

5. HEALTHY LIFESTYLES

5.8 Substance Misuse in Adults - Drugs

Substance misuse is defined as the continued misuse of any mind-altering substance that severely affects a person's physical and mental health, social situation and responsibilities¹. Drugs which may be misused include opiates, cocaine, cannabis, amphetamines and hallucinogens, prescription medication such as steroids or benzodiazepines, solvents and New Psychoactive Substances (NPS). The Psychoactive Substances Bill became law in May 2016. The Act makes it an offence to produce, supply or offer to supply any psychoactive substance².

5.8.1 The impact of substance misuse

Drug misuse can damage an individual's physical and mental health and have a negative impact on their family and the wider community. Injecting drug users are at increased risk of contracting and spreading blood-borne viruses such as hepatitis B and C, drug poisoning and complications of drug misuse such as deep vein thrombosis and septicaemia, which can be fatal. Drug misuse is also strongly linked to mental health issues including suicides³.

Drug addiction leads to crime and disrupts community safety. A typical heroin user spends around £1,400 per month on drugs, and a heroin or crack user not in treatment commits crime costing an average £26,074 a year⁴. Effective substance misuse treatment has widespread positive effects on communities, including a reduction in crime³.

Nationally, about 1.2 million individuals (or about 2% of the population) are affected by drug addiction in their families, mostly in poor communities³. In Buckinghamshire, this would equate to about 10,000 people. Parental drug use is a risk factor in 29% of all serious case reviews (undertaken after a child dies or is seriously injured and abuse or neglect is thought to be involved). The annual cost of looking after drug-using parents' children who have been taken into care is £42.5m³. Every year drug misuse costs the NHS in England £488m, and the total annual cost to society of drug addiction is estimated at £15.4bn³.

5.8.2 Information on substance misuse in Buckinghamshire

5.8.2.1 Prevalence of substance misuse

Nationally, 2.8 million adults (about 6% of the adult population) used an illegalⁱ drug in 2014³; if the proportion was the same locally this would be equivalent to about 25,000 illegal drug users in Buckinghamshire.

There are no local data on the actual prevalence of substance misuse. Table 1 shows prevalence estimates for 2011/12 (the most recent currently available) for opiate, crack and injecting drug use in Buckinghamshire compared with England. These suggested that there were around 1,248 opiate users aged 15-64 in Buckinghamshire, a rate of 3.83 per 1,000 of the population which is lower than the South East (4.99 per 1000) and England (7.32 per 1,000)^{5,6}. There were estimated to be around 862 crack users and 238 injecting drug users in Buckinghamshire; the prevalence rates of both these were also markedly below the national rates.

Table 1 Estimated prevalence of opiate, crack and injecting drug use, Buckinghamshire and England 2011/12

	Buckinghamshire			England	
	Estimated number of users	95% confidence intervals	Rate/1000 population	Estimated number of users	Rate/1000 population
OCU #	1568	1368-1830	4.81	293,879	8.40
Opiate	1248	1115-1556	3.83	256,163	7.32
Crack	862	706-1117	2.64	166,640	4.76
Injecting	238	198-316	0.73	87,302	2.49

OCU: Opiate and/or crack users

Source: PHE, JSNA Support Pack

The Crime Survey for England and Wales (CSEW) is an annual survey of a nationally representative sample of 16-59 year olds. It collects information on a range of activities including self-reported illicit drug use. Around one in 12 (8.6%) of all adults reported having used any illicit drug in 2014/15ⁱⁱ, cannabis being by far the commonest⁷ (table 2). If rates of use are the same in Buckinghamshire, this means there would be around 25,237 16-59 year olds who used illicit drugs within a year. However, these would probably be overestimates of actual use in Buckinghamshire as earlier estimates were that rates of use in Buckinghamshire are lower than nationally.

ⁱ Excludes NPS use

ⁱⁱ 2014/15 CSEW data excludes NPS use

The proportions of those who used drugs frequently were lower; 2.2% of all adults aged 16-59, and 5.1% of those aged 16-24 were classed as frequent drug users (defined as once a month or more). If rates were the same in Buckinghamshire, equivalent numbers would be around 6,162 16-59 year olds, including 2,627 16-24 year olds, who are frequent users. Cannabis was most likely to be used frequently, with 39% of cannabis users being classed as frequent users.

Table 2 Self-reported prevalence of Class A-C drug use, adults in England and Wales, 2014/15

	Drug used	Adults aged 16-59 (%)	Adults aged 16-24 (%)
Class A	Cocaine	2.4	4.8
	Ecstasy	1.7	5.4
	Hallucinogens	0.7	1.8
	Opiates	0.1	0.0
Class A/B	Amphetamines	0.6	1.3
Class B	Cannabis	6.7	16.3
	Mephedrone	0.5	1.6
	Ketamine	0.5	1.9
Class B/C	Tranquilisers	0.5	0.7
Class C	Steroids	0.2	0.5
	Amyl nitrate	0.7	1.4
	Any drug	8.6	19.4

Source: Crime Survey for England and Wales

New Psychoactive Substances (NPS), previously known as ‘Legal Highs’, are a large and rapidly changing group of substances which have been manufactured to produce similar effects to other controlled drugs. Most have been found to contain a mixture of substances, often including other controlled substances⁸, which means that while their effects are often similar to the drugs they have been designed to mimic, they can be unpredictable with sometimes serious effects on health. This, along with common confusion about their legal status, means that reporting and data collection are challenging.

The CSEW found that in 2014/15, 2.8% of adults aged 16-24 took a NPS in the last year, while fewer than in one in 100 (0.9%) of all 16-59 year olds had done so⁶ (table

3). This is equivalent to 2,641 16-59 year olds, including 1,443 16-24 year olds, in Buckinghamshire.

Table 3 Prevalence of New Psychoactive Substance (NPS) use, 16-59 and 16-24 year olds, by sex, England and Wales 2014/15

	Use in the last year	Use ever
Adults 16-59	0.9	2.9
Males 16-59	1.3	3.9
Females 16-59	0.4	1.9
Adults 16-24	2.8	6.1
Males 16-24	4.0	8.0
Females 16-24	1.5	4.2

Source: Crime Survey for England and Wales

The CSEW also found that in 2013/14 and 2014/15, 9% of adults aged 16-59 said that the last time they used drugs they used more than one drug at the same time. Mephedrone, ecstasy, amphetamines and tranquilisers were the drugs most likely to be used simultaneously with other drugs, while cannabis users were least likely to use other drugs at the same time⁶. Due to the potential interactions between substances, polydrug use can lead to an increased risk of negative health outcomes.

5.8.2.2 Deaths related to substance misuse

In England, there were 3,156 deaths due to drug-related poisoning in 2014, of which 2,120 were classified as being due to drug misuse. Over two-thirds of deaths were classified as due to accidental poisoning and almost a quarter due to intentional self-poisoning⁹. Deaths involving opiate use have increased from 579 in 2012 to 953 in 2014. In Buckinghamshire, there were 36 deaths recorded that related to drug misuse during 2012-14, compared with 33 in 2009-11 and 31 in 2006-08⁸.

5.8.2.3 Treatment of substance misuse

During 2014/15, there were 524 opiate and non-opiate treatment episodesⁱⁱⁱ in the Buckinghamshire non-structured treatment service¹⁰, which provides informal assessment, advice and information, referral, and brief interventions.

ⁱⁱⁱ Data represent treatment episodes as clients may be counted more than once across the year and may also be counted in both treatment programmes

In the same period, there were 908 adult opiate and non-opiate users who were in treatment in Buckinghamshire structured treatment services⁵ (table 4). These provide a comprehensive assessment of need and are delivered according to a recovery care plan. If the current prevalence of opiate use is similar to the 2011/12 prevalence estimate, this equates to opiate treatment penetration of 58%. It is not known how local prevalence has changed since then, but national data suggest that prevalence of Class A drug use remains about the same (see figure 1 below).

Table 4 Adults in treatment in 2014-15

Drug used	Number
Opiate	708
Non-opiate	64
Non-opiate and alcohol	136
All	908

Source: PHE, JSNA Support pack

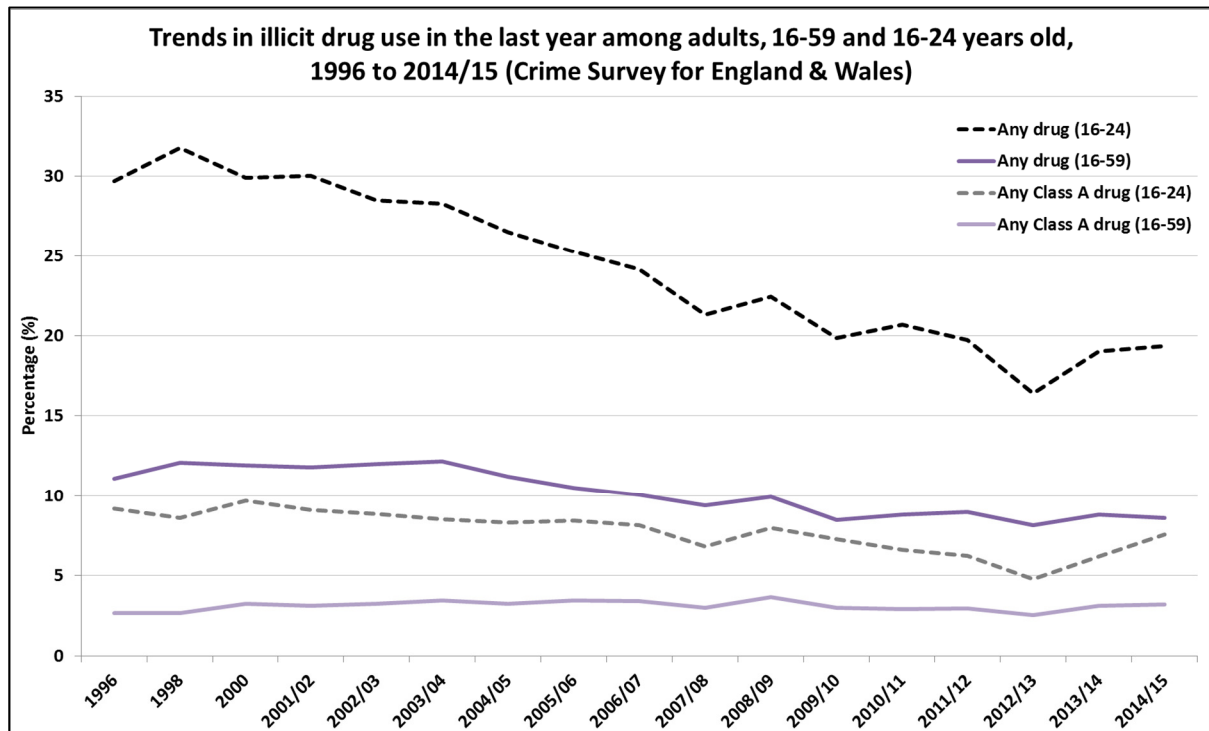
In addition, there were 200 non-opiate and non-opiate/alcohol users in structured treatment during 2014/15. Sixty-one adults new to treatment reported they were using ‘club drugs’ (which include some NPS as well as more established drugs such as ecstasy). Of these, 21 were also using opiates. Around 70% of club drug users in treatment in Buckinghamshire were using mephedrone, higher than was found at a national level. However, numbers are small and possibly underreported with a national variance in reporting levels⁵.

In addition, 61 people in treatment in Buckinghamshire (7% of the total) in 2014/15 also reported illicit use of prescription-only medicines (POM) or over-the-counter medicines (OTC) (as well as an additional 17 whose use of POM or OTC medicines was not illicit). By comparison, 13% of the national treatment population reported illicit use of POM or OTC⁵.

Trends

Figure 1 shows national trends in any drug use between 1996 and 2014/15. Rates of use of any drug are about three times those of Class A drugs. The prevalence of any drug use has fallen both in all adults aged 16-59, and in young adults aged 16-24⁶. The rate of Class A drug use in all adults has remained fairly stable over this time. Among 16-24 year olds rates of use of both Class A and all drugs have increased again in the last two years, although it is too early to say whether this represents a changing trend.

Figure 1 National trend in any drug and Class A drug use, 1996-2014/15

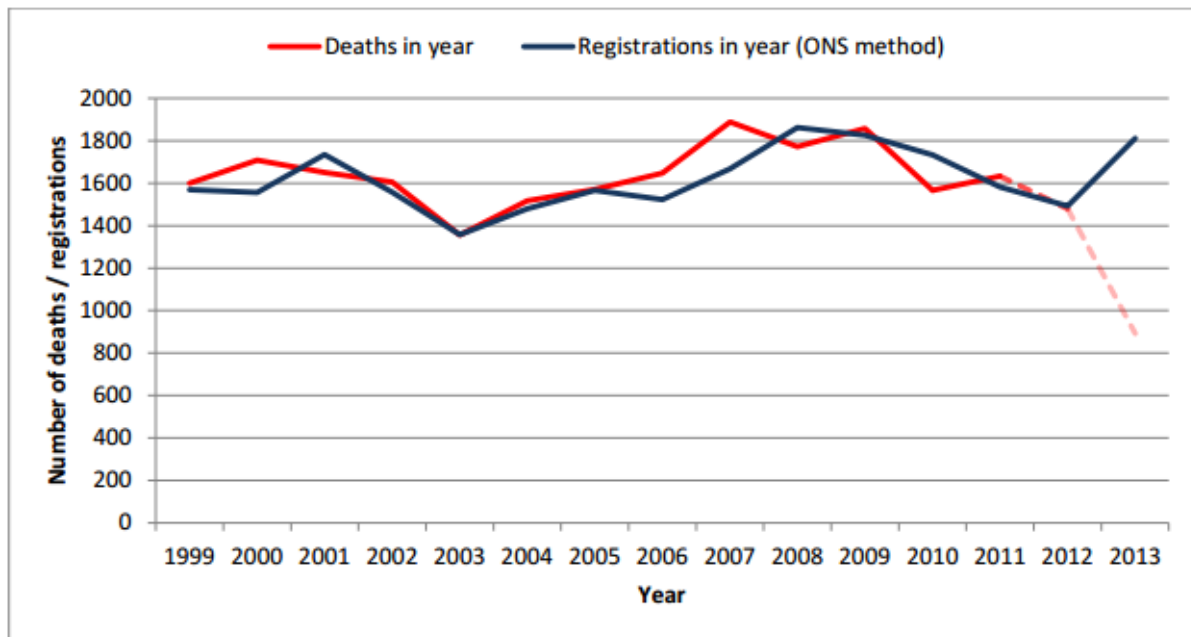


Source: Home Office

Cannabis is the most commonly used drug, and nationally rates of use in adults aged 16-59 were around 10% between 1998 and 2004, before falling to 6.5% in 2009/10, since when, they have remained around the same level⁶. Powder Cocaine use among 16-59 year olds rose from 0.6% in 1996 to 3.0% in 2008/9, since when it has fallen slightly to 2.3%⁶. National surveys also show that polydrug use is increasing. In 2010/11 and 2011/12 around 7% of drug taking adults aged 16-59 years used more than one substance, but in the latest survey in 2014/15 this had increased to around 9%⁶.

Figure 2 shows the trend in drug misuse deaths in England from 1999 to 2013. There has been a gradual decline in drug related deaths since 2008 with a sharp rise in deaths registered in 2013. A proportion of this increase is attributable to deaths registered after more than a year, i.e. these deaths occurred in earlier years¹¹. Across the period 1999 to 2013, opiates are the type of substance most frequently mentioned in registrations of drug misuse deaths.

Figure 2 Drug misuse deaths by registration year, England, 1999-2013



Source: Public Health England

In 2014/15 there were 908 clients taking up treatment for drug misuse in Buckinghamshire (includes some adjunctive alcohol use). This was similar to the two previous years, but represents a slight decline from 2010/11 when there were 1,039 clients¹².

In 2014/15 7% of opiate users in treatment in Buckinghamshire successfully completed treatment, in line with national rates but a decline from a Buckinghamshire completion rate of 12% in 2011. For non-opiate users, the rate of successful treatment completion was 44% in 2014, again similar to national rates, but a decline from around 50% in 2010¹³.

5.8.3. Substance misuse in different population groups

5.8.3.1 Age and gender

In the 2014/15 Crime Survey, drug use in the last year was highest in younger people aged between 16 and 24 and much lower in older age groups (table 5)⁶. In addition, men are more likely to take drugs than women, for example one in 8 (11.9%) men aged 16-59 had taken an illicit drug^{iv} in the last year, compared to one in 18 (5.4%) women.

^{iv} 2014/15 Crime Survey data excludes NPS use

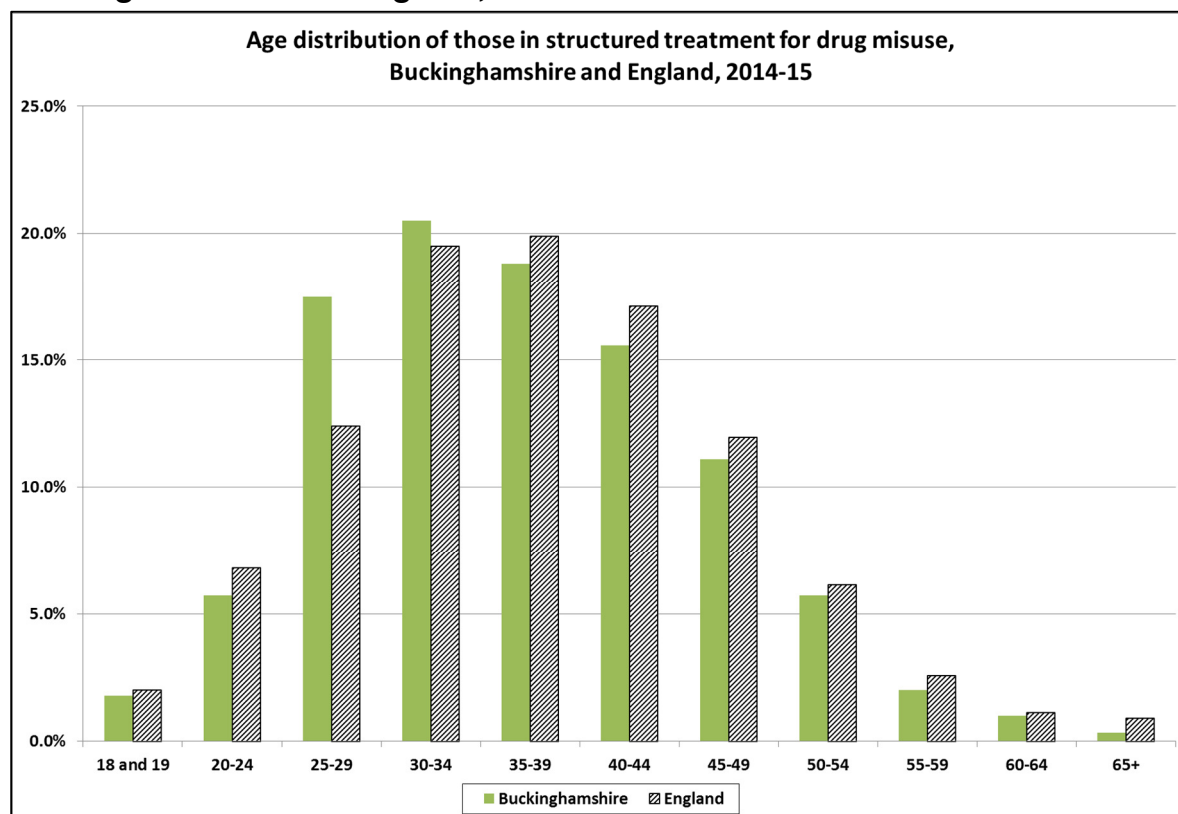
Table 5 Prevalence of substance misuse in the last year by age and gender, England and Wales

Age and gender	Any drug (%)	Any class A drug (%)
Men		
16-19	22.6	7.2
20-24	26.5	14.0
25-29	17.9	7.9
30-34	11.6	4.9
35-44	9.3	3.5
45-54	4.4	0.9
55-59	3.8	0.6
Women		
16-19	14.7	2.6
20-24	13.2	4.7
25-29	7.1	2.9
30-34	4.9	2.0
35-44	3.6	1.1
45-54	2.0	0.3
55-59	0.9	0

Source: Crime Survey for England and Wales, 2014/15

Figure 3 shows the age distribution of people in structured treatment in 2014/15 in Buckinghamshire compared with England. The proportion of those in treatment who were aged 25-34 was higher, and the proportion who were aged 35 and over was lower locally than nationally¹⁴. It is thought that this may be because there are particularly strong links between substance misuse services and the Criminal Justice System in Buckinghamshire, but further clarification should be provided by a needs assessment which is currently in progress. Women make up less than 30% of those taking up structured treatment both in Buckinghamshire and nationally¹².

Figure 3 Age distribution of those in structured treatment for drug misuse in Buckinghamshire and England, 2014/15



Source: NDTMS

5.8.3.2 Ethnicity

Table 6 shows the prevalence of substance misuse by ethnic group nationally. Asian or Asian British groups have the lowest prevalence of drug taking and mixed ethnic groups have the highest level of use¹⁵.

Table 6 Prevalence of substance misuse by ethnic group, England and Wales, 2013/14

Ethnic Group	Used drugs more than once a month (%)	Used drugs once a month (%)	Used drugs less than once a month (%)
White	3.3	0.7	4.4
Other-White	2.2	0.2	2.1
Mixed	5.7	0.7	7.9
Asian or Asian British	0.9	0.1	1.5
Black or Black British	3.5	0.3	0.9
Chinese or other	2.7	0.3	2.4

Source: Home Office, 2014

Table 7 shows the ethnic group of treatment users in Buckinghamshire and nationally¹¹. In Buckinghamshire, 83.4% were White British, which is similar to the proportion of the Buckinghamshire population who were recorded as White British in the 2011 Census (81%). The largest numbers from other groups were Pakistani (4.7% of treatment users, compared with 4.2% in the 2011 Census), and Other White groups (3.2% of treatment users, compared with 4.2% in the 2011 Census).

Table 7 Ethnicity of those in structured treatment, Buckinghamshire, 2014/15

Ethnicity	Ethnicity of Buckinghamshire population %	Ethnicity of those in treatment %
White British	81.1	83.4
White Irish	1.1	0.8
Other White	4.2	3.2
White and Black Caribbean	0.9	1.7
White and Black African	0.2	0
White and Asian	0.8	0
Other mixed	0.5	0.8
Indian	2.2	0
Pakistani	4.2	4.7
Bangladeshi	0.2	0
Other Asian	1.4	0.7
Caribbean	1	2.0
African	0.8	0
Other Black	0.3	0
Chinese	0.5	0
Other	0.5	0.7
Not stated	0	0
Missing data	0	0

Source: PHE 2015, Census 2011

5.8.3.3 Socio-economic differences

Problematic drug use is linked to lower socioeconomic status. Deprivation is linked to a lower age of first use, progression to dependence, injecting drug use, health and social complications from use and criminal involvement¹⁶. Table 8 shows the proportion of drug use by household income. The proportion of adults in households of under £10,000 who reported any drug use was twice as high as those in the most affluent households⁶. The differences were greatest for cannabis, hallucinogen and amphetamine use.

Table 8 Proportion of 16-59 year olds reporting use of drugs in the last year by household income 2014/15

Household income	Powder Cocaine	Ecstasy	Hallucino gens	Amphet amines	Cannabis	Any drug
Under £10,000	3.5	2.4	1.2	1.5	11.8	0.8
£10,000-£19,999	2	1.1	0.4	0.8	7.3	0.5
£20,000-£29,999	2	1.5	0.4	0.8	6.2	0.3
£30,000-£49,999	1.8	1.1	0.5	0.3	5.2	0.3
£50,000 and over	2.3	1.5	0.6	0.4	5.6	0.4

Source: Home Office 2015

5.8.3.4 Offenders

Around one in 8 people who are arrested are estimated to be problem heroin and/or crack users, compared to one in 100 of the general population. Problematic drug use can amplify offending behaviour and the majority of acquisitive crime (shoplifting, burglary) is attributed to offenders with problematic drug use¹⁷. In Buckinghamshire, 8,355 acquisitive crimes were recorded for the period 2014/15, and it is likely that many of these were associated with drug use¹⁸.

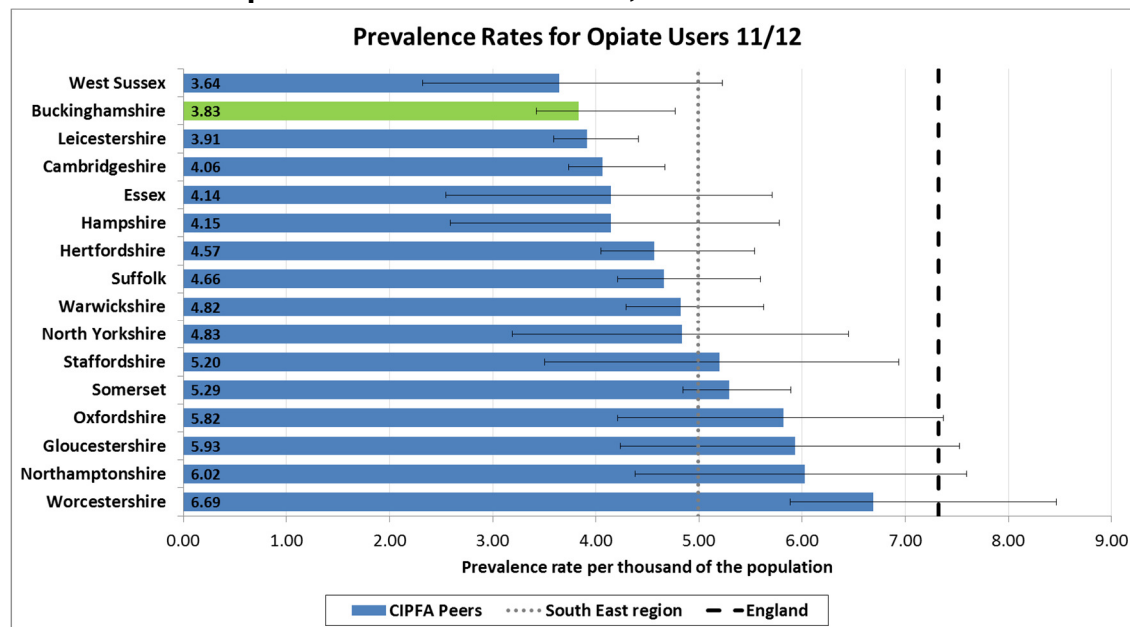
In 2012/13, in the South East, 57% of people assessed for substance dependence issues when entering prison required structured treatment and were not known to local treatment services¹¹.

5.8.4 Geographical variations in substance misuse

Figure 4 compares the estimated prevalence of opiate use in Buckinghamshire with its CIPFA group of 16 similar local authorities⁴. Buckinghamshire has the second lowest estimated rate of opiate use, although because confidence intervals are wide it is only statistically significantly different from the area with the highest rate.

However, opiate use in Buckinghamshire is significantly lower than both the South East and England.

Figure 4 Estimated rates of opiate use per 1000 population, Buckinghamshire and CIPFA comparator Local Authorities, 2011/12



Source: Hay et al, 2014

Table 9 shows the number and rate of deaths related to drug misuse in the District Council areas in Buckinghamshire compared to the national rates between 2006-08 and 2012-14⁸. The numbers and rates of deaths are lowest in Chiltern and South Bucks, and death rates are lower than the national rates all four Districts over this time apart from Aylesbury Vale in 2012-14, when they were similar to the national rate. However, because of the small number of deaths confidence intervals are wide and the differences are not statistically significant except in Chiltern in 2006-08 when the death rate was significantly lower than nationally.

Table 9 Deaths related to drug misuse, Buckinghamshire District Council areas, 2006-08 to 2012-14

	2006-08		2009-11		2012-14	
	Number of deaths	Rate# (95% CI)	Number of deaths	Rate# (95% CI)	Number of deaths	Rate# (95% CI)
Aylesbury Vale	13	25.6 (13.6-43.7)	11	21.2 (10.6-37.9)	19	35.0 (21.0-54.6)
Chiltern	X	10.9 (2.2-31.7)	X	18.0 (5.8-42.0)	X	21.4 (7.9-46.6)
South Bucks	X	*	X	15.0 (3.1-43.9)	X	*
Wycombe	13	26.0 (13.8-44.4)	12	23.5 (12.1-41.0)	10	19.2 (9.2-35.2)
Bucks total no. deaths	31		33		36	
England	5,053	32.8 (31.9-33.7)	5,142	32.6 (31.7-33.4)	5,424	33.5 (32.7-34.4)

Crude mortality rate per million population. Rates not calculated where there are fewer than 3 deaths. X: numbers less than 10 suppressed

Source: ONS

5.8.5. Demand and horizon scanning

Reported levels of use of New Psychoactive Substances (NPS) may under-represent true levels of use, and their increasing use is a concern because they often contain a mixture of substances, and unknown substances, whose effects are unpredictable. It is not known how the change in the legal status of NPS will affect their use and reporting. Polydrug use is also becoming more common which increases the risk of negative health outcomes.

5.8.6 Conclusions

Drug misuse can damage an individual's physical and mental health and have a negative impact on their family and the wider community. In addition, there are significant costs to society due to demands on health and social care and the impact of crime.

It is estimated that there are around 1,250 opiate users, 860 crack users and 240 injecting drug users aged 15-64 in Buckinghamshire, with lower rates of use in Buckinghamshire than the South East, England, and most comparable Local Authorities. Nationally 2.2% of all adults aged 16-59, and 5.1% of those aged 16-24

were classed as frequent users of any drug (equivalent to around 6,100 16-59 year olds, including around 2,600 16-24 year olds, in Buckinghamshire).

Overall the most commonly used drug is cannabis. New Psychoactive Substances (NPS) were reported to have been used by 0.9% of adults aged 16-59 (including 2.4% of 16-24 year olds) nationally in 2014/15, equivalent to around 2,600 16-59 year olds (including 1,400 16-24 year olds) in Buckinghamshire. However, reported NPS use may under-represent the true situation. The Psychoactive Substances Act should limit the availability and supply of NPS; it is not yet known the affect this will have on levels of use.

There has been an average of 10-12 deaths per year due to drug misuse in Buckinghamshire over the last nine years. In Buckinghamshire 823 adults were effectively engaged with structured drug treatment services in 2014/15.

Drug use is commonest among young people aged 16-24, males, and people with lower household income, and lowest among Asian and Asian British ethnic groups. Offenders are also much more likely to have problems with drug use, and there is a link between drug use and much acquisitive crime such as burglary.

Nationally, the prevalence of all drug use has fallen gradually over the last 20 years, although the prevalence of Class A drug use has remained fairly static. Despite this, and even though drug use is less common in Buckinghamshire than nationally, it is important that agencies continue to work in partnership to prevent the significant health and social harms associated with illicit drug use.

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