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# **NATIONAL AND REGIONAL ESTIMATES OF THE PREVALENCE OF OPIATE AND/OR CRACK COCAINE USE 2009-10: A SUMMARY OF KEY FINDINGS**

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# National and regional estimates of the prevalence of opiate and/or crack cocaine use 2009–10: a summary of key findings

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## OVERVIEW

This report summarises the results of the second follow-up study to a three-year project to estimate the prevalence of opiate and/or crack use (previously defined as 'problem drug use') nationally (England only), regionally, and locally. This second follow-up was carried out three years after the final sweep of the original project, so could therefore be considered as 'sweep 6'. An overview of the national and Government Office Region estimates are presented in this report, as are comparisons with the estimates produced by the first follow-up (2008-09) sweep of the study.

Information about the number of people who use illicit drugs such as heroin, other opiates or crack cocaine is key to formulating effective policies for tackling drug-related harm as these drugs are associated with the highest levels of harm. It also helps inform service provision at the local level and provides a context in which to understand the population impact of interventions to reduce drug-related harm. Estimates of the prevalence of drug injecting are useful for considering blood-borne virus prevalence, such as hepatitis C.

Direct enumeration of those engaged in a largely covert activity such as the use of class A drugs is difficult and standard household survey techniques tend to underestimate the extent of such activity. Indirect techniques making use of various data sources offer a more reliable way of calculating prevalence estimates for the use of opiates and/or crack cocaine. The estimates presented in this report are derived using two indirect measurement techniques: the capture-recapture method (CRC); and the multiple indicator (MIM) method – these methods are described in detail in Hay et al., 2006 and Hay et al., 2007a. Methodological developments throughout the course of the previous three sweeps are discussed elsewhere (Hay et al., 2007b, Hay et al., 2008).

The individuals covered by this study were people aged 15 to 64 and resident in each DAT area, and known to be using heroin, methadone, other opiate drugs, or crack cocaine.

## RESULTS

Table 1 presents the 2009-10 national estimates and prevalence rates for those using opiates and/or crack cocaine, along with estimates of opiate use, crack cocaine use and drug injecting (by those who use either opiates or crack cocaine). Overall in 2009-10 there were an estimated 306,150 opiate and/or crack users in England; this corresponds to 8.93 per thousand of the population age 15-64.

**TABLE 1**  
**NATIONAL PREVALENCE ESTIMATES AND RATES PER 1,000 POPULATION AGED FROM 15-64 WITH 95% CONFIDENCE INTERVALS (CI)<sup>1</sup>**

Drug	Estimate	95% CI (low/high)		Rate	95% CI (low/high)	
Opiate and/or crack	306,150	299,094	316,916	8.93	8.72	9.24
Opiate	264,072	260,023	271,048	7.70	7.58	7.90
Crack cocaine	184,247	177,534	195,526	5.37	5.18	5.70
Injecting	103,185	100,085	107,544	3.01	2.92	3.14

<sup>1</sup>The confidence interval shows the range of values within which we can be 95% certain that the true value sits

Table 2 presents the estimates at the Government Office Region level, expressed as rates per thousand population aged 15-64.

In terms of regional differences, the North West Government Office Region has the highest prevalence of opiate and/or crack use at 11.08 per thousand population aged 15-64, followed by the North East at 10.84 and Yorkshire & the Humber at 10.75. The East of England and the South East have the lowest prevalence of opiate and/or crack use at 6.44 and 6.56 per thousand, respectively. When considering opiate use prevalence, the highest prevalence rates are in Yorkshire and the Humber at 9.65 per thousand, the North East at 9.60, and the North West at 9.59. The lowest prevalence rates of opiate use are in the East of England and the South East at 5.32 and 5.56 per thousand, respectively. London has the highest estimated prevalence of crack cocaine use at 7.79 per thousand population compared to a prevalence of 6.64 in the North West. The North East had the highest prevalence of drug injecting at 4.48 per thousand population.

**TABLE 2**  
**ESTIMATED PREVALENCE (RATE PER 1,000 POPULATION) OF OPIATE AND/OR CRACK USE (OCU), OPIATE USE, CRACK COCAINE USE AND DRUG INJECTING BY GOVERNMENT OFFICE REGION**

Region	OCU			Opiate			Crack cocaine			Injecting		
	Estimate	95% CI		Estimate	95% CI		Estimate	95% CI		Estimate	95% CI	
East of England	6.44	5.53	7.47	5.32	4.74	5.94	3.67	2.83	4.51	2.14	1.81	2.50
East Midlands	8.76	7.68	9.90	7.41	6.96	7.98	4.44	3.44	5.49	3.12	2.72	3.53
London	9.45	9.08	9.94	7.81	7.55	8.11	7.79	7.42	8.26	2.40	2.27	2.64
North East	10.84	10.17	11.69	9.60	9.22	10.20	4.99	4.18	6.93	4.48	4.20	4.83
North West	11.08	10.72	11.58	9.59	9.26	10.07	6.64	5.95	7.40	3.91	3.72	4.16
South East	6.56	5.72	7.39	5.56	5.08	6.12	3.81	3.11	4.70	2.06	1.75	2.42
South West	8.24	7.56	8.95	7.36	6.96	7.88	4.43	3.73	5.29	3.40	3.08	3.75
West Midlands	9.74	9.03	10.55	8.66	8.22	9.20	5.99	5.30	6.77	3.19	2.84	3.57
Yorkshire and the Humber	10.75	10.09	11.52	9.65	9.27	10.15	5.48	4.86	6.76	3.83	3.47	4.20
<b>ENGLAND</b>	<b>8.93</b>	<b>8.72</b>	<b>9.24</b>	<b>7.70</b>	<b>7.58</b>	<b>7.90</b>	<b>5.37</b>	<b>5.18</b>	<b>5.70</b>	<b>3.01</b>	<b>2.92</b>	<b>3.14</b>

Table 3 shows that, nationally, the markedly highest prevalence rate is in the 25-34 age group. This was also the case across individual regions. The North East has the highest prevalence rate in the 25-34 age range which, at just fewer than 31 per thousand, is much greater than the other Government Office Regions. London has the highest prevalence rate in the 15-24 age range, but at around nine per thousand population is not much higher than that found in the North East. Meanwhile the North West has the highest prevalence rate in the 35-64 age range which, at just over ten per thousand, is much greater than the other Government Office Regions.

**TABLE 3**  
**OPIATE AND/OR CRACK USE PREVALENCE RATES PER THOUSAND POPULATION, BY AGE GROUP AND GOVERNMENT OFFICE REGION WITH 95% CONFIDENCE INTERVALS**

Region	15-24 years			25-34 years			35-64 years		
	Estimate	95% CI		Estimate	95% CI		Estimate	95% CI	
East of England	5.59	4.84	6.73	12.78	10.93	14.73	4.79	4.09	5.57
East Midlands	8.01	6.97	9.35	22.54	19.63	25.35	5.02	4.37	5.72
London	8.51	8.31	9.62	11.30	10.70	11.87	8.83	8.37	9.24
North East	8.30	7.82	9.10	30.86	28.67	33.32	5.84	5.48	6.31
North West	6.53	6.38	7.54	19.68	18.86	20.68	10.06	9.61	10.49
South East	5.42	4.78	6.37	13.58	11.78	15.25	4.85	4.24	5.46
South West	5.72	5.40	6.72	18.97	17.17	20.50	6.12	5.60	6.61
West Midlands	6.83	6.38	7.51	25.56	23.48	27.76	5.91	5.45	6.42
Yorkshire and the Humber	7.84	7.06	9.31	24.98	23.14	26.70	7.23	6.70	7.76
<b>ENGLAND</b>	<b>6.87</b>	<b>6.84</b>	<b>7.40</b>	<b>17.95</b>	<b>17.41</b>	<b>18.52</b>	<b>6.65</b>	<b>6.46</b>	<b>6.85</b>

**TABLE 4**  
**ESTIMATED NUMBER OF OPIATE AND/OR CRACK USERS BY AGE GROUP AND GOVERNMENT OFFICE REGION WITH 95% CONFIDENCE INTERVALS**

Region	15-24 years			25-34 years			35-64 years		
	Estimate	95% CI		Estimate	95% CI		Estimate	95% CI	
East of England	3,946	3,419	4,753	8,985	7,686	10,361	11,227	9,592	13,049
East Midlands	4,850	4,223	5,668	11,832	10,306	13,306	9,090	7,918	10,351
London	8,430	8,228	9,529	16,967	16,070	17,823	26,048	24,699	27,263
North East	3,026	2,852	3,318	9,483	8,811	10,238	6,095	5,717	6,590
North West	6,262	6,124	7,234	16,356	15,677	17,185	27,724	26,480	28,901
South East	5,783	5,093	6,794	13,692	11,878	15,381	16,670	14,558	18,775
South West	3,842	3,627	4,513	10,931	9,896	11,817	12,921	11,821	13,967
West Midlands	5,006	4,671	5,501	16,697	15,342	18,137	12,665	11,670	13,762
Yorkshire and the Humber	6,027	5,426	7,161	16,692	15,463	17,844	14,902	13,823	15,994
<b>ENGLAND</b>	<b>47,173</b>	<b>46,944</b>	<b>50,798</b>	<b>121,636</b>	<b>117,920</b>	<b>125,442</b>	<b>137,341</b>	<b>133,424</b>	<b>141,512</b>

Table 5 compares the prevalence estimates for 2009-10 (sweep 6) and 2008-09 (sweep 5). Overall in 2009-10 there were an estimated 306,150 opiate and/or crack users in England; in 2008-09 it was 321,229. This decrease is statistically significant. There was a slight increase in the number of opiate users and a slight decrease in the number of crack cocaine users, but neither of these changes are significant, or represent a real change, as the differences were within the margins of error around the estimates. Estimates of the prevalence of drug injecting were not produced for 2008-09. However, in comparison with estimates for 2006-07, there was a significant decrease from 116,809 (95% CI 114,637–121,279) to 103,185 (95% CI 100,185–107,544) over the three-year period.

**TABLE 5**  
**NATIONAL ESTIMATES OF OPIATE AND/OR CRACK USE, OPIATE USE AND CRACK COCAINE USE 2008-09 (SWEEP 5) AND 2009-10 (SWEEP 6)**

	Sweep 5, 2008-09			Sweep 6, 2009-10		
	Estimate	95% CI		Estimate	95% CI	
Opiate and /or crack	321,229	316,684	329,025	306,150	299,094	316,916
Opiate	262,428	258,782	268,517	264,072	260,023	271,048
Crack	188,697	182,894	196,506	184,247	177,534	195,526

Table 6 shows that there has been a statistically significant decrease in the number of opiate and/or crack cocaine users in England between sweep 5 and sweep 6. London is the only region where there has been a statistically significant decrease. There has been an increase in the East of England and slight increases in the North East and the South West; none of these increases have been statistically significant.

**TABLE 6**  
**ESTIMATED NUMBER OF OPIATE AND/OR CRACK USERS BY GOVERNMENT OFFICE REGION IN 2008-09 (SWEEP 3) AND 2009-10 (SWEEP 5)**

Region	Sweep 5, 2008-09			Sweep 6, 2009-10			Difference		
	Estimate	95% CI		Estimate	95% CI		Estimate	95% CI	
East of England	22,871	20,725	25,243	24,158	20,766	28,022	1,287	-2,951	5,840
East Midlands	26,034	23,904	28,059	25,772	22,581	29,108	-262	-4,253	3,825
London	62,769	61,065	65,168	51,445	49,394	54,087	-11,324	-14,371	-8,202
North East	18,480	17,912	19,392	18,605	17,452	20,052	125	-1,433	1,598
North West	52,055	50,263	54,344	50,343	48,750	52,633	-1,712	-4,461	1,121
South East	35,092	31,895	38,777	36,145	31,521	40,764	1,053	-4,491	7,236
South West	27,549	26,231	29,178	27,694	25,394	30,067	145	-2,672	2,905
West Midlands	37,125	35,053	39,579	34,368	31,855	37,238	-2,757	-6,509	745
Yorkshire and the Humber	39,254	37,634	42,154	37,620	35,314	40,313	-1,634	-5,158	1,321
<b>ENGLAND</b>	<b>321,229</b>	<b>316,684</b>	<b>329,025</b>	<b>306,150</b>	<b>299,094</b>	<b>316,916</b>	<b>-15,079</b>	<b>-26,261</b>	<b>-3,478</b>

Table 7 compares the age-specific opiate and/or crack cocaine estimates between sweep 5 and sweep 6. There were decreases in the 15-24 age group and the 25-34 age group estimates; both were statistically significant. There was, however, a slight increase in the number of opiate and/or crack cocaine users in the older 35-64 age group. This increase was not statistically significant.

**TABLE 7**  
**NATIONAL ESTIMATES OF OPIATE AND/OR CRACK USE 2008-09 (SWEEP 5) AND 2009-10 (SWEEP 6)**  
**BY AGE GROUP**

	Sweep 5, 2008-09			Sweep 6, 2009-10			Difference			
	Estimate	95% CI		Estimate	95% CI		Estimate	95% CI		
15 to 24	55,145	55,104	58,618	47,173	46,944	50,798	-7,972	-10,433	-5,467	↓
25 to 34	129,141	126,101	131,926	121,636	117,920	125,442	-7,505	-12,019	-2,209	↓
35 to 64	136,943	134,091	140,083	137,341	133,424	141,512	398	-4,852	5,591	

## CONCLUDING REMARKS

The results presented here are from the sixth sweep of a series of projects that used indirect techniques to produce the best possible estimates of an important and very hard to reach group. They show that there has been a statistically significant decrease in the national estimate of problem drug use between 2008-09 and 2009-10. There were statistically significant decreases in the younger (15-24) and middle (25-34) age group, but no decrease in the older (35-64) age group.

Between 2006-07 and 2009-10 there was a statistically significant decrease in the national estimates of drug injecting.

Further results and a detailed explanation of the methodology used to produce these estimates can be found on the NTA website.

## REFERENCES

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