

SUBSTANCE MISUSE IN WALES 2009-10

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Introduction

This report summarises Substance Misuse Statistics for Wales for 2009-10. It is structured as follows:

- Part 1 includes statistics from the Welsh National Database for Substance Misuse. The profile of referrals during 2009-10 to substance misuse treatment services is described as well as treatment service activity between 2006-07 and 2009-10. Results are presented in a series of tables and summarised on pages 5 and 6.
- Part 2 provides additional substance misuse related information currently available from routinely published sources in Wales to support and add to the information gained through the Welsh National Database for Substance Misuse. Evidence is drawn from a number of data sources including information from the hospital admission data (Patient Episode Database Wales (PEDW)), Office for National Statistics (ONS) information, Home Office and Education data. The information is in a Summary on page 38.

The database guidance and information about the Welsh Assembly Government's Substance Misuse policy and key performance indicators can be obtained at <http://new.wales.gov.uk/substancemisuse>

-Part I. Welsh National Database for Substance Misuse 2009-10

1. Background

- 1.1. The overall management of the system, including advice on enhancements to the database, national performance issues linked to the data and the analysis of other routinely collected data is overseen by the national Management Information Board.
- 1.2. All substance misuse treatment service providers in Wales that are in receipt of Welsh Assembly Government funding via the Community Safety Partnerships are required to comply with the reporting requirements of the database. Comprehensive guidance "The Welsh National Database for Substance Misuse - Guidance for Community Safety Partnerships and Service Provider Agencies", which includes the common dataset and definitional guidance was first issued on 1 March 2006 and has been revised in March 2007, May 2009 and most recently on 11 March 2010. This guidance is available electronically at <http://new.wales.gov.uk/substancemisuse>. A copy of the Common Dataset is at Annex 3.
- 1.3. Information from the database is the official source of validated data for treatment service providers and Community Safety Partnerships to monitor and report performance against the national Key Performance Indicators (KPIs) 2-6. These KPIs were launched in August 2006 for immediate implementation. The document "Tackling Substance Misuse in Wales - Performance Management Framework - Key Performance Indicators" can be accessed at <http://new.wales.gov.uk/substancemisuse>.
- 1.4. For 2009-10 there has also been a change in reporting to the Welsh National Database. From April 2009 a record was required to be opened and entered onto the database for all individuals referred for structured treatment in Wales. For those clients receiving less structured treatment agencies were asked to continue to enter data into their local systems that capture this information to inform performance management at the local level. This was to allow the opportunity at a national level to develop a new national reporting system that would allow the collection of this information at an aggregate level. From October 2009 a number of key fields came into operation for the reporting of less structured treatment (see Annex 1). These fields were considered an interim solution and were revised in time for the 2010-11 annual reporting cycle. Another development during the year was the recording of Treatment Outcome Profiles (TOPs) for all clients undergoing structured treatment. These profiles will measure the changes in client characteristics at regular intervals during treatment and at closure. The results of this exercise will be reported separately.

2. Executive Summary: Welsh National Database for Substance Misuse

2.1 General

- 14,545 referrals (54 per cent) related to alcohol misuse (Table 1).
- 11,216 referrals (41 per cent) related to misuse of drugs (Table 1).
- Self referrals were the most common single source of referral both for alcohol (31 per cent) and for drugs (25 per cent) but for drugs the various components of the criminal justice system accounted for 38 per cent of all referrals (Table 3a and 3b).
- Heroin accounted for half (50 per cent) of all referrals for which drugs were specified as the main substance (Table 4).
- Cannabis (17 per cent) and amphetamines (7 per cent) were the other most commonly reported drugs (Table 4).

2.2 Demographics

- Males accounted for about two thirds of all referrals for both alcohol (65 per cent) and drugs (73 per cent) (Table 1).
- The median age on referral for alcohol (40) was substantially higher than that for drugs (29) (Tables 2a and 2b).
- The age profile of cannabis users (median age 21) differed from the profiles for most other drugs for which the median ages were 31 for heroin, 32 for amphetamines and 26 for cocaine (tables 5a – 5g).
- Female referrals for alcohol misuse were on average about a year older than male referrals but female drug misusers were about 2 years younger than the males; both differences are small but are statistically significant (Tables 2a and 2b).

2.3 Geographical distribution of incidence

- The overall incidence rates for Wales were 371 per 100,000 population for alcohol and 278 for drugs (Tables 11a and 11b).
- Estimated incidence rates varied markedly between Community Safety Partnerships across Wales; for alcohol the range was from 215 to 649 per 100,000 population and for drugs the range was from 141 to 536 per 100,000 population (Tables 11a and 11b).

2.4 Previous history of treatment

- Some clients were referred to agencies on more than one occasion during the year and the 27,067 referrals in 2009-10 relate to 19,475 individuals – 1.39 referrals per individual on average (Table 6).
- Of the 19,475 individuals referred to agencies, 11,022 (57 per cent) were new to the database i.e. had not previously been referred to agencies in Wales since the database was set up (Table 6).

2.5 Comparison with earlier years

The database is dynamic allowing treatment providers to amend records as and when new information becomes available and as data quality issues are resolved. This means that the figures in this report are based on a snapshot of the database in July 2010 and are not strictly comparable with those contained in

earlier reports. It is possible, however, to use this frozen file to compare 2009-10 figures with the amended figures for previous years as shown in Table A: and tables 12 to 21.

Table A: Comparison of key data 2006-07 to 2009-10

	<u>2006-07</u>	<u>2007-08</u>	<u>2008-09</u>	<u>2009-10</u>
Referrals	27,627	29,098	28,736	27,067
Individuals	17,497	18,650	19,683	19,475
Ratio of referrals to individuals	1.58	1.56	1.46	1.39
New cases	14,004	12,212	11,869	11,022
New cases as per cent of individuals	80.0	65.5	60.3	56.6
Incidence rate per 100,000 population:				
Alcohol	346	360	386	371
Drugs	245	267	275	278

Estimated incidence rates have risen over the period for both alcohol and drugs. But the number of new cases as a percentage of individuals continues to fall.

2.6 Waiting times

- Tables 18a, 18b and 18c show for referrals in each year 2006-07 to 2009-10 the times between referral and assessment for those cases where referral and assessment dates are available. The percentages being assessed within 10 days of referral in 2009-10 were 62 per cent for alcohol and 70 per cent for drugs – both figures were higher than in any previous year. However figures for 2009-10 are not strictly comparable with earlier years because cases with less structured treatment are excluded in 2009-10.
- Tables 19a, 19b and 19c show for referrals in each year 2006-07 to 2009-10 the times between assessment and treatment for those cases where assessment and treatment dates are available. The percentages treated within 10 days of assessment dropped in 2009-10 for both alcohol and drugs but the figures are not strictly comparable with earlier years because cases with less structured treatment are excluded in 2009-10.
- Tables 20 and 21 show the length of time which open cases appeared to have been waiting for assessment or treatment at 31 March 2010 and at comparable dates in for referrals in 2009, 2008 and 2007. The increase in numbers, in particular for those appearing to wait over 12 months, is a reflection of the failure of some agencies to record the details of case closures.

3. Data quality

All Service Providers in receipt of Welsh Assembly Government funding, either directly or via the Community Safety Partnerships, to deliver substance misuse services are required to comply fully with the reporting requirements of the database.

The Welsh Assembly Government's Substance Misuse Advisory Regional Teams (SMARTs) have been working with treatment services to improve data quality. However, care needs to be exercised when looking at trends as a number of agencies have not submitted all of the relevant fields by the freeze date of 25 June 2010. For the purpose of this report, the data quality issues that affect this report are:

- Not all agencies are able to report on all the fields and so care needs to be exercised when looking at geographical differences across Wales.
- Some of the demographic data will be inaccurate because some clients are reluctant or unable to provide accurate responses to some questions. This will always be the case with a system that relies largely upon self-reporting.

- There is widespread under-reporting of secondary problem substance; this inhibits the identification of emerging trends and patterns in substance misuse.
- Some agencies are failing to close cases where a client is transferred between agencies. This means that some individuals will be counted more than once on the database.
- Clients are categorised by 'main substance' which means that many clients categorised under 'Alcohol' may also be receiving treatment for drug misuse and vice versa.
- The main problem substance is not recorded for some clients. Almost 5 per cent of all referrals in 2009-10 did not contain this information.
- Where the local authority of the client is unknown, the local authority of the treatment agency is used for this analysis. The percentage of cases with no known local authority varies considerably across different areas of Wales.
- The newly introduced separate recording of structured and less structured interventions has led to a number of treatment interventions being recorded as structured when they should have been recorded as less structured. A significant amount of work has been undertaken to rectify this during the year. From the 2010-11 financial year all structured and less structured interventions will be reported through the same extract reducing the risk of inappropriate recording.

4. Results

4.1 Structure

The profile of referrals in the current year is presented in the first group of results tables: Tables 1 to 11 of the report analyse the 27,067 referrals to substance misuse treatment providers in Wales during 2009-10 which have been assessed and/or treated or which remain open. They exclude referrals which were closed for non-attendance before assessment or treatment. There were 4,975 such cases (see Chart A1 in Annex 2). Data includes all referrals for both structured and less structured treatments

In order to look at trends in activity the remainder of the results tables present activity data for the last four years. Tables 12 to 16 compare the numbers of assessments, treatments started and cases closed over the 4 year period 2006-07 to 2009-10. These tables categorise activity by the year in which it took place and not by the year in which the original referral was made. Data do not include referrals for less structured treatments as it is not mandatory for such cases to have full assessment and dates are, therefore, not always recorded in the database.

Tables 18 to 21 relate to waiting times over the same 4 year period and again do not include referrals for less structured treatments.

4.2 Tables

Note: . means data item not applicable

Table 1: Referrals in 2009-10 by main substance

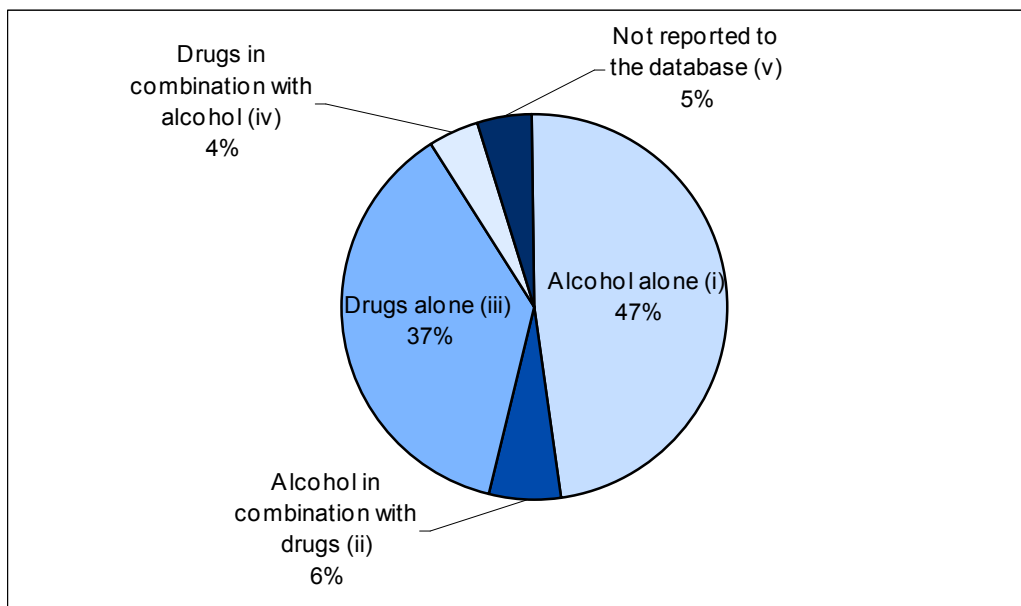
Main Substance	Male		Female		Total	
	Number	Per cent (a)	Number	Per cent (a)	Number	Per cent (b)
Alcohol alone (i)	8,129	63.4%	4,692	36.6%	12,821	47.4%
Alcohol in combination with drugs (ii)	1,264	73.3%	460	26.7%	1,724	6.4%
Drugs alone (iii)	7,339	72.8%	2,740	27.2%	10,079	37.2%
Drugs in combination with alcohol (iv)	866	76.2%	271	23.8%	1,137	4.2%
Not reported to the database (v)	879	67.3%	427	32.7%	1,306	4.8%
All Referrals	18,477	68.3%	8,590	31.7%	27,067	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) Male and female referrals as a percentage of all referrals for which the gender is reported.

(b) Percentage of all referrals.

Chart 1: Referrals in 2009-10 by main substance



The main substance categories in Table 1 and Chart 1 are:

- (i) Alcohol recorded as the main substance with no other substance reported.
- (ii) Alcohol recorded as the main substance but with misuse of drugs also being reported.
- (iii) Drugs recorded as the main substance with no alcohol reported.
- (iv) Drugs recorded as the main substance but with alcohol also being reported.
- (v) No main substance reported to the database; note that this does not imply that no substance was reported by individuals to treatment services.

Table 2a: Referrals in 2009-10 by age: main substance alcohol (a)

Age on Referral	Male	Female	Total	
			Number	Rate (b)
Under 15	101	117	218	42.6
15 – 19	643	388	1,031	512.2
20 – 29	1,832	810	2,642	679.3
30 – 39	2,468	1,207	3,675	1,067.5
40 – 49	2,453	1,442	3,895	918.5
50 – 59	1,238	791	2,029	533.9
60+	655	396	1,051	140.4
All ages (c)	9,393	5,152	14,545	484.9
<i>Median (d)</i>	40	41	40	.
<i>Percentage aged under 30</i>	27.4%	25.5%	26.8%	.
<i>Percentage aged 50 or over</i>	20.2%	23.0%	21.2%	.

Source: WNDSM, NHS Wales

- (a) Alcohol alone and alcohol in combination with other drugs.
(b) Rate per 100,000 population.
(c) Includes 4 referrals where age is unreported.
(d) Equal number of referrals above and below the median age.

Table 2b: Referrals in 2009-10 by age: main substance drugs (a)

Age on Referral	Male	Female	Total	
			Number	Rate (b)
Under 15	134	46	180	35.1
15 – 19	891	331	1,222	607.0
20 – 29	3,030	1,339	4,369	1,123.4
30 – 39	2,857	849	3,706	1,076.5
40 – 49	1,105	326	1,431	337.4
50 – 59	157	83	240	63.2
60+	29	36	65	8.7
All ages (c)	8,205	3,011	11,216	374.0
<i>Median (d)</i>	30	28	29	.
<i>Percentage aged under 30</i>	49.4%	57.0%	51.5%	.
<i>Percentage aged 50 or over</i>	2.3%	4.0%	2.7%	.

Source: WNDSM, NHS Wales Informatics Service

- (a) Drugs alone and drugs in combination with alcohol.
(b) Rate per 100,000 population.
(c) Includes 3 referrals where age is unreported.
(d) Equal number of referrals above and below the median age.

Table 3a: Referrals in 2009-10 by source of referral: main substance alcohol (a)

Source of Referral (b)	Male	Female	Total	
			Number	Per cent (c)
Self	2,976	1,603	4,579	31.5%
Family/Friends	282	156	438	3.0%
Non-Statutory Service Provider	1,400	816	2,216	15.2%
Statutory Service Provider	217	106	323	2.2%
GP	1,463	750	2,213	15.2%
CPN/Community Mental Health	201	151	352	2.4%
Psychiatry	67	48	115	0.8%
Midwife	.	13	13	0.1%
NHS A&E	260	136	396	2.7%
NHS Other	323	187	510	3.5%
Needle Exchange	0	0	0	0.0%
Court	193	87	280	1.9%
Drug Intervention Programme (DIP)	122	32	154	1.1%
Police	288	198	486	3.3%
Prison	67	7	74	0.5%
Probation Service / Drug Rehabilitation Requirement (DRR)	496	96	592	4.1%
Youth Offending Team (YOT)	264	97	361	2.5%
Solicitor	2	2	4	0.0%
Social Services	279	322	601	4.1%
Educational Establishment	56	77	133	0.9%
Job Centre	28	6	34	0.2%
Community Care Assessment	11	6	17	0.1%
Support Agencies (d)	282	203	485	3.3%
Other	116	53	169	1.2%
All Sources	9,393	5,152	14,545	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) Alcohol alone and alcohol in combination with other drugs.

(b) As specified in the guidance for Community Safety Partnerships and Service Provider Agencies – March 2007.

(c) Percentage of all referrals.

(d) Including Women's Refuge; Hostel; Night Shelter; etc.

Table 3b: Referrals in 2009-10 by source of referral: main substance drugs (a)

Source of Referral (b)	Male	Female	Total	
			Number	Per cent (c)
Self	1,954	833	2,787	24.8%
Family/Friends	220	76	296	2.6%
Non-Statutory Service Provider	710	310	1,020	9.1%
Statutory Service Provider	254	153	407	3.6%
GP	761	294	1,055	9.4%
CPN/Community Mental Health	90	36	126	1.1%
Psychiatry	49	16	65	0.6%
Midwife	.	20	20	0.2%
NHS A&E	37	11	48	0.4%
NHS Other	126	61	187	1.7%
Needle Exchange	1	1	2	0.0%
Court	197	61	258	2.3%
Drug Intervention Programme (DIP)	1,674	417	2,091	18.6%
Police	574	139	713	6.4%
Prison	193	72	265	2.4%
Probation Service / Drug Rehabilitation Requirement (DRR)	541	120	661	5.9%
Youth Offending Team (YOT)	261	43	304	2.7%
Solicitor	2	0	2	0.0%
Social Services	138	145	283	2.5%
Educational Establishment	91	28	119	1.1%
Job Centre	31	6	37	0.3%
Community Care Assessment	2	1	3	0.0%
Support Agencies (d)	174	109	283	2.5%
Not reported to the database	125	59	184	1.6%
All Sources	8,205	3,011	11,216	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) Drugs alone and drugs in combination with alcohol.

(b) As specified in the guidance for Community Safety Partnerships and Service Provider Agencies – March 2007.

(c) Percentage of all referrals.

(d) Including Women's Refuge; Hostel; Night Shelter; etc.

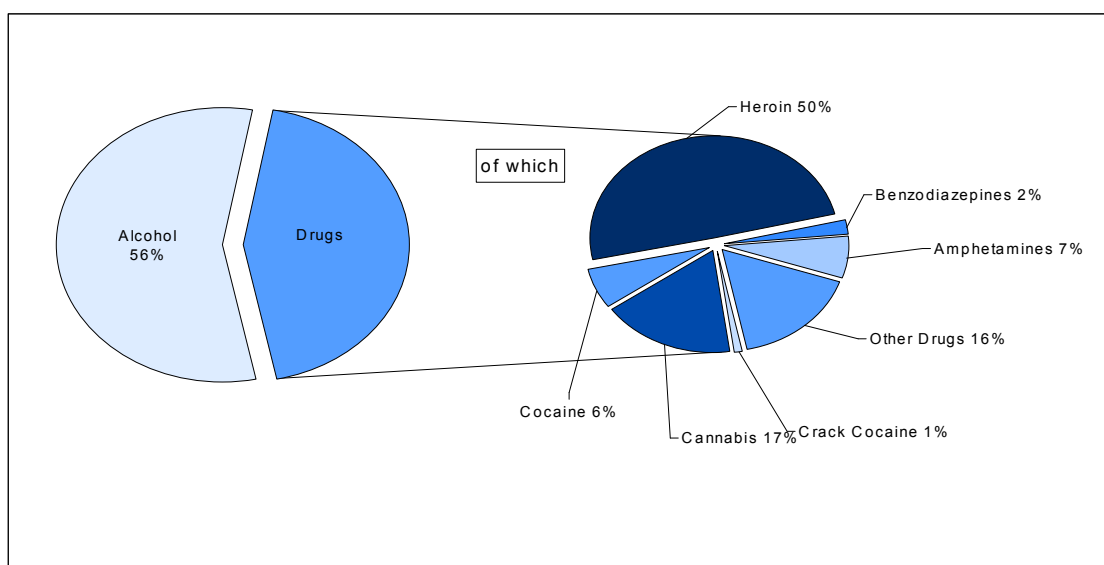
Table 4: Referrals in 2009-10 by individual main substance

Main substance	Male	Female	Total	
			Number	Per cent (a)
Alcohol	9,393	5,152	14,545	53.7%
Amphetamines	480	252	732	2.7%
Anti-depressants	9	3	12	0.0%
Barbiturates	0	0	0	0.0%
Benzodiazepines	190	81	271	1.0%
Cannabis	1,549	400	1,949	7.2%
Cocaine	629	87	716	2.6%
Crack Cocaine	84	27	111	0.4%
Ecstasy	29	3	32	0.1%
Hallucinogens	38	16	54	0.2%
Heroin	4,042	1,555	5,597	20.7%
Methadone (b)	501	232	733	2.7%
Other opiates (c)	331	163	494	1.8%
Poly use; no details	107	48	155	0.6%
Solvents	35	13	48	0.2%
Steroids	21	0	21	0.1%
Other drugs (d)	160	131	291	1.1%
Not reported (e)	879	427	1,306	4.8%
All referrals	18,477	8,590	27,067	100.0%

Source: WNDISM, NHS Wales Informatics Service

- (a) Percentage of all referrals for which the main substance is reported.
- (b) Note that it is not possible to be clear if methadone recorded as a main substance refers to prescribed or illicit methadone; guidance to data providers will be revised to allow more meaningful analysis in future.
- (c) See Annex 2 for a list of drugs included under "Other opiates"
- (d) See Annex 2 for a list of drugs included under "Other drugs"
- (e) No main substance reported to the database; note that this does not imply that no substance was reported by individuals to treatment services.

Chart 2: Referrals in 2009-10 by individual substance (a)



(a) Percentages are based on all referrals where the main substance is specified

Table 5a: Profile of referrals in 2009-10: main substance alcohol

Profile of referral	Male	Female	Total	
			Number	Rate (a)
By Age				
Under 15	101	117	218	42.6
15-19	643	388	1,031	512.2
20-29	1,832	810	2,642	679.3
30-39	2,468	1,207	3,675	1067.5
40-49	2,453	1,442	3,895	918.5
50-59	1,238	791	2,029	533.9
60+	655	396	1,051	140.4
All ages (b)	9,393	5,152	14,545	484.9
Median age (c)	40	41	40	.
% under 30	27.4%	25.5%	26.8%	.
% 50 or over	20.2%	23.0%	21.2%	.
By Source of Referral				
Self	2,976	1,603	4,579	152.7
GP	1,463	750	2,213	73.8
Criminal Justice System (d)	1,430	517	1,947	64.9
Other	3,524	2,282	5,806	193.6

Source: WNDSM, NHS Wales Informatics Service

(a) Rate per 100,000 population.

(b) Includes 4 referrals where the age is unreported.

(c) Equal number of referrals above and below the median age.

(d) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

Table 5b: Profile of referrals in 2009-10: main substance heroin

Profile of referral	Male	Female	Total	
			Number	Rate (a)
By Age				
Under 15	4	1	5	1.0
15-19	117	101	218	108.3
20-29	1,441	787	2,228	572.9
30-39	1,752	493	2,245	652.1
40-49	652	145	797	187.9
50-59	66	21	87	22.9
60+	10	7	17	2.3
All ages	4,042	1,555	5,597	186.6
Median age (b)	32	28	31	.
% under 30	38.6%	57.2%	43.8%	.
% 50 or over	1.9%	1.8%	1.9%	.
By Source of Referral				
Self	1,090	415	1,505	50.2
GP	331	125	456	15.2
Criminal Justice System (c)	1,781	566	2,347	78.3
Other (d)	840	449	1,289	43.0

Source: WNDSM, NHS Wales Informatics Service

(a) Rate per 100,000 population.

(b) Equal number of referrals above and below the median age.

(c) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

(d) Includes unreported source of referral.

Table 5c: Profile of referrals in 2009-10: main substance cannabis

Profile of referral	Male	Female	Total	
			Number	Rate (a)
By Age				
Under 15	97	24	121	23.6
15-19	567	131	698	346.7
20-29	550	146	696	179.0
30-39	237	60	297	86.3
40-49	81	23	104	24.5
50-59	12	12	24	6.3
60+	4	3	7	0.9
All ages (b)	1,549	400	1,949	65.0
Median age (c)	21	22	21	.
% under 30	78.4%	75.3%	77.7%	.
% 50 or over	1.0%	3.8%	1.6%	.
By Source of Referral				
Self	310	97	407	13.6
GP	141	37	178	5.9
Criminal Justice System (d)	555	70	625	20.8
Other (e)	543	196	739	24.6

Source: WNDSM, NHS Wales Informatics Service

- (a) Rate per 100,000 population.
(b) Includes 2 referrals where the age is unreported.
(c) Equal number of referrals above and below the median age.
(d) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.
(e) Includes unreported source of referral.

Table 5d Profile of referrals in 2009-10: main substance amphetamines

Profile of referral	Male	Female	Total	
			Number	Rate (a)
By Age				
Under 15	2	1	3	0.6
15-19	15	21	36	17.9
20-29	152	97	249	64.0
30-39	193	84	277	80.5
40-49	96	43	139	32.8
50-59	20	6	26	6.8
60+	2	0	2	0.3
All ages	480	252	732	24.4
Median age (b)	33	30	32	.
% under 30	35.2%	47.2%	39.3%	.
% 50 or over	4.6%	2.4%	3.8%	.
By Source of Referral				
Self	141	78	219	7.3
GP	57	37	94	3.1
Criminal Justice System (c)	121	29	150	5.0
Other (d)	161	108	269	9.0

Source: WNDSM, NHS Wales Informatics Service

(a) Rate per 100,000 population.

(b) Equal number of referrals above and below the median age.

(c) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

(d) Includes unreported source of referral.

Table 5e: Profile of referrals in 2009-10: main substance cocaine

Profile of referral	Male	Female	Total	
			Number	Rate (a)
By Age				
Under 15	2	0	2	0.4
15-19	66	11	77	38.3
20-29	382	39	421	108.2
30-39	126	23	149	43.3
40-49	44	12	56	13.2
50-59	9	1	10	2.6
60+	0	1	1	0.1
All ages	629	87	716	23.9
Median age (b)	26	27	26	.
% under 30	71.5%	57.5%	69.8%	.
% 50 or over	1.4%	2.3%	1.5%	.
By Source of Referral				
Self	114	27	141	4.7
GP	40	5	45	1.5
Criminal Justice System (c)	394	29	423	14.1
Other (d)	81	26	107	3.6

Source: WNDSM, NHS Wales Informatics Service

(a) Rate per 100,000 population.

(b) Equal number of referrals above and below the median age.

(c) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

(d) Includes unreported source of referral.

Table 5f: Profile of referrals in 2009-10: main substance crack cocaine

Profile of referral	Male	Female	Total	
			Number	Rate (a)
By Age				
Under 15	0	0	0	0.0
15-19	3	3	6	3.0
20-29	39	10	49	12.6
30-39	30	12	42	12.2
40-49	11	1	12	2.8
50-59	1	1	2	0.5
60+	0	0	0	0.0
All ages	84	27	111	3.7
Median age (b)	30	30	30	.
% under 30	50.0%	48.1%	49.5%	.
% 50 or over	1.2%	3.7%	1.8%	.
By Source of Referral				
Self	18	8	26	0.9
GP	6	5	11	0.4
Criminal Justice System (c)	54	8	62	2.1
Other (d)	6	6	12	0.4

Source: WNDSM, NHS Wales Informatics Service

(a) Rate per 100,000 population.

(b) Equal number of referrals above and below the median age.

(c) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

(d) Includes unreported source of referral.

Table 5g: Profile of referrals in 2009-10: main or secondary substance crack cocaine

Profile of referral	Male	Female	Total	
			Number	Rate (a)
By Age				
Under 15	0	0	0	0.0
15-19	13	7	20	9.9
20-29	182	70	252	64.8
30-39	199	61	260	75.5
40-49	60	17	77	18.2
50-59	3	2	5	1.3
60+	0	0	0	0.0
All ages (b)	458	157	615	20.5
Median age (c)	31	30	31	.
% under 30	42.6%	49.0%	44.2%	.
% 50 or over	0.7%	1.3%	0.8%	.
By Source of Referral				
Self	106	34	140	4.7
GP	21	11	32	1.1
Criminal Justice System (d)	275	89	364	12.1
Other (e)	56	23	79	2.6

Source: WNDSM, NHS Wales Informatics Service

(a) Rate per 100,000 population.

(b) Includes 1 referral where the age is unreported.

(c) Equal number of referrals above and below the median age.

(d) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

(e) Includes unreported source of referral.

Table 6: Multiple referrals in 2009-10 by main substance, age, gender and source of referral

Profile	Previous history since the database was established on 1 April 2005				Number	Per cent	
	All Referrals	No previous history	With any earlier referral	With an earlier referral during 2009-10	Individuals referred in 2009-10	Ratio of referrals to individuals	New cases as percentage of all individuals
Main Substance							
Alcohol	14,545	6,432	8,113	4,006	10,539	1.38	61.0%
Drugs	11,216	3,941	7,275	3,258	7,958	1.41	49.5%
Not reported (d)	1,306	649	657	328	978	1.34	66.4%
All substances	27,067	11,022	16,045	7,592	19,475	1.39	56.6%
Gender							
Male	18,477	7,513	10,964	5,137	13,340	1.39	56.3%
Female	8,590	3,509	5,081	2,455	6,135	1.40	57.2%
Age							
Under 20	2,859	1,760	1,099	516	2,343	1.22	75.1%
20-29	7,383	2,870	4,513	2,132	5,251	1.41	54.7%
30-39	7,716	2,577	5,139	2,377	5,339	1.45	48.3%
40-49	5,530	2,082	3,448	1,644	3,886	1.42	53.6%
50+	3,567	1,722	1,845	923	2,644	1.35	65.1%
All ages (e)	27,067	11,022	16,045	7,592	19,475	1.39	56.6%
Source of Referral							
Self	7,527	3,218	4,309	1,915	5,612	1.34	57.3%
GP	3,637	1,874	1,763	636	3,001	1.21	62.4%
Criminal Justice System (f)	6,456	2,332	4,124	1,870	4,586	1.41	50.9%
Other (g)	9,447	3,598	5,849	3,171	6,276	1.51	57.3%
All Sources	27,067	11,022	16,045	7,592	19,475	1.39	56.6%

Source: WNDSM, NHS Wales Informatics Service

(a) $E = A - D$

(b) $F = A / E$

(c) $G = B / E * 100$

(d) No main substance reported to the database; this does not imply that no substance was reported by individuals to treatment services.

(e) Including 12 referrals with unknown age.

(f) Comprising Court, DRR, DIP, Prison, Police, Probation, and YOT sources.

(g) Other includes unreported source of referral.

Table 7: Referrals in 2009-10 by ethnic origin

Ethnic Origin	Male	Female	Total	
			Number	Per cent (a)
British	14,351	6,737	21,088	77.9%
Irish	57	15	72	0.3%
Any other white background	198	77	275	1.0%
White and Black Caribbean	41	16	57	0.2%
White and Black African	12	7	19	0.1%
White and Asian	20	5	25	0.1%
Any other mixed background	50	11	61	0.2%
Indian	24	0	24	0.1%
Pakistani	19	4	23	0.1%
Bangladeshi	11	1	12	0.0%
Any other Asian background	46	7	53	0.2%
Caribbean	50	4	54	0.2%
African	35	9	44	0.2%
Any other black background	19	2	21	0.1%
Chinese	1	0	1	0.0%
Any other ethnic group	26	3	29	0.1%
Not Stated	3,517	1,692	5,209	19.2%
Total	18,477	8,590	27,067	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) Percentage of all referrals.

Table 8: Referrals in 2009-10 by Community Safety Partnership

Community Safety Partnership	Number			Percentage of cases with no main problem reported	Ratio of drug to alcohol referrals
	Referrals with main problem alcohol	Referrals with main problem drugs	All Referrals (a)		
Anglesey	550	274	850	3.1%	0.50
Gwynedd	713	397	1,132	1.9%	0.56
Conwy	1,016	414	1,432	0.1%	0.41
Denbighshire	930	421	1,354	0.2%	0.45
Flintshire	847	322	1,174	0.4%	0.38
Wrexham	860	612	1,474	0.1%	0.71
<i>North Wales</i>	<i>4,916</i>	<i>2,440</i>	<i>7,416</i>	<i>0.8%</i>	<i>0.50</i>
Powys	511	308	865	5.3%	0.60
Ceredigion	363	166	560	5.5%	0.46
Pembrokeshire	504	272	854	9.1%	0.54
Carmarthenshire	776	560	1,540	13.2%	0.72
<i>Dyfed Powys</i>	<i>2,154</i>	<i>1,306</i>	<i>3,819</i>	<i>9.4%</i>	<i>0.61</i>
Swansea	871	1,780	2,655	0.2%	2.04
Neath Port Talbot	348	455	804	0.1%	1.31
Bridgend	367	394	770	1.2%	1.07
Vale of Glamorgan	469	430	927	3.0%	0.92
Cardiff	1,252	1,610	2,925	2.2%	1.29
Rhondda Cynon Taff	1,376	815	2,385	8.1%	0.59
Merthyr Tydfil	432	325	818	7.5%	0.75
<i>South Wales</i>	<i>5,115</i>	<i>5,809</i>	<i>11,284</i>	<i>3.2%</i>	<i>1.14</i>
Caerphilly	700	518	1,452	16.1%	0.74
Blaenau Gwent	271	217	567	13.9%	0.80
Torfaen	443	190	656	3.5%	0.43
Monmouthshire	296	209	568	11.1%	0.71
Newport	474	402	1,003	12.7%	0.85
<i>Gwent</i>	<i>2,184</i>	<i>1,536</i>	<i>4,246</i>	<i>12.4%</i>	<i>0.70</i>
Outside Wales	176	125	302	0.3%	0.71
Total	14,545	11,216	27,067	4.8%	0.77

Source: WNDSM, NHS Wales Informatics Service

(a) Including 1,306 referrals where the main substance is not reported to the database.

Table 9: Referrals in 2009-10 by Community Safety Partnership and individual drug

Community Safety Partnership	Main Substance									
	Heroin		Cannabis		Amphetamines		Cocaine		Crack Cocaine	
	Number	Per cent (a)	Number	Per cent (a)	Number	Per cent (a)	Number	Per cent (a)	Number	Per cent (a)
Anglesey	117	42.7%	51	18.6%	28	10.2%	14	5.1%	3	1.1%
Gwynedd	178	44.8%	87	21.9%	33	8.3%	24	6.0%	9	2.3%
Conwy	179	43.2%	81	19.6%	39	9.4%	25	6.0%	5	1.2%
Denbighshire	168	39.9%	100	23.8%	15	3.6%	28	6.7%	3	0.7%
Flintshire	135	41.9%	51	15.8%	25	7.8%	34	10.6%	1	0.3%
Wrexham	313	51.1%	87	14.2%	22	3.6%	88	14.4%	3	0.5%
<i>North Wales</i>	<i>1,090</i>	<i>44.7%</i>	<i>457</i>	<i>18.7%</i>	<i>162</i>	<i>6.6%</i>	<i>213</i>	<i>8.7%</i>	<i>24</i>	<i>1.0%</i>
Powys	97	31.5%	131	42.5%	23	7.5%	20	6.5%	2	0.6%
Ceredigion	71	42.8%	63	38.0%	2	1.2%	4	2.4%	1	0.6%
Pembrokeshire	56	20.6%	114	41.9%	34	12.5%	16	5.9%	1	0.4%
Carmarthenshire	211	37.7%	148	26.4%	26	4.6%	20	3.6%	1	0.2%
<i>Dyfed Powys</i>	<i>435</i>	<i>33.3%</i>	<i>456</i>	<i>34.9%</i>	<i>85</i>	<i>6.5%</i>	<i>60</i>	<i>4.6%</i>	<i>5</i>	<i>0.4%</i>
Swansea	1,249	70.2%	86	4.8%	53	3.0%	73	4.1%	15	0.8%
Neath Port Talbot	311	68.4%	27	5.9%	28	6.2%	14	3.1%	0	0.0%
Bridgend	231	58.6%	52	13.2%	27	6.9%	6	1.5%	0	0.0%
Vale of Glamorgan	208	48.4%	68	15.8%	29	6.7%	30	7.0%	3	0.7%
Cardiff	856	53.2%	175	10.9%	59	3.7%	185	11.5%	42	2.6%
Rhondda Cynon Taff	318	39.0%	182	22.3%	117	14.4%	35	4.3%	3	0.4%
Merthyr Tydfil	118	36.3%	68	20.9%	27	8.3%	11	3.4%	4	1.2%
<i>South Wales</i>	<i>3,291</i>	<i>56.7%</i>	<i>658</i>	<i>11.3%</i>	<i>340</i>	<i>5.9%</i>	<i>354</i>	<i>6.1%</i>	<i>67</i>	<i>1.2%</i>
Caerphilly	207	40.0%	122	23.6%	74	14.3%	24	4.6%	3	0.6%
Blaenau Gwent	96	44.2%	50	23.0%	23	10.6%	9	4.1%	0	0.0%
Torfaen	49	25.8%	75	39.5%	26	13.7%	12	6.3%	0	0.0%
Monmouthshire	87	41.6%	56	26.8%	14	6.7%	10	4.8%	1	0.5%
Newport	268	66.7%	66	16.4%	6	1.5%	18	4.5%	10	2.5%
<i>Gwent</i>	<i>707</i>	<i>46.0%</i>	<i>369</i>	<i>24.0%</i>	<i>143</i>	<i>9.3%</i>	<i>73</i>	<i>4.8%</i>	<i>14</i>	<i>0.9%</i>
Outside Wales	74	59.2%	9	7.2%	2	1.6%	16	12.8%	1	0.8%
Total	5,597	49.9%	1,949	17.4%	732	6.5%	716	6.4%	111	1.0%

Source: WNDSM, NHS Wales Informatics Service

(a) Percentage of all drug referrals.

Table 10a: Multiple referrals in 2009-10 by Community Safety Partnership: main substance alcohol

Community Safety Partnership	Previous history since the database was established on 1 April 2005				Number	Per cent	
	All Referrals	No previous history	With any earlier referral	With an earlier referral during 2009-10	Individuals referred in 2009-10	Ratio of referrals to individuals	New cases as percentage of all individuals
	(A)	(B)	(C)	(D)	(E) (a)	(F) (b)	(G) (c)
Anglesey	550	259	291	163	387	1.42	66.9%
Gwynedd	713	390	323	163	550	1.30	70.9%
Conwy	1,016	316	700	484	532	1.91	59.4%
Denbighshire	930	296	634	423	507	1.83	58.4%
Flintshire	847	330	517	321	526	1.61	62.7%
Wrexham	860	374	486	288	572	1.50	65.4%
<i>North Wales</i>	<i>4,916</i>	<i>1,965</i>	<i>2,951</i>	<i>1,842</i>	<i>3,074</i>	<i>1.60</i>	<i>63.9%</i>
Powys	511	230	281	98	413	1.24	55.7%
Ceredigion	363	158	205	98	265	1.37	59.6%
Pembrokeshire	504	190	314	138	366	1.38	51.9%
Carmarthenshire	776	279	497	229	547	1.42	51.0%
<i>Dyfed Powys</i>	<i>2,154</i>	<i>857</i>	<i>1,297</i>	<i>563</i>	<i>1,591</i>	<i>1.35</i>	<i>53.9%</i>
Swansea	871	388	483	127	744	1.17	52.2%
Neath Port Talbot	348	170	178	53	295	1.18	57.6%
Bridgend	367	221	146	41	326	1.13	67.8%
Vale of Glamorgan	469	202	267	129	340	1.38	59.4%
Cardiff	1,252	535	717	286	966	1.30	55.4%
Rhondda Cynon Taff	1,376	671	705	390	986	1.40	68.1%
Merthyr Tydfil	432	203	229	93	339	1.27	59.9%
<i>South Wales</i>	<i>5,115</i>	<i>2,390</i>	<i>2,725</i>	<i>1,119</i>	<i>3,996</i>	<i>1.28</i>	<i>59.8%</i>
Caerphilly	700	296	404	193	507	1.38	58.4%
Blaenau Gwent	271	161	110	32	239	1.13	67.4%
Torfaen	443	205	238	121	322	1.38	63.7%
Monmouthshire	296	165	131	45	251	1.18	65.7%
Newport	474	275	199	54	420	1.13	65.5%
<i>Gwent</i>	<i>2,184</i>	<i>1,102</i>	<i>1,082</i>	<i>445</i>	<i>1,739</i>	<i>1.26</i>	<i>63.4%</i>
Outside Wales	176	118	58	37	139	1.27	84.9%
Total	14,545	6,432	8,113	4,006	10,539	1.38	61.0%

Source: WNDSM, NHS Wales Informatics Service

- (a) E = A - D
- (b) F = E / A *100
- (c) G = B / E *100

Table 10b: Multiple referrals in 2009-10 by Community Safety Partnership: main substance drugs

	Previous history since the database was established on 1 April 2005				Number	Per cent	
	All Referrals	No previous history	With any earlier referral	With an earlier referral during 2009-10	Individuals referred in 2009-10	Ratio of referrals to individuals	New cases as percentage of all individuals
Community Safety Partnership	(A)	(B)	(C)	(D)	(E) (a)	(F) (b)	(G) (c)
Anglesey	274	106	168	89	185	1.48	57.3%
Gwynedd	397	152	245	139	258	1.54	58.9%
Conwy	414	133	281	159	255	1.62	52.2%
Denbighshire	421	154	267	141	280	1.50	55.0%
Flintshire	322	109	213	112	210	1.53	51.9%
Wrexham	612	211	401	206	406	1.51	52.0%
<i>North Wales</i>	<i>2,440</i>	<i>865</i>	<i>1,575</i>	<i>846</i>	<i>1,594</i>	<i>1.53</i>	<i>54.3%</i>
Powys	308	119	189	74	234	1.32	50.9%
Ceredigion	166	74	92	35	131	1.27	56.5%
Pembrokeshire	272	117	155	68	204	1.33	57.4%
Carmarthenshire	560	256	304	109	451	1.24	56.8%
<i>Dyfed Powys</i>	<i>1,306</i>	<i>566</i>	<i>740</i>	<i>286</i>	<i>1,020</i>	<i>1.28</i>	<i>55.5%</i>
Swansea	1,780	451	1,329	541	1,239	1.44	36.4%
Neath Port Talbot	455	130	325	109	346	1.32	37.6%
Bridgend	394	131	263	96	298	1.32	44.0%
Vale of Glamorgan	430	155	275	116	314	1.37	49.4%
Cardiff	1,610	634	976	429	1,181	1.36	53.7%
Rhondda Cynon Taff	815	352	463	197	618	1.32	57.0%
Merthyr Tydfil	325	120	205	80	245	1.33	49.0%
<i>South Wales</i>	<i>5,809</i>	<i>1,973</i>	<i>3,836</i>	<i>1,568</i>	<i>4,241</i>	<i>1.37</i>	<i>46.5%</i>
Caerphilly	518	161	357	204	314	1.65	51.3%
Blaenau Gwent	217	64	153	80	137	1.58	46.7%
Torfaen	190	77	113	68	122	1.56	63.1%
Monmouthshire	209	61	148	86	123	1.70	49.6%
Newport	402	107	295	92	310	1.30	34.5%
<i>Gwent</i>	<i>1,536</i>	<i>470</i>	<i>1,066</i>	<i>530</i>	<i>1,006</i>	<i>1.53</i>	<i>46.7%</i>
Outside Wales	125	67	58	28	97	1.29	69.1%
Total	11,216	3,941	7,275	3,258	7,958	1.41	49.5%

Source: WNDSM, NHS Wales Informatics Service

(a) E = A - D

(b) F = E / A *100

(c) G = B / E *100

Table 10c: Multiple referrals in 2009-10 by Community Safety Partnership: all substances

Community Safety Partnership (a)	Previous history since the database was established on 1 April 2005				Number	Per cent	
	All Referrals	No previous history	With any earlier referral	With an earlier referral during 2009-10	Individuals referred in 2009-10	Ratio of referrals to individuals	New cases as percentage of all individuals
	(A)	(B)	(C)	(D)	(E) (b)	(F) (c)	(G) (d)
Anglesey	850	384	466	255	595	1.43	64.5%
Gwynedd	1,132	561	571	303	829	1.37	67.7%
Conwy	1,432	449	983	645	787	1.82	57.1%
Denbighshire	1,354	451	903	566	788	1.72	57.2%
Flintshire	1,174	439	735	436	738	1.59	59.5%
Wrexham	1,474	586	888	495	979	1.51	59.9%
<i>North Wales</i>	<i>7,416</i>	<i>2,870</i>	<i>4,546</i>	<i>2,700</i>	<i>4,716</i>	<i>1.57</i>	<i>60.9%</i>
Powys	865	387	478	179	686	1.26	56.4%
Ceredigion	560	245	315	143	417	1.34	58.8%
Pembrokeshire	854	337	517	232	622	1.37	54.2%
Carmarthenshire	1,540	688	852	365	1,175	1.31	58.6%
<i>Dyfed Powys</i>	<i>3,819</i>	<i>1,657</i>	<i>2,162</i>	<i>919</i>	<i>2,900</i>	<i>1.32</i>	<i>57.1%</i>
Swansea	2,655	841	1,814	668	1,987	1.34	42.3%
Neath Port Talbot	804	300	504	162	642	1.25	46.7%
Bridgend	770	356	414	140	630	1.22	56.5%
Vale of Glamorgan	927	370	557	249	678	1.37	54.6%
Cardiff	2,925	1,208	1,717	724	2,201	1.33	54.9%
Rhondda Cynon Taff	2,385	1,124	1,261	637	1,748	1.36	64.3%
Merthyr Tydfil	818	345	473	197	621	1.32	55.6%
<i>South Wales</i>	<i>11,284</i>	<i>4,544</i>	<i>6,740</i>	<i>2,777</i>	<i>8,507</i>	<i>1.33</i>	<i>53.4%</i>
Caerphilly	1,452	549	903	471	981	1.48	56.0%
Blaenau Gwent	567	252	315	129	438	1.29	57.5%
Torfaen	656	293	363	195	461	1.42	63.6%
Monmouthshire	568	254	314	149	419	1.36	60.6%
Newport	1,003	417	586	187	816	1.23	51.1%
<i>Gwent</i>	<i>4,246</i>	<i>1,765</i>	<i>2,481</i>	<i>1,131</i>	<i>3,115</i>	<i>1.36</i>	<i>56.7%</i>
Outside Wales	302	186	116	65	237	1.27	78.5%
Total	27,067	11,022	16,045	7,592	19,475	1.39	56.6%

Source: WNDSM, NHS Wales Informatics Service

(a) Includes referrals where the main substance is unreported.

(b) E = A - D

(c) F = E / A *100

(d) G = B / E *100

Table 11a: Estimated incidence (a) rates per 100,000 population (b): main substance alcohol

Area	Number of individuals referred			Estimated incidence rate (f)
	Minimum (c)	Preferred Option (d)	Maximum (e)	
Anglesey	387	401	410	583
Gwynedd	550	563	571	474
Conwy	532	532	532	478
Denbighshire	507	508	508	525
Flintshire	526	527	528	352
Wrexham	572	573	573	430
<i>North Wales</i>	<i>3,074</i>	<i>3,104</i>	<i>3,122</i>	<i>457</i>
Powys	413	436	452	331
Ceredigion	265	278	286	363
Pembrokeshire	366	397	418	338
Carmarthenshire	547	653	724	361
<i>Dyfed Powys</i>	<i>1,591</i>	<i>1,764</i>	<i>1,880</i>	<i>348</i>
Swansea	744	746	748	323
Neath Port Talbot	295	296	296	215
Bridgend	326	330	332	246
Vale of Glamorgan	340	354	364	284
Cardiff	966	998	1,020	297
Rhondda Cynon Taff	986	1,072	1,130	458
Merthyr Tydfil	339	361	376	649
<i>South Wales</i>	<i>3,996</i>	<i>4,157</i>	<i>4,266</i>	<i>332</i>
Caerphilly	507	603	667	349
Blaenau Gwent	239	276	301	402
Torfaen	322	332	339	366
Monmouthshire	251	278	296	316
Newport	420	472	506	336
<i>Gwent</i>	<i>1,739</i>	<i>1,961</i>	<i>2,109</i>	<i>350</i>
Outside Wales	139	140	140	.
Total	10,539	11,126	11,517	371

(a) Number of individuals referred in the year per 100,000 population; See Annex 1 for methodology.

(b) ONS 2009 mid year population estimates.

(c) Assuming that referrals with no main substance reported are all "drug" referrals.

(d) Assuming a 60/40 split in the no main substance reported between alcohol and drugs (preferred option).

(e) Assuming that referrals with no main substance reported are all "alcohol" referrals.

(f) Based on the preferred option of allocating referrals with no main problem substance.

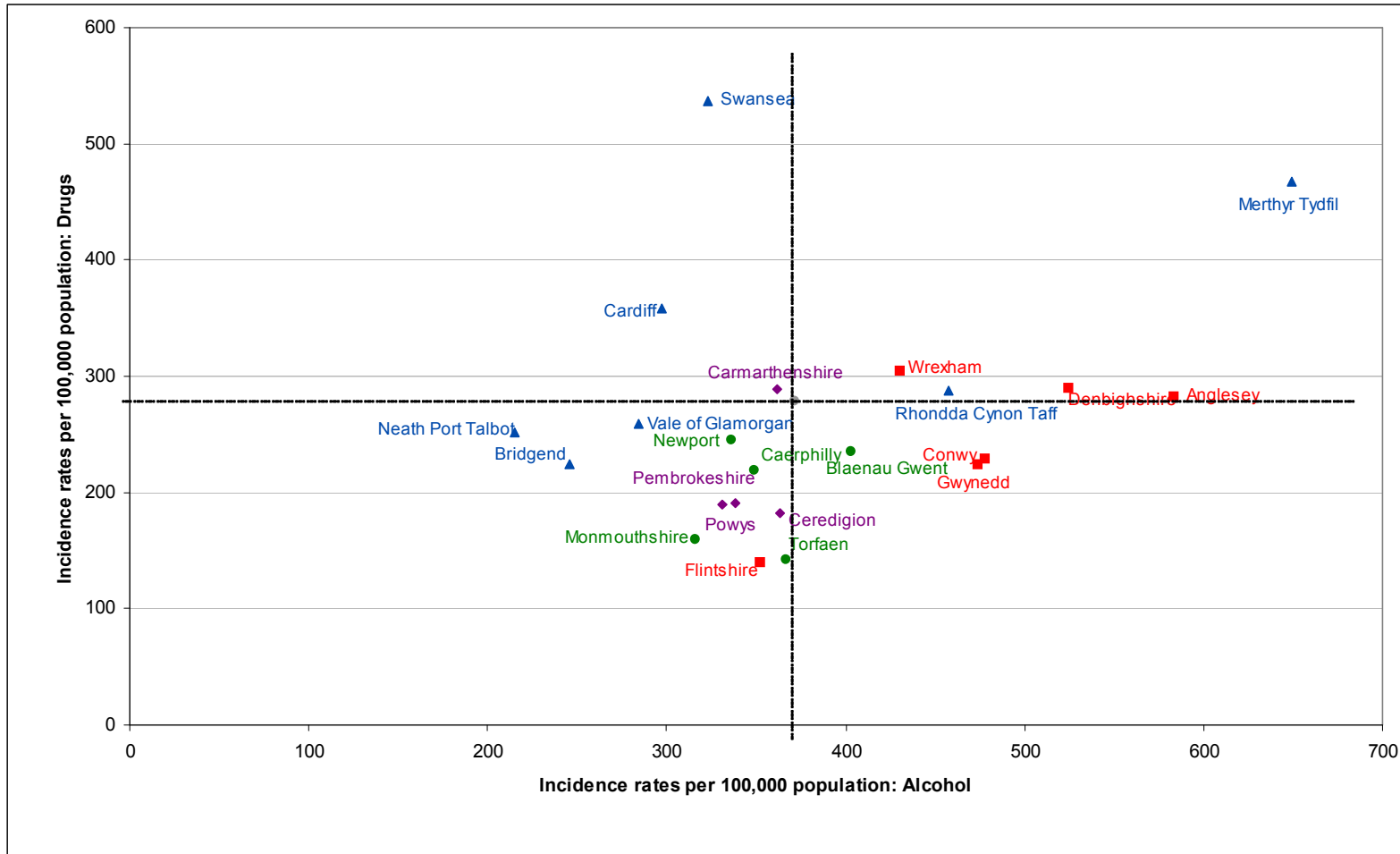
(g) Range from minimum where none of the "not reported" referrals are counted as alcohol to maximum where all of them are counted. If there are no "not reported" then there is no difference between the minimum and the maximum e.g. in Conwy and Neath Port Talbot.

Table 11b: Estimated incidence (a) rates per 100,000 population (b): main substance drugs

Area	Number of individuals referred			Estimated incidence rate (f)
	Minimum (c)	Preferred Option (d)	Maximum (e)	
Anglesey	185	194	208	282
Gwynedd	258	266	279	224
Conwy	255	255	255	229
Denbighshire	280	280	281	290
Flintshire	210	211	212	141
Wrexham	406	406	407	305
<i>North Wales</i>	<i>1,594</i>	<i>1,612</i>	<i>1,642</i>	<i>238</i>
Powys	234	250	273	189
Ceredigion	131	139	152	182
Pembrokeshire	204	225	256	191
Carmarthenshire	451	522	628	289
<i>Dyfed Powys</i>	<i>1,020</i>	<i>1,136</i>	<i>1,309</i>	<i>224</i>
Swansea	1,239	1,241	1,243	536
Neath Port Talbot	346	346	347	252
Bridgend	298	300	304	224
Vale of Glamorgan	314	324	338	260
Cardiff	1,181	1,203	1,235	358
Rhondda Cynon Taff	618	676	762	288
Merthyr Tydfil	245	260	282	467
<i>South Wales</i>	<i>4,241</i>	<i>4,350</i>	<i>4,511</i>	<i>347</i>
Caerphilly	314	378	474	219
Blaenau Gwent	137	162	199	236
Torfaen	122	129	139	142
Monmouthshire	123	141	168	160
Newport	310	344	396	245
<i>Gwent</i>	<i>1,006</i>	<i>1,154</i>	<i>1,376</i>	<i>206</i>
Outside Wales	97	97	98	.
Total	7,958	8,349	8,936	278

- (a) Number of individuals referred in the year per 100,000 population; See Annex 1 for methodology.
 (b) ONS 2009 mid year population estimates.
 (c) Assuming that referrals with no main substance reported are all "alcohol" referrals.
 (d) Assuming a 60/40 split in the no main substance reported between alcohol and drugs (preferred option).
 (e) Assuming that referrals with no main substance reported are all "drug" referrals.
 (f) Based on the preferred option of allocating referrals with no main problem substance.
 (g) Range from minimum where none of the "not reported" referrals are counted as alcohol to maximum where all of them are counted. If there are no "not reported" then there is no difference between the minimum and the maximum e.g. in Conwy.

Chart 3: Estimated incidence rates by Community Safety Partnership



Areas are coded according to region:

North Wales (square), Dyfed Powys (diamond), South Wales (triangle), Gwent (circle)

The dotted line represents the incidence per 100,000 population for Wales as a whole for drugs (278) and alcohol (371).

Table 12: Referrals received: 2006-07 to 2009-10

Main substance on referral (a)	Year of referral							
	2006-07		2007-08		2008-09		2009-10	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Alcohol	15,022	54.4%	15,935	54.8%	16,052	55.9%	14,545	53.7%
Heroin	6,036	21.8%	7,198	24.7%	6,160	21.4%	5,597	20.7%
Cannabis	1,636	5.9%	1,603	5.5%	1,865	6.5%	1,949	7.2%
Amphetamines	1,014	3.7%	919	3.2%	771	2.7%	732	2.7%
Cocaine	394	1.4%	563	1.9%	636	2.2%	716	2.6%
Crack Cocaine	143	0.5%	144	0.5%	150	0.5%	111	0.4%
Other Drugs	1,942	7.0%	1,987	6.8%	2,116	7.4%	2,111	7.8%
Not reported (a)	1,440	5.2%	749	2.6%	986	3.4%	1,306	4.8%
Total	27,627	100.0%	29,098	100.0%	28,736	100.0%	27,067	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) No main substance reported to the database; this does not imply that no substance was reported by individuals to treatment services.

Table 13: Assessments carried out: 2006-07 to 2009-10

Main substance on referral (a)	Year of assessment							
	2006-07		2007-08		2008-09		2009-10 (b)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Alcohol	11,844	59.9%	12,374	56.9%	12,368	57.4%	11,731	57.6%
Heroin	3,967	20.1%	5,367	24.7%	4,746	22.0%	4,257	20.9%
Cannabis	1,177	5.9%	1,159	5.3%	1,340	6.2%	1,405	6.9%
Amphetamines	664	3.4%	656	3.0%	539	2.5%	515	2.5%
Cocaine	247	1.2%	352	1.6%	423	2.0%	362	1.8%
Crack Cocaine	97	0.5%	98	0.5%	114	0.5%	65	0.3%
Other Drugs	1,440	7.3%	1,321	6.1%	1,601	7.4%	1,689	8.3%
Not reported (c)	347	1.8%	426	2.0%	408	1.9%	343	1.7%
Total	19,783	100.0%	21,753	100.0%	21,539	100.0%	20,367	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) For all referrals since April 2005.

(b) Excludes referrals for less structured treatment.

(c) No main substance reported to the database; this does not imply that no substance was reported by individuals to treatment services.

Table 14: Treatments commenced: 2006-07 to 2009-10

Main substance on referral (a)	Year of treatment							
	2006-07		2007-08		2008-09		2009-10 (b)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Alcohol	11,576	58.0%	11,667	56.3%	11,302	57.5%	8,475	56.1%
Heroin	4,197	21.0%	5,167	24.9%	4,391	22.3%	3,416	22.6%
Cannabis	1,299	6.5%	1,193	5.8%	1,213	6.2%	1,086	7.2%
Amphetamines	736	3.7%	659	3.2%	505	2.6%	362	2.4%
Cocaine	269	1.3%	376	1.8%	379	1.9%	291	1.9%
Crack Cocaine	112	0.6%	94	0.5%	109	0.6%	61	0.4%
Other Drugs	1,498	7.5%	1,285	6.2%	1,453	7.4%	1,229	8.1%
Not reported (c)	265	1.3%	271	1.3%	298	1.5%	176	1.2%
Total	19,952	100.0%	20,712	100.0%	19,650	100.0%	15,096	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) For all referrals since April 2005.

(b) Excludes referrals for less structured treatment.

(c) No main substance reported to the database; this does not imply that no substance was reported by individuals to treatment services.

Table 15: Case closures: 2006-07 to 2009-10

Main substance on referral (a)	Year of closure							
	2006-07		2007-08		2008-09		2009-10 (b)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Alcohol	10,683	53.4%	16,868	61.0%	14,128	56.7%	12,383	56.7%
Heroin	4,032	20.1%	5,575	20.2%	5,589	22.4%	4,339	19.9%
Cannabis	1,228	6.1%	1,583	5.7%	1,536	6.2%	1,582	7.2%
Amphetamines	743	3.7%	826	3.0%	701	2.8%	615	2.8%
Cocaine	293	1.5%	489	1.8%	518	2.1%	606	2.8%
Crack Cocaine	104	0.5%	138	0.5%	149	0.6%	85	0.4%
Other Drugs	1,235	6.2%	1,601	5.8%	1,675	6.7%	1,641	7.5%
Not reported (c)	1,701	8.5%	575	2.1%	603	2.4%	591	2.7%
Total	20,019	100.0%	27,655	100.0%	24,899	100.0%	21,842	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) For all referrals since April 2005.

(b) Excludes referrals for less structured treatment.

(c) No main substance reported to the database; this does not imply that no substance was reported by individuals to treatment services.

Table 16a: Reason for closure: 2006-07 to 2009-10: main substance alcohol

Closure reason (a)	Year of closure							
	2006-07		2007-08		2008-09		2009-10 (b)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Planned								
Treatment complete	4,315	40.4%	4,940	29.3%	5,312	37.6%	4,013	32.4%
Referral to other service	652	6.1%	815	4.8%	1,386	9.8%	888	7.2%
Unplanned								
Treatment withdrawn	140	1.3%	4,404 (c)	26.1%	273	1.9%	209	1.7%
Moved	256	2.4%	274	1.6%	282	2.0%	215	1.7%
Prison	129	1.2%	198	1.2%	248	1.8%	168	1.4%
Deceased	78	0.7%	138	0.8%	139	1.0%	113	0.9%
Inappropriate Referral	288	2.7%	544	3.2%	674	4.8%	1,697	13.7%
DNA								
Did not attend or respond to follow up contact	4,498	42.1%	4,904	29.1%	5,244	37.1%	4,717	38.1%
No information supplied	327	3.1%	651	3.9%	570	4.0%	366	3.0%
Total	10,683	100.0%	16,868	100.0%	14,128	100.0%	12,386	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) For all referrals since April 2005.

(b) Excludes referrals for less structured treatment.

(c) Figures artificially inflated by data cleansing exercise at two large agencies.

Table 16b: Reason for closure: 2006-07 to 2009-10: main substance drugs

Closure reason (a)	Year of closure							
	2006-07		2007-08		2008-09		2009-10 (b)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Planned								
Treatment complete	2,164	28.3%	2,973	29.1%	2,797	27.5%	1,979	22.3%
Referral to other service	1,237	16.2%	1,086	10.6%	1,232	12.1%	561	6.3%
Unplanned								
Treatment withdrawn	180	2.4%	668 (c)	6.5%	388	3.8%	290	3.3%
Moved	291	3.8%	472	4.6%	387	3.8%	371	4.2%
Prison	385	5.0%	667	6.5%	775	7.6%	857	9.7%
Deceased	29	0.4%	40	0.4%	51	0.5%	39	0.4%
Inappropriate Referral	315	4.1%	559	5.5%	731	7.2%	1,716	19.4%
DNA								
Did not attend or respond to follow up contact	2,708	35.5%	3,258	31.9%	3,449	33.9%	2,781	31.4%
No information supplied	326	4.3%	489	4.8%	358	3.5%	274	3.1%
Total	7,635	100.0%	10,212	100.0%	10,168	100.0%	8,868	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) For all referrals since April 2005.

(b) Excludes referrals for less structured treatment.

(c) Figures artificially inflated by data cleansing exercise at two large agencies.

Table 16c: Reason for closure: 2006-07 to 2009-10: all Substances (a)

Closure reason (b)	Year of closure							
	2006-07		2007-08		2008-09		2009-10 (c)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Planned								
Treatment complete	7,104	35.5%	7,980	28.9%	8,229	33.0%	6,079	27.8%
Referral to other service	2,128	10.6%	1,955	7.1%	2,696	10.8%	1,601	7.3%
Unplanned								
Treatment withdrawn	342	1.7%	5,082 (d)	18.4%	675	2.7%	509	2.3%
Moved	593	3.0%	759	2.7%	684	2.7%	618	2.8%
Prison	532	2.7%	872	3.2%	1,040	4.2%	1,037	4.7%
Deceased	121	0.6%	178	0.6%	194	0.8%	159	0.7%
Inappropriate Referral	823	4.1%	1,243	4.5%	1,525	6.1%	3,585	16.4%
DNA								
Did not attend or respond to follow up contact	7,321	36.6%	8,252	29.8%	8,822	35.4%	7,573	34.7%
No information supplied	1,055	5.3%	1,334	4.8%	1,034	4.2%	681	3.1%
Total	20,019	100.0%	27,655	100.0%	24,899	100.0%	21,842	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) Including cases where the primary substance is unreported.

(b) For all referrals since April 2005.

(c) Excludes referrals for less structured treatment.

(d) Figures artificially inflated by data cleansing exercise at two large agencies.

Table 17: Non-attenders: 2006-07 to 2009-10

Stage of non-attendance (a)	Year of closure							
	2006-07		2007-08		2008-09		2009-10 (b)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Between assessment and start of treatment	590	8.1%	848	10.3%	1,375	15.6%	2,401	31.7%
During treatment	6,731	91.9%	7,404	89.7%	7,447	84.4%	5,172	68.3%
Total	7,321	100.0%	8,252	100.0%	8,822	100.0%	7,573	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) For all referrals since April 2005.

(b) Excludes referrals for less structured treatment.

Table 18a: Time between referral and assessment: alcohol

Waiting times	Year of assessment							
	2006-07		2007-08		2008-09		2009-10 (a)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
< 10 working days	6,615	56.7%	6,645	55.1%	7,001	57.1%	7,238	61.8%
2-4 weeks	2,166	18.6%	2,144	17.8%	2,343	19.1%	1,898	16.2%
5-12 weeks	2,128	18.3%	2,095	17.4%	2,044	16.7%	1,913	16.3%
3-6 months	569	4.9%	640	5.3%	618	5.0%	425	3.6%
6-9 months	119	1.0%	178	1.5%	141	1.1%	157	1.3%
9-12 months	22	0.2%	113	0.9%	55	0.4%	58	0.5%
>12 months	40	0.3%	254	2.1%	64	0.5%	29	0.2%
Total	11,659	100.0%	12,069	100.0%	12,266	100.0%	11,718	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) Excludes referrals for less structured treatment.

Note: In addition, in each year there were a number of referrals for alcohol with no assessment date

Table 18b: Time between referral and assessment: drugs

Waiting times	Year of assessment							
	2006-07		2007-08		2008-09		2009-10 (a)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
< 10 working days	4,588	61.6%	4,903	56.0%	5,592	64.0%	5,789	69.9%
2-4 weeks	1,169	15.7%	1,130	12.9%	1,218	13.9%	1,010	12.2%
5-12 weeks	1,091	14.7%	1,187	13.6%	1,206	13.8%	893	10.8%
3-6 months	389	5.2%	575	6.6%	397	4.5%	266	3.2%
6-9 months	97	1.3%	377	4.3%	131	1.5%	127	1.5%
9-12 months	61	0.8%	168	1.9%	86	1.0%	92	1.1%
>12 months	52	0.7%	417	4.8%	103	1.2%	106	1.3%
Total	7,447	100.0%	8,757	100.0%	8,733	100.0%	8,283	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) Excludes referrals for less structured treatment.

Note: In addition, in each year there were a number of referrals for drugs with no assessment date

Table 18c: Time between referral and assessment: all substances (a)

Waiting times	Year of assessment							
	2006-07		2007-08		2008-09		2009-10 (b)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
< 10 working days	11,462	58.9%	11,737	55.3%	12,815	59.9%	13,201	64.9%
2-4 weeks	3,357	17.3%	3,306	15.6%	3,599	16.8%	2,945	14.5%
5-12 weeks	3,255	16.7%	3,330	15.7%	3,334	15.6%	2,872	14.1%
3-6 months	977	5.0%	1,240	5.8%	1,044	4.9%	712	3.5%
6-9 months	220	1.1%	580	2.7%	276	1.3%	291	1.4%
9-12 months	85	0.4%	293	1.4%	145	0.7%	160	0.8%
>12 months	94	0.5%	723	3.4%	178	0.8%	159	0.8%
Total	19,450	100.0%	21,209	100.0%	21,391	100.0%	20,340	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) Includes referrals where the main substance is unreported.

(b) Excludes referrals for less structured treatment.

Note: In addition, in each year there were a number of referrals with no assessment date

Table 19a: Time between assessment and treatment: alcohol

Waiting times	Year of treatment							
	2006-07		2007-08		2008-09		2009-10 (a)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
< 10 working days	9,981	95.7%	9,732	94.0%	9,638	91.2%	7,268	85.8%
2-4 weeks	171	1.6%	309	3.0%	391	3.7%	569	6.7%
5-12 weeks	179	1.7%	185	1.8%	321	3.0%	429	5.1%
3-6 months	66	0.6%	69	0.7%	134	1.3%	138	1.6%
6-9 months	18	0.2%	24	0.2%	38	0.4%	26	0.3%
9-12 months	11	0.1%	7	0.1%	11	0.1%	15	0.2%
>12 months	7	0.1%	24	0.2%	33	0.3%	21	0.2%
Total	10,433	100.0%	10,350	100.0%	10,566	100.0%	8,466	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) Excludes referrals for less structured treatment.

Note: In addition, in each year there were a number of referrals for alcohol with no assessment date

Table 19b: Time between assessment and treatment: drugs

Waiting times	Year of treatment							
	2006-07		2007-08		2008-09		2009-10 (a)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
< 10 working days	6,546	93.5%	6,855	90.9%	6,832	90.3%	5,727	89.2%
2-4 weeks	191	2.7%	378	5.0%	282	3.7%	307	4.8%
5-12 weeks	154	2.2%	149	2.0%	264	3.5%	263	4.1%
3-6 months	55	0.8%	88	1.2%	103	1.4%	76	1.2%
6-9 months	20	0.3%	31	0.4%	31	0.4%	20	0.3%
9-12 months	12	0.2%	9	0.1%	19	0.3%	6	0.1%
>12 months	22	0.3%	28	0.4%	39	0.5%	25	0.4%
Total	7,000	100.0%	7,538	100.0%	7,570	100.0%	6,424	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) Excludes referrals for less structured treatment.

Note: In addition, in each year there were a number of referrals for drugs with no assessment date

Table 19c: Time between assessment and treatment: all substances (a)

Waiting times	Year of treatment							
	2006-07		2007-08		2008-09		2009-10 (b)	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
< 10 working days	16,698	94.8%	16,789	92.6%	16,699	90.7%	13,144	87.3%
2-4 weeks	368	2.1%	714	3.9%	692	3.8%	882	5.9%
5-12 weeks	336	1.9%	336	1.9%	597	3.2%	701	4.7%
3-6 months	124	0.7%	159	0.9%	246	1.3%	220	1.5%
6-9 months	38	0.2%	55	0.3%	72	0.4%	48	0.3%
9-12 months	24	0.1%	16	0.1%	30	0.2%	22	0.1%
>12 months	29	0.2%	52	0.3%	72	0.4%	47	0.3%
Total	17,617	100.0%	18,121	100.0%	18,408	100.0%	15,064	100.0%

Source: WNDSM, NHS Wales Informatics Service

(a) Includes referrals where the main substance is unreported.

(b) Excludes referrals for less structured treatment.

Note: In addition, in each year there were a number of referrals with no assessment date

Table 20a: Clients referred and still awaiting assessment: alcohol

Waiting Times	Waiting as at 31.3.07	Waiting as at 31.3.08	Waiting as at 31.3.09	Waiting as at 31.3.10 (a)
< 10 working days	390	254	370	329
2-4 weeks	224	231	184	180
5-12 weeks	456	510	364	354
3-6 months	227	187	155	214
6-9 months	166	69	133	169
9-12 months	187	34	142	89
>12 months	391	112	175	512
Total	2,041	1,397	1,523	1,847

Source: WNDSM, NHS Wales Informatics Service

(a) Excludes referrals for less structured treatment.

Table 20b: Clients referred and still awaiting assessment: drugs

Waiting Times	Waiting as at 31.3.07	Waiting as at 31.3.08	Waiting as at 31.3.09	Waiting as at 31.3.10 (a)
< 10 working days	245	200	226	168
2-4 weeks	206	180	128	108
5-12 weeks	384	387	248	311
3-6 months	293	282	170	147
6-9 months	171	139	110	176
9-12 months	140	145	127	104
>12 months	292	303	515	731
Total	1,731	1,636	1,524	1,745

Source: WNDSM, NHS Wales Informatics Service

(a) Excludes referrals for less structured treatment.

Table 20c: Clients referred and still awaiting assessment: all substances (a)

Waiting Times	Waiting as at 31.3.07	Waiting as at 31.3.08	Waiting as at 31.3.09	Waiting as at 31.3.10 (b)
< 10 working days	652	463	654	542
2-4 weeks	447	421	347	352
5-12 weeks	896	918	661	767
3-6 months	577	491	372	474
6-9 months	367	233	260	472
9-12 months	340	228	326	252
>12 months	788	594	945	1,607
Total	4,067	3,348	3,565	4,466

Source: WNDSM, NHS Wales Informatics Service

(a) Includes referrals where the main substance is unreported.

(b) Excludes referrals for less structured treatment.

Table 21a: Clients assessed and still awaiting treatment: alcohol

Waiting Times	Waiting as at 31.3.07	Waiting as at 31.3.08	Waiting as at 31.3.09	Waiting as at 31.3.10 (a)
< 10 working days	77	48	118	132
2-4 weeks	69	102	67	81
5-12 weeks	218	160	210	229
3-6 months	163	146	108	143
6-9 months	60	38	51	105
9-12 months	47	20	44	51
>12 months	226	67	144	190
Total	860	581	742	931

Source: WNDSM, NHS Wales Informatics Service

(a) Excludes referrals for less structured treatment.

Table 21b: Clients assessed and still awaiting treatment: drugs

Waiting Times	Waiting as at 31.3.07	Waiting as at 31.3.08	Waiting as at 31.3.09	Waiting as at 31.3.10 (a)
< 10 working days	40	50	122	108
2-4 weeks	32	86	61	92
5-12 weeks	82	162	161	297
3-6 months	59	126	89	147
6-9 months	36	45	58	100
9-12 months	42	35	36	66
>12 months	56	91	159	244
Total	347	595	686	1,054

Source: WNDSM, NHS Wales Informatics Service

(a) Excludes referrals for less structured treatment.

Table 21c: Clients referred and still awaiting treatment: all substances (a)

Waiting Times	Waiting as at 31.3.07	Waiting as at 31.3.08	Waiting as at 31.3.09	Waiting as at 31.3.10 (b)
< 10 working days	125	102	254	252
2-4 weeks	106	195	131	179
5-12 weeks	316	335	388	539
3-6 months	242	286	219	303
6-9 months	134	92	130	213
9-12 months	122	70	108	142
>12 months	311	307	510	733
Total	1,356	1,387	1,740	2,361

Source: WNDSM, NHS Wales Informatics Service

(a) Includes referrals where the main substance is unreported.

(b) Excludes referrals for less structured treatment.

Part II. Additional evidence

5. Routinely collected data

5.1 Introduction

This chapter provides additional routinely available substance misuse related evidence currently in Wales. Evidence is drawn from a number of data sources including information from the Patient Episode Database Wales (PEDW), Office for National Statistics (ONS) information, Education, Drug Intervention Programme (DIP) and Home Office data. Chapter 6 aims to provide brief summaries of, and links to, other relevant documents and reports relating to substance misuse. Numbered references in the text are listed on page 62.

5.2 Executive Summary

- The number of exclusions from schools in Wales (both permanent and fixed term) resulting from substance misuse increased by 15.2 per cent from 2007-08 to 2008-09.
- There were a total of 493 alcohol related deaths in Wales in 2009 according to ONS, representing an 8.9 per cent increase from 2008.
- Over the five years 2005 to 2009 there has been an increase in alcohol related deaths of 31 per cent in males and 4.6 per cent in females in Wales.
- The number of hospital admissions with alcohol specific diagnosis has increased overall by 12.4 per cent over the last five years (2005 to 2009).
- There were 132 drug misuse related deaths in Wales in 2009. This represents an increase of 17.9 per cent (from 112 to 132 deaths) from the previous year. Over the last five years, the total number of drug related deaths have increased by 48.3 per cent.
- Of the total number of drug misuse related deaths in Wales 2009, 85 per cent occurred in Males.
- From 2005 to 2009, admissions for mental and behavioural disorders due to opioids have increased overall by 48.5 per cent (50 per cent in males and 46.5 per cent in females).
- Admissions for mental and behavioural disorders due to cocaine also increased by 82 per cent from over the period 2005 to 2008, but a decrease was recorded in 2009.
- For 2009-10, a total of 13,517 drugs offences were reported by police forces across Wales, representing a 1.4 per cent increase from 2007-08.
- There were 13,790 seizures of controlled drugs in Wales in 2008-09 which represents an increase of 5 per cent on the previous year.

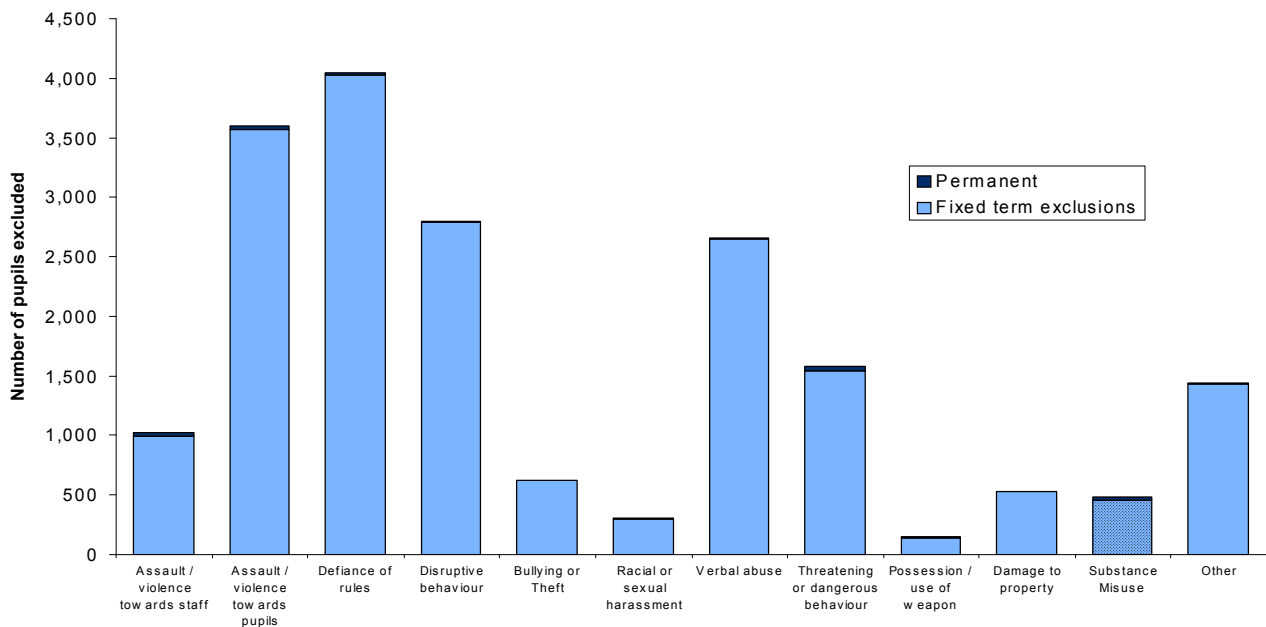
5.3 Education

In 2008-09, there were a total of 213 permanent exclusions, 17,433 fixed term exclusion of five days or less and 1,601 exclusions of 6 or more days in school children aged up to 16 years. ¹Substance misuse accounted for:

- 14.1 per cent (n=30) of the permanent exclusions, an increase on 2007/08 (n=25)
- 2.2 per cent (n=384) of the fixed term 5 days or less, and increase on 2007/08 (n=313) and,
- 4.3 per cent (n=70) of the fixed term exclusions of 6 or more days, a decrease from 2007/08 (n=82)

The number of exclusions from schools in Wales (both permanent and fixed term) specifically relating to substance misuse has increased by 14.1 per cent from 2006-07 to 2007-08 and by 15.2 per cent from 2007/08 to 2008/09.

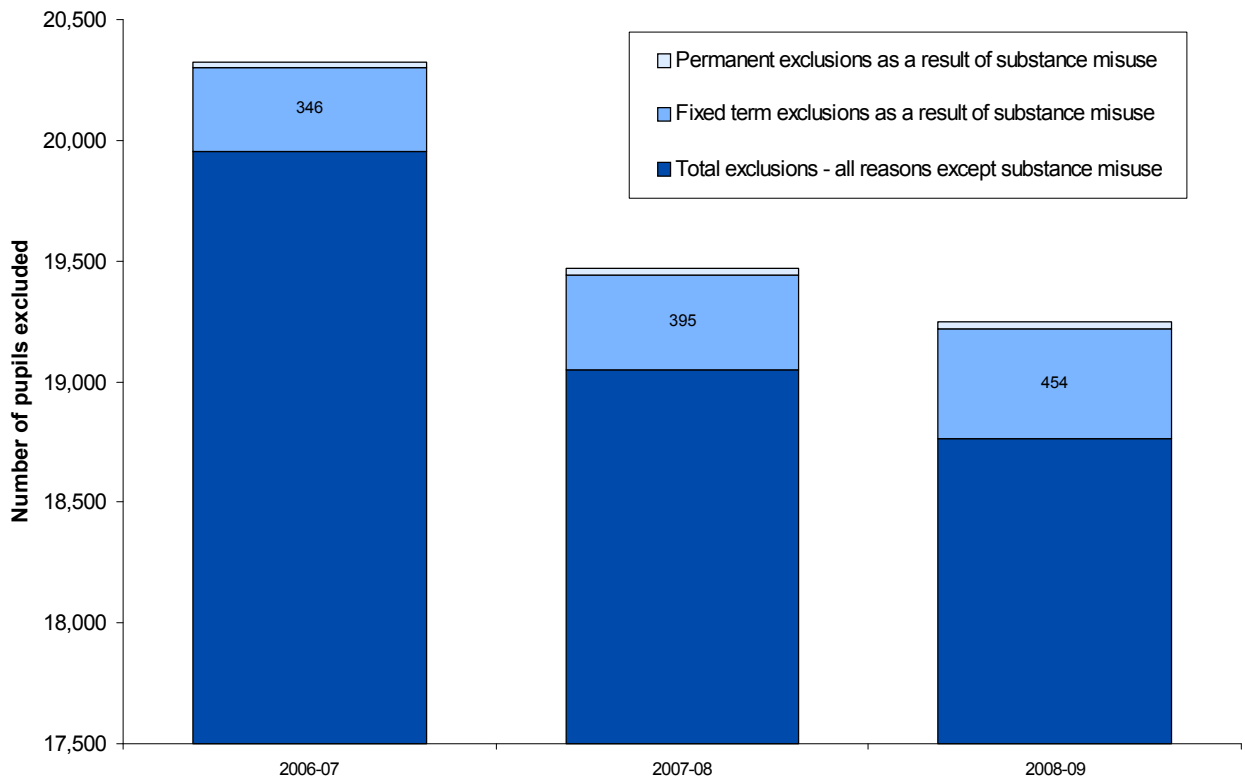
Chart 4: Pupils (aged up to 16) excluded (permanently or fixed term) from schools in Wales by reason for exclusion 2008/09



Source: Exclusions from Schools in Wales 2008-09 Statistical Directorate, Welsh Assembly Government

From 2007/08 to 2008/09, the total number of permanent exclusions (all reasons) decreased by 11.6 per cent, however, within this, the proportion permanently excluded due to substance misuse increased from 10.4 per cent in 2007/08 to 14.1 per cent in 2008/09. Similarly, the total number of fixed term exclusions (all reasons) decreased by 1 per cent, however, the proportion of fixed term exclusions due to substance misuse increased from 2 per cent in 2007/08 to 2.4 per cent in 2008/09 ^{1,2} as illustrated in Chart 5.

Chart 5: Pupils (aged up to 16) excluded (permanently or fixed term) due to substance misuse from schools in Wales 2006/07 to 2008/09



Source: Exclusions from Schools in Wales 2006-07, 2007-08 and 2008-09 Statistical Directorate, Welsh Assembly Government

5.4 Alcohol

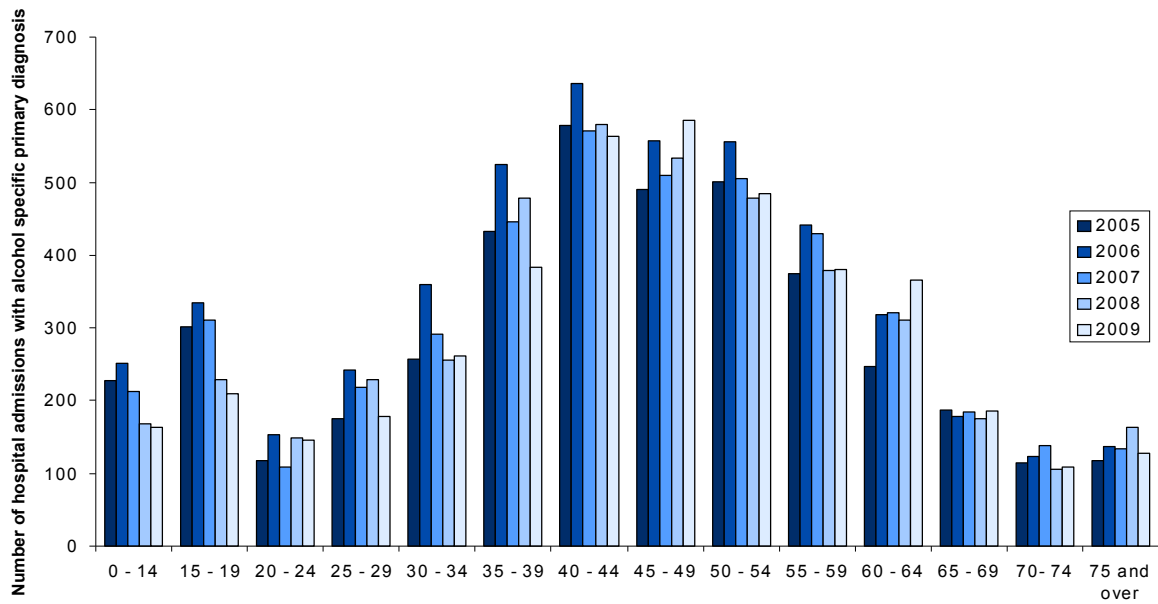
5.4.1 Alcohol specific* disease rates

There are a number of specific acute and chronic health problems associated with alcohol misuse. These include damage to the digestive system, mental and behavioural disorders, and liver damage including hepatitis and alcoholic cirrhosis of the liver. The patient episode database Wales (PEDW) provides information on hospital episodes within the general population in Wales. Following admission, a diagnosis of the condition to be treated is made which can be either 'primary' or 'any mention of'. When the alcohol specific diagnosis is the main condition to be treated this is considered 'primary' and where the alcohol specific diagnosis is one of the related conditions it is considered 'any mention of'.

Chart 6 indicates the total number of admissions to hospital with an alcohol specific primary diagnosis by age over the period 2005 to 2009. There has been a decrease in the number of admissions with primary alcohol specific diagnosis for females in the 0 to 14 years and for both males and females in the 15-19 year age bands however increases are observed in the 45-49 years (both male and female) and 60-64 years (males only). Overall the total number of primary alcohol specific diagnoses decreased by 2.1 per cent from 2008 to 2009 (6 per cent in females and 0.2 per cent in males).

* Please see page 63 for definition of 'alcohol specific admissions'

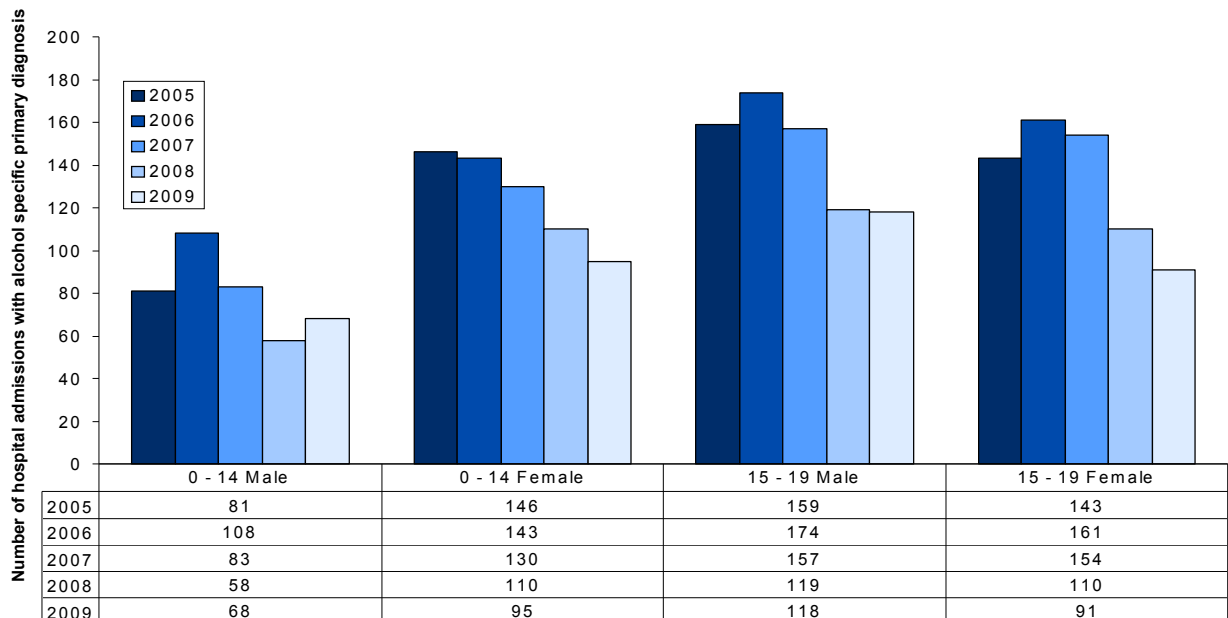
Chart 6: Hospital admissions with a primary alcohol specific diagnosis by age, 2005 to 2009



Source: PEDW – Patient Episode Database for Wales 2005 to 2009

Year on year consistently higher rates of alcohol specific hospital admissions are reported for females aged under 15 compared to the male cohort, as indicated in Chart 7, however, rates of primary alcohol specific admissions for all these groups have fallen in 2009, with the exception of males aged 0-14 years which have risen by 17 per cent, from 58 to 68 admissions.

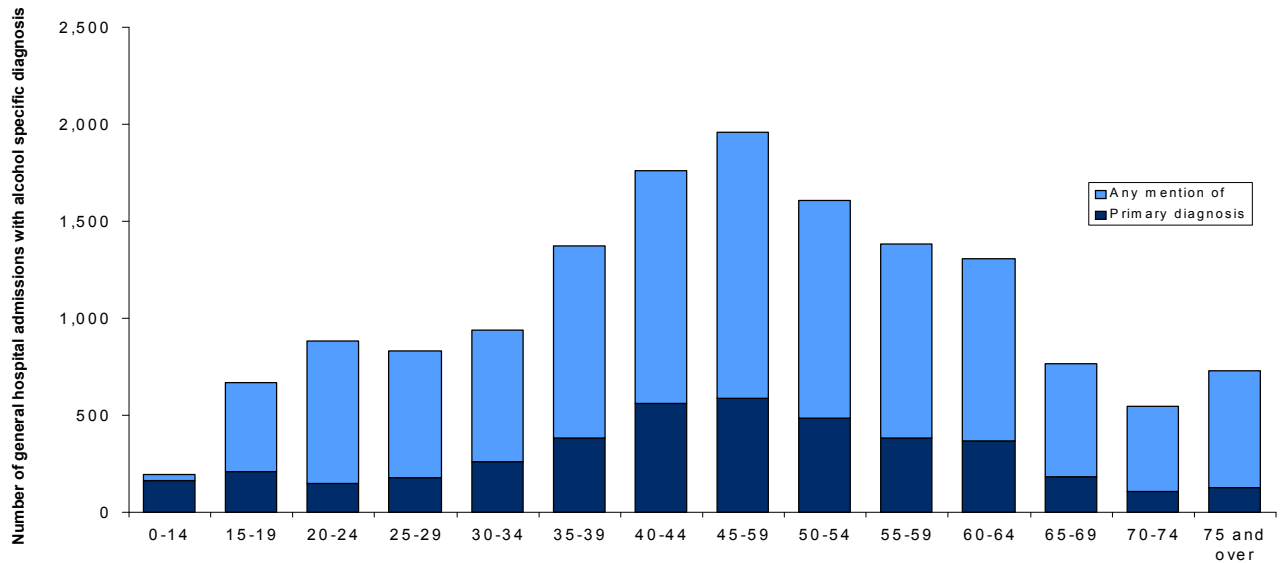
Chart 7: Hospital admissions with an alcohol specific primary diagnosis in males and females aged under 15 and 15-19 years 2005 to 2009



Source: PEDW – Patient Episode Database for Wales 2005 to 2009

The number of primary alcohol specific admissions represents a small proportion of the overall alcohol specific admissions as indicated in Chart 8.

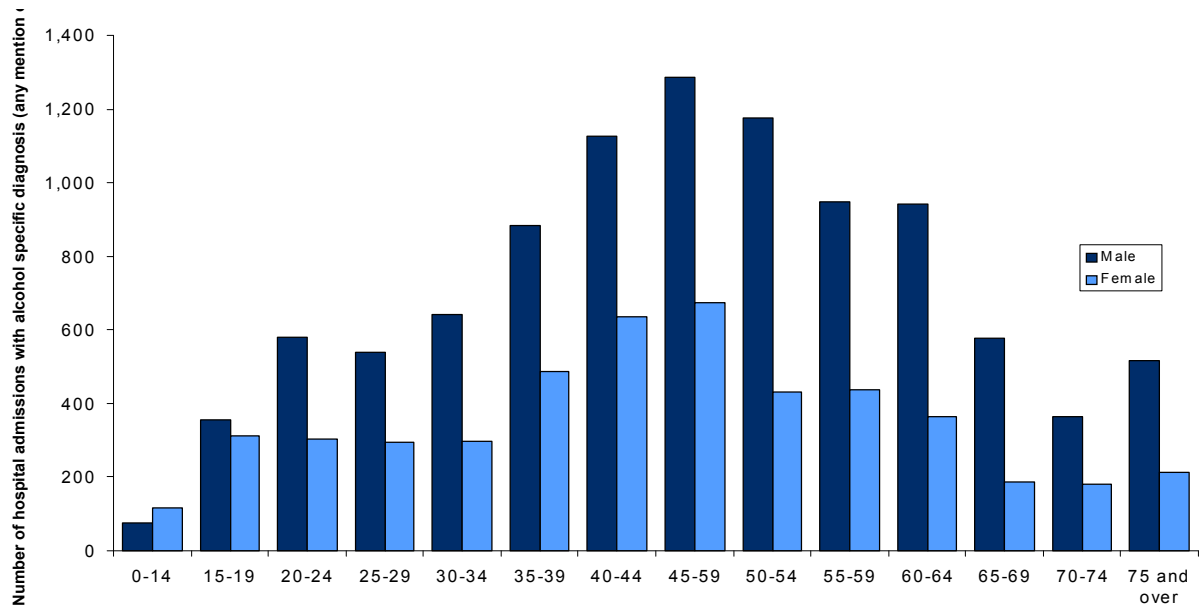
Chart 8: Hospital admissions with an alcohol specific diagnosis (primary and any mention of) by age in 2009



Source: PEDW – Patient Episode Database for Wales 2009

With the exception of those aged under 15 years, higher rates of admissions are seen in males. Chart 9 indicates the age and gender profile of alcohol specific admissions for 2009. The proportion of male to female admissions has remained relatively steady over the previous five years with around half the number of female admissions to male admissions.

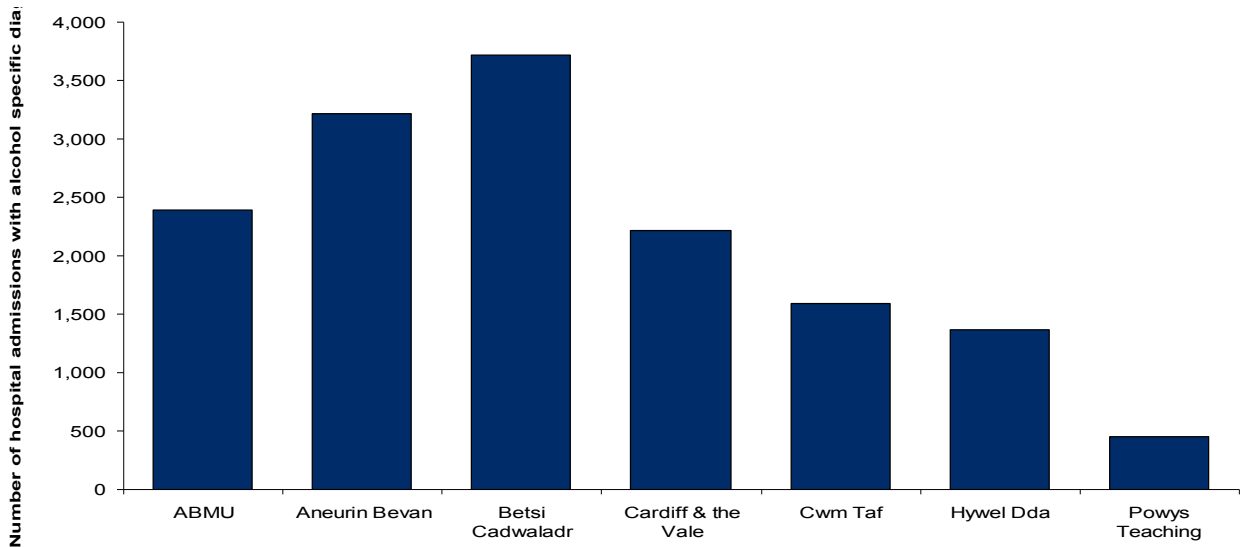
Chart 9: Hospital admissions with an alcohol specific diagnosis (any mention of) by age and gender 2009



Source: PEDW – Patient Episode Database for Wales 2009

Regional variation is apparent in the number of hospital admissions for alcohol specific diagnosis as indicated in Chart 10.

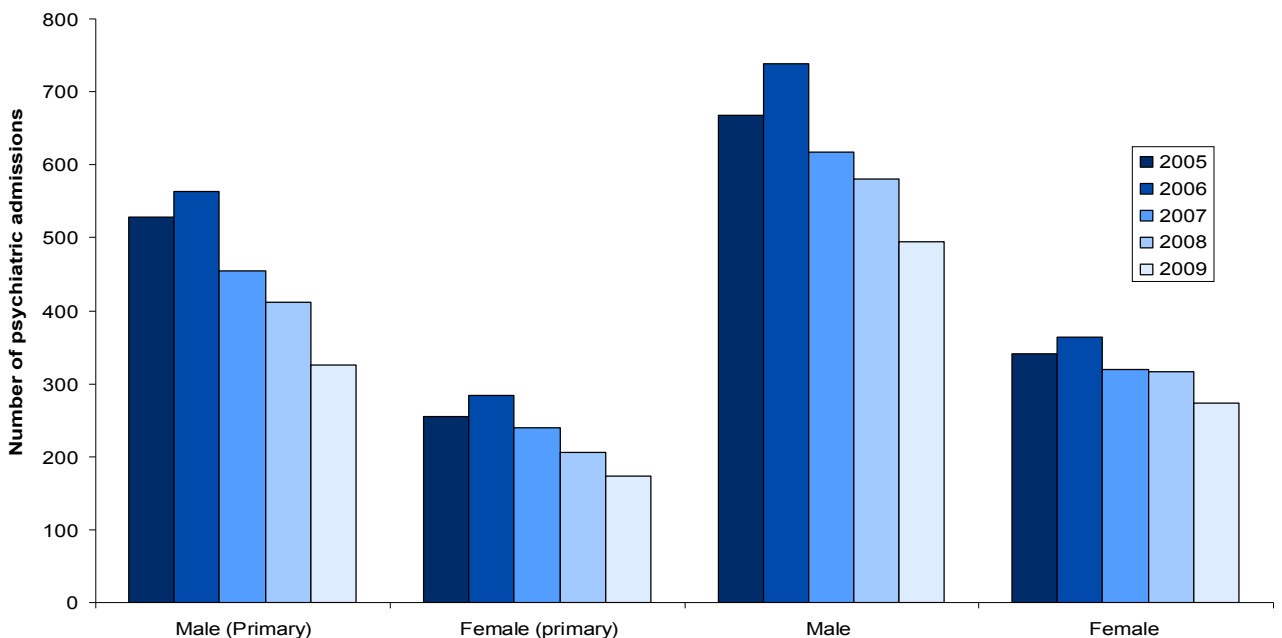
Chart 10: Hospital admissions with an alcohol specific diagnosis by Health Board of residence 2009



Source: PEDW – Patient Episode Database for Wales 2009

Admissions to psychiatric hospitals for patients with an alcohol specific diagnosis have dropped year on year over the previous 5 years (2005 to 2009) as shown in Chart 11

Chart 11: Psychiatric hospital admissions with an alcohol related diagnosis (any mention of) by gender 2005 to 2009

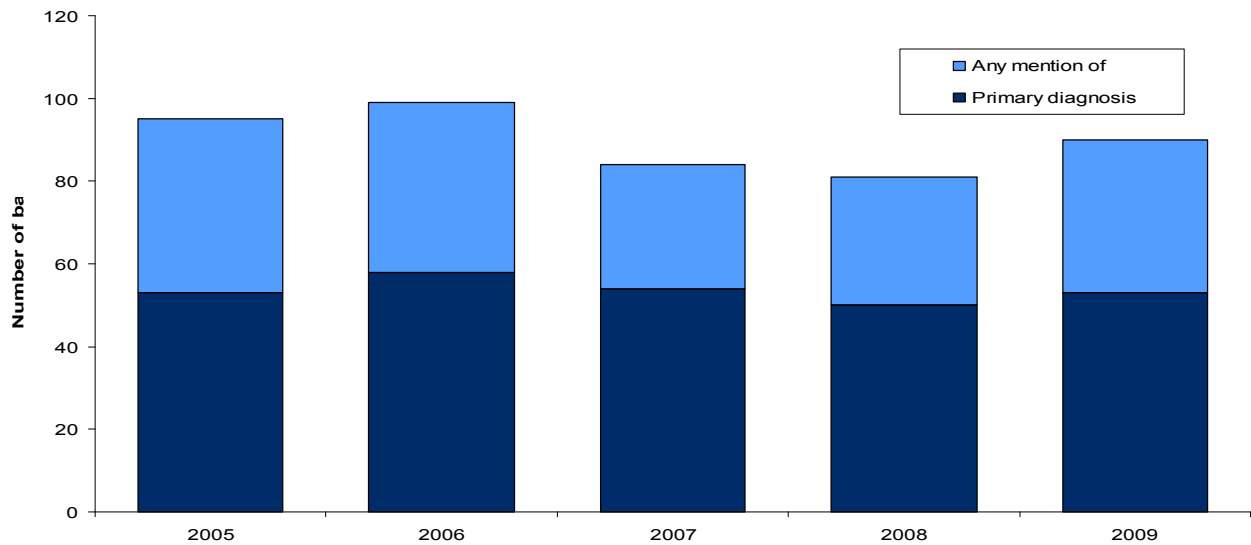


Source: PEDW – Patient Episode Database for Wales 2005 – 2009

5.4.2 Conditions originating in the perinatal period including foetal alcohol syndrome

The number of hospital admissions for babies born with conditions relating to maternal substance use including foetal alcohol syndrome in Wales increased by 10 per cent (n=9) in 2009 following a gradual decrease over the previous three years as indicated in Chart 12.

Chart 12: Hospital admissions for conditions originating in the perinatal period (P961 & Q86) (primary diagnoses and any mention of) for 2005 to 2009

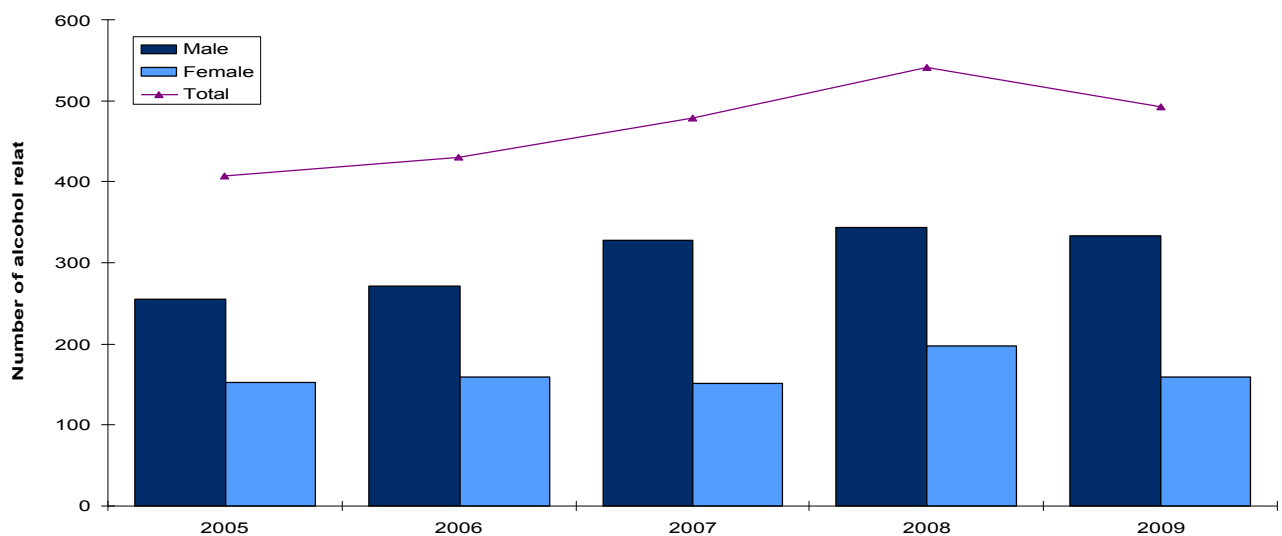


Source: PEDW – Patient Episode Database for Wales 2005 – 2009

5.4.3 Alcohol related deaths

In 2009, within Wales there was an overall decrease of 8.9 per cent in the number of alcohol related deaths in the last year (from 541 deaths in 2008 to 493 deaths in 2009). Over the last five years (2005 to 2009) there has been an increase in alcohol related deaths of 31 per cent in males and 4.6 per cent in females in Wales according to ONS data as indicated in Chart 13.

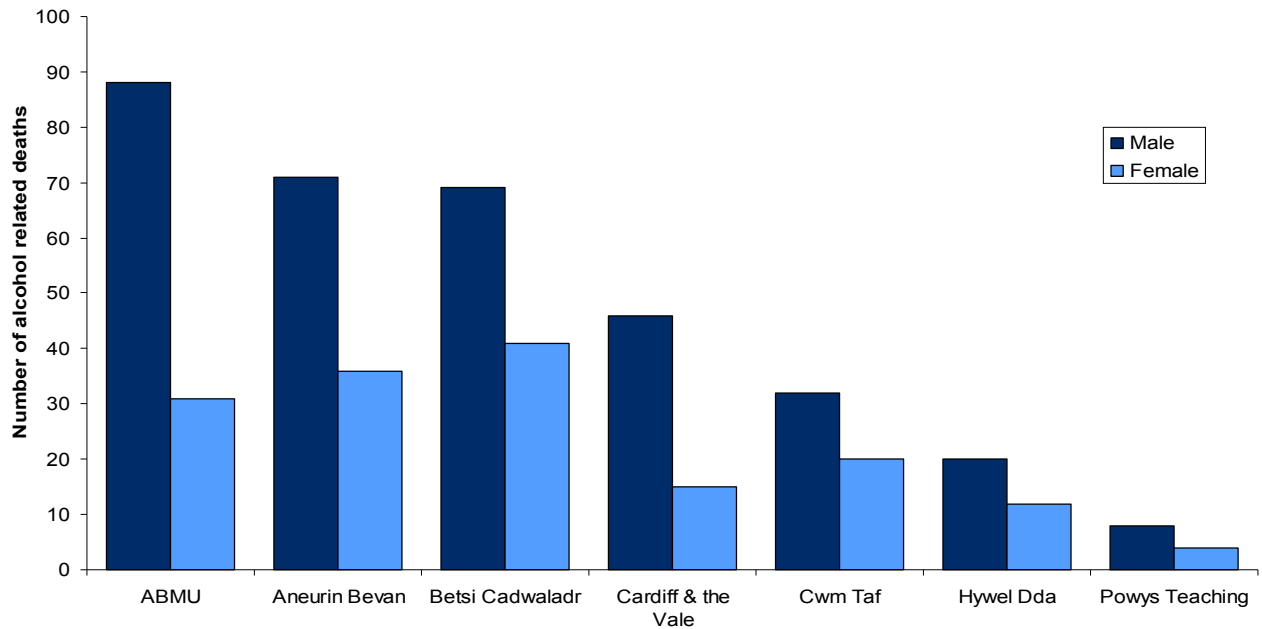
Chart 13: Alcohol related deaths in Wales by gender 2005 to 2009



Source: ONS, 2010

Across Wales, there is regional variation in relation to the proportion of overall alcohol related deaths recorded in 2009 with 24 per cent of alcohol related deaths within ABMU Health Board residents as indicated in Chart 14.

Chart 14: Alcohol related deaths in Wales by gender and Health Board in Wales 2005 to 2009



Source: ONS , 2010

Table 22 provides the number of alcohol related deaths and rate per 100,000 population by Health Board of residence. The highest rates per 100,000 population are seen in the Betsi Cadwalader area and the lowest in the Hywel Dda area.

Table 22: Alcohol related deaths by gender and area of residence 2009

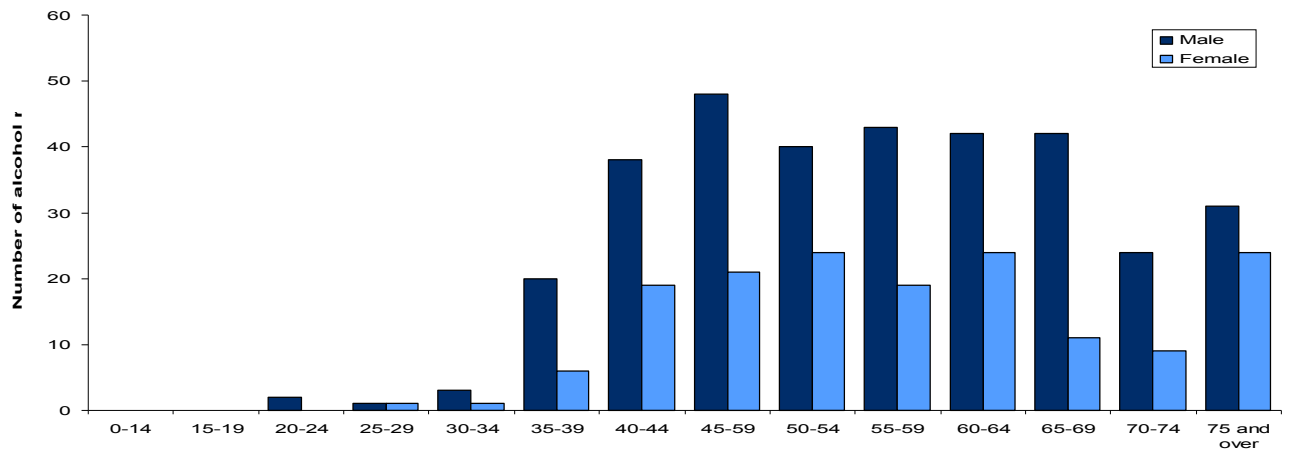
Health Board of residence	Number		Rate (a)	
	Male	Female	Male	Female
Abertawe Bro Morgannwg University	88	31	32.50	10.06
Aneurin Bevan	71	36	23.32	10.87
Betsi Cadwaladr	69	41	18.01	8.25
Cardiff & Vale University	46	15	21.66	5.87
Cwm Taf	32	20	20.57	12.07
Hywel Dda	20	12	8.56	4.45
Powys Teaching	8	4	8.14	4.29

Source: ONS, 2010

(a) European Standardised rate per 100,000 population. Based on rounded mid year population estimates 2009.

The age group with the largest proportion of alcohol related deaths in Wales (14 per cent) was ages 45-49 years. In males, alcohol related deaths were recorded in the under 25 year age groups. In total, the ratio of male to female alcohol related deaths is 2:1 (334:159), however, there is some variation within age groups as indicated in chart 15.

Chart 15: Alcohol related deaths in Wales by age group and gender 2009



Source: ONS , 2010

5.5 Drugs and injecting drug use

5.5.1 Prevalence estimate of problematic drug use in Wales 2006-07

Public Health Wales (PHW) has undertaken a capture-recapture study designed to provide an estimate of the prevalence of problematic drug use in Wales. Capture-recapture is a technique that is used with epidemiological studies of hard to reach populations e.g. problematic drug users. By comparing data from several independent overlapping samples, it is possible to adjust for missing cases (or individuals who are not represented on the existing datasets) and to generate estimates of prevalence.³

Problematic drug use in this context refers to injecting drug use or long duration or regular use of heroin, other opioids, cocaine and crack cocaine. Datasets were drawn from the Police Forces and Probation Services in Wales and the Welsh National Database for Substance Misuse Wales (including DIP referrals). The prevalence estimates are based on the 15 - 64 year old population of Wales.

The information outlined in the table below refers to the period 2006-07. It should be noted that an estimate of injecting drug use could not be provided as this information is not routinely recorded within the datasets used.

It is important to note that substantial data quality issues existed in the data sets utilised and, as a consequence, it is recommended by the authors that the range between the 'lower confidence interval (CI)' figure and the 'total' figure be used for planning purposes.

Work is ongoing by PHW to provide a prevalence estimate of problematic and injecting drug use in Wales for the period 2008-09 and 2009-10 which should be available in 2010 to 2012.

Table 23: Estimate of problem drug use 2006-07

Health Board	Observed	Assumed	Total (lower CI - upper CI)	Population	Rate per 1,000	Profile of primary drug type - rate per 1,000 population	
						Stimulant	Opioid
Abertawe Bro Morgannwg University							
Males 15-29	601	1,320	1,921 (1,295-3,110)	48,900	39.3 (26.5-63.6)	7.9 (5.3-12.8)	31.4 (21.2-50.8)
Males 30-64	471	1,567	2,038 (1,246-3,638)	111,412	18.3 (11.2-32.6)	1.6 (1.0-2.9)	16.7 (10.2-29.7)
Females 15-29	241	427	668 (442-1,144)	46,300	14.4 (9.5-24.7)	1.2 (0.8-2.1)	13.2 (8.7-22.6)
Females 30-64	130	480	610 (326-1,309)	116,434	5.2 (2.8-11.2)	0.2 (0.1-0.4)	5.0 (2.7-10.7)
Total	1,443	3,794	5,237 (3,309-9,201)	323,046	16.2 (10.2-28.5)		
Aneurin Bevan							
Males 15-29	437	949	1,386 (915-2,320)	51,045	27.1 (17.9-45.5)	6.6 (4.4-11.1)	20.5 (13.5-34.4)
Males 30-64	383	526	909 (654-1,403)	127,924	7.1 (5.1-10.9)	1.1 (0.8-1.7)	6.0 (4.3-9.2)
Females 15-29	109	71	180 (147-239)	49,881	3.6 (2.9-4.8)	0.5 (0.4-0.6)	3.1 (2.5-4.2)
Females 30-64	89	165	254 (122-901)	132,600	1.9 (0.9-6.8)	0.1 (0.1-0.4)	1.8 (0.9-6.4)
Total	1,018	1,711	2,729 (1,838-4,863)	361,450	7.6 (5.1-13.4)		
Betsi Cadwaladr University							
Males 15-29	386	2,393	2,779 (1,749-4,588)	60,351	46.0 (29.0-76.0)	15.3 (9.6-25.2)	30.6 (19.3-50.6)
Males 30-64	590	1,720	2,310 (1,744-3,152)	153,926	15.0 (11.3-20.5)	1.7 (1.3-2.3)	13.3 (10.0-18.1)
Females 15-29	111	447	558 (279-1,295)	56,588	9.9 (4.9-22.0)	0.9 (0.4-2.0)	9.0 (4.5-20.0)
Females 30-64	164	544	708 (399-1,426)	160,230	4.4 (2.5-8.9)	0.3 (0.2-0.7)	4.1 (2.3-8.2)
Total	1,251	5,104	6,355 (4,171-10,461)	431,095	14.7 (9.7-24.3)		
Cardiff and Vale University							
Males 15-29	548	1,473	2,021 (1,487-2,860)	53,170	38.0 (28.0-53.8)	11.7 (8.6-16.5)	26.1 (19.3-37.0)
Males 30-64	486	868	1,354 (1,095-1,724)	93,488	14.5 (11.7-18.4)	3.0 (2.4-3.8)	11.4 (9.2-14.5)
Females 15-29	146	479	625 (339-1,336)	53,831	11.6 (6.3-24.8)	2.5 (1.4-5.4)	9.1 (4.9-19.4)
Females 30-64	141	288	429 (294-680)	97,109	4.4 (3.0-7.0)	0.4 (0.3-0.6)	4.0 (2.7-6.3)
Total	1,321	3,108	4,429 (3,215-6,600)	297,598	14.9 (10.8-22.2)		

Table 23 (continued): Estimate of problem drug use 2006-07

Health Board	Observed	Assumed	Total (lower CI - upper CI)	Population	Rate per 1,000	Profile of primary drug type - rate per 1,000 population	
						Stimulant	Opioid
Cwm Taf							
Males 15-29	308	411	719 (573-945)	28,548	25.2 (20.1-33.1)	4.4 (3.5-5.8)	20.8 (16.6-27.3)
Males 30-64	301	595	896 (544-1,756)	64,992	13.8 (8.4-27.0)	0.8 (0.5-1.6)	13.0 (7.9-25.4)
Females 15-29	142	296	438 (297-711)	28,088	15.6 (10.6-25.3)	1.3 (0.9-2.1)	14.3 (9.7-23.2)
Females 30-64	75	120	195 (112-463)	67,956	2.9 (1.6-6.8)	0.1 (0.1-0.3)	2.8 (1.5-6.5)
Total	826	1,422	2,248 (1,526-3,875)	189,584	11.9 (8.0-20.4)		
Hwyel Dda							
Males 15-29	167	217	384 (259-682)	33,096	11.6 (7.8-20.6)	2.9 (2.0-5.2)	8.7 (5.8-15.4)
Males 30-64	227	177	404 (337-510)	82,540	4.9 (4.1-6.2)	0.9 (0.7-1.1)	4.0 (3.4-5.1)
Females 15-29	78	157	235 (129-567)	32,452	7.2 (4.0-17.5)	0.6 (0.3-1.3)	6.6 (3.7-16.2)
Females 30-64	46	48	94 (64-177)	87,660	1.1 (0.7-2.0)	0.2 (0.1-0.3)	0.9 (0.6-1.7)
Total	518	599	1,117 (789-1,936)	235,748	4.7 (3.3-8.2)		
Powys Teaching							
Males 15-29	69	90	159 (135-186)	10,094	15.8 (13.4-18.4)	4.8 (4.1-5.6)	11.0 (9.3-12.8)
Males 30-64	63	49	112 (92-135)	30,900	3.6 (3.0-4.4)	0.7 (0.6-0.8)	2.9 (2.4-3.6)
Females 15-29	25	50	75 (59-94)	8,868	8.5 (6.7-10.6)	1.0 (0.8-1.3)	7.5 (5.9-9.3)
Females 30-64	17	18	35 (24-49)	31,824	1.1 (0.8-1.5)	0.1 (0.0-0.1)	1.0 (0.8-1.4)
Total	174	207	381 (344-421)	81,686	4.7 (4.2-5.2)		

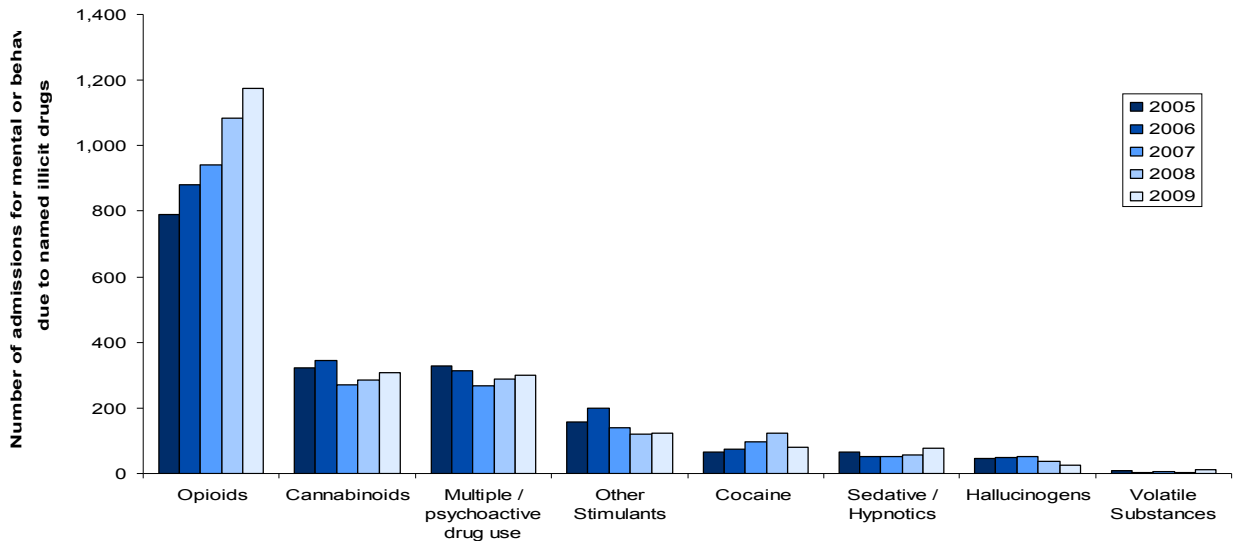
Notes: Authors: Josie Smith & Dr Simon Cottrell (Public Health Wales) & Dr Matthew Hickman (Bristol University)

- 1 It was not possible to report a separate estimate of injecting drug use as this variable was not routinely recorded within the datasets.
- 2 A number of duplicate entries (indicators transposed) were identified following analysis of the WNDSM database for this period, identifying a need for greater stringency in the reporting process.
- 3 Some of the underlying assumptions of the model may have been violated leading to biased results – e.g. different case definitions between the data sources.
- 4 In terms of interpretation, advice from the Lead Statistician is that for planning purposes, the range between the lowest confidence interval and the ‘total’ figure indicated may lead to be a better estimation of actual need.
- 5 The lack of overlap between data sets for particular areas in Wales impacted on the application of best fitting models to assess the estimate of the unobserved population of problematic drug users (those not represented on the databases from police, probation or treatment services). As indicated in the table above, the models were particularly poor fitting for males and females 15 – 29 years in the BCU Health Board area and males 15 – 29 years in ABMU area.
- 6 The models utilised for Powys were drawn from those best fitting models utilised in Hwyel Dda (as a comparable area) as the observed numbers in Powys were too small for application of their own.

5.5.2 Drug related admission rates

Hospital admissions for illicit drug use may include a range of diagnoses including mental and behavioural disorders resulting from named drug use or by poisonings with named illicit drugs. Chart 16 indicates a steady increase in the number of admissions for mental and behavioural disorders due to opioids year on year. A more recent rise in admissions due to cannabinoids, multiple/psychoactive and sedatives/hypnotics drug use (2007 to 2009) is observed, however, these rates do not reach those recorded in 2005 and 2006. In 2009, there was a decrease in rates of admissions due to cocaine and hallucinogens.

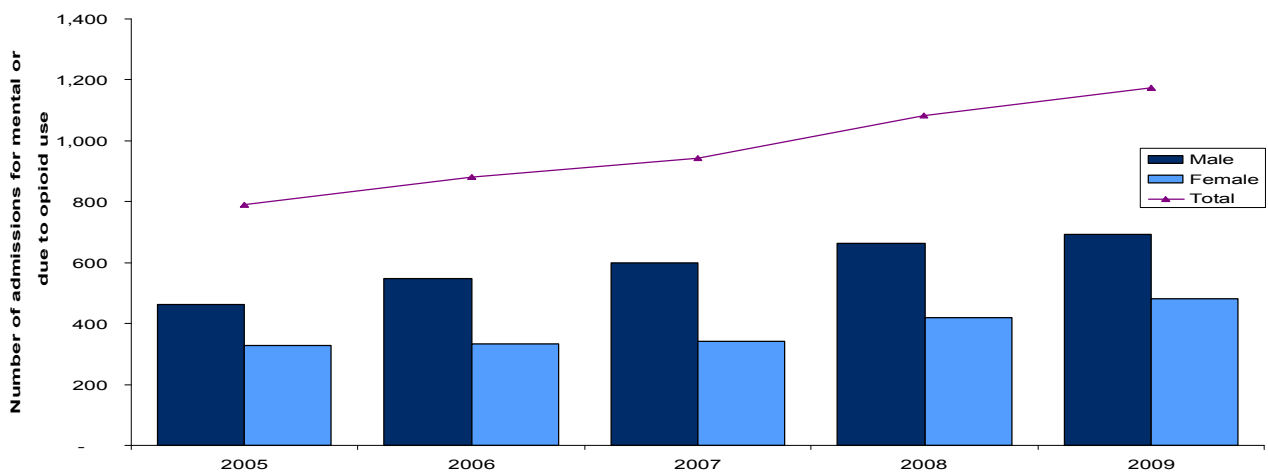
Chart 16: Hospital admissions for mental or behavioural disorders due to named illicit drugs 2005 to 2009 (any mention of)



Source: PEDW – Patient Episode Database for Wales 2005 – 2009

From 2005 – 2009, admissions for mental and behavioural disorders due to opioids have increased overall by 48.5 per cent (50 per cent in males and 46.5 per cent in females) as indicated in Chart 17.

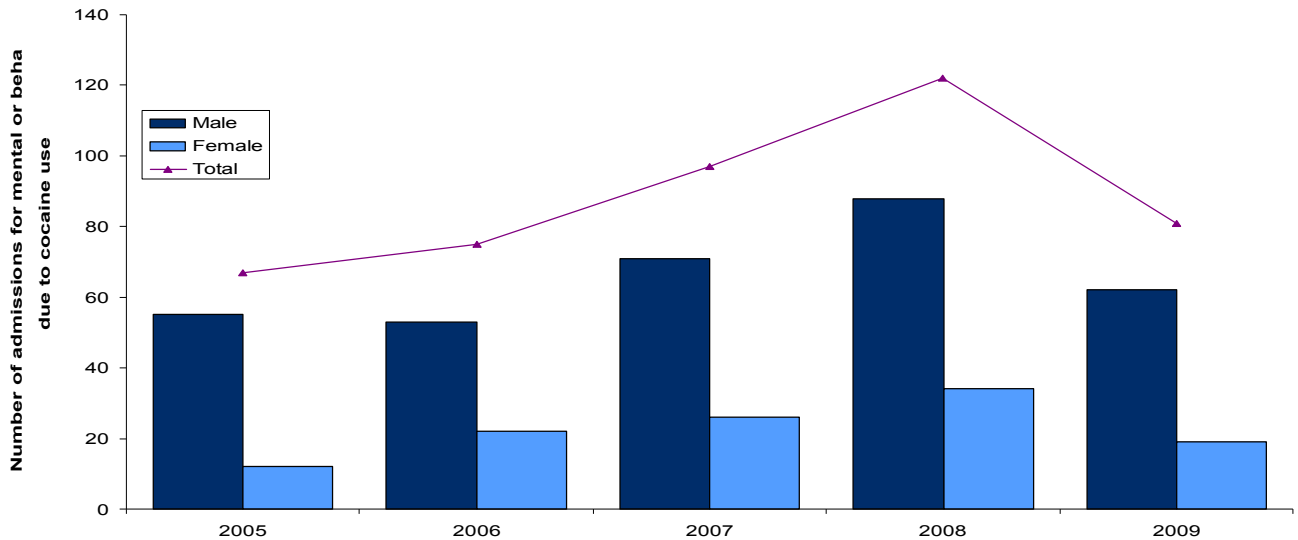
Chart 17: Hospital admissions for mental or behavioural disorders due to opioid use 2005 to 2009 (any mention of)



Source: PEDW – Patient Episode Database for Wales 2005 – 2009

Admissions for mental and behavioural disorders due to cocaine increased by 82 per cent over the period 2005 to 2008, but a decrease was seen in 2009 (from 122 in 2008 to 81 in 2009) as indicated in Chart 18.

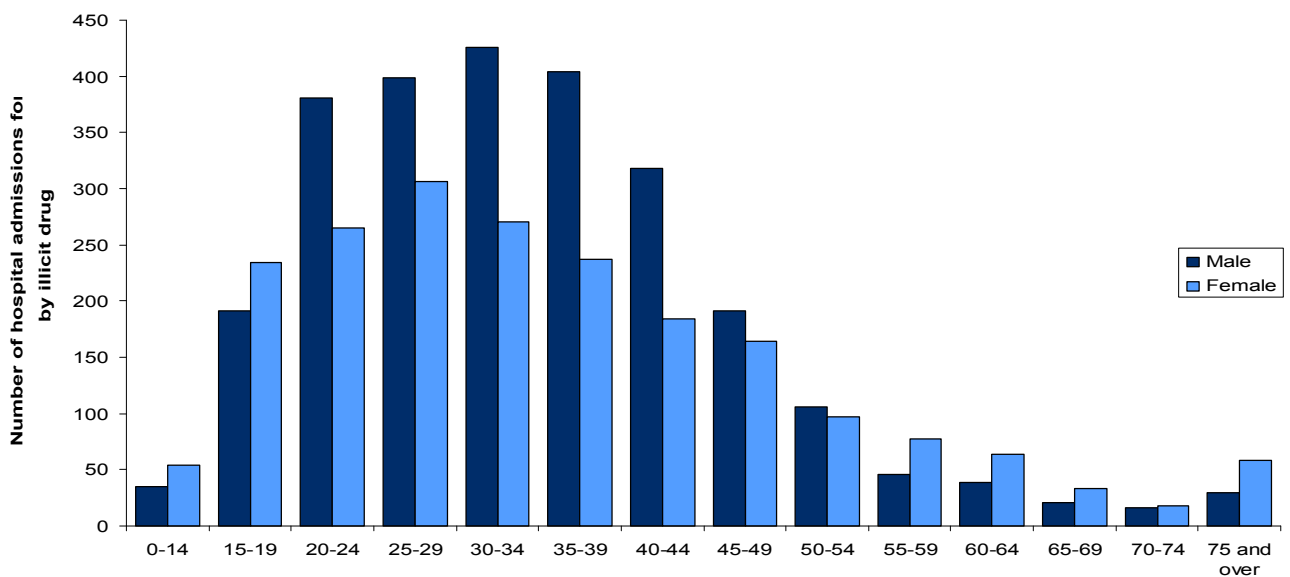
Chart 18: Hospital admissions for mental or behavioural disorders due to cocaine use 2005 to 2009



Source: PEDW – Patient Episode Database for Wales 2005 – 2009

Admissions for poisonings with drugs includes overdose with narcotics (opium, heroin, other opioids, cocaine), psychodysleptics (hallucinogens), antiepileptics, sedative-hypnotics (including benzodiazepines) and psychotropic drugs not elsewhere mentioned. As indicated in Chart 19, overall the highest number of admissions were seen in the 25-29 age group but admissions remain elevated in the 20-24, 30-34 and 35-39 age groups.

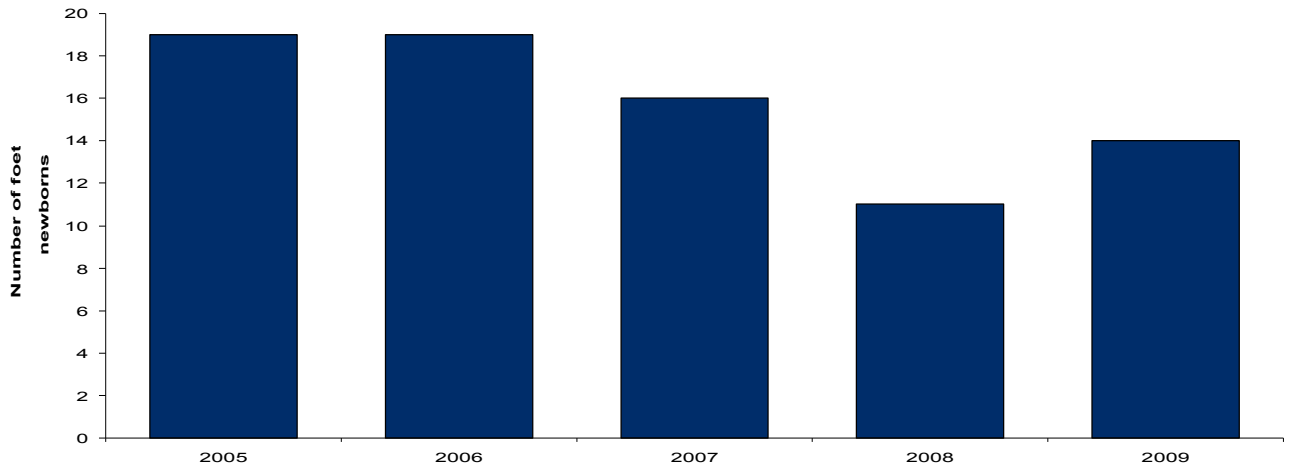
Chart 19: Hospital admissions for poisoning with drugs by age and gender 2009



Source: PEDW – Patient Episode Database for Wales 2009

The number of fetuses and newborns affected by maternal use of drugs of addiction decreased over the period 2005 to 2008, however, there was a slight increase in the number of cases in 2009 as indicated in Chart 20.

Chart 20: Foetus and newborn affected by maternal use of drugs of addiction in Wales 2005 to 2009

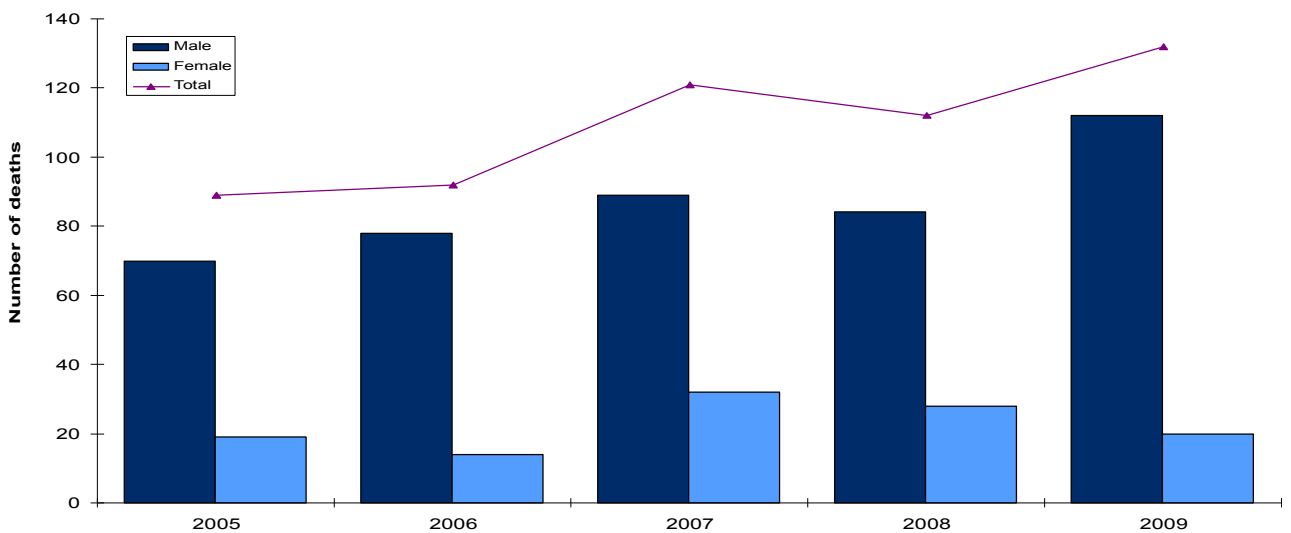


Source: PEDW – Patient Episode Database for Wales 2005 - 2009

5.5.3. Drug misuse related deaths

There were a total of 1,876 deaths related to drug misuse in England and Wales in 2009 (1,512 male and 364 female) representing a decrease of 3.2 per cent on the previous year. In Wales, the number of deaths has increased overall from a total of 112 in 2008 to 132 in 2009 as indicated in Chart 21. Over the last 5 years deaths related to drug misuse in Wales have increased in males with the exception of a slight decrease in 2008. The picture for deaths in females is more complex with figures showing a decrease over the past three years.

Chart 21: Deaths related to drug misuse in Wales by gender 2005 to 2009

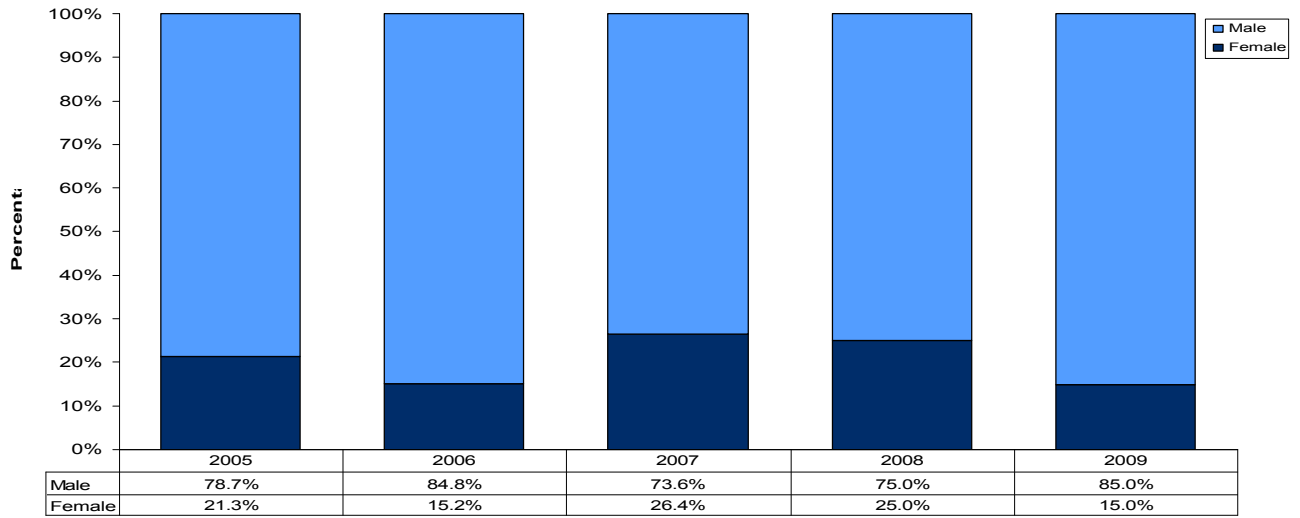


Source: ONS, 2010

Note: Figures relate to deaths to Welsh Residents registered in each calendar year.

There have been increases in the proportion of drug misuse related deaths in males in the last year with male deaths accounting for 75 per cent in 2008 and 85 per cent in 2009 as indicated in Chart 22.

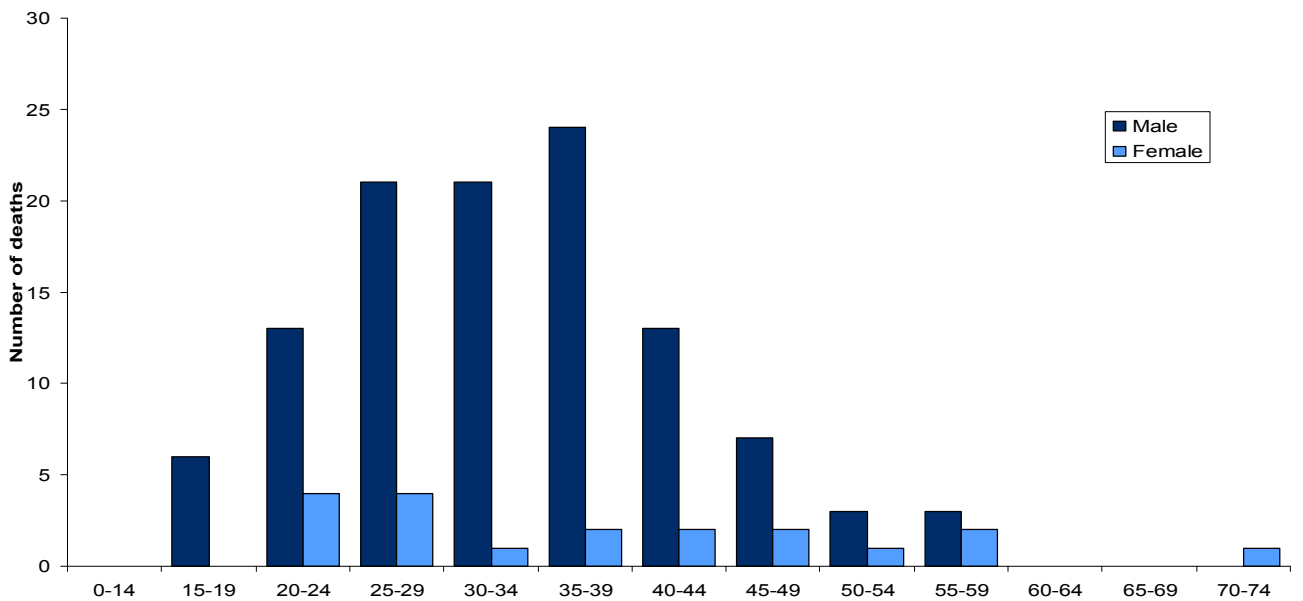
Chart 22: Proportion of male to female deaths related to drug misuse 2005 to 2009



Source: ONS 2010

For males, the majority of drug misuse related deaths in Wales in 2009 occurred in the 35-39 year age group and for females in the 20-24 and 25-29 year age groups as indicated in chart 23.

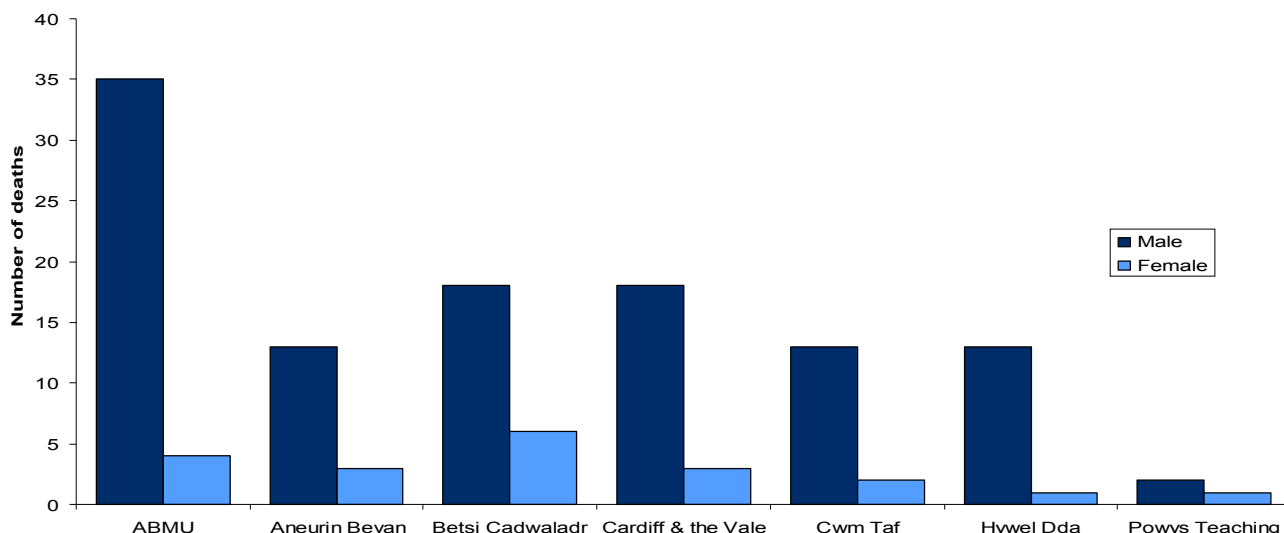
Chart 23: Drug misuse related deaths in Wales by age and gender 2009



Source: ONS 2010

Within the overall drug misuse related death data for 2009, there is marked regional variation with 31 per cent of all deaths in males recorded within the Abertawe Bro Morgannwg University Health Board area as indicated in Chart 24.

Chart 24: Drug misuse related deaths in Wales by gender and Health Board 2009



Source: ONS 2010

Table 24 provides the number of drug related deaths and rate per 100,000 population by Health Board of residence. The highest rates per 100,000 population are seen in the Abertawe Bro Morgannwg University area and the lowest in the Powys area.

Table 24: Drug related deaths by gender and area of residence 2009

Health Board of residence	Number		Rate (a)	
	Male	Female	Male	Female
Abertawe Bro Morgannwg University	35	4	15.34	1.66
Aneurin Bevan	13	3	5.39	1.23
Betsi Cadwaladr	18	6	6.09	1.76
Cardiff & Vale University	18	3	7.93	1.26
Cwm Taf	13	2	9.98	1.44
Hywel Dda	13	1	9.91	0.62
Powys Teaching	2	1	3.78	1.79

Source: ONS, 2010

(a) European Standardised Rate per 100,000 population. Based on rounded mid year population estimates 2009.

5.5.4 Injecting drug use: Risk behaviour, bacterial infections and blood borne viruses

In relation to the risks associated with injecting drug use, the practice of sharing injecting equipment, both direct (the sharing of needles and syringes) and indirect (the sharing of other injecting related equipment including spoons/cookers, filters, water) have a clear impact on rates of injecting related infections.⁴ These infections may include bacterial infections as a result of with poor hygiene, poor injecting technique, or contamination of drugs injected and include:

- Staphylococcus aureus infections (including MSSA, MRSA)
- Group A streptococcal infections
- Clostridial infections including wound botulism, tetanus
- Blood borne viral infections:

- hepatitis B
- hepatitis C
- HIV

Risk behaviour

Direct sharing (the sharing of used needles and syringes) - According to the Unlinked Anonymous Prevalence Monitoring Programme (UAPMP) 2008 survey,⁴ direct sharing in the previous four weeks was reported by 20 per cent (48 of 241) of current injecting drug user (IDUs) respondents in Wales when combining 2007 and 2008 data, representing an increase of 1 per cent on the previous year. The UAPMP also found that direct sharing in the previous four weeks was associated with;

- Injecting crack-cocaine
- Injecting cocaine
- Injecting amphetamine
- Having been homeless in the previous year

Indirect sharing (sharing injecting related equipment e.g. cookers, filters, water) - In 2008, substantial levels of indirect sharing were reported with 38 per cent (94 of 248) of current IDU respondents in Wales reported sharing injecting equipment in the previous four weeks. The most commonly shared items reported were spoons/cookers with sharing reported by 31 per cent of respondents.⁴

Risks of injecting site infection

Bacterial infections at injecting sites may result in symptoms including abscesses and sore or open wounds. The UAPMP survey indicates that 31 per cent of respondents reported experiencing symptoms of injecting site infections in the previous year (654 of 2,138) in 2008 and reported rates of infection were associated with having been homeless in the previous year.⁴

Injecting site infections were also associated with site of injection and type of drug injected:

Compared to those that had not injected into the following sites, higher rates of infection were reported in those who had injected in their hands, legs and/or feet.

Higher infection symptom rates were also reported in those injecting crack-cocaine and cocaine in the previous four weeks, compared to those that had not.⁴

Blood borne viruses

Hepatitis C

Hepatitis C remains the most important blood borne virus in relation to injecting drug users with around 80 per cent of those becoming infected becoming chronically infected. There are an estimated 14,000 individuals infected with hepatitis C in Wales.⁵ Laboratory reports indicate a total of 4,097 diagnoses of hepatitis C infection in Wales with 266 cases identified in 2008.⁴ Over 90 per cent of the infections resulted from injecting drug use.^{4,5} Whilst these figures represent only those individuals who have undergone testing, it is estimated that overall 24 per cent of current IDUs in Wales may be infected with hepatitis C, with far higher rates observed in Swansea (42 per cent) and Cardiff (38 per cent).⁶ However, much hepatitis C infection is undiagnosed. Of UAPMP participants in Wales, 35 per cent reported never having a test for hepatitis C and 61 per cent of those infected with hepatitis C being unaware of their infection.⁴ Specific sub-groups of IDUs may be at increased risk of hepatitis C infection and higher rates of prevalence are observed in over half of those who reported injecting crack-cocaine (54 per cent, 343 of 640) and in those reporting injecting cocaine (48 per cent, 96 of 199).⁴ In 2008, across England, Wales and Northern Ireland the prevalence rate of hepatitis C infection amongst recent initiates to injecting was 22 per cent (87 of 391).

Hepatitis B

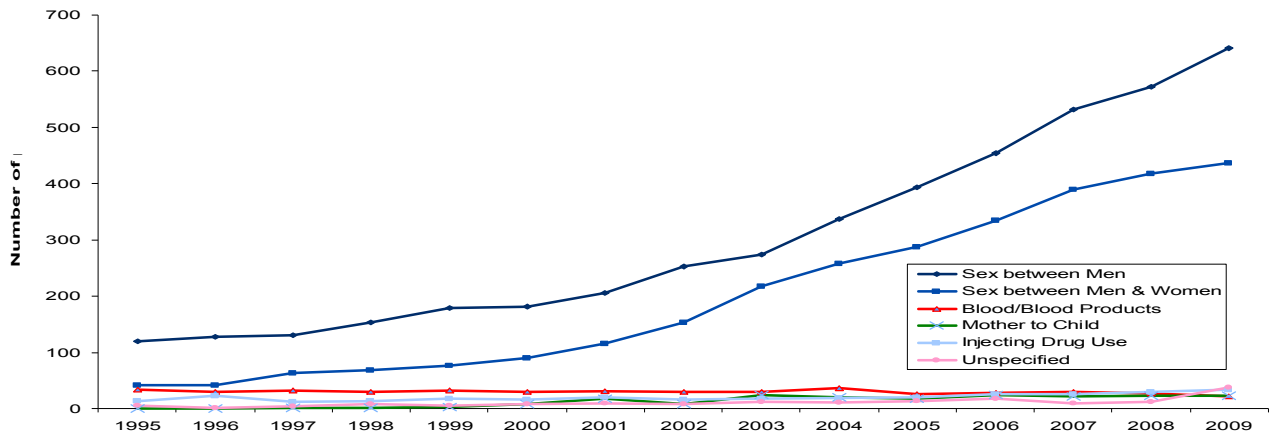
Hepatitis B vaccination provides an effective means of preventing transmission of the hepatitis B virus and is particularly important within high-risk groups including prisoners, injecting drug users (IDUs), commercial sex workers and individuals participating in high risk sexual behaviour. According to data from the Unlinked Anonymous Prevalence Monitoring Programme (UAPMP), in Wales, the prevalence

of Hepatitis B (previous or current hepatitis B infection) was 9.1 per cent. The self-reported rates of hepatitis B vaccination amongst IDUs in Wales has risen to 60 per cent (290 of 484, combining 2007 and 2008 data).⁴

HIV

By the end of 2008, across England, Wales and Northern Ireland, injecting drug use accounted for 4.9 per cent of HIV diagnosis. In Wales, 2.8 per cent of all new HIV patients attending for treatment in Wales by the end of 2009 reporting injecting drug use as the route of transmission.⁴ Rates of HIV infection among injecting drug users in Wales remain low relative to other transmission routes⁷ as indicated in Chart 25.

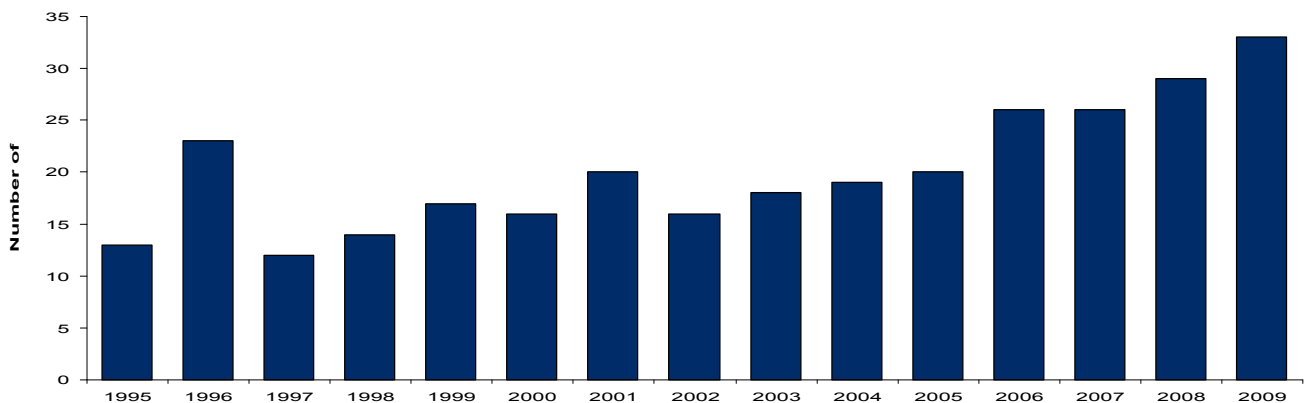
Chart 25: HIV infected patients attending for treatment in Wales by route of transmission 1995 to 2009



Source: Survey of prevalent HIV Infections Diagnosed (SOPHID), NPHS Wales 2010

However, the number of patients attending for HIV treatment in Wales where injecting drug use is reported as the route of transmission has increased by 65 per cent (from 20 patients in 2005 to 33 patients in 2009), as indicated in Chart 26.

Chart 26: HIV infected patients attending for treatment in Wales with injecting drug use indicated as route of transmission 1995 to 2009

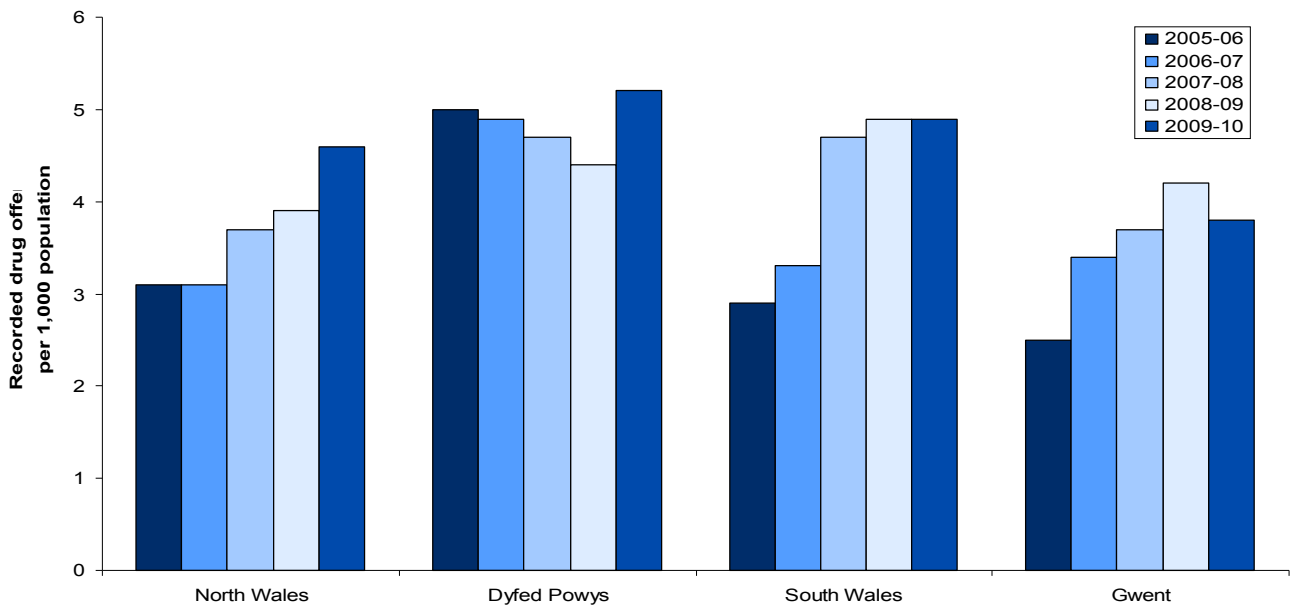


Source: Survey of prevalent HIV Infections Diagnosed (SOPHID), NPHS Wales 2010

5.5.5 Criminal Justice Recorded drug offences

For 2009-10, a total of 13,517 drugs offences were reported by police forces across Wales, representing a 1.4 per cent increase from 2008-09.⁸ As a proportion of total recorded crime in Wales, drug offences have increased from 5.6 per cent in 2008-09 to 6.1 per cent in 2009-10. Chart 27 indicates the rate of drugs offences per 1,000 population by police force area in Wales.

Chart 27: Recorded drug offences by Police Force area per 1,000 population in Wales 2005-06 to 2009-10

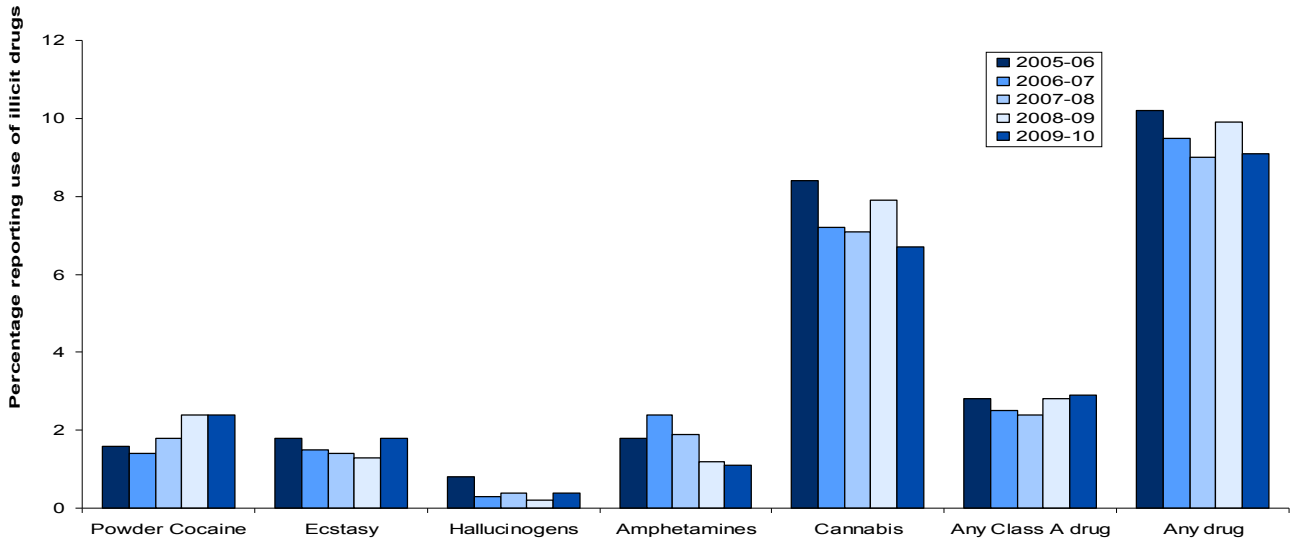


Source: Crime in England and Wales 2009-10 available from: <http://rds.homeoffice.gov.uk/rds/pdfs10/hosb1210chap7.xls>

According to the British Crime Survey (BCS)⁹ in 2009-10, 9.1 per cent of adults (aged 16 – 59) in Wales self-reported using any drug in the previous year, with 2.9 per cent of these reporting any Class A drug and 5.3 per cent reporting use of stimulant drugs including cocaine powder, amphetamine, and ecstasy as indicated in Chart 28.

Over the previous 5 years, self-reported use of any illicit drug by adults in Wales has decreased by 1.1 per cent, however, the trend is not consistent. From 2005-06 to 2009-10, self-reported use of cannabis has decreased from 8.4 per cent to 6.7 per cent, as has reported amphetamine use, from 1.8 per cent to 1.1 per cent. However, increases in self-reports of powder cocaine use (1.6 per cent to 2.4 per cent) and ‘any class A’ use (2.8 per cent to 2.9 per cent) are reported.⁹

Chart 28 - Proportion (per cent) of 16 to 59 year olds in Wales self-reporting use of illicit drugs 2005-06 to 2009-10 (British Crime Survey) by named drug

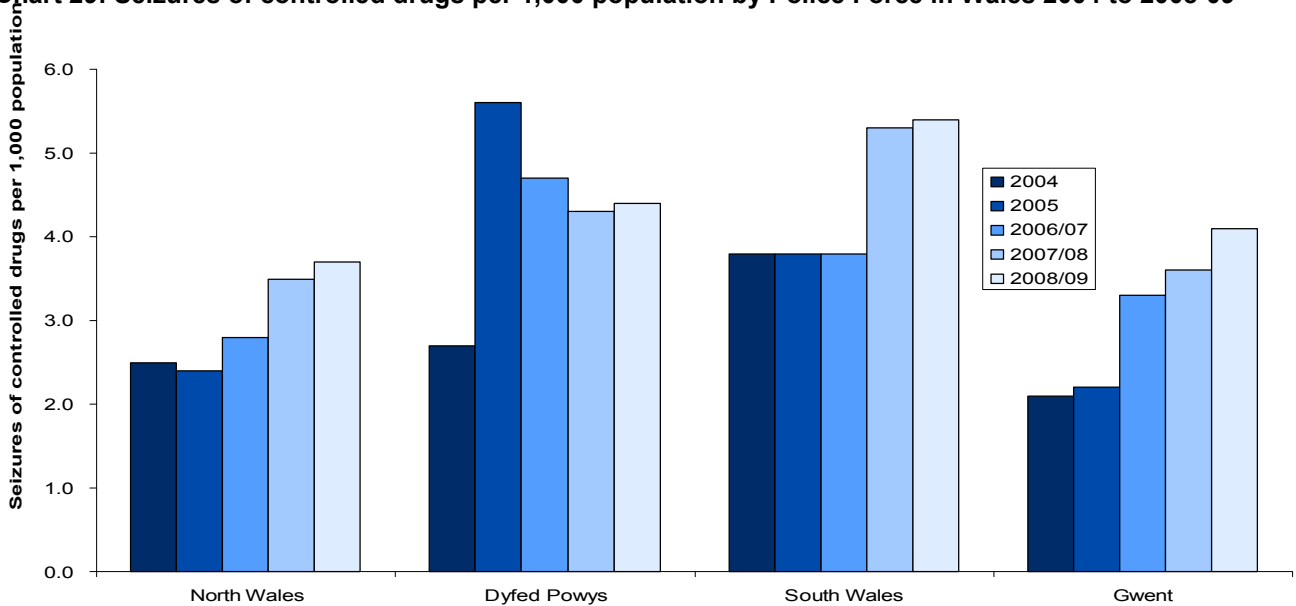


Source: British Crime Survey (BCS) 2009-10

Seizures of controlled drugs

There were 13,790 seizures of controlled drug in Wales in 2008-09¹⁰ which represents an increase of 5 per cent on the previous year as shown in Chart 29.

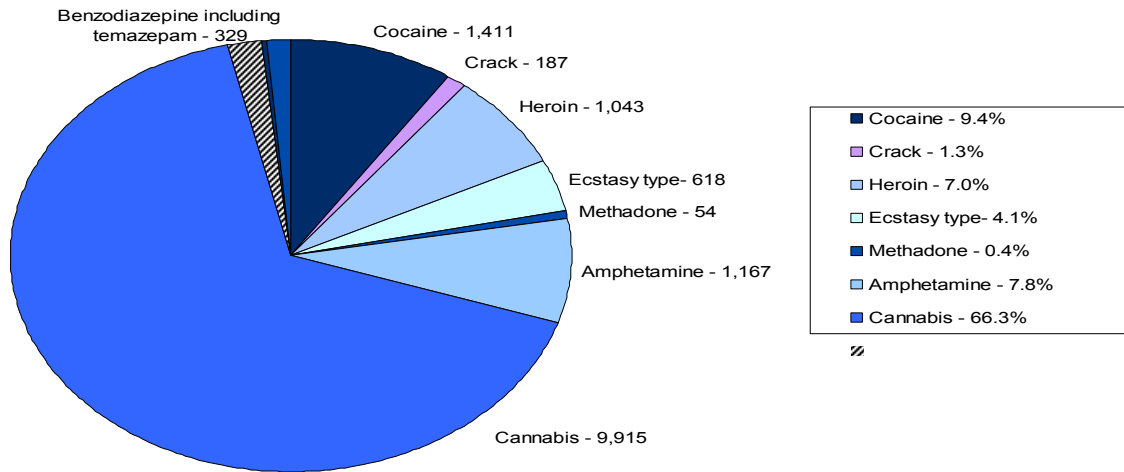
Chart 29: Seizures of controlled drugs per 1,000 population by Police Force in Wales 2004 to 2008-09



Source: Home Office, 2010

The profile of drugs seized is shown in Chart 30 highlighting that Cannabis remains the highest proportion of seizures.

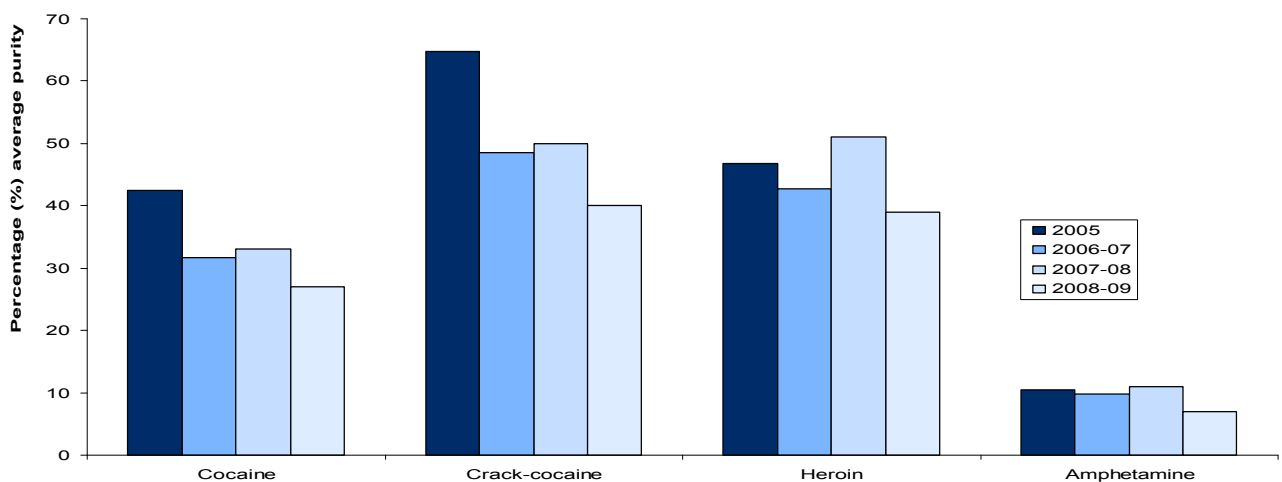
Chart 30: Profile of drugs seized by police forces in Wales 2008-09



Source: Home Office, 2010

The purity of a drug describes the degree to which a quantity of the drug has remained free from other substances that may be added to increase the quantity and therefore resale value. The purity of a drug may be affected through the addition of adulterants (drugs that mimic or enhance the effects of a given drug e.g caffeine often found in amphetamine) or dilutants (mainly sugars such as glucose added to bulk the quantity).¹¹ Decreases in the purity of a drug may lead to increases in the quantity of the drug required to achieve the same effect for the user. The average purity of drugs seized by police forces in Wales from 2005 to 2008-09¹⁰ is shown in Chart 31. As can be seen the average purity of the main illicit drugs named have decreased from 2007-08 to 2008-09.

Chart 31: Average purity of drugs seized by police forces in England and Wales 2005 to 2008-09



Source: Home Office 2009 available from: <http://rds.homeoffice.gov.uk/rds/pdfs09/hosb1609.pdf>

5.6 Drug Intervention Programme

5.6 Drug Interventions Programme

The Drug Interventions Programme (DIP) is a crime reduction initiative, which provides a support structure to encourage offenders out of crime and into treatment. It aims to break the cycle of drug misuse, offending behaviour and custody by intervening at every stage of the criminal justice system to engage offenders in treatment and provide aftercare support.

Summary statistics for 2009-10 for the programme are provided below:

Cases referred and assessed: a total of 3,375 referrals were made to the programme the majority of which (64 per cent) were in the South Wales police authority area. Of these referrals 2,030 were taken on to the caseload of the programme following assessment. 79 per cent of these were male and nearly half were aged under 30 (46 per cent). The age and gender split for all those on the caseload in each of the police authority areas in Wales is shown in Table 25 below.

Table 25: Drug Interventions Programme key caseload data 2009-10

		Percentage					Number on caseload
		North Wales	Dyfed Powys	Gwent	South Wales	Total	
Gender	Male	82	79	80	77	79	1,597
	Female	18	21	20	23	21	433
	Total	100	100	100	100	100	2,030
		118	121	120	123	121	2,463
Age group	18-24	20	32	19	18	21	426
	25-29	16	17	25	31	25	504
	30-34	25	23	21	20	22	442
	35 or over	39	28	36	31	32	658
	Total	100	100	101	100	100	2,030

Drug tests: in April 2009, four areas within Wales (Cardiff, Swansea, Newport and Wrexham), introduced "Tough Choices"; a policy that gives Police the authority to "drug test on arrest". During April 2009 to March 2010 10,206 tests were carried out following arrest. Table 26 below shows that of these 3,612 (35 per cent) tested positive; of these 23 per cent tested positive for cocaine, 61 per cent for opiates and 15 per cent for both.

Table 26: Drug Interventions Programme drug tests, 2009-10

	Number	Percentage
Positive	3,612	35
Negative	6,519	64
Total (a)	10,206	100
Of positive tests:		
Cocaine	842	23
Opiates	2,221	61
Both	549	15

(a) Includes a small number where testing was not completed.

The full DIP annual report for 2009-10 is available at:

<http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/dip/?lang=en>

6. Additional substance misuse reports and data

This section highlights reports and other documents containing relevant substance misuse related data and information which the reader may find useful and which may not otherwise be referenced within this document.

The state of the drugs problem in Europe 2009 EMCDDA

The European Centre for Drugs and Drug Addiction (EMCDDA) provide an annual report on drug use across Europe drawing on available data provided by EU member states and candidate countries. Useful information and perspective is provided on a range of issues relating to drug use.

The National Report for the United Kingdom 2009 is available in PDF format at:

<http://www.emcdda.europa.eu/html.cfm/index111992EN.html>

and a special report on injecting drug use is available at:

<http://www.emcdda.europa.eu/publications/selected-issues/injecting>

Shooting up – Infections among injecting drug users in the United Kingdom

This annual report uses data drawn from the Unlinked Anonymous Prevalence Monitoring Programme (UAPMP) which provides evidence for current prevalence of blood borne viruses amongst injecting drug use and information of rates of bacterial infection, risk behaviour and variables associated with elevated risk amongst this population. Current and previous reports are available at:

http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/InjectingDrugUsers/GeneralInformation/idu_ShootingUp/

Profiles of Lifestyles and Health in Wales

This report presents information on behaviours relating to health, as well as their impact on health in Wales through outcome measures. It provides a snapshot of local patterns in Wales displayed in traffic light tables, and also contains some comparisons to other countries. The topics covered are diet, physical activity and obesity; smoking; alcohol; illicit drugs; sexual health and dental health. The report breaks down the profiles by Health Board and is available at:

<http://www.wales.nhs.uk/sitesplus/888/page/44819>

A profile of alcohol and health in Wales.

This report, produced by the National Public Health Service for Wales and the Wales Centre for Health in 2009 provides an interesting and in-depth focus on the statistics relating to:

- alcohol-related and alcohol-attributable morbidity and mortality
- socio-economic patterns of alcohol consumption
- alcohol-related crime

The report provides clear definitions for the terms used in relation to alcohol consumption and draws upon a range of surveys containing alcohol related data including the Health Behaviour in School-aged Children survey (HBSC), the General Household Survey and the Welsh Health Survey. Information is provided at local authority and national level and, in some instances, comparison is also made between Wales and other countries, e.g. alcohol consumption estimates.

The report is available in PDF format from:

<http://www.wales.nhs.uk/sites3/Documents/568/Alcohol%20and%20Health%20in%20Wales%5FWebFinal%5FE.pdf>

Influencing factors and implications of unplanned drop out from substance misuse services in Wales.

This report represents a summary of the findings from a project designed to identify the range of factors influencing unplanned drop out from, and reengagement with, drug and alcohol treatment services in Wales from both service user and service provider perspectives. The key aims of the research included:

- Determining the factors reported by both service users and service providers as influencing unplanned drop-out at various stages in the treatment process and those factors influencing reengagement, or otherwise, with substance misuse treatment services following unplanned drop out
- Identifying the ways in which unplanned drop out from treatment services impacted on service users
- Identifying operational practice that contributes to both retention in, and reducing unplanned drop out from, substance misuse treatment

The report is available at: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=46660>

Drug Misuse Declared 2009-10

The annual statistical bulletin focuses on prevalence and trends in illicit drug use in the 16-59 year old population in England and Wales. The data is drawn from self-report questionnaire completed by a representative sample of the general population. The report is available at:

<http://rds.homeoffice.gov.uk/rds/surveydrugstats.html>

British Crime Survey 2009-0

The BCS draws on crimes reported to the police and self-report questionnaire.

The report is available in PDF format at:

<http://www.homeoffice.gov.uk/rds/pdfs10/hosb11310.pdf>

Health Behaviour in School Aged Children (HBSC)

The HBSC survey provides information on the health and well-being of children, measuring 3 age groups: 11, 13 and 15 with currently 43 participating countries. The survey is undertaken every four years with the last being completed in 2005-06. The survey and resultant reports aim to provide information including tobacco, cannabis and alcohol use and sexual health.

The report is available in PDF format from:

http://www.hbsc.org/countries/downloads_countries/Wales/BR2_smoking&%20alcohol.pdf

Welsh Health Survey

The Welsh Health Survey is undertaken on a continuous basis and factors impacting on health including smoking, obesity and alcohol. The report is available in PDF format at:

<http://wales.gov.uk/docs/statistics/2010/100525sdr742010en.pdf>

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Definitions

The following definitions are used within this report:

Alcohol specific conditions

The term 'alcohol specific' conditions or diagnoses refers to conditions that are wholly related to alcohol (e.g. alcoholic liver disease or alcohol overdose). In previous years this annual report has used the measure of 'alcohol related' conditions in relation to hospital admissions. The change in methodology was implemented to ensure that rates of alcohol related health harms could be more readily assessed with other areas across the UK. The ICD-10 codes used for alcohol specific conditions are specified below. **(ICD-10 codes)**. Deaths are defined as alcohol related deaths – see page 65 for definitions.

Drugs

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

Main substance

The term "main substance" refers to the main substance that led the client to seek help or be referred for help; note that many clients categorized under "alcohol" may also be receiving treatment for drugs and vice versa.

"Other drugs"

This category is referred to in several tables and includes the following:

Sedatives Unspecified, Anti-histamines Unspecified, Hydroxyzine, Cyclizine, Promethazine, Non-barb/benzo Seds, Methaqualone, Chlormethiazole, Meprobamate, Zopiclone, Zolpidem Tartrate, Propranolol, Chloral Derivatives, Glutethimide, Mephensin, Methylpentylol, Methylprylone, Oxyprenolol Hydrochloride, Other Sedatives, Stimulants Unspecified, Drinamyl, Appetite Suppressant, Diethylpropion, Phenmetrazine, Fenfluramine, Maizindol, Phenteramine, Other Stimulants, Methylphenidate, Pemoline, Prolintane, Fencamfamin, Caffeine, Other Psychoactive Drugs Unspecified, Procyclidine Hydrochloride, GHB/GBH, Minor Analgesics, Major Tranquilisers Unspecified, Chlorpromazine, Anti-diar/emetic, Naltrexone, Antabuse, Clonidine, Lofexidine, Acamprosate Calcium, Thiamine, Antipsychotic Unspecified, Depixol, Thioridazine, Trifluoperazine, Anti-inflammatory, Bupirone Hydrochloride, Beta-blockers.

"Other opiates"

This category is referred to in several tables and includes the following:

Opiates Unspecified, Morphine Sulphate, Opium, Dihydrocodeine, Dextromoramide, Dipipanone, Pethidine, Morphine Sulphate Amps, Hydromorphone, Oxymorphone, Hydrocodone, Oxycodone, Levorphanol, Phenazocine, Piritramide, Codeine Tabs, Dextropropoxyphene, Pentazocine, Buprenorphine, Codeine Unspecified, Opiate Comp Analgesics, Nalbuphine, Alphaprodine, Anileridine, Ethoheptazine, Fentanyl, Phenoperidine, Meptazinol, Papaveretum, Tramadol, Hydrochloride, Opiate Cont Mixture, Codeine Linctus, Gee's Linctus, Collis-brown, Phensedyl, Actifed, Kaolin and Morphine, Other Opiates

Clients referred

Refers to clients who were referred between April 2009 and March 2010. If more than 6 weeks elapsed between the end of a course of treatment and the start of a new course then the client is counted again.

Prevalence

Prevalence of a particular condition is the total number of cases of the condition in a population at a given time and is usually expressed as a rate per 100,000 population. For example if there are (say) 24,000 drug and/or alcohol users in Wales (which has a population of approximately 3m) then the prevalence rate is about 800 per 100,000. It is difficult to estimate the true prevalence rate because not all drug and/or alcohol

users are known to the authorities. A prevalence rate based on the numbers of individuals on the database will therefore underestimate the true prevalence.

Structured treatments

Includes inpatient detoxification, community detoxification, residential rehabilitation, substitute opioid prescribing and psychosocial interventions

Less structured treatments

Includes counseling/support e.g. crisis intervention and information only. (From 2010-11 this has been revised to include practical/social support, complimentary/alternative therapies and diversionary activities, brief interventions and harm reduction.

Incidence

The incidence of a particular condition is the number of new cases of the condition occurring within a given time (usually a year). For example, if 15,000 new cases of drug and/or alcohol misuse occur in Wales during 2009-10 then the incidence rate for 2009-10 is 500 per 100,000 population. Again the numbers notified to the database will underestimate the true of substance misuse.

The incidence rates in this report are derived from a 2-stage process. First the referrals are reduced by the number of multiple attendees to produce the number of individuals. Second, the individuals with an unspecified main substance are allocated in the ratio 60:40 between alcohol and drugs (Tables 11a and b).

95% Confidence Intervals (95% CI)

When an estimate of a particular characteristic for a population is based on a sample there is a degree of uncertainty about the estimate which depends on both the underlying variability of the characteristics and on the sample size. The 95% confidence interval is a measure of this uncertainty and gives the limits within which the "true" value will lie with a probability of 95 per cent. For example, an estimate of (say) 30 per cent for the prevalence of blue eyes in the population with 95% confidence limits of 25 per cent to 35 per cent means that the "true" prevalence lies between these two figures with a probability of 95 per cent. A more precise estimate can be obtained by increasing the sample size.

Rate

Rate per 100,000 population (based on ONS 2009 mid year estimates).

Routinely collected data
Methodology, definitions and ICD-10 codes

List of abbreviations

DBS	Dried blood spot test
HBV	Hepatitis B
HCV	Hepatitis C
HIV	Human immunodeficiency Virus
IDUs	Injecting drug users
SMHNA	Substance misuse and health needs assessment
UAPMP	Unlinked anonymous prevalence monitoring programme
WNDSM	Welsh national database for substance misuse

ICD-10 Codes

Drug related deaths (ONS 2010)

ICD-10 code	Cause
F11-F16, F18-F19	Mental and behavioural disorders due to drug use (excluding alcohol and tobacco).
X40-X44	Accidental poisoning by drugs, medicaments and biological substances.
X60-X64	Intentional self-poisoning by drugs, medicaments and biological substances.
Y10-Y14	Poisoning by drugs, medicaments and biological substances, undetermined intent
X85	Assault by drugs, medicaments and biological substances.

Alcohol related deaths

F10	Mental and behavioural disorders due to use of alcohol
G31.2	Degeneration of nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K73	Chronic hepatitis, not elsewhere classified
K74 (Excluding K74.3-K74.5)	Fibrosis and cirrhosis of liver
K86.0	Alcohol induced chronic pancreatitis
X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent

All Hospital admissions data is based on Calender Episode End Year

Alcohol specific hospital admissions uses the following ICD-10 codes:

E24.4	Alcohol-induced pseudo Cushings syndrome
F10*	Mental and behavioural disorders due to use of alcohol
G31.2	Degeneration of nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
G72.1	Alcoholic myopathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70*	Alcoholic liver disease

K86.0	Alcohol induced chronic pancreatitis
T51.0	Ethanol poisoning
T51.1	Methanol poisoning
T51.9	Toxic effect of alcohol, unspecified
X45*	Accidental poisoning by and exposure to alcohol

*indicates that any fourth-character classification can be added to the first three characters

Drug related hospital admissions use the following ICD-10 codes:

F11*	Mental and behavioural disorders due to use of opioids
F12*	Mental and behavioural disorders due to use of cannabinoids
F13*	Mental and behavioural disorders due to use of sedatives or hypnotics
F14*	Mental and behavioural disorders due to use of cocaine
F15*	Mental and behavioural disorders due to use of other stimulants
F16*	Mental and behavioural disorders due to use of hallucinogens
F18*	Mental and behavioural disorders due to use of volatile solvents
F19*	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances
T40*	Poisoning by narcotics and psychodysleptics (hallucinogens)
T42*	Poisoning by antiepileptic, sedative-hypnotic and antiparkinsonism drugs
T43*	Poisoning by psychotropic drugs, not elsewhere classified

ONS definition 2010

*indicates that any fourth-character classification can be added to the first three characters

The fourth-character subdivisions for use with categories F10-F19 are:

.0 Acute intoxication

A condition that follows the administration of a psychoactive substance resulting in disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psycho-physiological functions and responses. The disturbances are directly related to the acute pharmacological effects of the substance and resolve with time, with complete recovery, except where tissue damage or other complications have arisen. Complications may include trauma, inhalation of vomitus, delirium, coma, convulsions, and other medical complications. The nature of these complications depends on the pharmacological class of substance and mode of administration.

Acute drunkenness in alcoholism

"Bad trips" (drugs)

Drunkenness NOS

Pathological intoxication

Trance and possession disorders in psychoactive substance intoxication

Excludes: intoxication meaning poisoning

.1 Harmful use

A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (as in cases of hepatitis from the self-administration of injected psychoactive substances) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of alcohol).

Psychoactive substance abuse

.2 Dependence syndrome

A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

The dependence syndrome may be present for a specific psychoactive substance (e.g. tobacco, alcohol, or diazepam), for a class of substances (e.g. opioid drugs), or for a wider range of pharmacologically

different psychoactive substances.

Chronic alcoholism

Dipsomania

Drug addiction

.3 Withdrawal state

A group of symptoms of variable clustering and severity occurring on absolute or relative withdrawal of a psychoactive substance after persistent use of that substance. The onset and course of the withdrawal state are time-limited and are related to the type of psychoactive substance and dose being used immediately before cessation or reduction of use. The withdrawal state may be complicated by convulsions.

.4 Withdrawal state with delirium

A condition where the withdrawal state as defined in the common fourth character .3 is complicated by delirium as defined in F05.-. Convulsions may also occur. When organic factors are also considered to play a role in the etiology, the condition should be classified to F05.8.

Delirium tremens (alcohol-induced)

.5 Psychotic disorder

A cluster of psychotic phenomena that occur during or following psychoactive substance use but that are not explained on the basis of acute intoxication alone and do not form part of a withdrawal state. The disorder is characterized by hallucinations (typically auditory, but often in more than one sensory modality), perceptual distortions, delusions (often of a paranoid or persecutory nature), psychomotor disturbances (excitement or stupor), and an abnormal affect, which may range from intense fear to ecstasy. The sensorium is usually clear but some degree of clouding of consciousness, though not severe confusion, may be present.

Alcoholic:

- hallucinosis
- jealousy
- paranoia
- psychosis NOS

Excludes: alcohol- or other psychoactive substance-induced residual and late-onset psychotic disorder ([F10-F19](#) with common fourth character .7)

.6 Amnesic syndrome

A syndrome associated with chronic prominent impairment of recent and remote memory. Immediate recall is usually preserved and recent memory is characteristically more disturbed than remote memory. Disturbances of time sense and ordering of events are usually evident, as are difficulties in learning new material. Confabulation may be marked but is not invariably present. Other cognitive functions are usually relatively well preserved and amnesic defects are out of proportion to other disturbances.

Amnesic disorder, alcohol- or drug-induced

Korsakov's psychosis or syndrome, alcohol- or other psychoactive substance-induced or unspecified

Excludes: nonalcoholic Korsakov's psychosis or syndrome ([F04](#))

.7 Residual and late-onset psychotic disorder

A disorder in which alcohol- or psychoactive substance-induced changes of cognition, affect, personality, or behaviour persist beyond the period during which a direct psychoactive substance-related effect might reasonably be assumed to be operating. Onset of the disorder should be directly related to the use of the psychoactive substance. Cases in which initial onset of the state occurs later than episode(s) of such substance use should be coded here only where clear and strong evidence is available to attribute the state to the residual effect of the psychoactive substance. Flashbacks may be distinguished from psychotic state partly by their episodic nature, frequently of very short duration, and by their duplication of previous alcohol- or other psychoactive substance-related experiences.

Alcoholic dementia NOS

Chronic alcoholic brain syndrome

Dementia and other milder forms of persisting impairment of cognitive functions

Flashbacks

Late-onset psychoactive substance-induced psychotic disorder

Posthallucinogen perception disorder

Residual:

· affective disorder

· disorder of personality and behaviour

Excludes: alcohol- or psychoactive substance-induced:

· Korsakov's syndrome ([F10-F19](#) with common fourth character .6)

· psychotic state ([F10-F19](#) with common fourth character .5)

.8 Other mental and behavioural disorders

.9 Unspecified mental and behavioural disorder

Key Quality Issues

Welsh National Database for Substance Misuse

Source

The database contains details of all referrals to drug and alcohol agencies in Wales and is held by Health Solutions Wales. A full list of data items is shown in Annex 3.

Coverage

The data relates only to people presenting to the agencies and may constitute only a proportion of all substance misusers.

Comparisons between Annual Reports

The database is dynamic i.e. records are subject to amendment as further information is submitted by agencies. This means that figures in this report are not directly comparable with those published in earlier reports.

The nature of the clientele and the variability of the internal structures of service providers has meant that data quality has always been difficult to maintain in the WNDSM. Some providers are still finding it difficult to submit some of the fields and in particular, are failing to close some cases at the appropriate time. This means that the numbers of clients apparently waiting for assessment or treatment are artificially inflated (Tables 20 and 21).

Chart A1 shows the status of all referrals submitted to the database for 2009-10 as at June 2010 when the file was frozen for analytical purposes. This flow chart highlights the main problem areas for data quality. For example, 1,306 referrals (5 per cent) have no main substance specified (Box A). The 4,975 cases (Box N3) which were closed and categorised as “did not attend” before assessment or treatment (and are excluded from the main analyses) are also a measure of the sometimes less than rigorous nature of referral procedures in some agencies.

Data quality

All Service Providers in receipt of Welsh Assembly Government funding, either directly or via the Community Safety Partnerships, to deliver substance misuse services are required to comply fully with the reporting requirements of the database.

The Welsh Assembly Government’s Substance Misuse Advisory Regional Teams (SMARTs) have been working with treatment services to improve data quality. However, care needs to be exercised when looking at trends as a number of agencies have not submitted all of the relevant fields by the freeze date of 25 June 2010. For the purpose of this report, the data quality issues that affect this report are:

- Not all agencies are able to submit all the fields and so care needs to be exercised when looking at trends. Data Quality exercises are currently being undertaken.
- Some of the demographic data may be inaccurate since some clients are reluctant or unable to provide accurate responses to some questions. However, this will always be the case with a system that relies largely upon self-reporting.
- There is under-reporting of secondary problem substance which inhibits the identification of emerging trends and patterns in substance misuse.
- Some agencies are failing to close cases where a client is transferred between agencies. This means that individuals could be counted more than once on the database.
- Clients are categorised by 'main substance' which means that many clients categorised under 'Alcohol' may also be receiving treatment for drug misuse and vice versa.

- The main problem substance is not recorded for some clients accounting for 5 per cent of all referrals in 2009-10.
- Where the local authority of the client is unknown, the local authority of the treatment agency is used for this analysis. The percentage of cases with no known local authority varies considerably across different areas of Wales.
- Where a client is transferred between agencies and the discharge details are not completed on the database, the client may be counted more than once.
- The newly introduced separate recording of structured and less structured interventions has led to a number of treatment interventions being recorded as structured when they should have been recorded as less structured. A significant amount of work has been undertaken to rectify this during the year. From the 2010-11 financial year all structured and less structured interventions will be reported through the same extract reducing the risk of inappropriate recording.

Waiting times

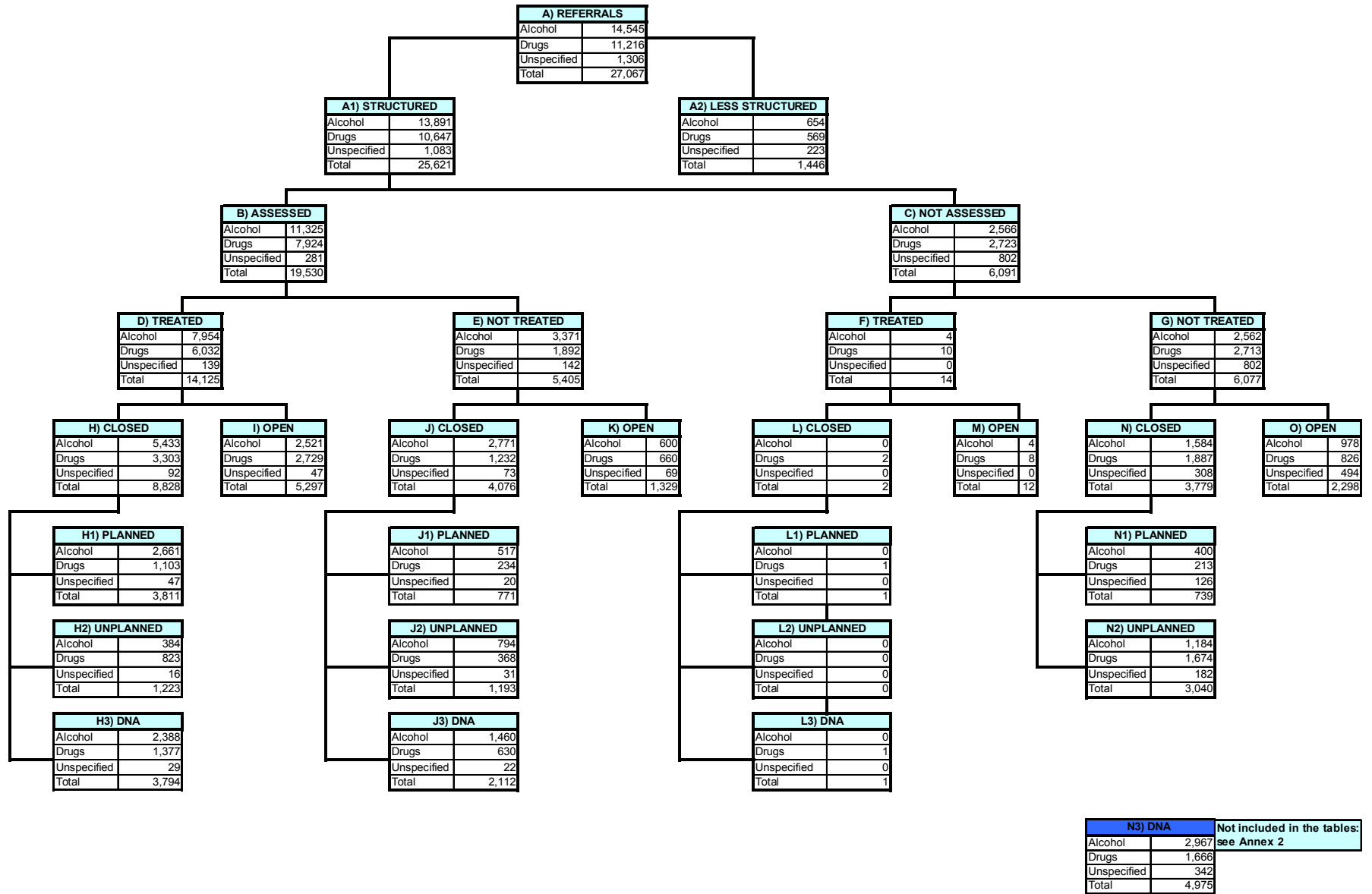
Figures in this report show the waiting time position for the four years 2006-07 to 2009-10. They relate firstly to individuals whose assessment and or treatment has started:

- Referral to assessment waiting times during the four years (Tables 18a to 18c)
- Assessment to commencement of treatment for the same years (Tables 19a to 19c)
- Note that for some referrals in each year no assessment date is recorded and these referrals therefore do not appear in Tables 18 or 19.

Secondly Tables 20 and 21 show the number of individuals who have been referred and are still waiting for either assessment or treatment (having been assessed).

Waiting times data could be improved by the complete and timely recording of key assessment and treatment dates on the database and by all clients having a record of main problem substance.

Chart A1: Status of referrals in 2009-10 as at 25th June 2010



Annex 3: Common Dataset

Common Dataset

Extracted from 'Guidance for Community Safety Partnerships and Service Provider Agencies March 2010

Item No.	Data Item	Format/length
	Personal Details	
1	Agency Code/Practice Code	An6
2	First Letter of Last name	A1
3	First Letter of First name	A1
4	Date of Birth	D10
5	Gender	A1
8	Local Authority	n3
9	Postcode	An6
10	Ethnic Category	A1
10a	Ex-Service Personnel	A1
11	Agency Client Number	An15
12	1 st Language	n3
13	Number of Children under 18 Living Elsewhere	n2
14	Number of Children under 18 living with Client	n2
15	Number of Vulnerable Adults living with Client	n2
	Contact Details	
16	Date of Referral	D10
17	Referral Source	n2
18	Peer Mentoring Scheme	A1
19	Case Management	A1
20	Date Assessment Completed	D10
21	Date Structured Treatment Began	D10
23	Date Contact Ended	D10
24	Reason Contact Ended	n2
	Current Problem Profile	
25	Primary Substance Used	N4
26	Primary Substance Source	n2
27	Primary Substance Route of Ingestion	n1
28	Primary Substance Frequency of use	n2
29	Primary Substance Age first used	n3
30	Secondary Substance Used	n4
31	Secondary Substance Source	n2
32	Secondary Substance Route of Ingestion	n1
33	Secondary Substance Frequency of use	n2
35	Other Substance used	n4
36	Other Substance Source	n2
37	Other Substance Route of Ingestion	n1
38	Other Substance Frequency of use	n2
40	Ever Injected	A1
41	Injected in the Last Month	A1
42	Ever Shared	A1
43	Age first Injected	n3
46	Age at first Treatment	n3
47	Weekly Alcohol Consumption Units	n3
	Health Details	

Item No.	Data Item	Format/length
48	Pregnant	A1
49	Vaccinated Against Hepatitis B	A1
50	Vaccination Provided	A1
52	Diagnosed Mental Health Issues	A1
	Structured Treatment Modalities	
60	Inpatient Detoxification	A1
61	Community Detoxification	A1
62	Residential Rehabilitation	A1
63	Substitute Opioid (Methadone) and related Psychosocial Interventions	A1
64	Substitute Opioid (Buprenorphine) and related Psychosocial Interventions	A1
65	Psychosocial Interventions	A1
	Less Structured Interventions	
66	Practical / Social Support	A1
67	Complementary / alternative therapies and diversionary activities	A1
68	Brief Interventions	A1
69	Harm Reduction	A1
92	Record ID	A1
	Treatment Outcome Profile	
93	TOP Number	An6
94	TOP Interview Date	D10
95	Treatment Stage	A2
96	Average Alcohol	An3
97	Number of days Alcohol used	An3
98	Average Opiates	An3
99	Number of days Opiates used	An3
100	Average Crack	An3
101	Number of days Crack used	An3
102	Average Cocaine	An3
103	Number of days Cocaine used	An3
104	Average Amphetamines	An3
105	Number of days Amphetamines used	An3
106	Average Cannabis	An3
107	Number of days Cannabis used	An3
108	Other Problem Substance Used	An4
109	Average Other Problem Substance	An3
110	Number of days Other Problem Substance used	An3
111	Injected Total	An3
112	Inject with Needle or Syringe used by someone else? Inject using a spoon, water or filter used by someone else?	An3
113	Shoplifting	An3
114	Drug Selling	An3
115	Theft from or of a vehicle, Other Property Theft or Burglary, Fraud, Forgery and Handling Stolen Goods	An3
116	Committing assault or violence	An3
117	Psychological Health	An3
118	Days paid work	An3
119	Days attended College or School	An3
120	Physical Health	An3
121	Acute Housing Problem	An3

Item No.	Data Item	Format/length
122	Risk of Eviction	An3
123	Quality of life	An3
	Modalities Start and End Date	
124	Inpatient Detoxification Start Date	D10
125	Inpatient Detoxification End Date	D10
126	Community Detoxification Start Date	D10
127	Community Detoxification End Date	D10
128	Residential Rehabilitation Start Date	D10
129	Residential Rehabilitation End Date	D10
130	Substitute Opioid Prescribing (Methadone) Psychosocial Interventions Start Date	D10
131	Substitute Opioid Prescribing (Methadone) Psychosocial Interventions End Date	D10
132	Substitute Opioid Prescribing (Buprenorphine) and Psychosocial Interventions Start Date	D10
133	Substitute Opioid Prescribing (Buprenorphine) and Psychosocial Interventions End Date	D10
134	Psychosocial Interventions Start Date	D10
135	Psychosocial Interventions End Date	D10
136	Practical / Social Support Intevention Start Date	D10
137	Practical / Social Support Intervention End Date	D10
138	Complementary / alternative therapies and diversionary activities Intervention Start Date	D10
139	Complementary / alternative therapies and diversionary activities Intervention End Date	D10
140	Brief Interventions Start Date	D10
141	Brief Interventions End Date	D10
142	Harm Reduction Intervention Start Date	D10
143	Harm Reduction Intervention End Date	D10