

Project:	Joint Strategic Needs Assessment			
Profile Title:	Reducing Alcohol Harms			
Author/Priority Lead:	Julie Parker-Walton			
Date of Submission:				
Document Reference n^o:			Version n^o:	1.6
Version	Comments	Author	Date Issued	Status
1.1	First draft	Julie Parker-Walton	21.09.16	Draft
1.2	Second draft	Julie Parker-Walton	21.02.17	Updated LAPE information and public health evidence
1.3	Third draft	Julie Parker-Walton	08.08.17	Updated HRBS and LAPE information
1.4	Fourth Draft	Julie Parker-Walton	08.03.18	Updated references
1.5	Fifth Draft	Aishah Coyte	07.09.18	Updated Fingertips data and references. Added adult lifestyle
1.6	Sixth Draft	Sunderland Public Health Team	07.03.19	Updated

This should be read in conjunction with:

- Sunderland Joint Strategic Needs Assessment – Best Start in Life
- Sunderland Joint Strategic Needs Assessment – 0 to 19
- Sunderland Joint Strategic Needs Assessment – Teenage Pregnancy
- Sunderland Joint Strategic Needs Assessment – Crime and Disorder
- Sunderland Joint Strategic Needs Assessment – Mental Health

Executive Summary

Our ambition is for Sunderland to be a vibrant city with a wide range of experiences on offer for everyone. We want the city to be a good place to do business, where businesses operate responsibly so they do not impact negatively on each other, or on residents and visitors. We want to create the conditions for economic growth while achieving the best possible health and wellbeing for Sunderland.

We want a city where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities.

Alcohol has been part of our culture for centuries and many people use it sensibly; its misuse has become a serious and worsening public health problem in England. Alcohol not only poses a threat to the health and wellbeing of the drinker, but also to family, friends, communities and wider society.

Alcohol is a major cause of ill health; it causes and contributes to numerous health problems including obesity, liver and kidney disease; cancers of the mouth and throat, liver, laryngeal, colon and breast cancer; acute and chronic pancreatitis; heart disease; high blood pressure; depression; stroke; foetal alcohol syndrome and mental health problems such as depression and alcohol dependency.

The Government's Alcohol Strategy¹ published in 2012 highlights the need to adopt a new approach in relation to alcohol which tackles excessive alcohol misuse including:

- Availability of cheap alcohol
- Marketing, advertising and sale of alcohol
- Lack of challenge to people that drink and cause harm to others
- Improved measures to tackle alcohol related offending
- Better regulation of licensed premises
- Engagement of the drinks industry in encouraging healthier drinking behaviours
- Supporting people to make informed choices about alcohol and ensure that they understand the risks of excessive alcohol use

The transfer of public health responsibilities to the local authority on 1 April 2013 included the function of commissioning substance misuse services. Local authorities now have responsibility to deliver against two overarching aims set out in *Healthy Lives, Healthy People*; to improve health and to reduce inequalities. The Public Health Framework sets out the context of the public health system and the broad range of opportunities to improve and protect health across the life course and reduce inequalities in health. Alcohol is related to several indicators within the framework, including but not limited to:

- Admission episodes for alcohol-related conditions (narrow)
- Admission episodes for alcohol-specific conditions
- Alcohol-related mortality
- Alcohol-specific mortality
- Admission episodes for alcohol specific conditions – under 18s

For more information visit www.phoutcomes.info

Public Health England Evidence Review 2016ⁱⁱ

Commissioned by the Department of Health, Public Health England was asked to provide an overview of alcohol-related harm in England and possible policy solutions. The document provides a broad and rigorous summary of the types and prevalence of alcohol-related harm, as well as presenting evidence for the effectiveness and cost-effectiveness of alcohol control policies.

The review evaluates the effectiveness and cost-effectiveness of each of these policy approaches:

- Taxation and price regulation
- Regulating marketing
- Regulating availability
- Providing information and education
- Managing the drinking environment
- Reducing drink-driving
- Brief interventions and treatment
- The policy mix

For Sunderland to achieve its potential, despite reducing public resources, we need to address issues which place a burden on the city. Alcohol related harm impacts upon a range of frontline services across the city including the NHS, Police, Ambulance Service, Licensing teams and Social Services.

It is estimated that the irresponsible use of alcohol costs the city in 2015/ 16 around £112 million per year; with the greatest costs being borne by wider economy (£39 million), crime and disorder (£34), local NHS services (£24 million) and social services (£15). It should be noted that this does not take account of the health and social consequences suffered by individuals, their families, and the wider community. ⁱⁱⁱ

The Sunderland Health and Wellbeing Strategy defines a new approach to improving health outcomes across the city, taking an asset-based approach and building the resilience of individuals, families and communities.

The Sunderland Health and Wellbeing Board (the Board) has identified three priorities for the period 2017 to 2019 and tasked working groups to progress these. From this an Alcohol Partnership Group has been established.

The North East Local Authorities continue to commission Balance to deliver a programme to reduce alcohol harm. The programme brings together a wide range of partners to deliver a coordinated approach to making alcohol less available, less accessible and less affordable.

Key issues and gaps

Many of Sunderland's alcohol health outcomes are significantly worse than the North East and England averages, this places a significant burden on health services in Sunderland.

There has however been a slight decrease in hospital specific admissions for young people under 18 years overall. However, despite this decrease, during the three-year pooled period 2016/18 (from the 152 local authorities in England), Sunderland had the third highest rate per 100,000 in England, and the second highest rate in the North East. Young people continue to drink to harmful levels; therefore, we need to ensure that we continue to educate young people to the harms of alcohol, and ensure services are appropriate to the needs of young people. Data for 2016/18 also shows that individually both females and males in Sunderland had the 3rd highest rate per 100,000 (from the 152 local authorities). The picture however is worse for females where the trend compared to last year shows a slight increase, whereas for males it shows a slight decrease. Research data also shows worrying drinking patterns particularly in 15 year old girls. ^{iv}

The impact of harmful drinking and alcohol dependence is greater for those in the lowest income bracket and experiencing the highest levels of deprivation, thus the needs of these people are not being met. People living in more deprived areas of Sunderland have higher standardised rates of alcohol related hospital admissions.

In 2005 when the Licensing Act came into force Sunderland had 621 Premises Licenses, now Sunderland has 815 Premises Licenses. Many small retailers now see provision of alcohol as an essential part of their business viability. There were no 24-hour licenses before the introduction of the Licensing Act, but Sunderland has 15 licenses to sell alcohol 24 hours a day.

There is a need to further extend the coverage of brief advice around alcohol through Making Every Contact Count (MECC) to all healthcare and community settings and increase referral routes. Health professionals should be trained to give appropriate brief advice on alcohol to support people to understand the new guidance around the

recommended daily number of units from the Chief Medical Officer.

According to the Balance Perception Survey in 2015 in Sunderland the number of women who were aware of foetal alcohol syndrome was very low at 36%.

Recommendations

1. To develop a comprehensive plan involving a range of partners supported through partnership working to increase the knowledge and understanding of alcohol and its related harms to enable individuals to make informed choices about alcohol.
2. Continue to commission high quality local alcohol & substance misuse services which ensure a focus on recovery and the health needs of service users are being met.
3. To undertake a refresh of the 2015 consultation to inform the re-commissioning of future alcohol & substance misuse services, with a focus on treatment naïve clients (those who need but do not access treatment services).
4. Review existing services to ensure they meet the needs of priority groups within Sunderland by engaging priority groups such as; black minority ethnic groups, lesbian gay bi-sexual trans-sexual, routine and manual occupations, and pregnant women.
5. Ensure we have robust transitional arrangements into substance misuse services from local NHS trusts.
6. Review the role of the Alcohol Liaison Nurses within City Hospitals Sunderland NHS Foundation Trust so they can support people to make changes to their alcohol consumption and prevent dependency.
7. Increase early identification of alcohol problems by embedding delivery of brief interventions for alcohol through the Making Every Contact Count approach within front line services.
8. Continue to support the work of Balance around Minimum Unit Price and collate the evidence to support the implementation.
9. Continue to deliver and utilise the Sunderland Health Champions Programme to deliver brief interventions for alcohol in community settings.
10. Promote responsible alcohol retailing and support a safe, vibrant and diverse night time economy, working in partnership with the local alcohol businesses to reduce alcohol related harm.
11. Reduce alcohol related crime, disorder and anti-social behaviour by tackling alcohol related offending by individuals and irresponsible alcohol retailing. Maintaining a focus on priority groups, for example offenders and on the reduction of offending behaviour.
12. To build on the North East Alcohol-Free Childhood Programme to ensure constant messages and campaigns around social norms are embedded across Sunderland.

13. Maximise the role of school nursing in contributing to reducing alcohol use in young people.
14. Continue the work with secondary schools across the city and ensure that health harm messages are appropriate to the needs of young people.
15. Ensure that alcohol is not accepted as the norm and make parks in Sunderland alcohol free.

1) Who is at risk and why?

Alcohol problems are widespread. Alcohol has been identified as a causal factor in more than 60 medical condition including heart disease and stroke, liver disease and seven types of cancer and depression.^v New guidelines advise that drinking any level of alcohol regularly carries a health risk and that there is no 'safe' limit for alcohol when it comes to cancer.^{vi} Alcohol causes major health harms to individual drinkers including:

- Heart disease or irregular heart beat;
- Stroke;
- High blood pressure;
- Liver cirrhosis and liver cancer;
- Reduced fertility;
- Depressions and anxiety;
- Breast cancer in women;
- Cancer of the mouth, throat, oesophagus or larynx;
- Pancreatitis; and
- Harm to unborn babies.

As well as causing harm to individuals, alcohol use also causes harm to others, family members, close acquaintances and communities^{vii} through, for example:

- Physical violence;
- Relationship problems;
- Financial difficulties;
- Fear;
- Negative impacts on children; and
- Road traffic accidents.

In England, alcohol dependence is more common in men (6%) than in women (2%).^{viii} This gender difference is found to be the case all over the world and is one of only a few key gender differences in social behaviour.

The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation. The reasons for this are not fully understood. People on a low income do not tend to consume more alcohol than people from higher socio-economic groups. The increased risk is likely to relate to the effects of other issues affecting people in lower socio-economic groups.^{viii}

Evidence suggests that several risk factors increase the likelihood of young people using drugs or alcohol. Risk factors include those experiencing abuse or neglect (including emotional abuse), truanting from school, offending, early sexual activity, antisocial behaviour and being exposed to parental substance misuse. The strongest single predictor of the severity of young people's substance misuse problems is the age at which they start using substances.

NICE (PH 24)^{ix} highlights that a number of key groups may be at an increased risk of alcohol-related harm. This includes those:

- who have had an accident or a minor injury;

- who regularly attend genito-urinary medicine (GUM) clinics or repeatedly seek emergency contraception;
- involved in crime or other antisocial behaviour;
- who truant on a regular basis;
- at risk of self-harm;
- who are looked after; and
- involved with child safeguarding agencies.

It is estimated that the irresponsible use of alcohol costs the city in 2015/ 16 around £112 million per year; with the greatest costs being borne by wider economy (£39 million), crime and disorder (£34), local NHS services (£24 million) and social services (£15). It should be noted that this does not take account of the health and social consequences suffered by individuals, their families, and the wider community. ⁱⁱⁱ

2) The level of need in the population

Alcohol problems are widespread. In England 10.8 million adults are drinking at levels that pose some risk to their health ^{viii} and 1.4% of the adult population is drinking at dependence level and potentially in need of specialist treatment. ^{xiv}

Sunderland residents experience significant health problems because of alcohol and have some of the highest rates in England for alcohol-related hospital admissions, premature deaths and ill health caused by alcohol. Alcohol misuse impacts not just on the drinker but also those around them. Children affected by parental alcohol misuse are more likely to have physical, psychological and behavioural problems. ^{viii}

Parental alcohol misuse is strongly correlated with family conflict and with domestic violence and abuse. This poses a risk to children of immediate significant harm and of longer-term negative consequences. ^{viii}

Prenatal alcohol exposure can affect foetal development and lead to complications in pregnancy. It can lead to physical and neurodevelopmental problems in children which fall under the term Foetal Alcohol Spectrum Disorder (FASD). There is a lack of data on prevalence of FASD, however recent studies have estimated prevalence as being between 1-5% [Popova, 2017] in the UK, with a more recent study carried out in the Bristol area, putting estimates of between 6% and 17% (dependent on data methodology)^xIt is estimated that 41.3% of pregnant women in the UK consume alcohol in the UK. ^{xi}

The Local Alcohol Profiles for England from the Public Health Outcome Framework <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

The aim of the Local Alcohol Profiles for England (LAPE) is to provide information for local government, health organisations, commissioners and other agencies to monitor the impact of alcohol on local communities and to monitor the services and initiatives that have been put in place to prevent and reduce the harmful impact of alcohol.

The indicators contained within the web-tool were selected following consultation with stakeholders and a review of the availability of routine data. LAPE are part of a series of products by Public Health England that provide local data alongside national comparisons to support local health improvement. In addition to the indicators, LAPE contain quarterly data for hospital admissions with alcohol-related conditions.

Admission episodes for alcohol-related conditions (narrow): Over the last two years alcohol episodes have risen, with a reduction in 17/ 18. Sunderland has the fourth highest rate per 100,000 in England.

Admission episodes for alcohol-specific conditions: Over the last three years alcohol episodes have risen. Sunderland has the second highest rate per 100,000 in the North East

Alcohol-related mortality: Last year deaths from alcohol-related conditions have rose, with Sunderland now the fifth highest in England.

Alcohol-specific mortality: over the last three years deaths from alcohol-specific conditions based on underlying cause of death registered relating to alcohol have risen, with Sunderland now the fifth highest in England.

Admission episodes for alcohol specific conditions – under 18s: Sunderland has the third highest alcohol admissions rate for under 18s in England, and the second highest rate in the North East.

Sunderland Adult Lifestyle Survey 2017 - Drinking Alcohol Profile

www.sunderland.gov.uk/article/15186/Adults

During 2016/17, the public health team commissioned an external provider to undertake a health and lifestyle survey of a representative 2.5% sample (5,571 people) from the Sunderland population aged 18 years or over. The survey asked participants the following questions:

- a. Do you ever drink alcohol nowadays?
- b. In a typical week, on how many days of the week do you drink alcohol?
- c. What types of alcoholic drinks do you drink?
- d. How much do you drink?

Prevalence of drinking alcohol

When measured via national surveys prevalence of drinking alcohol in Sunderland has decreased over a number of years and currently stands at 63% amongst adults. This compares to 80% across England as a whole. The local survey found similar results with 66% of participating adults reporting drinking at least some alcohol and the remaining 34% stating they do not drink alcohol at all.

Prevalence was found to be significantly higher in the following groups:

- a. Men.
- b. Those in the highest socio-economic group.
- c. People aged between 35 and 64.
- d. People that are married.
- e. Residents in less disadvantaged areas.
- f. Residents of St Chads, Fulwell, Washington Central and Washington East wards as shown on map five.

Men reported being most likely to drink beer, lager, stout or cider whilst women were most likely to drink wine.

Prevalence of drinking more than the recommended limit of 14 units of alcohol in a typical week

Over 1 in 5 adults are drinking over 14 units a week. Based on 2016 mid-year population estimates this would mean that in Sunderland we have around 48,600 drinkers aged 18 and over who drink more than the recommended weekly levels of alcohol consumption.

This was significantly higher the least disadvantaged areas as shown in map six and is significantly higher for men than for women. Highest prevalence was seen in men aged 55-64 and women aged 45-54. It is also significantly higher in the following groups:

- a. Men.
- b. Those aged 35-64.
- c. Those who are married or in a civil partnership.

Prevalence of drinking more than the recommended limit of 35 units of alcohol in a typical week

In Sunderland 5% of adults aged 18 reported drinking more than 35 units of alcohol in a typical week. Based on 2016 mid-year population estimates this would mean that in Sunderland we have around 11,200 drinkers aged 18 and over who are at higher risk. This was significantly higher for men than for women.

Highest prevalence was seen in men aged 35-44, routine and manual occupations and in the following wards; Silksworth, Pallion, St Peter's, Ryhope, and Shiney Row.

Prevalence of binge drinking (drinking more than 6 units on a single occasion)

26% of participants reported binge drinking (drinking more than 6 units on a single occasion). Drinking too much, too quickly on a single occasion (binge drinking) can lead to health risks, even for people who are drinking within weekly guideline amounts. It was found to be significantly higher in men and in those aged 35-64.

Young People

In Sunderland young people under the age of 18 years admitted to hospital for alcohol specific conditions is the third highest in England with 151 young people being admitted, a rate of 92.6 per 100,000. Females' rates are worse than males (110 vs 76 per 100,000). Rates have improved for males since 2015/2017^{xii} however have deteriorated slightly for females.

The Health and Social Care Information Centre (HSCIC) was commissioned to run the 'What About YOUth? 2014' study on behalf of the Department of Health, to look at the health behaviours amongst 15-year olds. The survey found that in Sunderland 11% were drinking at least once a week (9% in England) and 19% of them had been drunk in last four weeks (15% in England). More girls than boys were drinking 'once a week' and more girls had been drunk in the past four weeks compared to boys.^{xii} This trend is also shown in our female under 18 hospital admissions in 2016/ 18 as girls have a higher rate of admissions compared to boys.

Health Related Behaviour Questionnaire

The Health-Related Behaviour Survey carried out in 2017 showed the self-reported rates of alcohol use in young people across Sunderland.

The survey showed that in secondary school children (12 to 15 years):

- a. 6% of boys and 8% of girls in year 8 had drunk one or more units of alcohol in the last 7 days.
- b. 18% of boys and 24% of girls in year 10 had drunk one or more units of alcohol in the last 7 days
- c. 44% of pupils in 2017 said that they did not drink alcohol which is higher than 2008, which was 21%.

Of those young people who did drink alcohol, 26% of 13-year olds and 24% of 15-year olds drank alcohol with their parents.

Balance Perception Survey 2015

Balance, the regional Alcohol office for the North East, conducted the North East Alcohol Behaviour and Perceptions Survey in 2015. This was carried out across the North East, including Sunderland. The survey provided a detailed snapshot of local residents' behaviours and attitudes in relation to alcohol. It also included a section on the availability of alcohol, to gather information on how North East residents perceive the acceptability and ease of buying alcohol.

Analysis of the responses from Sunderland residents found that:

- a. They are likely to feel that alcohol prices in supermarkets are too cheap compared to other areas in the North East.
- b. 49% support establishing a minimum unit price for alcohol.
- c. They are more likely than the rest of the region to say there are too many places that sell alcohol (40%)
- d. Just one in twenty residents of the region perceived themselves to be a heavy drinker, despite 40% of the sample being identified as engaging in increasing and high risk.

Foetal Alcohol Syndrome was cited by only 36% of respondents from Sunderland. This indicates a clear need to educate expecting (and potential) mothers, the earliest (in terms of age) this education is delivered the most likely will be the benefits to the unborn child.

3) Current services in relation to need

Substance Misuse Services in Sunderland

The service for drug and alcohol treatment for adults in Sunderland is known as Wear Recovery. It welcomes referrals from any source, including self-referrals, GPs, friends and families and other professionals and is available for those who:

- misuse alcohol and/or drugs
- 18 years+
- are residents of Sunderland
- are registered with a GP in Sunderland
- want to address their substance misuse

Wear Recovery is provided by Northumberland Tyne and Wear NHS Foundation Trust, alongside Human Kind and Changing Lives. All are North East based organisations providing support for people across their region.

The service focuses on recovery and aims to ensure that people accessing it are helped to become free of drug and/or alcohol misuse, regardless of the stage they are at by enabling them access to all appropriate interventions. These interventions include clinical services such as detoxification programmes, psychosocial services, abstinence based programmes and harm reduction services.

Further details can be found at <https://www.ntw.nhs.uk/services/wear-recovery-sunderland-integrated-drug-alcohol-service/>

YDAP (Sunderland)

The Youth Drug and Alcohol Project (YDAP) is a team of qualified workers that are based within Together for Children. YDAP is for young people aged 10 to 18 who require specialist advice and support to help overcome problems or difficulties relating to misuse of alcohol and/ or drugs.

During 2017/18, Alcohol was the second most problematic substance cited with 56% of young people entering treatment in Sunderland (closely behind cannabis use at 66%). In 2017/ 18 of the 56% of young people presenting with alcohol as a primary substance, 4 were under 13 years of age, 32 were between 13 and 14 years, 18 were 15 years, 11 were 16 years and 10 were 17 years of age ^{xiii}

Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term. Specialist services engage young people quickly, the majority of whom (80% in 2017/18) leave in a planned way and do not return to treatment services. This indicates that investing in specialist interventions is a cost effective way of securing long-term outcomes, reducing future demand on health, social care, youth justice and mental health services, and supporting the 'Troubled Families' agenda.

Sunderland City Council - Live Life Well

The Sunderland Live Life Well supports the health needs of the whole population while also signposting to personalised care based on individual need. The central hub is a single (but not exclusive) point of contact that enables people to improve their own health with information and signposting available through a wide range of services.

Whilst the hub provides support to people who have decided to make a change through brief intervention and self-care, we recognise that some people need more encouragement to take that first step. The level one alcohol training is included in our Sunderland Health Champion Programme, to date over 1149 people have been trained via this module.

Further details can be found at: www.livelifewell.org.uk

Role of City Hospitals Sunderland

Through City Hospitals Sunderland we ensure that we maximise opportunities for alcohol, offering brief intervention and support at opportunist moments within patients care.

Nurses based within the Accident and Emergency department can screen for alcohol use using the AUDIT tool which identifies hazardous, harmful and dependant levels of drinking.

Following this, they can deliver brief interventions or make referrals to specialist services where appropriate.

Wear Recovery (the community Substance Misuse Treatment service in Sunderland), provides an in-reach function to the hospital to enable those presenting and identified as having issues with alcohol to be referred to community services in a timely way.

Additionally, alcohol Nurse Specialists based within the Gastroenterology department work with chronic drinkers within the hospital to help engage them with Wear Recovery and other community services to offer interventions that will reduce the necessity for some alcohol related hospital admissions.

Multi-agency meetings are led by City Hospitals Sunderland and Northumberland Tyne and Wear NHS Foundation trust to discuss the most frequently attending service users presenting at the hospital, including this with alcohol misuse issues. Members of the meetings include substance misuse workers from community services, workers from the mental health liaison team, Gastroenterology Consultant, Accident and Emergency Consultant and Alcohol Specialist nurses.

City Hospitals Sunderland also collects data in relation to alcohol related violence from those attending the hospital. Information is analysed to identify 'hot spots' within the city where violence and disorder take place. This information is shared with partners and used to put in preventative measures to reduce violent crime linked to alcohol misuse.

The Youth Drug and Alcohol Project also works in partnership with City Hospitals Sunderland. Since 2010 a substance misuse worker has provided a liaison role to City Hospitals Sunderland by linking with to the Paediatric Liaison Nurse to identify and engage with any young people attending Accident and Emergency, where alcohol and/or substance misuse maybe identified as a casual or contributory factor for their attendance. YDAP then contact the young person to inform them about the service and support they offer and encourage them to engage.

Midwife with a specialist Substance Misuse lead role

A Specialist Substance Misuse midwife based within maternity at City Hospitals Sunderland acts as a co-ordinator between maternity and specialist services. The purpose of the role is to:

- Encourage pregnant women who use, or are suspected of using substances such as alcohol to seek early antenatal care and, where appropriate, treatment;
- Normalise antenatal and postnatal care as much as possible whilst recognising the social and medical issues associated with substance misuse use and providing appropriate services to address these;
- Encourage communication between all practitioners so that advice to the woman is consistent, and that any concerns about substance misuse or safeguarding children are identified and dealt with appropriately.

Reducing alcohol consumption in pregnancy is a key preventative ambition in the Local Maternity System (LMS). The LMS was developed to address the ambitions of Better Births, the Five Year Forward Plan for the NHS maternity services in England, 2016 at a local level. An action plan for Sunderland is in development, including actions around this key priority.

City Hospitals Sunderland have signed up to the local approach to implement MECC across

the city, alcohol is one of the two priority areas.

Role of Clinical Commissioning Groups

The role of the CCG to ensure that we maximise opportunities and support people who drink alcohol at a harmful level via local contracts and adopting the 'Making Every Contract Count' approach.

The CCG have signed up to the local approach to implement MECC across the city, alcohol is one of the two priority areas.

Further partnership working across agencies including CCGs can maximise opportunities.

Role of Community Pharmacies

The Local Pharmaceutical Committee (LPC) has signed up to implement a local Health Living Pharmacy scheme, in which alcohol brief intervention is one of the priority areas.

Role of GP Practices

Further engagement and partnership working can help to address some of the variations in service delivery around alcohol brief intervention and referrals to treatment service.

Role of 0-19 Public Health Service

Harrogate and District NHS Foundation Trust (HDFT) provide the 0-19 Healthy Child Programme Service in Sunderland through a team of Health Visitors, Public Health Nurses and support staff. The service provides a comprehensive range of public health interventions to pregnant women, children, young people and families to improve public health outcomes. This includes a range of universal interventions delivered to all families as well as targeted interventions to offer support to those with identified need and the most vulnerable.

An element of the role of the Public Health School Nurse (5-19 years) is to contribute to reducing alcohol use in young people through the delivery of school drop-ins and to offer one to one and group sessions including screening, brief intervention and advice in relation to drug and alcohol misuse and offering referral or supported referral to local substance misuse services (YDAP).

The role of the co-located Vulnerable Young People's Nurse is to offer nursing support to the Youth Offending Service (YOS) and YDAP through liaison, training and advice to practitioners and deliver and coordinate health care assessment and interventions to young people with substance misuse and other risk-taking behaviours.

Balance - North East office for alcohol harm reduction

Balance focuses on delivering a number of measures designed to impact at the population level and to complement local work particularly in shifting social norms and in supporting behaviour change. The North East approach to 'Alcohol control' is based on the experience and success of the tobacco work which is helping to develop understanding of the harms caused by alcohol to drinkers and others; in playing a key role in building an alcohol advocacy community so that influence can be exerted at the national level; and in raising awareness of the alcohol industry's role in undermining evidence-based policy interventions designed to reduce harm. At the same time as building fundamental knowledge, capacity and relationships, the alcohol office has been active in following the evidence base laid out in the WHO global strategy and in Health First, particularly in advocating interventions which tackle the affordability, availability and desirability of alcohol.

Sunderland Health Champions

Since 2010 Sunderland has had a Health Champion Programme. The aim of the programme is to improve the health of communities by training local people to become Health Champions, so they can support others in positively addressing wider health issues through brief intervention and signpost to appropriate services. The programme currently trains front-line staff in partner organisations, community workers and volunteers. Over the past five years Sunderland City Council has trained over 1149 in brief intervention level one Alcohol, although this figure does not include the number who have taken part in the 'Have A Word' project that Live Life Well is piloting for Public Health England around alcohol brief intervention. The Sunderland Health Champion programme was evaluated by Leeds Metropolitan in 2012.

4) Projected service use and outcomes in 3-5 years and 5-10 years

National and local trends of alcohol related hospital admissions suggest a downward trend over the past few years, but there has been a rise in 2016/ 17 for all age categories except under 18's.

Trends for alcohol admissions related to alcohol for under 18s continue to decrease nationally, despite previously increasing rates Sunderland has now seen a downward trend in 2017/ 18.

Increased emphasis on alcohol misuse identification and improved patient pathways in the short term may increase demand for treatment. However, in the longer term the earlier identification of alcohol problems through identification and brief advice (IBA) should ultimately mean a reduction in alcohol harms, hospital admissions and specialist treatment. This coupled with population level policies such as minimum unit price and reduction in availability should reduce population level consumption and harm.

5) Evidence of what works

Public Health England Evidence Review 2016ⁱⁱ

Commissioned by the Department of Health, PHE were asked to provide an overview of alcohol-related harm in England and possible policy solutions. The document provides a broad and rigorous summary of the types and prevalence of alcohol-related harm, as well as presenting evidence for the effectiveness and cost-effectiveness of alcohol control policies.

The full review has been published online and a shorter version has been released in the Lancet www.thelancet.com/journals/lancet/article/PIIS0140-6736%2816%2932420-5/abstract

The review evaluates the effectiveness and cost-effectiveness of each of these policy approaches:

Taxation and price regulation

- Taxation and price regulation policies affect consumer demand by increasing the cost of alcohol relative to alternative spending choices. Policies that reduce the affordability of alcohol are the most effective, and cost-effective, approaches to prevention and health improvement.
- For example, an increase in taxation leads to an increase in government revenue and substantial health and social returns.
- Implementing a minimum unit price (MUP) is a highly targeted measure which ensures

tax increases are passed on to the consumer and improves the health of the heaviest drinkers.

- Combining an increase in taxation alongside the implementation of a MUP is estimated to lead to substantial reductions in harm and increases in government revenue. This reduction is greater than that achieved by an MUP in isolation.
- Taxation and pricing policies need to be updated in line with changes in income and inflation, to retain the impact on affordability.

Regulating marketing

- The strongest evidence for the impact of marketing comes from reviews of longitudinal and cohort studies of children, which consistently report that exposure to alcohol marketing increases the risk that children will start to drink alcohol, or if they already drink, will consume greater quantities.
- While the relationship between marketing and child alcohol consumption does not directly provide evidence that limiting marketing will reduce consumption, the evidence is sufficient to support policies that reduce children's exposure to marketing.
- A consistent body of research demonstrated considerable violations of content guidelines within self-regulated alcohol marketing codes, suggesting that the self-regulatory systems that govern alcohol marketing practices are not meeting their intended goal of protecting vulnerable populations.

Regulating availability

- Policies that sufficiently reduce the hours during which alcohol is available for sale – particularly late night on-trade sale – can substantially reduce alcohol-related harm in the night-time economy.
- When simultaneously enforced and targeted at the most densely populated areas this policy is cost-effective.
- While there is a clear relationship between the density of alcohol outlets and social disorder, the research is more mixed for other outcomes and causation is unclear.

Providing information and education

- Although playing an important role in increasing knowledge and awareness, there is little evidence to suggest that providing information, education and labels on alcoholic beverages is sufficient to lead to substantial and lasting reductions in alcohol-related harm.
- Though a popular strategy, education programmes are not cost-effective. Nonetheless, these policies increase public support for more stringent (and effective) policies and labels on alcoholic beverages fulfil a consumer right to be better informed.
- The delivery of education messages by the alcohol industry (such as via Drinkaware) has no significant public health effects.

Managing the drinking environment

- At best, interventions enacted in and around the drinking environment lead to small reductions in acute alcohol-related harm. However, their implementation is resource intensive.
- Multicomponent community programmes are effective, cost-effective and are amenable to local implementation. However, the evidence is predominantly based on the experience in Sweden and may not directly translate to the English context.

Reducing drink-driving

- Enforced legislative measures to prevent drink-driving are effective and cost-effective.
- Policies which specify lower legal alcohol limits for young drivers are effective at reducing casualties and fatalities in this group and are cost-saving.

Brief interventions and treatment

- Health interventions aimed at drinkers who are already at risk (e.g. Identification and Brief Advice) and specialist treatment for people with harmful drinking patterns and dependence are effective approaches to reducing consumption and harm in these groups.
- Typically, these interventions show favourable returns on investment. However, their success depends on large-scale implementation and dedicated treatment staffing and funding streams, without which they are less effective.

The policy mix

- It is known that stronger overall policy environments are associated with lower levels of binge drinking and alcohol-related cirrhosis mortality.
- The Organisation for Economic Co-operation and Development (OECD) suggests that combining alcohol polices may create a 'critical mass' effect, changing social norms around drinking to increase the impact on alcohol-related harm.
- Alcohol policy should be coherent and consistent - this is essential to creating a supportive environment for society, including for those who wish to adopt healthier lifestyles by reducing their alcohol consumption, and for those who drink at hazardous and dependent levels.
- The challenge for policy makers is implementing the most effective and cost-effective set of policies for the English context. The PHE review provides evidence to identify those policies.

Young People

NICE guidance "Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence" ^{xiv} includes a specific section (1.3.7) which considers the assessment and referral of children and young people for alcohol misuse.

Universal approach, with no one is singled out for a specific intervention, should be age appropriate and give information about the risks associated with drinking alcohol. School based education is one such example. These programs address an entire population in an attempt to delay the onset of harmful drinking.

NICE (PH7) ^{xv} recommends focus on encouraging children not to drink, delaying the age at which they start drinking and reducing the harm it can cause among those who do drink.

Whilst there are examples of local practice which support the use of social norms-based intervention in schools, meta-analysis published in the Cochrane library by suggests little or no significant effects of social norm interventions in decreasing alcohol use in college and university students. ^{xvi} Work in this area should therefore proceed with caution and would benefit from full evaluation. Such evaluations may wish to consider the value of the data provided by the underpinning surveys and the opportunities to link universal surveys with the increasing evidence base around the use of sensitised screening based on AUDIT C and electronic options for delivery.

Targeted interventions are for young people not necessarily seeking help for alcohol misuse

but who are identified as being at risk based on their drinking or other vulnerability factors. For example: they would have low level, current or historical alcohol use and may present with a range of other vulnerabilities, such as offending behaviour, learning disabilities, or poor mental health. Children and young people who fall in to this tier of need would benefit from support which reflects their specific needs, though there is no need for a structured or care planned intervention specific to their alcohol use.

UK Government's Alcohol Strategy ⁱ

The UK Government's Alcohol Strategy published in 2012 highlights the need to adopt a new approach in relation to alcohol which tackles excessive alcohol misuse including:

- Availability of cheap alcohol
- Marketing, advertising and sale of alcohol
- Lack of challenge to people that drink and cause harm to others
- Improved measures to tackle alcohol related offending
- Better regulation of licensed premises
- Engagement of the drinks industry in encouraging healthier drinking behaviours
- Supporting people to make informed choices about alcohol and ensure that they understand the risks of excessive alcohol use

Evidence on Alcohol Tools

There is clear international evidence from several countries, including France, the USA and Canada that decreased availability of alcohol results in decreased alcohol consumption in the population; this is true when availability is restricted either by physical means or by price. Where changes have been robustly measured and assessed, it can be seen that the effects happen at local, regional and national levels and lead to substantive reductions in alcohol related morbidity and mortality. Minimum unit price (MUP) remains the best evidenced and most cost-effective regulatory intervention for alcohol harm reduction.

Cumulative impact policies (or CIPs) offer licensing authorities a tool to restrict the number of licensed premises in a specifically defined area if they evidence that a concentration of premises is having a cumulative impact on the promotion of one or more of the current licensing objectives, such as preventing public nuisance or crime and disorder.

A late-night levy enables licensing authorities to raise a surplus fee from establishments which are licensed to sell alcohol late at night in the authority's area (e.g. 12am to 6am), as a means of raising a contribution towards the costs of policing and environmental services.

Making Every Contact Count

MECC is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. The purpose of introducing MECC into healthcare settings is to create a healthier population, reduce NHS costs, improve health outcomes and reduce health inequalities. Through MECC healthcare professionals in direct contact with the public are encouraged to use brief intervention (BI) to motivate people to change behaviours that may damage their health. A BI is often carried out when the opportunity arises and can be delivered by anyone who is trained in the necessary skills and knowledge.

It has been shown that alcohol BI reduces alcohol consumption from harmful levels; evidence indicates that for every eight-people receiving an Alcohol BI, one reduces their drinking to safer limits. According to the NICE Alcohol Return on Investment Tool^{xvii} for every £40,000 spent on treatment services, this will prevent 18 A & E admissions and 22 hospital admissions.

6) User Views

The Alcohol Health Alliance ^{xviii} polled 2,000 people in the UK. Key headline statistics of the 2016 survey are below.

Theme: Awareness of harms and of new alcohol guidelines from the UK's Chief Medical Officers

- Worryingly low levels of awareness of the guidelines and risks:
- **82%** of people are unaware of the new guidelines
- **60%** believe that 'alcohol – if drunk in moderation – poses no risk to health'
- **82%** are unaware of the alcohol/cancer link (cf. CRUK 1 in 10 statistic)

Lowering the drink drive limit

- **74%** support reducing the limit

Licensing and availability

Most people agree that local authorities should have powers around the total availability of alcohol in their area, and we found a majority are put off going into town because of alcohol:

- **69%** agree LAs should consider overall number of premises when deciding on licensing applications

Advertising

They found majority support for limits on cinema advertising, a TV watershed and alcohol sports sponsorship.

- **76%** agree advertising in cinemas should only take place before 18-certificate films
- **62%** agree sports sponsorship sends a message to children that alcohol is a normal part of enjoying sport
- **72%** agree with a 9pm TV watershed

Sunderland Treatment Service Engagement

Consultation with service users and carers took place between the 3 March and the 16 March 2015 to gain their views on current treatment service provision within Sunderland.

The consultation highlighted:

- More direct representation is required from service users to commissioning groups.
- Recovery should be more visible, for example by better use of peer mentor schemes.
- Services are not very visible – for example there is no permanent base in Washington.
- There needs to be stronger consideration of the role of education and prevention in relation to substance misuse to help stop people needing to access treatment services further down the line.
- There is a lack of joined up working with other services, such as employment, housing and mental health.
- Carers and families should be more actively engaged in the treatment of service

users.

- There needs to be strong links to statutory services such as the criminal justice system, hospital and social work, though this should be on an in-reach basis, so that people can be treated within their own communities.
- There should be a specialist rehabilitation unit within Sunderland.
- Links to existing local structures such as mental health groups, AA, and family support groups should be made, and support found to help these groups source external non-public sector funding as this is the cheapest method of delivery.

This consultation was used to inform the development of the new substance misuse service in Sunderland in 2015/16.

Public Knowledge Engagement - In March 2013 the Sunderland tPCT Public Health team commissioned a social marketing exercise in the form of qualitative research from an independent organisation to deliver a detailed understanding of levels of awareness, barriers to accessing services and motivational factors in reference to making healthy lifestyle changes.

They found that in the case of excessive alcohol consumption, there was a worrying sense that many people won't change their behaviours until they are personally affected by the consequences. For that reason, a CAT scan or other method to show internal damage was suggested by some as the most effective way of encouraging people to change their behaviour.

For those who had already reduced their alcohol consumption, the support and encouragement of friends and family proved critical. For many, just having children or committing to a new relationship was enough to initiate a change. There was an overall consensus between those who were still engaging in these behaviours, those who had already made changes and those who offered community support that it is particularly important for alcohol services to be delivered by 'normal' laid-back people who have had their own personal experience of overcoming an addiction.

Key recommendations:

- Family, friends and people who have been through the same experiences need to be encouraged to take a more active role in supporting a person to overcome an addiction as this type of support is pivotal to success
- As many still won't make changes until they are personally affected by the consequences of their actions, there is need for the NHS to think of an inventive, new method of showing the risks of alcohol
- There is a requirement for more advice and education around 'binge drinking' as many do not think the term applies to them despite their reported behaviours suggesting otherwise

North East Alcohol Behaviour and Perceptions Survey for Sunderland

In 2015 Balance (North East Office for Alcohol) conducted the North East Alcohol Behaviour and Perceptions Survey for Sunderland. The Survey provides a detailed snapshot of Sunderland residents' behaviour and attitudes regarding alcohol. The survey included a section on the availability of alcohol, to gather information on how North East residents perceive issues surrounding the acceptability and ease of buying alcohol.

Main findings from the Sunderland residents were that:

- 40% were increasing or high risk drinkers
- 31% are lower risk drinkers
- 26% are non-drinkers

Interestingly, just one in twenty (7%) residents of the region perceived themselves to be a heavy drinker, despite almost half of the sample (40%) falling into the Increasing / High Risk Drinking Audit C categorisation. In Sunderland, the majority (89%) are not concerned about their drinking, with 80% saying they are not at all concerned.

Sunderland's booze debate

On Thursday 2 October 2014, Sunderland City Council held a local booze debate, where partners from across the city were invited to discuss what alcohol meant to the city, their business, their service, their family and themselves. Over 65 people attended the event from over 40 partner organisations. After hearing several speakers from Public Health, Police, Pub Watch and the BID; attendees were asked to draft a vision for Sunderland in relation to alcohol use, and discuss key areas such as:

- Licensing - what are our priorities across the city? What is the policy we want for Sunderland? How can we make our voices heard?
- Culture, availability and price Is it time for change?
- The hidden cost and harm of alcohol what is the need locally and where should we target our resources?

Recommendations from the debate included:

- Agree a vision for Sunderland and how this is delivered
- Agree how the feedback from the day will be discussed and implemented
- Feedback to the attendees a summary of the day
- Engagement with groups such as young people, students and pregnant woman to gain insight in to attitudes towards alcohol consumption

A Task and Finish Group was set up and further engagement work around Cumulative Impact Policy in Sunderland took place in 2016 to 17. In September 2018 Cumulative Impact Policy was implemented in Sunderland.

7) Unmet needs and service gaps

Many people in Sunderland continue to drink to harmful levels. Sunderland City Council, City Hospitals Sunderland and Sunderland Clinical Commissioning Group commissioners need to ensure services are commissioned to meet local need. There is currently a gap in tier 2 alcohol provision which identifies and supports those at high risk of alcohol misuse and supports individuals or groups through behaviour change before they progress onto requiring tier 3 treatment services.

Health professionals need to be trained to give appropriate brief advice on alcohol and educate patients around the new guidance on the number of safe units per week from the Chief Medical Officer.

There is a need to further extend the coverage of brief advice around alcohol through Making Every Contact Count to all healthcare and community settings and increase referrals as well as signposting to self-care websites and apps.

Hospital admissions rates for young people under 18 years are still above the national

average, some young people continue to drink to harmful levels, therefore we need to ensure that we continue to educate young people on the harms of alcohol, and ensure services are appropriate to the needs of young people. Sunderland City Council needs to ensure that services are commissioned to meet the needs of young people. Current data shows worrying drinking patterns in 15 year old girls.

There needs to be better transition arrangements for young people into the Sunderland adult substance services.

Alcohol misuse impacts not just on the drinker but also those around them. With the hidden harm relating to alcohol which is consumed at home, due to the evidence of increasing numbers consuming alcohol at home there needs to be a tailored response to this and the increasing evidence around older people consuming alcohol at higher risk levels.

The impact of harmful drinking and alcohol dependence is greater for those in the lowest income bracket and experiencing the highest levels of deprivation, thus the needs of these people are not being met. Sunderland City Council need to ensure that services are trained in brief advice in service in wards that have highest alcohol admissions.

There is a service gap in provision within Sunderland Royal Hospital. Currently the alcohol liaison nurses work with adults only, this should be broadened to anyone with an alcohol issues regardless of age.

In Sunderland the number of women who were aware of foetal alcohol syndrome was very low at 36%. Therefore, we need to ensure that women looking to become pregnant/ or who are pregnant should receive information regarding safe limits of alcohol use and FASD.

8) Recommendations for commissioning and further needs assessment work

Please note – an EIA must be undertaken as recommendations are implemented.

9) Recommendations

1. To develop a comprehensive plan involving a range of partners supported through partnership working to increase the knowledge and understanding of alcohol and its related harms to enable individuals to make informed choices about alcohol.
2. Continue to the commission high quality local alcohol & substance misuse services which ensure a focus on recovery and the health needs of service users are being met.
3. To undertake a refresh of the 2015 consultation to inform the re-commissioning of future alcohol & substance misuse services, with a particular focus on treatment naïve clients (those who need but do not access treatment services).
4. Review existing services to ensure they meet the needs of priority groups within Sunderland by engaging priority groups such as; black minority ethnic groups, lesbian gay bi-sexual trans-sexual, routine and manual occupations, and pregnant women.
5. Ensure we have robust transitional arrangements into substance misuse services from local NHS trusts.
6. Review the role of the Alcohol Liaison Nurses within City Hospitals Sunderland NHS

Foundation Trust so they can support people to make changes to their alcohol consumption and prevent dependency.

7. Increase early identification of alcohol problems by embedding delivery of brief interventions for alcohol through the Making Every Contact Count approach within front line services.
8. Continue to support the work of Balance around Minimum Unit Price and collate the evidence to support the implementation
9. Continue to deliver and utilise the Sunderland Health Champions Programme to deliver brief interventions for alcohol in community settings.
10. Promote responsible alcohol retailing and support a safe, vibrant and diverse night time economy, working in partnership with the local alcohol businesses to reduce alcohol related harm.
11. Reduce alcohol related crime, disorder and anti-social behaviour by tackling alcohol related offending by individuals and irresponsible alcohol retailing. Maintaining a focus on priority groups, for example offenders and on the reduction of offending behaviour.
12. To build on the North East Alcohol-Free Childhood Programme to ensure constant messages and campaigns around social norms are embedded across Sunderland.
13. Maximise the role of school nursing in contributing to reducing alcohol use in young people.
14. Continue the work with secondary schools across the city and ensure that health harm messages are appropriate to the needs of young people.
15. Ensure that alcohol is not accepted as the norm and make parks in Sunderland alcohol free.

11) Key contacts

Julie Parker-Walton, Public Health Specialist
Julie.parker-walton@sunderland.gov.uk

Joanne Pollock, Public Health Practitioner (Substance Misuse - Adults)
Joanne.Pollock@sunderland.gov.uk

Laura Cassidy, Public Health Practitioner (Risk Taking Behaviour – Young People)
Laura.cassidy@sunderland.gov.uk

Joanne Hunt, Public Health Practitioner (Best Start)
Joanne.Hunt@sunderland.gov.uk

Karen Lightfoot Gencli, Public Health Practitioner (0-19)
karen.lightfoot-gencli@sunderland.gov.uk

References

- ⁱ Governments Alcohol Strategy 2012; <https://www.gov.uk/government/publications/alcohol-strategy>
- ⁱⁱ Public Health England Evidence Review; <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>
- ⁱⁱⁱ Cost of Alcohol Harm in Sunderland; Balance; May 17
- ^{iv} Supporting the Health of Young People in Sunderland; A Summary of the Health Related Behaviour Survey 2017
- ^v [Alcohol treatment in England 2013-14](#). Public Health England, October 2014
- ^{vi} [UK Chief Medical Officers' Alcohol Guidelines Review: Summary of the proposed new guidelines](#). Department of Health, January 2016.
- ^{vii} [Alcohol's harm to others](#). Institute of Alcohol Studies, University of Sheffield School of Health and Related Research (SchARR), July 2015.
- ^{viii} Your Alcohol Treatment Toolkit; Public Health Matters January 16
<https://publichealthmatters.blog.gov.uk/tag/alcohol/>
- ^{ix} Alcohol-use disorders: prevention; June 2010; <https://www.nice.org.uk/search?q=PH24>
- ^x C McQuire et al: Screening prevalence of foetal alcohol spectrum disorders in a region of the United Kingdom: A population-based birth-cohort study. Preventative Medicine January 2019
- ^{xi} [Popova, S., Lange, S., Probst, C., Gmel, G., Rehm, J., 2017a. Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis, Lancet Glob Health 5(3), e290-e299.]
- ^{xii} Public Health Outcome Framework <https://fingertips.phe.org.uk/profile/what-about-youth>
- ^{xiii} NDTMS, Young People Quarterly Activity Report, Q4 2017/18
- ^{xiv} Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence Clinical guideline [CG115] Published date: February 2011; <https://www.nice.org.uk/guidance/cg115>
- ^{xv} Alcohol: school-based interventions; Public health guideline [PH7] Published date: November 2007; <https://www.nice.org.uk/guidance/ph7>
- ^{xvi} Foxcroft David R, Moreira Maria Teresa, Almeida Santimano Nerissa ML, Smith Lesley A, (2015) Social norms information for alcohol misuse in university and college students. Cochrane Database of Systematic Reviews. John Wiley & Sons, Ltd
- ^{xvii} www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools/alcohol-return-on-investment-tool
- ^{xviii} <http://ahauk.org/>