

National Assembly for Wales

In Figures: Substance Misuse Research Paper

July 2009

This paper provides a statistical portrait of substance misuse in Wales.

It includes figures on the prevalence of drug and alcohol use in adults, and children and young people, as well as information on the number of hospital admissions and deaths related to substance misuse and drug use in the criminal justice system.

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National Assembly for Wales

In Figures: Substance Misuse Research Paper

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Executive Summary

The illegal and / or hidden nature of much substance misuse makes it hard to measure its prevalence amongst the population. A number of governmental organisations have developed methods of estimating prevalence. These include indicators on self-reported behaviours, access to treatment services, the amount of drugs seized and the number of hospital admissions and deaths related to substance misuse.

From the Welsh Health Survey **35 per cent of adults** reported drinking more than the recommended guideline on at least one day of the week in 2005/07, this was a decrease of 5 per cent from 2003/05.

From the Health Behaviour in School-aged Children survey (HBSC) it has been estimated that **40 per cent of 15 year olds** in Wales drink alcohol at least once a week, compared to a 26 per cent average across the 41 countries participating in the survey. This compares with 5.5 per cent of 11 year olds in Wales, which is similar to the international average.

Information collected from the 2008-09 *British Crime Survey* found that **9.9 per cent of adults** in Wales used illegal drugs in the last year, whilst the proportion of **young people** to have used illegal drugs in the last year was much higher, **21.9 per cent**. From the HBSC survey an estimated 31 per cent of 15 year olds in 2005/06 had taken cannabis in their lifetime in Wales.

In 2007-08 there were almost **19 thousand** drug and alcohol related hospital admissions, according to Health Solutions Wales. Of those admissions, 67 per cent were alcohol related. In addition, there were 430 alcohol related deaths in 2006 and 92 drug related deaths.

The Welsh Government's National Database for Substance Misuse provides details of the rate of referrals to treatment services in Wales. In 2007-08 there were 353 referrals per 100,000 with alcohol as the main problem and 236 referrals per 100,000 with drugs as the main problem.

According to the Home Office, there were **over 13 thousand seizures of drugs** in Wales in 2007-08, an increase of 22.7 per cent on 2006-07.

From the respondents of the *Arrestees Survey* those reporting use of heroin or crack were more likely to have been arrested for theft. Those who did not report any use of heroin or crack were more likely to have been arrested for more violent crimes.

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In Figures: Substance Misuse

1 Introduction

This paper is part of the *In Figures* series, which aims to provide a statistical portrait of a number of key social and economic issues. This particular issue focuses on statistics relating to substance misuse.

Due to the illegal and often hidden nature of substance misuse it is difficult to obtain a realistic picture of the level of substance misuse in Wales. However a number of organisations such as the Welsh Government, the Home Office and the World Health Organisation have developed methods of estimating prevalence. These generally focus on the numbers of people who access treatment services or come into contact with the criminal justice system or on self-reported behaviours or concerns.

This research paper provides details of relevant surveys carried out in Wales and the UK with the aim of providing a portrait of the prevalence of substance misuse in Wales in comparison to England the rest of the UK.

Included in this paper is information on the estimated levels of alcohol and drug misuse in the population, including children and young people, details of the number of clients referred to treatment services in Wales for substance misuse problems and the relationship between crime and substance misuse.

An electronic version of the paper is available on the Members' Research Service pages of the National Assembly for Wales' website at:

<http://www.assemblywales.org/bus-home/bus-guide-docs-pub/bus-assembly-publications-research.htm#papers>

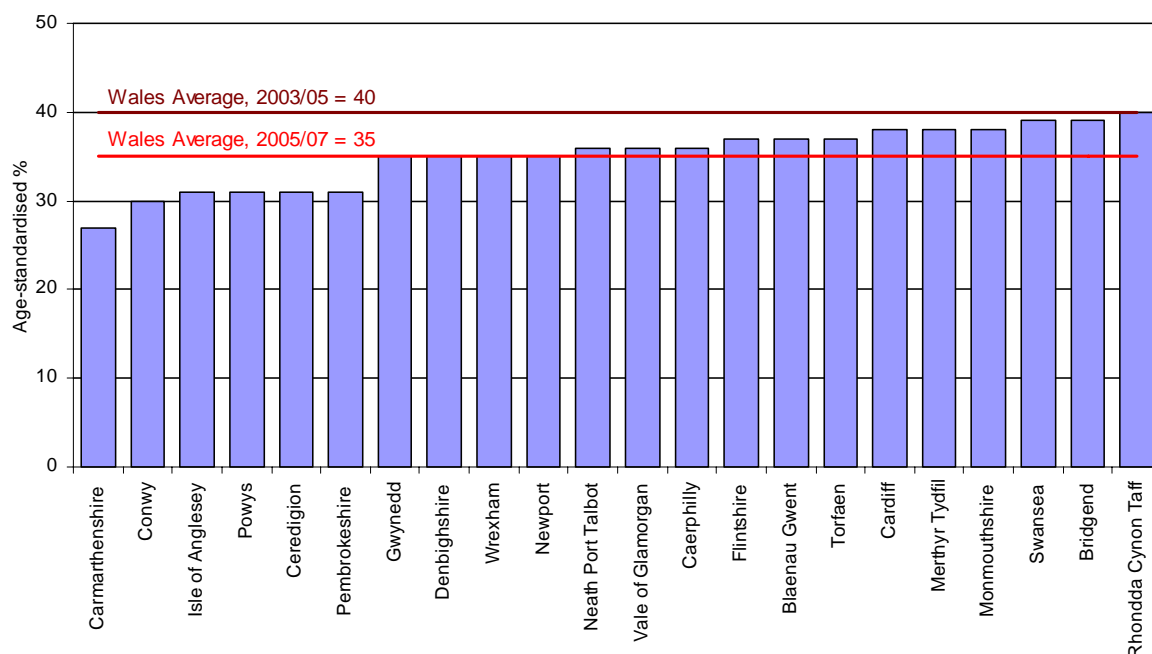
2 Prevalence of alcohol use in the population

Adults

The Welsh Health Survey (WHS) carries out research into health and health related lifestyles in Wales. The survey has been produced annually since 2004 and the most recent publication is the [Welsh Health Survey 2007](#). The survey includes details of the level of alcohol consumption in adults at an all-Wales level. In addition to the publication of the annual survey, information is published at a local authority level which uses data combined from 2005-06 and 2007 (from 2007 the survey has been run by calendar year). Combining the two years of data improves the accuracy of the estimates due to the larger sample size used.

Figure 1 provides information from the [WHS 2005-07 local authority report](#) on the percentage of adults who reported drinking alcohol above guidelines on at least one day in the week prior to being surveyed. Data from the survey shows that in Wales, **35 per cent** of those surveyed reported drinking more than the recommended guideline on at least one day of the week, a **decrease of 5 per cent from 2003/05¹** (the first two years of the survey). Those surveyed from Rhondda Cynon Taff reported the highest proportion drinking more than the recommended guideline, with 40 per cent, a decrease of 5 per cent from 2003/05¹. Carmarthenshire has the lowest level of drinking with only 27 per cent, a decrease of 10 per cent from 2003/05¹.

Figure 1: Percentage of adults who reported drinking above guidelines on at least one day in the past week (a)



Source: Welsh Health Survey [2003/05](#) (table 15) and [2005/07](#) (table 11) local authority reports

(a) In response to a question about the most units drunk on any one day in the last seven days. Above guidelines means men drinking more than 4 units a day and women drinking more than 3 units. Based on all adults (drinkers and non-drinkers).

Age standardisation has been used in order to enable groups to be compared after adjusting for the effects of any differences in their age distributions.

¹ [Welsh Health Survey 2003/05 local authority report](#) (table 15)

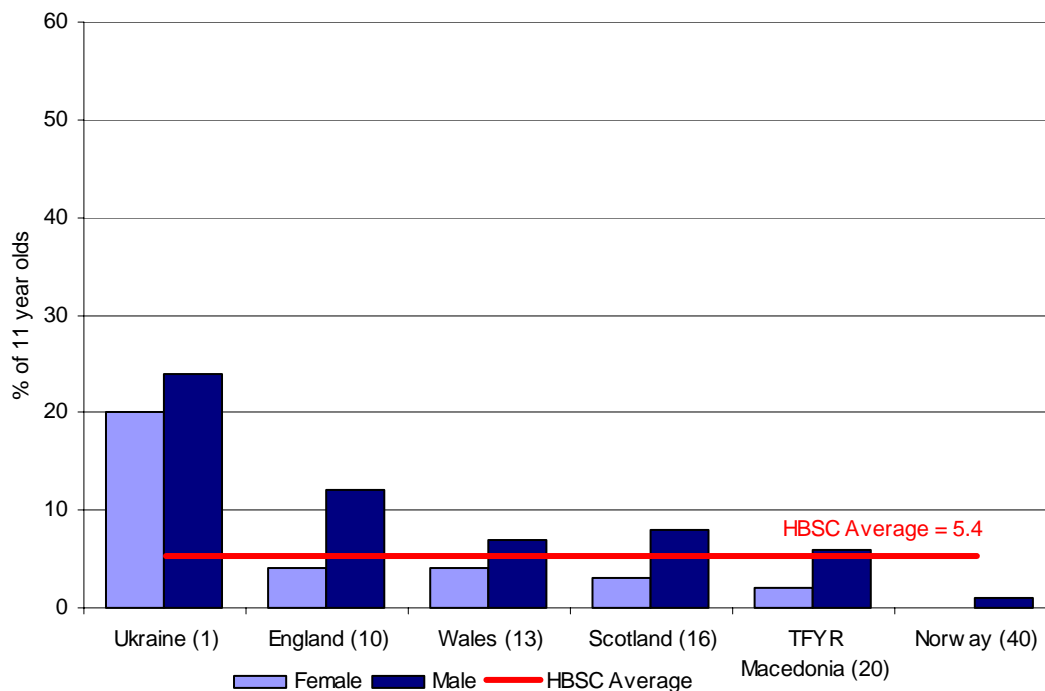
Children and young people

The [Health Behaviour in School-aged Children \(HBSC\) survey](#) is a World Health Organisation cross national research study which aims to increase understanding of young people's health and well-being, health behaviours and their social context. Wales is one of 41 countries participating in the survey, the majority of these countries are European with the addition of Canada, Greenland, Israel and the USA. The most recent HBSC survey was carried out in 2005/06.

The survey targets pupils aged 11, 13 and 15 and aims to collect information from an estimated 1,500 pupils in each age group from each country. In Wales the survey was carried out by pupils from school years 7 (aged 11-12), 9 (aged 13-14) and 11 (aged 15-16).

In the following two charts, prevalences for England, Scotland and Wales are shown along with highest, lowest and middle ranking countries. Figure 2 provides details of the percentage of 11 year olds reporting weekly alcohol consumption in Wales and other countries, in 2005/06. For comparison, figure 3 highlights the percentage of 15 year olds reporting weekly alcohol consumption in Wales, and other countries, in 2005/06.

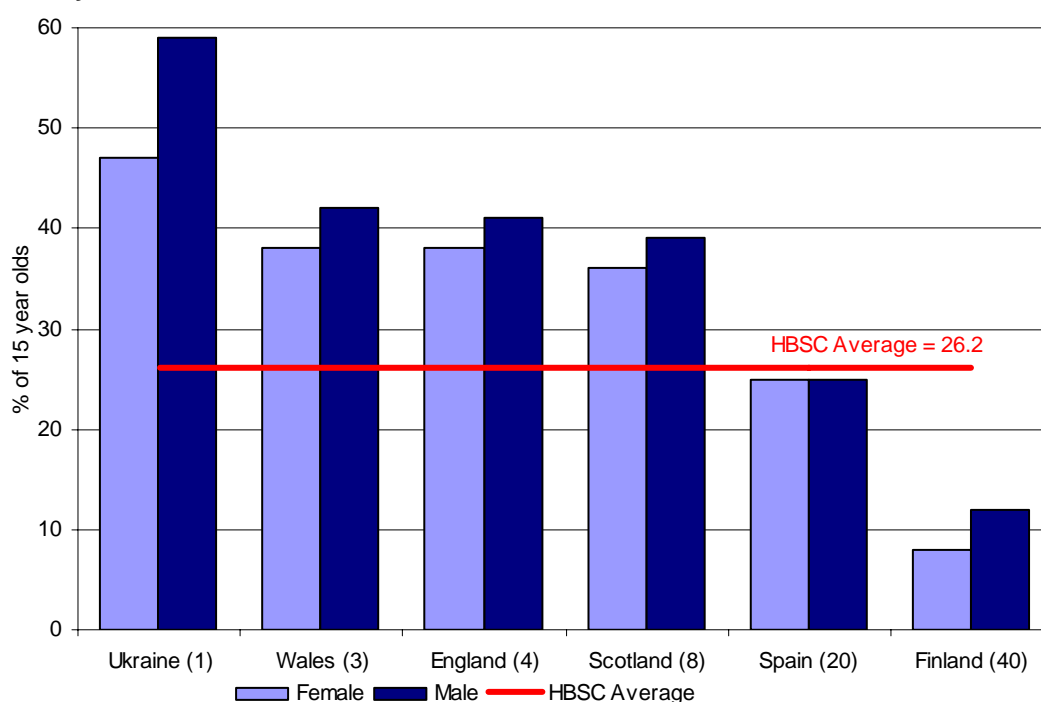
Figure 2: Percentage of 11 year olds who reported drinking alcohol at least once a week, by country, 2005/06



Source: HBSC 2005/06: [Chapter 2, section 4 - Risk behaviour](#) (page 124)

Note: Data for Turkey was unavailable (therefore only 40 countries were used to calculate average)

Figure 3: Percentage of 15 year olds who reported drinking alcohol at least once a week, by country, 2005/06



Source: HBSC 2005/06: [Chapter 2, section 4 - Risk behaviour](#) (page 125)

Note: Data for Turkey was unavailable (therefore only 40 countries were used to calculate average)

By comparing the percentage of 11 and 15 year olds that reported drinking weekly in 2005/06 there is a clear **increase** internationally of the proportion of children drinking weekly. In Wales, the percentage of children drinking weekly increased from 5.5 per cent of 11 year olds to 40 per cent of 15 year olds. This increase is considerably higher than that shown in other responding countries and raises the relative ranking for Wales from the 13th highest ranking country for 11 year olds to the third highest for 15 year olds. In comparison with the other UK nations, both England and Scotland also increased both their percentages and rankings between 11 and 15 year olds, although to a slightly lesser extent.

3 Prevalence of drug use in the population

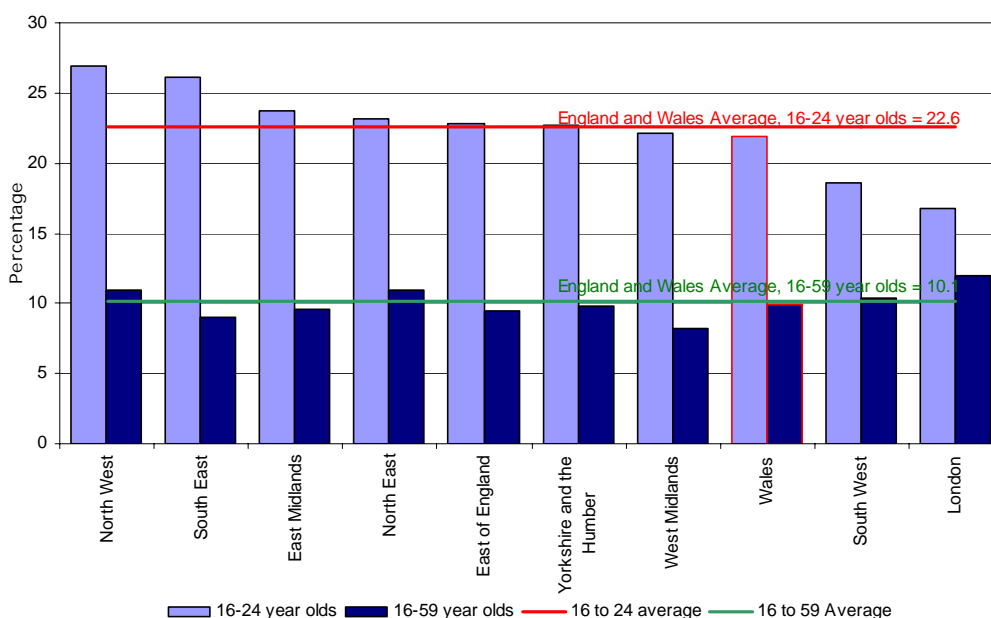
Adults

Information on illegal drug use by adults is recorded by the British Crime Survey² (BSC), the most recent of which was carried out in 2008-09, with the information published in the [Crime in England and Wales 2008-09](#) report. The BSC measures the level of crime each year by asking people about the crimes they have experienced in the last twelve months. This includes crimes which have not been reported to the police, making it a vital source of information in addition to police records. The BSC statistics are recorded by UK Government region and in some cases, by police force area and basic command unit (BCU).

The BSC provides estimates of the proportion of 16 to 59³ year olds who have used illegal drugs, the results of which are collated in the Home Office publication [Drug misuse declared: Results from the 2008-09 British Crime Survey](#). The figures published here are taken from this release. Figure 4 compares the proportion of young people (16-24 year olds) and adults reporting use of any illegal drugs in the last year (2008-09) (Wales is highlighted in red).

It must be noted that the regional figures should be treated with caution as the small number of BSC respondents in each region will make estimates of drug use more subject to fluctuations.

Figure 4: Percentage of young people and adults reporting use of any drug in the last year, by English region and Wales, 2008-09



Source: Home Office: [Drug misuse declared, findings from the 2008-09 British Crime Survey](#) (Tables 4.14 and 4.15)

By studying figure 4 it is clear that the percentage of drug use in **young people** is much **higher** than the average drug use of all adults across England and Wales. On average

² Home Office Research Development and Statistics website: [British Crime Survey](#)

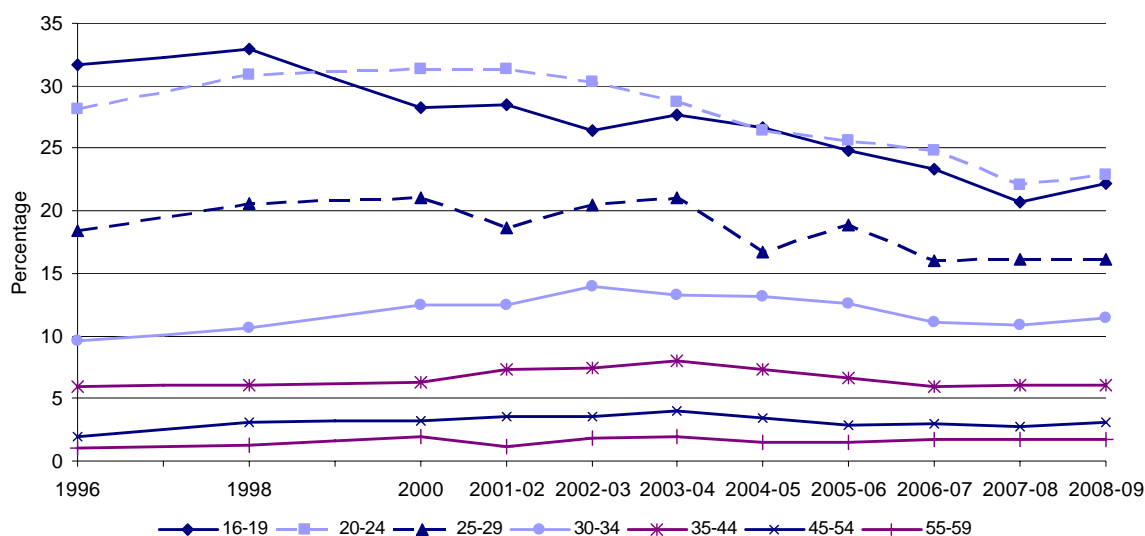
³ The Home Office publication does not include those aged 60 and over as it was decided that due to their very low prevalence rates for the use of prohibited drugs it would not be economical to include them.

the percentage of young people using drugs is more than double the proportion of adults using drugs.

Drug use in **Wales is lower** than the average level of drug use in England and Wales for both adults and young people. In Wales, the proportion of drug use in adults is 9.9 per cent, whilst the proportion of drug use in young people is 21.9 per cent in Wales.

Analysis of the prevalence of drug use in the population over time can be made by age group. Figure 5 compares the percentage of 16 to 59 year olds reporting use of any drug in the last year by age group from 1996 to 2008-09.

Figure 5: Percentage of reported drug use in 16-59 year olds, by age, 1996 – 2008-09, Wales (a)



Source: Home Office: [Drug misuse declared, findings from the 2008-09 British Crime Survey](#) (Table 4.4)
 (a) Drug use includes ketamine since 2006-07 interviews

Figure 5 shows there is a clear decline in the level of reported drug use with an increase in age, with those between 45 and 59 remaining relatively constant and having the lowest level of drug use between 1996 and 2007-08. With the exception of the 55 to 59 age group, drug use has declined across all ages between 2000 and 2007-08, with the largest decline in those between 16 and 29. There has been an increase, on average, in the percentage reporting drug in 2008-09. The largest fluctuations in the level of drug use also occurred in the three youngest age groups (16-29 year olds).

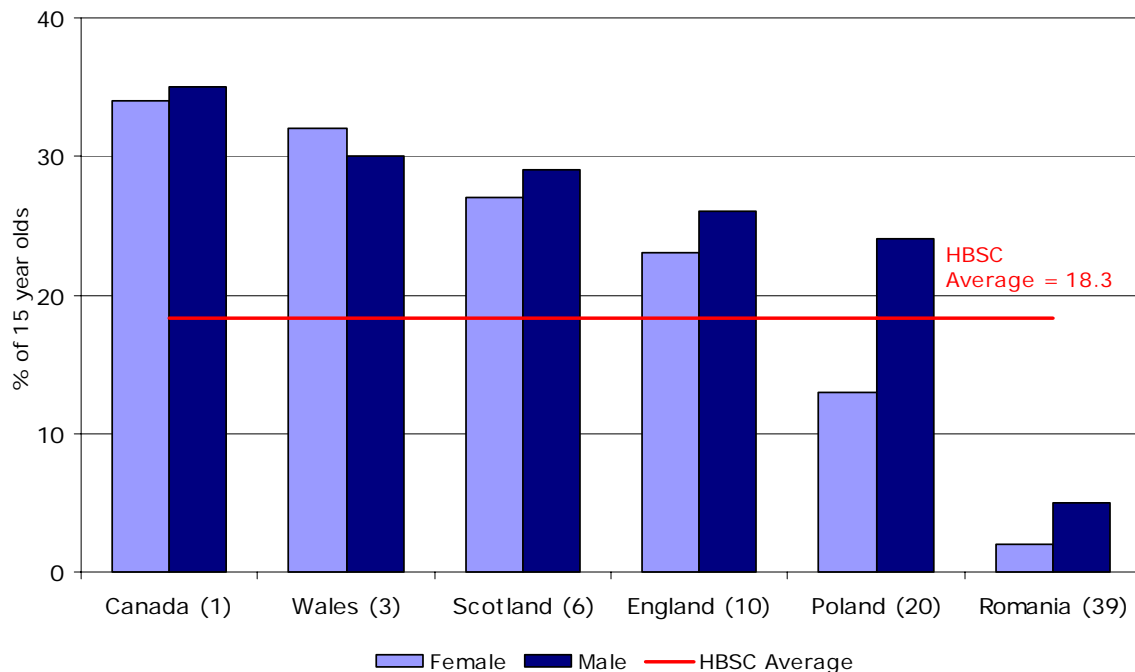
Children and young people

The HBSC survey consider cannabis the primary drug misused by young people in the European Union and also widely misused in North America, hence the survey only asks children about cannabis use. Figure 6 provides details of the percentage of 15 year olds in 2005/06 that reported to have ever used cannabis in their lifetime, by gender, in Wales and other countries.

From figure 6, Wales is ranked **third highest** of all HBSC participating countries, where 31 per cent of 15 year olds reported having used cannabis. Wales is closely followed by Scotland (ranked 6 with 28 per cent) and England (ranked 10, with 24.5 per cent). The country with the lowest percentage of 15 year olds reported to have ever used cannabis was Romania with 3.5 per cent, the highest ranking country was Canada with 35 per cent.

Wales and Spain are the only two countries of the sample who recorded a higher percentage of girls than boys of 15 years old who had ever used cannabis in their lifetime.

Figure 6: Percentage of 15 year olds that have ever used cannabis in their lifetime, by country, 2005/06



Source: HBSC 2005/06: [Chapter 2, section 4 - Risk behaviour](#) (page 136)

Note: Data was not available for Turkey and Norway, therefore averages were calculated using 39 countries.

In addition to statistics provided in the HBSC, the Department of Health carried out research on [Drug use, smoking and drinking among young people in England in 2007](#) which provides detailed information for England only. Although, similar surveys have not been carried out to date in Wales, it is likely that there will be similarities between the general attitudes to and prevalence of smoking, drug and alcohol use for young people in England and Wales.

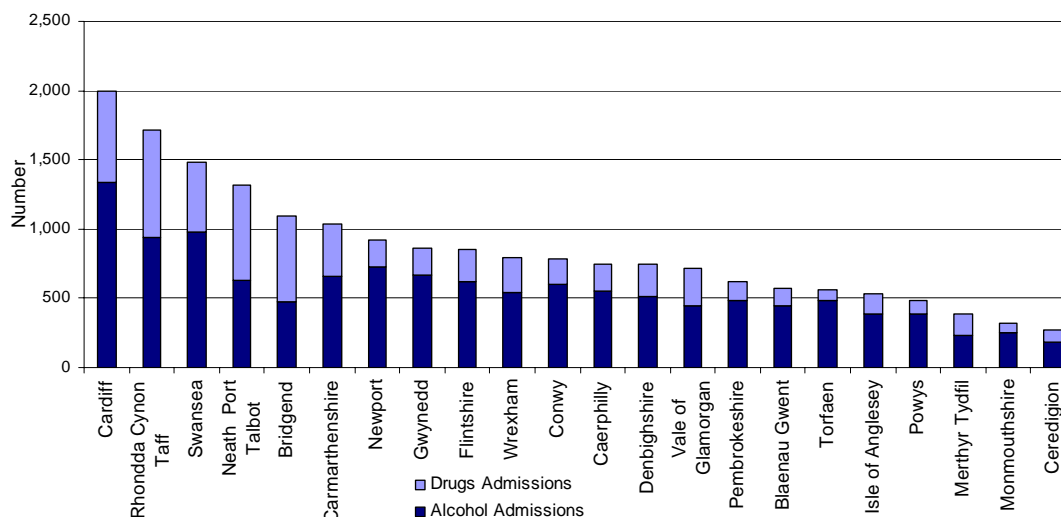
4 Drug and alcohol related hospital admissions

Information on the number of drug or alcohol related hospital admissions in Wales has been provided for the Members' Research Service by [Health Solutions Wales](#). This contains details of all admissions that include diagnosis codes which relate to substance misuse⁴. Details of which diagnosis codes have been used to identify drug and alcohol admissions are provided in the [Annex](#). Data provided is for all Welsh residents, therefore includes Welsh residents that receive treatment at an English hospital. However it is possible that not all data relating to Welsh residents treated in England is received from the NHS in England.

Figure 7 provides details of the total number of drug and alcohol admissions by local authority in Wales in 2007-08. Map 1 takes account of the varying population size of each local authority and provides a geographical picture of the rate of drug and alcohol related admissions in 2007-08 per 100,000 population. From figure 7 and map 1, a number of observations can be made:

- In Wales, there were **18,829 drug and alcohol related hospital admissions in 2007-08**, alcohol admissions accounted for two-thirds of these admissions. Bridgend is the only authority which had a larger number of drug related hospital admissions than alcohol related admissions.
- Cardiff had the largest number of alcohol and drug related admissions with almost 2,000, this is in comparison to Ceredigion which had the lowest, with less than 300.
- It can be seen from map 1 that Swansea, Bridgend and Blaenau Gwent had the highest rates of drug and alcohol related admissions per 100,000, whilst Ceredigion had the lowest rate.

Figure 7: Total number of drug and alcohol admissions in Wales, in 2007-08 (a)

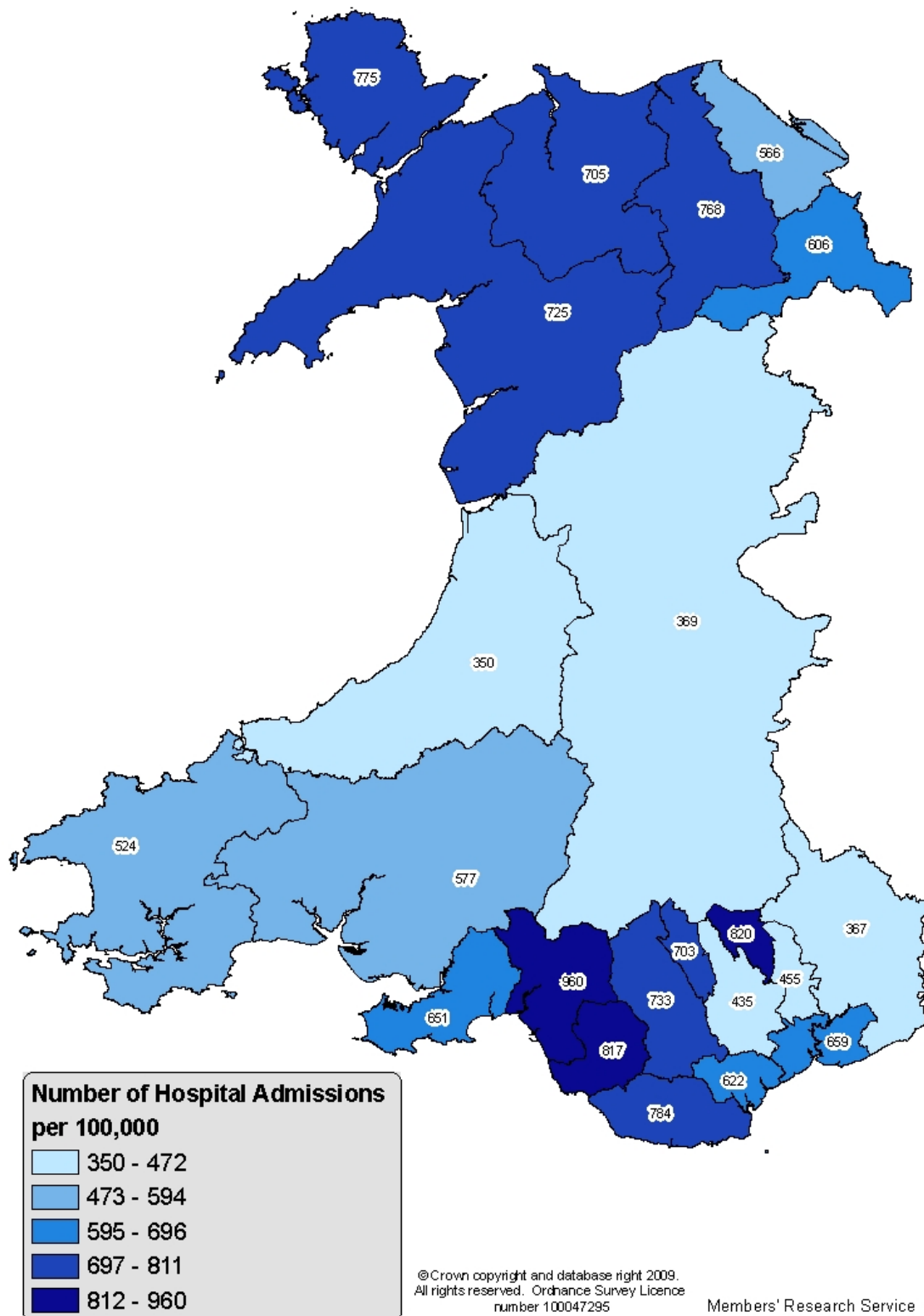


Source: Health Solutions Wales

(a) These figures are based on a related diagnosis code being present in analysis of diagnosis position of patient's spell in hospital

⁴ This includes illegal drugs, misuse of prescription drugs and other psychoactive substances, such as caffeine.

Map 1: Number of drug and alcohol related hospital admissions per 100,000, by local authority in 2007-08 (a)



Source: Health Solutions Wales and Members' Research Service calculations
 (a) Rates have been calculated using [Mid-year population estimates](#) for each year.
 Note: A labelled map of the local authority areas is available in the [Annex](#)

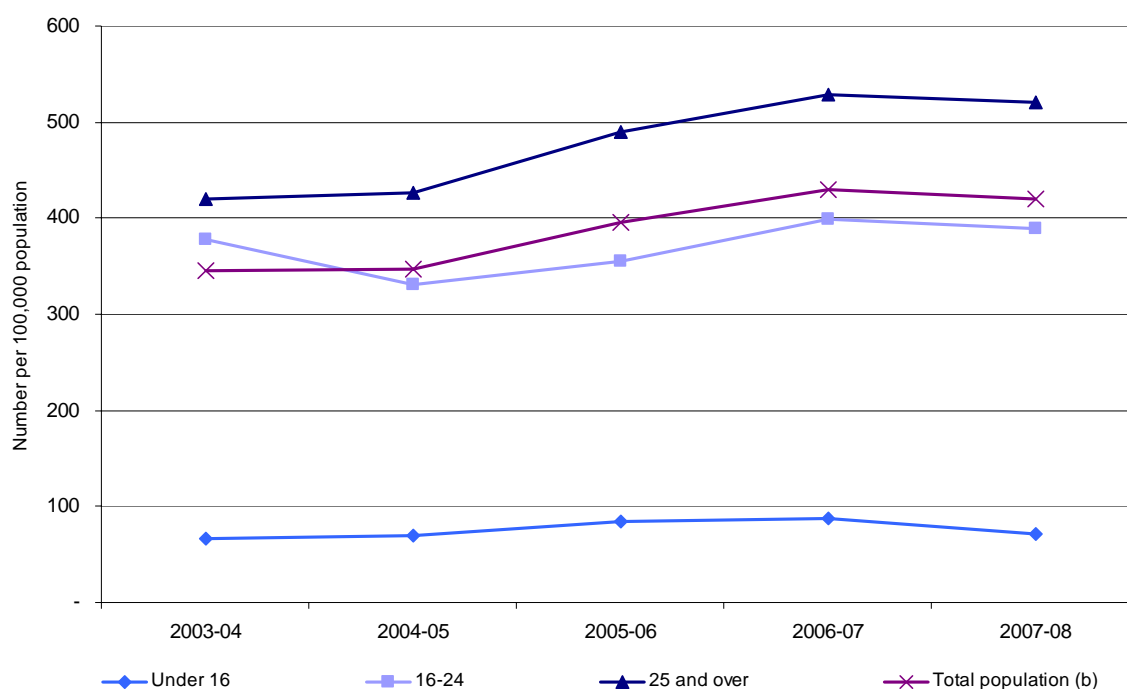
Health Solutions Wales also provides details of the number of drug and alcohol related hospital admissions since 2003-04, broken down into three age groups; under 16 years

old, between 16 and 24 and those aged 25 and over. Figures 8 and 9 show the change in the rate of alcohol and drug related admissions per 100,000 within each age group between 2003-04 and 2007-08.

Figures 8 and 9 show that the rate of alcohol related hospital admissions is higher in all age groups than the rate of drug admissions between 2003-04 and 2007-08. Both graphs show that there has been an **increase** in the rate of drug and alcohol related hospital admissions since 2003-04, although between 2006-07 and 2007-08 all figures have remained fairly constant.

The highest rate of alcohol admissions is in the 25 and over age group, whilst the highest rate of drug admissions is for those aged between 16 and 24. In both tables, the number of under 16's admitted to hospital for drug or alcohol related reasons per 100,000 is relatively low. Both alcohol and drug related admissions increased to a peak in 2006-07 in those aged under 16, in 2007-08 the number of admissions decreased from the previous year.

Figure 8: Number of alcohol related hospital admissions per 100,000 population^(a), by age group, 2003-04 to 2007-08

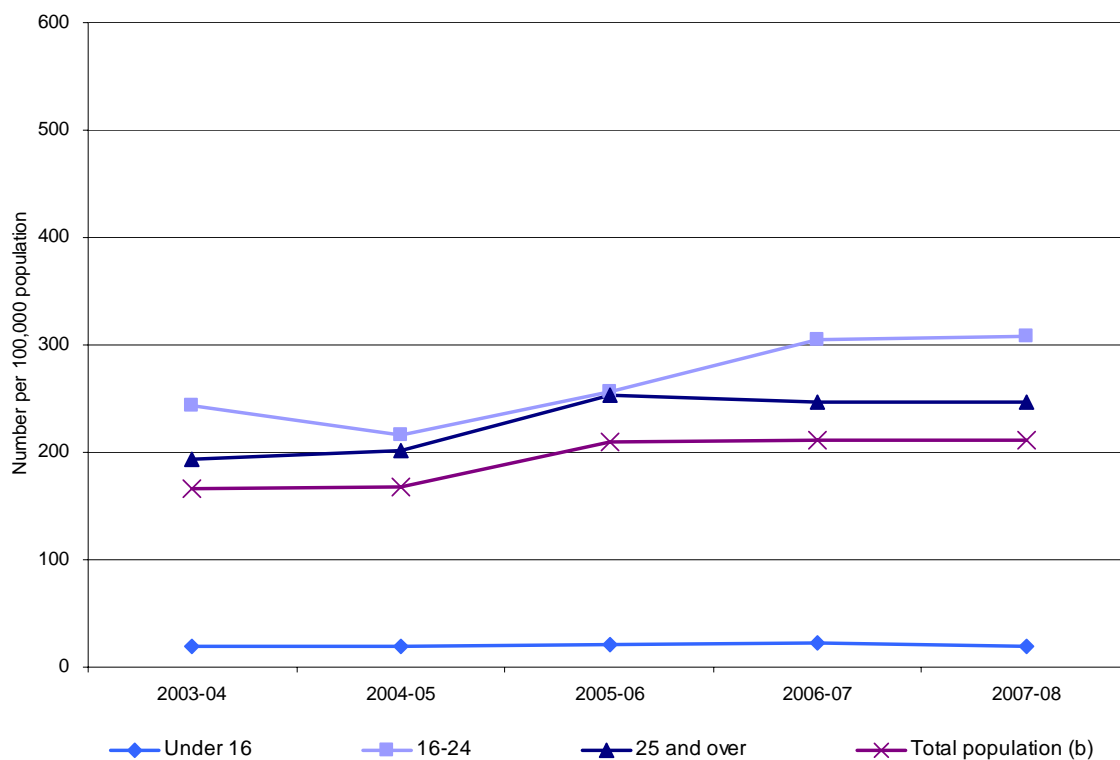


Source: Health Solutions Wales and Members' Research Service calculations.

(a) Rates have been calculated using [Mid-year population estimates](#) for each year.

(b) Total population includes those where the age of the patient was not known

Figure 9: Number of drug related hospital admissions per 100,000 population^(a), by age group, 2003-04 to 2007-08



Source: Health Solutions Wales and Members' Research Service calculations.
 (a) Rates have been calculated using [Mid-year population estimates](#) for each year.
 (b) Total population includes those where the age of the patient was not known

Of the total admissions to hospital for drug or alcohol related reasons, the proportions in each age range that were drug related in 2007-08 were: 21 per cent for under 16s; 44 per cent for those aged 16 to 24; and 32 per cent for the over 25s.

5 Access to drug and alcohol treatment services

The [Welsh National Database for Substance Misuse](#) was established in April 2005, to provide data to enable monitoring of the delivery of the Welsh Government's substance misuse strategy. The database provides details of people who have accessed treatment services⁵ as a result of alcohol and/or drug problems⁶. Prior to 2005, data for Wales was supplied to the Department of Health National Drug Treatment Monitoring System⁷.

Information on the rate of referrals is calculated by community safety partnership area (these have the same boundaries as local authorities; see the [Annex](#) for a labelled map of the areas). The rates are calculated as the estimated rate of incidence⁸ per 100,000 population and is recorded by the clients' main problem. Table 1 provides information on changes in the rate of alcohol and drug related referrals per 100,000 between 2005-06 and 2007-08, by police force area (from the Welsh National Database for Substance Misuse). Figure 10 compares the rate referred to a treatment service with alcohol as their main problem and those referred with drugs as their main problem, in 2007-08.

Table 1: Rate^(a) per 100,000 population of referrals, by main problem, by police force area, 2005-06 to 2007-08

	2005-06		2006-07		2007-08	
	Alcohol	Drug	Alcohol	Drug	Alcohol	Drug
North Wales	314	171	299	169	325	178
Dyfed Powys	355	207	317	158	294	159
South Wales	350	261	375	272	395	294
Gwent	348	233	369	196	337	242
All Wales	342	226	349	217	353	236

Source: Welsh National Database for Substance Misuse – [First Annual Report 2005-06](#), [Second Annual Report 2006-07](#) and [Third Annual Report 2007-08](#)

(a) Rates have been calculated using [Mid-year population estimates](#) for each year.

Note: Details of which areas are covered by each police force are provided in a map in the Annex

Table 1 shows that between 2005-06 and 2007-08 the rate of referrals for **alcohol** problems are much **higher** than those referred with drugs problems. In all three years, **South Wales** has the highest combined drug and alcohol referral rate, whilst North Wales has the lowest in 2005-06 and 2006-07 and Dyfed Powys has the lowest in 2007-08.

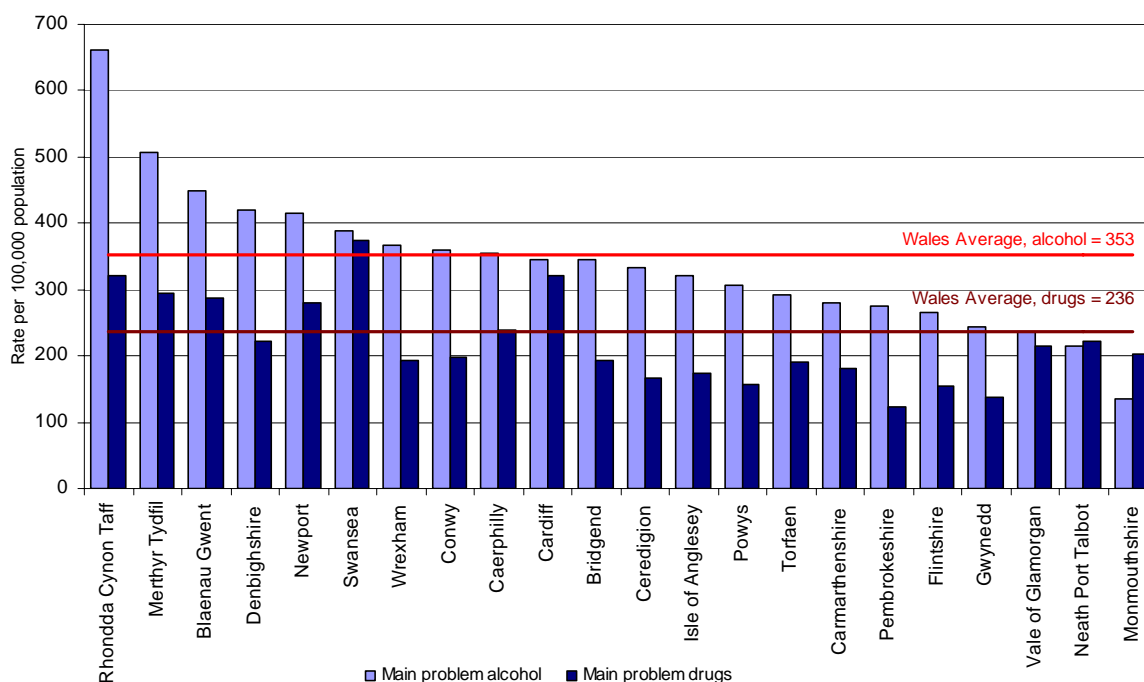
⁵ Those presenting themselves to any treatment service for substance misuse, this includes referrals from a variety of different sources, for example GP's, the criminal justice system, social services and family/friends.

⁶ The term 'Drugs' includes illegal drugs, misuse of legal prescriptions, over the counter medicines and solvent abuse.

⁷ Due to the significant differences between the data collection methods used by each source the records cannot be compared, therefore information prior to 2005 has not been included in this paper.

⁸ Incidence is the number of new cases during a given period of time.

Figure 10: Rate^(a) of referrals per 100,000 population, by main problem, by community safety partnership area, 2007-08



Source: Welsh National Database for Substance Misuse – [Third Annual Report 2007-08](#) (Tables 14a and 14b)
 (a) Rates have been calculated using [Mid-year population estimates](#) for each year.

Figure 10, presents this information by community partnership, or local authority, area. It shows that on average around 60 per cent of combined alcohol and drug referrals in 2007-08 recorded alcohol as their main problem.

The highest rate of referrals for alcohol problems was in **Rhondda Cynon Taff**, with 661 per 100,000 population, Rhondda Cynon Taff was also ranked second for the amount of drug referrals. Monmouthshire was ranked as having the lowest rate of referrals for alcohol problems, with 136. The highest rate of drug referrals was in Swansea, with 374, whilst Pembrokeshire experienced the lowest rate for those with drug problems, 122.

Neath Port Talbot and Monmouthshire were the only community safety partnership areas which had higher rates of referrals for clients with drugs as their main problem than the rate of referrals with alcohol as the main problem. These two areas also recorded the lowest incidence of alcohol related referrals.

6 Seizures of drugs

The Home Office collects information relating to drug seizures made by law enforcement agencies in England and Wales, these statistics cover seizures made during the year by the police and HM Revenue and Customs. Details of the number and rate of seizures in England and Wales are published annually in the Home Office publication [Drug Seizures in England and Wales](#).

Table 2 provides details from the publication on the number of seizures of controlled drugs by Welsh police forces since 1998. A number of observations can be made:

- There were **over 13,000 drug seizures** by police in Wales in 2007-08, an increase of 23 per cent on 2006-07. Following six years of fluctuating drug seizure figures, there have been considerable year-on-year increases between 2004 and 2007-08.
- North Wales consistently experienced the lowest number of drug seizures between 1998 and 2003, since then Gwent has had the lowest recorded seizures. In 2007-08, half of all seizures were in the South Wales region.
- South Wales police force is the only authority which has displayed a fairly continual increase in the number of seizures of controlled drugs, increasing by 93 per cent between 1998 and 2007-08.
- Much of the recent overall increase is thought to be associated with the introduction of cannabis warnings across England and Wales. In Wales, seizures of cannabis, in its various forms, have increased from 6,080 in 2004 to 8,874 in 2007-08. This is highlighted in figure 11 which gives the number of seizures for cocaine, heroin, crack and cannabis from 2003 to 2007-08.

Table 2: Number of seizures of controlled drugs by Welsh police force and year

	Dyfed-Powys	Gwent	North Wales	South Wales	Total Wales Police	England and Wales Total ^(c)
1998	2,170	2,370	1,630	3,400	9,570	126,426
1999	1,720	2,250	1,250	2,510	7,740	112,305
2000	1,490	1,840	1,120	3,230	7,670	107,386
2001	1,980	1,320	970	3,980	8,250	111,746
2002	2,420	1,370	1,270	3,920	8,980	114,353
2003	2,150	1,230	1,220	4,540	9,140	109,266
2004 ^(a)	1,382	1,144	1,717	4,640	8,883	107,359
2005	2,830	1,210	1,607	4,661	10,308	161,113
2006-07 ^(b)	2,359	1,815	1,920	4,601	10,695	186,028
2007-08 ^(b)	2,181	2,020	2,373	6,554	13,128	216,792

Source: Home Office: [Drug seizures in England and Wales 2007-08 – Area Tables](#)

(a) Figures from 2004 are unrounded; previous years are rounded

(b) Reporting of drugs seizures have been moved to a financial year basis from 2006-07 to be comparable with other crime publications.

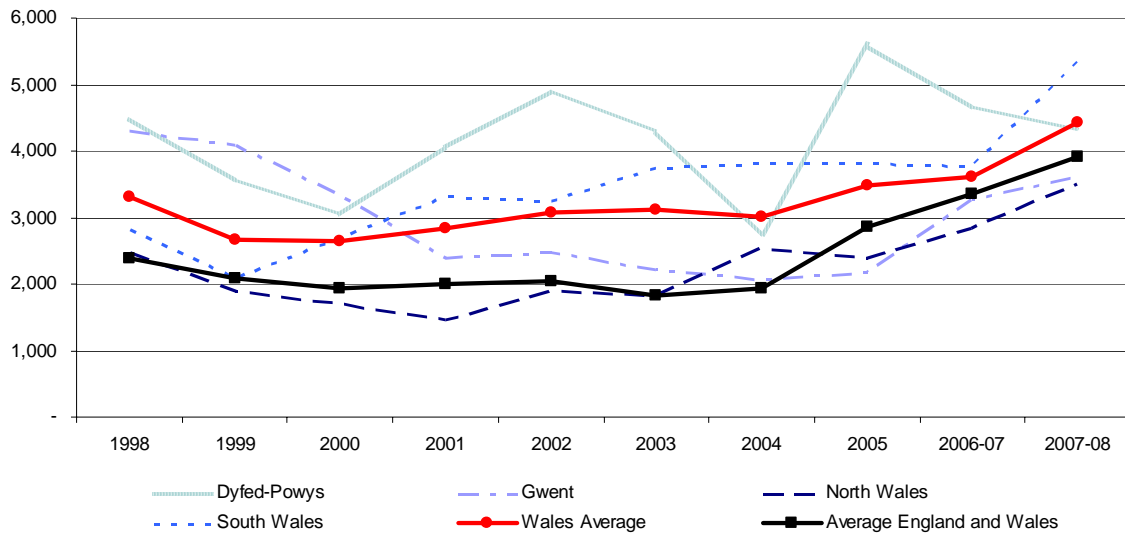
(c) England and Wales Total includes the National Crime Squad, the British Transport Police and HM Revenue and Customs.

Figure 11 shows the rate of seizures of controlled drugs, per million population in Wales, from 1998 to 2007-08. The chart highlights that the level of drug seizures remained

relatively constant from 1998 to 2004 but since 2004, the rate has increased steadily across England and Wales.

Dyfed-Powys has had the largest fluctuations on the rate of drug seizures, with a large decline in the rate in 2004 followed by the highest rate of seizures throughout the decade in 2005. North Wales had the lowest rate of drug seizures between 1998 and 2007-08, with the exception of 2004 and 2005 where the rate was slightly lower in Gwent.

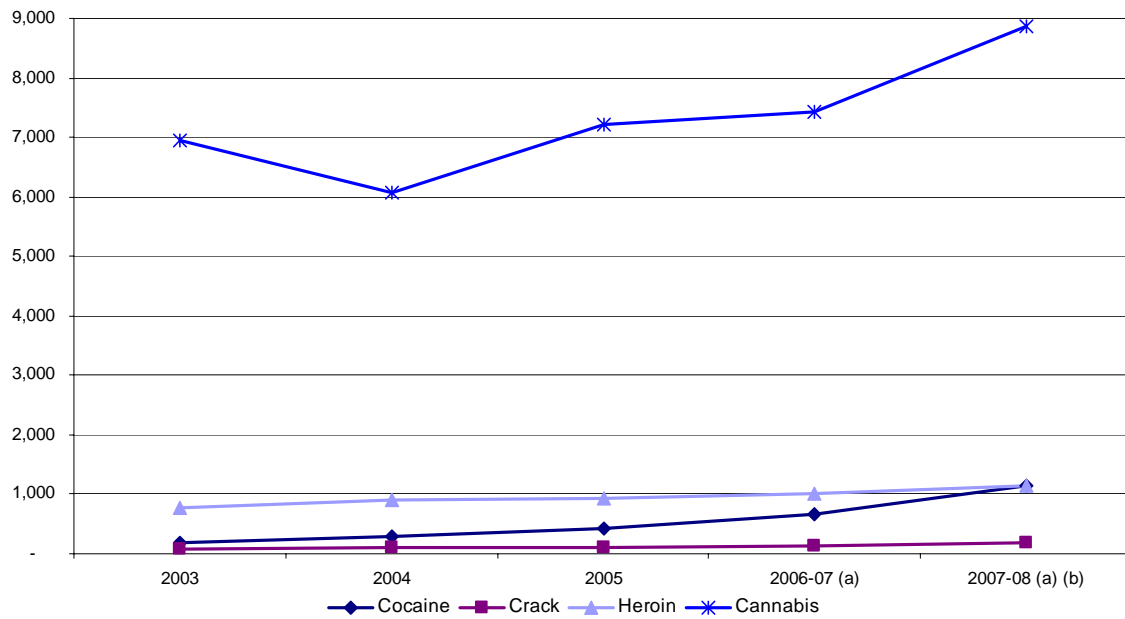
Figure 11: Number of seizures of controlled drugs, per million population, by Welsh Police Force 1998 to 2007-08 (a)



- (a) Rates per million population statistics are created using mid-year population estimates calculated by the Office for National Statistics.
- (b) Figures from 2004 are unrounded; previous years rounded.
- (c) Reporting of drug seizures have been moved to a financial year basis from 2006/07 to be comparable with other crime publications.
- (d) Figures for South Wales are provisional and subject to revision.

From figure 12, the largest number of drug seizures is for cannabis which, as already mentioned, have increased considerably since 2004. Cocaine seizures have also risen sharply over recent years and have increased by over 150 per cent since 2004. There has been little change in the number of seizures of heroin and crack, although both have continued to increase gradually.

Figure 12: Number of drug seizures, by drug type, in Wales, 2003 to 2007-08



Source: Home Office publication: Drug seizures in England and Wales [2007-08 - Area Tables](#), [2006-07- Area Tables](#), [2005 - Area Tables](#), [2004 - Area Tables](#) and [2003 - Area Tables](#)

(a) Reporting of drugs seizures have been moved to a financial year basis from 2006-07 to be comparable with other crime publications.

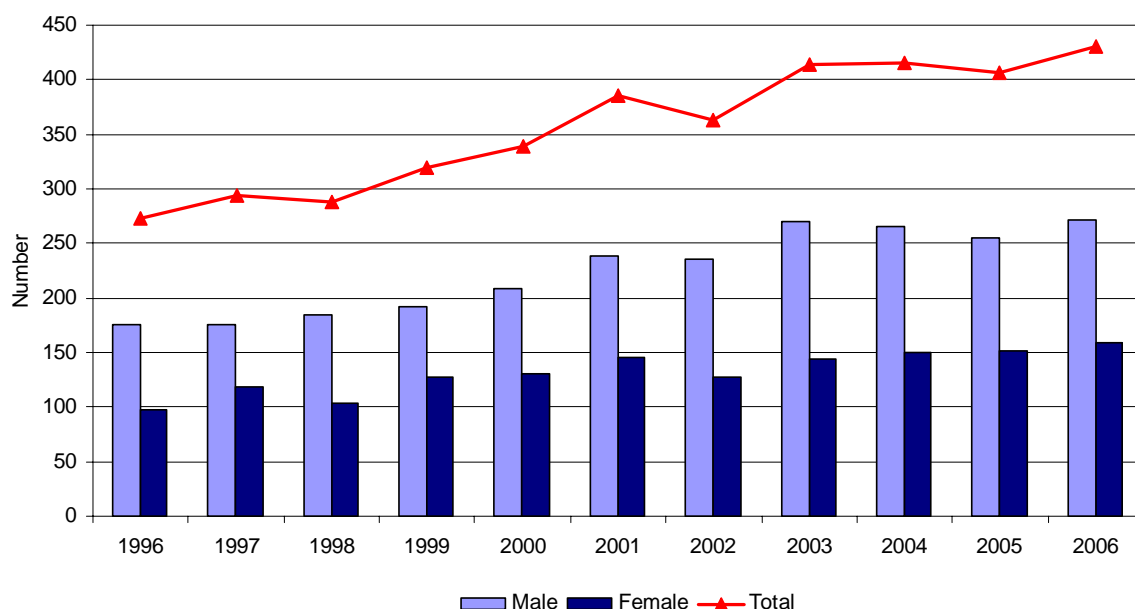
(b) 2007-08 figures for South Wales are provisional, therefore all Wales figures are subject to revision.

7 Drug and alcohol related deaths

Information on deaths related to alcohol or drug use are taken from the ONS Death Certificate database. The most up-to-date information on substance use related deaths is published in the [Welsh National Database for Substance Misuse – Third Annual Report](#), and this information is presented in the following graphs.

Figure 13 shows the number of deaths, by gender, related to alcohol between 1996 and 2006. There has been an **increase** in the number of alcohol related deaths in Wales between 1996 and 2006, with 430 alcohol related deaths in 2006, this represents an increase of over 50 per cent during the decade. There is a noticeable gender split in the number of alcohol related deaths, with **men** accounting for, on average, **63 per cent** of all alcohol related deaths from 1996 to 2006.

Figure 13: Number of alcohol related deaths in Wales, by gender, 1996 to 2006



Source: Welsh National Database for Substance Misuse – [Third Annual Report 2007-08](#) (page 34)

Information on the number of drug related deaths in Wales between 2000 and 2007 is presented in figure 14. Details of which diagnosis codes have been used to identify drug related deaths are provided in the [Annex](#).

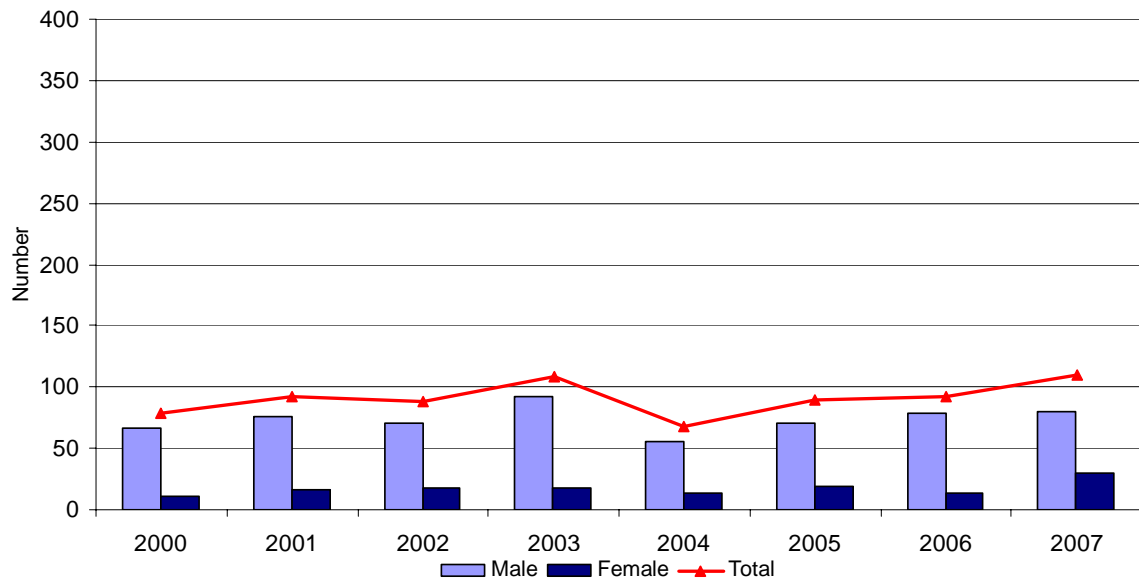
Figure 14 shows that the number of deaths has fluctuated from year to year since 2004. There has been a gradual **increase** in the number of drug related deaths, rising to 110 in 2007, which is the highest annual level over the period.

Since 2000 the number of drug related deaths for females has been considerably lower than the number for males, on average, since 2000 **men** accounted for **81 per cent** of the drug related deaths in Wales. This shows the gender split in terms of number of deaths is even more pronounced for drug than for alcohol related deaths.

During the 2000-2007 period, the number of women dying of drug related causes reached its highest in 2007, with 30 deaths. This is over double that of the previous year, when 14

women died of drug related causes. As the numbers are relatively small care should be taken in making comparisons between years.

Figure 14: Number of drug related deaths in Wales, by gender, 2000 to 2007



Source: Welsh National Database for Substance Misuse – [Third Annual Report 2007-08](#) (page 37) and ONS [Health Statistics Quarterly, No. 39](#) report on *Deaths related to drug poisoning in England and Wales, 2003-07* (page 85, table 3) (2007 data)

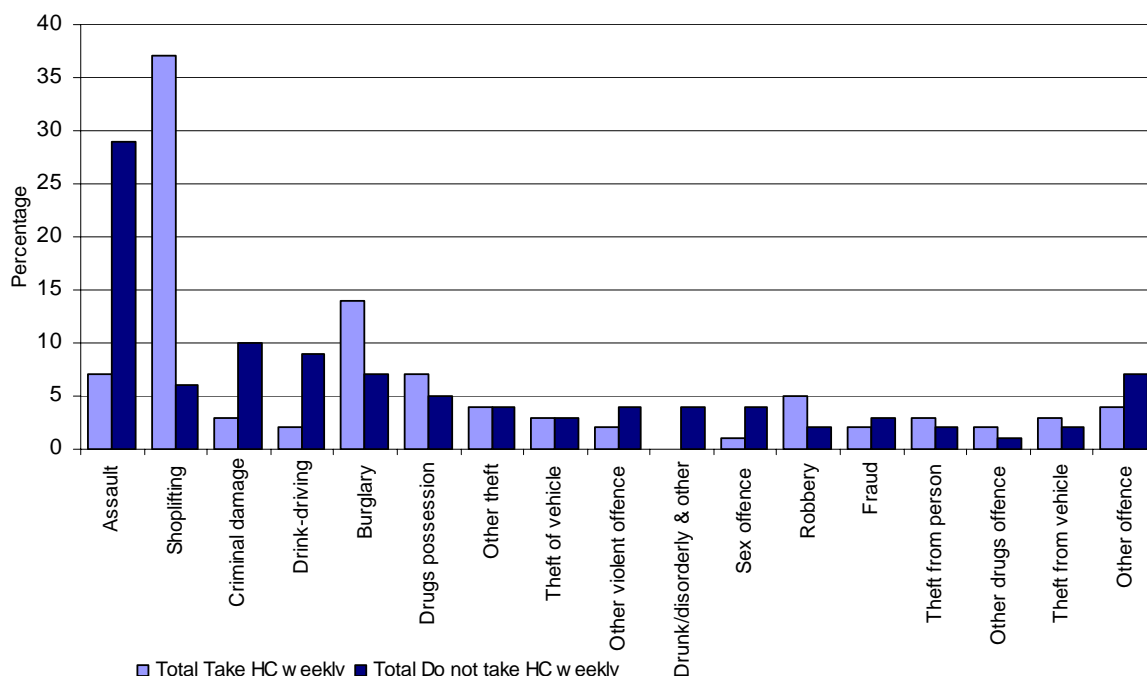
8 Offences committed under the influence of drugs or alcohol

Arrestees Survey

The Home Office has carried out research into the number of criminal offences committed under the influence of drugs or alcohol. The most recent information published is [The Arrestees Survey 2003-2006](#) which is a national survey of drugs and crime among those arrested in England and Wales. It measures self reported drug misuse among a sample of individuals arrested in England and Wales. The survey has so far been carried out for three years, 2003-04, 2004-05 and 2005-06 and makes comparisons between all three years.

The Arrestees Survey provides analysis of the use of heroin and crack (HC) by those arrested and makes comparisons between the reasons for arrest and their use of HC. Figure 15 shows the percentage of respondents in England and Wales that used HC at least once a week by reason for arrest in 2005-06. The graph highlights that around half respondents that took HC weekly were arrested for theft offences: shoplifting (37 per cent); and burglary (14 per cent). In comparison, respondents that didn't take HC weekly were more likely to have been arrested for more violent crimes, such as assault or criminal damage, figures for shoplifting and burglary offences were 6 per cent and 7 per cent of all offences respectively.

Figure 15: Percentage of respondents that take heroin or crack (HC) at least once a week, by reason for arrest, in England and Wales, 2005-06

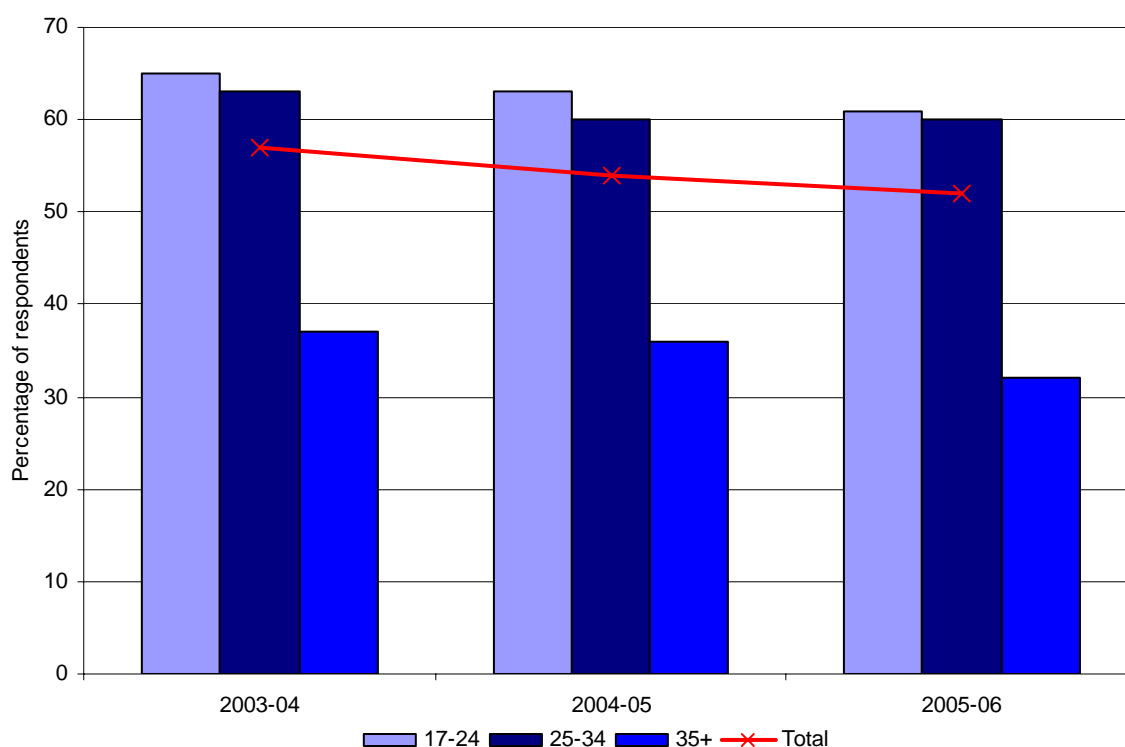


Source: Home Office: [Arrestees Survey 2003-06](#) (Table 2.3)
Due to rounding, percentages do not add up to 100%

The survey also includes details of the age groups of the respondents and makes comparisons over time. Figure 16 provides details of the percentage of respondents that

had taken any drug⁹ in the month prior to arrest between 2003-04 and 2005-06 and their age group. The graph highlights that in all three years of the survey, those arrested aged between 17 and 24 were the most likely to have taken drugs in the month prior to arrest, closely followed by those aged 25 to 34. In 2005-06, **52% of all respondents** reported having taken **one or more drug** in the month prior to arrest, a decrease from the previous years.

Figure 16: Percentage of respondents who had taken drugs in the last month, by age, 2003-04 to 2005-06



Source: Home Office: [Arrestees Survey 2003-06](#) (Table 3.1)
Due to rounding, percentages do not add up to 100%

In addition to measuring the use of drugs among those arrested, the *Arrestees Survey* also records information on dependent or harmful alcohol use amongst respondents. The level of alcohol use was measured using the Fast Alcohol Screening Test (FAST)¹⁰. Figure 17 provides information on the percentage of respondents that had a FAST score of three or more (dependent or harmful alcohol use), between 2003-04 and 2005-06, and compares the percentage of alcohol dependents over time of different age groups.

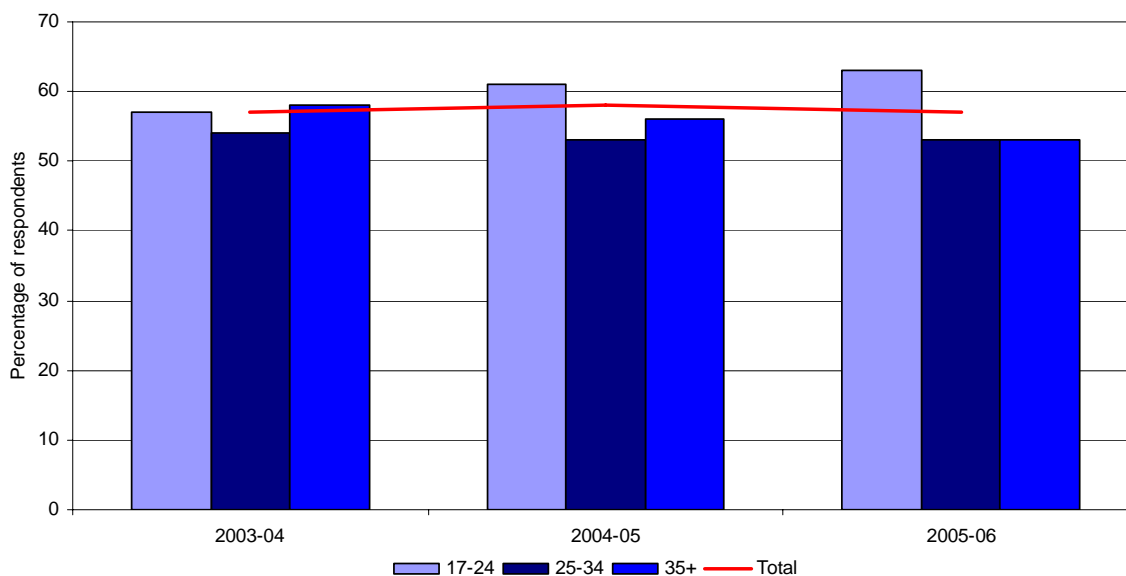
In 2005-06, **57 per cent** of respondents were defined as **dependent drinkers**, with the highest percentage of dependent drinkers aged between 17 and 24. The graph shows that dependent alcohol use increased among those aged between 17 and 24 over the three years, whilst there was a decline among those aged 35 and over (and little change among those aged 25 to 34).

Among those surveyed, the percentage that reporting taking drugs in the month prior to arrest was marginally lower than those having a FAST score of three or more.

Figure 17: Percentage of respondents had dependent alcohol use, by age, 2003-04 to 2005-06

⁹ The drugs included were: cannabis, heroin, crack cocaine, powder cocaine, tranquillisers, ecstasy, amphetamines, unprescribed methadone, magic mushrooms and LSD.

¹⁰ Dependent alcohol drinkers were defined as having a FAST score of three or more. Further information on FAST is available in Appendix E (page 133) of the [Arrestees Survey 2003-2006](#)



Source: Home Office: [Arrestees Survey 2003-06](#) (Table 3.15)
 Due to rounding, percentages do not add up to 100%

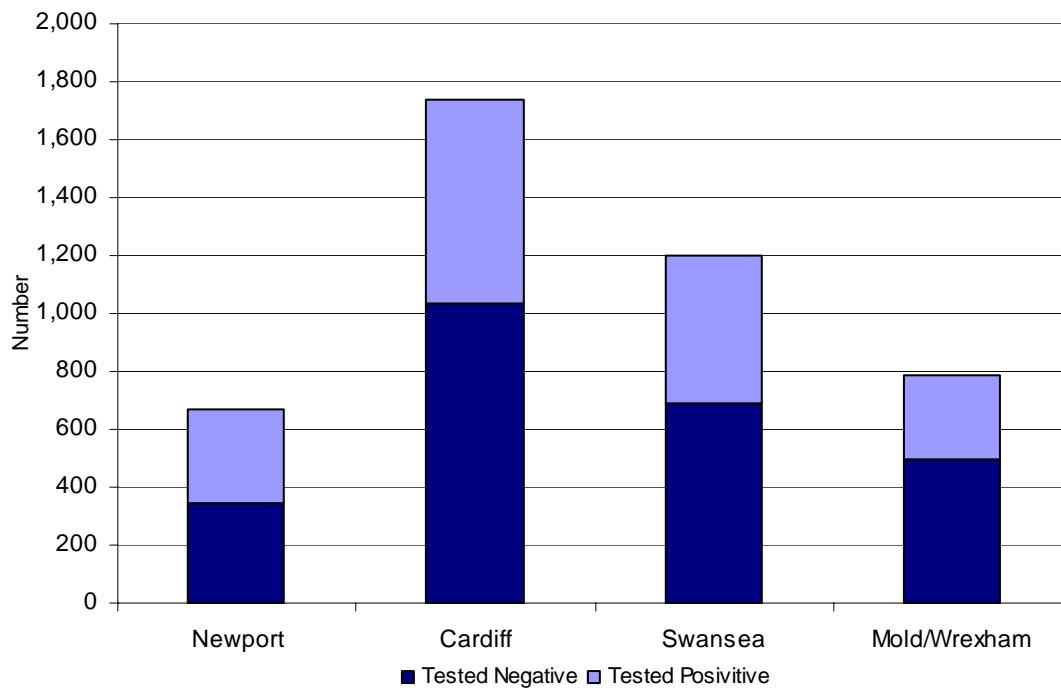
Drug Intervention Programme

The Drug Intervention Programme (DIP) is the Home Office's strategy for tackling drugs and reducing crime. In Wales, the Home Office funds the initiative but the Welsh Government is responsible for its implementation. Introduced in 2003, the programme aims to assist adult drug-misusing offenders to receive treatment and other support. One element of DIP is drug testing offenders charged with a range of specific 'trigger' offences, for example theft, handling stolen goods or possession of a controlled drug (see [Annex](#) for the full list of trigger offences).

The drug testing is carried out in basic command units (BCUs) with high levels of acquisitive crime across England and Wales. A total of 173 police custody suites carry out drug testing on arrest or on charge. Drug testing **on charge** was introduced into three major cities in Wales; Cardiff, Swansea and Newport in April 2005 and introduced in Mold/Wrexham in April 2006. Since 1 April 2009, drug tests have been carried out **on arrest** in the four Welsh cities.

The *Drug Intervention Programme – Wales Annual Report (April 2007 – March 2008)* is included as Annex 4 of the [Welsh National Database for Substance Misuse – Third Annual Report](#), and this provides details of the percentage of positive drug tests carried out in the four cities. Figure 18 details the number of drug tests carried out **on charge** in each city and the percentage of which tested positive between April 2007 and March 2008. From the graph, the amount of drug tests carried out was highest in Cardiff, with 1,741 drug tests in 2007-08, Newport had the lowest, carrying out 668 tests. Cardiff also had the largest number of positive drug tests. However, as a proportion of the total carried out in each city, Newport had the highest percentage of positive drug tests, with 49 per cent.

Figure 18: Number of drug tests on charge, by result and area of testing, 2007-08



Source: Welsh National Database for Substance Misuse – [Third Annual Report 2007-08](#) (page 71)

Further details of the Drug Intervention Programme is available on the Home Office website: <http://drugs.homeoffice.gov.uk/drug-interventions-programme/>

Annex

International Statistical Classification of Diseases (ICD) (diagnosis) codes¹¹ used by Health Solutions Wales to identify the number of drug and alcohol related hospital admissions in Chapter 4:

Alcohol Admissions Group:

F10.0 – F10.9 Mental and behavioural disorders due to use of alcohol

T51.0 – T51.9 Toxic effect of alcohol

Drugs Admissions Group:

F11.0 – F11.9 Mental and behavioural disorders due to use of opioids

F12.0 – F12.9 Mental and behavioural disorders due to use of cannabinoids

F13.0 – F13.9 Mental and behavioural disorders due to use of sedatives and hypnotics

F14.0 – F14.9 Mental and behavioural disorders due to use of cocaine

F15.0 – F15.9 Mental and behavioural disorders due to use of stimulants including caffeine

F16.0 – F16.9 Mental and behavioural disorders due to use of hallucinogens

F17.0 – F17.9 Mental and behavioural disorders due to use of tobacco

F18.0 – F18.9 Mental and behavioural disorders due to use of volatile solvents

F19.0 – F19.9 Mental and behavioural disorders due to use of multiple drug use and use of other psychoactive substances

T40.0 – T40.9 Poisoning by narcotics and psychodysleptics (hallucinogens)

ICD codes used to identify drug related deaths by the Office of National Statistics; *Health Statistics Quarterly*¹² in Chapter 7:

- a) 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)

¹¹ World Health Organisation: [International Statistical Classification of Diseases and Related Health Problems \(10th Revisions\) – Version for 2007](#) [as at 7 July 2009]

¹² ONS Health Statistics Quarterly No. 39: [Deaths relating to drug poisoning in England and Wales, 2003-07 – Box three](#) (page 86) (Autumn 2008) [as at 7 July 2009]

- (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)
- b) 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)

List of trigger offences¹³ (as of 1 August 2007) used to identify when drug tests on charge should taken as part of DIP, in Chapter 8:

1) Offences under the following provisions of the Theft Act 1968:

- section 1 (theft)
- section 8 (robbery)
- section 9 (burglary)
- section 10 (aggravated burglary)
- section 12 (taking motor vehicle or other conveyance without authority)
- section 12A (aggravated vehicle-taking)
- section 22 (handling stolen goods)
- section 25 (going equipped for stealing, etc.)

2) Offences under the following provisions of the Misuse of Drugs Act 1971, are trigger offences if committed in respect of a specified Class A drug:

- section 4 (restriction on production and supply of controlled drugs)

¹³ Home Office: [Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail](#) – Annex B (page 55) (April 2009) [as at 7 July 2009]

section 5(2) (possession of controlled drug)

section 5(3) (possession of controlled drug with intent to supply)

3) Offences under the following provisions of the Fraud Act 2006:

section 1 (fraud)

section 6 (possession etc. of articles for use in frauds)

section 7 (making or supplying articles for use in frauds)

3a) An offence under section 1(1) of the Criminal Attempts Act 1981 is a trigger offence, if committed in respect of an offence under –

(a) any of the following provisions of the Theft Act 1968:

section 1 (theft)

section 8 (robbery)

section 9 (burglary)

section 22 (handling stolen goods)

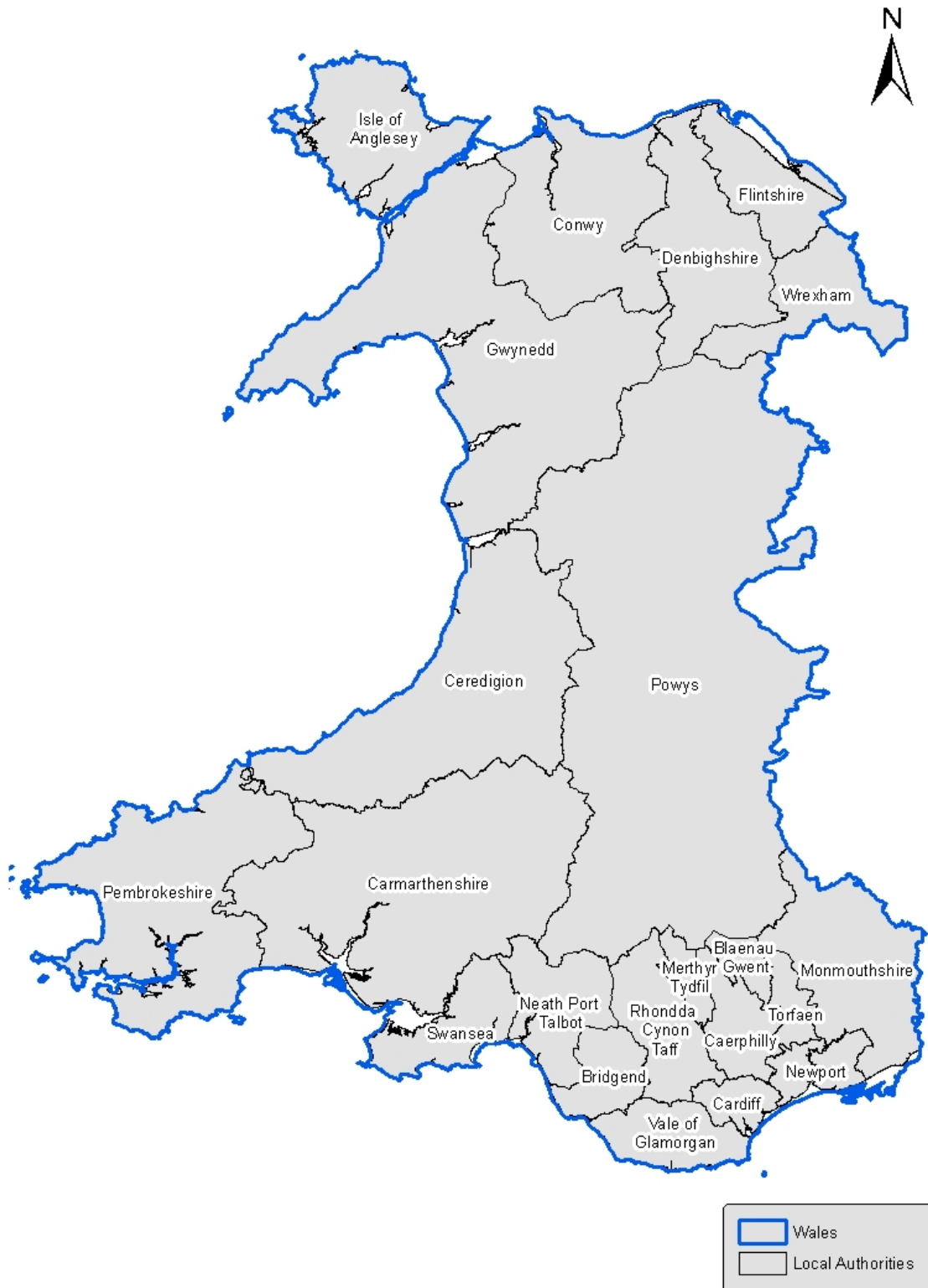
(b) section 1 of the Fraud Act 2006 (fraud):

4) Offences under the following provisions of the Vagrancy Act 1824 are trigger offences:

section 3 (begging)

section 4 (persistent begging)

Map of Local Authority Areas in Wales



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Map of Police Force Areas in Wales



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