



March
2018

Estimates of the number of children who live with opiate users, England 2014/15

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Introduction

Supporting people to overcome addiction whilst keeping children in their care safe from harm is an important issue. Parental drug use can, for example, be a major barrier to work and can impact on both adults' and children's lives¹. Planning and delivering appropriate support and care services for these adults and children requires estimates of the sizes of these two groups. To support service planning in England, estimates of the number of children who live with people using opiates and of the number of opiate users who live with children have been produced.

Information from the National Drug Treatment Monitoring System (NDTMS) has been combined with estimates of the number of opiate users in England (in 2014/15)² to provide estimates of the number of children who may be considered as 'affected by parental opiate use'. Specifically, estimates of the number of children who live with female opiate users and the number of children who live with male opiate users in England have been produced, along with the number of opiate users who live with children.

The estimates refer to children aged under 18 years that live in the same household as an adult opiate user at least one night a week where the adult does not necessarily need to have parental responsibility for the child. As an individual child could be living with more than one opiate user (e.g. their opiate using mother and a male opiate user), it is not possible to combine the number of children who live with a female opiate user and the number who live with a male opiate user to give an overall total estimate of the number who live with at least one opiate user.

Methods

The estimates in this report combine estimates of the number of opiate users with information on whether opiate users in treatment according to NDTMS lived with any children and, if so, how many children they lived with. This was carried out through several steps.

Step 1: Estimates of the number of opiate users, including estimations by age group and gender, were derived within separate projects for 2014/15 and earlier fiscal years, using two related statistical methods³ known as the capture-recapture method and the multiple indicator method. Additional analyses using the capture-recapture method were carried out for 2014/15 to estimate the age group (15-24, 25-34 and 35-64) and gender breakdown of the published opiate prevalence estimates for this year. These analyses were carried out at regional level (e.g. males aged 25-34 in London).

Step 2: These three broad age groups may be too wide to provide detailed information on parental opiate use; therefore an estimated 'distribution' of opiate users by age and gender was constructed as follows:

The number of opiate users in drug treatment for each individual year of age/gender/region (e.g. males aged 27 in London) in 2014/15 was extracted from NDTMS. The breakdown by individual year forms an approximate age-distribution which was then fitted to each estimate by age group/gender/region calculated in Step 1.

Step 3: For each individual age and gender estimate resulting from Step 2, the proportion of opiate users who live with children and the average number of children living with an opiate user were obtained from NDTMS. The estimates can be aggregated to provide estimates at the age group or gender level, and specific analyses can be carried out for each region.

Step 4: Final estimates were produced at local authority level by applying the regional estimates from Step 3 to the existing age group estimates for the local authority.

Producing the estimates at a lower level and then aggregating implicitly controls for differences in the likelihood of an opiate user being a parent and the likelihood of being in treatment by age, gender and region.

Assumptions

In generating these estimates, it is assumed that:

1. the underlying opiate prevalence estimates are correct;
2. the parenting information found in NDTMS is representative of all opiate users in England; in other words, those who are in treatment are not more or less likely to be parents or to have more or less children than those not in treatment. The validity of this assumption is difficult to test; however an examination of the parenting information within NDTMS did not find that any particular group (such as those entering treatment for the first time) were more or less likely to be parents than the whole NDTMS treatment data set. Factors that could influence the representativeness of treatment data such as gender or age group are accounted for by constructing an estimate 'total' age and gender distribution;
3. the parenting information in NDTMS is accurate, i.e. that those completing assessments correctly report the number of children they are living with;
4. the information derived at the regional level can be applied to the relevant Local Authorities.

Results

Table 1 presents the estimated number of children who live with adult opiate users and the estimated number of adult opiate users who live with children. Separate estimates are provided by the gender of the adult opiate users. In the table these estimates are provided by region. Local Authority Estimates will be released by PHE later in 2018.

Table 1. Estimated number of children who live with adult opiate users by gender of the opiate user and estimated number of adult opiate users who live with children by region, England 2014/15

Region	Estimated number of children who live with opiate users		Estimated number opiate users who live with children	
	Female Opiate Users	Male Opiate Users	Females	Males
East of England	3,471	6,771	1,946	3,681
East Midlands	4,188	8,380	2,318	4,388
London	5,688	13,385	3,164	7,340
North East	3,039	5,442	1,669	2,873
North West	9,709	17,385	5,018	9,069
South East	4,305	7,270	2,477	4,074
South West	4,769	7,490	2,720	4,158
West Midlands	5,972	12,826	3,095	6,582
Yorkshire and the Humber	6,848	14,075	3,619	7,376
ENGLAND	47,989	93,024	26,026	49,541

¹ Improving Lives: Helping Workless Families. London: Department of Work & Pensions. April 2017. ISBN 9781784259242 <https://www.gov.uk/government/publications/improving-lives-helping-workless-families>

² Hay, G, Rael dos Santos, A & Swithenbank, Z (2017) Estimates of the prevalence of opiate use and/or crack cocaine use 2014/15: Sweep 11 report. Liverpool, Public Health Institute, Liverpool John Moores University. Available at www.cph.org.uk/wp-content/uploads/2017/09/Estimates-of-the-Prevalence-of-Opiate-Use-and-crack-cocaine-use-2014-15.pdf

³ Hay, G, Gannon, M, MacDougall, J, Millar, T, Eastwood, C and McKeganey, N. (2006) Local and national estimates of the prevalence of opiate use and / or crack cocaine use (2004/05) in Singleton, N, Murray, R and Tinsley, L. Measuring different aspects of problem drug use: methodological developments. Home Office Online Report 16/06, Available: <http://webarchive.nationalarchives.gov.uk/20110218135832/rds.homeoffice.gov.uk/rds/pdfs06/rdsolr1606.pdf>

This report has been prepared by Gordon Hay, Public Health Institute, Liverpool John Moores University in collaboration with Public Health England.

Acknowledgements:

Kosmas Deligkaris, Solina Li, Kulvir Randhawa, and Martin White from Public Health England.