



Health behaviours joint strategic needs assessment secondary data analysis

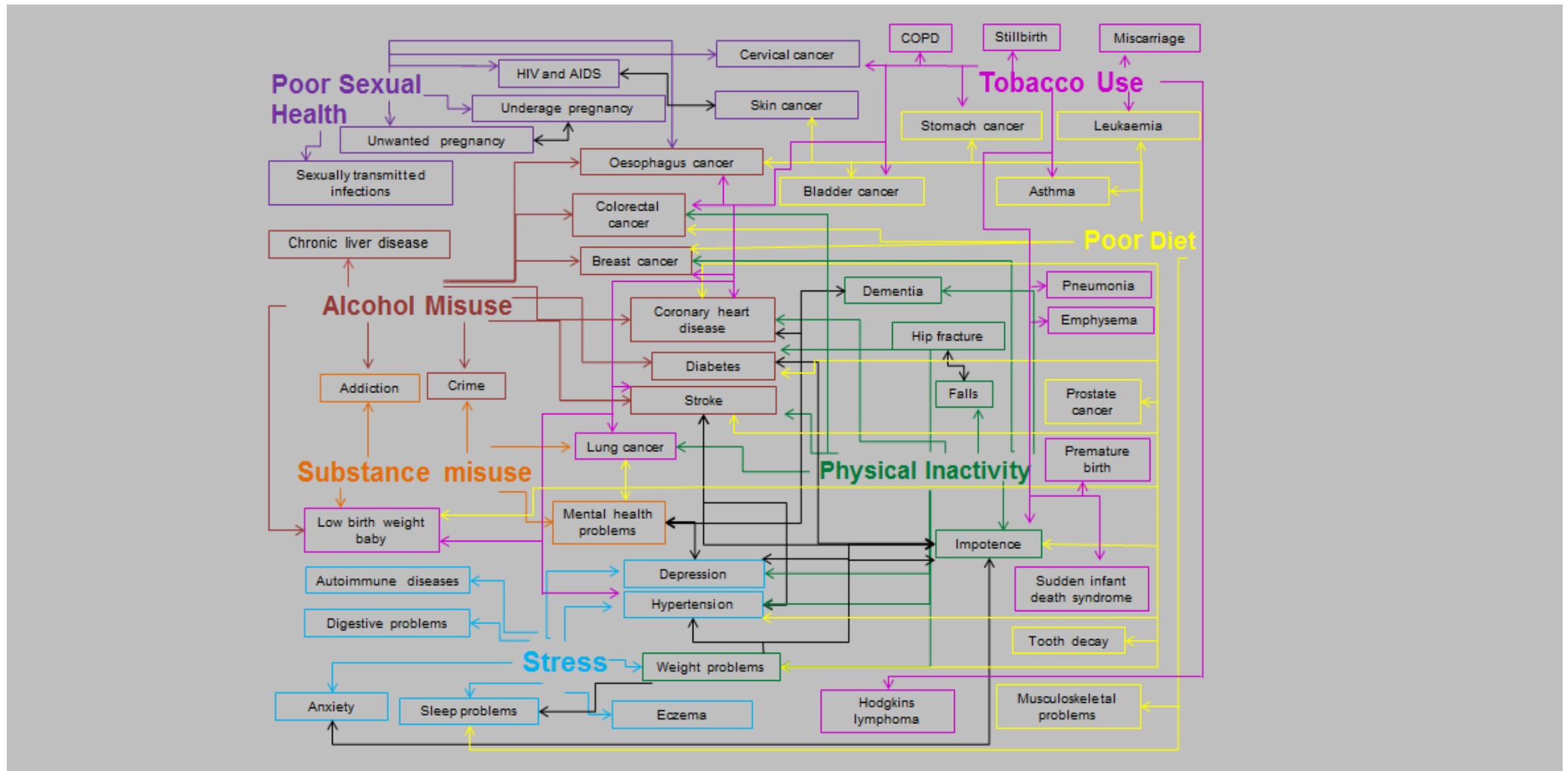
Substance misuse extract

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Unhealthy behaviour could lead to:



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Introduction

This report details an extract of the substance misuse findings of the secondary data analysis process of the health behaviours JSNA project. The purpose of this was to identify what we currently know about the seven overarching behaviours, which are:

- ❖ alcohol
- ❖ physical activity
- ❖ stress
- ❖ tobacco
- ❖ diet
- ❖ sexual activity
- ❖ substance misuse

Not only will this process give us a clear picture of the current situation in Lancashire* across these seven areas, it should also help us to identify any data gaps which exist as well as being an opportunity to bring together a number key data sets that may have otherwise been analysed in isolation from one another.

What we looked at

For each of the overarching themes we have examined the latest available data at the time of publication (February 2015) focusing on prevalence and mortality level data. Where possible this has been expanded to include demographic-level analysis. In some cases, we have also examined the latest incidence rates, although due to time constraints we have kept this to a minimum.

We have examined figures from national and local sources, taking into account surveys, hospital admission statistics, GP data sets and mortality rates from a wide range of sources including:

- ❖ [2011 Census](#)
- ❖ [2011 General Lifestyle Survey](#)
- ❖ [Chartered Institute of Environmental Health](#) (CIEH)
- ❖ [National Dental Epidemiology Programme](#) for England, Oral Health Survey
- ❖ Public Health England - [Local Alcohol Profiles for England](#) (LAPE)
- ❖ Public Health England - [Local Health Profiles](#)
- ❖ Public Health England - [Outcomes Framework Tool](#)
- ❖ Public Health England - [Tobacco Profile](#)
- ❖ Sport England: [Active People Survey](#)
- ❖ The [Health and Social Care Information Centre](#) - information portal
- ❖ [Health Survey for England](#) (HSE)
- ❖ [Hospital Episodes Statistics](#) (HES)
- ❖ The [Integrated Household Survey](#) (IHS)
- ❖ The Pupil Attitude Questionnaire
- ❖ [Quality and Outcomes Framework](#) (QOF)
- ❖ Secondary Uses Service, commissioning data sets (SUS-CDS)
- ❖ Trading standards - [Lancashire Alcohol and Tobacco Survey 2013](#)
- ❖ [Office for National Statistics](#)

* Lancashire refers to the 12 districts in the county council area. Lancashire-14 includes the two unitary authorities of Blackburn with Darwen and Blackpool.

Summary

An unhealthy lifestyle greatly increases the chances of premature death, with smoking, drinking too much alcohol, poor diet, lack of physical activity and being overweight all key contributors. The latest [Longer Lives](#) all-cause premature mortality data sets, published by Public Health England show that between the years 2011 and 2013, 12,071 people died prematurely in Lancashire.

Additionally the county also recorded a significantly higher mortality rate from diseases considered preventable (2011-13) than the England national average. Preventable mortality includes causes of death which could *potentially* have been avoided through good quality healthcare and public health interventions.¹ It includes diseases such as bronchitis, cancer, cardiovascular diseases, diabetes, hepatitis, HIV and liver disease, linking to the seven overarching themes of this report. The latest figures indicate that across Lancashire 7,215 people have died from such causes (2011-13).

Of the six [clinical commissioning groups](#) (CCG) in Lancashire,[†] NHS East Lancashire CCG, NHS Fylde & Wyre CCG and NHS Greater Preston all have significantly lower male and female healthy life expectancies at birth estimates (2010-12) than the England average.²

During this data-gathering process we identified 54 health outcomes and diseases which include one or more of the seven overarching areas of alcohol, diet, physical activity, sexual activity, stress, substance misuse and tobacco as a risk factor. A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury and it is accepted there will be more than 54 outcomes and diseases linked to our seven theme areas.

Examining the mortality figures for 20 of these 54 conditions ([appendix A](#)), we found that in the three-year period 2011-13, they were responsible for 39,300 deaths in Lancashire. Figures like these highlight how strategies such as tackling obesity, reducing problem drinking, increasing levels of physical activity and reducing drug dependency are not just about shrinking people's waistslines or getting them to cut back on their drinking, it is about improving their health and wellbeing enabling them to live long and happy lives and reducing the burden of disease as part of the wider shift from treatment, support and cure, to prevention and protection.

[†] The six CCGs are: NHS Greater Preston, NHS Chorley and South Ribble, NHS East Lancashire, NHS Fylde and Wyre, NHS Lancashire North and NHS West Lancashire.

Key findings and data gaps:

Substance misuse

- ❖ In 2010/11 the districts of Burnley, Hyndburn, Lancaster, Pendle and Preston had significantly worse estimated rates of opiate and/or crack cocaine users than the England national average (PHE – local health profiles).
- ❖ In 2012 just 8% of persons entering an opiate treatment programmes from Lancashire were considered to have been successfully treated (PHE outcomes framework).
- ❖ In 2011/12 there were 564 young people aged 15-17 in substance misuse treatment programmes across Lancashire-14 (Lancashire Drug and Alcohol Action Team).

Data gaps

- ❖ Types of drugs used.
- ❖ Do they know anyone who is a recreational drug user?
- ❖ Why do people use drugs – recreation, peer pressure, friends, and addiction?

Substance misuse

Drug and alcohol misuse are complicated cross-cutting issues that continue to present significant challenges both locally and nationally. Drug-related harm varies according to the different types of drugs being used, the way it is used, the interaction with other substances and the social context in which they are used. Drugs impact on those involved in misuse and on society as a whole. From crime in local neighbourhoods and families affected by dependency to the corrupting effect of drug dealing and international organised crime, drugs have a profound and negative effect on communities, families and individuals.³

We identified the following key data sets relating to substance misuse:

- ❖ adult drug misuse;
- ❖ numbers in drug treatment services; and
- ❖ substance misuse by children and young adults.

Adult drug misuse

Public Health England publishes modelled synthetic estimates of crude rates of opiate and/or crack cocaine users, per 1,000 (ages 15-64). The figures are based on persons identified as using drugs, in drug treatment, and from probation, police and prison data. The latest figures cover the financial year 2010/11 and show Burnley (18.7), Pendle (11.8), Preston (10.9), Hyndburn (10.7) and Lancaster (9.5) all have significantly worse rates of opiate and/or crack cocaine users than England (8.6).⁴

Drug treatment

Public Health England provides figures on successful completion of drug treatment programmes for opiate and non-opiate users. In 2013 of the 3,793 opiate users (aged 18-75) in treatment programmes across Lancashire only 8.4% (320) were considered to have left drug treatment successfully (free of drug(s) of dependence) and did not re-present to treatment within 6 months. This is above the England average of 8.2%. For non-opiate users this figure was 41% (503 of 1,222 users), above the England average of 40%. This highlights the challenge facing both those that work in the drug treatment programmes and the users themselves.

Drug use by children and young adults

As part of research conducted by Lancashire Drug and Alcohol Action Team (LDAAT) and Lancaster University, two-thirds (66%) of a small focus group of young adults in Lancashire-14 reported that they had tried an illicit drug at least once in their lifetime.

Research by the Drug Education Forum has found that cannabis is the illegal drug most widely used by young people, although misuse of volatile substances (such as glue, gas and aerosols) is commonest among 11 and 12 year olds. In Lancashire 57% of young people in treatment stated cannabis was their main addiction.

Preventive services are having a positive effect, with recent data from LDAAT showing that, between 2011 and 2012 around three-quarters of young people in Lancashire-14 successfully ended their treatment without being referred again in the same period. Of the young people in treatment, 77% were aged 15 to 17 years old, with nearly a third (29%) aged 16.

Table 1: LDAAT drugs used by children and young adults, 2011/12

Area	Referrals	No. in treatment	Rate per 1,000	No. successful completions	% successful completions	Main presenting substance
Lancashire-14	420	564	3.6	259	74%	57% cannabis,
						36% alcohol
North Lancashire	112	144	3.4	79	74%	44% cannabis
						42% alcohol
Central Lancashire	194	258	4.2	139	77%	66% cannabis
						27% alcohol
East Lancashire	216	333	6.4	166	77%	50% cannabis
						37% alcohol

Source: LDDAAT

Substance misuse by groups at risk

The Pupil Attitude Questionnaire (2012/13) indicates that a large percentage of Lancashire secondary school pupils are not concerned about their peers bringing drugs or substances into school. However, in the more deprived districts, the number of positive responses was lower, particularly in Pendle and Burnley.

The majority of children and young people who seek help for substance misuse have other emotional or social problems, such as self-harming, offending, and/or family issues. They are also less likely to be in education, employment or training. Studies have shown that young people from more than one vulnerable group are more at risk of drug or alcohol misuse (NHS Information Centre, 2011). The groups at risk include young offenders, looked-after children, care leavers, children affected by parental substance misuse, homeless young people, young people at risk from sexual exploitation, children excluded from school, and persistent truants.

The children looked after data released annually by the Department for Education indicates that Lancashire has a higher proportion of children looked after that misuse substances, than seen nationally and regionally.

Table 2: Substance misuse by children who have been looked after continuously for at least 12 months

Area	2008/09	2009/10	2010/11	2011/12	2012/13
Lancashire	6.0%	4.7%	1.7%	5.2%	3.8%
North West	6.0%	3.8%	3.6%	4.8%	3.3%
England	5.1%	4.3%	4.3%	4.1%	3.5%

Outcomes

Alongside addiction issues and risk of mortality from drug use, evidence suggests that cannabis use increases lung cancer risk^{5,6} and the risk of developing mental health problems.⁷ The latest mortality figures for lung cancer show that Lancashire has a recorded rate significantly above the England average.

Appendices

Appendix A: Mortality linked to unhealthy behaviour 2010-12 – Lancashire

Lancashire		Gender	Observed	DSR (per 100,00)	Significance to England	Links to health behaviours						
						Alcohol	Nutrition 1	Physical inactivity	Sexual activity ²	Stress	Subs. misuse	Tobacco
Cancer	All cancers (C00-C97)	All	9,847	289.3	High (0.001)							
	Bladder cancer (C67)	All	313	9.2	-		✓					✓
	Breast cancer (C50)	F	644	34.3	-	✓	✓	✓				✓
	Cervical cancer (C53)	F	48	2.6	-				✓			✓
	Colorectal cancer (C17-C21)	All	1,003	29.6	-	✓	✓	✓				✓
	Hodgkin's Lymphoma (C81)	All	16	0.5	-							✓
	Leukaemia (C91-C95)	All	253	7.5	-		✓					✓
	Lung cancer (C33-C34)	All	2,325	68.1	High (0.001)		✓	✓			✓	✓
	Malignant melanoma (C43)	All	118	3.5	-		✓					
	Oesophagus cancer (C15)	All	530	15.6	High (0.001)	✓	✓		✓			✓
	Prostate cancer (C61)	M	634	48.4	-		✓					
	Skin cancer other than melanoma (C44)	All	41	1.2	-				✓			
Stomach cancer (C16)	All	314	9.3	High (0.025)		✓					✓	
Circulatory disease	All circulatory disease (I00-I99)	All	10,388	309.8	High (0.001)							
	Coronary heart disease (I20-I25)	All	5,02	148.9	High (0.001)	✓	✓	✓				✓
	Hypertensive disease (I10-I15)	All	264	8.0	Low (0.001)		✓	✓		✓		✓
	Stroke (I60-I69)	All	2,540	76.3	High (0.001)	✓	✓	✓				✓
Digestive diseases	Chronic liver disease (K70,K73-K74) ³	All	521	15.0	High (0.001)	✓						
Endocrine & metabolic	Diabetes (E10-E14)	All	354	10.6	-	✓	✓	✓				
Respiratory	Pneumonia (J12-J18)	All	2,096	63.6	High (0.001)							✓
	COPD (J40-J44) ⁴	All	1,965	57.8	High (0.001)							✓
	Asthma (J45-J46)	All	66	2.0	-		✓					✓

[1] Includes excess weight, obese and underweight. [2] HPV - human papilloma virus. [3] Mortality from chronic liver disease including cirrhosis. [4] Mortality from bronchitis, emphysema and other COPD.

References and sources

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