

OUTCOMES MAP

SUBSTANCE USE AND ADDICTION

February 2013: Version 1.0

MAPPING OUTCOMES FOR SOCIAL INVESTMENT

This is one of 13 outcomes maps produced by SROI network in partnership with NPC, Investing for Good and Big Society Capital. Each map examines a particular issue area or domain, and aims to document the relevant outcomes and indicators that are currently being measured by charities, government, academics and practitioners working in this field.

This map is not intended to be prescriptive about what you should measure; instead it aims to be a starting point for social investors, funders, charities and social enterprises thinking about measuring outcomes in this domain. Neither is it intended to be definitive or comprehensive: we plan to develop the maps further in future as we learn more about measurement practice in this area.

If you have any feedback or suggestions for how we could do this, please get in touch with Tris Lumley at NPC by emailing tris.lumley@thinkNPC.org.

Outcomes maps in this series

Housing and essential needs

Education and learning

Employment and training

Physical health

Substance use and addiction

Mental health

Personal and social well-being

Politics, influence and participation

Finance and legal matters

Arts and culture

Crime and public safety

Local area and getting around

Conservation of the natural environment and climate change

MEASUREMENT FRAMEWORK: SUBSTANCE USE AND ADDICTION

Definition

An addiction is a 'persistent, compulsive dependence on a behaviour or substance'¹. There are generally considered to be two forms of addiction: substance addiction (e.g. alcohol addiction, drug abuse or smoking) and process addictions (e.g. gambling, shopping, eating or sexual activity). At present, this overview covers outcomes related to substance addictions only. Process addiction will be explored at a later date. It should be noted that not all consumption of addictive substances would be classified as an 'addiction' and that lower levels of consumption or, in some cases, 'bingeing' can also have important (usually negative) effects for a host of stakeholder groups. As such, this overview covers outcomes that are associated with general consumption of substances and is not limited to addictive behaviours only.

Context

Smoking

In 1950, the British Medical Journal published the results of a study which indicated a definitive link between lung cancer and tobacco consumption. Since this time, numerous medical and scientific studies have contributed to a vast evidence base that shows the harmful effects of smoking. Around 86% of lung cancer deaths in the UK are caused by tobacco consumption, and there is evidence that smoking can also cause cancers of the upper aero-digestive tract, pancreas, stomach, liver, bladder, kidney, cervix, bowel, ovary (mucinous) and myeloid leukemia. Overall, tobacco smoking is estimated to be responsible for more than a quarter of cancer deaths in the UK.

Cancer is by no means the only negative consequence of smoking on health. Smoking is estimated to increase the risk of coronary heart disease by 2 to 4 times, stroke by 2 to 4 times, and dying from chronic obstructive lung disease (such as chronic bronchitis and emphysema) by 12 to 13 times. Other diseases and complaints to which smoking has been linked include peripheral artery disease, abdominal aortic aneurysm, cataracts, pneumonia and erectile dysfunction in men.

In addition to the harm it causes to the smoker, tobacco consumption can have considerable consequences for the health of others. Smoking during pregnancy increases the risk of low birth weight, prematurity, spontaneous abortion, and perinatal mortality (still births, plus death an less than seven days of life). This has been termed fetal tobacco syndrome. Breathing other people's smoke is known as passive, involuntary or secondhand smoking and increases risk of 'smoking-related' diseases in non-smokers. Children are particularly at risk of the effects of secondhand smoke, as they are often exposed to it in their homes. In 2010, a landmark report entitled 'Passive Smoking and Children' by the Royal College of

¹ <http://medical-dictionary.thefreedictionary.com/addiction>

Physicians affirmed that children subjected to secondhand smoke had increased risk of asthma, lower respiratory infections, bronchitis, middle ear disease, bacterial meningitis and sudden death syndrome. The report also revealed that these disorders generate over 300,000 UK GP consultations and about 9,500 hospital admissions every year, costing the NHS about £23.3 million².

Having fallen steadily since its peak in the mid twentieth century, smoking prevalence in the UK has remained fairly stable at around 20% since 2007. There is little overall difference between genders. In the 20-24 age group, smoking is at its highest prevalence amongst women (29%), and in the 25-34 age group men are more likely to smoke (28%). Therein after, as age increases the proportion of smokers declines.

Alcohol

Alcohol is deep-seated part of culture in the UK. However, excessive consumption can have multiple negative consequence for both drinker and society at large. In 2007, the Adult Psychiatric Morbidity Survey (APMS) estimated the prevalence of hazardous or harmful drinking. Hazardous drinking is a pattern of drinking which brings about the risk of physical or psychological harm. Harmful drinking is defined as a pattern of drinking which *is likely to* cause physical or psychological harm (a subset of hazardous drinking). Results showed a quarter of adults aged 16 or over in England (24%) to be hazardous drinkers. Men were twice as likely as women to be hazardous drinkers (33% of men compared to 16% of women). Younger men and women were more likely to be hazardous drinkers than older adults. A similar pattern was seen for harmful drinking. Six per cent of men and 2% of women were classified as harmful drinkers and the proportions were lower in older age groups.

Hazardous and harmful drinking can increase the risk of various diseases, in particular liver cirrhosis, which is falling in the rest of Europe but rising in the UK, and liver and mouth cancer, which are both on the increase in the UK. It is estimated that up to one in three adults in the UK drinks enough alcohol to be at risk of developing alcohol-related liver disease.

Alcohol consumption not only impacts physical health, but also mental health. Alcohol alters the brain's chemistry and can increase the risk of depression and anxiety. Extreme levels of drinking can occasionally cause 'psychosis', a severe mental illness where hallucinations and delusions of persecution develop. Heavy drinking often leads to work and family problems, which in turn can lead to isolation and depression. For heavy drinkers who become dependent on alcohol, there can be withdrawal symptoms (nervousness, tremors, palpitations) which resemble severe anxiety, and may even cause phobias.

² Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London, RCP, 2010.

Alcohol consumption does not need to be sustained or frequent to have a detrimental effect. In recent years, 'binge drinking', defined by the NHS as 'drinking heavily in a short space of time to get drunk or feel the effects of alcohol' has been of particular concern in the UK. Data collected through the General Lifestyle Survey shows that binge drinking is most common among 16–24-year-olds, and is more common among men than women. In the last decade binge drinking among young British women has increased rapidly.

The effects of binge drinking are serious and varied. Accidents and falls are common because being drunk affects balance and co-ordination. Around 40% of patients admitted to A&E are diagnosed with alcohol-related injuries or illnesses, and nearly a third (29%) of alcohol related deaths are the result of accidents caused by drunkenness. In some cases, binge drinking can result in death as overdosing on alcohol can stop you inhibit breathing or lead to cardiac arrest. The social impact of binge drinking is also considerable, with alcohol and drunkenness a factor in an estimated 1 in 3 sexual offences, 1 in 3 burglaries, and 1 in 2 street crimes.

The consequences of alcohol consumption clearly have a much wider impact than on the drinker him or herself. The treatment of alcohol-related health issues is costly to the NHS and the cost of alcohol-related crime is substantial. If alcoholism and excessive consumption leads to further problems, such as incapacity or homelessness, this can have wider economic effects. Anti-social behaviour associated with alcohol can be damaging to communities and detrimental to both personal and social wellbeing.

Drugs

Use of illicit drugs has fallen in the UK since current forms of measurement began in 1996. In 2011/12 data collected by via the Crime Survey for England and Wales showed that an estimated 8.9% of 16 – 59 year olds had used an illicit drug in the year prior to the survey, and 36.5% had done so in their lifetimes. Within the 16 – 24 age group, these statistics rise to 19.3% and 37.7%, showing that drug use is particularly prevalent amongst young people. Despite the decline in usage, reducing drug use remains a priority because of its extensive and far reaching effects.

The use of illicit drugs can be damaging to the user, those around them and society at large. While some people are able to use recreational or prescription drugs without experiencing the negative consequences of addiction, others form a dependency on substances which can lead to physical and mental illness, and problems at home, work, and in relationships. This can leave users feeling isolated and ashamed and those around them helpless.

The physical consequences of drug use are wide-ranging and vary according to the drug used. Detrimental health effects include possible liver damage, kidney damage, cancer and cardiovascular problems. Drug poisoning (involving both legal and illegal drugs) and drug misuse (involving illegal drugs only) are significant causes of preventable death, with 2,747 deaths from drug poisoning and 1,784 deaths from drug misuse recorded in 2010. Drug use has been linked to a multitude of mental health problems, including short term conditions such as drug-induced anxiety and drug-induced psychosis, and longer term conditions such as depression, schizophrenia and bipolar disorder.

In addition to these personal effects, drug use has significant social consequences and is a threat to public safety. Whilst the measurement of drug-related crime is susceptible to change in government and police priorities and, therefore, trend analysis is difficult, during the period covered by the 2010/10 Crime Survey for England and Wales, 6% of offences were estimated to be drug related. It has been estimated that drug-related crime costs UK society up to £13.9 billion, consisting mainly of acquisitive crimes committed by problem drug users such as theft and burglary, to feed their drug habit.

Notes about this overview

An outcome is a change that occurs as the result of an activity; it can be positive or negative, intended or unintended. With reference to various existing frameworks, in the table below we have compiled a list of the most commonly measured outcomes in the area of smoking, drugs and alcohol. In addition, we have made suggestions regarding how these outcomes could be measured and referred you to some existing tools for doing so.

Our list is in no way exhaustive, and we also acknowledge that outcomes exist within a chain of events and that some of the outcomes listed in this document will lead to further outcomes. For example, reduced drug use may result in increased personal wellbeing, reduced social isolation or reduced likelihood of homelessness for those involved. For the purpose of this overview we have focused on the measurement of the changes we have listed. However, to understand the value of these outcomes, and what they mean to those involved, practitioners and investors must look beyond the listed outcomes to see what impact they have on the lives of stakeholders, for this is where the true value exists.

Outcomes are never generic and their significance or value varies according to the stakeholder group. In the table we have highlighted some outcomes that are stakeholder group specific. This is because they were of particular significance in the frameworks we have reviewed. Where outcomes are relevant to a number of stakeholder groups, we have indicated for which groups they might be especially relevant in the 'stakeholder' column.

Within this framework, there are also many opportunities for outcomes to fit into a chain of events e.g. 'Change in level of smoking' can lead to a change in the number of admissions to smoking cessation services, which will lead to a change in number of people taking smoking breaks resulting in a change in loss of economic productivity due to smoking breaks/illness/absenteeism.

Vulnerable groups

Young people – Smoking prevalence is at its highest amongst younger age groups. In addition, the longer someone smokes, the more likely it is they will suffer from smoking-related disease. A key target group for smoking-cessation/prevention initiatives is therefore young people. Young people are also more prone to hazardous or harmful drinking behaviours (e.g. binge drinking), and are considerably more likely to take illicit drugs than their older counterparts.

Lower socio economic groups – There is a strong link between cigarette smoking and socio-economic group. In 2010, 29% of men and 28% of women in routine and manual occupations smoked compared with 14% of men and 12% of women in managerial and professional occupations.

Upper socio economic groups – The proportion of adults exceeding recommended levels of alcohol consumption is consistently greater in managerial and professional households than in routine and manual households.

Pregnant women – Smoking and drinking during pregnancy can cause a multitude of problems for the unborn child. Reducing both is therefore a key priority for various initiatives.

Ex-addicts – Those who have successfully overcome substance addictions are vulnerable to relapse.

Key outcomes

- Reduced smoking prevalence (a reduction in the number of people reported to smoke tobacco)
- Reduced alcohol consumption (a reduction in the number of people reported to drink alcohol)
- Reduced drug use (a reduction in the number of people reported to take drugs)

Examples of typical interventions

- **Stop smoking initiatives:** The government operates a comprehensive NHS Stop Smoking Service. Services are available across the NHS in England, providing counselling and support to smokers wanting to quit, complementing the use of stop smoking aids Nicotine Replacement Therapy (NRT) and bupropion (Zyban). In addition, numerous government campaigns are run throughout the UK to encourage people to quit (e.g. Stoptober - a new 28 day challenge to stop smoking). As well as government initiatives, a number of charities exist with the aim of reducing smoking prevalence in the UK. These include:
 - Quit: www.quit.org.uk
 - No Smoking Day: www.nosmokingday.org.uk
 - Ash: www.ash.org.uk

- **Reducing hazardous and harmful drinking:** The Alcohol Learning Centre is 'an online one-stop-shop which collates, coordinates and disseminates learning and promising practice from across the NHS and third sector'. Various public and third sector bodies and campaigns exist to encourage responsible drinking, including the independent charity Drink Aware (www.drinkaware.co.uk).
- **Alcohol and drug rehabilitation:** Rehabilitation is a key focus of a number of organisations, including:
 - Addaction: www.addaction.org.uk
 - Focus 12: www.focus12.org.uk
 - Action on Addiction: www.actiononaddiction.org.uk
 - RAPt: www.rapt.org.uk
 - Steps 2 Recovery: www.steps2recovery.org.uk

Current approaches to measurement

In the UK, measurement relating to smoking, alcohol and drugs tends to focus on consumption prevalence and the prevalence of diseases associated with that consumption. The General Lifestyle Survey is the preferred means of monitoring smoking and alcohol consumption throughout Great Britain and sample sizes are sufficient for data to be broken down by area³ and respondent demographics. Use of illicit drugs is monitored by the Crime Survey for England and Wales and the Scottish Crime and Justice Survey in Scotland. A target group for initiatives aiming to reduce smoking, drinking and drug use is often young people. Whilst the General Lifestyle Survey includes data relating to those over 16, further data is required to monitor the substance-related behaviour of people younger than this. The National Centre for Social Research and the National Foundation for Educational Research conduct regular surveys with secondary school children aged 11 - 15 to compile the report 'Smoking, drinking and drug use among young people in England' which is the major source of data for this age group. It provides the national estimates of the proportions of young people who smoke, drink alcohol or take illegal drugs.

There are multiple approaches can be used to measure second hand smoke, including administering questionnaires, observing smoking behaviour, measuring components of tobacco smoke in the air and measuring components of tobacco smoke in the human body. The Health Survey for England and the Scottish Health Survey provide various estimates of second hand smoke, including self-reported exposure to other people's smoke and the analysis of the cotinine levels (a derivative of nicotine) of non-smokers. With regard to smoking cessation, the main source of UK-wide data is the The Smoking Toolkit Study, which is a monthly series of national household surveys with smokers and recent ex-smokers being followed up for 6 months.

³ Sometimes employing model-based analysis techniques

Data relating to substance-related disease is largely gathered with reference to Hospital Episode Statistics, which is a data warehouse containing details of all admissions to NHS hospitals in England. Data regarding the prevalence of diseases that have been linked to substance consumption is monitored, and various means are employed to assess the likelihood that incidents have been caused by smoking, or alcohol or drug consumption. These usually involve analysis of the relative risks of disease for users and non-users.

Measurement used in substance abuse rehabilitation is varied. The treatment of substance abuse and addiction in the UK tends to focus on holistic rehabilitation i.e. initiating change in all areas of a user or addict's life - not just in their level on consumption. As such, tools used to measure progress in recovery are often also holistic. The Outcomes Star, for example, is a tool commonly used to measure various aspects of life affected by drugs and alcohol, including physical health, emotional health, money, offending and family and relationships. The Treatment Outcomes Profile (TOP) was developed by the National Treatment Authority for Substance Abuse and focuses on four important treatment domains: substance use, injecting risk behaviour, crime and health and social functioning. Tools for monitoring interrelated outcomes is beyond the scope of this overview, but will be explored at a later date.

Key sources

- London Health Observatory: <http://www.lho.org.uk>
- The Office for National Statistics: <http://www.ons.gov.uk>
 - Living Costs and Food Survey
 - General Lifestyle Survey
 - Mortality statistics
 - Omnibus survey
- NHS Information Centre: <http://www.ic.nhs.uk>
 - Health Survey for England
 - Smoking, drinking and drug use among young people
- Hospital Episode Statistics: www.hesonline.nhs.uk
- NHS Stop Smoking Services: <http://smokefree.nhs.uk>
- NHS Prescription Services: <http://www.nhsbsa.nhs.uk>

Related outcomes

Substance consumption and related issues have a strong relationship with a multitude of other outcomes for individuals, families, communities, government agencies and society as a whole. The following outcomes – covered in other overviews – are therefore highly relevant to any project, initiative, activity or organisation focused on reducing substance consumption or on drug and alcohol rehabilitation.

- **Related outcome:** Finance and legal matters
- **Related outcome:** Housing and essential needs
- **Related outcome:** Crime and safety
- **Related outcome:** Employment and training
- **Related outcome:** Mental health
- **Related outcome:** Physical health
- **Related outcome:** Personal and social wellbeing

Key outcomes	Specific outcome	Indicators	Existing measures	Source and use	Stakeholders (tagging)	Notes
Change in smoking prevalence	Change in number of smokers (leads to a change in physical health, which links to a change in the number people suffering from smoke related illness)	Proportion of adults saying they smoke	<p>The General Lifestyle Survey includes questions on smoking and drinking amongst adults</p> <p>Response to Q292 (Do you smoke nowadays?) is a good indication of smoking prevalence in Great Britain.</p> <p>Data can be broken down by geographic area and respondent demographics</p>	<p>Statistics and reports are published by the Office of National Statistics: http://www.ons.gov.uk/ons/rel/gls/general-lifestyle-survey/index.html</p> <p>Data is used by government and local authorities to assess need for smoking cessation investment. Various smoking related charities refer to this data in communication and for strategic decisions.</p>	<ul style="list-style-type: none"> - Young people - Pregnant women - Health services 	<p>Due to social acceptability bias, it is likely that the survey underestimates smoking prevalence. To protect their privacy, particularly when they are being interviewed in their parents' home, young people aged 16 and 17 complete the smoking and drinking sections of the questionnaire themselves, so that neither the questions nor their responses are heard by anyone else who may be present.</p>

		<p>Proportion of young people (11 – 15) saying they smoke</p>	<p>The National Centre for Social Research and the National Foundation for Education Research undertake regular surveys which provide the national estimates of the proportion of young people who smoke, drink alcohol or take illegal drugs.</p>	<p>Data is available at the NHS Information Centre website. The latest report is here: http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/Smoking%20drinking%20drug%20use%202010/Smoking_drinking_and_drug_use_among_young_people_in_England_2010_Full_report.pdf</p> <p>Data is used by government and local authorities to assess need for smoking cessation investment. Various smoking related charities refer to this data in communication and for strategic decisions.</p>	<ul style="list-style-type: none"> - Young people - Health services 	<p>Due to social acceptability bias, it is likely that the survey underestimates smoking prevalence. To protect young people's privacy, data is collected using a paper, self-completion questionnaire.</p>
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	<p>Change in level of smoking (leads to a change in the number of people taking smoking breaks, which links to a change in economic productivity due to smoking breaks/absenteeism)</p>	<p>Change in number of cigarettes consumed by smokers</p>	<p>The General Lifestyle Survey includes questions on smoking and drinking amongst adults</p> <p>Response to Q293 and Q294 (About how many cigarettes a day do you usually smoke at weekend/on week days?) is a good indication of the level of consumption amongst smokers in Great Britain.</p> <p>Data can be broken down by geographic area and respondent demographics</p>	<p>Statistics and reports are published by the Office of National Statistics: http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/index.html</p> <p>Data is used by government and local authorities to assess need for smoking cessation investment. Various smoking related charities refer to this data in communication and for strategic decisions.</p>	<ul style="list-style-type: none"> - Young people - Pregnant women - Health services 	<p>It is likely that the survey underestimates cigarette consumption. For example, evidence suggests (Kozlowski, 1986) that when respondents are asked how many cigarettes they smoke each day, there is a tendency to round the figure down to the nearest multiple of 10.</p>
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	Change in prevalence of smoking related disease	Number of Finished Consultant Episodes with a primary diagnosis of diseases that can be caused by smoking	The NHS collects data regarding the number and cause of hospital visits	Data available from the Hospital Episode Statistics databank: http://www.hesonline.nhs.uk	<ul style="list-style-type: none"> - Health services - Individuals 	<p>A Finished Consultant Episode is defined as a period of admitted patient care under one consultant within one healthcare provider. The figures therefore do not represent the number of patients or the number of admissions, as a person may have more than one episode of care within a year or more than one episode of care within one visit to hospital.</p> <p>Note that not all recorded FCEs will be attributable to smoking as there are other contributory factors to these diseases. The NHS Information Centre also provides an estimate of the number of smoking-attributable FCEs by incorporating the relative risks of these diseases for current and ex-smokers, compared to non-smokers into calculations.</p>
		Rate of smoking-attributable mortality	<p>The Health Development Agency combines data from various sources to produce statistics on smoking attributable mortality.</p> <p>Data can be broken down by population demographics and disease.</p>	<p>This data is available from the National Institute for Health and Clinical Excellence (NICE):</p> <p>http://www.nice.org.uk/niceMedia/documents/smoking_epidemic.pdf</p>	<ul style="list-style-type: none"> - Health services - Individuals 	<p>This data relies on synthetic estimation techniques that are detailed within the reports available.</p>

		Prevalence of lung cancer	The NHS collects and publishes data regarding the number of cases of all diseases, including lung cancer	<p>General statistics are available from the NHS Information Centre: www.ic.nhs.uk</p> <p>In 2007, a 'National Lung Cancer Audit' was undertaken and the report is available here: http://www.ic.nhs.uk/webfiles/Services/NCASP/audits%20and%20reports/7089_Lung_Cancer_V5.pdf</p>	<ul style="list-style-type: none"> - Health services - Individuals 	
		Prevalence of coronary heart disease	The NHS collects and publishes data regarding the number of cases of all diseases, including coronary heart disease	<p>General statistics are available from the NHS Information Centre: www.ic.nhs.uk</p>	<ul style="list-style-type: none"> - Health services - Individuals 	

	Change intentions to stop smoking	Proportion of smokers saying they would like to give up	<p>The General Lifestyle Survey includes questions on smoking and drinking amongst adults</p> <p>Response to Q300 (Would you like to give up altogether?) is a good indication of intention to quit amongst smokers in Great Britain.</p> <p>Data can be broken down by geographic area and respondent demographics</p>	<p>Statistics and reports are published by the Office of National Statistics: http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/index.html</p> <p>Data is used by government and local authorities to assess need for smoking cessation investment. Various smoking related charities refer to this data in communication and for strategic decisions.</p>	<ul style="list-style-type: none"> - Young people - Pregnant women - Health services 	
	Change in rate of successfully stopping smoking	52 week continuous abstinence rate	<p>Smoking in England (funded by Cancer Research UK and the Department of Health) collect and publish data on smoking cessation success rates for various NHS and non-NHS interventions</p>	<p>Current data is available here: http://www.smokinginengland.info/ref/Estimated%2052-week%20quit%20rates%20.pdf</p> <p>This data is used to determine how best to support people who wish to stop smoking</p>	<ul style="list-style-type: none"> - Health services - Individuals 	<p>It is important to note that this is a live document and subject to updating when better information becomes available. Before citing, check for the most recent version. The uptake and cost figures are particularly susceptible to change.</p>

	Change in level of spending on smoking materials	Average household spend on tobacco products	The 'Living Costs and Food' module of the Integrated Household Survey collects data regarding household spend on tobacco across the UK.	Data is published by the Office of National Statistics and is available here: http://www.ons.gov.uk/ons/rel/family-spending/family-spending-2011-edition/index.html	<ul style="list-style-type: none"> - Health services - Government - Individuals 	
Change in alcohol consumption	Change in overall alcohol consumption	<p>Average number of alcoholic units consumed each week</p> <p>Maximum daily amount of alcohol (in units) consumed last week</p> <p>Proportion of population drinking more than recommended 21 units for men and 14 units for women</p>	<p>The General Lifestyle Survey includes questions on alcohol consumption amongst adults</p> <p>Data relating to these indicators are calculated on the basis of response to questions regarding the frequency of consumption of various alcoholic drinks</p> <p>Data can be broken down by geographic area and respondent demographics</p>	<p>Statistics and reports are published by the Office of National Statistics: http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/index.html</p> <p>Data is used by government and local authorities to assess and develop alcohol-related strategies. Various health-related charities refer to this data in communication and for strategic decisions.</p>	<ul style="list-style-type: none"> - Young people - Pregnant women - Health services 	<p>Due to social acceptability bias, it is likely that the survey underestimates alcohol consumption. However, the structure of the questionnaire is designed to minimise this. To protect their privacy, particularly when they are being interviewed in their parents' home, young people aged 16 and 17 complete the smoking and drinking sections of the questionnaire themselves, so that neither the questions nor their responses are heard by anyone else who may be present.</p>

		<p>Proportion of young people (11 – 15) who have ever had an alcoholic drink</p> <p>Average number of alcoholic units consumed each week by young people (11-15)</p>	<p>The National Centre for Social Research and the National Foundation for Education Research undertake regular surveys which provide the national estimates of the proportion of young people who smoke, drink alcohol or take illegal drugs.</p>	<p>Data is available at the NHS Information Centre website. The latest report is here: http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/Smoking%20drinking%20drug%20use%202010/Smoking_drinking_and_drug_use_among_young_people_in_England_2010_Full_report.pdf</p> <p>Data is used by government and local authorities to assess and develop alcohol-related strategies. Various health-related charities refer to this data in communication and for strategic decisions.</p>	<ul style="list-style-type: none"> - Young people - Health services 	<p>Due to social acceptability bias, it is likely that the survey underestimates drinking prevalence. To protect young people's privacy, data is collected using a paper, self-completion questionnaire.</p>
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	Change in level of spending on alcohol	Average household spend on alcohol	The 'Living Costs and Food' module of the Integrated Household Survey collects data regarding household spend on alcohol across the UK.	Data is published by the Office of National Statistics and is available here: http://www.ons.gov.uk/ons/rel/family-spending/family-spending-2011-edition/index.html	<ul style="list-style-type: none"> - Health services - Government - Individuals 	
	Change in alcohol related crime rate	Proportion of people under the influence of alcohol when performing a criminal offence in the last 12 months	The BCS, SCJS and NICS capture the change in level of crime linked with alcohol compiling responses to various questions which monitor the change in the level of crime link with alcohol	<p>British Crime Survey 2010/11</p> <p>Scottish and Crime Justice Survey 2010/11</p> <p>Northern Ireland Crime Survey 2010/11</p>	<ul style="list-style-type: none"> - Offenders - Local authorities - Criminal Justice System 	
		Proportion of people claiming to have driven a vehicle under the influence of alcohol in the last 12 months	The BCS, SCJS and NICS capture the change in level of crime linked with alcohol compiling responses to various questions which monitor the change in the level of crime link with alcohol	<p>British Crime Survey 2010/11</p> <p>Scottish and Crime Justice Survey 2010/11</p> <p>Northern Ireland Crime Survey 2010/11</p>		This data only includes recorded data from the police. The results are fairly inaccurate if one is to take into account drink-driving incidents where the driver was not reprimanded by police.

	Change in alcohol-related access to health services	Number of alcohol-related admissions to hospital	<p>Estimates of the number of alcohol-related admissions to hospital are calculated using information on patients' characteristics and diagnoses from the Hospital Episode Statistics (HES) databank</p> <p>Local level information on alcohol related admissions is available in the Local Alcohol Profiles for England (LAPE)</p>	<p>Data is available through the NHS Information Centre: http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/Alcohol_2012/Statistics_on_Alcohol_England_2012.pdf www.lape.org.uk</p>	<ul style="list-style-type: none"> - Health services - Individuals 	<p>A review of the methodology used to estimate alcohol related admissions is taking place in the form of a public consultation led by the North West Public Health Observatory working with the Department of Health and the Health and Social Care Information Centre (HSCIC).</p>
		Alcohol-related mortality rate	<p>The Office for National Statistics (ONS) compile mortality statistics including those related to alcohol consumption.</p>	<p>The latest mortality statistics are available here: http://www.ons.gov.uk/ons/dcp171778_284566.pdf</p>	<ul style="list-style-type: none"> - Health services - Individuals 	
		Prevalence of alcohol-related discussions with health professionals	<p>In an Omnibus Survey carried out by the Office of National Statistics In 2009, respondents were asked if, in the last year, they had had any discussions about drinking with their General Practitioner (GP), someone else at the surgery, another doctor or any other medical professional</p>	<p>Data is available through the NHS Information Centre: http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/Alcohol_2012/Statistics_on_Alcohol_England_2012.pdf</p>	<ul style="list-style-type: none"> - Health services - Individuals 	

		Number of prescriptions for alcohol dependency	NHS Prescription services collates data relating to the prescription of Acamprostate Calcium (Campral) and Disulfiram (Antabuse)	<p>NHS Prescription Services: http://www.nhsbsa.nhs.uk/PrescriptionServices.aspx</p> <p>Data is published through the NHS Information Centre: http://www.ic.nhs.uk/webfiles/publications/003_HealthLifestyles/Alcohol_2012/Statistics_on_Alcohol_England_2012.pdf</p>	<ul style="list-style-type: none"> - Health services - Individuals 	Acamprostate Calcium helps restore chemical balance in the brain and prevents the feelings of discomfort associated with not drinking, therefore reducing the desire or craving to consume alcohol. Disulfiram produces an acute sensitivity to alcohol resulting in a highly unpleasant reaction when the patient under treatment ingests even small amounts of alcohol.
		Prevalence of alcohol-related liver disease	The NHS collects and publishes data regarding the number of cases of all diseases, including alcohol-related liver disease	<p>General statistics are available from the NHS Information Centre: www.ic.nhs.uk</p>	<ul style="list-style-type: none"> - Health services - Individuals 	

<p>Change in level of drug use</p>	<p>Change in level of use of illicit drugs</p>	<p>Proportion of people claiming to have used illicit drugs in previous 12 months/month</p>	<p>The British Crime Survey includes questions to monitor usage of illicit drugs in England and Wales.</p> <p>Data can be broken down by drug type geographic area and respondent demographics</p>	<p>British Crime Survey data on drug use is published annually in a separate report called Drug Misuse Declared and is available through the Home Office and the Office of National Statistics</p> <p>http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/drugs-misuse-dec-1112/</p>	<ul style="list-style-type: none"> - Young people - Criminal Justice System - Health services 	<p>Due to social acceptability bias, it is likely that the survey underestimates drug consumption. The 2011 version of the survey asked respondents about the following drugs:</p> <ul style="list-style-type: none"> - Cannabis - Skunk (a stronger version of herbal cannabis) - Methamphetamine - Cocaine powder - Crack cocaine - Ecstasy - Heroin - LSD - Magic mushrooms - Methodone or physeptone - Semeron - Tranquilizers - Amyl nitrate - Anabolic steroids - Ketamine <p>The BCS is a household survey and, therefore, does not cover all groups of society, some of which may be considered potentially important in terms of having high levels of drug use. Particular groups which are not covered by the survey are the homeless and those living in certain institutions such as prisons or student halls of residence.</p>
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		<p>Proportion of young people (11-15) claiming to have used illicit drugs in previous 12 months/month</p>	<p>The National Centre for Social Research and the National Foundation for Education Research undertake regular surveys which provide the national estimates of the proportion of young people who smoke, drink alcohol or take illegal drugs.</p>	<p>Data is available at the NHS Information Centre website. The latest report is here: http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/Smoking_drinking_and_drug_use_among_young_people_in_England_and_2010_Full_report.pdf</p> <p>Data is used by government and local authorities to assess and develop drug-related strategies. Various health-related charities refer to this data in communication and for strategic decisions.</p>	<ul style="list-style-type: none"> - Young people - Health services 	<p>Due to social acceptability bias, it is likely that the survey underestimates drinking prevalence. To protect young people's privacy, data is collected using a paper, self-completion questionnaire.</p>
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	<p>Change in level of drug-related crime</p> <p>(links to a change in the perception of the local community)</p>	<p>Rate of drug related offending (Class A)</p>	<p>Police record incidents of crime related to the use or distribution of class A drugs. Data can be broken down by drug type and offence.</p>	<p>The Home Office publishes such data through the Office of National Statistics (ONS)</p> <p>The National Outcome and Indicator framework (used until March 2011) included the following indicator of the outcome 'Safer communities'. The performance of local areas was measured on this basis and in many cases the measure still applies.</p> <p>'NI38: Drug-Related (Class A) Offending'</p>	<ul style="list-style-type: none"> - Social services - Offenders - Young people - Prison services 	<p>The number of drug offences recorded by the police is greatly dependent on police activities and priorities and doesn't give a reliable indication of trends in level of drug offending.</p>
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	Change in drug-related access to health services	Rate of drug-related deaths	<p>The Office of National Statistics releases statistics regarding drug-related deaths in Injury and Poisoning Mortality in England and Wales.</p> <p>Drug Related Deaths in Scotland is an annual publication by National Records of Scotland. This National Statistics publication shows statistics of drug-related deaths in 2010 and earlier years, broken down by cause of death, selected drugs reported, age and sex.</p>	<p>http://www.ons.gov.uk/ons/rel/vsob1/injury-and-poisoning-mortality-in-england-and-wales/2010/index.html</p> <p>http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/drug-related/2011/index.html</p>	<ul style="list-style-type: none"> - Health services - Individuals 	
		Change in drug-related admissions to hospital	<p>Estimates of the number of drug-related admissions to hospital are calculated using information on patients' characteristics and diagnoses from the Hospital Episode Statistics (HES) databank</p>	<p>Data is available through the NHS Information Centre:</p> <p>http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/Alcohol_2012/Statistics_on_Alcohol_England_2012.pdf</p>	<ul style="list-style-type: none"> - Health services - Individuals 	

		Number of prescriptions for drug dependency	NHS Prescription services collates data relating to the prescription of drugs for substance dependency	<p>NHS Prescription Services: http://www.nhsbsa.nhs.uk/PrescriptionServices.aspx</p> <p>Data is published through the NHS Information Centre: http://www.ic.nhs.uk/webfiles/publications/003_HealthLifestyles/Alcohol_2012/Statistics_on_Alcohol_England_2012.pdf</p>	<ul style="list-style-type: none"> - Health services - Individuals 	
		Number of people aged 18 and over in contact with structured drug treatment	The National Drug Evidence Centre at Manchester University collates data regarding referrals to drug treatment. Data can be broken down by patient demographics and geographic area.	<p>Data is published through the National Treatment Agency for Drug Misuse: http://www.nta.nhs.uk</p>	<ul style="list-style-type: none"> - Health services - Individuals 	

		<p>Rate of successful drug rehabilitation</p>	<p>The Treatment Outcomes Profile (TOP) is a clinical tool used to enable clinicians and drug workers to keep track of the progress of individuals through their drug treatment journey.</p> <p>It measures drug use and gives an early indication about clients' progress in overcoming problems with work, education or housing through a set of 20 questions.</p> <p>Through the TOP, levels of drug consumption (inc. proportions abstaining or improving) can be monitored throughout the treatment period.</p>	<p>The tool is available here: http://php.nhs.uk/wp-content/uploads/2012/04/TOP_May_2007.pdf</p> <p>Data is published by the National Treatment Agency for Drug Misuse: http://www.nta.nhs.uk</p>	<ul style="list-style-type: none"> - Health services - Individuals 	
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