

Substance Misuse Intelligence Summary 2018

DRAFT

Introduction

This report summarises current information on drug and alcohol use and treatment in Birmingham. It is set in the context of the Government's 2017 Drug Strategy¹, which aims to "reduce illicit and other harmful drug use" and "increase the rates recovering from their dependence". It draws on deaths and hospital activity information as well as data collected by the National Drug Treatment Monitoring System (NDTMS) and other sources to present a view of prevalence, treatment, service need and outcomes which will inform commissioning priorities. In Birmingham, substance misuse services for adults aged 18 and over have been provided by CGL (change, grow live) since March 2015.

Key Messages

- The estimated number of dependent drinkers in Birmingham was 13,603 (2014).
- 8,234 estimated opiate users and 6,689 crack users in Birmingham (2014/15).
Rates were higher than national average.
- Rates of opiate use by 25-34 year olds have fallen significantly from 2011/12 to 2014/15 but not for other age groups.
- There were 373 alcohol specific deaths in the period from 2014 to 2016 and 173 deaths from substance misuse.
- There were 6,102 hospital admissions for alcohol specific conditions in 2016/17.
- There are approximately 500 admissions each year due to substance misuse (excluding alcohol).
- A&E attendances related to alcohol and substance misuse are increasing each year mostly due to alcohol related attendances. However, this could be, at least in part, due to variation in A&E data coding practice and quality. There were nearly 4,000 alcohol and substance misuse related attendances in 2016/17.
- There were 6,292 adults in drug treatment in Birmingham in 2016/17, 1,895 dependent drinkers in alcohol treatment and 584 in treatment for drug and alcohol dependence.
- The numbers in treatment for opiates have fallen from approximately 6,000 in 2009-10 to approximately 5,000 in 2016-17.
- The numbers of new presentations have fallen from approximately 1,800 for opiates in 2009-10 to approximately 1,600 in 2016-17.

¹ HM Government 2017 Drug Strategy

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

- New presentations for alcohol peaked in 2013-14 at approximately 1,800 before falling to approximately 1,100 in 2016-17.
- Numbers for non-opiate and non-opiate/alcohol also peaked in 2013-14 before falling to approximately 500 and approximately 350 respectively in 2016-17.
- There are approximately 6,000 to 7,000 (50%) dependent drug users not in treatment and 10,000 (85%) dependent drinkers not in treatment.
- 62% of people in drug treatment were aged under 40, whereas half that proportion, 31% of people in alcohol treatment were aged under 40.
- An increasing proportion of opiate clients are older, more complex with longer opiate use careers.
- Around a third of opiate clients, 40% of non-opiate and 1 in 10 alcohol clients in treatment were in contact with the Criminal Justice system.
- The current rate of successful treatment completion with no representation within 6 months is currently around 40% for alcohol and non-opiates, but only 6.3% for opiate users. Completion rates are similar to PHE local outcome comparator (LOC) groups for opiate clients but better than LOC groups for non-opiate clients.
- Unplanned exits from treatment are higher than LOC groups between 1 and 3 months.
- There was a drop in successful completion of drug and alcohol treatment in 2015, followed by an improvement in 2016 possibly due to the change in provider. Total numbers of completers are lower than in 2013.
- Only 15% of people who have completed alcohol treatment remain abstinent for 6 months, less than half the rate for drug treatment.
- The percentage of opiate treatment clients in Birmingham who have had 10 days or more employment was approximately 20% in Q3 2017/18 and was similar to the national rate.
- In Birmingham 23% of opiate clients who were still using after 6 months treatment had a housing issue in September 2017 which was slightly higher (not significantly) than the national figure of 21% for the same period.

Prevalence and health burden due to drugs and alcohol

Alcohol

In Birmingham the estimated number of dependent drinkers in 2014 was 13,603 (CI: 10,138 – 19,336), 1.66% of the population (CI: 1.24 – 2.36), a non-significant increase of 3% since 2010. Prevalence for England was 1.39%. (PHE: APMS)

Drugs

In Birmingham the estimated number of opiate and/or crack users (OCU) in 2014/15 was 9,705 (95 CI: 8,184 – 11,470); 8,234 opiate users (95% CI: 6,933 – 9,398) and 6,689 crack users (95% CI 4,692 – 8,743). The rate of OCU was 13.48 per 1000 (95% CI 11.97 – 15.93), compared to a rate of 8.57 for England. Differences between 2011/12 and 2014/15 were not statistically different for Birmingham, whereas nationally there was a significant increase in crack cocaine use.

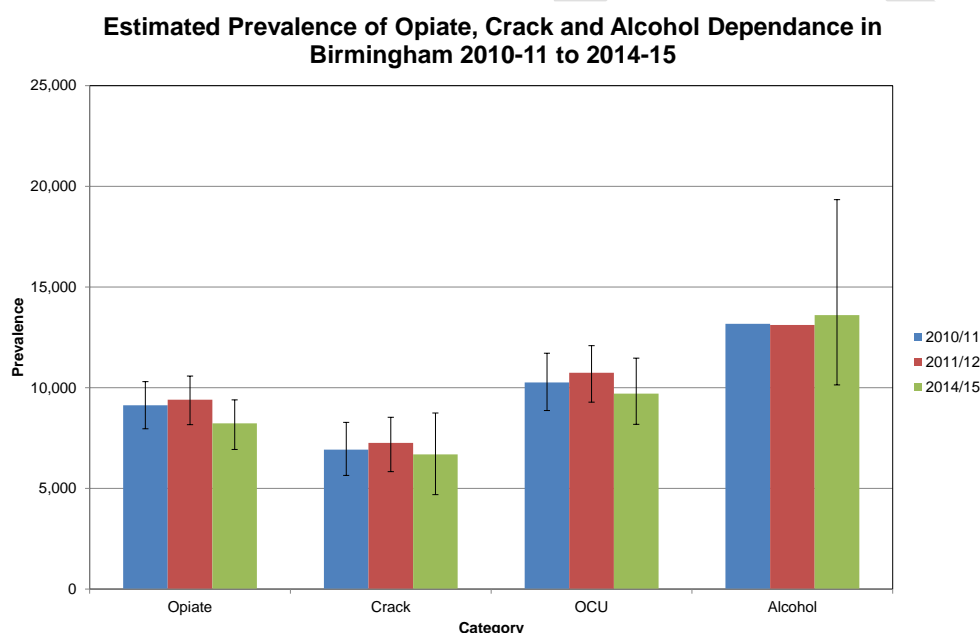


Figure 1

Source: PHE Opiate and crack cocaine use: prevalence estimates for local populations (2017), PHE Alcohol dependence prevalence in England (2017)

Opiate use for 25-34 year olds reduced significantly by 42% between 2011/12 and 2014/15, however this was not the case for other age groups. Highest usage is now highest amongst 35-64 year olds with 60% of users in this age group. 9% of users are estimated to be aged 15-24.

Opiate use is significantly lower for women: 4.92 per 1000 (95% CI: 3.32 – 6.81), compared to 18.04 per 1000 (95% CI: 14.78 – 21.3) for men. Male opiate use in Birmingham is significantly higher than the national average of 11.18 per 1000. For women, rates in Birmingham are higher than the national average, but not significantly so.

Deaths

Alcohol

In Birmingham there were 373 deaths from causes specific to alcohol in 2014-16 (PHE, Local Alcohol Profile 2.01). Rates in Birmingham have been consistently significantly higher than England over the past 10 years but crude Rates in Birmingham are lower than those for statistical neighbours and core city comparator areas (11.2 per 100,000 population in 2014-16 vs 13.5 and 12.4 respectively (differences are not statistically significant). Mortality rates by age show higher rates at a younger age in Birmingham when compared to national figures (see Figure 4 below).

In 2016 there were 6,920 potential years of life lost due to alcohol in Birmingham (PHE, LAPE 1.02). Mortality rates are significantly around 3 times higher for men than for women (DSR 22.9 vs 7.8). Mortality rates are significantly higher than the Birmingham average in Erdington district.

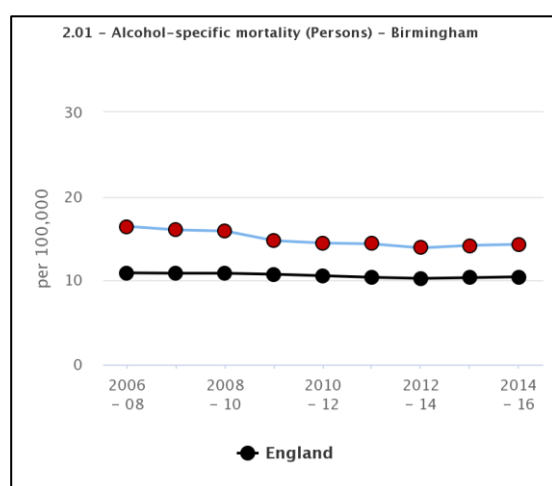


Figure 2

Source: PHE Fingertips

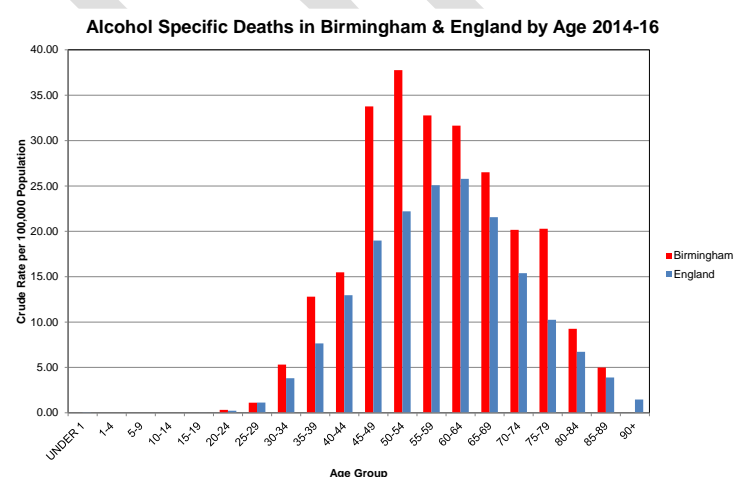


Figure 3

Source: England data: "ONS Alcohol-related deaths by sex, age group and individual cause of death, UK constituent countries, deaths registered 2001 to 2016", Birmingham data: ONS Annual Deaths Data and ONS Population Estimates

Drugs

There were 173 deaths in Birmingham from drugs misuse in 2014-16 (PHOF 2.15iv). The total premature life years lost between 2012 and 2016 was 10,386 – an average of 2,000 per year (PCMD). Crude mortality rates in Birmingham are higher than those for statistical neighbours (5.2 per 100,000 population in 2014-16 vs 3.7 not statistically significant) but lower than core city comparator areas (6.5 per 100,000 not statistically significant). The age profile of drugs deaths in Birmingham is similar to England and Wales (see chart below). Mortality rates are significantly higher for males than females and peak in the 40-49 age group.

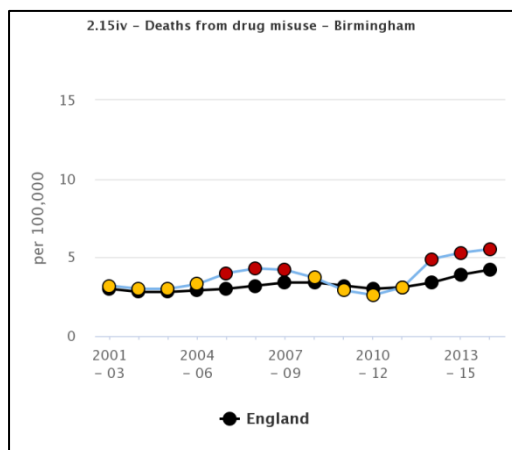


Figure 4
Source: PHE Fingertips

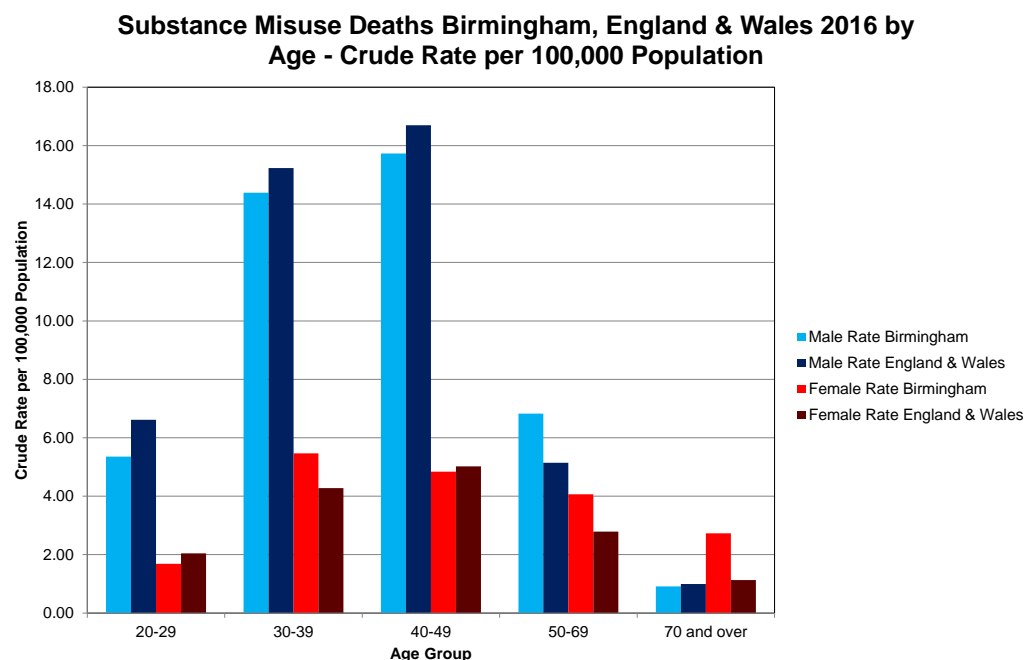


Figure 5
Source: ONS Annual Deaths Data, ONS Population Estimates, ONS Deaths related to drug poisoning in England and Wales, 1993 - 2016

Hospital admissions

Alcohol

There were 6,102 hospital admissions from alcohol-specific conditions in 2016/17 (PHE, LAPE 6.02). The hospital admission rate for males was nearly 3 times the female rate (DSR 985 per 100,000 for males vs 337 for females) (PHE, LAPE 6.02). The admission rate for females was similar to the England rate, whereas for males it was significantly higher than nationally (England rate is 784). Directly standardised rates by ward in Birmingham in 2015-16 were highest in Acocks Green followed by Bartley Green and then Nechells.

Drugs

There are on average around 500 drugs-related admissions per year in Birmingham (HES, NHS Digital). Men account for around 60% of admissions, with a peak in ages 30-34. The rate for males is significantly higher than the national average, but similar to (CIPFA) statistical nearest neighbours. For women it is similar to the England average, but lower than the rate for CIPFA neighbours. Admission rates are higher for white and mixed ethnicities than black and Asian groups. Admission rates are high in Stockland Green and Bournville wards.

A&E attendances

There were nearly 4,000 alcohol and drug use related attendances at A&E for Birmingham residents aged 20-64 in 2016/17 (HES, NHS Digital). Alcohol accounted for more than half the A&E attendances for drug and alcohol misuse (see chart below). The number of alcohol related attendances was higher for men than women. The peak age group for females was 15-19, whereas for men it was around 30-54. There are known quality issues with the coding of A&E attendances and therefore this data only represents those attendances where the primary diagnosis includes a valid drug or alcohol related diagnosis code. Increased attendances could be affected by increased completeness of the diagnosis coding.

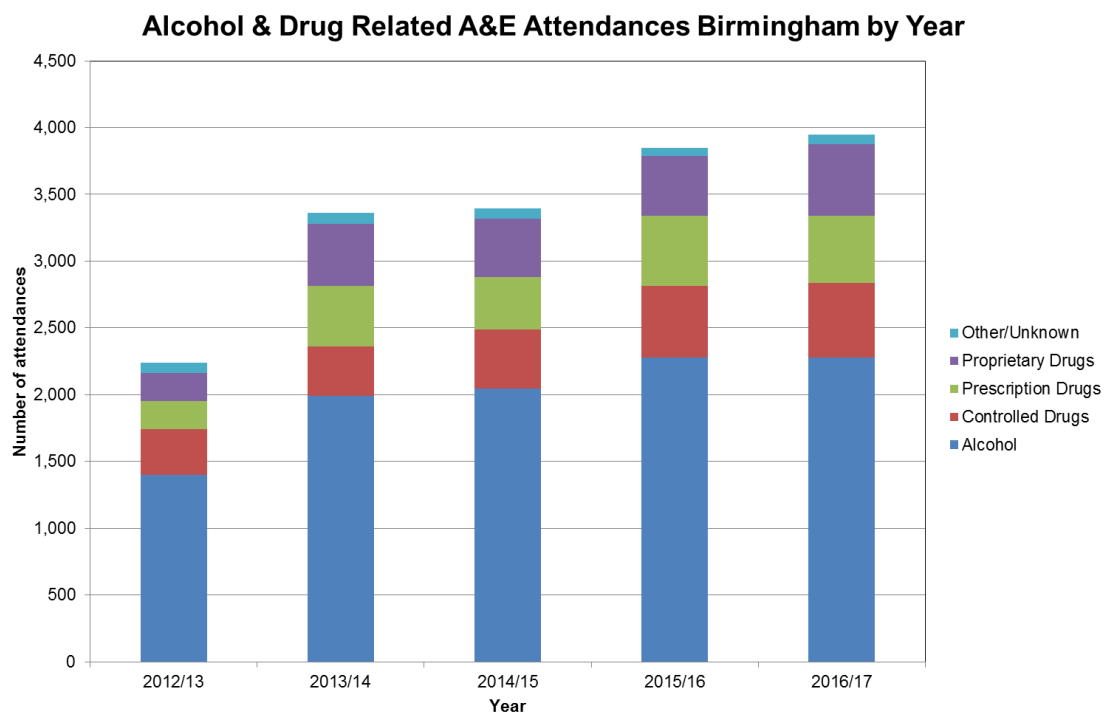


Figure 6

Source: NHS Digital Hospital Episode Statistics

Numbers in treatment

There were 6,292 adults in drug treatment in Birmingham in 2016/17, 1,895 dependent drinkers in alcohol treatment and 584 in treatment for drug and alcohol dependence. The numbers in treatment for opiates have fallen from approximately 6,000 in 2009-10 to approximately 5,000 in 2016-17. Numbers in treatment for Non-opiates and alcohol have remained fairly consistent for the same time period (approximately 2,000 for alcohol, 700-900 for non-opiate and 500-700 for non-opiate and alcohol).

The numbers of new presentations have fallen from approximately 1,800 for opiates in 2009-10 to approximately 1,600 in 2016-17. New presentations for alcohol peaked in 2013-14 at approximately 1,800 before falling to approximately 1,100 in 2016-17. Numbers for non-opiate and non-opiate/alcohol also peaked in 2013-14 before falling to approximately 500 and approximately 350 respectively in 2016-17. In 2016/17 61% of clients were being treated for opiate usage (37% with crack cocaine), 40% for alcohol, 22% for cannabis and 12% for cocaine.

62% of people in drug treatment were aged under 40, whereas half that proportion, 31% of people in alcohol treatment were aged under 40. Only 23% of people in drug treatment were female, compared with 34% of people in alcohol treatment. New presentations to treatment in under 25s have fallen for opiates, cannabis and cocaine between 2009-10 and 2016-17 whilst new presentations for opiates in over 40s have increased.

The proportion of clients who have been using opiates for 21 years or more has gone up from 24% in 2015-16 to 32% in Sep-17, while the proportion who have been using for less than 18 years has fallen year on year. The trend is similar nationally, but a higher proportion (42%) have been using opiates for 21 years or more. Clients that have been using opiates for less than 3 years are 2.5 times more likely to complete treatment than those using for 21 years plus (PHE RDT). The completion rate also falls for opiate and alcohol clients who have had more treatment journeys. The numbers of injecting opiate users in treatment has consistently increased from 2012-13 to 2016-17. In Birmingham 40% of opiate clients were classified as complex in September 2017 which is higher than the national average of 32%.

In Birmingham 37% of alcohol clients were treatment naïve (1st treatment journey) compared to 20% of all clients in treatment. Nationally 41% of alcohol clients were treatment naïve.

The number of new presentations for new psychoactive substances has increased since they were first recorded in 2013-14 but numbers are still low compared to the total numbers of new presentations. According to the latest figures 8% of new treatment clients reported “club drug” use. Of new psychoactive substances (NPS), predominantly cannabinoid types were most commonly cited.

In 2016/17, 704 children in Birmingham were living with clients in treatment. However, Birmingham clients in treatment less likely to be living with children than national average (13% vs 20% of new presentations), although similar proportions have children.

Around a third of opiate clients, 40% of non-opiate and 1 in 10 alcohol clients in treatment were in contact with the Criminal Justice system. Rates of clients in contact with criminal justice were significantly much higher than national averages, particularly for non-opiates, which have increased by two thirds over the last 2 years (see charts below).

The number of referrals from other services into treatment for alcohol has fallen by more than 50% between 2013-14 and 2016-17.

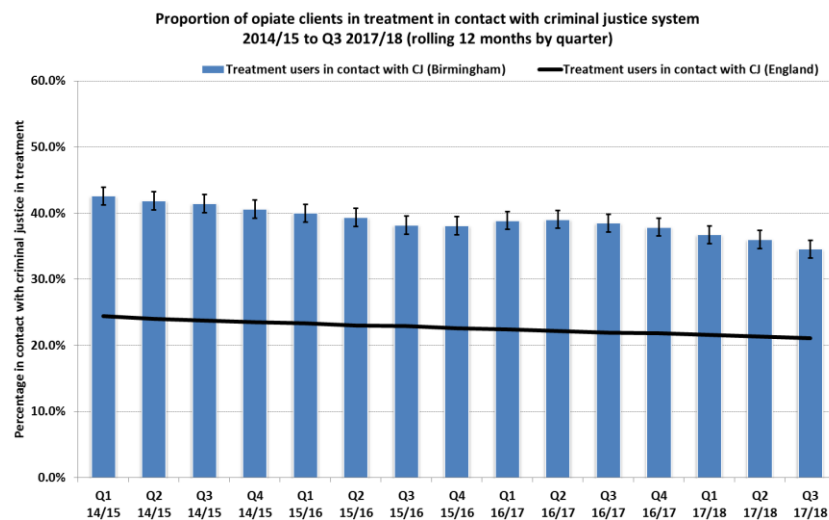


Figure 7
Source: NDTMS

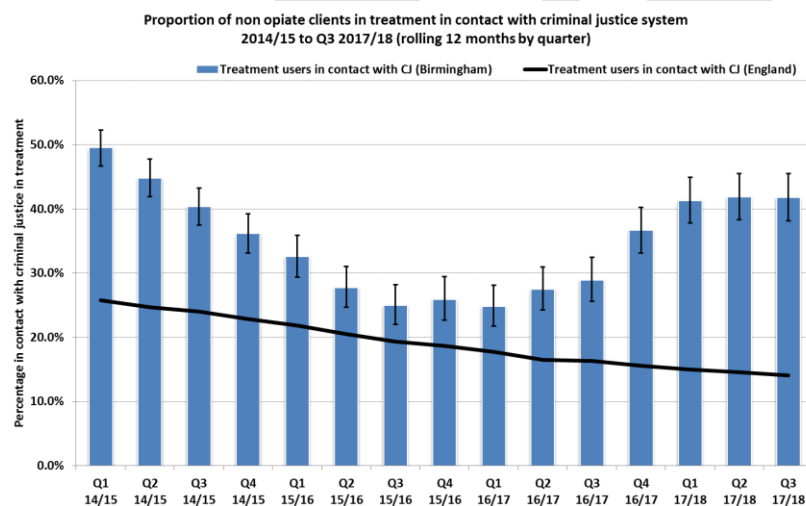


Figure 8
Source: NDTMS

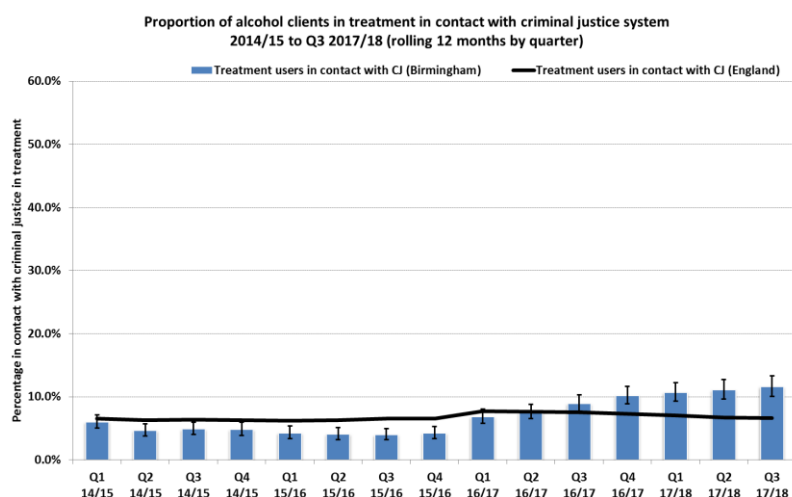


Figure 9
Source: NDTMS

Service penetration/unmet need

The estimated proportion of people dependent on drugs in Birmingham that are in treatment as remained consistently around or just below 50% since 2014/15. Rates are similar to the national average. The estimated numbers not in treatment in Birmingham are approximately 6000 to 7000.

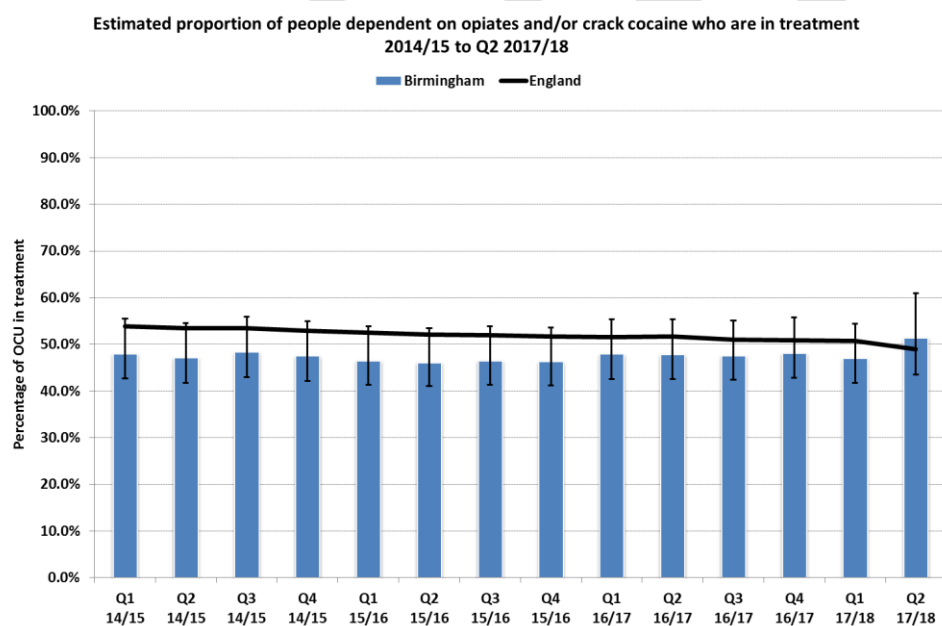


Figure 10
Source: NDTMS

Unmet need for alcohol treatment is estimated to be much higher, at 85% not in treatment, which is close to the national average. In Birmingham the estimated numbers of dependent drinkers not in treatment is approximately 10,000.

Successful treatment completion

There was a drop in successful completion of drug and alcohol treatment in 2015, followed by an improvement in 2016 (PHOF 2.15i-iii). Similar patterns have been seen in other areas which have also had a change in treatment provider. However, latest quarterly data show that successful treatment completion has returned to levels similar to the England average. Whilst the proportion of clients successfully completing as risen the total number of completers per year is lower than 2013 for opiate, non-opiate and alcohol clients. The current rate of successful treatment completion with no representation within 6 months is currently around 40% for alcohol and non opiates, but only 6.3% for opiate users. Completion rates for opiate clients are similar to PHE Local Outcome Comparators (LOCs) and higher than LOCs for non-opiate clients. Clients in contact with criminal justice have slightly higher successful completion rates for alcohol and non opiates, but slightly lower success rates for opiates.

As of September 2017 27% of opiate clients had been in treatment for more than 6 years. National data show that increased time in treatment is associated with falling completion rates. The proportion of treatment population in treatment for less than 1 year is higher than LOC groups but completion rate is lower. The proportion of treatment population in treatment for 6 years and over is lower than LOC groups but completion rates are higher. Unplanned exits from treatment by opiate clients are higher than LOC groups between 1 and 2 months.

The proportion of non-opiate clients in treatment for less than 1 year is higher than LOC groups. Unplanned exits from treatment by non-opiate clients are higher than LOC groups between 1 and months.

Only 15% of alcohol clients have been in treatment for more than 12 months as of September 17. This is similar to the national figures. Completion rates for alcohol clients were between 45% and 48% for those in treatment over 3 months and slightly lower for those in treatment for shorter periods. Unplanned exits from treatment by alcohol clients between 1 and 3 months are higher than national average.

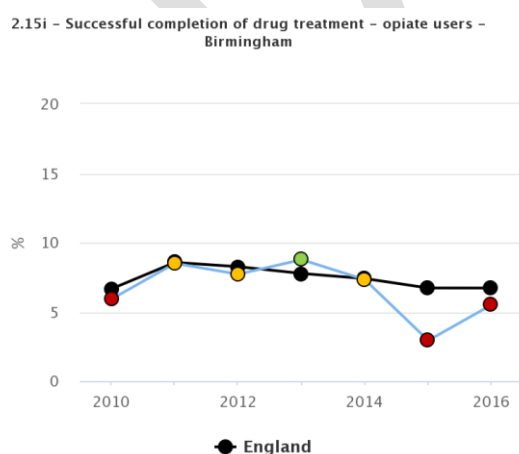


Figure 11

Source: PHE Fingertips

2.15ii – Successful completion of drug treatment – non-opiate users
– Birmingham

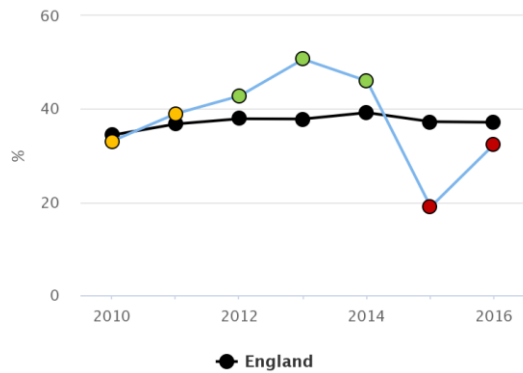


Figure 12

Source: PHE Fingertips

2.15iii – Successful completion of alcohol treatment – Birmingham

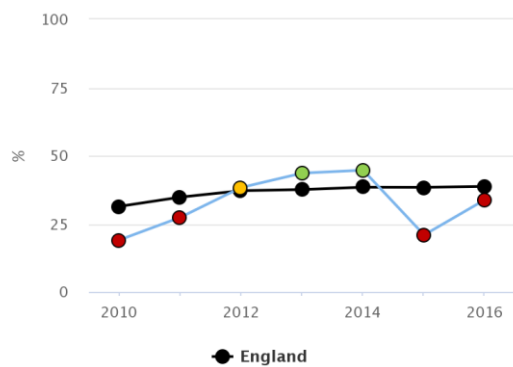


Figure 13

Source: PHE Fingertips

Approximately half of deaths in treatment were opiate clients (NDTMS). There are no clear trends in deaths in treatment but the number of opiate clients that died in treatment was higher in 2016-17 than at any other point from 2009-10 on.

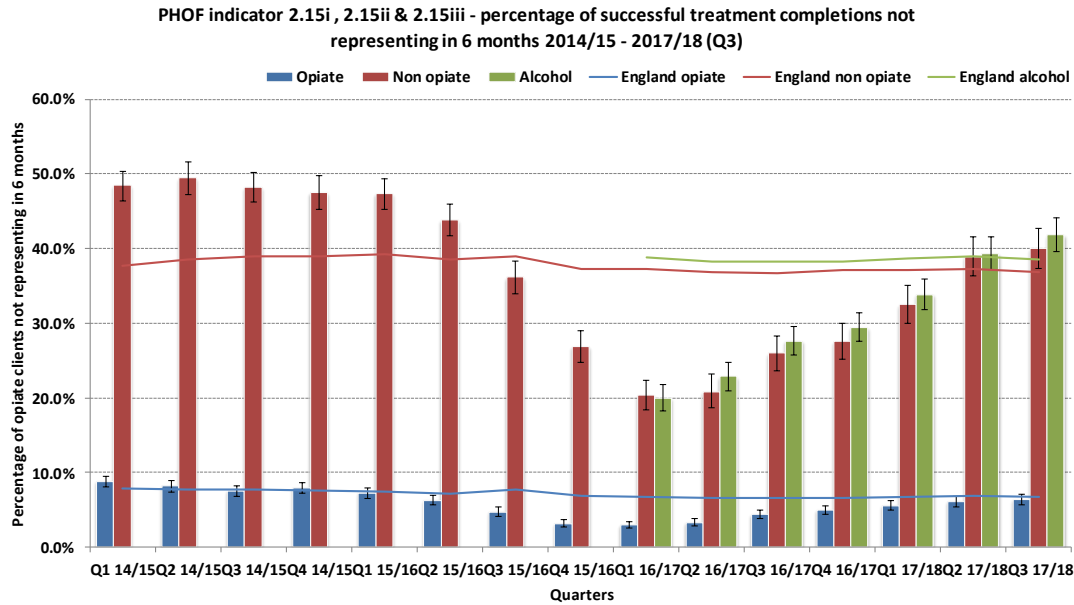


Figure 14
Source: PHE Fingertips

Representation rates for opiate clients were 20% in September 2017 which were higher than local outcome comparators (local authorities with similar complexity clients as defined in PHE recovery diagnostic toolkit) where the rate was 17%. Representation rates for alcohol clients were lower at 6% and lower than national rates of 8%. Early drop outs are higher in Birmingham than national average (22% vs 17%) and are highest for non-opiate (27%).

A high proportion were referred through the criminal justice system in Birmingham (38% vs 20% for England). Of these, the proportion successfully engaging with treatment has doubled over the past 2 years to reach the national average of 30%.

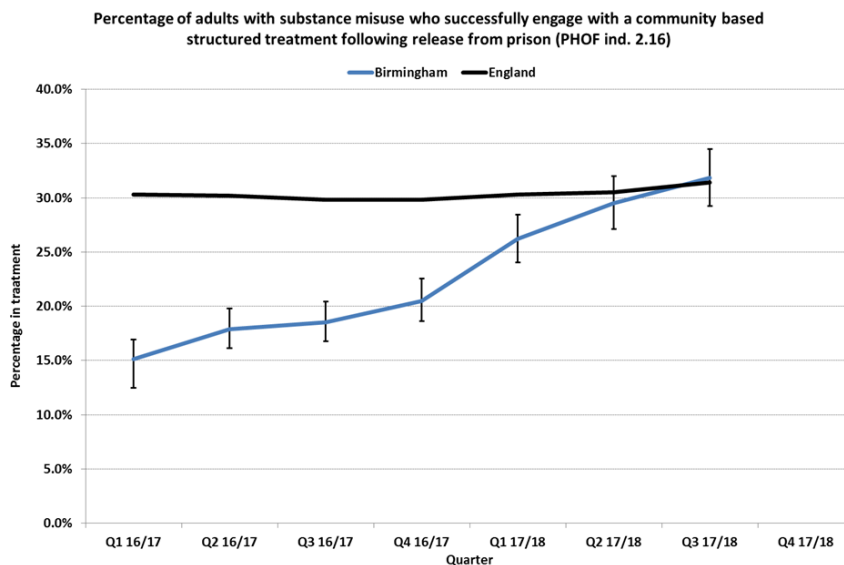


Figure 15
Source: NDTMS

Outcomes

Only 15% of people who have completed alcohol treatment remain abstinent for 6 months, less than half the rate for drug treatment.

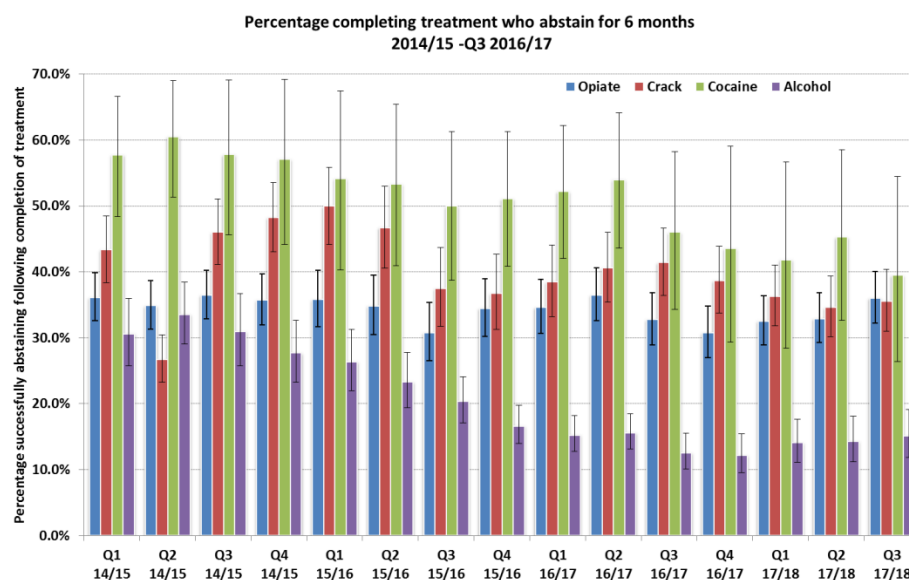


Figure 16

Source: NDTMS

Twelve month outcomes for opiate clients showed that 39.4% had stopped using and 25.3% had reduced use as at September 2017. The mean days of use for opiate clients was 17.9 at the start of treatment and 8.9 days at 12 months.

The percentage of opiate treatment clients in Birmingham who have had 10 days or more employment was approximately 20% in Q3 2017/18 and was similar to the national rate. Employment rates were higher in Q3 2015/16 at approximately 30%. Employment rates for non-opiate addicts were higher at just below 40% in Q3 2017/18.

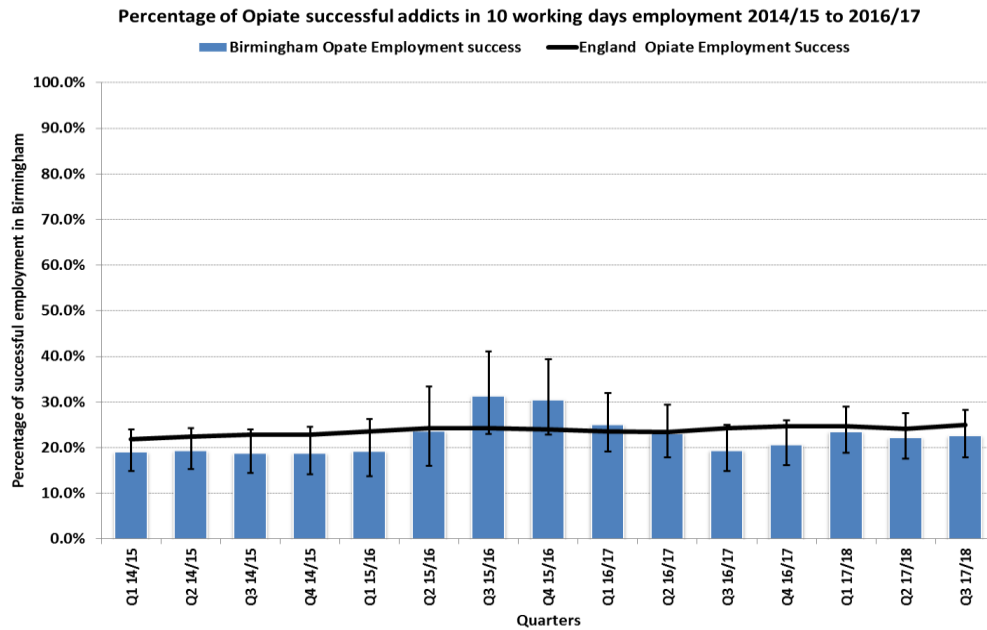


Figure 17
Source: NDTMS

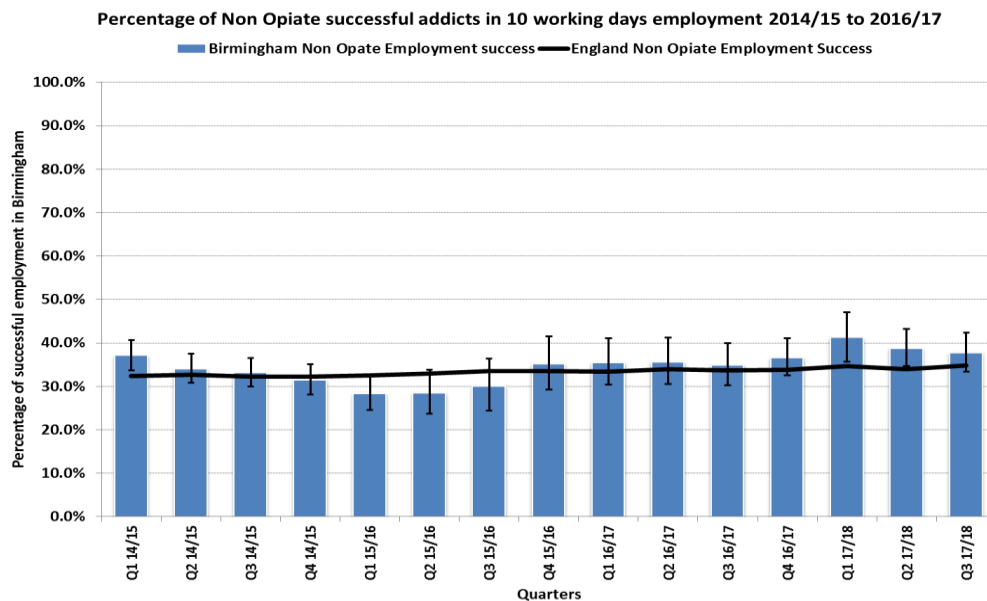


Figure 18
Source: NDTMS

In Birmingham 23% of opiate clients who were still using after 6 months treatment had a housing issue in September 2017 which was slightly higher (not significantly) than the national figure of 21% for the same period. National figures indicate that being housed improves completion rates.

Social return on investment

Modelling from the SROI tool shows the effect of treatment services on crime figures. It is estimated that 2016/17 investment in drug and alcohol treatment resulted in over 150,000 fewer crimes and over £50 million in economic and social benefits.

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Useful links

Public Health Outcomes Framework
<http://www.phoutcomes.info>

Sources

Public Health Outcomes Framework: Public Health England
PHE Estimates of alcohol dependent adults and children living with alcohol dependent adults March 2017
PHE Estimates of opiate and crack cocaine use prevalence: 2014 to 2015 September 2017
PHE Recovery Diagnostic Toolkit (RDT) September 2017
PHE Local Area Trend Report 2016-17
PHE National Drug Treatment Monitoring System (NDTMS)

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