When we get ill: substance misuse

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Note:
On 1 April 2019:
West Suffolk Council replaced Forest Heath District Council and St Edmundsbury Borough Council
East Suffolk Council replaced Suffolk Coastal District Council and Waveney District Council
This State of Suffolk report was created before these changes, so gives information for the pre-2019 council areas.

1 Five key points

1. Alcohol and drug use are the two leading risk factors for early mortality among men and women aged 15-49 years in the UK. (3.1 Substance misuse as a risk factor)

2. For the period 2016/17, it is estimated that there were 3,116 opiate and/or crack cocaine users and 6,510 adults with alcohol dependence in Suffolk. (3.2 Prevalence)
3. Alcohol-related illnesses consistently account for over 300 deaths every year in Suffolk. The alcohol-related mortality rate in Suffolk is twice as high among males than females, and nationally there is evidence that death rates are significantly higher among more deprived communities. (3.5.1 Alcohol)

4. Every year, more than 14,000 people are admitted to hospital for alcohol-related conditions in Suffolk. Although this equates to a significantly lower rate than England, it still reflects a significant burden on the health system. (3.4.1 Alcohol)

5. The Chief Medical Officers’ guideline for both men and women states that to keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis, which is equivalent to six pints of average strength beer or six 175ml glasses of average strength wine. (2.1 Alcohol)

2 Why is substance misuse important in Suffolk?

Substance misuse describes the harmful use of substances for non-medical purposes. Although often used in reference to illegal drugs, the term also encompasses legal substances, such as alcohol, prescription medications, caffeine, nicotine and volatile substances such as petrol, glue, and paint.

People use drugs and alcohol for many reasons, including to relax, have fun, cope with or escape a problem or emotional/physical pain. However, using substances to cope with problems or numb pain doesn’t make the problems go away and can make them worse. Also, substance misuse can result in dependence on drugs or alcohol as a way of coping, rather than seeking help and finding more positive strategies and solutions.

2.1 Alcohol

Many people in the UK consider drinking alcohol to be a normal part of life, especially where this encourages sociability. Well-run community pubs and other businesses selling alcohol form a key part of the fabric of neighbourhoods, providing employment and social venues in our local communities, and a profitable alcohol industry contributes to the UK economy. Most people who drink do so in a responsible way, but too many people still drink alcohol to excess. The effects of such excess – on crime, health, communities, children and young people – are clear.

Currently, nearly one in three men and one in six women in England drink at levels that increase their risk of harm to health.[1] Of these, 595,000 adults potentially need specialist treatment for alcohol dependence. Addressing the harm caused by alcohol misuse is a priority for Public Health England (PHE). Around one in five adults say that they do not drink alcohol at all and this proportion is increasing, particularly among younger adults.[2]

Alcohol is the leading risk factor for ill health, early mortality and disability among men and women aged 15–49 years in the UK and the harm from alcohol affects a range of other public health outcomes. Alcohol is a causal factor in more than 200 medical conditions, including circulatory and digestive diseases, liver disease, a number of cancers and depression. Alcohol-related harm disproportionately affects the poorest people in society.

The Chief Medical Officers’ guideline for both men and women states that to keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a
regular basis, which is equivalent to six pints of average strength beer or six 175ml glasses of average strength wine.[3] The increased risk of alcohol-related harm is greatest among the 1.9 million adults in England drinking at harmful levels (in excess of 35 units per week for women and 50 units per week for men). However, even increasing-risk drinkers (those regularly exceeding the lower risk guideline of 14 units per week) are at significantly increased risk of developing long-term conditions.

The definition used by the Office of National Statistics for binge drinking is having over 8 units in a single session for men and over 6 units for women, which is equivalent to around 2-3 pints of average strength beer or 2-3 175ml glasses of average strength wine.[4] Binge drinking can lead to injuries, anti-social behaviour and other societal harm. Alcohol misuse also causes losses to business and the local economy through absenteeism, poor performance and work-place accidents.

Alcohol causes harm to others. It is associated with family and relationship problems and was a component in 18% of the assessments of children in need by children’s social care in England during 2016 to 2017. Alcohol is a significant contributory factor in many offences of violence and disorder including domestic abuse.

2.2 Drugs

There are always risks involved when taking illegal drugs. Most illegal drug users can never be sure of exactly what they are taking because they don’t know how it was made, the drug is unlikely to be pure, and the user won’t know what it has been mixed with. Not knowing the strength of what has been bought could lead to accidental overdose. If needles, syringes or other injecting equipment are shared, there is a serious risk of dangerous infections being spread such as HIV and hepatitis.

An estimated 300,000 people in England are dependent on heroin and crack cocaine.[5] Increasing numbers of people are reportedly having problems with other drugs such as cannabis, new psychoactive substances (“legal highs”) and image and performance-enhancing drugs. Concern is also growing about misuse of, and dependence on, prescribed and over-the-counter medicines. A person’s drug use or dependence can significantly affect their families, friends, communities and society.

Parental drug or alcohol dependence can have a significant impact on families, particularly children, and can limit the parent’s ability to care for their children. Parents are role models for their children and parental dependence increases the likelihood of children misusing drugs and alcohol themselves. Supporting parents to overcome dependence can therefore have a significant impact on parenting behaviour and can break the cycle of intergenerational substance misuse and associated problems.

A drug-related death is defined as one where either the underlying cause is drug abuse or drug dependence, or the underlying cause is drug poisoning and any of the substances controlled under the Misuse of Drugs Act 1971 are involved. Drug-related death rates in England and in Wales continue to be among the highest recorded in Europe. There were 2,503 deaths relating to drug misuse in England and Wales in 2017, a rate of 43.9 deaths per 1 million population, and similar to levels seen in 2016.[6] Deaths involving cocaine and fentanyl continued to rise while deaths related to new psychoactive substances halved in 2017.
Between 2013 and 2016 the number of drug related deaths rose swiftly. This is likely to have been caused, at least in part, by an increase in the availability of heroin, following a fall in deaths during a period when heroin purity and availability was significantly reduced.

An ageing cohort of people who have been using heroin for over 20 years are now experiencing cumulative physical and mental health conditions. Older heroin users are thought to be more susceptible to overdose because of long-term smoking and other risk factors.

Estimates show that the annual social and economic costs of alcohol related harm amount to society in England is £21.5bn, while harm from illicit drug use in the UK costs £10.7bn per year.[7] These include costs associated with deaths, the NHS, crime, policing and, in the case of alcohol, lost productivity.

3 What is the local picture?

3.1 Substance misuse as a risk factor

Among people of all ages in Suffolk, alcohol and drug use are the third and fifth biggest risk factors for the number of years of life lost (YLL, the difference between actual and expected length of life among the resident population), respectively.[8] However, the impact is greater in younger age groups. Among 15-49 year olds, alcohol and drug use are the first and second biggest risk factors for the number of YLL, respectively. Although it should be noted that more than 1 in 5 younger adults (aged below 45) say that they do not drink alcohol at all and this proportion is increasing.[2]

Among people aged under 75 years old in 2017, alcohol-related conditions accounted for 537 YLL per 100,000 residents. This is statistically comparable to the rate in East of England (526 YLL per 100,000 residents) and England (626 YLL per 100,000 residents).[9] Within Suffolk, most districts/boroughs have comparable numbers of potential years of life lost due to alcohol-related condition. In 2017, only Waveney stood out as having significantly higher rates of YLL due to alcohol-related conditions than the rest of Suffolk, and the rate was comparable to England.

Comparable rates of YLL for drug-related conditions are not available.

3.2 Prevalence

The true prevalence of alcohol dependence and opiate and/or crack cocaine use (OCU) is unknown. However, the prevalence of both within Suffolk has been estimated by Public Health England. For the period 2016/17, it is estimated that there were 3,116 opiate and/or crack cocaine users (OCUs) in Suffolk. This equates to a rate of 6.86 per 1,000 population aged 15-64, which is comparable to East of England (7.17 per 1,000) and significantly lower than England (8.85 per 1,000).[10] Within Suffolk, most districts/boroughs have comparable numbers of potential years of life lost due to alcohol-related condition. In 2017, only Waveney stood out as having significantly higher rates of YLL due to alcohol-related conditions than the rest of Suffolk, and the rate was comparable to England.

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National estimates based on the 2017/18 Crime Survey for England and Wales suggest that cannabis was the most commonly used drug, with 7.2% of adults aged 16-59 having used it in the last year (around 2.4 million people).[11] Men aged 16-59 in England and Wales were twice as likely to report using cannabis in the last year as women (9.5% of men compared with 4.8% of women). Men were also more than twice as likely to report using powder
It is likely that the prevalence of alcohol dependence and opiate and/or crack cocaine use is higher among specific high-risk groups such as people who are homeless, people in the criminal justice system and people with mental ill health.

3.3 Co-occurring conditions
People with severe mental ill health problems and problematic substance misuse can be described as having a ‘dual diagnosis’, meaning that both problems are evident. People with dual diagnosis can have multiple needs, often with physical health and social issues in addition to their mental ill health and substance problems.[12]

In recent years there has been a notable increase in the proportion of people already in contact with mental health services at the time when they access substance misuse services. Whereas Suffolk has historically had comparable proportion of people with dual diagnosis to the national average, in 2016/17 the proportion was double the England average (44.9% compared to 22.7% for alcohol misuse services; 50.2% compared to 24.3% for drug misuse services).[9] This notable increase may be linked to mental health service providers in Suffolk becoming more open to treating people who have concurrent mental ill health and substance misuse problems.

3.4 Hospital admissions

3.4.1 Alcohol
In recent years, more than 14,000 people have been admitted to hospital in Suffolk each year for alcohol-related conditions (where either the primary or secondary diagnoses are attributable to alcohol). In 2017/18, this corresponded to a rate of hospital admissions for alcohol-related conditions of 1,824 admissions per 100,000 residents, which is significantly lower than both East of England and England (2,052 and 2,224 admissions per 100,000 residents, respectively).[9] This rate has increased over the last decade across all areas of England, although there has been a small decrease in Suffolk in recent years (Figure 1).

*Figure 1: Rate of hospital admissions for alcohol-related conditions per 100,000 residents, Suffolk, East of England, England, 2008/09 to 2017/18*[9]

In 2017/18, all Suffolk's districts and boroughs had a lower rate of hospital admissions for alcohol-related conditions compared to England. However, there was variation between individual districts and boroughs. Waveney, St Edmundsbury and Ipswich all had rates above the Suffolk average and Mid Suffolk, Suffolk Coastal and Babergh were all below the Suffolk average. Some of the higher rates may be partially accounted for by the larger urban centres and number of alcohol serving establishments found in those districts/boroughs.

3.4.2 Drugs

Hospital admission rates for substance misuse are available for the 15-24 age group but not for the whole population. Therefore, for the all age group, hospital admissions for drug related mental health and behavioural disorders are presented.

In recent years, 700-800 people have been admitted to hospital each year in Suffolk for drug related mental health and behavioural disorders. In 2016/17, this number corresponded to a rate of 113 admissions per 100,000 residents, which is comparable to the East of England (107 per 100,000) and significantly lower than the England rate (149 per 100,000).[13] The rate of hospital admissions for drug related mental health and behavioural disorders have increased both locally and nationally in recent years.

The number of hospital admissions due to substance misuse among 15-24 year olds has increased over the last decade, from a 3-year aggregated total of 119 admissions in 2007/08-2010/11 to 176 admissions in 2014/15-2016/17 (Figure 2).[9] A similar increasing trend has been seen both regionally and nationally.

Figure 2: Rate of hospital admissions for substance misuse per 100,000 residents aged 15-24 years, Suffolk, East of England, England, 2008/09 to 2017/18[9]


3.5 Mortality

3.5.1 Alcohol

Alcohol-related illnesses have consistently accounted for over 300 deaths every year in Suffolk. The alcohol-related mortality rate for Suffolk in 2017 was 41.4 per 100,000 Suffolk
residents, which was comparable to the East of England and significantly lower than England rates (41.4 and 46.2 per 100,000 population). The alcohol-related mortality rate in Suffolk is twice as high among males than females, and nationally there is evidence that death rates are significantly higher among more deprived communities.

In 2017, all Suffolk’s districts/boroughs had a rate of alcohol-related mortality that was lower or comparable to England. Within the County, Waveney stood out as having a significantly higher rate of alcohol-related mortality than the rest of Suffolk.

3.5.2 Drugs
The number of deaths from drug misuse has increased over the last 15 years. Whereas the 3-year aggregated total was 35 deaths in both 2004-06 and 2005-07, it has risen year on year and stood at 84 deaths in both 2014-16 and 2015-17. A similar increasing trend has been seen both regionally and nationally. In 2015-17, the standardised mortality rate from drug misuse in Suffolk (4.0 per 100,000 population) was comparable to both the East of England and England rates (3.6 and 4.3 per 100,000 population, respectively).

Possible reasons for the increasing trend in deaths related to drug misuse include an increase in both the availability and purity of heroin and the ageing cohort of older heroin users (who started in the 1980s and 1990s) who are now experiencing cumulative physical and mental health conditions.

4 What policies affect substance misuse?

The Government’s Alcohol Strategy, which was published in 2012, sets out an ambition to reshape attitudes towards alcohol and reduce the number of people drinking to excess. The outcomes stated in the report include:

- a change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others
- a reduction in the amount of alcohol-fuelled violent crime
- a reduction in the number of adults drinking above the NHS guidelines
- a reduction in the number of people “binge drinking”
- a reduction in the number of alcohol-related deaths
- a sustained reduction in both the numbers of 11-15-year olds drinking alcohol and the amounts consumed

The Suffolk Alcohol Strategy 2014-2022 acknowledges the complicated role of alcohol in Suffolk; the positive contribution of alcohol to both society and the economy; and the harm to individuals, families and communities. The strategy relies on Suffolk partners working collectively with Suffolk communities to understand what problems exist and how they can best be addressed. It looks at both preventing alcohol harm and supporting people to overcome alcohol-related problems, using evidence-based approaches to direct the limited resources at interventions most likely to work.

The Home Office published 2017 Drug Strategy sets out plans to build on the Government’s existing approach to preventing drug misuse, supporting people to recover from dependence and restricting the supply of drugs, with new action to:

- promote a smarter, partnership-based approach
- enhance the balanced approach across the three existing strands (reducing demand, restricting supply and building recovery) with a fourth strand on global action
- provide stronger governance for delivering the strategy, including a Home Secretary-chaired board and the introduction of a National Recovery Champion
- expand the data collected on levels of drug misuse and recovery from dependence, and develop a set of jointly-owned outcome measures to drive action across a broader range of local services

5 Further information
Suffolk Recovery Network is the integrated substance misuse service for adults and young people affected by drug and alcohol misuse. They work with anyone who is affected by drugs or alcohol and wants support to make change. Suffolk Recovery Network is provided by Turning Point in conjunction with Suffolk Family Carers and Iceni. wellbeing.turning-point.co.uk/suffolk/

Health Needs Assessments have been published on a variety of topics related to substance misuse, including *Alcohol use in those aged 50+* (2016), *Young People’s substance misuse* and *Adult’s substance misuse* (both 2014).


NICE produce a comprehensive range of guidance, advice and quality standards about alcohol and substance misuse:

- www.nice.org.uk/guidance/lifestyle-and-wellbeing/alcohol
- www.nice.org.uk/guidance/health-protection/drug-misuse

National Drug Treatment Monitoring System (NDTMS) is a national database that collects trend and activity data from publicly-funded substance misuse treatment services in England. It collects detailed information on the treatment people receive, their presenting need and the outcomes of treatment. Analysis of these data is used to monitor drug treatment provision and due to the readily available access to drug treatment provision in England has become a useful indicator of illegal drug trends. www.ndtms.net

The PHE Fingertips data tool holds a range of data on the subject of alcohol and substance misuse. The *Local Alcohol Profiles* provide information for local government, health organisations, commissioners and other agencies to monitor the impact of alcohol on local communities, and to monitor the services and initiatives that have been put in place to prevent and reduce the harmful impact of alcohol. Data about substance misuse is not held in a single profile, although the *Co-occurring substance misuse and mental health issues profile* is a useful focus on dual diagnosis.

- fingertips.phe.org.uk/profile/local-alcohol-profiles
- fingertips.phe.org.uk/drugsandmentalhealth
The Talk to Frank website is a resource offering facts, support and advice on drugs and alcohol, their effects and the law. The website also contains information about local specialist services in each area. [talktofrank.com](http://www.talktofrank.com)

6 References


