182	95	134	99	230	211	154	1469
	2007	91	225	168	110	157	129	202	222	175	1479

Source: ONS

Table 134: Number of deaths related to drugs misuse by age, 2007.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
15-24	16	16	33	16	23	11	18	22	17	172
25-39	51	128	94	53	75	64	110	113	89	777
40-64	21	80	34	35	55	43	71	82	55	476
Total	88	224	161	104	153	118	199	217	161	1425

Source: ONS

Table 134 does not include a breakdown of those aged under 15 or over 65 due to the low numbers in these age groups.

Data Issues*Deaths related to drugs misuse, 2001-2007*

All data supplied via the Office for National Statistics.

Indicator Definition*Rate of deaths related to drugs misuse (according to the drug strategy definition of a death related to drugs misuse) per 100,000 (15-64 years)*

The rate of deaths related to drug misuse as defined by the drug strategy. Deaths included within this definition are those attributed to accidental and intentional poisoning with a substance controlled under the Misuse of Drugs Act (1971) and poisoning by such a substance where the intention was unknown, and mental and behavioural disorders due to psychoactive substance use (ONS, 2005).

Box 8: Key Points - Deaths Related to Drugs Misuse*Office for National Statistics*

The Office for National Statistics, in accordance with the drug strategy definition of a drug related death, provided the analysis of deaths due to drugs misuse. Deaths included within this definition are those attributed to accidental and intentional poisoning with a substance controlled under the Misuse of Drugs Act (1971) and poisoning by such a substance where the intention was unknown, and mental and behavioural disorders due to psychoactive substance use.

- Nationally, 4.2 per 100,000 population aged 15-64 died from a death related to drugs misuse in 2007. In all regions, the rate of death among males was considerably higher than the rate for females.
- The East of England had the lowest rate of overall deaths related to drugs misuse, along with the lowest rates in males in 2007. London had the lowest rate of female deaths related to drugs misuse in this year.
- The North East and North West showed the greatest decrease in the rate of deaths for males between 2001 and 2007, with an increase in male rates of death shown in the West Midlands.
- In the East Midlands and West Midlands, an increase in the overall rate of deaths related to drugs misuse was observed between 2001 and 2007, whereas in all other regions a decrease was observed.

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Appendices



Appendix 1: Data sources

Data Source	Year(s) included
Prevalence estimates of problematic drug users	2006/07
British Crime Survey	2002/03 – 2007/08
Psychiatric Morbidity Survey	2000
Law Enforcement Agencies	2003-2007
Forensic Science Service	2003-2007
National Drug Treatment Monitoring System	2006/07
Offending Crime & Justice Survey	2003-2006
Schools Health Education Unit	2003-2006 & 2002-2006
Drug Interventions Programme	2005/06-2006/07
Recorded Drug Offences	2001/02 – 2005/06
Offender Assessment System	2004/05 – 2006/07
Hospital Episode Statistics	2001/02 – 2006/07
Claimants of Incapacity Benefit & Severe Disablement Allowance	August 2006
Deaths Related to Drugs Misuse	2001-2007

Appendix 2: ICD-10 codes

Mental and behavioural disorders due to psychoactive substance use:

F11 Opioids
F12 Cannabinoids
F13 Sedatives and hypnotics
F14 Cocaine
F15 Other stimulants excluding caffeine
F16 Hallucinogens
F19 Multiple drug use/use of other psychoactive substances

Poisoning by drugs, medicaments and biological substances:

X40 – X44 Accidental
X60 – X64 Intentional
Y10 – Y14 Undetermined intent

X85 Assault

F18 Volatile substances

In this box, each code had to be accompanied with a T40 code before an individual was identified as a substance user. T40 indicates poisoning by: opium, heroin, other opioids, methadone, other synthetic narcotics, cocaine, other and unspecified narcotics, cannabis (derivatives), lysergide (LSD) and other and unspecified psychodysleptics (hallucinogens).

Appendix 3: Brief description of lifestyle analyses and groups (P² People & Places) and Index of Multiple Deprivation analyses

P² People and Places geodemographic classifications use Census information to cluster together local areas (using LSOA data) where resident populations have very similar characteristics. These groups offer an alternative geographical breakdown based on socio-economics and are related to the IMD deprivation analyses. There are 13 geodemographic classifications in total, based on a sliding scale running from least deprived to most deprived. A brief description is outlined below.

A. Mature Oaks

Comprised of wealthy, older working people living in large detached houses in rural areas.

B. Blossoming Families

Typified by well qualified, and well paid, young professional families with infants, buying their detached houses.

C. Country Orchards

Predominantly well educated, high income agricultural workers who are likely to be self-employed.

D. Rooted Households

Largely semi-skilled manual workers, with quite high incomes, buying their semi-detached houses.

E. Senior Neighbourhoods

Characterised by older people or pensioners who are quite affluent living in their owner occupied detached houses; quite likely to own a second home.

F. Qualified Metropolitans

Largely highly qualified professional commuters living in small single households concentrated in city centres.

G. Suburban Stability

Predominantly skilled manual, routine and semi-routine workers living in semi-detached and terraced housing.

H. New Starters

Primarily students and highly qualified but low income young adults living in single or cohabiting bedsits or flats.

I. Urban Producers

Mainly semi-skilled, unskilled, unemployed and unqualified single parent smokers with low incomes, living in terraced council housing.

J. Weathered Communities

Comprising unemployed, low income pensioners or lone parent families with routine or semi-routine occupations living in semi-detached housing or purpose built flats.

K. Multicultural Centres

Characterised by semi-skilled, unskilled and unemployed Jewish, Muslim, Black, Chinese, Indian, Pakistani and Bangladeshi low income families living in terraces.

L. Disadvantaged Households

Predominantly low income, poorly qualified young families or lone parents, who smoke and live in council or housing association homes.

M. Urban Challenge

Typified by unemployed, low income older smokers living in small council or housing association homes.

Measures of deprivation have been derived from the Index of Multiple Deprivation (IMD) 2007 for England and Wales. This provides a composite multiple deprivation score for Lower Super Output Areas (LSOAs) developed from seven distinct domains: health deprivations and disability, employment, income, education, skills and training, living environment, and barriers to housing and services. Where data are only available at a local authority level, these have been plotted against the average deprivation score for local authorities in England. Where data are available by LSOA, LSOA deprivation scores have been allocated to a deprivation quintile for England, running from the most deprived to the least deprived. Average rates/percentages have then been calculated for each deprivation quintile.

Appendix 4: Incidence of hepatitis C

Rates of hepatitis C diagnoses were unavailable and therefore this information could only be used as supplementary, rather than as an indicator.

Rationale and evidence

Injecting drug users are vulnerable to a wide range of infections, including those caused by viruses such as HIV and hepatitis C and bacteria such as *Clostridium botulinum* and group A streptococci. These infections can result in high levels of illness and death, therefore public health surveillance of infectious diseases and associated risk among this group are important. Hepatitis C is currently the most important infectious disease affecting those who inject drugs, with approximately one million individuals living with HCV infection in the EU who have been IDUs at some point in their lives (EMCDDA, 2007b). In the EU, HCV antibody levels of over 60% were found among IDUs tested in 2004/05 in 60 studies from 17 countries (EMCDDA, 2007b). Up to 80% of those acquiring hepatitis C, develop chronic infection and are at risk of developing cirrhosis and liver cancer (HPA, 2007). These diseases have substantial economic, along with public health, consequences. The present value of the lifetime treatment costs associated with infectious diseases are now estimated to be £23 million for HIV, £608,475 for hepatitis C and £580,568 for hepatitis B (Singleton, Murray & Tinsley, 2006).

Background

Up to the end of 2006, laboratories in England had reported a total of 62,424 diagnoses of hepatitis C infections to the Centre for Infections (CfI) since reporting began in 1992. The majority of these infections would have been acquired through injecting drug use, as over 90% of diagnoses with risk factor information gave this as a route of infection. The number of laboratory test reports have been increasing, year-on-year, since the introduction of diagnostic tests, a reflection of the increasing numbers of those tested since the early 1990s (HPA, 2007).

Regional Commentary

Regionally, the highest number of HCV diagnoses to the CfI in 2005 were in the North West of England (n=2,019) and Yorkshire and The Humber (n=1,161) (Table 135). In comparison, there were 294 diagnoses in the South East.

Table 135: Number of diagnoses of hepatitis C laboratory test reports to the HPA Centre for Infections, 2001-2005.

	NE	NW	YH	EM	WM	EE	L	SE	SW	Eng
2001	131	1158	246	160	640	488	399	642	811	4675
2002	157	1611	334	264	786	419	366	630	1023	5590
2003	263	2387	529	370	597	481	460	592	887	6566
2004	295	2516	695	472	704	649	895	465	1302	7993
2005	342	2019	1161	524	734	726	898	294	882	7580

Source: HPA Centre for Infections

Appendix 5: European data

Data Issues

Only European countries with data from 2005 onwards were included in this section, this includes general household surveys and prevalence estimates. Furthermore, general household surveys were included if they had a sample size of at least 2,000. Where the sample size for the 15-34 year olds fell below this criteria, data for this group were excluded. The sample size for the Netherlands was unknown for the 15-34 year olds therefore was not included in analysis of this group.

Problematic drug use, cocaine, cannabis and ecstasy use are included in this section. *Last month* use is utilised here as an indicator of current drug use.

It must be noted that there are differences in the definition of PDU across the different countries. The EMCDDA definition includes intravenous drug use or long duration/regular use of opiates, cocaine and or amphetamines (EMCDDA, 1999). In the UK, problematic drug users (PDU) are defined as the users of opiates and/or crack cocaine.

Cocaine in this section refers to cocaine in any form.

Country specific issues

The UK data is based on data from England and Wales.

Sweden did not provide data for cocaine or ecstasy use.

For Spain, ecstasy use also includes other designer drugs.

The sample size for 15-34 year olds in the Netherlands was not available therefore was not included in analysis of this age group.

Cocaine

Table 136: Prevalence of cocaine use among adults (aged 15-64 years old) in nationwide surveys among the general population.

	Lifetime %	Last year %	Last month %
Bulgaria	1.1	0.3	0.2
Cyprus	1.1	0.6	0.4
Denmark	4.0	1.0	0.3
France	2.6	0.6	0.2
Italy	6.6	2.2	0.8
Netherlands	3.4	0.6	0.3
Spain	7.0	3.0	1.6
UK (England and Wales)	7.7	2.6	1.3
Europe	3.6	1.2	0.5

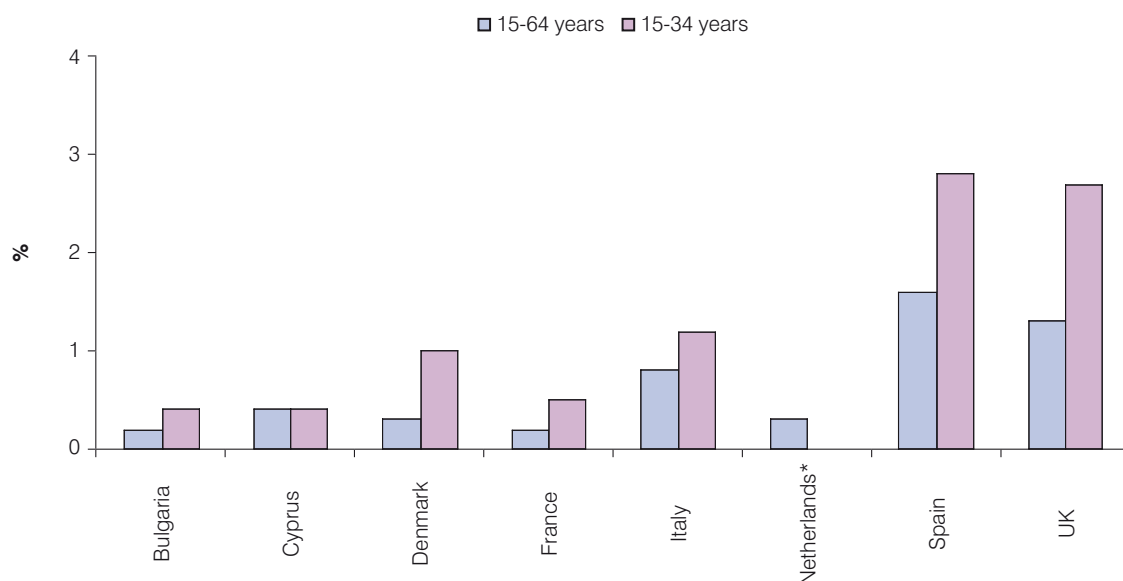
Source: EMCDDA, 2008a & 2008b

Table 137: Prevalence of cocaine use among young adults (aged 15-34 years old) in nationwide surveys among the general population.

	Lifetime %	Last year %	Last month %
Bulgaria	2.4	0.7	0.4
Cyprus	1.4	0.7	0.4
Denmark	9.1	2.9	1.0
France	3.5	1.2	0.5
Italy	7.4	3.2	1.2
Spain	9.6	5.2	2.8
UK (England and Wales)	12.7	5.4	2.7
Europe	5.4	2.3	1.0

Source: EMCDDA, 2008a & 2008b

Figure 68: Last month prevalence of cocaine use among adults (aged 15-64 years old) and young adults (aged 15-34 years old).



Source: EMCDDA, 2008b

*The sample size for 15-34 year olds in the Netherlands was unavailable therefore the data has been excluded.

Ecstasy

Table 138: Prevalence of ecstasy use among adults (aged 15-64 years old) in nationwide surveys among the general population¹⁸.

	Lifetime %	Last year %	Last month %
Bulgaria	1.3	0.5	0.5
Cyprus	1.6	1.0	0.6
Denmark	1.8	0.3	0.1
France	2.0	0.4	0.1
Italy	2.5	0.5	0.2
Netherlands	4.3	1.2	0.4
Spain	4.4	1.2	0.6
UK (England and Wales)	7.3	1.8	0.8
Europe	2.8	0.8	-

Source: EMCDDA, 2008a & 2008b

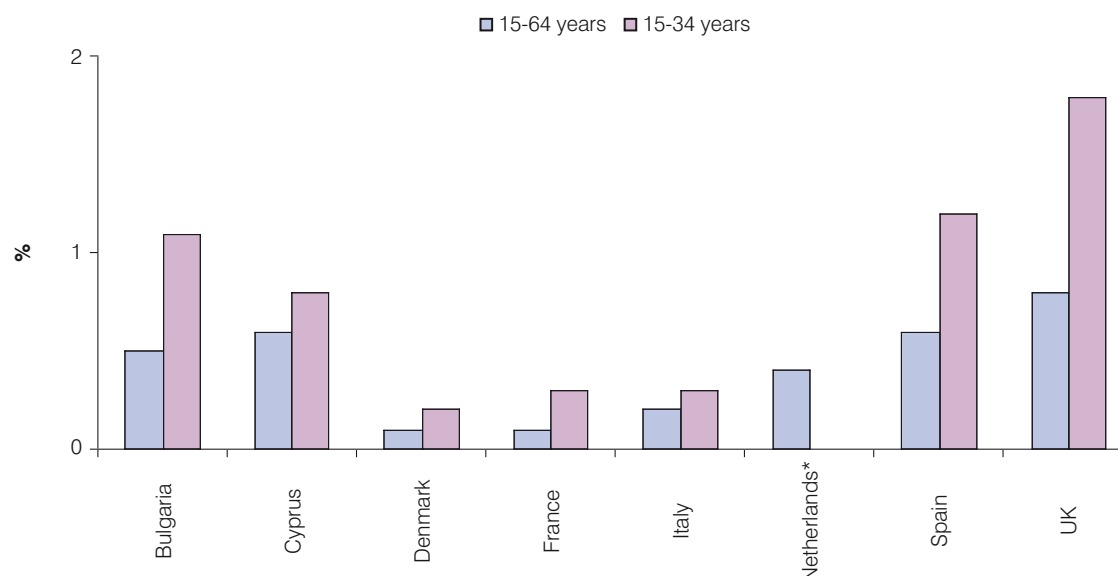
Table 139: Prevalence of ecstasy use among young adults (aged 15-34 years old) in nationwide surveys among the general population¹⁹.

	Lifetime %	Last year %	Last month %
Bulgaria	2.6	1.1	1.1
Cyprus	2.4	1.3	0.8
Denmark	5.3	0.9	0.2
France	3.7	1.0	0.3
Italy	3.4	0.7	0.3
Spain	7.0	2.5	1.2
UK (England and Wales)	13.0	3.9	1.8
Europe	5.6	1.8	-

Source: EMCDDA, 2008a & 2008b

¹⁸ There is no last month use European average available for ecstasy.

¹⁹ There is no last month use European average available for ecstasy.

Figure 69: Last month prevalence of ecstasy use among adults (aged 15-64 years old) and young adults (aged 15-34 years old).

Source: EMCDDA, 2008b

*The sample size for 15-34 year olds in the Netherlands was unavailable therefore the data has been excluded.

Cannabis

Table 140: Prevalence of cannabis use among adults (aged 15-64 years old) in nationwide surveys among the general population.

	Lifetime %	Last year %	Last month %
Bulgaria	4.4	1.5	0.8
Cyprus	6.6	2.1	1.4
Denmark	36.5	5.2	2.6
France	30.6	8.6	4.8
Italy	29.3	11.2	5.8
Netherlands	22.6	5.4	3.3
Spain	28.6	11.2	8.7
Sweden	12.0	2.0	0.6
UK (England and Wales)	30.1	8.2	4.8
Europe	21.8	6.8	3.8

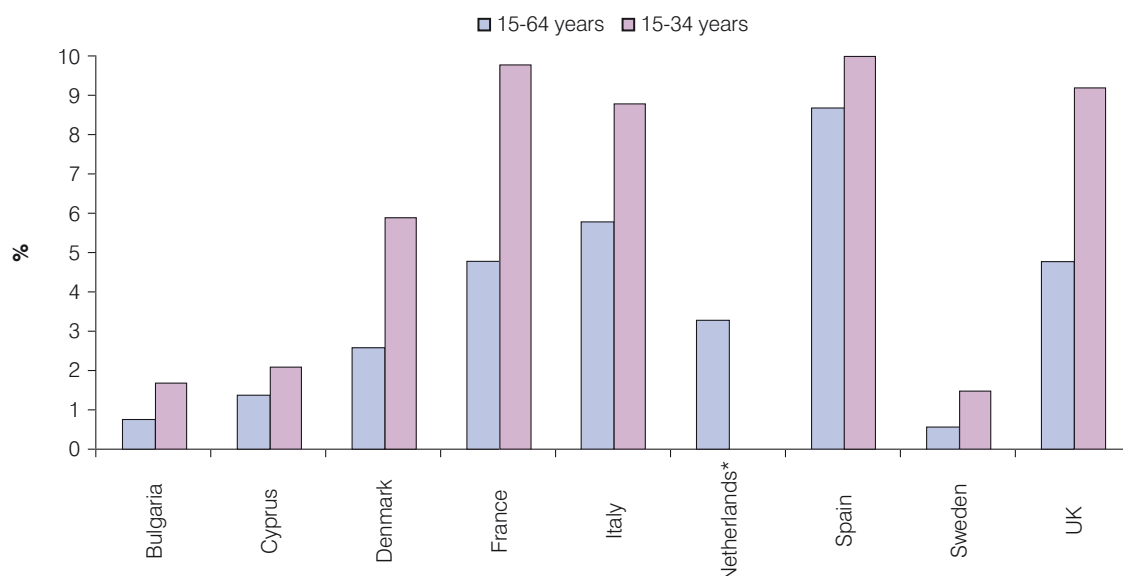
Source: EMCDDA, 2008a & 2008b

Table 141: Prevalence of cannabis use among young adults (aged 15-34 years old) in nationwide surveys among the general population.

	Lifetime %	Last year %	Last month %
Bulgaria	8.7	3.5	1.7
Cyprus	9.9	3.4	2.1
Denmark	49.5	12.5	5.9
France	43.6	16.7	9.8
Italy	34.6	16.5	8.8
Spain	38.6	20.3	15.5
Sweden	19.1	5.0	1.5
UK (England and Wales)	41.4	15.6	9.2
Europe	31.2	13.0	7.3

Source: EMCDDA, 2008a & 2008b

Figure 70: Last month prevalence of cannabis use among adults (aged 15-64 years old) and young adults (aged 15-34 years old).



Source: EMCDDA, 2008b

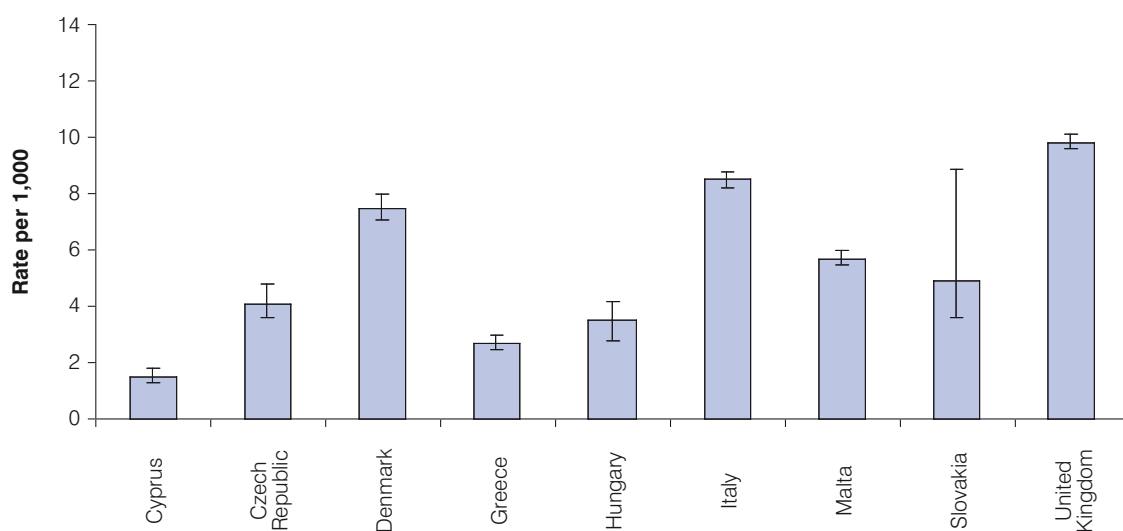
Problem Drug Use

Table 142: Prevalence of problem drug use at national level, rate per 1,000 population aged 15-64 years.

	Rate per 1,000 population	Number of Users	
		Lower range	Upper range
Cyprus	1.5	684	966
Czech Republic	4.1	26,544	35,133
Denmark	7.5	25,390	28,568
Greece	2.7	18,285	22,252
Hungary	3.5	19,333	29,075
Italy	8.5	318,359	341,022
Malta	5.7	1,541	1,685
Slovakia	4.9	13,787	34,481
United Kingdom (England and Wales)	9.8	322,128	340,196

Source: EMCDDA, 2008b & Hay et al. 2008

Figure 71: Rate of problem drug use at national level per 1,000 population aged 15-64 years.



Source: EMCDDA, 2008b & Hay et al. 2008

Appendix 6: 'Traffic light' indicators

KEY: Regional value against the England average based on 95% confidence intervals (CIs) unless otherwise stated.

Better than average

Consistent with average

Worse than average

*Confidence intervals unavailable

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
DRUG USE											
Prevalence of problematic drug users (2006/07)	Rate per 1,000 population	9.76	9.36	12.28	11.76	8.45	10.90	5.38	14.20	5.61	9.02
Prevalence of problematic drug users who inject (2006/07)	Rate per 1,000 population	3.47	4.06	4.44	4.99	3.43	3.44	1.99	3.55	2.03	4.21
Prevalence of opiate users (2006/07)	Rate per 1,000 population	8.11	8.00	10.92	10.54	7.33	9.29	4.36	10.08	4.63	7.99
Prevalence of crack cocaine users (2006/07)	Rate per 1,000 population	5.36	4.30	7.07	5.55	3.67	5.37	3.42	8.91	3.07	5.13
Rate per 1,000 population who have used any drug (2007/08)	Males	412.73	391.53	421.05	419.70	403.44	364.79	398.82	393.19	461.07	443.10
	Females	292.21	254.55	309.11	279.04	263.73	247.31	303.57	283.87	320.10	336.46
Rate per 1,000 population who have used amphetamines (2007/08)	Males	140.68	136.06	152.40	141.31	135.11	119.33	130.49	123.18	161.29	164.66
	Females	87.39	87.38	95.68	77.59	77.16	69.46	90.91	87.90	90.05	107.12
Rate per 1,000 population who have used cannabis (2007/08)	Males	354.30	325.40	350.86	358.78	336.99	314.38	349.31	337.57	401.92	392.19
	Females	237.50	191.05	238.63	220.67	217.93	200.24	250.29	234.16	267.93	283.35
Rate per 1,000 population who have used cocaine (2007/08)	Males	99.40	76.72	102.62	100.07	79.75	84.00	95.14	114.30	112.00	106.53
	Females	48.10	36.28	44.47	29.33	30.79	38.83	59.87	65.32	53.88	56.88

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
Rate per 1,000 population who have used ecstasy (2007/08)	Males	94.11	105.54	106.10	108.18	81.38	68.71	73.44	103.30	99.95	97.67
	Females	49.91	53.20	57.38	42.61	43.88	34.07	46.03	59.61	48.66	61.15
Rate per 1,000 population who have used anabolic steroids (2007/08)	Persons	5.36	11.97	5.21	7.37	7.34	3.78	1.83	3.05	6.94	4.78
Rate per 1,000 population who have used ketamine (2007/08)	Males	18.75	14.47	16.49	28.32	21.06	14.00	11.13	27.51	15.55	16.54
	Females	6.66	1.21	7.24	4.00	7.69	5.98	6.32	7.78	8.58	7.20
Prevalence of adults who were dependent on any drug (2000)	Males	43.40	44.59	54.05	49.18	31.01	33.13	33.68	51.95	49.82	33.71
	Females	19.57	16.88	17.15	25.51	3.05	2.47	25.29	44.90	21.96	9.26
YOUNG PEOPLE²⁰											
Percentage of 10-25 year olds who have used any drug (2003-2006)	Males	29.96	27.20	32.62	29.50	30.68	29.41	27.10	27.07	31.87	30.90
	Females	30.31	25.55	32.41	26.86	31.65	25.90	30.85	26.31	33.88	35.89
Percentage of 10-25 year olds who have used any Class A drug (2003 - 2006)	Males	10.65	10.81	12.96	10.85	11.00	8.82	7.56	8.07	12.67	11.00
	Females	9.08	9.03	11.98	7.63	6.00	6.50	8.04	9.06	12.15	8.29
Percentage of 10-25 year olds who have used cannabis (2003-2006)	Males	28.39	25.84	30.03	28.26	28.61	27.00	25.63	25.86	30.60	30.52
	Females	28.45	22.49	29.94	25.80	29.14	24.35	29.29	24.73	32.25	34.10
Percentage of 10-25 year olds who have used amphetamines (2003-2006)	Males	7.07	7.13	8.60	7.33	8.59	5.93	5.02	3.67	8.40	7.55
	Females	6.71	9.08	8.00	7.25	5.92	6.16	4.39	3.97	9.16	5.26
Percentage of 10-25 year olds who have used amyl nitrate (2003-2006)	Males	9.86	11.41	13.30	9.92	11.69	10.07	7.07	5.59	10.30	8.58
	Females	8.24	8.38	11.64	6.22	9.54	8.50	6.48	4.38	9.09	8.46
Percentage of 10-25 year olds who have used cocaine (2003-2006)	Males	7.26	7.80	9.05	6.53	7.12	5.92	5.35	5.34	9.34	7.15
	Females	5.71	4.96	7.32	3.19	3.61	3.52	6.24	6.73	9.27	3.79

²⁰ Due to small sample sizes calculation of the traffic lights for the Young People data is based on combined 2003-2006 OCJS data.

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
Percentage of 10-25 year olds who have used ecstasy (2003-2006)	Males	7.97	7.13	10.07	9.17	8.47	5.94	5.35	5.12	9.21	9.06
	Females	6.46	7.69	8.89	6.38	4.34	4.20	4.39	5.26	8.46	6.65
Percentage of 10-25 year olds who have used LSD/ mushrooms (2003-2006)	Males	5.17	6.10	6.37	5.01	5.40	3.50	3.63	4.69	5.24	6.30
	Females	3.21	2.91	4.37	2.61	1.57	2.83	1.34	3.08	4.50	4.00
Percentage of 10-25 year olds who have used solvents (2003-2006)	Males	3.71	5.94	3.76	3.28	5.04	3.39	3.30	2.34	3.63	3.73
	Females	3.65	3.26	3.01	1.75	4.24	3.22	2.44	3.48	4.72	6.33
Percentage of 10-25 year olds who have drank alcohol whilst using drugs in the last 12 months (2003-2006)	Males	13.65	13.68	15.09	13.89	13.57	11.55	11.55	12.15	15.33	14.31
	Females	10.65	9.54	11.68	7.83	9.71	10.48	11.40	9.46	12.08	12.38
Percentage of 10-25 year olds who have used more than one drug at a time in the last 12 months (2003-2006)	Males	6.06	6.76	6.94	6.18	5.75	5.88	3.89	5.52	7.27	5.59
	Females	3.77	3.07	4.94	3.09	2.64	3.59	3.12	2.27	5.77	3.57
Percentage of Year 8 pupils who know someone personally who takes drugs (2003-2006) *	Males	16.94	19.37	17.60	15.49	13.33	14.78	17.56	17.00	26.11	20.52
	Females	15.77	18.43	16.47	11.93	16.95	13.70	17.18	16.52	22.62	16.26
Percentage of Year 10 pupils who know someone personally who takes drugs (2002-2006) *	Males	40.33	40.73	39.18	38.11	34.64	35.78	42.36	34.46	49.44	47.93
	Females	41.55	43.09	40.09	40.98	26.92	37.13	42.59	36.71	51.58	48.47

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
CRIME											
Rates of recorded drug offences (2005/06) *	Rate per 100,000 population	472	489	582	444	392	492	318	726	356	372
Percentage of individuals who met the OASys criteria for inclusion convicted of a Misuse of Drugs Act (1971) offence (2006/07)	Males	21.33	24.16	21.97	21.93	24.68	17.28	22.12	17.97	23.10	19.01
	Females	21.10	25.58	17.59	25.12	26.79	16.41	23.68	13.64	21.23	22.85
Percentage of individuals receiving an OASys assessment and have ever misused drugs who were assessed as highly likely to be reconvicted (2006/07)	Males	49.53	55.30	50.88	49.87	47.85	54.22	46.58	44.38	46.18	50.21
	Females	36.21	35.47	38.66	35.78	32.42	39.64	29.93	38.05	34.87	36.22
Percentage of adults who felt that drugs were the main cause of crime in Britain today (2006/07-2007/08)	Persons	31.00	34.83	33.68	34.60	31.50	33.09	29.21	25.87	25.58	31.90
HEALTH AND SOCIAL CONSEQUENCES: HOSPITAL ADMISSION											
Rate per 100,000 of hospital episodes where psychoactive substance use was identified as a factor contributing to admission (2006/07)	Males	143.05	189.47	255.49	166.02	126.41	129.57	83.85	122.91	99.19	140.54
	Females	90.34	144.03	157.14	114.35	81.62	83.98	55.27	62.30	61.67	91.41
HEALTH AND SOCIAL CONSEQUENCES: INCAPACITY											
Claimants of Incapacity Benefit or Severe Disablement Allowance whose main reason was drug abuse (August 2006)	Rate per 100,000 working age population	125.88	128.08	138.88	123.85	103.71	103.09	78.99	134.46	113.54	211.21
DRUG RELATED DEATHS											
Rate per 100,000 (15-64 years) of deaths related to drugs misuse (according to the drug strategy definition of a drug related death) (2007)	Males	6.91	8.50	7.69	7.75	5.73	7.44	5.31	6.47	6.36	8.00
	Females	1.49	1.87	2.20	1.58	1.37	1.25	1.08	1.02	1.61	1.61

Appendix 7: Remaining indicators

KEY: Regional value against the England average based on 95% confidence intervals (CIs) unless otherwise stated.

Lower than average	Consistent with average	Higher than average
--------------------	-------------------------	---------------------

*Confidence intervals unavailable

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
YOUNG PEOPLE											
Percentage of those in contact with structured drug treatment aged under 18 (2006/07)	Males	5.74	6.87	6.57	3.41	5.88	5.06	4.55	6.76	7.42	4.61
	Females	6.43	7.07	6.55	3.76	7.08	6.18	4.99	7.73	8.60	5.83
CRIME											
Percentage of individuals assessed by DIP who used amphetamines in the previous month (2006/07)	Males	6.21	10.34	7.45	7.46	10.90	4.09	6.25	1.56	7.38	11.33
	Females	4.50	7.17	5.60	4.88	7.13	2.36	7.15	1.17	5.79	6.62
Percentage of individuals assessed by DIP who used benzodiazepines in the previous month (2006/07)	Males	6.73	12.05	7.74	7.05	4.18	4.74	7.70	4.03	8.52	12.77
	Females	10.74	12.17	15.92	6.40	5.54	7.55	17.39	7.32	18.23	11.28
Percentage of individuals assessed by DIP who used cannabis in the previous month (2006/07)	Males	31.22	27.53	30.62	24.47	30.91	29.59	34.22	33.52	36.50	31.00
	Females	14.37	12.00	11.51	8.78	14.02	10.19	21.46	16.50	24.36	15.49
Percentage of individuals assessed by DIP who used cocaine in the previous month (2006/07)	Males	24.11	25.91	31.25	22.34	21.44	19.13	23.84	25.43	24.23	16.43
	Females	12.33	11.83	14.63	11.16	10.33	9.49	11.36	15.45	12.52	6.77
Percentage of individuals assessed by DIP who used crack cocaine in the previous month (2006/07)	Males	31.22	17.85	28.50	29.34	24.02	30.21	32.82	39.65	31.84	28.37
	Females	46.50	23.83	48.91	40.35	40.10	43.87	50.35	56.35	53.41	36.54
Percentage of individuals assessed by DIP who used ecstasy in the previous month (2006/07)	Males	6.08	9.17	7.12	5.33	6.07	4.88	6.96	4.22	8.26	7.32
	Females	2.30	2.33	1.40	1.51	1.72	1.73	3.65	2.27	5.11	2.56

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
Percentage of individuals assessed by DIP who used heroin in the previous month (2006/07)	Males	42.53	41.99	44.43	51.20	44.14	47.18	40.23	35.37	37.66	48.40
	Females	59.89	59.33	69.45	62.91	61.13	60.91	62.13	49.72	58.01	59.85
Percentage of individuals assessed by DIP who used illicit methadone in the previous month (2006/07)	Males	5.44	6.14	5.68	5.08	7.47	4.97	5.74	4.49	4.99	7.32
	Females	10.16	11.67	12.14	6.69	14.39	8.04	13.46	7.97	14.65	8.12
Percentage of individuals assessed by DIP who have injected (2006/07)	Males	35.83	45.70	39.43	50.98	29.31	33.08	48.05	20.26	33.10	54.47
	Females	48.74	55.33	53.42	58.43	47.36	37.49	57.36	35.44	52.13	64.51
STRUCTURED DRUG TREATMENT: GENERAL POPULATION											
Rate of individuals in contact with structured treatment services per 1,000 population (2006/07)	Males	8.33	9.81	11.48	11.20	7.47	8.40	5.20	9.27	4.89	8.39
	Females	3.27	3.44	4.57	4.42	2.78	2.96	2.26	3.76	1.99	3.35
Percentage of individuals in contact with structured drug treatment stating heroin as a main problematic drug (2006/07)	Males	62.66	65.09	64.42	72.40	66.26	74.44	56.56	45.11	61.89	65.35
	Females	61.04	66.67	65.32	71.98	63.94	72.45	53.45	41.01	57.75	66.09
Percentage of individuals in contact with structured drug treatment stating crack cocaine as a main problematic drug (2006/07)	Males	5.56	2.41	2.55	2.23	2.63	3.21	4.74	15.49	4.21	6.59
	Females	5.63	1.56	2.70	2.54	2.61	3.43	5.09	15.68	4.17	6.15
STRUCTURED DRUG TREATMENT: OFFENDING POPULATION											
Percentage of offenders assessed by DIP in contact with structured drug treatment services (2006/07)	Males	22.33	25.88	24.05	31.09	21.97	19.82	21.99	17.25	20.55	26.77
	Females	40.09	45.83	46.42	43.95	37.76	35.97	45.72	31.76	42.84	38.35
Percentage of offenders assessed by DIP who have previously been in contact with structured drug treatment services within the last two years (2006/07)	Males	37.39	45.04	38.76	47.84	39.58	34.45	39.03	27.86	36.74	46.74
	Females	55.86	65.50	64.89	64.94	58.67	47.12	58.91	41.42	55.79	63.46

Appendix 8: Glossary

APHO	Association of Public Health Observatories
ASBO	Anti-Social Behaviour Order
BCS	British Crime Survey
BRM	Black and Racial Minorities
CARAT	Counselling Assessment Referral Advice and Throughcare
Cfi	Centre for Infections
CI	Confidence interval
CMO	Chief Medical Officer
D(A)AT	Drug (and Alcohol) Action Team
DfES	Department for Education and Skills
DHI	Drug Harm Index
DIP	Drug Interventions Programme
DIR	Drug Interventions Record
DRD	Drug Related Death
DSR	Directly Standardised Rate
DWP	Department of Work and Pensions
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
FCE	Finished Consultant Episode
GHB	Gamma hydroxybutyrate
GOR	Government Office Region
HES	Hospital Episode Statistics
HIV	Human Immunodeficiency Virus
HPA	Health Protection Agency
HRBQ	Health Related Behaviour Questionnaire
IB	Incapacity Benefit
ICD	International Classification of Diseases
IDMU	Independent Drug Monitoring Unit
IMD	Index of Multiple Deprivation (2007)
LA	Local Authority
LSD	Lysergic Acid Diethylamide
LSOA	Lower Super Output Area
MDMA	3,4-methylenedioxy-N-methylamphetamine
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service
NON-PDU	Non-Problematic Drug User
NTA	National Treatment Agency
NWPHO	North West Public Health Observatory
OASys	Offender Assessment System
OCJS	Offending, Crime and Justice Survey
ONS	Office for National Statistics
PDU	Problematic Drug User
PMS	Psychiatric Morbidity Survey
SDA	Severe Disablement Allowance
SHEU	Schools Health Education Unit
THC	Tetrahydrocannabinol
UK	United Kingdom

Appendix 9: Drug classifications

Drug Classifications

The Misuse of Drugs Act (1971) divides drugs into three classifications, A, B and C. In law, Class A drugs are treated as the most harmful and Class C drugs as the least harmful. The maximum penalties for being convicted of an offence under the Misuse of Drugs Act (1971) are fixed according to the class of drug.

Class A

Includes heroin, crack cocaine, cocaine, ecstasy, hallucinogens (LSD and magic mushrooms), methadone, methamphetamine and any Class B drug that has been prepared for injection.

Class B

Includes amphetamine and cannabis.

Class C

Includes ketamine, anabolic steroids, GHB and amyl nitrate.

Notes

[illegible]

Notes

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About the Association of Public Health Observatories (APHO)

The Association of Public Health Observatories (APHO) represents and coordinates a network of 12 public health observatories (PHOs) working across the five nations of England, Scotland, Wales, Northern Ireland and the Republic of Ireland.

APHO facilitates joint working across the PHOs to produce information, data and intelligence on people's health and health care for practitioners, policy makers and the public.

APHO is the:

- single point of contact for external partners
- learning network for members and participants
- advocate for users of public health information and intelligence.

Further information about APHO, the PHOs and their work can be obtained from www.apho.org.uk

About the North West Public Health Observatory (NWPHO) and Centre for Public Health (CPH)



The North West Public Health Observatory (NWPHO) is an integrated part of public health intelligence in the Centre for Public Health at Liverpool John Moores University and the North West region. As a member of the Association of Public Health Observatories, NWPHO provides a lead role on alcohol, substance use, violence, dental health and work with the Health Protection Agency.



The Centre for Public Health (CPH) is a vibrant research and teaching community working in partnership to deliver health at local, regional, national and international levels. Specialising in applied research and educational programmes, the Centre addresses health issues at all levels from policy development to service delivery. The Centre is firmly committed to a multi-disciplinary approach to public health and works not only with health services but also with local authorities, judicial bodies, environmental services and community groups.

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