

**North Tyneside**

**Joint Strategic Needs  
Assessment**

**Alcohol**

May 2025



North  
Tyneside  
Council

# 1. Introduction

Alcohol is one of the leading modifiable health-related behaviours that contributes to non-communicable diseases and is associated with both short- and longer-term health-related problems.<sup>1</sup> It has been identified as a causal factor in over 60 medical conditions and is the leading risk factor for ill health in individuals aged 15 to 49.<sup>2</sup> Acute, instant harms of alcohol include impaired judgement which may result in physical injury (intentional or unintentional), loss of consciousness, suffocation, and potentially fatal poisoning. Longer-term health conditions associated with alcohol include cancer, liver disease and cardiovascular disease.<sup>3</sup> Alcohol has a number of wider effects and presents social issues within the community including crime, domestic abuse and participation in risky behaviours.

The annual cost to society from alcohol is estimated to be £21 billion in England. Alcohol has the second highest impact on the National Health Service (NHS) after poor diet, resulting in £3.5 billion of NHS costs<sup>4</sup>, of which a third is due to alcohol-related hospital admissions<sup>5</sup>. It is thought that the costs to the NHS could increase to £17 billion over the next 5 years, if consumption patterns don't change.<sup>4</sup> In North Tyneside, this total cost is estimated to be £99.3 million, with 23% of this being due to health. This equated to £23.3 million each year in NHS costs due to alcohol harm in North Tyneside residents.

It is important to note that whilst there are significant issues arising from alcohol misuse and dependence, most people who drink alcohol do so in moderation and at levels of low-risk harm to their health.

Guidance by the Chief Medical Officer (CMO) from January 2016 indicates that adults should not drink more than 14 units of alcohol a week on a regular basis and that those drinking as much as this should spread the drinking out evenly over at least three days as well as having alcohol-free days.<sup>6</sup>

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<sup>1</sup> Scarborough, Peter et al. "The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 NHS costs." *Journal of Public Health*. 2011.; 33(4): 527-35. doi:10.1093/pubmed/fdr033.

<sup>2</sup> Office for Health Improvement & Disparities. *Fingertips: Local Alcohol Profiles for England*. Available from: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles> [Accessed 1st April 2025].

<sup>3</sup> Barclay GA, Barbour J, Stewart S, Day CP, Gilvarry E. Adverse physical effects of alcohol misuse. *Advances in Psychiatric Treatment*. Cambridge University Press; 2008;14(2):139-51.

<sup>4</sup> Institute of Alcohol Studies. *Drugs, Alcohol & Justice Cross-Party Parliamentary Group and APPG on Alcohol Harm*. Alcohol Charter. 2019. Available from: <https://www.ias.org.uk/uploads/pdf/Alcohol%20Charter%20Digital.pdf>

<sup>5</sup> Public Health England. *Local Health and Care Planning: Menu of preventative interventions*. November 2016. Available from: <https://www.gov.uk/government/publications/local-health-and-care-planning-menu-of-preventative-interventions>

<sup>6</sup> GOV.UK. *Alcohol consumption: advice on low-risk drinking*. 25<sup>th</sup> August 2016. Available from: <https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking>

The Government's National Alcohol Strategy was first published in 2004 and has since been updated in 2007 and again in 2012. The strategy focuses on preventing alcohol-related harm by reducing the number of people drinking to excess and making "less risky" drinking the norm, both through local and national action. This is expected to reduce the impacts of alcohol on health, crime, and other areas.<sup>7</sup>

There are two terms that are often used as definitions for alcohol data.

Alcohol-specific conditions are a direct consequence of alcohol misuse, such as alcohol poisoning and alcoholic liver disease.

Alcohol-related conditions are not a direct consequence of alcohol misuse but for which alcohol has been linked as a causal factor.

For this needs assessment alcohol-specific data has been used, with the exception of alcohol and morbidity, where it refers to alcohol-related conditions. This section looks at the wider conditions that alcohol is a causal factor.

## **2. Key issues**

### **Hospital admissions for alcohol-specific conditions are high and increasing.**

The rate of hospital admissions alcohol-specific conditions in North Tyneside are over double the England average and are the 4<sup>th</sup> highest at local authority level nationally. Whilst the national rate has seen a decrease since 2021/22, locally admissions are continuing to increase.

### **There has been an increase in alcohol-specific mortality since the COVID19 pandemic.**

In North Tyneside there was an increase in the alcohol-specific mortality rates in the year 2020, which has remained high, and not returned to pre-pandemic levels. These rates are worse than the England average, but are in line with the regional average, with North Tyneside in the middle of the rankings with regional neighbours.

### **There are higher levels of alcohol misuse in vulnerable groups.**

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<sup>7</sup> HM Government. *The Government's Alcohol Strategy*. March 2012. Available from: <https://researchbriefings.files.parliament.uk/documents/CDP-2023-0003/CDP-2023-0003.pdf>

Certain groups in society who may be more vulnerable to alcohol harm appear to have higher levels of alcohol misuse. This includes young people, carers, people with mental health conditions and older adults.

**The number of individuals with alcohol dependence in alcohol treatment are impacted by several barriers.**

Treatment services within North Tyneside have largely received referrals for new individuals and cater well to those who are referred with a significant proportion leaving treatment successfully. However, three quarters of those with alcohol dependence are not in alcohol treatment, leading to unmet need. Many of the barriers to accessing treatment are individual factors and work with people with lived experience in North Tyneside identified that they have to feel ready to address their dependence before they access services.

### **3. High level priorities**

- Reduce inequalities through targeted work with vulnerable groups, including children and young people and older adults, to increase understanding of harm and awareness of services.
- Reduce alcohol-related harm, including hospital admission rates and mortality rates.
- Strengthen multi-agency work and increase links between services to further support awareness of treatment services to increase numbers engaging in treatment and increase awareness of other ways for residents to reduce their alcohol consumption.
- Explore the individual barriers that people experience, which may prevent them from accessing treatment.

## 4. Those at risk

### Children

Whilst most people under the age of 15 don't drink, the amount of alcohol consumed by children aged 11 to 15 years old has doubled since 1990.<sup>8</sup> Drinking alcohol at an earlier age is associated with adverse consequences including:

- an increased likelihood of alcohol dependence during adulthood
- significant changes in brain structure of those drinking heavily which can affect brain functions including motivation and reasoning
- adverse effects on liver, bone, growth, and endocrine development
- increased alcohol-related injuries, road traffic accidents and involvement in violence
- increased suicidal thoughts and attempts
- increased sexual partners, incorrect/no use of condoms and higher pregnancy rates
- increased risky behaviours including using drugs and risky driving behaviours<sup>8</sup>

### Families with parental substance misuse and looked after children

Parental substance misuse has been noted to cause harm to children of all ages – right through from their initial conception into adulthood<sup>9</sup>. Misuse can lead to unpredictable parenting with knock on effects including the children having to care for their parents or siblings, impacts on their physical and mental health as well as educational attainment and engagement at school.<sup>10,11</sup>

Some children become under kinship, i.e. looked after by extended family members as the child's parent(s) misuse substances and cannot care for their children.<sup>12</sup> Over 50% of children living in kinship care are doing so because of parental substance misuse.<sup>13</sup> Almost 17% of children within the North East region who are recorded as 'children in need' are supported by social care due to parental alcohol use.

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<sup>8</sup> GOV.UK. *Alcohol consumption by children and young people*. 17<sup>th</sup> December 2009. Available from: <https://www.gov.uk/government/publications/alcohol-consumption-by-children-and-young-people>

<sup>9</sup> Advisory Council on the Misuse of Drugs (ACMD). *Hidden Harm – Responding to the needs of children of problem drug users*. 2003. Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/120620/hidden-harm-full.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf)

<sup>10</sup> Hedges, S. & Kenny, C. *Parental Alcohol Misuse and Children*. 9th February 2018. Parliamentary Office of Science and Technology. Available from: <https://post.parliament.uk/research-briefings/post-pn-0570/>

<sup>11</sup> Syed, S. & Gilbert, R. Parental alcohol misuse has major effects on children's health and development. *BMJ (Clinical research ed.)*. 2019; 364:l912. doi: 10.1136/bmj.l912

<sup>12</sup> Kinship. What is kinship care?. Available from: <https://kinship.org.uk/for-kinship-carers/what-is-kinship-care/>

<sup>13</sup> Adfam. *One in Three: Adfam's Manifesto for 2020 and beyond*. 2020. Available from: <https://adfam.org.uk/files/one-in-three.pdf>

## **Carers**

There is a significant impact on the loved ones of those who are misusing drugs and/or alcohol. YouGov results from 2019 suggest that almost 1 in 3 (15.7 million) adults in Great Britain have been negatively affected by someone else's substance use at some point in their life and that 5.2 million people are currently affected.<sup>13</sup> The effects of substance misuse to the family/carers are broad including: isolation and impact on their own mental health, financial implications, and strained family relationships.<sup>13</sup>

## **Pregnancy**

Alcohol consumption during pregnancy is associated with harmful effects on the fetus in addition to adverse outcomes for the mother. Foetal alcohol spectrum disorders (FASD) are the range of clinical syndromes which can occur to the developing infant of a mother who consumes alcohol. The harmful effects to the fetus vary depending on a number of factors including level of alcohol consumed and stage of pregnancy when alcohol is being consumed.

## **Older People and Housebound patients**

Risk of alcohol-related harm is known to increase with older age where physiological changes mean older people often have lower tolerance to alcohol and therefore experience harm from lower levels of alcohol than what would be considered high risk for the normal population.<sup>14</sup> Adults of older age are at an increased risk of being housebound, meaning they are unable to leave their house, usually due to illness.<sup>15</sup> Such individuals may experience higher levels of social isolation and increased dependence on others which could potentially increase their risk of alcohol misuse and dependence.

## **Homelessness**

Alcohol and/or drug addiction are a known cause and consequence of homelessness; two thirds of homeless people state that their drug or alcohol use is the reason they first became homeless.<sup>16</sup> Those who are homeless experience considerable emotional stress and there is a higher prevalence of mental health

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<sup>14</sup> Bareham, B., Seddon, J. Alcohol Use: Its Meaning and Impact in Older Age. In: Thurnell-Read, T., Fenton, L. (eds) *Alcohol, Age, Generation and the Life Course, Leisure Studies in a Global Era*. Palgrave Macmillan, Cham. 2022. p.275-295. [https://link.springer.com/chapter/10.1007/978-3-031-04017-7\\_12](https://link.springer.com/chapter/10.1007/978-3-031-04017-7_12)

<sup>15</sup> Musich S, Wang SS, Hawkins K, Yeh CS. Homebound older adults: Prevalence, characteristics, health care utilization and quality of care. *Geriatric Nursing*. 2015;36(6): 445-450. <https://doi.org/10.1016/j.gerinurse.2015.06.013>.

<sup>16</sup> Crisis UK. *Drugs and alcohol*. <https://www.crisis.org.uk/ending-homelessness/health-and-wellbeing/drugs-and-alcohol/> [Accessed 21<sup>st</sup> December 2022]

illness in this population. Many use alcohol and drugs as a coping mechanism, and the overlap of multiple disadvantages such as poor mental health and alcohol misuse worsens the inequalities this population experience.

### **People with mental health conditions**

Research shows there are a large proportion of individuals with both alcohol misuse and poor mental health, and therefore engaging with both mental health and drug & alcohol services. It was estimated that 44% of community mental health patients reported to have problem drug or alcohol use in the prior year.<sup>17</sup>

There is also evidence of a strong association between suicide and alcohol misuse with a history of alcohol misuse being present in 45% of suicides between 2002 and 2011.<sup>17</sup>

### **Prisoners and those involved in the criminal justice system**

Some adults who engage with alcohol or drug treatment services have a criminal history. The most recent data on this is from 2012 and shows that of the individuals in treatment in 2011 or 2012 who had a criminal conviction in the two years prior to treatment, 22% of them were misusing alcohol in North Tyneside. Renowned

## **5. Level of need**

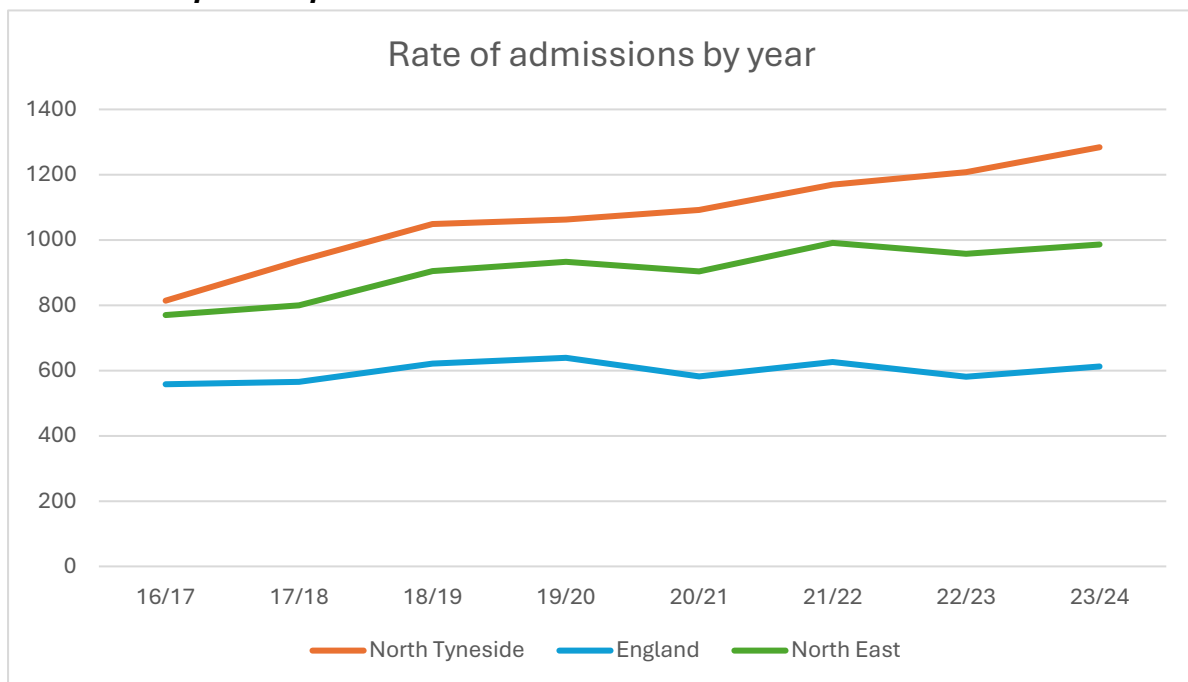
### **Alcohol-specific hospital admissions**

In the year 2023/24 the rate of hospital admissions of North Tyneside residents for alcohol-specific conditions was 1,284 per 100,000, following an increasing trend. Hospital admission rates in North Tyneside are higher than both the England and North East average, as shown in Figure 1. For the same year the England rate was 581 per 100,000, less than half the North Tyneside rate.<sup>18</sup>

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<sup>17</sup> Public Health England. *Health matters: harmful drinking and alcohol dependence*. 2<sup>nd</sup> January 2016. Available from: <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>

**Figure 1: Rate of Hospital Admissions for alcohol-specific conditions in patients aged 18 and over 2016/17–2023/24.<sup>18</sup>**



The most recent data for alcohol-specific hospital admissions in under 18's shows that the rate in North Tyneside is 60 per 100,000. Similar to adults, this is significantly higher than the England average, which is 23 per 100,000 for the same time period.<sup>18</sup> For this age group, North Tyneside has the highest rate in the region, and 4<sup>th</sup> highest rate nationally. However, exploring this further, this rate only relates to a small number of individuals, many of which only had a single admission episode.

There is evidence that a large proportion of individuals have had multiple alcohol-specific hospital admissions. Although there were 1,948 alcohol-specific admissions during the year 2024, just 1,117 individuals account for these admissions due to a number of people being admitted on more than one occasion. 774 (63.9%) of patients were admitted just once during 2024 for alcohol-specific conditions whilst the remaining 343 (30.7%) of patients were admitted on at least two occasions. 168 patients (15.0%) were admitted on two occasions, 69 (6.2%) on three occasions and 39 patients (3.5%) on four occasions.

67 (6.0%) patients were admitted five or more times with alcohol-specific conditions during 2024 and the total number of admissions for these 67 patients

<sup>18</sup> OHID. Fingertips. Public health profiles. Alcohol Profile. Available from: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132984/pat/15/par/E92000001/at/502/are/E08000022/yr/1/cid/4/tbm/1> [Accessed 1st April 2025].



was 475 admissions. This group therefore accounted for just under a quarter (24.4%) of the 1,948 alcohol specific admissions in 2024.<sup>19</sup>

### **Alcohol-related morbidity**

There are more than 60 alcohol-related conditions (including cancer, cardiovascular disease, depression, and liver disease) many of which may result in hospital admission. These are different to alcohol-specific conditions and are known as alcohol-related conditions. There is generally good understanding of some of the conditions which drinking alcohol is linked to, with the 2024 Balance survey showing that at least two thirds (67%) of the surveyed residents, from the North East region, being aware that drinking alcohol increased the risk of developing physical ill health. This was similar for mental ill health, with 64% of those surveyed recognising the association between alcohol consumption and mental health.<sup>20</sup>

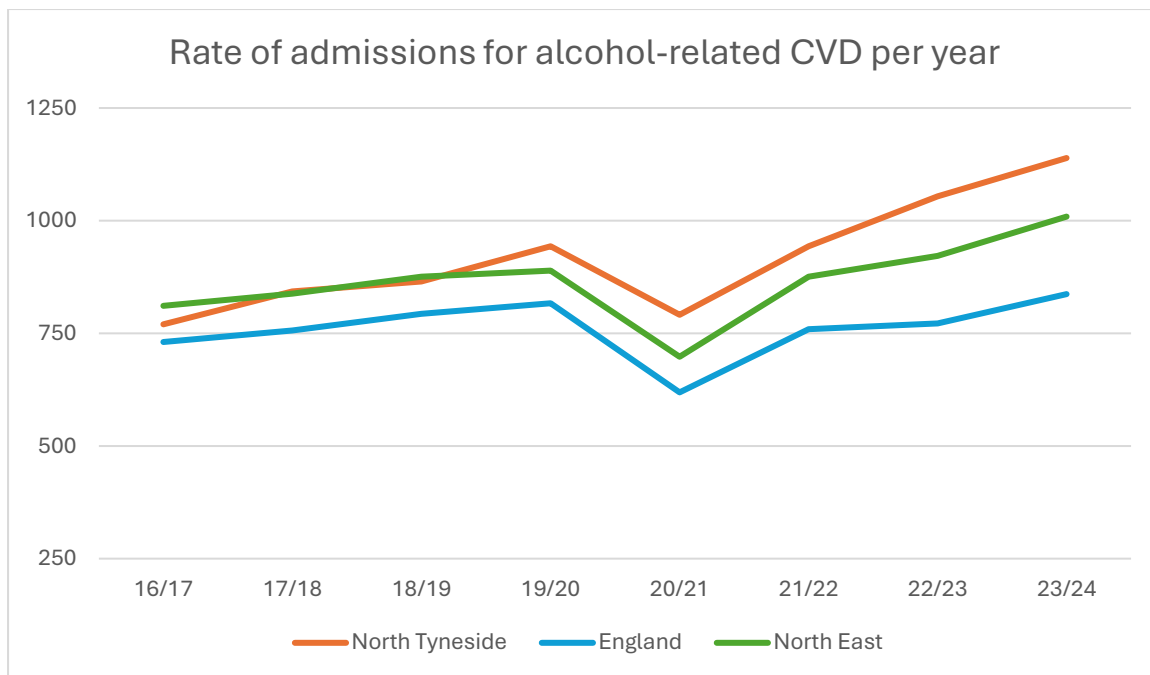
A large proportion of alcohol-related hospital admissions are due to alcohol-related cardiovascular disease (CVD). OHID data from 2023/24 shows that there were 2,578 admissions to hospital due to alcohol-related CVD, continuing an increasing trend. This equates to a rate of 1,139 hospital admissions per 100,000 of the population and was considerably higher than the England rate of 837 admissions per 100,000 and was also higher than the North East rate.<sup>18</sup>

### **Figure 2: Rate of Hospital Admissions due to alcohol-related cardiovascular disease 2016/17–2023/24.**

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<sup>19</sup> North East and North Cumbria (NENC) Integrated Care Board (ICB) (North Tyneside) Business Intelligence. *North Tyneside Alcohol Specific Admissions and A&E Attendances (Adults)*. Produced on 21<sup>st</sup> March 2025.

<sup>20</sup> Balance North East. *Alcohol Perceptions Research*. May 2024.



Alcohol-related cancer have been monitored nationally and related to new alcohol-related cancers of seven types:

1. Mouth (lips, oral cavity)
2. Pharynx (upper throat)
3. Oesophageal (food pipe)
4. Larynx (voice box)
5. Breast
6. Liver
7. Colorectal (bowel)

The incidence trend has been relatively static both locally and nationally since 2012. The last published period of 2017–19 demonstrated an incidence rate of 39.4 per 100,000 locally which is lower than the North East rate of 40.1 but higher than the England rate of 38 per 100,000.<sup>18</sup> By sex, the incidence rate is observed to be higher in males than females, with a rate of 42.6 per 100,00 for males from 2017–19 and 37.0 per 100,000 for females.<sup>18</sup>

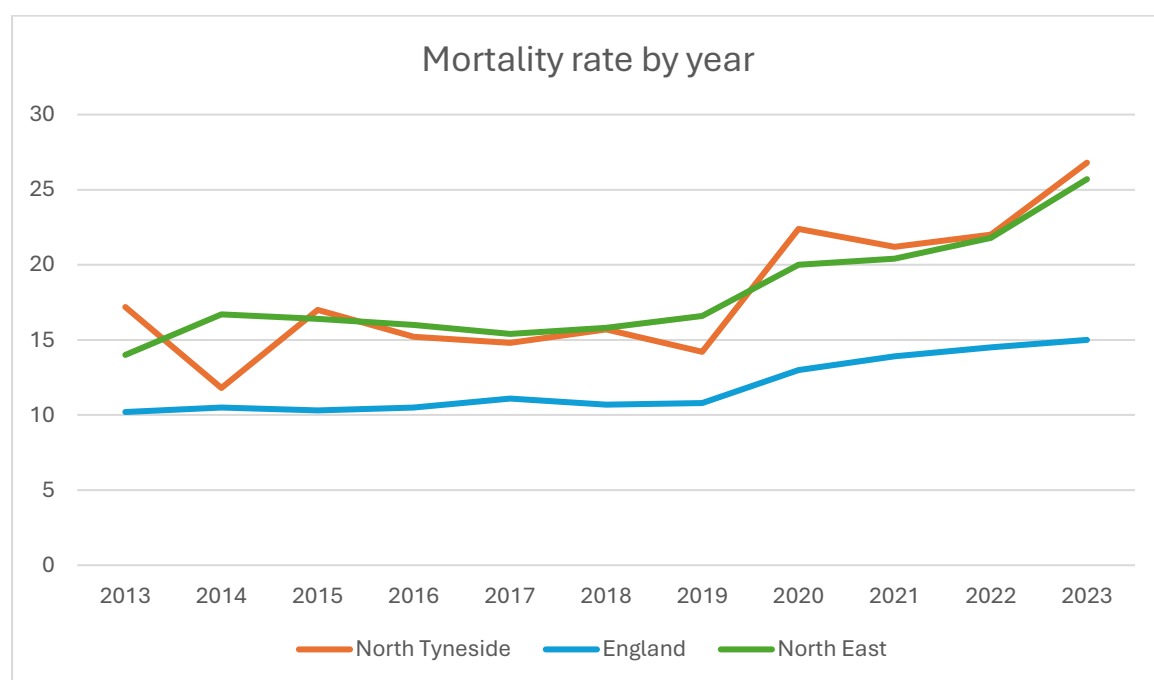
### **Alcohol-specific mortality**

Alcohol-specific mortality refers to deaths which are a direct consequence of alcohol misuse, such as alcohol poisoning and alcoholic liver disease.

National rates of alcohol-specific deaths between 2012 and 2019 remained stable but have sharply increased since the onset of the pandemic. Since then, the rate has continued to slowly increase, not returning to pre-pandemic levels. The most

recent data, 2023, shows that the rate of alcohol-specific mortality in North Tyneside was 26.8 per 100,000. This was higher than the England average, at 15.0 per 100,000, but relatively similar to the North East.<sup>18</sup>

**Figure 3: Rate for alcohol-specific mortality in North Tyneside, compared to England and the North East 2013–2023.**



## Treatment Services

The client group accessing alcohol treatment services often face multiple and complex needs. They are often individuals with entrenched dependencies who

have likely faced health and social inequalities and can be heavily stigmatised. Relapse during treatment can also be common. These individuals therefore require substantial support in order to achieve recovery or abstinence from alcohol dependence and need a holistic, multi-agency approach including support with housing, education and employment.

In North Tyneside structured treatment for substance misuse is classified as:

- Alcohol only
- Opiate
- Non-opiate
- Alcohol and non-opiate

In 2023/24, 615 adults were receiving structured treatment for alcohol-only in North Tyneside. More of these were male (59%) than female (41%), which is the same proportions across England. Of these 615 individuals, 62% were new presentations to treatment (380) i.e. they had not had contact with NTRP previously. The number of new presentations has been decreasing for the last two years.<sup>21</sup>

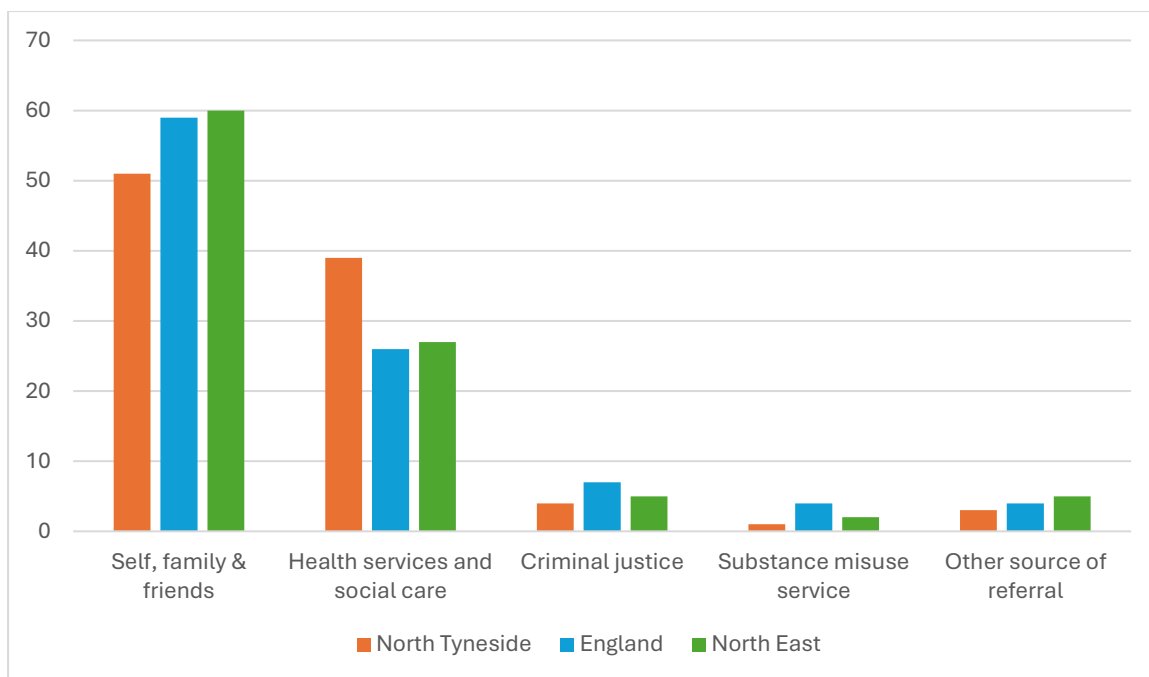
The most common referral route into the service continues to be via the individual, their family or friends (48%). Since 2020 there has been a decreasing rate of referral via self, family or friends and there has been an increasing trend in referrals from health services and social care. Figure 4 shows the different referral routes and the proportion of new presentations into treatment for each one.

**Figure 4: Referral routes into the treatment service for individuals seeking help due to alcohol misuse by percentage.<sup>22</sup>**

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<sup>21</sup> National Drug Treatment Monitoring System. *Adults in treatment North Tyneside*. Available from: <https://www.ndtms.net/ViewIt/Adult>

<sup>22</sup> National Drug Treatment Monitoring System. *Routes into treatment*. Available from: <https://www.ndtms.net/ViewIt/Adult>



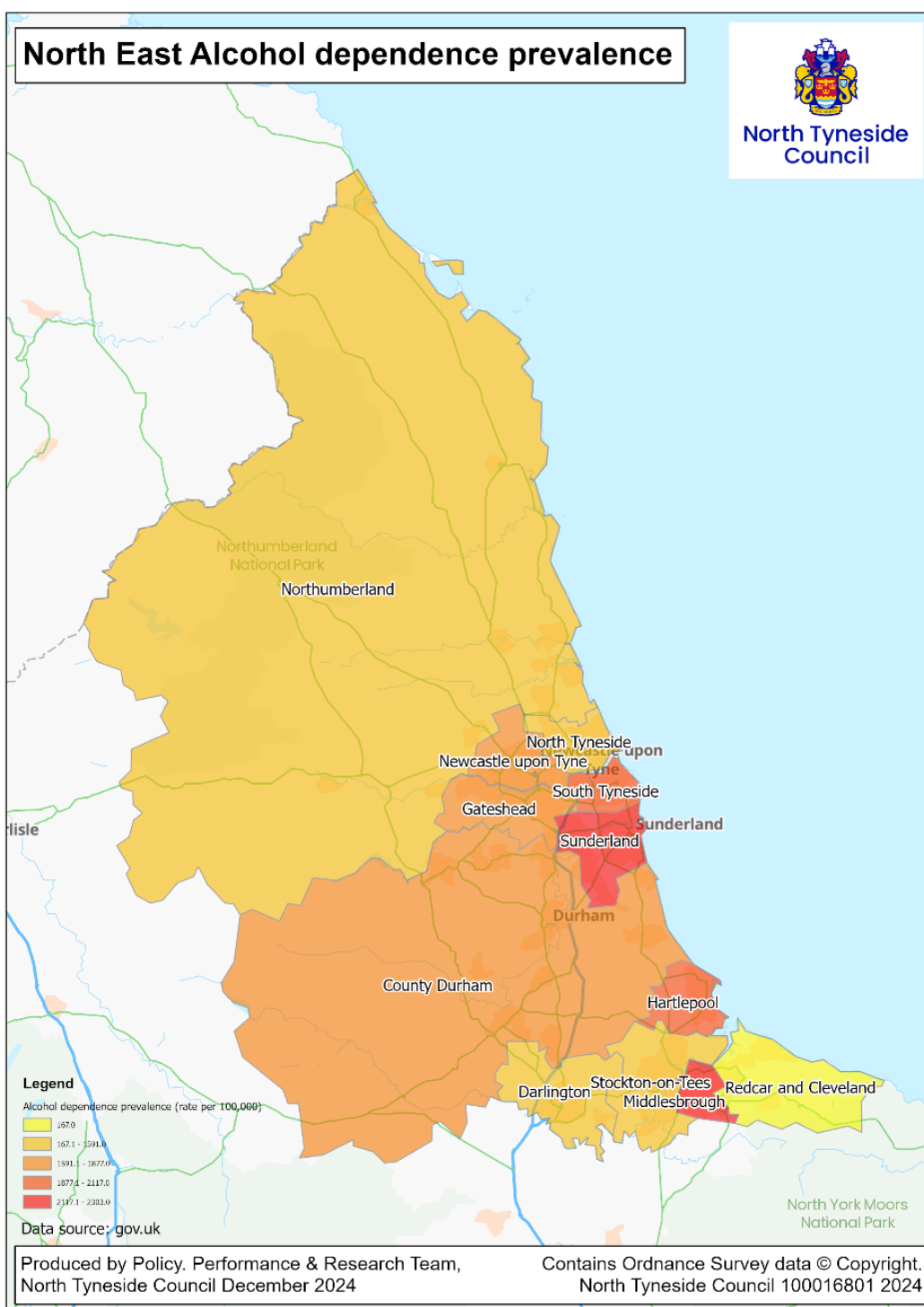
For the 2023/24 period 59% of the 380 new presentations to alcohol treatment services within North Tyneside successfully completed treatment, and there were 32% dropped out or left treatment. This was a similar percentage to England where 58% of individuals successfully completed treatment and 33% dropped out or left early. Males were more likely to have an early exit both within North Tyneside and England as a whole – 33% of males in North Tyneside left treatment early, compared to 29% of females.<sup>23</sup>

## 6. Unmet need

Prevalence estimates show the North East region has high levels of alcohol dependence. Figure 5 shows the rate of alcohol dependence estimates, per 100,000, for each local authority area in the region.

**Figure 5: Map representation of rate of alcohol dependence per 100,000 of the population for North East Local Authorities for 2019–20.**

<sup>23</sup> National Drug Treatment Monitoring System. *Outcomes of treatment received North Tyneside*. Available from: <https://www.ndtms.net/View/t/Adult>



The 2019-20 prevalence estimates show that 2,630 (1,584 per 100,000) people in North Tyneside are alcohol dependent<sup>24</sup>. The rate of unmet need in North Tyneside

<sup>24</sup> GOV.UK. *Alcohol dependence prevalence in England*. Available at: [Alcohol dependence prevalence in England - GOV.UK](https://www.gov.uk/government/statistics/alcohol-dependence-prevalence-in-england)

is estimated to be 68.4%, which equates to 1998 individuals currently in need of support, but not in treatment.<sup>25</sup>

Unmet need has improved year-on-year since 2018, but there are some caveats with the data, as prevalence rates may be used from a different year.

## 7. Projected need and demand

OHID has published national data regarding alcohol consumption throughout the COVID19 pandemic including the various stages of lockdowns and restrictions.

The data demonstrates that nationally in England more of the population report to not consuming any alcohol than before the pandemic. However, there are also more people who are drinking hazardous and harmful levels of alcohol.<sup>26</sup>

Research suggests that people who tended to be the heavier drinkers prior to the pandemic, were the most likely to have increased the amount they were consuming.<sup>27</sup> Data, for hospital admissions and mortality, shows that rates have remained higher than pre-pandemic levels, and a potential continuing increase in demand on services.

Older people are an identified group of the population that are at an increased risk of alcohol harm, in part, due to physiological changes mean they have lower tolerance to alcohol. They can take longer to recover from alcohol-related harm and are more likely to have chronic conditions exacerbated by alcohol use. North Tyneside has an ageing population, with projected population estimates showing that there will be a 19.1% increase in the over 65 age group by 2030<sup>28</sup>. This could mean an increased demand for alcohol-related care in this group of the population. This is also reflected in the presentations to treatment, where the most common age group has increased to 50 to 59 years old.

## 8. Community assets and services

All inpatients in Northumbria Healthcare NHS Foundation Trust are routinely asked about their alcohol consumption. The Alcohol Care Team (ACT), based at NSECH,

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<sup>25</sup> National Drug Treatment Monitoring System. *Unmet treatment need North Tyneside*. Available from: <https://www.ndtms.net/Viewwt/Adult>

<sup>26</sup> Office for Health Improvement and Disparities. *Wider Impacts of COVID-19 on Health (WICH) monitoring tool*. Available from: <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>.

<sup>27</sup> Public Health England. *Monitoring alcohol consumption and harm during the COVID-19 pandemic: summary*. 15<sup>th</sup> July 2021. Available from: <https://www.gov.uk/government/publications/alcohol-consumption-and-harm-during-the-COVID-19-pandemic/monitoring-alcohol-consumption-and-harm-during-the-COVID-19-pandemic-summary>

<sup>28</sup> North Tyneside Council. *Borough Profile*. Available at: <https://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/Borough%20Profile%202024.pdf>

is a small team of specialists that help to support patients, identified to be at-risk due to their alcohol consumption, to reduce, quit or use alcohol more safely.<sup>29</sup> It has in-reach services in A&E, short stay and specialist wards, as well as outreach services into North Tyneside and Wansbeck General Hospital sites.

North Tyneside Recovery Partnership (NTRP) is the specialist treatment service in North Tyneside and offers treatment and support to any resident who is experiencing problems with drugs and/or alcohol. It is delivered by a formal partnership between CNTW NHS Foundation Trust, Changing Lives and Turning Point of which the latter two organisations are Voluntary, Community and Social Enterprises. There is both an adult service and a young person's service for anyone up to the age of 25 and individuals can either self-refer or be referred by a healthcare professional. Staff within NTRP provide one-to-one support to the individual, building a Personal Recovery Plan which address both short-term and long-term recovery needs.<sup>30</sup>

The North Tyneside Strategic Alcohol Partnership exists to facilitate a whole-system approach to addressing alcohol misuse and its resultant harm to individuals, their family, and the wider community. Members of the board include Balance North East, North Tyneside Council, Northumbria Healthcare NHS Foundation Trust (NHCT), Northumbria Police and community and voluntary sector agencies. The partnership meets four times per year and reports to the Health and Wellbeing Board.

The three North of Tyne local authorities (North Tyneside, Newcastle and Northumberland) have access to an inpatient detoxification bed (IPD) at St Nicholas Hospital in Newcastle for their residents. Patients are medically assessed and must fulfil certain criteria to be eligible.

PROPS North East is a charity which provides specialist support for family members whose lives are affected by a relative's drug or alcohol misuse within Newcastle and North Tyneside.<sup>31</sup> They offer a variety of support including emotional support, one-to-one support, and group support.<sup>32</sup> They also offer sessions to help families to have the confidence to manage situations that may

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<sup>29</sup> NHS Northern Care Alliance. *Alcohol Care Teams – All Sites*. Available from: <https://www.northerncarealliance.nhs.uk/our-services/alcohol-care-team> [Accessed 25<sup>th</sup> August 2022].

<sup>30</sup> Turning Point. *North Tyneside Recovery Partnership*. Available from: <https://www.turning-point.co.uk/services/ntrp>.

<sup>31</sup> PROPS. *Who we are*. Available from: <https://props.org.uk/about-us/who-we-are/>.

<sup>32</sup> PROPS. *Support*. Available from: <https://props.org.uk/how-we-can-help/support/>.



be encountered by a relative's substance misuse including dealing with crisis, harm minimisation, relapse prevention and post-acute withdrawal.<sup>33</sup>

Balance North East was launched in 2009, following commitments made in the regional health and wellbeing strategy, 'Better Health, Fairer Health' and is currently funded by seven local authorities in the North East of England. Their aim is to encourage people to reduce their alcohol consumption which in turn will reduce the burden of alcohol-related harm within the region.

There are a large number of VCS organisations which offer help and support to people in North Tyneside who are affected by alcohol misuse. Such organisations are not commissioned by North Tyneside but offer an invaluable service to many. These include P.A.U.S.E, Alcoholics Anonymous (AA), Street Pastors, Al-anon, Alcohol Change UK and UK Smart Recovery (UKSR).

## **9. Evidence for interventions**

### **Recommended Guidelines**

Guidance by the Chief Medical Officer (CMO) from January 2016 indicates that adults should not drink more than 14 units of alcohol a week on a regular basis and that those drinking as much as this should spread the drinking out evenly over at least three days as well as having alcohol-free days.<sup>34</sup>

### **Evidence-based population-level interventions**

NICE states that population-level approaches are important because they can help reduce the aggregate level of alcohol consumed and therefore lower the whole population's risk of alcohol-related harm.<sup>35</sup> NICE have published recommendations for policy and practice that should be considered to tackle alcohol-related harm. These include considering price, availability and marketing in policy. In practice recommendations link to licensing, resources for screening, supporting children and young people, screening and brief intervention with young people, brief advice for adults and referrals.<sup>35</sup>

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<sup>33</sup> PROPS. *Structured Programmes*. Available from: <https://props.org.uk/how-we-can-help/structured-programmes/>.

<sup>34</sup> GOV.UK. *Alcohol consumption: advice on low-risk drinking*. 25<sup>th</sup> August 2016. Available from: <https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking>

<sup>35</sup> National Institute for Health and Care Excellence. *Alcohol-use disorders: prevention*. Available from: <https://www.nice.org.uk/guidance/ph24/chapter/Recommendations>

## Screening tools

NICE recommends that NHS professionals include alcohol screening as an integral part of their practice. Other non-NHS professionals such as social services and higher education teams should also screen for alcohol misuse where possible.

Screening should use a validated alcohol questionnaire, AUDIT, or an abbreviated version of it e.g., AUDIT-C. This screening tool guides professionals as to whether the individual should be offered a brief intervention or whether they need onward referral for specialist treatment.<sup>35</sup>

## Identification and Brief Advice (IBA)

Identification and Brief Advice (IBA) aims to facilitate behaviour change for those drinking above the CMO guidelines of 14 units per week. IBA has been proven to be an effective method of supporting people to drink less and is supported by a large body of evidence, including the PHE Evidence Review and a Cochrane Collaboration review.<sup>36</sup>

Identification would be done via screening with the AUDIT tool and the brief intervention would typically give feedback on the individual's alcohol use; give advice about how to cut down their drinking and change their drinking behaviour; and help to develop a personal plan to reduce their drinking. **Error! Bookmark not defined.**

An extended brief intervention is required for adults who have not responded to brief structured advice. Sessions typically last 20 to 30 minutes and involve motivational interviewing or enhancement therapy to help the individual to reduce their drinking or consider abstinence. These individuals should be followed-up for further sessions or onward referral to a specialist alcohol treatment service.<sup>37</sup>

## Interventions for harmful drinking or alcohol dependence

Referral to specialist treatment should be considered for those with alcohol dependence or those with harmful drinking patterns who have failed to benefit from extended brief intervention but would like to receive further help. **Error! Bookmark not defined.** Specialist treatment should involve offering the individual a psychological intervention, such as cognitive behavioural therapy (CBT) or behavioural couples

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<sup>36</sup> Kaner E et al. Effectiveness of brief alcohol interventions in primary care populations. *Cochrane Database of Systematic Reviews*. 2018; 2: 1465-1858. doi: <https://doi.org/10.1002/14651858.CD004148.pub4>

<sup>37</sup> National Institute for Health and Care Excellence (NICE). *Guideline – Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence. [CG115]*. 23<sup>rd</sup> February 2011. Available from: <https://www.nice.org.uk/guidance/cg115/chapter/Recommendations>

therapy if a regular partner is willing to participate. Some individuals, particularly those with more severe dependence may benefit from this in combination with a pharmacological intervention. Prior to these interventions, some individuals may also require assisted withdrawal which should usually be offered via a community-based programme.<sup>38</sup>

### **Alcohol Misuse in Children and Young People**

Children and young people aged 10 to 17 years who have alcohol misuse may need to be referred to a specialist child and adolescent mental health service (CAMHS) for a comprehensive assessment of their needs. Inpatient care should be offered to those who need assisted withdrawal with the goal of treatment being complete abstinence and individual cognitive behavioural therapy or family therapy can help to achieve this.<sup>38</sup>

### **Parents with Alcohol and Drug Problems**

Governmental guidance from 2021 outlines the key issues for families affected by parental drug or alcohol misuse. It reports that therapeutic services for children and families are essential and that a 'whole family' approach will often be required. The guidance highlights some key requirements to help support families affected by substance misuse including:

- Senior leadership to help develop a whole-system response.
- Confident frontline staff to identify and refer affected parents and children to support services.
- Clear pathways between systems to identify affected families and ensure they receive prompt support.<sup>39</sup>

## **10. Views**

A 60-minute focus group was conducted in January 2023 with individuals, who has successfully completed the rehabilitation programme or were currently undertaking it, at North Tyneside's treatment and recovery service. Table x shows the key themes from the focus group.

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<sup>38</sup> National Institute for Health and Care Excellence (NICE). *Guideline – Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence. [CG115].* 23<sup>rd</sup> February 2011. Available from:

<https://www.nice.org.uk/guidance/cg115/chapter/Recommendations>

<sup>39</sup> Public Health England. *Parents with alcohol and drug problems: adult treatment and children and family services.* 10<sup>th</sup> May 2021. Available from: <https://www.gov.uk/government/publications/parents-with-alcohol-and-drug-problems-support-resources/parents-with-alcohol-and-drug-problems-guidance-for-adult-treatment-and-children-and-family-services>

**Table 1: Summary of key points raised during January 2023 Focus Group**

Theme	Key Points
<b>Alcohol Treatment</b>	<p>Crisis team strongly promoting NTRP.</p> <p>Referrals to NTRP were quick and efficient.</p> <p>Overwhelmingly positive experiences regarding Oaktrees.</p> <p>Main barrier to accessing treatment was the individual's own motivation and readiness to accept treatment.</p> <p>Suitable childcare arrangements should be offered to ensure parents can attend Oaktrees Day Centre.</p> <p>Awareness of NTRP could be improved in frontline staff (primary &amp; secondary care, police, and social services).</p> <p>Leaflets regarding NTRP should be made available in healthcare settings.</p>
<b>Alcohol-Related Services</b>	<p>Positive experiences with NTRP Smart Recovery 4-point programme and P.A.U.S.E. at Meadow Well Connected.</p> <p>PROPS had improved family relationships of service users.</p> <p>Some users thought they were unable to access PROPS until under NTRP.</p> <p>AA meetings can be intimidating due to jargon.</p>
<b>Healthcare Services</b>	<p>Mixed experiences reported when encountering healthcare professionals in community and hospital-based settings.</p> <p>Negative attitudes received from healthcare staff increased the likelihood of the individual disengaging with the healthcare service.</p>
<b>Other Services</b>	<p>Mixed experiences reported with police service and Jobcentre staff.</p>
<b>Alcohol Availability</b>	<p>Alcohol advertising particularly challenging for managing alcohol misuse and recovery.</p> <p>Television adverts by alcohol industry felt to be misleading and not showing alcohol harms.</p> <p>Supermarket/shop alcohol availability challenging with alcohol beverages dispersed around multiple areas of the store rather than in a single aisle.</p> <p>Mixed thoughts regarding alcohol-free drinks – some individuals avoided it due to similarity to alcohol whilst others able to consume alcohol-free drinks without issue.</p>

Views from professionals involved in alcohol-related services have been gathered through informal discussions throughout the HNA process. An Adult Treatment Service away day in 2022 provides further key points on current challenges they are experiencing. Key themes are outlined in Table 2.

**Table 2: Summary of key points raised from informal discussion with professionals during health needs assessment**

Theme	Key Points
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<b>Population</b>	<p>Change to demographics of those requiring healthcare / treatment for alcohol – increasing younger people, increasingly people of all socioeconomic statuses.</p> <p>Many have combined drug and alcohol misuse.</p> <p>Change in drinking pattern consumptions since COVID-19 pandemic – generally increased.</p> <p>Increased complexity of service users,</p>
<b>Current Treatment Service</b>	<p>Concerns that Treatment Service doesn't suit everyone – some individuals hesitant due to Drug <u>and</u> Alcohol Service – a solely alcohol service is not available.</p> <p>Lack of out of hours Treatment Service restricting access.</p> <p>Increasing cost of living impacting on service engagement – marked reduction in treatment group attendance due to travel costs.</p> <p>Mixed group sessions at NTRP doesn't suit all individuals.</p> <p>Those with young children less likely to engage in treatment services due to concerns regarding social services involvement.</p> <p>NTRP Recruitment issues leading to high caseloads and difficulties completing intensive service user work.</p>
<b>Collaborative Working</b>	<p>Difficulties in joint working with Community Treatment Teams and Talking Therapies.</p> <p>Difficulties in joint working with Community Treatment Teams and Criminal Justice Team.</p>

A workshop was held in December 2024, with professionals in North Tyneside to explore the experience of older people and substance misuse. The workshop aimed to explore all substance misuse, but it was found in this cohort that alcohol misuse was most prevalent. Key themes from the workshop and areas of focus that emerged from the workshop findings included:

- **Stigma and awareness** can prevent older individuals from seeking help for substance misuse. This can include public and professional attitudes to older people and addiction.
- **Accessibility and suitability of** services to account for physical and cognitive challenges. Considering home visits and community-based services important to improve accessibility.
- **Integration and collaboration**, including the voluntary sector and more co-design with older adults.
- **Education and training** for frontline professionals, as well as education campaigns to raise awareness.

- **Challenges**, including competing health issues, loneliness, generational attitudes, misdiagnosis of addiction-related health issues and easier access to alcohol.
- **Practical solutions** identified such as more access to personalised outreach and one-to-one support and incorporating questions about substance misuse in other health services (e.g. NHS Health Checks).
- **Funding and Policy**; the need permanent funding to sustain services and improve pathways
- **Social inclusion and engagement** and consider addressing social norms and misconceptions of addiction in older adults.

## 11. Additional Needs Assessment Required

Alcohol-related crime needs assessment.

Drugs misuse needs assessment.

## 12. Key contacts

Key Contact	Holly Moore
Job Title	Public Health Practitioner
Email	Holly.moore@northtyneside.gov.uk

## 13. References

See footnotes.