

**AGENDA ITEM**

**REPORT TO HEALTH AND  
WELLBEING BOARD**

**June 2024**

**REPORT OF DIRECTOR OF  
PUBLIC HEALTH**

**TACKLING ALCOHOL-RELATED HARMS: AN UPDATE**

**SUMMARY**

Tackling alcohol-related harms in the borough involves the development and implementation of a system-wide, strategic approach across partners. This report provides an update on some of the activities underway under this system-wide approach, including alcohol licensing; local comms and campaigns; treatment pathways; and data collection.

**RECOMMENDATIONS**

It is recommended that the Health and Wellbeing Board:

1. Note the system-wide activities underway to help tackle alcohol-related harms in the borough.
2. Support the workforce-training and Making Every Contact Count (MECC) offer, for all key staff across the local system.
3. Receive a further update on alcohol pricing and licensing as part of the next update on alcohol to the Board (6 months).

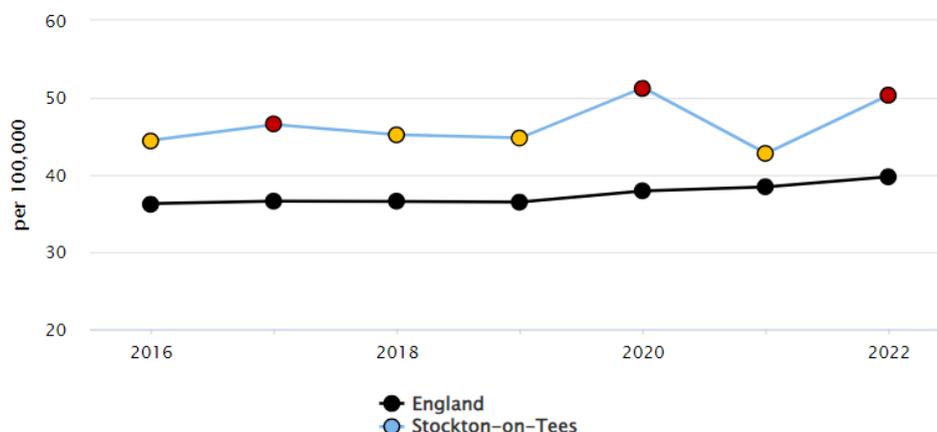
**DETAIL**

**Local position**

1. Alcohol-related mortality in Stockton-on-Tees remains higher than the English average.

## Alcohol-related mortality

[Show confidence intervals](#)   [Show 99.8% CI values](#)

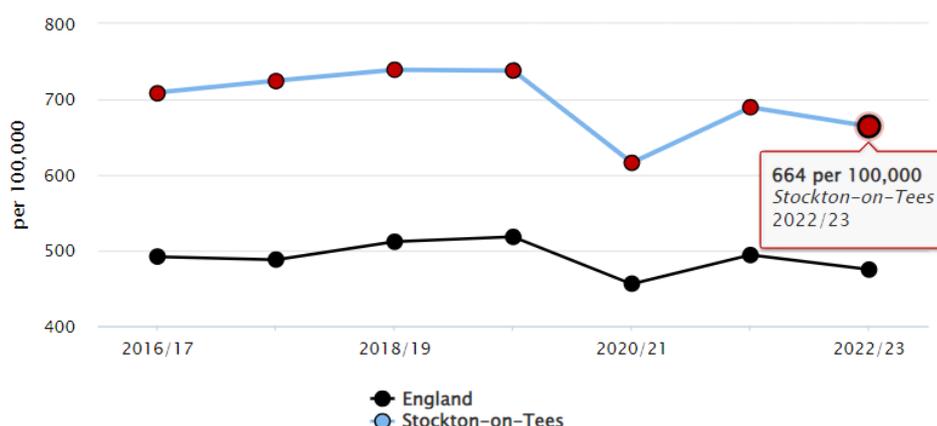


(Alcohol-related mortality = deaths from conditions which are wholly or partially caused by alcohol).

- Hospital admissions for alcohol-related conditions are significantly higher in Stockton-on-Tees than the England average and the North East. The gap between Stockton-on-Tees and England remains the same, although rates are gradually reducing.

## Admission episodes for alcohol-related conditions (Narrow) (Persons)

[Show confidence intervals](#)   [Show 99.8% CI values](#)



(Admissions for alcohol-related conditions = hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition).

- Alcohol therefore remains a significant cause of preventable illness and premature mortality for the local population, also contributing to inequalities as a cause of cancer, cardiovascular disease and poor mental wellbeing. Alcohol use has been normalised across all deprivation deciles of the population.

## Context

4. A range of work is underway across the local and regional health and wellbeing system to address alcohol use and reduce alcohol-related harms, through work across Public health, Licensing, Community safety, Police and ICS colleagues. The evidence base shows that alcohol availability, affordability, and acceptability all impact on consumption rates and levels of harm within communities.
5. Local work includes the Council's duty as a responsible authority to uphold the Statement of Licensing Policy; identifying treatment needs and improving treatment pathways; and continuing to improve outreach and accessibility for people in need of care, support, and treatment. This report builds on previous updates to the Board on activity across partners to address population needs and harms in relation to alcohol.

## Regional activity

6. Work continues through the Regional ICS and clinical network, fostering joint working across the system in the North East and North Cumbria (NENC) and promoting sharing of good practice. This includes the NENC-wide 'Stigma kills' campaign starting in July 2024. Created by the Addictions Provider Alliance, the campaign tackles the prejudices that frequently prevent those with addiction issues accessing the support and treatment they need. The 'Stigma Kills' video encapsulates the campaign:  
<https://www.youtube.com/watch?app=desktop&v=ZQ4yAaUZSaM>
7. The Programme for Alcohol Studies was launched in March 2024 – this provides free training and resources for all health and social care staff in NENC.
8. In November 2023, the North East and North Cumbria Alcohol dashboard was launched, providing an overview on alcohol consumption, treatment, health care, mental health and the social impact of alcohol, example at Appendix 1

For comparison, adult alcohol consumption in Stockton-on-Tees is:

- 23.7% of adults are drinking over 14 units of alcohol per week compared to 22.8% England
- 20.6% of adults binge drinking on their heaviest drinking day compared to 15.4% England

9. The regional ADPH alcohol lead is also highlighting the role of commercial determinants of health in promoting harmful alcohol consumption:  
<https://www.gateshead.gov.uk/article/26685/Alcohol>
10. The North East Drug and Alcohol Conference (May 2024) was hosted in Stockton-on-Tees. The event was attended by 150 people from providers services, local authorities, NHS and Police as well as by people with lived experience. The conference was opened by Mike Greene, with Dame Carole Black and Alice Wiseman as keynote speakers and highlighted the progress of expanding and increasing the quality of treatment services in the North East as well as examples of good practice regionally and locally.

## Local activity

### Mapping availability of alcohol in an area of high alcohol-related harm

11. Whilst social norms and licensing policies can impact on alcohol harm, so can pricing. It is well-evidenced that price per unit alcohol impacts on consumption. Scotland has seen success in introducing minimum unit pricing, which is designed to impact harmful drinkers, those who regularly drink more than recommended by the Chief Medical Officer (14 units per week). In Scotland it is illegal to sell alcohol for less than 50p per unit, this will rise to 65p in September 2024. The rates of alcohol-related deaths in Scotland are increasing more slowly than elsewhere in the UK.
12. Public Health and Licensing performed a survey of off-sale licensed premises in Stockton Town Centre. This demonstrated that high alcohol volume beers, ciders and lagers (over 6% ABV) were available cheaply throughout the town centre, at an average of 48 pence per unit. As a comparison, in Scotland, Minimum Unit Pricing (MUP) policies prohibit sales of alcohol cheaper than 50 pence per unit. The MUP was implemented to reduce access to high strength beers, lagers and ciders at 'pocket money prices'.
13. Further to this a Power BI dashboard for alcohol-related harm is being developed in Stockton-on-Tees which clearly maps crime and disorder and alcohol off-sale premises (shops). This will be further refined to demonstrate alcohol specific crime and disorder. The resulting intelligence will influence the revision of the Statement of Licensing Policy for Stockton-on-Tees.

### Prevention, early identification and communications activity

14. In partnership with colleagues from VCSE sectors, including the local public health-commissioned substance use treatment service; the ICB; and colleagues within SBC, Public Health will be leading and supporting on two campaigns: 'Alcohol Awareness Week', and 'Stigma Kills'. The focus on these will be (1) alcohol-related harm, and (2) the impact of stigma on those with addiction. Stigma is reportedly a significant barrier to accessing treatment services, as reported by Kilian et al., and others<sup>1</sup>
15. Joint work is underway across the Council and NHS including social prescribers and community wellbeing champions, to promote the Making Every Contact Count approach (MECC). Training is ongoing for the wider workforce and signposting to alcohol services through the regional MECC website <https://www.meccgateway.co.uk/nenc/new>
16. The NHS health check continues to routinely identify people with increased and harmful alcohol consumption and signposts these to the local substance misuse service provided by CGL.

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<sup>1</sup> 1. Kilian C, Manthey J, Carr S, Hanschmidt F, Rehm J, Speerforck S, et al. Stigmatization of people with Alcohol Use Disorders: An updated systematic review of Population Studies. *Alcoholism: Clinical and Experimental Research*. 2021 May;45(5):899–911. doi:10.1111/acer.14598

### Acute and community-based substance misuse pathways

17. Continuity of care between North Tees Hospital and Change Grow Live (CGL) continues to improve. The hospital-based Alcohol Care Team (ACT) employed by North Tees and Hartlepool NHS Foundation Trust (NTHFT) and funded via the ICS, provides onsite detox advice and treatment for patients admitted to hospital who require this care in an unscheduled manner. The team liaises with community-based substance misuse recovery services (CGL) to ensure continuity of care in the community on discharge from hospital. The community-based treatment service (CGL) has reported an increase in referrals received from NTHFT since the team was established.
18. A peer advocacy pilot is underway as previously reported to the Board, funded for 3 years by ICB inequalities monies. The pilot aims to work through peer advocates to build relationships with people experiencing multiple needs (substance misuse, mental ill health, domestic abuse, housing), to help build relationships with these individuals and address barriers to support. The pilot takes a holistic approach to people's needs, starting with what is important to them, and includes evaluation by Teesside University. It is being delivered by Recovery Connections, working alongside Adult Safeguarding, Homelessness and Housing Solutions and the VCSE (The Moses Project, Harbour and CGL). The aim is to inform future models of support.

### Community-based alcohol treatment services

19. Change Grow Live (CGL) provides support, advice, and treatment for people on their recovery journey for drugs and/or alcohol. Treatment options include Healthy Habits, peer support, professional support, medication, and community-based detox.
20. There are currently 435 adults in treatment for alcohol in Stockton-on-Tees; this exceeds the target to increase people in treatment by 20% (OHID 2024/2025). Stockton Recovery Service is the fourth-best performing service across the North East for clients completing treatment for alcohol use and not re-presenting. This signifies that more people who need treatment are accessing the support they need and are making substantial progress in their treatment journey.
21. CGL link with other VCSE and public sector services to provide holistic care of their clients as well as to provide expertise into collaboratives such as Project Harmony (Clear Hold Build) in Ropner ward. CGL also has a presence in temporary accommodation (hostels), improving accessibility and awareness to some of the most vulnerable residents in the borough.

### Hospital inpatient alcohol detox

22. Inpatient, medically managed alcohol detox is provided by NTHFT and commissioned by SBC Public Health on behalf of Stockton-on-Tees and Hartlepool Borough Councils. This is funded through drug strategy monies and treats 13 people per quarter, which exceeds expectations given the treatment period is 7-10 days (13 weeks per quarter, 13 patients per quarter, therefore an average of 7 days treatment). The funding pays for a single hospital bed, clinical management, a nurse/co-ordinator and medication. Patients benefit from complementary treatments to support their recovery, including advice from a liver specialist nurse, a liver fibroscan, input from a dietitian and/or tobacco dependency

team and mental health advice before being supported to return to the community for on-going holistic and therapeutic support. This service was briefly interrupted due to the failed reprocurement of a proposed alternative model across 9 local authority commissioners (lead by Redcar & Cleveland Borough Council). The service has been operating again since 1<sup>st</sup> June 2024.

### Specialist Substance Misuse Treatment and Recovery Grant (SSMTRG)

23. This additional funding for substance misuse services is entering its third year in Stockton-on-Tees. In previous years CGL has increased the capacity for alcohol treatment and improved the quality of treatment by reducing workloads and introducing new roles such as dual diagnosis workers and psychologists.
24. The funding has supported to co-locating alcohol services to the Wellbeing hub opening soon in Wellington Square to, support people with dual diagnosis / comorbidities of alcohol and mental health.
25. The third year of funding will further improve pathways across the system, funding two additional posts in the alcohol care team at NTHFT and an alcohol coordinator post in primary care. Planning is underway to mitigate the risk of a reduction / cessation in SSMTRG funding after March 2025.

### **Summary**

A range of strategic and operational delivery to reduce alcohol-related harm in Stockton-on-Tees continues to expand and improve at both a community and individual level. Work continues to build pathways of support across agencies in recognition that our most vulnerable residents are likely to experience additional issues e.g. mental ill health, homelessness etc. Co-production and working with local communities are a priority locally and preventing and addressing alcohol harm will remain important under the new Joint Health and Wellbeing Strategy currently being developed.

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## Appendix 1: North East and North Cumbria Alcohol dashboard (example view)

