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National and regional estimates of the prevalence of opiate use and/or crack cocaine use 2005/06: a summary of key findings

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Overview

This report summarises the results of the second sweep of a three-year study to estimate the prevalence of 'problem drug use' (defined as use of opiates and/or crack cocaine) nationally (England only), regionally, and locally. An overview of national and Government Office Region estimates are presented in this report as are comparisons with the estimates produced by the previous (2004/05) sweep of this study.¹

Information about the number of people with problematic use of illicit drugs such as heroin, other opiates or cocaine is key to formulating effective policies for tackling drug-related harm, not least because it is use of these class A drugs that causes the great majority of the societal costs of drug misuse. It also helps inform service provision at the local level and provides a context in which to understand the impact of interventions to reduce drug-related harm. The Drug Action Team (DAT) estimates, used for local planning purposes, are available separately at: http://www.nta.nhs.uk/areas/facts_and_figures/default.aspx

Direct enumeration of those engaged in a largely covert activity such as the use of class A drugs is difficult and standard household survey techniques tend to underestimate the extent of such activity. Indirect techniques making use of various data sources offer a more reliable way of calculating prevalence estimates for the use of opiates and/or crack cocaine. The estimates presented in this report are derived using two indirect measurement techniques: the capture-recapture (CRC) method; and the multiple indicator (MIM) method – these methods are described in detail in Hay *et al.*, 2006 (see footnote 1).

The individuals covered by this study were people aged 15 to 64 and resident in each DAT area, and known to be using heroin, methadone, other opiate drugs, or crack cocaine.

Results

Table 1 presents the 2005/06 national estimates and prevalence rates for those using opiates/crack cocaine and/or injecting.

Table 1: National prevalence estimates and rates per 1,000 population aged from 15 to 64 with 95% confidence intervals²

Drug	Estimate	95% Confidence Interval	Rate	95% Confidence Interval
Total problem drug users	332,090	324,546 – 346,345	9.97	9.74 – 10.40
Opiate	286,566	281,668 – 299,394	8.60	8.46 – 8.99
Crack	197,568	190,786 – 208,322	5.93	5.73 – 6.25
Injecting	129,977	125,786 – 137,034	3.90	3.78 – 4.11

Overall, in 2005/06 there were an estimated 332,090 problem drug users in England; this corresponds to 9.97 per thousand of the population aged 15-64.

Table 2 presents a breakdown of the estimated prevalence rates by Government Region.

¹ Hay, G., Gannon, M., MacDougall, J., Millar, T., Eastwood, C. and McKeganey, N. (2006) Local and national estimates of the prevalence of opiate use and/or crack cocaine use (2004/05) in Singleton, N., Murray, R. and Tinsley, L.. *Measuring different aspects of problem drug use: methodological developments*. Home Office Online Report 16/06, Available: <http://www.homeoffice.gov.uk/rds/pdfs06/rdsolr1606.pdf> [30/04/2007]).

² The confidence interval shows the range of values within which we can be 95% certain that the true population value sits.

Table 2: Estimated prevalence (rate per 1,000 population) of total problem drug users, opiate users, crack users and drug injectors by Government Region

Government Region	Office	Problem Drug Users		Opiate		Crack		Injectors	
		Rate	95% CI	Rate	95% CI	Rate	95% CI	Rate	95% CI
East of England		5.32	4.11 – 6.58	4.36	3.56 – 5.26	3.17	2.32 – 4.07	2.32	1.84 – 2.85
East Midlands		8.75	7.70 – 9.89	8.28	7.34 – 9.35	4.72	3.71 – 5.68	3.60	3.07 – 4.19
London		14.99	14.48 – 15.90	11.39	11.04 – 12.41	10.77	10.27 – 11.43	4.03	3.78 – 4.49
North East		9.33	8.94 – 9.92	8.50	8.24 – 9.00	4.20	3.69 – 4.99	4.43	4.21 – 4.72
North West		12.22	11.49 – 13.32	10.87	10.16 – 11.91	6.88	6.16 – 7.74	4.77	4.28 – 5.31
South East		5.72	4.79 – 6.79	4.80	4.26 – 5.57	3.36	2.59 – 4.21	2.49	2.05 – 3.07
South West		9.07	8.54 – 9.87	7.81	7.25 – 8.52	5.21	4.50 – 6.30	4.72	4.29 – 5.30
West Midlands		10.66	9.78 – 11.78	9.92	9.07 – 10.97	6.17	5.45 – 6.97	3.55	3.05 – 4.06
Yorkshire & Humber		12.35	11.49 – 13.42	11.55	10.72 – 12.55	6.48	5.77 – 7.35	6.08	5.57 – 6.63
ENGLAND		9.97	9.74 – 10.40	8.60	8.46 – 8.99	5.93	5.73 – 6.25	3.90	3.78 – 4.11

London, followed by Yorkshire & the Humber and then the North West, is the region with the highest estimated prevalence of problem drug users, except for drug injectors where Yorkshire & the Humber has the highest estimate followed by the North West and the South West. The East of England followed by the South East have the lowest prevalence estimates for all types of drug use.

The national prevalence rates by gender and age group are shown in tables 3 and 4.

Table 3: National estimated prevalence (rate per 1,000 population aged 15 to 64) of problem drug users by GENDER

	Female			Male		
	Rate	95% CI		Rate	95% CI	
England – total	4.64	4.61	4.99	15.32	14.86	15.87

Females accounted for approximately one quarter of all problem drug users. Regional differences in prevalence rates for each gender reflected the regional differences in overall prevalence rates, with the East of England having the lowest prevalence for both genders and London having the highest.

Table 4: National estimated prevalence (rate per 1,000 population aged 15 to 64) of problem drug users by AGE GROUP

	15 to 24 years			25 to 34 years			35 to 64 years		
	Rate	95% CI		Rate	95% CI		Rate	95% CI	
England - total	10.07	9.85	10.66	21.43	20.76	22.24	6.10	5.96	6.39

Table 4 shows that nationally the markedly highest prevalence rate is in the 25 to 34 age group. This was also the case across individual regions.

Comparisons across sweeps

The estimated total number of opiate and/or crack cocaine users in England in 2005/06 is 332,090. In 2004/05 it was 327,466. The prevalence estimates per thousand population changed from 9.93 in 2004/05 to 9.97 per thousand in 2005/06. However, these small changes were within the margins of error around the estimates, so were not statistically significant (i.e. they do not represent a real increase). *Therefore, the estimates of prevalence rates of opiates and/or crack cocaine users nationally were stable between 2004/05 and 2005/06.*

There were also no statistically significant changes between sweeps in estimated prevalence rates for all problem drug users for the individual government regions.

Table 5: Estimated prevalence (rate per 1,000 population aged 15 to 64) of problem drug users by Government Region in 2004/05 (sweep 1) and 2005/06 (sweep 2)

Government Office Region	Sweep 1			Sweep 2			Difference		
	Rate	95% CI		Rate	95% CI		Rate	95% CI	
East of England	6.48	6.18	7.11	5.32	4.11	6.58	-1.16	-2.59	0.03
East Midlands	8.23	8.00	9.04	8.75	7.70	9.89	0.52	-0.88	1.61
London	14.35	13.86	15.68	14.99	14.48	15.90	0.64	-0.72	1.66
North East	9.50	8.98	10.59	9.33	8.94	9.92	-0.17	-1.21	0.61
North West	11.43	10.39	12.45	12.22	11.49	13.32	0.79	-0.44	2.29
South East	6.40	6.14	7.24	5.72	4.79	6.79	-0.68	-2.00	0.28
South West	9.44	9.16	10.21	9.07	8.54	9.87	-0.37	-1.26	0.38
West Midlands	10.62	10.17	11.45	10.66	9.78	11.78	0.04	-1.31	1.15
Yorkshire and the Humber	11.74	11.43	12.40	12.35	11.49	13.42	0.61	-0.49	1.67
ENGLAND	9.93	9.88	10.41	9.97	9.74	10.40	0.04	-0.48	0.35

There was a statistically significant reduction at the national level – as well as in the North East and the West Midlands regions - in the prevalence of drug injectors, the rate falling from 4.16 per thousand in 2004/05 to 3.9 per thousand in 2005/06.

There was also a statistically significant reduction in the prevalence of opiate use in the South West region, but not nationally or in other regions. There were no significant changes to the estimated prevalence of crack cocaine use, either nationally or in any individual regions.

Concluding remarks

The results presented here are from the second yearly sweep of a three-year project which uses innovative methods to produce best possible estimates of an important and very hard-to-reach group. They show that national prevalence estimates for problem drug use have remained stable across the two years. They also show marked variation in prevalence rates across government regions, as well as distinct differences in prevalence by gender and age group.

Methodological note: changes to methodology since the last sweep

The methods used in sweep 2 largely followed those used in the first sweep with a few exceptions. Firstly, the Care, Assessment, Referral, Advice and Throughcare (CARAT) data on prisoners used in the first sweep has been subsumed into the data for the Drug Intervention Programme, which is a wider programme covering the community as well as prisons. Secondly, slightly more MIM estimates were made due to more rigorous comparison and checking of CRC estimates against MIM estimates, resulting in the rejection of CRC estimates that are markedly different from the MIM estimate.

Produced by the Research Development and Statistics Directorate, Home Office

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