

North Tyneside Smoke Free Alliance and North Tyneside Strategic Alcohol Partnership

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Public Health importance of tobacco and alcohol



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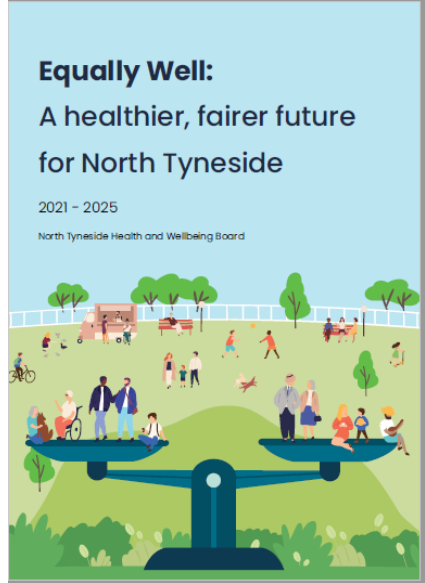
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Impact of tobacco and alcohol

- The health effects of alcohol and tobacco for individuals are well known
- There are also inequalities at a population level in the harm from both
- Decisions about our health and lifestyles are shaped the context within which we live, work and grow. There are differences in how people make decisions and also the opportunities to change their behaviours
- Many of the key behaviours significant to the development of chronic disease follow the social gradient, meaning people from more deprived areas have a higher burden of disease

Inequalities

- The Board has committed to address health inequalities within North Tyneside
- The new Joint Health and Wellbeing Strategy clearly sets out the impact of inequalities in the borough and the approach we will all take to narrow the gap across the whole life course
- Inequalities mean that there is a gap in life expectancy between the most deprived and least deprived areas, and children in some areas are more likely to live in poverty or be admitted to hospital or be obese than children from other areas, and overall people are more likely to have long-term health problems and certain conditions
- Inequalities also mean that some groups (e.g. Serious Mental Illness, learning disability, LGBTQ+ etc.) are more likely to experience certain health outcomes



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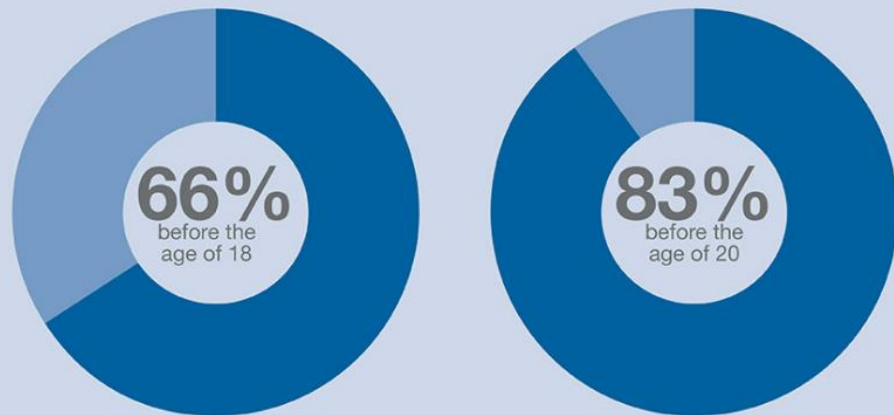


Inequalities - smoking

- Smoking is the largest avoidable cause of social health inequalities
- People living in the most deprived areas of England were four times more likely to smoke in 2016 than those living in the least deprived areas, and people in routine/manual jobs were three times more likely to smoke than managerial/professional jobs
- Deaths from lung cancer and respiratory disease are approx. twice as likely in more deprived areas (85%+ caused by smoking)
- Smoking in pregnancy is also more common in deprived areas and so is smoking in children



Smokers start young



Smoking as a risk factor for people with mental health problems



*People on GP lists with a diagnosis of schizophrenia, bipolar affective disorder or other psychoses

1/3

of all cigarettes
smoked are smoked by
people with a mental
health problem

Managerial and professional oc...

8.5

Intermediate occupations

14.0

Routine and manual occupations

21.4

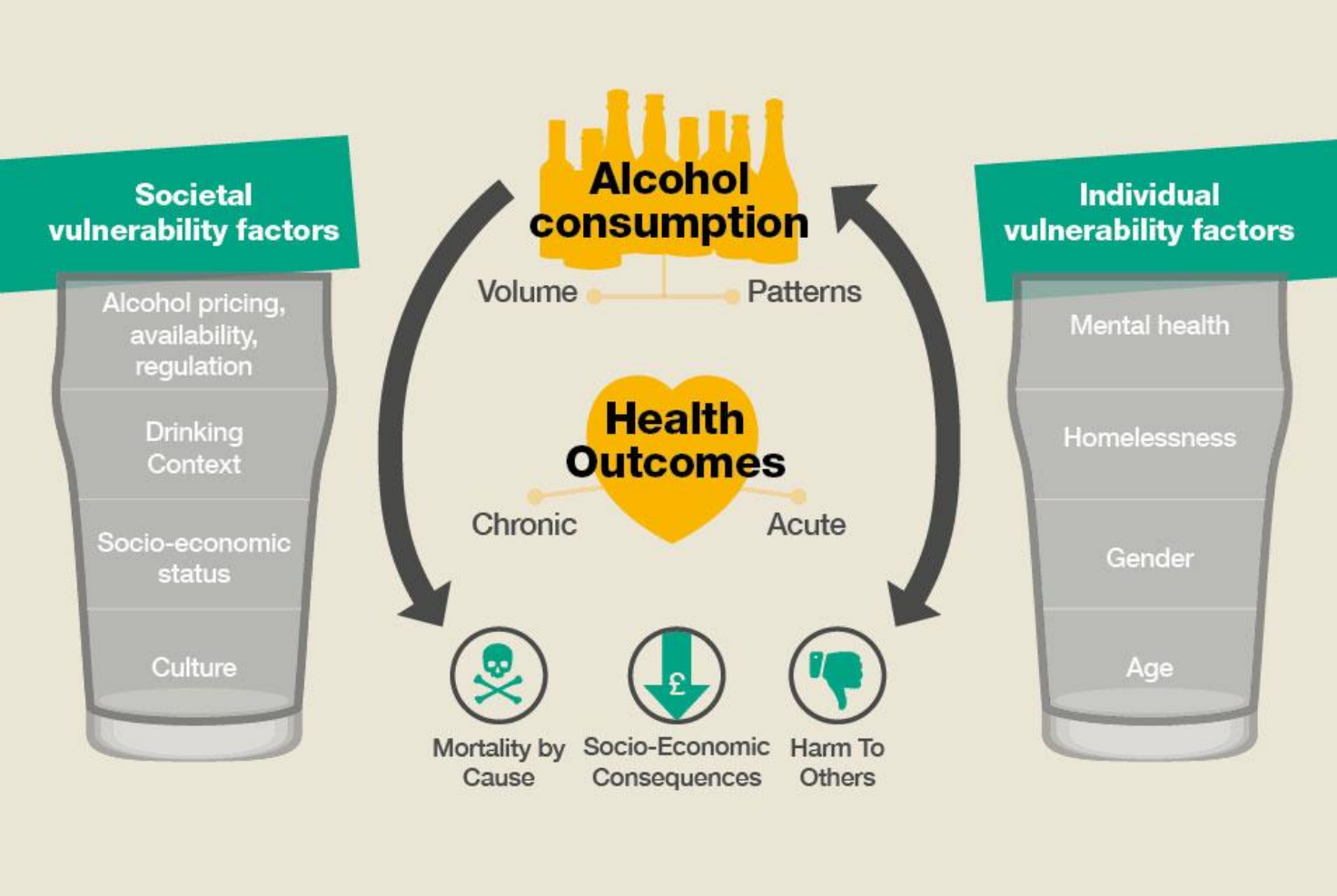
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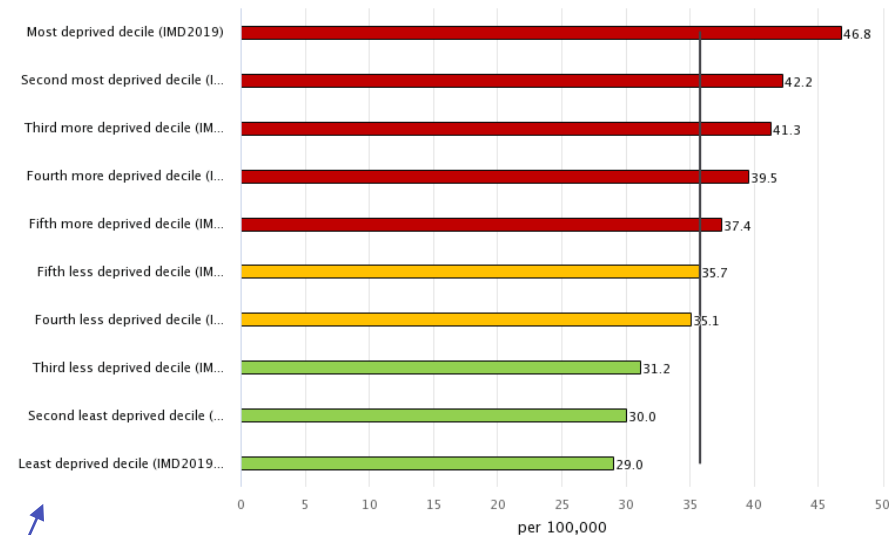
Inequalities - alcohol

- The evidence shows that alcohol is one of the major behaviours associated with disease burden
- Alcohol dependence and harm is more common in men than women
- The relationship with deprivation is slightly more complicated with alcohol – the ‘alcohol harm paradox’ shows that deprived populations are significantly more likely to end up in hospital as a result of alcohol or die from causes linked to alcohol, despite lower or similar levels of consumption
- The next slide shows this social gradient for alcohol harms, but no such gradient for consumption (at a population level)

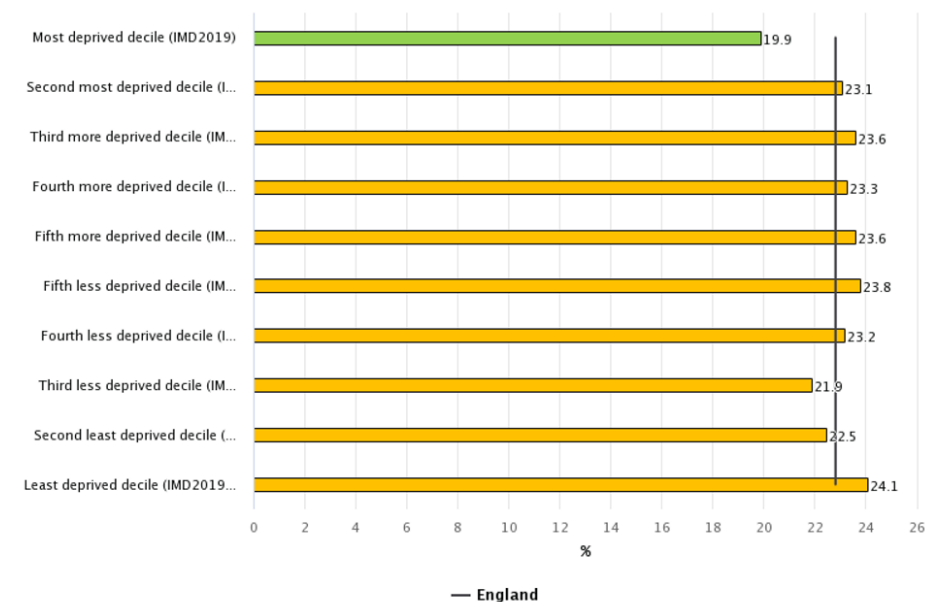


“The alcohol harm paradox”

Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons) (2019) – England, County & UA deprivation deciles in England (IMD2019, 4/21 geography)



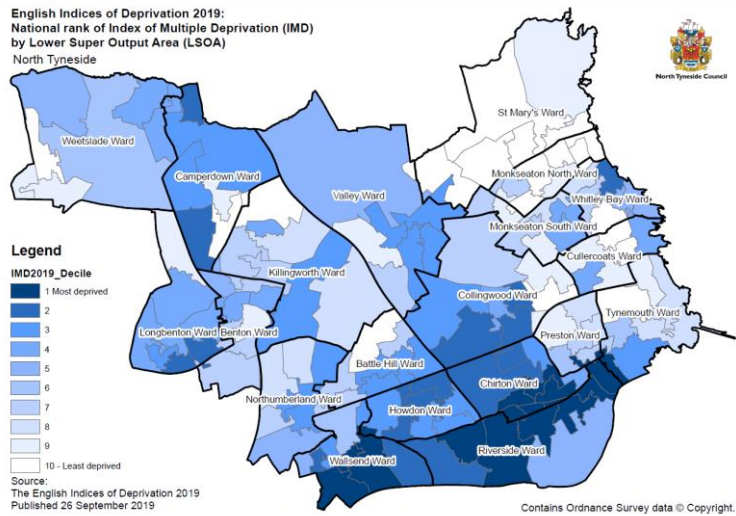
Percentage of adults drinking over 14 units of alcohol a week (2015 – 18) – England, County & UA deprivation deciles in England (IMD2019, 4/19 and 4/20 geog.)



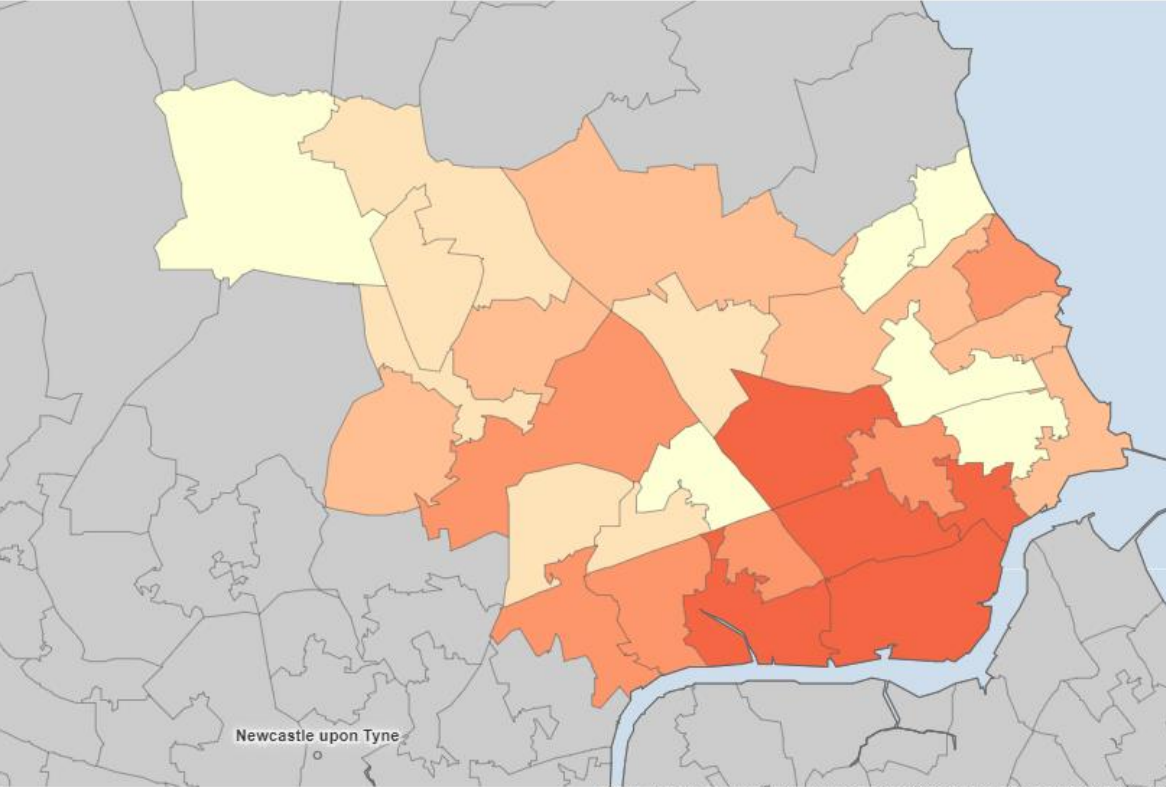
Inequalities - alcohol [2]

- The North East has significantly higher levels of alcohol-related harm than the rest of the country and has seen higher increases in the pandemic than other areas
- North Tyneside residents are more likely to be admitted to hospital than people in England and the NE on average, but it is more complex in terms of deaths
- Not all indicators are available with an inequalities lens at a LA level, but we can assume that we follow the social gradient seen in England overall
- Admissions can be broken down at a smaller level and this shows that the more deprived parts of the borough also have higher admission rates to hospital due to alcohol

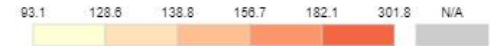
Variation in admission rates



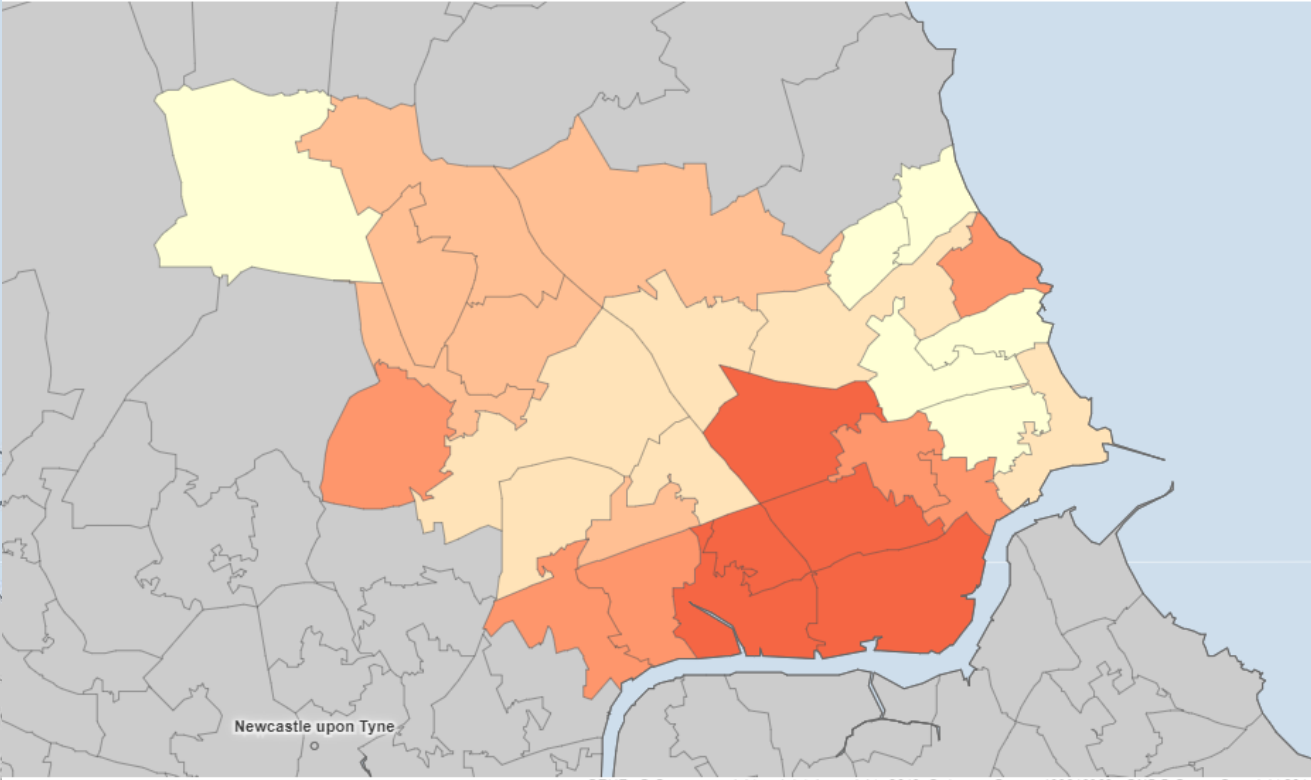
Hospital stays for alcohol-related harm (narrow definition), 2013-2018 (SAR) - Source: PHE/NHSE



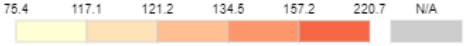
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Hospital stays for alcohol-related harm (broad definition), 2013-2018 (SAR) - Source: PHE/NHS Digital



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North Tyneside Tobacco Alliance



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Tobacco profile

Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition) [New data](#) 2020

N Tyneside		Region Value	England Value
Count	Value		
-	14.3%	13.6%	12.1%

Smoking prevalence among adults aged 18-64 in routine and manual occupations (APS) (2020 definition) [New data](#) 2020

N Tyneside		Region Value	England Value
Count	Value		
-	23.0%	21.6%	21.4%

Smoking status at time of delivery 2020/21

N Tyneside		Region Value	England Value
Count	Value		
200	9.9%	13.3%	9.6%

The annual costs of smoking to wider society



North Tyneside Smokefree Alliance

Provide strategic leadership to develop a whole system approach to tobacco control with commitment from all partners to enable the following:

- Develop, deliver and assess the progress of the North Tyneside Smokefree Delivery Plan
- Embed high quality and accessible services for the treatment of tobacco dependency
- Ensure that every NHS provider in North Tyneside is smokefree
- Ensure a systematic implementation of a treating tobacco dependency pathway for pregnant women and their families
- Reduce the uptake of smoking in young people
- Reduce existing health inequalities and ensure that all interventions are contributing to narrowing the gap between our most and least affluent communities
- Advocate for regulatory changes for greater tobacco control



Delivered through a robust action plan

- Building infrastructure, skills and capacity in tobacco control
- Reducing exposure to secondhand smoke
- Building NHS stop smoking service and strengthening local action
- Media, communications and education
- Reducing the availability and supply of tobacco products
- Enforcing tobacco regulations
- Research, monitoring and evaluation



North Tyneside Strategic Alcohol Partnership



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Overview of alcohol

- Alcohol is a key public health issue and the harmful effects can impact at the individual, family and community level
- Some positives when consumed at levels below higher risk – employment, contribution to GDP, night-time economy
- Acute harm – injuries, alcohol poisoning, crime and disorder
- Chronic harm – chronic health conditions e.g. liver failure, cancer, loss of productivity
- Alcohol is estimated to ‘cost’ £83 million a year in North Tyneside
- The harms are not distributed equally and there are more deaths and hospital admissions in more deprived communities – people from deprived communities are 2-3 times more likely to die from an alcohol-related condition



£11 billion
alcohol-related crime

£7 billion
lost productivity through
unemployment and sickness

£3.5 billion cost to NHS

The cost of alcohol to society

**£21
Billion**

Alcohol has been
identified as a causal
factor in more than

**60 Medical
conditions**

including:

- mouth, throat, stomach, liver and breast cancers
- depression
- stroke
- cirrhosis of the liver
- pancreatitis
- heart disease
- liver disease




Alcohol misuse and dependence

- The reasons behind alcohol misuse and dependence are complex, therefore a range of interventions and policies are needed to support individuals and reduce the public health burden
- There are a range of services in place in the borough with a broad public health approach and also specialist treatment services
- There is no definitive figure for the number of North Tyneside residents affected by alcohol misuse:
 - 25.2% drink more than the CMO's recommended limit of 14 units
 - 1.63% are dependent on alcohol (approx. 2,600)
 - 480 are accessing specialist treatment services for alcohol (high unmet need)
 - Over 1,800 hospital admissions per year for 'alcohol-related conditions (narrow)' and over 5,300 for 'alcohol-related conditions' (broad)




Percentage of adults drinking over 14 units of alcohol a week:

Period	N Tyneside			Region England	
	Recent Trend	Count	Value	Value	Value
2015 - 18	—	-	25.2%	25.1%	22.8%




Percentage of adults binge drinking on heaviest drinking day:

Period	N Tyneside			Region England	
	Recent Trend	Count	Value	Value	Value
2015 - 18	—	-	20.1%	19.9%	15.4%











Proportion of dependent drinkers not in treatment (%) (Current method) New data

Period	N Tyneside			Region England	
	Recent Trend	Count	Value	Value	Value
2020/21	—	1,890	74.2%	-	81.9%



Alcohol-related harm

- There are many indicators that can be used to assess the scale of alcohol-related harm in an area – on the whole though, there are higher rates of harm in North Tyneside than the England average

Indicator	Period	N Tyneside			Region England		
		Recent Trend	Count	Value	Value	Value	
Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2020	→	100	46.2	49.0	37.8	
Alcohol-specific mortality	2020	→	48	22.3	20.0	13.0	
Under 75 mortality rate from alcoholic liver disease	2020	→	35	17.7	17.5	10.8	
Mortality from chronic liver disease	2020	→	47	21.5	21.6	13.7	
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2019/20	—	1,858	879	728	519	
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2019/20	—	5,320	2,493	2288	1815	
Admission episodes for alcohol-specific conditions - Under 18s	2017/18 - 19/20	—	95	76.6	56.4	30.7	
Incidence rate of alcohol-related cancer (Persons)	2016 - 18	—	250	39.40	39.67	37.77	



Strategic arrangements

- The North Tyneside Strategic Alcohol Partnership brings together a range of organisations and services to facilitate a whole system approach to addressing the harms from alcohol
- There is a focus on reducing demand and availability, reducing consumption in those who drink more than 'lower risk' levels and ensuring services respond where alcohol-related harm is identified
- Previously the partnership reported to the Health and Wellbeing Board, and it will now also report to the Future Care Board

Strategic arrangements [2]

- The H&WB Board are asked to review the proposed high level priorities to inform the action plan:
 - Reduce the proportion of adults who drink more than 14 units a week to below the best rate in the region
 - Reduce the alcohol-related and alcohol-specific admissions in adults to the same as or less than the England rate
 - Reduce the alcohol-related and alcohol-specific admissions in under 18s to the same as or less than the England rate
 - Explore the scale of broader social harms and consider how to address this further
- This will include work with providers to ensure that services are safe, high quality and accessible, that there is collaboration, that there is a focus on inequalities and the partnership will advocate for regulatory changes for greater alcohol control

Partnership activity

- Whilst the partnership did not meet for approx. 20 months during the pandemic, activity within services continued
 - NTRT continued to provide specialist treatment for alcohol dependency
 - NHCT strengthened processes to identify harmful drinking in pregnant women, inpatients and people attending the ED
 - Northumbria Police strengthened their harm reduction approach
 - There are several workstreams within NTC around the alcohol agenda, including work around licensing and domestic abuse
 - The Probation Service continued to provide specialist alcohol support and is working to strengthen links with other services
 - PROPS continued to deliver support to families of those dependent on alcohol
 - Meadow Well Connected were able to provide 1:1 support for problematic alcohol use
 - Balance delivered a 5-week TV campaign and continued advocacy and lobbying work



Advocacy in Tobacco and Alcohol



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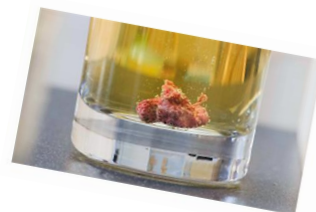
Role of Health and Wellbeing Board and partners in advocacy – alcohol



- There is a role for all of us in the alcohol agenda, particularly around advocacy
- We can all play a role as we all work in areas that impact on the wider determinants that influence people's health behaviours and harm at a population level
- Balance is the regional alcohol programme commissioned and funded to support LAs around alcohol harm, including policy and advocacy support
- Current work is around the Alcohol Duty Consultation, the Health & Social Care Act and Minimum Unit Pricing

Balance North East
@BalanceNE

Alcohol-related death and disease is at an all-time high, yet shockingly few are aware of the risks. We urgently need a comprehensive alcohol strategy to help prevent future generations from suffering such totally avoidable harm.



LIKE TOBACCO, ALCOHOL CAN CAUSE CANCER. **NHS**

Any level of regular drinking increases your risk of developing cancer.
Reduce your risk.
Go to reducemyrisk.tv



BALANCE
Getting the measure of alcohol

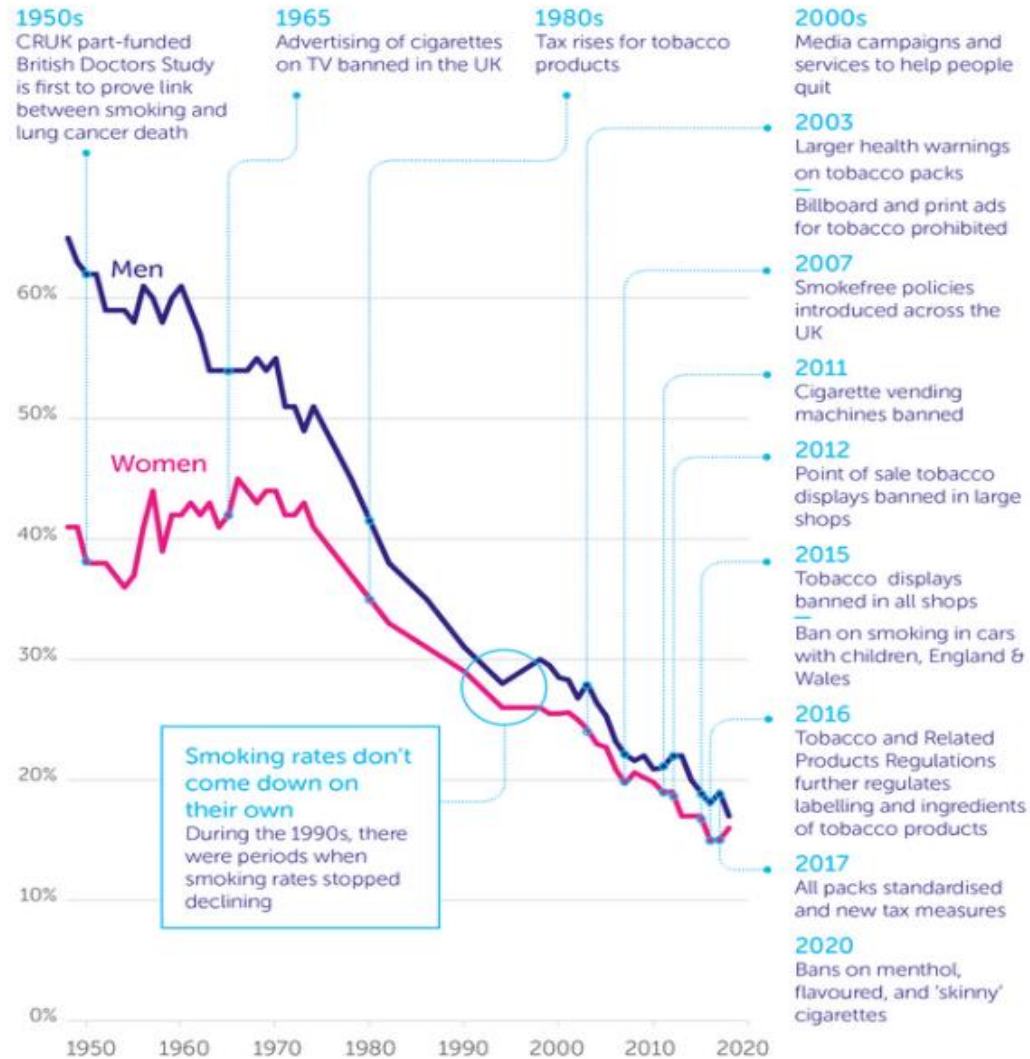
GOOD VALUE FOR MONEY



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Advocacy works

Smoking rates decline with action



Sources: Data for 1948-1973: PN Lee Statistics and Computing Ltd. International Smoking Web Edition. Available from <http://www.pnlee.co.uk/ISS.htm>. Accessed October 2019. Data for 1974 onwards: Office for National Statistics. Adult smoking habits in Great Britain. Accessed October 2019.

WE LI

cruk.org
Together we will beat cancer



OR MONEY

Ask – will HWB members endorse the All-Party Parliamentary Group (APPG) on Smoking and Health's recommendations for the Tobacco Control Plan to deliver a Smokefree 2030



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Thank you
Any questions?

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