

# Problem drug use in the North West 1990-1992

*Unique trend data from the UK's longest running drug misuse database document the spiralling workload on drug services*

INFORMATION FROM THE North Western Drug Misuse Database has been regularly published locally since 1987. Since its inception it has been used by agencies, district and regional drug advisory committees and by other bodies in planning and targeting services for those with drug problems in the communities of the North West. This report examines trends in the profiles of problem drug users reported to the database over the past three years 1990-92.

Databases built on the University of Manchester model (used by regions covering nearly 90 per cent of the British population) collect information (social, treatment and drug profile data) about drug users presenting to a particular service for the first time, or re-presenting to the same service after an absence of at least six months.<sup>1</sup>

Each such event is known as an 'episode'. Names and addresses are not collected and double-counting is minimised by the use of an attributor. All drugs of misuse are covered (except tobacco and primary alcohol use), and people with any social, psychological, physical or legal problem are included.<sup>2</sup> The system collects information from as wide a variety of services for drug users as possible, including all medical agencies, community drug teams, therapeutic communities and many street agencies.

Publication of data outside the North West has so far been restricted but we are beginning to view the trends revealed by these data with increased confidence, for three main reasons. First, there have been few significant changes in the levels of service provision in the region over the last three years; second, the system has been implemented long enough for most agencies to be aware of it and to understand its

operation; third, data from other sources, including work undertaken by our unit and other agencies, confirm the database's findings. Our report gives a foretaste of the kind of information which will become available across Britain as the other databases build up comparable trend data.

## Numbers up

The first thing to say is that the overall number of episodes reported continues to increase. In 1990 it was 3076; by 1992 it had increased 81 per cent to 5581. In theory this could just represent the same number of drug users attending more agencies, but in fact the number of individual drug users reported has also increased, up by 68 per cent from 2727 in 1990 to 4590 in 1992.

We are also seeing an increase in the number of *new* users – users never previously reported to the database. In 1992 there

were 2710 new users, 52 per cent up on the figure for 1990. Despite this, the *proportion* of individuals who are 'new' has been falling (from 65 to 59 per cent), suggesting that a higher proportion of clients is re-presenting to services.

Like addict notifications, such data will always be service-dependent, as is most health service data. Nevertheless, the implications for the services are clear: they will not only have to maintain their work with an existing caseload, but will also have to accommodate increasing numbers of new cases.

The distribution of the reports across the region varies enormously, but reflects very closely information gathered from other sources including the police. Last year an analysis<sup>3</sup> of the number of individuals reported in each district as a proportion of the resident population aged 15 to 44 revealed the disarming fact that in some areas, notably central Manchester, almost one per cent of the population in this age group not only had drug problems, but had been in touch with services and reported to the database.

## GPs take more of the load?

While the increase in episodes reported from community drug teams (CDTs) is about the same as the overall increase (76 per cent), the number reported by general practitioners (GPs) has increased by a considerably greater extent (131 per cent). In view of repeated emphasis in the literature on GP involvement (and concomitant criticism of their role), this finding is of particular significance. We are investigating whether this means more GPs are reporting to the database, or whether more work is being done by a few doctors in each area.

Most reports to the database are from community drug teams – hardly surprising

by

**Michael Donmall &  
Tim Millar**

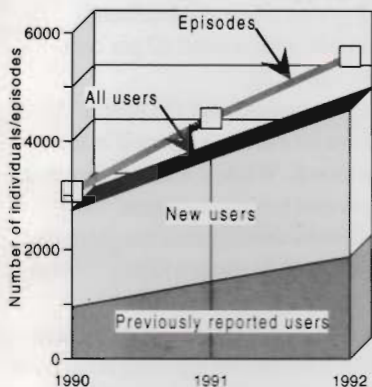
*Michael Donmall is Director and Tim Millar Database Manager at the Drug Research Unit of the University of Manchester*

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Operative since 1987, the North Western database is unique in its ability to reflect trends. Over the years 1990-92 the number of drug users increased by 68 per cent and new users by 52 per cent. Methadone was prescribed more often and for longer. Reported use of amphetamines, cocaine (especially crack), ecstasy and hallucinogens rose dramatically. Services face the challenge of coping with an increased 'traditional' caseload staying on for longer while responding to new drug use trends.

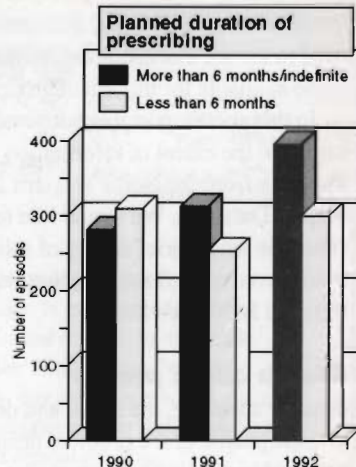
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**The increase in reported drug users and in service use episodes**



**Trends in methadone prescribing by doctors: more often for longer**

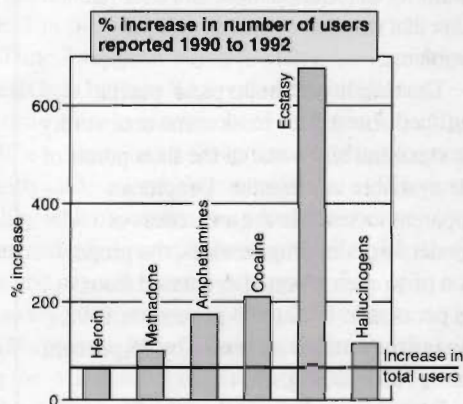
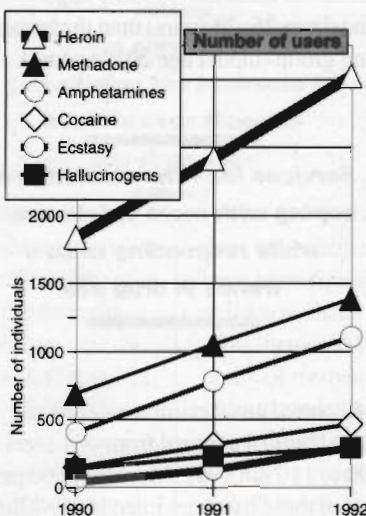
Prescribing reports	Number of episodes		
	1990	1991	1992
Methadone mixture prescribed	758 76%	857 72%	1184 72%
Valid total episodes (of intended prescribing)	995	1183	1651
Duration < 6 months	310 52%	253 45%	300 43%
Duration > 6 months/indefinite	281 48%	313 55%	396 57%
Valid total episodes	591	566	696
Reducing dose	446 72%	501 73%	667 72%
Not reducing dose	95 15%	98 14%	98 11%
Reduction not known	79 13%	86 13%	166 18%
Valid total episodes	620	685	931



**Trends in the use of selected drugs: opiate using caseload up plus a dramatic rise in stimulant/hallucinogen reports**

	Number of individuals		
	1990	1991	1992
Heroin	1841 68%	2419 66%	3030 66%
Methadone	693 25%	1057 29%	1389 30%
Amphetamines	404 15%	783 21%	1109 24%
Cocaine	151 6%	317 9%	469 10%
Ecstasy	38 1%	132 4%	295 6%
Hallucinogens	137 5%	233 6%	295 6%
Total users	2727	3678	4590

Columns should not be totalled as individuals may be reported to use more than one drug.



as these are now established as the major local resource. Now that it is regional policy that there should be designated weekly medical sessions in each team, they are also the source of much of the prescribing. Given that this is the case, it is encouraging that as much as 33 per cent of the 'regional work' with drug users is carried out by agencies other than the teams. The range of agencies seeing users is also encouraging.

**Longer prescribing**

The number of clients 'dealt with' by the agency reporting them has increased substantially (2708 episodes in 1990 to 4554 in 1992), although the proportion fell from 91 per cent to 86 per cent. There has been a disproportionate increase in the number of episodes involving liaison with other agencies (from 584 in 1990 to 1431 in 1992) and in those resulting in referral to

other agencies (from 289 in 1990 to 720 in 1992).

These data and other local information indicate an increase in communication between drug help agencies, and suggest that agencies are moving from a 'catch-all' policy to one that filters the work to the appropriate agency. In some cases, however, overburdened agencies may be more likely to refer clients on simply to spread the load.

Where the action planned was agency-based, the number of episodes where a prescribed detoxification was intended has more than doubled from 748 (28 per cent) in 1990 to 1645 (36 per cent) in 1992. In reports from doctors, the number of episodes where methadone DTF was prescribed has increased by 56 per cent from 758 in 1990 to 1184 in 1992. Over the same period the proportion of episodes

where no prescription was offered increased from 10 per cent to 14 per cent, possibly because more amphetamine users were approaching services.

In 1990 48 per cent of methadone prescribing was planned to last longer than six months; by 1992 this had increased to 57 per cent. In numbers, this represents an increase of over 40 per cent (from 281 to 396).

The implications for services are significant, both in terms of prescribing costs and agencies' capacities to take on the increasing number of new clients coming forward. In the early 1970s clinics were becoming 'silted up' through prescribing and subsequently moved away from maintenance. If numbers of clients are increasing and if clients are staying in contact for longer periods because doctors are being encouraged to prescribe flexibly,

then the overall workload on drug services goes up on two counts. If policy is to be translated into action then authorities will need to ensure that adequate resources are made available for this client group.

In this short report it is not possible to do justice to the extent of information that is available from the North Western Drug Misuse Database. We would like to conclude with a brief survey of salient points from a trend analysis that will be reported fully elsewhere.<sup>4</sup>

### **Stable client profile**

Broadly speaking, the social and demographic profile of the problem drug users reported to the North Western Database has remained remarkably stable over the past three years. Around three quarters are male and most are in their twenties (modal age group 20–24 years). The vast majority are unemployed, just under half have dependent children, around a quarter live with their parent(s), 35 to 40 per cent reside in local authority accommodation, and over half state that they have no current legal problems.

The stability of the 'typical' profile outlined above does mask some noteworthy changes and also some of the finer points of the available information. Despite an apparent increase in the awareness of gender issues in drug services, the proportion of women reported decreased from 28 per cent in 1990 to 24 per cent in 1992, though the number increased by 46 per cent (from 753 to 1099).

Both the number and the proportion of users who are unemployed has increased, from 1914 (71 per cent) in 1990 to 3316 (80 per cent) in 1992. Nevertheless, 1992 figures show that around 1 in 6 were reported to be working, suggesting a need on these grounds alone for services to consider flexible opening hours.

Data from 1991<sup>5</sup> indicate that almost 60 per cent of female users have dependent children. Around half of all users with children are reported to live with their children, but our data do reveal a slight

increase in the proportion of users whose children do not live with their drug using parent(s), up from 36 per cent in 1990 to 40 per cent in 1992. The proportion of users whose children are reported to be "in care" fluctuates between three to seven per cent, with no clear trend.

### **More dance drugs**

Examination of data concerning drug use reveals clear patterns in the profiles of reported users. Each year, some 80 per cent are opiate users with around 66 to 68 per cent using heroin. The proportion of heroin users who inject this drug has fallen from 69 per cent (1233 users) in 1990 to 62 per cent (1837 users) in 1992. Reported methadone use has shown a disproportionate increase, having more than doubled from 693 users (25 per cent) in 1990 to 1389 users (30 per cent) in 1992. As one might expect, methadone users are typically slightly older (modal age 25–29 years) than the heroin using group (modal age 20–24 years).

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### **Services face the challenge of coping with more opiate users while responding to new trends in drug use**

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Reported amphetamine use has increased by 175 per cent from 404 users in 1990 to 1109 in 1992. Most (over 60 per cent) of these users are injecting. While their modal age group is 20–24 years, a substantial proportion (typically around a quarter) are below the age of 20. This increase in reported amphetamine use may indicate that services' attempts to attract this client group are beginning to bear fruit, although what service they will be able to offer to these users remains to be seen.

Reported cocaine use has shown a dramatic increase of 210 per cent, from 151 users in 1990 to 469 in 1992. Much of this is due to an increase in reported use of cocaine freebase. By 1992, 63 per cent of all reported cocaine users were known to be using crack.

Perhaps the most striking change we have observed is in reports of ecstasy use. In 1990, only 38 problem drug users were reported to be using this drug; by 1992, this figure had increased by 676 per cent to 295 individuals, six per cent of all users reported. Thirty-five per cent of these ecstasy users were below the age of 20.

Over the same period, we have observed a 115 per cent increase in reported hallucinogen use, from 137 users in 1990 to 295 in 1992. Again, these are predominantly young people, with around 40 per cent below the age of 20.

Each year, around half the people reported are said to have injected in the previous month. While it is reassuring that this *proportion* has not increased, the *number* of injectors reported has increased by over 75 per cent (from 1172 in 1990 to 2071 in 1992).

The proportion of injecting drug users reported to have shared injecting equipment in the previous month has shown a very slight fall, from 15 per cent in 1990 to 13 per cent in 1992. However, this masks an increase in the *number* sharing. Given that those users in contact with services might be expected to show lower rates of sharing, this increase might be cause for concern; sharing is clearly not in decline.

### **The challenge for services**

Drug services in the North West are clearly starting to encounter a wider spectrum of drug use than in previous years. There is every possibility that this trend will continue. At the same time, it is clear that injecting heroin use is not going out of fashion. Services now face a considerable challenge in continuing to cope with an increased overall caseload including new and long-term clients and an expanding opiate using client group – most of whom are injecting – while responding to the demands placed on them by new trends in drug use.

They also face a range of other important issues, for example, ensuring that services are sufficiently attractive to women. Their ability to rise to these challenges will depend to a large extent on the resources made available to them.

Information from the databases can be used to serve the interests of drug services and ultimately drug users themselves. At the very least, it provides an indication of the minimum demand for services. Used appropriately, it highlights the needs of existing client groups and, in conjunction with local field research, can identify potential gaps in services.

In an environment where services are competing for scarce resources with a wide variety of other deserving causes, the databases can provide them with at least some of the evidence they may need in order to secure the future provision of services for people with drug problems. ■

1. Donmall M.C. *The Drug Misuse Database: local monitoring of presenting problem drug use*. Department of Health, 1990.

2. Advisory Council on the Misuse of Drugs. *Treatment and rehabilitation*. HMSO, 1982.

3. University of Manchester Drug Research Unit. *Drug Misuse Database Annual Report 1991*. North Western Regional Health Authority, 1992.

4. The University of Manchester Drug Research Unit. *Drug Misuse Database Annual Report 1992*. North Western Regional Health Authority, 1993.

5. University of Manchester Drug Research Unit 1992, op cit.