

Substance use

082 A RETROSPECTIVE ANALYSIS OF CHANGING OUTCOMES FOR PREGNANT SUBSTANCE USERS WITH THE ESTABLISHMENT OF SPECIALIST ANTENATAL SERVICES

¹K Bristow, ²F Ibrahim, ³E Gilvarry, ¹E Kaner, ⁴P Moran, ¹J Rankin. ¹*Institute of Health and Society, Newcastle University, Newcastle upon Tyne, UK;* ²*North Shields Community Mental Health Team, Northumberland, Tyne and Wear NHS Trust, Tyne and Wear, UK;* ³*Alcohol & Drug Service, Plummer Court, Northumberland, Tyne and Wear NHS Trust, Newcastle upon Tyne, UK;* ⁴*Royal Victoria Infirmary, Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle upon Tyne, UK*

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Objective: The misuse of substances (alcohol and illicit drugs) during pregnancy is increasingly common in the UK and is associated with poor maternal and foetal outcomes. Current estimates are that 2–3% of children have a substance misusing parent. There is a poor understanding of the demographics of pregnant substance misusers, of the patterns of antenatal service provision and little evidence about which service model is most effective at optimising care. The aim of this work is to inform clinical practice and further research by studying the health, social context and obstetric outcomes of substance misusing pregnant women.

Design: Retrospective case note analysis of medical records in 2002 and 2006.

Setting: Newcastle upon Tyne.

Participants: Pregnant women attending a specialist antenatal addiction clinic.

Main Outcome Measures: Information extracted on demographics, substance misuse histories and key obstetric outcomes.

Results: Between 2002 and 2006, there was an increase in average monthly referral rate to the clinic from 14 to 23 women. The age range of both cohorts was similar (17–39 years). In 2002, the primary drugs used were heroin (65%), alcohol (23%) and benzodiazepines (13%). In 2006, they were heroin (50%), alcohol (24%), stimulants (15%) and cannabis (11%). Mean gestational age at booking for opiate users improved from 18 to 16 weeks and from 28 to 15 weeks for non-opiate users. Between 2002 and 2006, there were fewer neonatal admissions to special care (26% to 20%) but similar rates of neonatal abstinence syndrome “NAS” (both 23%). In 2002, 22% women delivered before 37 weeks compared to 5% in 2006. In 2002, 95% babies born to alcohol and opiate users were below the 50th centile for birth-weight compared to 81% in 2006.

Conclusion: This study represents one of the first attempts to analyse changing demographics, substance misuse patterns and obstetric outcomes in pregnant substance misusers in the UK. Pregnant substance misusers presented earlier to the clinic and accessed more antenatal care. Preterm delivery rates and infant birth-weights were improved, highlighting the benefit of specialist antenatal care. Our data show an increasing variety of substances misused, however the limited work on substance use in pregnancy in the UK has focused on opiate misusers. If the needs of all pregnant substance users are to be effectively met by services it is important to understand and adapt to changing patterns of substance misuse.

083 EARLY ADOLESCENT SUBSTANCE USE AND PARENTAL SOCIO-ECONOMIC POSITION EARLIER IN LIFE: BIRTH COHORT ANALYSES

¹R Melotti, ²J Heron, ³M Hickman, ³J Macleod, ¹R Araya, ¹G Lewis. ¹*Unit of Psychiatry, Community Based Medicine, University of Bristol, Bristol, UK;* ²*ALSPAC, Social Medicine, University of Bristol, Bristol, UK;* ³*Social Medicine, University of Bristol, Bristol, UK*

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Objective: To examine the association between different indicators of parental socio-economic position (SEP) and a range of substance use in their adolescent offspring.

Design: Longitudinal observational study.

Setting: Population based birth-cohort from the early 90s in the Avon region (ALSPAC, UK).

Participants: The sample consists of 5837 children (2877 boys and 2960 girls), who attended a face-to-face interview when they were aged 13 (80.5%) or 14.

Measures: Alcohol consumption without parental permission, recent consumption of a whole drink, binge drinking (3+ drinks/24 hrs), ever and recent cigarettes and cannabis use. Information on parental SEP in the perinatal and early childhood period from self-administered questionnaires to the mother: both maternal and paternal registrar general social class, education and equivalised household disposable income accounting for family size, composition and housing benefits. The association between the SEP indicators and substance use was assessed using logistic regression models adjusting for child's gender and age at attendance.

Results: 26.1% (95% CI 25.0 to 27.3) reported using alcohol without parental permission and 20.7% (19.6 to 21.8) had ever drunk 3 or more drinks on one occasion. Smoking was reported in 19.2% (18.2 to 20.3) and cannabis use in 4.6% (4.1 to 5.2). Smoking was more prevalent in lower SEP groups irrespective of the SEP measure used. In contrast, there was a complex pattern of association between the different SEP measures and the alcohol and cannabis outcomes. For example, adolescents from the lowest quintile of income households reported less recent use of alcohol than those in the middle households (OR 0.76; 0.63 to 0.93). Binge drinking was more common in groups whose parents had lower educational levels. Children with mothers from higher social classes were at increased risk of alcohol use without parental permission. A consistent association between reported cannabis use and either social advantage or disadvantage was not apparent.

Conclusion: Most health related behaviours, including smoking, are socially patterned and unhealthy behaviour is more prevalent in lower socioeconomic groups. Our results indicate a complex relationship between SEP and alcohol in a cohort of UK adolescents. Relatively low prevalence of cannabis use at this age precludes drawing any firm conclusions regarding its social patterning. The results might be explained by two contrasting influences. Higher income might increase the availability and therefore use of substances. In contrast, lower SEP groups might be more likely to engage in unhealthy behaviours.

084 THE EDINBURGH ADDICTION COHORT: A LONGITUDINAL STUDY OF SURVIVAL AND LONG TERM INJECTING CESSATION

^{1,2}J Kimber, ³L Copeland, ¹M Hickman, ¹J MacLeod, ³J McKenzie, ⁴DD Angelis, ^{3,5}JR Robertson. ¹*Department of Social Medicine, University of Bristol, Bristol, UK;* ²*National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, Sydney, Australia;* ³*Muirhouse Medical Group, Edinburgh, UK;* ⁴*MRC Biostatistics Unit, Institute of Public Health, Cambridge, UK;* ⁵*Division of Community Health Sciences, University of Edinburgh, Edinburgh, UK*

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Objective: To examine survival and long term injecting cessation (LTC) in a cohort of drug users recruited in a primary care setting.

Design: Open cohort with a mean of 10.2 years (SD 6.8, range <1–25) follow-up. Data sources were primary care notes, participant interviews and linkage to the national mortality register.

Setting: A large general practice surgery in Edinburgh.

Participants: 794 patients with a history of injecting drug use recruited between 1980 and 2007. Their mean age at first injection was 19.9 years (SD 5.1, range 11–41). At the study endpoint, 228 (29%) were dead and 75% of survivors were followed up.

Main Outcome Measures: Time from first injection to: death; and last injection beginning a period of LTC ≥5 year's duration.

Results: Based on a competing risks multinomial logistic regression model (n = 566), 35% of survivors did not achieve LTC, 16% died