



Alcohol, other
drugs and
addiction

IAS Factsheet

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CONTENTS

Psychoactive drugs	3
Young people and drug use	4
Prescribed drugs	7
Over the counter drugs	8
Gambling	8
Harm associated with alcohol and other drugs	9
Alcohol and drug deaths	11
Expenditure on preventing alcohol/drug harm	12

Psychoactive Drugs

A psychoactive drug is any substance that affects brain function. The term includes 'recreational' drugs as well as psychiatric, cognitive enhancing or mood altering drugs used for medical purposes.¹ It is not unusual for people to use more than one kind of psychoactive drug and to experience more than one kind of addiction simultaneously or consecutively.

Prevalence

The use of psychoactive drugs is commonplace in Britain, as elsewhere.

The most widely used psychoactive substance in the world is caffeine, and coffee is the world's most valuable export after oil. Caffeine is a drug of dependence but it is not associated with any major health problems.¹ 'Action on Addiction' state that 1 in 3 people in Britain suffer from an addiction of some kind.²

Alcohol

Alcohol is the second most widely consumed psychoactive substance in Britain. Between 1963 and 2005, per capita consumption of alcohol in the UK virtually doubled.

- Approximately 90 per cent of the adult population consume alcohol at least sometimes
- A quarter of 11-15 year olds report drinking alcohol in the previous week
- 6.4 million adult men and women respectively drink up to 50 and 35 units of alcohol per week
- a further 1.8 million people drink over 50/35 units per week
- 7% of UK adults are dependent on alcohol at any one time – equivalent to approximately 2 million people.

Illicit Drugs

In Britain, illicit drug use rose markedly from the 1980s, though it may have declined during the last 4 years or so.¹

Prevalence of drug use in England and Wales and in Northern Ireland has not changed significantly. However, in Scotland, the decline in prevalence seen previously (from 2000) has not been sustained.¹

Prevalence of drug use among the adult population of the UK is estimated to be:¹

- 34.1 per cent have used one or more illicit drugs in their lifetime
- 11.8 per cent have used one or more illicit drugs in the last year; and
- 7.1 per cent have used one or more illicit drugs in the last month.

The highest prevalence level for lifetime use is now amongst 16 to 34 year olds, although young people aged 16 to 24 years old continue to show the highest levels of recent and current use. Prevalence rates are:¹

- 45.4 per cent of young people aged 16 to 24 years old have used one or more illicit drugs in their lifetime, 46.9 per cent of those aged 16 to 34 years old have done so;
- 27.2 per cent of young people aged 16 to 24 years old have used one or more illicit drugs in the last year, 21.4 per cent of those aged 16 to 34 years old have done so;

- 16.9 per cent of young people aged 16 to 24 years old have used one or more illicit drugs in the last month, 13.1 per cent of those aged 16 to 34 years old have done so.

Cannabis continues to be the most commonly used illicit drug, followed by ecstasy and cocaine, the latter, with magic mushrooms, showing an increase in use over recent years.

Males remain significantly more likely to use illicit drugs than females.

Illicit drug use amongst school age children has decreased.³

There are an estimated 360,000 individuals in the UK whose use of non-injectable illicit drugs is classed as problematic, together with 124,000 individuals injecting illicit drugs.

Tobacco

Smoking continues to decline in the UK. Now, only around 26-28% of the adult population are smokers: there are around 12 million adult cigarette smokers and an additional 2.3 million smokers of pipes and cigars. Smoking is often a precursor or an accompaniment to other forms of drug use. For example, the prevalence of smoking is particularly high in heavy drinkers.

Young people and drug use

There is a partial merging of the alcohol and drug scenes in the context of youth culture, and drinking more heavily is associated with the use of cannabis, parental encouragement to drink, spending more time with friends who drink, school exclusion, and being in trouble with teachers.

A wide range of factors have a bearing on whether and when young people engage in hazardous tobacco, alcohol or other drug use, and whether this then results in serious problems. While it is difficult to predict which individuals will develop serious problems and who will not, the following indicates key characteristics and circumstances of the young people who are most at risk of alcohol and drug problems:⁴

- Use of tobacco and alcohol is first seen among a small number of children under 13, many of whom have other pre-existing disadvantages such as early family adversity, parental drug use and low mental ability or poor academic performance.
- The typical picture of a teenager at risk of hazardous drug use is someone with a relatively problematic family background associating with other risk-taking peers. All forms of drug use among teenagers are more common among (but by no means restricted to) individuals for whom one or more of the following factors are present:
 - Drug use by parents or older siblings
 - Family conflict or poor and inconsistent parenting
 - Truancy and other forms of delinquency
 - Pre-existing behavioural problems
 - Low parental supervision
 - Living with a single or step-parent
- There are some variations between ethnic groups: among 13- and 15-year-olds, white and mixed ethnicity boys and girls are, at present, more likely than others to report hazardous drug use. Among 16-30-year-olds, there are significant variations in levels of hazardous drug use among different ethnic groups, but there are

insufficient data to reflect the increasing diversity of this age group in contemporary Britain.

- Although much variation exists, initiation of drug use often begins with one or more of the following in the early teens: tobacco, volatile substances, alcohol or cannabis. Ecstasy and other dance drugs are often tried in the late teens, while initiation of opiates or cocaine typically occurs in the early twenties. However, the great majority of young people do not progress beyond the use of tobacco, alcohol and cannabis.
- Many young people use drugs intermittently at different stages of their lives. In the mid-twenties, reducing use or stopping becomes more common than starting. This is usually without professional help and is often associated with marriage and stable employment.
- In their mid-teens, girls – but not boys – from the least affluent families are more likely to be regular smokers or drinkers or use other drugs. All forms of hazardous and seriously problematic drug use become increasingly related to socio-economic disadvantage with increasing age. This is especially so with drug injecting and the use of heroin, crack cocaine, amphetamines and benzodiazepines. In some areas, problem drug use has become an inescapable part of community life.

Percentage prevalence of illegal drug use in the last year in England and Wales amongst 16 to 59 year olds by drug, from 1996 to 2003/4⁵

Illegal drug	1996	1998	2000	2001/2	2002/3	2003/4	Percentage Change From 1996 To 2003/4
<i>Lifetime prevalence</i>							
Amphetamine	9.3	10.8	12.3	11.6	12.3	12.3	31
Cannabis	23.5	26.8	29.5	28.9	30.6	30.8	31
Cocaine (not including crack)	3.0	3.7	5.5	5.1	6.1	6.7	123
Ecstasy	3.8	4.2	5.3	5.9	6.6	6.9	79
LSD	5.4	5.6	6.2	5.4	5.9	6.1	12
Magic mushrooms	5.3	6.0	7.0	6.1	6.8	7.1	33
<i>Last year prevalence</i>							
Amphetamine	3.2	3.0	2.1	1.6	1.6	1.5	-52
Cannabis	9.5	10.3	10.5	10.6	10.9	10.8	14
Cocaine (not including crack)	0.6	1.2	2.0	2.0	2.1	2.4	295
Ecstasy	1.7	1.5	1.8	2.2	2.0	2.0	15
LSD	1.0	0.8	0.7	0.3	0.3	0.2	-77
Magic mushrooms	0.7	0.9	0.7	0.5	0.6	0.8	24
<i>Last month prevalence</i>							
Amphetamine	1.6	1.4	0.9	0.7	0.6	0.6	-64
Cannabis	5.5	6.1	6.4	6.6	6.7	6.5	18
Cocaine (not including crack)	0.2	0.4	0.7	0.9	0.9	1.1	376
Ecstasy	0.7	0.5	0.9	1.1	0.9	0.9	22
LSD	0.3	0.1	0.1	0.1	0.1	0.1	-72
Magic mushrooms	0.1	0.1	0.2	0.2	0.1	0.3	86
	10,940	9,984	13,018	20,146	23,586	24,222	

Source: Chivite-Matthews et al (2005)

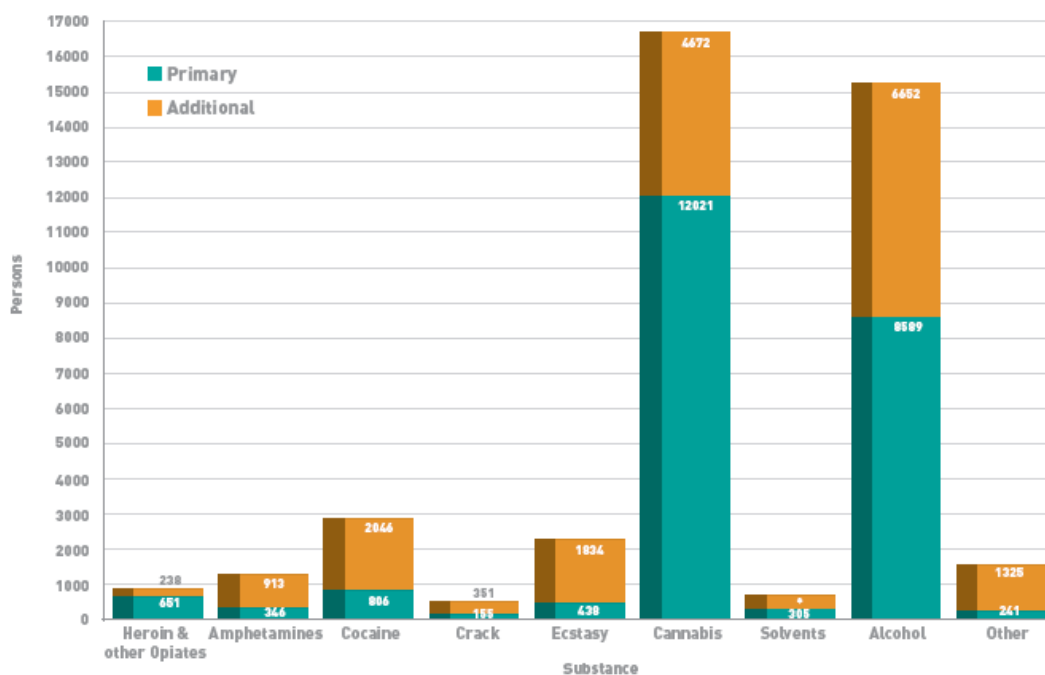
Percentage prevalence of illicit drug use in Scotland amongst adults, from 1996 to 2003/4⁵

Prevalence	1996 16-59 year olds	2000 16-59 year olds	2003 16-64 year olds
Lifetime	22.5	19.2	23.4
Last year	9.0	6.6	8.5
Total sample size	3,175	2,886	4,665

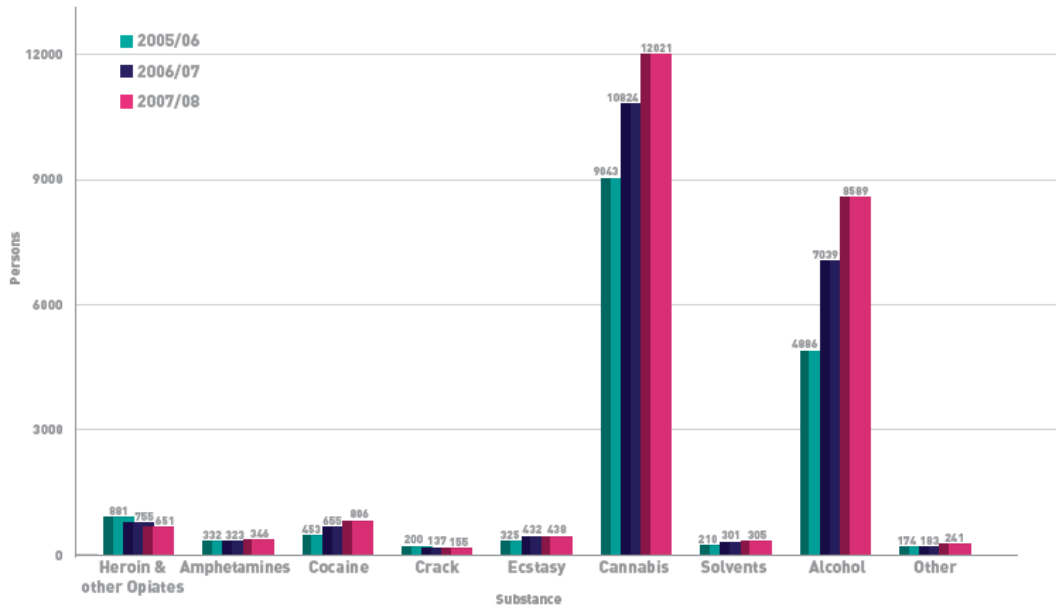
Source: Fraser (2002); Scottish Executive (2005a)

The following graphs are taken from a 2009 report compiled by the National Treatment Agency for Substance Misuse, which looked at the numbers of young people accessing drug and alcohol treatment services⁶

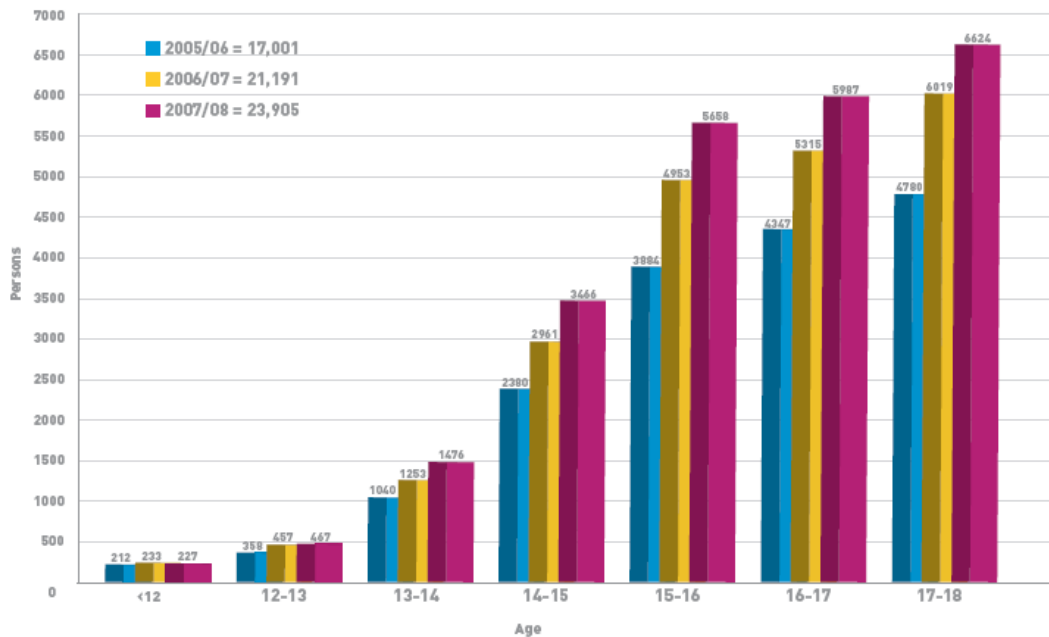
Number of young people presenting by substance 2007/08



Numbers presenting by primary substance 2005/06-2007/08



Young people accessing services by age 2005/06-2007/08



Prescribed Drugs

A poll conducted by NOP for BBC Panorama in 2001 found that over 1.5 million adults were being prescribed benzodiazepine tranquillisers long term, 28% of the sample reporting taking the drugs for more than 10 years. The recommended maximum time to take these drugs is 4 weeks. Based on these figures the BBC suggested that more than 1 million adults in Britain were addicted to benzodiazepines.⁷

Over the Counter Drugs

While there are reports of addictions to some over the counter drugs such as Nurofen Plus (ibuprofen and codeine phosphate) and Solpadeine (paracetamol and codeine), there are no official statistics documenting the extent of dependence on legal drugs available for sale over the counter without prescription.

Gambling

Gambling is the most widespread non-substance related behavioural addiction in Britain. The 2007 British Gambling Prevalence Survey⁸ found that 68% of the population, that is about 32million adults, had participated in some form of gambling activity within the past year. This compared to 72% (about 33 million adults) in 1999. Around 0.5 to 0.6 per cent of the adult population were estimated to be problem gamblers, equating to approximately 250,000 people.

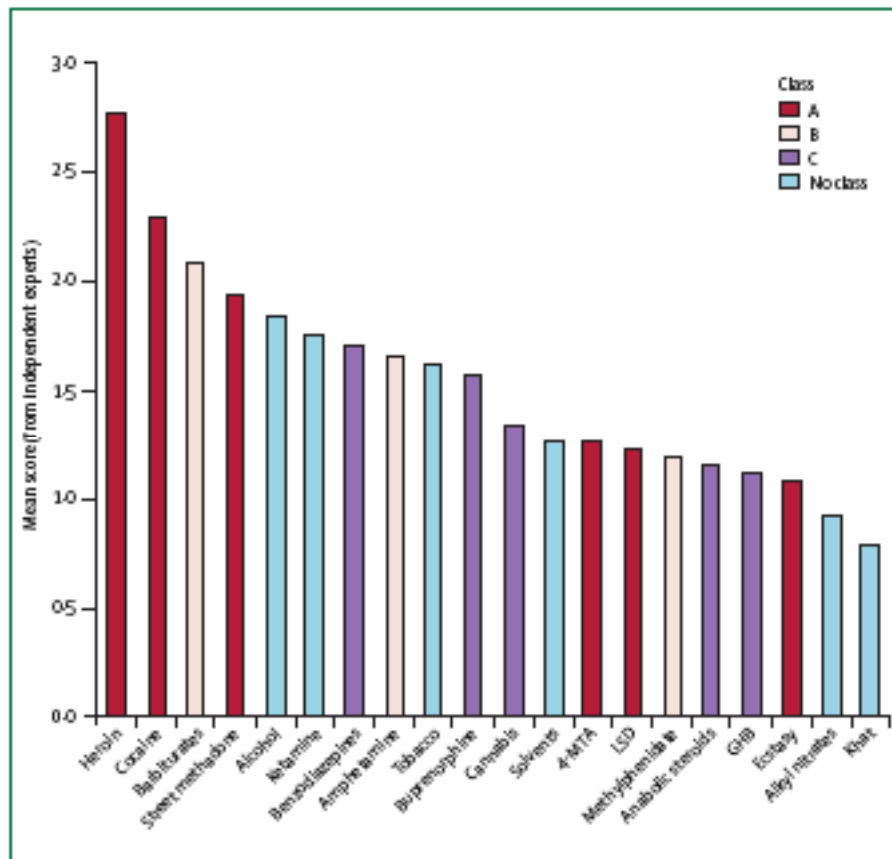
In the 2007 survey, problem gambling was associated with being male; single, separated or divorced; being young (aged 16-24); parental regular gambling; having fewer educational qualifications; being in poorer health, and being Asian/Asian British or Black/Black British. Heavier drinkers were reported as being among those having more favourable attitudes to gambling and it has previously been reported that problem gamblers also often drink heavily.

A 2007 report from the BMA⁹ states that the relatively low prevalence of gambling in the UK has probably been due to restricted opportunities for gambling, but that the passage of the Gambling Act 2005, liberalising the gambling laws and introducing supercasinos will probably increase the number of problem gamblers. The British Medical Association called for problem gambling to be recognised as a medical condition and, therefore, for treatment to be made available on the National Health Service, similar to drug and alcohol services.¹⁰

The Harm Associated with Alcohol and Other Drugs

Recent studies have attempted to rank commonly used recreational drugs in relation to their potential for causing harm. As can be seen, taking all forms of harm into account, alcohol was ranked as less dangerous than heroin or cocaine, but more dangerous than most other commonly used substances.¹¹

Mean harm scores for 20 substances¹²



Classification under the Misuse of Drugs Act, where appropriate, is shown by the colour of each bar

Scale used:

Physical harm:

- 1 Acute harm
- 2 Chronic harm
- 3 Propensity for iv use

Harm to family and community:

- 7 Tendency for intoxication
- 8 Social harm
- 9 Secondary medical harm

Dependence:

- 4 Pleasurable potency
- 5 Physical dependency
- 6 Psychological dependence

A summary of the adverse effects on health for heavy users of the most harmful common form of each of 4 drugs¹³

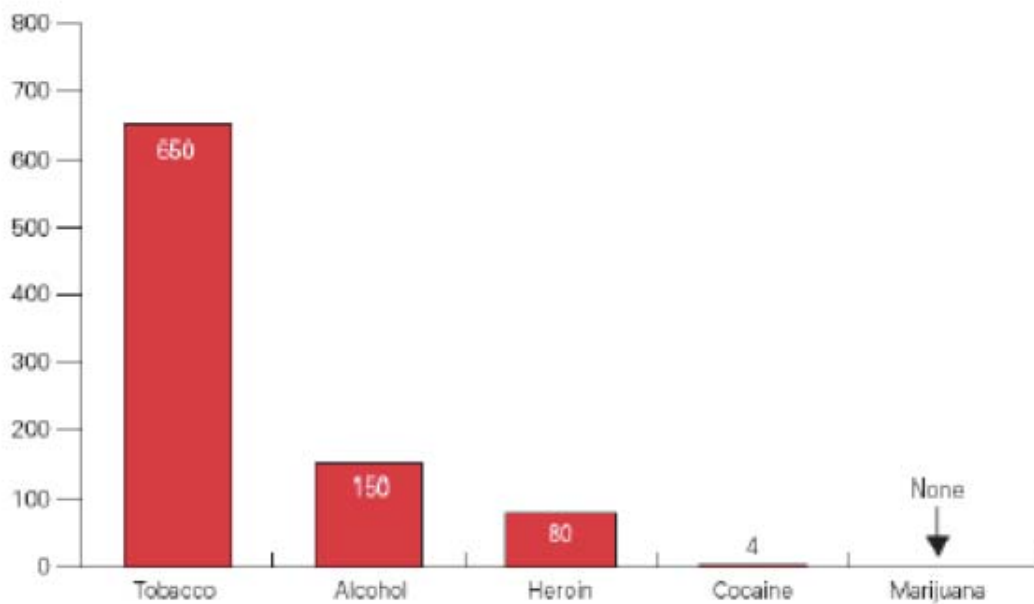
	Marijuana	Tobacco	Heroin	Alcohol
Traffic and other accidents	*		*	**
Violence and suicide				**
Overdose death			**	*
HIV and liver infections			**	*
Liver cirrhosis				**
Heart disease		**		*
Respiratory diseases	*	**		
Cancers	*	**		*
Mental illness	*			**
Dependence/addiction	**	**	**	**
Lasting effects on the foetus	*	*	*	**

*=less common or less well-established effect
 **=important effect

Another way of estimating the relative danger associated with the use of different substances is to compare the proportions of users who die as a result of their drug usage. As can be seen, in relation to mortality, tobacco is easily the most dangerous substance, and alcohol is substantially more dangerous than illicit drugs.

Estimated death rates for drugs¹⁴

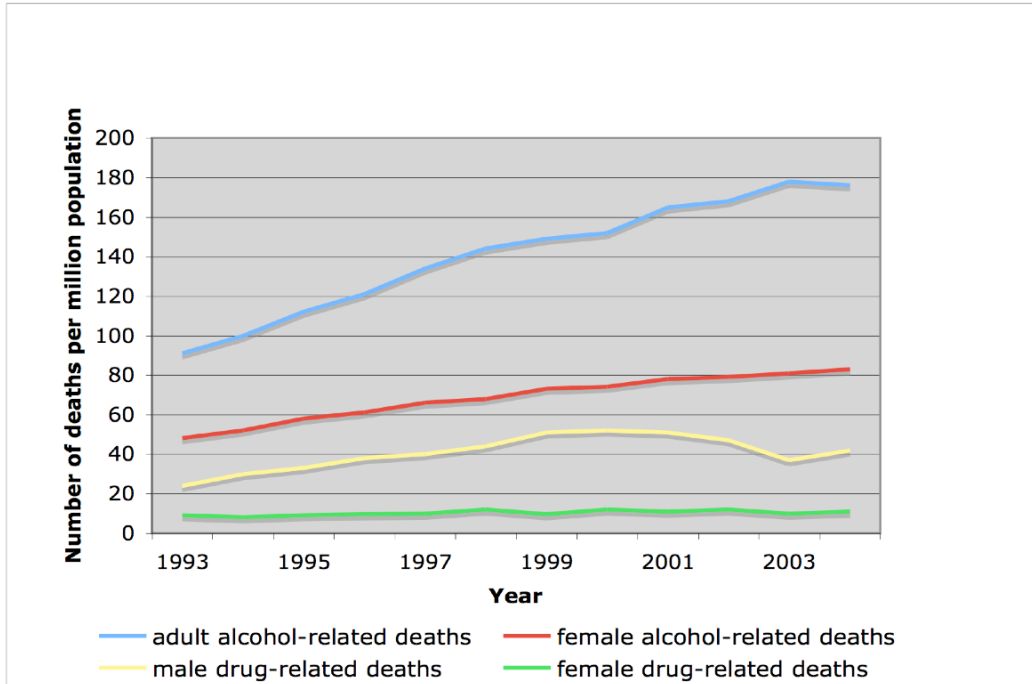
Deaths per 100,000 Drug Users



Alcohol and Drug Deaths

In 2006 there were 1752 identified drug deaths in the UK, the majority linked to heroin³. Compared with 2005, drug-related deaths in England and Wales fell by 1% but increased by 7% in Scotland and Northern Ireland. In 2005, there were 8386 deaths attributable to alcohol-related causes in England, Wales and Scotland.

Mortality rates for deaths related to drug and alcohol misuse, 1993 - 2004^{15 16}



Preventing Alcohol and Drug Problems

Many societies have defined at least some psychoactive substances as problematic, but there has been a very wide range of approaches to tackling the problems, depending on the reasons for taking action. These reasons have included:¹⁷

- Avoiding harm to users and others (such as victims of passive smoking or of drink driving)
- Preserving/promoting public health
- Ensuring purity or palatability
- Preserving/promoting public order
- Preserving/promoting economic efficiency and productivity
- Protecting the vulnerable
- Raising Government revenues
- Ensuring fairness (as with drugs in sport)
- Promoting/preserving religious or cultural beliefs and values

Approaches to tackling harm have included:

- regulation,
- prohibition,
- taxation,
- treatment,
- persuasion
- harm reduction.

Expenditure on Preventing Alcohol/drug Harm

Despite the fact that alcohol is generally more dangerous than most illegal drugs, and harms substantially more people, Government spends far more money on drug prevention than on alcohol prevention. Available figures provide information about expenditure on preventative educational programmes but the information is not necessarily kept in a form which allows for direct comparison. There is additional public expenditure on the treatment of people with alcohol or drug problems and the treatment of the consequences of drinking, smoking etc.

Drugs

The FRANK campaign, which was launched in May 2003, is administered jointly by the Department of Health and the Home Office, and provides young people and their families with information and advice about drugs, including health effects. Spending is detailed below:

Spending on media and advertising (£million):

2003-4	3.7
2004-5	1.9
2005-6	1.4

Spending on FRANK literature publishing, storage and distribution – (£000)

2003-4	368
2004-5	402
2005-6	560

These figures relate to production, storage and distribution of FRANK public-facing literature and collateral. The Home Office funds production of all publications aimed at stakeholders. In addition, the Department of Health funds the FRANK helpline and website.

Smoking

The Health Education Authority ran the public education campaign on the dangers of smoking prior to 1999-2000. The tobacco control campaign run by the Department of Health was launched in December 1999.

Advertising expenditure on the dangers of smoking from 1999-2000 to date.

Financial year	Tobacco control (£million)
1999-2000	6.18
2000-2001	8.97
2001-2002	7.79
2002-2003	7.87
2003-2004	17.76
2004-2005	25.00
2005-2006	23.00

Alcohol

The Department of Health has funded the production of a number of booklets or leaflets advising the public on 'sensible drinking':

Expenditure on booklets or leaflets (£)

2002-3	96,764
2003-4	44,591
2004-5	39,954

In November 2006, the Department of Health, jointly with the Home Office, launched the 'Know your Limits' campaign, which seeks to discourage binge drinking by young adults. The Department will contribute £1.7 million to this campaign in 2006-7.

In October 2006, the Department announced the Identification and Brief advice trailblazers, which are a series of demonstration projects on preventive interventions in health and criminal justice settings for people who are drinking at hazardous and harmful levels. The Department is investing £3.2 million in this project over 2006-8. The Department has also issued Section 64 funding to various projects, over the last 10 years, run by organisations who tackle alcohol related harm, with at least some of this funding being spent on projects aimed at prevention. The total cost was £4.8 million; £4.4 million of this money was the core funding of Alcohol Concern. In addition, Alcohol Concern projects were supported as follows:¹⁸

Title	£
2000-2 Promoting health in the workplace	116,000
2000-2 Information for Primary Care staff	89,820
2000-1 Accident & Emergency (links with alcohol services)	9,620
2001-2 Alcohol & teenage pregnancy	7,700
2001-3 Alcohol & mental health	162,740
Total for Alcohol Concern projects	385,880
Other organisations that received funding:	
1997-8 Medical Council on Alcoholism for a project on alcohol & health	10,000
2004-6 Tacade core funding	70,000

Additionally, the Department of Health funds the Drinkline helpline and a dedicated website.

Institute of Alcohol Studies
26 January 2009

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