This briefing was produced by the Greater London Alcohol and Drug Alliance (GLADA). GLADA is a strategic network of organisations and agencies concerned with problems caused by drugs and alcohol in London. GLADA was established by the Mayor of London in 2002 to address strategic pan-London issues through partnership working. The Alliance aims to improve collective responses to drug and alcohol problems by monitoring trends, coordinating regional policy, and providing a mechanism to tackle London-wide priorities.


The Greater London Alcohol and Drug Alliance (GLADA) is committed to continually updating the evidence base on the use and impact of alcohol and drugs in London. GLADA works to support policy and practice by ensuring that robust, up-to-date London-specific evidence is available to those working in drug and alcohol-related fields across London. The partnership also aims to use evidence to dispel myths and stereotypes about drug and alcohol use so that messages are constructive and decisions are based on reality rather than anecdote.

This briefing updates some of the data provided in London: the highs and the lows 2, hereafter referred to as LHL2, published in January 2007. Not all of the datasets included in that larger report have been included here. Instead a small number of key datasets have been selected to provide a picture of the key trends in the levels and impacts of drug and alcohol use in London. Therefore this briefing should be viewed as a supplement to the full report, rather than a stand-alone document.

This briefing does not provide detailed definitions of terms used, or of research methodologies. This information can be found in the full LHL2 report, available at: http://www.london.gov.uk/mayor/health/drugs_and_alcohol/docs/highs-lows2.pdf
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enquiries 020 7983 4100
minicom 020 7983 4458

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Drug and alcohol use among young people is a highly emotive subject and one that receives considerable press coverage in London. Age-specific data have been included wherever possible in this briefing. The headlines relating to young people have been collated on these first two pages to provide an overview of what we know about the nature and impact of alcohol and drug use among young people in London today. References for these figures are provided where they appear in the main text of the briefing.

Overall it appears that both alcohol consumption and drug use among young people is lower in London than the national average. In addition, drug use among young Londoners may be declining. Recent data shows decreases both in reported drug use and estimates of the number of problem drug users (PDUs) in younger age groups.

- The proportion of young Londoners who reported using any drug in the last year decreased significantly between 2005/06 and 2007/08 - from 20.3 to 17.8 per cent. Most striking was the drop in the proportion of young Londoners who reported cocaine powder use - down from 7.1 per cent in 2005/06 to 4.7 in 2007/08.
- The latest estimates indicate that the number of PDUs in the 16 - 24 age group may be decreasing. The estimated numbers of PDUs in this age group dropped by approximately 2,300, from 14,068 in 2004/05 to 11,750 in 2005/06. Meanwhile the overall number of PDUs in London is estimated to be stable.

Local Drug and Alcohol Action Teams (DAATs) and children’s services work together to deliver a comprehensive range of universal and targeted substance misuse interventions for children and young people in their local populations. Data on the responses to drug and alcohol use among young people indicate that there is still work to be done to meet the needs of young people.

- Young Londoners are more likely than those in older age groups to see drug and alcohol-related crime as a significant problem.
- Recent figures on alcohol consumption among young people are consistent with previous findings that young Londoners are less likely to consume alcohol than young people living in other parts of the country. However, it should be noted that very little regional level age-specific data on alcohol consumption is available in the public domain.
data shows that, compared to other age groups, people in the 15 - 24 age group were most likely to perceive drug dealing and use to be a big or fairly big problem, while those in the 25 - 34 age group were most likely to feel this way about people being drunk or rowdy in public places.

- Alcohol-related hospital admissions for Londoners in the 11-18 age group have increased from 1,171 in 2002/03 to 1,769 in 2006/07. This was a 51 per cent increase over this five year period.

- Drug treatment data indicates that people under 25 years of age make up a lower proportion of the people in structured drug treatment programmes, than they do of the PDU population. In inner London those under 25 years are estimated to make up 13 per cent of the PDU population, but account for only nine per cent of the treatment population. Similarly those in this age category are estimated to make up 19 per cent of the PDU population in outer London but account for only 15 per cent of this area’s treatment population.

- Data on the rates of drug and alcohol-related exclusions from school for 2004/05 show that the rate of fixed-period exclusions per 100,000 pupils in London was half the national rate – 73.6 compared to 145.9. However the rate of permanent exclusions was actually higher in London – 6.6 per 100,000 pupils compared to 6.2 per 100,000 nationally.
2. Levels of alcohol and drug use

2.1 Frequency of alcohol consumption

Overall the frequency of alcohol consumption is continuing to decline in London.

Figures from the 2006 General Household Survey (GHS) show that 53 per cent of London respondents reported that they had consumed alcohol in the past week. This was a continuation of the trend from 2001 until 2005, during which time the percentage of London respondents to the GHS who reported drinking alcohol in the last week decreased from 62 to 54 per cent.

The percentage of London respondents who reported drinking alcohol on five or more days in the past week also dropped from 16 per cent in 2001 to 13 per cent in 2004 but rose to 15 per cent in 2005.

In 2006, 12 per cent of London respondents reported drinking on five or more days in the past week,

Figure 1 Percentage of GHS respondents who reported drinking in the last week, London and England, 1998-2006

Drank last week - London
Drank last week - England
Drank on 5 or more days last week - London
Drank on 5 or more days last week - England
suggesting that the 2005 finding was an outlier and that the general trend is a continuing decline in regular alcohol consumption. These figures are plotted in Figure 1 alongside the trends for England as a whole.

2.2 Episodes of drinking above sensible levels and binge drinking

Drinking above sensible levels and binge drinking may be increasing in London, particularly among men.

In the UK, sensible drinking is defined as ‘no more than three - four units per day for men, and no more than two - three units per day for women’. Binge drinking is defined as ‘eight or more units of alcohol for men, and six or more units of alcohol for women’ on their heaviest drinking day in the past week’.\(^3\)

LHL2 noted that according to GHS results, the number of London respondents reporting that they had drunk above sensible levels on one day in the past week dropped significantly over the period from 1998 until 2005, for both men and women. In 2005, 26 per cent of men and 13 per cent of women from the London sample reported drinking above sensible levels, while 12 per cent of men and five per cent of women reported binge drinking.

Figures from the 2006 GHS show an increase in drinking above sensible levels and binge drinking in London. In 2006, 30 per cent of men and 14 per cent of women from the London sample reported drinking above sensible levels while 16 per cent of men and five per cent of women reported binge drinking. These trends are plotted in Figure 2.

2.3 Updated methods for recording units of alcohol consumed

It should be noted that the 2006 GHS used improved methods for recording units of alcohol consumed. The GHS researchers had observed an increase in serving sizes at bars and pubs across the UK. Therefore they felt that the allocation of units used in previous GHSs might be providing an inaccurate reflection of the actual amounts of alcohol being consumed by respondents. For this reason, a ‘standard’ glass of wine is now allocated two units of alcohol rather than one. This new method has resulted in a significant increase in the number of people recorded as consuming high levels of alcohol. This increase is particularly evident in data on alcohol consumption by women, because wine constitutes a greater proportion of alcohol consumed by women than by men.
**Figure 2** Percentage of London GHS respondents who reported drinking above sensible levels in the past week 1998-2006

![Graph showing percentage of London GHS respondents who reported drinking above sensible levels in the past week 1998-2006. The graph includes lines for men and women showing the percentage of respondents who consumed more than 4, 3, 8, and 6 units of alcohol.](image)

**Table 1** Improved method v original method results - London GHS respondents maximum alcohol consumed on any one day in the past week, 2006

<table>
<thead>
<tr>
<th></th>
<th>&gt;3/4 units consumed</th>
<th>&gt;6/8 units consumed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Original</td>
<td>Improved</td>
</tr>
<tr>
<td>Men</td>
<td>30</td>
<td>35</td>
</tr>
<tr>
<td>Women</td>
<td>14</td>
<td>27</td>
</tr>
</tbody>
</table>
The figures generated using the new recording method are clearly not directly comparable to findings from previous years. For this reason, the 2006 GHS reported findings using both the original and improved recording methods. The findings presented in Figure 2 above use the original recording method. The findings in Table 1 below show reported drinking above sensible levels, according to the original and improved recording methods.

2.4 Alcohol consumption among young people

Most of the data about alcohol use among young people is reported nationally, including that published in the NHS Information Centre’s annual Drug use, smoking and drinking among young people in England reports. This national data shows that the frequency and quantity of alcohol consumed increases with age, and that boys and young men drink greater volumes of alcohol than their female counterparts.

LHL2 reported that young Londoners were less likely to consume alcohol than their peers in other parts of the country. Data from the School Health Education Unit’s Health Related Behaviour Questionnaire indicates that this continues to be the case. Between 2003 and 2006, 2.9 per cent of year 8 pupils in London reported consuming seven or more units of alcohol in the past seven days, compared to 5.5 per cent nationally. Similarly between 2002-2006, 8.4 per cent of year 10 pupils in London reported consuming seven or more units of alcohol in the past seven days compared to 19 per cent across England.6

2.5 Reported drug use

Overall, reported drug use is declining in London.

The British Crime Survey (BCS) classifies data by Government Office Region in England and Wales, of which London is one. The 2007/08 BCS found that 9.2 per cent of Londoners reported using an illicit drug in the last year. This was slightly lower than the previous year’s figure of 10.4 per cent, and is also slightly lower than the 2007/08 figure for England and Wales as a whole, which was 9.3 per cent.

The 2007/08 BCS found that 3.7 per cent of Londoners reported using a Class A drug during the last year. This was slightly higher than the previous year’s figure of 3.6 per cent. There was however a significant reduction in reported Class A drug use between 2005/06 and 2006/07 - from 5.2 per cent to 3.6 per cent. While the
2007/08 finding does not show a further decrease, it does suggest that the 2006/07 finding was not an anomaly and that the proportion of Londoners reporting Class A drug use is now more in line with national figures than previously.

Table 2 provides more detail on the use of individual drugs and shows a significant drop in reported cocaine use – from 4.1 per cent in London in 2005/06 to 2.9 per cent in 2007/08.

2.6 Reported drug use among young people

Reported drug use among young Londoners has dropped since 2005/06.

The BCS findings on reported drug use by Londoners aged 16-24 show
### Table 2
Percentage of 16-59 year old BCS respondents who reported drug use in the last year, by drug, London and England and Wales, 2005/06 - 2007/08

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Any cocaine</td>
<td>2.9</td>
<td>2.3</td>
<td>2.9</td>
<td>2.6</td>
<td>4.1</td>
<td>2.4</td>
</tr>
<tr>
<td>Cocaine powder</td>
<td>2.9</td>
<td>2.3</td>
<td>2.9</td>
<td>2.6</td>
<td>4.1</td>
<td>2.4</td>
</tr>
<tr>
<td>Crack cocaine</td>
<td>-i</td>
<td>0.1</td>
<td>-</td>
<td>0.2</td>
<td>-</td>
<td>0.2</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>2.0</td>
<td>1.5</td>
<td>2.4</td>
<td>1.8</td>
<td>2.0</td>
<td>1.6</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>0.7</td>
<td>0.6</td>
<td>0.4</td>
<td>0.7</td>
<td>1.5</td>
<td>1.1</td>
</tr>
<tr>
<td>LSD</td>
<td>-</td>
<td>0.3</td>
<td>-</td>
<td>0.2</td>
<td>-</td>
<td>0.3</td>
</tr>
<tr>
<td>Magic Mushrooms</td>
<td>0.5</td>
<td>0.5</td>
<td>0.3</td>
<td>0.6</td>
<td>1.3</td>
<td>1.0</td>
</tr>
<tr>
<td>Opiates</td>
<td>-</td>
<td>0.2</td>
<td>-</td>
<td>0.2</td>
<td>-</td>
<td>0.1</td>
</tr>
<tr>
<td>Heroin</td>
<td>-</td>
<td>0.1</td>
<td>-</td>
<td>0.1</td>
<td>-</td>
<td>0.1</td>
</tr>
<tr>
<td>Methadone</td>
<td>-</td>
<td>0.1</td>
<td>-</td>
<td>0.1</td>
<td>-</td>
<td>0.1</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>0.7</td>
<td>1.0</td>
<td>1.1</td>
<td>1.3</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Tranquilisers</td>
<td>0.4</td>
<td>0.5</td>
<td>0.4</td>
<td>0.4</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Anabolic Steroids</td>
<td>-</td>
<td>0.1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.1</td>
</tr>
<tr>
<td>Cannabis</td>
<td>7.5</td>
<td>7.4</td>
<td>8.4</td>
<td>8.2</td>
<td>8.8</td>
<td>8.7</td>
</tr>
<tr>
<td>Amyl Nitrate</td>
<td>1.4</td>
<td>1.5</td>
<td>1.1</td>
<td>1.1</td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Glues</td>
<td>-</td>
<td>0.1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.1</td>
</tr>
<tr>
<td>Total Class A</td>
<td>3.7</td>
<td>3.0</td>
<td>3.6</td>
<td>3.4</td>
<td>5.2</td>
<td>3.4</td>
</tr>
<tr>
<td>Total Any Drug</td>
<td>9.2</td>
<td>9.3</td>
<td>10.4</td>
<td>10.0</td>
<td>11.2</td>
<td>10.5</td>
</tr>
</tbody>
</table>

*i (-) indicates that although the un-weighted base under analysis was more than 50, the sample was insufficient to enable robust sub-group analysis.*
Table 3 Percentage of 16-24 year old BCS respondents who reported drug use in the last year, by drug, London and England and Wales, 2005/06 - 2007/08

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Any cocaine</td>
<td>4.7</td>
<td>5.0</td>
<td>3.4</td>
<td>6.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine powder</td>
<td>4.7</td>
<td>5.0</td>
<td>3.2</td>
<td>6.0</td>
<td>7.1</td>
<td>5.9</td>
</tr>
<tr>
<td>Crack cocaine</td>
<td>-</td>
<td>0.2</td>
<td>-</td>
<td>0.4</td>
<td>-</td>
<td>0.4</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>4.5</td>
<td>3.9</td>
<td>2.9</td>
<td>4.8</td>
<td>3.5</td>
<td>4.3</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>-</td>
<td>1.5</td>
<td>0.1</td>
<td>2.1</td>
<td>4.0</td>
<td>3.4</td>
</tr>
<tr>
<td>LSD</td>
<td>-</td>
<td>0.7</td>
<td>-</td>
<td>0.8</td>
<td>-</td>
<td>0.9</td>
</tr>
<tr>
<td>Magic Mushrooms</td>
<td>-</td>
<td>1.2</td>
<td>0.1</td>
<td>1.8</td>
<td>3.7</td>
<td>3.0</td>
</tr>
<tr>
<td>Opiates</td>
<td>-</td>
<td>0.2</td>
<td>-</td>
<td>0.2</td>
<td>-</td>
<td>0.2</td>
</tr>
<tr>
<td>Heroin</td>
<td>-</td>
<td>0.1</td>
<td>-</td>
<td>0.2</td>
<td>-</td>
<td>0.2</td>
</tr>
<tr>
<td>Methadone</td>
<td>-</td>
<td>0.1</td>
<td>-</td>
<td>0.1</td>
<td>-</td>
<td>0.1</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>1.4</td>
<td>2.4</td>
<td>0.9</td>
<td>3.5</td>
<td>2.4</td>
<td>3.3</td>
</tr>
<tr>
<td>Tranquilisers</td>
<td>-</td>
<td>0.7</td>
<td>-</td>
<td>0.6</td>
<td>-</td>
<td>0.7</td>
</tr>
<tr>
<td>Anabolic Steroids</td>
<td>-</td>
<td>0.1</td>
<td>-</td>
<td>0.2</td>
<td>-</td>
<td>0.3</td>
</tr>
<tr>
<td>Cannabis</td>
<td>16.2</td>
<td>17.9</td>
<td>17.3</td>
<td>20.9</td>
<td>16.7</td>
<td>21.4</td>
</tr>
<tr>
<td>Amyl Nitrate</td>
<td>3.4</td>
<td>4.3</td>
<td>1.7</td>
<td>4.3</td>
<td>2.4</td>
<td>3.9</td>
</tr>
<tr>
<td>Glues</td>
<td>-</td>
<td>0.4</td>
<td>-</td>
<td>0.6</td>
<td>-</td>
<td>0.5</td>
</tr>
<tr>
<td>Total Class A</td>
<td>6.1</td>
<td>6.8</td>
<td>4.3</td>
<td>8.1</td>
<td>9.0</td>
<td>8.4</td>
</tr>
<tr>
<td>Total Any Drug</td>
<td>17.8</td>
<td>21.3</td>
<td>18.6</td>
<td>24.1</td>
<td>20.3</td>
<td>25.2</td>
</tr>
</tbody>
</table>
Highs and Lows update briefing

some interesting changes over the period from 2005/06 to 2007/08. The proportion of young Londoners who reported using any drug in the last year decreased significantly over this period from 20.3 to 17.8 per cent. Most striking was the drop in the proportion of young Londoners who reported cocaine powder use – down from 7.1 in 2005/06 to 3.2 per cent in 2006/07, and then up slightly to 4.7 in 2007/08. The London figure for reported cocaine powder use has now been lower than the national figure for two consecutive years.

2.7 Problem drug use

The estimated rate of problem drug use in London has been stable since 2004/05. London continues to have the highest rate of problem drug use in England

The Home Office has funded a three-year study to estimate the prevalence of problem drug use (defined as opiate and/or crack cocaine use) across and within the English regions. LHL2 reported that the estimated rate of problem drug use in London in 2004/05 was 14.35 problem drug users (PDUs) per thousand population. The estimated prevalence rates for 2005/06 and 2006/07 were 14.99 and 14.20 PDUs per thousand population respectively. In each of these years the estimated rate in London was higher than any other Government Office Region and significantly higher than the figure for the whole of England that was 9.93 per thousand population in 2004/05 and 9.97 and 9.76 per thousand population in 2005/06 and 2006/07 respectively.10

The Home Office also publishes estimates of the total number of PDUs in each region per year. At the time of publication of this briefing estimates were only available for 2004/05 and 2005/06. Over these two years the estimated number of PDUs in London rose from 74,417 in to 78,984. Table 4 below provides the 2004/05 and 2005/06 figures for London and England, including 95 per cent confidence intervals (CIs)iii.

---

1 There are many definitions of problem drug use. The Home Office research has focussed specifically on opiate and/or crack cocaine use. Other definitions focus more on the impact that drugtaking has on the user’s life, (i.e they may experience social, financial, psychological, physical or legal problems as a result of their drug use). The European Monitoring Centre for Drugs and Drug Addiction defines problem drug use as injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines. http://www.emcdda.europa.eu/stats08/pdu/methods

3 The confidence intervals show the range of values within which we can be 95 per cent certain that the true value sits.
Analysis by age group indicates that the number of PDUs in London is increasing among the 25-34 and 35-64 age groups, but may be decreasing amongst those aged 16-24. The estimated numbers of PDUs in this age group dropped by approximately 2,300, from 14,068 in 2004/05 to 11,750 in 2005/06.

Table 4  Estimated numbers of problem drug (opiate and/or crack cocaine) users aged 15-64 London and England, 2005/06 and 2004/05 (with associated 95 per cent confidence intervals)\(^1\)

<table>
<thead>
<tr>
<th></th>
<th>2005/06</th>
<th>2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>95 per cent CI</td>
</tr>
<tr>
<td>London</td>
<td>78,984</td>
<td>76,278</td>
</tr>
<tr>
<td>England</td>
<td>332,090</td>
<td>324,546</td>
</tr>
</tbody>
</table>

Analysis by age group indicates that the number of PDUs in London is increasing among the 25-34 and 35-64 age groups, but may be decreasing amongst those aged 16-24. The estimated numbers of PDUs in this age group dropped by approximately 2,300, from 14,068 in 2004/05 to 11,750 in 2005/06.
Figure 4 Estimated number of problem drug users, by age group, London, 2004/05 and 2005/06.
3. Alcohol and drug use and crime

3.1 Alcohol-related crime

Data provided by the Association of Public Health Observatories (APHO) shows that in 2006/07 London’s rate of alcohol-related recorded crime was 13.5 incidents per thousand population. As in previous years, the London figure is significantly higher than the England-wide average of 10.2 incidents per thousand population. However it is lower than the 2003/04 rate of 14.63 per thousand population, which was reported in LHL2.

3.2 Public perceptions of alcohol-related crime

The proportion of Londoners who feel that alcohol is a major cause of crime has increased significantly.

Despite London’s higher rates of alcohol-related crime, the proportion of Londoners who feel that alcohol is a major, or the main, cause of crime has traditionally been lower than the proportion nationally. This appears

Table 5 The rate of alcohol related crime per thousand population, London and England, 2006/07

<table>
<thead>
<tr>
<th></th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>All crimes</td>
<td>13.5</td>
<td>10.2</td>
</tr>
<tr>
<td>Violent crime</td>
<td>9.0</td>
<td>7.2</td>
</tr>
<tr>
<td>Sexual offences</td>
<td>0.16</td>
<td>0.14</td>
</tr>
</tbody>
</table>

Table 6 Percentage of BCS respondents who stated that alcohol was a major and the main Cause of Crime, London and England, 2002/03 - 2003/04 and 2004/05 - 2005/06

<table>
<thead>
<tr>
<th></th>
<th>2004/05 – 2005/06</th>
<th>2002/03 – 2003/04</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>London</td>
<td>England</td>
</tr>
<tr>
<td>Alcohol - major cause of crime</td>
<td>43.3</td>
<td>47.9</td>
</tr>
<tr>
<td>Alcohol - main cause of crime</td>
<td>5.5</td>
<td>5.7</td>
</tr>
</tbody>
</table>
to be changing. The APHO analysis of recent BCS data found that in 2004/05 - 2005/06, 43.3 per cent of Londoners feel that alcohol is a major cause of crime and 5.5 per cent of Londoners feel alcohol is the main cause of crime, these figures are almost on par with those for England as a whole.

The MPS also surveys Londoners on their perceptions of community safety and policing in London. The MPS Annual Report for 2007/08 shows that in 2007/08, 29 per cent of respondents to the public attitude survey felt that people being drunk or rowdy in public places was a problem. This was a significant increase from 20 per cent in 2006/07.

Analysis of the survey responses found that women in the 25-34 age group from lower socio-economic groups were most likely to state that people being drunk or rowdy in public places was a ‘big’ or fairly big’ problem. In contrast those most likely to state that this was ‘not a very big problem’ or ‘not a problem at all’ was men in higher socio-economic groups and in the 55 plus age group.15

3.3 Police recorded drug offences

Recorded drug offences have continued to increase significantly. This is largely due to increases in drug possession offences.

As discussed in the LHL2 report, drug offence trends are more of an indication of police activity around drugs than they are of levels of drug possession and drug trafficking. MPS data from the 2007/08 financial year shows that there has been a significant increase in recorded offences for drug possession in London - from 49,087 in 2006/07 to 66,759 in 2007/08. This has driven up the total number of recorded drug offences. However, the increase in recorded offending can largely be explained by the rise in police warnings for cannabis possession. Warnings are mostly issued on the street and do not carry a criminal record. This policy was introduced in January 2004 after the reclassification of cannabis from a Class B to a Class C controlled drug. The number of recorded drug trafficking offences has actually decreased from 4,559 in 2006/07 to 4,099 in 2007/08.
3.4 Public perceptions of drug dealing and use

The proportion of Londoners who felt that drug dealing and drug use is a ‘big problem’ increased significantly between 2006/07 and 2007/08.

Thirty two per cent of respondents to the 2007/08 MPS public attitude survey felt that people using or dealing drugs was a ‘very big’ or ‘fairly big’ problem in London. This was a significant increase on 2006/07 when 19 per cent of those surveyed responded this way.

The people most likely to perceive drug dealing and use to be a big or fairly big problem were those aged 15-24, and belonged to a lower socio-economic group. In contrast those who were most likely to state that drug dealing and use was ‘not a very big problem’, or ‘not a problem at all’ were over 35 and in a higher socio-economic group.17
### 3.5 Drug interventions programme

**Forty per cent of DIP tests conducted in London produce a positive result. There is considerable variation in testing results between London boroughs.**

The Drug Interventions Programme (DIP) aims to get people ‘out of crime and into treatment’. On 31 March 2006 ‘testing on arrest’, ‘required assessment’ and ‘restriction on bail’ (together known as ‘Tough Choices’) were implemented in all DIP intensive areas in England.\(^\text{iv}\) There are 21 DIP boroughs within the MPS. The City of London is also a DIP intensive area. The graphs in this section present MPS data for the 21 MPS boroughs and National Treatment Agency data for the City of London. A detailed description of DIP is provided in the full LHL2 report.

LHL2 provided DIP data from 31 March until 30 June 2006. This data showed that in the first three months following the introduction of Tough Choices an average of 4,790 tests were conducted each month, of which 37 per cent had a positive result. This briefing provides more recent data for the calendar year from January to December 2007. This data shows that over this time period an average of 4,300 tests were conducted each month with 40 per cent of these tests producing a positive result.\(^\text{18}\)

DIP testing is conducted on all persons arrested for a trigger offence (these are acquisitive crimes such as begging, burglary, robbery, or theft)\(^\text{v}\). DIP drug tests are also conducted in cases where a police officer of inspector rank has reasonable grounds to believe that the use of a specified Class A drug\(^\text{vi}\) has caused or contributed to the offence. These ‘inspector’s authority tests’ make up a very small proportion of the total tests conducted. It is therefore interesting to note the variation between London boroughs, in terms of the proportion of tests that produce a positive result. Data from January until December 2007 is presented in Figure 6. It shows that the proportion of tests that produced a positive result ranged from 32 per cent in Haringey and Brent, to 48 per cent in Tower Hamlets and Lambeth. This variation suggests that the relationship between drug use and crime differs in different parts of London.

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\(^\text{iv}\) ‘Restriction on bail’ refers the requirement that all those arrestees who tested positive for Class A drugs undergo an assessment for their drug use and agree to any follow up recommended by their assessor.

\(^\text{v}\) [http://drugs.homeoffice.gov.uk/publication-search/dip/DT_TriggerOffence1Aug07](http://drugs.homeoffice.gov.uk/publication-search/dip/DT_TriggerOffence1Aug07)

\(^\text{vi}\) [http://drugs.homeoffice.gov.uk/publication-search/dip/DT_TriggerOffence1Aug07](http://drugs.homeoffice.gov.uk/publication-search/dip/DT_TriggerOffence1Aug07)
Data from the calendar year from January until December 2007 also shows that over this time period 47 per cent of positive tests in London tested positive for cocaine only, 42 per cent for both cocaine and opiates, and 11 per cent for opiates only.

Again there was significant variation between boroughs. The proportion of tests that produced a positive result for ‘cocaine only’ ranged from 11.27 in Newham to 27.56 in Lambeth. For ‘both cocaine and opiates’ the range was from 11.40 in Brent to 25.24 in Tower Hamlets, while the proportion of tests that produced a positive result for ‘opiates only’ ranged from 2.85 in Brent to 9.31 in Ealing. Figure 7 shows the proportion of positive tests in each borough broken down by drug type. The rate of positive drug tests is indicated on the x-axis and the segments in each bar represent the percentage of all tests for each type of drug test result.

Figure 6 Proportion of DIP tests with positive and negative results, by London borough, January - December 2007

- Negative
- Positive
3.6 Drug and alcohol use among the offending population

Drug and alcohol use remains high among those under probation supervision.

The figures below are drawn from the Offender Assessment System (OASys) for all assessments completed between July 2007 and June 2008. These figures show that the levels of drug and alcohol misuse among the offending population are relatively similar at 30 and 31 per cent respectively, and higher than among the general population. The proportion of the offending population who misuse both alcohol and drugs is also high - at 11 per cent.

Cannabis was the most widely used drug among the offending population with 25 per cent of those under probation supervision reporting that cannabis was the main drug that they had used in the past six months. Nine per cent of those under probation...
supervision in London reported that heroin was their main drug used in the past six months. Nine per cent of this population also reported crack cocaine as their main drug over the past six months.

In terms of offences committed, drug misuse is associated with acquisitive crimes such as burglary, theft and handling and robbery. In contrast those who had committed criminal damage, violence against the person (VAP) or other summary offences\(^\text{vii}\) were more likely to have an alcohol misuse problem.

In terms of ethnicity, the majority of those under probation supervision with drug and alcohol misuse problems identified themselves as belonging to a white ethnic category (either white British, white Irish, or white other). Fifty nine per cent of those with an alcohol misuse problem and 45 per cent of those with a drug misuse problem were white. Overall 42 per cent of those under probation supervision identified themselves as white. The only other single ethnic group with high levels of drug and alcohol use was the black Caribbean group. This group accounted for eight per cent of those with an alcohol misuse problem and 20 per cent of those with a drug misuse problem. In total, 17 per cent of those under probation supervision identified themselves as black Caribbean.

\(^\text{vii}\) ‘Other summary offences’ refers to cases when the defendant is not entitled to trial by jury. Currently summary offences involve a maximum penalty of six months imprisonment and/or a fine of up to £5,000 (£2,000 in Northern Ireland).
4. Health impacts of drug and alcohol use

4.1 Alcohol-related hospital admissions

Rates of alcohol-related hospital admissions have continued to increase significantly in London.

LHL2 provided data on hospital admissions in London where there was a primary diagnosis of alcohol-related conditions for 2000/01 and 2003/04. There was a considerable increase over this period - from 5,354 in 2000/01 to 7,014 in 2003/04. More recent data shows that this increase has continued. In 2006/07 there were 8,594 hospital admissions in London where there was a primary diagnosis of diseases specifically related to alcohol.21

Further, in London alcohol-related hospital admissions for those in the 11-18 age group have increased from 1,171 in 2002/03 to 1,769 in 2006/07. This was a 51 per cent increase over this five-year period, compared to a 39 per cent increase across England as a whole.22

Converting these actual numbers of admissions into a ‘rate’ per head of population allows for comparison between regions. In 2006/07 the London Strategic Health Authority (SHA)’s rate of NHS hospital admissions where there was a primary diagnosis of diseases specifically related to alcohol was 114 per 100,000 population. This was significantly lower than the SHA with the highest rate - North West SHA at 170 per 100,000.23

Trend data for 2000/01 - 2005/06 suggests that rates of alcohol-specific and alcohol-attributable hospital admissions have continued to increase both in London and nationally. In all instances (i.e. for both men and women, and both specific and attributable admissions) the percentage increases were higher in London than nationally. These trends are illustrated in Figures 8 and 9.

While they may accurately reflect hospital admission rates, these figures should not be used as a proxy for rates of alcohol-related conditions. This is because they may also indicate that people with alcohol-related health needs are getting better access to hospital care, or that hospital staff are taking more care to note when alcohol has been consumed by people who are admitted to hospital.

4.2 Alcohol-related mortality

Alcohol-related mortality has continued to decline in London

Data published by APHO indicates that rates of alcohol-attributable mortality have generally dropped over the period from 2001-2005, with greater decreases in London than nationally. Alcohol-specific mortality
4.3 Drug-related infectious diseases

The prevalence of Hepatitis C and HIV among current and former injecting drug users continues to be higher in London than other parts of the UK.

Infectious diseases can be spread through sharing injecting equipment. According to the Health Protection Agency (HPA), hepatitis C is the most significant infectious disease affecting injecting drug users (IDUs). The HPA monitors the prevalence of Hepatitis C based on an annual agency survey of current and former IDUs in England, Wales and Northern Ireland. In 2007...

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The term ‘current or former’ IDUs refers to people who have injected drugs at some point in their life, but who are not necessarily currently injecting.
Figure 9 Male hospital admissions for alcohol-specific and alcohol-attributable conditions per 100,000 population, London and England, 2001/02 - 2005/06

This was similar to that seen in recent years. The prevalence of hepatitis C tends to be higher in London than in other regions covered by this survey. In 2007 the prevalence of hepatitis C among current and former IDUs in London was 58 per cent. This was a continuation of an increasing trend over the past three years - the London figures for 2005 and 2006 were 55 per cent and 57 per cent respectively.

In 2007 the overall prevalence of HIV among current or former IDUs in England, Wales and Northern Ireland was estimated at 1.1 per cent. This was a continuation of a slight downward trend over the past three years - the figures for 2005 and 2006 were 1.6 and 1.3 per cent respectively. As with hepatitis C, the prevalence of HIV among current
or former IDUs tends to be higher in London than in other regions. In 2007, the estimated prevalence of HIV among this group in London was 3.9 per cent. The London figures for 2005 and 2006 were 3.2 and 4.0 respectively.

The HPA also reports on the prevalence of HIV among current IDUs. Annual survey results from 2006 indicate that the overall prevalence amongst current IDUs in England and Wales was 1.3 per cent.

The HIV prevalence amongst current IDUs in London has changed little in recent years, and was 4.4 per cent in 2007. The prevalence among current IDUs in England and Wales outside London in 2007 was 0.63 per cent.

In 2007, 152 HIV new cases of HIV were diagnosed in the UK believed to have been acquired through injecting drug use. Trends in new diagnoses of HIV among IDUs declined steadily over the 1990s in London and have remained relatively
There were 62 such diagnoses in London in 2007. It should be noted that the figures shown in Figure 12 for previous years do not exactly match the figures shown in LHL2. This is because there can be delays in data recording and records are constantly updated, not just for the current year, but previous years also.

**Figure 11** Male all age alcohol-specific and alcohol-related mortality per 100,000 population, London and England, 2001 –2005

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**4.4 Drug-related hospital admissions**

**Numbers of drug-related hospital admissions decreased slightly between 2005/06 and 2006/07.**

Data for 2006/07 shows that the hospital admission rate for those with a primary or secondary diagnosis of drug-related mental health and behavioural disorders and for drug poisoning were 66 and 13 per 100,000 population respectively. The
NHS Information Centre calculated these using Hospital Episode Statistics (HES) data. The NHS Information Centre also provides the absolute numbers of people admitted to hospital in 2005/06 and 2006/07. These figures are presented in Table 8. They show a decrease in admissions for both drug-related mental health or behavioural disorders, and drug poisoning in both London and England over this two year time period. Data from future years will be needed to ascertain the longer-term trends.

### 4.5 Drug-related mortality

The data on drug-related mortality published in LHL2, from the London Health Observatory, remains the most up-to-date London-specific data on this topic.
Table 8 NHS hospital admissions where there was a primary diagnosis of drug-related mental health or behavioural disorders, and drug poisoning, totals, London and England, 2005/06 -2006/07

<table>
<thead>
<tr>
<th></th>
<th>Drug-related mental health or behavioural disorder</th>
<th>Drug Poisoning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2006/07</td>
<td>2005/06</td>
</tr>
<tr>
<td>London</td>
<td>1244</td>
<td>1717</td>
</tr>
<tr>
<td>England</td>
<td>6743</td>
<td>8113</td>
</tr>
</tbody>
</table>
Highs and Lows update briefing
5. Alcohol and drug treatment

5.1 Alcohol treatment

The data on alcohol treatment published in LHL2, from the Alcohol Needs Assessment Research Project, remains the most up-to-date data available on this topic. From 1 April 2008 all providers of specialist alcohol treatment have been required to submit data to the National Drug Treatment Monitoring System (NDTMS) on clients receiving specialist treatment for their alcohol misuse. This new requirement will develop into an ongoing published dataset on specialist alcohol treatment in England.

5.2 Drug treatment

The numbers of people entering structured drug treatment has increased significantly since 2003/04, particularly in Inner London. White, male opiate users continue to make up the majority of those in treatment.

All DAATs throughout the UK are required to commission a local drug treatment system. These systems are developed to meet the needs of the local PDU population, as evidenced by an ongoing local substance misuse needs assessment. The types of services that drug treatment systems provide are defined in Models of Care (MOC) published in 2006. MOC categorises treatment into four distinct ‘tiers’, with tier four interventions being the most intensive. Further information on MOC is provided in LHL2.

The National Drug Treatment Monitoring System (NDTMS) reports the number of people receiving tier 3 or 4 treatment, referred to here as ‘structured treatment’, for drug misuse in England, in order to monitor progress towards the government’s targets for participation in drug treatment programmes. All data presented below was provided by the National Treatment Agency and derived from the NDTMS.

Numbers in treatment figures describe the number of clients who have accessed treatment (by attending at least a formal assessment of need at a treatment service). Not all of these clients will have continued into a treatment programme. NDTMS 2006/07 year-end figures indicate that 36,292 adults were formally assessed by London substance misuse treatment services in 2006/07. This was 18.6 per cent of the 195,464 clients seen by treatment services across England.

The numbers of people who entered structured treatment grew significantly over the period from 2003/04, with a higher percentage
The greatest percentage increase between 2005/06 and 2006/07 was in Inner London, at 14 per cent.

The average (mean) age of individuals who entered structured treatment programmes in London during 2006/2007 was 33.1 (compared to 33.3 in 2005/2006). Comparison of the age profile of those entering structured treatment, and the age profile of PDUs estimated in the Home Office research described in section 2.7 indicates that there are broad similarities between the age profile of PDUs, and the age profile of those in structured treatment programmes. The only significant discrepancy is for people under 25 years of age who appear to make up a smaller proportion of those in treatment than they do of the estimated PDU population.

The gender balance of people who entered structured drug treatment in London in 2006/07 remained 71 per cent men and 29 per cent women, as it was in 2004/05.

The ethnic profile of those who entered structured treatment in London remained very similar over the period from 2005/06 to 2006/07, with the vast majority of those in treatment identifying within the white ethnic category. Table 10 shows that the ethnic profile of those in treatment broadly reflects the ethnic profile of London, except for the under representation of those who identify themselves as Asian.

The main drug, and up to two secondary drugs of choice of those entering structured treatment are

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**Table 9** Number of people who entered structured treatment, London and England 2003/04 - 2006/07

<table>
<thead>
<tr>
<th></th>
<th>2006/07</th>
<th>2004/05</th>
<th>2003/04</th>
<th>Per cent change 03/04 - 06/07</th>
<th>Per cent change 05/06- 06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner London</td>
<td>21593</td>
<td>16273</td>
<td>13780</td>
<td>56.7</td>
<td>14</td>
</tr>
<tr>
<td>Outer London</td>
<td>16626</td>
<td>12766</td>
<td>8755</td>
<td>89.9</td>
<td>8.9</td>
</tr>
<tr>
<td>London</td>
<td>36292</td>
<td>27692</td>
<td>22165</td>
<td>63.7</td>
<td>11.2</td>
</tr>
<tr>
<td>England</td>
<td>195464</td>
<td>160453</td>
<td>125913</td>
<td>55.2</td>
<td>7.8</td>
</tr>
</tbody>
</table>
also recorded in NDTMS. Alcohol can be recorded as a secondary drug and from 2007/08-alcohol use as the main drug will also be recorded. As in previous years heroin is the most frequently reported drug. Fifty per cent of all people in structured treatment in London reported using heroin as ‘any drug’ (ie main or secondary) while 38 per cent of those in treatment reported using crack cocaine. Among this group who reported heroin and/or crack cocaine use there has been a decline in injecting (from 40 per cent of heroin users and 30 per cent of crack users in 2004/2005 to 35 per cent and 25 per cent respectively in 2006/2007) and an increase in smoking as the preferred mode of use.

Table 10 Ethnic profile of those in structured treatment in London 2005/06 and 2006/07

<table>
<thead>
<tr>
<th></th>
<th>2005/06 (%)</th>
<th>2006/07 (%)</th>
<th>2006/07 London Population (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>70</td>
<td>69</td>
<td>69</td>
</tr>
<tr>
<td>Mixed</td>
<td>5</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Asian</td>
<td>8</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Black</td>
<td>13</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Referrals into structured treatment can be made by the individual him/herself, by a primary care provider, by another drug treatment provider, or by the criminal justice system. Self-referral remains the most frequent course of referral into structured treatment, accounting for 39 per cent of referrals in 2006/07. However there has been a significant increase in the proportion of referrals from criminal justice system (CJS) sources, which now account for 21 per cent of the total. This reflects the ongoing impact of the Drug Intervention Project. CJS referrals are the main source of referral for young people accounting for 40 per cent of referrals for those under 19, and 32 per cent for those under 25.  

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Highs and Lows update briefing
End notes

1 Association of Public Health Observatories, Indications of Public Health in the English Regions 8: Alcohol, August 2007.


3 www.lho.org.uk/HIL/Lifestyle_And_Behaviour/Alcohol_Use.aspx


10 G Hay et al, National and regional estimates of the prevalence of opiate use and/or crack cocaine use 2006/07: a summary of findings, November 2008; G Hay et al, Estimates of the Prevalence of


16 Metropolitan Police Service, unpublished data, 1999/00 - 2006/07.


22 Hospital Episode Statistics, The NHS Information Centre for Health and Social Care.


25 Association of Public Health Observatories, Indications of
Public Health in the English Regions 8: Alcohol, August 2007.


32 A Sondhi (National Treatment Agency for Substance Misuse), Drug Treatment in London,
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Chinese
如果需要您母語版本的此文件，
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Vietnamese
Nếu bạn muốn có văn bản tại liều
này bằng ngôn ngữ của mình, hãy
liên hệ theo số điện thoại hoặc địa
chỉ dưới đây.

Greek
Αν θέλετε να αποκτήσετε αντίγραφο του παρόντος
eγγράφου στη δική σας γλώσσα, παρακαλείστε να
επικοινωνήσετε τηλεφωνικά στον αριθμό αυτό ή ταχυ-
δρομικά στην παρακάτω διεύθυνση.

Hindi
यदि आप इस दस्तावेज की प्रति अपनी
भाषा में चाहते हैं, तो कृपया निम्नलिखित
नंबर पर फोन करें अथवा नीचे दिए गये
पता पर संपर्क करें

Bengali
আপনি যদি আপনার ভাষায় এই লিখিতের প্রতিলিপি
(কপি) চান, তা হল নীচের ফোন নম্বরে
বা ঠিকানায় অনুরূপ কল করে মোকাবেলা করুন।

Turkish
Bu belgenin kendi dilinizde
hazırlanması bir nüsha
edimmek için, lütfen aşağıdaki
telefon numarasını arayınız
veya adresi başvurunuz.

Punjabi
ਨੂੰ ਵਰਗੀ ਮਿਠ ਸੰਵਾਦਾਂ ਦੀ ਬਤਾਈ ਉਪਾਧੀ ਪ੍ਰਫਾਸ਼ਨ
ਦੀ ਸਾਧਨੀ ਦੀ ਹੈ। ਹੋ ਲੇਖ ਸਿਖਾ ਲੇਖ ਦੇ ਲੇਖ ਵਿੱਚ ਸਾ ਲੇਖ
ਸਿਖਾ ਲੇਖ ਦੇ ਲੇਖ ਵਿੱਚ।

Arabic
إذا أردت نسخة من هذه الوثيقة بلغتك، برحي
الاتصال برقم الهاتف أو مراسلة العنوان
الدائم

Gujarati
જો તમને આ દસ્તાવેજની વિભાગ્ય તમારી ભાષામાં
અહેવાલી કોઇ તો, કૃપા કરીને આફાં નંબર ઉપર કોણ કરી અથવા નીચેની સરનામે સંપર્ક કરો.