

Substance Misuse and Health Issues in Staffordshire

October 2007



Sharing knowledge: Informing solutions

Staffordshire
County Council

Substance Misuse and Health In Staffordshire

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This is a supplementary report, supporting the “Substance Misuse In Staffordshire 2007” Report. It provides further details on the Health aspects of substance misuse.

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Important Note

Whilst every care has been taken to represent the data and analysis fairly and accurately, the author would be grateful for any corrections, amendments or additions to this report (as per the contact details below or on the front page).

This report is not a compendium of everything known about substance misuse as it relates to health issues in Staffordshire. It is a first attempt to pull together as much of the existing information and analysis as possible around this subject area. It is hoped that the report will help stimulate an informed debate about substance misuse and influence the planning and delivery of relevant services.

Notable omissions from this report already identified include: the extent to which substance misuse contributes towards homelessness in Staffordshire; the extent of substance misuse in the Staffordshire prison population; and, the extent to which substance misuse contributes to the health/harm of sex workers. A number of other areas included in this report are based on national surveys/data and it is recognised that it would be preferable to source the data/analysis for Staffordshire, if possible.

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Key findings: alcohol misuse and health issues

Alcohol Consumption Amongst Adults

On the whole, men drink more than women. Young people drink more heavily, whilst older people drink more regularly. Married and co-habiting people drink more often than others, whilst single people drink more heavily but less often. Whilst there is no robust local data, anecdotally it is recognised that rates of alcohol (and drug) use are higher and over a longer period of time for gay and bisexual people than amongst heterosexuals. There is little difference in drinking patterns between those working full-time and those unemployed.

Consumption amongst Black & Minority Ethnic (BME) groups is lower than for the general population, with the exception of Irish. BME groups are not one homogenous group and significant variations exist. Consumption levels are higher for some minority ethnic groups—e.g. Irish and Black Caribbean—and lower for others—e.g. Bangladeshi and Pakistani—although the number of people from all BME groups in Staffordshire is low.

The vast majority of people (around 80%) are either low-risk drinkers or non-drinkers. Of the remaining fifth of the population it is estimated that in Staffordshire around 131,000 people are hazardous drinkers; 32,000 are harmful drinkers and 21,000 are dependent drinkers. (It is important to remember that individuals will move in and out of these categories over the course of a lifetime.)

National research shows that around three-quarters of men and over half of women drink at least one day a week. Just over a third of men and a fifth of women drink more than the recommended number of units at least one day a week. The proportion of men and women drinking above daily benchmarks has remained at the same level between 1998 and 2004. In the West Midlands the level has been slightly lower for men in all but one of the last five years (2003) and fell in line with the national figure in 2004. For women in the West Midlands the figure has been consistently below the national figure.

The heaviest drinking day of the week was Saturday. However, there was some variation by age. Younger people (16-24) reported Friday as the second heaviest drinking day. Older age groups were more likely to report Sunday as the second heaviest drinking day and for the over 65s Sunday was the heaviest drinking day.

Alcohol Consumption Amongst Children (11 to 15 years old)

Nationally, boys drink more than girls but the gap between the two has narrowed in the 2000s compared to what it was in the 1990s. The frequency of drinking amongst young people has fallen over the last three years, however, the mean consumption has gone up. Thus fewer children are drinking now than were drinking three years ago but those who are drinking are drinking more. Nationally mean alcohol consumption amongst children has roughly doubled over the last sixteen years. Most of that increase took place in the 1990s, with levels fairly stable between 1998 and 2005, although there has been an increase in the last year (2006).

The total percentage of children who have had an alcoholic drink in the last 7 days in Staffordshire is 30.4% this compares unfavourably with the national average of 21%. There is variation by district across the County ranging from 38.3% in Tamworth down to 27.3% in Cannock Chase. As you would expect there is variation by age with consumption increasing with age: around one-in-ten 11 year olds (11%) had an alcoholic drink in the last 7 days, rising to half (50%) of 15 year olds.

In Staffordshire it is estimated that there are about 15,000 children (under 16) living with at least one parent who misuses alcohol to a significant extent and that this can have a dramatic effect on children, making their lives stressed and difficult.

Local Alcohol Profiles for England: A Staffordshire Summary

Data from the Local Alcohol Profiles for England shows that generally alcohol related harm using these measures is greater for males than for females in Staffordshire. There are however some notable exceptions to this. Standardised Mortality Ratios (SMR) for chronic liver disease are higher for females than for males in six of the eight Local Authority Districts (LAD)—Tamworth and Lichfield being the exceptions. The SMR for chronic liver disease is also relatively worse compared to the regional and national figures for females in Staffordshire. Another interesting finding is for hospital admissions for under 18s where the rate per thousand population was higher for females than for males in six out of the eight (LAD) areas—Newcastle-under-Lyme and East Staffordshire being the exceptions.

The district areas of Cannock Chase and Newcastle-under-Lyme tend to be the two areas which record the highest levels of alcohol related harm using these measures.

Binge drinking estimates are highest in Tamworth and Stafford. All LADs in Staffordshire have a higher estimate of binge drinking than for the West Midlands as a whole and the estimate for Tamworth is also higher than the estimate for England.

The number of months of life lost attributable to alcohol are highest in Newcastle-under-Lyme where the figure reaches over a year (12.1 months). The inequality between males and females is also highest in Newcastle-under-Lyme (5.8 months higher for males than females).

Mortality from chronic liver disease is highest in Newcastle-under-Lyme for both males and females. SMR for 2004 has shown big increase in Cannock Chase for males and in Stafford for females.

Hospital admissions attributable to alcohol and for alcohol specific conditions are lower in Staffordshire than in the rest of the West Midlands and England as a whole.

Key findings: drug misuse and health issues

Drug Use patterns

In England just over a third of all adults report using drugs at least once in their lifetime. Around one-in-ten adults used one or more drugs in the last year (10.5% of those aged 16 to 59 years), in the West Midlands the proportion is slightly lower (9.1%). The most commonly used drug in 2005/06 was cannabis followed by cocaine. Levels of reported drug use are around twice as high for men than they are for women. Single or co-habiting adults are much more likely to report using drugs than married or widowed people.

Drug use varies among different ethnic groups with adults from 'Mixed' ethnic groups more likely to have reported using drugs in the previous year (26%) than the general adult population (11.9%). Adults from 'Asian' ethnic groups were least likely to have taken drugs in the last year (5%).

Drug Misuse Amongst Young People and Children

Drug use is highest amongst young adults—around a quarter of those aged 16 to 24 years old—and declines with age. However, since 2002/03 frequent drug use among 16 to 24 year olds has decreased. There has also been a decline in drug use amongst children (aged 11 to 15 years old). The proportion of boys and girls taking drugs are similar overall.

As with adults, the most commonly taken drug among young people is cannabis, 10% of pupils had taken cannabis in the last year. The next most common drug taken by pupils in the last year was sniffing glue, gas, aerosols or solvents (7%), followed by taking poppers (3%).

It is estimated that in Staffordshire there are between 3,000 and 4,500 children where one or both parents have serious drug problems.

Drug Misuse Data for Staffordshire

There were 158 hospital admissions related to drug misuse in Staffordshire in a year (April 2004 to March 2005). Around a third of these were due to poisoning from opium, heroin, other opioids and around half of these admissions were as a result of opiod dependence.

Over the last three and a half years there have been 54 drug related deaths in Staffordshire, of which 47 (87%) were men. The average age at time of death for men was 32 years old. There were more drug related deaths in 2004 and 2005 than in 2006. Heroin abuse was believed to be the cause in the majority of deaths.

Over the financial year 2005/6, 1,929 individuals received treatment from drug and alcohol services within Staffordshire, with a monthly caseload of approximately 1,250 people. The majority of these people were male, aged 25 – 34 and white. The proportion of self-referrals in Staffordshire are lower than the national figure with more referrals through Primary Care.

When the differences between the profile of Staffordshire and England are examined it can be seen that there are more people in Staffordshire receiving treatment who use opiates as their main drug but generally fewer in all other categories.

Substance misuse and health harm

Drug and alcohol misuse are known to have adverse effects on people's health ranging from short term damage caused by intoxication to longer term problems such as a reduction in the quality of life and potentially death. There are also wider, socio-economic impacts such as family breakdown, child neglect and debt.

Table 1—Summary of short-term and long-term health impacts from substance misuse

Drug	Short term impact	Long term impact
Heroin	Overdosing on heroin can cause heart failure, unconsciousness and coma. Risk of the user choking on their own vomit if they are sick whilst unconscious.	Increase risk of infection from injecting, such as HIV, Hepatitis C Long-term injecting may cause collapsed veins, appetite loss and severe constipation
Cocaine & crack	Raises blood pressure, causes irregular heart beat, increases body temperature. When taken in large doses can cause heart failure.	Extreme paranoia, depression, insomnia extreme weight loss and malnutrition impotence in men. Low birth weight, birth defects and drug dependent babies when used by pregnant mothers. Body becomes more tolerant to the drug, so does needs to increase to get same effect.
LSD (acid)	Accidental injury due to psychological effects of taking the drug (such as believing they can fly).	Psychological problems
Cannabis		Similar problems to those experienced by smoker – oral and lung cancer. Possible psychological problems.
Ecstasy	Dehydration. If taken in large amounts can cause feelings of anxiety, panic and confusion. Other unpleasant side effects include: dry mouth, nausea, raised blood pressure, depression.	
Amphetamines (speed)	Short-term dizziness, hallucinations, burst blood vessels which can, in very rare cases, lead to paralysis and may even be fatal. Insomnia. Depression.	Body becomes more tolerant to the drug, so does needs to increase to get same effect.
Alcohol	Increased chance of accidental injury. Increased chance of casual sex, which may result in unplanned pregnancy. More inclined to be argumentative, and potentially violent.	Chronic Liver Disease. Stomach disorders, such as ulcers Brain damage, including dementia and memory loss. More likely to commit suicide or suffer from depression. Increased risk of heart disease.

Wider Social and Community Harm related to Problematic Drug Use

Most of the harm from illegal drug use is caused by and to the group of users commonly classified as '**problematic drug users**'. These are users who are often dependent on Class A drugs, i.e. heroin, cocaine/crack, who live extremely chaotic lives, with high levels of risk to their health and that of others. Whilst problem drug use has a significant impact on society as a whole, it disproportionately affects the most deprived communities. Activities associated with drug use cause widespread distress to others, such as acquisitive crime which is driven by the need to fund drug purchase and the criminality around drug distribution which harms communities. Drug use and dealing exacerbates health inequalities since often the communities most plagued by dealing are those with fewest resources.¹

[The accompanying report on Substance Misuse and Community Safety in Staffordshire (produced August 2007) looks at evidence of some of the wider social and community related harm caused by Substance Misuse.]

Child Protection and Substance Misuse

A growing body of national and local research indicates the extent of issues arising in families where there is parental drug and/or alcohol misuse. Research acknowledges that in many families this will be a hidden problem, although the arising issues will manifest in ways that will be recognisable to all partner agencies. In reference to children in need and child protection, substance misuse is recognised in a significant proportion of families as outlined below.

The report '*Hidden Harm*'² estimated that 2-3% of children under 16 in England and Wales had one or both parents with serious drug problems. Applying this to Staffordshire there are between 3,000 and 4,500 children across the County who have parents with drug problems³.

It is estimated⁴ that there are about one million children (under 16) living with a least one parent who misuses alcohol to a significant extent and that this can have a dramatic effect on children, making their lives stressed and difficult. Harmful drinking can lead to substantial stress or aggression and can lead to severe consequences such as domestic violence, assault or neglect of children. This equates to almost one-in-ten children (based on ONS population estimate of 10.2million children aged 0 to 15 years old in 2006). Applied to Staffordshire this gives an estimates of around 15,000 children.

General profile of the Child Protection register

In Staffordshire County there are a total of 923 registrations on the Child Protection register. Table 2 (next page) shows a summary of the age and gender profile at registration from the Staffordshire Child Protection register. The split between males and females on the register is fairly even, 50.8 % are males and 48.6% are females, there are 5 people aged less than 1 on the register whose sex is not yet known. When the age breakdown of the register is analysed over 52% of the register are aged 5 and under.

¹ Choosing Health for the West Midlands: Recommendations for implementing Choosing Health and Achieving Health equality: A Report of the Regional Director of Public Health.(2005)

² Hidden Harm – Responding to the needs of children of problem drug users. Advisory Council on the Misuse of Drugs, 2003.

³ ONS Population Estimate for 0 to 15 year olds in Staffordshire in 2006 is 151,533. Although it is unlikely that the national proportion of children where one or both parents have a serious drugs problem applies equally across the UK, it can be used as a rough approximation in the absence of any robust local data. Thus the estimated rate of 2-3% of under 16 year olds equates to a range of between 3,031 and 4,546 children in Staffordshire (who have parents with serious drug problems).

⁴ Updated National Alcohol Strategy; Safe, Sensible, Social, DH 2007

The ethnicity profile of the Child Protection register falls in line with the general ethnicity profile of Staffordshire County Council as a whole with almost 91% coming from a White British background (information not available for 2%).

Table 2—Profile of Child Protection Register

Age at Registration	Male	Female	Total	Percentage
Less than one year	45	37	87	9.4%
1 to 2 yrs	112	108	220	23.8%
3 to 5 yrs	98	79	177	19.2%
6 to 9 yrs	107	91	198	21.5%
10 to 14 yrs	91	98	189	20.5%
15 to 17 yrs	16	36	52	5.6%
Grand Total	469	449	923	100%

Source: Child Protection Unit, Staffordshire County Council

Analysis of Pre-disposing risk factor

When the register is broken down by pre-disposing risk factor, alcohol misuse was noted in 170 cases (18.5%), substance misuse in 102 cases (11.1%) and 276 cases (29.9%) where domestic violence was noted. In addition to cases where just one pre-disposing risk factor was noted, there are also cases where more than one risk factor is present, such as 90 cases (9.8%) where alcohol and domestic violence was noted, 22 cases (2.4%) where substance misuse and domestic violence was noted and 22 cases (2.4%) where substance misuse and alcohol where noted. There was also 6 cases (0.7%) where all 3 risk factors were noted.

Analysis of Abuse code

The final variable held on the register is type of abuse seen, shown in Table 3 below. This shows that substance (i.e. drug) misuse is more strongly associated with neglect—drug misuse was a factor in over three-quarters (76.4%) of cases where there was neglect. Alcohol misuse seems to be associated with violence and with physical abuse and emotional abuse.

Table 3—Abuse code analysis from the Child Protection register

	Alcohol	Substance	violence	Alcohol & violence	Substance & violence	Alcohol & substance	Alcohol, substance & violence	All
Neglect	30.0%	76.4%	20.7%	16.7%	31.8%	54.5%	0.0%	41.8%
Emotional	41.2%	16.7%	53.6%	45.6%	54.5%	27.3%	66.7%	28.6%
Physical	15.3%	2.9%	16.3%	21.1%	9.1%	9.1%	16.7%	17.4%
Sexual	6.5%	1.0%	2.2%	6.7%	0.0%	4.5%	0.0%	7.4%
Multiple	7.1%	2.9%	7.2%	10.0%	4.5%	4.5%	16.7%	4.8%
Total cases	170	102	276	90	22	22	6	923

Source: Child Protection Unit, Staffordshire County Council

Alcohol Misuse and Health In Staffordshire

August 2007

Alcohol Consumption Patterns

Introduction

Alcohol is a social drug enjoyed by many people. Excessive and frequent drinking can damage health as well as leading to anti-social behaviour and violence. Most (around 80%) of the adult population of England are either non-drinkers or low-risk drinkers. These people are not considered alcohol misusers. This section of the report looks at those groups and populations who misuse alcohol, assessing the harm from alcohol misuse, and considering what can be done to reduce that harm.

Definitions

Units

Because alcoholic drinks vary in their volume and alcohol content, alcohol consumption in the UK is measured in terms of 'units' of alcohol. A 'unit' is a standardized measure of the alcohol content of a drink and approximates to 10ml or 8g of pure alcohol. The number of units in any one drink will therefore vary according to the alcohol content – the % alcohol by volume – and the volume or amount of the drink consumed. As a general guide a 'unit' of alcohol is the amount contained in half a pint (284ml) of beer, a single glass (125ml) of table wine, a single glass (50ml) of fortified wine, for example sherry, or a single measure (25ml) of spirits. (To calculate the number of units accurately in any given alcoholic drink, multiply the amount of drink in millilitres by the % ABV, and then divide by 1,000.)

Recommended limits

The Department of Health advises that men should not drink more than 3 - 4 units of alcohol per day, and women should drink no more than 2 - 3 units of alcohol per day. Pregnant women and those engaging in potentially dangerous activities should drink less or nothing at all. After an episode of heavy drinking it is advisable to refrain from drinking for 48 hours to allow the body to recover. This is a short term measure and people whose pattern of drinking places them at significant risk should seek professional advice. Such breaks are not required on health grounds for people drinking within the recommended benchmarks above.

The above guidance was effective from 1995 and was a change from a weekly to a daily measure of consumption. The General Household Survey continues to measure levels of weekly consumption in order to track changes in drinking patterns and use is still made of weekly units in describing risk.

Patterns of drinking¹

In England in 2004, around three-quarters of men (74%) and over half of women (59%) reported drinking an alcoholic drink on at least one day in the week prior to interview. Fifteen per cent of men and 8% of women reported drinking on every day in the previous week. Over a third of men (39%) and just over a fifth of women (22%) had drunk more than the recommended number of units on at least one day in the week prior to interview.

Older people were more likely to drink regularly—30% of men and 19% of women aged 45-64 drank on five or more days in the week prior to interview compared to 8% of men and 5% of women aged 16-24. Younger people were more likely to drink heavily, with 48% of men and 39% of women aged 16-24 drinking above the daily recommendations compared to 19% of men and 5% of women aged 65 and over.

Table 4 shows that, nationally, the proportion of men and women drinking above daily benchmarks has remained at the same level between 1998 and 2004. In the West Midlands the level has been slightly lower for men, in all but one of the last five years (2003) and fell in line with the national figure in 2004. For women in the West Midlands the figure has been consistently below the national figure.

Table 4—Adults¹ who drank more than 4 units (men) and 3 units (women) on at least one day in the week prior to interview (1998 to 2004)

	1998	1999	2000	2001	2002	2003	2004	Percentages	
								Weighted base (000's) 2004	Unweighted base 2004
men									
England	39	n/a	38	39	37	40	39	16,818	5,873
West Midlands	42	n/a	35	34	36	42	39	1,640	587
women									
England	21	n/a	22	22	22	22	22	19,097	6,815
West Midlands	21	n/a	19	17	19	21	19	1,966	712

1. Aged 16 and over

Source:

General Household Survey 2004, Office for National Statistics (ONS)

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Married or cohabiting people drink more often than other people, whilst single people drink more heavily but less often. The main difference between men and women was for widowed people with 67% of widowed men drinking in the week prior to interview compared to 44% of widowed women.

There was very little difference between the consumption of those working full-time and those unemployed, although those economically inactive drank less. (This is partly because the latter group includes those retired and those over 60 drink less.) Routine and manual workers were the least likely to drink more than the recommended daily benchmarks.

Unsurprisingly, the heaviest drinking day of the week was Saturday. However, there was some variation by age. Younger people (16-24) reported Friday as the second heaviest drinking day. Older age groups were more likely to report Sunday as the second heaviest drinking day and for the over 65s Sunday was the heaviest drinking day.

Alcohol misusers²

Models of care for alcohol misusers (MoCAM) identifies four main categories of alcohol misusers who may benefit from some kind of intervention or treatment: hazardous drinkers; harmful drinkers; moderately dependent drinkers and severely dependent drinkers. The categorization should be seen as a conceptual framework to assist commissioners in planning for a full range of services for a local area. Individual drinkers may move in and out of different categories over the course of a lifetime.

Table 5 shows estimates of the percentage and number of people which fall into the categories of hazardous, harmful and dependent drinkers for all Local Authority Areas in Staffordshire.

Table 5 - Estimated numbers of problem drinkers by local authority area for Staffordshire.

	<u>hazardous</u> drinkers		<u>harmful</u> drinkers		alcohol	Total*
	%	n	%	n	dependent drinkers	
Newcastle-under-Lyme	19.6	20,028	4.9	4,989	3,236	28,253
Stafford	19.8	20,203	4.3	4,411	3,214	27,828
South Staffordshire	19.2	16,814	4.5	3,914	2,724	23,452
East Staffordshire	18.5	15,942	4.6	3,996	2,757	22,695
Lichfield	19.6	15,508	4.6	3,606	2,486	21,600
Cannock Chase	19.7	14,878	5.3	4,024	2,472	21,374
Staffordshire Moorlands	19.4	15,275	4.4	3,467	2,443	21,185
Tamworth	20.0	11,960	5.4	3,216	2,013	17,189
Staffordshire County	19.5	130,609	4.7	31,624	21,344	183,577

* The total is an estimate of all people misusing alcohol who may benefit from some kind of intervention or treatment: hazardous drinkers; harmful drinkers; and dependent drinkers. The estimate for dependent drinkers is based on a national figure of 6% of men and 2% of women which has been applied to the local population (Calculations by the Public Health Department, South Staffordshire Primary Care Trust).

Source: NWPHO from Health Survey for England, Hospital Episode Statistics, Office for National Statistics mid-year population estimates and mortality data and the Census of Population 2001. Local Alcohol Profiles for England 2007, North West Public Health Observatory, www.nwph.net/alcohol/lape and 2006 mid year population estimates, National Statistics, Crown copyright.

Hazardous drinkers

Hazardous drinkers are drinking at levels over the sensible drinking limits, either in terms of regular excessive consumption or less frequent sessions of heavy drinking. However, they have so far avoided significant alcohol related problems.

Harmful drinkers

Harmful drinkers are usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers. Unlike hazardous drinkers, harmful drinkers show clear evidence of some alcohol-related harm.

Moderately dependent drinkers

Moderately dependent drinkers may recognize that they have a problem with drinking, even if this recognition has only come about reluctantly through pressure, for example from family members or employers. This is a very broad category and includes a wide range of severities and types of problem. Nevertheless, in older terminology, drinkers in this category would probably not have been described as 'chronic alcoholics'.

Severely dependent drinkers

People in this category may have long-standing problems. This category includes individuals described in older terminology as 'chronic alcoholics'. Typically, they have experienced significant alcohol withdrawal and may have formed the habit of drinking to stop withdrawal symptoms. They may have progressed to habitual significant daily alcohol use or heavy use over prolonged periods or bouts of drinking.

Alcohol Consumption Amongst Children (11 to 15 years old)

National data has been published⁵ on drinking patterns among young people between 1988 and 2006. The proportion of pupils (aged 11 to 15 years old) who drank alcohol in the last week has varied between 20% and 27% since 1988 and has been on a decline over the last three years.

Historically boys were more likely to drink than girls but that was reversed for the first time in 2005 (circled red on Figure 1). This was due to a falling prevalence for boys, rather than an increased prevalence for girls. This was reversed again in the last year (2006), with a higher figure for boys than girls. However, it is evident from Figure 1 that the proportion of pupils who drink has been much more similar for boys and girls in the 2000s compared to the 1990s when there was a clearer gap between boys and girls. The proportion of boys who drank alcohol in the last week (20%) was lower in 2006 than in any previous survey.

As would be expected, the proportion of pupils who drank alcohol in the last week increased with age from 3% of 11 year olds to 41% of 15 year olds (2006).

Figure 2 shows the mean alcohol consumption in units for pupils who had drunk alcohol in the last week. Consumption has remained consistently higher for boys than for girls. In 2006 the average number of units of alcohol consumed for both boys (12.3 units) and girls (10.5 units) is roughly double that of sixteen years ago when the survey first took place (5.7 units for boys and 4.7 units for girls in 1990). However, this increase in consumption mainly took place during the 1990s. The mean consumption remained at a fairly constant level between 1998 and 2005 but has shown an increase in the last year (2006).

Figure 1—Proportion of pupils who drank alcohol in the last week, by sex 1988-2006

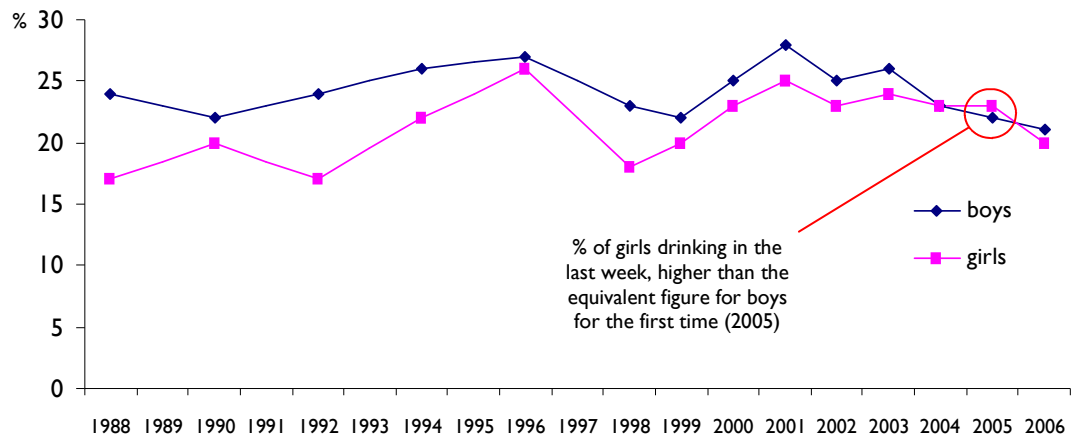
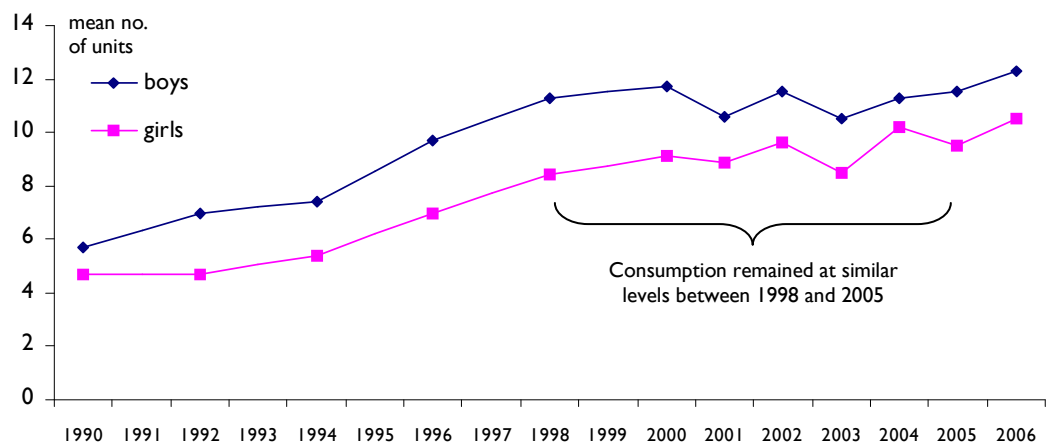


Figure 2—Mean alcohol consumption of those who had drunk in the last week, by sex 1990-2006



⁵Source: Drug use, smoking and drinking among young people in England in 2005. A survey carried out for The Information Centre for health and social care by the National Centre for Social Research and the National Foundation for Educational Research. Edited by Elizabeth Fuller. Chapter 8 'Drinking alcohol' by Rebecca Constantine. Copyright © 2006, The Information Centre. 31st August 2007.

Beer, lager and cider remain the type of drink pupils are most likely to consume. However, since 1990, proportions of pupils drinking spirits in the last week have increased as have those drinking alcopops (first asked about in 1996), whereas the proportions drinking shandy and fortified wine have decreased.

Pupils felt that television (78%), parents (76%), and teachers were the most helpful sources of information about smoking, alcohol and drugs.

Staffordshire Children's Alcohol Survey 2007

Introduction

In addition to what we know about patterns of consumption amongst children nationally, there is also evidence of the local picture from the Children's Alcohol Survey carried out in Staffordshire. This survey took place in early 2007. All secondary schools in Staffordshire were sent questionnaires to poll students on their alcohol intake⁶.

Response Rate

The 2007 survey gives a reasonable response rate across the whole County Council area and a good mix by sex and age although there are variations such as no children under 13 responding in Tamworth and very few in Staffordshire Moorlands which should lead us to use results by area and especially by School with caution. (See Appendix I for a breakdown by Local Authority District—LAD—area.)

Children who have had an alcoholic drink in the last 7 days

The total percentage of children who have had an alcoholic drink in the last 7 days in Staffordshire is 30.4% this compares unfavourably with the national average of 21%. The results show that there is variation by district across the county ranging from 38.3% in Tamworth down to 27.3% in Cannock Chase. As you would expect there is variation by age with consumption increasing with age: around one-in-ten 11 year olds (11%) had an alcoholic drink in the last 7 days, rising to half (50%) of 15 year olds.

Fig 3 Boys who have had an alcoholic drink within the last 7 days

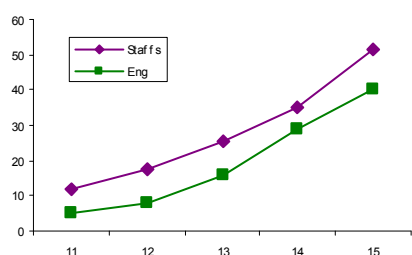


Fig 4—Responders who have had an alcoholic drink within the last 7 days

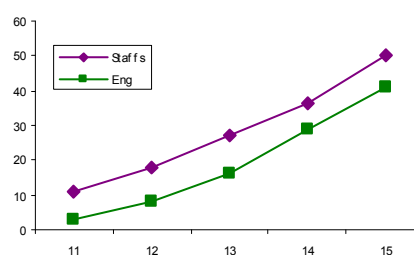
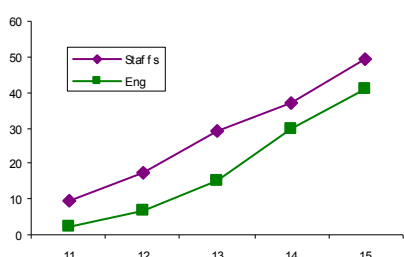


Fig 5 Girls who have had an alcoholic drink within the last 7 days



⁶The schools were encouraged to complete the survey and the results were returned to the County Council for analysis. Please note that the analysis presented by Local Authority is based on which Local Authority the School lies in rather than the home address of the students.

Source: Staffordshire County Council 2007

Average number of units drunk in the last 7 days

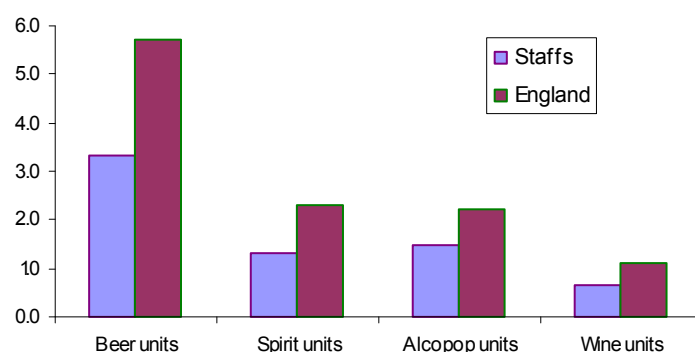
Again the results show that there is variation across the County in the average number of units drunk by pupils in the last week, ranging from 5.7 units in Stafford to 7.4 units in East Staffordshire and Staffordshire Moorlands (see Table 6, below). The mean units of alcohol drunk in the last 7 days in Staffordshire is 6.8 this compares favourably with the national mean of 10.5. As you would expect there is variation within age groups ranging from 3.8 units for 11 year olds up to 8.5 units for 15 year olds (see Fig 6, below).

Table 6—Average number of units drunk by age and Local Authority District area

	Age					Total
	11	12	13	14	15	
East Staffordshire	6.6	2.6	4.2	8.1	9	7.4
Staffordshire Moorlands	16		4.3	6.7	9.8	7.4
Newcastle-under-Lyme	3	5.3	5.8	7.7	8.5	7.1
South Staffordshire	1.6	3.9	6	8	9.2	7.1
Cannock Chase	4.9	5	4.1	8	9.2	6.8
Tamworth			5.3	6.8	7.1	6.6
Lichfield	2.8	5.2	5.4	7.6	8.9	6.5
Stafford	1.8	3.9	4.4	6.5	7.1	5.7
Total units	3.8	4.6	5	7.5	8.5	6.8

Source: Staffordshire County Council 2007

Figure 6—Average units of alcohol drunk in the last 7 days by type of drink

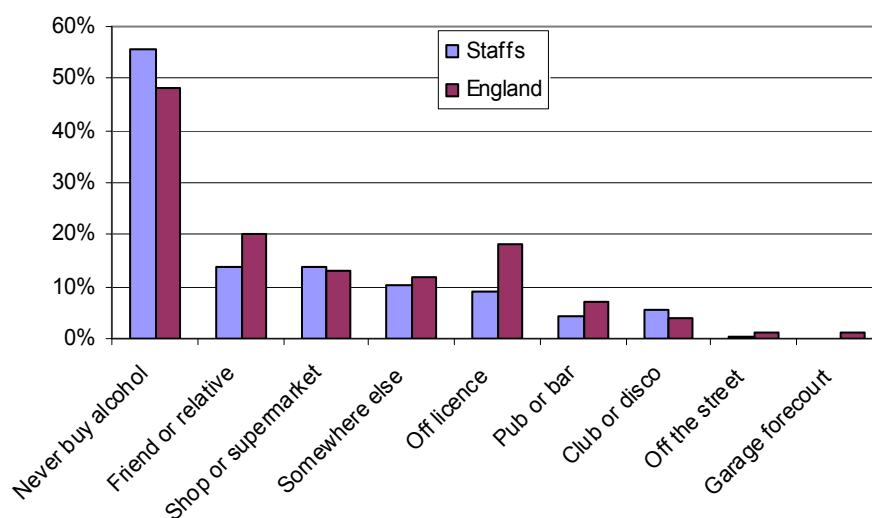


Source: Staffordshire County Council 2007

Where alcoholic drinks are usually bought

The graph below shows where children responding to the survey usually bought their alcohol. There are differences between the local and national data, for example less people in Staffordshire get their alcohol from a friend or relative, off-licence or pub/bar but more obtain their alcohol from supermarkets and clubs or discos. It is also worth highlighting that although a higher percentage than nationally have had an alcoholic drink more than half (56%) never buy alcohol which suggests that someone else is obtaining it for them.

Figure 7 Where do 11 to 15 year olds usually buy their alcoholic drinks

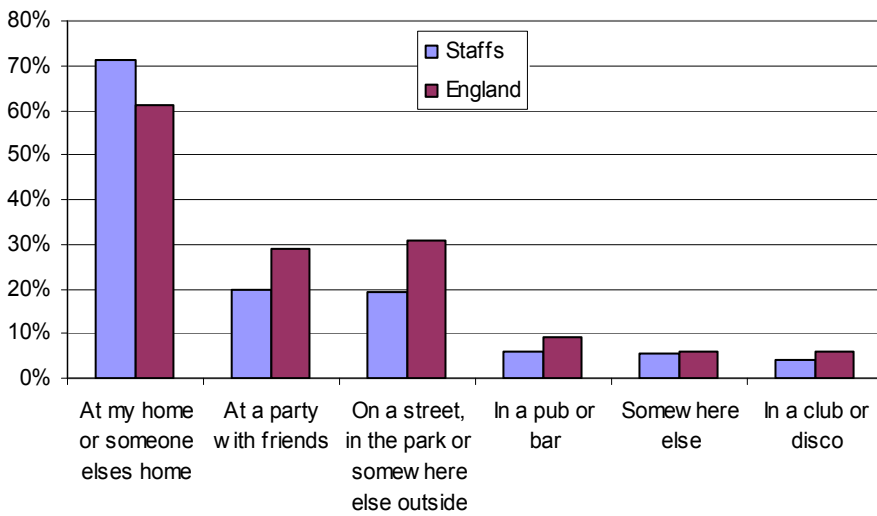


Source: Staffordshire County Council 2007

Where the alcohol is usually drunk

When we looked at where children in the Staffordshire survey drink alcohol there are again several noticeable differences with the national data. Children in Staffordshire are more likely than the national average to drink alcohol at their home, or someone else's home, but are less likely to drink at a party or somewhere outside like a park or street. This highlights the fact that agencies should not be solely concerned with removing visible drinking amongst young people such as on the streets and in parks, if alcohol is still being consumed at potentially harmful levels by young people then the attitudes towards alcohol consumption amongst young people and adults also needs to be addressed. Activity should be aimed at education/prevention as well as a punitive approach.

Figure 8 Where do 11 to 15 year olds usually drink alcohol



Source: Staffordshire County Council 2007

Alcohol Consumption in Black & Minority Ethnic Groups

The Health Survey for England 2004⁷ found that, apart from Irish respondents, both men and women in minority ethnic groups were less likely than the general population to have had a drink in the week prior to interview or to have drunk above the daily recommendations. For example, Figure 9 (right) shows that just 1% of Bangladeshi men and women drank alcohol, compared to 76% of men and 61% of women in the General Population.

The figure for Bangladeshis is unique in that it is the same for both men and women (1% drank alcohol in the week prior to interview). Figure 9 shows that this was not the case in any other ethnic group, where generally more men than women drank alcohol. The difference between Indian men and women was greater than for any other ethnic grouping (47% of men drank alcohol compared to 21% of women).

A survey of alcohol consumption amongst second and subsequent generation people in BME communities in Birmingham and Leicester was reported in Alcohol Concern's Quarterly Information and Research Bulletin in 2003⁸. Although this survey does not sample people from Staffordshire it nevertheless provides a useful indication of changing patterns of consumption amongst BME groups in the Midlands. In the absence of any other data/research to suggest otherwise, this can be assumed to be indicative of consumption patterns amongst the equivalent BME communities in Staffordshire as well. The survey was based on a sample where 93% were under 40 years old. The findings of this research are shown in Figure 10 (next page).

Figure 10 shows that this survey found higher proportions of men and women from each group reporting drinking alcohol occasionally, and a third of Black men and just under a quarter of Black women, and a quarter of Sikh men, drinking at least fairly heavily in the last week.

This survey also provides further local insight regarding the high figure of Indians who abstained from drink (highlighted in the national data used in Figure 9). Figure 10 shows that the number of Indian Sikh men who sometimes drink is much higher (71%) than the corresponding figure for Indian Hindus (34%). Also, the number of males in both categories, but particularly for Indian Sikhs, is much higher than for Indian females. This pattern is replicated for those who drank at least fairly heavily and very heavily (in the last week). This also highlights the importance of not considering all people from BME groups as one homogenous group.

Figure 9—Percentage of individuals who drink alcohol by minority ethnic group and gender. (Health Survey for England 2004¹)



Notes

1. Percentage figure shows those who did not abstain from drinking alcohol in the week prior to interview.
2. Aged 16 and over
3. The General Population comprises the whole population and includes respondents from all ethnic groups.

⁷ Source: Health Survey for England 2004: The Health of Ethnic Minorities. The Information Centre

Based on this regional data, it is second and subsequent generation Black and, to a slightly lesser extent, Indian Sikhs who are drinking fairly or very heavily. As for the rest of the population consumption in second and subsequent generation BME groups is higher amongst men than women. Other second and subsequent generation BME groups - Indian Hindus, Pakistanis and Bengalis - are not showing any fairly or very heavy drinking.

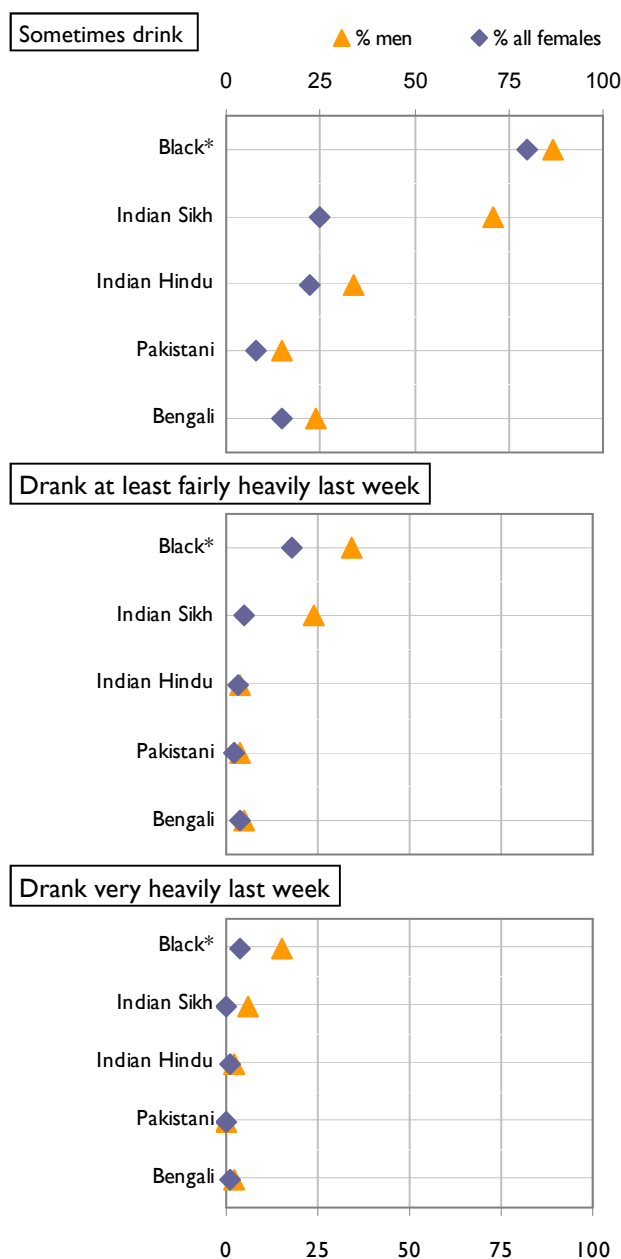
It is worth highlighting that consumption patterns may be higher for some ethnic minority populations as there is evidence that where there is a prohibition on drinking, as in the Muslim community, it would be difficult for respondents to admit to drinking – even to an anonymous self report survey - and in those south Asian communities where some level of consumption is accepted, there would be constraints on admitting excess drinking in order not to compromise one's own respect or one's family's standing.

Substance Misuse in the Lesbian, Gay, Bisexual and Transgender (LGBT) Community

Anecdotally it has long been recognised that gay people as a group have higher rates of drug and alcohol use than their heterosexual counterparts and use drugs and alcohol over a longer period of time. Social exclusion and discrimination no doubt contributes to this situation, as does the mental turmoil experienced by many gay and bisexual people during their coming out process. Further, there are structural issues within the gay communities, which are often centred on pubs and clubs and a concentration of alcohol and drug use.

It is interesting to note that there is evidence that young gay men and their heterosexual counterparts begin drinking at a similar age and drink similar amounts, however, alcohol consumption declines in the heterosexual male population at around age thirty whereas in the gay and bisexual male communities alcohol intake remains high throughout their lives.

Figure 10—Drinking among second and subsequent generation Black and Asian Communities in Birmingham and Leicester¹



*The term 'Black' includes Black Caribbean, Black African and Black British

¹ Source: Purser, R., Johnson, M., Orford, J., Davis, P. (1999) Drinking in second and subsequent generation Black and Asian communities in the English Midlands, Alcohol Concern, London (presented in Acquire: Alcohol Concern's Quarterly Information and Research Bulletin, Alcohol Concern, Spring 2003).

Local Alcohol Profiles for England: A Staffordshire Summary

Local Alcohol Profiles for England

This section looks at the national alcohol indicator set produced by North West Public Health Observatory (NWPHO) who have the lead role on alcohol for the Association of Public Health Observatories. NWPHO and the Alcohol Research Unit (Centre for Public Health, Liverpool John Moores University) brought together data and intelligence across a range of sources to produce the first national indicator set to help inform local, regional and national alcohol policy⁹.

Data was published for every Local Authority District (LAD) area in England. This analysis summarizes data for the eight LADs in Staffordshire across a number of indicators and uses comparative figures for the West Midlands and England to add further context.

Where data is available showing change over time this is also included here. The following indicators are covered:

- Binge drinking (synthetic estimates)
- Number of months of life lost
- Chronic liver disease
- Alcohol related mortality (2002 to 2004)
- Hospital admissions attributable to alcohol
- Hospital admissions for alcohol specific conditions
- Under 18 hospital admissions for alcohol specific conditions

This data set is very useful because it provides data across the whole country and therefore allows for regional and national comparison. However, as data is analysed at the level of LADs it is important to remember that this will mask smaller localities within LADs where the indicator may be much worse, or much better, than for the LAD overall.

About the charts

The Charts used in this section are dot plots. Each chart shows data for each LAD area in Staffordshire, and a comparative figure for the West Midlands. For each piece of data, lines have been added to represent the upper and lower confidence limits for that data. The red line indicates the comparative figure for England.

Summary

Data from the Local Alcohol Profiles for England shows that generally alcohol related harm using these measures is greater for males than for females in Staffordshire. There are however some notable exceptions to this. Standardised Mortality Ratios (SMR) for chronic liver disease are higher for females than for males in six of the eight Local Authority Districts (LAD)—Tamworth and Lichfield being the exceptions. The SMR for chronic liver disease is also relatively worse compared to the regional and national figures for females in Staffordshire. Another interesting finding is for hospital admissions for under 18s where the rate per thousand population was higher for females than for males in six out of the eight (LAD) areas—Newcastle-under-Lyme and East Staffordshire being the exceptions.

The district areas of Cannock Chase and Newcastle-under-Lyme tend to be the two areas which record the highest levels of alcohol related harm using these measures. Binge drinking estimates are highest in Tamworth and Stafford. All LADs in Staffordshire have a higher estimate of binge drinking than for the West Midlands as a whole and the estimate for Tamworth is also higher than the estimate for England.

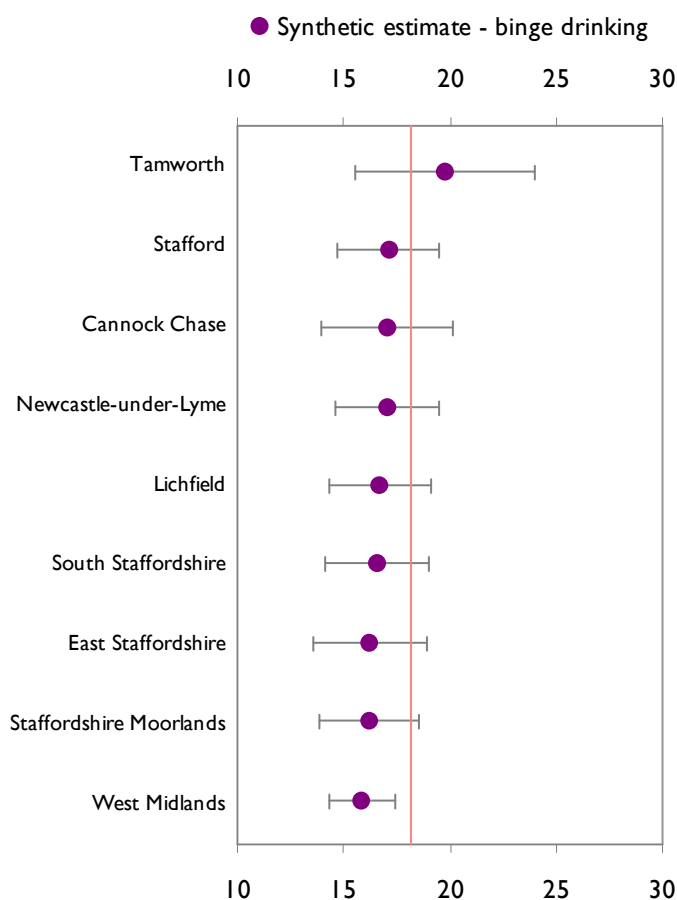
⁹ For further information visit www.nwph.net/alcohol/lape. In particular, refer to the document 'Alcohol Indicator Development: Methodology and Definitions' by Hooper J, Dedman D, Hennell T, Kelly G, Tocque K, web version 1.1.

The number of months of life lost attributable to alcohol are highest in Newcastle-under-Lyme where the figure reaches over a year (12.1 months). The inequality between males and females is also highest in Newcastle-under-Lyme (5.8 months higher for males than females).

Mortality from chronic liver disease is highest in Newcastle-under-Lyme for both males and females. SMR for 2004 has shown big increase in Cannock Chase for males and in Stafford for females.

Hospital admissions attributable to alcohol and for alcohol specific conditions are lower in Staffordshire than in the rest of the West Midlands and England as a whole.

Figure 11—Percentage of adults aged 16 and over who binge drink 2000 to 2002 (synthetic estimate).

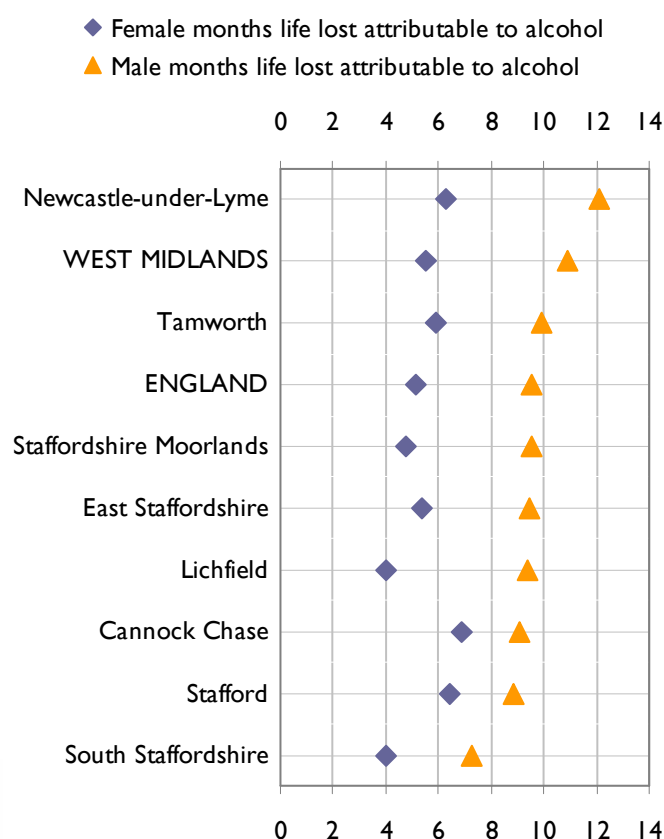


Binge drinking (synthetic estimates)⁵

The dot plot in figure 11 (left) shows the percentage of people estimated to binge-drink in each area. This is a synthetic estimate of the proportion (%) of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, 8 or more units for men and 6 or more units for women). The estimates are modelled on the demography and associated characteristics of the local population—they are not an actual recording of the levels of alcohol consumption. (Estimates originally produced for the Department of Health, 2005).

All LADs in Staffordshire have a higher percentage of people estimated to binge-drink than the regional figure for the West Midlands. Tamworth has the highest estimate in Staffordshire for the percentage of the population binge drinking and is the only LAD in the County which has an estimate (19.8%) which is above the average for all of England (18.2%). Although the confidence intervals for this are large, the figure for Tamworth is above all other LADs in Staffordshire (between 16.2% and 17.1%) and the West Midlands estimate (15.9%), all of which are very similar.

Figure 12—months of life lost attributable to alcohol



Number of months of life lost

The number of months of life lost attributable to alcohol are shown in Figure 12 (left) for males and females. The number of months of life lost is higher for males than for females in all areas. The highest figure is for males in Newcastle-under-Lyme where the number of months of life lost is just over a year (12.1 months). This is the only LAD in Staffordshire for which the figure is higher than that for the West Midlands (10.9 months) and England (9.6 months). Tamworth is the next highest LAD for males in Staffordshire with 9.9 months of life lots attributable to alcohol. Cannock Chase had the highest number of months of life lost for females, with 6.9 months.

The difference or inequality between males and females differs in areas. In LADs such as Cannock Chase and Stafford the difference is fairly low—2.2 and 2.4 months respectively between males and females. Conversely in the LADs of Newcastle-under-Lyme and Lichfield the difference or inequality is much larger—5.8 and 5.4 months respectively.

Chronic liver disease

Figures 13, 14 (below) and 15 (next page) show the Standardised Mortality Ratios (SMR) for chronic liver disease. This is created where a set of age-specific reference rates are applied to the population of a LAD. From this an expected number of deaths is obtained and the ratio of observed/expected deaths is multiplied by 100 to give the SMR.

Figures 13 & 14 show mortality from chronic liver disease (SMR). Figure 15 shows the SMR for chronic liver disease over the three year period 2002 to 2004. Combined these charts provide a useful description of mortality from chronic liver disease at LAD area level in the context of the last three years (for which data is available).

The SMR for mortality from chronic liver disease are higher for women than for men. Figures 13 and 14 use the same scale and show this comparison. Figure 14 also shows that for women, the rates are relatively higher in Staffordshire compared to the regional and national figures. For women the rates in three LADs are above the West Midlands and five are above England in terms of the SMR. So compared to elsewhere, mortality from chronic liver disease is relatively more of a problem for women than for men in Staffordshire.

Figure 13 shows that Newcastle-under-Lyme has the highest mortality rate for chronic liver disease (SMR 2002 to 2004) for both males and females, where the SMR is above both the West Midlands and England. Looking at the annual figures over this three year period (Figure 15) shows consistently high figures for females in Newcastle-under-Lyme but a fall in the SMR for males in Newcastle in the last year (2004). Cannock Chase had a high figure for males in 2004. For females there was a particularly high figure in 2004 in Stafford and South Staffordshire.

Figure 13—Mortality from Chronic Liver Disease: males

▲ Mortality from chronic liver disease (SMR) males 2002-04

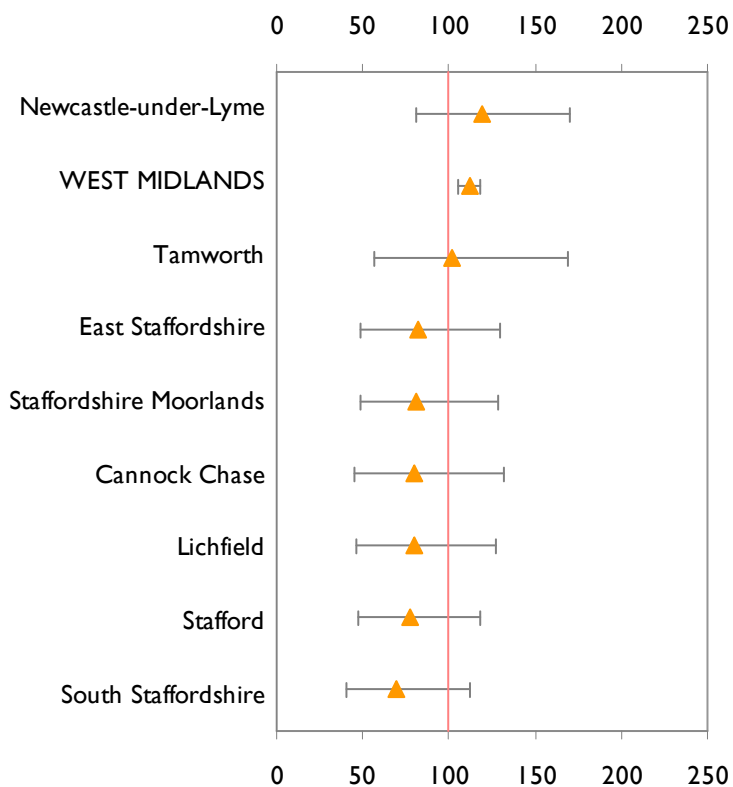


Figure 14—Mortality from Chronic Liver Disease: females

◆ Mortality from chronic liver disease (SMR) females 2002-04

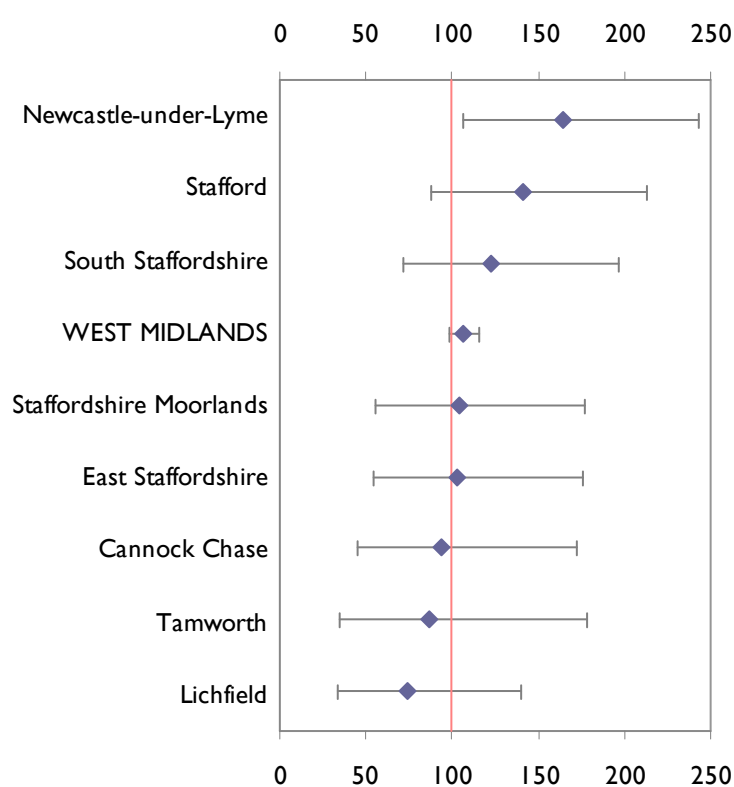


Figure 15—Annual trends in mortality from chronic liver disease (SMR) 2002 to 2004:

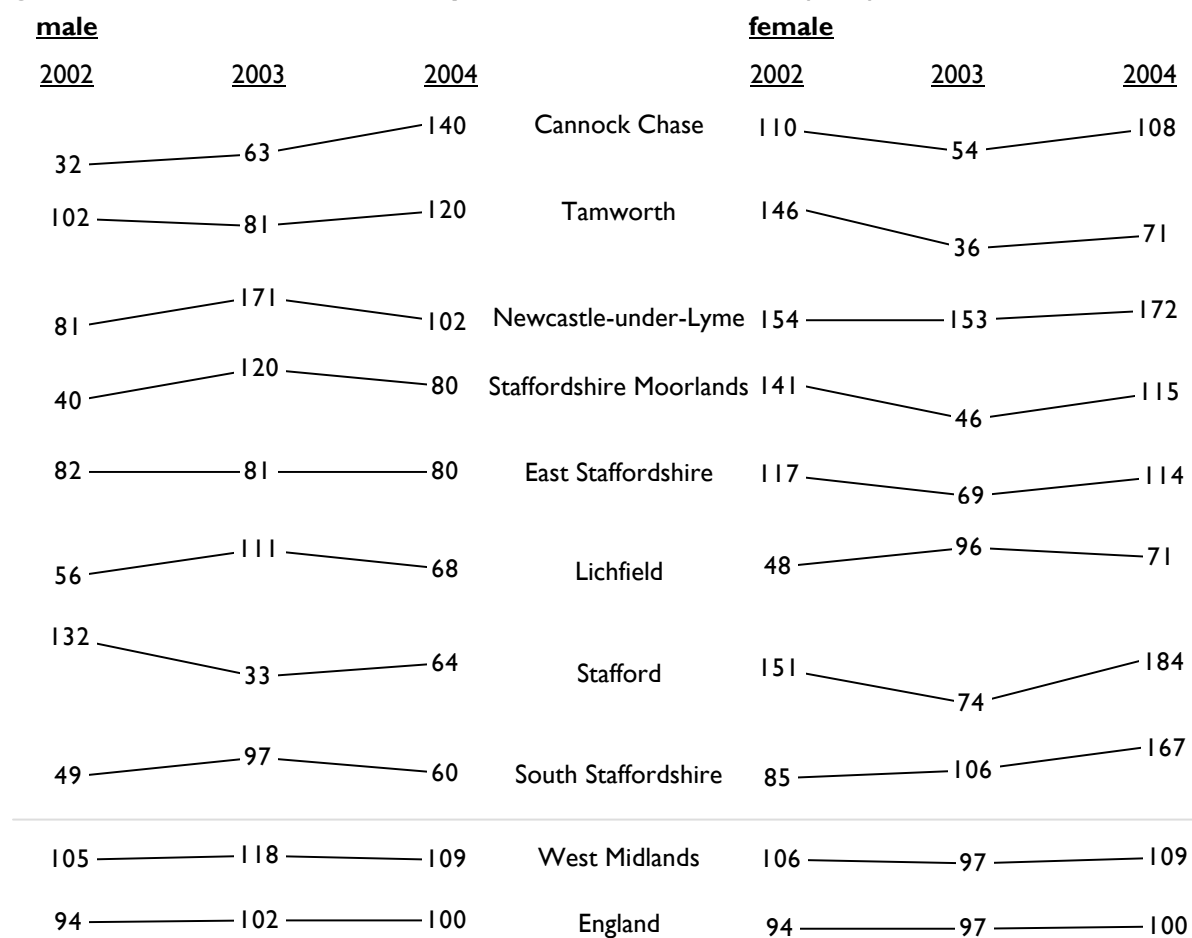


Figure 16—Mortality from alcohol related conditions: males

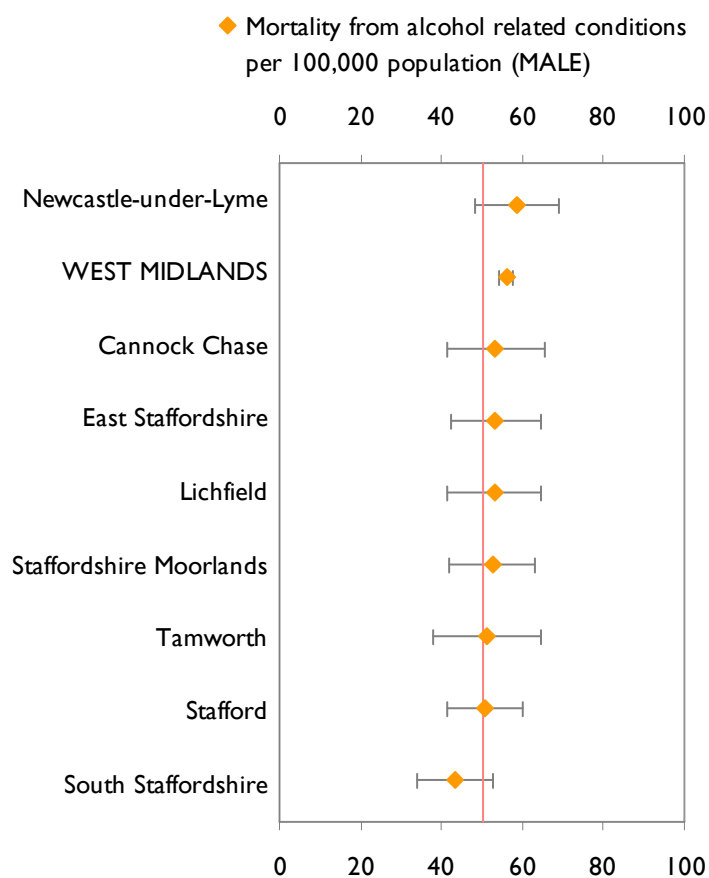
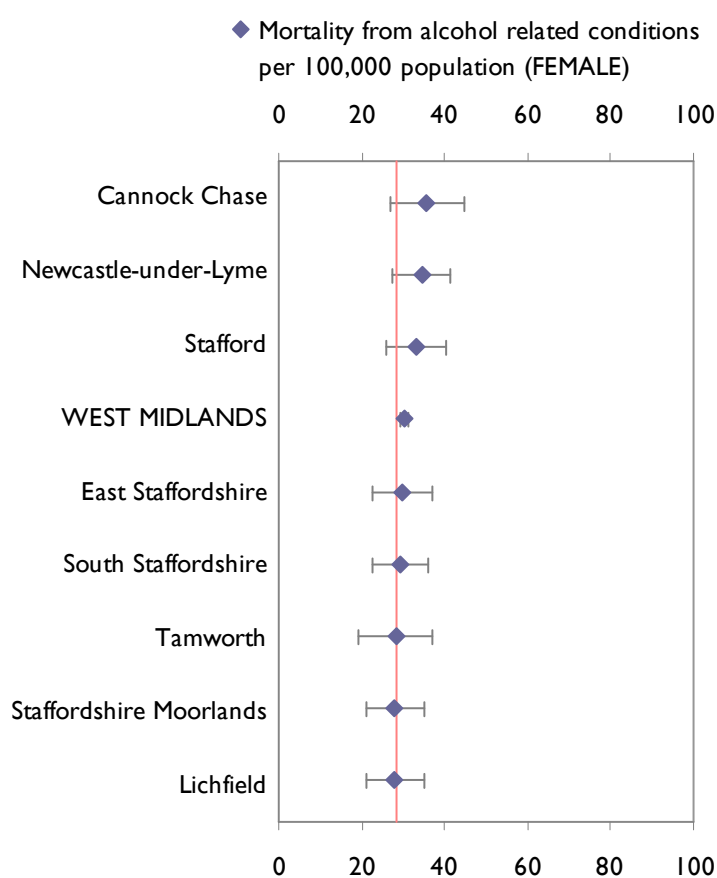


Figure 17—Mortality from alcohol related conditions: females



Alcohol related mortality (2002 to 2004)

Mortality from alcohol related conditions was high in Newcastle-under-Lyme and Cannock Chase for both males and females (See Figures 16 and 17, above). Generally rates per thousand population for LADs in Staffordshire were similar to the mortality rate for England.

Hospital admissions attributable to alcohol and for alcohol specific conditions

Figures 18 and 19 (next page) show the hospital admission rates per thousand population for admissions attributable to alcohol for males (Figure 18) and females (Figure 19). Figures 20 and 21 show the admission rates for alcohol specific conditions.

Hospital admissions attributable to alcohol are more numerous than those for alcohol specific conditions. The charts on the next page (Figures 18, 19, 20 and 21) show that on the whole the number of all hospital admissions per thousand population is lower for LADs in Staffordshire than for the West Midlands and England as a whole. (The only exception to this is in Newcastle-under-Lyme where hospital admissions for alcohol specific conditions are higher than for the West Midlands as a whole, for females.)

There is a large difference between males and females for hospital admissions attributable to alcohol in East Staffordshire which has the highest rate in Staffordshire per thousand population for males and the lowest rate for females. Newcastle-under-Lyme has the highest rate in the other three measures of hospital admissions.

Figure 18—Hospital admissions attributable to alcohol: males

▲ Male hospital admission attributable to alcohol per 100,000 population

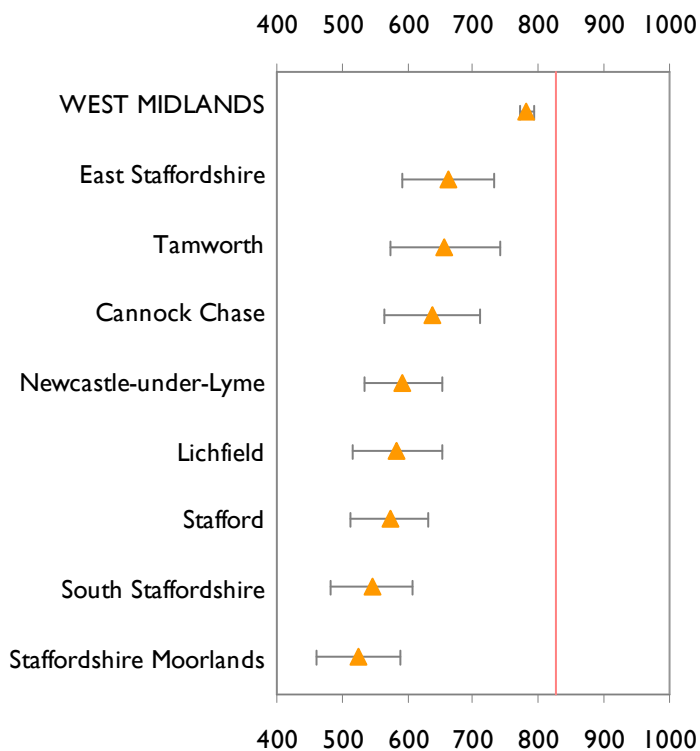


Figure 19—Hospital admissions attributable to alcohol: females

◆ Female hospital admission attributable to alcohol per 100,000 population

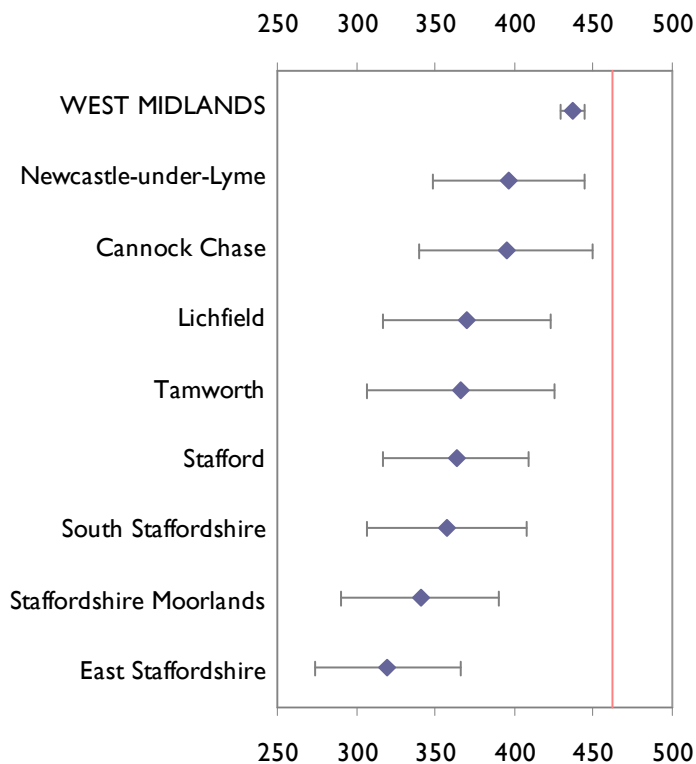


Figure 20—Hospital admissions for alcohol specific conditions: males

▲ Male hospital admission for alcohol specific conditions per 100,000

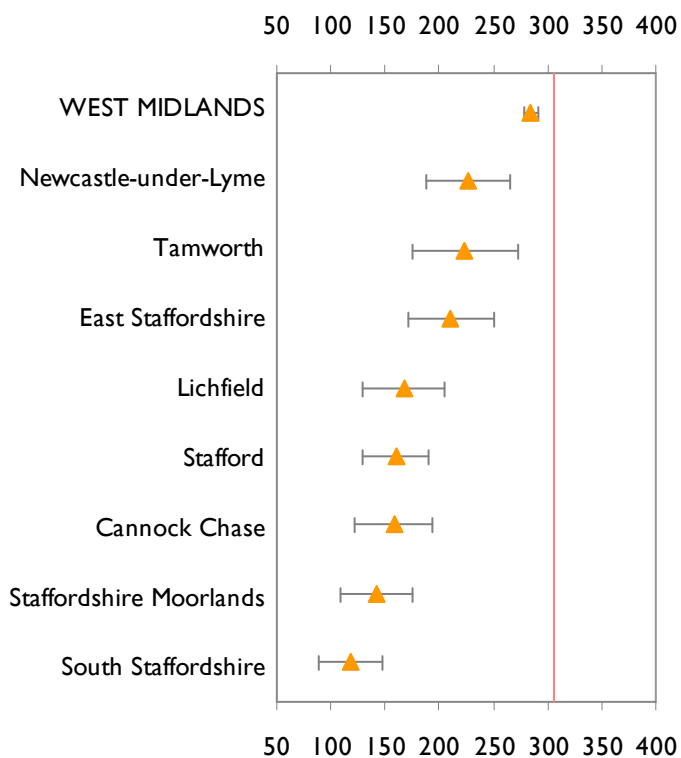
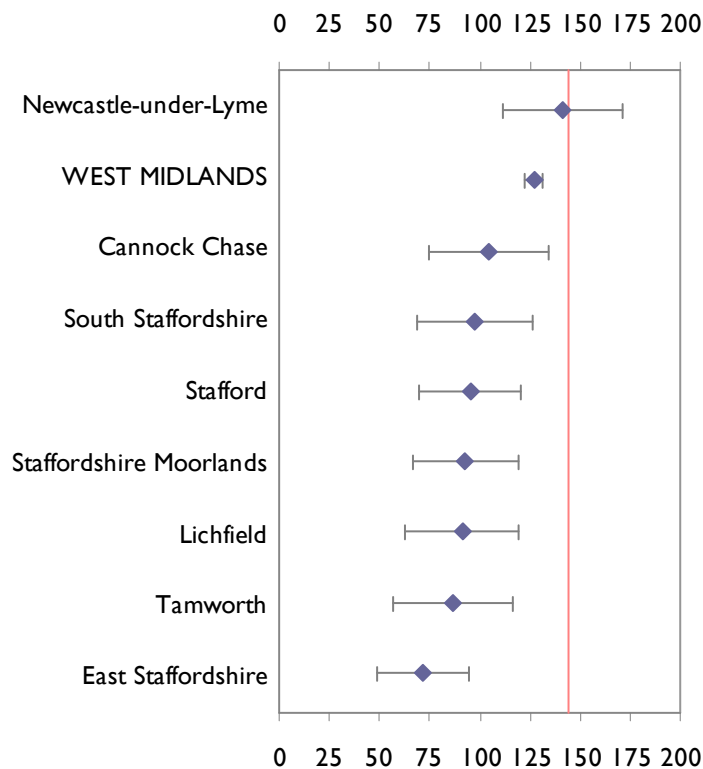


Figure 21—Hospital admissions for alcohol specific conditions: females

◆ Female hospital admission for alcohol specific conditions per 100,000 population

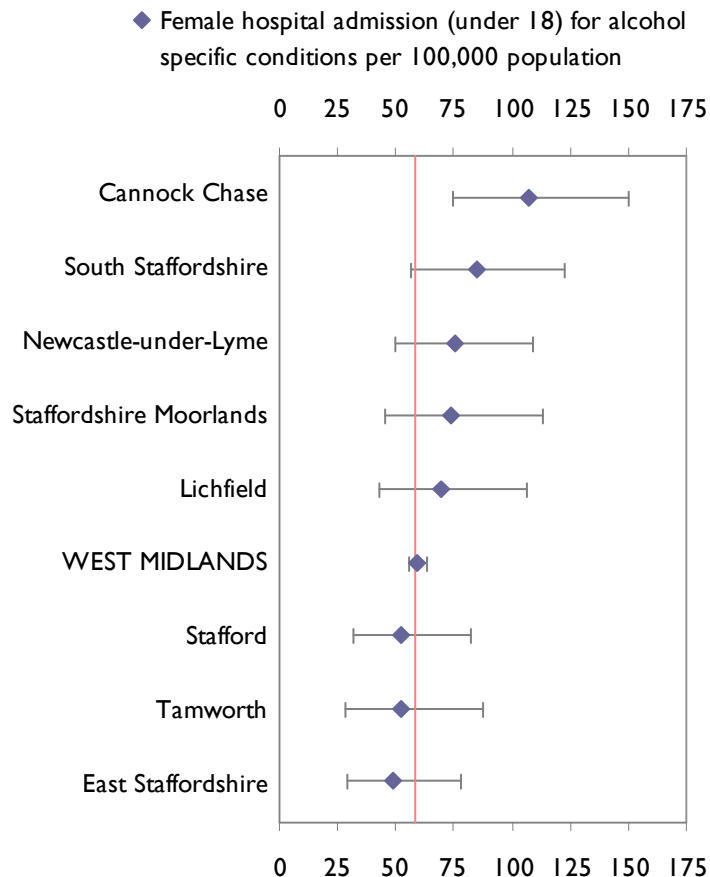
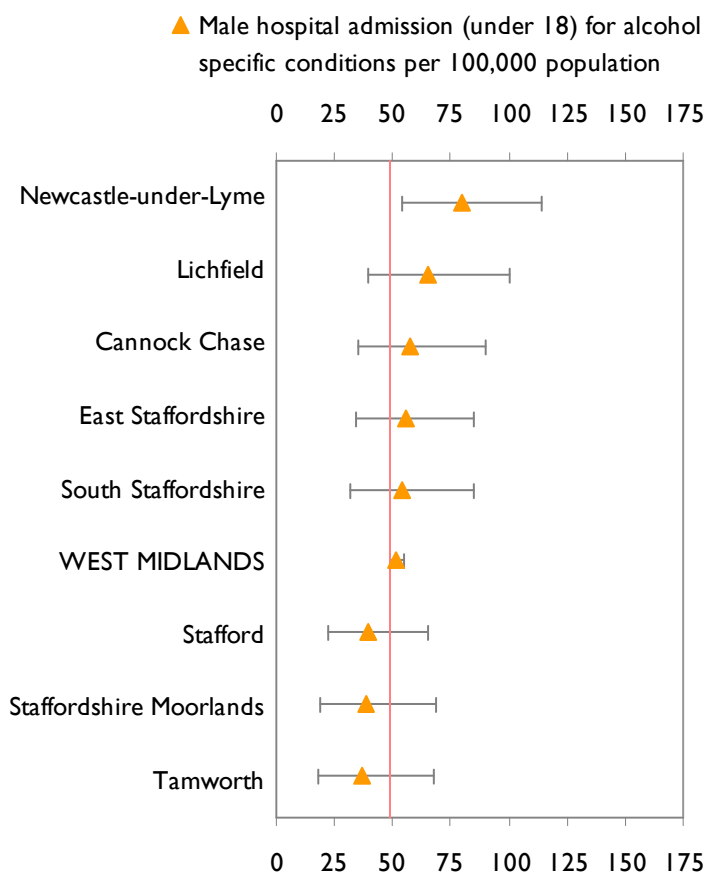


Under 18 hospital admissions for alcohol specific conditions

Under 18 hospital admissions for alcohol specific conditions are interesting as the rates per thousand population are higher for females than for males in six of the eight LAD areas— Newcastle-under-Lyme and East Staffordshire being the exceptions. Figures 22 and 23 (below) show that rates are high for both males and females in Newcastle-under-Lyme and in Cannock Chase. Lichfield also has a high rate for male admissions (under 18) and South Staffordshire a high rate for females (under 18).

Figure 22—Under 18 hospital admissions for alcohol specific conditions: males

Figure 23—Under 18 hospital admissions for alcohol specific conditions: females



Drug Misuse and Health In Staffordshire

August 2007

Prevalence of Drug Misuse

Introduction

This section of the report focuses on health issues related to the misuse of illicit drugs. Illicit drugs are those which are controlled under the Misuse of Drugs Act 1971. They are divided into three categories related to the level of harm they cause:

Class A – includes cocaine, ecstasy, heroin and LSD

Class B – includes amphetamines

Class C – includes cannabis

For brevity 'illicit drugs' will be referred to as 'drugs' for the remainder of this report.

Drug Misuse Amongst Adults

National data¹⁰ on drug use particularly that sourced from the British Crime Survey provides useful background and context. Just over a third of all adults report using drugs at least once in their lifetime (34.9%). Around one-in-ten adults used one or more drugs in the last year (10.5% of those aged 16 to 59 years), in the West Midlands the proportion is slightly lower (9.1%). The most commonly used drug in 2005/06 was cannabis (8.7% of adults) followed by cocaine.

Table 7 (below) shows that overall levels of drug use have fallen recently, from 12.1% using drugs in the year prior to interview in 1998 to 10.5% in 2005/06. This decline is mainly attributable to a fall in cannabis use, whilst there has actually been a slight increase in the use of Class A drugs due to an increase in the use of cocaine powder. The use of LSD and of amphetamines has declined over this period whilst most other drug use – ecstasy, crack cocaine, opiates – remained stable.

Table 7—Use of the most prevalent drug types in the year prior to interview, among adults aged 16 to 59 in England & Wales (1998 to 2005/06)

	Percentages						
	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06
Any Drug	12.1	11.9	11.9	12.2	12.3	11.3	10.5
Cannabis	10.3	10.5	10.6	10.9	10.8	9.7	8.7
Any Class A Drug	2.7	3.2	3.2	3.3	3.5	3.2	3.4
Cocaine	1.3	2	2	2.1	2.5	2	2.4

Source:

¹⁰ Drug Misuse Declared: Findings from the 2005/06 British Crime Survey. Home Office

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Drug use amongst adults generally declines with age. The highest rates of drug use are in the age groups of 16 to 19 and 20 to 24 years where around a quarter of people used drugs in the last year. This falls to 17.5% among 25 to 29 year olds and around 1.5% in the 55 to 59 age group.

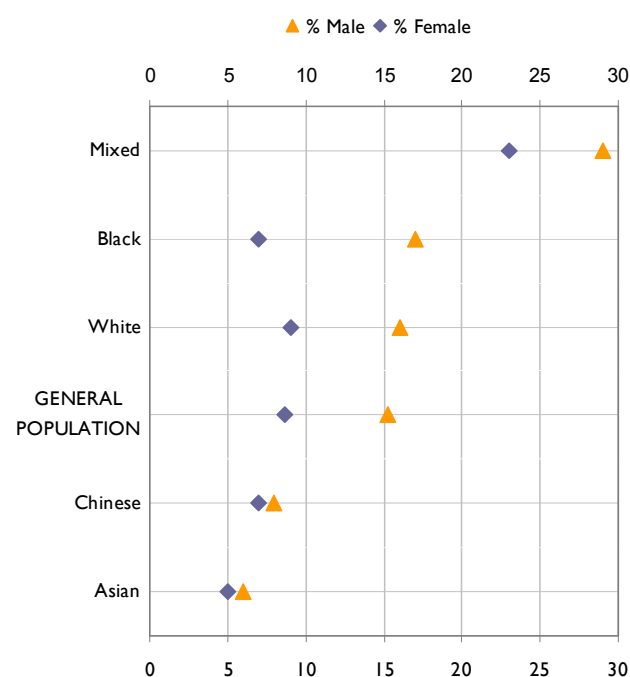
Men report higher levels of drug use than women. Men were nearly twice as likely to report using drugs in the last year than women; 13.7% of men aged 16 to 59 reported using drugs in the last year in 2005/06 compared to 7.4% of women. Single or co-habiting adults were much more likely to report drug use (24.7% and 18.4% respectively) than married or widowed people (4.7% and 5.4% respectively).

Drug Misuse in Adult Ethnic Groups

Drug use among different ethnic groups varies. The 2001/02 British Crime Survey¹¹ indicates that adults aged 16 to 59 years from 'Mixed' ethnic groups were more likely to have reported using drugs in the previous year (26%) than the general adult population (11.9%). Over a third (35%) of 'White and Black Caribbean' adults had reported using drugs in the previous year, for 'White and Black African' adults this figure was 30%. Adults from 'Asian' ethnic groups were least likely to have taken drugs in the last year (5%).

Figure 24 shows that a higher proportion of both men and women from 'Mixed' ethnic groups had reported using drugs in the previous year than men and women in the general population. The higher level of drug use within 'Mixed' ethnic groups is mainly attributable to higher levels of cannabis, ecstasy and powdered cocaine use.

Figure 24— Percentage of individuals who took drugs in the last year by ethnic group and gender 2001/2002



¹¹ Source: Ethnicity and drug misuse: key findings from the 2001/2002 British Crime Survey. Home Office. Crown copyright © 2003, Home Office.

As only one survey year is available, it is difficult to ascertain whether the results for the 'Mixed' ethnic group are a true representation of drug usage or an anomaly. However, looking at socio-economic factors, people from 'Mixed' ethnic groups were more likely to live in deprived areas, social rented accommodation and have less income. There may be a link between the underlying disadvantage experienced by many in the 'Mixed' ethnic group and higher levels of drug use.

Drug Misuse Amongst Young Adults (16 to 24 years old)

Just under half of young adults have taken drugs at some point in their life, however this figure has fallen over recent years. Some 45.1% of adults aged 16 to 24 in 2005/06 reported using drugs at least once in their lifetime, this figure decreased over 8 percentage points from 1998 (53.7%). The percentage of adults aged 16 to 24 years who had ever taken Class A drugs was 16.9% in 2005/06, falling from 20.5% in 1998.

Since 2002/03 frequent drug use among 16 to 24 year olds has decreased. In 2002/03 11.5% of 16 to 24 year olds reported using drugs in the past month compared to 9.5% in 2005/06. The drug most likely to be used frequently by young adults was cannabis.

Drug Misuse Amongst Children (11 to 15 years old)

Reducing drug use by young people is a priority for Government, particularly the most vulnerable. Young people are specifically mentioned in the Government's Drug Strategy and the issue is also part of the Every Child Matters programme.

In 2006 a national survey¹² found that there has been an overall decrease in the prevalence of drug use in young people. In 2006, 24% of pupils had ever taken any drug, down from 29% in 2001. Similarly there was a decrease in the proportion of pupils who had taken drugs in the last year, 17% in 2006 down from 20% in 2001.

Figure 25 shows that in 2006 the proportion of boys and girls taking drugs in the last year were similar (17% and 16% respectively), historically this has also been the trend, apart from between 2001 and 2003. However, as Figure 26 illustrates, boys were more likely to have taken drugs in the last month than girls in 2006 (10% of boys compared with 8% of girls).

Figure 25—Proportion of young people who have used drugs in the last year by gender (1998 to 2006)

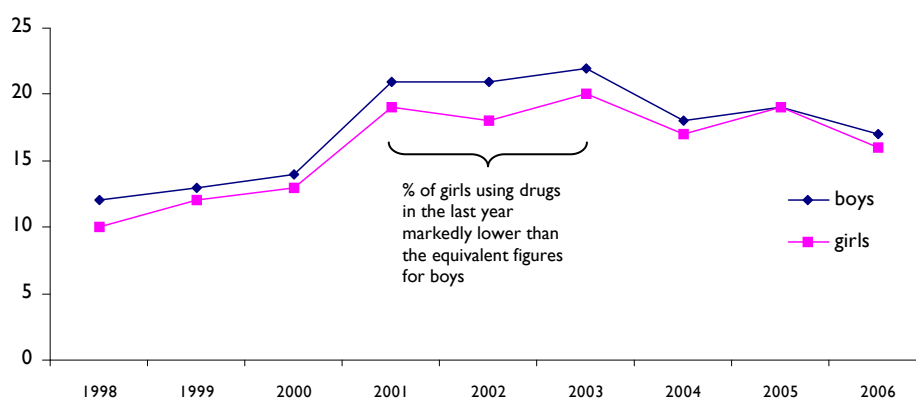
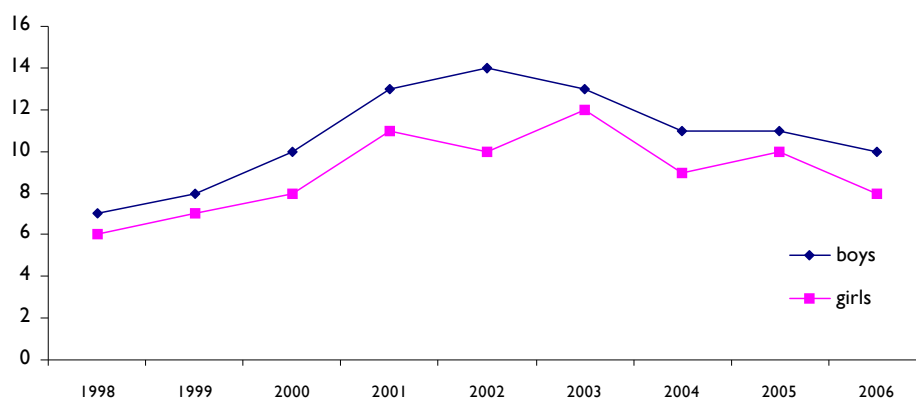


Figure 26—Proportion of young people who have used drugs in the last month by gender (1998 to 2006)



Source: Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre. Copyright © 2007 The Information Centre, Lifestyles Statistics. All rights reserved

¹² The Smoking, Drinking and Drug Use Among Young People in England Survey is carried out annually by the National Centre for Social Research and the National Foundation for Educational Research. The survey provides national estimates of the proportions of young people aged 11 to 15 years who smoke, drink alcohol or take illegal drugs.

The prevalence of drug taking among young people increases with age. Only 6% of 11 year olds had taken drugs in the last year, whereas the figure for 15 year olds was 29%.

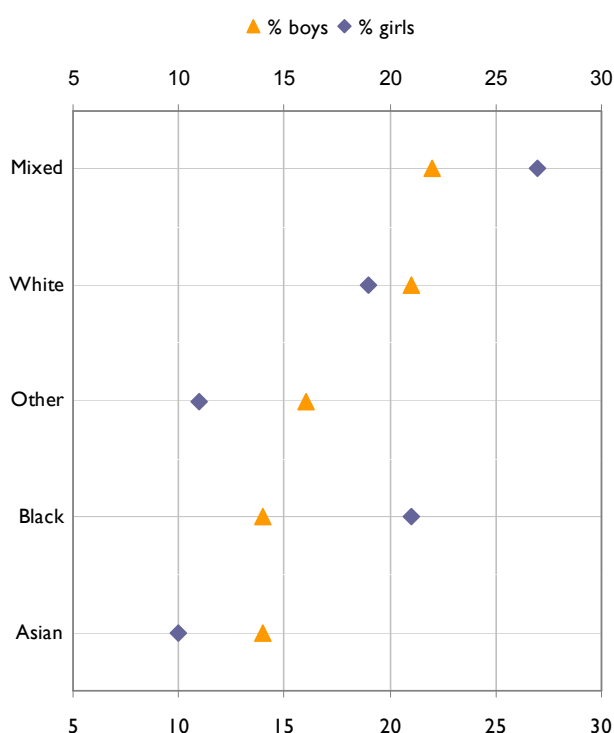
As with adults, the most commonly taken drug among young people is cannabis, 10% of pupils had taken cannabis in the last year. The next most common drug taken by pupils in the last year was sniffing glue, gas, aerosols or solvents (7%), followed by taking poppers (3%).

Drug Misuse Amongst Children by Ethnic Group

The 2005 survey¹³ contained data on drug use among ethnic groups of young people. Due to the small number of pupils in minority ethnic groups in the sample, the results from 2003, 2004 and 2005 were pooled. As with the adult population, pupils from 'Mixed' ethnic groups were more likely than any other group to have taken drugs in both the last month and the last year (15% and 24% respectively). Pupils from 'Asian' ethnic groups were least likely to have taken drugs in the both the last month and the last year (5% and 12% respectively).

There are also differences in drug use among ethnic groups when looking at gender. Figure 27 illustrates that girls from 'Mixed' ethnic groups were more likely to have taken drugs in the last year than boys from 'Mixed' ethnic groups (27% and 22%). This was also the case with regards to pupils from 'Black' ethnic groups where 21% of girls had taken drugs in the last year compared with 14% of boys. For all other ethnic groups, boys were more likely than girls to have taken drugs in the last year.

Figure 27—Proportion of young people who had taken drugs in the last year by ethnic group and gender 2003-05



¹³ Source: Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre. Copyright © 2007 The Information Centre, Lifestyles Statistics. All rights reserved

Blood Borne Infections and Injecting Drug Users

HIV: The prevalence of HIV infection among injecting drug users (IDUs) in England and Wales has increased in recent years. Overall, around one in 50 IDUs are now infected, which is still low compared to many other countries. The prevalence remains elevated among IDUs in London with around one in 25 HIV infected. The recent increase in HIV prevalence has been greatest elsewhere in England and Wales, where the prevalence has risen from around one in 400 in 2003 to about one in 65 in 2005.

Hepatitis C: Overall, approaching one in two IDUs in the UK have been infected with hepatitis C, which is also low compared to many other countries. However, there are marked regional variations in hepatitis C prevalence within the UK, with the low prevalences found in some areas suggesting that hepatitis C infection is not an inevitable consequence of injecting drug use. Surveillance and research data also indicate that the overall prevalence of hepatitis C infection among IDUs has probably increased in recent years and that levels of hepatitis C transmission remain elevated.

Voluntary confidential diagnostic testing: Uptake of testing for hepatitis C among IDUs in contact with drug services has increased in recent years. It is estimated, however, that almost half of those IDUs with hepatitis C in contact with these services still remain unaware of their infection. There will also be substantial numbers of current and former IDUs who are not in contact with services who will be unaware they have hepatitis C. Whilst most IDUs in contact with services report having had a test for HIV at some point, less than half of those with HIV are aware of their infection. There is therefore a need to improve the provision of voluntary confidential testing services for both hepatitis C and HIV.

Vaccination: The proportion of IDUs reporting uptake of hepatitis B vaccination has increased markedly in recent years, with the prison vaccination programmes being a major factor in this increase. However, the transmission of hepatitis B continues among IDUs. There is a particular need to improve the provision of vaccinations to IDUs through needle exchange services, including the provision of the vaccines against hepatitis A and tetanus as well as that against hepatitis B. In England, the National Treatment Agency for Substance Misuse (NTA) is developing performance monitoring for the provision of vaccination by services for drug users.

Bacterial infections: The ongoing occurrence of wound botulism cases indicates that the environmental contamination of heroin with bacterial spores remains a problem. There are also continuing problems with injecting site infections associated with methicillin resistant *Staphylococcus aureus* and severe group A streptococcal infection.

Behaviours: Levels of reported needle and syringe sharing increased in the late 1990s, and since then have remained elevated with over a quarter of IDUs reporting sharing in the previous month. The sharing of other injecting equipment is more common. There are also indications that injecting into the groin (femoral vein) may be becoming more common. It is also apparent that there are a variety of individual and environmental factors that may affect injecting behaviour and hygiene, and that the effects on risk of factors such as homelessness, the injecting environment, and drugs injected need further investigation. In particular the role of crack-cocaine use, which has become more widespread, is a cause for concern.

Drug Misuse Data for Staffordshire

A study carried out in 2006 by the West Midlands Public Health Observatory and the National Drug Treatment Monitoring Service found that in the period April 2004 – March 2005 there were 158 hospital admissions related to drug misuse (a rate of 0.46 per 1,000 15-44 year old population)² 31% of these admissions were due to poisoning from opium, heroin, other opioids, methadone or cocaine. 50% of the admissions were as a result of opiod dependence.

Over the financial year 2005/6, 1,929 individuals received treatment from drug and alcohol services within Staffordshire, with a monthly caseload of approximately 1,250 people. The majority of these people were male, aged 25 – 34 and white. Table 8 (below) shows figures derived from the National Drug Treatment Monitoring Service show the numbers of people in treatment during 2005/6

Table 8—Breakdown of number of people in treatment between April 2005 and March 2006

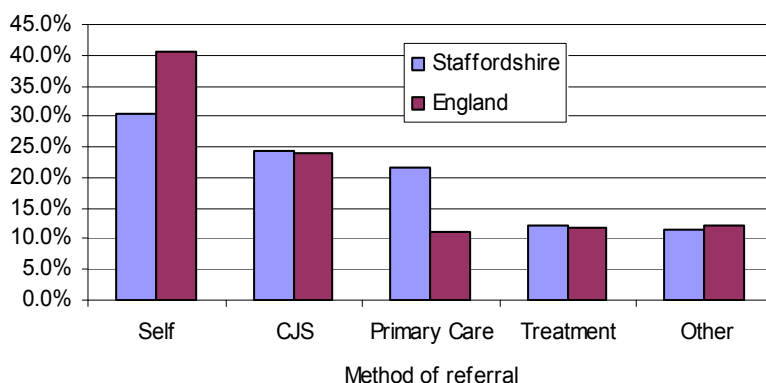
		Staffordshire	National
Gender	Male	75.5%	73.7%
	Female	24.5%	26.3%
Age	Under 25 years	27.0%	22.6%
	25-34 years	51.5%	46.1%
	35 years and over	21.5%	31.3%
Ethnicity	White	96.3%	87.7%
	Mixed	1.2%	2.6%
	Asian	2.1%	4.1%
	Black	0.1%	4.2%
	Other	0.2%	1.4%

Source: National Treatment Agency for Substance Misuse

Referral route into drug services

Figure 28 (below) shows the difference between Staffordshire and England in referral routes for drug treatment services. The major differences are that there are fewer self referrals in Staffordshire—30.5% compared to England 40.7%—but more referrals through Primary Care in Staffordshire 21.6% compared to the national rate 11.3%.

Figure 28— referral method into treatment



Source: National Treatment Agency for Substance Misuse

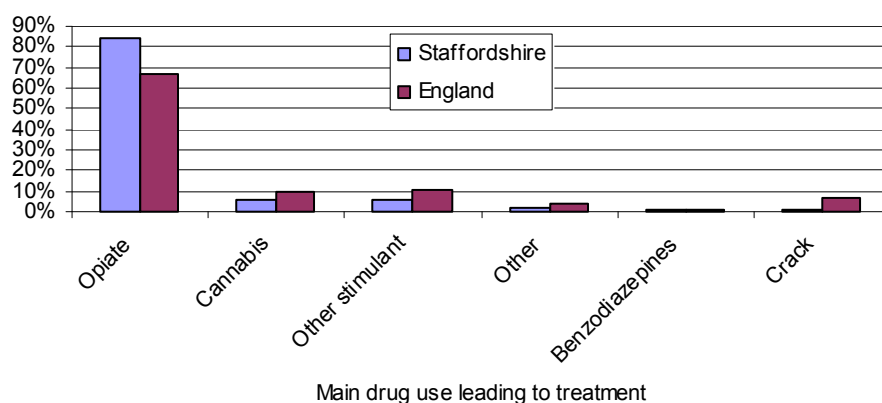
Profile of main drug use of those in treatment

One of the most commonly used opiates is heroin which although not particularly harmful to the body, is highly addictive. The main health effects of heroin are caused either by overdosing, which is frequently fatal or by the method of use. Users who smoke heroin have respiratory problems similar to asthma while users who inject often incur vein damage which can lead to abscesses and infection and are also more prone to diseases such as Hepatitis B, Hepatitis C and HIV.

The main drug use of those in treatment is shown in Figure 29 (below) for Staffordshire and England. Figure 29 shows that there are more people in Staffordshire receiving treatment who use opiates as their main drug but generally fewer in all other categories.

When we look at young people the profile is different with 37% presenting with alcohol use, 36% with Cannabis use and only 11% with heroin use.

Figure 29—Profile of main drug use of those in treatment between April 2005 and March 2006

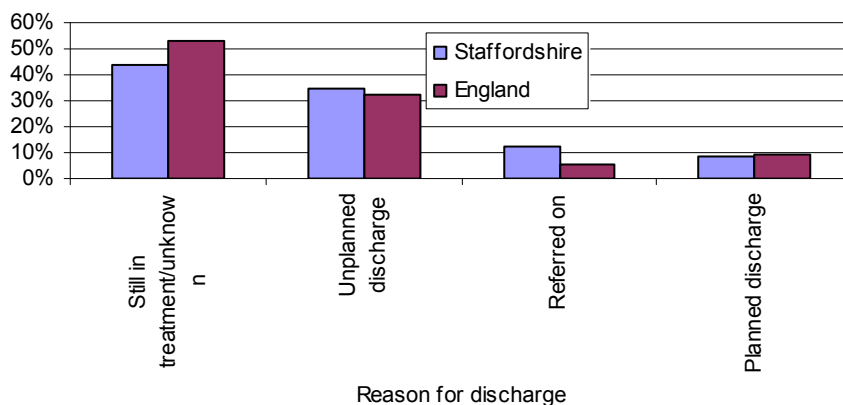


Source: National Treatment Agency for Substance Misuse

Discharge from treatment and reason for discharge

Figure 30 (below) shows that when compared to England, Staffordshire County has a higher proportion who's discharge from treatment was unplanned and a higher proportion of people in treatment who are referred on.

Figure 30— Profile of the numbers discharged from treatment and reason for discharge,



Source: National Treatment Agency for Substance Misuse

Drug Related Deaths in Staffordshire 2004-07

Information has been sourced on drug related deaths in Staffordshire between 1st January 2004 and 7th June 2007. In the majority of cases the cause of those deaths has been directly attributed to substance misuse. Caution should be exercised when interpreting the data for the deaths that have occurred during 2006/07 as the exact cause of death in the majority of these cases has yet to be determined, due to the fact that inquests have yet to be held, however it is likely that in the majority of cases the cause of these deaths will be drug related.

Data summary

Over this three-and-a-half year period there were 54 drug related deaths in Staffordshire, of which 47 (87%) were men. The average age at the time of death was 32 years old for men and slightly lower, 28 years old for women (although the average for women is based on low numbers). In 2004 and 2005 there were just over 20 drug related deaths a year in Staffordshire. This fell to single figures in 2006 but may rise again in 2007. Of these drug related deaths, five were people known to have recently left prison prior to their death. This ranged from leaving prison a couple of months prior to their death to just a few hours.

In the majority of deaths heroin abuse is believed to be the cause of death. There is at this time, insufficient evidence to indicate whether alcohol had been consumed by the majority of individuals prior to their death.

Statistics available from the National Treatment Agency (NTA) to Staffordshire Drug and Alcohol Action Team (DAAT) indicates that the majority of individuals who access treatment services fall within the 25-34 year age bracket. In Staffordshire this equates to 51% of those individuals in treatment. This figure is above both the national and regional averages. However from the evidence collected by the Police at the time of the individual's death it is not clear how many of these individuals were engaged with the treatment services.

Service Delivery

A multi agency Drugs Related Deaths group meets on a quarterly basis and an annual harm reduction action plan is produced. The action plan identifies a number of issues such as BBV interventions, needle exchange services and harm reduction advice to clients accessing such services. The action plan in turn feeds into the annual DAAT Treatment Plan. The group has recently reformed and progress in conjunction with the action plan is being made.

A Confidential Inquires Group has also been reinstated, which will meet as and when a death in the county occurs. The purpose of this group is to ensure that all relevant information and appropriate advice is circulated to drug treatment agencies and in turn service users are made aware of any emerging dangers and unusual trends.

References

- ¹ Choosing Health for the West Midlands: Recommendations for implementing Choosing Health and Achieving Health equality: A Report of the Regional Director of Public Health. (2005)
- ² Hidden Harm – Responding to the needs of children of problem drug users. Advisory Council on the Misuse of Drugs, 2003.
- ³ ONS Population Estimate for 0 to 15 year olds in Staffordshire in 2006 is 151,533. Although it is unlikely that the national proportion of children where one or both parents have a serious drugs problem applies equally across the UK, it can be used as a rough approximation in the absence of any robust local data. Thus the estimated rate of 2-3% of under 16 year olds equates to a range of between 3,031 and 4,546 children in Staffordshire (who have parents with serious drug problems).
- ⁴ Updated National Alcohol Strategy; Safe, Sensible, Social, DH 2007
- ⁵ Drug use, smoking and drinking among young people in England in 2005. A survey carried out for The Information Centre for health and social care by the National Centre for Social Research and the National Foundation for Educational Research. Edited by Elizabeth Fuller. Chapter 8 'Drinking alcohol' by Rebecca Constantine. Copyright © 2006, The Information Centre. 31st August 2007.
- ⁶ The schools were encouraged to complete the survey and the results were returned to the County Council for analysis. Please note that the analysis presented by Local Authority is based on which Local Authority the School lies in rather than the home address of the students.
- ⁷ Health Survey for England 2004: The Health of Ethnic Minorities. The Information Centre
- ⁸ Purser, R., Johnson, M., Orford, J. Davis, P.(1999) Drinking in second and subsequent generation Black and Asian communities in the English Midlands, Alcohol Concern, London (presented in Acquire: Alcohol Concern's Quarterly Information and Research Bulletin, Alcohol Concern, Spring 2003).
- ⁹ For further information visit www.nwph.net/alcohol/lape. In particular, refer to the document 'Alcohol Indicator Development: Methodology and Definitions' by Hooper J, Dedman D, Hennell T, Kelly G, Tocque K, web version 1.1.
- ¹⁰ Drugs Misuse Declared; Findings from 2006/06 British Crime Survey. Copyright © 2007 The Information Centre, Lifestyles Statistics. All rights reserved

¹¹ Ethnicity and drug misuse: key findings from the 2001/2002 British Crime Survey. Home Office. Crown copyright © 2003, Home Office.

¹² The Smoking, Drinking and Drug Use Among Young People in England Survey is carried out annually by the National Centre for Social Research and the National Foundation for Educational Research. The survey provides national estimates of the proportions of young people aged 11 to 15 years who smoke, drink alcohol or take illegal drugs.

¹³ Smoking, Drinking and Drug Use among Young People in England in 2006. The Information Centre. Copyright © 2007 The Information Centre, Lifestyles Statistics. All rights reserved

Appendices

Appendix I

Table A1—Demography of school alcohol survey respondents by Local Authority District area

Cannock Chase

	Age					Total
	11	12	13	14	15	
Male	61	88	124	80	64	417
Female	54	94	142	81	74	445
Total	115	182	266	161	138	862

South Staffordshire

	Age					Total
	11	12	13	14	15	
Male	25	47	46	45	29	192
Female	18	48	37	50	28	181
Total	43	95	83	95	57	373

East Staffordshire

	Age					Total
	11	12	13	14	15	
Male	32	22	35	70	55	214
Female	13	23	31	81	53	201
Total	45	45	66	151	108	415

Stafford

	Age					Total
	11	12	13	14	15	
Male	20	63	86	82	50	301
Female	23	86	80	85	70	344
Total	43	149	166	167	120	645

Lichfield

	Age					Total
	11	12	13	14	15	
Male	35	60	61	53	22	231
Female	34	57	65	42	26	224
Total	69	117	126	95	48	455

Staffordshire Moorlands

	Age					Total
	11	12	13	14	15	
Male	1		26	54	26	107
Female			27	64	23	114
Total	1		53	118	49	221

Newcastle-under-Lyme

	Age					Total
	11	12	13	14	15	
Male	49	100	116	118	62	445
Female	47	98	117	127	62	451
Total	96	198	233	245	124	896

Tamworth

	Age					Total
	11	12	13	14	15	
Male			26	74	40	140
Female			30	88	42	160
Total			56	162	82	300

Overall

	Age					Total
	11	12	13	14	15	
Male	223	380	520	576	348	2,047
Female	189	406	529	618	378	2,120
Total	412	786	1,049	1,194	726	4,167

Source: Staffordshire County Council 2007

Appendix 2

Table A2—Percentage of respondents to the Staffordshire pupil alcohol survey who have had an alcoholic drink in the last 7 days, by Local Authority District area.

Cannock Chase

	Age					Total
	11	12	13	14	15	
Male	11.5%	14.8%	22.6%	28.8%	51.6%	24.9%
Female	7.4%	16.0%	27.5%	35.8%	59.5%	29.4%
Total	9.6%	15.4%	25.2%	32.3%	55.8%	27.3%

South Staffordshire

	Age					Total
	11	12	13	14	15	
Male	4.0%	23.4%	37.0%	42.2%	75.9%	36.5%
Female	22.2%	12.5%	45.9%	52.0%	42.9%	35.9%
Total	11.6%	17.9%	41.0%	47.4%	59.6%	36.2%

East Staffordshire

	Age					Total
	11	12	13	14	15	
Male	15.6%	31.8%	28.6%	35.7%	36.4%	31.3%
Female	0.0%	8.7%	32.3%	30.9%	43.4%	29.9%
Total	11.1%	20.0%	30.3%	33.1%	39.8%	30.6%

Stafford

	Age					Total
	11	12	13	14	15	
Male	5.0%	14.3%	14.0%	29.3%	56.0%	24.6%
Female	17.4%	23.3%	32.5%	32.9%	41.4%	31.1%
Total	11.6%	19.5%	22.9%	31.1%	47.5%	28.1%

Lichfield

	Age					Total
	11	12	13	14	15	
Male	14.3%	18.3%	27.9%	43.4%	40.9%	28.1%
Female	8.8%	28.1%	24.6%	28.6%	61.5%	28.1%
Total	11.6%	23.1%	26.2%	36.8%	52.1%	28.1%

Staffordshire Moorlands

	Age					Total
	11	12	13	14	15	
Male	100.0%		23.1%	27.8%	65.4%	36.4%
Female			29.6%	21.9%	30.4%	25.4%
Total	100.0%		26.4%	24.6%	49.0%	30.8%

Newcastle-under-Lyme

	Age					Total
	11	12	13	14	15	
Male	12.2%	16.0%	24.1%	42.4%	51.6%	29.7%
Female	6.4%	12.2%	27.4%	46.5%	62.9%	32.2%
Total	9.4%	14.1%	25.8%	44.5%	57.3%	30.9%

Tamworth

	Age					Total
	11	12	13	14	15	
Male			57.7%	32.4%	45.0%	40.7%
Female			20.0%	40.9%	38.1%	36.3%
Total			37.5%	37.0%	41.5%	38.3%

Overall

	Age					Total
	11	12	13	14	15	
Male	11.7%	17.6%	25.6%	35.2%	51.4%	29.7%
Female	9.5%	17.5%	29.1%	37.1%	49.2%	31.0%
Total	10.7%	17.6%	27.4%	36.2%	50.3%	30.4%

Source: Staffordshire County Council 2007