

Alcohol Health Needs Assessment

Executive Summary - March 2023



North
Tyneside
Council

1. Introduction

Alcohol is a key public health issue with its harmful effects related to excessive consumption felt by the individual, their relatives, and wider communities. This Health Needs Assessment (HNA) was undertaken in 2022/23 and aims to understand the need and impact of alcohol misuse within North Tyneside using a combination of quantitative and qualitative data sources.

This document summarises the key findings and the full HNA is available on request.

2. Background and local context

Whilst significant issues can arise from alcohol misuse and dependence, most individuals drinking alcohol do so in moderation, without considerable risks to their health and wellbeing.

Alcohol is involved in a range of social and cultural activities and contributes to a vibrant North Tyneside. There are 618 licensed alcohol premises within the borough, the majority of which are shops, supermarkets, pubs, bars, and restaurants. Higher concentrations of licensed premises exist in Whitley Bay, North Shields, and Wallsend; and some alcohol treatment service users commented that the wide availability of alcohol could contribute to their own increased consumption and misuse.

Agencies within North Tyneside undertake work to ensure licensed premises do not sell alcohol to children. However, data suggests that the most common route for children to access alcohol is from their parent/carer, despite good levels of awareness of CMO guidance of no alcohol at all advised for under 18s (72% of surveyed residents).

Alcohol has an annual societal cost of £21 billion in England, including healthcare costs, costs related to crime, loss of workplace productivity and impact to family and carers. The cost of alcohol harm within North Tyneside was estimated to be £74.2 million during 2015-16. Alcohol has been reported as being involved in 12.3% of crimes in North Tyneside between 2017-22 and involved in a large proportion of violent crimes with injury (45.6%), domestic abuse crimes (23.8%) and public order crimes (18.3%). There is a general increasing trend of the number of crimes reported as involving alcohol, particularly for violent crime and domestic abuse. Involvement of alcohol is also noted to be six times more common in crimes reported in the 10% most deprived areas of the borough. When criminality is linked to alcohol, courts can mandate an individual to attend an alcohol treatment service, however treatment staff report current difficulties in joint working between the criminal justice system and structured alcohol treatment services.

Data from 2015-18 (i.e., prior to the COVID-19 pandemic) shows that North Tyneside has lower levels of abstinence and higher levels of binge drinking and hazardous drinking compared to

the North East and England. Overall, 16.1 per 1,000 individuals in North Tyneside are classed as alcohol dependent which is higher than the national rate of 13.7 per 1,000.

3. Alcohol health needs in North Tyneside

Alcohol has been identified as a causal factor in over 60 medical conditions and is the leading risk factor for ill health in individuals aged 15 to 49. There are a range of services available within North Tyneside for the treatment of alcohol misuse or dependence, its related health harms, and the wider effects it causes.

Just under one quarter (24%) of the 2,685 individuals dependent on alcohol in North Tyneside are in structured alcohol treatment. This is commissioned by North Tyneside Council via the Public Health Grant. The remaining individuals (76%) not in treatment, represent high levels of unmet need. The main barriers to accessing treatment services appear to be individual factors such as motivation but also a lack of out of hours services and options for those with childcare responsibilities.

Most individuals in structured treatment are recorded as 'new presentations' (78%) with self-referral being the most common route (64%). Treatment services appear to cater well to the individuals, with 99% waiting under three weeks for the first intervention, 60% of all exits being those leaving treatment successfully and 36% of the treatment population leaving successfully and not returning within 6 months in 2020-21.

Individuals in treatment services in January 2023 reported positive experiences with the treatment services. However, deaths in treatment are higher in North Tyneside (1.67%) than England (1.39%) and two times higher in males than females.

Another indicator of the level of harm caused by alcohol is that 2.6% of the population registered with a GP practice in North Tyneside have a coding on their GP records which indicates that they misuse alcohol; this is likely an underestimate of true misuse rates.

Whilst alcohol-specific A&E attendances appear to be reducing, alcohol-specific hospital admissions are increasing both in young people (under 18) and in adults. The most common diagnosis for adult admissions is 'mental and behavioural disorders due to alcohol'. There is also a notable group of patients (28.2% for 2021) who have multiple hospital admissions throughout the year. For adults: men, 50–59-year-olds and those in more deprived parts of the borough, including Wallsend and Riverside, had greater levels of coding of alcohol misuse and higher numbers of alcohol-specific hospital admissions. For under 18s, greater levels of admissions were noted in females than males, but a similar pattern of deprivation was observed with both adults and young people in the 10% most deprived areas in the borough having at least three times higher admission rates than those in the 10% least deprived areas.

Despite having one of the highest hospital admission rates in the North East, alcohol-specific mortality rates are one of the lowest at 14.8 per 100,000. This rate is still significantly higher than the England rate of 10.9 per 100,000 and has been increasing in recent years. A large increase in the number of deaths was noted from 2019-20, a trend observed throughout England which appears related to the wider effects of the COVID-19 pandemic and are largely deaths due to alcoholic liver disease (83.1% of all North Tyneside alcohol-specific deaths). Alcohol-specific mortality follows similar trends to admissions in terms of being more common in males, 50–59-year-olds and the 10% most deprived areas in North Tyneside.

4. Impact on vulnerable groups

There appears to be higher levels of alcohol misuse in certain groups/populations in North Tyneside and they may be more vulnerable to alcohol harms. More detail is provided in the full HNA, but key groups potentially facing inequalities or issues are summarised below.

Pregnancy

There is limited available data regarding the number of pregnant individuals with alcohol misuse or dependency, but a pathway is in place at Northumbria Healthcare NHS Foundation Trust to support any individual who discloses harmful alcohol use.

Carers

Carers and housebound patients were more likely to be coded in their primary care records as having alcohol misuse compared to the general population. Some carers specifically affected by someone else's misuse report they may drink alcohol to cope whilst others reduce or stop consuming alcohol to help support their loved one.

Young carers

In 2022 31% of surveyed year 8 and 10 pupils reported they had consumed an alcohol drink in the month preceding the survey and this was more likely in young carers (44%) compared to those who weren't young carers (30%). Almost one fifth (19%) reported observing a parent/carer drinking too much alcohol at some point and in 2020-21, 118 children in the borough were living with their parent whilst the parent was in structured alcohol treatment.

Services are in place to support young people around their own consumption and those affected by others.

People with mental health conditions

There is a complex relationship between alcohol misuse and mental health conditions, with both being possible risk factors for the other. Alcohol misuse is recorded to be higher in primary care patients with mental health diagnosis. There is some variation in these rates dependent on the specific mental health condition involved.

Locally, the hospital admissions where the main or contributory diagnosis is 'mental and behavioural disorders attributable to alcohol' are almost double the England rate (648 per 100,000 vs 379 per 100,000). In 2020/21, 67% of patients new to alcohol-treatment services had an identified mental health treatment need, with 32% of these not receiving any treatment for this.

5. Recommendations

Based the findings, this HNA makes several recommendations, focusing on strategic leadership; prevention, early intervention, and screening; data and intelligence; structure alcohol treatment; and groups more vulnerable to alcohol harm.

Strategic Leadership

The North Tyneside Alcohol Strategic Partnership on behalf of the North Tyneside Health and Wellbeing Board should continue to strengthen strategic leadership and facilitate a whole-system approach to reduce alcohol misuse and address the harms caused by alcohol to individuals and the wider communities including:

- Continued work with NHS partners and health-related agencies with reporting to the North Tyneside Joint Health and Wellbeing Board and the North East Drug and Alcohol Commissioners' Network
- Continued joined-up working and coordination of effort between key partnerships to address wider alcohol-related issues including strengthening links with the local community safety partnership, Safer North Tyneside.
- Continued work to reduce inequalities which contribute to and are affected by alcohol-related harm, with specific focus on more vulnerable groups.
- Continued work to reduce consumption in those drinking at above low risk levels.

Prevention, Screening and Early Intervention

North Tyneside Strategic Alcohol Partnership should ensure improvement of prevention of alcohol-related harm including influence of alcohol consumption and early intervention for those identified as being at risk of alcohol-related harm. This work should be informed by service user voice and aligned with ongoing regional work at the Drug and Alcohol Commissioners' Network and ICS Alcohol Programme, and should include:

- Continued work to raise public awareness of the CMO guidance regarding low-risk levels of alcohol consumption for adults and that an alcohol-free childhood is the safest and healthiest option.

- Roll-out of Making Every Contact Count (MECC) and "Have A Word"/Identification and Brief Advice training to all frontline staff to support screening and intervention for individuals with levels of consumption which are greater than the CMO guidance,
- Participation in regional training (being developed by the ICS Alcohol Programme) by all health and social care staff.
- Working with Balance North East around advocacy and regulation to reduce local availability of alcohol, particularly for vulnerable groups.
- Continued work with partners and the public around the work of Licensing and Trading Standards, this will include: a targeted social media campaign to encourage reporting of concerns about licensed premises; ensuring the reporting mechanism makes more specific reference to underage sales; and providing 1:1 educational advice to all licensed premises over the next 18 months regarding their responsibility to comply with licensing conditions.

Data and Intelligence

On behalf of the Health and Wellbeing Board, North Tyneside Strategic Alcohol Partnership, should seek assurances about data quality and address identified gaps in data recording. This work should be aligned with regional work at the Drug and Alcohol Commissioners' Network and ICS Alcohol Programme, and should include:

- Regular scrutiny of timely data and intelligence to evaluate interventions and services for alcohol misuse and their effect on outcomes.
- Improved data recording by health and healthcare staff in relation to alcohol consumption, using standardised methods (e.g., AUDIT-C questionnaire) and in line with the CMO recommended standard measurement of units of alcohol.
- Standardised data recording of alcohol consumption and those classified as having harmful or dependent levels of drinking in primary care, mental health, and maternity services.
- Work to understand high intensity users of A&E and those with multiple admissions to explore appropriate interventions.
- A standardised approach to coding of alcohol use in crime data by all involved in the Police and Crime sector.
- Inclusion of a mandatory field regarding 'involvement of alcohol' when recording anti-social behaviour crimes to allow a greater understanding of the scale and impact of the problem.
- Continue to monitor and analyse alcohol-related trends, particularly in relation to health inequalities and vulnerable groups.

Alcohol Treatment Services

North Tyneside Council through the delegated and statutory responsibility of the Director of Public Health should, through commissioning and contract management of alcohol treatment services, ensure:

- Improved access into structured treatment for those who are dependent on alcohol to support individuals and reduce the current high levels of unmet need within the borough.
- Improved treatment access for women with childcare responsibilities to ensure that this does not pose a barrier, with a particular focus on reducing concern about stigma and fear of Children's Social Care for parents seeking alcohol treatment.

- Increased 'out of hours' offer to improve access to structured treatment for those in full time employment.
- Improved links between NTRP, Adult Social Care and criminal justice services via co-ordinated multi-agency work to ensure that people with identified alcohol needs who are recently released from prison or involved in the criminal justice system are identified and supported into treatment.
- A clear pathway between NTRP & Community Mental Health Services, as mental health conditions are the most frequent cause of alcohol-specific hospital admissions.
- Increased awareness of alcohol-related services and projects with front-line staff, residents, and members of the public e.g., leaflets, electronic resources and information within the Our North Tyneside residents' magazine.

North Tyneside Strategic Alcohol Partnership should have oversight of this and ensure the work is informed by service user voice.

Vulnerable Groups

North Tyneside Strategic Alcohol Partnership should strengthen the approach to certain vulnerable groups. This work should be informed by service user voice and should include:

- Focussed work on individuals with complex, multiple needs (e.g., alcohol misuse) to improve their access to relevant healthcare services.
- Developing specific targeted secondary prevention in groups with a higher prevalence of alcohol misuse and related harm, specifically those with mental health conditions and young carers.
- Continuing to raise awareness of the Bottled-Up project to ensure that children identified as living with alcohol-dependent parent(s) receive the appropriate support.
- Development of an identified Young Persons Worker within the PROPS service to provide further support to children living with alcohol-dependent parent(s) or who consume harmful levels of alcohol themselves.
- Strengthening links between education and Children's Social Care/Early Help in relation to high rates of alcohol-specific hospital admissions in under 18s and development of targeted interventions on the harmful impacts of alcohol misuse in childhood and later life.
- Targeted work by PCN directors for GP practices in areas of higher deprivation to reduce the harm to those in the practice population who misuse alcohol, given the higher rates of alcohol-related admissions, mortality, and crime in more deprived communities.