

The Safe Durham Partnership

Altogether safer

Reframing Alcohol:
Alcohol Harm Reduction
Strategy
2015-2020

APPROVED 21 OCTOBER 2015

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Foreword

Councillors Lucy Hovvels, Portfolio Holder for Healthier Communities, Joy Allen, Portfolio Holder for Safer Communities and Anna Lynch, Director of Public Health

This is the third Alcohol Harm Reduction Strategy for County Durham and aims to build upon the success of previous strategies. We would like to commend the hard work and dedication of all of those involved in alcohol harm reduction in County Durham over the last few years as we begin to see the benefits of our collective efforts. We have begun to see some success in the reduction of alcohol related hospital admissions for both adults and young people and our alcohol related crime rates remain some of the lowest in the country, but there is more to do.

For the first time, alcohol harm reduction has been identified as a cross-cutting priority by County Durham Partnership. This signifies its importance, not only on health, crime and disorder and on children and families, but also on the County Durham workforce and their productivity as well as its impact on the local environment.

Although the general picture for alcohol consumption is one of decline; as a nation we are still drinking more than we did in the 1980's. Historic trends show that a decline in consumption correlates to recessions and times of austerity. We need to continue to work closely together to make sure that alcohol related harm does not increase when we return to economic prosperity.

Alcohol is more available in County Durham than ever before with the balance between on and off sales tipping in favour of off-sales. This, in turn influences home drinking where there are unlimited servings with unlimited measures. The problems with alcohol are becoming increasingly hidden and widely dispersed.

The affordability of alcohol is also something that is of concern with alcohol being available in the County for as little as 15p per unit in the Bishop Auckland area. We know that exposing children and young people to alcohol advertising is linked to early onset drinking and those who drink alcohol to drink more. Children and young people are influenced by the environment around them and what they see.

We recognise that the world around us has changed significantly in recent times. Public Health, who led so successfully on the strategies in the past, are now within the local authority following the abolition of the Primary Care Trusts in 2013. Clinical Commissioning Groups, NHS England and the Police and Crime Commissioner are new to the partnership landscape particularly around the commissioning of alcohol services in acute settings, primary care and in the criminal justice system. Probation services have also been reshaped.

All public sector organisations within the North East continue to face a financial squeeze which means that prevention of alcohol related harm is now more important than ever, which is why, through the course of this strategy we will:

- Continue to use all of the powers currently available to us to restrict the expansion of alcohol availability and advertising, ensure that we enforce existing alcohol legislation and advocate changes to the licensing legislation to make them more useful for us to use effectively at a local level;
- In the absence of national legislation on a minimum unit price for alcohol we will work with regional partners, and those in the North West, to explore the feasibility of implementing a more local minimum unit price of at least 50p per unit.

Durham County Council, and its partners, during the course of this strategy will commit to a declaration on alcohol which includes:

- Influencing national government to take the most effective, evidence-based action to reduce alcohol harm, particularly via the introduction of greater regulations around the price, promotion and availability of alcohol;
- Influencing national government to rebalance the Licensing Act in favour of local authorities and communities, enabling local licensing authorities to control the number, density and availability of alcohol according to local requirements;
- Developing evidence-based strategies and commissioning plans with our local communities and partners including the local NHS Acute Trust, Clinical Commissioning Groups and the police;
- Ensuring that public health and community safety are accorded a high priority in all public policy-making about alcohol;
- Making best use of existing licensing powers to ensure effective management of the night-time economy;
- Raising awareness of the harm caused by alcohol to individuals and our communities, bringing it closer in public consciousness to other harmful products, such as tobacco; and
- Continuing to work with our partners to deliver the outcomes agreed in the County Durham Alcohol Harm Reduction Strategy.

This strategy sets out what all partners within County Durham will do over the next five years to reduce alcohol-related harm.

Executive Summary

Vision

The vision, agreed by all partner organisations is to:

To change the drinking culture in County Durham to reduce the harm caused by alcohol to individuals, families and communities while ensuring that adults who choose to drink alcohol are able to enjoy it responsibly.

Key objectives

To achieve the vision there are seven key objectives:

1. To reduce the harm caused to communities by tackling alcohol related crime and disorder and vulnerability;
2. To improve health inequalities and reduce early deaths in County Durham by reducing alcohol consumption across the population;
3. To support young people to manage their risk taking behaviours by building resilience and creating a culture that encourages young people to choose not to drink;
4. To reduce the negative impact alcohol has on the lives of children, young people and their families through parental alcohol use;
5. To increase the number of competitive and successful people in the County Durham workforce by reducing the negative impact that alcohol has on work attendance and productivity;
6. To expand the night time economy offer through the promotion of responsible drinking practices and through the development and promotion of alcohol free alternatives;
7. To reduce the negative impact that alcohol has on the physical environment in County Durham.

Key performance indicators

- Alcohol related violent crime
- Percentage of children becoming the subject of an Initial Child Protection Conference (ICPC) as a result of parental alcohol misuse
- Alcohol related admissions to hospital per 100,000 (narrow measure/PHOF)
- Number of people in treatment where alcohol is identified as a primary substance
- Number of people in recovery services where alcohol was identified as their primary substance
- Alcohol related under 18 hospital admissions
- Alcohol related mortalities in under 25s
- Alcohol related accident and emergency attendances

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Introduction

The harm caused by alcohol impacts upon crime, health and social services and the workplace. Dealing with the consequences of excessive alcohol consumption costs the people of County Durham in the region of £185.38 million each year (Balance, 2015). The total cost of alcohol related harm in County Durham accounts for almost a fifth of the cost across the North East region.

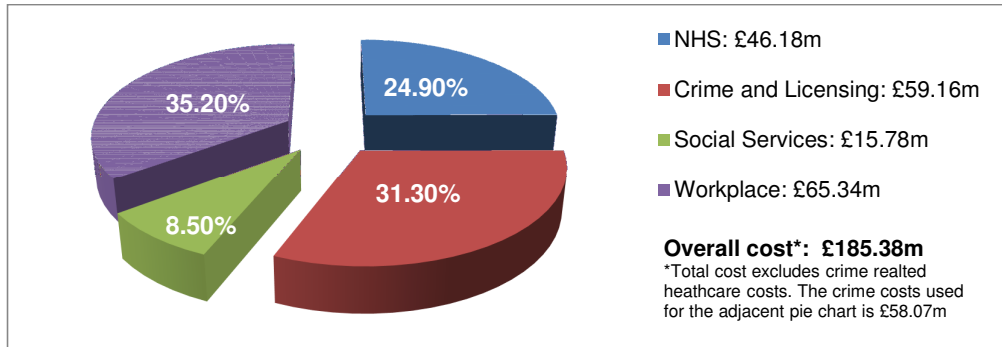


Figure 1: County Durham Cost Breakdown 2013/14

Alcohol is more available and accessible than ever before. As of January 2015 there were a total of 1706 licenced premises in County Durham. There were 354 on-licenced premises, 503 were off-licence premises and 849 were licenced for sales both on and off the premises.

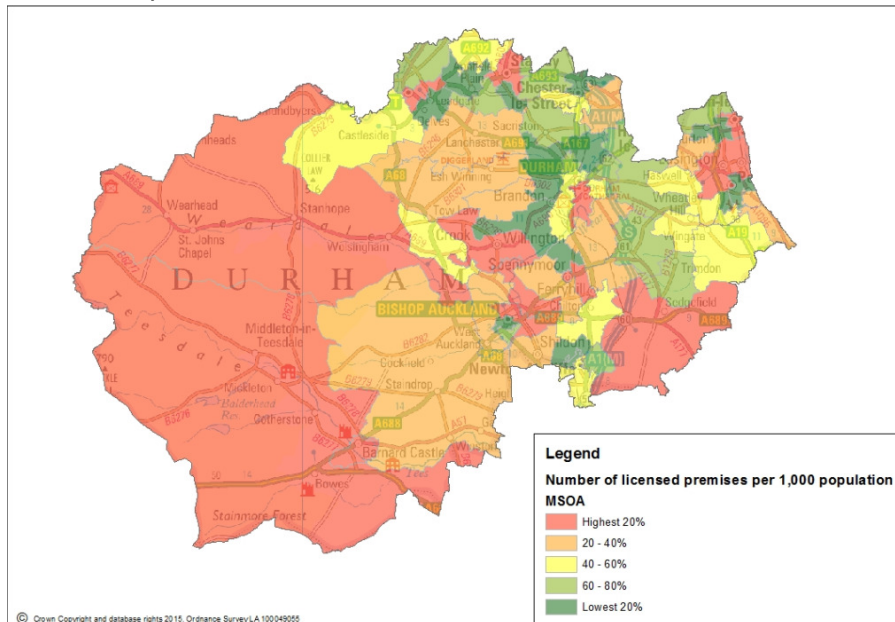


Figure 2: Number of licenced premises per 1000 population

Alcohol sales in the North East are noticeably higher than the average sales in Great Britain. Beer (4.6 litres of pure alcohol per adult per year the equivalent of 200 pints) accounts for most sales in the north east followed by wine (2.5 litres of pure alcohol per adult per year the equivalent of 22 bottles of wine), spirits (2.0 litres of pure alcohol per adult per year the equivalent of 5 bottles) and cider/perry (0.9 litres of pure alcohol per adult per year the equivalent of 35 pints). (Robinson et al, 2015)

In County Durham alcohol is now consumed more in the home than in pubs and clubs. Many pubs and clubs are closing as they are unable to compete with the cheap price of alcohol from off-sales and supermarkets. Home drinking hides excessive consumption and is much more difficult to regulate. There are links to increased home consumption, domestic and sexual abuse and child neglect, as well as child sexual exploitation.

The North East Alcohol Behaviour and Perceptions Survey (2014) shows that 57% of people in County Durham drink more than once a week. Males and those over the age of 55 years reportedly drink more frequently. Almost 1 in 3 people (29%) under the age of 35 report binge drinking; drinking more than 10 units on a typical drinking day. Almost half of men (47%) are classed as increasing or high risk drinkers. People who are aged between 18 and 34 are most likely to go out after 9pm and to pre-load with alcohol before they leave the house.

Alcohol is the fifth biggest cause of disease, disability and death throughout the world (WHO, 2014). Harmful use of alcohol is the leading risk factor for death in men aged between 15 and 59 (Health First, 2013). Alcohol is a causal factor in over 200 diseases and injuries. It is not only the volume of alcohol that an individual drinks but also the pattern of drinking.

Alcohol fuels inequalities in County Durham with those people living in the more deprived wards experiencing the poorest outcomes from alcohol consumption despite consumption levels being lower than their more affluent counterparts. This has been reflected in the 2015 assessment of cumulative impact.

The Local Alcohol Profile for England is published on an annual basis and aims to provide information to monitor the impact of alcohol on local communities. The LAPE monitors 52 different indicators covering mortality, hospital admissions and other impacts.

Alcohol Specific Hospital Admissions – Under-18s

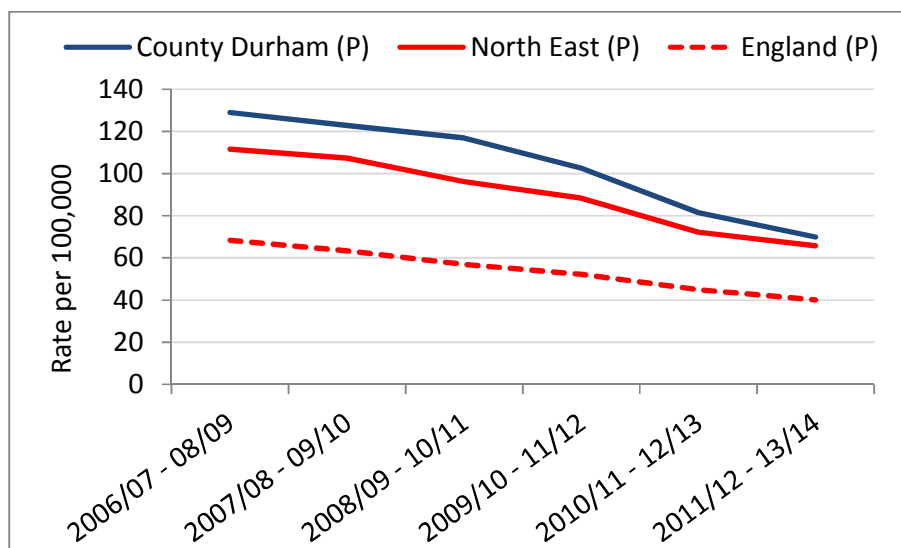


Figure 3: Alcohol Specific Hospital Admissions – Under 18s

The rate of alcohol specific hospital admissions for under-18s has reduced over time by 45.9% from 129.0 per 100,000 population in 2006/07-2008/09 to 69.9 per 100,000 population in 2010/11-2012/13. This equates to 185 less young people admitted to hospital in the most recent three year period. Although the rate for under-18 hospital admissions in County Durham remains significantly higher than the rest of England (40.1 per 100,000) the gap has narrowed. Out of the 12 local authorities in the North East County Durham has the 6th highest rate of under-18 hospital admissions.

Alcohol Specific Hospital Admissions - Males

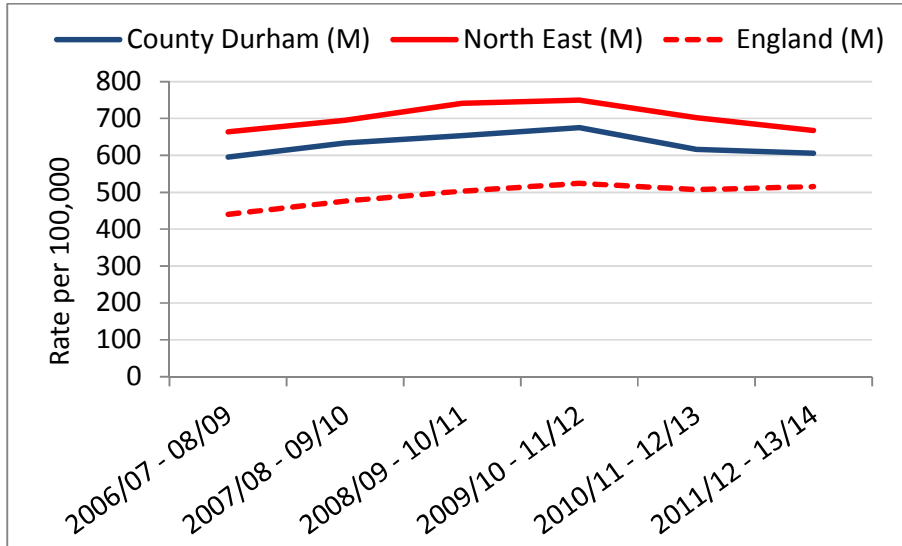


Figure 4: Alcohol Specific Hospital Admissions - Males

The rate of alcohol specific hospital admissions for males in County Durham has reduced since it peaked in 2011/12. There were 1170 fewer alcohol specific hospital admissions for males in 2013/14 than in 2011/12. Although the rate remains higher than the rate for England, the gap has narrowed as the rate for England continues to increase. County Durham has the 3rd lowest rates in the North East for alcohol specific hospital admissions for males with only Northumberland and Stockton-on-Tees experiencing lower admission rates.

Alcohol Specific Hospital Admissions – Females

The rate of alcohol specific hospital admissions for females in County Durham has increased in 2013/14 to 340.0 per 100,000 population following a slight reduction in 2012/13. There were 25 more admissions in 2013/14 than the previous year. Although it has increased, the rate remains less than it was at its highest in 2010/11. County Durham continues to have a higher rate of hospital admissions for women than the rate for the rest of England but has the 5th lowest rates across the North East.

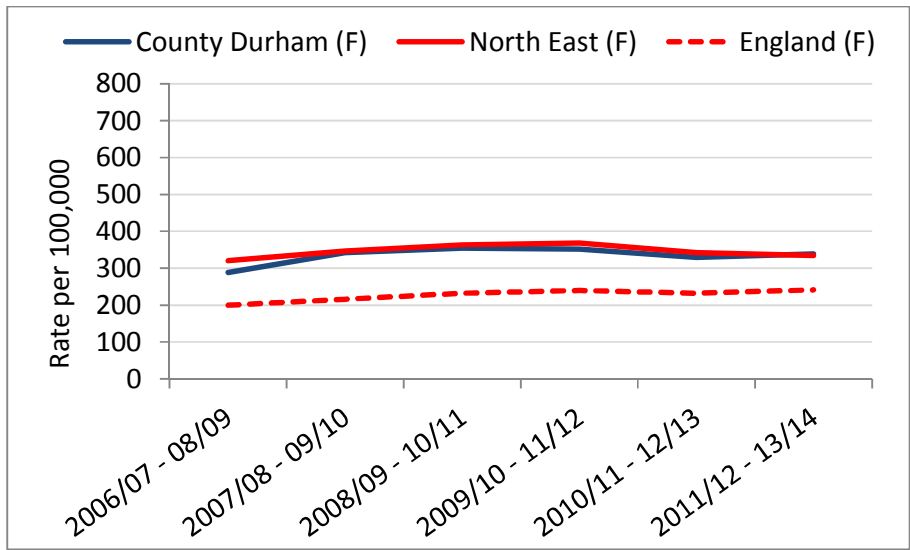


Figure 5: Alcohol Specific Hospital Admissions - Female

Admission Episodes for Alcohol Related Conditions (Narrow)

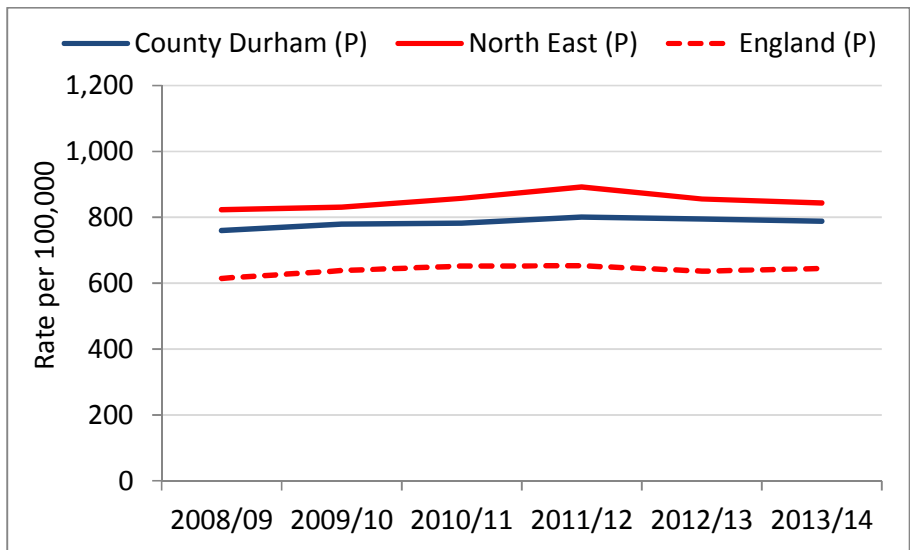


Figure 6: Admission Episodes for Alcohol Related Conditions (Narrow)

The rate of admission episodes for alcohol related conditions (narrow) has continued to fall since its peak in 2011/12. In 2013/14 the rate per 100,000 was 788.0. There were 16 fewer admissions in 2012/13 than in 2012/13. The rate remains higher than the rate for England (645.0 per 100,000). County Durham has the 4th lowest rate of admission episodes for alcohol related conditions in the North East.

Alcohol specific mortality

The rate of alcohol specific mortality (14.7 per 100,000) in County Durham has continued to increase and in 2011/13 is at its highest rate since recording began in 2006/08. The gap between County Durham and England (11.9 per 100,000 population) is increasing. County Durham has the 6th highest rates of alcohol specific

mortality in the North East. There were 13 more deaths specifically due to alcohol in the three-year period 2011/13 than in 2010/12.

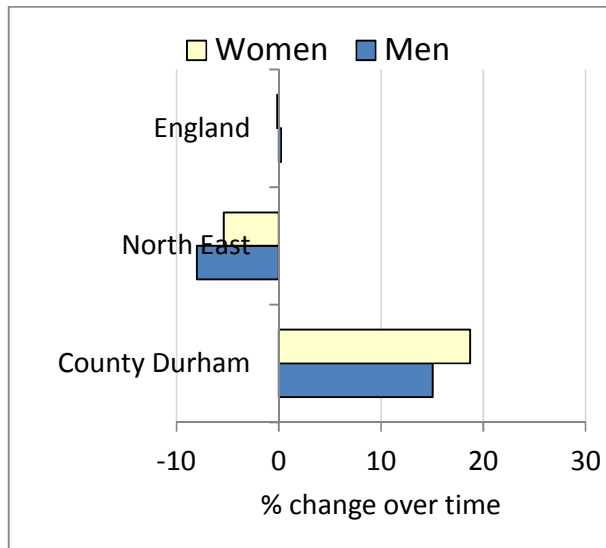


Figure 7: Alcohol Specific Mortality percentage change over time

Mortality from chronic liver disease (female)

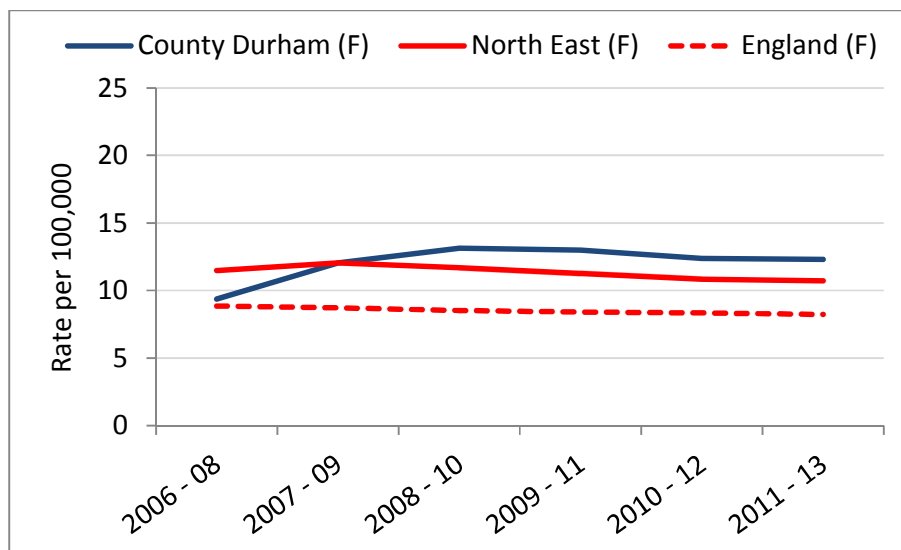


Figure 8: Mortality from chronic liver disease - female

The rate of mortality from chronic liver disease for females remained stable in at 12.3 per 100,000 in 2011/13. This equates to 100 individuals in the three year period 2011/13. County Durham has the 3rd highest rate of mortality from chronic liver disease among females in the North East.

Alcohol related mortality (female)

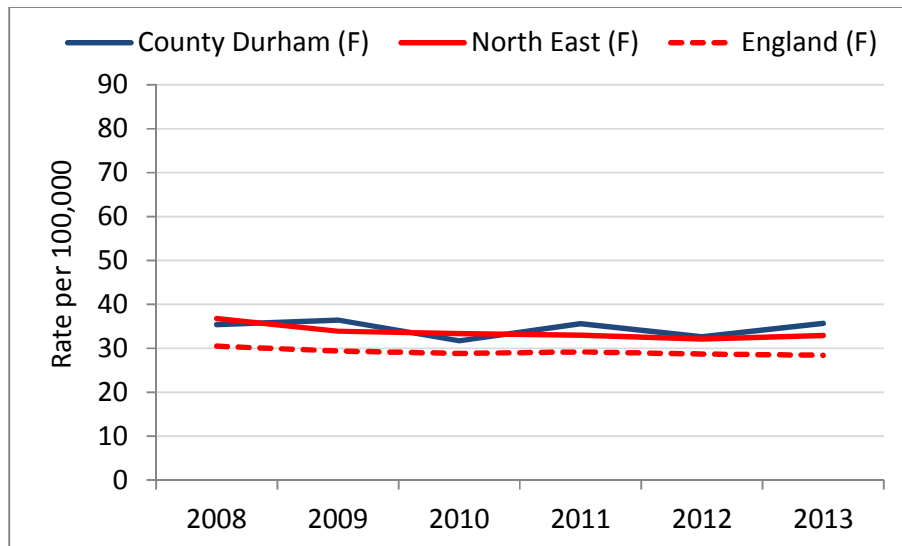


Figure 9: Alcohol Related Mortality - Female

Alcohol related mortality for females has increased in 2013 to a rate of 35.7 per 100,000 and is now significantly higher than the rate for England (28.4 per 100,000). County Durham has the 4th highest rate in the North East for alcohol related mortality.

Evidence based interventions

The WHO states that areas “that take stronger action on alcohol will reap considerable gains in terms of better population health and well-being, enhanced employment and productivity, increased health and social welfare savings, greater health and economic equality, and greater social cohesion and inclusion.”

The scientific evidence base for the most cost effective solutions to reduce alcohol harm is strong and clear. These initiatives include:

- Control the availability of alcohol, such as by regulating the density of alcohol outlets and controlling the sales hours;
- Regulate the volume and content of alcohol advertisements;
- Introduce a legal minimum price of alcohol;
- Widespread implementation of early identification and brief advice (IBA); programmes for individuals with hazardous and harmful alcohol consumption in primary care, social welfare settings and accident and emergency departments, and of offering programmes in the workplace and educational environments; and
- Reduce the legal blood alcohol content (BAC) limit for driving.

Achievements of the Alcohol Harm Reduction Strategy 2012/15

Prevention

To use targeted approaches to raise public awareness in County Durham of the harm caused by alcohol by promoting consistent messages about drinking

The partnership has supported Balance, the regional alcohol office, with their alcohol and cancer marketing campaigns; Dry January; Choose Less Booze; The Drink Talking and Foetal Alcohol Spectrum Disorder days as well as undertaking local awareness days including What's the Price?; Pedestrian casualties #deadrunk campaign and Punched Out Cold campaign.

The partnership and individual partners who make up the partnership have continued to lobby nationally for a Minimum Unit Price (MUP) for alcohol and submitted a strong response to the Government's consultation on their Alcohol Strategy.

A parent and carers' information leaflet on alcohol has been developed by parents for parents with key facts and information on alcohol and the effect it has on a young person.

Work has begun with university students to develop a peer-led social norms marketing campaign linking with the Durham City Safe Group.

The partnership commissioned AgeUK to undertake some consultation with older adults around alcohol. As a result we have worked with AgeUK to identify and train alcohol champions to deliver peer-led messages and factual information on alcohol consumption. Work has begun with an Area Action Partnership who identified this area as a priority to magnify the work undertaken across the county.

Men aged between 25 to 44 years old were identified as a priority for prevention work. The partnership worked with "Explain" to establish motivations for drinking and barriers to changing for this particular targeted group.

Operation ARIES, a multi-agency initiative designed to reduce under-age drinking has been established which builds on the principles of Community Alcohol Partnerships: education, enforcement, public perception, diversionary activity and evaluation.

The partnership has also developed an Alcohol Diversion Scheme which provides alcohol awareness programmes where low levels of crime have been committed.

Provide specific targeted training and education to support individuals, professionals, communities and local businesses to address the harm caused by alcohol

The trainers based within County Durham Community Alcohol Service trained 1828 people in alcohol awareness and the AUDIT screening tool between April 2013 and March 2014. This included nursing staff from County Durham and Darlington Foundation Trust, midwives, health care assistants, mental health teams, GP staff,

medical students, clinical staff from the cardiology department, health visitors, pharmacy staff, social workers, police officers, prison officers, probation and anti-social behaviour officers as well as health trainers, health promotion staff and volunteers.

This training has helped pharmacies and GPs across County Durham to implement Identification and Brief Advice (IBA) ensuring that people with alcohol issues are identified early and signposted or referred onto relevant support.

Engage with children and young people to develop age and gender specific activities, services and education to prevent alcohol related harm

Following a review by the Children and Young People's Overview and Scrutiny Committee in 2014, enhanced pathways were developed for referral to the children and young people's substance misuse service (4Real) from the accident and emergency department in the University Hospital of North Durham. This resulted in 45 referrals in 2014/15.

The partnership alcohol seizure procedure was a finalist in the Police Problem Orientated Partnerships (POP) Awards for its contribution to tackling child sexual exploitation. Young people who had alcohol seized from them whether as an individual or part of a group were referred into the 4Real service for early intervention and brief advice. The intervention also provided an opportunity for parents to receive advice and awareness around alcohol use by young people.

A social norms project relating to alcohol, smoking and sex and relationships was commissioned in 2012. Across County Durham 10,676 secondary school pupils in 33 schools completed an initial confidential survey. The key findings of these surveys were then used to develop individual school based social norms marketing campaign to correct misperceptions and to help influence behaviour. The key findings across County Durham relating to alcohol were:

- 87% of young people surveys reported they didn't drink alcohol regularly (most or every weekend);
- Of those who had tried alcohol, the majority of young people were at a family occasion where they were supervised;
- 77% of students reported that they would prefer to go to their parent or carer for information and support around alcohol issues.

In 2013/14 alcohol education has been delivered, in partnership between the police and 4Real, to 2,157 primary school children in 72 primary schools; 11,537 secondary school children in 33 secondary schools; 1,957 young people in higher education settings in 5 further education settings; and 1,154 in other settings. Alcohol education has also been delivered in 3 independent schools; 2 private residential schools; 3 special schools as well as post alternative education providers.

In summer 2012 County Durham received funding from the Department for Communities and Local Government for a Community Alcohol Project. The Wear

Community Alcohol Project was established in June 2012 following the successful funding bid to the Department of Communities and Local Government through Baroness Newlove's Office. The project group was set up to oversee the implementation of action with 3 aims:

- a) To tackle alcohol related harm in rural communities and avoid the movement of ASB between the communities.
- b) To use the strengths of rural communities to address the issues and develop a model of cohesive inter-community working.
- c) To increase partnership working to improve the interface between local people and services.

Control

Increase the gathering, sharing and use of intelligence to reduce the number of alcohol related incidents and alcohol related offending impacting upon communities

In 2012 the Alcohol Harm Reduction Unit which sees police co-located with trading standards, environmental health and licensing enforcement was developed. This has led to better information sharing and joint working around the alcohol agenda. The work undertaken by the Alcohol Harm Reduction Unit on Organised Crime Group disruption has been incorporated in the in national toolkit.

Training has been undertaken with A&E doctors and nurses around violent crime data collection (Cardiff) in both County Durham and Darlington Foundation Trust hospital sites.

Staysafe Operations through Operation ARIES have continued to provide a wealth of intelligence on the drinking habits and locations of young people.

Engage with licensees and target licensed premises where necessary to ensure that licensed premises are managed responsibly

The partnership has continued to support Best Bar None in Durham City and Pubwatch across the County.

Community Alcohol Partnerships have been piloted in Stanley and Peterlee and used for the foundation of Operation ARIES which also includes test purchases and compliance check operations, training of staff in licenced premises (particularly off-licence premises) and licensing inspections.

Reviews of licenced premises have continued to be undertaken and many more voluntary conditions have been added to premises licences.

Ensure a coordinated approach to policy development, planning and adoption of legislation

A significant number of partners, partnership and committees submitted consultation responses to the Government consultation on Minimum Unit Price for alcohol.

The Statement of Licensing Intent has been reviewed which provides a framework for partners and communities in the application of licensing legislation for applications, reviews and revocations of premises licences.

The use of new legislation such as Early Morning Restriction Orders and Late Night Levy's was explored with little evidence at this time of the need for their implementation in County Durham.

Recovery and treatment

Commission and deliver effective treatment and recovery services in line with national guidance and undertake work to identify the needs of particular groups where the data is limited i.e. pregnant women

Significant investment was made into the commissioning of a whole system approach to alcohol which was recognised nationally as best practice. The Community Alcohol Service within County Durham was commissioned together with a number of projects such as Whitehouse (older drinkers), You Turn (women only) Durham Recovery and Wellbeing (DRAW) Centre and the development of a number of self-support groups for those in recovery.

4Real, the Children and Young People's Substance Misuse Service, provided early support and intervention, education and training to young people and the young people's workforce and specialist treatment for young people with alcohol issues.

Involve and support young people, families and carers (including young carers) living with alcohol related issues in order to break the cycle of alcohol misuse.

Liberty from addiction, a charity who support parents and carers of people with addiction and Breaking the Cycle, a charity who support the families of those going through the criminal justice system were commissioned to support families and carers. Family support was commissioned for those people who had family in prison due to alcohol related crime; family and offender received same alcohol education and reduction strategies.

Family support was also embedded into the work undertaken by 4Real.

Policy drivers

International

World Health Organisation: Global strategy to reduce harmful use of alcohol and World Health Organisation: European action plan to reduce the harmful use of alcohol 2012–2020

The Global strategy and European action plan to reduce harmful use of alcohol identifies ten areas for action:

- leadership, awareness and commitment;
- health services' response;
- community action;
- drink-driving policies and countermeasures;
- availability of alcohol;
- marketing of alcoholic beverages;
- pricing policies;
- reducing the negative consequences of drinking and alcohol intoxication;
- reducing the public health impact of illicit alcohol and informally produced alcohol;
- monitoring and surveillance.

National

Prevention of drug and alcohol dependence Briefing by the Recovery Committee, 2015

A briefing by the recovery committee on the prevention of drug and alcohol dependence has highlighted:

- Targeted, drug-specific prevention interventions remain a valid approach to those individuals considered to be at a high risk of harm, although these groups also benefit from universal approaches;
- Environmental prevention activities such as pricing, taxation and marketing controls have shown evidence for success in reducing use and harms associated with alcohol and tobacco use;
- Strong evidence of prevention approaches that have consistently been shown to be ineffective at improving drug and alcohol use outcomes. These include information provision (standalone school-based curricula designed only to increase knowledge about illegal drugs and alcohol), fear arousal approaches (including 'scared straight' approaches), and stand-alone mass media campaigns;
- Prevention activities should be embedded in general strategies that support development across multiple life domains;
- Prevention projects should incorporate evaluation, and be developed from the findings of evaluation (ideally with economic evaluation);

- Prevention of adverse long-term health and poor social outcomes may be achieved even without drug abstinence, although for some target groups drug abstinence may be preferable.

All Party Parliamentary Group on Alcohol Misuse: Manifesto 2015

- Make reducing alcohol harms the responsibility of a single government minister with clear accountability;
- Introduce a minimum unit price for alcoholic drinks;
- Introduce public health as a fifth licensing objective, enabling local authorities to make licensing decisions based on local population health need and the density of existing outlets;
- Strengthen regulation of alcohol marketing to protect children and young people;
- Increase funding for treatment and raise access levels from 6% to 15% of problem drinkers;
- Commissioners should prioritise the delivery of Identification and Brief Advice. Identification and Brief Advice should be delivered in a wide range of different settings including health care, involving GPs routinely asking questions, and in-workplace programmes;
- Include a health warning on all alcohol labels and deliver a government-funded national public awareness campaign on alcohol-related health issues;
- For all social workers, midwives and healthcare professionals, introduce mandatory training on parental substance misuse, foetal alcohol syndrome disorder and alcohol-related domestic violence;
- Reduce the blood alcohol limit for driving in England and Wales to 50mg/100ml, starting with drivers under the age of 21;
- Introduce the widespread use of sobriety orders to break the cycle of alcohol and crime, antisocial behaviour and domestic violence.

Public Health England Alcohol care in England's hospitals: An opportunity not to be wasted 2014

This guidance recommended that:

- Every district general hospital should consider the best way to provide effective specialist alcohol care for its patients in light of the benefit to patient care and the available efficiency savings;
- Local partners should engage with the health and wellbeing board to ensure existing services for alcohol and other drugs are maintained and developed on the basis of local needs assessment;
- Hospital alcohol care teams should accelerate identification and brief advice (IBA) delivery throughout the hospital by supporting the training of colleagues in all clinical areas;
- Local partners should review the response to alcohol-related harm in all district general hospitals, using this document as a guide, and they should

- ensure that existing services are adequately integrated across primary and secondary care and that new services are implemented where there are none;
- Local partners should consider employing assertive out-reach or in-reach services for high impact service users in all major hospitals and existing services should be comprehensively evaluated to assess their impact on hospital and community services;
 - System planning should ensure that community services are accessible and available to ensure continuation of detoxification with psychosocial interventions outside of the hospital.

Public Health England Young people's hospital alcohol pathways: Support pack for A&E departments 2014

The support pack provides A&E clinicians, hospital managers, and substance misuse and young people's commissioners to develop alcohol pathways for young people attending A&E to ensure that young people attending A&E with alcohol-related conditions are receiving the appropriate care and follow-up support, as recommended by NICE. It covers:

- Understanding levels of unmet need;
- Initial screening and referral process;
- Information and data sharing;
- Safeguarding;
- Hospital-based interventions;
- Specialist substance misuse and CAMHS interventions;
- Other interventions for vulnerable young people.

NHS Five Year Forward Plan 2014

The NHS five year forward plan sets out the longer term changes required to make the NHS more sustainable. It includes:

- An upgrade in prevention and public health;
- New workplace incentives to promote employee health and cut sickness-related unemployment;
- Backing hard hitting national action on alcohol and other major health risks;
- Decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.

Public Health England: From evidence into action: opportunities to protect and improve the nation's health

In October 2014 Public Health England set out its five year plan for people of this country to live as well as possible, for as long as possible. The plan included reducing harmful drinking and alcohol-related hospital admissions.

Health First: An evidence based alcohol strategy for the UK 2013

Health First was produced by an independent group of experts with interests in promoting public health and community safety. The strategy made ten recommendations for action:

- A minimum price of at least 50p per unit of alcohol should be introduced;
- At least one third of every alcohol product label should be given over to an evidence-based health warning specified by an independent regulatory body;
- The sale of alcohol in shops should be restricted to specific times of the day and designated areas;
- The tax on every alcohol product should be proportionate to the volume of alcohol it contains;
- Licensing legislation should be comprehensively reviewed. Licensing authorities must be empowered to tackle alcohol-related harm by controlling the total availability of alcohol in their jurisdiction;
- All alcohol advertising and sponsorship should be prohibited;
- An independent body should be established to regulate alcohol promotion, including product and packaging design, in the interests of public health and community safety;
- The legal limit for blood alcohol concentration for drivers should be reduced to 50mg/100ml;
- All health and social care professionals should be trained to routinely provide early identification and brief alcohol advice to their clients;
- People who need support for alcohol problems should be routinely referred to specialist alcohol services for comprehensive assessment and appropriate treatment.

The Government's Alcohol Strategy 2012

The Government's Alcohol Strategy 2012 set out the Government's approach to reducing alcohol related harm through:

- Ending the availability of cheap alcohol and irresponsible promotions through the introduction of a minimum unit price and consulting on the introduction of a ban on multi-buy promotions in the off-trade;
- Providing local areas with stronger powers to control the density of licensed premises; restricting alcohol sales if late opening is causing problems through extended powers of Early Morning Restriction Orders; introducing a new late night levy so that those businesses that trade into the late night contribute towards the cost of policing; and piloting sobriety schemes for those people whose offending is linked to excessive alcohol consumption;
- Expanding the Responsibility Deal to drive greater industry responsibility and action to prevent alcohol misuse;
- Supporting individuals to make informed choices about healthier and responsible drinking.

Health and Social Care Act 2012

The Health and Social Care Act 2012 had a significant impact on alcohol harm reduction:

- Local authorities now take a much stronger role in shaping services, and taking over responsibility for local population health improvement including the commissioning of community alcohol treatment and recovery services;
- Through the creation of health and wellbeing boards;
- The commissioning of NHS care being undertaken by clinical commissioning groups;
- The creation of Public Health England to protect and promote the health of the population.

National drivers from the previous strategy which are still relevant:

- Department of Health Information Sharing to Tackle Violence Guidance for Community Safety Partnerships on engaging with the NHS, September 2012
- Department for Education and Association of Chief Police Officers drug advice for schools 2012
- Advice for local authorities, head teachers, school staff and governing bodies
- Police Reform and Social Responsibility Act 2011
- Alcohol Concern: One on every corner: the relationship between off-licence density and alcohol harms in young people 2011
- National Institute for Health and Clinical Excellence (NICE) (CG115) Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence 2011
- National Institute for Health and Clinical Excellence (NICE) (CG120) Psychosis with coexisting substance misuse: Assessment and management in adults and young people 2011
- National Institute for Health and Clinical Excellence (NICE) (QS11) Alcohol dependence and harmful alcohol use quality standard 2011
- National Institute for Health and Clinical Excellence (NICE) (PH24) Alcohol-use disorders: preventing harmful drinking 2010
- The Government's Drug Strategy Reducing Demand, Restricting Supply 2010
- Working Together to Safeguard Children 2010
- Fair Society, Healthy Lives 2010
- National Institute for Health and Clinical Excellence (NICE) (PH4) Interventions to reduce substance misuse among vulnerable young people 2007
- National Institute for Health and Clinical Excellence (NICE) (PH7) School-based interventions on alcohol
- Licensing Act 2003

Regional

Children's recognition of alcohol marketing 2015

Children as young as 10 years old are highly familiar with alcohol brands and televised alcohol advertising. The study shows football clubs and tournaments are strongly associated with the beer brands that sponsor them, particularly by boys. Existing advertising codes for alcohol are designed to prevent targeting of under-18s, but children appear to be consuming high volumes of alcohol marketing nevertheless. The report made 4 recommendations:

- Alcohol advertising content should be restricted to promoting just factual information about the product such as origin, composition and means of production;
- Alcohol advertising on television should be allowed only after the 9pm watershed;
- Alcohol advertising at cinemas should be prohibited for all films without an 18 classification;
- Introduce a phased ban on alcohol sponsorship of professional sports, music and cultural events and branded merchandise.

Due North

The Due North Report into health inequalities identifies four key issues which need to be addressed to reduce health inequalities:

- Tackle poverty and economic inequality within the North and between the North and the rest of England;
- Promote healthy development in early childhood;
- Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health;
- Strengthen the role of the health sector in promoting health equity.

Local

Strategies, Policies and Plans that have an impact on alcohol harm reduction or that alcohol harm reduction impacts upon within County Durham are listed below:

- Sustainable Communities Strategy 2014-30
- Safe Durham Partnership Plan 2015-18
- Joint Strategic Needs Assessment 2014
- Joint Health and Wellbeing Strategy 2013-17
- Children, Young People and Families Plan 2014-17
- Police and Crime Plan 2013-17
- Child Sexual Exploitation Strategy 2014 – 2017
- Public Mental Health Strategy 2015-18
- Dual Needs Strategy 2015-17
- Drug Strategy 2014-17
- Statement of Licensing Policy 2014-19

- Children and Young Peoples Overview and Scrutiny Committee Alcohol and Substance Misuse by Young People Review 2014
- Teenage Pregnancy and Sexual Health Steering Group Statement of Intent 2014
- Think Family Operational Guidance 2014
- DDES Clinical Commissioning Group Commissioning Priorities 2014-16
- North Durham CCG Draft Commissioning Intentions 2015-2016

Altogether Safer

Objective 1:

To reduce the harm caused to communities by tackling alcohol related crime and disorder and vulnerability

Alcohol: Key Facts

Anti-Social Behaviour

In 2013/14 11.4% of all police incidents were recorded as being alcohol related which is a slight, but not significant, increase from 11% in 2012/13.

In 2013/14 15.3% of anti-social behaviour recorded by the police was alcohol related an increase from 14% in 2012/13. The increases are largely due to better recording of alcohol related incidents rather than a real terms increase in alcohol related anti-social behaviour.

Alcohol seizures

Police, Police Community Support Officers and Neighbourhood Wardens have the power to seize alcohol from anyone under the age of 18. In 2012/13 alcohol was seized from 1012 people, in 2013/14 this increased to 1619 people. Consett, Stanley and Crook Neighbourhood Policing areas consistently have higher numbers of seizures than other areas reflecting the proactivity and focus on alcohol in these areas. Over 2000 individuals were referred for early intervention with the children and young people's substance misuse service between April 2012 and March 2014.

Drunkenness

Police community surveys indicate that over a third (37%) of people in County Durham see drinking and causing a nuisance as a problem. Feedback from frontline staff, together with the Police perceptions survey undertaken by Balance indicate that excessive drinking continues to cause harm and demand for services. We do not have a full picture of the levels of drunkenness and associated vulnerabilities.

Incident data 2014 indicates 24% (3874) of concern for safety / collapse incidents are alcohol related: we also dealt with just over 400 alcohol related public order offences in 2014.

Violent crime

Nationally:

- 53% of violent incidents involving adults were alcohol-related
- Violence was more often alcohol-related in incidents involving male victims
- Alcohol-related violent incidents most commonly involved strangers, followed by acquaintances and incidents of domestic violence
- Violent incidents were more likely to involve alcohol at the weekend
- The proportions of violent incidents that were alcohol-related increased as the evening progressed
- People who pre-load are 2.5 times more likely to be involved in violence as a victim or an offender.

In County Durham:

- 34.8% of all violent crime in 2013/14 was alcohol related a slight increase

from 32% in 2012/13

- Violence in the home is increasing rising from 26% in 2013 to 53% in 2014.

Domestic abuse

Alcohol consumption at increasing and high risk drinking levels is a major contributor to the occurrence of intimate partner violence. Alcohol use increases the frequency and severity of domestic abuse. Intimate partner violence is more severe and more likely to result in physical injury where the perpetrator has consumed alcohol (WHO Intimate Partner Violence Factsheet, 2006).

Six of the seven domestic homicides that have occurred in County Durham since 2011 identify alcohol as a common factor with the perpetrator being intoxicated at the time of the murder. In some cases alcohol misuse was also present in the victim. Evidence shows that experiencing violence within a relationship can lead to alcohol consumption as a method of coping or self-medicating (WHO, 2006).

Excessive alcohol consumption does not **cause** domestic violence, nor is it an excuse for it. As with all violent crime, alcohol might escalate the risk of domestic violence [*as alcohol can act as a disinhibitor*]. (Women's Aid: Domestic Violence Risk Factors, Understanding the Early Assessment of Risk Indicators for Domestic Abuse, 2007)

Locally in 2013/14 38.6% of domestic abuse incidents were recorded as alcohol related (ranging from 26.4% to 43.5% of incidents across neighbourhood policing teams) a slight increase from 37% on 2012/13 (SDP Alcohol Harm Reduction Performance Framework 2013/14 Qtr 4).

In the regional consultation on the impact of alcohol on frontline policing (Balance, April 2013) 91.6% (271) of Durham police who responded said that alcohol has a large impact upon domestic abuse.

Sexual violence

Research into alcohol and sexual violence indicates a strong association between alcohol, both drinking 'in the event' and long term drinking patterns and sexual violence. Many perpetrators have been drinking when they have attacked their victim or have alcohol misuse problems. The presence of alcohol has implications for the severity of sexual violence outcomes. (County Durham & Darlington Sexual Violence Strategy, 2011-2014) As is the case with domestic abuse victims, victims of sexual violence can misuse alcohol following an attack as a method of coping with the trauma.

It is difficult to determine the prevalence of sexual violence, both involving and not involving alcohol as it largely goes unreported.

An estimated 19,000 alcohol-related sexual assaults occur each year in England and Wales. Many of those committing sexual assaults have consumed alcohol prior to the incident and in some cases are alcohol dependent. Furthermore, many victims of sexual assault have been drinking prior to the event. Research suggests that, in night-life settings, rapists specifically target intoxicated young women due to their vulnerable state. (Faculty of Public Health, 2005).

Offending and re-offending

In 2013/14 there were a total of 461 people in Durham prisons (not Durham population) that identified alcohol as their primary drug of choice.

The table below shows the AUDIT scores on screening at reception in HMP Durham between April 2013 and March 2014. It shows that more than 1 in 5 of those entering Durham Prison were possibly alcohol dependent. The average AUDIT score was 11.3.

HMP Durham	No.	%
Abstinent (Score 0)	490	25%
Lower risk (1-7)	595	30%
Increasing risk (8-15)	379	19%
Higher risk (16-19)	81	4%
Possibly dependent (19+)	422	21%
Total	1967	

The table below shows the AUDIT scores on screening at reception in HMP Low Newton between April 2013 and March 2014. It shows that more than 1 in 4 of those entering HMP Low Newton were possibly alcohol dependent. The average AUDIT score was 11.4.

HMP Low Newton	No.	%
Abstinent (Score 0)	127	33%
Lower Risk (1-7)	94	25%
Increasing Risk (8-15)	38	10%
Higher Risk (16-19)	20	5%
Possibly dependent (19+)	102	27%
Total	381	

Road Safety

There were 181 collisions involving at least one driver/rider who was judged to have been "impaired by alcohol", or failed or refused to provide a breathalyser sample in County Durham between April 2011 and March 2013. Of these 9 were fatal (14% of all fatalities).

There were 279 casualties from collisions involving at least one driver/rider who was judged to have been "impaired by alcohol", or failed or refused to provide a breathalyser sample in County Durham between April 2011 and March 2013.

Between 2011 and 2013 12% of pedestrians who were involved in road traffic collisions were judged to be impaired by alcohol. Males age 17 to 34 were those more frequently involved in these types of accidents. 54% of these accidents were in urban areas with 46% occurring on rural roads.

Counterfeit Alcohol/Alcohol Fraud

Counterfeit alcohol is alcohol that is illegally produced and often uses alternative versions of alcohol than ethanol. Counterfeit alcohol can have serious adverse effects on health in the short term. Although we do not believe that there is a

significant problem with counterfeit alcohol in County Durham we do not know the extent of the problem.

Alcohol fraud involves the smuggling or diversion of alcoholic drinks into the UK in large commercial quantities, duty unpaid. Organised criminal gangs do this by systematically exploiting the EU-wide duty suspension arrangements which allow excise goods to move between authorised warehouses duty unpaid until released for consumption onto the home market.

Licensing Enforcement

In 2013 partners in County Durham undertook nine reviews of licenced premises of which five (56%) premises licences were revoked. This increased to eleven reviews in 2014 of which three (27%) premises licences were revoked. To date in 2015 there have been two reviews.

Fire Safety

“The rate of serious injuries is 4 times higher where drugs or alcohol was a contributory factor than where alcohol / drugs were not a factor.” (DCLG, 2012 p3)

Between January 2010 and January 2015 there were 1,359 accidental dwelling fires in County Durham and Darlington. Of these, alcohol was suspected to have contributed to the fire occurring on 10% (135) of these occasions.

County Durham and Darlington Fire and Rescue Service fatal fire statistics indicate that between 2008 and 2014 67% of those who died in fires had consumed alcohol. Of these people 35% returned blood alcohol levels within the 80% saturation limit (on or under the drink driving limit). However 30% were dramatically over the driving limit.

Hate crime

In 2013/14 there were 39 hate crimes that were alcohol related.

To achieve our objective over the next five years we will:

- Continue to advocate for a national minimum unit price (MUP) for alcohol while exploring the feasibility of implementing MUP more locally.
- Lobby for changes in advertising of alcohol to protect our most vulnerable people whilst using existing legislation to place restrictions where we can.
- Encourage any new government to re-think the licensing legislation and give more power to local areas to determine the density of alcohol outlets and restrict availability.
- Continue to lobby for the Government to reduce the legal blood alcohol content level for drinking and driving and promote “no drinking and driving” as a cultural norm.
- Contribute to the evidence base in relation to Identification and Brief Advice (IBA) throughout the criminal justice system.
- Improve the sharing of alcohol related violent crime data between the Emergency Departments of hospitals who treat County Durham residents and licensing partners to facilitate problem solving and reduction in demand for services.
- Develop an increased understanding of the nature and scale of the problem of

drunkenness and its impact upon the safety of individuals and communities, and the associated demands placed upon partner services.

- Design and implement evidence-based harm and demand minimisation strategies to reduce drunkenness.
- Review the availability of cheap alcohol in Durham City and other areas of the County where alcohol related harm is high.
- Build consideration of the impact of alcohol related harm into decision making around planning developments in relation of alcohol establishments, including looking to maximise opportunities to improve harm reduction measures and prevent anti-social behaviour issues arising wherever possible.
- Use licensing legislation to ensure that appropriate conditions are in place at the application stage.
- Use licensing powers to confine the sale of alcohol in shops to specific times of day and designated areas.
- Be robust in enforcing licensing conditions and, where premises are found to be operating recklessly, recommend the most appropriate course of action which may include licence revocation or suspension.
- Continue to support and expand the use of volunteers to “help out” in the night-time economy as part of a wider guardianship scheme to support potentially vulnerable people in the night-time economy.
- Review the breathalyser and place of safety pilots in Durham City.
- Support and build the capacity of local communities to take on a wider range of responsibilities to reduce the harmful use of alcohol including through licensing.
- Continuation of targeted and intelligence led roadside breath-testing.
- Estimate the size of the illegal market of counterfeit alcohol.
- Develop seamless pathways across the criminal justice system into community alcohol services, particularly those leaving prison.
- Ensure appropriate alcohol pathways link to Checkpoint.
- Embed alcohol pathways into specialist domestic abuse services, including the Domestic Abuse Perpetrator Programme and ensure links are in place between the alcohol and drug recovery service and the Independent Domestic Violence Advisors.
- Support the Domestic Homicide Review action plan to prevent further homicides.
- Raise awareness of the legislation around alcohol and capacity to consent to sexual activity.
- Identify and share good practice in relation to the reduction of alcohol related crime and disorder across County Durham, the region and nationally.
- Where appropriate, continue to work with the alcohol retail trade to reduce the harm caused by alcohol through the development of an education programme including responsible alcohol retailer training and bespoke management training.
- Support the implementation of the new Anti-Social Behaviour powers to ensure alcohol interventions are considered where appropriate.

Performance Measures

1. Percentage of alcohol related police incidents
2. Percentage of alcohol related violent crime
3. Percentage of alcohol related sexual violence offences
4. Percentage of alcohol related domestic violence incidents

5. Percentage of alcohol related anti-social behaviour
6. Percentage of alcohol related road traffic collisions
7. Numbers of alcohol related drink-driving fatalities
8. No. of Alcohol Treatment Requirements
9. Perceptions of people drinking and causing a nuisance
10. Perceptions of underage drinking
11. Perceptions of drunkenness / rowdy behaviour
12. Number of alcohol related concern for safety/collapse incidents
13. Number of alcohol seizures from under 18s

Altogether Healthier

Objective 2:

To improve health inequalities and reduce early deaths in County Durham by reducing alcohol consumption across the population

Alcohol: Key Facts

Pregnancy and Sexual Health

When people are under the influence of alcohol they are less likely to use contraception. This can lead to poor sexual health and unwanted pregnancies.

Women who drink alcohol during pregnancy run the risk of their baby being born on the foetal alcohol disorder spectrum. It is estimated that 1% of the population have some form of foetal alcohol spectrum disorder. This equates to 57 babies born in 2012 in County Durham alone.

Ambulance callouts

In 2012-13 there were 2063 alcohol related ambulance callouts in County Durham reducing slightly to 2011 in 2013-14. Saturday and Sunday see consistently higher alcohol related ambulance callouts. Males generally have more alcohol related ambulance callouts than females. Over half (52%) of all alcohol related ambulance callouts were from people who were between the ages of 10 and 39. University Hospital of North Durham (UHND) received patients from 45% of the alcohol related ambulance callouts in County Durham. A high proportion of alcohol related ambulance callouts are from the 20% most deprived wards.

A&E Attendances

It is estimated nationally that 30% of A&E attendances are alcohol related. This rises to an estimate of 70% at peak times.

Hospital admissions

Alcohol specific admission rates in County Durham are significantly higher than England for men and women. Rates have been rising over time for men (1.9%) and women (17.7%) in County Durham but at a slower rate than the rest of England.

Alcohol related admission rates (broad indicator) in County Durham are significantly higher than England for men and women. Rates have been rising over time for men (10.1%) and women (14.7%) in County Durham.

Alcohol related admission rates (narrow indicator) in County Durham are significantly higher than England for men and women. Rates have been rising over time for men (1.3%) and women (5.7%) in County Durham. A reduction in alcohol related admission rates (narrow indicator) has been seen across the north east region.

Mortality

Months of life lost due to alcohol (<75 years) has increased over time for men and women in County Durham by 18.0% and 21.2% respectively.

Alcohol specific mortality rates in County Durham are significantly higher than England for men and women. Rates have been rising over time for men (15.0%) and

women (18.7%).

Dual diagnosis

Between 1st April 2012 and 31st March 2013 263 individuals (16.2% of those in treatment) who were accessing treatment for alcohol dependency also had mental health issues. Between the same period 841 individuals were identified by Durham Constabulary as being jointly affected by alcohol and mental health issues.

Alcohol misuse has been identified as a significant factor in some incidents of self-harm and increases the risk of suicide attempts and death by suicide. A suicide audit 2005-12 revealed that 30% of those people who committed suicide were alcohol dependant.

Treatment and Recovery

In 2012/13 in County Durham 1543 Individuals were referred to the Community Alcohol Service. Of these individuals 36% were female and 64% male. The mean age of referral was 42 years. Self-referral (43%) was the main route for accessing the service followed by hospital (30%) and GP (7%).

In 2012/13 1541 individuals received structured interventions for primary alcohol use, this was a 12.3% reduction compared to 2011/12 (1758). The rate in treatment per 1000 population (age standardised) was 3.6 (CI = 3.46 to 3.8) which was above the national rate of 2.55 (CI = 2.53 to 2.55). Almost half (46%) of individuals in treatment 2012/13 reported consuming between 200 and 600 units per month. Average length of time in treatment for structured alcohol interventions in 2012/13 is 6 to 12 months (66%). The Easington area had a higher rate per 1000 population in structured alcohol treatment than the County average and other localities.

In 2012/13 622 individuals successfully completed treatment with the community alcohol service. Of these individuals 42% were abstinent and 58% were occasional user/controlled drinkers.

In 2012/13 278 individuals received facilitated access to mutual aid which was 18% of the total number of those in treatment.

151 individuals in structured treatment for alcohol use reported secondary problematic drug use. 44 (28%) individuals reported no interaction with the Community Drug Service.

Targeted Groups

Men and young people (18-34 years) are more likely to be profiled as increasing/high risk drinkers (Balance, 2013). Consultation undertaken locally with men 25-44 concluded that this population are not concerned about their level of drinking (Explain, 2014).

Older Adults

An ageing population inevitably means an increase in the number of older people experiencing alcohol related problems. Older people today drink more than previous generations. Alcohol problems in later life are a growing and hidden problem (Smith et al, 2012) and can impact on and intensify other health problems experienced by older people. Local consultation with older people identified that loneliness,

boredom, depression, bereavement and pain/illness were triggers for increased drinking (Age UK, 2013).

Veterans

The issue of alcohol misuse is significantly associated with service in the Armed Forces and there is evidence that it is more common among combat veterans (*Fear NT et al. 2010*). The prevalence of alcohol misuse in the military stands at 13% and continues to be a bigger problem than probable Post Traumatic Stress Disorder (Greenberg, 2012).

Gypsy Roma Travellers

There are issues in relation to alcohol and people who are Gypsy, Roma or Travellers but these issues are often hidden or unrecognised. Men in GRT communities appear to drink more than their female counterparts in what is termed as recreational drinking. Recreational drinking is not as acceptable in women within these communities. Alcohol use is often associated with bereavement and depression and used as a coping mechanism.

Lesbian, Gay, Bisexual and Transgender

Part of the Picture (2012) identified significant problematic alcohol use among Lesbian, Gay, Bisexual (LGB) people. Binge drinking is high with 29% of females and 34% of males reporting to binge drink on at least a weekly basis. Gay and bisexual males as well as bisexual females scored as possibly dependent more often than other groups. Stonewall Charity highlight that LGB communities may not feel targeted by current preventative messages or feel able to disclose drinking habits.

University students

Excessive alcohol consumption in University students has particular social, academic and health consequences (Turner et al, 2008). Students studying in a North East city identified that although they are generally aware of the sensible drinking messages they feel that their time at university is limited, their drinking habits whilst at university will not last and will not cause long lasting damage to their health (O'Neill, 2012). There is, however, evidence that drinking patterns formed in student years continue through to post-University life (Newbury-Birch et al, 2002).

There have been three fatalities of students from Durham University within the last 18 months who have died as a result of drowning in the River Wear in Durham City. Excessive alcohol consumption has been identified as a significant contributory factor in these deaths. A number of vulnerabilities/safeguarding issues have also been identified in relation to the safety of Durham University students following excessive alcohol consumption.

To achieve our objective over the next five years we will:

- Continue to advocate for a national minimum unit price (MUP) for alcohol while exploring the feasibility of implementing MUP more locally.
- Lobby for changes in advertising of alcohol to protect our most vulnerable people whilst using existing legislation to place restrictions where we can.
- Encourage any new government to re-think the licensing legislation and give more power to local areas to determine the density of alcohol outlets and restrict availability.
- Make sure that all health and social care professionals are trained and

implement Identification and Brief Advice (IBA) for alcohol.

- Promote, monitor and quality assure the take up of IBA amongst primary care, secondary care and social care.
- Raise awareness and continue to inform communities and targeted populations in County Durham about alcohol units, the benefits of responsible drinking and how to get help to reduce or stop drinking.
- Increase the promotion and understanding of units and strengths including shots as well as the usual wine/lager etc.
- Ensure people who need treatment and their families, are routinely referred and supported into recovery services from all sources.
- Build consideration of the impact of alcohol related harm into decision making around planning developments in relation to alcohol establishments.
- Encourage each hospital to deliver Identification and Brief Advice (IBA).
- Develop a joined up approach between acute and community services to tackling high intensity hospital users due to alcohol and to prevent re-admissions to hospital.
- Provide a bespoke referral pathway for Veteran referrals into alcohol recovery.
- Raise awareness of alcohol use in later life among older people's services and ensure identification, brief advice and pathways for recovery are enhanced.
- Continue to undertake research and evaluation into alcohol and commissioned services.
- Explore the feasibility of web-based information programmes, "audit-testing" and self-help guidance.
- Ensure commissioned services implement clinical guidelines for alcohol and use evidence-based behavioural and pharmacological treatments.
- Increase the awareness of Foetal Alcohol Spectrum Disorder (FASD) with people who are pregnant, their partners or those who are trying to conceive.
- Encourage midwifery and obstetric services to ensure that all pregnant women are offered information and, if appropriate, advice about drinking during pregnancy, and social welfare services should implement support to help.
- Protect family members other than the drinker and children from the harmful consequences of alcohol dependence and alcohol use disorders.
- Ensure that family-based programmes consider the reduction of alcohol related harm.
- Undertake work to tackle home/out of sight drinking.
- Ensure that health trainers and health visitors in the GRT communities take into account alcohol within their work.
- Ensure that workers who work with LGBT communities consider alcohol harm reduction in their interventions.
- Work with the LGBT community to develop targeted alcohol harm reduction messages and campaigns.
- Further develop health information to inform licensing decisions.
- Implement a recovery focussed treatment system.
- Ensure integrated pathways and collaborative working arrangements are further developed for those people who are dependent on alcohol.
- Develop clear pathways between adult social services and community recovery services.
- Continue to work with Durham University to reduce the negative impact has on students in Durham City.
- Explore ways of reducing the impact alcohol has on attendances at A&E and

Urgent Care Centres through e.g. street triage.

- Ensure that people who experience mental health issues in conjunction with alcohol misuse issues are appropriately supported into recovery.

Performance indicators

1. Alcohol related A&E attendances
2. Alcohol specific hospital admissions
3. Alcohol specific mortality
4. Number of referrals to recovery services where alcohol is the primary substance
5. No's of IBA undertaken in primary care and community pharmacies
6. No's of referrals into specialist services from primary care and community pharmacies
7. No's of alcohol checks undertaken as part of health check programme
8. No's of successful completions
9. Quality of life improvement as measured by the Alcohol Outcomes Report (AOR)
10. No. going through recovery services gaining employment

Altogether Better for Children and Young People

Objective 3:

To support young people to manage their risk taking behaviours by building resilience and creating a culture that encourages young people to choose not to drink.

Objective 4:

To reduce the negative impact alcohol has on the lives of children, young people and their families through parental alcohol use.

Alcohol: Key Facts

Consumption

Alcohol consumption by young people throughout the UK is reducing (HSCIC, 2014) and this is no different in County Durham.

Most young people in County Durham are choosing not to drink alcohol regularly but they think their peers are drinking regularly (Social Norms, 2014). Those young people who do drink alcohol are drinking more in volume and more frequently.

Evidence shows that the consumption of alcohol by young people is influenced by their 'social norms' around them and learnt behaviour from the adults surrounding them.

Under -18 Hospital Admissions

Young people are more likely to experience poor outcomes due to their own alcohol consumption than any other age group.

Under-18 alcohol specific admission rates are significantly higher in County Durham than England. The rates are the 18th worst in the Country (LAPE, 2014). Rates have been falling over time in County Durham, the North East and England. Proportionally this decrease has been greater in County Durham (37%) than the North East (35%) and England (34%).

Sexual health and teenage pregnancy

Evidence suggests that alcohol can contribute to misjudgements about sexual behaviour (Newbury-Birch, 2009). The evidence confirms that alcohol consumption in young people is associated with:

- Not using a condom during a young person's first sexual encounter;
- An increased likelihood of having sex and at a younger age;
- Unprotected sex;
- Teenage pregnancy; and
- The likelihood of contracting sexually transmitted infections.

Child Sexual Exploitation

Alcohol is a common vulnerability factor in incidence of child sexual exploitation, with possible victims' exposure to sexual assaults and exploitation increasing due to excessive alcohol consumption, impacting on their ability to consent. This can involve child victims and perpetrators exchanging sexual favours for alcohol. Young

people often consume alcohol in private homes or on or off the street, such as wooded areas and parks. Often this alcohol is provided following purchases made by children themselves or through “proxy” sales.

Youth Offending

In 2013/14 alcohol related offences committed by young people reduced by 20% when compared to 2012/13. There were a total of 306 (23.8%) alcohol related offences in 2013/14, a rate of 6.6 per 1,000 10-17yrs population. The most frequent alcohol related offences committed by young people were public order and violence against the person.

The table below shows the AUDIT scores on screening at reception in HMP Deerbolt between August 2013 and March 2014. It shows that more than 1 in 4 of those entering HMP Deerbolt were possibly alcohol dependent. The average AUDIT score was 14.9.

HMP Deerbolt	No.	%
Abstinent (Score 0)	7	4%
Low risk (1-7)	33	21%
Increasing risk (8-15)	54	34%
Higher risk (16-19)	21	13%
Possibly dependent (19+)	45	28%
Total	160	

Parental alcohol misuse

Young people also experience poor outcomes due to other people’s alcohol consumption. In 2013/14 almost a third (32%) of initial child protection conferences in County Durham were as a result of parental alcohol misuse.

Evidence also shows that young people who have a parent who is dependent on alcohol can have an impact on:

- Child protection & poor parenting
- Demand on the looked after system through care proceedings

Balance estimate that the number of children living with a parent(s) who drink at high risk levels in County Durham is 49,353:

Age	Number of children
0-4	13,608
5-9	12,965
10-14	15,122
15-17	7,657
Total	49,353

Treatment

In 2013/14 the children and young people’s substance misuse service received 234 referrals. 47% of referrals were as a result primarily of problematic alcohol use. More females (54%) than males (46%) were referred for a service. In the same period 220 young people were in structured treatment with the service, 69% of these young people reported problematic alcohol use. In 2013/14 478 young people were referred

for Brief Intervention.

To achieve our objectives over the next five years we will:

- Continue to advocate for a national minimum unit price (MUP) for alcohol while exploring the feasibility of implementing MUP more locally.
- Lobby for changes in advertising of alcohol to protect our most vulnerable people whilst using existing legislation to place restrictions where we can.
- Encourage any new government to re-think the licensing legislation and give more power to local areas to determine the density of alcohol outlets and restrict availability.
- To continue to support schools and colleges and youth settings to provide effective education on alcohol to children and young people as part of the resilience framework.
- Work with retailers to restrict the products that appeal to children and young people and to restrict advertising of such products.
- Promote alcohol free schools, play areas and soft play areas to ensure that areas where our children and young people routinely go should be alcohol free.
- Improve intelligence in relation to the links between alcohol and child sexual exploitation.
- Develop support pathways for children and young people and for parents/carers who have alcohol problems.
- Monitor the uptake of support services for children and young people and parents/carers.
- Provide the children and families workforce with the tools to identify and provide early interventions among parents with alcohol problems and pathways of support.
- Continue test purchase operations and age verification compliance testing on both on and off-licence premises.
- Use the powers within our control to restrict alcohol advertising particularly near schools and colleges.
- Continue to lobby for restrictions on alcohol advertising and empower communities to challenge inappropriate advertising.
- To ensure that there is an emphasis on early intervention for those young people who are more likely to have difficulties with alcohol (i.e. YOS, CAMHS, NEETS, school exclusion, looked after children).
- To develop a performance monitoring system that captures and reports on delivery of early intervention.
- Provide target interventions and consistent messages to young people who already drink alcohol and around the hidden use of alcohol.
- Use education to inform young people how alcohol marketing manipulates them (similar to the smoking youth advocacy model) to allow them to make informed decisions about alcohol.
- Provide targeted outreach to young people who drink in public spaces/parks
- Continue to promote social norms.
- Develop innovative ways of informing parents about the impact of alcohol on children and young people.

Performance measures

1. Successful completion from specialist treatment
2. Representations to specialist treatment
3. Under 18's admissions to hospital
4. No. of school exclusions where alcohol is a factor (only drugs/alcohol currently)
5. No. of children in YOS where alcohol is a factor
6. No. of children in the secure estate where alcohol is a factor
7. No. of Initial Child Protection Conferences as a result of parental alcohol misuse
8. No. of Review Child Protection Conferences as a result of parental alcohol misuse
9. No. of children on the at risk register where parental alcohol misuse is a factor
10. No. of children in the looked after system where parental alcohol misuse is a factor
11. No. of referrals from specialist drug and alcohol services to the Stronger Families programme.

Altogether Wealthier

Objective 5:

To increase the number of competitive and successful people in the County Durham workforce by reducing the negative impact that alcohol has on work attendance and productivity.

Objective 6:

To expand the night time economy offer through the promotion of responsible drinking practices and through the development and promotion of alcohol free alternatives.

Alcohol: Key Facts

- There are over 1700 licenced premises for alcohol in County Durham.
- A recent assessment of cumulative impact within the County showed that the overall density of licensed premises was not directly correlated with the rate of alcohol-related events within local areas. However, alcohol-related events (particularly ambulance call-outs and hospital admission episodes) were positively correlated with Index of Multiple Deprivation (IMD) 2010 scores.
- 4.34% of businesses in County Durham are pubs/restaurants/hotels.
- 4,866 people are employed in pubs/restaurants/hotels across County Durham.
- According to LAPE 2014 3% of people of working age are employed in bars and clubs across the County.
- Occupations with highest proportion of sub living wages are bar staff (90%), waiters (85%) and kitchen and catering assistants (80%) (KPMG 2014)
- 7% of visitor spend (£270m) is on food and drink in County Durham
- Durham City is 3rd in UK for places that have witnessed the greatest percentage growth in the total number of bars, wine bars, nightclubs, fast food, pubs, and takeaways in UK town centres over the last 10 years
- The Department for Work and Pensions reported that in 2013 2.2% of claimants of Incapacity Benefit had a primary disabling condition of alcohol misuse (DWP, 2014).
- Heavy drinkers concentrated in those of working age.
- Up to 17 million working days are lost each year because of alcohol related sickness (UK).
- The cost to employers of sick days due to drink is estimated at £1.7bn (NICE 2010).
- Heavy drinking in personal leisure time can have an effect on work performance and business productivity.
- Rough sleepers that can cause a number of issues within an area from anti-social behaviour and begging to using public spaces for personal hygiene. When assessed many of the rough sleepers have been known to have alcohol issues.

To achieve our objectives over the next five years we will:

- Continue to advocate for a national minimum unit price (MUP) for alcohol while

exploring the feasibility of implementing MUP more locally.

- Lobby for changes in advertising of alcohol to protect our most vulnerable people whilst using existing legislation to place restrictions where we can.
- Encourage the Government to re-think the licensing legislation and give more power to local areas to determine the density of alcohol outlets and restrict availability.
- Promote alcohol-free alternatives as part of the night-time economy offer in our towns and city across County Durham.
- Build consideration of the impact of alcohol related harm into decision making around planning developments in relation of alcohol establishments.
- Implement the recommendations from the cumulative impact assessment and continue to review the evidence for a Cumulative Impact Policy at regular intervals.
- Improve management standards of on and off-licenced premises in all town and city centres.
- Implement workplace health initiatives across employers in County Durham by supporting alcohol programmes in workplaces and promoting alcohol-free workplaces through the Better Health at Work Awards.
- Implement “family zones/alcohol free zones” where alcohol is not permitted at events, such as the Miners’ Gala.
- Support the national Recovery Walk which will be hosted in Durham City in September 2015 by encouraging bars in the City to go dry or extend their dry offer.
- Expand and promote the family offer in towns and city centres.
- Inclusive and accessible employability support for people in alcohol recovery through housing providers and partners triage process.
- Review Best Bar None to ensure that quality assurance of the scheme is built into the operation and implement recommendations from the review.
- Develop and promote organisational alcohol policies including the university population.
- To address rough sleeping in the City Of Durham, Housing Solutions Homeless and Prevention team will work closely with all partners including the National Street Link Service, Police and local business to identify rough sleepers and their whereabouts.
- Continue with the outreach point for rough sleepers to provide assistance and guidance and the bi-annual leaflet drop to provide information on advice and guidance in relation to rough sleepers.

Performance measures

1. Number of outlets licenced for alcohol activity
2. No. of employees in bars
3. Increased availability of alcohol free alternatives in towns and city centres.
4. Number of workplaces and employing bodies signed up to the Better Health at Work Awards that implement “alcohol in the workplace” policies and programmes in the Better Health at Work Awards.
5. Statutory homeless – alcohol related homeless acceptances
6. Statutory homeless –households in temp accommodation due to alcohol

Altogether Greener

Objective 7:

To reduce the negative impact that alcohol has on the physical environment in County Durham.

Alcohol: Key Facts

The environment in which people live and work heavily affects their attitudes and behaviour around drinking.

Environmental influences on alcohol use include: acceptance of alcohol use by society; availability (including price, number of outlets, and server practices); advertising and marketing both nationally and locally; and public policies regarding alcohol and enforcement of those policies.

The visual impact of alcohol affects our abilities to encourage a cleaner, more attractive County Durham.



Alcohol fuels signal crime which impacts upon feelings of wellbeing across the population.

The recycling of alcohol related cans/bottles contribute to targets in relation to recycling. Increases in alcohol related recycling are noticed during key times of the year, including big football matches. Anecdotal evidence suggests some people may not recycle all alcohol related litter or utilise more traditional recycling methods due to the embarrassment around the number of cans/bottles in bins outside of their properties.

Excessive alcohol consumption could impact upon the natural heritage sight in Durham City as some residents of County Durham call for physical barriers, lighting and CCTV around the river following the death of three students within the last 18 months.



In 2013/14 383 (6.8%) of all crimes of criminal damage were alcohol related.

To achieve our objective over the next five years we will:

- Continue to advocate for a national minimum unit price (MUP) for alcohol while exploring the feasibility of implementing MUP more locally.
- Lobby for changes in advertising of alcohol to protect our most vulnerable people whilst using existing legislation to place restrictions where we can.
- Encourage the Government to re-think the licensing legislation and give more power to local areas to determine the density of alcohol outlets and restrict availability.
- Increase the opportunities for restorative approaches linked to alcohol related environmental crime.
- Develop activities in the natural environment as an alternative to drinking in the home.
- Encourage people (particularly young people and those in recovery) to volunteer in environmental projects/programmes to develop an appreciation of the natural environment.
- Make effective use of fixed penalty notices for alcohol related incidents relating to the environment.
- Develop ways to share information between partners to improve the intelligence picture of where problem areas lie.
- Raise awareness of the impact of alcohol on the environment.
- Develop and promote alcohol harm reduction messages through strategic waste management talks.
- Increase trade waste checks on licenced premises and utilise information in licensing reviews.
- Utilise bin wagons and recycling mechanisms as a vehicle for helping to deliver responsible drinking messages to the population of County Durham.
- Make better links with the Community Action Teams (CAT)
- Establish the impact alcohol has on houses of multiple occupation and use appropriate prevention and control mechanisms to reduce the negative impact.
- Utilise tenancies within private landlord schemes to develop appropriate prevention and control mechanisms to reduce the impact alcohol has on wider communities.
- Improve the physical infrastructure by the river in areas identified as high need

in the Royal Society for the Prevention of Accidents (ROSPA) report.

- Identify and promote safe routes home from nights out across the County.
- Increase opportunities for restorative approaches linked to alcohol related crime/anti-social behaviour against the environment.

Performance indicators

1. The rate of complaint about noise
2. Number of FPNs issued for alcohol related litter
3. Number of young people volunteering in environmental projects
4. Number of people in recovery volunteering in environmental projects
5. Number of environmental activities at times to be an alternative to drinking alcohol
6. Number of trade waste checks and resulting prosecutions and licence reviews
7. Number of strategic waste management talks where alcohol features

Partners

Area Action Partnerships
Balance North East
Children and Families Executive Board
County Durham and Darlington Fire and Rescue Service
County Durham and Darlington Foundation Trust
County Durham Partnership
Durham County Council Children and Adult Services
Durham County Council Neighbourhood Services
Durham County Council Regeneration and Economic Development
Durham County Council Assistance Chief Executives
Durham Tees Valley Community Rehabilitation Company – ARC
Durham Dales, Easington and Sedgfield Clinical Commissioning Group
Durham Constabulary
Economic Partnership
Environment Partnership
Health and Wellbeing Board
Local Safeguarding Children Board
North Durham Clinical Commissioning Group
North East Ambulance Service
National Probation Services
Police and Crime Commissioner's Office
Public Health England – North East
Safe Durham Partnership

Glossary of Terms

A&E or ED	Accident and Emergency Department or Emergency Department of a hospital
AHNA	Alcohol Health Needs Assessment is a document collating alcohol related health information which helps to support and inform strategy and policy development and the commissioning of services.
Alcohol dependency	Feeling unable to function without alcohol
Alcohol misuse	Drinking at increasing or higher risk levels which contribute to a wide range of health, crime and economic harms
Alcohol mortality	Cause of death wholly attributable to alcohol consumption
Anti-social behaviour	Behaviour which causes or is likely to cause harassment, alarm or distress to one or more people not of the same household.
Anti-Social Behaviour Escalation Procedure	This is a tiered approach to implementing interventions to deal with the perpetrators of 'confirmed incidents of ASB'
Alcohol attributable conditions	Health conditions where there is a proven causal link with the consumption of alcohol in some cases
Alcohol related hospital admissions (broad measure)	Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code. Children aged less than 16 years were only included for alcohol-specific conditions and for low birth weight.
Alcohol related hospital admissions (narrow measure)	Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code.
Alcohol specific conditions	Health conditions that are 100% attributable to the consumption of alcohol
ABV	Alcohol By Volume. The percentage of alcohol in a drink
Balance	The alcohol office for the North East
Big Drink Debate	A high profile campaign - supported by television and poster advertising and public relations (PR) – to get people in the North East talking about alcohol and its place in the community. As part of the debate, North East residents were invited to have their say on a range of topics linked to alcohol by taking part in a short survey.
Binge drinking	Drinking at least twice the daily recommended amount of alcohol in a single drinking session (8 or more units for men and 6 or more units for women). Binge drinking usually refers to people drinking a lot of alcohol in a short space of time or drinking to get drunk.
CAS	Community Alcohol Service up to 31 st March 2015
Clinical Commissioning Groups (CCGs)	Groups of GP practices, including other health professionals who will commission the great majority of NHS services for their patients
Cumulative Impact Policy	Cumulative Impact Policies were introduced as a tool for licensing authorities to limit the growth of licensed premises in a problem area. This is set out in the statutory guidance issued under section 182 of the Licensing Act 2003.
DCC	Durham County Council the local authority for the County Durham area
Designated Premises	A designated premises supervisor (DPS) is the person who

Supervisor	has day-to-day responsibility for the running of the business.
Domestic abuse/violence	<p>Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to, the following types of abuse:</p> <ul style="list-style-type: none"> • Psychological • Physical • Sexual • Financial • Emotional <p>This definition also includes so called ‘honour’ based violence, forced marriage and female genital mutilation (FGM), and is clear that victims are not confined to any one gender or ethnic group</p>
Domestic Homicide Review	<p>Domestic homicide review means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by—</p> <p>(a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or</p> <p>(b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from the death.</p>
Dual diagnosis	People who have mental illness as well as substance misuse problems
GP	General practitioner also known as family doctors who provide primary care
Health and Social Care Information Centre	The national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.
Higher risk drinking	Drinkers who have a high risk of alcohol related illness
Hospital Episode Statistics	HES is a data warehouse containing details of all admissions to NHS hospitals in England
Illicit alcohol	<p>Illicit alcohol is either smuggled, bootlegged or counterfeit alcohol. Smuggled alcohol is generally legitimately manufactured alcohol which has evaded payment of tax by being illegally transported, distributed and sold. Bootlegged: refers to alcohol which is purchased in a country with a low level of taxation and illegally brought into the UK, evading payment of tax. Counterfeit refers to illegally manufactured alcohol which is often made abroad, but sometimes in the UK. It is sold cheaply and tax free and vast profits are made throughout the supply chain.</p>
Initial Child Protection Conference (ICPC)	An initial child protection conference must be convened when it is believed that a child may be suffering or likely to suffer significant harm. It brings together family members (and the child where appropriate), supporters/advocates and those professionals most involved with the child and family
Increasing risk drinking	Drinkers who are at an increased risk of alcohol related illness (would also include binge drinking)

Joint Health and Wellbeing Strategy (JHWS)	The Health and Social Care Act 2012 places a duty on local authorities and CCGs to develop a Joint Health & Wellbeing Strategy to meet the needs identified in the local Joint Strategic Needs Assessment (JSNA)
Joint Strategic Needs Assessment (JSNA)	Health and Social Care Act 2012 states the purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages
Local Alcohol Profiles for England (LAPE)	A report produced by the North West Public Health Observatory (NWPHO) on an annual basis which includes 25 alcohol-related indicators for every Local Authority in England. The indicators measure the impact of alcohol on local communities
LGBT	Lesbian, Gay, Bisexual, Trans
Licensing Authority	Licensing authorities can issue premises licences, club premises certificates, temporary event notices in their area, as well as personal licences for residents and renewals of personal licences for those who had previously applied for a personal licence while resident in the licensing authority's area.
Lower risk drinking	Men drinking no more than 3-4 units per day on a regular basis and women drinking no more than 2-3 units of a regular basis
Minimum Unit Price (MUP)	A definitive price, determined by the number of units in an alcoholic drink, under which alcohol could not be sold.
NHS	National Health Service
Penalty Notice for Disorder (PND)	A penalty notice/fine can be issued by the Police where they have reason to believe that a person has committed one of the offences in the schedule
Persistent Possession of Alcohol	Where a person who is under 18 years of age is caught in possession of alcohol on 3 or more occasions within a period of 12 consecutive months
PCT	Primary Care Trust
Police Alcohol Seizure	Confiscation of alcohol from someone under the age of 18 or over the age of 18 where there are concerns it will be passed on to under-18s
Premises license	Granted under the Licensing Act 2003 a premises license authorises a premises for the sale of alcohol by retail, this may be for consumption on the premises, off the premises or both
Regularly drinking	Drinking every day or most days of the week
Responsible Authority	Responsible authorities for the purpose of licensing are: police, fire and rescue, primary care trust (PCT) or local health board (LHB), the relevant licensing authority, local enforcement agency for the Health and Safety at Work etc Act 1974, environmental health authority, planning authority, body responsible for the protection of children from harm, local trading standards , any other licensing authority in whose area part of the premises is situated
Safe Durham Partnership	The Community Safety Partnership for County Durham
Sexual Exploitation	Exploitative situations, contexts and relationships where

	young people (or a third person or persons) receive “something” (e.g. food, accommodation, drugs, alcohol, cigarettes, affection , gifts , money) as a result of them performing, and/or another or others performing on them, sexual activities.
STIs	Sexually Transmitted Infections
SAF	Single Assessment Framework – a framework to make sure that different services work together to support children and young people
Substance Misuse Death Review	Substance Misuse Death review means a review of the circumstances in which the death of a person has, or appears to have, resulted from alcohol or other substances.
Trans	Transgender. An umbrella term for people whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth, including but not limited to transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people
Unit of alcohol	Units are a simple way of expressing the quantity of pure alcohol in a drink. One unit equals 10ml or 8g of pure alcohol, which is around the amount of alcohol the average adult can process in an hour.
Veteran	A person who has served in the military services
Violent crime	Robbery, sexual offences, and a group of violence against the person offences ranging from assault without injury, through wounding, to homicide.
World Health Organisation (WHO)	Leads on policy development in health on behalf of the United Nations.
4Real	Children and Young People’s Substance Misuse Service in County Durham up to 31 st March 2015

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