Indications of Public Health in the English Regions

10: Drug Use

Executive Summary

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

1. Executive Summary

Background

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

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

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

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

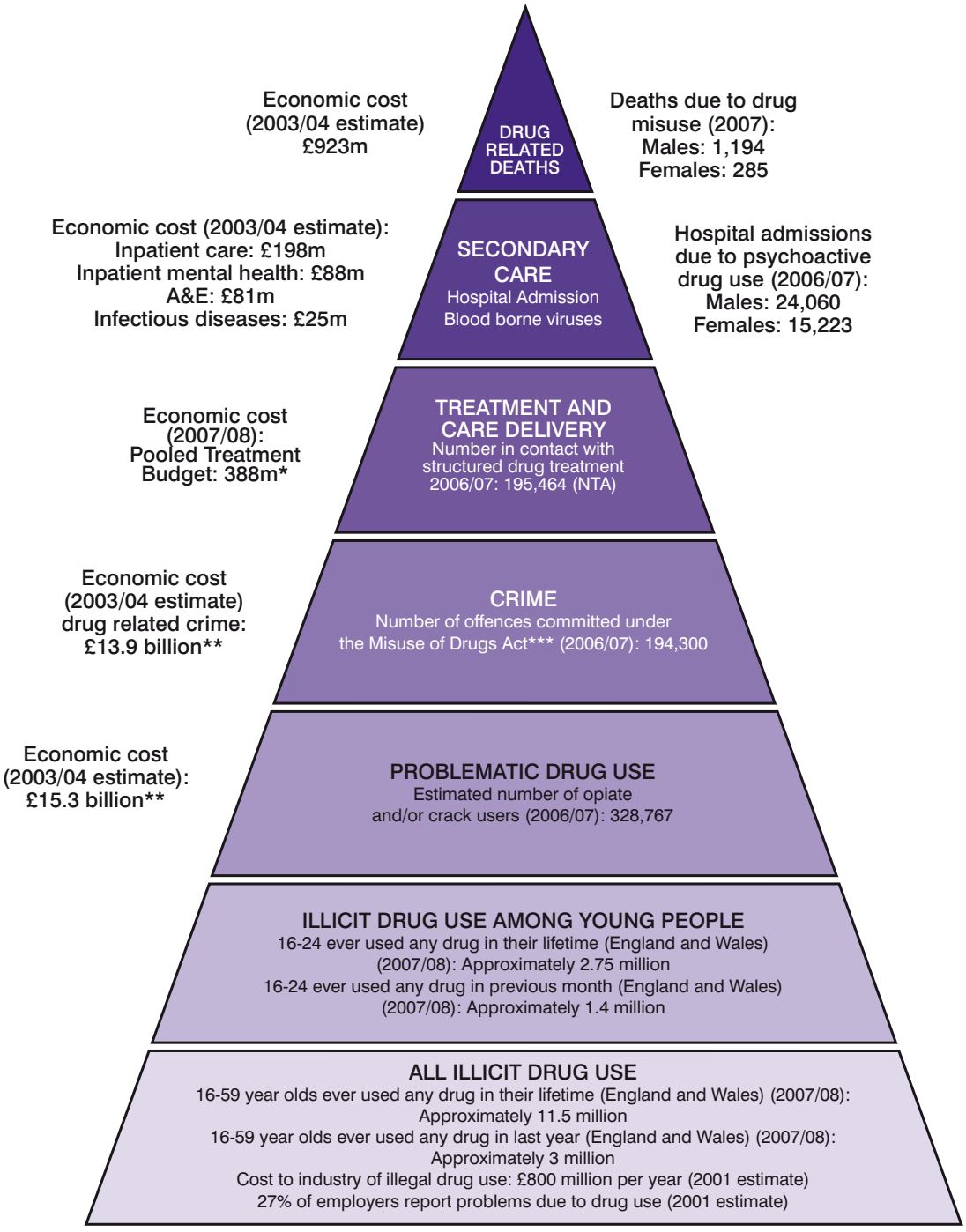
- Protecting communities through robust enforcement to tackle drug supply, drug related crime and anti-social behaviour.
- Preventing harm to children, young people and families affected by drug misuse.
- Delivering new approaches to drug treatment and social re-integration.
- Public information campaigns,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

This regional indications report contains 46 separate indicators of drug use relating to the individual, community and population, with various measures of the effects this has on health and wellbeing. In particular, the report focuses on the nine English regions, but, where possible, the situation in England has been put into a wider European context. Where datasets allow, the analysis is presented by the Index of Multiple Deprivation 2007 (IMD, 2007) correlations at local authority level. Secondly, where small area data are available, analysis by a geodemographic classification, P^2 People and Places is included. These sub-regional measures are presented to enhance the interpretation of public health effects of drugs on different sections of the population to enable better-targeted local action.

Indicator Highlights

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

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



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

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

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

Key Findings

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

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

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

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

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

Substance Use Intelligence Gaps

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

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

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

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

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

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

Map of British Isles with England Government Office Regions defined.

North East

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

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

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

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

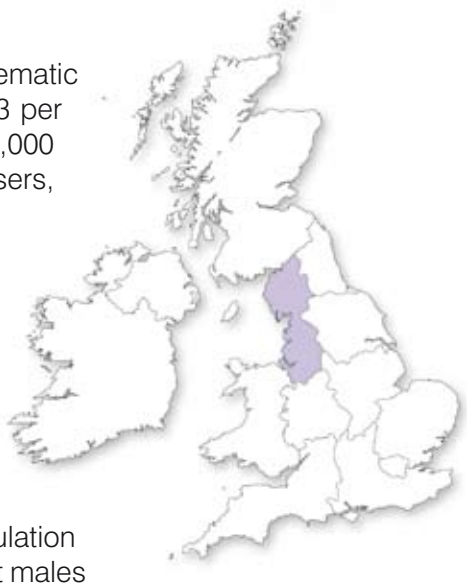
The North East had the highest penetration rate of 15-24 year old PDU in contact with structured drug treatment (39.3%).

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

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

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

North West



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

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

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

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

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

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

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

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

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

Yorkshire and The Humber

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

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

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

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

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

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

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

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

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

East Midlands

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

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

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

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

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

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

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

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

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

West Midlands

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

During 2007/08 the *lifetime* (302.9 per 1,000 population) prevalence of use of *any drug* in the West Midlands was the lowest recorded regionally. The lowest prevalence of *lifetime* use of amphetamines, cannabis and ecstasy was recorded in this region in 2007/08. A steady year-on-year decrease in the rate of *last month* cannabis use was recorded in this region from 2003/04 onwards, and the third lowest rate regionally at 35.8 per 1,000 population in 2007/08. The second highest rate of *last month* cocaine use was recorded in the West Midlands in 2007/08 at 12.6 per 1,000 population, and an increase from 4.7 in 2002/03.

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

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

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

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

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

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

East of England

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

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

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

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

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

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

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

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

London

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

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

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

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

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

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

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

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

South East

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

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

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

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

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

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

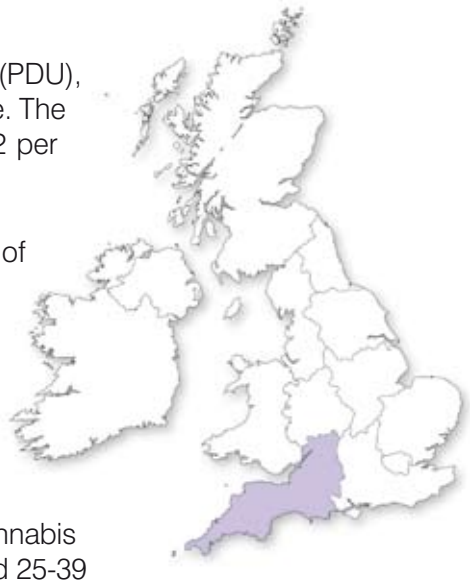
The South East had the lowest proportion of individuals who felt that drugs were the main cause of crime in 2006/07-2007/08 when compared to all other English regions.

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

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

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

South West



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

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

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

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

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

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

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

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

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

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Appendices

Appendix 1: 'Traffic light' indicators

KEY: Regional value against the England average based on 95% confidence intervals (CIs) unless otherwise stated.

Better than average	Consistent with average	Worse than average

*Confidence intervals unavailable

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
DRUG USE											
Prevalence of problematic drug users (2006/07)	Rate per 1,000 population	9.76	9.36	12.28	11.76	8.45	10.90	5.38	14.20	5.61	9.02
Prevalence of problematic drug users who inject (2006/07)	Rate per 1,000 population	3.47	4.06	4.44	4.99	3.43	3.44	1.99	3.55	2.03	4.21
Prevalence of opiate users (2006/07)	Rate per 1,000 population	8.11	8.00	10.92	10.54	7.33	9.29	4.36	10.08	4.63	7.99
Prevalence of crack cocaine users (2006/07)	Rate per 1,000 population	5.36	4.30	7.07	5.55	3.67	5.37	3.42	8.91	3.07	5.13
Rate per 1,000 population who have used any drug (2007/08)	Males	412.73	391.53	421.05	419.70	403.44	364.79	398.82	393.19	461.07	443.10
	Females	292.21	254.55	309.11	279.04	263.73	247.31	303.57	283.87	320.10	336.46
Rate per 1,000 population who have used amphetamines (2007/08)	Males	140.68	136.06	152.40	141.31	135.11	119.33	130.49	123.18	161.29	164.66
	Females	87.39	87.38	95.68	77.59	77.16	69.46	90.91	87.90	90.05	107.12
Rate per 1,000 population who have used cannabis (2007/08)	Males	354.30	325.40	350.86	358.78	336.99	314.38	349.31	337.57	401.92	392.19
	Females	237.50	191.05	238.63	220.67	217.93	200.24	250.29	234.16	267.93	283.35
Rate per 1,000 population who have used cocaine (2007/08)	Males	99.40	76.72	102.62	100.07	79.75	84.00	95.14	114.30	112.00	106.53
	Females	48.10	36.28	44.47	29.33	30.79	38.83	59.87	65.32	53.88	56.88

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
Rate per 1,000 population who have used ecstasy (2007/08)	Males	94.11	105.54	106.10	108.18	81.38	68.71	73.44	103.30	99.95	97.67
	Females	49.91	53.20	57.38	42.61	43.88	34.07	46.03	59.61	48.66	61.15
Rate per 1,000 population who have used anabolic steroids (2007/08)	Persons	5.36	11.97	5.21	7.37	7.34	3.78	1.83	3.05	6.94	4.78
Rate per 1,000 population who have used ketamine (2007/08)	Males	18.75	14.47	16.49	28.32	21.06	14.00	11.13	27.51	15.55	16.54
	Females	6.66	1.21	7.24	4.00	7.69	5.98	6.32	7.78	8.58	7.20
Prevalence of adults who were dependent on any drug (2000)	Males	43.40	44.59	54.05	49.18	31.01	33.13	33.68	51.95	49.82	33.71
	Females	19.57	16.88	17.15	25.51	3.05	2.47	25.29	44.90	21.96	9.26
YOUNG PEOPLE[1]											
Percentage of 10-25 year olds who have used any drug (2003-2006)	Males	29.96	27.20	32.62	29.50	30.68	29.41	27.10	27.07	31.87	30.90
	Females	30.31	25.55	32.41	26.86	31.65	25.90	30.85	26.31	33.88	35.89
Percentage of 10-25 year olds who have used any Class A drug (2003 - 2006)	Males	10.65	10.81	12.96	10.85	11.00	8.82	7.56	8.07	12.67	11.00
	Females	9.08	9.03	11.98	7.63	6.00	6.50	8.04	9.06	12.15	8.29
Percentage of 10-25 year olds who have used cannabis (2003-2006)	Males	28.39	25.84	30.03	28.26	28.61	27.00	25.63	25.86	30.60	30.52
	Females	28.45	22.49	29.94	25.80	29.14	24.35	29.29	24.73	32.25	34.10
Percentage of 10-25 year olds who have used amphetamines (2003-2006)	Males	7.07	7.13	8.60	7.33	8.59	5.93	5.02	3.67	8.40	7.55
	Females	6.71	9.08	8.00	7.25	5.92	6.16	4.39	3.97	9.16	5.26
Percentage of 10-25 year olds who have used amyl nitrate (2003-2006)	Males	9.86	11.41	13.30	9.92	11.69	10.07	7.07	5.59	10.30	8.58
	Females	8.24	8.38	11.64	6.22	9.54	8.50	6.48	4.38	9.09	8.46
Percentage of 10-25 year olds who have used cocaine (2003-2006)	Males	7.26	7.80	9.05	6.53	7.12	5.92	5.35	5.34	9.34	7.15
	Females	5.71	4.96	7.32	3.19	3.61	3.52	6.24	6.73	9.27	3.79

[1] Due to small sample sizes calculation of the traffic lights for the Young People data is based on combined 2003-2006 OCJS data.

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
Percentage of 10-25 year olds who have used ecstasy (2003-2006)	Males	7.97	7.13	10.07	9.17	8.47	5.94	5.35	5.12	9.21	9.06
	Females	6.46	7.69	8.89	6.38	4.34	4.20	4.39	5.26	8.46	6.65
Percentage of 10-25 year olds who have used LSD/ mushrooms (2003-2006)	Males	5.17	6.10	6.37	5.01	5.40	3.50	3.63	4.69	5.24	6.30
	Females	3.21	2.91	4.37	2.61	1.57	2.83	1.34	3.08	4.50	4.00
Percentage of 10-25 year olds who have used solvents (2003-2006)	Males	3.71	5.94	3.76	3.28	5.04	3.39	3.30	2.34	3.63	3.73
	Females	3.65	3.26	3.01	1.75	4.24	3.22	2.44	3.48	4.72	6.33
Percentage of 10-25 year olds who have drank alcohol whilst using drugs in the last 12 months (2003-2006)	Males	13.65	13.68	15.09	13.89	13.57	11.55	11.55	12.15	15.33	14.31
	Females	10.65	9.54	11.68	7.83	9.71	10.48	11.40	9.46	12.08	12.38
Percentage of 10-25 year olds who have used more than one drug at a time in the last 12 months (2003-2006)	Males	6.06	6.76	6.94	6.18	5.75	5.88	3.89	5.52	7.27	5.59
	Females	3.77	3.07	4.94	3.09	2.64	3.59	3.12	2.27	5.77	3.57
Percentage of Year 8 pupils who know someone personally who takes drugs (2003-2006) *	Males	16.94	19.37	17.60	15.49	13.33	14.78	17.56	17.00	26.11	20.52
	Females	15.77	18.43	16.47	11.93	16.95	13.70	17.18	16.52	22.62	16.26
Percentage of Year 10 pupils who know someone personally who takes drugs (2002-2006) *	Males	40.33	40.73	39.18	38.11	34.64	35.78	42.36	34.46	49.44	47.93
	Females	41.55	43.09	40.09	40.98	26.92	37.13	42.59	36.71	51.58	48.47

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
CRIME											
Rates of recorded drug offences (2005/06) *	Rate per 100,000 population	472	489	582	444	392	492	318	726	356	372
Percentage of individuals who met the OASys criteria for inclusion convicted of a Misuse of Drugs Act (1971) offence (2006/07)	Males	21.33	24.16	21.97	21.93	24.68	17.28	22.12	17.97	23.10	19.01
	Females	21.10	25.58	17.59	25.12	26.79	16.41	23.68	13.64	21.23	22.85
Percentage of individuals receiving an OASys assessment and have ever misused drugs who were assessed as highly likely to be reconvicted (2006/07)	Males	49.53	55.30	50.88	49.87	47.85	54.22	46.58	44.38	46.18	50.21
	Females	36.21	35.47	38.66	35.78	32.42	39.64	29.93	38.05	34.87	36.22
Percentage of adults who felt that drugs were the main cause of crime in Britain today (2006/07-2007/08)	Persons	31.00	34.83	33.68	34.60	31.50	33.09	29.21	25.87	25.58	31.90
HEALTH AND SOCIAL CONSEQUENCES: HOSPITAL ADMISSION											
Rate per 100,000 of hospital episodes where psychoactive substance use was identified as a factor contributing to admission (2006/07)	Males	143.05	189.47	255.49	166.02	126.41	129.57	83.85	122.91	99.19	140.54
	Females	90.34	144.03	157.14	114.35	81.62	83.98	55.27	62.30	61.67	91.41
HEALTH AND SOCIAL CONSEQUENCES: INCAPACITY											
Claimants of Incapacity Benefit or Severe Disablement Allowance whose main reason was drug abuse (August 2006)	Rate per 100,000 working age population	125.88	128.08	138.88	123.85	103.71	103.09	78.99	134.46	113.54	211.21
DRUG RELATED DEATHS											
Rate per 100,000 (15-64 years) of deaths related to drugs misuse (according to the drug strategy definition of a drug related death) (2007)	Males	6.91	8.50	7.69	7.75	5.73	7.44	5.31	6.47	6.36	8.00
	Females	1.49	1.87	2.20	1.58	1.37	1.25	1.08	1.02	1.61	1.61

Appendix 2: Remaining indicators

KEY: Regional value against the England average based on 95% confidence intervals (CIs) unless otherwise stated.

Lower than average	Consistent with average	Higher than average

*Confidence intervals unavailable

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
YOUNG PEOPLE											
Percentage of those in contact with structured drug treatment aged under 18 (2006/07)	Males	5.74	6.87	6.57	3.41	5.88	5.06	4.55	6.76	7.42	4.61
	Females	6.43	7.07	6.55	3.76	7.08	6.18	4.99	7.73	8.60	5.83
CRIME											
Percentage of individuals assessed by DIP who used amphetamines in the previous month (2006/07)	Males	6.21	10.34	7.45	7.46	10.90	4.09	6.25	1.56	7.38	11.33
	Females	4.50	7.17	5.60	4.88	7.13	2.36	7.15	1.17	5.79	6.62
Percentage of individuals assessed by DIP who used benzodiazepines in the previous month (2006/07)	Males	6.73	12.05	7.74	7.05	4.18	4.74	7.70	4.03	8.52	12.77
	Females	10.74	12.17	15.92	6.40	5.54	7.55	17.39	7.32	18.23	11.28
Percentage of individuals assessed by DIP who used cannabis in the previous month (2006/07)	Males	31.22	27.53	30.62	24.47	30.91	29.59	34.22	33.52	36.50	31.00
	Females	14.37	12.00	11.51	8.78	14.02	10.19	21.46	16.50	24.36	15.49
Percentage of individuals assessed by DIP who used cocaine in the previous month (2006/07)	Males	24.11	25.91	31.25	22.34	21.44	19.13	23.84	25.43	24.23	16.43
	Females	12.33	11.83	14.63	11.16	10.33	9.49	11.36	15.45	12.52	6.77
Percentage of individuals assessed by DIP who used crack cocaine in the previous month (2006/07)	Males	31.22	17.85	28.50	29.34	24.02	30.21	32.82	39.65	31.84	28.37
	Females	46.50	23.83	48.91	40.35	40.10	43.87	50.35	56.35	53.41	36.54
Percentage of individuals assessed by DIP who used ecstasy in the previous month (2006/07)	Males	6.08	9.17	7.12	5.33	6.07	4.88	6.96	4.22	8.26	7.32
	Females	2.30	2.33	1.40	1.51	1.72	1.73	3.65	2.27	5.11	2.56

Indicator		England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
Percentage of individuals assessed by DIP who used heroin in the previous month (2006/07)	Males	42.53	41.99	44.43	51.20	44.14	47.18	40.23	35.37	37.66	48.40
	Females	59.89	59.33	69.45	62.91	61.13	60.91	62.13	49.72	58.01	59.85
Percentage of individuals assessed by DIP who used illicit methadone in the previous month (2006/07)	Males	5.44	6.14	5.68	5.08	7.47	4.97	5.74	4.49	4.99	7.32
	Females	10.16	11.67	12.14	6.69	14.39	8.04	13.46	7.97	14.65	8.12
Percentage of individuals assessed by DIP who have injected (2006/07)	Males	35.83	45.70	39.43	50.98	29.31	33.08	48.05	20.26	33.10	54.47
	Females	48.74	55.33	53.42	58.43	47.36	37.49	57.36	35.44	52.13	64.51
STRUCTURED DRUG TREATMENT: GENERAL POPULATION											
Rate of individuals in contact with structured treatment services per 1,000 population (2006/07)	Males	8.33	9.81	11.48	11.20	7.47	8.40	5.20	9.27	4.89	8.39
	Females	3.27	3.44	4.57	4.42	2.78	2.96	2.26	3.76	1.99	3.35
Percentage of individuals in contact with structured drug treatment stating heroin as a main problematic drug (2006/07)	Males	62.66	65.09	64.42	72.40	66.26	74.44	56.56	45.11	61.89	65.35
	Females	61.04	66.67	65.32	71.98	63.94	72.45	53.45	41.01	57.75	66.09
Percentage of individuals in contact with structured drug treatment stating crack cocaine as a main problematic drug (2006/07)	Males	5.56	2.41	2.55	2.23	2.63	3.21	4.74	15.49	4.21	6.59
	Females	5.63	1.56	2.70	2.54	2.61	3.43	5.09	15.68	4.17	6.15
STRUCTURED DRUG TREATMENT: OFFENDING POPULATION											
Percentage of offenders assessed by DIP in contact with structured drug treatment services (2006/07)	Males	22.33	25.88	24.05	31.09	21.97	19.82	21.99	17.25	20.55	26.77
	Females	40.09	45.83	46.42	43.95	37.76	35.97	45.72	31.76	42.84	38.35
Percentage of offenders assessed by DIP who have previously been in contact with structured drug treatment services within the last two years (2006/07)	Males	37.39	45.04	38.76	47.84	39.58	34.45	39.03	27.86	36.74	46.74
	Females	55.86	65.50	64.89	64.94	58.67	47.12	58.91	41.42	55.79	63.46

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