

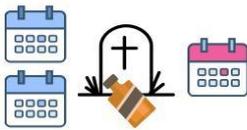
Joint Strategic Needs Assessment



Drugs and Alcohol

Last updated: June 2016

Summary



Alcohol-related deaths cause more than double the number of months-of-life-lost for males than females

The Isle of Wight has the lowest number of admission episodes for alcohol-related cardiovascular disease of all its comparator authorities



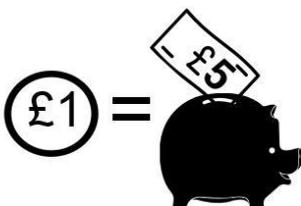
Estimated prevalence of binge drinking amongst adults on the Island is the lowest of all our comparator authorities

Isle of Wight non-opiate users have the highest percentage of successful treatment completions of all its comparators



The Isle of Wight has no opiate clients waiting more than three weeks to start treatment

Under 18s admitted to hospital due to alcohol-specific conditions on the Island is the highest of all our comparators



For every £1 invested in drug and alcohol treatment, almost £5 is saved on health costs

Public Health Foreword

“Substance misuse relates to the harmful or hazardous use of psychoactive substances, including alcohol, illicit drugs and New Psychoactive Substances (NPS - also known as legal highs).

The effects of substance misuse are profound and wide ranging. It is estimated that the annual cost to society including health, crime and loss of productivity in the UK is £36.4 billion comprising £21 billion for alcohol-related harm and £15.4 billion from illicit drugs. (Public Health England, 2013)

Policies and interventions which influence the levels and patterns of substance misuse and related harm can significantly reduce the Public Health issues attributable to substance misuse, and interventions at the health care system level can work towards the restoration of health in affected individuals. (World Health Organization, 2016)

The local data presented in this factsheet supports the Isle of Wight Public Health Team and its partners to design a range of interventions tailored to local needs. This evidence is essential in informing such decisions and ultimately provides a baseline upon which measurable improvements to our local health, economy and social wellbeing can be measured.”

Gilles Bergeron – Senior Public Health Practitioner

Alcohol

Alcohol misuse is described as drinking excessively – more than the lower-risk limits of alcohol consumption. Regular or frequent drinking is described as drinking alcohol most weeks. The risk to your health is increased by drinking any amount of alcohol on a regular basis.

One aspect of alcohol misuse is binge drinking. People who binge drink (drink heavily over a short period of time) are more likely to behave recklessly and are at greater risk of being in an accident.

As well as causing serious health problems, long-term alcohol misuse can lead to social problems such as unemployment, divorce, domestic abuse and homelessness.

For more information about drinking, please visit NHS Choices -

<http://www.nhs.uk/conditions/Alcohol-misuse/Pages/Introduction.aspx>

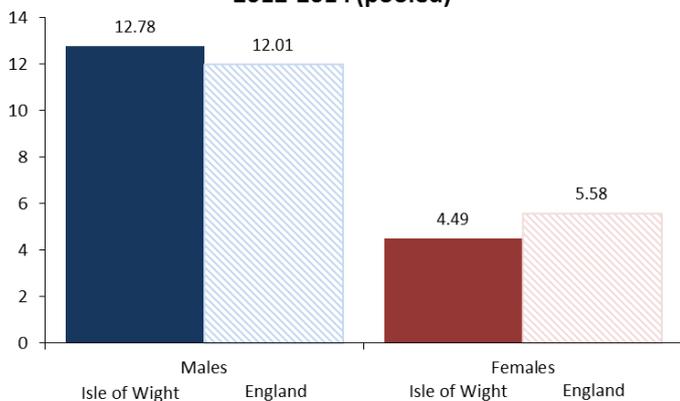
Mortality and impact on health

Months of Life Lost

Public Health England (PHE) create Local Alcohol Profiles for England (LAPE) and estimate the increase in life expectancy at birth which would be expected if all alcohol-related deaths were prevented for those aged 75 or less.

The data shows that for Isle of Wight males, 12.78 months of life are lost compared to 12.01 for England. Isle of Wight females show a much lower figure of 4.49 months of life lost compared to 5.58 for England.

Months of life lost due to alcohol (Under 75s): 2012-2014 (pooled)



Source: Public Health England Local Alcohol Profiles - <http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0>

Alcohol-related mortality

Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition, for example liver cirrhosis.

Using 2012-14 pooled data from the LAPE, Isle of Wight deaths from alcohol-specific conditions are not statistically significantly different to England. It is however higher than five comparator authorities.

NB. When talking about comparator authorities, the CIPFA nearest neighbour model is used. This uses many different indicators to work out the 15 'closest' authorities to any other based on various data. More information about this can be found at:

<http://www.cipfastats.net/resources/nearestneighbours/>

Alcohol-related conditions include all alcohol-specific conditions, as well as those where alcohol is causally implicated in some but not all cases of the outcome, for example, hypertensive diseases and falls.

Using 2014 data from the LAPE, Isle of Wight deaths from alcohol-related conditions are not statistically significantly different to England or any other comparator authority.

Mortality from chronic liver disease

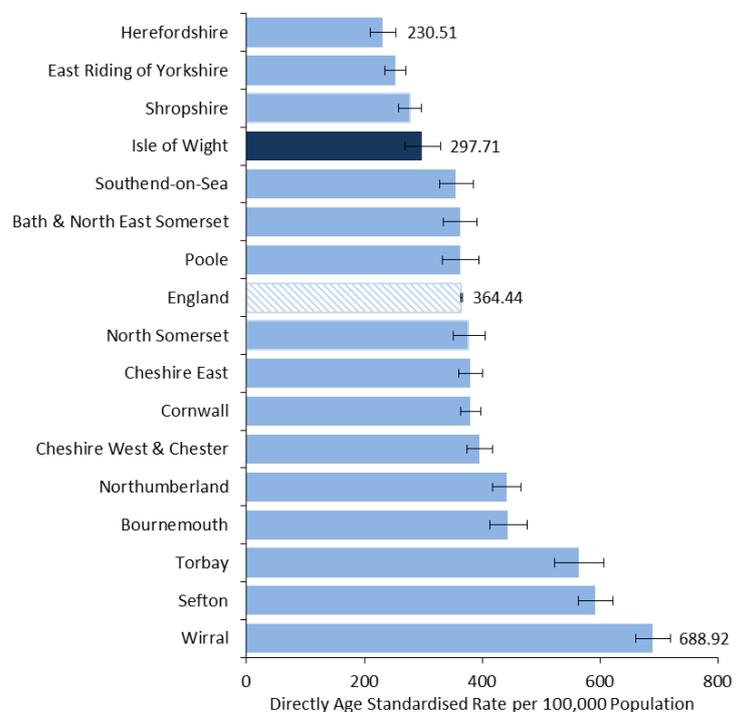
Isle of Wight deaths from chronic liver disease (2012-14 pooled) are the second lowest out of our comparator authorities although only statistically significantly lower than four of them.

Hospital admissions

Alcohol-specific hospital admissions

'Persons admitted to hospital for alcohol-specific conditions' is the fourth lowest out of our comparator group. It is statistically significantly lower than 11 comparators and England.

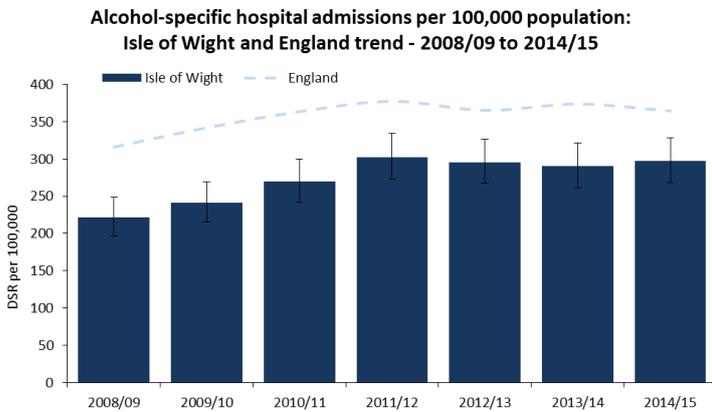
Alcohol-specific hospital admissions: DSR per 100,000 population - 2014/15



Source: Public Health England Local Alcohol Profiles - <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

NB. DSR is Directly Age-Standardised Rate. Age standardisation will reduce any effect that different areas have and will ensure that any comparison is 'as if the area has the same age structure as the standard population.'

In recent years there has been a general upward trend with slight levelling out over the last three years.



Sources: Public Health England Local Alcohol Profiles - <http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0>

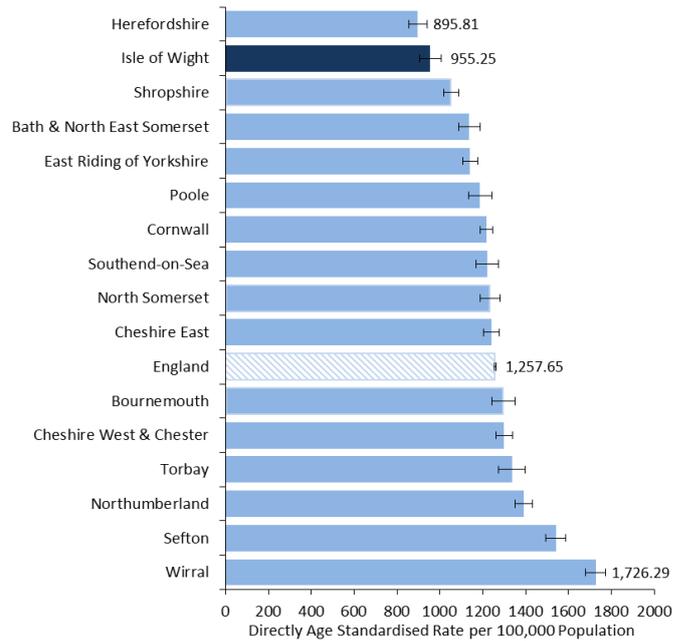
The recent trend, when broken down by gender, shows that male figures are consistently statistically significantly lower than the national average, however the female figures are much closer to the national average and, although lower, are not statistically significantly so. It is not known why this is. More work would be needed to understand the reasons for this.

For example, it could be that this trend may be related to the higher number of months of life lost for males than females.

Alcohol-related hospital admissions

'Persons admitted to hospital where the primary diagnosis or any of the secondary diagnoses are alcohol-attributable' shows the Isle of Wight as the second lowest (best) of all its comparator authorities. It is also statistically significantly lower (better) than all of them apart from the one.

Alcohol-related hospital admissions (broad definition) per 100,000 population - 2014/15



Source: Public Health England Local Alcohol Profiles - <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

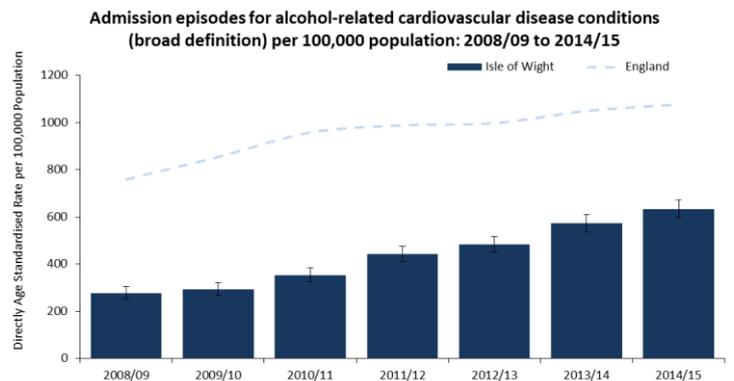
Hospital admissions – cause groups

The following sections break down hospital admission by their cause.

Cardiovascular disease conditions

Compared to its comparators, the Isle of Wight has the statistically significantly lowest level of admissions to hospital where the primary diagnosis or any of the secondary diagnoses are alcohol-attributable cardiovascular diseases.

Recent trend figures show the Isle of Wight's figures have increased in line with national figures, although the Island is statistically significantly lower than England.



Source: Public Health England Local Alcohol Profiles - <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

Mental and behavioural disorders due to use of alcohol conditions

Hospital admissions for mental and behavioural disorders due to the use of alcohol for the Isle of Wight are statistically significantly lower than England and most of our comparator authorities.

When broken down by gender, it follows almost the same pattern, with the Isle of Wight statistically significantly lower than the majority of comparators.

Alcohol-related alcoholic liver disease

Although the Isle of Wight has the fourth lowest rate of admission episodes for alcohol-related alcoholic liver disease, it is only statistically significantly lower than 6 of our 15 comparator authorities and England.

When looking at the time trend, the Island has been constantly lower than England for the last six years.

A similar pattern follows for males when broken down by gender, but for females the last three years have been statistically similar to the national rate.

Again, it is unknown as to the reasons for this. More work would be needed to explore these issues.

Alcohol-related unintentional injuries

Alcohol-related unintentional injuries include road/pedestrian traffic accidents, poisoning and falls.

Admission episodes for alcohol-related unintentional injuries are statistically lower than six of our comparators. It is statistically similar to all the others.

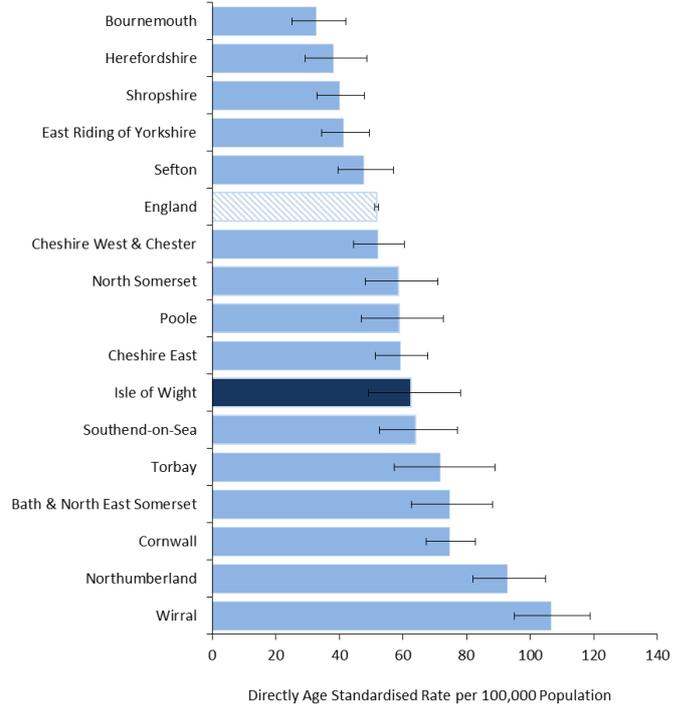
For males, the Isle of Wight is statistically different to four comparators and for females the Isle of Wight is not statistically different to any comparators.

Intentional self-poisoning by exposure to alcohol

This is the medical coding terminology for attempted suicide by alcohol.

The figure for the Isle of Wight of admissions to hospital due to alcohol-related intentional self-poisoning by exposure to alcohol is statistically significantly higher than three of our comparator authorities and significantly lower than two.

Admission episodes for alcohol-related intentional self-poisoning by and exposure to alcohol condition (Narrow) per 100,000 population: 2014/15



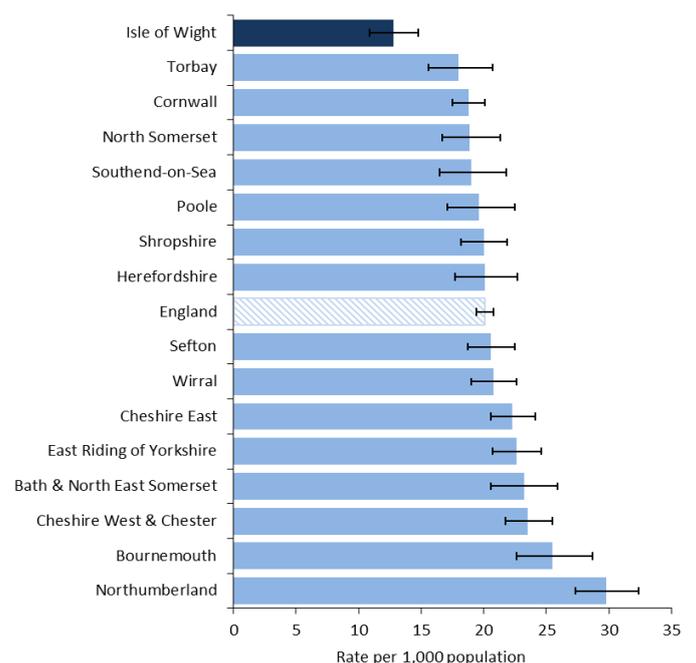
Source: Public Health England Local Alcohol Profiles - <http://fingertips.phe.org.uk/profile/local-alcohol>

Other impacts

Binge drinking

This is a synthetic estimate of the percentage of the population aged 16 years and over who report engaging in binge drinking.

Modelled prevalence of binge drinking amongst adults: 2007-2008



Source: Local Alcohol Profiles for England - www.lape.org.uk

The low estimates of binge drinking on the Isle of Wight may be, in part, down to our larger elderly population and the fact that we have no university on the Island.

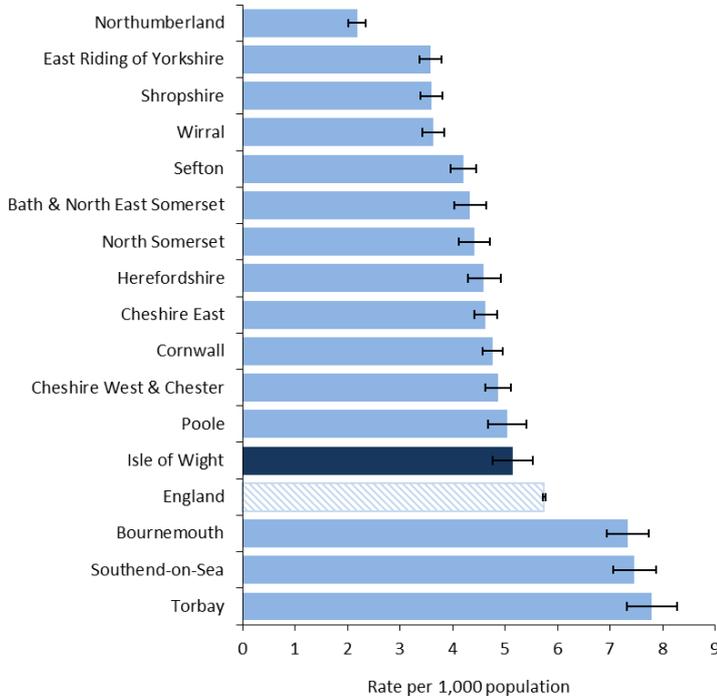
PLEASE NOTE: As this indicator is a modelled estimate based on old data, care must be taken when using this information.

Crime attributable to alcohol

All recorded crime

The Isle of Wight rate of recorded crime attributable to alcohol is statistically significantly lower than England and three of our comparators and statistically significantly higher than seven.

Recorded crime attributable to alcohol crude rate per 1,000 population: 2012/13

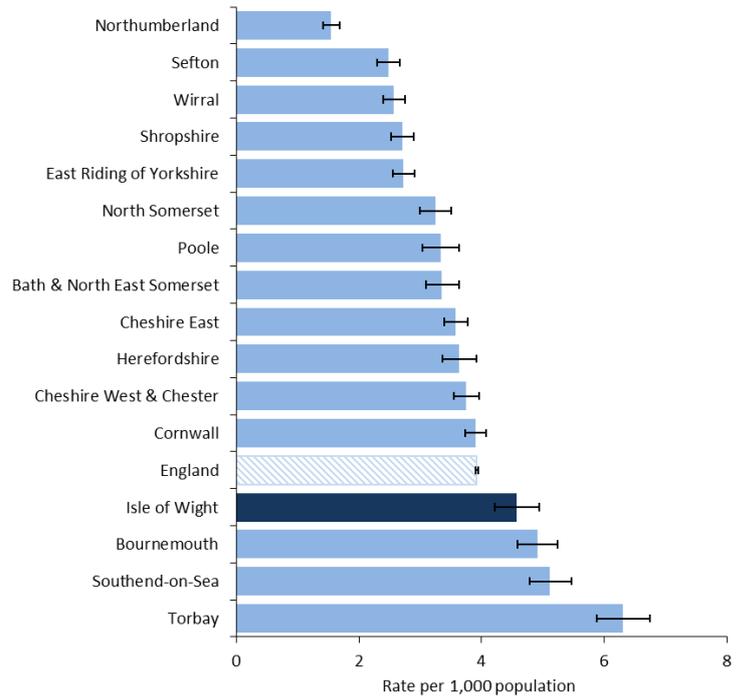


Source: Local Alcohol Profiles for England - www.lape.org.uk

Violent crime

Although the actual figures are quite small, the Isle of Wight is statistically significantly higher than England and 12 comparator authorities. It is only statistically lower than one.

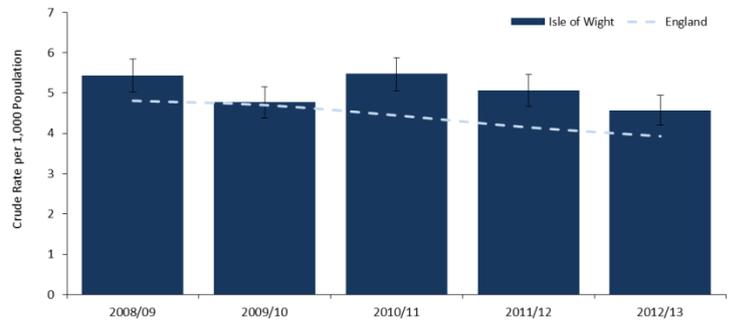
Violent crime attributable to alcohol crude rate per 1,000 population: 2012/13



Source: Local Alcohol Profiles for England - www.lape.org.uk

Although decreasing, the recent trend has been higher than England.

Violent crime attributable to alcohol crude rate per 1,000 population: 2008/09 to 2012/13



Sources: Local Alcohol Profiles for England - www.lape.org.uk

Sexual crime

Due to the very small numbers, the Isle of Wight is not statistically significantly different to any of its comparators.

Community Safety Strategic Assessment

The Community Safety Partnership Strategic Needs Assessment 2015 was published in March 2016. There are links to a summary of data and the strategy itself on

<https://www.iwight.com/Council/OtherServices/Community-Safety-Services/Isle-of-Wight-Community-Safety-Partnership>

Treatment

Alcohol costs the NHS £3.5bn per year; equal to £120 for every tax payer.

On top of this, it costs £11bn tackling alcohol-related crime and £7.3bn from lost work days and productivity costs, making a total cost to England of alcohol-related harm of around £21bn.

For every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs.

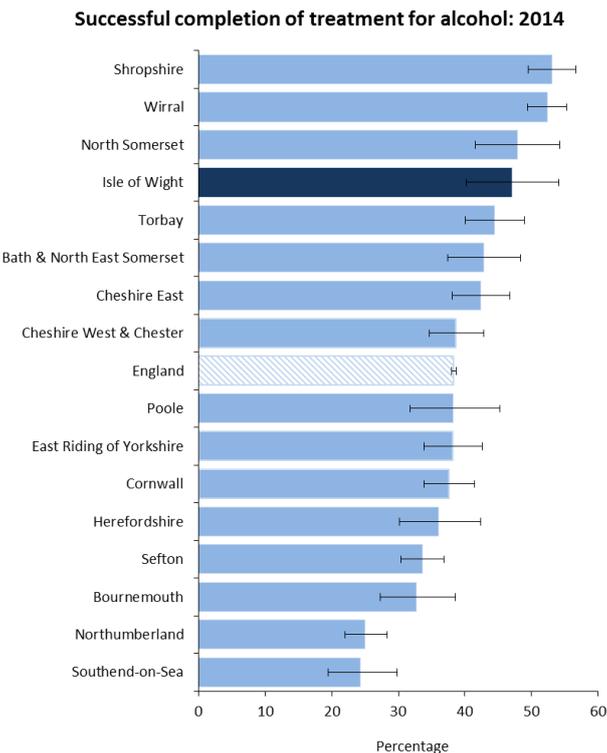
On the Isle of Wight the Island Recovery Integrated Service (IRIS), the new integrated drug and alcohol services, offers assessment and recovery focussed treatment for people who misuse drugs and alcohol.

Successful completions

A successful completion is classed as an alcohol user that has left treatment free of alcohol dependence who did not then re-present to treatment again within six months.

This measure shows the number of successful completions as a percentage of the total number of alcohol users in treatment.

The Isle of Wight had 47% successful completions in 2014 which is statistically significantly higher than the England average.

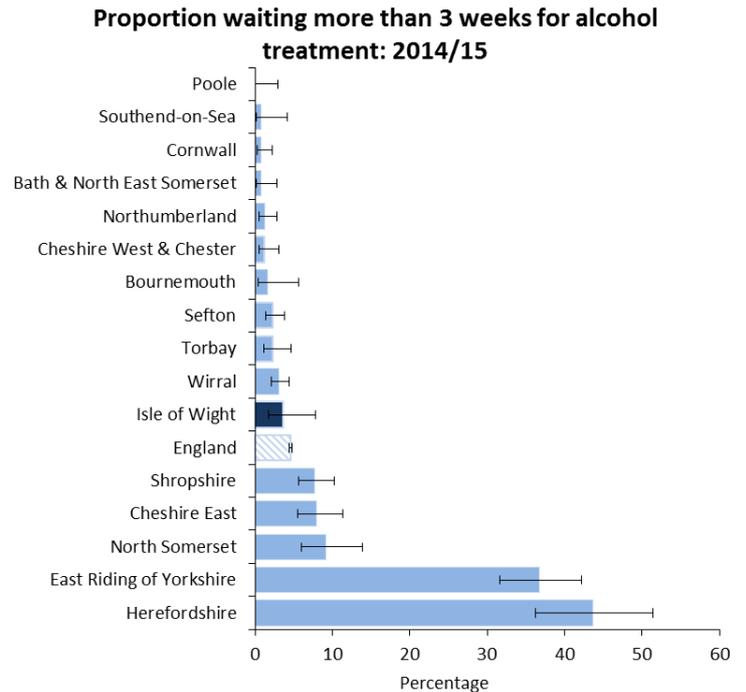


Source: Public Health England Local Alcohol Profiles - <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

Waiting time

Waiting time for treatment is an important measure in drug and alcohol treatment service performance. The key indicator is 'proportion waiting more than three weeks for treatment to commence'.

From this graph you can see that the Isle of Wight is broadly similar to most of our comparators.



Source: Public Health England Local Alcohol Profiles - <http://fingertips.phe.org.uk/profile/local-alcohol->

Drugs

Drug misuse can be harmful to your health in both the short term and the long term, and could possibly lead to addiction.

Different drugs have different effects:

- Stimulants, such as cocaine, mephedrone, ecstasy and speed;
- Depressants, such as barbiturates and ketamine
- Relaxants, such as cannabis.

Novel Psychoactive Substances

New psychoactive substances – often incorrectly called legal highs – contain one or more chemical substances which produce similar effects to illegal drugs (like cocaine, cannabis and ecstasy). Although some of these so-called 'legal highs' have been legal in the past, since spring 2016, none of these drugs will be legal to produce, supply, or import (even for personal use) for human consumption.

Risks of NPS

NPS can carry serious health risks. The chemicals they contain have in most cases never been used before in drugs for human consumption.

This means they haven't been tested to show they are safe. Users can never be certain what they are taking and what the effects might be.

Many drugs that were previously sold as 'legal highs' are now controlled under the Misuse of Drugs Act, including mephedrone, naphyrone, BZP and GBL. This means they are illegal to possess or supply to others.

There are lots of different types of synthetic cannabinoids, and a large number have become Class B drugs.

As NPS usage is relatively new, there is a lack of reliable data currently available.

Parents living with children

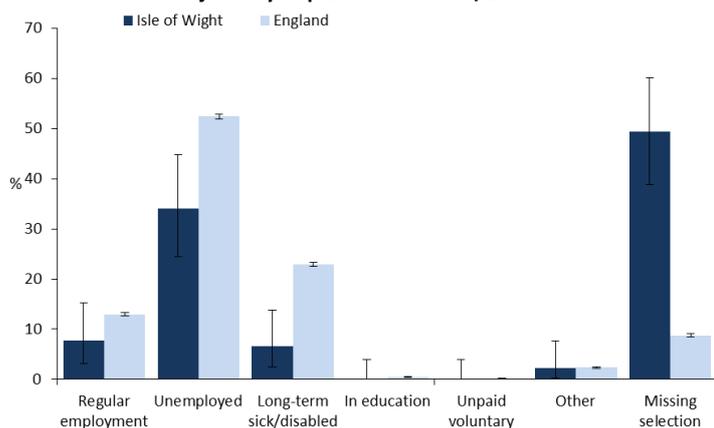
The Isle of Wight has the fifth lowest percentage of opiate user clients who are parents and are living with children; however it is only statistically significantly lower than two of its comparators.

For non-opiate users, the Island is not significantly different to any of its comparators.

Employment status

The employment status of opiate user clients entering a new treatment journey has significantly lower percentages of 'unemployed' and 'long-term sick/disabled' than England. However, there is a significantly higher percentage of 'missing' information which is a big issue for correct record-keeping.

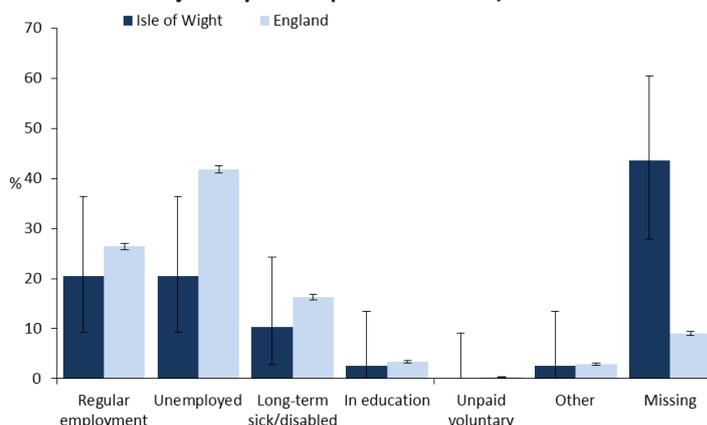
Employment status of clients entering a new treatment journey - opiate users: 2014/15



Source: National Drug Treatment Monitoring System - www.ndtms.net

There is a similar pattern for non-opiate users although with higher percentages in 'regular employment' and lower percentage of 'unemployed' for both the Isle of Wight and England.

Employment status of clients entering a new treatment journey - non-opiate users: 2014/15



Source: National Drug Treatment Monitoring System - www.ndtms.net

Waiting times

For the percentage of opiate clients waiting over three weeks to start their first intervention, the Isle of Wight has zero but is only statistically significantly lower than two comparators.

For non-opiate users, there is no significant difference between any of the comparator authorities.

Successful completions

The Isle of Wight has the third highest percentage of successful completions for opiate users, although once confidence intervals are taken into account, it is only statistically significantly higher than one.

For non-opiate users, the Isle of Wight has the highest percentage of successful completions – statistically significantly higher than eight comparators and England.

Young People

Young people's treatment services data is collected and presented separately to adults. They include both drugs and alcohol services.

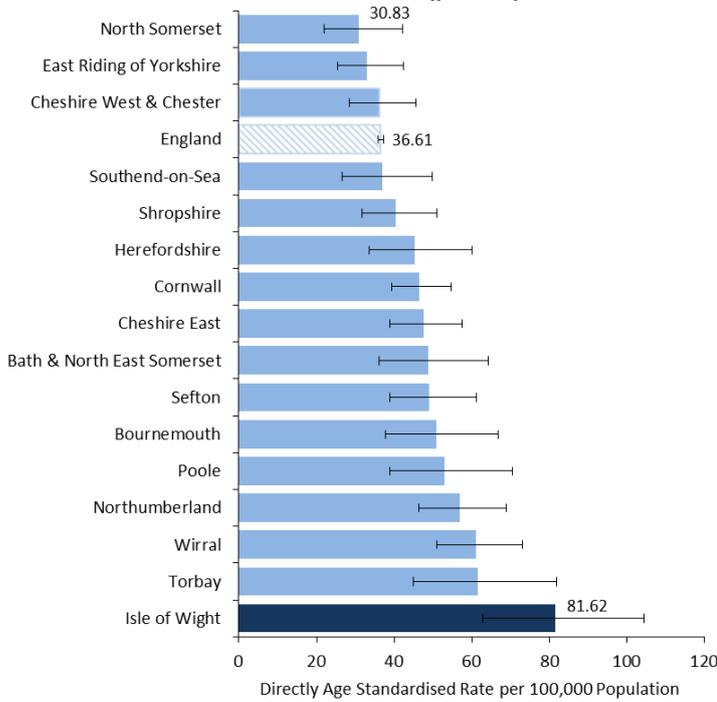
Alcohol-related hospital admissions

Under 18s admitted to hospital due to alcohol-specific conditions on the Isle of Wight is the highest of all our comparator authorities. It is

statistically significantly higher than all but six of them.

This may, in part, due to the fact that there is no resident paediatrician in A&E so all under 18s are admitted to a ward to be seen.

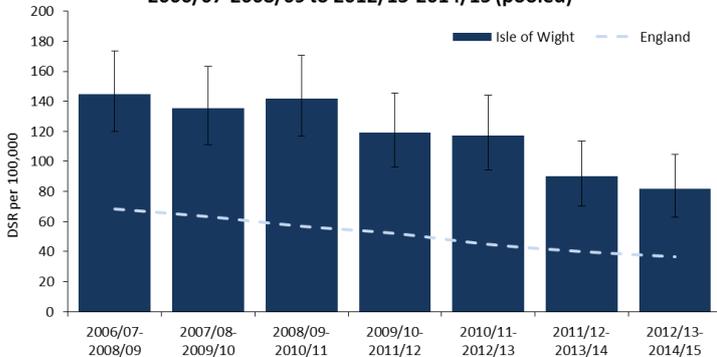
**Alcohol-specific hospital admissions:
Under 18s DSR per 100,000 population -
2012/13 to 2014/15 (pooled)**



Source: Public Health England Local Alcohol Profiles - <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

Although the local figures have been decreasing steadily over the last seven years, each year is statistically significantly higher than the England figures.

**Alcohol-specific hospital admissions - Under 18s:
per 100,000 population - Isle of Wight and England trend -
2006/07-2008/09 to 2012/13-2014/15 (pooled)**



Sources: Public Health England Local Alcohol Profiles - <http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0>

Prevalent substance

For the Isle of Wight, the most commonly used substances among young people are cannabis

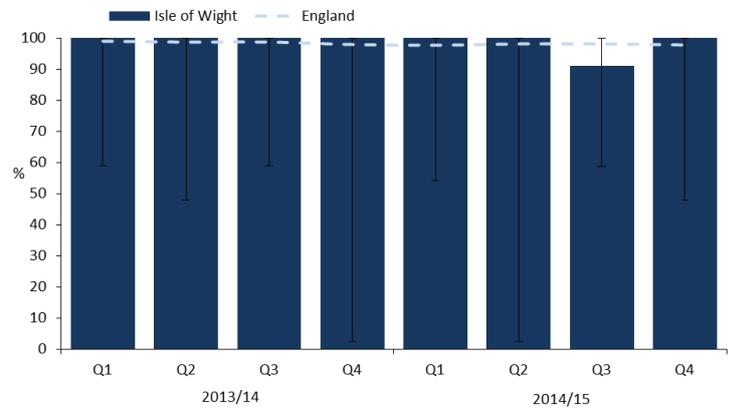
and alcohol. This is the same for the national picture.

Waiting times

The percentage of under 18s who waited for three weeks or less for their first treatment is 95.7% for the Isle of Wight (22 out of 23 clients) which, although very good, is lower than 11 comparators (ten of which are on 100%) and England.

Since 2013/14, on the Isle of Wight, 100% of clients were seen within three weeks or less in all but one quarter.

Percentage of clients waiting over three weeks to start first intervention - under 18s: 2013/14 to 2014/15 (quarters)



Source: National Drug Treatment Monitoring System - www.ndtms.net

Time in services

Length of time in services is a hard measure to rank as it's very dependent on the individual.

There is an issue with the way that 'Time in services' data is published in that the first category is 0-12 weeks. This does not separate those who stay for 12 weeks and those who dropped out after one or two weeks. It is therefore impossible to tell exactly how many clients completed their 12 week course.

In both the Isle of Wight and England, the percentage of clients in treatment for greater than 52 weeks is fairly low.

Treatment exits

Treatment exits can be planned or unplanned. Planned exits are if the treatment is completed and the user is either drug-free or now only an occasional user. Unplanned exits include the client dropping out, the client dying or treatment being withdrawn by the provider.

The Isle of Wight has 85% of treatment exits planned. This is not statistically significantly different to any of our comparator authorities.