Substance Misuse: Birmingham's Adult and Young Peoples Treatment Services

OSC Additional Information

31 October 2022

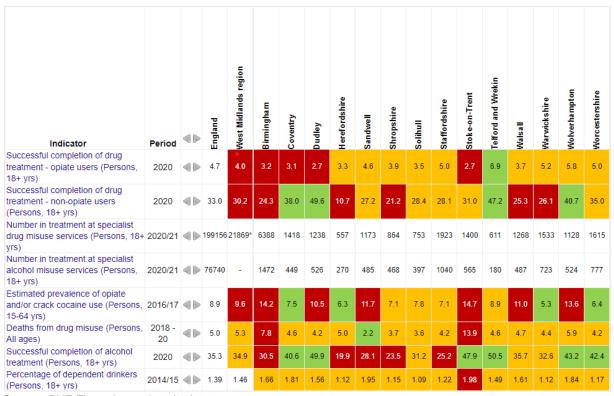






Birmingham HOSC Substance Misuse Profile ~ Oct 2022

Figure 1: Key indicators for drug and alcohol misuse in Birmingham (Please note not all indicators are updated annually)



Source: PHE Fingertips tool, 27/10/2022

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2 Indicators for Drug and Alcohol Deaths in Birmingham

Figure 2: key indictors around drug and alcohol deaths from the PHE Fingertips tool

Indicator	Period		England	Core Cities	Birmingham	Bristol	Feeds	Liverpool	Manchester	Newcastle upon Tyne	Nottingham	Sheffield
Deaths in alcohol treatment, mortality ratio (Persons, 18+ yrs)	2018/19	< ▶	1.00	-	0.77	0.57	0.86	*	0.55	1.50	0.86	0.48
Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons, All ages)	2020	●	37.8	-	44.0	43.6	43.5	53.1	54.6	57.4	51.9	48.2
Alcohol-specific mortality (Persons, All ages)	2017 - 19	< ▶	10.9	-	14.5	14.3	14.8	17.6	17.3	16.9	16.6	16.0
Potential years of life lost (PYLL) due to alcohol-related conditions (Male, All ages)	2020	< ▶	1116	-	1307	1341	1386	1684	1635	1802	1681	1555
Potential years of life lost (PYLL) due to alcohol-related conditions (Female, All ages)	2020	●	500	-	597	484	621	724	727	787	564	656
Under 75 mortality rate from alcoholic liver disease (Persons, <75 yrs)	2017 - 19	●	9.1	-	12.0	10.4	11.5	15.8	16.1	14.7	13.9	12.5
Deaths in drug treatment, mortality ratio (Persons, 18+ yrs)	2018/19 - 20/21	< ▶	1.00	-	0.74	0.83	0.98	1.08	1.02	1.49	0.80	0.89
Deaths from drug misuse (Persons, All ages)	2018 - 20	< ▶	5.0	-	7.8	8.9	8.1	12.9	9.0	11.9	5.2	7.8

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Birmingham is significantly worse than England for all indicators except for deaths in drug treatment (significantly better), deaths in alcohol treatment (worse but not significantly) and years of life lost due to alcohol related conditions for females (worse but not significantly).

Compared to the other Core Cities, Birmingham has the lowest mortality ratio for deaths in drug treatment, and compares favourably to most other cities for the majority of indicators



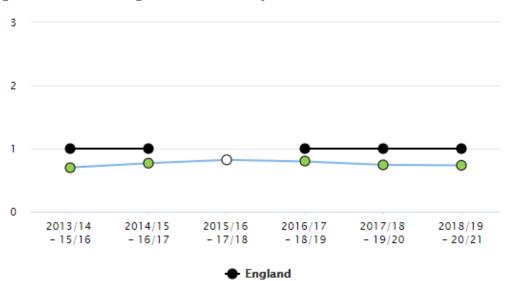
3 Deaths in drug treatment

Between 2018/19 and 2021/22 there were 151 deaths in drug treatment. As a comparable ratio, this has been consistently lower than the England Average since 2013/14-15/16, however the number of deaths in Birmingham has continually increased over this period.

Table 1 Deaths in Drug Treatment - Birmingham

Time Period	2013/14 -	2014/15 -	2015/16 -	2016/17 -	2017/18 -
	15/16	16/17	17/18	18/19	19/20
Deaths	102	122	136	131	151

Figure 3: Deaths in drug treatment mortality ratio over time



Source: PHE Fingertips tool, 27/10/2022



4 Deaths from drug misuse

There were 246 deaths from drug misuse between 2018 and 2020 and this has increased year on year since 2015-17. Using a directly standardised rate which allows populations to be compared, the rate has been consistently higher than the England average since 2012-14.

Compared with England Better 95% Similar Worse 95% ONot applicable

Deaths from drug misuse for Birmingham

16

14

12

10

8

4

2

0

2001
2004
2007
2010
2013
2016
-03
-06
-09
-12
-15
-18

Figure 4: Deaths from drug misuse over time (DSR per 100,000 population)

Source: PHE Fingertips tool, 27/10/2022

Table 2: Number of deaths from drug misuse in Birmingham over time

Period	01-03	02-04	03-05	04-06	05-07	06-08	07-09	08-10	09-11	10-12	11-13	12-14	13-15	14-16	15-17	16-18	17-19	18-20
Deaths	101	93	91	104	125	135	130	114	89	79	93	148	161	173	163	206	231	246

Source: PHE Fingertips tool, 27/10/2022



5 Deaths in alcohol treatment

Between 2018/19 and 2020/21 33 people died whilst receiving specialist treatment for alcohol. When expressed as a ratio of expected deaths (if Birmingham experienced the same age specific mortality rates as the whole of England) compared to actual deaths, it shows that Birmingham is similar to the national average. The recent trend in the ratio for Birmingham is fairly stable and appears to be decreasing. The number of deaths reported in the most recent reporting period is around half of what it was in 2012/14-2015/16

2

1

2012/14 2014/15 2015/16 2016/17 2017/18 2018/19
-15/16 -16/17 -17/18 -18/19 -19/20 -20/21

• England

Figure 5: Deaths in alcohol treatment mortality ratio

Source: PHE Fingertips tool, 27/10/2022

Table 3: Number of deaths in alcohol treatment in Birmingham over time

Period	2013/14 -	2014/15 -	2015/16 -	2016/17 -	2017/18 -	2018/19 -
	15/16	16/17	17/18	18/19	19/20	20/21
Deaths	61	59	58	51	36	33

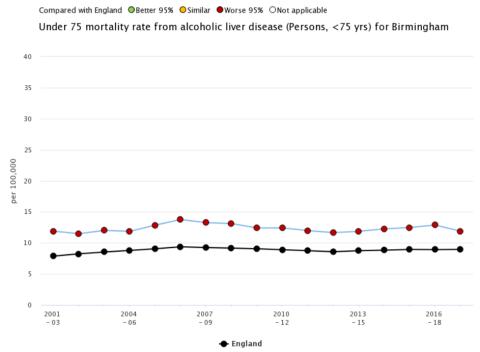
Source: PHE Fingertips tool, 27/10/2022



6 Under-75 mortality from alcoholic liver disease

The most recent data for this indicator is for the three-year period 2017-2019. During this period there were 292 deaths. As a rate this has been consistently significantly higher than the England average.

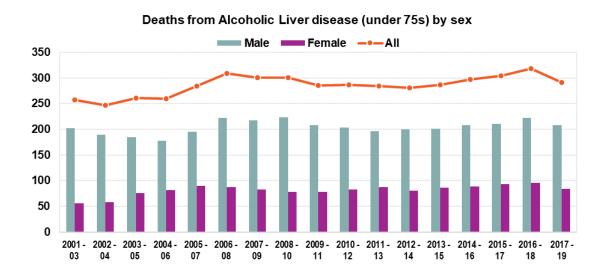
Figure 6: Under-75 mortality rate from alcoholic liver disease (DSR per 100,000 population)



Source: PHE Fingertips tool, 27/10/2022

Figure 7 - Deaths from alcoholic liver disease (under 75) by Sex

Deaths from alcoholic liver disease are consistently around double for males compared to females.





7 Alcohol-specific mortality

Alcohol specific mortality refers to deaths which are as a result of conditions which are solely caused by alcohol such as alcoholic liver disease or poisoning due to alcohol. In the most recent period 2017-19, there were 384 deaths. When presented as a directly standardised rate, Birmingham has consistently been significantly higher than the England average. Rates for Birmingham have remained relatively stable aver the last few years.

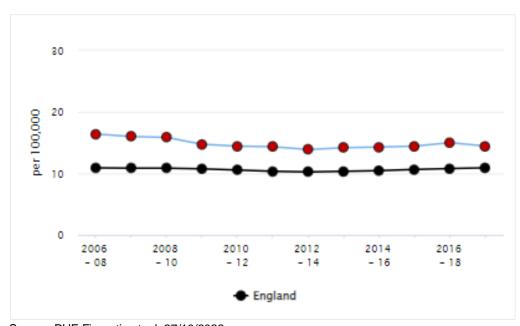


Figure 8: Alcohol-specific mortality (DSR per 100,000 population)

Source: PHE Fingertips tool, 27/10/2022

Deaths from alcohol-specific conditions are consistently more than double, and sometimes treble for males, compared to females.

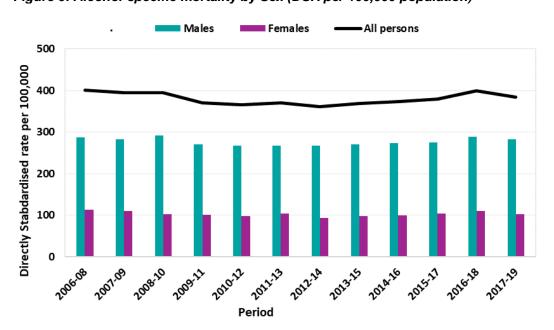


Figure 9: Alcohol-specific mortality by Sex (DSR per 100,000 population)



8 Alcohol-related mortality

Alcohol related mortality refers to deaths which are as a result of conditions which are related to alcohol in the case of the recorded individual, but not always caused by alcohol in other cases; such as alcoholic hepatitis and alcoholic cirrhosis. In the most recent period 2017-19, there were 384 deaths. When presented as a directly standardised rate, Birmingham has consistently been significantly higher than the England average. Rates for Birmingham have remained relatively stable aver the last few years

80
60
20
2016
2017
2018
2019
2020

England

Figure 10: Alcohol-related mortality rate (DSR per 100,000 population)

Source: PHE Fingertips tool, 25/10/2021

Like other deaths, far more males than females die due to alcohol. The ratio of males to females deaths since 2016 has been 3:1

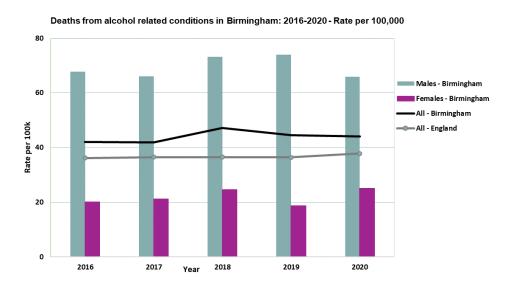


Figure 11: Deaths from alcohol-related conditions by Sex: Birmingham (DSR)

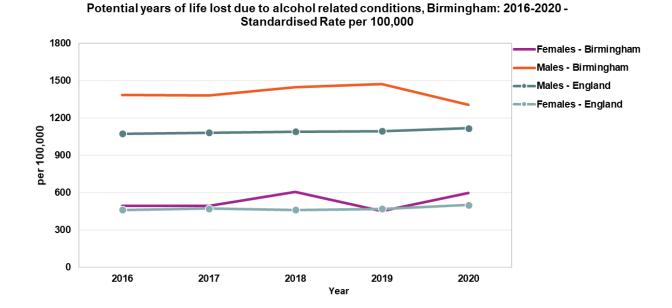


Please note that alcohol-related deaths are calculated using alcohol attributable fractions, and therefore the sum of male and female deaths may not equal the total number of deaths due to rounding (see Glossary for further information).

9 Years of life lost due to alcohol-related conditions

Potential years of life lost refers to the number of years of life lost prematurely due to alcohol-related conditions. (The number of age-specific alcohol-related deaths multiplied by the national life expectancy for each age group and summed to give the total potential years of life lost due to alcohol-related conditions). In Birmingham a total of 1307 years were lost for males and 597 years for females. This is significantly higher than England for males, and similar to England for females.

Figure 12 Potential years of life lost due to alcohol-related conditions





10 Substance Misuse Maps

Standard deviation is used to show how far something is from the average, so the following maps show how far away the number of clients in treatment per 1,000 of the population is for each ward compared to the Birmingham average. It is used as a method of showing the 'higher' and 'lower' areas without showing the actual rates/numbers

Figure 13 Map showing Alcohol clients in treatment by Council Ward as of 30th September 2022

CGL Birmingham Current Clients By Ward & Drug Category at 30 September 2022

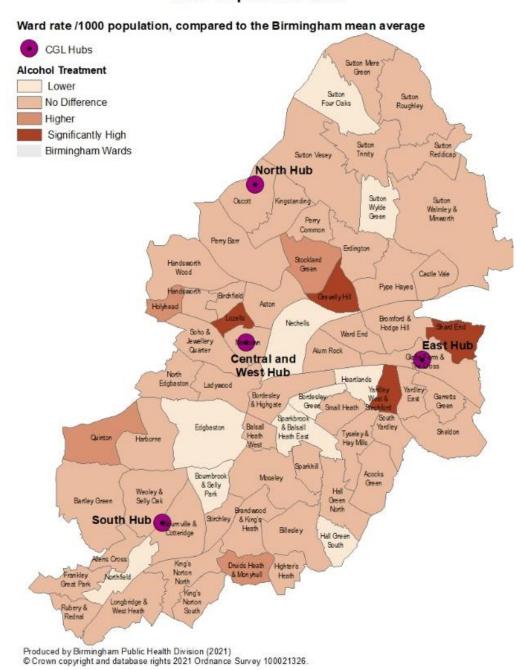




Figure 14 Map showing Non-Opiate & Alcohol clients in treatment by Council Ward as of 30th September 2022

CGL Birmingham Current Clients By Ward & Drug Category at 30 September 2022

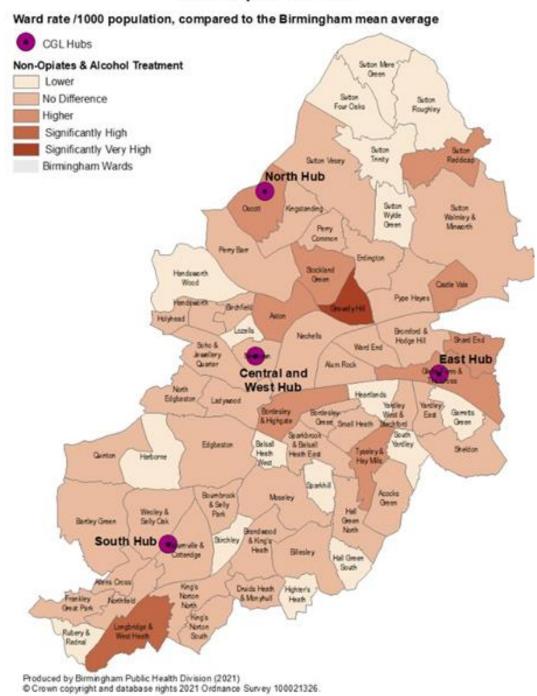




Figure 15 Map showing Opiate clients in treatment by Council Ward as of 30th September 2022

CGL Birmingham Current Clients By Ward & Drug Category at 30 September 2022

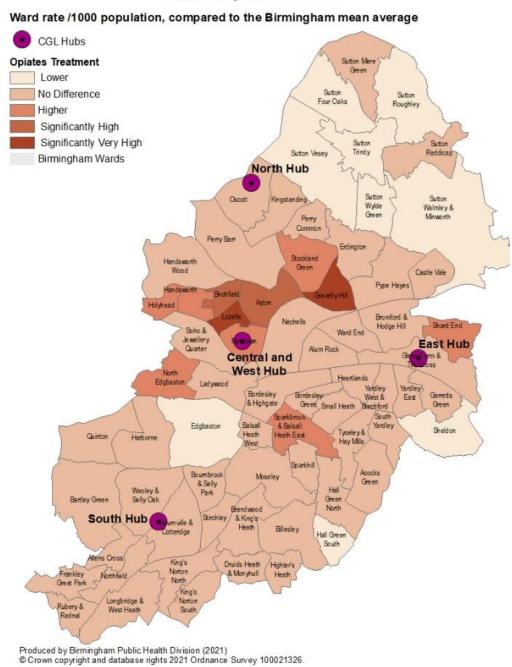
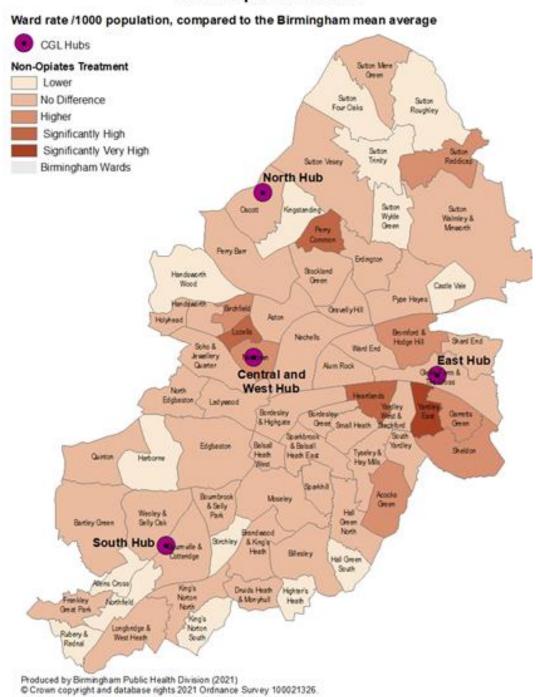




Figure 16 Map showing non-Opiate clients in treatment by Council Ward as of 30th September 2022

CGL Birmingham Current Clients By Ward & Drug Category at 30 September 2022





11 Glossary

Alcohol-related mortality

Deaths from alcohol-related conditions, all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population). Each alcohol related death is assigned an alcohol attributable fraction based on underlying cause of death (and all cause of deaths fields for the conditions: ethanol poisoning, methanol poisoning, toxic effect of alcohol).

Alcohol-specific mortality

Deaths from alcohol-specific conditions, all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population). Deaths which have been wholly caused by alcohol consumption, registered in the calendar year for all ages.

Deaths in alcohol treatment

The indicator is calculated as an indirectly age-standardised ratio, and compares the observed number of deaths among adults in alcohol treatment over a three-year period to the expected number if the local authority experienced the same age-specific mortality rates as in the whole alcohol treatment population in England.

Deaths in drug treatment

The indicator is calculated as an indirectly age-standardised ratio, and compares the observed number of deaths among adults in drug treatment over a three-year period to the expected number if the local authority experienced the same age-specific mortality rates as in the whole drug treatment population in England.

Deaths from drug misuse

Deaths where the underlying cause of death has been coded to the following categories of mental and behavioural disorders due to psychoactive substance use (excluding alcohol, tobacco and volatile solvents):

- I. opioids (F11)
- II. cannabinoids (F12)
- III. sedatives or hypnotics (F13)
- IV. cocaine (F14)
- V. other stimulants, including caffeine (F15)
- VI. hallucinogens (F16) and
- VII. multiple drug use and use of other psychoactive substances (F19)

AND

Deaths coded to the following categories and where a drug controlled under the Misuse of Drugs Act 1971 was mentioned on the death record:

- I. Accidental poisoning by drugs, medicaments and biological substances (X40–X44)
- II. Intentional self-poisoning by drugs, medicaments and biological substances (X60–X64)
- III. Poisoning by drugs, medicaments and biological substances, undetermined intent (Y10-Y14)
- IV. Assault by drugs, medicaments and biological substances (X85) and
- V. Mental and behavioural disorders due to use of volatile solvents (F18)



Under-75 mortality from alcoholic liver disease

Number of deaths from alcoholic liver disease (classified by underlying cause of death recorded as ICD code K70) registered in the respective calendar years, in people aged under 75, directly age-standardised rate per 100,000 population (standardised to the European standard population).

Years of life lost due to alcohol-related conditions

Directly age-standardised rate of potential years of life lost in adults aged <75 due to alcohol-related causes. The number of alcohol-related deaths in those aged 0-74 multiplied by the number of years of life lost up to the age of 75 summed to give total years of life lost due to alcohol-related conditions.