

# **North Tyneside Alcohol Strategy 2023–2025**



# Acknowledgements

This strategy has been developed in collaboration with a range of stakeholders:

- **Balance North East**
- **Bottled Up**
- **P.A.U.S.E- Problematic Alcohol Use...Saying Enough (Meadowwell Connected)**
- **North Tyneside Council – Public Health**  
0–19 Children’s Public Health Service  
Core Public Health Team  
Public Protection including Trading Standards and Licensing
- **North Tyneside Council – Adult Social Care**  
Adult Mental Health  
Wellbeing and Assessment
- **North Tyneside Council – Children’s Services**  
Education  
Safeguarding and Children’s Services
- **North Tyneside Council – Housing & Property Services**  
Housing Strategy  
Housing Operations
- **North Tyneside Council – Corporate Strategy & Customer Services**  
Communications and Marketing  
Policy, Performance & Research  
Community and Voluntary Sector Liaison
- **North Tyneside Recovery Partnership (NTRP)**
- **North East and North Cumbria (NENC) Integrated Care Board – North Tyneside Place**
- **Northumbria Healthcare NHS Foundation Trust**
- **Northumbria Police**
- **P.A.U.S.E – Problematic Alcohol Use... Say Enough Project**
- **PROPS Family Recovery Service North East**



North  
Tyneside  
Council



# Foreword

I am pleased to introduce the North Tyneside Alcohol Strategy for 2023–2025. This strategy is the first of its kind for the borough and has been written in response to the identified needs of our residents.

While many people safely consume alcohol without harming themselves or others, high-risk alcohol consumption and dependency are major public health concerns.

Data suggests more than 45,000 people in North Tyneside are regularly drinking more than the recommended weekly limit. This will lead to significant harm and long-term consequences for some people in North Tyneside, not just those who are dependent on alcohol. Alcohol has been identified as a causal factor in over 60 physical and mental health conditions. It is the leading risk factor for ill health in individuals aged 15 to 49 and higher risk drinking can contribute to self-harm and suicide. Alcohol use among older adults is increasing and people aged 55–64 are more likely to exceed the recommended weekly guidelines than any other age group.

## Health

- Casual factor in over 60 conditions, leading to hospital admissions, chronic illness and mortality

## Social

- Loss of income or employment
- Family or relationship problems and breakdown
- Anti-social behaviour, street drinking and disorder in the night time economy
- Crime and disorder
- Homelessness

## Economic

- Healthcare and hospital admissions at least partly attributable to alcohol
- Crime anticipation, consequences and response
- Presenteeism, absenteeism and premature deaths
- Adult and children social services support

The harmful effects related to alcohol are not only felt by the individual, but their loved ones and wider communities too. This includes crime, anti-social behaviour, domestic abuse, and risky behaviour. There is significant economic harm with an annual cost to society of £21 billion in England and an estimated cost of at least £74.2 million in North Tyneside (Source, TBC).

This strategy has a two-pronged approach, with intervention and prevention measures to support the whole population and individuals. By seeking to tackle higher risk consumption across the population, this strategy aims to reduce morbidity and mortality, and ultimately the health and social care costs associated with harmful drinking. Particular attention is given to children, families and people with complex health needs or other vulnerability factors for whom the effects of alcohol misuse can often be amplified.

There are clear inequalities in the patterns of alcohol misuse, with individuals of lower socioeconomic status experiencing more harm, even when they have the same or lower levels of alcohol consumption than individuals of higher socioeconomic status. This strategy will make an important contribution to efforts across the borough to tackle inequalities by supporting 'Equally Well', the Joint Health and Wellbeing Strategy.

We know that alcohol-related harm and the underlying causes aren't straightforward, people's health behaviours are affected by many factors. Therefore, this strategy takes a whole system approach to alcohol-related harm in North Tyneside. I am confident with our ongoing joint efforts that we can start to reduce alcohol harm for the residents of North Tyneside.

**Councillor Karen Clark**  
**Chair of North Tyneside's Health and Wellbeing Board**



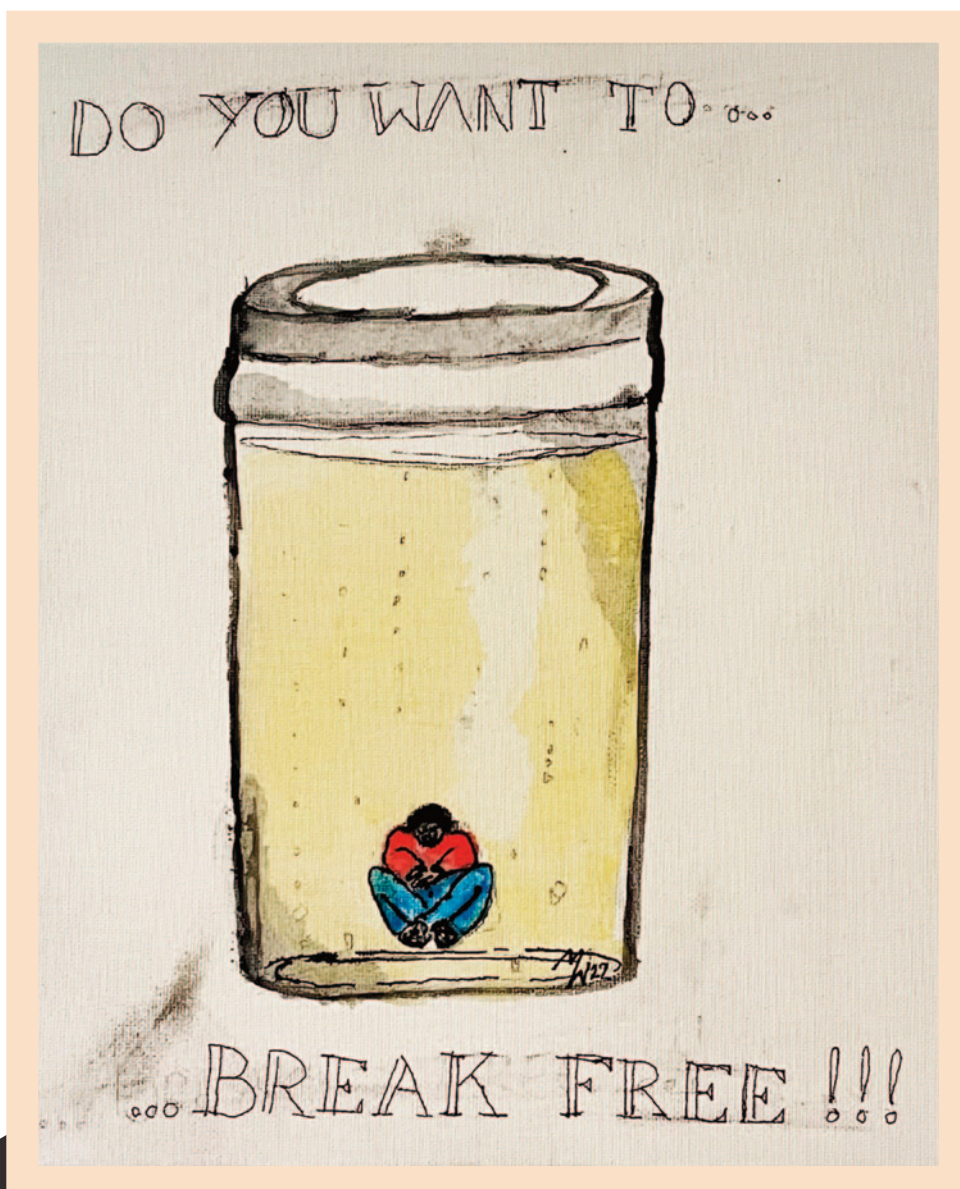
# Our vision for alcohol in North Tyneside

To reduce levels of alcohol misuse and alcohol-related harm across the life course within the borough while reducing inequalities.

This Alcohol Strategy is the first strategy of its kind for North Tyneside.

It considers the findings and recommendations from:

- Our recent **Alcohol Health Needs Assessment (HNA)**
- The regional **North East Alcohol Healthcare Needs Assessment**
- The **Government's National Alcohol Strategy**, last updated in 2012, which focusses on preventing harm by reducing levels of excess consumption and normalising 'less risky' drinking



*With thanks to service user from North of Tyne Addictions.*

# Our Commitments and Enablers

## A multi-system approach

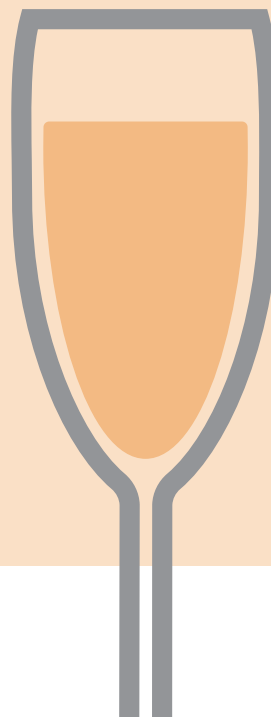
- The strategy recognises the complexity of tackling alcohol-related harms across the life course and the need to work with a range of partners to address this.
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## Population-level and targeted approaches

- A mix of approaches will be used to address the harms and reduce inequalities
  - This will require place-based actions as well as actions at a community level and for local services
  - Population level approaches will aim to change the language and shift cultural norms, where alcohol is at the heart of many social events – current prevention messages are either not being delivered or not getting through, so this strategy will seek to address that and encourage safer consumption in addition to addressing harm
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## An evidence-based approach

- Utilising up-to-date and relevant data and research to inform the actions of the strategy



# Drivers of the strategy

There are national, regional, and local level drivers of this strategy which include:

## National and regional

- The Government's Alcohol Strategy 2012
- Licensing Act 2003
- NHS England Long Term Plan 2019
- Anti-Social Behaviour Action Plan 2023
- Beating Crime Plan 2021
- Modern Crime Prevention Strategy 2016
- Northumbria Police and Crime Plan 2022-25
- North East Local Government Declaration on Alcohol
- North East and North Cumbria ICS - Better Health and Well Being for All Strategy

## Local

- Our North Tyneside Plan 2021 to 2025 - Building a Better North Tyneside
- Equally Well: A Healthier, fairer future for North Tyneside, 2021-25
- North Tyneside Statement of Licensing Policy
- North Tyneside Joint Strategic Needs Assessment
- North Tyneside Alcohol Health Needs Assessment 2023
- North Tyneside Drugs Strategy 2023-25
- Safer North Tyneside Strategy 2019-24
- North Tyneside Housing Strategy 2012-2021
- North Tyneside Children and Young People's Plan 2021-2025
- North Tyneside Prevention & Early Help Strategy 2021-2024
- North Tyneside Children and Young People's Mental Health and Emotional Wellbeing Strategy 2021-2026

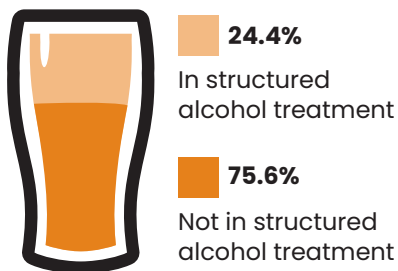


# Where are we now in North Tyneside?

Compared to the North East and England, there is:



## Adult dependent drinkers



## Alcohol-related hospital admission rates in adults per 100,000 of the population



## Alcohol-related hospital admission rates in children



## Crimes involving alcohol

Increasing number of crimes involving alcohol



6x

Over six times more common in the most deprived areas in the borough

To find out more about the current picture of alcohol harm within North Tyneside, read the **alcohol health needs assessment**.

# Achieving our vision – our key priorities

- 1 Early intervention and prevention of alcohol misuse
- 2 Protecting children, young people, and their families
- 3 Reducing health-related harms
- 4 Supporting individuals with alcohol dependency, complex health needs or additional vulnerability factors
- 5 Promoting safer communities

## Priority 1

# Early intervention and prevention of alcohol misuse

### Where do we want to be?

- Reduce the number of premises selling alcohol to those who are underage (<18 years old) and continue to take appropriate enforcement action
- Reduce the proportion of adults in North Tyneside who consume more than 14 units of alcohol per week to be in line with, or lower than, the England estimate of 22.8%
- Increase the number of individuals receiving alcohol screening within primary and secondary care
- Have 90% of appropriate frontline staff trained to deliver Identification and Brief Advice (IBA)
- Increase the number of IBA interventions delivered

### How will we get there?

#### Placed based:

- 1.1 Ensure licensed premises are responsible and compliant with regulatory policies to help promote a safe, diverse night-time economy

#### Communities:

- 1.2 Increase awareness of the health harms related to high-risk alcohol consumption across the life course
- 1.3 Work with agencies to advocate for population-based harm reduction measures

#### Local services:

- 1.4 Increase early identification and support for individuals identified as drinking at high-risk levels

## Priority 2

# Protecting children, young people and their families

### Where do we want to be?

- Reduce the number of pregnancies with exposure to alcohol to help to prevent cases of Foetal Alcohol Spectrum Disorder (FASD)
- Reduce the number of children living with an alcohol dependent adult by considering the needs of the whole family
- Increase the number of referrals of children living with a parent or carer who misuses alcohol to relevant child services support
- Increase parental and carer awareness of the Chief Medical Officer (CMO) guidance for alcohol consumption during childhood and adolescence
- Reduce alcohol-specific admission episodes per 100,000 for under 18-year-olds to be in line with the England rate

### How will we get there?

#### Communities:

- 2.1 Increase awareness and prevention of the health harms relating to alcohol consumption during pregnancy
  - 2.2 Protect children and young people from the harmful effects of parental or family alcohol misuse
  - 2.3 Support children and young people to be educated and protected from alcohol harms, promoting the importance of an alcohol-free childhood
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## Priority 3

# Reducing health-related harms

### Where do we want to be?

- Reduce the rates of alcohol-specific hospital admissions to be the same as, or less than, the England rate
- Reduce the rates of alcohol-related hospital admissions to be the same as, or less than, the England rate
- Increase the number of referrals from primary and secondary care to structured alcohol treatment services

### How will we get there?

#### Local services

- 3.1 Improve the use and accuracy of public health data and intelligence related to alcohol misuse
- 3.2 Strengthen multi-agency partnership working to address and reduce alcohol-related health harms
- 3.3 Develop and deliver a process for reviewing drug and/or alcohol related deaths within the borough to ensure learning and prevent further deaths

## Priority 4

# Supporting individuals with alcohol dependency, complex health needs or additional vulnerability factors

### Where do we want to be?

- Reduce the rate of individuals classed as alcohol dependent to be the same as, or less than, the England rate
- Reduce the proportion of dependent drinkers who are not in alcohol treatment from 76% to 70% (the borough with the lowest proportion of unmet need in England)
- Increase the proportion of individuals who successfully complete alcohol treatment from 60% to 70%
- Reduce the proportion of individuals who are re-presenting to treatment services within six months
- Reduce the alcohol-harm gap observed between those living in the most and least deprived areas of the borough
- Reduce alcohol-related mental health admissions to hospital to be in line with, or below, the England average

### How will we get there?

#### **Communities:**

4.1 Targeted work with more vulnerable groups to detect and prevent alcohol misuse

#### **Local services:**

- 4.2 Continue to develop commissioned alcohol treatment services to ensure they meet the needs of the population (within the allocated budget envelopes or where additional funding can be secured)
- 4.3 Targeted work with more vulnerable groups to manage alcohol dependency within hospital and treatment services

## Priority 5

# Promoting safer communities

### Where do we want to be?

- Involvement of alcohol is accurately recorded for all crimes within the borough, including anti-social behaviour and serious violence
- The proportion of all reported crimes within the borough related to alcohol use is reduced (note, there may be an initial increase as recording improves), including domestic abuse, anti-social behaviour and serious violence
- Individuals involved in alcohol-related crime are supported and, where appropriate, referred to alcohol treatment services with our work being aligned with wider substance misuse interventions and strategic arrangements (e.g. the Drugs Alliance)

### How will we get there?

- 5.1 Strengthen the alignment of our work to the Safer North Tyneside Partnership and its overarching objectives to tackle crime and disorder, combat substance abuse and prevent serious violence.
- 5.2 Work with the Safer North Tyneside Partnership to meet its key priority to address known gaps in data, focussing on the alcohol-related crime elements
- 5.3 Continue to develop a risk reduction approach to support and signpost victims and perpetrators of alcohol-related crime



# Strategic Leadership and Governance Arrangements

The North Tyneside Strategic Alcohol Partnership is responsible for delivering this strategy and is accountable to the Health and Wellbeing Board.

This multi-agency partnership is led by the Director of Public Health and consists of key stakeholders from local authority, health organisations and the voluntary sector. There is a shared responsibility for delivering this strategy.

There are important links to the Children and Young People Partnership, Safer North Tyneside Partnership, Drugs Partnership, and Licensing.



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