Stockton-on-Tees JSNA

Alcohol Misuse

Paul Walker

Health Improvement Specialist

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JSNA way of working

Each topic within the JSNA is composed of twelve sections.

1. Summary
2. Introduction
3. Data and Intelligence
4. Which population groups are most at risk?
5. Consultation and engagement
6. Strategic issues
7. Evidence base
8. What is being done and why?
9. What needs are unmet?
10. What needs to be done?
11. What additional needs assessment is required?
12. Key contacts and references

1. Summary

This summary should state what the major issue/s are with this topic and what needs to be done to resolve these issue/s.

This section should be concise and in order of priority.

Maximum number of issues = 4

All issue numbers should be "linked" throughout the topic.

Issue number *1 = highest priority*	**Strategic issue?**	**What needs to be done?**
1	Alcohol-related harm in Stockton-on-Tees. This is illustrated by: - A significantly higher proportion of adults drinking at levels harmful to their health -Alcohol-related hospital admissions being significantly higher than the national average -Alcohol-specific mortality is significantly higher than the national average -50% of all violent crime is alcohol related (Balance, 2017). - Perpetration of domestic abuse and child abuse are also associated with alcohol consumption	A review of the Statement of Licensing Policy could consider outlet density, hours of alcohol sales and their cumulative impact in line with NICE PH24 guidance. Levels of alcohol and crime related disorders are associated with outlet density (Public Health England, 2016). Undertake a multi-component approach to managing the drinking environment. Include partnership working with local businesses, licensing, police, and enforcement, supported by local campaigns to address alcohol related harm and the drinking environment. Closer working relationships between alcohol prevention and treatment and domestic abuse services
2	It is estimated that a large proportion of Stockton-on-Tees residents who are dependent drinkers are not currently in treatment.	Review model of care and accessibility of treatment services. Review and strengthen Alcohol Brief Interventions in primary care and extend the practice across social care to meet NICE PH24 Guidance.

		Strengthen alcohol prevention, brief intervention and signposting into specialist treatment in secondary care
3	The number of young people who are drinking alcohol is declining, however in Stockton-on-Tees for those that do drink there a larger proportion than the national average of young people drinking to get drunk.	Implement NICE PH24 guidance in youth settings. Review the approach to young people's drinking history within the context of the early help assessment. Identify any additional support/training for those with a safeguarding responsibility to ensure they are able to support young people effectively. Implement an evidence based school intervention which considers tools for PHSE such as the Risk Taking Behaviour Toolkit as part of a wider whole school approach to wellbeing in line with NICE PH7

2. Introduction

Provide a brief general background on what the topic is and why it is important, including, what are the health risks and costs to society where possible.

Please also list the other JSNA topics that this topic closely links to.

Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. However there can be a considerable lag between alcohol consumption and alcohol-related harms, particularly for chronic conditions where the lag can be many years. In January 2016 the CMO issued revised guidance on alcohol consumption, which advises that in order to keep to a low level of risk of alcohol-related harm, adults should drink no more than 14 units of alcohol a week. In England, a quarter of the population are drinking at above low risk levels so may benefit from some level of intervention. However, harm can be short-term and instantaneous, due to intoxication or long-term, from continued exposure to the toxic effect of alcohol or from developing dependence. This requires a multi-component response and pathways will differ from area to area (PHE, 2018).

For the majority of people, alcohol can be consumed responsibly and within recommended limits. However, around 10,400,000 people are drinking at levels which increase the risk of harm to their health (Public Health England, 2016). 38% of people in Stockton-on-Tees who participated in the Balance Perception survey self-reported drinking at levels of increasing risk and at levels harmful to health (Balance Perception Survey 2015).

Alcohol contributes to over one million hospital admissions per year in England and 22,000 deaths per year in the North East.

According to Public Health England alcohol is now the leading risk factor for ill-health, mortality and disability in the 15-49 age groups (Public Health England, 2016). It is the biggest cause of liver disease and after smoking is the second biggest cause of cancer. Many people who suffer from alcohol related health harms are not dependent drinkers.

The trend nationally is seeing more people aged 16 – 24 years abstaining from alcohol; however those who did drink consumed more alcohol on their heaviest drinking day than any other age group (ONS). The proportion of 11 to 15 year olds drinking is also declining, however those who drink regularly (4%), were more likely to drink to intentionally get drunk with 69% of young people reporting to have done so (Alcohol England). More under 18s accessing alcohol services have other vulnerabilities associated with alcohol consumption (Ref https://publichealthmatters.blog.gov.uk/2017/12/13/5-things-to-know-about-young-people-in-drug-and-alcohol-treatment/).

Women who drink alcohol during pregnancy risk damaging the health of their unborn child, resulting in irreversible mental and physical problems known as foetal alcohol spectrum disorder. Guidance from the Chief Medical Officer states that there are no safe levels of alcohol consumption during pregnancy.

Higher socioeconomic groups report consuming alcohol at much higher levels than those in lower socioeconomic groups. Those in lower socioeconomic groups however are much more likely to be affected by alcohol harms and die earlier than their counterparts who routinely consume more (Public Health England, 2016), this is known as the Alcohol Harm Paradox.

In 2015/16 the cost of alcohol harm in Stockton-on-Tees was estimated to total £79.6m, with associated costs to the NHS and Health (£15m), Social Services (£9m) and Crime and Disorder (£26.7m). Wider costs to the local economy including absenteeism, and alcohol related deaths were estimated at £28.9m (Balance Cost Profile 2015/16).

Other JSNA topics this topic closely linked to:	
Domestic violence victims	Crime
Mental and behavioural disorders	
Illicit drug use	
Poverty	

3. Data and Intelligence

Please include information such as incidence & prevalence as well as service activity data that reflects demand for care (usually presented using charts and/or tables).

Please use time series (long term) data, benchmarking, population segmentation, forecasting, lower level geography analysis (e.g. ward) and include numbers & rates where possible.

All data and intelligence must be relevant to the strategic issues (box 6).

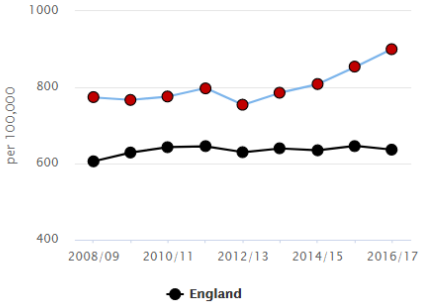
Patterns of consumption

The Health Survey for England (2014) reports a smaller proportion of adults who abstain from drinking alcohol in Stockton-on-Tees is lower than the national average (12.4% as opposed to 15.5%). Adults consuming more than 14 units a week is 36.7% (nationally 25.7%) are drinking at above low risk levels so may benefit from some level of intervention. Harm can be short-term and instantaneous, due to intoxication or long-term from continued exposure to the toxic effect of alcohol.

Hospital admissions

10.01 - Admission episodes for alcohol-related conditions (Narrow) Stockton-on-Tees — Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: –

Period	Count	Value	Lower CI	Upper CI	England
2008/09	1,394	773	733	816	606
2009/10	1,394	767	727	809	629
2010/11	1,425	776	736	818	643
2011/12	1,467	798	757	840	645
2012/13	1,395	754	714	795	630
2013/14	1,461	786	746	827	640
2014/15	1,502	808	768	850	635
2015/16	1,593	853	811	896	647
2016/17	1,698	901	859	945	636

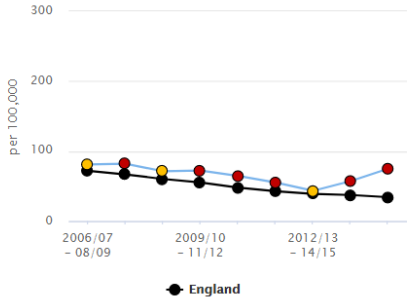
Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Alcohol admissions in Stockton-on-Tees have been increasing over the last 5 years. The levels of admissions are significantly higher than the national value and higher than Stockton's statistical neighbours. In Stockton-on-Tees, there are significantly higher hospital admissions for alcohol related conditions compared to England, there are also significantly higher levels of alcohol specific conditions in Stockton-on-Tees.

Alcohol

5.02 - Admission episodes for alcohol-specific conditions - Under 18s (Persons) Stockton-on-Tees Crude rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North East	England
2006/07 - 08/09		104	81.1	66.3	98.3	119.3	72.1
2007/08 - 09/10		105	82.1	67.1	99.4	115.8	66.7
2008/09 - 10/11		91	71.4	57.5	87.7	104.8	60.3
2009/10 - 11/12		92	72.4	58.4	88.8	96.3	55.4
2010/11 - 12/13		82	64.8	51.5	80.4	77.6	48.0
2011/12 - 13/14		70	55.3	43.1	69.8	70.6	42.8
2012/13 - 14/15		55	43.4	32.7	56.4	66.0	39.0
2013/14 - 15/16		73	57.3	44.9	72.0	66.9	37.4
2014/15 - 16/17		96	74.9	60.7	91.5	64.8	34.2

Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Under 18 hospital admissions have generally been declining since 2006, however there has been a small increase the last two years. The Stockton value is worse than the national average and worse than its statistical neighbours.

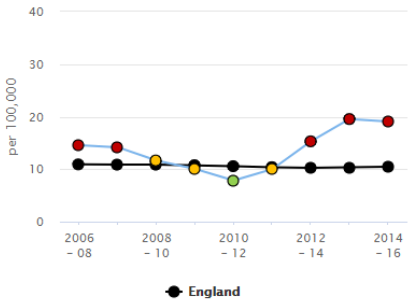
Treatment and unmet need

Prevalence estimates of dependent drinkers in Stockton-on-Tees set against those accessing treatment services suggests that only 25% access treatment services (PHE, 2018).

Mortality

2.01 - Alcohol-specific mortality Stockton-on-Tees Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	North East	England
2006 - 08		79	14.6	11.5	18.2	15.1	10.9
2007 - 09		77	14.2	11.2	17.7	15.2	10.9
2008 - 10		63	11.6	8.9	14.9	15.2	10.9
2009 - 11		56	10.0	7.6	13.1	14.7	10.7
2010 - 12		44	7.9	5.7	10.5	14.1	10.6
2011 - 13		57	10.0	7.6	13.0	13.8	10.4
2012 - 14		87	15.3	12.2	18.9	14.3	10.3
2013 - 15		110	19.5	16.0	23.6	15.8	10.3
2014 - 16		108	19.1	15.6	23.0	16.4	10.4

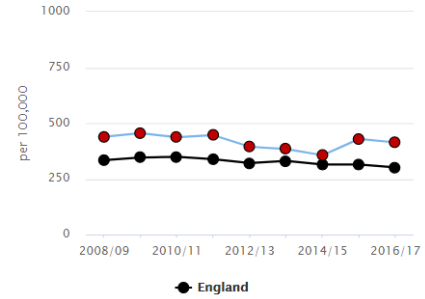
Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

Alcohol specific mortality in Stockton-on-Tees is significantly higher than the national average but similar to most of Stockton's statistical neighbours.

10.06 - Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Persons) Stockton-on-Tees

Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: –

Period	Count	Value	Lower CI	Upper CI	England
2008/09	411	439	398	484	334
2009/10	421	455	412	501	346
2010/11	404	437	395	482	349
2011/12	409	446	404	492	338
2012/13	359	394	354	437	321
2013/14	348	383	344	426	330
2014/15	327	356	318	397	314
2015/16	391	429	387	474	314
2016/17	374	413	372	458	301

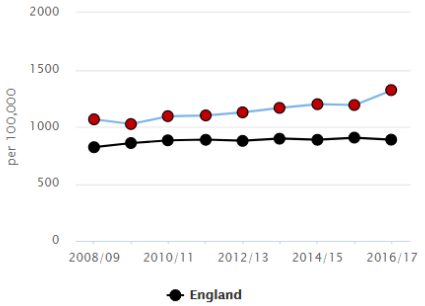
Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

There are significantly higher levels of alcohol related hospital admissions in Stockton-on-Tees, however there is a downward trend. The Stockton value is statistically similar to its statistical neighbours.

10.07 - Admission episodes for alcohol-related conditions (Narrow) - 40-64 yrs (Persons) Stockton-on-Tees

Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: –

Period	Count	Value	Lower CI	Upper CI	England
2008/09	675	1,065	986	1,149	821
2009/10	659	1,024	947	1,105	857
2010/11	711	1,093	1,014	1,176	881
2011/12	718	1,099	1,020	1,183	888
2012/13	729	1,126	1,046	1,211	877
2013/14	753	1,165	1,083	1,252	897
2014/15	774	1,198	1,115	1,285	887
2015/16	768	1,190	1,108	1,278	904
2016/17	857	1,321	1,234	1,413	887

Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

There is a significantly higher level of alcohol related hospital admissions than the England value with a year on year upward trend in the 40-64 age group. Stockton-on-Tees is also worse than the majority of its statistical neighbours.

The largest proportion of admissions to hospital was for those who had not previously been admitted to hospital for alcohol related condition. The rate is significantly higher than the England rate (PHE Commissioning Support Pack),

PHE estimated there to be 14.2 per 1000 population who are dependent drinkers, it is estimated that there is approximately 72% whose needs are unmet. (PHE Commissioning Support Pack)

Evidence links availability and affordability of alcohol to the increasing high-risk consumption of alcohol. In Stockton-on-Tees there are large groups in the population drinking above the weekly recommended limit in a single day.

Crime

50% of people in the North East have been negatively affected by another person's drinking; this can be assault, abuse, or other crime related offenses. Evidence suggests women and children are disproportionately affected by

other people's drinking. Alcohol plays a part in 25 to 33% of known cases of child abuse. Parental alcohol misuse is also identified as an adverse child experience (Public Health England, 2016). A recent survey by Balance highlighted that 65% of people in the North East avoid town centres due to other people's drinking.

50% of all violent crime is alcohol related (Balance) the amount of alcohol and crime related disorder is associated with outlet density (Public Health England, 2016). Perpetration of domestic abuse and child abuse are also associated with alcohol consumption.

4. Which population groups are at risk and why?

This section will focus on core epidemiological issues that take account of fixed risk factors (such as age, gender, ethnicity, family history) and modifiable risk factors (such as behaviour). The wider determinants of health (such as housing, transport and environment) are also considered.

This is about who is at risk of developing/starting "topic name inserted here", NOT the outcomes and risks of people who already have/are "topic name inserted here".

Age	Alcohol affects individuals throughout the life course. Babies born to mothers who consume alcohol during pregnancy are at risk of permanent mental and physical harm. The CMO recommends an alcohol-free childhood. Children who drink before the age of 15 are more likely to become dependant drinkers. The over 40s are at risk of alcohol related harms, with a higher proportion of alcohol related hopsital admissions. Older people are more sensitive to the effects of alcohol, https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Practice_briefings/HLIN_PracticeBriefing_PHE_OlderPeopleAlcohol.pdf
Sex	

	Alcohol dependence is more common in men (6%) than in women (2%).
Socio-economic status and poverty`	Although people on a low income do not tend to consume as much alcohol as people on a higher income, it seems to have a more significant negative impact. This is thought to be due to other confounding problems affecting those from lower socio-economic groups.
Mental health	There is a strong association between alcohol and mental health problems, and there are links to those who have died by suicide.
Looked after children	Looked after children are more likely to drink alcohol to excess than children of the same age who are not in the care system.
Domestic Abuse	Evidence states alcohol is plays a major role in a significant proportion of domestic abuse cases.

5. Consultation and engagement

This section is used to summarise the views of the public, dedicated groups and service users. It can make use of formal assessment of views, such as obtained from surveys, feedback meetings and focus groups.

All information must be relevant to the strategic issues (box 6).

Issue number *1 = highest priority*	**Strategic Issue**
1	**Balance Perception Survey 2017** Balance is a North East regional office providing a source of expertise, education and capacity to address alcohol related harm. The Balance perception survey provides insight to the opinions of residents in the Borough in relation to Alcohol. • 89% of drinkers who drink at higher risk, perceive themselves to be low to moderate drinkers • On average respondents reported violent crime and anti-social behaviour as being strongly related with alcohol along with domestic abuse which was significantly higher response than the regional average • Respondents felt that issues related to alcohol should be provided by, GPs, Health Workers and Government • 69% of people were unaware of the link between alcohol and breast cancer, 61% were unaware of the link between alcohol and dementia with 76% of respondents were not aware of the links between alcohol and cancer.

2	**Health Watch Alcohol Services Report 2017** Just over half of people who completed the survey knew where to get support and advice in relation to Alcohol Services, demonstrating the need for better signposting from GP s and marketing of the service The majority of respondents stated they would seek advice on alcohol misuse or local services from their GP as their first port of call, followed by searching online. The report recommended the need to consult with a more diverse demographic, as the majority of respondents were female and very few participated from the local alcohol service
3	**The 2016 Stockton on Tees, School's Health Related Behaviour Questionnaire highlighted the following:** 6% of Year 10+ pupils reported having unprotected sex after consuming alcohol When looking for support regarding alcohol, young people were most likely to speak to family/friends or nobody at all. Young people reported they were least likely speaking to youth workers, advisors, advice services tutors or school nurses. **What about YOUth Survey 2014/15 (15 Year Olds)** An NHS Digital survey developed with Ipsos Mori to provide insight into the health of young people in England on a variety of topics including alcohol. 6% of young people reported being a regular drinker, similar to the England average. 17.9% reported being drunk in the last 4 weeks, significantly worse than the England average. Those who drank regularly were most likely to deliberately drink to become drunk. **Balance Perception Survey 2017** The Balance perception survey provides insight into the opinions of residents in the Borough in relation to Alcohol. 91% of respondents were unaware of the guideline that children should not consume alcohol before the age of 15 89% of people who drink at a higher risk see themselves a light or moderate drinker

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6. Strategic issues

This section summarises what was included/discovered in the "Data and intelligence", "Who is at risk and why" and the "Consultation and engagement" sections.

This section should be concise and in order of priority.

Maximum number of issues = 4

Issue number *1 = highest priority*	**Strategic Issue**
1	Alcohol-related harm in Stockton-on-Tees. This is illustrated by: - A significantly higher proportion of adults drinking at levels harmful to their health -Alcohol-related hospital admissions being significantly higher than the national average -Alcohol-specific mortality is significantly higher than the national average -50% of all violent crime is alcohol related (Balance, 2017). - Perpetration of domestic abuse and child abuse are also associated with alcohol consumption
2	It is estimated that a large proportion of Stockton-on-Tees residents who are dependent drinkers are not currently in treatment.
3	The number of young people who are drinking alcohol is declining, however in Stockton-on-Tees for those that do drink there a larger proportion than the national average of young people drinking to get drunk.

7. Evidence base

This section provides links and a brief summary of robust evidence base. This would usually come from national sources (e.g. Government departments, Office for National Statistics, NICE, NHS Evidence).

All evidence must be relevant to the strategic issues (box 6).

Issue number *1 = highest priority*		
1	**Source**	***NICE PH24***
	Title incl. web link	**Alcohol - use disorders: Prevention (availability)** www.nice.org.uk/guidance/ph24/chapter/1-Recommendations
	Summary	This guideline covers alcohol availability; evidence suggests strong management of alcohol outlet density and hours of alcohol sales through local licensing arrangements. Evidence suggests this as an effective way to reduce alcohol related harm, including alcohol related violence.
	Source	***PHE 2016***
	Title incl. web link	***Alcohol and the Effectiveness and the Cost-Effectiveness of Alcohol Control Policies*** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf
	Summary	This report covers multi-component approaches to reducing alcohol related harms, including working with communities, raising awareness of legislation and training serving staff in relation to the legislation on serving those who are intoxicated
	Source	**PHE 2016**
	Title	**The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies - An evidence review** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf

	Summary	This evidence review documents the wide range of alcohol related harms experienced by family members including domestic and intimate partner violence and child abuse. The review also establishes a strong relationship between drinking and aggression, violence and public disorder and drink driving. Incidences are higher where there is a greater concentration of pubs and clubs.
2	**Source**	**NICE PH24**
	Title incl. web link	**Alcohol - use disorders: Prevention (Screening & Brief Advice)** https://www.nice.org.uk/guidance/ph24/chapter/1-Recommendations
	Summary	This guideline covers brief advice and screening to be undertaken by health professionals including Primary Care, A&E, Social Services, Pharmacies and Local Commissioned Services
3	**Source**	**NICE PH7**
	Title incl. web link	**Alcohol: school-based interventions** https://www.nice.org.uk/guidance/ph7/chapter/1-Recommendations
	Summary	This guidance covers school-based education and advice interventions including, ensuring alcohol education is part of PHSE, to challenge social-norms, encourage young people not to drink and delay the age of onset and 'Introduce a 'whole school' approach to alcohol. It should involve staff, parents and pupils and cover everything from policy development and the school environment to the professional development of (and support for) staff. Where appropriate, offer parents or carers information about where they can get help to develop their parenting skills. (This includes problem-solving and communication skills, and advice on setting boundaries for their children and teaching them how to resist peer pressure.)
	Source	***NICE PH24***
	Title incl. web link	**Alcohol - Use Disorders: Prevention** https://www.nice.org.uk/guidance/ph24
	Summary	This guideline promotes supporting young people aged 10-15 years old who are at risk of drinking.

		Targeting those with a safeguarding responsibility and those who routinely come into contact with at risk young people. Obtaining a history of a young person's drinking, family and educational context, using a CAF approach.

8. What is being done and why?

This is where to list and describe current STRATEGIC services, programmes, interventions etc.

Please include a brief summary about what each one delivers and state which organisation/s are implementing them.

Change Grow Live (CGL) Alcohol Service (Adults)

Provide alcohol support services for adults within the Borough of Stockton. They offer support within General Practice and within North Tees Hospital through the Drug and Alcohol Referral Team, CGL also provide "Have a Word", Alcohol Brief Advice training.

Change Grow Live (CGL) Alcohol Service (Young People)

Provide a comprehensive young people's alcohol service to the age of 19 with links to local youth services.

Risk Taking Behaviour Toolkit

The toolkit provides support to schools with lesson plans and roadshow events held in schools

GP Local Enhanced Service

Public Health commission General Practice to undertake alcohol brief advice and audits.

Enforcement (Licensing/Trading Standards)

It provides an important regulatory function, carrying out a range of duties aimed at protecting the public. Licensing is responsible for the production of the statement of licensing policy and administration of licensing applications and ensuring licensees meet their regulated standards. The Licensing team also work with local businesses both on and off-sales, in the Borough of Stockton-on-Tees.

Trading Standards have a regulatory function in relation to protecting consumers. Trading standards can undertake under 18 test purchases based on intelligence to protect children from harm.

Cleveland Police

Cleveland Police have a dedicated role linked to licensing, supporting the local licensing team with intelligence and enforcement aiming to reduce local crime, disorder and domestic abuse.

Stockton Town Pastors

Stockton Town Pastors is a charitable imitative involving local churches who provide support for people during the night time within Stockton. The model follows the 'Street Angels' approach and has been running since 2009. They offer a safe haven for those who are vulnerable or in need during the hours of 10pm and 3am on a Friday and Saturday, the unit is based at The Shambles in Stockton Town Centre.

9. What needs are unmet?

If the elements of "what is being done and why" (box 8) do not address the "Strategic issues" (box 6), or they are not accessible for the relevant people, then there is unmet need.

If two or more elements of "what is being done and why" (box 8) are required to meet a need, but are not coordinated, then there is unmet need.

Future needs also need to be considered.

Issue number *1 = highest priority*	**Unmet need**
1	A large proportion of alcohol admissions are as a result of individuals drinking at levels harmful to health. Current control policies provide some support to address this issue. However, a co-ordinated response to enforcement and licensing to reduce availability is required. Current programmes and interventions are not addressing alcohol issues as an aggravating and contributory factor in cases of violence, domestic and child abuse. A coordinated response is required to identify and address the issue and develop a preventative strategy.
2	A new CQUIN has been introduced for hospital settings to provide alcohol brief advice but the efficacy of this is as yet unknown. There is variation in implementation and uptake of the GP LES for alcohol brief advice, service data suggests that some practices are making inappropriate referrals and patients would benefit from other forms of available advice/guidance.
3	The risk taking behaviour toolkit (RTBT) is not taken up by all schools and there is variation with regards to implementation

	across schools. The toolkit would be most effective as part of a whole school approach. A whole-school approach which considers alcohol alongside the wider wellbeing/resilience agenda is not being adopted within all schools, nor is there a common understanding of the concept based on evidence. It is unknown if a young person (aged 10-15) in contact with those with a safeguarding responsibility are routinely asking about a young person's drinking history.

What needs to be done and why?

This is where to put recommendations for commissioners in relation to gaps in service provision and to propose measures to address unmet need

Issue number *1 = highest priority*	**What needs to be done?**	**Why?**
1	Implementation of NICE PH24 in relation to alcohol control polices. Ensure a review of the licensing policy considers the outlet density and hours of alcohol sales and their cumulative impact. PHE 2016 Evidence Review of Alcohol suggests a multi-component Community Intervention. A Coordinated response from local business, licensing, police enforcement and community engagement Consistent and accurate recording where alcohol is a significant aggravating factor in perpetration of domestic abuse, child abuse, violent incidents, crime and disorder offences.	Evidence suggests through local licensing arrangements a reduction in alcohol related harm included alcohol related violence can be achieved. Primary research measuring the effectiveness of a multi-component response has demonstrated reductions in alcohol-related harm and anti-social behaviour. There is an absence of a specific offence of alcohol related violence in law. The police can identify 'alcohol related' as an aggravating factor but it is not mandatory. Where alcohol is more than merely incidental to an incident it should be recorded. Consistent

		and accurate recording by Cleveland Police will ensure increased accuracy of data and intelligence
2	A review of the GP LES for ABI with reference to NICE Guidance PH 24 Monitor the impact of the new Alcohol & Tobacco CQUIN currently being implemented through hospital settings	Evidence suggests receiving alcohol advice from health care professionals is acceptable and evidence supports this as an effective approach to supporting and identifying those who are drinking at levels harmful to their health. This prevention CQUIN is based on ABI being effective in hospital settings and provides the means to identify t hose who may need specialist support and thus a reduction in hospital admissions.
3	Implementation of NICE PH24. Review the approach to young people's drinking history within the context of the early help assessment. Identify any additional support/training for those with a safeguarding responsibility to ensure they are able to support young people effectively. Implementation of NICE PH7; Implementation of an evidence based school intervention which considers tools for PHSE, such as the RTBT as part of a wider whole school approach.	NICE guidance suggests this is the most appropriate method of engaging with those most at risk of drinking at levels harmful to their health and participating in risk taking behaviour. Evidence suggests delivery of alcohol related education as part of PHSE is effective, particularly when supported by a whole school approach to delay onset of young people's drinking and challenge social norms.

10. What additional needs assessment is required?

Are there any issue/gaps that need addressing to complete this JSNA topic effectively?

A greater understanding of alcohol-related harm based on local data and intelligence to support the development and review of a SLP and targeting of social norms campaigns and population-based interventions.

Anecdotal evidence suggest an under-recording of alcohol as a factor in anti-social behaviour, violence and disorder, particularly in the night time economy. Improved recording of alcohol as a factor by Cleveland Police when attending to incident calls, particularly in town centre areas at weekends may improve this.

Work needs to be undertaken to identify and understand the scale and need for prevention work to avoid at-risk harmful drinkers becoming dependant.

11. Key contacts and references

Key contact

Name: Mandy MacKinnon

Job title: Early Intervention Manager
Organisation: Stockton-on-Tees Borough Council

Email: mandy.mackinnon@stockton.gov.uk

Phone number: 01642 528478

References

See section 7.