

Substance Misuse - Alcohol

Introduction

Substance misuse is defined as regular excessive consumption of and/or dependence on psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of alcohol and other legal and illegal drugs (there is a separate briefing on drugs).¹

Summary

The majority of the population drink alcohol, although most do so at a level that causes low risk to their health. Around 1 in 5 of the population drink to a hazardous level. Alcohol causes a significant unnecessary burden on the health system and the criminal justice system.

Headlines

One in five adults (23%) abstain from alcohol altogether, over half are low risk drinkers (58%), 17% are hazardous drinkers, and a small percentage are dependent on alcohol. See table below for these proportions applied to the adult population of Norfolk.² 12% of people report drinking on five or more days of the week.³

Alcohol Consumption	Percentage of the population	Estimated population in Norfolk ⁴
Non-drinkers	23%	119,740
Low risk (AUDIT score 1-7)	58%	301,980
Hazardous drinking (AUDIT score 8-15)	17%	87,180
Harmful drinking/mild dependence (AUDIT score 16-19)	1.9%	9,980
Probable dependence (AUDIT score 20+)	0.6%	6,300

Table 1: Levels of alcohol consumption in the English population applied to the Norfolk population (ONS 2014/15 mid-year estimates).

A recent survey of drinkers in Norfolk (sample of 368 people) found similar levels of drinking, confirming that these findings from a National study are relevant to the population of Norfolk.⁵

Influences on Health and Wellbeing

Harmful use of alcohol can have significant negative effects on the individual, their family and friends and on wider society. Alcohol-related hospital admissions continue to rise year on year and represent a significant drain on NHS resources. Alcohol is also notable cause of crime and antisocial behaviour in the county, particularly in terms of alcohol-related violence (associated with the night time economy and domestic violence) and therefore represents an unnecessary burden on criminal justice resources. Harmful alcohol use also impacts on other areas of society by being a cause of road traffic collisions and fires. People with substance misuse problems will often experience multiple issues (as both a cause and symptom of their problems with alcohol) and therefore many are in need of employment, debt and housing support and social care services.

Alcohol is a toxic substance and can cause significant physical harm. Most organs in the body can be affected by the toxic effects of alcohol, contributing to more than 60 different diseases including: mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver; and depression. In addition, drinking changes bodily coordination that increase the risk of accidents and injuries, and behavioural changes that increase the risk of violence.

¹ NICE (2007) *Interventions to reduce substance misuse among vulnerable young people*. National Institute for Health and Clinical Excellence.

² McManus, S., Meltzer, H., Brugha, T., *et al.* (2016) *Adult Psychiatric Morbidity in England, 2014*. NHS Digital.

³ ONS (2016) Data for the Eastern Region on drinking habits from 2014.

⁴ Population estimates use the ONS 2014/15 mid-year estimates.

⁵ Public Health England Alcohol Consumption Survey (2016) – Publication forthcoming

Levels of physical harm related to alcohol has been increasing in the UK in the past three decades, and this has had significant implications for health services. Alcohol accounts for 10% of the UK burden of disease and death, making alcohol one of the three biggest lifestyle risk factors for disease and death in the UK, after smoking and obesity.⁶

Last year there were 18,787 alcohol-related hospital admissions in Norfolk, which is 2,016 per 100,000 people. This number, and rate for Norfolk has been rising year on year since 2008/09 but has remained significantly below the National average (2,139 per 100,000 in 2014/15 – See figure 1).

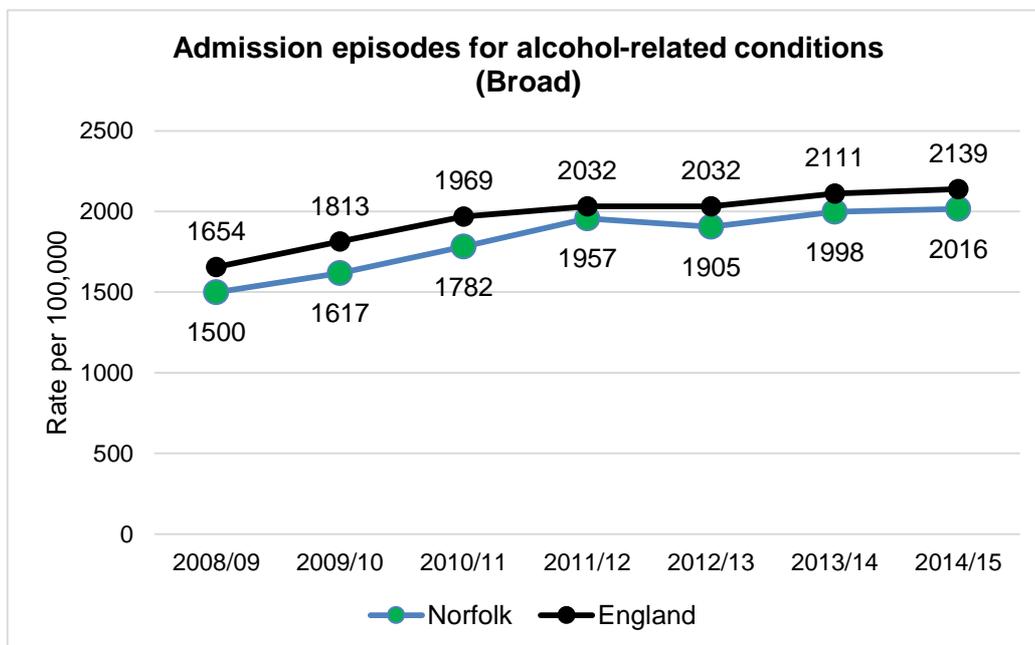


Figure 1 Hospital admission episodes for alcohol-related conditions (Broad) at LA District Level. Source: Local Alcohol Profiles for England. Public Health England.⁷

Note: Where points are coloured red they are significantly worse than National average, yellow is no difference and green is significantly better.

The rates of alcohol-related hospital admissions are not spread evenly across the county. Rates are highest in King’s Lynn and West Norfolk (KL&WN) district followed by Norwich, and both of these districts are significantly above the national average. Next is Great Yarmouth, which saw a reduction in 2013/14 and is now not significantly different to the England average. Breckland has the worst rate of the other more rural, affluent areas of the county, followed closely by North Norfolk and then Broadland and South Norfolk, all four of which are significantly below average on 2014/15 (see figure 2).⁸

⁶ Alcohol Concern Statistics of Alcohol <https://www.alcoholconcern.org.uk/help-and-advice/statistics-on-alcohol/>

⁷ Public Health England (2016) *Local Alcohol Profiles England* <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

⁸ NWPHE (2012) *Local Alcohol Profiles England*. North West Public Health Observatory on behalf of Public Health Observatories in England: <http://www.lape.org.uk/>

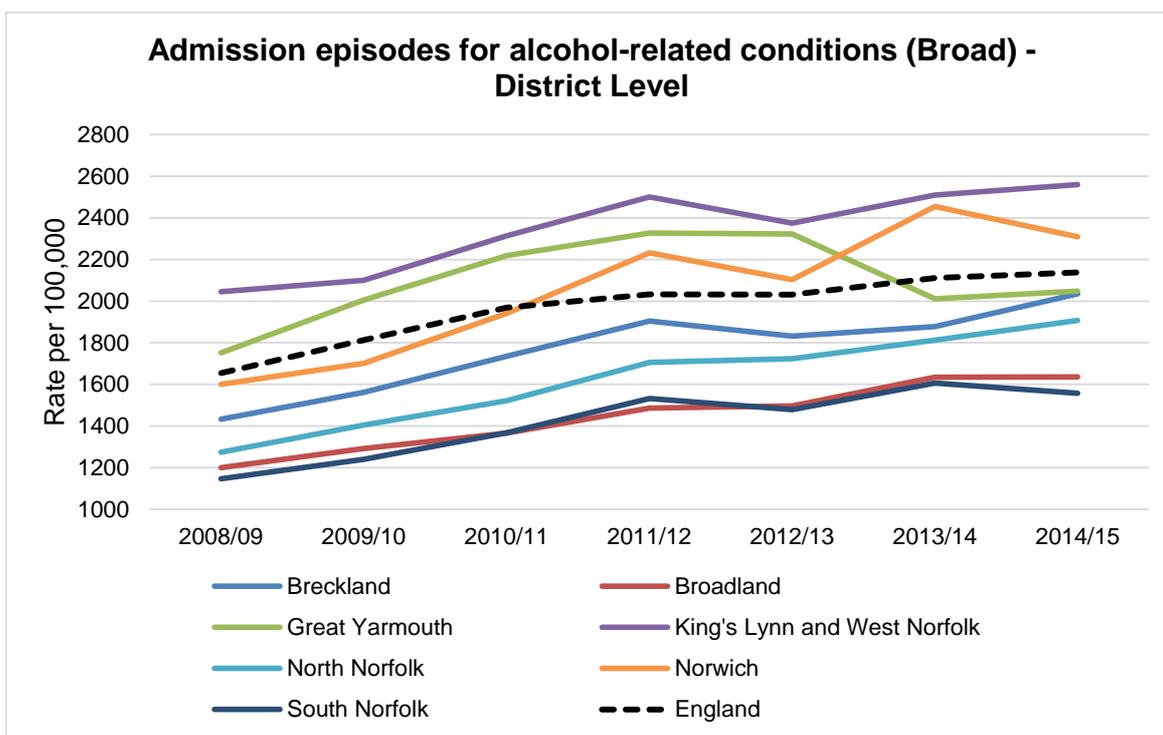


Figure 2: Hospital admission episodes for alcohol-related conditions (Broad) at LA District Level. Source: Local Alcohol Profiles for England. Public Health England.

The nature of the relationship between mental health problems and substance misuse is complex. In many areas a significant proportion of people with severe mental health problems misuse substances, sometimes as a way of “self-medicating”. Equally, many people who require help with substance misuse suffer from a common mental health problem such as depression or anxiety.⁹ In Norfolk 21% of people in treatment for alcohol problems are also in treatment with mental health services.¹⁰

The misuse of drugs and alcohol will affect many parts of a person’s life, including their performance at work and can ultimately result in them losing their job. Substance misuse reduces the productivity of the UK economy by increased sickness absence, inability to work and premature death. It is estimated that nationally up to 17 million working days are lost each year due to the effects of alcohol, and combined, these three factors account for a total alcohol-related output loss to the UK economy of up to £6.4bn (double the cost to the NHS).¹¹

It has long been recognised that the absence of secure and stable accommodation can act as a trigger for substance misuse, and can impede an individual’s recovery from their drug and alcohol problems. Research on London suggests that 43% of people rough sleeping in 2014/15 had an alcohol support need and 31% needed support with drugs.¹² In Norfolk 16% of people coming in to alcohol treatment last year reported housing problems.¹³

Alcohol is linked to crime, by removing inhibitions and affecting decision making alcohol ultimately causes some people to react to situations in violent ways. One third of violent crimes reported in Norfolk are linked to alcohol (32%). Last year this equated to around 5,500 violent crimes in Norfolk.¹⁴ Excessive drinking can also make a person more vulnerable to being a victim of crime.

⁹ Department of Health (2002) *Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide*. Department of Health.

¹⁰ Public Health England. Data from National Drug Treatment Monitoring System 2015/16.

¹¹ ISA Factsheet (2009) *Alcohol and the Workplace*. Institute of Alcohol Studies.

¹² CHAIN (2016) *Combined Homelessness and Information Network Greater London Annual Report 2015/16*

¹³ Public Health England. Data from National Drug Treatment Monitoring System 2015/16.

¹⁴ Data from Norfolk Constabulary.

Social, environmental, population context

Socioeconomic - Excessive alcohol consumption is very much an issue that affects people in all parts of society. While social harms might be more apparent in deprived communities, people in managerial and professional occupations are more likely to drink regularly and above recommended limits during the week.¹⁵

Gender - Generally rates of alcohol-related physical harm are higher for men than women; particularly for alcohol-related cardiovascular disease (which make up the bulk of alcohol-related hospital admissions) but there are also twice as many hospital admissions for mental disorders relating to alcohol, and alcoholic liver disease in men (see Figure 3 below)

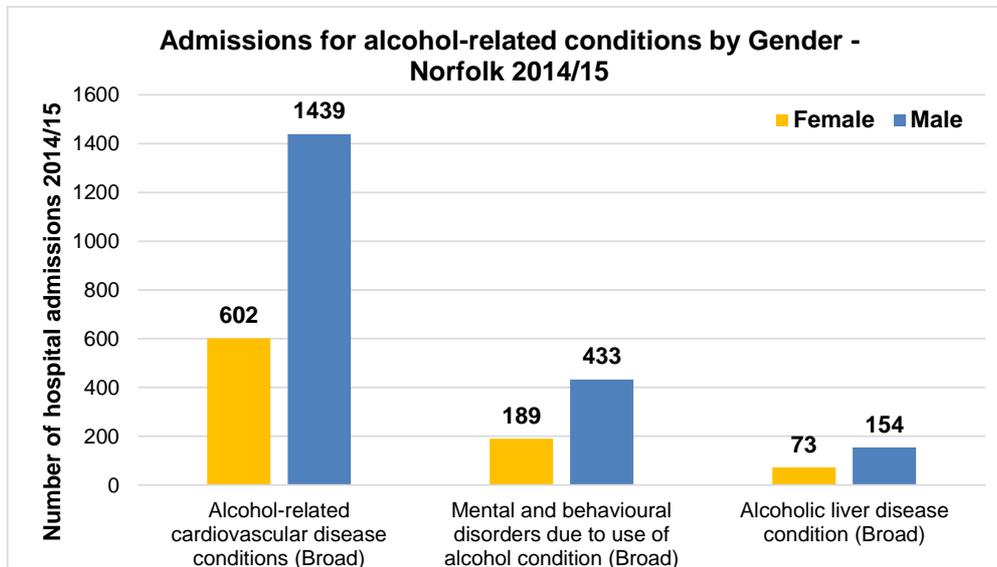


Figure 3: Hospital admission episodes for alcohol-related conditions by condition and gender. Source: Local Alcohol Profiles for England. Public Health England.

The alcohol-related harm indicator where Norfolk is particularly high is on the narrow definition of alcohol-related conditions (those specifically connected to drinking, like liver disease, as opposed to the broader definition which includes conditions where alcohol is a contributing factor). There were 6,091 of these last year, significantly above the national average. Whereas the number is still higher for men, the rate for women in Norfolk is unusually high, especially in the 40-64 age group, and is increasing - suggesting that this group in particular need of attention (see figure 4).

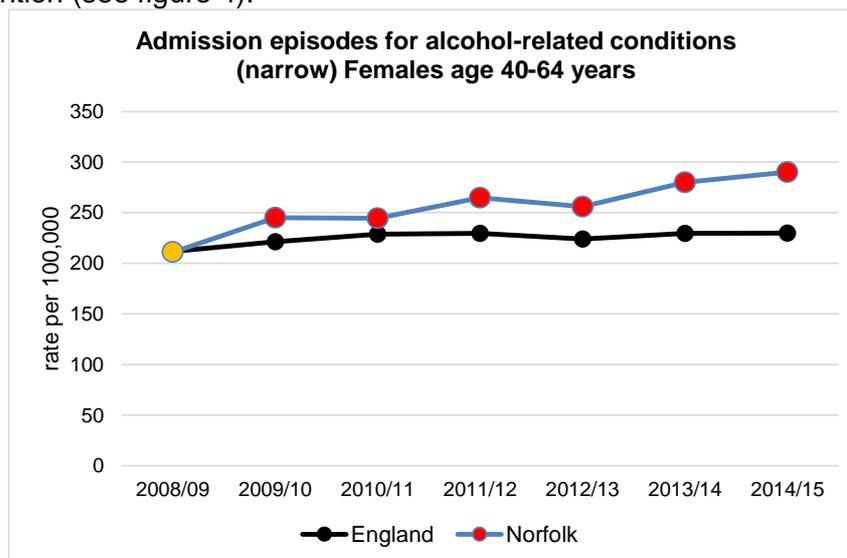


Figure 4: Hospital admission episodes for alcohol-related conditions (narrow definition) for Females aged 40-64 years. Source: Local Alcohol Profiles for England. Public Health England. Note: Where points are coloured red they are significantly worse than National average, yellow is no difference and green is significantly better.

¹⁵ Institute of Alcohol Studies (2013) Socioeconomic groups' relationship with alcohol. <http://www.ias.org.uk/Alcohol-knowledge-centre/Socioeconomic-groups/Factsheets/Socioeconomic-groups-relationship-with-alcohol.aspx>

Age – Alcohol consumption is highest among younger adults, but older people account for the majority of alcohol-related hospital admissions and therefore the greatest burden on the health services due to years of alcohol abuse impacting on the body. The exception is hospital admissions relating to excessive alcohol consumption (or overdose) and accidents/violence linked to binge drinking. ‘Binge drinking’ as a particularly risky pattern of drinking as it means drinking with the intention of getting drunk, putting people at increased risk of accidents, assault and alcohol poisoning.¹⁶ Overall 16% of the population report binge drinking. This is most common in the 16-24 age group (41% binge drink) and declines with age to just 9% of the over 65s (although this does mean that one in ten older people still binge drink).

As people get older their ability to break down alcohol slows, and they are more sensitive to the effects of alcohol, and therefore drinking over recommended levels may be more harmful. Also, general health and balance gets worse with age and even a small amount of alcohol can make an older person more unsteady and more likely to fall.¹⁷ Falls represent the most frequent and serious type of accident in the over 65’s age group with around 30% of this age group falling every year. About a third of older people with drinking problems develop them for the first time in later life. Bereavement, physical ill-health, difficulty getting around and social isolation can lead to boredom and depression, older people may be inclined to ‘self-medicate’ alcohol to make these difficulties more bearable.¹⁸ Norfolk has a considerable aging population and therefore it is important to consider the specific substance misuse support needs of this group. Older people may not feel traditional drug and alcohol services are appropriate to them. Providing appropriate support for older people who misuse substance is a particular issue for adult social care services and those providing residential care.

Current services, local plans and strategies

Norfolk County Council commissions the Norfolk Recovery Partnership (NRP) to provide drug and alcohol treatment to adults in Norfolk. NRP is a collaboration between Norfolk and Suffolk NHS Foundation Trust and The Matthew Project (a voluntary organisation) and in the prisons Rehabilitation of Addicted Prisoners Trust (RAPt). The aim of this service is to provide counselling and pharmacological interventions so that people can get their substance use under control, address the issues in their lives that cause them to misuse substances and ultimately support them to move on from their problems with drugs and alcohol and into recovery.

Last year (2015/16) 914 adults started alcohol treatment in Norfolk, none had to wait more than three weeks for their treatment to commence (nationally 4% wait longer). Overall 1,354 adults received alcohol treatment (61% male and 39% female). The majority received psychosocial counselling, with 14% also receiving a pharmacological intervention, such as drugs to help them detox or abstain from alcohol. A small proportion (2%, 24 people) were funded to attend residential rehabilitation.

In 2015 in Norfolk 451 adults successfully completed alcohol treatment. The ‘successful completion rate’ is used to measure how people are moving through treatment and on into recovery. This is the number leaving treatment successfully (and not returning within 6 months) as a proportion of the total number in treatment. As Figure 5 below shows the proportion successfully completing treatment has dropped over the past three years, unlike the national trend, and is now significantly below the national average (see Figure 5 below).

¹⁶ Binge drinking is defined as the proportion of adult men who drank 8 or more units of alcohol on the heaviest drinking day in the previous seven days at time of survey and adult women who drank 6 or more units. ONS (2016) Data for the Eastern Region on drinking habits from 2014.

¹⁷ The Royal Collage of Psychiatrists (2010) *Alcohol and Older People*.

<http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/alcoholanddrugs/alcoholandolderpeople.aspx> (Accessed 11/08/11)

¹⁸ O’Connell, H., Chin, A., Cunningham, C., & Lawlor, B. (2003) *Alcohol use disorder in elderly people-redefining an age old problem in old age*. British Medical Journal 327: 664- 667

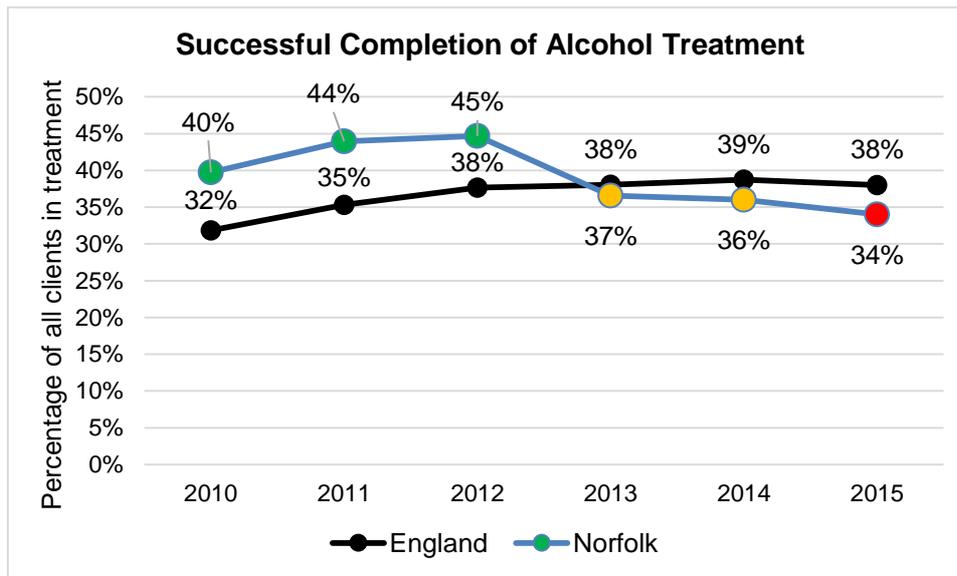


Figure 5: Successful completion of alcohol treatment as a proportion of all in treatment. Source: Public Health England National Drug Treatment Monitoring System.

Note: Where points are coloured red they are significantly worse than National average, yellow is no difference and green is significantly better.

There are a number of other specialist services for people who misuse alcohol in Norfolk, including mutual aid groups like Alcoholics Anonymous, and voluntary organisations such as NORCAS who have a specialist service for people aged over 65 who have alcohol problems and Herbies (run by Salvation Army) who provide support to Great Yarmouth’s street drinkers. Health Services such as GPs, nurses and pharmacists also have a role to identify people with substance misuse problems and to provide brief interventions, both in hospitals and in the community. There are also Alcohol Liaison Nurses based in the three acute hospitals in Norfolk.

Norfolk Constabulary, Trading Standards and Licencing Teams in District Councils all contribute to enforcing laws around alcohol and ensuring legal sale of alcohol in Norfolk. There are also a number of multi-agency partnerships aimed at reducing alcohol-related harm in the county such as the Norfolk Community Safety Partnership and the Community Alcohol Partnership in Great Yarmouth.

Considerations for Health and Wellbeing Board and Commissioners

Alcohol is a major lifestyle factor in the health and wellbeing of the population and consideration must also be given to providing advice on safer drinking levels and information about how and why people should cut down.

Alcohol is an issue that affects a broad section of society and impacts of a wide range of services. All professionals working with people should be trained to feel confident to identify substance misuse problems in their clients and feel comfortable to have address those concerns and signpost or refer to specialist services.

It is essential to ensure there are a range of services and support for people experiencing problems with alcohol that are appropriate to their needs – for some this may be a brief intervention from their GP, others may need a peer support group or counselling, some will require specialist pharmacological interventions and a small proportion need residential rehabilitation. The performance of the local alcohol treatment provider is a concern and this needs to be addressed by commissioners.

Alcohol support services cannot work in isolation and must work closely with partners including: mental health services, NCC social services, criminal justice agencies, probation, employment support and housing support services. Commissioners should consider how to support treatment providers to foster these relationships and ensure joint working is promoted through service planning.

References and information

Public Health England Local Alcohol Profiles for England (LAPE)

<https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132984/pat/6/par/E12000006/ati/102/are/E10000020>

National Alcohol Strategy

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf

Matthew Project Unity website:

<http://www.matthewproject.org/unity/young-people/are-you-affected-by-someone-elses-drug-or-alcohol-use>

Norfolk Recovery Partnership website:

<http://www.norfolkrecoverypartnership.org.uk/Pages/default.aspx>

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