

Newcastle JSNA: Alcohol Harm Reduction November 2008

'Where are we now?'

Newcastle upon Tyne is both nationally and internationally recognised for the vibrancy of its people, culture and night time economy. Newcastle is increasingly being promoted as a 'party city' and alcohol clearly plays an important role. The negative side to this is that Newcastle has high rates of alcohol-related problems leading to considerable social and economic costs to society. Because of the complexities associated with alcohol consumption and sales, reducing alcohol-related harm is a major challenge.

Facts and Figures

- Newcastle has a population of 270,500 (mid 2006 estimates) with a high proportion of young adults in the 20-24 age groups. There are over 80,000 students attending the Universities of Northumbria and Newcastle and Newcastle College of Further Education. In keeping with national estimates that binge drinking is high in young men and women, 30% of adults estimated to binge drink.
- Newcastle is in the top fifth of local authorities in England with the worst health and deprivation indicators. In relation to alcohol related harm, literature evidence shows that areas with the highest measures of multiple deprivation have higher levels of health and social outcomes associated with alcohol misuse.¹ In the most deprived fifth of the population *alcohol attributable mortality* (where alcohol is part of the cause of death) is two to three times greater, *alcohol-specific mortality* (where alcohol is the main cause) is three to five times higher; and alcohol related hospital admissions are two to five times more than in the more affluent areas.¹
- Within communities, the extent of alcohol associated problems varies with population groups. For instance, the most deprived lifestyle group who are typically unemployed low-income older smokers, have four to ten times greater alcohol-specific admission to hospital and four to fifteen times higher alcohol-specific mortality than the most affluent groups.¹

¹ North West Public Health Observatory. Indications of Public Health in the English Regions 8. Alcohol. 2007. http://www.nwph.net/nwpho/Publications/Alcohol_Indications.pdf

Alcohol and health

- Alcohol related deaths : The Local Authority profile for Newcastle shows there were 427 alcohol related deaths in 2003-05; 321 in males and 106 in females.¹
- Alcohol related illness or injury accounts for 180,000 hospital admissions per year in England. National estimates show that 17% of all road deaths in 2005 were estimated to have occurred when the driver was over the limit for alcohol.²
- Excessive consumption and inappropriate drinking of alcohol is a major problem in Newcastle and causes harm to health and increases demands on health services. Almost 30% of adults in Newcastle are estimated to binge drink. It is estimated that 19.5% of drinkers (approximately 44,500 people) drink at hazardous levels and 6.2% (approximately 14,460 people) drink at harmful levels¹ .
- Alcohol-related hospital admissions, chronic liver disease and alcohol-related deaths are all higher in Newcastle than the average for both the North East and England. Locally collected data (Hospital Episode Statistics) show that in 2005/06 there were 1,742 alcohol-related hospital stays by residents of Newcastle. This is approximately 70% higher than the average for England. The hospital admission figures do not include statistics for alcohol related attendance at the Accident and Emergency unit.
- Of these, 45% (792 residents) were aged over 50 years and almost two thirds were White British and male. A small proportion (2.4%) was under 18 years of age. In addition, over a third (39%) of alcohol-related ambulance pick-ups were young people aged under 25 years old; 13% were aged less than 18 years of age and over half were male.
- 51.8% (138) of young people aged 12-18 referred to the D'n'A (Drugs and Alcohol) service in Newcastle in 2007/08 were referrals for alcohol problems; 45% were male and 55% female.

Alcohol and crime and disorder

Excessive and inappropriate drinking can lead to crime and social disorder, with increased demand on Police and other support services. Alcohol is recognised as

² HM Government ' Safe. Sensible. Social. The next steps in the National Alcohol Strategy'. 2007

a contributory factor to many types of crime including violent crime, criminal damage, anti-social behaviour and youth disorder. In 2006/07, there were 2446 crimes where alcohol was a contributory factor, comprising seven percent of all recorded crime. Alcohol is strongly related to violent crime and the 2006/07 statistics show that violence against the person (VAP) crimes where alcohol was a factor accounted for 60% of all recorded VAP incidents. 40% of all alcohol-related crimes where alcohol played an influential role were in the city centre which contains the highest concentration of licensed premises.

Alcohol and social and behavioural issues

- Domestic drinking: A recent survey by the Joseph Rowntree Foundation³ found that nearly three quarters of those surveyed regularly drank at home and that drinking at home accounted for 43 % of the drinks market. Family and friends' homes were also a regular drinking venue for about 63% of respondents.
- Domestic violence: The Newcastle Domestic Violence and Abuse Partnership (NDVAP) support the view that although alcohol abuse does not cause domestic violence, it is a contributory factor for both perpetrator and victim. Findings from the British Crime Surveys revealed 44% of domestic violence perpetrators were under the influence of alcohol during domestic violence incidents.⁴
- ❖ Parental misuse and its impact on children: In Newcastle, parental alcohol misuse was a contributing factor in 47.6% of initial child protection conferences in 2006/07.

Teenage conceptions and sexual risk taking: Alcohol consumption is known to be associated with risky sexual behaviour.

Alcohol and the workplace

- Alcohol Concern (2007)⁵ identified that the majority of alcohol misusers are in employment; one in 25 people are dependent upon alcohol and the majority of these are employed.
- The Local Authority Alcohol Profile for Newcastle⁶ estimates that there were 560 incapacity claimants attributable to alcohol in 2006.

³ Joseph Rowntree Foundation. Drinking places: where people drink and why. Dec 2007

⁴ Budd, T (2003), 'Alcohol Related Assault. Findings from British Crime Survey, Home Office Research', Development of Statistics Directorate, Ontie Report 35/03.

⁵ <http://www.alcoholconcern.org.uk>

⁶ <http://www.nwph.net/alcohol/lape/LAProfile.aspx?reg=a>

Alcohol and homelessness

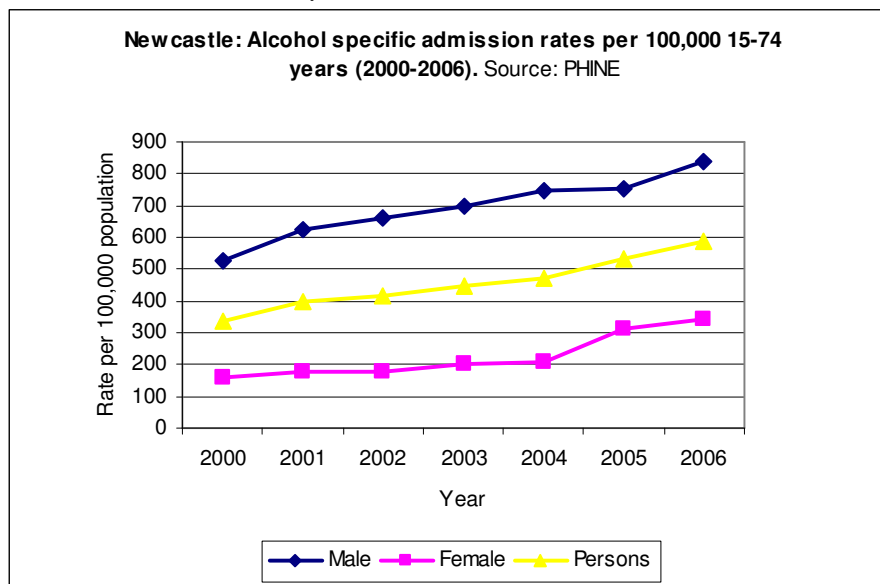
- Data available from the Newcastle supported housing sector (which caters for those who are homeless and people who are excluded from general needs housing) show that in 2006 a total of 468 (22%) of their clients were considered to have a significant alcohol problem.

Alcohol and licensed premises

In Newcastle, there are at present 583 licensed premises (including bars and restaurants) that can legally sell and serve alcohol. Over the last five years, there has been an increase in the number of hours licensed to open later in the evening. For example, since 2003 there have been 159 later hours per day and 6.5 earlier hours per day granted to licensed premises across Newcastle. In addition to this, there have been 14 new restaurant type premises granted and one new public house.

Trends

In Newcastle alcohol specific admission rates have been increasing over time.



Source: ONS Hospital Episode Statistics

Indicators and Targets

The Newcastle Partnerships Local Area Agreement 2008 – 2021 (LAA 2) indicator the National Indicator (NI) 39 - Alcohol harm related hospital admission rates. The same target is also contained in the PCTs Annual operating Plan.

This will be measured by the year on year change in the number of hospital admissions.

LAA Priority objectives	Measured by	Baseline	2008/09 target	2009/10 target	2010/11 target	Lead Delivery Partnership
7. Encouraging and supporting sensible drinking	NI 39 Alcohol-harm related hospital admission rates (*35 target LAA)	2718.46 (2007/08)	2963.12	3185.35	3376.48	Health, Wellbeing and Sport

Performance

The alcohol strategy and action plan are under development following a city wide consultation in June – July 2008. Processes for performance monitoring and governance will be set out in the alcohol strategy.

Action plans to reduce alcohol related harm will be put in place in 2008-09 and performance monitored at specified intervals.

Local views

There have been a series of consultation events and surveys since 2005 about alcohol-related issues and services across Newcastle. Examples include consultation with young people in the 'Alcohol and young people conference' in June 2006; consultation conducted by Community Action on Health (CAOH) in August 2006 and the Newcastle Community and Voluntary Services in February 2008. Some of the views expressed suggest that risk taking is a part of growing up, something that needs to be managed and supervised and not stopped. It was felt that young people should be more involved in local committees that oversee young peoples' issues. The celebrity culture was seen as a strong influence on cultural attitudes and behaviour and that "work needs to take place with young people to combat this celeb culture"

The CAOH consultation summarizes some of key actions needed to tackle alcohol related harm:

Education and awareness issues

- More education needed in schools and colleges
- More education needed about the effects of binge drinking
- More education/advice for parents
- People should see alcohol as only one of many options for enjoyment

Support issues

- People need easier referral to support services
- More counseling, treatment, rehab and support in all areas
- Greater early intervention programmes aimed at young people around alcohol
- More support given to family members suffering from an alcohol/drug dependent family member

Culture Issues

- Party city vs healthy city – Newcastle needs to decide which is more important
- Reduction in social acceptance of binge drinking
- Healthier lifestyles to be promoted as the cool thing to do – not big to smoke, drink or abuse yourself

Law enforcement issues

- Age limit to buy alcohol increased
- Enforce law better – stricter penalties to those who sell alcohol to underage
- Stop 24 hour access to buying alcohol
- Get rid of happy hours

National and local strategies

National policy

- **Safe. Sensible. Social. The next steps in the National Alcohol Strategy** is the English government's updated alcohol harm reduction strategy, published jointly by the Department of Health and the Home Office in June 2007. This document sets out clear goals and actions that local partnerships should take to promote sensible drinking and reduce the harm that alcohol. It aims to change the drinking culture to one where the majority of the population enjoys alcohol safely and responsibly. It outlines a comprehensive approach to tackle the different ways alcohol impacts on a community. Key actions include:
 - Sharpened criminal justice for drunken behaviour;
 - A review of NHS alcohol spending;
 - More help for those who want to drink less;
 - Toughened enforcement of underage sales;
 - Guidance for parents and young people;
 - Public information campaigns to promote a new 'sensible drinking culture';
 - Public consultation on alcohol pricing and promotion; and
 - Compulsory local alcohol strategies – to be in place by April 2008.

There are a number of other key national documents that provide a strategic direction to reducing alcohol related harm. These include

- **The Alcohol Harm Reduction Strategy for England (2004)**
- **Public Service Agreements (PSAs)** include indicators of relevance to the alcohol strategy that cut across a range of PSAs which are effective from April 2008. Relevant indicators include: PSE 13, 14, 16, 21, 23 & 25.
- **The National Crime Reduction Strategy 2008-2011**
- **The Police and Justice Act 2006**
- **Choosing Health: Making Healthy Choices Easier (2004)**
- **Alcohol Needs Assessment Research Project (2006)**
- **Licensing Act 2003**

Regional policy

- **Better Health Fairer Standards (2007)**, a health and wellbeing strategy for the North East aspires to a 'culture and environment conducive to safe drinking' the region. It sets out to:
 - Establish a regional Office for the Safe Consumption of Alcohol;
 - To develop comprehensive, integrated alcohol treatment and support services, supported by regionally agreed specifications of best practice and by 2010, the North East should have the highest per capita availability of brief interventions in the country; and
 - Build in the longer term, public antipathy to drunkenness, to promote an image of it being both unhealthy and uncool.
- **North East Alcohol Misuse: Statement of Priorities (2006)**

Local policy

The Local Area Agreement (LAA 2) for Newcastle includes a target to reduce alcohol related hospital admissions.

The Newcastle Ten Year Health Improvement Strategy for 2007 – 2017 aims to encourage and support sensible drinking by:

- Changing the drinking culture of the city by modifying its party image, making drinking venues more family-friendly and providing more drink-free alternatives for young people;
- Raising awareness levels of the benefits of sensible drinking and the hazards of unsafe drinking;
- Increasing the number of problem alcohol users accessing treatment; and
- Increasing the percentage of people with alcohol problems able to access specialist treatment within five working days.

The Newcastle Alcohol Strategy, Safe Sensible and Social in Newcastle upon Tyne (2008 – 2018) aims to.

- Developing a preventative approach to alcohol misuse
- Provide services for problem drinkers and their families and carers
- Protect the public through law and policy enforcement
- Prioritise addressing alcohol misuse through working in partnership

Newcastle Council Licensing Policy provides the legislative basis for Newcastle to:

- Offer a wide choice of high quality, professionally managed entertainment and cultural venues; and

- Provide a safe, orderly and attractive environment, valued by those who live, work and visit the city.

Current services

Prevention and education

- ❖ Schools have responded to escalating problems of alcohol misuse through increasing the emphasis on alcohol education and looking for creative and interactive ways to engage young people in a discussion about the consequences of harmful drinking. Currently, there is no local coordinated response to prevention for adults in Newcastle. Although certain agencies have developed responses to particular groups, there is no agreed or coherent preventative approach
- ❖ Newcastle City Council's School Drug and Alcohol Advisor provide curriculum support and alcohol education sessions. They also offer support for school staff in managing alcohol-related incidents and provide training for staff.
- ❖ D'n'A is Safe Newcastle's drug and alcohol service. It provides targeted prevention and early intervention work with young people to the age of 19.
- ❖ Streetwise (voluntary sector) provides counselling for young people up to the age of 25 and a drop-in service for advice on drugs, alcohol, sexual health and mental health issues.
- ❖ General Practitioners provide information and assess and refer patients to specialist agencies.
- ❖ Tyneside Cyrenians (voluntary sector) provide a range of services and projects that include education and prevention messages (see section 3.2 on adult treatment).
- ❖ Northumbria Probation Service works with offenders involved in alcohol-related offending in a number of ways including:
 - Alcohol Module of Citizen Programme: a one-to-one intervention designed to address all aspects of alcohol related offending;
 - Addressing Substance Related Offending (ASRO): an accredited group work programme designed to help individuals move away from drug and alcohol addictions; and
 - Drink Impaired Driving (DIDs): an accredited group work programme for individuals who drink and drive.

- North East Council on Addictions (NECA - voluntary sector) provide support to community groups and carry out some awareness raising
- ❖ Safe Newcastle's Drug Support Unit has a range of training resources available free of charge and undertake workforce training on alcohol-related issues.
- ❖ PROPS (voluntary sector) support families and carers who have been affected by substance misuse and many of their clients have been particularly affected by alcohol misuse.

Alcohol treatment and support services

Current services include

- ❖ Northumberland Tyne and Wear Mental Health Trust provide in-patient and out-patient detox facilities at the Freeman Hospital and Plummer Court. Plummer Court is a psychiatrist-led addictions service with Community Psychiatric Nurses, providing a range of psychological interventions.
- ❖ NECA provide counselling and alternative therapies for those with alcohol problems.
- ❖ Tyneside Cyrenians have several projects in Newcastle:
 - Ron Eager House provides day care services for problem drinkers;
 - The GAP Project is a project working with sex workers including those with alcohol problems;
 - The ACE Project is an outreach service for chronically excluded people including those with alcohol problems;
 - Trading Places offers a peer-led day service to vulnerable adults including alcohol misusers, homeless people and those with mental health problems.
- ❖ Alcoholics Anonymous – members hold regular meetings in Newcastle: their common goal being to stay sober and help other alcoholics achieve sobriety.
- ❖ Adult Social Service Drug and Alcohol Social Work Team provides case management and assessment for residential rehabilitation.
- ❖ The City Council as the Licensing Authority, has endorsed a number of key strategies to tackle alcohol-related problems in direct response to

issues raised by residents, businesses, police and other partners. These have included

- a proactive test purchasing regime;
 - the implementation of Designated Public Places Orders across the city, which allow the police to seize alcohol from adults in the street;
 - the endorsement and support for 'Alcohol Watch' schemes and 'Challenge 21'.
- ❖ In addition to these, the City Council's Licensing Policy 2008-2010 stipulates a number of conditions and tactics to be employed to regulate and influence alcohol-related problems, including sections on the Protection of Children from Harm and the Prevention of Crime and Disorder.

Current Funding

Available information includes the following

The Primary Care Trust leads the joint commissioning for alcohol services. The PCT's contribution to the joint commissioning expenditure on alcohol services in 2006/07 was £1,133,840 and the amount budgeted for 2007/08 is £1,162,913.

'What is this telling us'?

What are the key inequalities?

Literature evidence shows that areas with the highest measures of multiple deprivation have higher levels of health and social outcomes associated with alcohol misuse.⁷ In the most deprived fifth of the population *alcohol attributable mortality* (where alcohol is part of the cause of death) is two to three times greater, *alcohol-specific mortality* (where alcohol is the main cause) is three to five times higher; and alcohol related hospital admissions are two to five times more than in the more affluent areas.¹

However, further work is needed to obtain information on alcohol related inequalities in Newcastle

⁷ North West Public Health Observatory. Indications of Public Health in the English Regions 8. Alcohol. 2007. http://www.nwph.net/nwpho/Publications/Alcohol_Indications.pdf

What are the key gaps in knowledge / services?

Prevention and Education

- It is important if we want to influence the drinking culture in Newcastle that we provide people of all ages with clear and simple messages about sensible drinking. Currently there is no coordinated approach across Newcastle to provide reliable and consistent information about safe, sensible drinking and raise awareness of alcohol-related harm
- However, information is not enough for most people to make lasting changes in behaviour and such information needs to be given in the context of prioritising early identification and intervention.
- There are considerable differences in the quality and quantity of alcohol education provided across Newcastle. In addition, it is recognised that a lack of confidence of staff in schools and throughout children's services can lead to a hesitant response or a lack of appropriate action and early intervention when it is required. Supporting staff through training and workforce reform therefore needs to be prioritised.
- Currently, there is no local coordinated response to prevention for adults in Newcastle. Although certain agencies have developed responses to particular groups, there is no agreed or coherent preventative approach.
- There are a series of challenges particularly associated with young people and alcohol misuse. For example, normalisation of heavy drinking in the adult population and the legal status of alcohol means that sensible drinking messages may be less effective with young people. There is an emergent and strengthening street drinking culture amongst young people from the ages of 11 and 12 upwards, particularly across the weekends. Thus, there needs to be wider community context included in future work and a focus on risky behaviour and additional interventions through youth centres and outreach and sports and leisure facilities.
- The needs of children living in families where there is serious parental alcohol misuse have been outlined in the 2007 ACMD⁸ report: Hidden Harm: responding to the needs of children of drug users report. The recommendations in this report should be a priority. Early intervention in these families can prevent families from being separated and this is prioritised in Newcastle's Safeguarding Children Business Plan.

⁸ Advisory Council on the Misuse of Drugs.

Treatment and support services

- In 2007, Public Health and Safe Newcastle carried out a scoping exercise to identify what services were available for people and families affected by alcohol. Whilst a series of services were identified, including examples of good practice, it is apparent that there is a shortage of treatment and support services, both in the healthcare, social and community settings.
- Alcohol treatment and intervention services in Newcastle are inadequate for the needs of the population. The Alcohol Needs Assessment Research Project (ANARP) estimated that only one in 102 harmful or dependent drinkers were accessing treatment services in the North East. Although this is a regional figure, it provides an indication of the lack of provision. As a comparison, the equivalent figure for access to treatment for drug misusers is one in every 2.4 problematic drug users is in treatment, compared to one in 102 for alcohol.
- There is at present a huge gap in the provision of Brief Intervention services in Newcastle. A national pilot study is underway in the Newcastle (and elsewhere); initial results look positive and cost-effective.

Alcohol misuse and homelessness

- Whilst the supported housing sector in Newcastle provides certain services to support people with alcohol-related problems, there is little specialist provision in the city, e.g. no wet hostel for chronic and chaotic street drinkers and limited outreach services to engage with chronically excluded street drinkers.

Alcohol services and Information gaps

- There are considerable gaps in the alcohol misuse intelligence currently available. The 2007 updated alcohol strategy points out “for some of these potentially good intelligence could be generated but systems are not yet fully established or comprehensive; for example, treatment service and GP data, measuring alcohol consumption in children or school exclusions. For others, there is a distinct lack of good intelligence: alcohol economics, industry data on investment in marketing and promotion campaigns and information on the range and evaluation of local interventions”
- In addition, agencies are often unaware of what intelligence partners hold and how this can be accessed.

What are the risks of not delivering our targets?

If alcohol misuse is not reduced, there are likely to be increasing harm to the health and wellbeing of individuals, families and communities and rising economic costs to society. As people start drinking at younger ages they are likely to develop health problems such as liver cirrhosis and other diseases at an earlier age.

The LAA target - 'reducing alcohol related hospital admissions' is a proxy measure for alcohol related problems. However it does not in itself give a comprehensive picture of the wide range of social and economic impacts of alcohol misuse. Nevertheless, in the long term, reducing hospital admissions should reflect better service provision within the community. This includes improving access to intervention, support and preventative services not only in health care but in other areas such as crime reduction, supported housing, cultural change towards more moderate drinking behaviour

Is what we are doing working?

The Newcastle Alcohol Strategy Safe, Sensible and Social in Newcastle upon Tyne (2008 - 2018) has a series of action plans to achieve the aims to:

- Develop a prevenative approach to alcohol misuse
- Provide services for problem drinkers and theri families and carers
- Protect the pbulic through law and policy enforcement
- Prioritise addressing aclohohl misuse through working in partnership

These action plans will be monitored and updates will be provided on progress in the near future.

What is coming on the horizon?

- Following the completion of the alcohol strategy consultation which ended on 31 July 2008, the action plan is now under review and further development. This alcohol project aims to complete this process by end October so that actions can begin to be implemented in 2008/09.
- An alcohol Health Needs Assessment is underway in the North of Tyne Primary Care Organisations and is expected to be completed by November 08.
- Funding has been obtained from the 2007/08 Choosing Health monies and slippage from the PCT's Annual Operating Plan funds to create an integrated community alcohol team.

- A North East regional alcohol office (for reducing alcohol related harm) is being set up and is expected to become operational by the end of this year.

What should we be doing next?

1. Information and education campaigns around sensible drinking
2. Brief intervention training in health care and other settings
3. Establishing 'alcohol policies' and providing appropriate support in the workplace
4. An integrated alcohol service pathway development - establishing new services and enhancing current provision particularly in the community
5. Supporting relevant enforcement policies and working with local communities