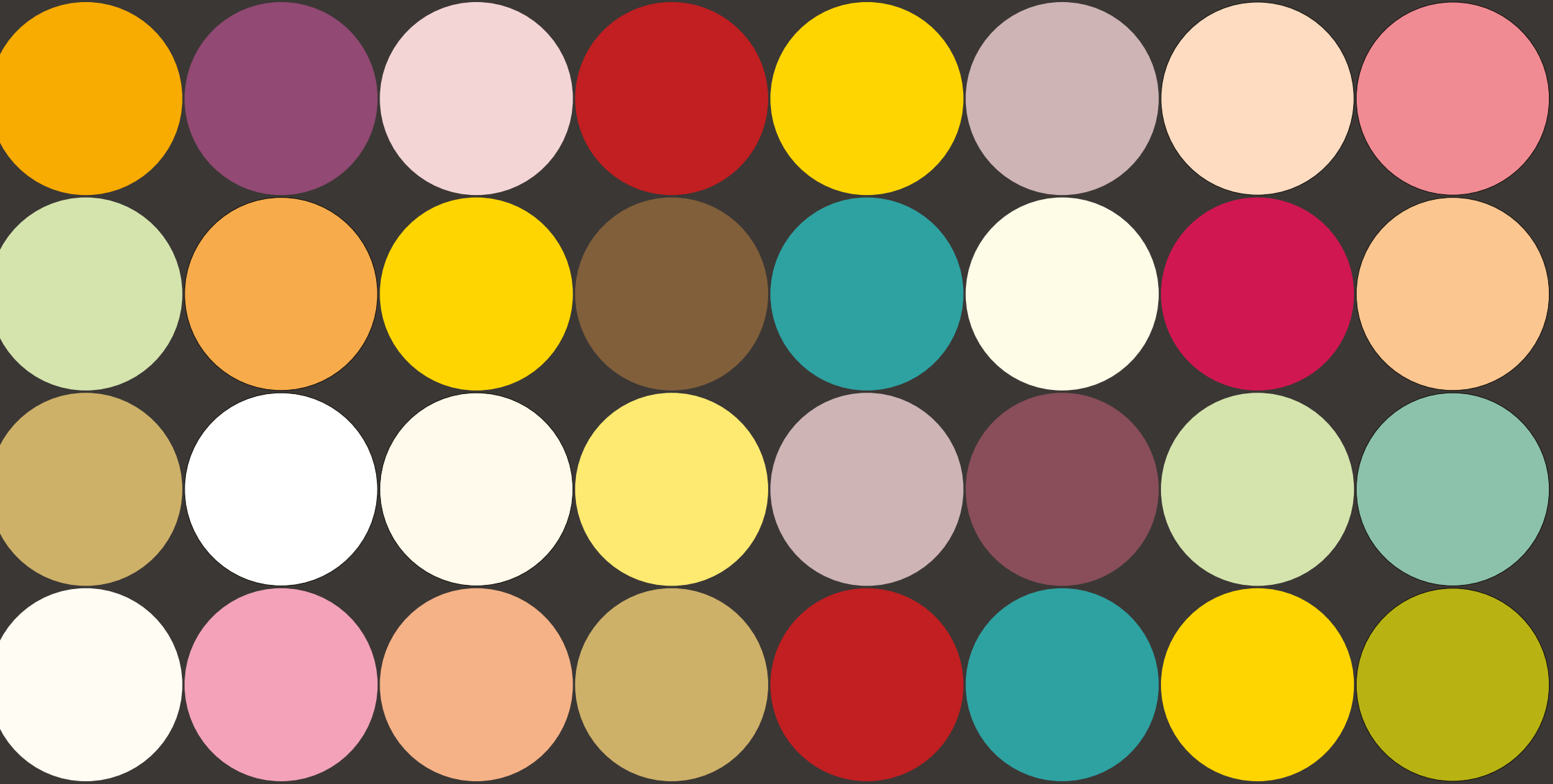


Re-think your drink

Gateshead Council

Gateshead Director of Public Health

Annual Report 2014

contents

welcome

This is my second report as Director of Public Health for Gateshead.

The year 2013/14 represented a new era for public health system in England. It has been a very busy year, in which the public health team focussed on completing the transition, building new partnerships and progressing a number of major reviews intended to improve the efficiency and effectiveness of public health services. Gateshead Council has proved to be a welcoming new home for public health. I am very grateful for the dedication and hard work of the team and support from colleagues and councillors across Gateshead Council over the past year.

The report summarises some of the key health indicators in Gateshead and confirms our established health improvement priorities in the Health and Well-being Strategy. In spite of little change in relation to the improvement of overall population health outcomes, I am pleased to report that some indicators in relation to children's health are showing improvement, especially with regard to reducing smoking in pregnancy, improving breastfeeding rates and reducing obesity among children at school reception age.

In this report I have focussed on the topic of alcohol and its impact on health and well-being for individuals and communities in Gateshead. I have chosen this subject because I want to highlight the growing evidence of rising alcohol harm on the health of the local population. Along with tobacco, over-consumption of alcohol makes a large contribution to preventable ill health and early death, and impacts especially on the well-being of the younger generation. The growing level of problems appears to be linked to the increased consumption of alcohol over the past 10 years.

Alcohol is a complex social issue, and any glance at the history books tells us that it is not a new concern for policy and legislation. It is part of our everyday social fabric, and a source of pleasure and enjoyment to many. However, it is also a potentially addictive substance which is promoted by powerful commercial forces, especially to young people. Our English and indeed our local north east culture is to tolerate and condone heavy drinking. However, this approach is being challenged as evidence grows of the level of alcohol-related harm being experienced among individuals and communities. Some of this harm is very visible, but much is hidden, and often the people most affected are more vulnerable members of society.

It is important from a public health perspective that we do not accept this trend. The public health approach to alcohol is to encourage and promote responsible drinking and protect young people from related harm. Solutions need to go beyond looking solely at individuals who experience problems with drinking at harmful levels, as it is clear that consumption patterns are closely linked to policy and legislative arrangements.

We can look to some of our European neighbours to see how a different and more moderate approach can be taken: one in which alcohol is enjoyed but does not have a destructive effect on our lives. If we work together, this could be our future in Gateshead.

Carole Wood

"The impact of alcohol has consequences for our health, our families and friends, our finances and our public services. Gateshead statistics show that the consequences are higher than in lots of other places, but we cannot change this unless we change the culture and perceptions of alcohol in all of our residents.

Gateshead residents don't need to die earlier than elsewhere in the country, or get a debilitating illness before they reach retirement age. If we can change how we behave and better understand our relationship with alcohol, then Gateshead will be a happier, healthier place to live.

There is no quick fix and no one organisation can make this change. In Gateshead there are many organisations working together, with regional and national policy makers, regulatory bodies, front line health care and other public sector services, to make a difference."

Chair of Gateshead Health and Well-being Board, Councillor Lynne Caffrey

Director of Public Health Gateshead Annual Report 2013/14

Executive Summary

Overview

The report for 2013/14 presents an overview of the health of Gateshead and some of the key changes and developments that have taken place in 2013/14. This year's report explores the impact of alcohol on the health and well-being of the Gateshead population and makes recommendations for the approach that can be taken by the council and its partners to reduce this harm. A key focus is in protecting the health of children and young people from alcohol-related harm. Action needs to be taken at local, regional and national levels.

Key issues for 2013/14 – (Opening sections and Chapter 1)

The population of Gateshead (around 200,000 people) experiences wide variations in health outcomes across different groups and communities. Overall life expectancy continues to improve, but men and women are more likely than the average England population to suffer a life limiting illness before reaching retirement age. The number of older people (aged 65+) in Gateshead is set to rise by 39.3% by 2037.

In the past year, health indicators did not show overall significant change from the previous year. However, a number of indicators relating to childrens' health are showing improvement: breastfeeding, reception year obesity levels and smoking in pregnancy, and progressively lowering rates of teenage pregnancies.

Over the past year, the transition of new public health responsibilities from the NHS to Gateshead Council progressed relatively smoothly. A number of major public health services have been reviewed, including drug and alcohol, sexual health and lifestyle services. Some significant initiatives and campaigns were also delivered, such as the roll out of the Babyclear programme (to reduce smoking in pregnancy), the Council's sign-up to the Local Authority Declaration on Tobacco, and the successful participation in a national Flu Pilot for primary school children, thanks to the support of local schools and parents.

Main theme – Alcohol

Alcohol is a complex social issue and is approached in this report from a perspective of promoting balanced and sensible drinking, combined with protecting young people from drinking at a early age, and drinking excessive levels of alcohol. However, alcohol must be highlighted as one of the most important public health issues, with rising levels of harm linked to increased levels of consumption over the past few decades.

How alcohol affects us throughout our lives (Chapter 2)

The harmful impacts of alcohol at different stages across the life course are set out in the report, along with the evidence we have of this impact for the Gateshead population. The total cost of alcohol-related harm in Gateshead is £82.98 million per year, with a cost to every resident of Gateshead of £433. The cost of alcohol-related hospital admissions alone is estimated to be £11.8 million per year.

One in four of the Gateshead adult population is estimated to be drinking at increasing and higher risk levels. Hospital admissions due to alcohol-related cancer and alcoholic liver disease have increased by over 50% in the past 10 years and there is increasing mortality from liver disease, particularly among men. There are an estimated 13,500 dependant drinkers in Gateshead.

Alcohol can have a significant impact on the health of young people. Drinking alcohol during pregnancy carries particular risks, as it can affect the development of the developing foetus. Foetal Alcohol Spectrum Disorder refers to a range of problems including birth defects and development disabilities that can occur due to drinking alcohol in pregnancy. It is currently thought to affect 1% of live births in Europe. This disorder is totally preventable if alcohol is avoided during pregnancy, and as there is no consensus about safe levels of consumption in pregnancy, the recommendation set out in this report is to avoid alcohol during pregnancy, and also during breastfeeding, to give a child the best start in life.

Young people grow up in a culture which normalises regular consumption of alcohol as a positive part of everyday adult life, and it is strongly promoted through media and advertising messages. Alcohol can affect the developing brain in early adolescence, and this is also the age when some young people are particularly vulnerable to risk taking. The report references national Chief Medical Officer guidance, which includes advice that young people should not drink until at least 15 years old.

The impact of parent's drinking on a young person can be significant, specifically if they have a drinking problem, which can increase the risk of neglect or abuse.

The health harms for adults include an increase in mortality, chronic disease prevalence and disability, which has a disproportionate effect on more disadvantaged members of society and specific groups such as veterans. Alcohol contributes to around 4% of cancers.

As we get older, there are specific factors that can lead to increased vulnerability to alcohol-related harm. We process alcohol differently as we age due to changes in body composition, and alcohol can interact negatively with medication. Older people presenting with confusion, falls at home and long term conditions may have unrecognised alcohol problems and it is important that assessment and intervention by health and social care professionals picks up and addresses this risk. It may be a particular issue for older people who are socially isolated.

Alcohol presents a significant issue for community safety. Half of all violent crime and 39% of domestic violence is alcohol-related, and alcohol is also implicated in traffic-related injury or death and antisocial behaviour.

Alcohol –policy considerations (Chapter 3)

Alcohol consumption is influenced by policy, licensing provision and promotion and all of these factors have been used since the 19th century to try to alter drinking patterns and behaviours.

Most alcohol policy in the UK over the last century has been incremental and respectful of an individual's right to drink in moderation. Current policy considerations focus in the growing body of evidence which links the increase in levels of consumption with the harms associated with alcohol consumption. Three aspects are particularly relevant:

Place - which focuses on controlling the availability of alcohol through licensing which controls where alcohol is sold and by whom. The report looks at how the current provision operates through the Council's licensing provision and work to limit underage sales which is carried out by Gateshead Council Trading Standards and Northumbria Police.

Price - focusing on the cost per unit of alcohol, which significantly influences consumption. Alcohol is 61% more affordable today than in 1980, and is widely available through a range of outlets. High strength alcohol is available for as little as 6pence per unit and £4 will buy enough white cider to exceed the recommended weekly limit for a man. This report advocates for the implementation of national Minimum Unit Price of 50 pence per unit. Growing evidence from the introduction of minimum pricing controls in other countries is showing reductions in alcohol-related harm and violent crime. It would eliminate the cheapest alcohol from retail outlets and this would have the biggest impact in reducing harm to young people and other vulnerable groups.

Promotion: Alcohol advertising in the UK is the most relaxed in Europe. There is concern that advertising has a disproportionate impact on young people, and there is evidence that they are exposed to 11% more advertising than adults. Some areas such as restricting alcohol sponsorship at sporting events and limiting advertising in cinemas in under-18 classified films are considered.

Perception surveys of local people have found there is support for restricting advertising, especially in ways that impact on children and young people. The recommendations of the report highlight the role of the Gateshead Health and Well-being Board and Community Safety Board in leading action on these issues.

Local approach to alcohol and interventions- (Chapter 4)

Gateshead Council, as a system-leader for health improvement and community safety, works with a wide range of partners to minimise the harms associated with alcohol and promote a more balanced approach to drinking in Gateshead. Local work needs to be supported by national and regional levels, via links and networking with local government, NHS and Public Health England and other relevant bodies. **BALANCE**, the regional alcohol office plays a key role in supporting this networking, accessing the evidence base, advocacy and media work across all 12 North East local authorities.

A multi-agency substance misuse group and strategy has been established in Gateshead for some time, reporting to the Community Safety Board, and more recently into the Health and Well-being Board since its establishment in 2012. The current strategy focuses on many of the issues set out in this report, and recommendations include a refresh of this strategy, in consultation with partners, to highlight priorities and key actions that can be taken forward over the next 5 years.

At a community level, the Community Safety Board has supported the development of three Community Alcohol Partnerships to help local communities tackle alcohol-related harm with a focus on antisocial behaviour.

A range of services are commissioned under the Public Health programme to provide support and treatment to young people, adults and also ensure support is available for carers and family members. A young people's service provides individual assessment, education, awareness for professional staff and links to young people's services, and support for parents. Within the adults service, 738 people attended structured alcohol treatment during 2013/14, with 70% of these being new presentations.

The Public Health team completed a review of current service provision and remodelled services are being procured during 2014. These aim to achieve a more efficient and streamlined system in future which is more focussed on outcomes for young people, adults and their families and carers. It is recognised that a range of interventions need to be available, offering different approaches to suit varied needs. Having access to peer support is a particularly effective element for many people, with mutual aid support groups having a key role to play.

Alcohol identification and brief intervention services are also in place through settings such as GP surgeries, hospitals and pharmacies as these provide an evidence based and cost effective way of identifying individuals who are drinking at higher risk levels with advice and signposting for further helps as required. In 2013/14, over 6,000 brief interventions were recorded in General Practice and the Gateshead NHS Foundation Trust, with 9% of individuals seen being found to be drinking at higher risk levels.

Incorporating alcohol assessment and intervention into generic assessment and condition pathways for older people is also important.

Update on recommendations from previous DPH report 2012/13- Appendix 1.

The progress made in relation to the recommendations in last year's previous report, which focussed on mental health and well-being, are set out in detail. Some of the key developments include:

- The progression of the Integrated Wellness Model providing holistic support to individuals and families with lifestyle/ behavioural change
- Improved uptake within the NHS health checks programme, supported by the community incentives scheme.
- Various campaigns and activities to promote the five ways to mental well-being, which are expanding into a broader range of activities, and will be incorporated into the delivery of the Integrated Wellness Model.
- A new Joint Strategic Needs Assessment approach has been developed.
- A number of actions have been delivered which aim to address the impact of welfare reform.

Recommendations arising from this report

1. **Gateshead Council, with its key partners, continue to deliver actions to address health inequalities and prevent early deaths**

   - The overall health improvement approach for improving health and well-being in Gateshead, as set out in previous Director of Public Health reports and Health and Wellbeing Strategy, should be continued. The priority is to address health inequalities and preventable early death through reducing the use of tobacco and alcohol, improving diet and physical activity, underpinned by the promotion of good mental health and well-being.
   - Health improvement should be delivered across all key settings, ensuring proportionate uptake among those experiencing poor health outcomes and increased risk of disease development. This includes increasing early detection of disease through increasing awareness of early signs and symptoms, alongside increasing access to services.
   - The implementation of the new integrated wellness programme should be progressed with evaluation as planned, which includes strengthening the delivery of health improvement interventions across universal settings and services in Gateshead.
   - The Gateshead Substance Misuse Strategy should remain a priority of the Community Safety Board and Health and Wellbeing Board. The Strategy should be refreshed as planned, using the opportunity to consider the best ways to progress the recommendations of this report and to ensure the full engagement of partners.

2. **Gateshead Council should make a visible commitment to reduce the harm associated with alcohol, and support the development of and sign up to a Local Government Alcohol Declaration, working collaboratively with local authorities in the North East region.**

3. **Gateshead Council, Health and Wellbeing Board and Community Safety Board, with support from regional networks and BALANCE, should provide proactive leadership in developing policy approaches to limit alcohol consumption and promote alcohol to young people**

   PRICE:
   Gateshead Council, and its partners, should continue to draw together the evidence base and advocate for national legislation to support the introduction of a minimum unit price of 50p per unit of alcohol sold. While continuing to lobby for national action on MUP, Gateshead Council should investigate the legal position with regard to the potential to introduce local price controls, and work collaboratively with other local authorities to identify and implement best practice.

   PROMOTION:
   Gateshead Council, with partners as above, should advocate for no advertising of alcohol in films with under-18 classification and restrictions on sports and events advertising and specific retail promotions aimed at young people. The Council should continue to gather intelligence of the impacts of alcohol in specific communities and review local licencing policy in light of emerging evidence, and in line with national policy.

   PLACE:
   Gateshead Council should advocate for changes in the Licencing Act for a public health objective.

4. **Gateshead Council should work with partners across different sectors to develop a whole system approach to the prevention of alcohol-related harm across the life course and ensure provision of easily accessible support for individuals and families affected by alcohol.**

   Infancy, childhood and teenage years

   - Raise awareness of Foetal Alcohol Spectrum Disorder and promote the recommendation that it is best not to drink any alcohol during pregnancy.
   - Promote awareness of the recommendation to avoid alcohol whilst breastfeeding.
   - Promote awareness of harm to children from drinking alcohol in early adolescence among schools communities and parents.
   - Ensure the health in schools programme, which will be under development in 2014/15, continues to support the delivery of the 'social norms' approach to risk and resilience, which helps young people explore and challenge influences on health related behaviour.
   - Increase the understanding amongst professionals of the affect of alcohol misuse on parenting capacity.

   Adults

   - Continue and promote alcohol brief intervention, ensuring uptake is maximised by the Integrated Wellness Programme, and promoted in a wide range of settings, for example through the housing association and family support services.
   - During 14/15, develop quality indicators for use in primary care, ensure all appropriate primary care staff are trained in alcohol brief intervention and develop robust referral pathways from primary care into alcohol treatment services.
   - Ensure risk related to alcohol is recognised in early intervention and management of long term conditions.
   - Continue to develop improved access to treatment services, along with monitoring outcomes treatment interventions and joining up elements of support across the wider system.
   - Ensure that alcohol is addressed as a key priority in workplace health promotion programmes.
   - Work at community level to encourage debate and challenge cultural norms and perceptions about alcohol.

   Older people

   - Strengthen awareness of different tolerance of alcohol in later life, and ensure alcohol is linked to work on reducing social isolation, frailty, malnutrition across the health and social care and community sector.
   - Promote brief interventions in key settings relevant for older people, including linking with social care assessment and long term condition pathways.

Gateshead in numbers

2400 Births each year

2144 Deaths each year

452 Preventable deaths each year

4.7% Black Minority Ethnic population

135 Homeless families

390 Looked after children

200,000 People resident in Gateshead

61.7% GCSE's 5+ A*-C (with English and Maths)

450 16 - 18 year olds not in employment, education or training

23.8% Children living in poverty

101 First time entrants into the Youth Justice System

21.5% Residents educated to degree level

9.5% A levels with grades AAB or higher

3.9% Claiming Job Seekers Allowance

£30,781 Average household income

21,820 Claiming benefits (working age)

41% Residents drinking at increasing and high risk levels

4,500 Residents over 85, projected to double by 2033

36,442 Residents aged 65+

128,332 Number of people of working age -16-64

£99 Cost per head of alcohol related hospital admissions

22.2% Day to day activities limited by health

£137,418 Average house price

£54 Cost per head of smoking attributable hospital admissions

1,495 Job Seekers Allowance Claimants claiming for over 1 year

17,770 Out of work benefit claimants (working age)

A review of 2013/14

January

Dry January

327 residents in Gateshead signed up to try changing their drinking habits after a local roll out of the Alcohol Concern to campaign

February

Local authority declaration on tobacco

Gateshead Council was among the first in the country to commit to protect the community from smoking related harm

March

Babyclear roll out

Every pregnant woman in Gateshead will now be tested for carbon monoxide at 12 weeks and offered stop smoking support where positive

April

Dual screening introduction

15-24 year olds are now being offered ONE test for chlamydia and gonorrhoea

May

Mental Health and Well-being online service directory launch

Popular community website **www.ourgateshead.org.uk** now hosts Gateshead's online directory of services and organisations that can help to promote well-being.

June

Workforce development training for Mental Health and Well-being (including suicide prevention)

Raised awareness of mental health among over 460 frontline staff with dedicated training sessions

July

NHS Health Checks performance

Gateshead is the 10th best performing area in the country for delivering NHS health checks. 2 in 10 people are found to be at a high risk of developing cardio-vascular disease (ie. heart attacks, strokes) and 1 in 10 are diagnosed with high blood pressure

August

Reviews progressed of services for Drugs and Alcohol, Sexual Health, Integrated Wellness

Services commissioned by Public Health are being reviewed and re-tendered for

September

Flu pilot

Gateshead primary school children were some of the first in the country to receive a nasal flu immunisation - 7,784 children were vaccinated

October

Talk cancer workshops

Over 100 employees upskilled with training about cancer, its diagnosis and treatment

November

Falls prevention

A falls prevention scheme is continuing to improve local housing for vulnerable people at risk

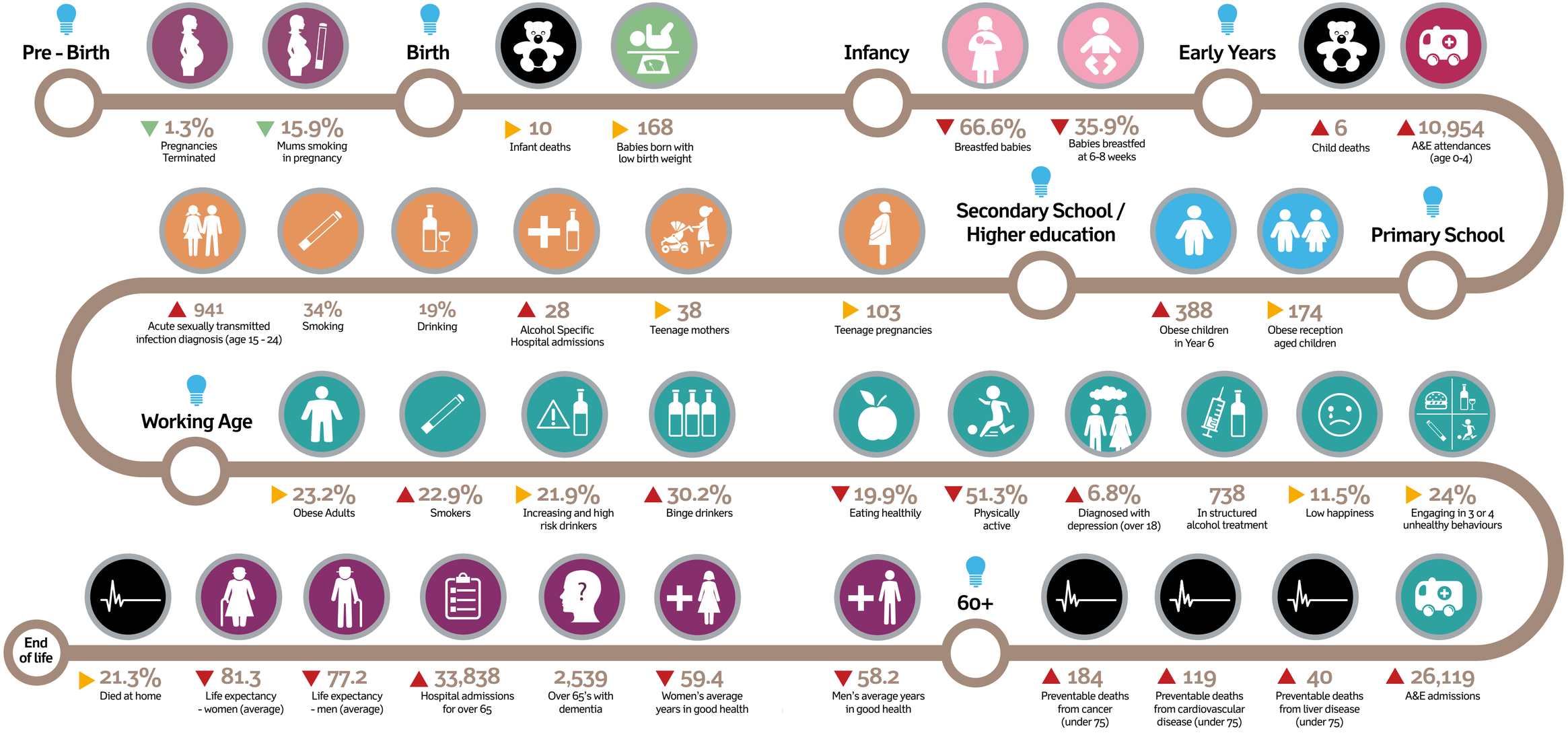
December

Hearty Lives funding

A British Heart Foundation project is working to reduce the high numbers of people becoming ill and dying of heart disease in the East Area of Gateshead.

A full review of progress on last years recommendations is available on page 8

Health of Gateshead Residents 2013/14



Chapter 1

Changing Gateshead

The overall population trend

Gateshead is home to 200,000 people. Average life expectancy in Gateshead is steadily improving year on year but it remains below the national average and varies by 9 years at most in different parts of the borough. Men and women are also both likely to suffer a life-limiting illness before reaching retirement age. The number of residents aged 65+ is projected to grow by 39.3% by 2037, residents aged 0-19 is projected to reduce 2.2% and the number of babies under 1 year old is expected to reduce by 7%.

Public Health transition into local authorities

During 2013/14 Gateshead Council developed its new leadership role for public health, with corporate awareness of its health impact being embedded at every level of the organisation. However, the current financial situation requires budget savings to be made across all council departments and there is a need to maintain a focus on public health and the members of society who are at most risk of poor health.

The combination of public health analytical skills and local government data collection is informing future health development opportunities and better influencing policy makers at a national level. We are addressing the wider determinants of health by being involved in the development and implementation of local government planning and decision making where there are relevant implications of health. Public health funding is adding value to delivery of services to health achieve priorities for Gateshead linked to the public health outcomes framework (PHOF).

Since the transition of public health into local authorities, a report from the Kings Fund has highlighted nine key areas for councils to prioritise (*http://www.kingsfund.org.uk/publications/improving-publics-health*).

These areas include: ensuring the best start in life; healthy schools and pupils; helping people find good jobs and stay in work; active and safe travel; warmer and safer homes; access to green and open space and the role of leisure services; strong communities, well-being and resilience; public protection and regulatory services; health and spatial planning. All of these areas are being actively progressed in Gateshead.

Service reviews and procurement

As part of the local authority, we have taken the opportunity to review the performance and future direction of our commissioned services for sexual health, drugs and alcohol, healthy weight and NHS health checks. The reviews have considered population need, evidence and trends, service activity and demand, the current service models, value for money considerations, capacity and performance, and changes to Government policy and legislation.

The recommendations from the weight management and obesity review suggested a radical shift in approach, to developing a focus on activities to prevent obesity in childhood and tackle issues such as sustainable food and physical activity. The procurement of an Integrated Wellness Service, that will support people with a more holistic approach to achieving healthier lifestyles, is expected to be completed in autumn 2014.

Transfer of 0-4 services

There is currently a national expansion programme to increase health visitors by 4,200. The commissioning responsibility for health visiting and family nurse partnership services is set to transfer to local authorities from NHS England in October 2015. There is an opportunity to integrate services for young people aged 0-19 as part of the transition, which will include looking at how we commission school nursing services and some childrens services in the next financial year.

Better Care Fund

Gateshead's submission to the Government's Better Care Fund intends to develop a 'care' service that is community-based, more joined up and responsive to individual, family and carer's needs. The Better Care Fund is a single pooled budget enabling health and social care services to work together more closely in local areas, based on a plan agreed between the NHS and local authorities. It intends to re-focus existing resources towards more integrated out-of-hospital care and reduce acute hospital admissions and re-admissions. Initial plans for the Gateshead programme have been approved by the Health and Well-being Board.

Budget pressures

Gateshead Council has had challenging financial pressures to manage over 2013/14 and is having to plan for further significant budget reductions. These involve difficult decisions and service changes have potential to impact on the daily lives of local people. Planning to manage the continual challenges over the next three years is ongoing.

There are similar budget pressures on the NHS, where a change in the funding formula resulted in anticipating a reduction of approximately £22m in funding for Gateshead. Whole system change is needed to address the pressure this reduction has caused at a time when demand is increasing because of an ageing population and improvements in health care technology.

The public health department is working with the CCG to:

- Make preventative work more effective (i.e. help more people reduce their risk of developing illnesses)
- Identify people who are ill to ensure effective treatment as soon as possible
- Improve health care quality

Public Health England (PHE)

Public Health England was established as a new national organisation during 2013/14. This body provides expertise and advice to government, the NHS, MPs, industry, local government public health professionals and the public. It is responsible for preparing, planning and responding to health protection concerns and emergencies, including the future impact of climate change. They provide specialist health protection, epidemiology and microbiology services across England.

Locally, PHE's remit include supporting local government in its leadership of the place-based public health system, working with all statutory and voluntary organisations including NHS England, clinical commissioning groups, service users and carers to promote health and well-being across the North East of England. This aspect of the service, along with knowledge and intelligence support, were in the establishment phase over the past year.

The heath protection elements of the former Health Protection Agency, that moved into Public Health England in 1 April 2013, continued to operate effectively and the local team provided clear leadership in response to a number of local health protection issues as indicated in the next section. In 2014/15, PHE will prioritise health protection, health improvement and healthcare public health, including screening, immunisations, dental and health.

Health protection

Since April 2013, as part of my remit as Director of Public Health at Gateshead Council, I have had a role in assuring the council that the system is working together to protect the health of Gateshead's population, including planning for and responding to emergencies involving a risk to public health.

I have established a Health Protection Assurance Working Group to consider all aspects of public health protection, including: 1) Screening and Immunisations, 2) Infectious Diseases and Outbreaks, including health care acquired infections, and 3) Emergency Preparedness, Resilience and Response.

Public Health England leads the response for infectious disease and advises on the requirement for, and sourcing of, treatment and immunisation for all health protection incidents.

Screening and immunisations

The Director of Public Health has an assurance role for the local delivery of national screening programmes which include diabetic retinopathy, abdominal aortic aneurysm and cancer screening programme for (breast, bowel and cervical). I also have responsibility for commissioning the Chlamydia screening programme for young people aged 15-24 as part of the National Chlamydia Screening Programme (NCSP). The programme aims to control chlamydia through early detection and treatment, so reducing onward transmission and the consequences of untreated infection.

The childhood immunisation programmes commissioned by NHS England for which the Director of Public Health has an assurance role are: hepatitis B, diptheria, tetanus and whooping cough (Dtap), meningitis C, pneumococcal conjugate (PCV), haemophilus influenzae type b (Hib) / meningitis C boosters, PCV booster and measles mumps and rubella (MMR).

An annual report on health protection has been developed as a seperate report for 2013/14. In the future, this element will be included as part of the Director of Public Health Annual Report,

Chapter 2

Alcohol: How does alcohol affect us throughout life in Gateshead?

This chapter sets out the harm that alcohol can cause at different ages across the life-course. It describes harms that may be experienced through different life stages from pregnancy through childhood and adolescence, into adulthood and finally to older age.

Alcohol is a drug used throughout life, from youth to old age, and for many people it is associated with individual, social and cultural pleasures. It is used in many cultures and in a variety of traditional social rituals for a range of purposes including the celebration of births, weddings, baptisms and even in mourning. In some communities total abstinence or only light drinking is accepted whereas in other communities intoxication is accepted.

In the early days, alcohol was commonly used as medicine and even today many people refer to the medicinal use of alcohol when used in small amounts. Whilst this protective effect has been disputed, this remains a common view among many people. Until clean water supplies in the late 19th Century, alcohol was seen as a 'healthy' alternative to dirty drinking water.

The meaning of alcohol to an individual changes throughout different stages of life and also as society's social norms about acceptable drinking changes. During adolescence, drinking is first seen as a rebellion and then, as adulthood looms, as a sense of independence and part of the transition into adulthood.

In today's culture the production of alcohol is viewed as an important economic activity. Profit is generated for producers, advertisers and investors as well as providing employment opportunities and taxes for the Government. For these reasons there are many vested interests that support the continuation of production and sales.

Alcohol harm

Alcohol-related harm remains one of the biggest health problems facing the UK. Over 10 million adults currently drink more than the recommended guidelines, with 2.6 million drinking more than twice that. There are approximately 2.6 million children in the UK living with parents who are drinking hazardously, and over 700,000 are living with dependant drinkers.

Alcohol-related harms cost the NHS £3.5 billion and additionally have wider societal implications. Alcohol-related crime is estimated to cost £11 billion a year.

From a public health perspective, alcohol consumption plays a major role in the causation of disease and death at all levels of society. It has a major impact on premature mortality and is a significant contributory factor in health inequalities. It also contributes substantially to family dysfunction, violence and psychiatric disorder. Further to this harm at an individual level, alcohol contributes significantly to economic harm and, in particular, to lack of productivity due to sickness, worklessness and 'presenteeism' - when a person attends work but is unable to perform their duties due to a hangover.

Alcohol risk

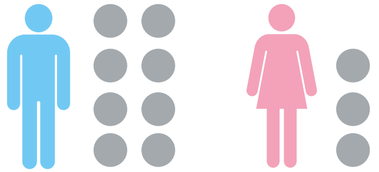
The risk of alcohol harms to individuals rises with the amount of alcohol consumed. Alcohol consumption is measured in "units". One unit of alcohol is 10 millilitres of pure alcohol. Recommended weekly limit of alcohol is 21 units for men and 14 units for women. We define people as lower risk, increasing risk or higher risk of alcohol harms.

The amount and frequency of alcohol consumed can define different types of drinking behaviours:

Hazardous drinking

Drinking over the recommended weekly limit of alcohol.

This can include binge drinking (drinking a large amount of alcohol in a short space of time - eight units in a day for men and six units in a day for women)



Harmful drinking

Drinking over the recommended weekly amount of alcohol and experience of health problems that are directly related to alcohol, such as depression, injuries, inflammation of the pancreas, high blood pressure, inflammation of the liver and some types of cancer.

Dependent drinking

When a person feels that they are unable to function without alcohol, and the consumption of alcohol becomes an important, or sometimes the most important, factor in their life. Stopping drinking can cause physical and psychological withdrawal symptoms.

A recent lifestyle survey of young people aged 11 – 15 from 46 of the schools in Gateshead highlighted areas of particular concern for the younger population:

- 10 % of children said they were drunk once in the last week
- 3% of secondary school pupils bought alcohol from an off-licence
- Those who are drinking are drinking too much too often
- Young people who do drink tell us that their parents or older friends/relatives buy the alcohol for them (proxy sales)

There are certain factors that make people more vulnerable to excessive alcohol use and consequently alcohol harm. Abuse or neglect in childhood, life stressors such as poverty, low-paid stressful employment, relationship break-down, death of a close friend or family member and traumatic incidents. Consequently there are particular communities who are more likely to suffer from these risks such as those in socially-deprived neighbourhoods, children who have been looked after, war veterans, unemployed people and those with mental ill health.

Despite reporting similar levels of alcohol consumption, the cruellest effects of alcohol are felt most by those who can least afford it. People in the most deprived areas of the country are disproportionately more likely to experience the impacts of alcohol-related crime, more likely to suffer the impacts of alcohol-related health conditions, and more likely to die from a condition caused by alcohol consumption.

Researchers call this the 'alcohol harm paradox' and have identified a number of possible reasons to explain how the poorest 20% of people in Britain suffer twice the levels of alcohol-related harm as the most affluent 20%. These include differences in drinking patterns, hidden alcohol consumption and a cumulative health impact from poor diet, housing and other health challenges that leave people more vulnerable to the damages alcohol causes.

Healthy Start

Alcohol can have a significant impact on the health of young people, even before they are born.

Regular or heavy alcohol consumption can be associated with unplanned pregnancy, infertility, miscarriage, pre-term labours, stillbirth, and other risk-taking behaviours. Drinking alcohol during pregnancy, particularly in the early stages, carries a risk of Foetal Alcohol Spectrum Disorder.

For that reason, the relationship that young people have with alcohol is important from an early age, particularly for young women who may go on to become mothers at some point in their lives.

Foetal Alcohol Spectrum Disorder (FASD)

Drinking alcohol during pregnancy could result in a woman having a baby with a range of birth defects and development disabilities which are life-long and for which there is no cure. The broad term used to describe these range of problems is Foetal Alcohol Spectrum Disorder (FASD).

It is a spectrum of behavioural, emotional, physical and neurological symptoms arising in the developing foetus due to a woman drinking alcohol during pregnancy. Alcohol is a toxin and a teratogen, which is a substance that disrupts the normal development of the baby and can even result in death. Alcohol in a mother's blood stream passes freely through the placenta to the developing child - and as the foetus does not have a fully developed liver, it cannot filter out these toxins. The more, and the more often, a women drinks, the greater the risk.

FASD, which may often go unnoticed or misdiagnosed, is a lifelong condition that has a devastating impact on individuals and families and the cost to society is profound. Alcohol produces, by far, the most serious neurobehavioral effects in the foetus, more than any other substance of abuse such as heroin, cocaine and marijuana.

In recent years, there has been a significant rise in the number of women of childbearing age who consume more than six units of alcohol on at least one day in the week. The amount of alcohol consumed by pregnant women is considered to be underestimated because the data relies upon self-reporting, which is unreliable.

FASD is completely preventable but cannot be cured. It is a leading cause of non-genetic learning disability in the UK.

It has been suggested that the incidence rate of FASD is higher than that of autism, Down's syndrome, cerebral palsy, cystic fibrosis, spina bifida and sudden infant death syndrome combined. FASD has been estimated to affect approximately 1% of live births in Europe.

Some women report that advice on alcohol consumption during pregnancy is difficult to understand and at time contradictory and as such recommendation 4 includes an action which aims to remove the risk of harm through the promotion of abstinence during pregnancy.

Breastfeeding

Anything you eat and drink while you are pregnant or breastfeeding can have an effect on your baby, including alcohol. Research shows that occasional drinking, such as 1-2 units once or twice a week, is not harmful to your baby while you're breastfeeding. However, drinking any more than this can cause problems, such as affecting the mother's 'let down' reflex (release of milk to the nipple area).

Alcohol clears from the mother's blood at a rate of about one unit every two hours. Therefore, if you do decide to have a drink, it's a good idea to wait for a couple of hours before breastfeeding.

Moderation is the key. Drinking any more than a couple of units at a time can affect your baby's development and reduce your milk supply. Small amounts of alcohol pass into breast milk, making it smell different, which may affect your baby's feeding, sleeping or digestion. To be on the safe side, some women choose to avoid alcohol altogether while they're breastfeeding.

Alcohol and young people

Children in Gateshead are growing up in an environment where alcohol is cheap, heavily marketed and available 24 hours a day, 365 days of the year – and the majority will have parents and grandparents who regularly drink alcohol. Within this context alcohol and alcohol use is ubiquitous and normalised. Although most young people only start drinking in their teen years, research shows that they start to believe media messages that alcohol is positive and desirable by the age of six. Our children also have more positive expectations about alcohol than their peers in Europe and they are least likely to feel that it might cause them harm.

In 2009 the Chief Medical Officer issued Guidance on the Consumption of Alcohol by Children and Young People (still current) – advising that an alcohol free childhood is the healthiest and best option. The recommendations included:

- Not drinking alcohol until the young person is at least 15 years.
- When consuming alcohol, 15 to 17 year olds should be in a supervised environment.
- 15 to 17 year olds should not consume alcohol on more than one day a week.

Adolescence is a time in which the brain is still developing and alcohol has potential to alter normal brain development within a still maturing brain. Alcohol misuse in adolescence has been linked to:

- Poorer memory
- Poorer decision making
- Impaired ability to understand the physical world around you
- Poorer ability to maintain attention
- Differences in brain sizes (may be more pronounced in adolescents who drink more heavily and in females)
- Differences in how parts of the brain connect and "talk" to one and other
- Changes to reward centres of the brain predisposing to liking alcohol more, leading to more frequent use and possible risk taking
- Increased risk of addiction in later life

Adolescents are less likely to try and avoid harm than other age groups and therefore more likely to go on to binge drink and experience alcohol use disorders. If the misuse of alcohol stops, the risk may be reduced. There is also some evidence that adolescents from families where heavy drinking is the norm will underestimate their own intake and interventions should consider the wider family context.

Although the proportion of young people choosing to drink alcohol across the UK has fallen consistently in recent years, levels of consumption in the North East as a whole remain higher than the national average according to research gathered by Balance. In addition to this, those under-18s who do choose to drink have started to do so in much greater quantities:

- In the North East 51% of pupils aged 11-15 have drunk alcohol (the highest figure in the country); England's average is 43%.
- The main sources of alcohol are parents and friends. Where an adult buys alcohol for someone under 18 years this is called proxy sales.
- Over the last 6 years there have been 2,855 alcohol-specific hospital admissions for under-18s in the North East;
- In the North East, approximately 660 under-18s were treated for alcohol dependency in 2009/10, around 320 of whom were under 16;
- 40% of 13-year-olds and 58% of 15-year-olds who have drunk alcohol have experienced negative consequences including smoking, taking drugs and unprotected sex.

In a healthy school survey in 2012/13, 4% of Gateshead primary school pupils aged 8-11 had an alcoholic drink in the previous week

For Gateshead secondary school pupils aged 12-15:

- 19% of pupils had at least one alcoholic drink in the last week,
- 9% of pupils said that they got drunk on at least one day in the last week,
- 2-3% of year 10 pupils drank 21 or more units of alcohol in the previous week,
- 3% of secondary pupils bought alcohol from an off-licence,
- Young people tell us that their parents or older friends / relatives buy alcohol for them.

Alcohol misuse affects families in many ways. A likely consequence of problem drinking is that the drinker's behaviour becomes unpredictable making it very difficult to plan anything and even familiar routines such as collecting a child from school may be compromised. Alcohol misuse tends to change the roles played by family members in relation to one another, and to the outside world leading to further uncertainty for the child. Communication is another aspect of family functioning which is often affected by alcohol and alcohol misuse relates to the kind of communications that takes place between family members.

Most people who have a parent with a drinking problem find talking about it to others very difficult. The problem is often simply seen as being too shameful to admit and the unpredictability so often associated with drinking problems, makes it very awkward to extend invitations to others to visit the family home, or to accept invitations to visit theirs and as a result the child may become increasingly socially isolated.

Parenting capacity is often affected when a parent is misusing alcohol. The parent may become increasingly focused on the alcohol, and therefore may become less loving, caring, nurturing or less consistent. There is an increased risk of parental violence and child neglect and abuse.

21 year old male, Felling, Gateshead -
"Alcohol was all around me when I was growing up. People drank at family BBQ's, parties, holidays, weddings and funerals It wasn't that people were completely drunk all the time on these occasions, but alcohol was always there. As a teenager I found it really hard as I thought everyone else was drinking and going out and that if I didn't I would be bullied. I feel at my age the dependency for alcohol stems from the need to both feel more significant amongst the group you are with or have the courage to open up on situations that maybe wouldn't have been if sober".

"An example of this was that when I was 15 my friend took a bottle of whisky from his parents' house and brought it round, he had no intentions of getting mortal but only wanted to seem cooler when he was the guy who pinched it from his parents and supplied it to us. After drinking around 3/4 of the bottle he ended up being incredibly sick. My mum was in the house and she ended up having to look after him".

"A lot of my friends drink regularly and particularly the ones who went away to university as drinking seems a massive part of this. Again I feel this goes back to the pressure of others and of the situations a student faces (such as exams, relationships etc.) I am now 21 years old and have many friends who get really drunk every week. It isn't made easier by the fact that the TV industry create shows such as 'Geordie Shore' that actively supports the need for drinking which ends up resulting in fighting and damage. Younger people are prone to believing this is OK behaviour just because of watching it on the TV. I can honestly say that I feel that drinking like this at my age is a regular part of everyday life as a younger person and you would be deemed strange if you did it any other way. I think this is how life happens for most 21 year olds in the North East".

As a result, the sorts of problems children might develop include; anti-social behaviour or conduct disorder, more aggressive behaviour (although some children will become quieter and more withdrawn), more delinquency, more temper tantrums, more truancy and more hyperactivity. Poor emotional health is a common feature which may include a wide range of psychosomatic problems from asthma to bed-wetting. The child or young person may also have negative attitudes to their parents, negative attitudes to themselves with high levels of self-blame and withdrawal, crying and depression. Within school children may display more problems, including learning difficulties, slow reading, low concentration and poor school performance. Again, conduct disorders may show themselves in the school setting via aggression or truancy.

Alcohol Concern has shown that alcohol is implicated in around two thirds of all serious case reviews and plays a part in around one third of all child abuse cases. Research suggests that children affected by alcohol misuse often go under the radar until the problem escalates to a critical extent as there is a lack of professional awareness alongside considerable stigma associated with the condition. Actions outlined under Recommendation 4 include a focus on increasing understanding amongst key professional groups of the impact that alcohol misuse has on children and young people.

Primary school teacher -
"People don't usually come into the primary school when they are drunk and instead send a friend or relative to collect the child. On the rare occasion that someone who has been drinking heavily visits school they may be loud, aggressive and unreasonable, creating a disturbing experience which the teacher has to deal with and protect the children from witnessing".

"Young children experiencing alcoholic behaviour in the home may become withdrawn, hiding their family 'secret' or alternatively play aggressively to work out their experience. They often require significant additional support and understanding at school. Sometimes teachers have to make decisions about whether an adult who is suspected of lunchtime drinking is capable of collecting and caring for their child, especially if they are intending to drive them home".

"Fairly frequently children talk about someone 'being at the boozy bar again' as a normal and acceptable occurrence. Frequent visits to 'family friendly' pubs can also result in very overweight children as they are placated with pop and crisps while the parents drink".

Working age

Health harms from alcohol include an increase in mortality, chronic disease prevalence and disability. Alcohol also has a disproportionate effect on more disadvantaged parts of society.

Major alcohol-related health conditions contributing to illness and death include:

Cancers: head and neck cancers, liver cancers, colorectal cancers and female breast cancer.

Neuropsychiatric conditions: alcohol dependence syndrome, alcohol abuse and depression.

Diabetes (protective and adverse effects)

Cardio Vascular Disease (CVD): Ischaemic heart disease, hypertensive disease, cerebrovascular disease (protective and adverse effects)

Gastrointestinal conditions: Liver cirrhosis and pancreatitis

Infectious diseases: tuberculosis and pneumonia

Maternal and perinatal conditions: Low birth weight and foetal alcohol syndrome

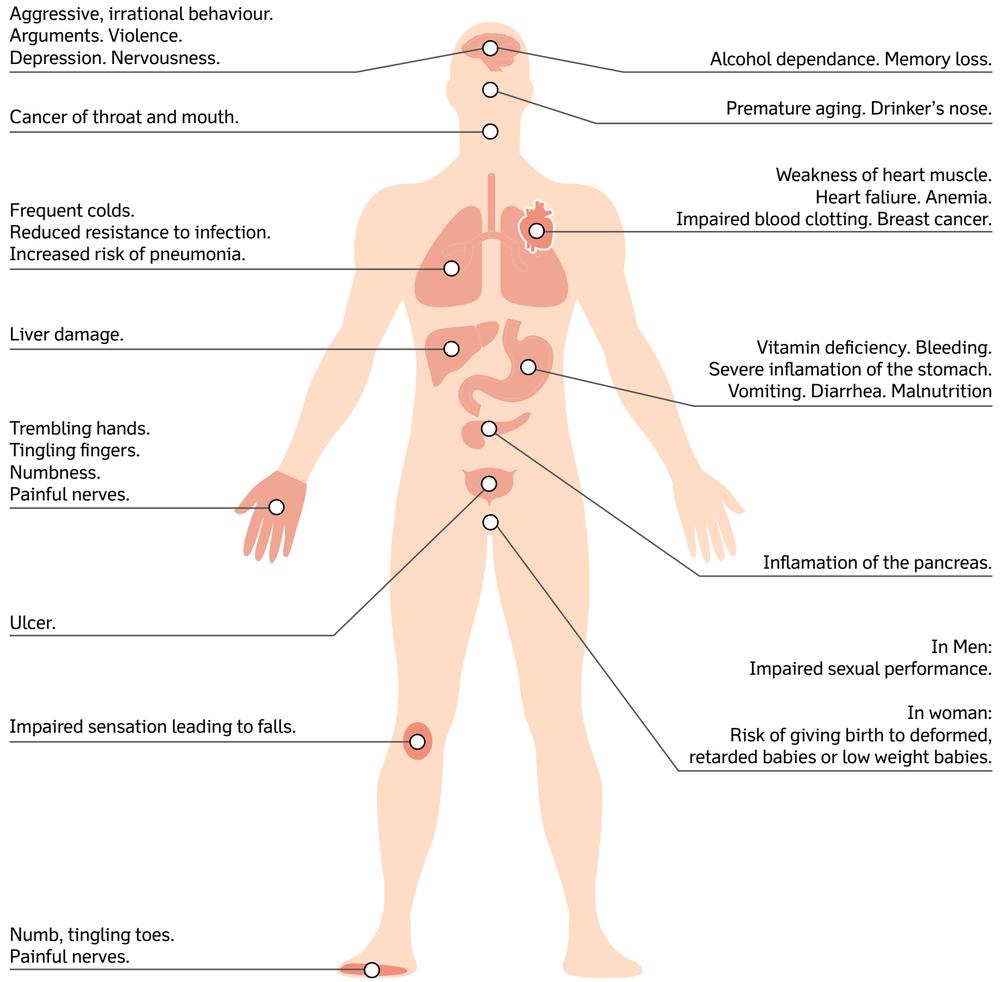
Acute toxic effects: Alcohol poisoning

Accidents: Road and other transport issues, falls, drowning and burning and occupational and machine injuries

Self-inflicted injuries: Suicide and self harm

Violent deaths: Assault injuries.

Alcohol impact on human brain and body



High-risk drinking may lead to social, legal, medical, domestic, job and financial problems.
It may also cut your lifespan and lead to accidents and death from drunken driving.

Alcohol-related liver disease

Less than 20% of individuals who misuse alcohol will develop alcohol-related cirrhosis no matter how much they drink or for how long. The factors which determine an individual's susceptibility to develop significant liver injury are unknown. However a number of factors which may determine the predisposition to develop alcohol-related cirrhosis have been identified both in relation to alcohol (dose, pattern, timing, beverage) and the individual (gender, age, ethnicity, constitution, genes).

The proportion of individuals who misuse alcohol and subsequently develop alcohol-related pancreatitis is unknown but is probably similar to the proportion that develop cirrhosis.

Alcohol and Cancer

There is convincing evidence that alcohol causes cancer in humans.

A study published in 2011 found that alcohol is responsible for around 4% of UK cancers, about 12,500 cases per year. The proportion of cases related to alcohol was highest for mouth and throat cancers (around 30%), but bowel cancers accounted for the greatest overall number of cases linked to alcohol (around 4,650 cases a year). Alcohol can increase the level of hormones such as oestrogen in the body and this may be a contributing factor to breast cancer.

- Alcohol can cause cirrhosis of the liver by repeatedly damaging the liver's cells. This in turn can cause liver cancer.
- Alcohol makes it easier for cancer-causing chemicals, such as those found in tobacco, to be absorbed in the mouth or throat.
- Tobacco is another cause of mouth, oesophagus (gullet) and liver cancers. Scientists have found that the effects of alcohol and tobacco together are much worse than either by itself.

Dual diagnosis

'Dual diagnosis' refers to people living with co-existing mental health and substance misuse problems. They often have complex needs relating to health, social, economic and emotional stressors or circumstances which can often be exacerbated by their use of drugs and/or alcohol. Conversely, psychological illness and psychiatric disorder may lead to substance use, harmful use and dependence.

- In the UK it is estimated that a **third** of patients in mental health services have a substance misuse problem, most of which is alcohol.
- At the same time, around **half** of patients in drug and alcohol services have a mental health problem (most commonly depression or personality disorder).
- In a major study of people involved in substance misuse treatment, one in five people reported recent psychiatric treatment.
- Prevalence of dual diagnosis is much higher amongst the prison population and psychiatric in-patients.

Parents and carers

There are 5.2 million carers in England & Wales, which equates to 10% of the total population (URL Carers UK). However, adult family members affected by a relative's substance misuse have been largely hidden, partly due to concerns about stigma but also because the focus has been first and foremost towards helping the person with the substance misuse problem.

The precise number of family members and carers that are affected by someone else's substance misuse is not known. However, research by ADFA, Supporting Families Affected by Drugs and Alcohol (2007) shows that at least 3 family members are affected by substance misuse at any one time. In addition, Velleman (2002) suggests that 'every substance mis-user will negatively affect at least two close family members' to the extent that they will require primary healthcare services.

By using these estimates, along with the estimated dependent drinkers, it is possible to suggest that there are around 27,000 family members in Gateshead affected by someone's alcohol dependency.

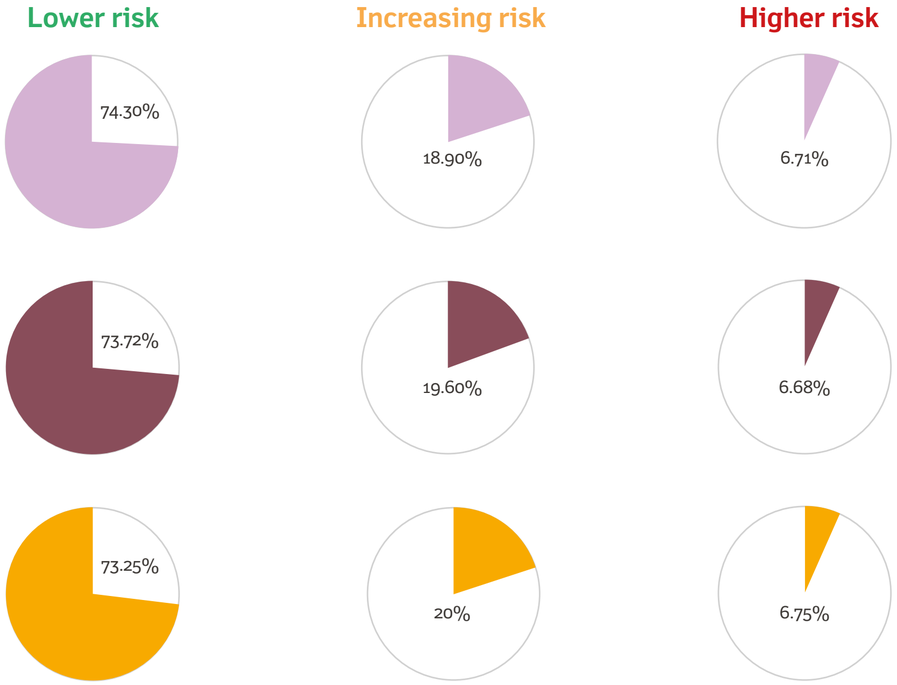
The devastating impact that substance misuse can have on the family and carers is well documented. ADFAM identified four key areas which are; fear and loss of control, anger and betrayal, guilt and responsibility and shame and isolation.

Drinking Prevalence and levels of harm

The drinking prevalence in Gateshead for the 16+ population is very similar to both the North East and the England rate. Data highlighted in the Local Alcohol Profiles for England (LAPE) is set out below.

Drinking Prevelance 16+ Population

Gateshead **North East** **England**



Further to the LAPE data the public opinion survey completed by BALANCE in 2013 suggests that up to 65,038 Gateshead residents are drinking at increasing and higher risk levels.

Calories in alcohol

A standard glass of wine can contain as many calories as half a bar of chocolate, a pint of lager has about the same calorie count as a packet of crisps, and a standard bottle of alcopop has the same number of calories as three teacakes.

A recent YouGov survey showed that the average wine drinker in England consumes around 2,000kcal from alcohol each month. Drinking five pints of lager a week adds up to 44,200kcal over a year, equivalent to eating 221 doughnuts. Wine, beer, cider and spirits are made from natural starch and sugar. Fermentation, and distillation for certain drinks, is used to produce the alcohol content. This process explains why alcohol contains lots of calories – seven calories a gram which is almost as many as a gram of fat.

A pint of 5% strength beer	A standard glass (175ml) of 12% wine	A glass (50ml) of (17%) cream liqueur	A standard bottle (330ml) of 5% alcopop	A double measure (50ml) of 17.5% fortified wine
				
Calories (kcal)	Calories (kcal)	Calories (kcal)	Calories (kcal)	Calories (kcal)
170	**126**	**118**	**237**	**65**

Perceptions in the Gateshead Community

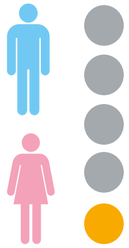
In 2013 the regional alcohol office (BALANCE) commissioned a perceptions survey in an attempt to gain greater understanding of the issues for the North East. Each local authority participated and 203 people from Gateshead were surveyed. The findings of this survey reinforce the need to address the harmful effects of alcohol. Binge drinking was of particular concern in Gateshead as levels were significantly higher than the regional average, as was acceptance of 'drinking to get drunk'. There was also a significantly higher level of concern around the amount of alcohol individuals consumed.

The survey showed generally good awareness of the link between alcohol consumption and cancer, though a substantial minority were not aware of the link. Of concern, levels of awareness were lowest among highest risk drinkers. There was a clear and strong perception in Gateshead of the need to protect children from alcohol. As such, levels of support for banning the pre-watershed advertising of alcohol and restricting alcohol advertising in cinemas was very high, and significantly higher than the regional average.

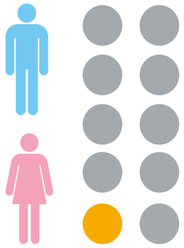
There was good recognition of the association between availability of alcohol, and levels of consumption. Despite this, support for restricting availability was lower than the regional average. Conversely, placing restrictions on the display of alcohol in supermarkets was strongly supported.

What do we drink?

Remarkable and sudden shifts in increasing alcohol consumption have taken place in recent decades. People in the North East drink more alcohol, more often, than the England average.



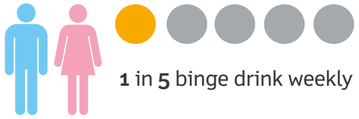
1 in **5** Gateshead residents drink 2 - 3 times per week



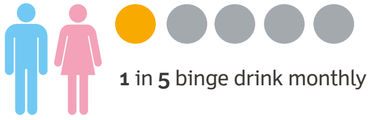
1 in **10** drink 4 or more times per week.

Two thirds of Gateshead respondents had **1** or more episode of binge drinking in the last 6 months

Just over half of all North East respondents had **1** or more episode of binge drinking in the last 6 months

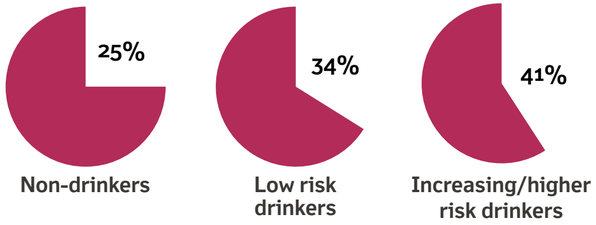


1 in **5** binge drink weekly



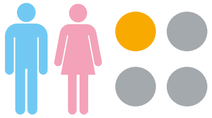
1 in **5** binge drink monthly

Gateshead respondents were categorised as



1 in **6** drinkers is concerned about the amount of alcohol they drink.

1 in **4** have thought about reducing their alcohol intake.



1 in **5** think getting drunk is acceptable in Gateshead

1 in **10** think it is acceptable to get drunk in the North East.

Impacts of alcohol at Accident & Emergency

Consultant in Emergency Medicine at the Queen Elizabeth Hospital in Gateshead, Bob Jarman

"At the A&E here we see around 220 patients each day and the walk in centre sees an additional 80. Alcohol is implicated in a reasonable proportion of incidents that result in people attending."

"We see an array of everything, often including the result of people who have been drinking in a harmful way, who usually attend during the night time shifts, as well as chronic abusers of alcohol."

"Patients who are drunk are very difficult to treat - it can take a lot longer to assess and manage them and their behaviour can be disruptive to the staff and other unwell patients in attendance. Patients who come in under the influence of alcohol can also be accompanied by others, which can also present a cohort of challenging behaviours. We often have to call on security staff and the police to support hospital staff, which has costly implications to other services."

"Chronic drinkers are generally chaotic by the time they reach us and they can be very sick. Sometimes they have other underlying health needs or serious injury that are more difficult to diagnose because it's harder to assess them - they might be malnourished or have suffered a head injury or fall, for example - and they are often more susceptible to other illnesses. We see a lot more young people with risky drinking habits these days - they are a lot more vulnerable and subsequently prone to abuse - at A&E we often see the end results of that."

Healthy Ageing

10 million people in the UK are over 65 years old. The latest projections are for 5½ million more elderly people in 20 years' time and the number will have nearly doubled to around 19 million by 2050. While one in six of the UK population is currently aged 65 and over, by 2050 this will be one in four.

Within this total, the number of very old people grows even faster. There are currently three million people aged more than 80 years and this is projected to almost double by 2030 and reach eight million by 2050.

What's different about alcohol for older people?

There is limited published literature in relation to alcohol risk and harm in older people. Alcohol problems can occur in later life and are associated with notable social, psychological, physical and economic consequences. There are specific factors which can lead to an increased vulnerability to alcohol-related harm for an older person.

Muscle is replaced by body fat as people age. Alcohol is not drawn into body fat as well as it draws into muscle, therefore, the same amount of alcohol may produce a higher Blood Alcohol Concentration in older than in younger people. In addition, activity of the enzyme which breaks down alcohol is significantly reduced in older people and there is decreased blood flow to the liver. Alcohol also produces a more rapid depressant effect on the brain and older people are particularly sensitive to the toxic effects of alcohol on the brain. Alcohol interacts negatively with many medications often prescribed to older people.

Evidence-based research estimates that around 60% of older people admitted to hospital for confusion, falls at home, chest infections and heart failure may have unrecognised alcohol problems. Consequently the influence of alcohol should be considered among patients who regularly present with unexplained falls, those whose physical or mental health fluctuates and those whose health improves whilst they are hospitalised but deteriorates when they return home.

People with excessive alcohol consumption of more than 2 units per day have a 40% increased risk of sustaining an osteoporotic fracture compared to people with a moderate or no alcohol intake. High intakes of alcohol can cause secondary osteoporosis due to direct adverse effects on bone-forming cells, on the hormone that regulates calcium metabolism and poor nutritional status with calcium, protein and vitamin D deficiency.

The issue of alcohol harm and older people is particularly pertinent in the North East where the population is significantly older and has a higher rate of risky drinking than the rest of England. Despite the fact that instruments to detect problem drinking generally perform well in older populations problem drinking often goes unreported. Furthermore older people are one of the least well-informed groups about alcohol units and there is little evidence regarding the effects of education campaigns.

Research has identified 3 different types of older drinkers:

- **Early onset drinker** - experienced long term, continuing alcohol-related problems throughout life, 'surviving' into older age
- **Late onset drinker** - began problematic drinking later in life, often around age 50 - 60 years, typically in response to stressful or traumatic events such as retirement, bereavement, social isolation or pain
- **Intermittent** or **binge drinker** - occasional drinker who sometimes drinks to excess

What influences alcohol use in older people?

- Disruption to lifestyle - social isolation and loneliness, long term ill health, retirement, bereavement
- A coping mechanism to alleviate physical pain or anxiety, stress and depression
- To manage symptoms of existing physical and psychological conditions such as poor sleep, incontinence, confusion, poor balance and falling. Alcohol use can itself further aggravate these.
- In some areas, a high disposable income and increased leisure time in retirement

What stops older people accessing alcohol services?

- Stigma and widely held stereotypes of 'older people' and 'alcohol users'
- Many older people are not comfortable discussing their alcohol use with GP and under-report it
- Unaware of the services available for support or advice
- Concern about losing the sociable or enjoyable aspects that drinking gives their lives
- They feel they can still function at a high level or drink discreetly
- They consider it to be too late to try and moderate excessive drinking
- They perceive that health services prioritise younger drinkers
- Less pressure to give up drinking - fewer family responsibilities and no pressure to go to work each day

Community safety

Alcohol is a significant factor in crime and disorder, costing the English economy between £9-15 billion a year. Nationally, alcohol misuse contributes to approximately 1.2 million incidents of violent crime annually and around half of all violent incidents take place at the weekend when binge drinking is most prevalent, with 66% of stranger violence and wounding offences taking place between midnight and 6am.

Strikingly, alcohol-related offences committed by women have increased by as much as 1000% over the last five years and statistics show that rates of alcohol consumption are particularly high amongst women in the North East:

- Nationally, almost half of all violent crime and 39% of domestic violence is alcohol-related
- In 2011 there were a total of 390 casualties as a result of drink driving in the North East, 50 of which resulted in death or serious injury
- At least 95% of north easterners associate alcohol consumption with anti-social behaviour, crime and violence and domestic abuse
- More than eight in ten north easterners associate alcohol consumption with being a victim of crime
- More than seven in ten north easterners think that people being drunk and rowdy in public is a 'fairly big' or 'big' problem

The evidence base coordinated by Balance, the North East Alcohol Office, shows that alcohol and crime are strongly linked, with officers working on frontline services seeing the relationship between the two on a regular, if not daily, basis.

National research shows that:

- As alcohol consumption increases, so does violent offending
- Over 570 alcohol-related crimes are recorded every day in the North East
- 50% of all violent crime in the north east is alcohol-related
- Alcohol is linked with 40% of domestic abuse cases
- People who drink before going out for the night are more likely to be involved in a fight

A perceptions survey conducted by Balance with front line police officers across the north east shows that front line officers estimate that 60 to 70% of their weekly work load is spent dealing with alcohol-related crime. Alcohol is also considered as a big risk factor in the job of front line policing and is seen to account for 80% of the risk faces by officers performing duties.

Economic Harm

Economic harm from alcohol is primarily related to the level of disruption to the economy as a result of alcohol misuse. From the economic perspective, alcohol is considered as contributing to the economy in terms of creation of jobs at a local level, revenue from sponsorship and taxation at a national level. This aspect is often used as an argument for not imposing further restrictions on alcohol availability, price and promotion. However, what isn't often considered is the balance of harm and positive impacts for the economy. Evidence suggests that alcohol harm costs the economy around £416 per head of population every year. Specifically consideration of this includes:

- Worklessness
- Presenteeism (people who attend work but are unfit for duty as a result of excessive consumption)
- Sickness absence

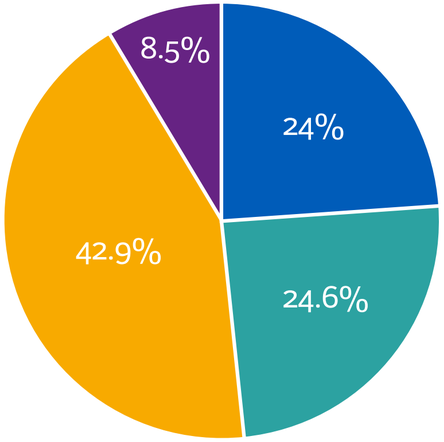
Financial impact of alcohol harm

Alcohol harm presents a significant financial pressure across the entire economy in Gateshead. In Gateshead, the total cost of alcohol harm is estimated at **£82.98 million** per year.

The diagram below demonstrates how this total cost is broken down into the different elements

Cost overview:

NHS:	£19.89m
Crime and licensing:	£20.44m
Workplace and economy:	£35.62m
Social Services:	£7.04m
Total:	**£82.98m**



Cost per head:

Gateshead:	£433
North East:	£419
National:	£416

The cost of alcohol-related hospital admissions

The Department of Health Hospital Episode Statistics (HES) data has demonstrated the cost of alcohol-related hospital admissions. The tables below sets this out for Gateshead.

Alcohol-related hospital admissions (2011/12 - dsr per 100,000 population)

	Male	Female	All (M & F)
Total	**3,213**	**1,795**	**5,008**

The related cost of hospital admissions for Gateshead

	Male	Female	All (M & F)
Total	**£6,541,227**	**£5,304,011**	**£11,845,238**

A report from Balance on the cost of alcohol-related liver disease hospital admissions for Gateshead GP practices for 2011/12 has shown a total cost of £929,566 and relates to 379 admissions.

Chapter 3

The Approach to Alcohol Policy across the population.

This chapter outlines how national policy on licensing, price and promotion affects the availability and consumption of alcohol. It sets out a brief history of the approach to addressing consumption at a population levels and considers opportunities that have the potential to make a significant impact on reducing alcohol-related harms.

History of regulation and policy

"In 1851 one in every 168 people of Gateshead was convicted of drunkenness, but in all fairness it was pointed out that 'the Gatesiders, … are not disorderly in their cups, but go pretty quietly along the streets when drunk." **(A Short History of Gateshead, I.C.Carlton)**

History

19th century — Licensing laws began to restrict the availability of alcohol

1914 — Parliament agreed to the 'Defence of the Realm Act' which introduced restricted opening hours for licenced premises (12noon–14.30pm and 18.30–21.30pm)

1950's — A strict licensing system was developed in the UK with a particular focus with on-trade drinking. Alcohol policy across Europe varied from focusing on measures to protect public health, such as restricted availability and high taxation to more commercial interest.

1980's — UK laws became less restrictive allowing consumption in pubs from 11am until 11pm and later for nightclubs.

2005 — The responsibility for licencing premises to sell alcohol moved to the Local Authority.

2006 — Parliament replaced previous licensing laws in England and Wales that were regulated under different Acts into one system covering a range of regulated activities. Rules as to when establishments' can open, for how long and under what criteria are now individual to each premises. Under this Act it is possible for premises to have a licence which is for continuous permitted hours thus enabling 24 hour drinking.

Most alcohol policy in the UK over the last century has been incremental and respectful of an individual's right to drink in moderation.

However over the past 50 years considerable progress has been made in building the body of evidence on alcohol harm. This evidence clearly demonstrates the correlation between increasing levels of consumption and the harms associated with alcohol use. Despite this evidence, more recent development of alcohol policies across European Union member states has resulted in a decrease in control over production, distribution and sales alongside an increased focus on demand and the individual drinker. This shift in focus has led to the introduction of counter-measures such as drink driving laws and alcohol education aimed at reducing harm at an individual level.

There are three key issues which particularly impact on alcohol consumption at a population level. They are:

- Place (availability)
- Price (affordability)
- Promotion

Place (availability) / Regulation

The licencing of the places where alcohol is sold and by whom are a concern to public health. Businesses, organisations and individuals who want to sell or supply alcohol in England and Wales must have a licence or other authorisation from a licensing authority to do so. The law and policy governing this area is overseen by the Home Office.

However, despite the clear evidence which demonstrates that availability of alcohol influences consumption, the ability to directly address alcohol-related health harms is limited within the current licensing system.

UK licensing legislation has previously been viewed as a strategic tool for controlling availability; however, in recent years, the liberalisation of the licensing laws has led to a situation in which alcohol is available 24/7, 365 days of the year, in locations as diverse and surprising as petrol stations, motorway cafes and children's soft play areas. Modifying the drinking context through strategies such as cumulative impact polices (to reduce the prevalence of outlets), early morning restriction orders and late night levy's are starting to demonstrate emerging evidence of impact across the country.

Under the current regulation there are four licensing objectives which include:

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

The types of authorisations that may be considered are:

- Premise's licence (e.g. public house, restaurant, off-licence)
- Club premise's certificate (e.g. members' club)
- Temporary event notice

There is a presumption that a licence will be granted unless it can be shown to breach one of the four objectives. However, areas under particular stress may be designated as a 'cumulative impact area' in which the presumption to grant is reversed.

While licences will in the normal course of things be granted if they are not seen to breach any of the four objectives of the Act, a number of limitations can be used to safeguard the public good (from a public health perspective). These may include:

- **Night time levy** - where premises are charged to stay open beyond a certain hour, this revenue is received by the police and local authority to help pay for the extra work necessary.
- **Early morning restriction order** – under which a small area where there is evidence that the objectives of the Act are being undermined is defined and opening hours restricted.
- **Designated public place order** - giving police officers discretionary powers to require a person to stop drinking and confiscate alcohol or containers of alcohol in public places.
- **Consider not allowing late opening of premises near large events** e.g. festivals.

The application of these limitations depends on the context. Legislation in respect of the first two points above is very much focussed towards city centres with a large number of pubs and nightclubs. These provisions do not necessarily lend themselves to the kind of issues experienced in Gateshead.

One of the key issues in relation to regulating licensed premises is to ensure evidence is collated on any problem premises and a review sought if negative impacts are found.

Gateshead Council Trading Standards and Northumbria Police carry out joint underage sales test purchase operations. In the last 12 months the team has completed 69 test purchases in which eight underage sales were made. As a result of this activity the investigations into the offences commenced with sellers and owners being invited in for interviews. The outcome of this has been four prosecutions, two pending, one license revokation and the issue of two fixed penalty notices.

The licensing team and police work closely on joint visits to premises to ensure they are complying with legislation. Data and intelligence received from a number of sources ensures that premises of concern are targeted. There is also the opportunity to work voluntarily with licence holders in partnership with the police to introduce campaigns such as reducing the strength - where premises selling high strength alcohol are asked to voluntarily remove such products from their shelves. Gateshead should pilot this approach in relevant areas over the next year and evaluate the results. This could be linked with the work of Community Alcohol Partnerships which will bring a focus in relation to local evidence of issues and problems, and engage local people in solutions to address them.

Price

As with availability, there is clear evidence to demonstrate that price significantly influences levels of consumption. Alcohol taxes have not risen in line with inflation and as a result alcohol is more affordable with some research showing that it is 61% more affordable today than in 1980.

Alcohol is available for pocket money prices and cheap, high strength alcohol is widely available for as little as 6p per unit. For £4 you can buy enough white cider to exceed the recommended weekly limit for a man. It is accepted that it is often the more vulnerable people within a community that tend to use this type of alcohol. Research shows that young people are particularly price sensitive and buy the cheapest, strongest types of alcohol.

All the independent evidence tells us that getting rid of the cheapest, strongest alcohol would have the most impact as it is typically consumed by young people and those drinking at harmful levels.

The most targeted, effective solution is to increase the price of the cheapest, strongest, most harmful alcohol. Minimum unit pricing sets a baseline price for alcohol, below which it cannot be sold, e.g. if the minimum unit price for alcohol was 45p then a bottle of wine containing 10 units could not be sold for less than £4.50, whilst a bottle of whisky containing 28 units would have a minimum price of £12.60.

The introduction of a Minimum Unit Price (MUP) of 50p for alcohol would eliminate the cheapest alcohol from our supermarket and off-license shelves and protect the most vulnerable groups across the North East.

In sharp contrast to claims made by the alcohol industry, the effects on low income moderate drinkers would be minimal - an estimated increase in spending of just 4p per year. At the same time, MUP would potentially reduce alcohol consumption amongst the lowest income, most harmful drinkers by approximately 300 units (or over 100 pints of premium lager) per year. In so doing it would save lives, with the greatest impact in the lowest income groups.

Minimum price is already working in Canada. Figures from British Columbia indicate that a 10% increase in average minimum price would result in a fall in consumption of 8%, a 9% reduction in alcohol-specific hospital admissions, a 32% reduction in wholly alcohol-caused deaths and a 10% fall in violent crime.

In July 2013, the Government announced that it would no longer pursue MUP in England (although the Home Office has stated that MUP would remain a policy option for the future). Instead the Home Office announced a ban on the sale of alcohol below the price of duty plus VAT – a measure estimated to be 50 times less effective than a MUP set at 45p per unit. Under the new policy, the average price of alcohol sold by supermarkets would be expected to rise by just 0.1%. For example, beers at 4% ABV could still be sold for 40p per 440ml can, a 700ml bottle of spirits at 40% for £9.49 and a two litre bottle of strong cider at 7.5% for as little as £1.43.

Concern has also been raised regarding the apparently increasing political influence of sections of the alcohol industry, as evidenced through a recent British Medical Journal Report 'Under the Influence', which highlighted evidence that big business was instrumental in the decision to abandon MUP. It is estimated that a MUP of 50p in Gateshead would, as a minimum, save at least 7 lives per year, reduce incidents of crime by 138 and save the economy £3 million per year after 10 years.

Promotion

Promotion plays a big part in increased consumption and consequently increased harm. We know that the alcohol industry spends a massive £800 million a year on marketing alongside a proliferation of alcohol promotions in supermarkets across the country every week. When it comes to alcohol advertising, the UK is amongst the most relaxed in Europe in terms of regulation. Liberal measures to minimise control of alcohol advertising has resulted in a saturation of alcohol advertising in supermarkets, sporting events, cultural events and TV.

It is widely accepted that marketing of products, including product placement, has a significant impact on purchasing behaviour. Adverting and promotional offers significantly affect consumer choices and, as a consequence, contribute to an increase in consumption and alcohol-related harm.

In Scotland, licensing legislation requires that displays of alcohol for consumption away from the premises must be confined to a single area of the store. This has been in response to a growing concern that alcohol displays on the ends of aisles, directly inside the shop doorway, and next to everyday groceries, encourage consumers to think of alcohol as an ordinary commodity rather than a potentially harmful drug. In England and Wales, there are currently no such requirements.'

Alcohol marketing has been shown to have a particularly detrimental impact on young people, encouraging them to drink earlier and consume more once they've started. It is both the content and volume of advertising and marketing that poses a problem.

In 2013, an assessment by RAND Europe of young people's exposure to alcohol marketing through television and online media found that young people in the UK (aged 10–15 years) were exposed to 11% more alcohol advertising than adults. Alcohol advertising portrayals on television in the UK frequently included content considered appealing to young people, particularly through the use of popular music and characters.

Alcohol sponsorship also continues to be a routine part of our lives, with huge cultural and sporting events such a 'T-in the Park' (sponsored by Tennants) and the FA Cup (sponsored by Budweiser) appealing to thousands of young people.

In the recent alcohol perceptions survey of Gateshead residents, placing restrictions on the display of alcohol in supermarkets was strongly supported. There was also a clear and strong perception in Gateshead of the need to protect children from alcohol. As such, levels of support for banning the pre-watershed advertising of alcohol and restricting alcohol advertising in cinemas was very high, and significantly higher than the regional average.

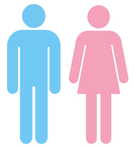
Conclusion

As a result of this increase in availability, affordability and promotion there have been massive shifts in levels of consumption. Since the 1950s, the average annual intake of alcohol per adult in the UK has almost doubled from five litres in the 1950s to 9.65 litres in 2012/13. All of the policy changes have contributed to a striking increase in alcohol-related harm and the north east and Gateshead suffers disproportionately, with some of the highest rates of alcohol-related hospital admissions, mortality and morbidity.

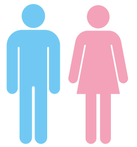
There is no single solution to tackling alcohol-related harm. We need a package of measures to limit the affordability (price), availability (place) and promotion of alcohol. Alcohol harm needs to be addressed through a comprehensive policy and action at a range of levels targeted at different sections of the population.

Local government, supported by public health teams, can influence harm by designing, implementing and lobbying for evidence -based policies for reduction of alcohol-related health harms through:

- **Controlling affordability – lobbying Government for a Minimum Unit Price of 50p**
- **Restrictions on marketing and promotion at a local and a national level**
- **Regulating the physical availability of alcohol and modifying the drinking context through licensing and lobbying for changes in the Licensing Act alongside consideration for the feasibility of local measures.**



1 in **3** people support greater restrictions on opening hours for pubs, clubs and off-licenses



2 in **5** people felt that alcohol was sold too freely in their areas

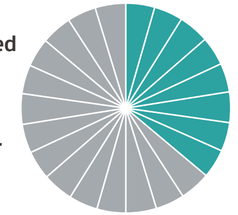
A majority of respondents felt that it was unacceptable to sell alcohol in untraditional locations, such as soft play areas and motorways service stations. *North East Public Perceptions Survey*

Gateshead has one of the highest densities of on and off-license premises per head of population in the country. It is constantly monitored.

472 premises licensed to sell alcohol

22 off-licensed premises,

8 premises with 24- hour licenses.



Recommendations two and three of this report relate specifically to how the council may respond to the challenges set out in this chapter.

Chapter 4

Alcohol - Interventions and services to tackle alcohol harm across the life-course in Gateshead

This chapter sets out the current work of Gateshead Council to minimise the harms related to alcohol and promote a more balanced approach to drinking within Gateshead. Work to address alcohol harm is undertaken by a wide range of partners including the third sector, communities of interest (e.g. AA), the police, the fire service, schools and the NHS. This chapter predominantly focusses on the action undertaken by the council

Currently there are a number of work streams across the council and indeed the region that work to reduce alcohol harms. In Gateshead a multi-agency Substance Misuse Strategy group has been established for some time. The group is responsible for the development and delivery of a strategy to prevent alcohol misuse, which is a statutory requirement under the Community Safety Board. The Health and Well-being Board is also concerned with alcohol misuse and particularly the harm evident at a population level. Consequently the group currently has reporting arrangements to both key boards. Key areas of focus for the strategy include:

- Lobbying on effective measures at a population level such as Minimum Unit Price.
- Safeguarding for children affected by parental alcohol misuse, and education in schools and youth and community settings.
- The creation of Community Alcohol Partnerships to support local communities in tackling alcohol harm with a focus on anti-social behaviour.
- Public Health commissioning of workforce development, screening and brief intervention, and treatment services (for adults and young people).
- Public health communications and commissioning of the regional alcohol office BALANCE.
- Support for Licensing Committee and undertaking the licensing role, planning and environmental health.
- Housing and Social Care related support.

Further to the work at a local level, there is a range of action at a regional and national level including:

- Public Health England – Supporting links to the regional and national Public Health England teams, Department of Health and other government departments.
- BALANCE – the UK's first regional alcohol office supporting local authorities with accessing the evidence base, facilitating wider networks (e.g. regional alcohol champions), lobbying and mass media campaigns, commissioned by Public Health teams across all 12 North East local authorities.
- The Responsibility Deal – the Government has collaborated with the alcohol industry to produce a series of 'pledge's' aimed at creating a more responsible retail approach. The Faculty of Public Health has withdrawn from the Government's Responsibility Deal based on it's members' belief that government policies are putting the interests of industry ahead of improving people's health.

Vulnerable communities

Particular geographical communities and communities of interest, such as older people, young people, veterans and those with mental ill-health may be more vulnerable to alcohol harms. Work to safeguard these communities includes:

- Education and persuasion strategies such as social marketing
- Workforce development
- Reducing proxy sales (adults buying alcohol on behalf of underage children)
- Community safety initiatives
- Early identification and treatment of people who can be helped by brief intervention, and those with more harmful, hazardous or dependent drinking who require more support.

Treatment and intervention services for young people

Public Health commissions local services that provide advice and information to young people over the age of 13 based on drug and alcohol-related issues. Services include:

- Individual assessments and treatment interventions
- Education for young people
- Training and awareness raising with professionals e.g. teachers
- Support for parents and outreach work

The service takes referrals from a range of sources including Accident and Emergency, Gateshead Youth Offending Team, schools, colleges, children's homes, youth and community services and the police.

Young people who are referred either by A&E (following admission to hospital for intoxication or alcohol-related injury), or by youth offending and youth crime prevention teams are automatically offered an appointment where they will be provided with overdose education as well as other interventions linked to offending behaviour, if appropriate. Everyone referred is offered a holistic health assessment by the nurse.

Useful techniques to influence adolescents' relationships with alcohol include:

- Motivational interviewing
- Mindfulness
- Contingency management.

Targeted education sessions around alcohol are provided to secondary schools, college students, children's youth and community services as part of early intervention around alcohol. Drop in sessions are also linked in with school health and are available in several secondary schools across Gateshead.

Education work around alcohol will also often link into sexual health, risk-taking behaviour, sexual exploitation and self-harm.

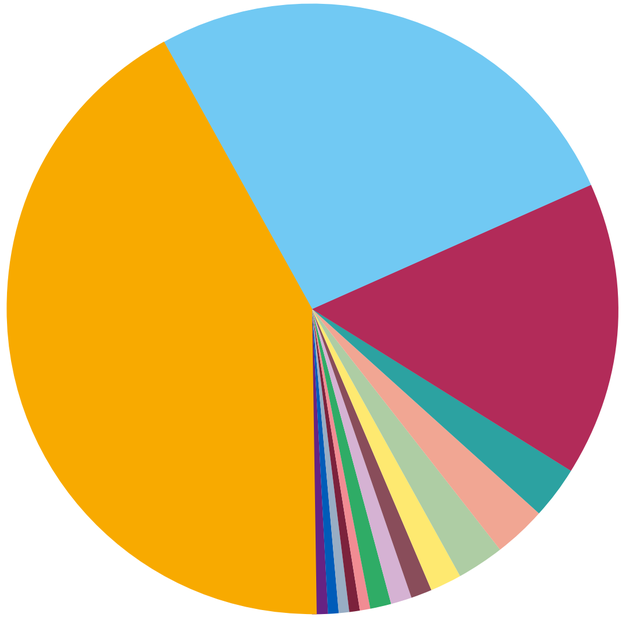
Shaun Tumelty, Team Manager, Gateshead Youth Offending Team

"Alcohol is a significant factor in many offences committed by children and young people. A young person may drink and then commit crime, such as assault and disorder, or they may commit a crime such as theft in order to finance their drinking.

"When alcohol is considered to be a contributing factor to a young person's likelihood of offending or reoffending, we obtain support from specialist staff commissioned from the substance misuse service to work with them individually. This is part of an overall plan to reduce the risks posed by any future offending and harm the young person may cause to others or themselves. Gateshead has the second lowest rate of reoffending in the North East."

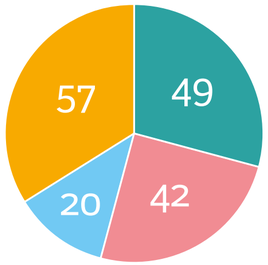
Referrals for alcohol into the young people's service from 01 May 2013- 01 May 2014 totalled 173, from 166 clients. Approximately a quarter of all appointments made are not kept. Referrals include:

A & E	73
Youth Offending Team	46
Crime Prevention	27
Self	5
Children and Family Services	5
Family Intervention Team	4
Primary Care	3
Young Carers/ Crossroads	2
Relative	2
Universal Education	2
Looked After Children	1
Child and Adolescent Mental Health	1
General Practitioner	1
School Nurse	1
Young People's Treatment Provider	1
Total :	**173**



Young people may have experienced several interventions at any time during their treatment. The main intervention is recorded below:

- Psychosocial intervention
- Harm reduction
- Brief intervention
- Multi-agency working



Treatment and intervention services for working age adults and older people

Alcohol Identification and Brief Advice (IBA)

IBA is a way to identify people whose health is at risk as a result of their level of alcohol consumption and to encourage them to reduce their consumption. It is intended for use with general populations, not for those already receiving help for a recognised alcohol-related problem. It is also sometimes called Screening and Brief Intervention (SBI). The majority of excessive drinkers are undiagnosed and often they present instead with symptoms or problems that would not normally be linked to their drinking.

The screen identifies harm by using a validated series of 10 questions (AUDIT – Alcohol Use Disorders Identification Test) to identify people who are not dependent on alcohol but whose alcohol use puts them at risk of health harms. Those screening high on the AUDIT are provided with five minutes of brief advice to encourage reduced drinking.

Evidence shows that IBA is an effective primary care intervention to reduce levels of alcohol consumption. It is estimated that for every 8 brief interventions at least one person will reduce their alcohol consumption.

This reduction in alcohol consumption reduces the risk of subsequent impacts upon health.

Alcohol Use Disorder Identification Test

Domains	Question Number	Item Content
Hazardous Alcohol Use	1 2 3	Frequency of drinking Typical quantity Frequency of heavy drinking
Dependence Symptoms	4 5 6	Impaired control over drinking Increased salience of drinking Morning drinking
Harmful Alcohol Use	7 8 9 10	Guilt after drinking Blackouts Alcohol-related injuries Others concerned about drinking

Table 1 - The Alcohol Use Disorders Identification Test, Guidelines for Use in Primary Care (Second Edition), World Health Organisation , Department of Mental Health and Substance Dependence (2001)

Gateshead Council's Public Health Team leads on commissioning Alcohol Identification and Brief Advice training for a wide range of Gateshead staff and volunteers including youth and community learning workers, community and voluntary sector staff, hospital staff, junior doctors, GPs, practice nurses, healthcare assistants and pharmacy staff. Participants who attended training in previous years are offered a one hour refresher course.

Brief advice consists of two different approaches:

- Simple structured advice which seeks to raise awareness and practical steps on how to reduce drinking behaviour and its adverse consequences, and
- Extended brief advice generally involving patient-centred counselling techniques which give the person the opportunity to explore their alcohol use, motivation, past experiences and strategies for change.

General practices in Gateshead that signed up to the local alcohol contract with Gateshead Council delivered 3,023 brief interventions in 2013/14. These practices can screen any or all patients and receive a payment for each Brief Intervention completed. Currently 20 out of the 32 general practices in Gateshead are signed up to the local scheme.

In 2013/14, over 6000 brief interventions were recorded in both general practice and Gateshead NHS Foundation Health Trust (the actual number completed will be higher but data is only recorded on brief interventions from these two sources). This shows that 9% of those people in Gateshead drinking at potentially increasing or higher risk levels received a brief intervention in the last year. Using the evidence of effectiveness, it is possible to estimate that around 750 people will have gone on to reduce their consumption.

Community Alcohol Partnerships (CAP):

In response to areas in Gateshead that have been identified as specific hot spot locations for issues connected to alcohol-related anti social behaviour and young people drinking, Community Alcohol Partnerships have been established. These partnerships bring together, communities, local retailers and licensees, trading standards, police, health services, education providers and other local stakeholders to tackle the problem of underage drinking and associated anti-social behaviour. CAPs have been shown to be more effective than traditional enforcement methods alone.

Three CAPs are operating in Gateshead to address both supply and demand and reduce underage drinking through enforcement, education and altering public perceptions. They have a focus on underage and proxy sales, proof of age schemes, underage drinking, alcohol-related anti social behaviour and littering, public perceptions and alcohol education programmes for parents, young people and retailers.

Gateshead A&E - Alcohol-related violence project

A large number of assaults, particularly those which are deemed to be alcohol-related, often require medical treatment in local Accident and Emergency Departments. However, it is estimated that between 30-50% of such violence continues to go unreported to the Police. As such, Accident and Emergency Departments are in a unique position to be able to collect and share detailed information on 'unreported' assaults.

A nationally-recognised approach called the 'Cardiff Model' has been designed to improve the sharing of data and information between Accident and Emergency departments and Community Safety Partnerships. The information is used to help reduce the burden on Accident and Emergency departments and support enforcement and preventative activities.

Since January 2010, Gateshead has collected Cardiff Model data on incidents of violence from the Queen Elizabeth Hospital. Data is also now collected from the walk in centres.

In 2013/14, there were 710 presentations at A&E following suspected alcohol-related assault. Of these, more than seven in 10 were males (506). Almost a fifth of individuals were aged between 20 and 24 years (135 presentations). This differs depending on gender; the highest proportion of female admissions relates to those aged between 25 and 29 years (40 presentations - 20%).

Gateshead is an area of best practice in relation to the collection and dissemination of assault data obtained through A&E.

Specialist adult services

Gateshead Council commissions a comprehensive package of specialist alcohol-focused interventions that address multiple or more severe needs that haven't responded to less intensive or non-specialist interventions alone.

Specialist services are available in Gateshead to offer help to people who are worried about their own or someone else's alcohol use or who may need treatment for alcohol-related problems. Services accept self referrals with the exception of inpatient detoxification and twelve step abstinent day programme. Referrals can also be made by GP's, family members and other professionals with the consent of the person involved.

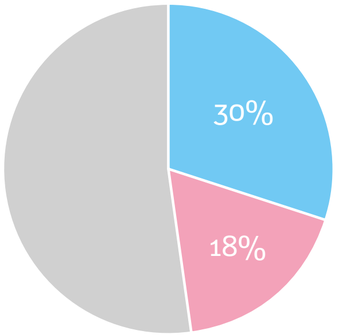
Interventions that alcohol treatment services provide to assist people include (but are not limited to):

- Advice, awareness raising and information
- Harm minimisation and controlled drinking
- One-to-one work and group work
- Screening and brief advice
- Psychosocial interventions
- Community and inpatient detoxification
- Peer Support and telephone recovery support
- Support to access activities to alleviate boredom, build confidence and self esteem
- Twelve Step abstinence based day programme

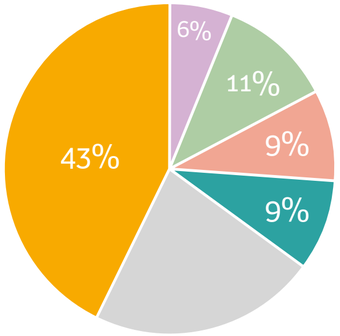
Treatment Services

During 2013/14, there were 738 people in structured alcohol treatment in Gateshead where alcohol was identified as the primary drug. 515 of these people were new to treatment in 2013/14 (70% of presentations).

Gender split is 62% male and 36% female in treatment.



30% of men and **18%** of women in structured treatment declared that they consume more than 1000 units per month.



43% (223) of referrals into structured alcohol treatment were self/family and friends, 6% (32) from accident and emergency, 11% (58) from the hospital, 9% (47) from GP's and 9% (47) came through the criminal justice system.

The age range for the people in treatment varies but the majority of people (70%) are in the age range 30 to 54 (524) and only 2% in the age range 65 plus (17). 98% (720) of people in treatment are white British with 1% (10).

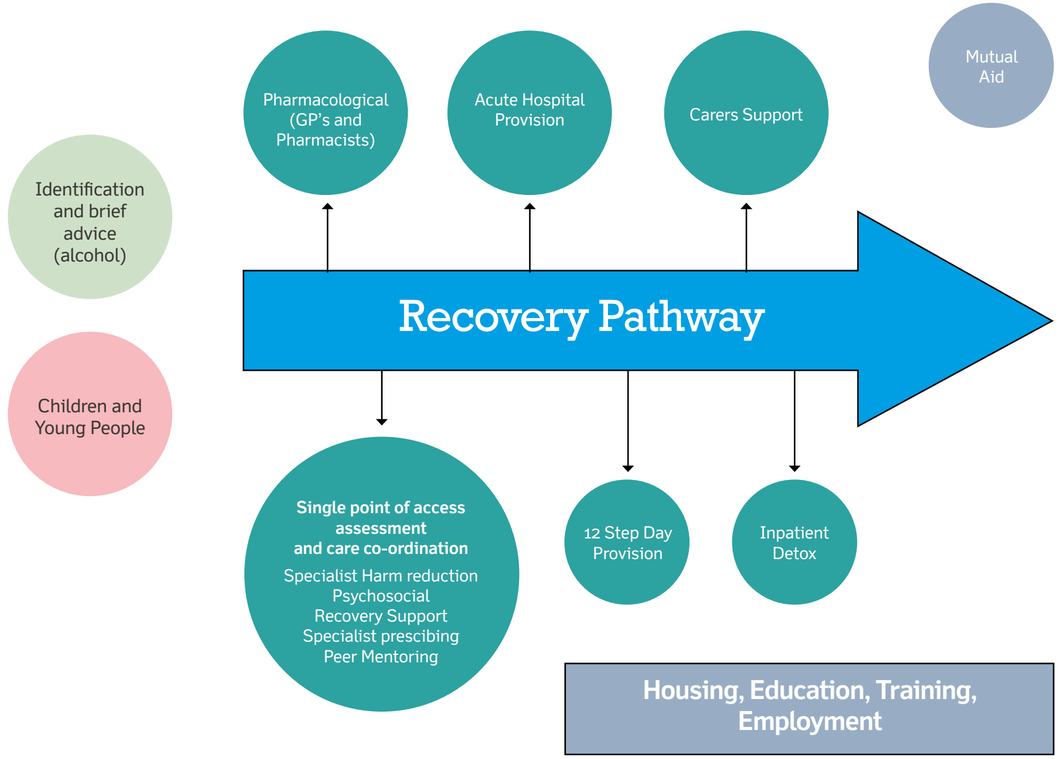
The majority of people in structured treatment received psychosocial interventions such as counselling, cognitive behavioural therapy or motivational interviewing. 120 people received a pharmacological intervention such as prescribing of medication for the management of alcohol withdrawal.

Service review

In 2013/14, a comprehensive service review took place. The review aimed to redesign the drug and alcohol treatment systems, for both adults and young people, to meet the needs of the local population and create an integrated recovery-focused treatment system alongside a robust approach to early identification, intervention and prevention.

In March 2014 a new model (set out below) was presented and agreed at Cabinet.

This includes a number of elements of the current provision but the new service delivery approval will be less fragmented and focused on recovery as an outcome.



Oaktrees treatment centre

Changing Lives Gateshead (Oaktrees) is an abstinence-based day treatment centre for men and women who want to be free from drugs and alcohol.

Oaktrees runs a 12 week structured programme that includes group workshops, group therapy, education and information sessions that follow the principles of the 12 step approach to recovery. Since the facility opened in 2009, around 60 Gateshead residents have accessed treatment at Oaktrees each year.

Gillian began a 12 week programme at Changing Lives Oaktrees in March 2012 for treatment for her alcoholism. Prior to this, she was drinking dependently 12 cans of lager plus 2 bottles of wine every day and was in a relationship with a man who was physically and emotionally abusive towards her. She had been drinking since her teens, always heavily, but not what she considered to be alcoholically, until the abuse began in her late 20s.

After leaving her abusive partner and the removal of her 3 children into the care of her sister, she faced homelessness due to the repossession of her house. It was then that she was referred to Oaktrees, aged 36, with 3 children aged 13, 9 and 18 months. She was also 5 months pregnant.

Unemployed and on Job Seekers Allowance, Gillian had not worked since the birth of her younger daughter. Prior to that she has worked consistently, since leaving school at 16, in factories and hotels, and enjoyed working. She was born and raised in Wrekenton, and was still residing there at that point.

She was supported by a keyworker at Gateshead Substance Misuse Service, as well as her sister and mam. Her children and unborn baby had a social worker. Having just found out she was pregnant again, and that she was at risk of losing custody of the children permanently, she came to the decision she wanted to be abstinent and come into treatment, and stopped drinking with their encouragement.

Gillian was placed in a pre-treatment group every Tuesday afternoon for an hour, whilst her benefits were changed and stable accommodation was found. She attended every week and participated enthusiastically.

She was accepted for a claim for Employment Support Allowance and was then given a self-contained flat in the supported housing project run by Changing Lives, Ridley Villas.

This project supports women addicted to drugs and/or alcohol who are pregnant or have children, who are in danger of losing their custody or whose children are in care but are hoping to be reunified as a family. The project is abstinence-based and so is an ideal setting to work alongside Oaktrees.

Once this was in place, Gillian began her 12 week programme. She was several weeks sober on arrival, but was looking for support to help her sustain it.

Whilst there, she attended every day and was a dedicated and popular member of the group. Gillian was heavily pregnant towards the end of her treatment and must have found the long, structured days tiring. However, she made no excuses and worked hard throughout.

She shared openly in group therapy sessions about struggles she was having outside concerning her children, housing, finances, ex-partner, and her feelings of shame and guilt having reached the point that she had with her drinking. She saw her children regularly, and spoke warmly and hopefully about the future she intended to have with them as a family.

Four months later, Gillian graduated from full time treatment and moved into a Continuing Care Programme of weekly 90 minutes group sessions and regular attendance at Alcoholics Anonymous and Narcotics Anonymous meetings. Although she was given a Moving Forward plan like every other client, Gillian's was slightly different due to the fact she was by then extremely heavily pregnant and so unable to take advantage of our employability or volunteering programmes. In spite of this, she continued attending meetings and came every week to continuing care.

On August 29th 2012, her youngest daughter was born and was immediately released into her care due to her excellent progress in treatment and the ongoing support of Ridley Villas. She continued attending and brought the baby with her.

Since then, one by one, her 3 other children have moved back into her care full time, and in 2013 she left the Ridley Villas project and moved into independent accommodation. Social Services have since withdrawn all involvement in her family. Gillian left the Continuing Care programme in September 2013, although maintains regular contact with us here at Oaktrees.

Alicia Ingham, Lead Alcohol Nurse at Queen Elizabeth Hospital, Gateshead, leads an integrated alcohol team of 6. The team screens everyone who attends hospital for alcohol and offers support, referral to community-based services, community outreach work and brief interventions to people who attend with an alcohol-attributable illness. They also offer detoxification to people who meet the right criteria.

"As a hospital we are very progressive about alcohol. It's a big problem in Gateshead and we have a lot of regular attenders. We are the only hospital in the area that screens every patient for alcohol, and that's just part of our workload.

"We've had patients who have attended hospital 16 times in a month for alcohol-related illnesses, and we have people who come just because they want a detox. Some patients don't think their alcohol intake is a problem, some of them want to talk to us, some of them don't. And sometimes they change their minds.

"The number of occasions that patients have presented with an alcohol support need every month has doubled and more since we began screening everyone, to as much as 290. This means that we can pick up more people that may need support, often earlier than they would have been otherwise.

"What we can't account for is people who turn up in crisis. Ours can be the only door that's open all the time but without there being a medical emergency, we can't help."

Older people

Treatment services in Gateshead are open to all adults regardless of age. Older people can benefit from treatment and may follow treatment regimes more diligently than younger people. Currently in Gateshead only a small proportion of older people with alcohol problems are referred on for treatment. In 2013/14 there were only 48 people over 60 in structured alcohol treatment services in Gateshead.

Occupational therapy and falls prevention

Occupational Therapists (OT) working into the falls and the orthopaedic services at the Queen Elizabeth Hospital have a predominantly elderly client group. The services are reporting an increase in clients referred for OT intervention and who had an alcohol-related injury. In response to this increase, OT service staff receive training that focuses on alcohol and its relation to falls and fractures. It covers the impact of alcohol on health, the relationship between alcohol and falls, the effects of alcohol on bone health and subsequent osteoporotic fractures.

Case Study

A gentleman in his late 70's was admitted to the orthopaedic service at the Queen Elizabeth Hospital having sustained a fractured neck of femur following a fall. He was found on the floor having lain there for up to 72 hours. He was recently bereaved and struggled to come to terms with the death of his wife last year. His family reported he had become more social withdrawn and did not go out of the house.

It was found that he has started to drink to cope with the loss of his wife and his sense of social isolation. It is understood that he fell whilst intoxicated. Post operatively, he suffered from delirium. He is still unable to bear weight and is currently needing to be hoisted. Rehabilitation is on-going but it is unclear as to whether he will be able to return to independent living.

Mutual aid and self help groups

Mutual Aid refers to the social, emotional and informational support provided by, and to, members of a group at every stage of recovery. Groups often include people who are abstinent and want help to remain so. These people are actively changing their behaviour using a programme of mutual aid. They also include people who are thinking about stopping and/or actively trying to stop their alcohol use. Groups also exist to support families, children and friends affected by substance misuse.

The most common mutual aid groups in England include 12-step fellowships and SMART Recovery. The fellowships (eg, Alcoholics Anonymous (AA)) are based on a 12-step self help philosophy developed in the 1930s.

Alcoholics Anonymous (AA) is the most well known self help group in the world. The AA programme offers hope, fellowship and clear simple advice about changing habits. They provide a twelve-step recovery programme with abstinence as a goal. AA members help others by sharing their experience of their own drinking problem and their road to recovery.

SMART Recovery applies cognitive behavioural techniques and therapeutic lifestyle change to its mutual aid groups to help people manage their recovery.

Carers support

Gateshead Public Health Team also commissions a carer support service. Families and the support they give is a crucial asset to the individuals needing their help and to the wider community.

Adult family members often provide support to their substance-using relative and this has shown to be important in three distinct but related ways:

- Preventing and/or influencing the course of the substance misuse problem
- Improving substance-related outcomes for their substance-using relative e.g. reduced alcohol misuse as well as promoting better engagement with treatment services
- Helping to reduce the negative effects of substance misuse problems on other family members

There is also a growing body of evidence that carers and families have distinctly different needs and requirements for support than the person that they are providing support for and that carers provide invaluable support to those they care for.

Conclusion

Alcohol harm is a cross cutting issue which impacts on all aspects of individual and community life and consequently requires a whole system response. There are some specific opportunities in Gateshead to maximise the impact of the whole system response through the refresh of the strategy. The strategy provides an opportunity for partners to identify priority areas both within their own organisations but also where there is potential for collaborative work between partners.

In addition there are also opportunities are also available through service re-design and commissioning to ensure arrangements for addressing alcohol harm are scaled up, streamlined and targeted appropriately to groups and individuals with additional needs. There is also an opportunity to use the recently developed Integrated Wellness model to influence activity to address alcohol harm within a wide range of settings.

Appendix 1

Progress on recommendations from the 2012/13 Director of Public Health annual report

Recommendation	Progress 2013/14
Recommendation 1: **Overall health improvement approach** Continue to deliver actions to address health inequalities and prevent early deaths, by reducing the use of tobacco and alcohol, improving diet and physical activity. The approach should recognise that good mental and emotional well-being is required for lifestyle/behaviour change, and that this must both underpin and be a key focus in activities to improve health. These actions should be delivered across all key settings, ensuring proportionate uptake among those experiencing poor health outcomes and increased risk of disease development. This includes increasing early detection of disease through increasing awareness of early signs and symptoms alongside increasing access in screening.	The Integrated Wellness Model has been developed and service specifications written. As part of this a system co-ordination service will improve customer access by operating a single point of contact for multiple services. Those who can 'self-help' can access information and receive support with one-to-one meetings for those with more complex needs. The Integrated Wellness Model has a remit to help people: • Reduce weight if overweight or obese • Increase physical activity • Quit smoking • Reduce alcohol consumption • Improve emotional well-being • Increase health literacy • Improve sexual health • Improve nutrition The Integrated Wellness Model includes a 1:1 and family support
Recommendation 1: **Overall health improvement approach** Redesign public health provision bringing together services in an integrated way to address lifestyles risks, across the life-course, using a more holistic person-centred approach aimed at building self-care and resilience. This should include a focus on welfare and social issues, emotional health and well-being, smoking, diet, physical activity, alcohol, drugs and sexual health.	

Recommendation	Progress 2013/14
Recommendation 3: **Capacity building in communities for improving health and well-being** Continue to strengthen Gateshead's existing programme to build capacity in local communities providing support to help communities understand what is needed to improve health, using an asset-based approach (including building on the capacities, gifts and abilities of individuals, families and communities). There should be a strong focus on building social capital and reducing social isolation. While these activities are health promoting in their own right, there should be further enhancement of the health focus within existing arrangements, for example through the volunteering programme, the development of health champions and buddies and the community capacity building fund.	Sexual health and the drug and alcohol treatment services have been reviewed and the process of commissioning newly designed services is proceeding. A new sexual health services model has been designed and service specifications have been written in line with national specifications. Capacity building is considered as an element within the Integrated Wellness Model. Recently a capacity building workshop was held to inform this. The NHS Health Check programme has had a successful year. Gateshead is the highest performing authority in the North East. In 2013/4, 8,783people had a check and on average 20% were found to be at high risk of developing heart disease, diabetes, kidney disease, a stroke or dementia and given advice and /or treatment to reduce their risk. To encourage those most at risk to have a check, events were organised in local shopping centres and offered at community events. An incentive scheme encouraged community groups to support the programme. Gateshead CCG included NHS health Checks as part of their quality premium to reduce variation of uptake between GP practices.
Recommendation 4: **Promoting the five ways to mental well-being** Develop an ongoing campaign to promote **the five ways to mental well-being** across Gateshead, using a specific communication plan, and linking with national public health programmes. Also, commissioners and providers should take opportunities to shape the development of "place" and services in such a way that they promote the five ways to well-being.	A consultant-led development of an online service directory for mental health and well-being services is underway. Content and design mapping exercises have begun in order to develop the Council web presence for Public Health. An awareness campaign for mental health and well-being is supported by Council News features. Current campaigns are being audited. Mental Well-being pathway is being developed in collaboration with partners. Pictorial Pathways are being developed. These will improve GP understanding of local services. Innovative arts project 'Happy Healthy Gateshead' has been delivered.

Recommendation	Progress 2013/14
Recommendation 5: **Building well-being and emotional resilience across organisational settings** Develop a programme of work to build emotional resilience and well-being through a range of settings: early years, schools, workplaces, voluntary organisations, along with and health and social care settings.	This is developed within the integrated wellness model Risk and resilience strategies will be implemented as part of the new Health in Schools Model
Recommendation 6: **Measuring how local services impact on well-being** Support local providers to evaluate the well-being impacts of their services through the piloting and development of new methodologies and assessment frameworks.	Potential methods to measure well-being (e.g. LODEX / Warwick Edinburgh) are being considered and evaluated. The agreed method will be piloted September 14 to March 15.
Recommendation 7: **Developing the Joint Strategic Needs Assessment to include indicators of mental well-being and strengthening the focus on local communities** Ensure that further development of the Gateshead Joint Strategic Needs Assessment includes a set of indicators to assess mental well-being. This should include a focus on community assets and input from a rolling programme of community survey work. The development of local community health profiles should be incorporated into the JSNA process to support communities in assessing and prioritising local action to improve health.	A new JSNA steering group and approach to the JSNA has been agreed by Health and Well-being Board and is being progressed. In order to work with the community and voluntary sector to develop a sustainable approach to gathering needs and assets data to inform the JSNA, a consultation event was undertaken and a quarterly forum established.
Recommendation 8: **Early intervention and promoting resilience in children and families** Build on current work to ensure the best start in life for children in Gateshead by strengthening the early intervention approach focusing on pregnancy and early infancy, and underpinned by the Healthy Child Programme and a maternal mental health pathway. This should incorporate a redesigned 0 - 19 integrated Public Health nursing service to enable early identification and intervention for children, young people and families, working collaboratively with other services.	Terms of reference of the regional 0-19 transition group have been agreed. Mapping of local authority intentions with regard to the transition of Health visitors and Family Nurse Partnership. Local Be Healthy Group reviewed to become 0-19 strategic group Local strategic group terms of reference and membership agreed School nursing service specification reviewed and implemented Timeline established for transfer of health visitors and family nurses (subject to national guidance expected in Dec 2014)

Recommendation	Progress 2013/14
Recommendation 9: **Strengthen actions to mitigate the impacts of austerity and welfare reform** Public sector and voluntary organisations and community groups should work together to mitigate the impacts of welfare reform, particularly those who are vulnerable to mental health problems and mental distress. The Health and Well-being Board should monitor the impact of welfare reform upon the mental health and well-being of local people, including those in mental health treatment and care services, and ensure there are plans in place to mitigate these impacts.	Health and Well-being Board received a report showing emerging evidence of the impact on local people. In order to engage with the NHS Gateshead Clinical Commissioning Group, the Department of Work and Pensions and other partners to identify areas to improve the current experience of individuals affected, we have: • Been working with the Gateshead Advice Centre to produce guidance for GPs on the needs of patients subject to Welfare Reform • Regular DWP updates distributed around Gateshead Mental Health and Well-being Partnership • Joint working between Gateshead Council and the Gateshead Advice Centre has led to the production of a guide to local support organizations. The Integrated Wellness Model will also include elements of support for financial management. Suicide risk awareness training has been delivered to a wide range of frontline staff, including Gateshead Advice Centre, The Gateshead Housing Company, Housing Support Services and a wide range of voluntary sector organisations. A comprehensive package of further training is being made available in 2014/15 to improve the understanding of mental health and well-being and suicide risk across a wide range of frontline staff groups across statutory and voluntary sector organisations. This will be accompanied by a comprehensive communication strategy that will direct staff and residents towards appropriate information and advice resources around mental health and well-being
Recommendation 10: **Improving signposting and joining up work across agencies** Ensure that front line staff in health and social care are supporting people to improve their health and able to signpost people to local services. This will require joining up work across partners to address the wider determinants of health such as education and skills development, employment, financial inclusion, housing transport, environment etc.	Pictorial pathways that highlight services to promote mental well-being are being developed. These will be available on public health web pages Hearty Lives service in the east of Gateshead will promote local activities and encourage others, particularly isolated men, to join in. This project also links to health providers including GPs to promote local activities to reduce social isolation. Stronger links with The Gateshead Housing Company around information for new tenants is planned.

Recommendation	Progress 2013/14
	Ways in which social isolation can be reduced for those, for example using domiciliary care, is an ongoing consideration.. 'Our Gateshead' and other resources will be used to get information out to as wide a range of people as possible. Links with other organisations such as Groundwork to find ways to promote what they can offer and how others can recommend to their services are in development
Recommendation 11: **Linking health to economic development and improved prosperity** Continue to pursue actions in Vision 2030 to build vibrant and prosperous communities, improving educational attainment, local employment rates and income levels.	Economic development, employment, education and skills are fundamental to supporting the health and well-being of the population. This was recognised in Vision 2030 and the transfer of Public Health into the local authority has strengthened the focus on the wider determinants of health. Gateshead Public Health has continued to fund and support a local Healthy Schools programme that supports schools to deliver targeted interventions around specific health priorities. Health improvement programmes such as this are shown to have a positive impact on educational attainment, developing the future skills base in our population. Public Health representation has been agreed on the Economy, Environment & Culture board. This partnership oversees the delivery of the 'place based' milestones in Vision 2030. Closer working with colleagues in Development and Enterprise has resulted in public health supporting a review of the evidence base on the impact of transport interventions on health and well-being. In the future, this will include an economic analysis to understand the monetary benefits of transport interventions around walking and cycling. Public Health are also planning support for individual behaviour change and social marketing around the active travel agenda.

Recommendation	Progress2013/14
Recommendation 12: **Raise awareness of social isolation and loneliness and encourage social connections** Raise awareness of social isolation and loneliness and its impact on older people and carers in particular, and ensure there is a focus on this in community action to build social capital (recommendation 4). Services should consider how they encourage social connections between people, particularly those who are isolated.	Number of Friendship Groups throughout Gateshead developed. These were designed to address loneliness and social isolation. Age UK have provided opportunities for groups of older people to visit cultural learning venues (e.g. museums and galleries) in social groups. Leisure and learning opportunities were also delivered (e.g. chess and photography clubs). HenPower (a hen keeping project with associated events such as the Hen Road Show) contributed to reducing loneliness, improved health and increased well-being (evaluated by Northumbria University). Reducing isolation continues to be a major priority and will be included in the refresh of the Older People's Strategy 2014-17. The Falls Prevention Scheme, a joint initiative between Public Health and Environmental Health, has been implemented. This was also found to improve the quality of life of residents by making them feel safer and improving confidence to go out. The GLACIER partnership has delivered a winter warmth campaign for last three years. Provided information, advice, sources of local support and room thermometers to vulnerable homes. A pilot that aims to raise the awareness of and tackle malnutrition in older people by working across the health and social care profession.

Appendix 2

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Appendix 3

Health of Gateshead residents – Sources of data

Pre birth
- 1.3% Pregnancies terminated Conceptions Statistics 2012, ONS
- 15.9% Mums smoking in pregnancy 2012/13, HSCIC (PHOF)

Birth
- 10 Infant deaths 2010-12, ONS (PHOF)
- 168 babies born with low birth weight 2011, ONS (PHOF)

Post natal
- 66.6% breastfed babies 2012/13 Integrated Performance Monitoring Return, PHE/DoH (PHOF)
- 35.9% babies breastfed at 6-8 weeks 2012/13 Integrated Performance Monitoring Return, PHE/DoH (PHOF)

Early years
- 6 Child deaths 2010-12, ONS (Child Health Profile)
- 10,954 A&E attendances (age 0-4) 2011/12, HSCIC (Child Health Profile)

Primary School
- 174 obese reception aged children 2012/13, NCMP (Child Health Profile)
- 388 obese children in Year 6 2012/13, NCMP (Child Health Profile)

Secondary School / Higher education
- 103 Teenage pregnancies 2012, ONS (PHOF)
- 38 Teenage mothers 2012/13, ONS (Child Health Profile)
- 28 Alcohol Specific Hospital admissions Under 18 2010/11-2012/13, LAPE (Sexual and Reproductive Health Profile)
- 19% drinking
- 34% smoking
- 39.3% Acute sexually transmitted infection diagnosis 2012, PHE (HIV and STI Web Portal)

Working age
- 30.7% are obese 2012 Active People Survey, Sport England (PHOF)
- 22.9% are smokers 2012 Integrated Household Survey, ONS (PHOF)
- 21.9% are increasing and high risk drinkers
- 30.2% binge drink
- 19.9% eating healthily
- 51.3% are physically active 2012 Active People Survey, Sport England (PHOF)
- 24% indulging in 3 or 4 unhealthy lifestyle behaviours (smoking, drinking above recommended daily safe limits – 2 to 3 units female/3 to 4 units male - weekly or more often, consumption of less than 5 portions of fruit and veg each day, not taking 30 mins of moderate exercise 5 days each week) 2012 Lifestyle Behaviours Survey
- 20% diagnosed with depression Quality and Outcomes Framework, HSCIC (Community Mental Health Profile)
- 738 in structured alcohol treatment
- 26,119 A&E admissions 2012/13, HSCIC (HSCIC)
- 119 preventable deaths due to cardiovascular disease u75 2010-12, ONS (PHOF)
- 184 preventable deaths due to cancer u75 2010-12, ONS (PHOF)

60+
- 58.2 Men's average years in good health 2009-11 Annual Population Survey, ONS (PHOF)
- 59.4 Women's average years in good health 2009-11 Annual Population Survey, ONS (PHOF)
- 2,539 over 65s with dementia Dementia UK Prevalence Rates 2012, (POPPI)
- 33,838 Hospital admissions for over 65 2012,13, HSCIC (HSCIC)
- 77.2 Life expectancy - men (average) 2010-12, ONS (PHOF)
- 81.3 Life expectancy - women (average) 2010-12, ONS (PHOF)
- 21.5% die at home - 2010-12 Annual mortality extracts, ONS (End of Life Care Profiles).

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