

National and regional estimates of the prevalence of opiate use and/or crack cocaine use 2006/07: a summary of key findings

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Overview

This report summarises the results of the third and final sweep of a 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 second (2005/06) sweep of the study.

Information about the number of people who use illicit drugs such as heroin, other opiates or crack cocaine is key to formulating effective policies for tackling drug-related harm as these drugs are associated with the highest levels of harm. It also helps inform service provision at the local level and provides a context in which to understand the population 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/prevalence_data/docs/0607/prevalence_data_0607.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 and Hay *et al.*, 2007a. Methodological developments throughout the course of the three-sweep study are discussed elsewhere (Hay *et al.*, 2007b; Hay *et al.*, 2008).

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 2006/07 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 intervals¹

Drug	Estimate	95% Confidence interval	Rate	95% Confidence interval
Total problem drug use ²	328,767	322,128–340,196	9.76	9.57–10.10
Opiate	273,123	268,530–283,560	8.11	7.98–8.42
Crack	180,618	175,823–189,442	5.36	5.22–5.63
Injecting	116,809	114,637–121,279	3.47	3.40–3.60

1. The confidence interval shows the range of values within which we can be 95 per cent certain that the true value sits.
2. The total estimate is lower than the combined estimates of opiate and crack use as some people will be using both opiates and crack.

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Overall in 2006/07 there were an estimated 328,767 problem drug users in England; this corresponds to 9.76 per thousand of the population aged 15–64.

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

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

Government Office Region	Total problem drug use		Opiate		Crack		Injectors	
	Estimate	95% CI	Estimate	95% CI	Estimate	95% CI	Estimate	95% CI
East of England	5.38	4.46–6.45	4.36	3.53–5.32	3.42	3.02–3.87	1.99	1.59–2.43
East Midlands	8.45	7.50–9.46	7.33	6.55–8.18	3.67	2.93–4.41	3.43	2.99–3.93
London	14.20	13.81–14.78	10.08	9.81–10.64	8.91	8.49–9.45	3.55	3.41–3.88
North East	9.36	9.13–9.96	8.00	7.82–8.52	4.30	3.78–5.13	4.06	3.83–4.35
North West	12.28	11.67–13.15	10.92	10.41–11.63	7.07	6.38–7.96	4.44	4.18–4.81
South East	5.61	4.93–6.40	4.63	4.17–5.19	3.07	2.88–3.34	2.03	1.91–2.20
South West	9.02	8.40–9.79	7.99	7.58–8.61	5.13	4.46–5.91	4.21	3.93–4.53
West Midlands	10.90	9.95–11.93	9.29	8.57–10.17	5.37	4.73–6.07	3.44	3.16–3.77
Yorkshire and the Humber	11.76	11.11–12.56	10.54	9.99–11.36	5.55	5.22–6.30	4.99	4.75–5.25
ENGLAND	9.76	9.57–10.10	8.11	7.98–8.42	5.36	5.22–5.63	3.47	3.40–3.60

London, followed by the North West and Yorkshire and the Humber, was the region with the highest estimated prevalence for problem drug use. The North West has the highest estimate for opiate use, followed by Yorkshire and the Humber, then London. London has the highest crack cocaine estimates. Yorkshire and the Humber has the highest injecting estimates. The East of England has the lowest estimates for all types of drug use, except for crack cocaine use where the South East has the lowest.

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	4.67	4.58	4.88	14.86	14.55	15.37

Females accounted for approximately one-quarter of all problem drug users.

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	9.06	8.85	9.50	20.76	20.29	21.52	6.36	6.22	6.59

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

Table 5: National estimates of problem drug use 2004/05; 2005/06; and 2006/07 by total problem drug use, opiate use, crack cocaine use and injecting

	Sweep 1 – 2004/05			Sweep 2 – 2005/06			Sweep 3 – 2006/07		
	Estimate	95% CI		Estimate	95% CI		Estimate	95% CI	
Total problem drug use	327,466	325,945	343,424	332,090	324,546	346,345	328,767	322,128	340,196
Opiate	281,320	279,753	292,941	286,566	281,668	299,394	273,123	268,530	283,560
Crack	192,999	188,138	210,763	197,568	190,786	208,322	180,618	175,823	189,442
Injecting	137,141	133,118	149,144	129,977	125,786	137,034	116,809	114,637	121,279

Overall in 2006/07 there were an estimated 328,767 problem drug users in England; in 2005/06 it was 332,090 and in 2004/05 it was 327,466. The slight changes between the three sweeps of the study were within the margins of error around the estimates, and so are not statistically significant and do not represent a real decrease. Therefore, the estimates of prevalence rates of problem drug users nationally have remained stable across the three sweeps of this study.

There have been no significant changes to estimates of opiate use throughout the three sweeps of the study, and although there was a slight decrease in the estimated number of crack cocaine users between sweeps 2 and 3, there was overall no significant change between sweep 1 and sweep 3.

There was an overall decrease in injecting between each sweep of the study (i.e. between sweeps 1 and 2, and again between sweeps 2 and 3).

Table 6: Estimated prevalence of (rate per 1,000 population aged 15-64) of problem drug (opiate and/or crack cocaine) users by Government Office Region in 2005/06 (sweep 2) and 2006/07 (sweep 3)

Government Office Region	Sweep 2			Sweep 3			Difference ¹		
	Estimate	95% CI		Estimate	95% CI		Estimate	95% CI	
East of England	5.32	4.11	6.58	5.38	4.46	6.45	0.06	-1.47	1.69
East Midlands	8.75	7.70	9.89	8.45	7.50	9.46	-0.31	-1.86	1.22
London	14.99	14.48	15.90	14.20	13.81	14.78	-0.79	-1.74	0.00
North East	9.33	8.94	9.92	9.36	9.13	9.96	0.03	-0.55	0.73
North West	12.22	11.49	13.32	12.28	11.67	13.15	0.06	-1.19	1.22
South East	5.72	4.79	6.79	5.61	4.93	6.40	-0.11	-1.40	1.18
South West	9.07	8.54	9.87	9.02	8.40	9.79	-0.05	-1.10	0.87
West Midlands	10.66	9.78	11.78	10.90	9.95	11.93	0.24	-1.24	1.61
Yorkshire and the Humber	12.35	11.49	13.42	11.76	11.11	12.56	-0.59	-1.89	0.59
ENGLAND	9.97	9.74	10.40	9.76	9.57	10.10	-0.21	-0.65	0.20

1. Due to rounding, not all total differences add up exactly to the apparent difference between estimates.

As shown in table 6, there were no significant changes between sweeps in estimated prevalence rates for all problem drug users for the individual government regions.

Concluding remarks

The results presented here are from the third and final yearly sweep of a project that used 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 last three years and that there has been a decrease in estimates of drug injecting. They also show marked variation in prevalence rates across Government Office regions, although there were no significant differences across the three sweeps of the study in individual Government Office regions.

References

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