Agenda Item No: 15
Safer Stockton Partnership
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An Assessment of the Needs of Adults Harmed by Alcohol in Stockton-On-Tees

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Contents

1 Introduction

This report is intended to provide a comprehensive assessment of the needs of adults who misuse alcohol in the Borough of Stockton. The findings and recommendations from this report will inform the development of the 2009-2012 alcohol strategy.

The report is split into five main sections, each examining the following:

- The first section provides an overview of Stockton in relation to population and deprivation. It also provides an overview of the nationally recognised categories alcohol use is divided in to and the treatment systems that should be available. The local picture is outlined.
- The second section reviews demographics and housing and employment characteristics associated with clients identified as having a problem with alcohol use.
- The third section looks at the local data on those affected by alcohol, including the treatment system, sources of referrals, alcohol related hospital admissions and crime.
- The fourth section assesses the impact alcohol has on others, recognising that its effects are far reaching.
- The fifth section looks at a financial breakdown of current funding; it attempts to put current local investment into context by providing a comparison with other areas.

2 Executive Summary

This section summarises key findings from the Needs Assessment:

- Within Stockton alcohol has been identified as affecting a wide age range of individuals. Analysis has highlighted the following trend, 16-25year age group are most likely to present in arrest referral, 25-39year age group are most represented with ambulance data, 36-45year age group are most likely to access treatment services and the 41-51year group were most commonly observed within secondary care. However it was identified during a short audit conducted in May 2009 that the most prevalent age group receiving/requiring a detoxification from alcohol was the 26-35year olds.

- Despite alcohol misuse being identified across all age groups within a variety of settings, there are a number of groups who are under-represented within the treatment system; young adults, females and B.M.E.

- High levels of alcohol misuse were associated with clients who were unemployed, had difficulties with housing and were involved with probation or Tier 3 treatment services.

- Anti-social behaviour and domestic violence was most commonly observed in Stockton town centre.

- It was identified that of the individuals accessing the domestic violence support service during the analysed period alcohol was cited as an issue for 58% of perpetrators and 41% of victims identified themselves as having an alcohol problem.

- The recording of clients' actual alcohol consumption was inconsistent with different terminology utilised to describe levels of dependence, thus posing difficulties when collating evidence in relation to need.

- Alcohol related admissions locally have been increasing over the previous five years, the upwards trend is continuing, with admissions more than doubling over the past two years.

- High numbers of individuals were identified as having more than one admission, with one individual having 46 separate admissions in the year analysed.

- It was identified that 227 clients received chlordiazipoxide over the analysed period, thus it can be assumed that 227 emergency detoxification were delivered over this period at a cost of over £400,000. In July 2009 there is no recurrent funding for tier 4 services which would provide interventions for some of those individuals identified.

- Work needs to be carried out to ensure that the current services available are promoted in an effective manner, and that all potential referrers are aware of the provision each service can offer.

- It has been identified that the numbers entering and engaging with treatment following referral are low.

- The number of GPs referring into treatment services varies greatly as does the information available regarding practice population's alcohol consumption.

- Referrals in-between services varied greatly, with referrals between The Albert Centre and Alliance Psychological services not occurring during the period analysed.

- Within the drug using population it was identified that a large proportion are using excessive amounts of alcohol along with both illicit and prescribed medication.

- During the five months for which data was available from the arrest referral pilot it was identified that contrary to the pilots aim, large numbers of alcohol dependant clients were being identified as opposed to those who were drinking at harmful or hazardous levels.

- It was identified that large numbers of men entering HMP Holme house prison required a detoxification from alcohol equating to approximately 14% of individuals entering the prison during September 2007- October 2008.

- 46% of clients who were in treatment with The Addictive Behaviours Service identified themselves as having children, the impact of alcohol on the wider family was raised as a concern during all stakeholders events. Of particular concern was the impact alcohol has on children.

3 Background

Within the borough of Stockton-On-Tees the population's alcohol consumption and associated harm was unknown. Therefore, Stockton's Alcohol Strategy Group, consisting of partner members from health, community safety, licensing, young people's services, etc, decided that a health needs assessment in relation to alcohol should be undertaken. A health needs assessment is defined by Hawe et al (1995) as "being those states, conditions or factors in the community which, if absent, prevent people from achieving the optimum of physical mental and social well-being." However, for the purpose of this piece of work it would be more appropriate to consider it as a systematic method for reviewing the health issues facing a population, in this instance alcohol, leading to agreed priorities and resource allocation that will improve health and reduce inequalities (Chadwick, 2005).

Prior to commencement of the health needs assessment a profile was outlined to highlight the most appropriate services/organisations from which data should be obtained to ensure that as reflective an assessment as possible could be completed. Organisations that were approached to supply data included**:-**

North East Ambulance Service, Univesity Hospital of North Tees Accident & Emergency, Addictive Behaviours Service, The Albert Centre, Alliance Psychological Services, Primary Alcohol and Drug Services, Carr-Gomm, Community Campus, Arrest Referral, Probation, Community Safety, Harbour, Tri-star, Stoneham, Turnaround Homes, Bridge Road Hostel, Bridges Family & Carer Support Services, HMP Holme House, HMP Kirklevington, Away Out, Alcoholics Anonymous, Al-lonon, Yarm Medical Practice, Alma Medical Practice, Tennant Street Practice, Community Campus, Early Intervention Psychosis Team, Learning Disabilities Team, Gateway Workers, Tees Esk and Wear Valley Mental Health and Learning Disabilities Team, Stockton Intensive Tenancy Support Service, St James Hostel, Londonderry Road Hostel, Portrack Lane Hostel.

The Services which did not submit data were Turnaround Homes, Tri-star, HMP Kirklevington, Alcoholics Anonymous, Al-lonon, Learning Disability Team, Gateway Workers, Tees Esk and wear Valley Mental Health and Learning Disabilities Team, St James Hostel, Londonderry Road Hostel, Portrack Lane Hostel, Accident & Emergency (although data was collected from A&E it was not considered within this document due to the poor quality).

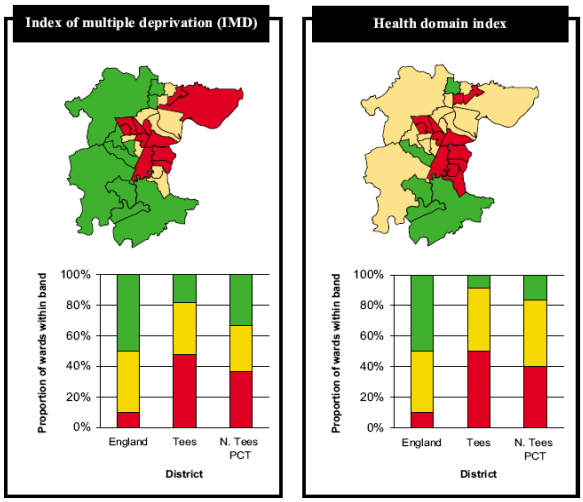
Along with activity data from the outlined organisations information was also gathered through alternative modes. Other data has been included from an on-line survey and consultation events with service users, carers and stakeholders, thus allowing for an empowerment approach to be adopted. Throughout the text when consultations are referred please consider it in relation to carers, service users and stakeholders.

4 Population Overview

4.1 Index of Multiple Deprivation (IMD)

In order to sharpen and clarify those components of social status that contribute most to the variance in inequalities in health, a number of indices have been developed (Tones and Tilford, 2001, pg 12).

The IMD was published by the Department of the Environment Transport and Regions (DETR). The report provides a range of information concerning levels of deprivation in a number of domains, these are combined to create an Index of Multi Deprivation (IMD) at ward level (Craven, Harrogate & Rural District, 2002). The combined figure produces a rank from one to 8,414 in accordance with the number of electoral wards in England. One represents the most deprived 8,414 is the least (Reilly and Eynon, 2003, pg 11). The domains which are scored are; **Income deprivation, Employment deprivation, Education, Skills &training deprivation, Geographical access to services, Housing deprivation.** However recent revision of the IMD has added a further domain to incorporate **Crime**.



All domains combined are responsible for calculating the individual wards within Stockton on Tees Teaching PCT's location IMD ranking. Within Stockton there are 11 wards out of a possible 30 which fall in the top 10% of the most deprived wards nationally equating to 40% of the total number, 13 wards fall within the top 10-50%, combined 83.3% of all wards with the Stockton area fall into the top 50% deprived wards nationally. It is also worth highlighting that of the 11 wards in the 10% most deprived, 7 are within the top 1% most deprived. The extent of deprivation is 35.2% which ranks Stockton at 79/481.

Below is a detailed breakdown of the borough of Stockton in relation to the index by which deprivation has been calculated, highlighted is each ward and its rank with England.

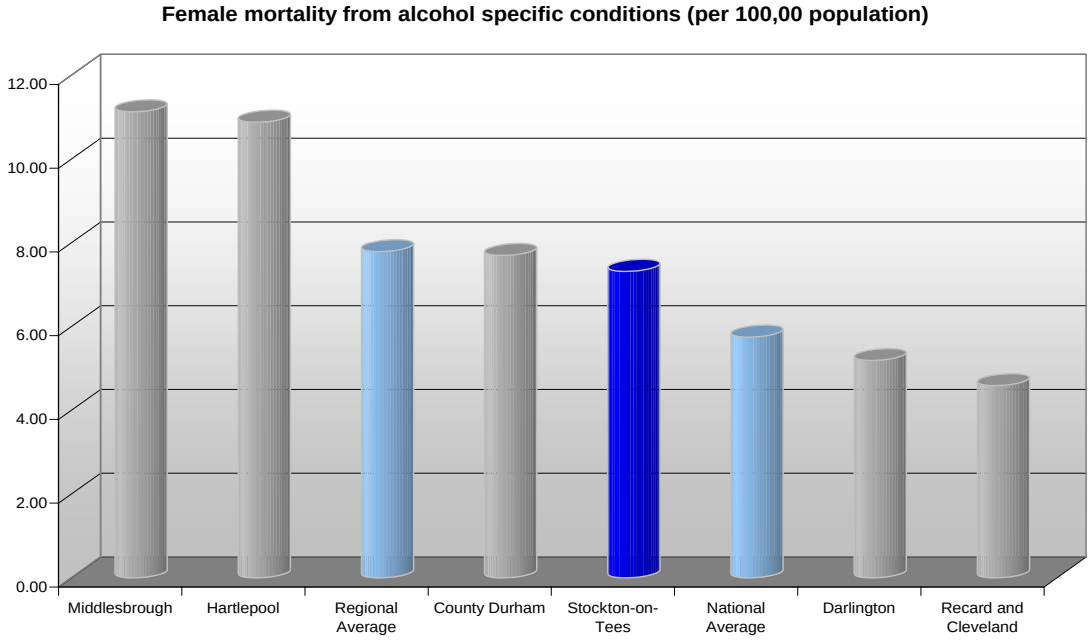
Ward Name	LA Name	Index of Multiple Deprivation national rank	IMD	Income	Employment	Health	Education	Child Poverty	Housing	Access	Total in red zone
Portrack and Tilery	Stockton-on-Tees	15									6
Hardwick	Stockton-on-Tees	112									6
Parkfield	Stockton-on-Tees	219									6
Newtown	Stockton-on-Tees	248									5
Roseworth	Stockton-on-Tees	394									5
Mile House	Stockton-on-Tees	529									6
Blue Hall	Stockton-on-Tees	670									4
Victoria	Stockton-on-Tees	703									5
Charltons	Stockton-on-Tees	707									4
Mandale	Stockton-on-Tees	724									5
Grange	Stockton-on-Tees	743									5
Stainsby	Stockton-on-Tees	961									4
St. Aidan's	Stockton-on-Tees	977									2
Village	Stockton-on-Tees	1317									2
Norton	Stockton-on-Tees	1817									0
St. Cuthbert's	Stockton-on-Tees	1826									0
Grangefield	Stockton-on-Tees	2223									0
Marsh House	Stockton-on-Tees	2965									0
Elm Tree	Stockton-on-Tees	3828									0
Glebe	Stockton-on-Tees	4102									0
Fairfield	Stockton-on-Tees	4403									0
Northfield	Stockton-on-Tees	4451									0
Preston	Stockton-on-Tees	4582									0
Bishopsgarth	Stockton-on-Tees	4674									0
Whitton	Stockton-on-Tees	4768									0
Hartburn	Stockton-on-Tees	6055									0
Wolviston	Stockton-on-Tees	6723									0
Yarm	Stockton-on-Tees	6896									0
Egglescliffe	Stockton-on-Tees	6906									0
Ingleby Barwick	Stockton-on-Tees	7936									0
Actual number of wards in red zone			11	12	14	12	3	12	1	0	65
Expected number of wards in red zone			3	3	3	3	3	3	3	3	24
Excess' number of wards in red zone			8	9	11	9	0	9	0	0	41

Key for both pages

- Among the 10% most deprived wards nationally
- Among the 10% - 50% most deprived wards nationally
- All others

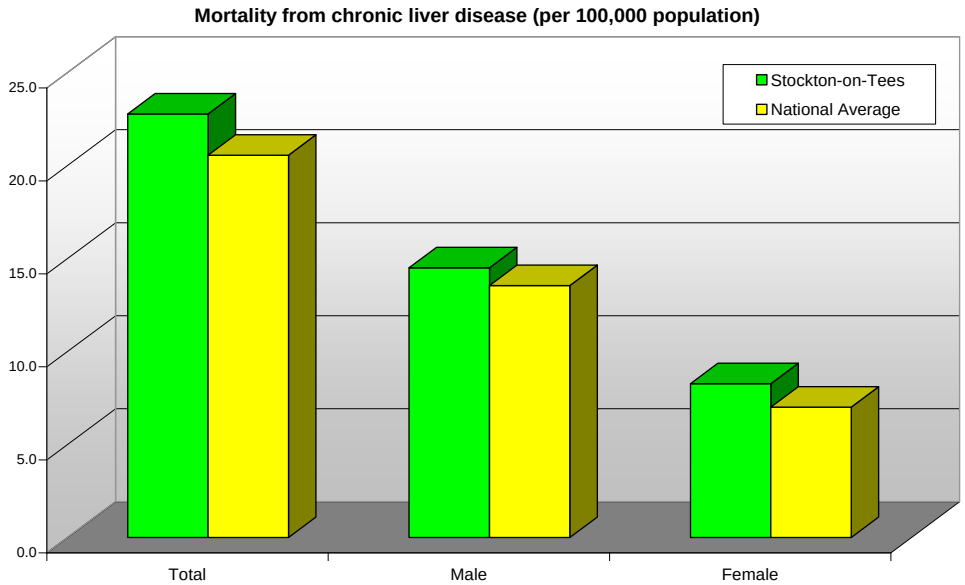
When considering the above in relation to alcohol it should be identified that nationally deaths caused by alcohol consumption have doubled in the past two decades, with more people becoming ill and dying younger. Drinking over the sensible drinking guidelines is more common in areas of high deprivation with Department of Health analysis indicating that alcohol related death rates are about 45% higher in areas of high deprivation.

Alcohol related deaths



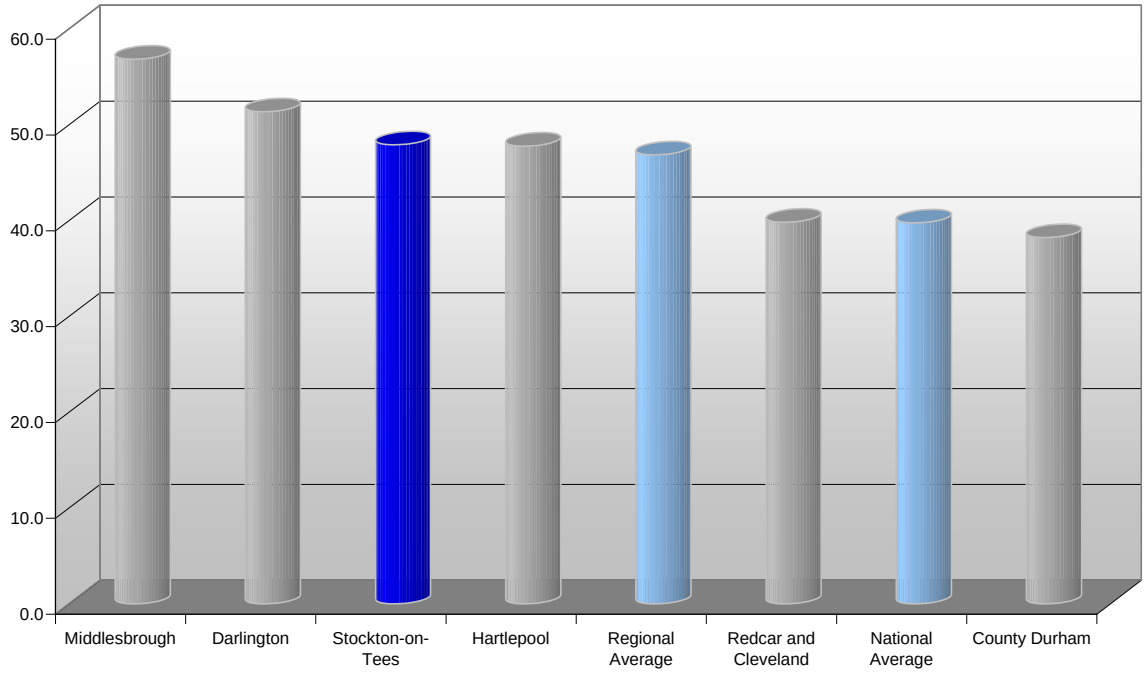
As the above graph indicates, the Stockton-on-Tees Teaching PCT experiences 27% more female deaths from alcohol specific conditions (per 100,000 population) than the national average. In comparison to other localities such as Darlington and Redcar and Cleveland, the elevated levels of mortality rates from alcohol specific conditions are as much as 41% and 59% respectively.

The following graph also gives an indication as to the increased numbers of deaths the Stockton-on-Tees area suffers from chronic liver disease, in comparison to the nation as a whole. In particular Stockton-on-Tees has 7% more male deaths (per 100,000) from chronic liver disease than the national average, and in total the region has 11% more deaths from this condition. Perhaps most worryingly of all however is the fact that the Stockton-on-Tees area experiences 18% more female deaths from chronic liver disease than the national average.



Finally, It is estimated that approximately 70% more men than women die from directly alcohol-related causes, locally this trend is observed, Stockton-on-Tees again suffers 12% more deaths than the national average. Of particular concern in this respect is that male deaths from alcohol-attributable conditions they are not only higher than the regional average, but are 21% higher than the nation as a whole.

Male mortality from alcohol-attributable conditions (per 100,000 population)



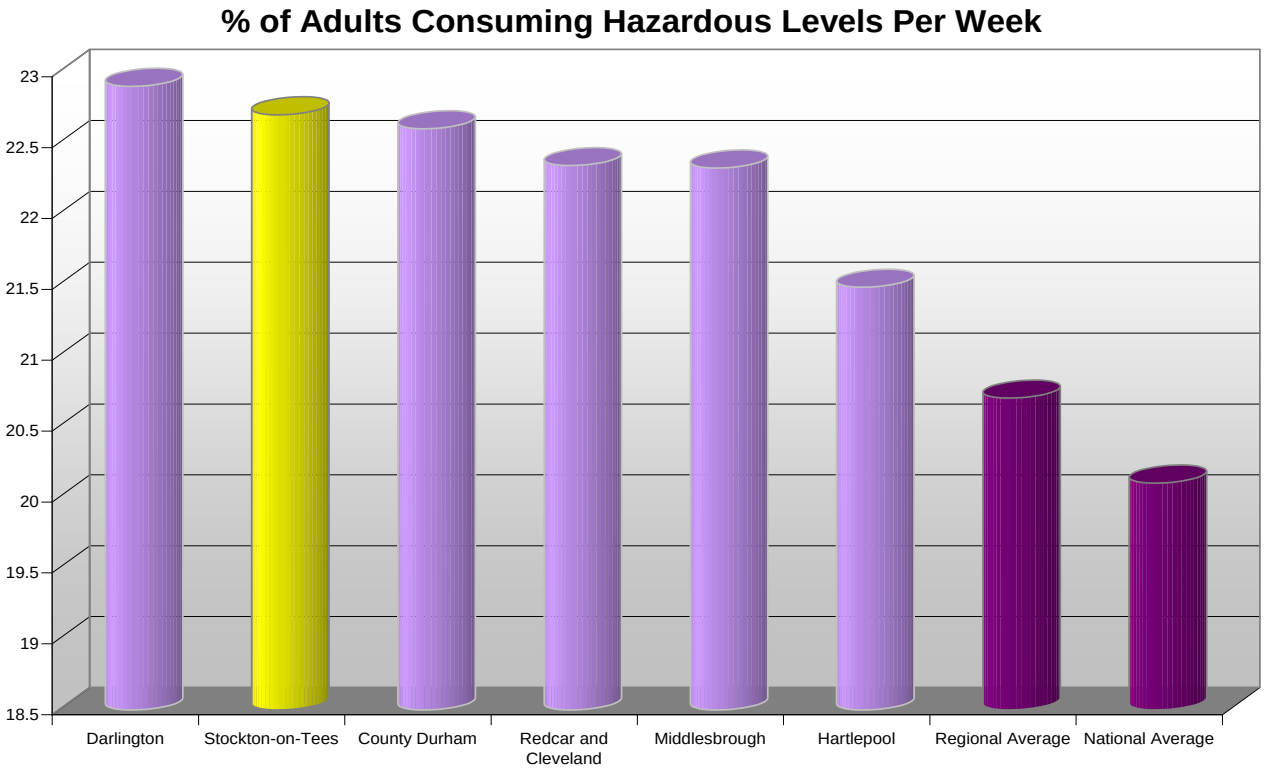
4.2 Population Size

Stockton-On-Tees is 204sq km in size with a population of 187,100, 36,900 of which are under the age of 16yrs, with residents residing in 79,900 households. The population has risen by 6.8% since the 1991 census, this is compared to the North East average of a 2.2% fall. Within the population in the 2006 census there were 117,300 people who were of working age and 33,000 who were identified as being of retirement age.

4.3 Estimating the Size of the Drinking Population

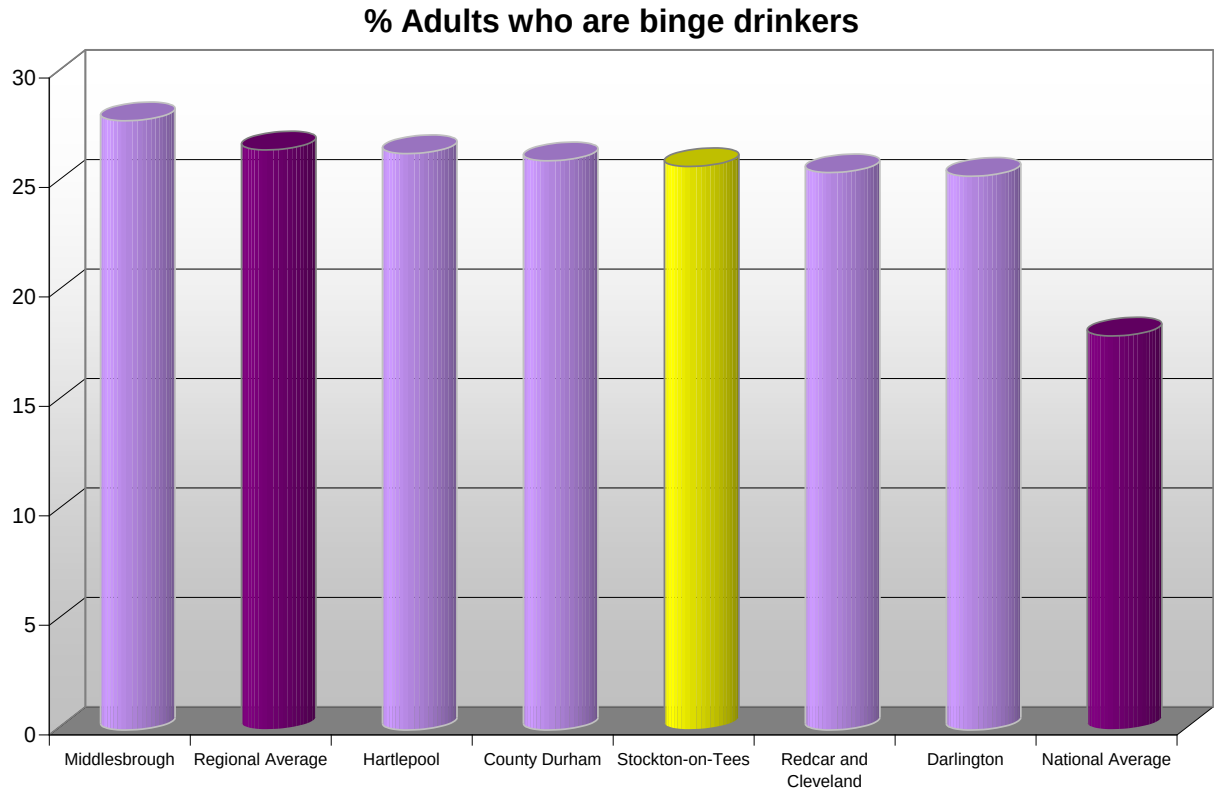
Prior to presenting the estimated population size it is important to define the categories which exist for providing a classification. There are five main categories as follows:-

Sensible drinking is drinking in a way that is unlikely to cause yourself or others significant risk of harm. The recommended daily consumption for a women is not to drink regularly more than between 2-3units of alcohol and for a man between 3-4units. Women who are pregnant or trying to conceive should avoid alcohol.

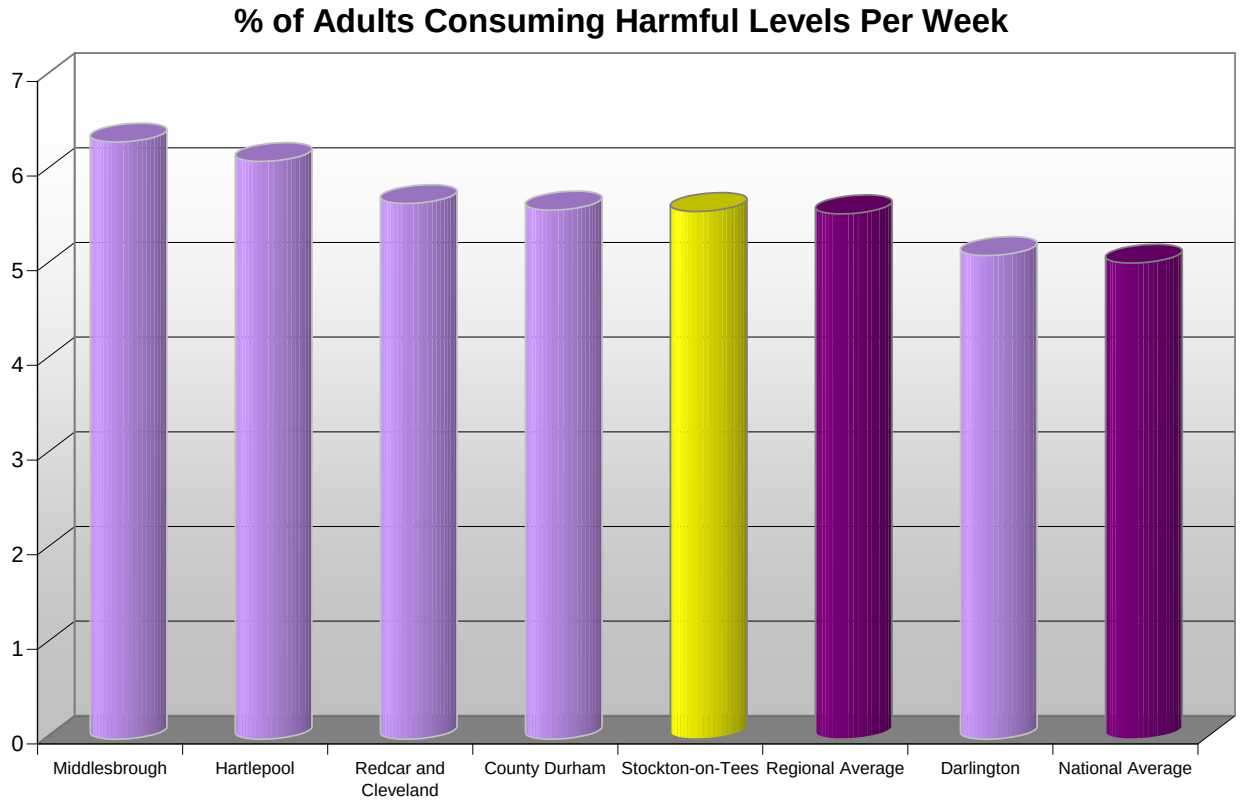


Hazardous drinking is applied to anyone drinking over the recommended limits within a week (21units a week for a man and 14units for women). Stockton is identified as having the highest population within the Tees Valley of people drinking at hazardous levels, and is the third highest within the North East Region.

Binge drinking is also considered within the hazardous drinking category and is defined as men who consume in excess of 8 units a day and women consuming 6 units. It should be noted that although some people may not exceed what is recommended within a period of a week they are still exposing themselves to increased risk in both the short and longer term. Although we fall third within the Tees Valley for binge drinking we are thirteenth out of a possible twenty-three within the region, in a region which is amongst the highest rates within the country. During an on-line survey carried out across the Tees Valley it was identified that nearly half of the individuals who responded from Stockton consumed between 3-6 drinks on one occasion, thus the actual number highlighted may be underestimated.



Harmful drinking is relating to people drinking over medically recommended levels, and is likely to be drinking at higher levels than those drinking hazardously. Drinking in this manner will lead to significant harm to physical and mental health and may also be causing substantial harm to others. Harmful drinking is classified as men drinking more than 50 units of alcohol a week and women more than 35 units. Again, although we appear within the Tees valley to have the least number of harmful drinkers, within the region we are tenth out of twenty-three.



Dependent drinking is drinking which is associated with an established moderate or severe level of dependence on alcohol. People who have dependence will usually experience problems which are related to their alcohol intake. Individuals with dependence are more likely to present at specialist statutory or non-statutory substance misuse services for help with their dependence and/or because of the associated health, interpersonal and social problems their dependence has caused. Depending on the level of consumption of these individuals they may be considered as moderately or severely dependant or dependant with complex problems. The latter can be associated with co-existing drug misuse problems, mental health problems, learning disabilities, people with housing and or social problems and/or victims and/or perpetrators of domestic violence. At present we are unable to demonstrate our rank in relation to the dependant drinking population as we were unable to locate any data which identified this.

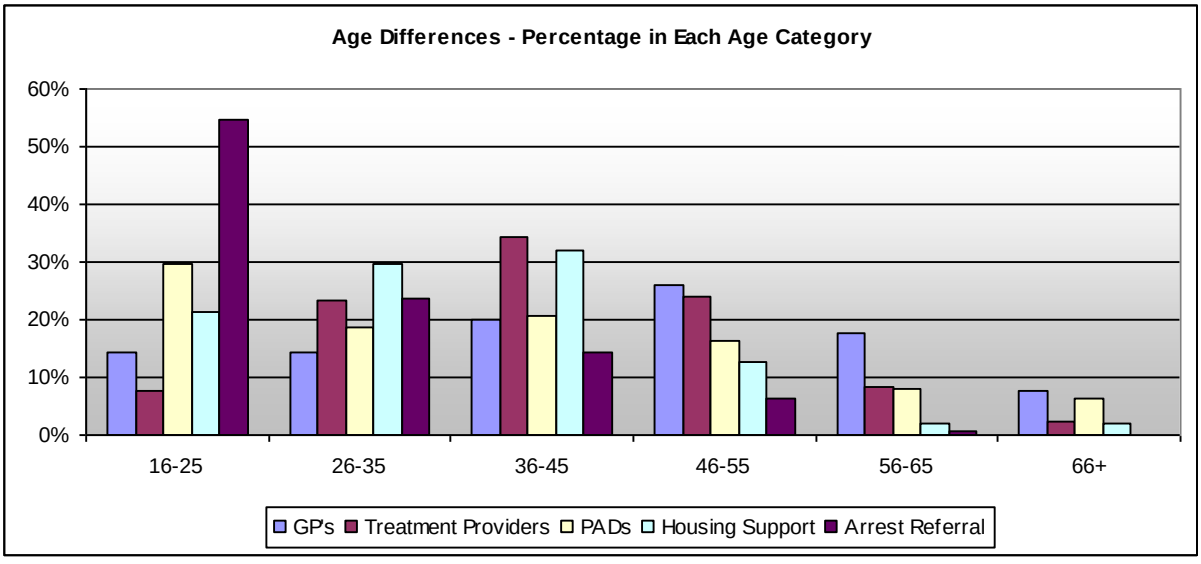
Having outlined the above numbers per 100,000 population it is important to put it into context in relation to estimated actual numbers of individuals there are within each category, thus the potential numbers to treat locally. It is calculated that within Stockton there are 28,000 people consuming alcohol at hazardous levels, 11,000 consuming at harmful levels and 4,000 who are either physically and/or psychologically dependent upon alcohol thus consuming at this level.

The remainder of this document will focus upon and present the data analysis which has been carried out.

5 Demographics

5.1 Age

The chart below shows the percentage of individuals identified with alcohol issues from local data sets falling into different age categories.



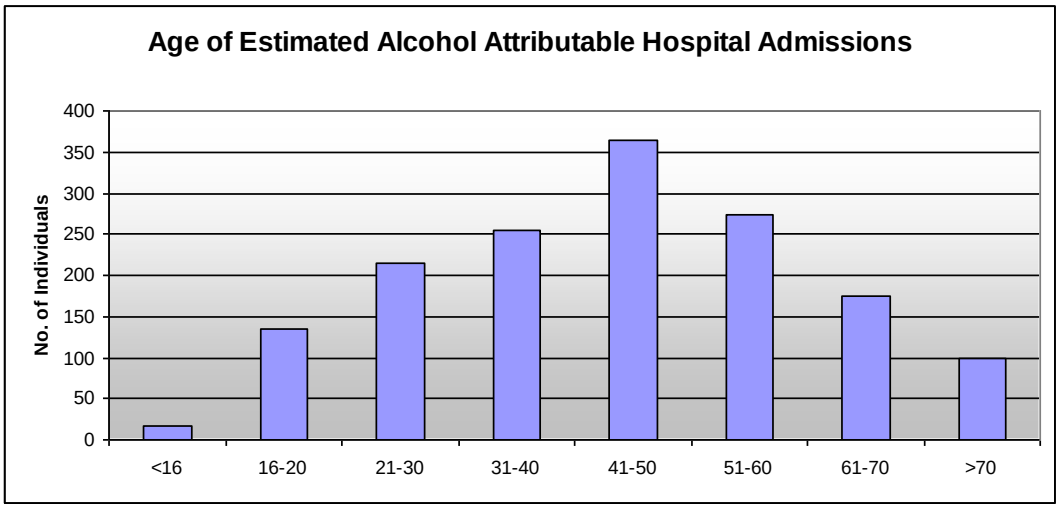
One of the things this shows is that alcohol is something that affects people of all ages, rather than being something that primarily causes problems for a particular age group.

From the chart it can be seen that out of all the data sets Arrest Referral, based within Police custody, is seeing the highest proportion of younger adults, with 55% of those coming through the project being 25 or under. The Primary Alcohol and Drugs Service (PADS) based in the University Hospital of North Tees is also seeing a lot of younger adults, with 30% of their referrals being for individuals aged 25 and under.

However, this service also had referrals for almost a hundred people over the age of 65 during the year, and similarly almost 50 over 65's were identified in the GP data sample.

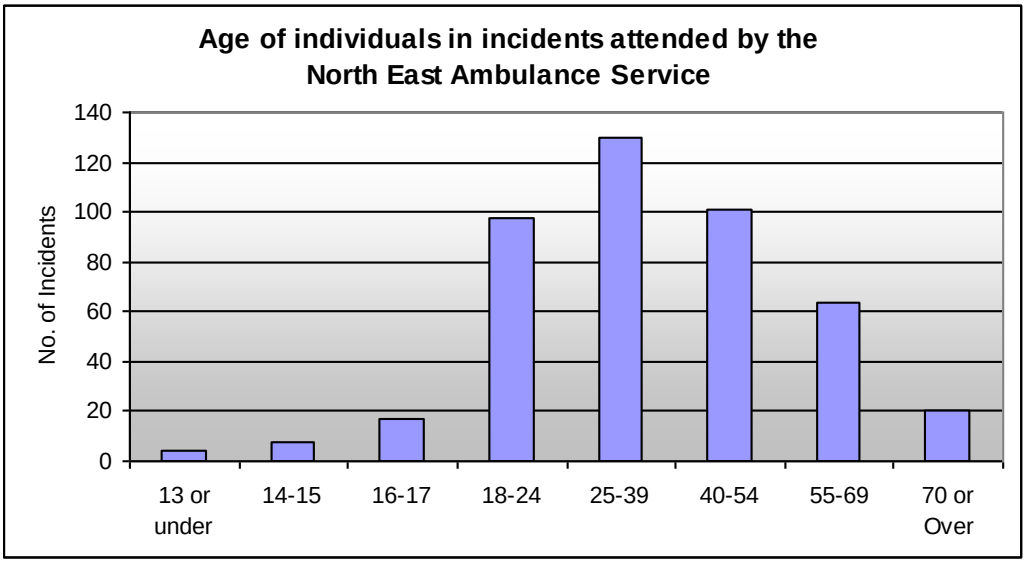
The most common age group for individuals attending tier 3 treatment services was between the ages of 36 and 45, with few 16-25's engaging in services. There may therefore be a need to try to engage younger adults in treatment to help address their alcohol use earlier.

As described in section six estimates have been calculated for the number of hospital admissions attributable to alcohol. This information is broken down into age categories, as shown in the chart below.



This shows that there are hospital admissions relating to alcohol across a very wide range of ages, including around one hundred admissions for those over the age of 70. The peak age for hospital admissions relating to alcohol appears to be between the ages of 41 and 50. This highlights the notion that alcohol impacts upon all ages, thus services need to be responsive to this.

The chart below shows information on the breakdown of ages of those involved in incidents attended by the North East Ambulance Service in Stockton.



It similarly shows a spread of age's right through from a handful of incidents involving under 14 year olds, to a number of incidents involving individuals over 70 years old. However the peak age is younger than that of the hospital admissions at between 25 and 39. It may be that the ambulance service is seeing individuals at a slightly earlier stage in their drinking problems, and therefore if appropriate referrals are made to the PADs service, there may be opportunity for early interventions and reducing future harm; this is an opinion which was echoed at the consultation events which formed part of the needs assessment process.

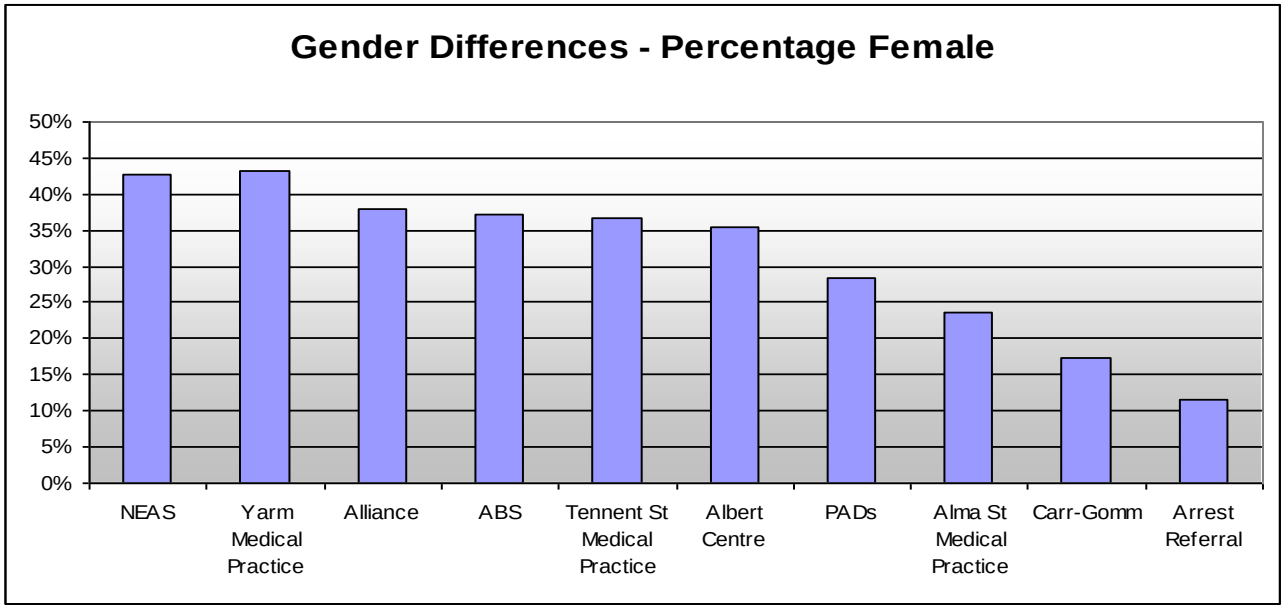
Further evidence of high levels of drinking amongst young adults comes from the criminal justice system. Almost half of those on the probation caseload that were classified as excessive drinkers were young males aged 18-24, and the majority of Anti-Social Behaviour Forms (AS 13 Forms) issued for alcohol related incidents were issued to young people under the age of 18.

Given the range of ages affected by alcohol highlighted in this section it will be important that the strategy includes actions to identify and deal with alcohol issues across different age groups. It will also be important to maximize the opportunity of offering early interventions with services that are in contact with the younger age groups. During the consultation process it was highlighted that the workforce who work primarily with young people had a varying degree of skills in relation to identification and subsequent addressing of young peoples alcohol use. It should also be highlighted that in relation to young people who are in treatment and transitioning from the young person substance misuse service into adult services do not have a clear or supported pathway of transition this needs to be addressed.

5.2 Gender

Local data suggests that in general a higher percentage of those being identified with alcohol issues are male than female, with all the datasets showing a higher proportion of males than females, this is a pattern which is mirrored both regionally and nationally.

However the proportion of females does vary between data sets, as shown by the chart below.



The proportion of females in the tier three treatment services ranged from between 35% at the Albert Centre to 38% at Alliance. The proportion of females across the GPs in the data sample varied more considerably, from just 24% of those identified at Alma Street Practice being

female, to 43% of those identified at Yarm Medical Practice. The dataset with the lowest proportion of females was the Alcohol Arrest Referral project, and it is common amongst criminal justice data sets for there to be a greater proportion of males than females.

The dataset with the highest proportion of females was the ambulance service data with 43% of incidents attended involving females. Despite this high percentage of females seen by the ambulance service, only 28% of referrals to the PAD service within the hospital were females. It may be worth exploring what activities could be undertaken to increase the identification and referral of females with alcohol problems to services, both within the hospital, to tier 3 treatment services, and within General Practice. Due to the fact that the ambulance service has the highest percentage of female incidents and encounters the majority of young people who have used alcohol prior to there incident, it is imperative that the ambulance service are aware of services to refer into, but also are able to assess level of dependence.

5.3 Ethnicity

Where data was made available on ethnicity, almost all individuals were recorded as being White British, with only a handful of BME individuals identified. There is a need to improve the capture of information around ethnicity, and also to engage with groups that are in contact with BME communities within Stockton to widen the levels of access to alcohol services to those from a range of ethnic backgrounds. Accurate and consistent recording of data was a theme which was continually highlighted within the consultation events; ethnicity formed an element of this. In relation to accessing BME communities to promote and ensure services are available within these communities there are a number of existing initiatives which could be explored to deliver these messages and collect feedback, one such project would be the utilisation of the health trainer service.

5.4 Housing

A range of local housing providers / housing support services identified people using their services that have alcohol issues (further details in section six). In addition almost 10% of those in treatment with the Addictive Behaviour Service were recorded as having a housing problem. This demonstrates a link between excessive drinking and housing difficulties, and therefore it is important that there is close working between housing services and alcohol treatment providers to ensure that housing needs can be met, and that appropriate identification and referrals can be made.

5.5 Employment

The local datasets provide a clear indication of the link between excessive alcohol use and employment issues, with many of those identified being unemployed and claiming benefits. Locally it is identified that 140/100,000 are claiming benefit due to alcohol dependence.

Almost all the clients identified by the accommodation providers / support services were unemployed. All of the clients identified with alcohol issues using Stockton Tenancy Support between October 2007 and September 2008 were recorded as having an employment status of long-term sick. None of those in Community Campus supported housing were currently active in employment. All individuals resident in Bridge House Hostel were unemployed and only one of the individuals receiving support from Carr- Gomm was employed, with the majority (70%) on incapacity benefit.

Data from Probation also highlights the link between excessive drinking and unemployment, with the ten month data set showing that when excessive drinkers were compared with other individuals on the Probation caseload they were:

- more likely to be unemployed
- less likely to be in full time employment
- more likely to rely on state benefits as a form of income
- more likely to have no income source at all
- most likely to be in short term transient accommodation or of no fixed abode.

Unemployment is also a considerable issue for those in tier three alcohol treatment services. Where employment status was recorded 67% of those in the Addictive Behaviours Service (ABS) were recorded as unemployed, and 65% of those in the Albert Centre were recorded as unemployed. Of those in Alliance only 15% were recorded as being in employment or in full time education.

Of those passing through the Alcohol Arrest Referral over half were recorded as being unemployed.

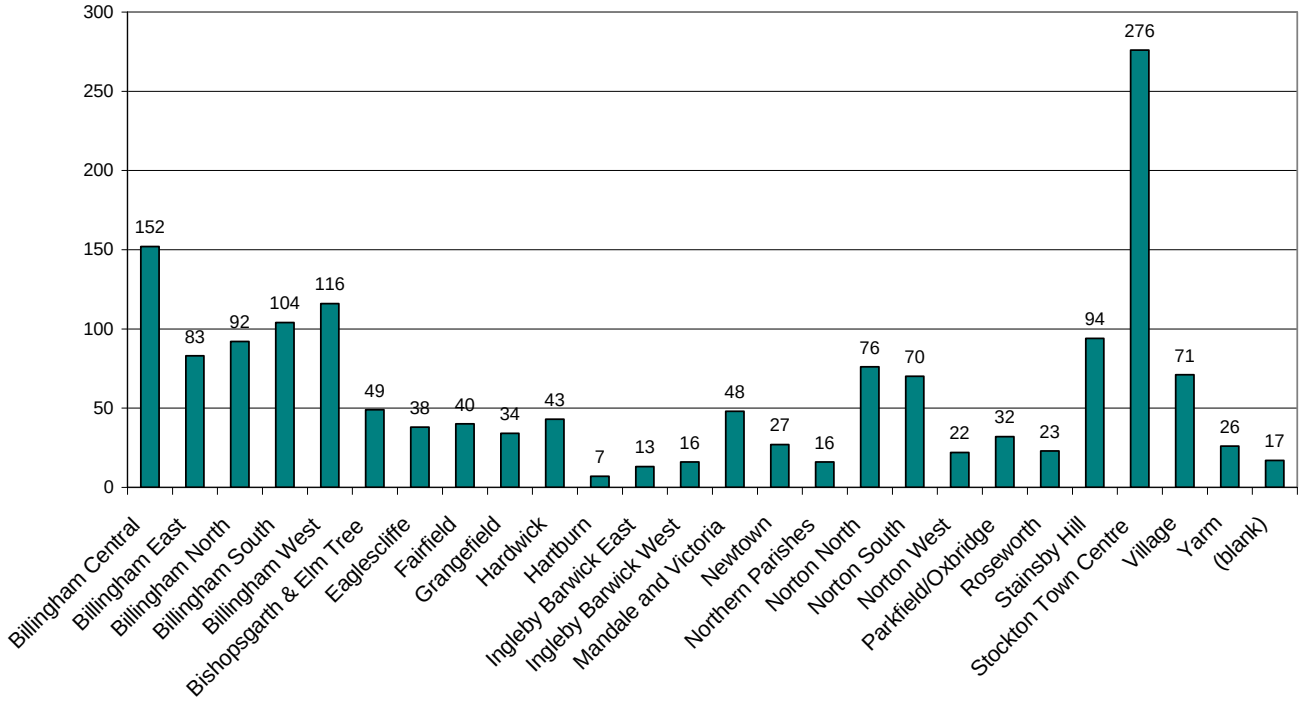
Given this strong evidence it will be important that links are made with employment services, and that treatment services have a remit around getting people back into training and employment. The lack of links into employment/training was identified by service users, carers and stakeholders as a real gap. Service users felt that having an opportunity to be involved with positive activities would support abstinence. Thus exploration of pathways into training/employment is essential.

5.6 Localities

Information on localities linked to high levels of drinking was only available for a few of the data sets.

Locations where anti-social behaviour forms (AS13 forms) were most commonly issued were Stockton Town Centre and Billingham Central. Similarly 78% of directions to leave issued by the Police were issued in Stockton Town centre, with particular repeat locations being the High Street, Yarm Lane, Parish Gardens and Trinity Gardens. With regard to violent offences once again the most common locations were within Stockton Town Centre.

Ward where AS 13 form was issued for alcohol related ASB



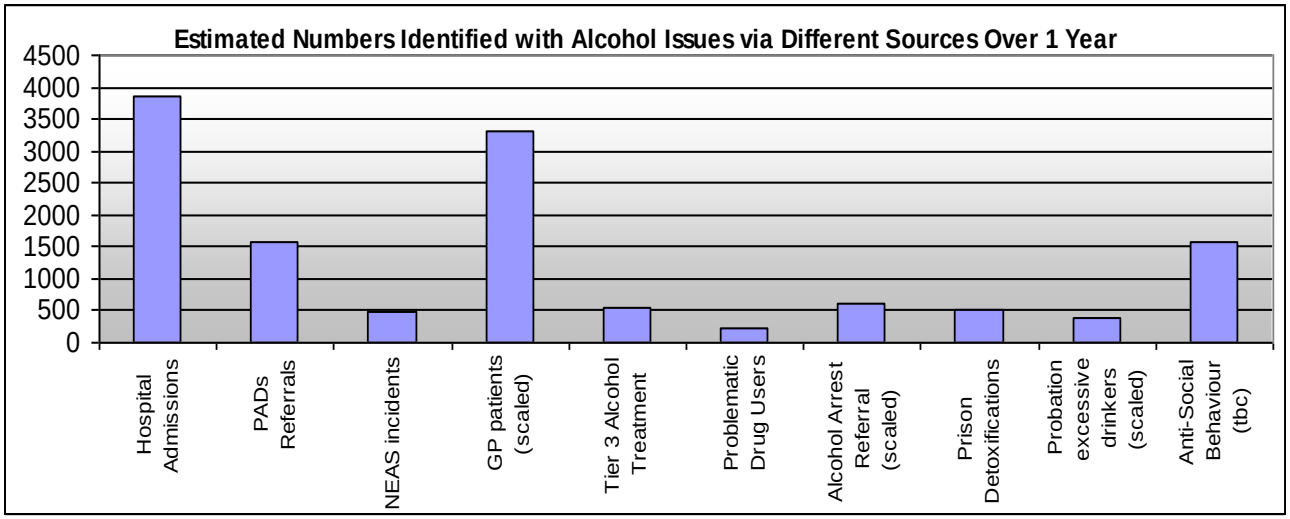
Regarding domestic violence offences the locations were more wide spread, although Stockton Town Centre ward was still the top ward with 15% of offences. This was followed by Newtown (9%), Norton South (8%) and Mandale and Victoria (7%).

For those in treatment with the Addictive Behaviours Service part postcode data indicates that the top areas in which they live are Norton South, Parkfield and Oxbridge, Newtown, Billingham North, Hardwick, Stainsby Hill and Stockton Town Centre.

6 Local Data on Numbers Affected by Alcohol

The following sections provide information on Stockton individuals identified from local data sources as being affected by alcohol. The estimated number of people affected by alcohol was identified in section four the section below is numbers actually accessing services.

The chart below provides a summary of some of the larger numbers identified. Where figures were not available for a full 12 months, they have been scaled up to provide a more comparable picture, however these are only estimates. It is not possible to simply add up the different numbers to give a total number of people affected by alcohol within Stockton, given both the different definitions used for different data sets, and individuals may feature in more than one data set.



This chart highlights the fact that many different organisations / providers are coming into contact with large numbers of individuals who have alcohol issues. It is therefore clear that all partners have a key role to play in undertaking activities to reduce the harm caused by alcohol in the Borough of Stockton.

Different data sources use different definitions of levels of drinking for those they've identified, different time periods and some count people as they pass through a process, and therefore if an individual passes through on more than one occasion, they may be counted twice on the figures. However, despite these caveats, all of these data sets provide some insight into the prevalence of very high levels of drinking within Stockton, with individuals being identified across a wide range of sources, whether it is health, housing, treatment, or criminal justice.

Steps that could be taken to improve the ability to identify actual numbers affected by alcohol, and the level of overlap between different services, include the increased use of the AUDIT tool, so that everyone is using the same yardstick for identifying levels of use, and also the improved

capturing, and sharing of information, including where possible the sharing of unique identifiers (initials and DOB or NHS numbers) for the purpose of such analysis.

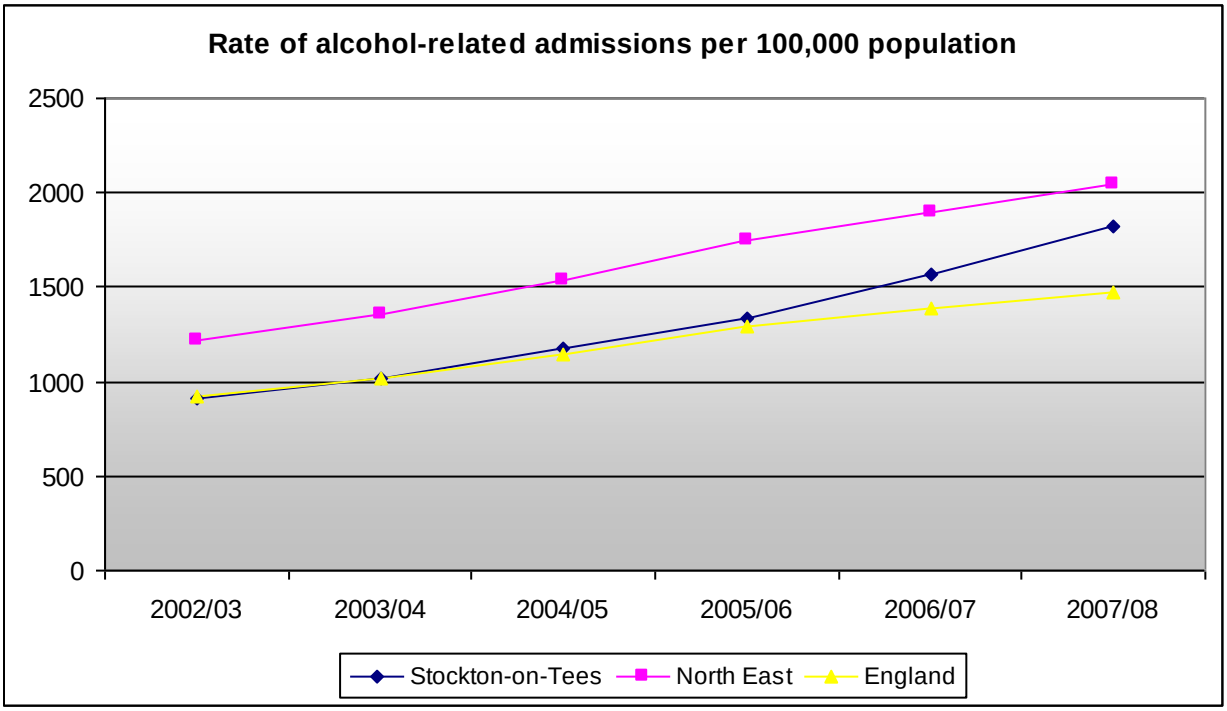
A separate section five explores the demographics of the individuals identified within this section.

6.1 Hospital Admissions

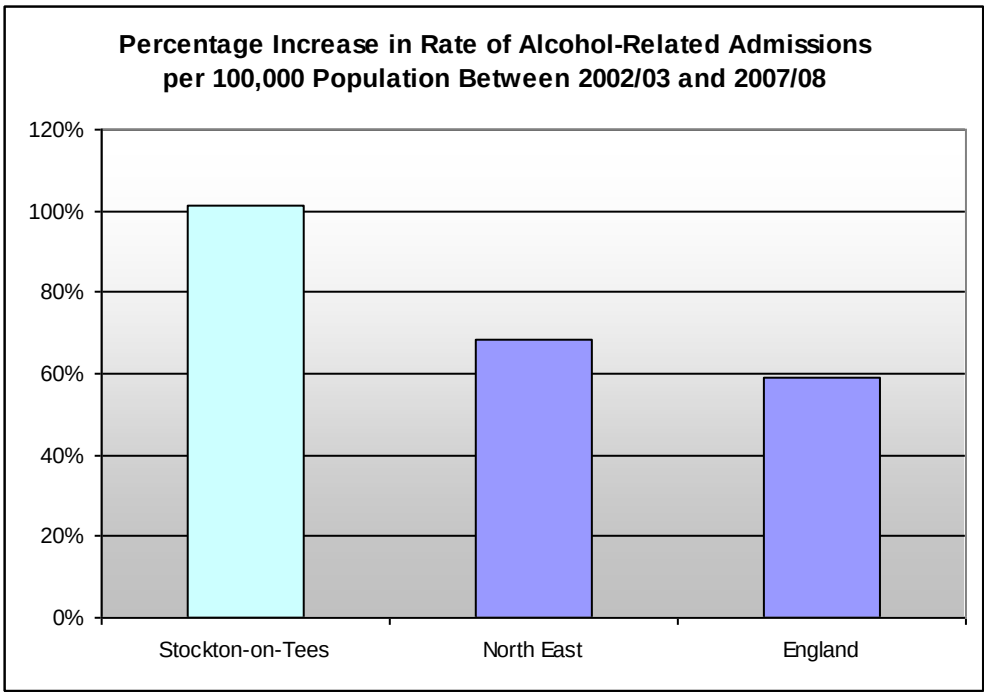
National Indicator 39 and Vital Signs Indicator VSC26 measure the level of hospital admissions for alcohol related harm. The calculation for the level of hospital admissions is based on a methodology developed by the North West Public Health Observatory which includes a wide range of diseases and injuries in which alcohol plays a part and estimates the proportion of cases that are attributable to the consumption of alcohol.

The rates have been standardised using the European age profile, and are derived from the Hospital Episode Statistics (HES).

The graph below provides a comparison between national, regional and local data on the rate of hospital admissions for alcohol-related harm for every 100,000 members of the population, between 2002/03 and 2007/08.

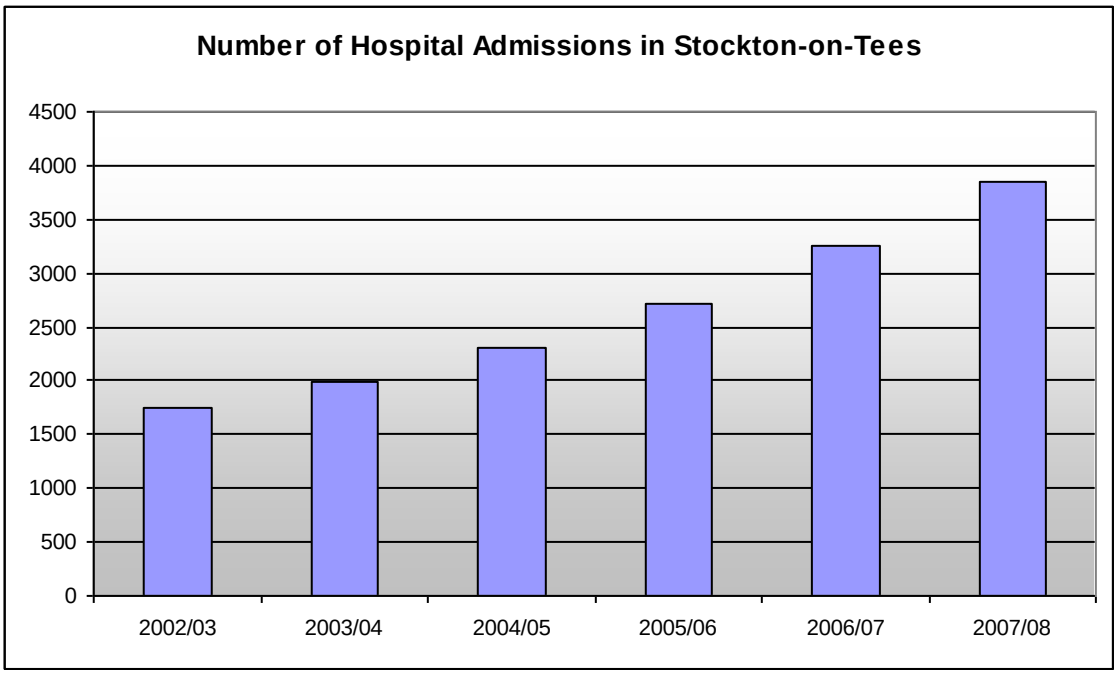


The graph shows that the 2007/08 rate of hospital admissions in Stockton is higher than the national average, but lower than the average across the North East. However, it also shows a worrying increasing trend in Stockton, particularly over the last two of years. This is highlighted further by the chart below, which shows the percentage increase over a five year period.



Whilst the rate of alcohol-related admissions has increased substantially over the past five years in the North East and England (68% and 59% respectively), the increase in Stockton has been much higher, with the rate of admissions more than doubling.

The most recent figure available for the number of hospital admissions in Stockton-on-Tees is for 2007/08, which shows that there were 3852 admissions due to alcohol related harm in that year. The graph below shows how much that number has been increasing over the past five years, and we can assume that the trend will continue, unless community based services are able to respond to the needs outlined within this document.

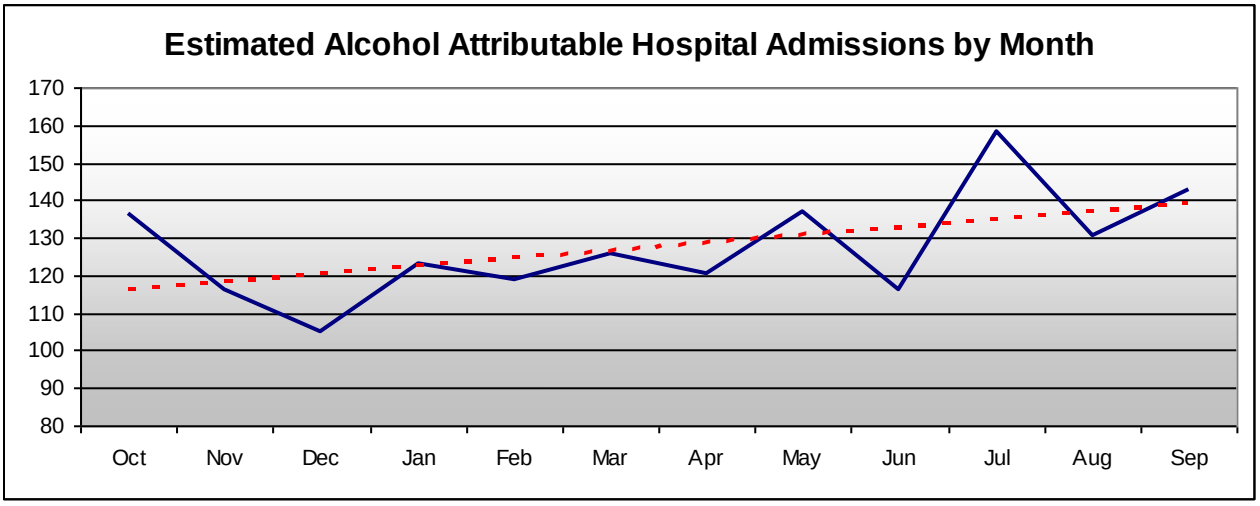


Local data has also been provided by Tees P.C.T's that estimates the proportion of patients whose admission to the University Hospital of North Tees was alcohol attributable (calculated by applying alcohol attributable fractions to ICD10 codes). The data is for the period October 2007 to September 2008, and only includes cases where there was a minimum of a 40% chance of the admission being attributable to alcohol.

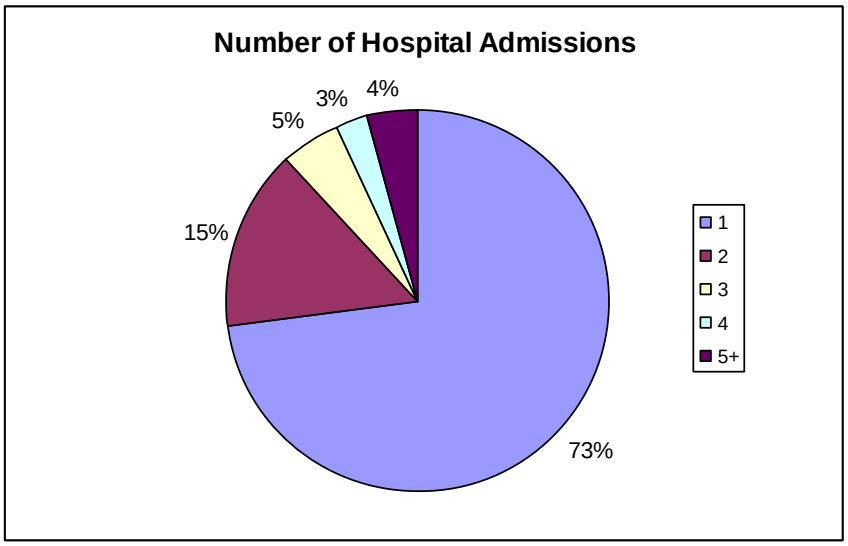
This information has then be used to estimate that over 1500 hospital admissions during the twelve month period were attributable to alcohol. However this is a lower estimate, as it does not include those cases which had a less than 40% chance of being attributable to alcohol, and anecdotally there is thought to be under reporting of alcohol related issues.

These 1500 hospital admissions relate to a cost of over £1.8 million per annum, which once again is likely to be a low estimate on the full cost for the reasons given above.

The chart below shows the number of alcohol attributable admissions each month, and the trend line (dotted line) does suggest that the number is increasing.



When looking at all individuals who had at least a 40% chance of their admission being alcohol attributable, over a quarter of these individuals had been admitted to hospital on multiple occasions during the year. The chart below shows percentage of patients admitted on different frequencies.



This data included twelve individuals who were admitted 10 or more times over the year, with one individual being admitted 46 times. A potential suggestion for trying to prevent the prevalence of repeated admissions would be to identify the individuals and target them through an assertive outreach approach, in an attempt to engage them in community based services.

6.2 Chlordiazepoxide Prescriptions

Data provided by the University Hospital of North Tees shows that between April 2008 and March 2009 chlordiazepoxide was prescribed on 295 occasions. Chlordiazepoxide has been identified as a marker for alcohol admissions as its primary use is for the detoxification of individuals who are physically dependant upon alcohol and are displaying withdrawal symptoms. In total 221 individuals received these prescriptions, with 50 individuals receiving a prescription on more than one occasion.

The total cost of these prescriptions over the year was less than £400, however Stockton on Tees Teaching PCT has linked these prescriptions to inpatient stays, and where linked inpatient stays were found, the associated cost of these stays was estimated at £434,000. Inpatient stays were identified for 158 individuals, with 23 individuals having more than one inpatient stay during the year. This cost has been highlighted as during the period where this data was collected there was no tier four treatment provision (residential detoxification) for individuals with a physical dependence to alcohol, thus it could be suggested that an emergency admission has been inappropriately utilised to provide this intervention at varying financial costs to the Primary Care Trust. This cost could potentially be managed through the appropriate investment in Tier 4 services. The lack of Tier 4 provision was raised as a concern within all consultation events, highlighting particularly that people who live alone are unable to receive detoxification within the community because of the potential related risks.

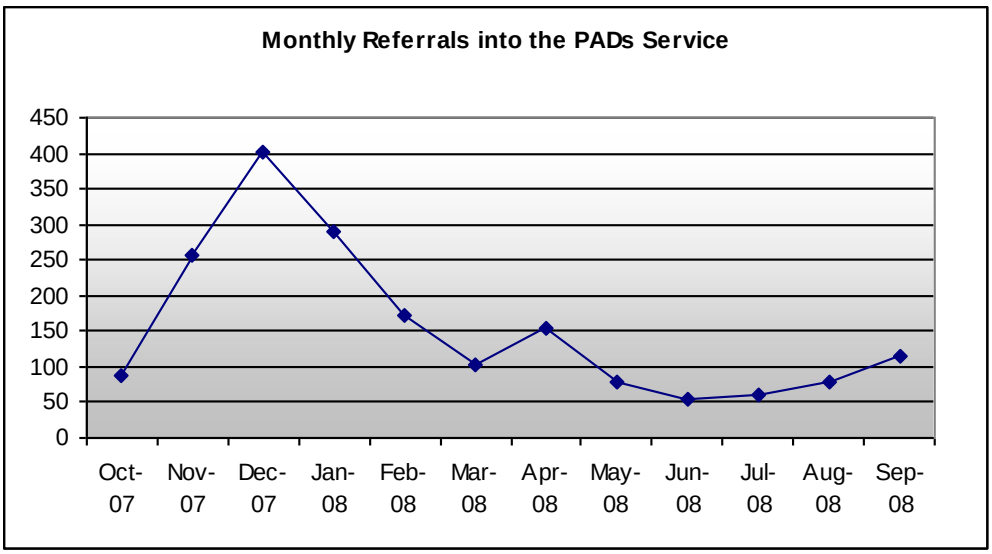
The above information accounts for around 25% of individuals receiving chlordiazipoxide from secondary care, the remaining 75% is not traceable as it is given to patients from stock which is held on individual wards. In a crude attempt to demonstrate the number of individuals whom the 75% would equate to the P.A.D's service conducted a short audit. They collected data from wards on those who had been admitted to hospital and also been prescribed the above drug over the month of May 2009. During this period a total of 32 individuals were prescribed chlordiazepoxide, two thirds of which were male with ages ranging from 20-81years. The most common age group to receive treatment during this time was the 26-35years, followed by 36-45years. Length of stay ranged between 1-27days with 1-2days being the most common, 75% of the individuals were admitted for a week or less. Having looked at this information there is a number of things to consider, the first being the high numbers within one month and the potential that these numbers could be duplicated across the year, thus a potential of 384 people requiring this emergency intervention per annum. The other important point to highlight is the most common age group requiring a detoxification is the 26-35year old, yet the numbers of this age group accessing Tier three is quite low with 36-45years being the most frequent being observed in these services. Therefore work needs to be undertaken to try and engage better with this younger age group as they are drinking at dependant levels but not requesting or accessing support interventions.

6.3 Primary Alcohol and Drugs Service

Between October 2007 and September 2008 there were just less than 1800 referrals to the Primary Alcohol and Drugs (PADs) Service based within the University Hospital of North Tees for alcohol use.

These referrals related to 1583 individuals, as 128 individuals were referred to the service on multiple occasions.

The table below shows the monthly referrals to the PADs service:

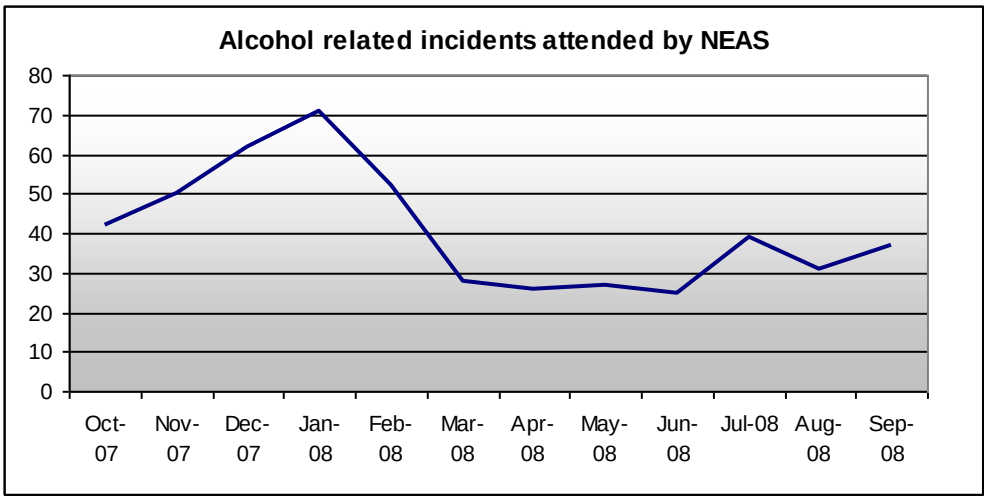


The large peak in referrals of 400 in December 2007 coincides with a pilot that was being run within A&E of using the AUDIT tool for identifying individuals with alcohol problems. This pilot wasn't continued, as it was felt to be too resource intensive. However, the huge increase in referral numbers when this pilot was in place highlights the potential for early identification and referral via A&E. It may be worth exploring further the barriers to this pilot being rolled out and exploring further the use of the AUDIT tool in A&E. This is particularly pertinent as Stockton has a large population of individuals consuming hazardous levels of alcohol as outlined in section four. Increasing the opportunity for identification of these individuals and subsequent provision of brief intervention will have an impact upon the number of those individuals who deteriorate and consume at harmful levels.

Since June 2008 the numbers have been increasing again on a month by month basis, which is likely to be a result of the changes made to the PADs service to increase referrals received from different areas within the hospital.

6.4 North East Ambulance Service

Over the year from October 2007 to September 2008 the North East Ambulance Service (NEAS) attended 490 alcohol-related incidents in the Borough of Stockton. The chart below shows the month-by month picture:

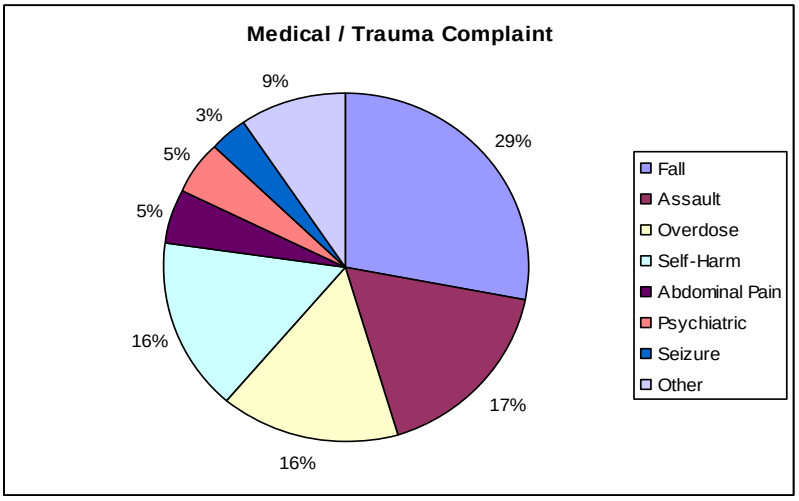


This shows a steady month on month increase in incidents between October and January, with numbers peaking at 71 incidents in January 2008, then falling to a steady rate of just under thirty incidents per month between March and June, before numbers started to creep up again. It may therefore be worth looking into whether targeted action needs to be done around December and the New Year, to try and minimise harm, and ensure individuals are being provided with relevant brief interventions and onward referrals at every opportunity.

Where the ambulance service attended incidents in Stockton and individuals were then admitted to hospital, 80% were admitted to the University Hospital of North Tees. A further 15% were admitted to James Cook and 4% to the University Hospital of Hartlepool. There are Primary Alcohol and Drugs services operating in both of these hospitals, therefore it will be important to ensure they have the appropriate information to be able to refer Stockton residents on into Stockton treatment services.

There were also 134 individuals who did not go to hospital following the attendance by NEAS. It would therefore be worth exploring the possibility of NEAS staff delivering brief interventions, and being able to make referrals into local services.

The most common medical / trauma complaint recorded for these incidents attended by NEAS was a fall, followed by assault, overdose and self-harm. Through the identification of common causes of admission there is an opportunity for some partnership working, adopting a targeted approach to both prevention and promotion around peak times for admission. This information also highlights falls as a key cause for admission, with assault and mental health being exposed as the next reasons; this provides an opportunity to work with service providers within these fields to ensure alcohol use is addressed. This may also impact upon the number of individuals being repeatedly admitted.



6.5 General Practice

Three General Practices provided information on the number of individuals in their practice for whom alcohol had been identified as an issue.

The data they provided included both dependent and non-dependent drinkers, in relation to this particular data the definition for the latter is as follows, dependant is people who have a physical dependence to alcohol, thus would experience withdrawal symptoms if they were to cease their consumption. Non-dependant is associated with those who experience illness/complications as a result of their alcohol consumption but are not yet displaying a physical dependence. A total of 602 individuals were identified ranging from 95 individuals identified in one practice to 275 in another.

This represents 1.7% of the population of these three practices. If a similar proportion of individuals were identified across other GPs in Stockton then this would lead to the identification of around 3300 individuals, however if the proportion were similar to the practice that had identified 2.5% of their patients as having an alcohol problem, then this would be around 4750 individuals. It should be highlighted that during an on-line survey it was identified that a person's GP is one of the top places where people of Stockton would most likely go to get advice around alcohol.

We need to ensure that data can be collected from all GPs to provide a more accurate figure on the number identified with alcohol problems across GPs. Data collection and setting clear measurable objectives were identified a number of times within the consultation events as requiring action.

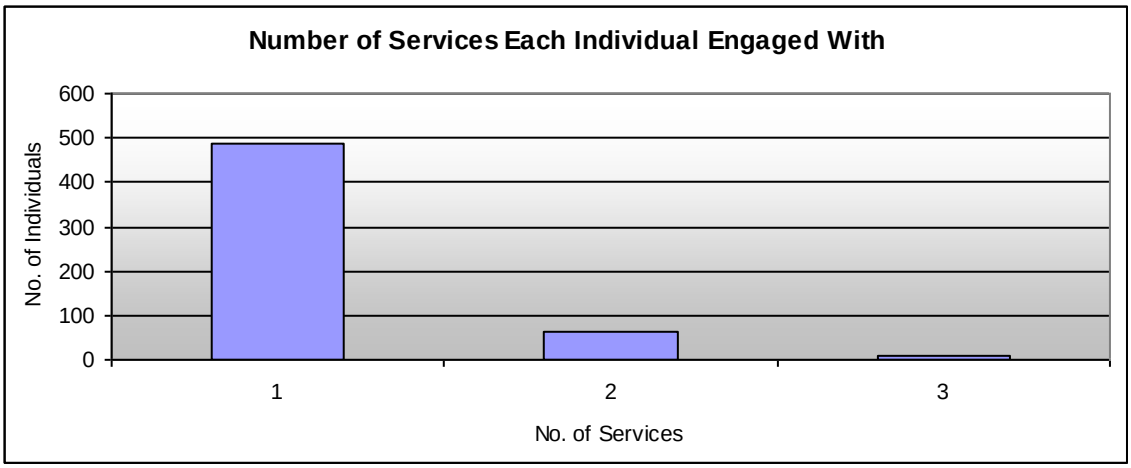
Information was also requested from the Early Intervention Psychosis Service, where only two clients during the period October 2007 to September 2008 were identified as having a level of alcohol dependence. It may be of some benefit to further look at the clients within this service in relation to young people, as it may be that it is the younger generations which are presenting here.

6.6 Tier 3 Treatment Services

Within Stockton there are three providers of Tier three alcohol treatment, the Addictive Behaviours Service (ABS), the Albert Centre, and Alliance Psychology.

Between October 2007 and September 2008 over 560 individuals were identified as being in treatment with one or more Tier three Alcohol Treatment Service in Stockton. There were 399 individuals recorded as being in treatment with the Addictive Behaviours Service, 220 in treatment with the Albert Centre, and 58 in treatment with the Alliance Psychology Dual Diagnosis Service. In addition there were 17 individuals in treatment with the Alliance Psychology Family Service.

Some individuals were in treatment with more than one of these treatment services during the twelve month period. The chart below shows the number of individuals in treatment with 1, 2, or 3 of these services, for those individuals where unique identifiers were available.



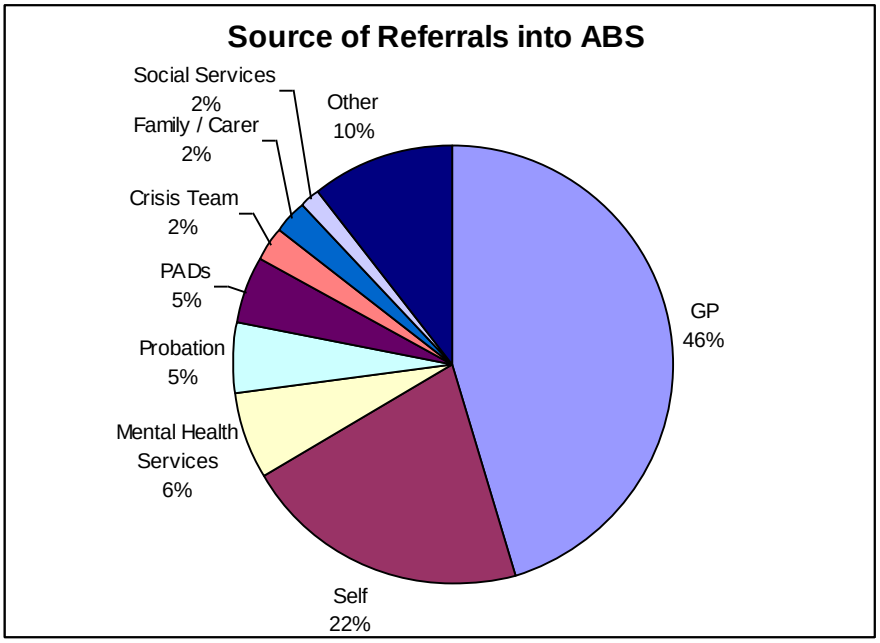
This shows that the majority (87%) of individuals only engaged with 1 service, with 11% engaging with 2 services, and 2% in treatment with all 3 services at some point during that year.

The level of overlap between Alliance and ABS is the highest, with around two thirds of Alliance service users also being in treatment with the ABS, this is due to a number of clients with a dual diagnosis being jointly managed by both services. There is also a fair amount of overlap between the Albert Centre and ABS with a quarter of clients in the Albert Centre also having been in treatment with ABS during that year.

As each treatment provider offers different interventions there are benefits from multiple agencies working with the same individual at appropriate points in their treatment journey. However, further work may be needed to ensure that each service is clear of their part in the treatment system, and that appropriate pathways are being followed, and that appropriate care co-ordination is in place where individuals are in treatment with multiple services.

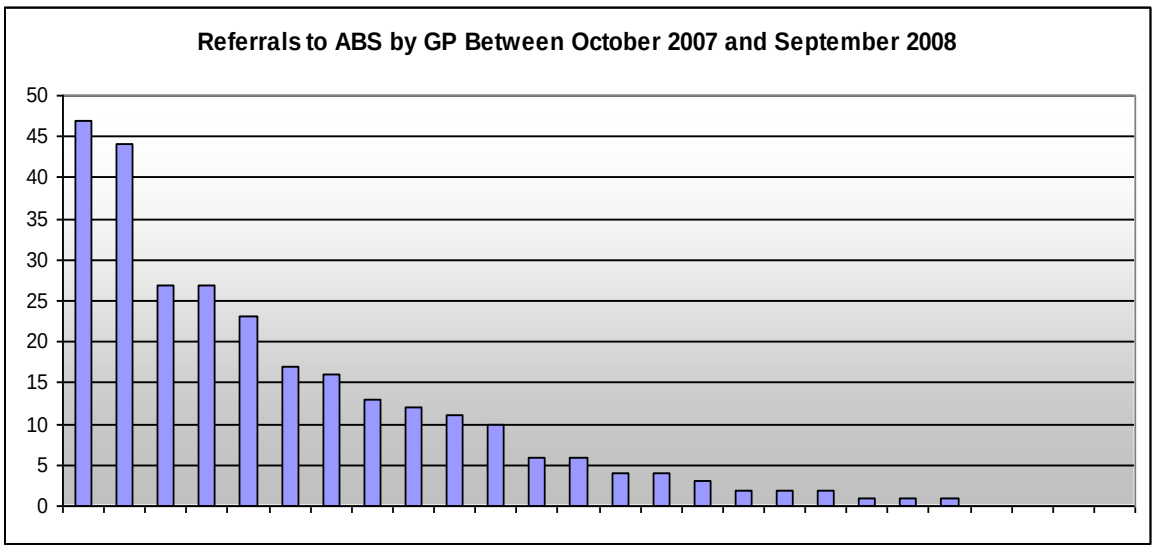
Information is available on the source and number of referrals into each of the Tier 3 Alcohol Treatment Services within Stockton.

The referrals into ABS come from a wide range of sources, as shown by the chart below.



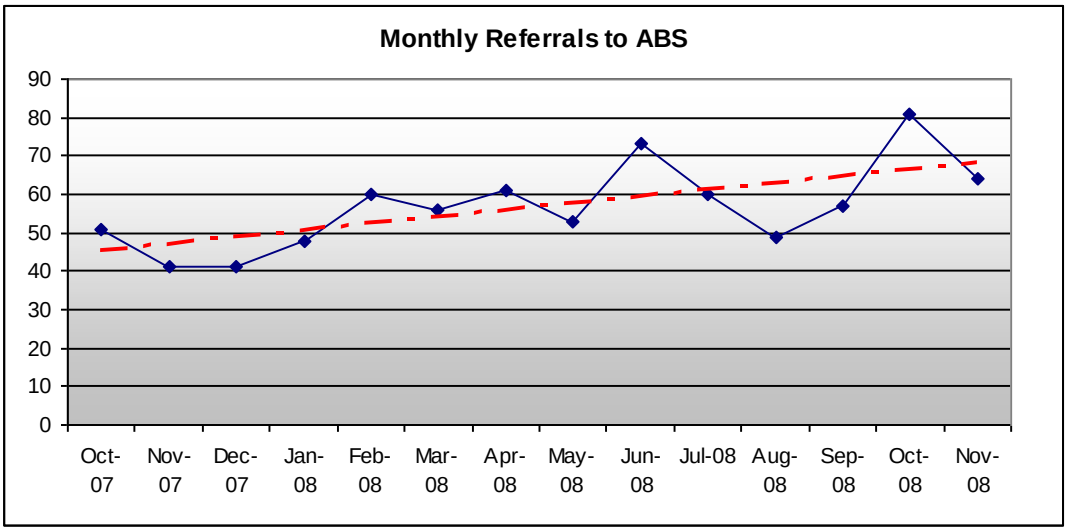
The largest source of referrals is General Practice, with almost half of all referrals coming from GPs. The service also receives a high level of self-referrals at 22% of all referrals. In addition there are a wide range of other referrers, including Mental Health, Probation and the PADs service.

Although General Practice as a whole is the largest referrer into ABS, there is considerable variation in the number of referrals from each GP. In the chart below each bar represents the number of referrals received between October 2007 and September 2008 from a particular GP. It shows that whilst one GP referred over 45 individuals to ABS between October 2007 and September 2008, there were some GPs who didn't make any referrals during the same period.

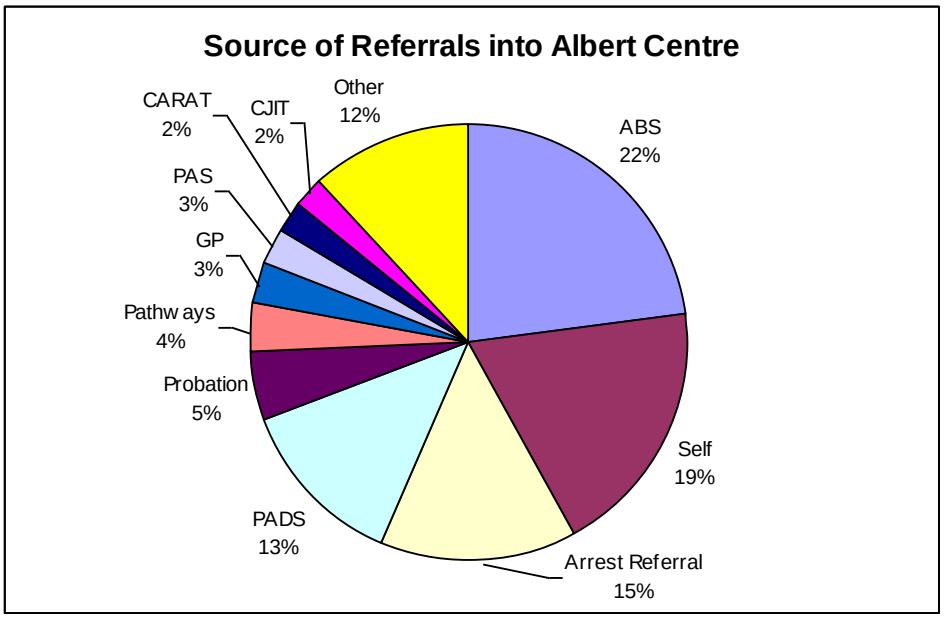


Work is currently underway with GPs to increase the use of assessment tools, and identification of individuals with alcohol issues. As a result it is likely that the number of referrals from GPs will increase. Even if the GPs currently making low numbers of referrals were to increase their number of referrals to a level of 10 referrals per annum (the current average), then that would lead to an increase in referrals to ABS of around 50%. It is therefore important that this is taken into consideration when considering the capacity requirements of treatment services.
During the recent consultation event held with Stakeholders it was identified that all GPs should be encouraged and supported to deliver the alcohol Locally Enhance Service (LES) within their practices.

The chart below shows how the monthly referrals into ABS have been changing over time. A trend-line has been plotted onto the chart which highlights that there is already an increasing trend over time.

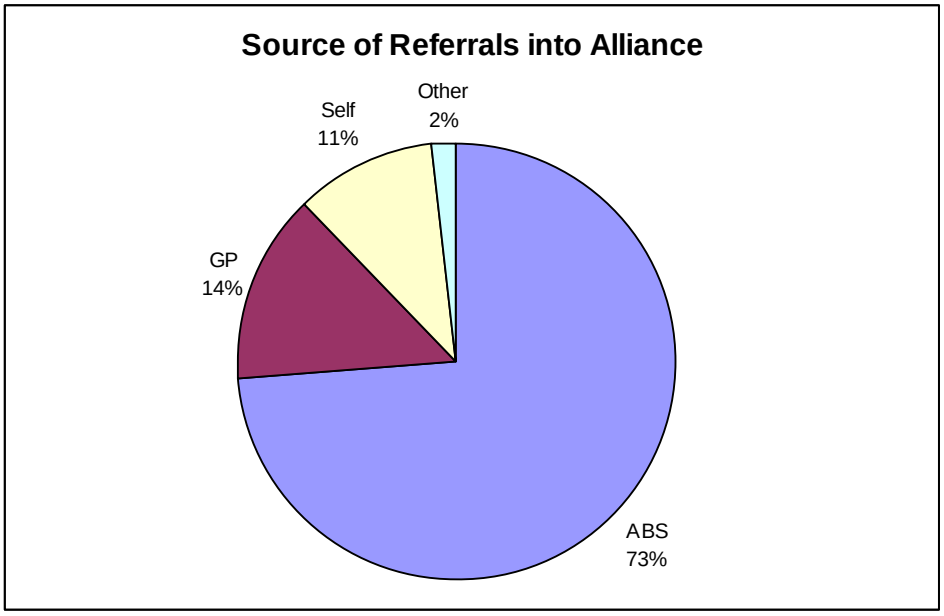


The chart below shows that referrals into the Albert Centre similarly come from a range of sources, however here the primary referral source is ABS, and GPs make up only 3% of referrals. The service receives a similar level of self-referrals to ABS; however it receives a greater proportion of referrals from Arrest Referral and the PADs service.



In contrast, the chart below shows that the referrals into Alliance are from a much smaller range of referral sources. Almost three quarters of the referrals into the service came from the addictive behaviours service. The only other main referral sources into Alliance were GPs at 14% or Self at 11%.

This pattern of referrals may result from how the service was originally commissioned to work together with the Addictive Behaviours Service. However it highlights a potential gap in awareness amongst referrers of what this service now offers.

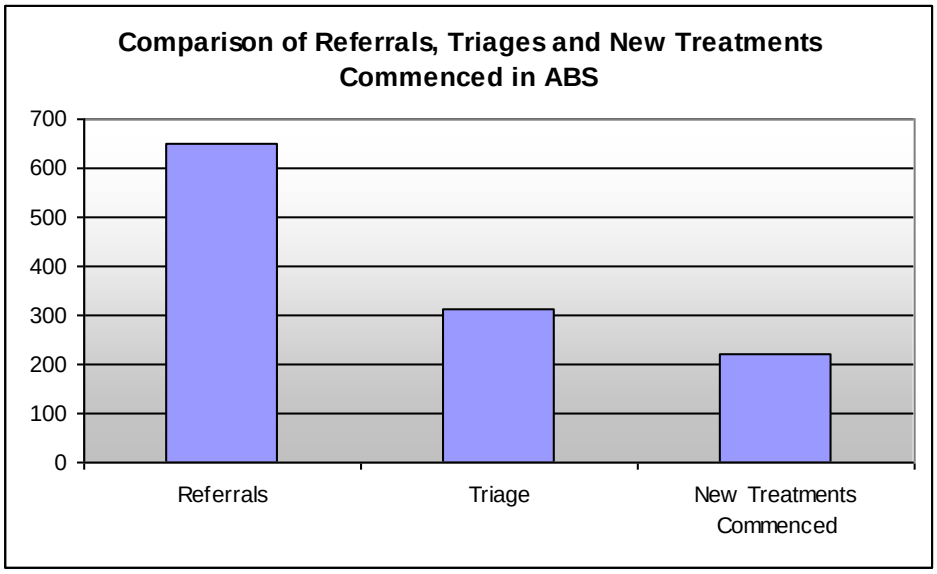


Data from the alcohol arrest referral project also included detail on the service to which a referral was being made for 21 individuals. Where this detail was available 62% of the referrals

were to the Addictive Behaviours Service, with the other 38% of the referrals being to the Albert Centre.

All of the above suggests there is work needed to ensure all potential referrers are aware of the different treatment options available, and the pathways for making referrals. Otherwise, given the likely increasing numbers of referrals, there is the potential of bottlenecks being created in the Addictive Behaviours Service and the Albert Centre. In June 2009 both the Addictive Behaviours Service and The Albert Centre have a three week waiting list with the Albert Centre having 33 people currently waiting for interventions which supports the concern regarding capacity.

Some additional data was available from the Addictive Behaviours Service on the number of triages, and the number of new treatment journeys commenced. This is shown in the chart below.



The chart highlights a considerable difference between the total number of referrals received by the Addictive Behaviours Service and the number of triages and treatments commenced. The total number of referrals received between October 2007 and September 2008 was 650, however the total number of new treatments commenced was only 221. This suggests that only a third of referrals resulted in a new treatment journey.

It will be important that information on the sources of inappropriate referrals is collected in order to identify any particular trends, and training needs. This is also further evidence of the need to ensure that potential referrers are aware of the appropriate referral pathways.

6.7 Housing Providers / Support

Information was requested from a range of housing providers / housing support services on the number of clients recorded as having alcohol issues that used these services between October 2007 and September 2008.

Stockton Tenancy Support identified 12 individuals that had used their service during that period. Community Campus identified 8 individuals. 24 individuals were identified that were resident in Bridge House Hostel during the period, and a further 23 individuals with alcohol issues were clients of Carr-Gomm during this period.

The outlined services provide a range of support interventions and have a number of different aims and objectives below is a brief outline of these services to help put this data into context.

Bridge house hostel is a supported housing organization offering accommodation for homeless single men offering support with drug, alcohol and mental health issues and in need of treatment and including education and support to seek employment and return to independent living.

Carr-Gomm is a national charity they provide support for a variety of individuals with differing needs. They provide a community based outreach support service to enable clients to make positive changes in order to address unmet needs, helping to reduce homelessness and alcohol related admissions.

Community Campus works with disadvantaged young people aged 16-25. It provides accommodation and support to enable young people develop skills to manage and sustain a tenancy and move on to more independent living.

Stockton Intensive tenancy Support Service aims to enable single people, lone parents and families with substance misuse issues to further develop and enhance existing skills needed to maintain their tenancy. The service is tailored to meet the needs of the individual as set out in needs assessments and support plans. The duration and amount of support varies according to individual circumstances but this is generally up to 5 hours a week for up to 2 years with the aim of empowering individuals to live increasingly independent lives.

6.8 Problematic Drug Users

Within the 2009/10 Adult Drug Treatment Plan the need to address alcohol use amongst problematic drug users was identified as a priority, as evidence suggests many are drinking to harmful levels.

A recent report exploring problem drug use and the needs of problematic drug users involved interviews with 130 problematic drug users, and identified that many of these individuals were also drinking high levels of alcohol. 45% of the sample identified alcohol as one of their main drugs, and indicated they were drinking an average of 5.5 days per week. Individuals were also asked how many units they drink per week, and the responses from 79 respondents are shown below.

No. of Units per Week	% of Respondents
1-10	11%
11-20	0%
21-30	6%
31-40	3%
41-49	9%
50-75	9%
76-100	21%
101-150	16%
151-200	1%
201-250	7%
251-299	3%
300+	14%

Almost half (48%) of the sample were drinking over the medically recommended maximum weekly levels, with over 20% drinking more than ten times the recommended maximum levels.

Data from Tier three Drug Treatment Providers showed that where information had been recorded on how many units individuals are drinking on a drinking occasion 231 individuals were identified as drinking at levels that would be classified as binge drinking, which was 70% of those individuals who had a level of drinking recorded. It may be that case workers are more likely to record this information where individuals have been identified as having a drinking issue, but the high levels are concerning.

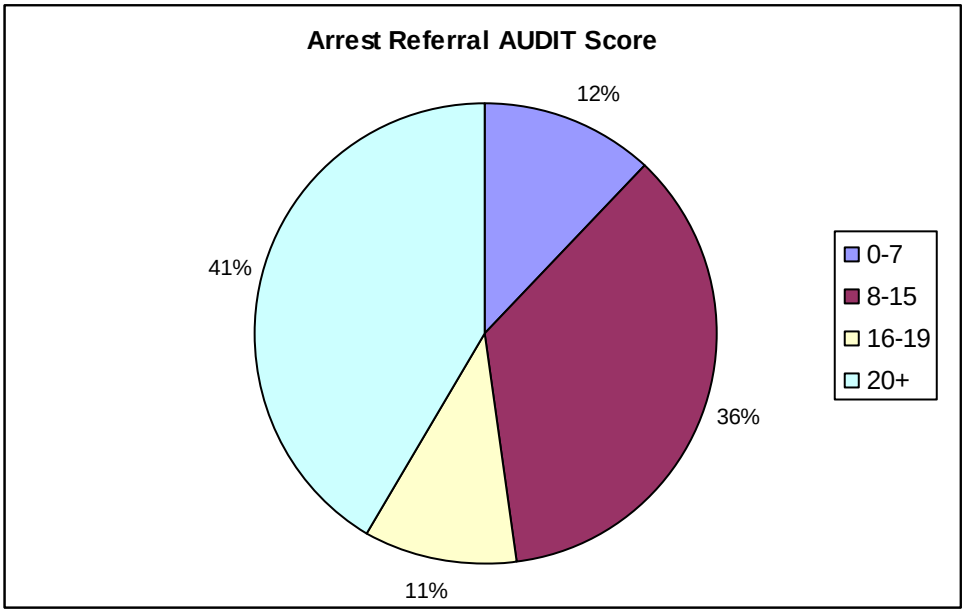
There is a need to increase recording of information about alcohol use amongst drug treatment providers to provide better data and for training of Drug Treatment workers to enable them to identify, refer, and address alcohol use.

6.9 Criminal Justice

6.9.1 Arrest Referral

Arrest referral is a pilot study which aims to reduce alcohol related re-offending among adults, through the provision of brief advice following arrest. The pilot is focused upon individuals who are drinking at both hazardous and harmful levels, although early indications show that the majority of those arrested are dependent.

Data was provided from the first five months of the Alcohol Arrest Referral scheme that commenced in November 2008. In just the first five months of the scheme 249 people from Stockton were identified (N.B. some individuals may be included more than once in this figure), and of these 190 individuals attended an intervention. For those who did receive an intervention, their AUDIT scores are summarized in the chart below:



This shows that those being identified through the arrest referral project are drinking at very high levels, with 36% identified as hazardous drinkers, 11% as harmful drinkers, and 41% as dependent drinkers. This is a pattern which is being mirrored across the Tees Valley.

A treatment referral was recorded as being required for 58 individuals, which was 31% of those who received an intervention. Given 41% had their drinking assessed at dependent levels on

the AUDIT tool, it might be worth working with the Arrest Referral Pilot to explore if anything can be done to encourage more people to explore the option of treatment.

Over the five month period 45% of all Stockton arrests were recorded as being alcohol related. Crimes where the level that were alcohol related was especially high were Assault, with 55% of arrests being alcohol related, Public Order Offences with 74%, Criminal Damage with 54%, and Driving Offences with 84%.

If a similar number of individuals were identified as requiring treatment across the full year, this could result in around 140 individuals per year requiring treatment. This would be an increase of over 20% of the total number identified as being in treatment in the year before the pilot commenced, therefore if the project continues to successfully identify individuals in need of treatment, this is likely to lead to capacity pressures on the system. As mentioned earlier in the month of June 2009 there was a three week waiting list in both the Addictive Behaviours Service and the Albert Centre, which supports the concerns around treatment capacity.

6.9.2 Prison

Between October 2008 and September 2009, there were 502 individuals who received an alcohol detoxification on entering HMP Holme House. Holme House receives between 290 and 300 new receptions each month, leading to around 3480-3600 new prisoners per annum (although some of these will be the same people who have been jailed and released several times of the year). This suggests that around 14% of people entering Holme House are receiving an alcohol detoxification. This is a very high number, and it will be important to explore options for further support, such as psychosocial interventions, for those being detoxed within Prison, to help reduce the likelihood of returning to drinking when they exit the Prison environment. It will also be important to ensure appropriate support is in place on exiting prison, including appropriate alcohol treatment where required.

Holme House will soon be introducing the AUDIT tool to screen all new receptions. Therefore there is the possibility of increased identification and that this information can be used to help determine the levels of support necessary.

6.9.3 Domestic Violence

Data provided by Harbour, (Harbour is a domestic violence support service, who also run a programme for perpetrators) shows that they engaged/assessed 74 perpetrators of domestic violence during the period from October 2007 to September 2008, and 167 victims of domestic violence.

Of the perpetrators who were assessed, 58% of them had been involved in alcohol related abuse. However, despite this, less than 20% of them recognized themselves as having an alcohol problem.

Of the victims, just over a quarter were recorded as having been involved in alcohol related abuse. In 62% of these cases it was the perpetrator who had been drinking, however in 27% of cases it was both the perpetrator and the victim, and in 11% of cases it was just the victim.

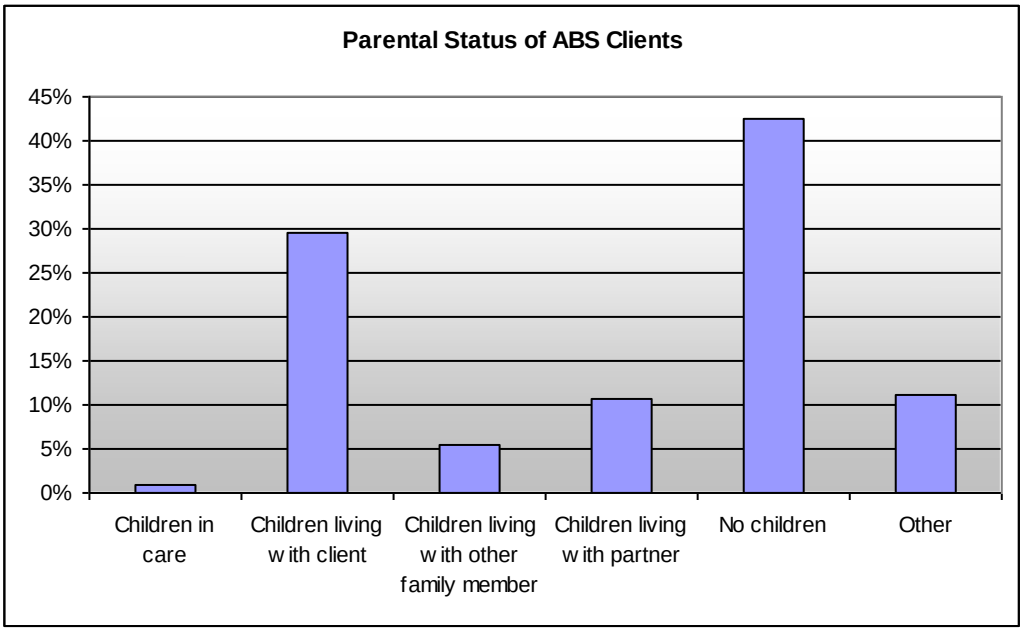
Perhaps one of the most startling facts is that out of the victims 69 of them (41%) identified themselves as having a drinking problem. This highlights the issue of the use of alcohol as a coping mechanism for people who are going through difficult times.

Given the high numbers of individuals identified with alcohol issues by Harbour it is important that they, and other similar organizations, have appropriate and up-to-date information on the availability of advice and support for alcohol problems.

7 Children, Families and Carers

7.1 Hidden Harm

Information on parental status was available for just over 350 clients that were in treatment with ABS between October 2007 and September 2008, and this is shown in the chart below:



Overall 46% of these clients identified themselves as having children, and only 42% identified themselves as having no children (the remaining 12% specified 'other', so it isn't clear whether or not they have children). Where individuals do have children, they are living with the client in 63% of cases. Overall 29% of the clients that responded had children living with them. During consultation events the impact alcohol has on the wider family been highlighted, there was concern around the verbal and physical abuse people endure as a result of intoxication, but also the impact witnessing such behaviour has on young people. It is therefore important that support is available to all those who are affected by another's alcohol misuse.

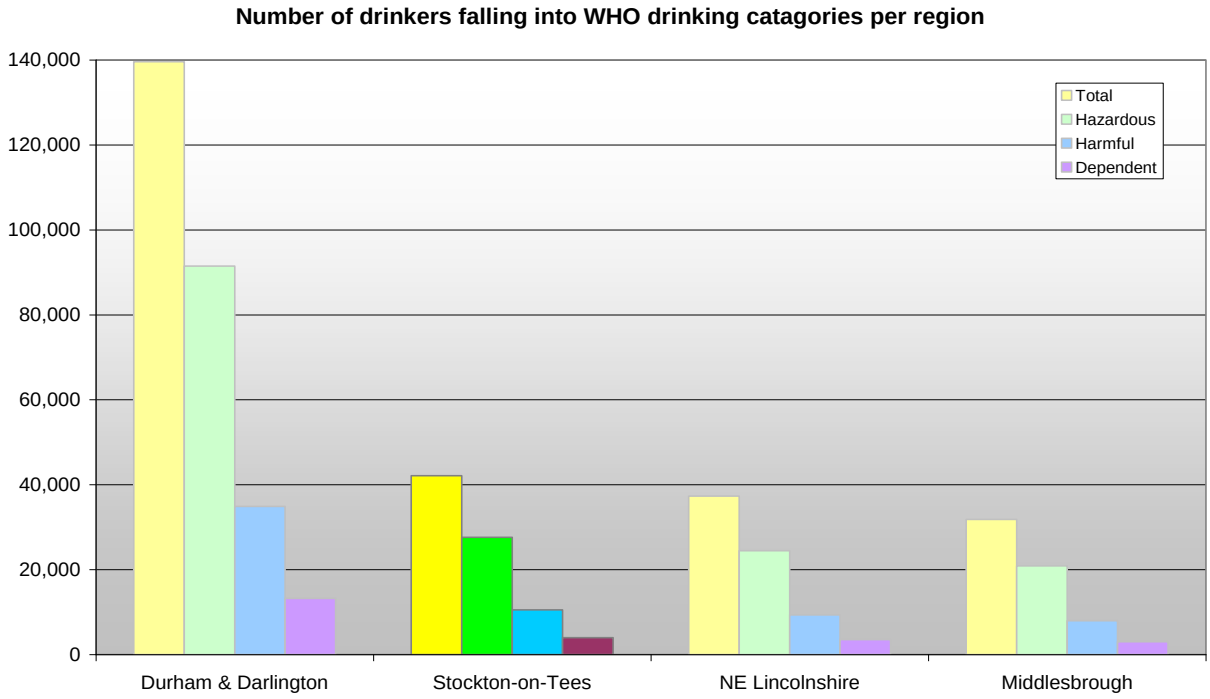
7.2 Family and Carers

During the carer consultation event a number of concerns were raised in relation to how alcohol not only affects the individual who is consuming it, but also the impact it has on the wider family. The verbal and physical abuse people endure as a result of another person' intoxication was highlighted by a number of individuals, particularly the impact that then had on their own self esteem and confidence. Another theme which emerged was the concern around what affect witnessing such behaviour has on young people, will it result in them misusing alcohol. A further concern for young people was the apparent lack of places there was available for them to access to discuss there fears about there parents, and receive support for themselves. It is

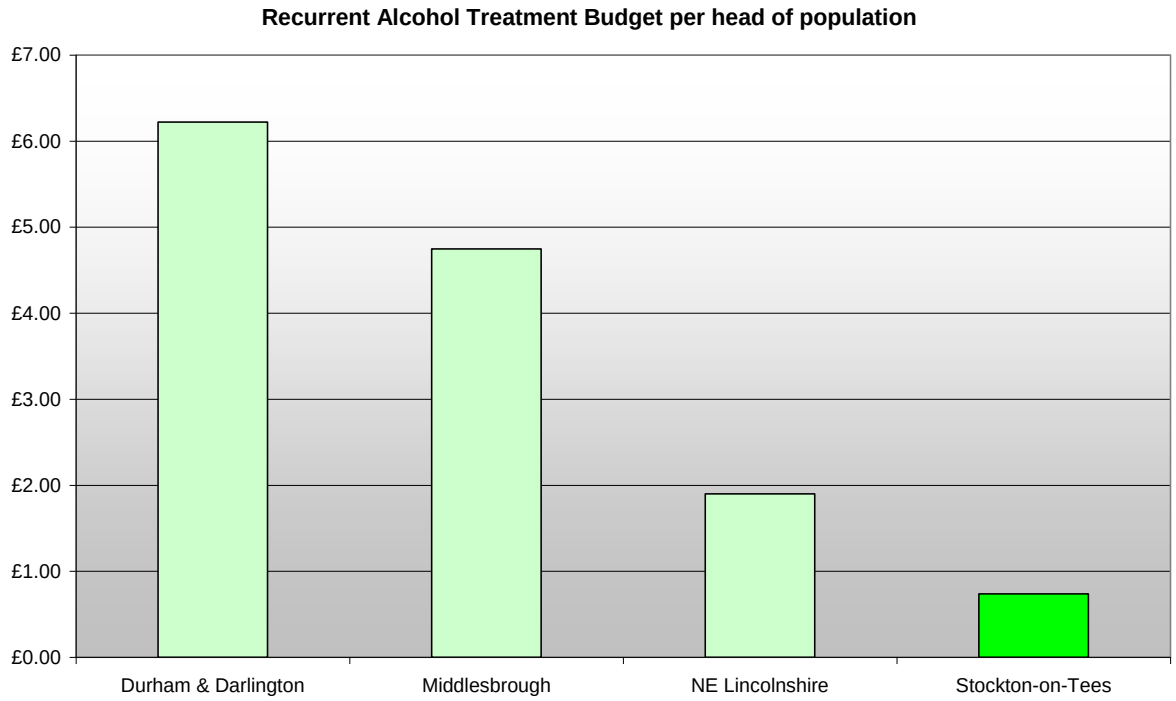
therefore imperative that a commitment to deliver services to all those who are affected by another's alcohol misuse is available.

8 Finance

According to the Department of Health report *Reducing Alcohol Harm: health services in England for alcohol misuse* (2008), 18% of the adult population in England are drinking at hazardous levels; 7% are drinking at harmful levels; and 1.1 million people have some level of alcohol dependency. When calculated as percentages of the nation as a whole this equates to 15.5% hazardous; 5.9% harmful; and 2.2% dependent. This model was applied to the populations of our comparative regions, showing the numbers falling within these WHO categories:



Based on this model, this graph shows that, in relation to North East Lincolnshire and Middlesbrough, Stockton-on-Tees has higher numbers of alcohol drinkers requiring treatment (as Stockton-on-Tees has a higher population). Furthermore, based on the Department of Health's *Alcohol Needs Assessment Research Project (ANARP): The 2004 national alcohol needs assessment for England*, the level of alcohol dependent drinkers in the North East could be as high as 5.2% of those aged 15-64. The following graph shows the level of recurrent funding these regions receive, allocated per head of population:



Clearly the conclusion to draw form this evidence is that, although Stockton-on-Tees has a greater number of alcohol misusers requiring treatment than Middlesbrough and North East Lincolnshire, the area is significantly under-funded. Per head of population, Stockton-on-Tees receives £0.77 for alcohol treatment, in relation to £6.22 per head in Durham and Darlington, £4.75 per head in Middlesbrough, and £1.90 per head in North East Lincolnshire.

Furthermore, this model would indicate that the current level of recurrent alcohol treatment budget for Stockton-on-Tees (£131k) is insufficient to serve a population of this size. As a comparison, the following table shows the level of recurrent funding these areas receive in relation to the numbers who require alcohol treatment:

	Number of population drinking hazardous levels	Number of population drinking harmful levels	Number of population who are dependent drinkers	Total number of population requiring alcohol treatment	Recurrent funding per head of those requiring treatment
Durham & Darlington	91,454	34,897	13,237	*139,588*	**£26.36**
Middlesbrough	20,857	7,959	3,019	*31,835*	**£20.10**
NE Lincolnshire	24,434	9,324	3,537	*37,294*	**£8.04**
Stockton-on-Tees	27,593	10,529	3,994	*42,116*	**£3.13**

Fundamentally, for the number of people requiring treatment within each area, Stockton-on-Tees receives less than 12% of the recurrent funding of Durham and Darlington, 16% the level of Middlesbrough, and only 39% of the funding received by North East Lincolnshire, the latter two of which have smaller populations than Stockton-on-Tees. This clearly indicates the current shortfall in recurrent funding for alcohol treatment in Stockton-on-Tees.

Finally, if we consider there are approximately 42,116 people in Stockton-on-Tees requiring alcohol treatment (and possibly more according to ANARP) and compare this to the 560 people accessing alcohol treatment in 2007/08, it appears that currently only 1.3% of those requiring treatment are actually being treated. The National treatment Agency (2006) calculated that for

every £1 spent on alcohol treatment there is a £5 saving elsewhere, thus the provision of effective treatment is likely to significantly impact upon and reduce the social costs associated with alcohol and improve the social welfare of individuals.

9 Recommendation for Strategic Priorities

Following the analysis of the collected data and review of the points raised at the consultation events the following strategic priorities have been recommended;

1. **Reduce alcohol related harm to Young people, families and communities, through the delivery of sustained and consistent messages around alcohol consumption, in order to influence attitudinal change and create a cultural shift.**

2. **Enable frontline staff to identify early problematic alcohol use and make appropriate referrals.**

3. **Target offenders of alcohol related crime, with a focus upon violent crime, anti-social behaviour and domestic violence.**

4. **Reduce the availability of alcohol with a particular focus on sales to young people.**

5. **Reduce the number of alcohol related hospital attendances and admissions.**

6. **Deliver treatment services which are evidenced-based, cost effective, and are aligned with the N.T.A models of care alcohol treatment framework, and are responsive to and accessible for all individuals who require treatment.**

7. **Improve and develop integrated care pathways to ensure that individuals move through services effectively, and have access to training, education, employment and housing. Pathways will be inclusive of all vulnerable groups such as offenders, poly-drug use, young people and dual diagnosis.**

8. **Co-ordinate and develop support services for young people, families and carers affected by someone else's alcohol related issues.**

9. **Work jointly to develop robust and consistent methods of data collection, to form an evidence base for collective long-term financial investment.**

Appendix 1

There are four Tiers of treatment identified within *Models of Care for Alcohol Misusers (MoCAM), 2006*:-

Tier one Includes the provision for identification of hazardous, harmful and dependant drinkers, simple brief interventions to reduce alcohol related harm, and awareness of and referral onwards for those with an alcohol dependence or related harm for more intensive interventions.

Tier two Is the provision of open access facilities and outreach that provide alcohol specific advice, information and support, there is also extended brief interventions which aims to help those misusing alcohol to reduce the associated harm, it also offers assessment and referral of those with more serious alcohol related problems for care-planned treatment.

Tier three Includes provision of community-based specialised alcohol misuse assessment, and alcohol treatment that is care co-ordinated and care planned.

Tier four Includes provision of residential, specialised alcohol treatments, which are care planned and co-ordinated to ensure continuity of care and aftercare.

The following table describes the current local provision, and the associated funding:

Tier	Service Provider	Type of treatment	Annual budget
Tier 1	The Albert Centre	Alcohol awareness and Brief Intervention training.	Approx £10,000
Tier 2	Bridges Family and Carer Support Services.	Provides family and carer support to those affected by alcohol. A counselling service is also provided.	£23,000 (non-recurrent funding ends end March 2010)
Tier 2/3	Alliance Psychological Services	Provides family centred counselling, working with both the client and family to work through the impacts of alcohol.	£39,092 (non-recurrent funding ends end March 2010)
Tier 2	The Albert Centre	Primary Alcohol &Drugs Service (P.A.D's) provide an in-reach service within North Tees General Hospital, providing a screening service and offering brief Interventions and on-ward referrals into community services.	£32,900 (non-recurrent funding ends end March 2010) £22,000 (recurrent funding)
Tier 2/3	General Practitioner Practices	Local Enhanced Service with two levels. Level one is the provision of new patient screening, advice and intervention. Level two is the provision of a shared	£62,342 (recurrent)

		care service, with a pro-active approach to screening and problematic alcohol use identification. (G.P's can opt in or out of this contract)	
Tier 2	General Practitioner Practices.	Direct Enhanced Service, a Department of Health initiative aimed at screening all new patients' registering with a practice to identify alcohol misuse early.	£1022 (recurrent)
Tier 3	Tees Esk and Wear Valley foundation Trust. Addictive Behaviours service.	Drug and alcohol service 30% of core activity provided for alcohol clients. Also community detoxification nurse and dual diagnosis nurse with a specific remit for alcohol clients.	£94, 869 (non-recurrent ends end March 2010)
Tier 3	The Albert Centre	Provides counselling within community and general practice settings, also provides motivational interviewing.	£33,624 (recurrent)
Tier 3	Alliance Psychological Services	Provides psychological therapies with a particular focus on dual diagnosis clients.	£40,000 (non-recurrent ends end March 2010)