Substance Misuse in Norfolk

Clinical Commissioning Group Area Needs Assessments:

HealthEast CCG area (Great Yarmouth and Waveney)

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Introduction
This report focuses on the characteristics of substance misuse in Great Yarmouth and Waveney and identifies some of the specific issues for this CCG area. Please read ‘The Norfolk Drug and Alcohol Partnership Substance Misuse Needs Assessment 2013’ for more information on the situation in the county as a whole, and for greater detail on some of the themes identified. This can be found in the ‘Resources’ section of the N-DAP website: www.ndap.org.uk

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Executive Summary

Drug and Alcohol Use - Adults
National data suggests that for every 100 adults:
- 85 will drink alcohol
- 7 will be ‘higher risk’ drinkers
- 1 will be dependent on alcohol
Middle-aged adults are the age group that consume the most alcohol over a week. Between 2008 and 2010 36 men and 13 women living in Great Yarmouth died from causes directly related to alcohol. For Waveney this was 23 men and 9 women. When alcohol specific deaths are considered as a proportion of the population, GY has a far higher rate for both males and females than the national and regional averages (especially for men).

National data suggests that for every 100 adults:
- 7 use cannabis
- 2 use cocaine
- 1 uses heroin and/or crack cocaine.
People using drugs like heroin are among the most vulnerable members of our communities and using these drugs can lead to significant health problems. The cost of providing health services to an injecting drug user (IDU) over their lifetime is £35,000. It is estimated that there are 350 IDU in the HealthEast CCG area.

Great Yarmouth has the highest rate of drug-related deaths of all the 48 local authority districts in the Eastern Region. There are seven drug-related deaths each year on average in Great Yarmouth, this is 8.6 per 100,000 of the population, which is the highest in Norfolk, far more than would be expected for a population of this size (as denoted by a standard mortality ratio of 3.45).

Drug and Alcohol Use - Young People
Survey results suggest similar use of substances among young people in Great Yarmouth (mostly 15 or 16 years old) compared to the national average, but those young people from Great Yarmouth were more likely to say that they were smoking every day or every week (20%); for England the average is just 7%. In Great Yarmouth over a third of young people have tried cannabis, and again this is higher than the national average where only 12% have tried it.

<table>
<thead>
<tr>
<th>Drinking</th>
<th>Have experienced being drunk at least once</th>
<th>60%</th>
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<td></td>
<td>Drinking every day or every week</td>
<td>17%</td>
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<tr>
<td>Smoking</td>
<td>Have tried smoking tobacco</td>
<td>52%</td>
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<tr>
<td></td>
<td>Smoke every day or every week</td>
<td>20%</td>
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<tr>
<td>Drug Use</td>
<td>Tried cannabis</td>
<td>35%</td>
</tr>
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<td></td>
<td>Tried Class A drug</td>
<td>13%</td>
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The Wider Impacts of Substance Misuse
- There is a significant overlap between people experiencing mental health problems and substance misuse. One in four (27%) of those in structured drug and alcohol treatment in 2011/12 were also receiving care from mental health services.
- Over half of the adults in drug and alcohol treatment in Great Yarmouth and Waveney are parents.
- A third of all violent crimes recorded in Great Yarmouth are linked to alcohol. The rate of alcohol-related violent crime in Great Yarmouth is the highest in Norfolk.
Dependency on drugs and alcohol can be a long-term condition. In order to support people to recover fully from their problems with drugs and alcohol they may need help to address other areas of their life, such as their housing situation, employment, mental health, family breakdown and help to develop new social networks.

Drug and Alcohol Services

Most drug and alcohol users do not need specialist or clinical interventions to change their substance use behaviour; of those that do, many will respond to brief interventions delivered in primary care. Norfolk Recovery Partnership (NRP) provides services for adults and Matthew Project Under18 and Norfolk Youth Offending Team for young people. In 2011/12 there were 1,187 adults in treatment in this CCG area (of these 611 were opiate and crack users, 470 primarily had problems with alcohol and 104 with other drugs). There were 71 young people (under 18) who received specialist treatment, all of which primarily had problems with alcohol, cannabis or both. Peer led, mutual aid support (like Alcoholic Anonymous or AA) can also have an important role in helping people recover from their problems with drugs and alcohol; there are sixteen AA group meetings in this CCG area.

The Role of CCGs in Tackling Substance Misuse

The responsibility to lead on the commissioning of substance misuse services has transferred to Directors of Public Health, however this responsibility needs to be taken forward with local partners to ensure that these services meet local needs and are delivered in line with best practice. CCGs need to be part of this as many of the impacts of substance misuse on individuals, families and communities relate to the services delivered in primary care and the services commissioned directly by the CCG.

The evidence outlined within this needs assessment highlights the main areas for partners within the HealthEast CCG area to consider in relation to the drug and alcohol related harms and needs. These are:

- Providing drug and alcohol services within GP surgeries, including brief interventions and shared care for both drug and alcohol problems.
- Increasing access to peer led mutual aid support for people wanting to recover from their problems with drugs and alcohol and their families – particularly in rural parts of the area.
- Investigating drug-related hospital admissions and drug-related deaths to understand what specifically what is happening and how it can be addressed.
Part 1: Drugs and Alcohol in HealthEast CCG Area

Substance misuse remains one of the most significant lifestyle challenges to our health.

Adults and Alcohol – Prevalence and Trends

The latest estimates suggest that 85% of Norfolk residents (aged over 16) drink alcohol. Of these, 7% are identified as ‘higher risk’ drinkers,¹ (this would be approximately 10,000 people in the CCG area).² A subset of drinkers will meet the diagnostic criteria for ‘alcohol dependence’ (behaviours such as: impaired capacity to control substance-taking behaviour and persistent use despite evidence of harm). One study estimated that:

- 5.4% of the population in England is mildly dependent on alcohol (7,550 people in HealthEast CCG area – Great Yarmouth and Waveney),
- 0.4% of the population are moderately dependent (560 people in Great Yarmouth and Waveney)
- 0.1% severely dependent on alcohol (140 people)³

Prevalence of alcohol dependency is higher among men than women, with dependence (mild to moderate) seen in 8.7% of men but 3.3% of women. No information on trends in alcohol consumption exists at a CCG level but national studies suggest the following: On all measures, men are more likely to drink than women, and also likely to drink more (a difference between the sexes that has been found internationally).⁴

Age also plays a significant role in consumption patterns and consequently the alcohol-related risks are not the same for each age group:

- Young adults are likely to drink a lot on a single occasion, but drink on fewer days in a week than older people.
- Adults over 45 are more likely to drink on most days, but tend to drink less on the days that they do drink.
- Older drinkers are more likely to follow sensible drinking recommendations, but it may be that these recommendations are too generous for those aged 65 and over, and that guidelines should be revised to acknowledge the increased risks of drinking for older people.⁵

According to the estimates of drinking in a typical week, middle-aged adults are most at risk. These estimates consistently show that drinking is highest among men aged between 45 and 64 and women aged between 45 and 54. In particular, 7% of women in this age group habitually drank more than 35 units of alcohol a week. This is a pattern of drinking that is likely to give rise to dependency and long-term harm.⁶

The evidence about differences between income groups is mixed. Adults in higher income households are more likely to drink, and consumption across a typical week was also higher in high income groups. However, the maximum amount drunk in the last week is at similar levels across income groups.⁷

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¹ Higher risk drinking is defined as consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females
² Beynon, C et al. (2011) Topography of drinking behaviours in England
³ National Centre for Social Research, Adult psychiatric morbidity in England (2007). This study used a combination of the ‘Alcohol Use Disorders Test (AUDIT) and the Severity of Alcohol Dependence Questionnaire’ (SADQ-C) to estimate the prevalence of alcohol dependence.
⁴ Ng Fat, L and Fuller, E. (2012) Health Survey for England 2011: Chapter 6: Drinking Patterns. The NHS Information Centre for Health and Social Care
⁷ Ibid
Recent large-scale, annual surveys show general consumption of alcohol has been falling since 2004. However, the long-term trends in alcohol consumption are complex and there is some evidence of increasing consumption among certain groups such as older people and a narrowing of the gap in consumption between men and women, particularly with increasing binge drinking among young women.

Despite this reported fall in alcohol consumption the latest annual statistics confirm a continuing rise in alcohol-related and primary alcohol-attributable hospital conditions. Nationally alcohol-related admissions rose 11% on the previous year with primary diagnosis conditions up 2.1%. Many of these are linked to long-term conditions - and are thought to relate to decades of rising consumption prior to 2004. The rate of alcohol-related hospital admissions in Great Yarmouth per 100,000 of the population was statistically higher than the national average (2,173 per 100,000 people in GY; 1,895 in England). The rate for Waveney was slightly lower (1,893 per 100,000 people), and slightly below the national average, but both areas remained above the regional average. Although alcohol-related hospital admissions are continuing to rise in Great Yarmouth and Waveney, the rate of increase is similar to that of the region and England as a whole (see figure 1).

High rates of alcohol-related hospital admissions correlate with the most deprived areas in Great Yarmouth and Waveney. The rate of alcohol-related hospital admissions can be broken down by ward and show that the highest rates were in the Nelson, Southtown & Cobholm, in the Central and Northgate area of GY and the Normanston, and Oulton Broad areas of Waveney (see figure 2).

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**Recommendation**
Target alcohol brief interventions at middle aged adults (men aged 45-65 and women aged 45-54) and particularly those in high income groups.

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**References**


The link between alcohol and drug-related harms and deprivation is well established, and people living in deprived areas are more likely to experience the negative impacts of substance use.\textsuperscript{11} This represents an area of health-inequality that needs to be addressed to support the health and wellbeing of people in Norfolk’s poorer communities.

**Alcohol-related deaths**

Between 2008 and 2010 36 men and 13 women living in Great Yarmouth died from causes directly related to alcohol. For Waveney this was 23 men and 9 women. When alcohol specific deaths are considered as a proportion of the population, GY has a far higher rate for both males and females than the national and regional averages (especially for men). Conversely Waveney is below the national average for males and below the national and regional for women (see figure 3).\textsuperscript{12}

Great Yarmouth also has a significantly higher rate of males dying from chronic liver disease than the England average, a leading cause of which is alcohol consumption (see figure 4).  

**Figure 3**

**Figure 4**

### Adults and Drugs – Prevalence of Use and Trends

The most commonly used illegal substance in the UK is cannabis (6.9% of the population used in the last year – this equates to 8,900 people in the HealthEast CCG area) followed by powder cocaine (2.2% of the population used in the last year – 2,800 people).

The annual Crime Survey for England and Wales shows an overall decline in drug use, mainly due to a steady drop in the number of people using cannabis. The overall rate of people using other drugs has remained stable, but this masks changing trends in use of individual substances. With the exception of cocaine, use of more traditional stimulant and hallucinogenic drugs (e.g. amphetamine and LSD) has fallen between 1996 and 2011. The popularity of other drugs such as ketamine and new psychoactive substances (legal highs) is thought to be increasing, although it is too early to define this as a long-term trend.

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15 *Ibid*
The drugs that are considered to cause the most harm to people are opiates (like heroin) and crack cocaine. A very small proportion of people use these drugs. In Norfolk it is estimated to be 0.8% of the population, which in this CCG area is around 1,100 people.\textsuperscript{16} Overall there is a downward trend, with fewer and fewer young people using these substances.\textsuperscript{17} However, this group of people have significant health needs that impact on themselves, their families and the wider community. The cost of providing health services to an injecting drug user (IDU) over their lifetime is £35,000.\textsuperscript{18} On top of these health issues this group often suffer multiple problems with their employment, housing, families and social networks, and therefore require an integrated package of care to support them to recover from their problems with drugs and alcohol.

**Drug-related hospital admissions**

Drug-related hospital admissions are not quite as numerous as alcohol-related ones, but nevertheless represent preventable admissions that continue to be a drain on NHS resources. Like alcohol-related hospital admissions they continue to rise year on year.

Hospital admissions where there was a primary or secondary diagnosis of *drug-related mental health and behavioural disorders* have risen year on year in the Great Yarmouth and Waveney area for the last three years. The number has risen by a quarter (25%) from 165 last year to 207 this year, which is a 77% increase since 2008/09 (117 admissions) (see figure 5).\textsuperscript{19}

![Hospital admissions due to drug related mental health disorders 2011/12](image)

This means that for there are 159 admissions per 100,000 of the working age population (16-64), which is the third highest of the 13 former PCTs in the region. Furthermore there were 47 hospital admissions where there was a primary diagnosis of *poisoning* by drugs in Great Yarmouth and Waveney PCT. This means that in Norfolk PCT area this is 36 per 100,000, which is the second highest rate in the region (see figure 6).\textsuperscript{20}

\textsuperscript{16} Estimates provided by the National Treatment Agency – See National and Regional Estimates of the Prevalence of Opiate and/or Crack Cocaine Use 2010/11 for more detail: [http://www.nta.nhs.uk/facts-prevalence.aspx](http://www.nta.nhs.uk/facts-prevalence.aspx)
\textsuperscript{17} NTA (2012) Drug Treatment 2012: Progress made, challenges ahead. National Treatment Agency
\textsuperscript{20} Ibid
Drug-related deaths

There are seven drug-related deaths each year on average in Great Yarmouth, this is 8.6 per 100,000 of the population, which is the highest in Norfolk and gives a standard mortality ration of 3.45, showing that this is far more than would be expected for a population of this size. For Waveney there are three deaths on average in a year, this is 2.7 per 100,000 people. This is around what would be expected for the population. The rate in Great Yarmouth is the highest rate of all the 48 local authorities in the Eastern region (see figure 7).\(^\text{21}\)

\[\begin{array}{c|c|c}
\hline
\text{Geographical Area} & \text{Rate of Hospital Admissions per 100,000 population} \\
\hline
Peterborough & 267 & 00,000 population \\
Luton & 167 & 00,000 population \\
Bedfordshire & 159 & 00,000 population \\
Cambridgeshire & 130 & 00,000 population \\
Suffolk & 130 & 00,000 population \\
Norfolk & 120 & 00,000 population \\
South East Essex & 115 & 00,000 population \\
West Essex & 114 & 00,000 population \\
South West Essex & 101 & 00,000 population \\
Hertsfordshire & 84 & 00,000 population \\
North East Essex & 77 & 00,000 population \\
Mid Essex & 74 & 00,000 population \\
East SHA & 50 & 00,000 population \\
\hline
\end{array}\]

\[\text{Figure 6}\]

\[\text{Figure 7}\]

Young People (please note the Survey data relates to Great Yarmouth only)

The Norfolk Drug and Alcohol Partnership (N-DAP) carried out a survey in February 2012 with over 1,000 young people (mainly aged 14 and 15) in Norfolk; of these 52 respondents gave towns in the Great Yarmouth area as their closest town. The results for this CCG area are compared against the results for the whole of Norfolk below to determine where substance use is statistically significantly different to the Norfolk average (see figure 8).

The survey results for Great Yarmouth are shown in Figure 8, comparing young people's experience of drinking and drug use to the Norfolk average. The bars are coloured to indicate whether the result is significantly better (green), worse (red), or not significantly different (blue).

So those young people from Great Yarmouth were more likely to say that they were smoking every day or every week (20%), for England the average is just 7%. In Great Yarmouth over a third of young people have tried cannabis, again this is higher than the national average where only 12% have tried it.22

Both Great Yarmouth and Waveney experienced significantly higher rates of under 18 hospital admissions compared to East of England (33 per 10,000) but did not differ significantly from the England average (57 per 10,000). In Great Yarmouth the admission rate by increased by 8% over the last few years, whilst the rate for Waveney, all other Norfolk districts, the East of England and the country decreased (this rate fell by 11% nationally). This means Great Yarmouth is well above the national average for alcohol specific hospital admissions of under 18s for the second year in a row (see figure 9).23

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22 N-DAP (2012) Young People in Norfolk, Drugs and Alcohol: Survey 2012. All Norfolk data in this section is taken from this survey, for full report see the resources section of the N-DAP website: [www.ndap.org.uk](http://www.ndap.org.uk)
Alcohol Specific Hospital Admissions of Under 18s

- Great Yarmouth
- Waveney
- East of England
- England

Figure 9
Part 2: The Wider Impacts of Substance Misuse

Drugs, Alcohol and Mental Health

The nature of the relationship between mental health problems and substance misuse is complex, many people with substance misuse problems also suffer from common mental health problems such as depression and anxiety and 44% of people using mental health services report harmful use of alcohol or drugs.\(^{24}\) The term ‘dual diagnosis’ is used to cover the broad spectrum of coexisting mental health and substance misuse problems.

One in four (27%) of those in structured drug and alcohol treatment in 2011/12 in Great Yarmouth and Waveney, were recorded as also receiving care from mental health services for reasons other than substance misuse (315 clients). This figure has not changed when compared to the year before. There are no significant differences between Opiate and Crack Users (OCU) or alcohol clients for this measure but dual diagnoses are far more common among women in treatment, with 34% of female GY&W clients also receiving mental health services, compared to only 23% of male clients.

Friends and Families of People with Substance Misuse Problems

Substance misuse often affects the friends and family members of the person experiencing problems with drugs and alcohol. This includes children and other dependents and adult friends and family (especially parents to people with substance misuse problems, adult children, partners and spouses).

Substance misuse during pregnancy can have negative impacts on the unborn child. A small proportion of women admit to being moderate or heavy drinkers during pregnancy (8%), which suggests at least 190 pregnant women requiring at least some sort of brief intervention around alcohol in GY&W each year.\(^{25,26}\) It is estimated that at least two children are born every year in the CCG area with Foetal Alcohol Syndrome (and the true figure is likely to be higher due to difficulties with diagnosis).\(^{27}\) In the county as a whole between 20 and 30 women are recorded as being pregnant when starting drug and alcohol treatment each year.

Parental problem drug and alcohol use can, and often does, compromise children’s health and development. Just over half of adults in drug and alcohol treatment in GY&W are parents to children aged under 18, which was 425 people in 2011/12 (33% of these having a child living with them and 67% with a child living elsewhere). One impact of parental substance misuse on young people is that it can result in them caring for the parent and/or other family members. Overall 8% of children (5-15 years old) are estimated to be young carers, and 7% of young carers care because of parental substance misuse – this is around 130 young people in the CCG area.\(^{28}\)

Recommendation

All professionals have a role to play in safeguarding children (as set out in government legislation) in terms of assessing needs, being involved in CAF, making safeguarding and child protection referrals and supporting families. GPs should ensure that when they identify someone with substance misuse problems they consider the children or other dependants of that person, and consider safeguarding concerns as appropriate.

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\(^{25}\) ONS Birth and Deaths 2010. Available at Norfolk Insight: http://www.norfolkinsight.org.uk/dataviews/view?viewId=131


\(^{28}\) See the ‘Friends and Family’ chapter of the N-DAP Substance Misuse Related Needs Assessment 2013 for a full explanation of how this estimate is calculated. This is available on the Resources section of the N-DAP website: www.ndap.org.uk
Some specialist substance misuse services do offer support for people affected by the substance misuse of another, however, this is patchy, often peer led (rather than statutorily funded) and not well publicised. N-DAP is currently taking forward a commissioning project looking at options for providing a service (or services) that meet the needs of people of all ages affected by someone else’s substance misuse.

**Drugs, Alcohol and Crime**

Over a third of all recorded violent, sexual and robbery offences committed in the Great Yarmouth part of the HealthEast CCG area are linked to alcohol (756 offences in 2011/12). This means there are 12.4 alcohol related crimes for every 1,000 residents aged 16-64, which is well above the Norfolk average of 6.4 per 1,000 residents, the highest in the county (see figure 10).²⁹

![Rate of Alcohol-related Violent Crime](figure10)

The map below shows the distribution of alcohol-related violent crimes in 2011/12 in the Great Yarmouth part of the CCG area (see figure 11).

²⁹ This data was supplied by Norfolk Constabulary and unfortunately the same level of data is not available for Waveney.
This demonstrates that alcohol-related violent crimes mainly happen in the centre of the town - this is likely to be linked to the night time economy (pubs and clubs etc.). However, all areas of the CCG area experience some alcohol-related violence. Alcohol-related domestic violence is a serious issue as 36% of all domestic violent offences in Norfolk are linked to alcohol (and this accounts for 28% of all alcohol-related violence). The constabulary conclude that “alcohol and drug misuse is one of the most significant drivers of domestic violence, and a link-up between substance misuse and domestic violence services is essential.”

There were 660 drug offences recorded in the whole CCG area in 2012 (350 in Waveney and 310 in Great Yarmouth). This gives a rate of 5.1 per 1,000 residents aged 16-64 for each area of the CCG. This is greater than both the Norfolk average of 4.5 per 1,000 residents and the Suffolk average of 4 per 1,000 (see figure 12).
Drugs are also linked to violent crime (again by reducing inhibitions, and also linked to markets and supply), and also theft and acquisitive crime. Estimates suggest that between 36-66% of acquisitive crime is committed by people with heroin and or crack cocaine problems. Improving health outcomes for offenders can significantly reduce re-offending rates and bring health benefits to a wider population.

Deprivation

While there are affluent parts of Great Yarmouth and Waveney, there are also some of the most deprived parts of England. Two areas in Great Yarmouth (Regent and Nelson) are ranked the two most deprived LSOAs in Norfolk; and within Waveney parts of Lowestoft (Kirkley and Harbour ward) feature among some of the most deprived parts of England. According to ‘indices of multiple deprivation’, 22% of people in Great Yarmouth live in deprived areas compared to 6% in Norfolk on average.

The relationship between poverty, deprivation, widening inequalities and problem drug and alcohol use is well established; factors include low job opportunities, few community resources, fragile family bonds and psychological problems. Not all marginalised people will develop a substance misuse problem, but it is those at the margins of society, such as the homeless and those in care, that are at most risk.

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**Part 3: Drug and Alcohol Support Services**

**Young People**

Prevention of drug and alcohol misuse is essential to reducing drug and alcohol-related harm in the future. N-DAP commissions The Matthew Project Under18 Service (Under18) to provide advice, information and education regarding drugs and alcohol to young people in both Norfolk and Suffolk. Under18 carried out 21 education sessions in schools/colleges in the *Great Yarmouth* area over 2011/12, this gives a rate of 5.4 sessions per 1,000 young people aged between 10 and 15 (see figure 13).

![Rate of MPU18 education sessions per 1,000 young people aged 10-15](image)

Figure 13

However, it is not possible to report on what other drug and alcohol education is happening in schools. The education systems in Norfolk and Suffolk are changing rapidly with a proliferation of academies and free schools; these two factors combined suggest that it is a pertinent time to review the provision of substance misuse education, and consider ways to support access to high quality drug and alcohol information.

Under18 and Norfolk Youth Offending Team also provide targeted and specialist psychosocial interventions. In 2011/12 there were 40 young people in Great Yarmouth that received structured drug treatment and 31 in Waveney. This is 3.6 per 1,000 young people in Great Yarmouth and 2.4 in Waveney, higher than the Norfolk average of 1.8. Under18 work very much on an outreach basis and while there is a permanent base in Great Yarmouth, they visit young people in a place of their choosing (often at school, home or a public place).

Most of the young people in treatment had problems with alcohol, cannabis or both. There are very few young people identified as having problems with heroin or other opiates.

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34 Unfortunately comparable data is not available for Waveney
Adults

Brief interventions and harm reduction

Most drug and alcohol users do not need specialist or clinical interventions to change their substance use behaviour; of those that do, many will respond to brief interventions delivered in primary care.\(^\text{35,36}\)

A recent study concluded that a universal programme of alcohol brief interventions in primary care is cost-effective under all but the most pessimistic assumptions.\(^\text{37}\) The Department of Health has included alcohol and identification of any subsequent brief advice needs in the NHS Health Check for adults aged 40 to 75 from April 2013.

**Recommendation**
Options for the effective delivery of Brief Interventions within primary care settings including GP practices need to be identified and implemented.

Specialist Drug and Alcohol Services

Norfolk DAAT has recently taken forward a tender to procure a single Adult Treatment System for Norfolk (this was a whole system redesign excluding inpatient detoxification and residential rehabilitation services). The contract has been awarded to the Norfolk Recovery Partnership (NRP), which is a partnership of Norfolk and Suffolk NHS Foundation Trust (which includes TADS), The Matthew Project and RAPt (Rehabilitation for Addicted Prisoners Trust). This service commenced delivery on the 1\(^{st}\) April 2013. Further information about NRP can be found here.\(^\text{38}\)

Suffolk DAAT commission CRI and Open Road to provide services in the Lowestoft part of the CCG area, this will not be affected by the changes in Great Yarmouth.

N-DAP has recently carried out a review of tier 4 treatment options including inpatient detoxifications and residential rehabilitation. This reviewed existing arrangements, current activity and expenditure and reflected on how best practice can be applied to Norfolk. Recommendations from this report are being considered by a Task and Finish Group.

**Recommendation**
CCGs and all GPs should ensure they understand the new treatment system, what services are on offer and how they can work with NRP.

Over 2011/12 there were 694 people living in the Great Yarmouth area who received drug and alcohol treatment, and 493 in Waveney. The two main groups of clients are those who primarily have a problem with alcohol and those who are primarily Opiates and/or Crack Users (OCU). The Great Yarmouth area has the highest rate of clients overall as a proportion of the population in Norfolk, with 11 people in every 1,000 receiving treatment for their problems with drugs and alcohol in the last year, compared to 8.6 per 1,000 in Norfolk on average.

In 2011/12 there were 1,187 adults in treatment in the HealthEast CCG area, of these 611 were opiate and crack users, 470 primarily had problems with alcohol and 104 with other drugs (see figure 14).

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\(^{36}\) WHO (2008) The Effectiveness of Brief Intervention for Illicit Drugs Linked to the ASSIT in Primary Care Settings. World Health Organisation.


\(^{38}\) [http://www.norfolkrecoverypartnership.org.uk/Pages/default.aspx](http://www.norfolkrecoverypartnership.org.uk/Pages/default.aspx)
Treatment Received  
*(Please note the following only relates to the Great Yarmouth area)*

The graph below shows that the majority of people receiving substance misuse treatment in the Great Yarmouth part of the CCG area in 2011/12 received psychosocial services (such as counselling) for their problems with alcohol (226 clients) (see figure 15).

Some clients are prescribed drugs to help them manage their substance misuse problems (such as opiate substitutes or drugs to manage alcohol dependence), 209 clients in Great Yarmouth were recorded as receiving a prescription without concurrent counselling (although they would have also had regular meetings with a key worker), and these are mostly OCU clients. Finally 192 people received both psychosocial services as well as a specialist prescription (such as opiate substitutes or drugs to manage alcohol dependence); and these are mostly OCU clients.

Over the year (2011/12) 48 clients in Great Yarmouth received an inpatient detoxification through the specialist substance misuse services (with eight of these having more than one detoxification) and five clients went to a residential rehabilitation centre.
Treatment Outcomes in Great Yarmouth and Waveney

The goal for specialist substance misuse treatment is for people to leave treatment in a care planned way, free from dependence on their problem substance. For some this may mean reducing their use to a manageable level, but for most this will mean abstinence.

In order to assess the performance of the specialist substance misuse treatment system a ‘rate of successful completions’ is calculated; this is the number of people leaving treatment in a planned way in a 12 month period, as a proportion of all of those in treatment.

The rate of successful completion differs dramatically for different client groups (see figure 16). The rate for alcohol clients is far higher as most people complete their treatment within two years. The successful completion rate of clients who use opiates (OCUs) is much lower as many people remain in treatment for a long time (in Norfolk 29% of OCU have been in treatment for more than four years, compared to just 2% of Alcohol clients).

Increasing successful completions, and therefore recovery from drug and alcohol problems is linked to the provision of a whole range of services (see the section on recovery below).

Demographics of Treatment Clients in Great Yarmouth and Waveney

Around two thirds of treatment clients in HealthEast CCG area are male (70%), and this is not significantly different to the average Norfolk substance misuse treatment population. The proportion of people from a Black Minority or Ethnic (BME) backgrounds in treatment in Great Yarmouth and Waveney is the same as the proportion in the general population (and therefore can be said to be representative), with 91% ‘white British’. Two thirds of the clients in treatment are aged between 30 and 50 years (see figure 17).
Recovery from Drug and Alcohol Problems

In order to support people to recover fully from their problems with drugs and alcohol they may need help to address other areas of their life, such as their housing situation, employment, mental health, family breakdown and help to develop new social networks.

Housing

Of those in drug and alcohol treatment in the HealthEast CCG area (both Great Yarmouth and Waveney), 20% have a housing problem when they commenced treatment.

One of the key issues in the housing of people with substance misuse issues is the provision of supported housing, and ensuring that accommodation is matched to the right stage in their recovery journey i.e. abstinence based housing for someone who has just undergone a drug or alcohol detoxification. The reforms of housing benefit and the introduction of universal credit will affect people with housing problems, and given that those with substance misuse problems are over represented in this group, these wider policy changes could have a significant impact on people recovering from their problems with drugs and alcohol within the HealthEast area.  

Employment

Of those known to have drug and alcohol problems in the HealthEast area only 15% are in regular employment. Overall HealthEast CCG has a higher than average rate of working age benefit claimants (20.9% compared to 14.0% in Norfolk). Supporting people with long-term conditions to come off benefits and back into employment is important to improving the wellbeing of the people of Great Yarmouth and Waveney. In the Great Yarmouth district approximately 100 people are claiming incapacity benefits for problems with drugs and alcohol and 120 in the Waveney district.

Peer support

Latest government guidance highlights the importance of mutual aid groups in supporting people to make long-term lifestyle changes. There are five AA groups a week in the Great Yarmouth area that meet at three locations, and eleven AA groups meeting in Waveney in

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nine locations. While AA is very effective for some people, 12 step groups like AA are not the only type of peer support and there is a need to expand provision.

This CCG covers a wide rural area with a poor transport infrastructure. Stimulating the kind of social networks that comprise a recovery community is challenging in a rural setting like Great Yarmouth and Waveney where services are spread out and people may have to travel long distances to access support.

**Recommendation**
Partners should consider how they can support the development of mutual aid and peer led support for people with drug and alcohol services in their area.

**Conclusion**
The misuse of drugs and alcohol are causing harm to the people of Great Yarmouth and Waveney, as demonstrated by levels of alcohol and drug-related deaths, alcohol-related hospital admissions, and levels of drug and alcohol-related crime.

The evidence outlined within this needs assessment highlights the main areas for partners within the HealthEast CCG area to consider in relation to the drug and alcohol related harms and needs. These are:
- Providing drug and alcohol services within GP surgeries, including brief interventions and shared care for both drug and alcohol problems.
- Increasing access to peer led mutual aid support for people wanting to recover from their problems with drugs and alcohol and their families – particularly in rural parts of the area.
- Investigating drug-related hospital admissions and drug-related deaths to understand what specifically what is happening and how it can be addressed.

All partners have a key role to promote healthy lifestyles by preventing substance misuse and helping people to recover from their problems with drugs and alcohol. Addressing substance misuse will reduce health inequalities and improve the health and wellbeing of the people of Great Yarmouth and Waveney.