

Sunderland Alcohol Strategy

Calling Time: It's time to rethink drink

Foreword



Cllr Kelly Chequer

This is the first alcohol strategy of the Sunderland Drug and Alcohol Partnership to address alcohol harms across the city. Calling Time: It's time to rethink drink has been a joint effort, and I would like to thank all partners who have co-produced this strategy and will be playing a vital part in implementation.

Over the past 10 years we have seen a decline in the number of people drinking in pubs and clubs with more off sales than on sales, and an increase in 24-hour licences. Many people now preferring to drink at home, where there are unlimited servings with unlimited measures, thus the problems with alcohol are now becoming hidden within our communities. The affordability of alcohol is also something that is of concern. While the price of alcohol has increased by 28% over the last 10 years, it remains 74% more affordable than it was in 1987.

Reducing the scale and impact of alcohol harms has been a commitment for the Sunderland Health and Wellbeing Board for many years. In 2015, we signed the alcohol declaration which specifically commits the Board to drive the evidence-based action across the system and protect the community from harm. Alongside this we have developed a vibrant Drug and Alcohol Harm Reduction Group, established an early intervention alcohol service via Wear Recovery called Aspire and adopted a model of implied consent so that all young people attending A&E for drug and alcohol related conditions will be referred directly to treatment to support their recovery journey and prevent repeat admissions. We have also introduced a responsible retailers scheme whereby retailers are committed to do everything they can to prevent age-restricted products from reaching children and young people.

This is just the start of the journey; it will take hard work to deliver the ambitions that are envisioned within the strategy. However, we are in the fortunate position of having a strong foundation to build on through our Sunderland Drug and Alcohol Harm Reduction Group who are committed to reducing alcohol related harms. In partnership, we will strive to achieve our vision and improve health and wellbeing outcomes for all to ensure that no one in Sunderland is left behind.

I would like to commend the hard work and dedication of all of those involved in alcohol harm reduction in Sunderland over the last few years and thank all partners who have co-produced this strategy and will be playing a vital part implementing it to reduce alcohol harm in Sunderland.



Sunderland City Council Cabinet Member and Portfolio Holder for Healthy City
Health and Wellbeing Board Chair

Foreword



Gerry Taylor

Our strategy 'Calling Time: It's time to rethink drink' outlines the collaborative approach and collective vision we share as a partnership to reduce alcohol related harms in our City.

Our ambition within the strategy is to achieve the best possible health and wellbeing for Sunderland whilst creating the conditions for economic growth. The strategy was co-produced with a wide range of partners, including people with lived experience, to ensure all views and experiences were captured. The priorities place an emphasis on prevention, early intervention, providing specialist treatment, protecting our children and young people, all of which are important in addressing alcohol harms.

Reducing alcohol harm is a key priority within our ten-year Healthy City Plan which aims to tackle the social determinants, 'the causes of the causes' of poor health throughout the life course and address inequalities for key vulnerable populations. Whilst progress has been made, most health outcomes remain poorer than the England average. The harms caused by alcohol are complex within our society and place a huge burden on individuals, families, and communities. Alcohol remains a key driver of health inequalities as well as being one of the primary causes of premature death.

We know that the pandemic has only amplified this problem. Alcohol related harm was recognised in my Director of Public Health Annual Report 21/22 'Same Storm Different Boats' and I made several recommendations which have been addressed within this strategy. Given our long-standing inequalities and the current financial pressures on our communities, we also need to deliver this strategy in the light of our ambition to increase financial wellbeing in the city.

My thanks go to everyone who has contributed to this strategy, including colleagues from services across the council, our partners and wider community.

A handwritten signature in black ink, appearing to read 'Gerry Taylor'.

Executive Director Health, Housing and Communities

Sunderland Alcohol Strategy

The Sunderland Healthy City Plan (2020-2030)¹ is our Health and Wellbeing Board's refreshed joint Health and Wellbeing Strategy. The vision for our Healthy City Plan is:

“Everyone in Sunderland will have healthy, happy lives, with no one left behind”

The Healthy City Plan supports the delivery of the overarching City Plan (2019–2030). Its vision is **“By 2030 Sunderland will be a connected, international city with opportunities for all”**. The plan sets out three key themes:



The Health City Plan focuses on tackling the social determinants, 'the causes of the causes' of poor health throughout the life course – starting well, living well and ageing well and addressing inequalities for key vulnerable populations. The priorities in the plan are:

Starting Well: giving every child the best start in life; and enabling children, young people and families to maximise their capabilities and have control over their lives.

Living Well: creating fair employment and good work for all; ensuring a healthy standard of living for all; creating and developing healthy and sustainable places and communities; and strengthening the role and impact of prevention.

Ageing Well: strengthening the role and impact of prevention for older people.

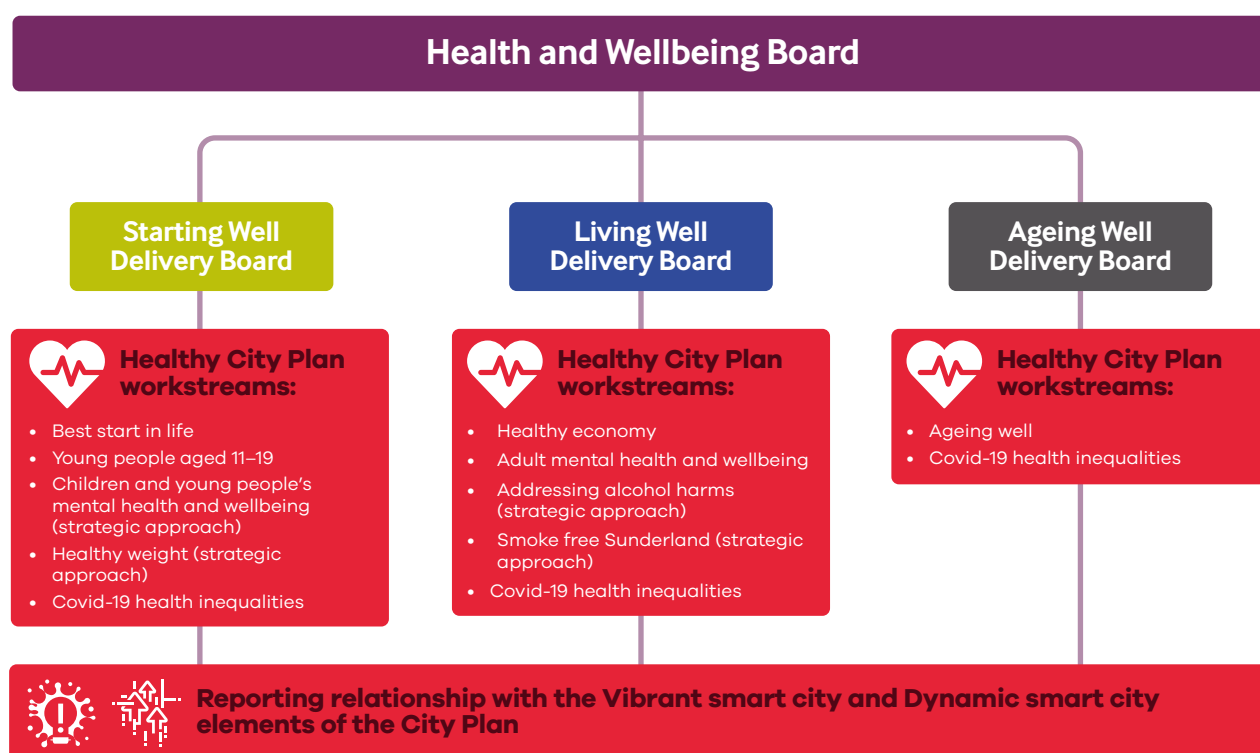
This evidence-based alcohol strategy (referred to as 'the strategy') shows that alcohol causes significant harm to our residents and we need to focus on prevention. We will adopt a universal proportionalism approach ensuring resources and services are allocated proportionately to population need. The shared values and behaviours of the Healthy City Plan underpin this strategy and will guide our approach to strategy implementation. These shared values and behaviours are:

- **Focusing on prevention** - helping people to stay healthy, happy and independent
- **Tackling health inequalities** - challenging and taking action to address inequalities and the social determinants of health
- **Equity** - ensuring fair access to services dependent on need
- **Building on community assets** - recognising individual and community strengths that can be built upon to support good health and independence
- **Working collaboratively** - everyone playing their part, sharing responsibility and working alongside communities and individuals
- **Being led by intelligence** - using data and intelligence to shape responses

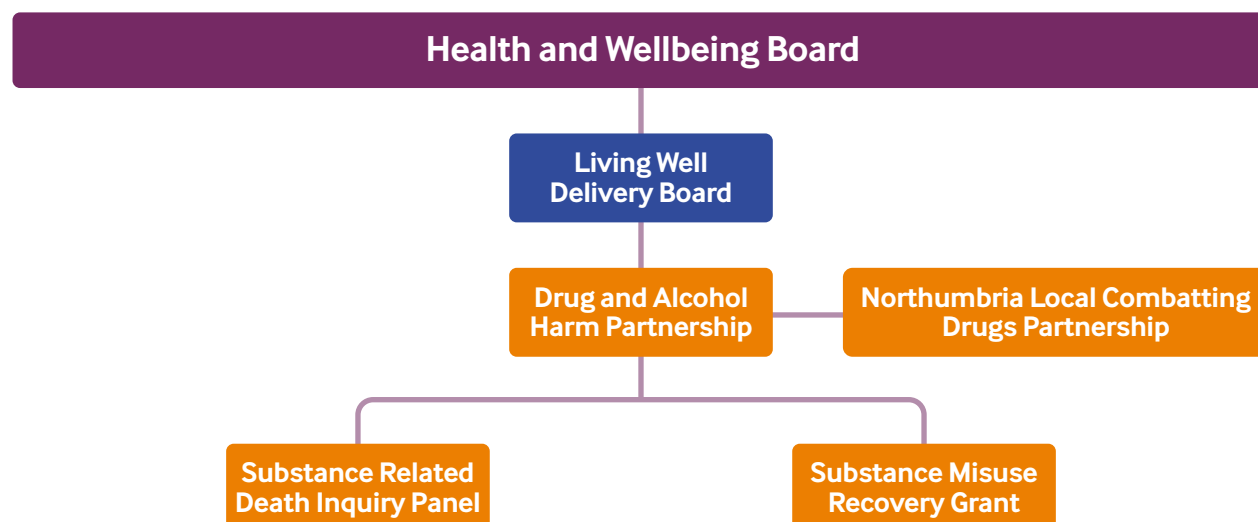
¹ Sunderland Healthy City Plan - Sunderland City Council

The Strategy will support the delivery of the Healthy City Plan through:

- Promoting and supporting an integrated system encompassing prevention, treatment and recovery
- Ensuring access to the highest quality treatment for all residents
- Supporting families and carers exposed to alcohol harms within the home
- Ensuring clear and effective pathways are in place to support residents help themselves and make access easy



The Sunderland Drug and Alcohol Harm Reduction Group leads the strategic approach on alcohol issues, providing assurance to the Safer Sunderland Partnership and the Health and Wellbeing Board on strategies in place to deliver the Drug and Alcohol Action Plan. The Living Well Delivery Board will be the forum by which the Drug and Alcohol Harm Reduction Group reports progress to the Health and Wellbeing Board.



Achievements - Healthy City Plan

Reducing alcohol harm has been a consistent priority in for the Sunderland Health and Wellbeing Board and there has already been much progress against the objectives identified in our strategy. Below, the key achievements have been outlined against the three objectives within the strategy.

Objective one Prevention and early intervention	Objective two Providing specialist interventions to promote a quality treatment and recovery system	Objective three Protecting children, young people and families from alcohol related harm
<p>Additional investment into a new early intervention alcohol service via Wear Recovery called Aspire.</p>	<p>Continue to invest in a fully integrated specialist substance misuse and alcohol treatment and recovery service. The service offers a full range of treatments and interventions designed to support people to take control of their recovery journey and achieve their recovery goals.</p>	<p>Continued investment in the Youth Drug and Alcohol Project (YDAP) which offers specialist help, advice and support on substance misuse and alcohol to under 18's in Sunderland. The service focuses on three key components, universal training on health harms, targeted brief intervention, and specialist individual services for more complex and serious cases.</p>
<p>Public Health voice in all licensing applications through Public Health representation at the Responsible Authority Group</p>	<p>Implemented the Changing Futures programme to support individuals with multiple and complex needs.</p>	<p>Adopted a Healthy Settings approach which aims to influence the environment in which young people live and learn. This 'whole systems approach' provides support on key issues and challenges educational establishments may be facing around risk taking behaviour.</p>
<p>Introduced a Responsible Retailers Scheme whereby retailers are committed to do everything they can to prevent age-restricted products from reaching children.</p>	<p>Implemented an Integrated Individual Placement and Support (IPS) within existing treatment services, IPS provides intensive support to those in treatment and/or recovery to access employment.</p>	<p>Promoted an Alcohol-Free School approach which supports a standardised approach to school-based alcohol policies and procedures. Participating educational settings must ensure they have up to date drug and alcohol and safeguarding policy available in paper copy and electronic format that is accessible to parents, carers and students. The policy will also support an alcohol-free school approach.</p>

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<p>Continued to embed alcohol brief intervention training as part of the Sunderland Health Champion Programme to allow further awareness raising across Sunderland.</p>	<p>Supported the expansion of the Alcohol Care Team within South Tyneside and Sunderland Foundation Trust.</p>	<p>Commissioned a Health-Related Behaviour Survey (2021) in primary and secondary educational settings across Sunderland with the aim of gaining a better understanding of the health and wellbeing of young people in Sunderland.</p>
<p>Taken a population health management approach through the alcohol Joint Strategic Needs Assessment which is published on the council's website.</p>	<p>Utilised the substance misuse treatment and recovery grant to fund a specialist post co-located within the council housing team to support those experiencing alcohol harms and homelessness.</p>	<p>Continued to support the Southwick Raising Aspirations Altogether (SARA) and Hetton Aspirations Linking Opportunities (HALO) projects which focus on helping vulnerable young people and families in our community by bringing key partners together in a whole systems approach.</p>
<p>Worked with seven Local Authorities to continue to commission BALANCE and promote alcohol harm reduction campaigns specific to Sunderland.</p>	<p>Utilised the substance misuse treatment and recovery grant to fund a specialist post co-located within Northumbria Police City Centre Neighbourhood team for offenders with complex needs to support them into their treatment journey.</p>	<p>Adopted a model of implied consent for young people attending A&E for drug and alcohol related conditions. They will be referred directly to treatment to support their recovery journey and prevent repeat admissions.</p>
<p>Utilised the Better Health at Work Award and the Sunderland Workplace Health Alliance to ensure workforces have the skills and awareness to identify alcohol related harms and available support.</p>	<p>Utilised the substance misuse treatment and recovery grant to fund a specialist post within NERAF to support those experiencing drug and alcohol related harms and a specific carers support group.</p>	<p>Applied a Focused Deterrence Model in partnership with Northumbria Police and the Violence Reduction Unit to target young people who are disproportionately responsible for serious and violence related crime. The approach involves working with partners to identify the wider determinants of the root causes which will support individuals to make lasting changes and reduce risk taking behaviours, problematic substance misuse and alcohol use and reduce exposure to further harm.</p>
<p>Completed a full review of our community alcohol treatment services, the outcomes are informing this strategy and associated action plans.</p>	<p>Formalised agreed information sharing protocols between key partners.</p>	<p>Commissioned a service to support parents, families and carers of those who experiencing issues with substance misuse and/or alcohol.</p>

Objective one Prevention and early intervention	Objective two Providing specialist interventions to promote a quality treatment and recovery system	Objective three Protecting children, young people and families from alcohol related harm
Completed a review of alcohol related training for professionals via the ICS Alcohol Studies Advisory Group.	Adopted a trauma informed care approach within the treatment and recovery system.	Delivered alcohol brief intervention training to health champions across Sunderland with the aim of disseminating across their communities and making every contact count.

What are the strategy governance arrangements?

The Sunderland Drug and Alcohol Harm Reduction Group (referred to as 'the Partnership') will oversee the Strategy. The Partnership comprises of key stakeholders who work together to tackle alcohol and drug related harms. The Partnership is chaired by the chair of the Sunderland Health and Wellbeing Board and Cabinet Member for the Healthy City Portfolio. The governance to the Sunderland Health and Wellbeing Board is via the Living Well Delivery Board. The Executive Director for Health, Housing and Communities chairs the Living Well Delivery Board, they hold the statutory position of Director of Public Health on the Health and Wellbeing Board.

A specific strategy implementation group will be formed to oversee the implementation of the alcohol action plan, this will encourage a range of partnership collaborations.

What key outcomes will we measure?

Key performance indicators include the following Government outcomes:

- A reduction in alcohol related violent crime
- An increase in treatment capacity by 20%
- An increase in residential rehabilitation opportunities to 2% of treatment capacity
- A treatment place for every offender
- A reduction in the number of alcohol-related deaths
- Percentage of children becoming the subject of an Initial Child Protection Conference (ICPC) as a result of parental alcohol misuse
- A reduction in alcohol related admissions to hospital per 100,000 (narrow measure/PHOF)
- A reduction in alcohol related under 18 hospital admissions
- A reduction in alcohol related mortalities in under 25s
- A reduction in alcohol related accident and emergency attendances
- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others
- A reduction in the amount of alcohol-fuelled violent crime
- A reduction in the number of adults drinking above the NHS guidelines
- A reduction in the number of people "binge drinking"
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed
- A reduction in the number of homeless presentations from clients with an alcohol dependency
- A reduction in number of alcohol units consumed by pregnant women



Our ambition

Our ambition is clear, we want 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 don't 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.

Our priorities are to:



Promote an alcohol-free pregnancy



Promote an alcohol-free childhood



Create a culture where people drink less alcohol



Reduce availability of cheap alcohol



Promote the responsible sale of alcohol



Reduce the harms that alcohol currently causes

Our strategy uses a life course approach to alcohol harm reduction, recognising that risks accumulate throughout a person's life and as such, it will be a mixture of universal and targeted action.²

Our objectives are:



Prevention and early intervention



Provide specialist interventions to promote a quality treatment and recovery system



Protect children, young people and families from alcohol related harm

² <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>



Addressing alcohol harms

Alcohol is a complex issue within our society and no single approach will be successful in isolation, therefore it requires commitment and contributions from a range of partners across the city. Alcohol remains one of the key drivers of health inequalities and one of the key causes of premature death.

Alcohol use has health and social consequences borne by individuals, their families and the wider community and impacts upon a range of frontline services including the council, NHS, Police, Ambulance and Social Care. It impacts upon the workplace, through lost productivity and absenteeism and on education, through non-attendance and disruption.

The Chief Medical Officer (CMO) guidelines for men and women states that:

“To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis. If you do drink as much as 14 units per week, it is best to spread this evenly over three days or more.”³

According to our Sunderland Adult Lifestyle Survey in 2017, 22% of adults exceed the current recommended safe limits for alcohol consumption.

The majority of Sunderland's alcohol-related harm outcomes remain higher than the England average, these are highlighted in our alcohol JSNA.⁴ Sunderland has a number of outcomes which are in the top ten in the country, this includes alcohol related hospital admission rates which are the third highest in England, under 18's admission episodes and alcohol specific mortality.

Gambling

The North-East region has the highest rates of participation in, and harm from gambling. Alcohol use is strongly associated with gambling participation and gambling at elevated levels of risk: 1.6% of non-drinkers gambling at elevated risk levels compared to 10.0% of people who consume over 50 units per week.

Exploitation

The latest domestic abuse guidance produced by the government in 2021 referred to alcohol being used for control and coercion purposes as well as exploitation. Analysis of safeguarding adult reviews (SAR) published in England in 2017 in which alcohol was identified as being a significant factor in the person's life and/or death found that most of the individuals had experienced some form of exploitation in their lifetime. Tragically three of the 11 deaths that were examined had been caused by injury due to physical abuse. Alcohol also features heavily in the exploitation of young people and is highlighted as an example of a 'gift' that may be given in order to facilitate grooming/exploitation offences. Exploitation can take many forms one of which is sexual exploitation. New analysis of police-recorded crime data from October 2022 shows that the number of child sexual exploitation crimes has increased by 10% within the last year.

Violence against women and girls and domestic abuse

The Office of National Statistics data shows that violence against women and girls can lead to significant and long-lasting impacts such as mental health issues, suicide attempts and homelessness. The latest domestic abuse guidance produced by the government referred to an evaluation of a programme focusing on high-risk, high-

3 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf

4 <https://www.sunderland.gov.uk/article/19965/Sunderland-Joint-Strategic-Needs-Assessment>

harm perpetrators, that showed one fifth of service users had misused alcohol. It also referred to a 2022 Home Office report summarising 127 Domestic Homicide Reviews (DHRs) that found alcohol and drug use was noted as a perpetrator vulnerability in around a third of cases. The World Health Organisation also highlighted alcohol as a risk factor to intimate partner and sexual violence. The WHO 2013 study into intimate partner violence also showed that the victim was twice as likely to experience alcohol related issues. In Sunderland the commissioned domestic abuse support service, Wearside Women in Need, had 120 clients who were experiencing alcohol related issues. This was from October 2021- October 2022.

Mental health

The relationship between mental health and alcohol is complex. Data collected from over 72,000 people in alcohol treatment in 2019 showed that more than half (55%) expressed a need for help with their mental health and four in five (79%) of those said they were receiving some support. Academic evidence suggests that the proportions of people in the alcohol treatment system with co-occurring mental ill-health is likely to be higher. The issues surrounding dual diagnosis is widespread and known however this continues to be an issue for those accessing substance misuse treatment and recovery who are experiencing mental ill-health.

Criminal justice

A joint Public Health England/Ministry of Justice study in 2017 on the impact of community-based treatment on re-offending found that, overall, there was a reduction of 44% in the number of people who were recorded as re-offending in the two years following the start of treatment and a reduction of 33% in the number of offences. Alcohol only users showed the largest reductions in both re-offenders and re-offending (59% and 49%, respectively). The correlation between crime and alcohol has been recognised with the target within the substance misuse treatment and recovery grant to ensure there is a treatment place for every offender. This has also been recognised within our Healthy City plan.

Homelessness

Sunderland City Council undertook phase one of a homelessness health needs audit (HNA) in late 2022. This included desktop research into the homeless population of Sunderland. Phase two will study the findings of a questionnaire developed by our partners Homeless Link, which will be completed by residents with lived experience of homelessness. The questionnaire will focus on whether support needs are being met and treated. Full results of the homelessness health needs audit will be published in April 2023. Key findings of phase one of the HNA in relation to alcohol include:

- In 2022, 12.6% of those presenting as homeless or threatened with homelessness to Sunderland City Council had alcohol dependency needs
- In 2022, 17.0% presenting had drug dependency needs

Impact of Covid-19

Covid-19 has impacted on drinking levels, with alcohol consumption having increased during lockdown. In March 2020, nationally sales of alcohol increased by 30 per cent and around 20 per cent of adults were already drinking at harmful levels before the pandemic. Although those from affluent backgrounds were more likely to drink and drink at high levels, there was a greater impact from alcohol related diseases on those from lower income backgrounds.⁵

The Annual Director of Public Health Report (2021–22) 'Same Storm, Different Boats', focuses on the impact that the pandemic has had on the wider determinants of health and health inequalities in Sunderland. The report highlights some of those key challenges and sets out the great work happening across the city to try to mitigate

5 Watershed moment to tackle widening health inequalities as a result of COVID-19 | Imperial News | Imperial College London

the effects of the pandemic. The recommendations set out in the report around tackling alcohol harms will help direct our work and form the objectives of future work.

The Public Health England report⁶ which collated data on alcohol consumption and alcohol-related harm in England throughout the coronavirus (COVID-19) pandemic and compares it to data from previous years found that people were more likely to report increasing their alcohol consumption during the pandemic. For example, between March 2020 and March 2021, there was a 58.6% increase in the proportion of respondents drinking at increasing risk and higher risk levels. Importantly, this data shows a step-change around the time the pandemic began, where the prevalence of increasing risk and higher risk drinking increased and then continued to be higher than previous years throughout the pandemic year.

The report also highlighted that:

- Between 2019 and 2020 (before and during the pandemic), volume sales in the off-trade increased by 25.0%. This increase was consistent and sustained for most of 2020. We saw increases for all product types, with the largest relative increase for beer (+31.2%), followed by spirits (+26.2%), wine (+19.5%), and cider (+17.6%)
- The heaviest buying quintile increased their purchasing by 5.3 million litres of alcohol (+14.3%)
- Over 8.4 million people were drinking at higher risk, up from 4.8 million in February
- Sales of alcohol increased by 30 per cent and around 20 per cent of adults were already drinking at harmful levels before the pandemic
- Alcohol's effects on mental health are particularly concerning during lockdown
- One in 14 (7%) survey respondents felt that alcohol had made the tension in their household worse since lockdown
- During the first month of lockdown the proportion of people drinking four or more times a week increased, as did binge drinking
- In 2020, when the pandemic began, England saw a 20% increase in total alcohol-specific deaths compared to 2019 (6,983 compared to 5,819). There were higher rates from May 2020 onwards and a third of deaths occurred in England's most deprived communities

6 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1002627/Alcohol_and_COVID_report.pdf



The wider cost of alcohol harm

National picture

Whilst the safe use of alcohol continues to play an important role in the social, economic and cultural aspect of society, changing drinking patterns and rates of consumption has meant that harmful use of alcohol is having damaging effects on disease and long-term health conditions, high risk behaviour, mental health disorders and unsafe sexual behavior.

In England:



Alcohol harm costs society
£21 billion a year⁷



NHS costs equate to
£3.5 billion (equal to
£120 for every taxpayer)⁸



Alcohol is a causal
factor in over 200
medical conditions⁹



1.6 million people
have some level of
alcohol dependence¹⁰

⁷ <https://www.ias.org.uk/wp-content/uploads/2020/12/The-costs-of-alcohol-to-society.pdf>

⁸ <https://www.ias.org.uk/wp-content/uploads/2020/12/The-costs-of-alcohol-to-society.pdf>

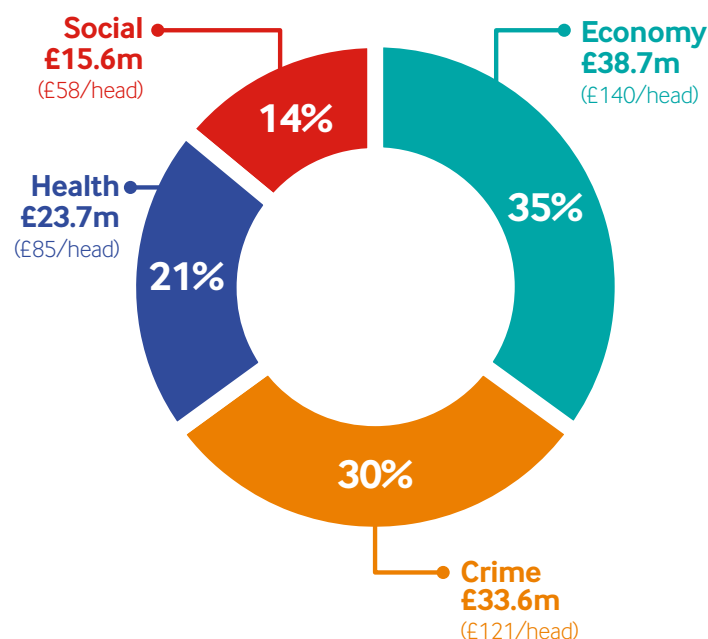
⁹ <https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health>

¹⁰ <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>

Local impact

In 2015–16, the overall cost of alcohol harm in Sunderland was estimated to be £111.6million, which is the equivalent of £403 per head of population. The North-East cost per head was estimated at £386, and England at £363¹¹.

Overall cost breakdown in Sunderland



It should be noted that these costs do not take into account the health and social consequences suffered by individuals, their families, and the wider community.

Balance and the North East Ambulance Service published a new report in November 2022 titled, 'Fuel to the fire - alcohol's impact on the North East Ambulance Service following the pandemic'. The report illustrates the extent of pressures faced by the ambulance service as a result of alcohol-related call-outs in recent months. The key findings from the report are:

- One in three NEAS employees (30%) state that 50% or more of the incidences they dealt with over the Christmas period 2021 involved alcohol.
- Almost half of NEAS employees (47%) state that over 75% of call-outs for assaults were related to alcohol.
- 68% of NEAS employees state that over 50% of call-outs for domestic violence were related to alcohol.
- 93% of NEAS employees agree that dealing with alcohol-related call-outs places an avoidable demand on time and resources.
- Private residences pose the highest fear of risk of harm from members of the public, with 45% stating this to be most risky, followed by on street locations.
- 40% of NEAS employees have received threat of injury from patients or members of the public at least six times, and 1 in 3 have received an actual injury or verbal abuse on as many occasions.
- 38% of NEAS employees have been subjected to sexual harassment / assault whilst on duty from people under the influence of alcohol.
- Many incidences of abuse and injury go un-reported with 36% of NEAS employees stating that they did not report any incidences to the police

¹¹ Balance North East

Alcohol and health

Alcohol is often associated with positive aspects of life, but many people drink at levels that harm their own health and impact negatively on those around them.

In England and Scotland 24% of adults regularly drink over the Chief Medical Officer's low-risk guidelines, and 27% of drinkers in Great Britain binge drink on their heaviest drinking days (over 8 units for men and over 6 units for women).¹²



1 Unit

Single shot of spirits
(25ml, ABV 40%)



1.5 Units

Alcopop
(275ml, ABV 5.5%)



1.5 Units

Small glass of wine
red/white/rosé/
sparkling
(125ml, ABV 12%)



2 Units

Can of beer, ale,
lager or cider
(440ml, ABV 5.5%)



2.1 Units

Standard glass of wine
red/white/rosé
(175ml, ABV 12%)



3 Units

Pint of beer, ale,
lager or cider
(568ml, ABV 5.2%)



3 Units

Large glass of wine
red/white/rosé
(250ml, ABV 12%)



9 Units

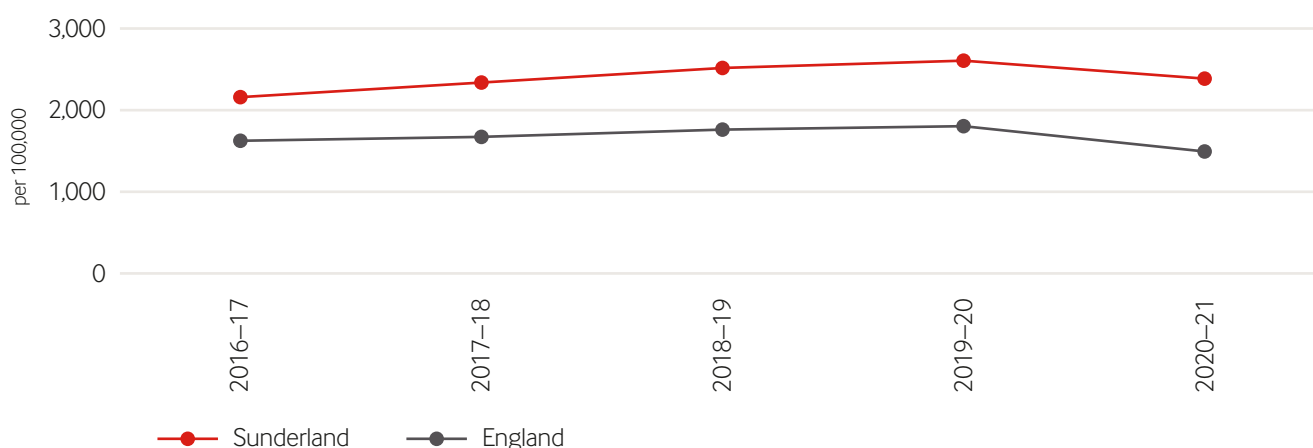
Bottle of wine
red/white/rosé/
sparkling
(750ml, ABV 12%)

¹² www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/adultdrinkinghabits

Alcohol misuse contributes to 200 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include cancer, cardiovascular disease, depression and liver disease.¹³

Evidence shows that harmful use of alcohol disproportionately affects the most vulnerable groups in society - those in the lowest income bracket and those experiencing the highest levels of deprivation.¹⁴

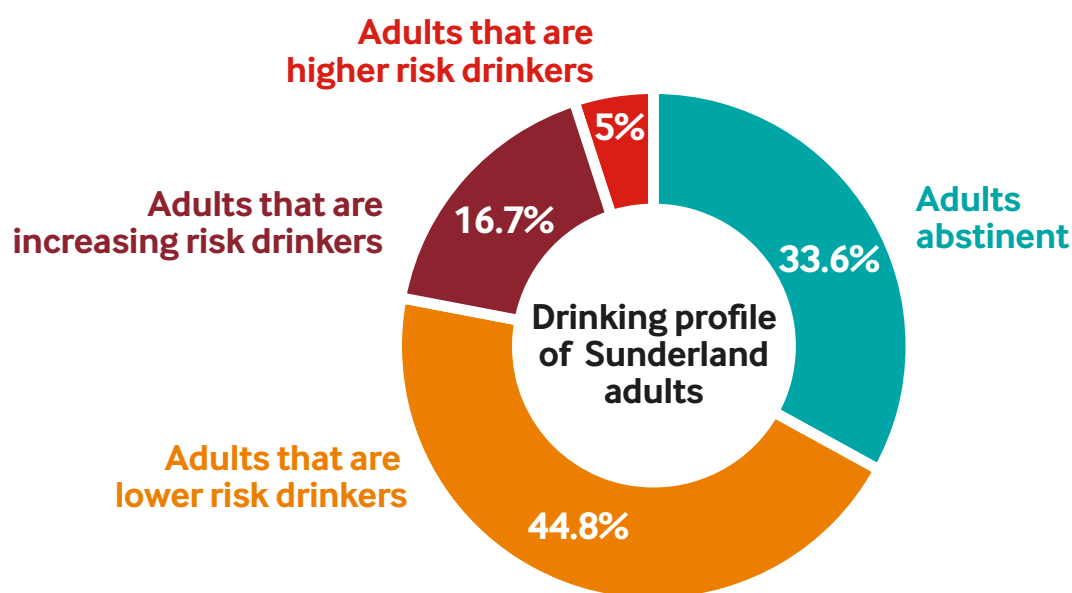
In England in 2020–21, there were 1,500 hospital admissions related to alcohol consumption per 100,000, lower than Sunderland which had a rate of 2,401 per 100,000 which equates to 6,660.¹⁵



Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15–49 year-olds in the UK, and the fifth biggest risk factor across all ages.¹⁶

Alcohol misuse is a major problem within Sunderland in terms of health, social and economic consequences which affect a wide cross section of the city at a considerable cost.

Data recorded in the Sunderland Adult Lifestyle survey in 2017 found that:¹⁷



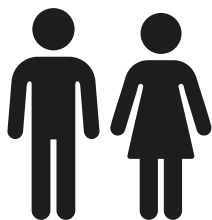
13 <https://www.who.int/news-room/fact-sheets/detail/alcohol#:~:text=The%20harmful%20use%20of%20alcohol,represents%205.3%25%20of%20all%20deaths.>

14 <https://www.alcohol-focus-scotland.org.uk/news/poverty-linked-to-increased-harm-from-alcohol/>

15 <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132984/pat/6/ati/401/are/E08000024/iid/93765/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

16 www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review

17 https://www.sunderland.gov.uk/media/20673/ALS-2017-Profile-Drinking-Alcohol/pdf/ALS_2017_Profile_-_Drinking_Alcohol.pdf?m=636746789084470000

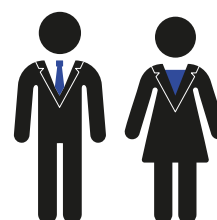


The proportion of adults aged 18 years and over who drink alcohol is **66.4%**

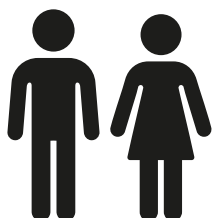


Men are more likely to drink alcohol than women

Men aged 45–64 and women aged 35–54 are most likely to drink alcohol



There is also a socio-economic gradient with adults in managerial and professional occupations being most likely to drink alcohol and those who have never worked or who are long term unemployed being least likely to drink alcohol



21.6% of adults exceed the current recommended safe limits for alcohol consumption



At ward level, the highest rates of drinking above the recommended safe limits are seen in **Washington South, Washington East, St Michael's and St Chad's**



26.3% of adults binge drink, men are more likely to binge drink than women and binge drinking is not confined to young adults; men aged 35–64 and women aged 35–54 are most likely to binge drink. At ward level, the highest rates of binge drinking are seen in **Washington West, Ryhope, Washington East and Fulwell**

Data from the Public Health Profiles and Local Alcohol Profile for England¹⁸ demonstrates that in Sunderland:



There has been a rise in admissions for alcohol specific conditions (all figures per 100,000):¹⁹

752 - 2014–15
1,171 - 2019–20
1,160 - 2020–21



Alcohol-related mortality is (all figures per 100,000):²⁰

52.1 - 2020
51.2 - 2019

This is above the North-East **49.0** and England **37.8** averages

(In 2020 the indicator uses a new set of attributable fractions so differ from those originally published)



Admission episodes for alcoholic liver disease (Broad) have fallen from the previous year from (all figures per 100,000):²¹

303.4 - 2019–20
281.5 - 2020–21

This is above the North-East **208.4** and England **128.3** averages



Mortality from chronic liver disease was (all figures per 100,000):²²

22.4 - 2017–19
1,171 - 2019–20
1,160 - 2020–21

second highest in the North East after South Tyneside at **23**, higher than the North East average **18.7** and in between **18.7** and statistically significantly higher than England **12.2**

¹⁸ <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

¹⁹ Public health profiles - OHID (phe.org.uk)

²⁰ Public health profiles - OHID (phe.org.uk)

²¹ Public health profiles - OHID (phe.org.uk)

²² Public health profiles - OHID (phe.org.uk)

Ward level alcohol-specific hospital admissions

Southwick and Hendon wards had the highest rates of alcohol-specific hospital admissions during the five year period: 2017-2021. The ward index of multiple deprivation rankings in 2019 show that Hendon was the most deprived ward in Sunderland with a ranking of 55.8, and Southwick was the third most deprived ward with a ranking of 48.5, (behind Redhill at 49.2)

The Sunderland average deprivation ranking is 30.6, and the England average 21.7.

Five of the six wards with the highest admissions shown in the map are Hendon, Southwick, Redhill, Pallion and Sandhill are all in the five most deprived areas in Sunderland, this demonstrates the link between deprivation and alcohol related harms.

Hospital admissions for alcohol-specific conditions²³

During the 10-year period: 2010/11 to 2020/21, the rate of hospital admissions for alcohol specific-conditions has risen slightly from 1,119 per 100,000 to 1,160, this is a 3.6% increase. During the same period:

- The male rate rose from 1633 to 1664, a 1.9% increase.
- The female rate rose from 640 to 694 an 8.4% increase.

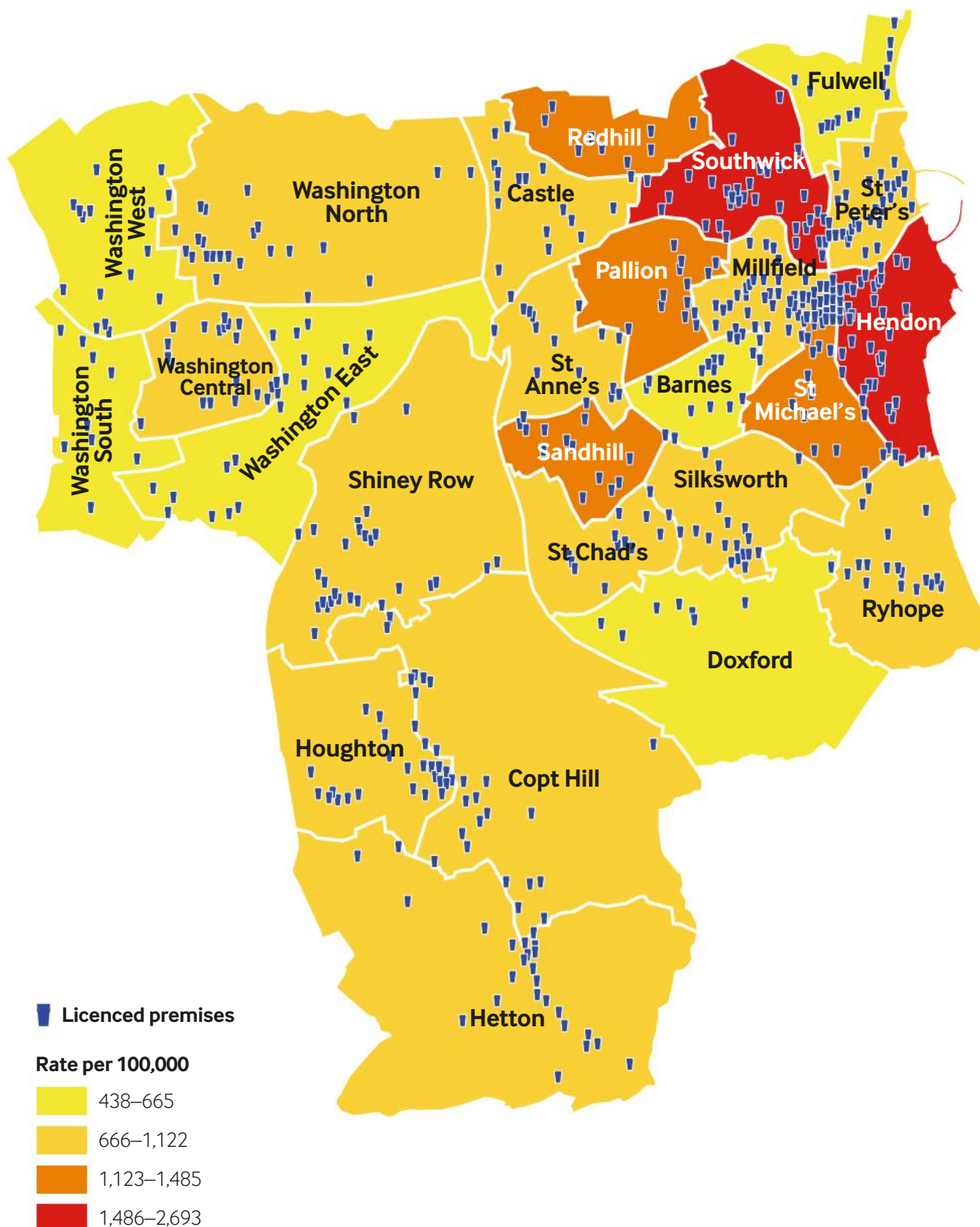
The England and North-East rates at 2020/21 were: England 587, a 5.8% increase over the 10 -year period, and the North-East, 904, a 6% increase. Within the North-East, the Sunderland rate at 1,160 per 100,000 is the second highest out of the 12 local authorities, behind the South Tyneside rate at 1,173.

²³ https://fingertips.phe.org.uk/search/alcohol%20specific%20conditions#page/7/gid/1/pat/6/par/E12000001/ati/402/are/E08000024/iid/92906/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_ine-ao-0_ine-pt-1_ine-ct-146_ine-yo-1:2020:-1:-1

Hospital admissions for alcohol-specific conditions 2017–2021

Rates per 100,000

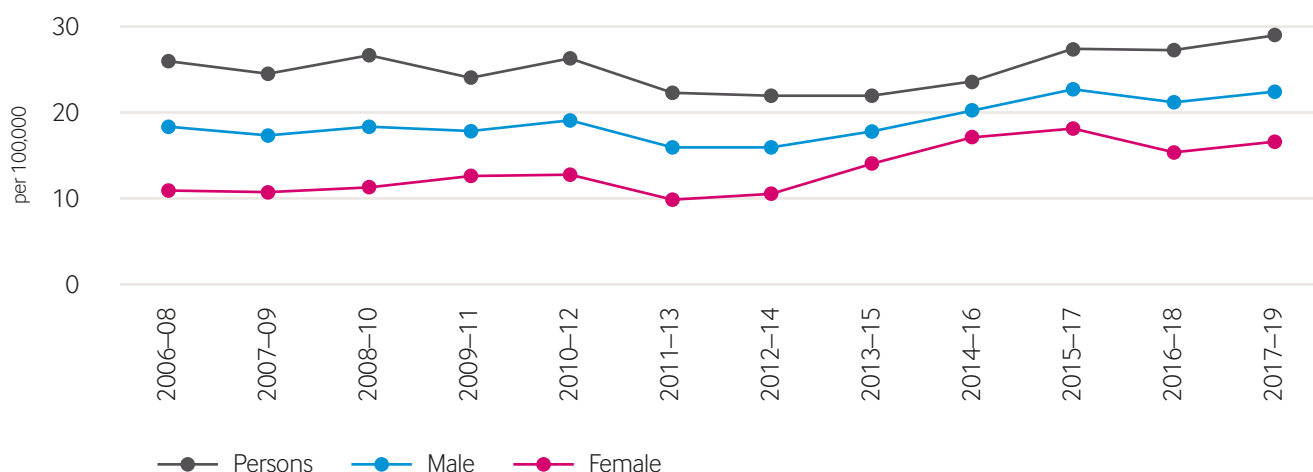
Source: Hospital Episodes Statistics (HES)



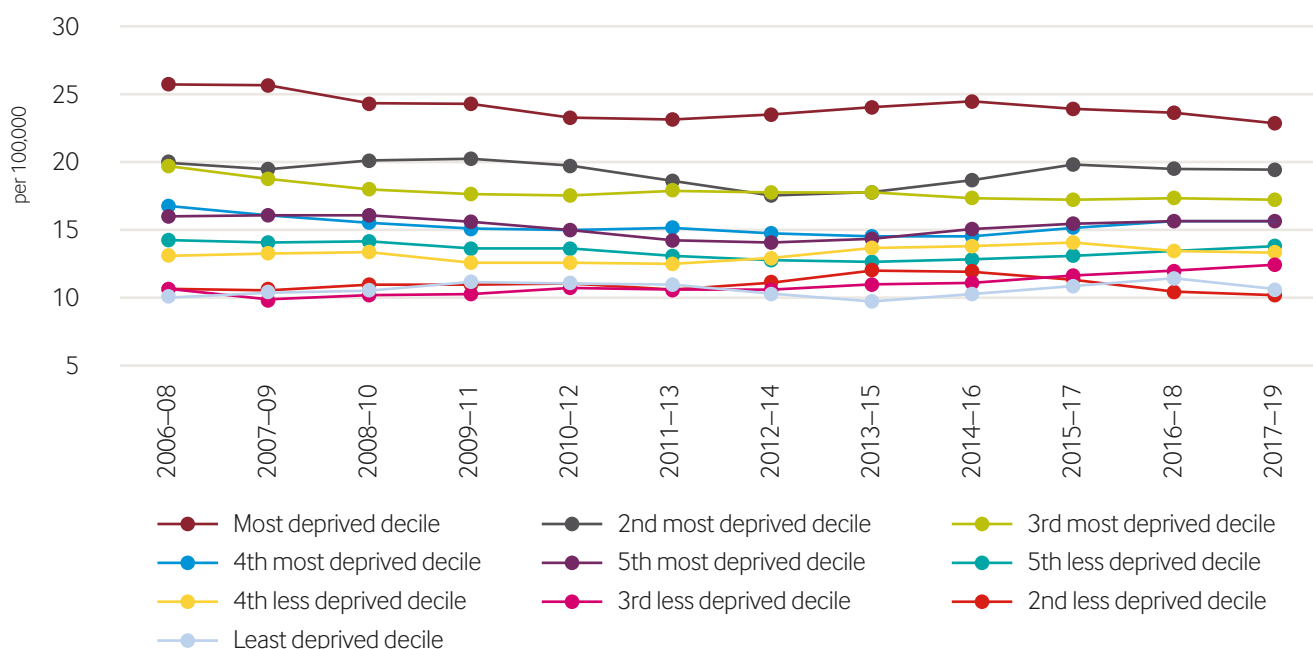
Mortality from chronic liver disease²⁴

In 2020, the rate per 100,000 of chronic liver disease in Sunderland was 25.4 having risen from 20.3 in 2018 (North-East rate in 2020 was 21.6, and the England rate 13.7). The Sunderland rate is significantly higher than the England rate.

The individual rates by gender below, show the inequalities between men and woman for chronic liver disease. The male rate (during 2017-19) was 28.9, the female rate 16.6.



At a national level, inequalities of deprivation, shows that the most and second most deprived areas have the highest rates of mortality from chronic liver disease, and that the least and second least deprived areas have the lowest rates.



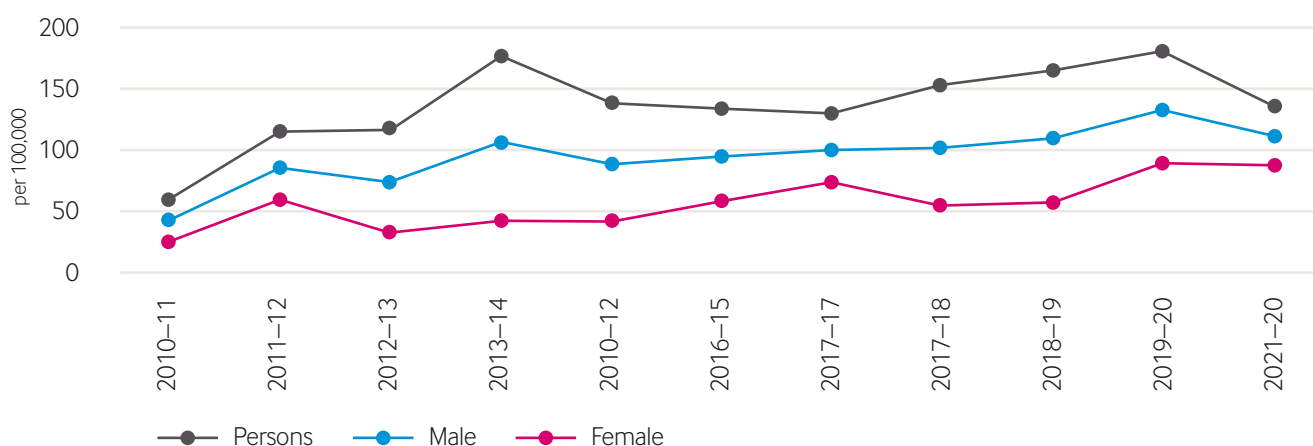
24 PHOF (OHID) <https://fingertips.phe.org.uk/search/chronic%20liver%20disease#page/4/gid/1/pat/6/par/E12000001/ati/402/are/E08000024/iid/91381/age/1/sex/4/cat/-1/ctf/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Hospital admissions for alcoholic liver disease²⁵

During the 10-year period: 2010/11 to 2020/21, the rate of alcoholic liver disease has risen from 41.4 per 100,000 to 110.3, this is a 166% rise (or 69 percentage points).

During the same period:

- The male rate rose from 59.2 to 135.5, a 129% rise (or 76 percentage points).
- The female rate rose from 24.4 to 87.4 a large 258% rise (or 63 percentage points).



²⁵ https://fingertips.phe.org.uk/search/alcohol%20liver%20disease#page/7/gid/1/pat/6/par/E12000001/ati/402/are/E08000024/iid/90929/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_ine-ao-0_ine-vo-1_ine-yo-1:2020:-1:-1_ine-ct-114_ine-pt-1

Children and young people

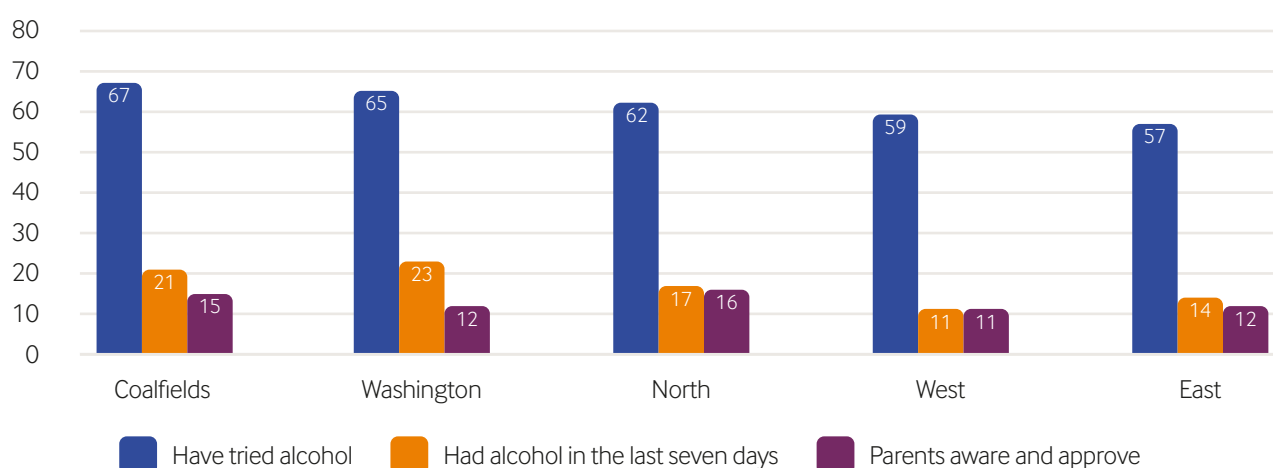
An alcohol-free childhood

Chief Medical Officer (CMO) guidance states that children who start drinking alcohol from a young age are more likely to develop alcohol problems into adolescence and adulthood. The CMO guidance recommends to children and parents that an alcohol-free childhood is the healthiest and best option.

Nationally alcohol consumption in young people is decreasing, but within the North-East the level of alcohol use remains higher than the England average. In Sunderland the Health Related Behaviours (HRB) Survey is carried out with primary and secondary pupils to assess young people's attitudes and behaviours to health and lifestyle.

According to the latest HRB survey held in 2021, around two thirds of all secondary school pupils have tried alcohol. Almost a quarter had alcohol within the last seven days. More than 10% of parents were aware their child had alcohol and approved.

Alcohol drinking behaviours' in secondary schools



During the three year pooled period: 2018/19 to 2020/21, the Sunderland rate of hospital admissions for alcohol specific-conditions for under 18s was 76 per 100,000 (a reduction from 2014/15 to 2016/17 when the figure was 95.7 per 100,000), however this is still significantly above the England (29.3) and North-East (52.0) averages. The female admission rate is higher in both Sunderland and England, with Sunderland females having a 38.1 higher rate than males, and England a 13.3 higher female rate than males.

For comparison, the England female rate was 36.1, compared to Sunderland females at 94.4, and Sunderland males at 58.9, compared to England males at 22.8 (female rates falling from 107.7 to 94.4, and male rates falling from 84.4 to 58.9, this is in line with the England trend which also shows reductions in persons, females, and males overall).

Alcohol and healthcare

South Tyneside and Sunderland Foundation Trust (STSFT) Health and Wellbeing Strategy for 2020-2023 has six key themes, one of which is the reduction of alcohol harms. There is a partnership working group established for each theme. The overall aim of this working group is to reduce the harmful impacts of alcohol on our communities and services with three clear objectives:

- Embed routine identification and support offer to all patients

- Further develop strong links between STSFT, community service providers and the wider system for adults and young people
- Play a leading role regionally and nationally through the development of the regions first alcohol care team and a strong advocacy role

STSFT alcohol care team (ACT) provides help and support to those who are admitted to hospital due to alcohol related issues or harm or those who are identified as requiring alcohol related support via screening in hospital.

Within Sunderland Royal Hospital they have adopted a model of implied consent for Young People attending A&E for alcohol related conditions, so they are referred directly to support via the Youth Drug and Alcohol Project (YDAP).

Community action

Sunderland City Council strives to harness the passion and commitment we see within our communities to improve neighbourhoods in which we live. Community development approaches are often focused on strengthening and mobilising capacity within a community and helping communities to improve their health themselves, while involving communities in creating programmes of services.

We have a recovery community who now support others on their recovery journeys and ensure a lived experience voice is heard in service planning, design and delivery.

During 2019 the council launched its resident engagement strategy, Let's Talk Sunderland, and asked residents what they liked about their neighbourhood, what they'd like to change and how they could become more involved within their community. The council received an excellent response from residents of all ages and communities. The residents of Sunderland love their neighbourhoods and their city, however, they feel it could be better cared for, with more enforcement against those who don't care about the city. They value the strong community spirit, and they want to support vulnerable communities, including improving financial wellbeing.

Significant investment is ongoing across Sunderland creating an exciting and vibrant, healthy and dynamic city for everyone. The council continues to:

- Promote and grow volunteering opportunities through the volunteer platform
- Promote and support community projects through Crowdfund Sunderland
- Seek opportunities and external funding to respond to 'left-behind' communities - working in partnership with the North-East Funding Network to continue to support and develop the five Area Voluntary and Community Sector (VCS) Networks
- Increase capacity within the city to support the VCS through the co-creation of a VCS alliance and implementation of targeted and dedicated additional community development support across the five geographical areas in the city
- Encourage active resident participation in local decision-making - online Council meetings and wider resident consultation and involvement through Let's Talk Sunderland

Within Sunderland we are supporting the Southwick Raising Aspirations Altogether (SARA) and Hetton Aspirations Linking Opportunities (HALO) projects which focus on helping vulnerable young people and families in our community by bringing key partners together in a whole systems approach. Alongside these community projects we also have the Sunderland Street Pastors who are volunteers from across the church network who offer support to the those within the night-time economy with the overall aim of preventing harm.

Targeted work is taking place across our communities aimed at specifically helping vulnerable groups such as the work of the Sunderland Street Pastors who work with Northumbria Police to keep people safe in the city centre.

Organisations are also working in partnership to develop and implement a model for social prescribing across the city and further develop our Sunderland Health Champion model. This will include delivery of core Making Every

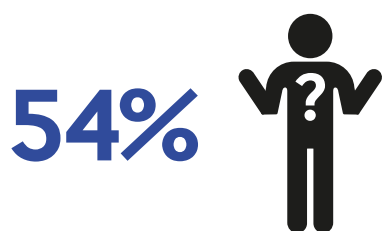
Contact Count (MECC) training for cohorts of frontline staff and wider relevant partners across the city including those participating in warm spaces, which will provide an effective opportunity for the delivery of alcohol brief intervention training and advice.

The warm spaces initiative will operate until April 2023, as well as providing vital support for residents over the winter, the model provides a test-bed for the effectiveness of physical Community Support Hubs within which we can deliver our vision for social prescribing.

Balance Perception Survey 2021

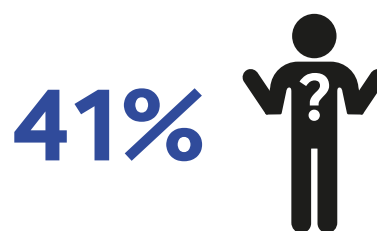
The Balance Perception Survey 2021 provided an up-to-date detailed snapshot of local residents' behaviours and attitudes in relation to alcohol. The survey highlighted the following:

Awareness of guidelines



of Sunderland adults believe they do not know what the guidelines are for men

Awareness of guidelines



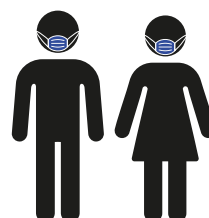
is the North East average where adults report they do not know what the guidelines are for men

Binge drinking



1 in 4 North-East adults binge drink at least weekly but **90%** believe they drink 'responsibly', this pattern is mirrored in Sunderland

COVID 19



Since the start of COVID, **1 in 5** North-East drinkers are drinking more units on a typical drinking day, the figure for Sunderland is **12%**

Drinking behaviour



42% of people are drinking at increasing and higher risk levels



Availability, affordability and use

The past 10 years have seen a decline in the number of people drinking in pubs and clubs. Many people prefer to drink at home, buying cheaper alcohol from off-sales businesses, particularly supermarkets.

Licensing

The Section 182 Licensing Act 2003 guidance document was revised in December 2022 and sets out how licensing authorities should carry out their function under the 2003 Licensing Act. It is a key document for promoting best practice, ensuring consistent application of licensing powers across England and Wales and for promoting fairness, equal treatment and proportionality. There is a clear focus on the four licensing objectives, which are:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

In 2005 when the Licensing Act came into force Sunderland had 621 licensed premises. As of 2023 these numbers have increased, Sunderland currently has 984 premises, including clubs, licensed to sell alcohol, of which:

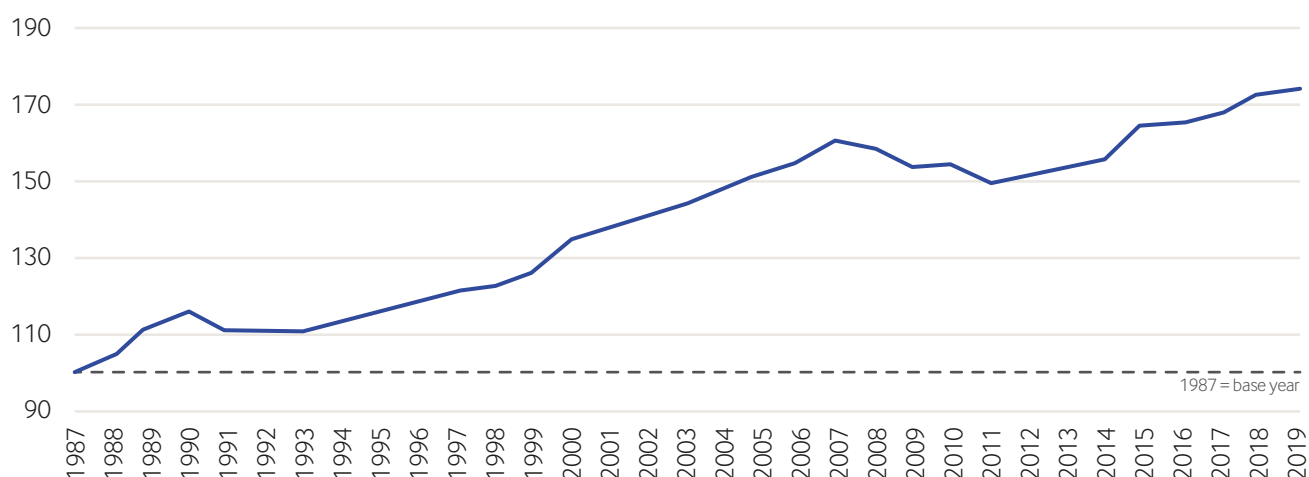


This includes 26 Pavement Licences issued under the Business and Planning Act. Before the introduction of the Licensing Act there were no 24-hour licenses but now Sunderland has 15 licenses to sell alcohol 24 hours a day.

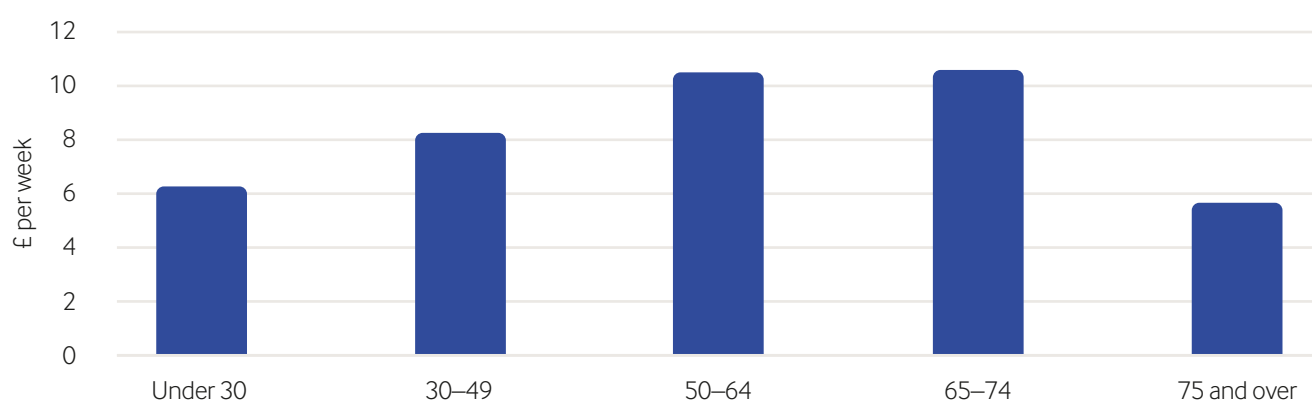
Average weekly expenditure on alcohol

From 2009 to 2019, the price of alcohol decreased by 5% relative to retail prices and became 13% more affordable than in 2008. Alcohol is 74% more affordable than it was in 1987.²⁶

²⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

National Alcohol Affordability Index 1987–2019²⁷

Average weekly household expenditure on alcohol was £8.70 in 2017/18. People in the 65–74 age group spent the most, with an average of £10.60 a week. The lowest weekly expenditure was by those aged 75 or over with an average of £5.60.²⁸

National spend per week on alcohol per age group²⁹**Minimum Unit Price (MUP)**

Alcohol is now more affordable than it was in the 80s. Implementing minimum unit price is a targeted measure which ensures that tax increases are passed on to the consumer and improves the health of the heaviest drinkers and there is strong evidence that minimum unit price for alcohol works as a policy. Recent research in relation to alcohol sales in Scotland showed MUP was associated with a 3% net reduction in total per adult alcohol sales³⁰. Local authorities across the North-East are working with Balance North-East to ask Government to take action on alcohol to tackle price, promotion and availability.

Statement of Licensing Policy

Due to the significant impact of the Coronavirus Pandemic, it was not possible to undertake a comprehensive review of the Statement of Licensing Policy in 2021. In view of these difficult circumstances, the council decided that following a consultation exercise, the existing Statement of Licensing Policy be rolled forward as from and including 7 January 2021 to 6 January 2026, with a review of the Licensing Policy being undertaken as and

²⁷ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

²⁸ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

²⁹ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-7>

³⁰ Minimum unit pricing has led to drop in alcohol sales in Scotland, data show | The BMJ

when deemed appropriate to do so within the stated five year period. The Statement of Licensing Policy is to be reviewed in 2023.

The purpose of this policy is to ensure that decision making by the council is consistent with the provisions of the Licensing Act and guidance from the Secretary of State. Where appropriate the council can deviate from this guidance if there is good reason and to do so can be justified.

Responsible retailers' scheme

Sunderland has adopted a responsible retailer scheme that ensures retailers are committed to do everything they can to prevent age-restricted products such as alcohol from reaching children and young people. Our licensing and trading standard teams provide support and advice on important trading legislation concerning the responsible sale of alcohol and guidance on the avoidance of illicit alcohol.

Alcohol and crime

Alcohol is implicated in an enormous amount of crime and disorder, and the effects on victims can be devastating. Government statistics show that alcohol is a factor in 39% of violent crime in England³¹. Since 2019 the number of alcohol related incidents and crimes have been increasing throughout Sunderland, however we can see there has been a reduction in 2022.

Reported Incidents (a report made to Northumbria Police where alcohol was a factor)

Sunderland area	2019	2020	2021	2022	Total
Houghton	265	236	226	170	897
Sunderland Central	540	507	678	630	2,355
Sunderland East	119	187	163	134	603
Sunderland North	271	364	366	323	1,324
Sunderland South	140	145	110	89	484
Sunderland West	249	231	199	164	843
Washington	251	273	314	234	1,072
Total	1,835	1,943	2,056	1,744	7,578

31 The nature of violent crime in England and Wales - Office for National Statistics (ons.gov.uk)

Recorded Crimes (a report made to Northumbria Police where alcohol was a factor and a crime was recorded)

Sunderland area	2019	2020	2021	2022	Total
Houghton	48	30	25	31	134
Sunderland Central	93	82	144	153	472
Sunderland East	24	27	35	17	103
Sunderland North	53	56	61	60	230
Sunderland South	15	19	16	7	57
Sunderland West	73	49	39	26	187
Washington	34	36	49	34	153
Total	340	299	369	328	1,336

We can also see from the dates below the number of Police custody records where the person recorded was alcohol dependant and was detained at either Southwick or the Stadium of Light custody suites.

Year	Count
2019	784
2020	400
2021	586
2022	562
Total	2,332

Further information from Northumbria Police shows that:

- Much of the rise in alcohol related incidents and crime from 2019 to 2021 can be attributed to the re-opening of the night time economy, with the city centres consistently identified as hotspots
- During 2022 almost half of the top 10 hotspot areas are in the city centre and linked to the night time economy
- Almost a third of the serious violence related offences were domestic related during 2021. With assaults occasioning actual bodily harm being the primary offence type in Sunderland during 2022 where alcohol is involved.

Cardiff model, alcohol-related assaults³²

Of the alcohol-related assaults presenting to Sunderland Royal hospital during 2021–2022, the three highest percentages for location of assaults were: Millfield, St. Michael's, and Hendon. Hendon has the highest deprivation rating in the city and Millfield is in the top half of the most deprived wards. St Michael's is where the majority of the night-time economy occurs and has a high concentration of pubs in and around the area.

³² Source: Sunderland Royal hospital

Alcohol treatment

Individuals completing an alcohol treatment programme demonstrate a significant improvement in health and wellbeing in terms of increased longevity, reduced alcohol related illnesses and hospital admissions, improved parenting skills and improved psychological health. It also reduces the harms to others caused by dependent drinking.

Wear Recovery

The adult substance misuse service, Wear Recovery³³, provides information, advice, treatment, and support across different locations. Wear Recovery have hubs in the city centre, Washington and Houghton-le-Spring.



In 2021–22 in Sunderland, **649** adults were in treatment at specialist alcohol misuse services



Of the people starting treatment in 2021–22, **64%** said they had a problem with alcohol and **72%** of these said it was their only problem substance



68% of people starting alcohol treatment in 2021–22 self-referred, with **5.8%** being referred by a GP, **6.5%** by hospitals and **4.7%** from criminal justice



50–54 is the average age group for people in alcohol treatment, **60%** are male and **95.4%** are white British



7.3% of new presentations to treatment had a housing problem



40.2% people in alcohol treatment in 2021–22 in England were parents living with dependent children

Wear Recovery contact details:

Tel: 0800 234 6798

Email: SunderlandSMS.info@cgl.org.uk

Web: www.changegrowlive.org/sunderland

33 <https://www.changegrowlive.org/sunderland/alcohol>



80% of people in alcohol treatment also need mental health treatment, with **30%** of them not receiving any mental health treatment



15.4% of people successfully completed alcohol treatment in 2021–22

Youth Drug and Alcohol Project (YDAP)

To support young people and parents/carers a preventative approach through healthy schools is being implemented. Sunderland has the Young People Drug and Alcohol Project (YDAP) who offer specialist help, advice and support on alcohol and drug related matters for young people, parents and professionals.

Reports from the national drug treatment monitoring system (NDTMS), show that during April 2021 and March 2022, Sunderland had 30 clients under the age of 18 in structured treatment for alcohol use, this accounted for 39% of all in treatment that year. This is a slight fall from the previous 12 months when 36 (40%) were in structured treatment for alcohol use.

YDAPs contact details:

Phone: 0191 561 4000

Email: YDAP.Project@togetherforchildren.org.uk

Leadership and advocacy

International evidence shows that effective alcohol policy encompasses a range of interventions aimed at the whole population, with particular targeting of high risk groups.

The World Health Organisation (WHO) recommends these effective policies to reduce the harmful use of alcohol:

- Raise taxes on alcohol
- Restrict access to retailed alcohol
- Enforce bans on alcohol advertising
- Enforce drink-driving laws (breath testing)
- Offer brief advice for hazardous drinking

Local leadership across all partners can provide opportunity for implementing prevention strategies to reduce alcohol harms, this can be achieved through a number of partnerships in Sunderland, including the Health and Wellbeing Board and the Living Well Delivery Board.

The Health and Wellbeing Board signed the Alcohol Declaration which specifically commits the Board to drive the evidence-based action across the system and protect the community from harm.

The Board has also supported a number of effective policies such as minimum unit price and restricting alcohol advertising locally.

Sunderland Drug and Alcohol Harm Reduction Group

A Sunderland Drug and Alcohol Harm Reduction Group has been established, sponsored and Chaired by the Health and Wellbeing Board Member, the Partnership feeds into the Living Well Delivery Board, it provides leadership as well as engaging partners to address alcohol harms across the city.

CLear Assessment

In May 2019, Sunderland carried out a CLear self-assessment, which is an evidence-based improvement model developed by Public Health England to stimulate discussion with partners for improving outcomes through effective collaborative working. CLear represents the three linked domains of the model which are:

- **Challenge** - how local services deliver interventions
- **Leadership** - how strategic leadership is supporting actions to reduce alcohol harm
- **Results** – data used locally to evidence outcomes

The Partnership held a CLear workshop, and the Public Health England (PHE) CLear self-assessment tool was completed. Good practice as well as some areas of improvement were identified. Using the PHE evidence review, the findings from the CLear self-assessment and local data from both the Adult Lifestyle Survey and the Health Related Behaviours Survey, a draft strategy and alcohol action plan was developed. This provided a local framework to prevent and minimise alcohol-related harms among individuals, families and communities.

The assessment in Sunderland demonstrated that improvement in partnership working was needed around system working and whilst there was a great deal of positive work being carried out by partners, it was not co-ordinated to achieve maximum potential outcomes.

Local approaches

Many of the local approaches have been described throughout this strategy however, a number are highlighted below.

Substance misuse recovery grant

The substance misuse treatment and recovery grant has been awarded to local authorities to develop the quality and capacity of substance misuse and alcohol treatment and recovery services. The grant is to be used collaboratively to meet the ambitious targets outlined in the Governments 10-year drug plan 'From Harm to Hope'. This includes increasing treatment capacity by 20%, reducing drug and alcohol related deaths, ensuring there is a treatment place available for every offender and offering residential rehabilitation opportunities to 2% of the treatment population.

Individual placement and support

Specialist support for adults in the substance misuse and alcohol treatment and recovery system to access employment. IPS offers intensive, individually tailored support to help individuals choose and obtain appropriate employment, with ongoing support for the employer and employee to help ensure sustainability. This programme is now operational in Sunderland and already assisting our residents accessing treatment services.

Changing futures

This programme offers intensive support to individuals with complex needs, including alcohol harms. The aim is to work in partnership across local areas to test innovative approaches and drive lasting change across the whole system to provide better outcomes for adults experiencing multiple disadvantage. This programme is now operational in Sunderland and already helping our residents who are experiencing multiple disadvantage and have complex needs.

Drug test on arrest

Utilising Police drug testing on arrest for individuals accessing the custody system. This is a powerful tool for identifying offenders with substance and alcohol related issues and allows an effective pathway from police custody into the substance misuse and alcohol treatment and recovery system.

NERAF (Northern Engagement into Recovery from Addiction)

Expansion of the services offered by NERAF to those experiencing substance and alcohol related harm and their family and carers. The substance misuse treatment and recovery grant has allowed the service to increase the support they offer to the residents of Sunderland. This includes funding a specialist carers support group.

Joint Strategic Needs Assessment (JSNA)

The Joint Strategic Needs Assessment (JSNA) assessment examines the effect of alcohol on health and wellbeing, highlighting harms and trends from Healthy Lifestyles surveys along with hospital admission and treatment data. The Alcohol JSNA can be found at: www.sunderland.gov.uk/article/19965/Sunderland-Joint-Strategic-Needs-Assessment



Balance North-East

Along with six Local Authorities across the North-East, the council commissions Balance whose aim is to have healthier people living in safer communities across the North-East. This is achieved by three key areas of activity:

- Educating and informing: giving information and support to allow understanding of alcohol related harms
- Sharing best practice: looking at successful projects or ways of working that is having a positive impact – and sharing them
- Calling on Government for change: asking them to adopt those measures which robust, international evidence tells us will reduce the harm caused by alcohol misuse

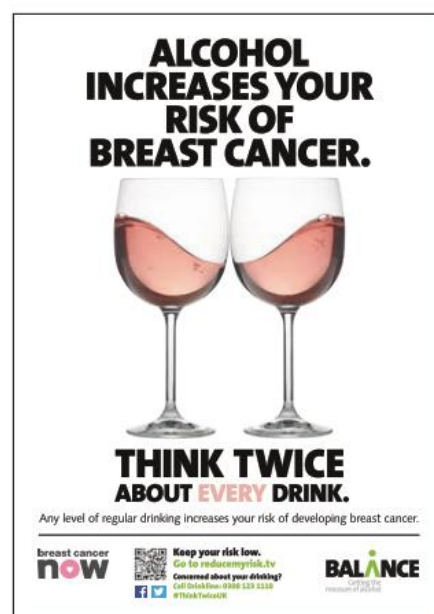
Alcohol harm reduction campaigns

We will continue to support and develop local and regional alcohol campaigns.

“The effectiveness of alcohol harm reduction campaigns may be improved by directly communicating alcohol’s long-term harms to the general adult population of drinkers along with drinking guidelines.”³⁴

Through the campaigns we will:

- raise awareness of harms
- encourage people to reduce consumption
- bring alcohol and tobacco closer together in public consciousness
- build support for advocacy goals



34 <https://pubmed.ncbi.nlm.nih.gov/28428186/>



The way forward

Our strategy uses a life course approach to alcohol harm reduction and has three clear objectives around prevention and early identification, providing a quality treatment and recovery system; and protecting children, young people and families from alcohol related harm, these are detailed below. Also included below are the next steps, which are a mixture of universal and targeted action to meet our ambition and priorities for Sunderland.

Objective One: Prevention and early intervention

- Promote the management of licensed premises through effective implementation of the Licensing Act (2003) ensuring Public Health involvement as a responsible authority.
- Contribute to the reduction of the availability and supply of counterfeit alcohol and raise awareness of harms to reduce demand.
- Promote harm reduction messages for the reduction of alcohol intake.
- Increase early identification and support for those affected by alcohol harms across the life course.
- Improve the quality and consistency of awareness raising campaigns and education programmes in all settings and improve the quality of treatment services via effective workforce training and development.

What we will do next

- Ensure alcohol brief intervention training is embedded in relevant council frontline services and within NHS frontline service such as the midwifery services.
- Ensure professionals supporting parents with substance misuse and alcohol related issues receive effective training.
- Raise awareness of the dangers of alcohol during pregnancy by promoting relevant campaigns
- Embed an alcohol in pregnancy local maternity system pathway and screening tool at local level through STSFT Maternity Services, supported by the Best Start in Life action plan.
- Contribute to the developing model for social prescribing and scope how we can best support the system to prevent alcohol harm and signposting to the Aspire service.
- Through the Better Health at Work programme, support employers to develop their own organisational policies around alcohol.
- Support our local Street Pastors scheme via funding a volunteer recruitment drive to support an expansion of the service to deliver targeted support to vulnerable groups
- Contribute to future updates of the Statement of Licensing Policy and ensure that relevant health data is used when developing the policy.
- Expansion of the community outreach element of the Youth Drug and Alcohol Project to allow early identification of under 18's needing support.
- Continue to work in partnership to consider the impact of alcohol in the design and regeneration of our city centre.

- Continue to work with Balance North-East to support regional approaches to advocate change, explore ways to reduce accessibility of alcohol such as minimum unit pricing and support an alcohol-free childhood.
- Develop effective alcohol messaging in risk taking education packages are agreed amongst partners to ensure a consistent harm reduction offer in educational settings. Ensure this is without alcohol industry intervention.

Objective Two: Providing specialist interventions to promote a quality treatment and recovery system

- Ensure that individuals, families/carers and wider partners have access to high quality information on support and treatment options.
- Provide effective and quality specialist treatment and recovery services in Sunderland.
- Monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the substance misuse treatment and recovery grant.
- Work with partners and STSFT to develop our hospital Alcohol Care Team.

What we will do next

- Promotion of In-Patient Detoxification referral pathways amongst partners
- Exploration of regional opportunities for In-Patient Detoxification and Residential Rehabilitation providers.
- Continue to monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the substance misuse treatment and recovery grant.
- Evaluate the projects funded via the substance misuse treatment and recovery grant and use these findings to continue to develop effective and sustainable projects for the future funding periods.
- Establish a partnership Substance Misuse Related Death Inquiry Panel to gain a better understanding of substance-related deaths in Sunderland with the aim of preventing future deaths.
- Develop effective pathways and information sharing protocols to link criminal justice enforcements requirements with housing and treatment and recovery services.
- Continue to effectively communicate the effects of alcohol related harms so individuals can make informed choices about their alcohol consumption, with a focus on the effects of drinking at home.
- Integrate alcohol specialist advice and support into wider health and care system and NHS multi-disciplinary team processes.

Objective Three: Protecting children, young people and families from alcohol related harm

- Contribute to the effective safeguarding of children, young people and adults where substance misuse and is a factor, alcohol related harm and death, those at risk of domestic abuse and exploitation.
- Provide effective responses for those experiencing severe and multiple disadvantage substance misuse, offending, homelessness, mental health, long-term chronic conditions.
- Strengthen an integrated approach to providing support for children, young people and families affected by parental alcohol use.

What we will do next

- Applying a Focused Deterrence Model in partnership with Northumbria Police and the Violence Reduction Unit to target young people who are disproportionately responsible for serious and violence related crime. This will involve working with partners to identify the wider determinants of the root causes which will support individuals to make lasting changes and reduce risk taking behaviours, problematic substance misuse and alcohol use and reduce exposure to further harm.
- Commission a Health Related Behaviours Survey for young people in Sunderland in 2023, use the results of this survey to identify future initiatives and projects to reduce alcohol harm amongst children and young people.
- Continue to work with Sunderland Safeguarding Childrens Partnership and Sunderland Safeguarding Adults Board to develop effective interventions to support children, young people and families affected by alcohol harms.
- Ensure effective pathways between services supporting those experiencing alcohol related harms.

The Next Steps

To ensure delivery, a specific strategy implementation group will be formed to oversee the implementation of the alcohol action plan. The implementation group will report to the Drug and Alcohol Harm Reduction Group and drive the activity to meet the ambitions made within this strategy. We will continue to work collaboratively to reduce the harms that alcohol causes to individuals, families and communities in Sunderland.




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