

Substance Misuse

From April 2013, responsibility for commissioning of substance misuse treatment services was transferred to local authorities, supported by health and wellbeing boards ([Health and Social Care Act 2012](#)).

Alcohol Use

Most people who consume alcohol do so at lower risk levels, within the guidelines of safer alcohol use. It becomes an issue for individuals, their families and the wider community when people drink alcohol at levels above the guidelines, causing significant health, social and criminal justice problems. The health harms associated with alcohol consumption are widespread; alcohol has been identified as a factor in more than 60 medical conditions including cardiovascular disease, cancers of the digestive organs, breast cancer, depression and suicide, and fertility problems.

For detailed information, please see the [Somerset Alcohol Needs Assessment 2021](#). The current guidance on safer drinking limits recommends that both men and women should not exceed 14 units of alcohol per week. People who regularly are drinking 14 units per week are advised to spread their drinking over at least three days. The guidance also promotes having some alcohol free days in each week. (<https://www.nhs.uk/oneyou/for-your-body/drink-less/>)

Alcohol in Somerset - Key Facts

- In 2018, alcohol related mortality in Somerset was estimated at 47.4 per 100,000 residents. This is slightly higher than the national figure of 46.5. ([PHE Local alcohol profiles](#))
- Hospital admissions for alcohol related conditions in 2018/19 were estimated at 2,297 per 100,000 residents, slightly below the national figure of 2,367. ([PHE Local alcohol profiles](#))
- Deaths due to liver disease for under 75s in Somerset were at a rate of 15.1 per 100,00 residents in the period of 2017-2019. This compares to a national rate of 16.1 per 100,000. ([PHE Mortality profiles](#))
- Between 2011 and 2014 an estimated 28% of adults in Somerset were drinking more than 14 units a week, higher than the national figure of 25.7% (Health survey for England).
- In 2018-19 it was estimated that there were 5,202 dependent drinkers in Somerset: a rate of 11.6 per 1,000 residents. This is lower than the national rate of 13.7 per 1,000. (PHE)
- Based on the prevalence estimate of dependent drinkers, an estimated 87% were not accessing specialist alcohol treatment. (2017-18, PHE alcohol commissioning support pack)

Drug use

The government's [Drug strategy 2017](#) estimated that drug use costs the UK economy £10.7 billion annually. The Modern Crime Prevention Strategy identifies the acquisition and use of drugs as a driver of many types of crime. Drug use is also associated with many other health and social issues and drug misuse is common among people with mental health problems.

Drugs in Somerset - Key Facts

- Deaths in Somerset from drug misuse between 2017 - 2019 were at a rate of 4.8 per 100,000, similar to the national figure of 4.7. ([PHE Mortality profiles](#))
- Drug specific hospital admissions in 2019-20 were estimated at 72.9 per 100,000, significantly higher than the national figure of 53.8. (PHE Drug commissioning support pack)
- In the period of 2016-17, it was estimated that there were 2,393 opiate and/or crack users in Somerset. This is a rate of 7.26 per 1,000 residents, compared to a national figure of 8.85 per 1,000. (PHE Drug commissioning support pack)
- Based upon the prevalence estimate of opiate and/or crack users, it is estimated that 55% of users were not accessing specialist treatment in 2016-17. (PHE Drug commissioning support pack)

Substance Misuse Services in Somerset

The [Somerset Drug and Alcohol Service \(SDAS\)](#) is commissioned by Somerset County Council. SDAS provides a range of drug and alcohol services, from advice and signposting to structured treatment interventions for all ages. The service also provides support for family and carers of users, regardless of whether their loved one is in treatment, and support for non-using children of dependent parents.

Clients in treatment with SDAS are categorised dependent on the substances which they are using. Any client using an opiate substance is counted as an opiate client regardless of any other substances which they may be using. An opiate client therefore may also be consuming other non-opiate substances and/or alcohol. This classification system is in line with the National Drug Treatment Monitoring Service (NDTMS).

Structured treatment is the highest level of intervention which is offered and may include needle exchange, substitute prescriptions, or psycho-social interventions. It can also include residential rehabilitation, amongst other interventions.

See tables below:

Numbers in
Structured
Treatment.
SOURCE: SDAS

	Apr15 to Mar 16	Apr16 to Mar 17	Apr17 to Mar18	Apr18 to Mar19	Apr 19 to Mar 20
Opiate	1,357	1,369	1,403	1,360	1,318
Non-opiate only	221	245	184	187	235
Non-opiate and alcohol	274	299	268	262	236
Alcohol	817	834	729	612	575
Total	2,669	2,747	2,584	2,421	2,364

Successful completion rates as a proportion of all closed structured treatment episodes.

SOURCE: SDAS

	Apr15 to Mar 16	Apr16 to Mar 17	Apr17 to Mar18	Apr18 to Mar19	Apr 19 to Mar 20
Opiate	33%	37%	32%	30%	27%
Non-opiate only	74%	70%	45%	56%	44%
Non-opiate and alcohol	65%	64%	53%	57%	44%
Alcohol	82%	76%	66%	67%	48%
Total	63%	62%	49%	51%	40%

Over the past five years SDAS have seen a decreasing number of individuals accessing structured treatment. This decrease is primarily driven by lower numbers of alcohol only clients. In this period, rates of successful treatment completion have decreased for all client groups, but most significantly for alcohol clients. These trends are likely in part due to changes in thresholds for admittance to structured treatment. Less complex alcohol clients who would previously have been given a structured treatment are now more likely to be supported with a brief intervention, leaving a higher proportion of more complex clients entering into structured treatment. These complex cases are less likely to complete successfully without joined up work with other agencies.

More information?

Anyone with concerns about the drug or alcohol use of themselves or a loved one can contact [Somerset Drug and Alcohol Service](#) (SDAS) 24 hours a day, 7 days a week.
Phone: 0300 303 8788

Email: sdas@turning-point.co.uk

- [Somerset Drug and Alcohol Service](#)
- www.talktofrank.com - for information about drugs
- [Local Alcohol Profiles](#) (Public Health England)