

## **SUMMARY**

Both the Safer Stockton Partnership and the Health and Well-being Board have committed to exploring the means to tackling alcohol harm in Stockton on Tees.

The attached paper is a 'statement of intent'. This document sets out the context and intended direction of travel to reduce alcohol harm locally. The attached document has been approved in principle by representatives from some of the key stakeholders from across Stockton on Tees (Police, CCG, Stockton on Tees Borough Council – Licensing, Community Safety, Public Health).

## **RECOMMENDATIONS**

1. Members of the Safer Stockton Partnership are asked to note and approve the proposed direction of travel within the attached document 'Tackling alcohol-related harm in Stockton on Tees'
2. Members of the Safer Stockton Partnership are asked to support and champion the recommended commitments within the attached document

## **DETAIL**

1. The attached document 'Tackling alcohol-related harm in Stockton-on-Tees' sets out the national and local context as a rationale for the proposed commitments to tackling alcohol locally.
2. The attached 'Timeline' document sets out the proposed process and timeline for further developing a co-ordinated and cohesive approach to tackling alcohol-related harm.

## **FINANCIAL AND LEGAL IMPLICATIONS**

There are no further specific financial / legal implications of this update.

## **RISK ASSESSMENT**

Risk will be considered as part of implementation and of any options for future commissioning or service development.

## **COMMUNITY STRATEGY IMPLICATIONS**

Implementation of the work will have a positive impact on the delivery of both the Safer Stockton Partnership priorities and the Joint Health and Wellbeing Strategy

## **CONSULTATION**

Stakeholders will be consulted as part of the planning and development of this work.

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**Attached documents:**

- 1. Tackling alcohol-related harm in Stockton-on-Tees (Appendix 1)**
- 2. Timeline for developing a joint strategy (Appendix 2)**

## TACKLING ALCOHOL-RELATED HARM IN STOCKTON ON TEES

### 1. The scale of the problem

During 2013/14 the costs of alcohol-related harm were estimated at a total of £911 million for the North East region (Balance, 2013/14). In Stockton this equated to an estimated cost of £70.95 million. Stockton on Tees is ranked among the 10% of England's local authorities experiencing the highest impact-cost of alcohol per head of population. Only a quarter of these costs relate to NHS services. The impact of alcohol-related harm extends far beyond NHS healthcare. Alcohol-related harm impacts negatively across society:

#### **Cost to industry: reduced productivity; staff absence; inability to work**

Annually, alcohol-related absenteeism costs the UK economy an estimated £1.7bn according to the Institute of Alcohol Studies (IAS). The IAS estimates that up to 17 million days a year are lost due to alcohol related absence.

#### **Cost to public sector: anti-social behaviour, violence and crime, morbidity and mortality; treatment and care**

- Local government: There is a clear association between availability and consumption. The number of alcohol outlets is related to the prevalence of violent assaults – it has been shown that for each additional alcohol outlet there are an additional 3.4 assaults per year (Balance, 2016).
- NHS: There has been a national increase in alcohol-related and alcohol-specific hospital admissions, however rates in Stockton-on-Tees (52.1 per 100,000) are significantly higher than the national average.
- Police: Half of all crime in England is alcohol-related. Alcohol misuse contributes to around 1.2m incidents of violent crime annually. Nationally, alcohol is also linked with 40% of domestic violence cases. The annual cost of alcohol-related crime in the North East is conservatively estimated to be £360 million (Balance North East, 2016; Home Office 2016)

**Cost to our communities:** alcohol-related death rates for Stockton overall are similar to the English average, however rates are around four times higher in our deprived communities than among those living in our most affluent areas (University of Stirling, 2013). In the past 20 years alcohol-related death rates have increased in the UK by 50% (University of Stirling, 2013).

Premature death from alcohol misuse loses the economy around £2.4bn in potential output, which equates to at least 58,000 potential years of life lost under the age of 65 (Institute for Alcohol Studies, 2014).

**Alcohol-related harm has a significant impact on individuals, families, communities and workplaces across the borough of Stockton-on-Tees.**

- The association between alcohol and violent crime is indisputable.
- Incidence of domestic violence is associated with alcohol consumption
- Loss of working days due to alcohol places a significant pressure on our economy
- Alcohol-related conditions place a significant burden on our treatment services
- Alcohol-related illnesses result in a significant proportion of preventable, premature deaths in Stockton-on-Tees
- Alcohol-related death rates are four times higher in our deprived communities

## 2. Consumption

A number of changes have occurred in England over the last 20-30 years which are likely to have contributed to the increase in alcohol consumption and resultant alcohol harms:

**Affordability:** in real terms, alcohol is 56% more affordable today than it was in 1980 (Balance North East, 2016; Scottish Government, 2008). Increase in consumption almost exactly mirrors the increase in affordability (Scottish Government, 2008). Survey findings in the North East report alcohol being sold at pocket money prices including 440ml cans of lager at 23p (Balance North East, 2016).

**Availability:** there are 5,800 licensed premises in the North East, of which 560 are in Stockton on Tees. Six premises offer 24/7 availability of alcohol. Increases in Off-Licence density correlates with an increase in alcohol-specific hospital admissions in young people (Alcohol Concern, 2011); the Local Alcohol Action Area (LAAA) in Middlesbrough has further evidenced the association between licensing and alcohol harm 'hotspots'. Local evidence aids enforcement and the ability to uphold the licensing objectives set out in the borough's *Statement of Licensing Act* (2016)

**Cultural change:** we know that cultural norms and social norms are significant influences on behaviour. Alcohol can be a positive part of people's enjoyment and interaction, however, increasingly there is evidence of a 'drink to get drunk' attitude. Alcohol is portrayed and promoted as just another product, de-sensitising consumers to the harms. This coupled with sponsorship and media portrayal has led to an acceptance of alcohol's association with sports and leisure activities. These all contribute to complacency and acceptance of alcohol in our society, a far cry from the progress made in changing our culture around tobacco.

**Information & knowledge:** products are marketed at certain segments of the population; on-trade servings have increased in size; strengths of products have increased; guidelines for reducing the health risks of drinking have recently changed (CMO, 2016).

### 3. Tackling alcohol

Tackling the impact of alcohol at a local government level requires a multi-faceted, multi-agency approach; an approach that can be addressed through partnership planning; joined up service delivery and sharing of resources and expertise within and across agencies. We not only need to respond to the needs of those who are impacted by alcohol-related harm, we also need to prevent the causes of this harm.

We will tackle the causes of alcohol-related harm in Stockton by:

- i. Advocating for and implementing evidence-based policy and practice
- ii. Maximising the preventative impact of our local legislative powers
- iii. Challenging the culture of acceptance of alcohol and associated harm; our alcohol-related attitudes and behaviours
- iv. Strengthening the role and impact of ill-health prevention

The table below highlights the recommended commitments for the *Health & Wellbeing Board* and the *Safer Stockton Partnership* to tackle alcohol-related harm in Stockton-on-Tees. It is proposed that a multi-agency working group is established to co-ordinate the development and delivery of these commitments across the borough.

<b>Our commitments</b>	<b>Sources of data</b>	<b>Preventative Measures</b>	<b>Short-term Outcomes</b>	<b>Outcomes</b>
We will endeavour to implement good practice and adopt the LAAA objectives (a) To reduce alcohol-related crime and disorder  (b) To reduce harmful impacts on health  (c) To promote a diverse night-	Middlesbrough Council  PHE	Co-ordinated approach to preventing alcohol-related harm	Improved co-ordination of local action to tackle the negative health impact of alcohol	Reduced negative health impact of alcohol

time economy					
We will address irresponsible alcohol sales  We will maximise our licensing powers to reduce alcohol harm	Police	Reduced hazardous drinking	Reduced alcohol-related arrests	Reduced violent crime	
	Police			Reduced incidence of domestic violence	
	Environmental Health			Reduced loss of working days	
We will promote life skills and resilience in our children and young people	Balance North East	Increased awareness of alcohol harms		Reduced hazardous drinking*	
	Public Health/ Encompass/ Community Safety	Increased awareness of the alcohol industries' marketing tactics			
We will intervene early and provide community-based support and treatment	NTHFT (Midwifery)	Increased practitioner and public awareness of the dangers of drinking alcohol in pregnancy and FASD		Reduced rates of drinking at 8 week 'booking in' with Midwives	
	Shared Service	Increased brief intervention rates (GP Locally Enhanced Service)		Reduced hazardous drinking*	Reduced alcohol-related hospital admissions
	Lifeline	Increased referrals to treatment services by GPs			

\* Hazardous drinking is defined as drinking over the recommended limits (this includes binge drinking)

## References:

Alcohol Concern, 2011 *One on every corner: the relationship between off license density and alcohol harms in young people*

Balance North East website accessed 29 February 2016

[www.balancenortheast.co.uk](http://www.balancenortheast.co.uk)

Chief Medical Officer, 2016 *How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines*

HM Government, 2012 *The Government's Alcohol Strategy*

Home Office, 2016 *Modern Crime Prevention Strategy*

Home Office, 2013 *Next steps following consultation on delivering the Government's alcohol strategy*

Institute for Alcohol Studies, 2014 *Alcohol in the workplace fact sheet (accessed at [www.ias.org.uk/](http://www.ias.org.uk/))*

University of Stirling, 2013 *Health First: an evidence-based alcohol strategy for the UK*

Scottish Government, 2008 *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach*