

## BOARD MEETING

21 May 2009  
Item no 09/05/20

### Alcohol Harm Reduction in County Durham and Darlington: Current Progress and Priorities for Action

#### 1. Introduction/ Summary of Scheme/Report

This report is to update the board on progress and developments related to alcohol harm reduction and provide assurance that NHS Darlington is fulfilling its duty as a Responsible Authority under the Crime and Disorder Act 2004 in relation to partnership working with the Darlington Crime and Disorder Reduction Partnership.

#### 2. Implications and Risks

Work is already underway across County Durham and Darlington to tackle the harm caused by alcohol with significant investment from NHS County Durham and NHS Darlington. The commissioning of alcohol services in both Durham and Darlington is predominantly undertaken by the respective Drug and Alcohol Action Teams.

Access to alcohol treatment services is a contributory factor to health inequalities for a proportion of Darlington residents.

Reducing the rate of alcohol admissions is one of the 10 world class commissioning priority outcomes; this will be challenging and requires a co-ordinated approach across all agencies.

The partnership approach to addressing the cross-cutting nature of alcohol misuse contributes to WCC competency 2.

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|---|--|
| <i>Will there be a significant impact on patients or patient care?</i>  | <i>Alcohol harm reduction and access to treatment services is key to increasing healthy life expectancy.</i>       |
| <i>Are there any financial or legal implications to implementing this item?</i>   | <i>Funding has been identified via the AOP process.</i>  |
| <i>Will there be an impact on Equality, Diversity or Human Rights?</i>  | <i>Reducing alcohol related harm requires equitable service provision.</i>   |
| <i>Does this item form an essential part of quality or performance standards e.g. Healthcare Commission, NHS Litigation Authority?<br/>If yes, detail which standard.</i> | <i>Reducing the rate of alcohol admissions is a priority shared by NHS Darlington, the CDRP and is in the LAA.</i> |

### 3. Recommendation

The Board is requested to:

- i. note the significant work undertaken in the last year to tackle alcohol related harm across County Durham and Darlington;
- ii. note the significant challenges to achieving a reduction in alcohol consumption and a reduction in the rate of alcohol related admissions across County Durham and Darlington;
- iii. endorse the priorities for action in 2009/10;
- iv. receive the report as assurance that NHS Darlington is fulfilling its duty as a Responsible Authority under the Crime and Disorder Act 2004.

### 4. Submitted by

**Author:** Claire Sullivan  
**Title:** Consultant in Public Health

**Sponsoring Directors:** Miriam Davidson  
Locality Director of Public Health, Darlington  
Dr Tricia Cresswell  
Executive Director of Public Health

**Date:** May 2009

### 5. Purpose of the Paper

Information Sharing  Development/discussion  Decision/action

## **NHS County Durham NHS Darlington**

# **Alcohol harm reduction in County Durham and Darlington: current progress and priorities for action**

## **1. Introduction**

This report is to update the boards on progress and developments related to alcohol harm reduction and to provide assurance that NHS County Durham and NHS Darlington are fulfilling their duties as a Responsible Authorities under the Crime and Disorder Act 2004, in relation to partnership working with the County Durham Community Safety Board and the Safer Darlington Partnership.

The estimated prevalence of adults who binge drink and of admission rates for alcohol related harm, for both adults and under 18s, across County Durham and Darlington are significantly higher than the national average.

Work is already underway across County Durham and Darlington to tackle the harm caused by alcohol with significant investment from NHS County Durham and NHS Darlington. The commissioning of alcohol services in both Durham and Darlington is predominantly through the respective Drug and Alcohol Action Teams.

Alcohol misuse is being addressed as a cross-cutting theme via the respective Crime and Disorder Reduction Partnerships and has been identified as a priority for both County Durham's and Darlington's Local Area Agreements.

Reducing the rate of alcohol admissions is one of the ten world class commissioning outcomes; this will be challenging and requires a co-ordinated approach across all agencies.

This report provides details of partnership work across County Durham and Darlington to reduce the impact of alcohol misuse, and an update on regional work and the development of the alcohol treatment services.

## **2. Impact of alcohol**

### **2.1 Harms to health**

Nationally, it is estimated that the total cost of harm from alcohol is between £17.7 billion and £25.1 billion a year. Of this, the cost to the NHS is £2.7 billion per year, in terms of inpatient stays, A&E visits and ambulance journeys.

The harm to the individual from drinking alcohol can be acute or chronic. There are now 46 medical conditions which are caused or strongly associated with alcohol consumption. These include alcoholic liver disease, alcohol poisoning, stroke, heart disease, cancers and behavioural disorders.

Hospital admissions directly related and attributable to alcohol are rising nationally by around 80,000 every year, comprising 6% of all NHS hospital admissions. Research has shown that deaths from liver disease are now occurring at much younger ages than had previously been seen.

Alcohol is also a significant contributory factor to violent crime. Alcohol consumption is most likely to be associated with violence committed by strangers and with incidents which result in wounding. However, offenders are thought to be under the influence of alcohol in nearly half of incidents of domestic abuse (46%) and acquaintance violence (44%).

## **2.2 Children and young people**

Young people are now regularly drinking higher strength drinks with spirits and alcopops the most frequently consumed types. Nearly half of underage drinkers report that they obtain their alcohol from their parents (48%).

Almost 10,000 children aged 11-17 are admitted to hospital each year in the UK as a result of their alcohol consumption; the main reasons include alcoholic poisoning and injuries. Young people who drink are more likely than their peers to fail to use a condom; have sex at a younger age; become pregnant and catch sexually transmitted infections.

Children whose parents drink too much can suffer a range of physical, psychological and behavioural problems as a result of living in such an environment. The main risks associated include neglect of parental responsibilities, exposing children to unsuitable care givers or visitors, use of the family resources to finance the parents' drinking, unsafe storage of alcohol thus giving children ease of access and adverse impact on the unborn baby.

## **2.3 Alcohol consumption**

More than ten million adults (26% of the population) drink regularly at levels that exceed government health guidelines.

This rise in alcohol-related admissions mirrors the increase in alcohol consumption, which has increased per head by 60% between 1970-2006. The average adult drinks the equivalent of 120 bottles of wine every year.

This rise reflects two developments:

- a shift to higher alcohol strength beverages including a shift from beer to both wine and spirits;
- alcohol becoming more affordable, most significant in the off-licence trade with an increased trend for people to drink more at home.

Price significantly influences young people and those drinking at heavier levels but it has less of an impact on moderate and occasional drinkers. A review of how far alcohol pricing and promotion increases consumption and harm is being conducted by the School of Health And Related Research (SchARR) at Sheffield University. The emerging evidence points to the links between price, particularly for heavy

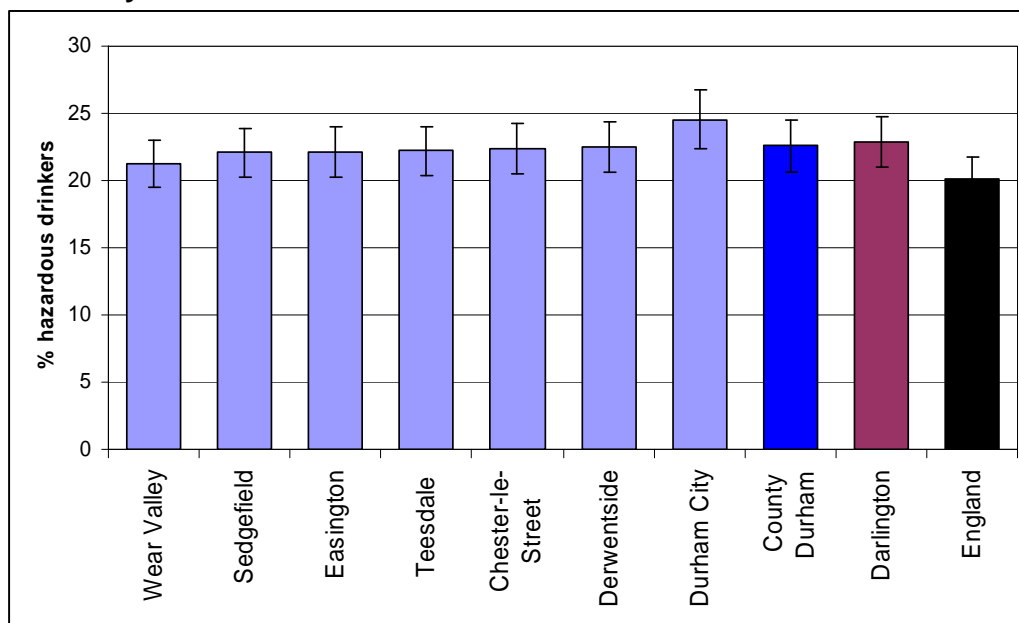
drinkers, alcohol consumption and medical impacts. The Chief Medical Officer (CMO) has highlighted the benefits of introducing a minimum price per unit of 50p. This would decrease consumption of high-risk drinkers by 10.3%; such a decrease would be sufficient to bring them out of the high risk category and reduce the impact of 'passive drinking' (the consequences of one person's drinking on another's well-being).

### 3. Alcohol profile in County Durham and Darlington

Information about estimated alcohol consumption is derived from the Health Survey for England (2003-2005) using statistical models based on area characteristics. The factors used to estimate local prevalence included age distributions, benefits claimants, percentage of people with a long-standing illness, life expectancy, emergency hospital admissions and educational attainment. The estimates do not take into account any local factors which may impact upon the prevalence such as above average prevention or treatment services.

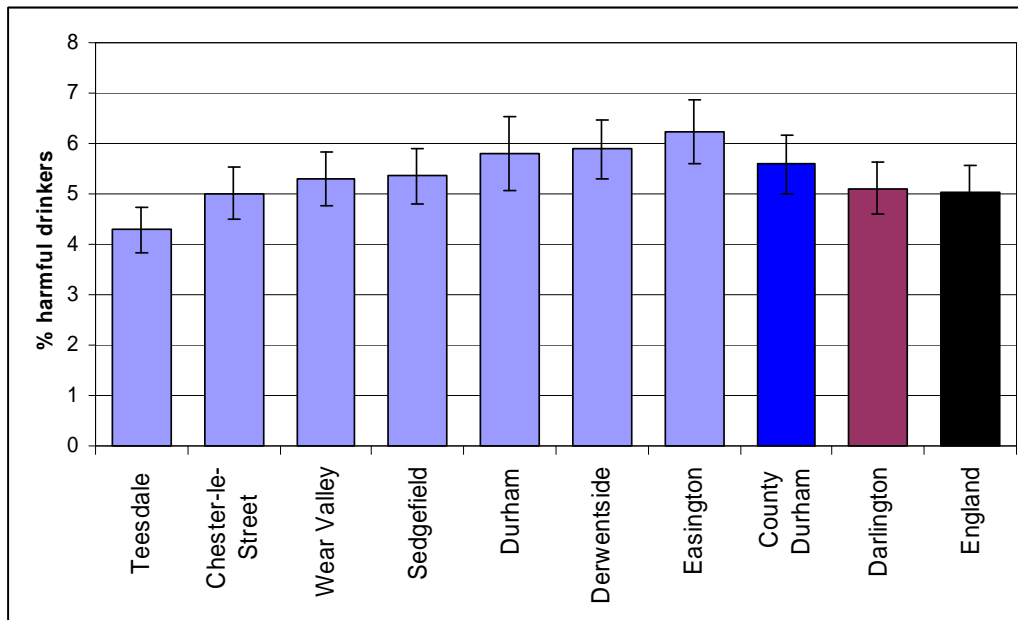
An estimated 24% of adults in Darlington and 23% of adults in County Durham drink hazardous amounts of alcohol on a weekly basis; compared with 20% of adults in England (the difference is not statistically significant). Within County Durham the estimated prevalence of hazardous drinking varies between 21% in Wear Valley and 25% in Durham City.

#### Prevalence of hazardous drinking within County Durham, Darlington and nationally 2003-5



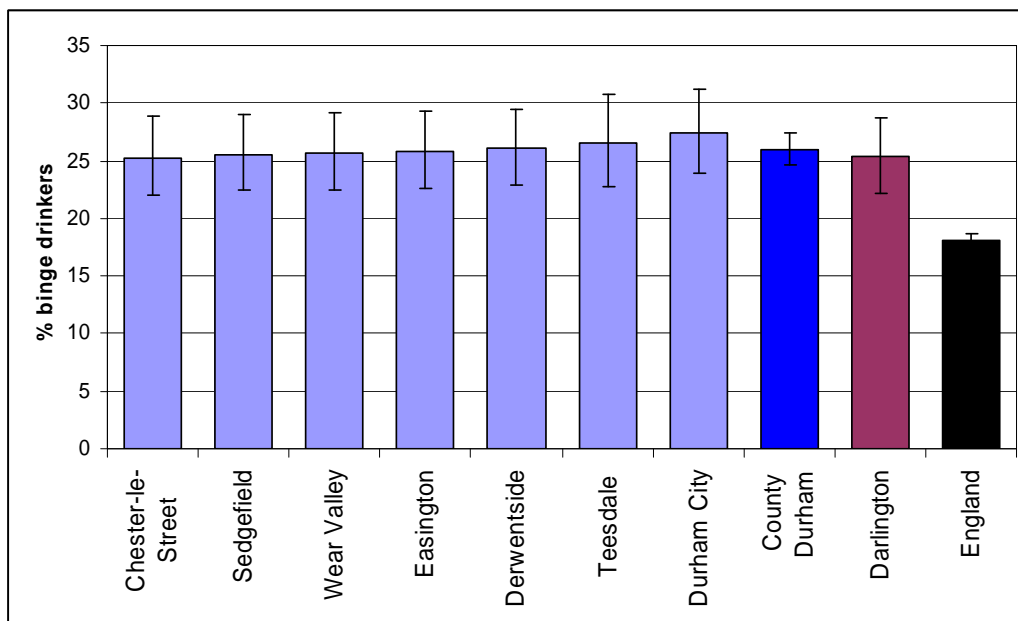
An estimated 6% of adults in County Durham and 5% of adults in Darlington drink harmful amounts, compared with 5% nationally (the difference is not statistically significant). Within County Durham the estimated prevalence of harmful drinking varies between 4% in Teesdale and 6% in Easington.

**Prevalence of harmful drinking within County Durham, Darlington and nationally, 2003-5**



The prevalence of binge drinking is estimated to be 26% in County Durham and 25% in Darlington, significantly higher than the estimated 18% of adults who binge drink across England.

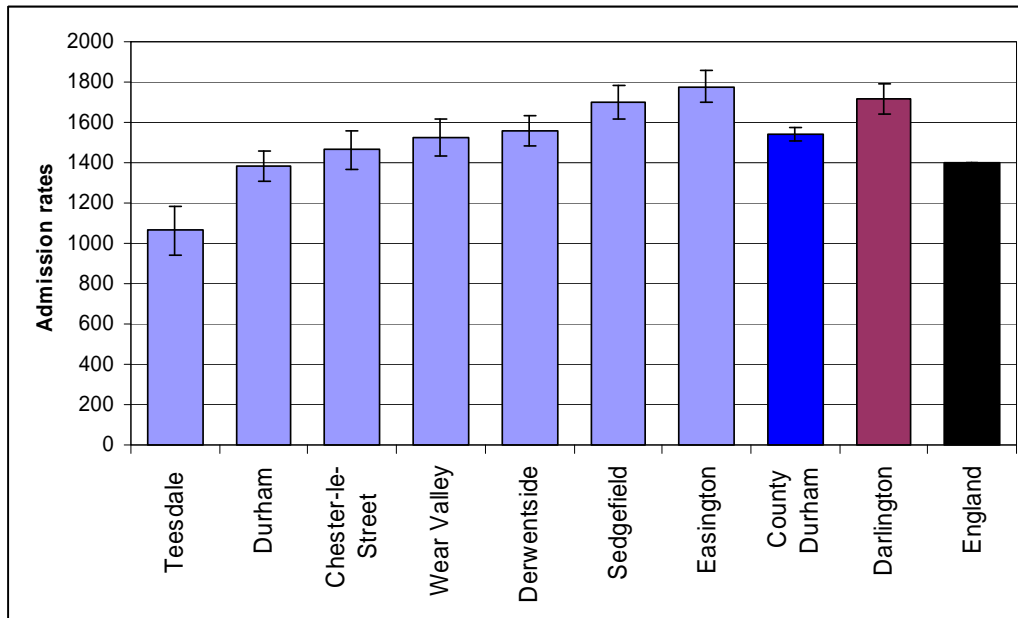
**Prevalence of binge drinking within County Durham, Darlington and nationally, 2003-5**



The national indicator for monitoring admissions to hospital for alcohol misuse is the rate of admissions for alcohol-related harm per 100,000 population. The rate for Darlington and County Durham in 2006/07 was significantly higher than the national

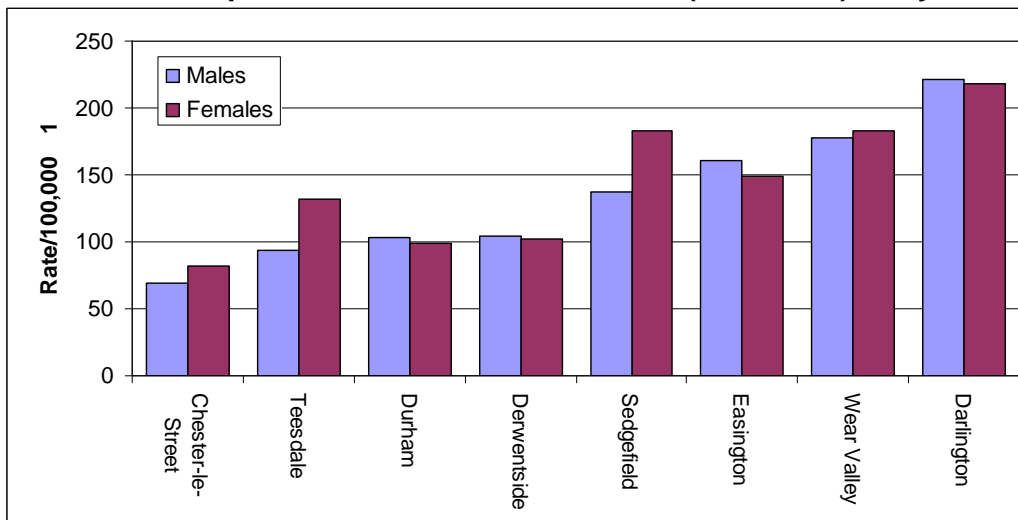
rate, and rates in Sedgefield and Easington are significantly higher than the county rates.

**Admission rates for alcohol-related harm /100,000 population, 2006/07**



In County Durham and Darlington there are significant issues with alcohol use and misuse among young people who are below the legal drinking age. Alcohol related admissions for under 18's in Wear Valley and Darlington are amongst the highest admission rates in England as reported by the North West Public Health Observatory (2008).

**Crude alcohol-specific admission rates/100,000 (2000-2006) <20 years of age**



Young people who are at greatest risk of alcohol dependency are those whose parents abuse alcohol. The proportion of children entering care in County Durham as a result of parental substance misuse continues to rise from 54.2% in 2005/06 to 60% in 2006/07 and in Darlington parental substance misuse doubled from a rate of

27.8% in 2005/06 to 60.5% in 2007/08 though overall numbers of children taken into care remain stable

## **4. Current state - key progress during 2008**

### **4.1 Strategy development**

#### *Darlington*

In September 2008 the Alcohol Harm Reduction Strategy was published and launched in Darlington - *Safer Drinking, Safer Darlington*. A multi-agency group has been established to implement and monitor the performance of the strategy.

#### *Durham*

A draft Alcohol Harm Reduction Strategy and action plan for County Durham has been developed in advance of the establishment of the new unitary authority. This incorporates the actions of the former district alcohol plans and has been developed with a wide range of stakeholders. The draft will be presented to the Community Safety Board for approval on 18 May 2008.

### **4.2 Partnership working**

#### *Balance*

The North East is the first region to bring together a wide range of stakeholders – including the NHS, Police and Local Authorities to establish a regional office for alcohol. The office, known as BALANCE, has been established to inspire changes in the way we drink alcohol so that people in the region can still enjoy a good time while reducing their consumption – the aim being happier and healthier people living in safer communities. To achieve this aim, the office will raise the profile of alcohol-related issues, co-ordinate best practice across the region and push for appropriate changes in law, regulations and pricing policy. The office is physically hosted by Darlington Borough Council and staff are line managed through NHS County Durham and NDH Darlington public health. The office is accountable to the Regional Director of Public Health, will receive guidance from the North East Strategic Alcohol Board and is steered by a group of experts and stakeholders on the Alcohol Regional Advisory Group, which is chaired by Dr Tricia Cresswell.

#### *County Durham and Darlington*

Regular meetings have been established within the public health team involving County Durham DAAT and Darlington DAAT which have identified areas for joint working and sharing good practice in the development of alcohol services. DAAT is an umbrella term for a multi agency approach to substance misuse and alcohol issues. The working arm is the DAAT unit and the Public Health Directorate hosts both Durham and Darlington DAAT unit staff.

A multi-agency partnership has been formed across County Durham and Darlington to drive forward the implementation of the *Cardiff Model*. This model will share information and intelligence between the NHS and the police to reduce alcohol related violent crime and inform licensing decisions.

#### *Darlington*

NHS Darlington secured funding as part of the *Early Implementation Programme* from the Department of Health which has been used to increase capacity for brief

intervention training, support the development of a hospital champion, initiate a 'street paramedic' scheme to reduce ambulance call-outs, undertake publicity and social marketing campaigns and evaluate a range of alcohol interventions.

#### *Durham*

During 2008-9 the Audit Commission undertook a review in County Durham as part of work across the North East on how organisations work together to address health inequalities. The focus of the review in County Durham was on alcohol. The recommendations from the review are listed in Appendix 2 and have been incorporated into the County Durham action plan.

County Durham DAAT and the National Probation Service developed a 12 month pilot programme in Easington offering structured intervention to both offenders and non-offenders (*Alcohol Rolling Programme*). It is a cognitive based programme specifically designed for those with alcohol misuse issues and has been utilised as the structured day care element of alcohol treatment requirements, a sentencing option for Courts as an alternative to custody.

County Durham DAAT has been chosen by Revolving Doors, a national organisation to design and commission a 12 month pilot addressing the needs of women offenders or at risk of offending, alcohol misuse, and low level mental health issues. This work is one of eight national pilots that will inform Government policy.

### **4.3 Treatment Services**

#### *Darlington*

Following significant investment from NHS Darlington and additional *Early Implementation Programme* funding there is now a newly launched Darlington community alcohol service. The service is commissioned by Darlington DAAT and provided by Darlington Borough Council as the lead provider, with staff from a range of organisations e.g. Tees, Esk & Wear Valley Foundation Trust, County Durham and Darlington Foundation Trust and NECA who are part of the integrated team. As well as a core team of nurses, counsellors and a social worker, dedicated outreach posts are also in place to take forward targeted work in the areas of housing/homelessness, young people and hospital liaison.

#### *Durham*

The community alcohol service (CAS) for adults is commissioned by County Durham DAAT and provided by NHS Darlington community health services. Following a successful pilot in Easington, funding was secured via the annual operating plan (AOP) in 2008/09 for the service to be rolled out across the whole of County Durham from October 2008. The service is an integrated model with both statutory and voluntary sector organisations delivering a range of treatment options. There is a strong emphasis on prevention and early intervention with the inclusion of a rolling programme of training workshops for professionals, both health and criminal justice, on delivering alcohol brief interventions

Treatment services are delivered in the local community to offer ease of access to clients. From October to December 2008, 606 clients were referred to the service.

County Durham DAAT has commissioned a patient information data system specific for substance misuse. This will be implemented over the coming month and will ensure robust performance management.

Following a successful pilot in Derwentside and Wear Valley, five brief intervention workers for young people have been recruited across the County. Referrals are received from police when a young person is engaged in an alcohol related incident. A letter is sent to parents asking them to attend the local police station with their child. Once there, the worker offers both child and parent/guardian evidence based alcohol information and brief interventions, thus taking a family based approach to tackle alcohol related harm. A total of 165 referrals have been made from March 2008 to February 2009. These referrals involve 59 males and 98 females, with the average age being 15 years old.

#### **4.4 Social marketing**

##### *Darlington*

The national award winning *Summer Nights* Campaign aimed to address the issues caused by alcohol misuse over the summer holiday period. Young people were diverted in to positive activities which resulted in a significant reduction of both reported anti-social behaviour and street drinking.

##### *Durham*

In May 2008, the Department of Health launched the *Know Your Limits* campaign to raise the public's knowledge of alcohol units and the health risks associated with regularly exceeding the limits set out in government guidelines. County Durham was chosen to pilot this campaign during Christmas 2008 and received positive feedback from the target group of 18-24 year olds.

### **5. Future state - priorities for action 2009/10**

#### **5.1 Strategy development**

- Publication and launch of the County Durham Alcohol Harm Reduction Strategy; and implementation of action plans across County Durham and Darlington.
- Recruit an alcohol coordinator jointly between NHS County Durham and Durham County Council to implement and drive performance of the strategy in County Durham.

#### **5.2 Partnership working**

- Work with BALANCE to contribute to the Big Drink Debate and to contribute to the national consultation on *Children, Young People and Alcohol* by gaining views from young people living in County Durham and Darlington.
- Support County Durham DAAT and Darlington DAAT to agree a joint commissioning strategy for alcohol between all partner agencies.
- From 1 April 2009 County Durham and Darlington Foundation Trust to record alcohol related A&E attendances and place of incident to be able to share anonymous data with the police to identify hotspots and inform licensing decisions.
- Extend the Probation Service *Alcohol Rolling Programme* across County Durham and Darlington and extend the arrest referral services to include under 18s committing alcohol related offences.

- Provide all further education settings across County Durham and Darlington with *Youth Bytes* an interactive media portal for their student community which will have focused, localised alcohol and sexual health messages.

#### *Darlington*

- Undertake a social normative survey in secondary schools in Darlington on drug and alcohol use by young people. The results will be used to underpin a communications campaign which directly challenges unhealthy values and beliefs about substance misuse based on local evidence.

#### *Durham*

- Introduce the audit screening tool into prisons, therefore ensuring appropriate access to immediate health care in prison on entry and ensure appropriate aftercare and support can be provided by local alcohol services on release. This will help to address the reducing reoffending agenda.
- Focus on closing any gaps in prescribing and clinical care between the prison environment and the community, whilst improving communication between the two.

### **5.3 Treatment services**

- Establish a prioritised and timed implementation plan to support the training of staff across agencies in screening and brief interventions e.g. NHS, social care, probation, education and housing staff.
- Implement a Locally Enhanced Service (LES) across County Durham and Darlington to screen existing registered patients aged 16 -39 years (those aged 40-75 years will be identified and screened via the CVD specification) to deliver simple advice, extended brief interventions and refer appropriately to the community alcohol services.
- Utilizing the additional investment via the AOP 09/10, further develop the alcohol treatment and support services for adults in line with the *National Models of Care for Alcohol Misusers* across four tiers of interventions; in particular expand the community alcohol services and tender for the delivery of Tier 4 provision (in patient provision) across County Durham and Darlington.

### **5.4 Research and evaluation**

- In line with recommendations from the Audit Commission undertake evaluations on the community alcohol services and use the evidence from the 'street paramedic' schemes to consider roll out in key hot spot areas across County Durham and Darlington.
- In collaboration with Durham University undertake work across County Durham and Darlington working with young people to understand their relationship with alcohol and its link to risk taking behaviour in order to inform future commissioning decisions.
- Ascertain the nature and level of substance misuse in older people in Darlington. The project involves reviewing existing data and undertaking interviews with commissioners, providers, community organisations and older people themselves. The overall aim is to increase understanding of the key issues and the extent of support required.

## 6 Measures and outcomes

Reports from the community alcohol service and general practice will provide the following information to commissioners:

### 6.1 Process measures

- numbers of front line staff trained in brief advice and extended interventions;
- numbers of patients screened in general practice;
- numbers of young people referred to the young people's brief intervention and/or treatment team;
- numbers of adults appropriately accessing community alcohol services;
- numbers of participants completing the *Alcohol Rolling Programme*;
- numbers of adults appropriately accessing Tier 4 treatment;
- numbers of alcohol related A&E attendances (baseline in 2009/10).

### 6.2 Outcome measures

The longer term outcomes below are dependent on all partners fulfilling their obligations and responsibilities as detailed and agreed in the respective Harm Reduction Strategies for County Durham and for Darlington:

- reduce the rise in the rate of hospital admissions for alcohol related harm per 100,000 population (adults and children) to meet the agreed world class commissioning outcome trajectory and target;
- increase the number of adults accessing community based alcohol treatment services;
- reduce in the percentage of adults who binge drink to be in line with the England average.

## 7. Recommendations

The board is asked to:

- note the significant work undertaken in the last year to tackle alcohol related harm across County Durham and Darlington;
- note the significant challenges to achieving a reduction in alcohol consumption and a reduction in the rate of alcohol admissions across County Durham and Darlington;
- endorse the priorities for action in 2009/10;
- receive the report as assurance that NHS County Durham and NHS Darlington are fulfilling their duties as Responsible Authorities under the Crime and Disorder Act 2004.

### Purpose of the Paper

Information sharing

Development/discussion

Decision/action

| Version | Date | Summary            | Owners Name         | Approved |
|---------|------|--------------------|---------------------|----------|
| 1       |      | Presented to Board | Dr Tricia Cresswell |          |

### National guidance

The Government advises that:

- adult women should not regularly drink more than 2–3 units of alcohol a day;
- adult men should not regularly drink more than 3–4 units of alcohol a day;
- pregnant women or women trying to conceive should avoid drinking alcohol.

The risk of harm from drinking above sensible levels increases the more alcohol that you drink, and the more often you drink over these levels.

Sensible drinking also involves a personal assessment of the particular risks and responsibilities of drinking at the time, e.g. it is sensible not to drink when driving or when taking certain medications.

The Chief Medical Officer's five step guidance on the consumption of alcohol by children and young people advises:

1. an alcohol-free childhood is the healthiest and best option – if children drink alcohol, it shouldn't be before they reach 15 years old;
2. for those aged 15-17years old all alcohol consumption should always be with the guidance of a parent or carer or in a supervised environment;
3. parents and young people should be aware that drinking, even at age 15 or older, can be hazardous to health and not drinking is the healthiest option for young people. If children aged 15-17years consume alcohol they should do so infrequently and certainly no more than one day a week;
4. the importance of parental influences on children's alcohol use should be communicated to parents, carers and professionals. Parents and carers need advice on how to respond to alcohol use and misuse by children;
5. support services must be available for children and young people who have alcohol related problems and their parents

### **Audit Commission recommendations (County Durham)**

1. Ensure that the use of sustainable funding is extended to support the implementation of all four tiers of the national models of care to reduce the harm caused by alcohol across the whole of County Durham.
2. Ensure that the use of sustainable funding is extended to support the implementation of effective community safety initiatives to reduce the harm caused by alcohol across the whole of County Durham.
3. Ensure the effective collection of data on alcohol consumption through the implementation and review of the agreed national audit tool and brief interventions across County Durham to ensure services can be targeted. This should reflect the diverse needs of the local population and ensure that the health inequalities gap is addressed.
4. Establish clear outcome measures for the community alcohol service, as agreed in the service level agreement, which will enable the impact of reducing the harm caused by alcohol to be demonstrated.
5. Strengthen information systems, data quality and data sharing arrangements to support the effective collection of alcohol related incidents in the County which will enable better monitoring, targeting of services and co-ordination between agencies.
6. Ensure that within each partner organisation there is a named lead for alcohol at a senior level to support effective decision, making and the implementation of the alcohol harm reduction strategy for County Durham.
7. Following local government reorganisation (LGR) ensure that the number, membership and reporting arrangements of working groups to support the alcohol strategy, enables all organisations to contribute.
8. Establish a prioritised and timed implementation plan to support the training of staff across agencies on the alcohol audit tool and brief interventions.
9. Ensure effective communication is established and maintained from community development work through to partnership groups to support effective implementation of the alcohol harm reduction strategy for County Durham