

Getting the Measure Right

South Tyneside's Alcohol Harm Reduction Strategy



...an outstanding place to live, invest and bring up families





Foreword

Alcohol continues to be one of the biggest public health challenges of the century and this is apparent in South Tyneside. The impact is clear with high rates alcohol-related illness, alcohol-attributable hospital admissions and the significant financial costs to all of us. This includes approximately £16.8million in crime and disorder, as well as costing local businesses and employers almost £19million a year because of absenteeism and lost productivity (figures from Balance North East).

The Health and Wellbeing Board (HWBB) signed up to the alcohol declaration in March 2015 and gave a clear commitment to address the impact of alcohol in South Tyneside. This declaration specifically committed the Board to drive evidence-based action across the system and protect the community from alcohol-related harm.

Building on this commitment, our refreshed strategy is a result of consultation with local people, stakeholders and partners, which centred on the question: What would South Tyneside look like if we drank less alcohol? This consultation has informed our response in an attempt to make this concept a reality and supported the development of this strategy. An Alcohol Harm Reduction Strategy Partnership Group was created, which explored themes around alcohol harm reduction within our communities, which resulted in a detailed action plan that commits all local partners to work together to tackle this challenge.

As a result of this activity, partners agreed a new vision in relation to alcohol for South Tyneside: To facilitate a culture whereby people are choosing to drink less.



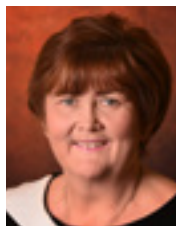
Our Joint Strategic Needs and Assets Assessment (JSNAA) identifies current and future health and wellbeing needs and highlights the extensive and expensive harms alcohol causes across South Tyneside. But we don't have to accept this. Alcohol harms the whole borough, not simply the extremely vulnerable, as a result of its addictive nature, the cultural normalisation of alcohol and an alcohol industry that supports this normalisation.

Drinking alcohol might be an individual choice, but these choices are defined by many factors such as culture, the environment and cost. Alcohol costs the borough approximately £386 per head of population, due to excessive alcohol consumption and harm. This equates to approximately £57.4million per year for the whole of South Tyneside (Balance North East).

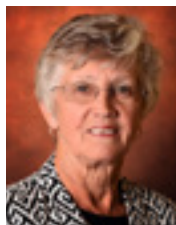
We recognise that creating a culture shift where alcohol is drunk less takes time and effort; however we are privileged in South Tyneside to have a dedicated partnership with a wide range of public, private and third sector representatives committed to supporting local communities on alcohol issues.



Councillor Moira Smith
Lead Member for Children,
Young People and Families



Councillor Tracey Dixon
Lead Member for Independence
and Wellbeing



Councillor Nancy Maxwell
Lead Member for Area Management
and Community Safety



Ambitions

Our ambitions are clear. We want to:

- Promote an alcohol free pregnancy
- Promote an alcohol free childhood
- Create a culture where people drink less alcohol
- Reduce availability of cheap alcohol
- Promote the responsible sale of alcohol
- Reduce the harms that alcohol currently causes in South Tyneside

Our strategy uses a life-course approach to alcohol harm reduction, recognising that risks accumulate throughout a person's life.



Alcohol consumption

Alcohol misuse is no longer a marginal problem with many of our residents drinking at levels that pose some risk to their health. One in five of our local adult population are drinking over the recommended 14 units a week (PHE) but may consider themselves ‘social drinkers’ and be unaware of the harm this can cause.

The Chief Medical Officers’ (CMO) 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

(UK Chief Medical Officers’ Low Risk Drinking Guidelines, 2016).

Many of our residents are unknowingly drinking at an unsafe level and are therefore placing themselves at increased risk of being involved in accidents, becoming victims or perpetrators of crime, experiencing family break-ups or of developing long-term health conditions such as cancer or liver disease.

For instance, if someone drinks two bottles of wine a week, they are placing themselves at increased risk by consuming around 20 units of alcohol. Similarly, someone drinking eight pints of normal strength beer a week is also placing themselves at increased risk.

Across the population different ages and genders consume alcohol in different ways and at different quantities. This complexity highlights the need for a wide ranging population approach with specific targeted interventions. Figures from the national Health Survey for England 2016 tell us:



Among men, the prevalence of drinking more than 14 units a week generally increases with age, peaking in the 55-64 age group at 38.5%. It is likely to be the wealthier, better-off individuals, who are drinking more (Drinking in the UK: An exploration of the trends, JRF 2009).



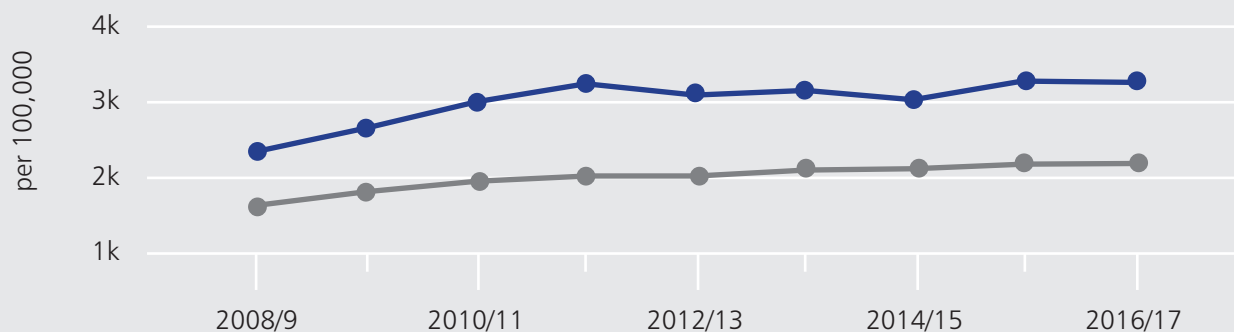
Among women, the proportion that drink more than 14 units a week increases in the 45-54 age group and is highest among women aged 55 to 64 at 22.5%.



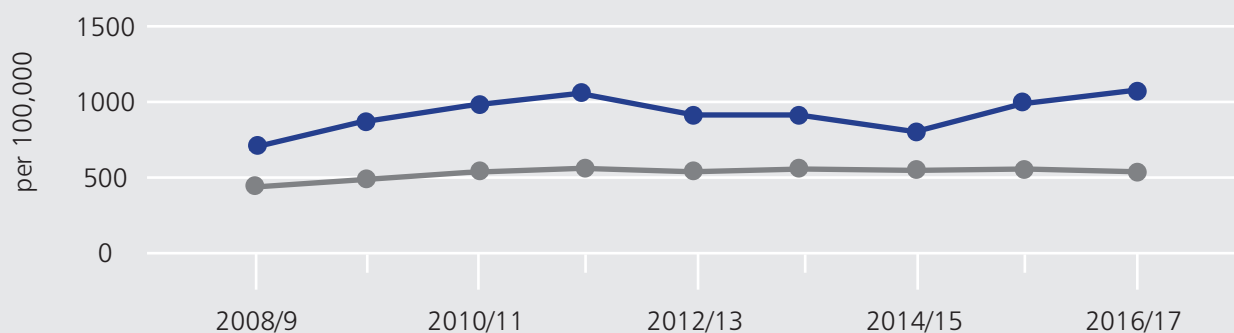
For men and women, binge drinking, defined as exceeding eight units in one day for men and six units in one day for women, is highest in the younger age groups, peaking in the 25 to 34 years group then reduces with age.

The public health burden of alcohol is significant and this refreshed strategy identifies the need for strengthened action and partnership working across all systems.

Admission episodes for alcohol-related conditions (Broad)
(Person) - South Tyneside



Admission episodes for alcohol-specific conditions



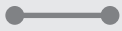
Alcohol harms

The majority of South Tyneside’s alcohol-related harm outcomes remain higher than the England average, which are highlighted in the recent alcohol JSNAA (<https://www.southtyneside.gov.uk/article/62191/Alcohol-Misuse>). Specifically, alcohol-related hospital admission rates are significantly worse than the rest of England.

Alcohol is a pressing public health concern, relating to health, social and economic harms. These can be tangible, direct costs (including costs to the health, criminal justice and welfare systems), or indirect costs (including the costs of lost productivity due to absenteeism, unemployment, decreased output or lost working years due to premature pension or death).

Harms can also be difficult to cost but can include poor physical health and mental health, pain, poor quality of life or the emotional distress caused by living with a heavy drinker. Many of these harms impact upon other people, including relationship partners, children, relatives, friends, co-workers and strangers. Engaging with services can become even more difficult due to alcohol dependency, and in worse cases can result in an increase in debt and/or loss of home.

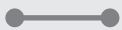
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South Tyneside



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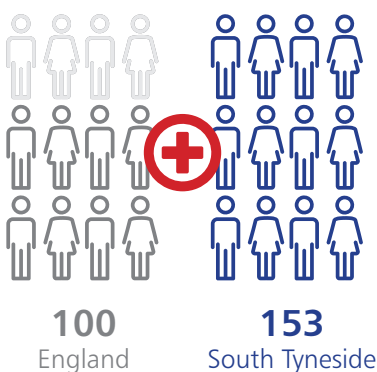
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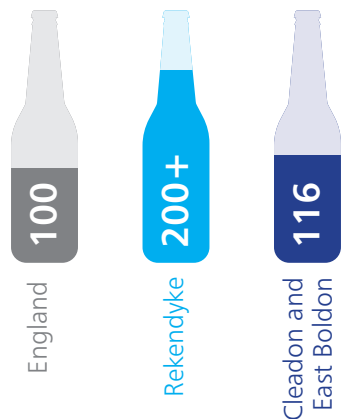
Inequalities

Alcohol-related harm is also a significant cause of health inequalities across the borough as it can contribute to premature deaths, preventable illnesses, negative influences on quality of life and significantly impacts on crime and unemployment.

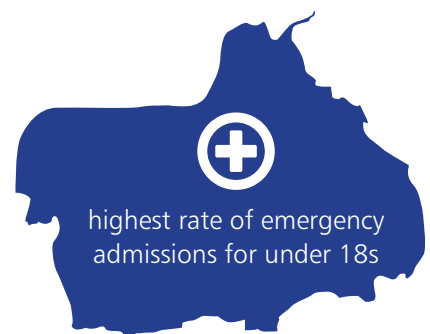
Deprived and disadvantaged communities often report lower levels of alcohol consumption but tend to experience greater or similar levels of alcohol-related harm. This is particularly true for mortality from chronic liver disease. This gives rise to what has been termed the 'alcohol harm paradox' whereby disadvantaged populations who live in our more deprived communities that drink the same or lower levels of alcohol, experience greater alcohol-related harm than more affluent populations. Evidence shows that even though consumption might be similar, choice of drink and patterns of drinking e.g. binge drinking are different between high and low socioeconomic groups. People living in deprived areas may have a greater susceptibility to the harmful effects of alcohol, although further research is needed as to why this may be the case and the specific causal mechanisms.



For every 100 alcohol-attributable hospital admissions in England, South Tyneside can expect 153. This is the fourth highest alcohol-related admissions rate in the country, and the third highest for females (PHE).



There is a significant difference between our local wards with the highest admission rates and the wards with the least. Simonside and Rekendyke saw over 200 admissions for every 100 in England between 2011/12 and 2015/16. Cleadon and East Boldon had 116. Source: PHE, www.localhealth.org.uk.

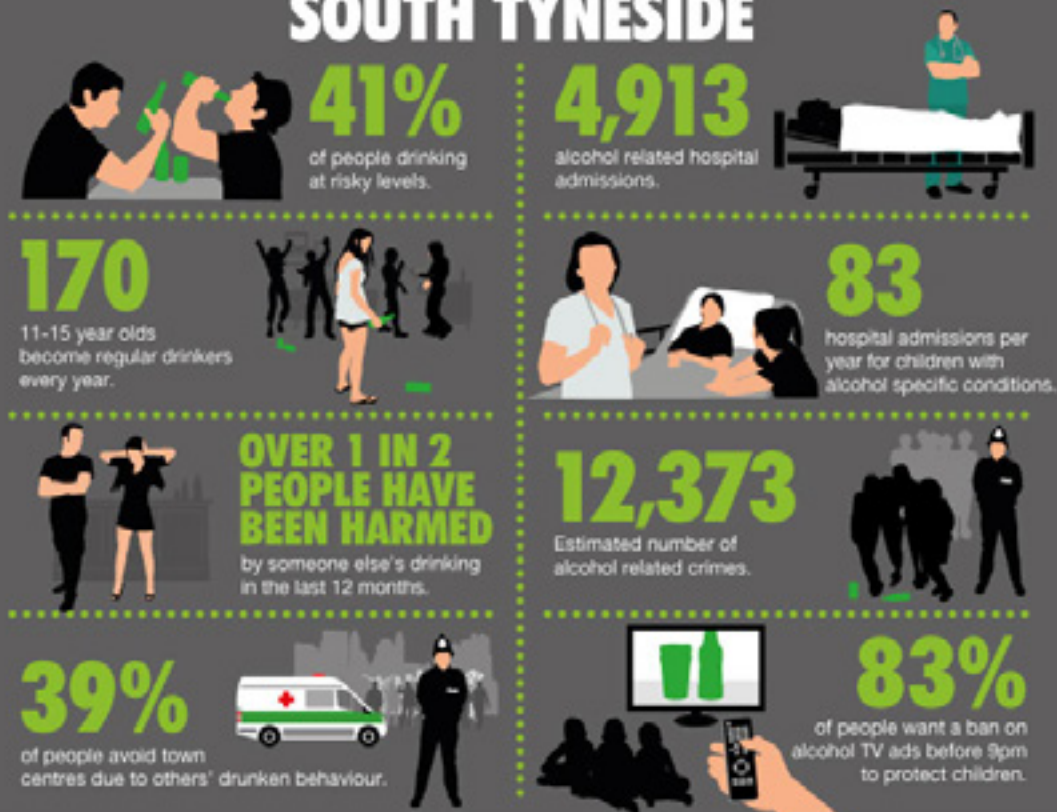


South Tyneside has the highest rate of emergency admissions for under 18s admitted with alcohol-specific conditions in the country (100 per 100,000 population compared to 64.8 in the North East and 34.2 in England) (PHE).

MAJOR CAUSES OF ALCOHOL RELATED DEATH IN ENGLAND



HOW DRINKING AFFECTS SOUTH TYNESIDE



THE COST OF ALCOHOL HARM



Equivalent of **£386** per head of population.

Cost of alcohol

In 2015/16, the cost of alcohol harm in South Tyneside was estimated to be approximately £386 per head of population, the same as the North East, which is more than the England figure of £363 per head of the population.

Balance, the alcohol office for the North East, recently revealed that the cost of alcohol harm to the NHS and healthcare system is estimated at £13.1m, which ranks South Tyneside as the fifth most expensive per head nationally.

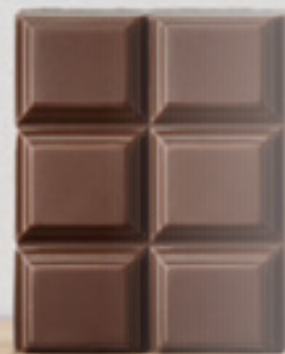
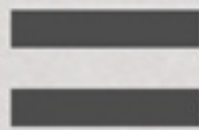
Engagement events

The strategy has been informed by consultation with a number of partners including a workshop with local GPs to explore what they can do to raise awareness of alcohol misuse with patients and our Young Health Ambassadors network to ensure the strategy reflected their current and future needs. A local Question Time Panel was also held, which included a group of professionals from various organisations including South Tyneside Council, South Tyneside Homes, Northumbria Police and the young people's drug and alcohol service, The Matrix discussing the local impact of alcohol. The event was supported by South Tyneside's Change4Life Health and Wellbeing Network.

These events ensured that local people's views were reflected in the strategy such as; an alcohol-free childhood, reducing the alcohol-related harm caused to our communities, and minimising the impact upon our local services caused through alcohol misuse. These events also highlighted that there is already a wide-ranging approach to reducing alcohol harm within the borough. This strategy will unite our collective efforts to help deliver against our key ambitions and create a South Tyneside where we all drink less.



Large Glass of Red Wine (11%)



40g Milk Chocolate

CLeaR assessment

A CLeaR assessment has also been used to inform the development of the strategy. CLeaR is an evidence-based system improvement model to help prevent and reduce alcohol-related harm at a local level.

The self-assessment tool helps partnerships to assess local arrangements and delivery plans for reducing alcohol-related harm. The tool also helps to identify opportunities for further development, it specifically focuses on:

- operational practice against current evidence
- the extent to which local leadership is supporting action to reduce alcohol harm
- the outcomes delivered by the partnership against local priorities

The CLeaR assessment has highlighted key areas for development:

1. Ensure alcohol misuse is addressed within local children's governance structures and across the wider children and young people agenda.
2. Parental alcohol misuse is considered in discussions locally when planning and commissioning services.
3. Communication strategy to be strengthened with evidenced based key messages for young people.
4. Measuring the impact of IBA (Identification and Brief Advice), in line with NICE guidance.
5. Ensure a co-ordinated approach to data and intelligence across the range of alcohol indicators to support a broader partnership response to alcohol-related harm.

The South Tyneside Vision

The South Tyneside Partnership's vision for health and wellbeing is:

To work in partnership to improve the health, wellbeing and quality of life for our children, adults and families and reduce health inequalities, to help people live longer and healthier lives and ensure that South Tyneside will be an outstanding place to live, invest, and bring up families.

The conditions in which people are born, grow, work, live, and age, shape why an individual consumes alcohol. The strategic approach within this strategy is utilising the people and place framework to influence partners to create a culture where people drink less, whilst the South Tyneside Partnership continues its progress against its wider vision for the borough.

Using themes of People and Place, this refreshed Alcohol Harm Reduction Strategy will build on Public Health England (PHE) evidence and will contribute to the achievement of the strategic outcomes outlined in Our Better Health and Wellbeing Strategy (2017-21).

People

- Better education and skills
- Fewer people in poverty
- Promoting independence and enablement
- Safer and stronger families
- Healthier people

Place

- A regenerated South Tyneside with increased business and jobs
- Better transport
- Better housing and neighbourhoods
- A clean and green environment
- Less crime and safe communities

Our vision

Our vision for the Alcohol Harm Reduction Strategy in South Tyneside is:

To facilitate a culture whereby people are choosing to drink less.



Our approach

PHE states that alcohol-related harm is affected by alcohol consumption at an individual and at a population level. As such, this strategy will be a mixture of universal and targeted action.

Targeted approaches are undoubtedly required to provide interventions with vulnerable members of our community and/or those who are already known to be consuming alcohol at high risk levels. Yet, research often shows that the prevention of illness or the promotion of healthy behaviours is achieved more effectively when programmes aim to promote wellbeing at population level. This is especially important for alcohol when at a population level, South Tyneside is consuming too much alcohol, and a great deal of the alcohol harm is not caused by 'dependent' drinkers.

The strategy will therefore support the evidence base around alcohol harm reduction by:

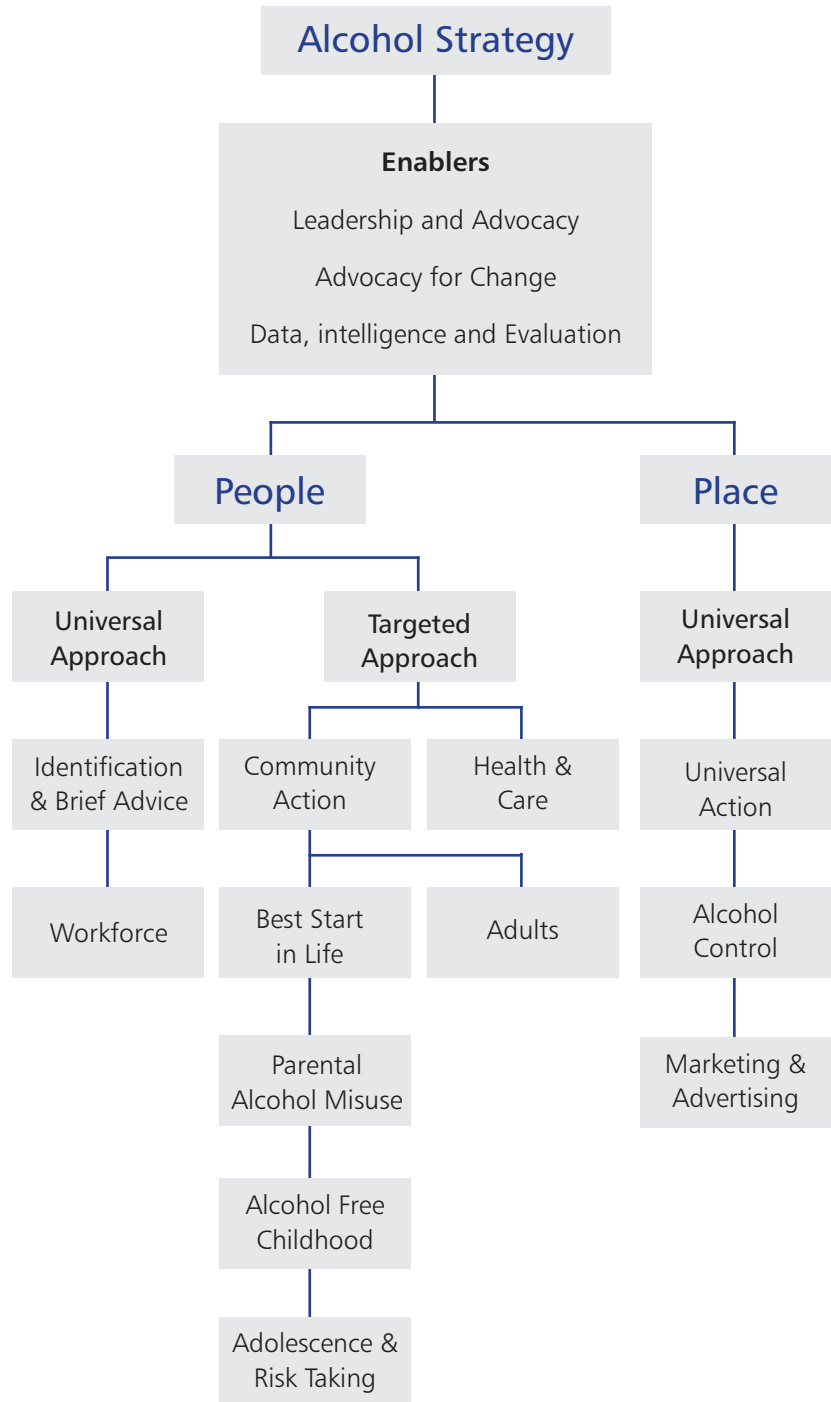
- Reducing affordability
- Targeting price increases at the cheapest alcohol especially for heavy drinkers
- Limiting exposure to children, parents drinking and marketing
- Brief interventions and treatment
- Providing information and education

Underpinning our vision are the key areas of focus and effort, identified by partners, that outline our approach to work in partnership to make South Tyneside a healthier and more equitable place to live, invest and bring up families. Alcohol impacts on everything we do from our work as a partnership to the harms felt across our towns and villages.



Please see figure 1 for the outline of the strategy.

Figure 1





What is needed to help deliver the strategy?

Leadership and advocacy

The Health and Wellbeing Board (HWBB) and its member organisations are local leaders and can act as a role model for families and communities. Evidence shows that what is considered as acceptable in the workplace, such as workplace alcohol-free environments, can influence people's behaviour outside of their places of work. Local leadership across all partner organisations can also provide opportunities for implementing prevention strategies to reduce the harm done by alcohol.

Combining alcohol policies and ensuring consistency allows leaders across the system to instil a positive change in the social norms around drinking, which can in turn then positively impact on alcohol-related harm.

Alcohol policies that are coherent and consistent help to create a stronger and healthier environment by supporting those wanting to adopt healthier lifestyles by reducing their alcohol consumption as well as for those who drink at hazardous and dependent levels.

The alcohol declaration specifically commits the HWBB to drive evidence-based action across the system and protect the community from alcohol harm by:

- Developing evidence based strategies and commissioning plans with our local communities and partners including the local NHS Acute Trust, Clinical Commissioning Group and the police
- Ensuring that public health and community safety are accorded a high priority in all public policy making around alcohol.



As a result of this declaration we are committed to ensuring that alcohol harm reduction messages in local policies are mirrored in partner strategies.

What are we going to do?

1. Develop strategies and commissioning plans with partners that reflect our agreed alcohol priorities including an alcohol free workplace.
2. Detailed action plans are being developed to set down the roles of partners and the priority actions which are necessary to deliver this strategy.
3. An Alcohol Harm Reduction Strategy Partnership Group has been established which will provide monitoring and performance management for the strategy against agreed outcomes and targets.

Advocating for change

The South Tyneside Alcohol Harm Reduction Strategy also acknowledges that Government has a role to play to protect all of us, especially the most vulnerable in our communities, from the harm caused by alcohol.

Balance aims to improve the health of people in the North East of England and to make communities safer.

Advocating for change means continuing to produce local intelligence on the impact of alcohol harm for our politicians, partners and the public so that we can begin to change the social norms around alcohol. That means highlighting the damage caused and calling for changes from Government.

Minimum Unit Price

Alcohol is now 60 per cent more affordable in the UK than it was in 1980. Implementing a minimum unit price (MUP) is a highly targeted measure which ensures tax increases are passed on to the consumer and improves the health of the heaviest drinkers. These people are experiencing the greatest amount of harm. The MUP measure has a negligible impact on moderate drinkers and the on-trade. The policy ensures that a minimum price is paid by the consumer, however it typically affects the high-strength, cheap products that are sold in the off-trade.

Price regulation policies affect consumer demand by increasing the cost of alcohol relative to alternative spending choices. Policies that reduce the affordability of alcohol are the most effective, and cost-effective, approaches to prevention and health improvement.

Local authorities across the North East are working with Balance to explore the feasibility of implementing a local MUP under the Sustainable Communities Act on alcohol consumption and health.



Health warning labels

Alcohol is linked to more than 60 medical conditions including cancer; but currently almost half of all North Easterners (45%) are drinking at increasing and high risk levels and awareness of the associated health harms in the region is low.

The awareness of the health harms associated with alcohol consumption needs to be increased, ensuring that people are given enough health information to make their own informed choices.

Despite being classed in the same cancer-causing category as tobacco and asbestos, alcohol labelling is even less regulated than food labelling. Under current EU legislation, food products and soft drinks are subject to labelling regulations which mean that information covering ingredients and nutritional value is mandatory - alcohol is exempt from this.



What are we going to do?

1. Support regional approaches to advocating for change by working closely with Balance and our local partners.



Data, intelligence and evaluation

Health intelligence, bringing together the latest data, information and evidence to create informed analyses, is a key underpinning to decision making. The local health intelligence offer includes latest performance and epidemiological data, service provision, best practice and clinical guidance.

Data and intelligence can support clinical commissioning groups in interpreting and understanding data on variation in levels of service use in both primary and secondary care.

Data and intelligence helps to assess local needs and identifies any gaps in provision in relation to alcohol harm reduction, for example in reviewing new applications as part of the licensing process or assessing cumulative impact. This evidence underpins the strategy and ensures our work is evidence-based and is addressing our local needs as seen in the alcohol JSNAA.

To understand better how the local alcohol system is responding to alcohol-related problems, additional local data can be used. Within the local authority, information and intelligence is assessed under existing duties, such as in licensing, housing, planning and the environment. A wide range of data required for health intelligence will therefore be accessible at the local level, although local support, expertise and capacity will still be required to extract and use relevant data.

In order to truly unpick the complexity of alcohol-related harm, a partnership response to local data, intelligence and behavioural insights work could assist with understanding the drivers of harm, and the many opportunities partners would have to respond.

This approach will also allow appropriate monitoring on the outputs and outcomes of this strategy to ensure that evidence based activity is helping to reduce harm.

What are we going to do?

1. Ensure that approaches to reduce alcohol harm follow the evidence base and are locally informed.
2. Continued work with partners will help to understand and monitor our local context and efforts. A collective approach to intelligence which then may provide the evidence to support need around the Licensing Act and inform our assessment of the cumulative impact of alcohol.
3. Regular monitoring of local initiatives aimed at reducing harm to ensure that efforts are appropriately focused in areas of need.



Universal approach Identification and Brief Advice (IBA)

There are currently over 10 million people in England who are drinking at levels above the CMOs' low-risk drinking guidelines. In South Tyneside one person in every five are drinking above the low risk levels. Many of these people could benefit from an alcohol brief intervention, often referred to as Identification and Brief Advice (IBA). IBA is a short intervention aimed at motivating at-risk drinkers to reduce their alcohol use.

National Institute for Health and Care Excellence (NICE) encourages and recommends that all appropriate healthcare professionals should deliver IBA as part of Making Every Contact Count, an initiative within the NHS and partners to encourage healthcare professionals to raise and address lifestyle issues with their patients.

IBA training is currently commissioned by South Tyneside Council and is delivered across a range of settings but specifically primary care and accident and emergency. The delivery of stand-alone IBA in pharmacy (for those not meeting NHS Health Check criteria) is also delivered locally.

Current delivery of IBA needs to be better understood in order to review local practice in line with the PHE evidence review and NICE Guidance.

There is emerging evidence for online IBA, which has the potential to reach individuals who may not access traditional health or support services. With the enthusiasm to roll out alcohol IBA in a wider range of community settings (NICE, 2010), online IBA (including evidence based 'apps') as a delivery mechanism should be considered.



Alcohol harm is routinely raised through wider Council work programmes including the Workplace Alliance and the North East Better Health at Work Award (BHAWA), IBA being part of the offer of support. Although there is little evidence to indicate that alcohol IBA can be delivered in workplace settings (NICE, 2010) there is the appetite and enthusiasm to do this.

What are we going to do?

1. Review current provision of IBA including activity and quality of the intervention, developing a refreshed offer.
2. Scope embedding IBA within relevant corporate processes – including induction, core training programme and or job descriptions of key staff groups.
3. Consider the evidence for online IBA delivery across a range of settings and targeted populations.
4. Support the development of a robust data collection reporting process in relation to IBA delivery, utilising existing systems where possible.



Workforce

The use of alcohol is a serious workplace issue. Its use can lead to significant health problems but anyone under the influence of alcohol can be a hazard to themselves and others.

The impacts of problem drinking in the workplace may include:

- Loss of productivity
- Absenteeism
- Presenteeism (where someone comes to work but is unable to perform at full capacity)
- Accidents and injuries (depending on the occupation, these could be fatal)

A person's drinking can also affect the stress levels, performance and job satisfaction of their colleagues. This can also impact on decision making.

The Health and Safety Executive advise employers to adopt an alcohol policy, in consultation with their staff. This should include matters such as how the organisation expects employees to limit their drinking; how problem drinking will be recognised and help offered; and at what point and in what circumstances you will treat an employee's drinking as a matter for discipline rather than as a health problem.

PHE suggests that non-medical settings such as community and leisure facilities and workplaces may be a valuable point of contact for drinkers who would benefit from IBA as they may not necessarily present to a clinical setting.



The BHAWA provides the opportunity to engage with the male population specifically around key alcohol issues such as years of life lost due to alcohol-related conditions and alcohol-related liver disease. In South Tyneside, these indicators are significantly worse than the England average.

Around 70% of South Tyneside Council's workforce live within the borough so the Council's recent application for BHAWA silver award will provide a further opportunity to raise the issues of alcohol-related harm with its staff.

What are we going to do?

1. Through the BHAWA, support employers to meet their obligations around alcohol including policy development.
2. Partners to continue to support the local Workplace Health Alliance by continuing to provide opportunities for training and facilitate access to relevant health interventions for staff. Consideration should also be given to other business communities and networks.
3. HWBB representative organisations work towards being BHAWA ambassadors and report back regularly on how they address alcohol harm and promote a culture whereby we drink less.
4. Health and safety leads across all partners signed up to the alcohol harm reduction strategy to develop their organisations' alcohol policies.



Targeted approach

Key stages in people's lives have particular relevance for their health. The life-course approach is about recognising the importance of these 'touch points' and offers a real opportunity to raise awareness and support in terms of reducing alcohol-related harm in vulnerable groups.

Better Births highlights the importance of improving prevention and reducing health inequalities. Every woman, every pregnancy, every baby and every family is different.

Foetal Alcohol Spectrum Disorders (FASD) is a series of preventable birth defects, both mental and physical, caused by a woman drinking alcohol at any time during her pregnancy. FASD is preventable but although it is still underdiagnosed, research suggests that approximately 1% of all babies born may have some form of FASD.

If people drink alcohol when they are young they are more at risk of getting drunk, having unprotected sex, using of illegal drugs and becoming dependent drinkers later in life. Actions will include targeting educational settings such as schools, special education needs and disability settings and youth offending teams.

Pregnancy and drinking Matt can you box out below highlighted please

The Chief Medical Officers' guideline is that:

- If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.



The risk of harm to the baby is likely to be low if you have drunk only small amounts of alcohol before you knew you were pregnant or during pregnancy.

If you find out you are pregnant after you have drunk alcohol during early pregnancy, you should avoid further drinking. You should be aware that it is unlikely in most cases that your baby has been affected. If you are worried about alcohol use during pregnancy do talk to your doctor or midwife.

Impact of alcohol on early years

Locally providers and commissioners are operating as local maternity systems (LMS) reflective of the Integrated Care Partnership footprints.

Maternity services and the LMS more broadly, recognise the leadership role they play in supporting parents to maximise their own mental and physical health whilst also equipping parents with the skills to maximise their child's emotional, physical and cognitive development.

What are we going to do?

1. The LMS commitment to reduce alcohol in pregnancy to less than 5% of women by 2025, with an interim ambition of 10% by 2020.
2. Actions include IBA training for midwives, promoting an alcohol free pregnancy and the importance of breastfeeding as well as raising awareness of FASD, the most common cause of non-genetic learning disability in the UK.

There is full acknowledgment that maternity services cannot improve prevention indicators in a vacuum and the implementation of successful community hubs, working through multi professional partnerships (including professionals such as mental health nurses, housing teams and wider support from voluntary and community organisations), is integral to implementation of prevention agenda.

Steps to improve health and wellbeing and tackle inequalities must start before birth and continue throughout childhood into adult life, to break the links associated with alcohol misuse and the impact it has on early disadvantage and poor outcomes.

Parental alcohol misuse

The term 'toxic trio' is used to describe the issues of domestic abuse, mental ill health and substance misuse which are common features of families where harm to children has occurred. The incidence of adult alcohol and substance misuse within the context of parenting is important given the high numbers of child protection plans where parental substance misuse is a factor (13.9% of social care assessments in 2016/17).



It is well recognised that alcohol can negatively impact on the family including the drinker's partner, siblings or children. There are a wide range of alcohol-related harms that are experienced by family members including violence and absenteeism from school.

An alcohol-free childhood

- South Tyneside has the highest rate for under 18s admitted with alcohol-specific conditions in the country.

Drinking alcohol can damage a child's health, even if they are 15 or older, affecting normal development of vital organs and functions, including the brain, liver, bones and hormones. CMO guidance states that children who start drinking alcohol at an early age are more likely to develop alcohol problems in adolescence and adulthood.

The CMO guidance recommends to children and their parents that an alcohol-free childhood is the healthiest and best option. Children and their parents or carers are advised that an alcohol-free childhood is the healthiest and best option. However, if children do drink alcohol underage, it should not be until at least the age of 15 years.

It is important to support increased awareness of the impact of exposure to regular alcohol consumption in the home and the CMO guidelines on alcohol and childhood and to promote these in ways which are engaging for parents, families and communities.

A systematic approach to supportive communication could include the development of clear messages to convey the CMO guidelines on alcohol and childhood, using methods which engage parents in understanding the multiple ways alcohol impacts the lives of children and young people, whose perspective should be central to developing these messages.



Key messages should challenge current myths around alcohol use in childhood alongside empowering messages for parents around their ability to: provide a positive role model; to establish rules and to act as gatekeepers by not providing their children with alcohol. The messages could then be communicated in a number of ways including: social media, awareness campaigns, leaflets and other low-cost resources.

What are we going to do?

1. Work with partners to make best use of life-course opportunities.
2. Work with LMS to determine a standardised assessment for alcohol consumption in pregnancy, baseline local data and explore IBA within maternity units and the community.
3. Incorporate key learning from parental drinking into existing parenting programmes.
4. Provide a clear early help offer around supporting vulnerable people to become aware of the harms associated with alcohol.
5. Ensure that alcohol is a priority for the Children and Families Integrated Locality Teams.
6. Support Balance in taking forward a regional approach to put an alcohol free childhood vision into practice that reflect the CMO guidelines. This provides an opportunity to protect this trend in reduced consumption alongside offering an opportunity to challenge the norms in the adult population in terms of alcohol use around children and young people.
7. To develop the tier 1 and tier 2 substance misuse offer across children and young people services setting xxxxx on prevention and early intervention.

Adolescence and Risk taking

Nationally Alcohol consumption in young people is decreasing, however consumption is declining in males quicker than for females. Within the North East however the levels of alcohol use within Young people remains higher than the England Average. For those young people who are drinking are also drinking at higher levels with additional complexities. Perceptions among young people and adults are often that all young people are drinking, however social norms shows this is not the case and should be promoted more widely to protect young people from feeling pressured by peers and society to drink alcohol particularly before the age of 18.

To provide support to young people, parents/carers and schools a preventative approach is supported through the healthy schools approach, educating young people on the risks and consequences of drinking before the age of 18, and drinking at harmful levels. Schools are also encouraged to have policies and guidance in place to ensure alcohol and other substances are not tolerated, but any pupils or families needing support are signposted or referred into specialist services such as the Matrix (young people's drug and alcohol Service) or STARS (South Tyneside Adult Recovery Service).

Early Years

Education and awareness of alcohol harm during conception.



Maternity services: raise awareness of conditions associated with alcohol use throughout pregnancy such as foetal alcohol spectrum disorders (FASD).

Birth / post-natal – education and awareness for new parents around alcohol harm, breastfeeding implications etc.



Health visitors 0-5 to raise awareness of alcohol at specific checks - best start in life.

Children and young people

Community Safety / ASB, Youth Offending Service - utilise youth worker.



Matrix young people's service provides specialist interventions to young people with drug/alcohol related needs.



School nursing 5-19, promote CMOs' alcohol free childhood recommendations within in schools.

Role of parents / families: support increased awareness of the impact of exposure to regular alcohol consumption in the home. Incorporate key learning into existing parenting programmes.

Adults

Physiological and biological changes in adulthood mean that some people are more likely to be adversely affected by alcohol at lower levels of consumption.

Alcohol misuse can often go undetected in older people because the symptoms, such as accidents, malnutrition, self-neglect, depression, insomnia, and confusion, can be non-specific and hard to distinguish from other causes.

Older people may under-report their level of alcohol use, because of the stigma attached, or because they regard alcoholic drinks as medicinal, alleviating other health problems. Self-medication of alcohol in these circumstances may exacerbate their problems as they may not be aware of the risks or interactions with alcohol or between drugs.

Adult social care provides care and support to adults so that they can live as independently as possible in their own homes. This includes older people, people with physical disabilities or learning disabilities,

and mental health service users. This provides an opportunity to engage with vulnerable adults whose alcohol consumption may be harming their health and/or restricting their ability to live independently.

- In 2016/17, South Tyneside had the second highest rate in England for admission episodes for alcohol-related conditions with 566 per 100,000 in under 40s
- The population showing the main increase in hospital admission episodes is the 40-64 year old category, specifically in males with a continued increase since 2014/15.
- In 2016/17, South Tyneside had the eleventh highest rate in England for admission episodes for alcohol-related conditions (narrow) for over 65s with 1,302 admissions per 100,000 population

Working age adults



Workplaces have a key role in awareness raising, supporting employees to drink sensibly, training staff to deliver IBA and implementing policies to minimise harm.

Substance misuse services: South Tyneside Adult Recovery Service, Street Triage - ensure that vulnerable adults and those with complex needs such as mental health needs are supported to access alcohol treatment and primary care, as well as engage in activities to support their recovery.



Work with publicans and licensees as part of licensing and review processes to support the de-normalisation of alcohol.



Explore the current and developing (such as the Let's Talk team) opportunities within the social care system where those at risk of alcohol-related harm can be identified at the earliest opportunity.

Later life

A successful alcohol harm reduction strategy will improve end of life care, contribute to ageing well and 'a good death'.

The strategy aims to mitigate the long-term impact of alcohol harm on carers, the family unit and the wider healthcare system.



Education and awareness around the impact of alcohol on long-term condition risk, treatment and management.

Explore contract specifications with providers who interact with key groups such as housing staff, third sector organisations, care homes and domiciliary care providers, to ensure that alcohol harm reduction remains their priority.

What are we going to do?

1. Create awareness of the risks associated with long term drinking, using credible information, messages and resources.
2. Explore the current and developing (such as the Let's Talk team) opportunities within the social care system where those at risk of alcohol-related harm can be identified at the earliest opportunity.
3. Social care system to embed IBA as part of their initial contact and conversations, identifying the level of an individual's drinking behaviour.
4. Explore with partners other associated staff groups who will have contact with adults at risk of alcohol harm.
5. Explore contract specifications with providers who interact with key groups such as housing staff, third sector organisations, care homes and domiciliary care providers, to ensure that alcohol harm reduction remains their priority.
6. Ensure that vulnerable adults and those with complex needs such as mental health issues are supported to access primary care, alcohol treatment and engage in activities to support their recovery.



Health and Care

Alcohol is a factor in over 60 medical conditions and is a risk factor for liver disease, cardiovascular disease and at least seven types of cancer which affect a substantial amount of the population. There is also strong evidence for a link between alcohol consumption and cancer. For certain cancers, including breast cancer, any level of drinking increases your risk. The impact that alcohol has upon health care is clear and requires the focused efforts of key partners.

South Tyneside is consistently higher than the England average across the range of alcohol-related indicators:

- South Tyneside remains the highest in the North East for alcohol-related mortality and second highest for alcohol-related cardiovascular disease.

- Broad hospital admissions for alcoholic liver disease have increased since 2012/13 and South Tyneside now has the second highest rate in England.
- Between 2008/09 and 2016/17 broad admission episodes for alcoholic liver disease doubled.

There is a pathway for people who are drinking harmfully or are dependent on alcohol and structured treatment is available. Specialist treatment for people with harmful drinking patterns and dependence are effective approaches to reducing consumption and harm in these groups.



What are we going to do?

1. Work with health and social care partners to ensure key front line staff receive appropriate training to deliver IBA.
2. Review pathways into treatment to ensure that they are robust, identify levels of alcohol consumption and the possible impact upon the specific disease or treatment.
3. Ensure that effective structured treatment for alcohol-dependent adults will continue to be an essential element of the alcohol harm reduction strategy including structured implementation in secondary care.

Community action

The communities in which we are born, live, work and socialise have a significant influence on how healthy we are. From a health and care perspective, communities will have great insight and intelligence on what is needed from local services, and on what works in improving health and reducing alcohol-related harm.

Community development approaches are often focused on strengthening and mobilising capability within a community and helping communities to improve their health themselves, while involving communities in creating programmes or services involve closer connections with those services.

South Tyneside will become a healthier borough by making the best use of its assets, which need to be seen as part of our solution to alcohol harm reduction by addressing these challenges in a positive way. Assets include local residents and voluntary sector groups who have the skills, abilities and energy to contribute to community action aimed at reducing alcohol harms, as well as extending the reach of statutory services.

There is targeted work taking place across our communities aimed at specifically helping vulnerable groups such as the work of South Tyneside Street Angels, a group of volunteers who work with the Council and police to keep people safe on the streets of the town centre at night at weekends. People include the homeless, vulnerable people, those acutely unwell and those needing support or assistance.

What are we going to do?

1. Identify community champions through current partnerships (i.e. the Change4Life Champions Network) who can promote the strategic vision of drinking less.
2. Work with front line partners such as Street Angels and street triage to delivered targeted support for vulnerable groups.
3. Explore the possibilities through the health ambassadors' network to champion a healthier attitude towards alcohol.
4. Work with communities to develop more health promoting activities that are less reliant on alcohol.



THE MORE **YOU** DRINK THE GREATER THE RISKS

Universal action

The local environment affects individuals, their health and the choices they make but it is generally not the first thing that is considered when people are asked what should be done about poor health.

Areas that are not usually considered directly related to alcohol (e.g. housing, education, employment, spatial planning) play a major role in shaping the places in which people live and therefore have an important role in promoting healthier choices and lifestyles.

However, it can be a challenge to influence our wider environment. Simply because a policy decision will have a beneficial impact upon health is not always sufficient when competing against many other high level priorities such as economic regeneration.

The challenge is to make the best use of our natural assets, green and blue spaces, sport and leisure facilities, community associations and provide a varied night time offer so families are encouraged to come into our town centres on evenings and weekends.

The refreshed strategy builds on the question which was posed to local people, stakeholders and partners that asked people to consider, 'What South Tyneside would be like if we drank less alcohol?'

In line with the Council's strategic plan, innovative work is underway to develop alternative forms of entertainment through the borough. This includes cultural events, festivals, a substantial leisure offer, sporting events and development of the South Shields 365 town centre vision.

Construction on the first phase of the £100m regeneration of South Shields has already begun, with ambitious plans to reinvigorate and bring extra vitality to South Shields' town centre. Future regeneration will also seek to improve South Shields' retail and family leisure offer, further increasing the town's standing as a year-round tourist destination.

Opportunities exist to make a positive impact on our local neighbourhoods as the Council is preparing a new Local Plan to help achieve its vision.

What are we going to do?

1. Create a healthy environment by making the best use of our assets and development opportunities. Consideration should be given to creating an offer that is not reliant on alcohol consumption i.e. make best use of local assets such as our outstanding beaches and coastline.
2. Planning and regeneration should consider the impact of alcohol in the design and regeneration of our town centres.

Alcohol control

Policies that control the hours during which alcohol is available for sale can substantially reduce alcohol-related harm in the night-time economy. When this is both enforced and targeted at the most densely populated areas this policy is cost effective.

Alcohol-related crime and disorder due to excess consumption can vary from alcohol specific crimes, for instance being drunk and disorderly in public, to alcohol-related violence and anti-social behaviour as a result of noise and litter. Levels of public violence and disorder are associated with the number of pubs and clubs concentrated in an area – a higher number of premises is associated with an increase in levels of violence and disorder. Drinking also increases vulnerability to crime and is a contributing factor in youth nuisance.

What are we going to do?

1. Continue partnership working with the licensing department to help inform licensing reviews.
2. Contribute to future updates and revisions of the Statement of Licensing Act Policy ensuring relevant health data is recorded to support the development of the policy.
3. Consider the priorities and the relationship to alcohol-related crime, taking a partnership approach to deliver key actions in the Community Safety Plan.
4. Work with Pubwatch to promote responsible drinking by ensuring restrictions on price promotions.
5. Work with businesses to ensure those underage do not have easy access to alcohol, taking robust action against those who deliberately flout the law.



DO YOU HAVE 'JUST A COUPLE' TO UNWIND EV

Marketing

Public Health England advise that campaigns that take a life-course approach are more effective and are more likely to reach target audiences at key moments of potential change. Campaigns also work best when they create calendar moments when the target audience is more receptive such as tapping into New Year resolutions such as the Dry January campaign.

An increasing proportion of children and young people are choosing not to drink alcohol and there is already significant public support for some measures, including marketing restrictions that propose to protect children from the harm caused by alcohol. Evidence shows that exposure to alcohol marketing increases the risk that children will start to drink alcohol, or if they already drink, will consume greater amounts.

Balance North East will also co-ordinate activity to advocate for better and safer marketing controls to help protect children from harmful alcohol marketing.

What are we going to do?

1. Support policies that reduce children's exposure to alcohol marketing.
2. Ensure communication and social marketing campaigns use messages that are consistent and link with current and emerging alcohol and other substance misuse.



EVERY NIGHT?

Links to Planned Strategies

We are also in the process of designing and launching an Oral Health Strategy and a Physical Activity Strategy for South Tyneside. By adopting a common risk factor approach to reducing poor oral health and improving levels of physical activity, we are placing a large emphasis on tackling the behaviour / lifestyle risk factors that contribute to both oral health and other non-communicable diseases. Reducing excessive alcohol consumption is a key part of these strategies, particularly as alcohol consumption is the second most common risk factor for oral cancer and also causes dental erosion which wears away the surface of the teeth. Good nutrition and avoiding excessive alcohol consumption is also important for improving and maintaining physical and mental health.

Next steps

To ensure the delivery of the strategy an implementation group will be formed which will own, deliver and report back on priorities identified in the strategy. It is expected that all partners contribute to the delivery of the strategy, making best use of our collective resources.

This implementation group has a key leadership role in ensuring the strategy is delivered and that there is join-up between the other Boards, such as the Community Safety Board, and groups in the South Tyneside Partnership.



Glossary

National Institute for Health and Care Excellence (NICE) definitions are as follows:

Harmful drinking is a pattern of alcohol consumption that causes health problems, including psychological problems such as depression, alcohol-related accidents or physical illness such as acute pancreatitis. Harmful drinkers can become alcohol dependent, which NICE defines as characterised by craving, tolerance, a preoccupation with alcohol and continued drinking in spite of harmful consequences.

Hazardous drinking is a pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others would include the social consequences. The term is currently used by World Health Organisation to describe this pattern of alcohol consumption.

Low risk guidelines are the same for men and women. Both are advised not to regularly drink more than 14 units a week. The new alcohol unit guidelines are equivalent to six pints of average strength beer or six 175ml glasses of average strength wine.

Increasing-risk drinking is regularly consuming between 22 and 50 units per week (adult men) or between 15 and 35 units per week (adult women).



Alcohol dependence can be a long-term condition, which may involve relapses even after good quality treatment. Dependent individuals also experience many health problems and are frequent users of health services.

Unit In the UK, alcoholic drinks are measured in units. Each unit corresponds to approximately 8 g or 10 ml of ethanol. The same volume of similar types of alcohol (for example, 2 pints of lager) can comprise a different number of units depending on the drink's strength (that is, its percentage concentration of alcohol).

If you know someone who needs this information in a different format, for example large print, Braille or a different language, please call Marketing and Communications on 0191 427 1717.