

**DOCUMENT for ALCOHOL DELIVERY BOARD
following incorporation of consultation and
annexing action plans**

Safe, Sensible and Social in Newcastle upon Tyne

**A strategy for reducing the harm caused by
alcohol to individuals, families and communities**

2008-2018

Foreword

Safe, Sensible and Social in Newcastle upon Tyne is the first alcohol strategy for our city. It outlines what the key agencies that make up the delivery partnerships will do to tackle the harm caused by alcohol misuse.

Alcohol misuse impacts across a broad range of areas including health, crime and disorder, children and young people, environment and housing. It is a critical component of the Newcastle Local Area Agreement and wider Sustainable Community Strategy. Expertise and knowledge across all of these areas have been harnessed in developing this strategy. It has also been guided by national, regional and local policy and informed by a process of consultation with key stakeholders to see what issues cause them concern.

There is already a lot of good work being done by agencies working in Newcastle and this strategy will ensure that these agencies take a partnership approach to strengthen and improve on this work.

The strategy sets out the key issues and explains what we will focus on over the next ten years and how progress will be measured. A robust action plan will support the delivery of the strategy by setting out how partners will take responsibility for making it happen. The action plan lays out what we will do from April 2008 to March 2011 and it will be updated annually to ensure that we have the most up-to-date information to work with and are still targeting our energy and resources correctly.

We are confident that by working in partnership we will be able to reduce the harm caused by alcohol misuse, improve the quality of life of the people of Newcastle and make Newcastle an even safer place to live, work and visit.

(Photographs and signatures to be inserted)

Executive summary

Newcastle has a higher prevalence of harmful and dependent drinkers and higher rates of alcohol-related ill health among men and women than the national average. Newcastle also has one of the highest rates of binge drinking in England with about 30% of adults estimated to regularly binge drink. Alcohol-related hospital admissions, chronic liver disease and alcohol-related deaths are all higher in Newcastle than the average for both the North East and England. Alcohol-related hospital stays by residents of Newcastle is approximately 70% higher than the average for England. In addition, there are fewer alcohol treatment services and longer waiting times in the North East than elsewhere in the country. The overall cost of alcohol misuse in the region is estimated at one billion pounds a year.

There are many gaps in local information about alcohol consumption and its related problems. However, the data that we do have indicate that:

- Excessive consumption of alcohol is a major problem in Newcastle.
- Approximately one in three adults in Newcastle is estimated to binge drink.
- Excessive and inappropriate drinking causes harm to health and increases demands on health services.
- Excessive and inappropriate drinking leads to crime and social disorder (particularly youth disorder), with increased demand on Police and other support services.
- Hazardous and harmful drinking in the home is widespread and damaging to the health and wellbeing of individuals and families and needs to be better understood.
- Many people with drink problems are in work.
- There is a lack of adequate and appropriate housing provision for the homeless with alcohol problems, especially for chronic and chaotic street drinkers.
- The number of licensed premises is growing with a trend to increasing the number of hours open.

Because of the complexities associated with alcohol consumption and sales, reducing alcohol-related harm is a major challenge. However, addressing alcohol-related problems is a priority for organisations and partners in Newcastle and it is recognised that without effective interventions the problems associated with alcohol will continue.

In 2007, Public Health and Safe Newcastle carried out a scoping exercise to identify what services were available for people and families affected by alcohol misuse. Whilst a series of services were identified, including examples of good practice, it was apparent that there was a shortage of treatment and support services, both in the healthcare sector and in the community. It was also apparent that there was no coordinated approach to provide reliable and consistent information about safe, sensible drinking and to raise awareness of alcohol-related harm.

In addition to this, the available statistics and the experience of services indicate that there are a series of alcohol-related issues amongst the residents of Newcastle which are currently not being addressed. What is encouraging is that consultation with a series of groups across Newcastle, including young people, residents and frontline professionals, has demonstrated a broad commitment to both prevention and education and to treatment.

The objective therefore of this strategy, which forms a critical component part of Newcastle Sustainable Community Strategy and Local Area Agreement is to address those identified gaps and build a well resourced, coherent and coordinated programme across all of Newcastle partners.

The stated aim of this strategy is: **to reduce the harm caused by alcohol to individuals, children, families and communities in order that Newcastle is a healthy and safe place to live, work and visit.** This includes reducing the:

- Harm to health;
- Harm caused by alcohol-related crime and anti-social behaviour;
- Harm to families and young people; and
- Financial cost of managing these problems.

In order to achieve this aim, we are concentrating on four objectives of prevention, provision, protection and partnership working.

Objective 1: Developing a preventative approach to alcohol misuse

- To improve the quality, consistency and accessibility of information and education in a variety of settings including schools and the workplace so that everyone has the opportunity to develop sensible and safe drinking habits.
- To develop preventative measures which will target those most at-risk of causing harm to themselves, their families and communities through their drinking.
- To develop strategies which focus on reducing binge drinking and long-term dependency.
- To improve the evidence and information base so as to understand the true nature of the problem and respond appropriately.

Objective 2: Providing services for problem drinkers and their families and carers

- To improve early identification of alcohol misuse and ensure effective early intervention.
- To develop coherent pathways of care leading to improved accessibility to high quality integrated services and effective interventions.
- To improve access to treatment for all groups, including people with mental health problems, people who are homeless, young people, those living in deprived communities

- To respond flexibly to changing trends such as street drinking and new challenges such as increased consumption in the home.
- To provide support to children, families and carers who have been affected by problem drinking.

Objective 3: Protecting the public through law and policy enforcement

- To provide a safe environment in Newcastle where people can live, work and enjoy themselves free from the fear of experiencing alcohol-related crime or anti-social behaviour.
- To work closely with the licensed trade including retailers to promote the responsible retailing of alcohol.
- To work with the licensed trade to provide safe, high quality premises and encourage participation in best practice schemes such as 'Best Bar None'.
- To encourage a variety of operating styles within licensed premises appealing to a broad range of customers.
- To prevent illegal sales to those underage or adults buying on behalf of young people and encourage participation in best practice schemes.

Objective 4: Prioritising addressing alcohol misuse through working in partnership

- To ensure a coordinated and coherent approach across organisations to reduce alcohol-related harm and improve service delivery in Newcastle.
- To engage and work with communities (including service users), to listen and respond to their views.
- To build stronger communities that are able to challenge the drinking culture in Newcastle.
- To ensure commitment and leadership from all relevant agencies.
- To develop effective governance structures to ensure the delivery of this alcohol strategy.
- To deliver on our Local Area Agreement (LAA) targets on alcohol.
- To develop a consistent communication and media strategy.
- To participate in and promote regional alcohol harm reduction campaigns.

This strategy will ensure that these objectives are achieved by drawing up detailed action plans, which will be reviewed each year.

The Health Improvement Board (chaired by the Director of Public Health) will take lead responsibility for ensuring the delivery of this strategy. The Health Improvement Board will report progress to the Delivery Board of the Newcastle Partnership via the Wellbeing and Health Executive. A dedicated Alcohol Delivery Group, reporting to the Delivery Board, focusing on ensuring the action plan is implemented will be established. This will be made up of representatives of all the delivery partnerships of the Newcastle Partnership in recognition of the significant contribution each has to make in ensuring a safe, sensible and social approach to alcohol in Newcastle. Representatives from all the delivery partnerships will be responsible for keeping their partnerships informed about implementation of the action plan

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1.0 Aim and objectives

1.1 Aim

Our vision, and the aim of the strategy, is to reduce the harm caused by alcohol to individuals, children, families and communities in order that Newcastle is a healthy and safe place to live, work and visit. This includes reducing the:

- Harm to health;
- Harm caused by alcohol-related crime and anti-social behaviour;
- Harm to families and young people; and
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This is a Citywide strategy and is intended as a route through which, over the period of the strategy, members of communities within Newcastle can have an opportunity to be involved in the continual development of responses to issues related to alcohol. The strategy therefore provides a platform to voice and raise local issues and ensure that the document remains continually relevant to local needs.

2.0 Alcohol misuse: the need for action

There are many positives to both alcohol consumption and sales, including social and cultural benefits and a contribution to the local economy through the creation of jobs, a thriving entertainment sector and tourism.

However, excessive or inappropriate use of alcohol impacts on all sectors of society and has huge financial costs. Alcohol misuse is associated with crime and disorder, accidents and injuries, risk taking behaviours, mental and physical ill health and premature death. It also contributes to health inequalities across the city.

Because of the complexities associated with alcohol consumption and sales, reducing alcohol-related harm is a major challenge. However, addressing alcohol-related problems is a priority for organisations and partners in Newcastle and it is recognised that without effective interventions the problems associated with alcohol will continue.

Newcastle has an advantage as there already exist a series of local, regional and national policy documents (listed in appendix one) that inform the development of this strategy and action plan. However, it is recognised that success requires a whole-systems approach, with coordinated action across organisations and communities at all levels.

Developing a strategic approach to reducing alcohol misuse and providing appropriate services in Newcastle requires an understanding of the social and cultural context where drinking occurs, the scale of the problem, current services and gaps in service provision. These are described in the following sections.

2.1 The Newcastle perspective

Newcastle upon Tyne is both nationally and internationally recognised for the vibrancy of its people, culture and night time economy. Newcastle is increasingly being promoted as a 'party city' and alcohol clearly plays an important role.

The Guardian newspaper's blog¹ carries a profile of Newcastle that reads:

'One of the most revitalized northern English cities; Newcastle is now home to a vibrant nightlife and arts scene. The Quayside area is visually impressive and the Geordies know how to enjoy a night out. The quality of the football may vary at St James Park but the passion throughout the city on a match day rivals Barcelona or Milan. Although many UK cities have undergone similar regeneration, such as Leeds and Manchester, there is something

¹ <http://www.ivebeenthere.co.uk/places/united-kingdom/newcastle/profile.jsp>

unique about visiting Newcastle that makes it irresistible to hedonists, culture vultures and shoppers alike’.

However, the negative side is that Newcastle has high rates of alcohol-related problems and it is one of the ‘wettest’² regions in the country. Newcastle is in the top fifth of local authorities in England with the worst health and deprivation indicators. Current evidence shows that areas with the highest measures of multiple deprivation have higher levels of health and social outcomes related to alcohol misuse³. Newcastle also has one of the highest rates of binge drinking in England with about 30% of adults estimated to regularly binge drink.

Box 2.1 Drinking culture and local attitudes

These are quotes taken from recent focus groups held with local young people and older residents.

“I really enjoy it, until I start being ill”.

“I agree that I was too young to start drinking when I did”.

“I could stop myself drinking for a while, but I would end up starting again because it is so much fun. It’s also really hard not to when everyone else is”.

“Most of us [young people] would prefer to drink at home but end up drinking in the park because we are not allowed to drink at home”.

“The effects of TV programmes like Booze Britain were counterproductive ... young mums boasted about being like them on telly. Work needs to take place with young people to combat this celeb culture”.

“Not cool to be teetotal”.

“Go out late, drink at home as it is cheaper”.

“Not enough alternatives around five to eight at night”.

Sources: NCVS Round Table discussion groups, 2008 and Alcohol Agenda Day, 2006

Newcastle has a higher prevalence of harmful and dependent drinkers and higher rates of alcohol-related ill health among men and women than the national average.

It is estimated that only one percent of dependent drinkers access alcohol treatment services in the North East (the lowest access region) compared to eight percent in the North West, the region with the highest access⁴.

² I.e. an area with both high alcohol sales and high alcohol consumption.

³ Association of Public Health Observatories. 2007. Indications of Public Health in the English Regions 8: Alcohol.

⁴ Alcohol Needs Assessment Research Project (ANARP): The 2004 national alcohol needs assessment for England. Department of Health.

The overall cost of alcohol misuse in the region is estimated at one billion pounds a year.

Box 2.2 Sensible limits to alcohol consumption

The Department of Health recommends:

- Men should not regularly drink more than 3 - 4 units of alcohol per day, and women should not regularly drink more than 2 - 3 units of alcohol per day.
- After an episode of heavy drinking it is advisable to have two alcohol free days to allow your body to recover.
- Pregnant women or women trying to conceive should avoid drinking alcohol.
- People who are driving or engaging in dangerous activities (such as operating heavy machinery) should not drink at all.

Alcoholic drinks and units of alcohol

| | |
|--|-----------|
| 10 ml or 8g of pure alcohol | 1 unit |
| A pub measure of spirits | 1 unit |
| An alcopop (Smirnoff Ice, Bacardi Breezer, WKD, Reef) | 1.5 units |
| One pint of ordinary strength lager (3.5% ABV* - Carling, Fosters) | 2 units |
| A pint of bitter (John Smith's, Boddingtons) | 2 units |
| A pint of ordinary strength cider (Dry Blackthorn, Strongbow) | 2 units |
| A 175 ml glass of red or white wine | 2 units |
| A pint of strong lager or beer (Stella Artois, Speckled Hen) | 3 units |

Note: The number of units may vary with the strength of alcohol indicated by *Alcohol by Volume (ABV) and the size of measure used.

2.2 Alcohol-related harm: the current position

The national picture

The 2007 national alcohol strategy, *Safe, Sensible and Social*,⁵ provides an indication of the scale of alcohol-related harm in England and it estimates that it has an annual financial cost of £20 billion. Summaries from the strategy are presented below.

- **Alcohol consumption** has increased over the last decade and now over 90% of adults drink alcohol. Almost 90% of 15 year olds have tried alcohol; while a third drink once a week or more. From self reported data, men are more likely than women to have consumed above the recommended daily limits: 35% of men, compared to 20% of women. Young people aged 16-24 are more likely than other age groups to consume more than twice the Department of Health's recommended sensible limits (see box 2.2). Over half of mothers (54%) who were interviewed for the strategy said they had drunk alcohol during pregnancy. This was more common in older mothers and those from managerial and professional groups.
- **Alcohol-related deaths:** Alcohol misuse is a direct cause of deaths from diseases such as cirrhosis of the liver and an associated factor in other diseases like high blood pressure, heart disease and stroke.

⁵ Safe. Sensible. Social. The next steps in the National Alcohol Strategy. 2007. HM Government.

- **Alcohol-related illness or injury** accounts for 180,000 hospital admissions per year. Estimates show that 17% of all road deaths in 2005 occurred when the driver was over the legal limit for alcohol.
- **Crime and disorder:** A total of 63% of 18-24 year old binge drinkers admitted to committing criminal or disorderly behaviour before or after drinking. Furthermore, 37% of offences reported by young people under 18 were committed by those who drank once a week or more. Alcohol consumption is associated with violence committed by strangers and in incidents that result in wounding. In addition, in 46% of incidents of domestic violence and 44% of acquaintance violence, offenders were thought to be under the influence of alcohol.
- **Teenage conceptions:** Alcohol consumption is known to be associated with risky sexual behaviour. The UK has one of the highest rates in Europe (11%) of 15-16 year old girls who have had unprotected sex related to alcohol use and one of the highest rates of teenage pregnancies in Europe. It is estimated that there were 4,365 under 18 conceptions in England attributable⁶ to alcohol in 2005⁷.
- **Drinking at home:** A recent survey funded by the Joseph Rowntree Foundation⁸ found that nearly three quarters of those surveyed regularly drank at home and that drinking at home accounted for 43% of the total alcoholic drinks market. Family and friends' homes were also shown to be a regular drinking venue for about 63% of respondents.
- **Alcohol and domestic abuse:** The statistics concerning domestic violence and alcohol misuse show a considerable overlap between the two issues. Findings from the British Crime Survey reveal that 44% of domestic violence perpetrators were under the influence of alcohol during domestic violence incidents⁹.
- **Alcohol and safeguarding children: Alcohol misuse in parents may have** negative social, developmental and physical consequences for their children. These children are often not identified by services as children of problem drinkers and are dealt with symptomatically¹⁰ (i.e. they are treated for the symptoms that they present with, e.g. a fracture or behavioural issues). National estimates suggest that there may be between 780,000 and 1.3 million children affected by parental alcohol problems¹¹. Alcohol

⁶ I.e. alcohol was identified a contributory factor.

⁷ Association of Public Health Observatories. 2007. Indications of Public Health in the English Regions 8 Alcohol.

⁸ Valentine, G., Holloway, S., Jayne, M. and Knell, C. 2007. Drinking places: where people drink and why. Joseph Rowntree Foundation.

⁹ Budd, T. 2003. Alcohol-related Assault. Findings from British Crime Survey, Home Office Research, Development of Statistics Directorate, Ontie Report 35/03.

¹⁰ Alcohol Concern. 2008. Alcohol and families. www.alcoholandfamilies.org.uk

¹¹ Alcohol Harm Reduction Strategy for England. 2004. Cabinet Office.

misuse is often one of a number of interrelated problems within the most vulnerable families and is a key driver of wider social exclusion¹².

The Department of Health has identified that there are many patterns of alcohol consumption and some forms of harm are more associated with particular patterns of drinking than others (see following table).

Table 2.1 Alcohol-related harm and patterns of alcohol consumption

| Category | Description |
|--|---|
| Low-risk drinkers (sensible drinkers) | Drink within the Department of Health's guidelines (sensible levels) and suffer no harmful effects |
| Hazardous drinkers | Drink above sensible levels but not yet experiencing harm (consumption of between 22-50 units ¹³ of alcohol/week for men and 15-35 units of alcohol/week for women) |
| Harmful drinkers | Drink at levels that may lead to significant harm to self and others (consumption of more than 50 units of alcohol for men and more than 35 units of alcohol for women) |
| Moderately to severely dependent drinkers | Have a wide range of alcohol-related problems; some dependent drinkers may have complex problems such as co-existing physical and mental health needs, poly-drug dependence and social problems |
| Binge drinking is a term used to describe a pattern of drinking where consumption during a single session results in intoxication; defined as drinking more than double the daily recommended maximum levels in one session. | |

Source: Department of Health. 2006. Models of Care for Alcohol Misusers

The local picture

The local picture is made up of contributions from both national and local knowledge and studies and these provide an idea of the types and magnitude of the problems.

Alcohol and health

Excessive consumption and inappropriate drinking of alcohol is a major problem in Newcastle and causes harm to health and increases demands on health services.

¹²Safe. Sensible. Social. The next steps in the National Alcohol Strategy. 2007. HM Government.

¹³ See Table 1.0 for a description of units.

Almost 30% of adults in Newcastle are estimated to binge drink¹⁴. It is estimated that 19.5% of drinkers (approximately 44,500 people) drink at hazardous levels and 6.2% (approximately 14,460 people) drink at harmful levels¹⁵.

Alcohol-related hospital admissions, chronic liver disease and alcohol-related deaths are all higher in Newcastle than the average for both the North East and England¹⁶. Locally collected data (hospital episode statistics) show that in 2005/06 there were 1,742 alcohol-related hospital stays by residents of Newcastle. This is approximately 70% higher than the average for England. Of these, 45% (792 residents) were aged over 50 years and almost two thirds were White British and male. A small proportion (2.4%) was under 18 years of age. In addition, over a third (39%) of alcohol-related ambulance pick-ups were young people aged under 25 years old; 13% were aged less than 18 years of age and over half were male.

A total of 57% of the young people referred to the D'n'A (Drugs and Alcohol) service in Newcastle were referrals for alcohol problems; 69% were male and 31% female.

Box 2.3 Streetwise survey, 2005

Streetwise, a young persons' support agency, carried out a lifestyle survey of young people. Responses were received from 60 young males and 40 young females in Newcastle. A total of 90% of respondents were under the legal age to purchase alcohol. Results showed that:

- Young males under the age of 16: 43% drank two or three times a week and 21% drank every day.
- Young males between 16-18 years old: 11% drank every day and 11% drank two or three times a week.
- Young females under the age of 16: 10% drank every day and 27% drank every weekend.
- Young females over the age of 16: six percent drank every day, 26% drank two or three times a week and the majority drank at weekends.

Alcohol and crime and disorder

Excessive and inappropriate drinking leads to crime and social disorder, with increased demand on Police and other support services.

Alcohol is recognised as a contributory factor to many crime types including violent crime, criminal damage, anti-social behaviour and youth disorder. In 2006/07, there were 2446 crimes where alcohol was a contributory factor, comprising seven percent of all recorded crime.

¹⁴ North West Public Health Observatory. Indications of Public Health in the English Regions 8. Alcohol. 2007. http://www.nwph.net/nwpho/Publications/Alcohol_Indications.pdf

¹⁵ *ibid.*

¹⁶ Alcohol Harm Reduction Strategy for England. 2004. Cabinet Office

Interestingly, levels of crime where alcohol played an influential role were highest in the city centre (40% of all alcohol-related crimes) which contains the highest concentration of licensed premises. The majority of crimes in Newcastle where alcohol is a contributing factor take place at weekends and peak between 11.00pm and midnight and then again between 2.00am and 3.00am, the traditional closing time for nightclubs.

Box 2.4 Streetwise survey, 2005

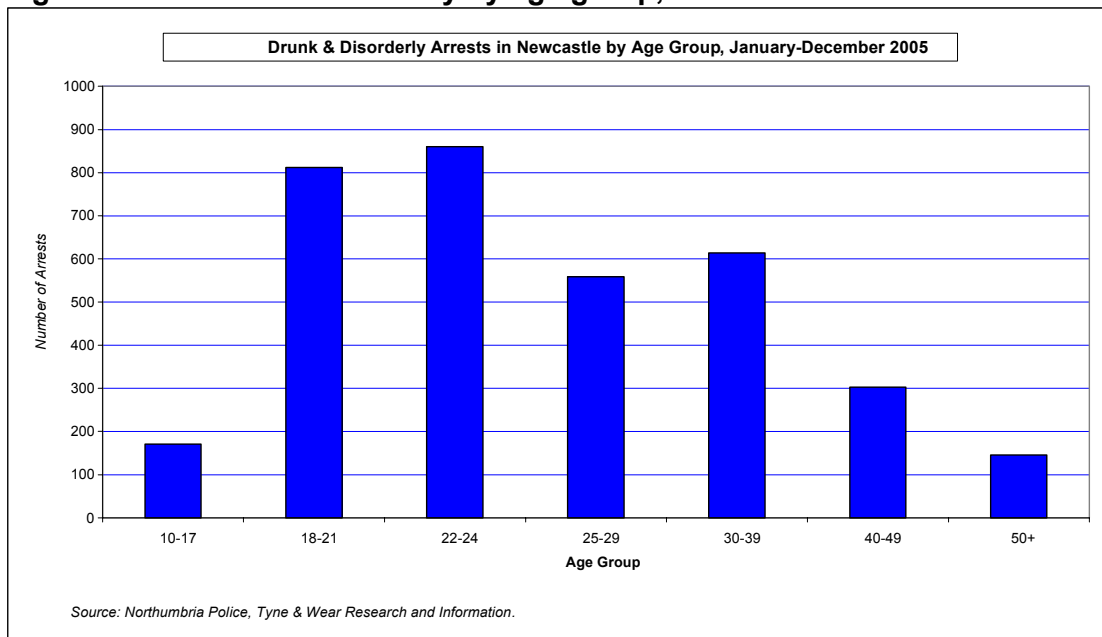
The survey of young people also showed that:

- A total of 28% of young people had been violent towards their partners whilst under the influence of alcohol: 26% were young females and two percent were young males.
- An average of 22% of young people (27% of males and 18% of females) admitted to committing a crime under the influence of alcohol.

Alcohol is strongly related to violent crime and the 2006/07 statistics show that violence against the person (VAP) crimes where alcohol was a factor accounted for 60% of all recorded VAP incidents.

Figure 2.1 shows that the highest number of arrests is among the age group 18-24 years.

Figure 2.1 Drunk and disorderly by age group, 2005



In addition to this, almost two-thirds (62%) of primary accidental fires and 45% of deliberate fires were considered to be alcohol-related and occurred on a Friday, Saturday or Sunday.

Alcohol-related disorder in young people across Newcastle is perceived to be the main community safety concern expressed by local residents¹⁷. Youth disorder, particularly alcohol-related disorder and especially on a Friday night and across the weekend, is the main crime and disorder issue being addressed by SNAPS¹⁸ groups. However, the low number of arrests among the 10-17 age group as shown in figure 2.1 challenges these sometimes negative public perceptions.

Box 2.5 illustrates the principal gaps in information concerning the range and extent of alcohol-related violence.

Box 2.5 Alcohol-related crime and disorder: information gaps

Since the introduction of the national Alcohol Harm Reduction Strategy in March 2004 there has been a focus on the range of harms caused by alcohol misuse in England, with alcohol-related crime and disorder being a key issue.

However, there are no national figures which can clearly outline the range and extent of the problem of alcohol-related violence in England. A key issue restricting partnership working on violence prevention is the lack of clarity regarding information exchange particularly regarding data sets around alcohol-related crime, youth violence, domestic violence and sexual violence.

Agencies are often unaware of what intelligence partners hold and how this can be accessed. Even when information of strategic and operational importance is identified, individuals are frequently unsure about whether it can be shared with other organisations, the level of detail that can be disclosed and the format in which data should be provided.

Clear national guidance on the exchange of such information would allow closer partnership working. There are also no recognised national recording systems to enable better composite intelligence.

Alcohol and social and behavioural issues

The health and other implications of domestic drinking (including domestic violence) need to be better understood.

There is a lack of local information to assess the scale of domestic (or 'hidden') drinking in Newcastle. However, there is anecdotal evidence and at least one post graduate research study into domestic drinking in Newcastle which indicate that the problem is widespread, may be particularly common amongst women and there is insufficient treatment capacity. Indeed, it is suspected that the situation in Newcastle exceeds the national picture. We suspect that the nature and extent of domestic drinking crosses geographical and socio-economic boundaries and it is likely that there will be many people in this group who require access to treatment services.

The Newcastle Domestic Violence and Abuse Partnership (NDVAP) support the view that although alcohol abuse does not cause domestic violence, it is a

¹⁷ Safe Newcastle. 2008. Strategic Assessment.

¹⁸ Safe Neighbourhoods (see Safe Newcastle).

contributory factor for both perpetrator and victim. Victims of domestic violence are particularly vulnerable to using alcohol as a coping strategy and as a result alcohol misuse often acts as a barrier to accessing services. For example, refuges often find it difficult to support women with chronic drinking patterns. As a result, risk to this group of women is increased and they are particularly vulnerable to long-term experiences of domestic violence.

In addition to the above issues, the misuse of alcohol by parents often has significant negative impacts on children in their care. In 2006/07, parental alcohol misuse was a contributing factor in 47.6% of initial child protection conferences.

Box 2.6 Alcohol and domestic abuse: information gaps and recommendations for further action

In order to adequately address the co-existence of domestic violence and alcohol, linkages between agencies that support both domestic violence victims and alcohol misusers need to be formalised. Alcohol projects and domestic violence agencies often serve the same client group. However, currently there is a gap in terms of information sharing agreements, referral pathways and common protocols. Crucially risk assessment tools are largely absent. In order to address key issues, the Newcastle Domestic Violence and Abuse Partnership recommends:

- Alcohol services receive training in relation to the identification and response to victims and perpetrators of domestic violence;
- Robust risk assessment processes are implemented in line with Multi Agency Risk Assessment Conferences (MARACs);
- Appropriate representation is provided at MARACs;
- Arrest referral schemes provide information on domestic violence perpetrators' programmes;
- Domestic violence services work in partnership with alcohol services, ensuring victims receive bespoke support packages; and
- Women only alcohol treatment services are provided.

Alcohol and links with other substance misuse

At a local level there is a lack of information relating to the association between alcohol use and the misuse of other substances, such as cocaine. There is therefore a need to further explore any links between the two. An increased understanding of the issue will support appropriately targeted education and prevention work and the development of appropriate services.

Alcohol and the workplace

Alcohol Concern (2007)¹⁹ identified that the majority of alcohol misusers are in employment; one in 25 people are dependent upon alcohol and the majority of these are employed. Alcohol-related sick leave has an annual cost of approximately £2 billion to industry. In addition to this, it is estimated that alcohol contributes to 25% of workplace accidents²⁰. The Local Authority

¹⁹ <http://www.alcoholconcern.org.uk>

²⁰ *ibid.*

Alcohol Profile for Newcastle²¹ estimates that there were 560 incapacity claimants attributable to alcohol in 2006.

Alcohol and homelessness

There is a lack of adequate housing provision for the homeless with alcohol problems, particularly for chronic and chaotic street drinkers.

Data available from the Newcastle supported housing sector (which caters for those who are homeless and people who are excluded from general needs housing) show that in 2006 a total of 468 (22%) of their clients were considered to have a significant alcohol problem. Whilst the supported housing sector in Newcastle provides certain services to support people with alcohol-related problems, there is little specialist provision in the city, e.g. no wet hostel for chronic and chaotic street drinkers and limited outreach services to engage with chronically excluded street drinkers.

Alcohol and licensed premises

In Newcastle, there are 583 licensed premises (including bars and restaurants) that can legally sell and serve alcohol. Over the last five years, there has been an increase in the number of hours licensed to open later in the evening. For example, since 2003 there have been 159 later hours per day and 6.5 earlier hours per day granted to licensed premises across Newcastle. In addition to this, there have been 14 new restaurant type premises granted and one new public house.

However, the City Council as the Licensing Authority, has endorsed a number of key strategies to tackle alcohol-related problems in direct response to issues raised by residents, businesses, police and other partners. These have included a proactive test purchasing regime; the implementation of Designated Public Places Orders across the city, which allow the police to seize alcohol from adults in the street; and the endorsement and support for 'Alcohol Watch' schemes and 'Challenge 21'.

In addition to these, the City Council's Licensing Policy 2008-2010 stipulates a number of conditions and tactics to be employed to regulate and influence alcohol-related problems, including sections on the Protection of Children From Harm and the Prevention of Crime and Disorder.

2.3 Summary

Although there is some information and knowledge available, we do not have a clear picture of alcohol-related harm in Newcastle. Indeed, there is a shortage of accurate and reliable information both locally and nationally. Where data are available, definitions and methods used in collation and

²¹ <http://www.nwph.net/alcohol/lape/LAProfile.aspx?reg=a>

analysis vary, making it difficult to compare reliably across areas and over time.

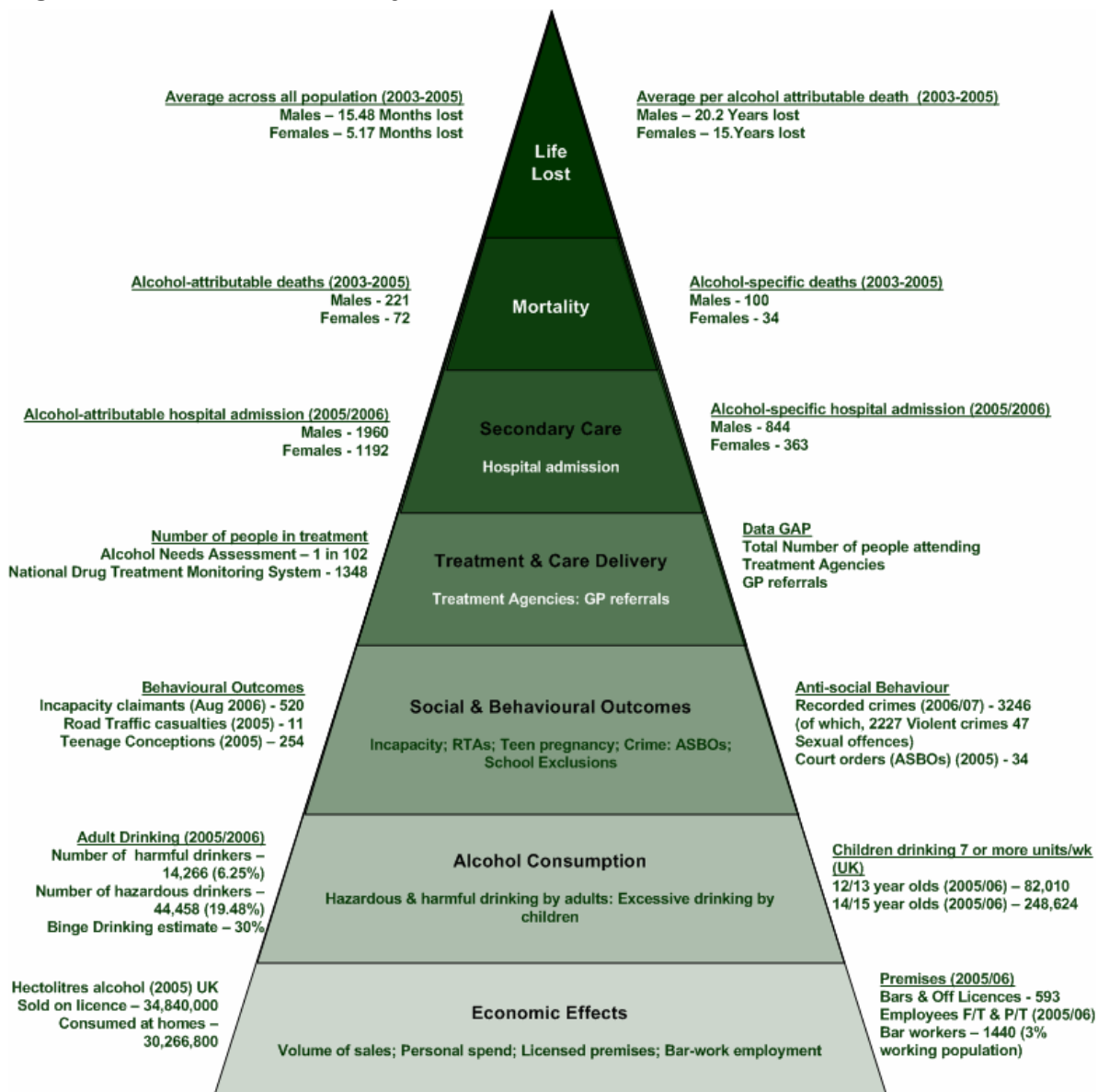
Figure 2.2 is the Local Authority Alcohol Profile²² for Newcastle which is a nationally compiled study providing a summary of alcohol-related data estimates for the city. Whilst the data provide some indications, there are gaps in information relating to treatment and care, children drinking, consumption in the home and alcohol-related youth disorder.

However, the data that are available indicate that:

- Excessive consumption of alcohol is a major problem in Newcastle.
- Approximately one in three adults in Newcastle is estimated to binge drink.
- Excessive and inappropriate drinking causes harm to health and increases demands on health services.
- Excessive and inappropriate drinking leads to crime and social disorder (particularly youth disorder), with increased demand on police and other support services.
- Hazardous and harmful drinking in the home is widespread and damaging to the health and wellbeing of individuals and families and needs to be better understood.
- Many people with drink problems are in work.
- There is a lack of adequate and appropriate housing provision for the homeless with alcohol problems, especially for chronic and chaotic street drinkers.
- The number of licensed premises is growing with a trend to increasing the number of hours open.

²² <http://www.nwph.net/alcohol/lape/LAProfile.aspx?reg=a>

Figure 2.2 The Local Authority Alcohol Profile for Newcastle, 2006 ²³



Summary of annual totals for Newcastle attributable to alcohol

Adapted from APHO – Indicators of Public Health in the English Regions No 8: Alcohol

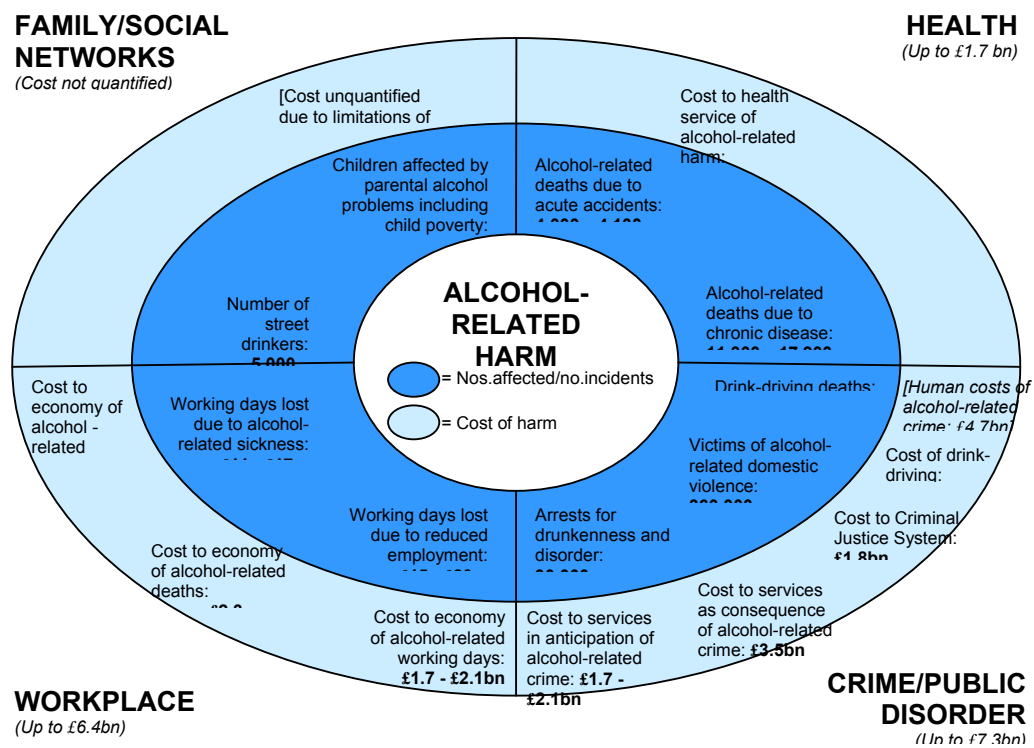
²³ 'Alcohol-specific' indicators are entirely related to alcohol, e.g. alcohol specific-deaths. 'Alcohol-attributable' indicators are partly influenced by alcohol e.g. alcohol-attributable hospital admissions (these include assaults, road traffic accidents, and certain cancers).

3.0 Alcohol services in Newcastle

3.1 Prevention and education

The social, health and financial costs of hazardous and harmful drinking in Newcastle means that investment in prevention and education strategies needs to be prioritised. The following diagram shows the estimated national cost in terms of family/social networks, health, the workplace and crime/public disorder amounting to a total of more than £15.3 billion.

Figure 3.1 Costs of hazardous and harmful drinking in the UK



Source: Alcohol Harm Reduction Strategy for England, 2004.

It is important if we want to influence the drinking culture in Newcastle that we provide people of all ages with clear and simple messages about sensible drinking. However, information is not enough for most people to make lasting changes in behaviour and such information needs to be given in the context of prioritising early identification and intervention.

Currently, there is no local coordinated response to prevention for adults in Newcastle. Although certain agencies have developed responses to particular groups, there is no agreed or coherent preventative approach.

There are also a series of challenges particularly associated with young people and alcohol misuse. For example, normalisation of heavy drinking in the adult population and the legal status of alcohol means that sensible drinking messages may be less effective with young people. There is also an emergent and strengthening street drinking culture amongst young people from the ages of 11 and 12 upwards, particularly across the weekends. Thus, there needs to be wider community context included in future work and a focus on risky behaviour and additional interventions through youth centres and outreach and sports and leisure facilities.

Schools have already responded to escalating problems of alcohol misuse through increasing the emphasis on alcohol education and looking for creative and interactive ways to engage young people in a discussion about the consequences of harmful drinking. However, it is acknowledged that a lack of confidence of staff in schools and throughout children's services leads to a hesitant response or a lack of appropriate action and early intervention when it is required. Supporting staff through training and workforce reform therefore needs to be prioritised.

Newcastle is also a key place to learn and develop skills with a large student population. Partnerships with establishment such as Newcastle University, the University of Northumbria and Newcastle College need to be continually developed to ensure that there is a consistent message relating to alcohol and to ensure that there are clear pathways into alcohol treatment services for students who need to access these services.

Box 3.1 Changing Trax

Changing Trax is a project that works intensively with families with serious parental drug or alcohol problems and where there are children at-risk of being accommodated by the Local Authority or being put on the Child Protection Register. Changing Trax has a well evidenced success rate over many years for keeping families together safely. The following case study is a recent example of their work in Newcastle.

Client C has a history of heavy alcohol use. She has three children and has been a victim of domestic violence. Changing Trax began working with the family when the children were placed with grandparents following concerns from Children's Social Care.

When Changing Trax began working with the family, they made sure that project workers were available to them 24 hours a day. The project also kept in close contact with the children's social worker. The children were returned to client C early in the intervention as she had made significant progress towards reducing her alcohol consumption and stabilising her life. The client relapsed briefly a number of times as a result of emotional stress but plans were agreed with the client's support network so that the children could stay at home while she got back on track.

Changing Trax continues to focus on developing the client's self esteem. She has gained in confidence and her relationship with her family has greatly improved. She has a much better understanding now of why she drinks and what impact it has on her children.

Whilst relapse is common and a normal part of recovery, how this is managed in a practical way can determine whether the children remain at home. The model that Changing Trax uses (termed 'Option 2') enables this risk to be managed safely.

The needs of children living in families where there is serious parental alcohol misuse have been outlined in the ACMD's²⁴ 2007 Hidden Harm: responding to the needs of children of drug users report. The recommendations in this report should be a priority. Early intervention in these families can prevent families from being separated and this is prioritised in Newcastle's Safeguarding Children Business Plan. The Changing Trax project (see box 3.1) works intensively with these families and has been successful in supporting significant change in parents where alcohol use is impacting on their parenting capabilities.

Figures previously identified within the strategy related to the impact of alcohol use on older men within Newcastle. These highlight the need to ensure that education and prevention work is developed to meet their needs and that services are also developed that are relevant and accessible to older men.

Current education and prevention services include:

- Newcastle City Council's School Drug and Alcohol Advisor provide curriculum support and alcohol education sessions. They also offer support for school staff in managing alcohol-related incidents and provide training for staff.
- D'n'A is Safe Newcastle's drug and alcohol service. It provides targeted prevention and early intervention work with young people to the age of 19.
- Streetwise (voluntary sector) provides counselling for young people up to the age of 25 and a drop-in service for advice on drugs, alcohol, sexual health and mental health issues.
- General Practitioners provide information and assess and refer patients to specialist agencies.
- Tyneside Cyrenians (voluntary sector) provide a range of services and projects that include education and prevention messages (see section 3.2 on adult treatment).
- Northumbria Probation Service works with offenders involved in alcohol-related offending in a number of ways including:
 - Alcohol Module of Citizen Programme: a one-to-one intervention designed to address all aspects of alcohol related offending;

²⁴ Advisory Council on the Misuse of Drugs.

- Addressing Substance Related Offending (ASRO): an accredited group work programme designed to help individuals move away from drug and alcohol addictions; and
 - Drink Impaired Driving (DIDs): an accredited group work programme for individuals who drink and drive.
- North East Council on Addictions (NECA - voluntary sector) provide support to community groups and carry out some awareness raising (see section 3.2 on adult treatment).
 - Safe Newcastle's Drug Support Unit has a range of training resources available free of charge and undertake workforce training on alcohol-related issues.
 - PROPS (voluntary sector) support families and carers who have been affected by substance misuse and many of their clients have been particularly affected by alcohol misuse.

In recent years there has been an increased prevalence of social marketing as a means of influencing voluntary social lifestyle behaviours, such as alcohol use. Social marketing has been described as 'the systematic application of marketing concepts and techniques to achieve specific behavioural goals relevant to a social good'²⁵. The use of social marketing techniques should be embraced as part of a wide ranging education and prevention package.

3.2 Alcohol treatment and support services

Alcohol treatment and intervention services in Newcastle are inadequate for the needs of the population. The Alcohol Needs Assessment Research Project (ANARP) estimated that only one in 102 harmful or dependent drinkers were accessing treatment services in the North East (figure 3.2). Although this is a regional figure, it provides an indication of the lack of provision. As a comparison, the equivalent figure for access to treatment for drug misusers is one in every 2.4 problematic drug users in treatment, compared to one in 102 for alcohol.

²⁵ http://www.nsms.org.uk/images/CoreFiles/NSMC-R3_alcohol_tobacco_substance.pdf.

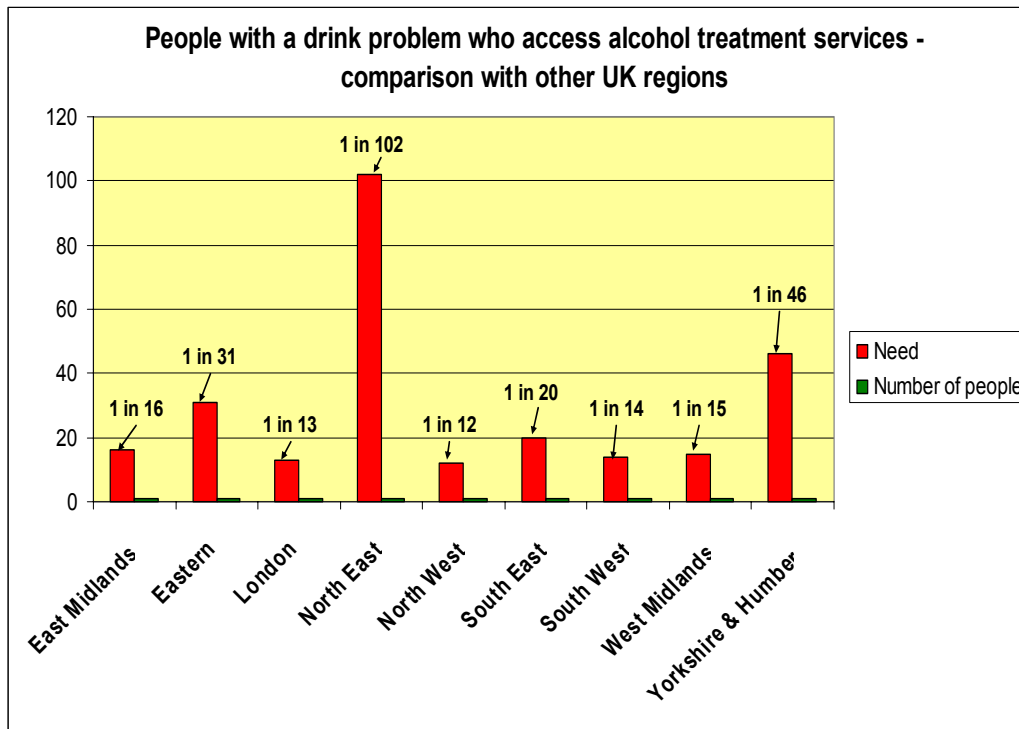


Figure 3.2 People with a drink problem who access treatment services – Comparison with other UK regions
Current adult treatment services include:

- Northumberland Tyne and Wear Mental Health Trust provides in-patient and out-patient detox facilities at the Freeman Hospital and Plummer Court. Plummer Court is a psychiatrist-led addictions service with Community Psychiatric Nurses, providing a range of psychological interventions.
- NECA provide counselling and alternative therapies for those with alcohol problems.
- Tyneside Cyrenians has several projects in Newcastle:
 - Ron Eager House provides day care services for problem drinkers;
 - The GAP Project is a project working with sex workers including those with alcohol problems;
 - The ACE Project is an outreach service for chronically excluded people including those with alcohol problems; and
 - Trading Places offers a peer-led day service to vulnerable adults including alcohol misusers, homeless people and those with mental health problems.
- Alcoholics Anonymous (AA) – members hold regular meetings in Newcastle: their common goal being to stay sober and help other alcoholics achieve sobriety.
- Adult Social Service Drug and Alcohol Social Work Team provides case management and assessment for residential rehabilitation.

Box 3.2 Alcohol Screening and Brief Intervention Trailblazers

This is a Department of Health funded research programme led by St George's, University of London and University of Newcastle. The project will identify the best method of helping people with alcohol problems attending primary care, accident and emergency departments and criminal justice agencies in England. A pilot has been set up in Newcastle Accident and Emergency Unit and two General Practices.

The project aims to find the best method of identifying people who are drinking in a harmful way at an early stage and to provide them with advice and support to prevent alcohol-related harm. The research will also assess the cost savings to health and social care services of screening and brief alcohol intervention. The research will be completed in 2008.

3.3 Consultation about alcohol services in Newcastle

There have been a series of consultation events and surveys since 2005 about alcohol-related issues and services across Newcastle. All of these events and surveys demonstrate the range of strong feelings and opinions of the people of Newcastle about alcohol and the need for prevention, education and treatment.

The results of the consultations are presented in the following boxes.

Box 3.3 Young people and alcohol conference, June 2006 and NCVS²⁶ event, February 2008

The following comments illustrate many of the sentiments that were expressed

"I have a concern that young people will take to a more 'evil' risk taking activity if a 'full-stop' was successful with under 18s".

"Risk taking is part of growing up. I think it needs to be managed and supervised and not stopped".

"Raise awareness for young people about associated risks of alcohol.

"Setting up a local committee including young people overseeing young people's issues ... more use in schools promoting awareness".

"Policy change ... youth workers and other professionals who use youth work approaches and principles, positive role models, should be given the flexibility to promote safe use of alcohol".

"Integrated training for workers and sessions for young people around alcohol and sex and risk taking".

"Parents need to take some responsibility for their children drinking. Young people also need to take some responsibility for trying to buy alcohol under-age".

"There needs to be an understanding of why they are drinking and why they are not under parental control. Needs to be linked with a better parenting strategy".

²⁶ Newcastle Council for Voluntary Service

"Ideally a city-wide policy. Perhaps we can start by tackling the Bigg Market. Invite bartenders and clubs to understand the implications".

"More diversionary activities for young people like youth clubs at weekends ... more funding to provide these".

"There are services for drug users but often one addiction gets replaced with another and alcohol gets used instead".

Box 3.4 Community Action on Health alcohol consultation event, August 2006

The main topics raised and their details have been summarised below.

Education and awareness issues

- More education needed in schools and colleges
- More education needed about the effects of binge drinking
- More education/advice for parents
- People should see alcohol as only one of many options for enjoyment

Support issues

- People need easier referral to support services
- More counselling treatment, rehab and support in all areas
- Greater early intervention programmes aimed at young people around alcohol
- More support given to family members suffering from an alcohol/drug dependent family member

Culture Issues

- Party city versus healthy city – Newcastle needs to decide which is more important
- Reduction in social acceptance of binge drinking
- Healthier lifestyles to be promoted as the cool thing to do – not big to smoke, drink or abuse yourself

Law enforcement issues

- Age limit to buy alcohol increased
- Enforce law better – stricter penalties to those who sell alcohol to underage
- Stop 24 hour access to buying alcohol
- Get rid of happy hours

Box 3.5 Alcohol agenda day, 2006

These comments are from young people.

"We couldn't go to our parents for help because then they would know we drink".

"Presentations in schools are the best idea because you can't walk away from them, you're forced to sit and listen".

"No one looks at posters".

More recently, in 2008, a number of specific opportunities were provided for stakeholders to participate in the development of the local alcohol strategy in Newcastle. Methods of involvement included questionnaires from individuals,

questionnaires from organisation and groups, emails that were received with comments related to the strategy, responses from City Life, and a number of other miscellaneous methods, including a draft report, a dissertation and an audit.

Box 3.6 Alcohol strategy consultation 2008

Participants were asked to identify gaps that related to the provision of alcohol services for 'problem drinkers, their families and their carers'. A number of key areas were identified:

- **Education and prevention.** A number of responses related to increasing the education and preventative element of services. Particular gaps focussed on the perceived lack of emphasis on hazardous and harmful drinking. It was also suggested that there needed to be a focus on the stories and testimonies of real people, so that other people could relate to these and develop a better understanding of alcohol misuse.
- **Working with the family.** The need to address the needs of the whole family was highlighted as a potential gap in service provision.
- **Specific gaps in service provision.** A number of specific perceived gaps in service provision were identified by some respondents:
 - More focus on targeting interventions to men – including older men.
 - Ensure that 'wraparound' elements of 'excessive drinkers' are addressed. This included physical and mental health, and debt issues.
 - An increased emphasis on 12 step programmes or self help groups such as AA.

Other identified issues included the need for treatment services to be 'at hand'; primary and secondary care services to work better with each other to ensure that patients have ease of access and choice; and the need to identify practical working examples of how harm reduction services can be commissioned and sustained.

Participants were also asked to identify any ideas that they may have in terms of providing services for problems drinkers. A general conclusion drawn from the responses was that there needed to be an increase in the quantity and quality of services, and services needed to be provided closer to home, in order to improve access. Greater and improved quality services should be offered in a range of settings, for a range of people, including people with mental health problems and homeless people.

Responses from participants have been brought together under a number of themes:

Education and prevention.

A number of suggested actions were linked to elements of education and prevention. These included counselling in practices that focussed on recommended intakes and harm reduction for chronic drinkers (including physical health support).

Respondents also identified the need for an emphasis on the role of secondary care in terms of prevention and partnership working.

Development of services.

A number of key areas relating to service provision for people who misuse alcohol were identified. These included:

Screening and Brief Interventions (SBI)

The introduction of SBI in primary care and secondary care (and to become routinely available) was identified by a number of respondents as an area for further action. However, it was also acknowledged that this would also require additional resources such as training and SBI materials. A full care pathway would also need to be developed. It was also felt necessary to identify a local GP champion who would facilitate the process. Another respondent also suggested the introduction of brief interventions in non-health settings (as with smoking).

Detoxification

The further development and availability of detox' was also identified by a number of respondents. An increase in community detox' programmes was also highlighted. One respondent felt that it was essential that best practice in detox' management was applied, including medication, and safety and security issues. The need to have a clear care plan during detox' was also identified as an important part of the process.

Arrest referral schemes

The development of arrest referral schemes to address and reduce re-offending was also identified as an area for further development.

Accident and Emergency Units (A & E)

A number of respondents identified and recognised the potentially important role that existed for dedicated resources, such as alcohol health workers, to be based within A & E Departments.

Flexible, appropriate and responsive services

Ease of access

Services for problem drinkers should be accessible at the point of wanting to stop drinking. It was suggested that 'problem drinkers tend to be chaotic and may not attend appointments in the future'. The need to access services out of hours was also identified.

Having specialist nurses, telephone help lines, alcohol workers in the hospital and in the community was also recognised by participants as an area of potential development.

Accessing other support services

Where appropriate and where identified, there needed to be safe access to mental health professionals for assessment, and to occupational health professionals.

Service user, family and carer involvement

A number of respondents identified the opportunity to develop services that have a peer-based approach. These included peer mentoring services and peer support groups: examples referred to by respondents included young people and teenage parents. Services for problem drinkers should tap into the experience of service users and carers.

Information, data and research

One respondent also identified the need for fear of crime in the population to be continually monitored. This was linked to drinking in public spaces, and ensuring that a balance was struck between maintaining a vibrant night time economy, whilst not having a city that has no-go areas for parts of its population (e.g. older people, young parents, minority ethnic groups who do not drink, families with young children).

A central database linking a number of services including Health, Police, Probation and the Voluntary sector was also cited as an area for development.

City Life Consultation

Specifically related to the City Life Consultation, respondents identified a number of service improvements for serious alcohol drinkers. These included:

- 24 hour support line.
- The promotion of existing services, including AA.
- The provision of counselling services.
- Closer work with AA and other related organisations.
- More 'walk in' centres.
- Signposting to access relevant help and support services.
- Targeted work to be aimed at those who have hit 'rock bottom' and are 'desperate'.
- Help to get people 'off the streets' who are 'lost to alcoholism'.

3.4 Summary

In 2007, Public Health and Safe Newcastle carried out a scoping exercise to identify what services were available for people and families affected by alcohol misuse (the results of this exercise are presented in sections 3.1. and 3.2). Whilst a series of services were identified, including examples of good practice, it is apparent that there is a shortage of treatment and support services, both in the healthcare sector and in the community.

It is also apparent that there is no coordinated approach to provide reliable and consistent information about safe, sensible drinking and raise awareness of alcohol-related harm.

The available statistics and the experience of services indicate that there are alcohol-related needs which are currently not being addressed. However, there has not been a needs assessment to inform how best to adopt a preventative or treatment-based approach particularly for binge drinkers and

those drinking excessively at home to reduce alcohol misuse. We are waiting with interest to see the results of the brief interventions research project (see box 3.2) which are due this year.

What is encouraging is that consultation with a series of groups across Newcastle, including young people, residents and frontline professionals, has demonstrated a commitment to both prevention and education and to treatment.

The objective therefore of this strategy is to address those identified gaps and build a well resourced, coherent and coordinated programme across all of Newcastle partners.

4.0 Resources

Resources include people, finance, information and technology. This section primarily focuses on financial resources.

Mainstream Resources

Partners across Newcastle have a wide variety of mainstream resources that can be used to support delivery of the Newcastle Alcohol Strategy and Local Area Agreement. This will become increasingly important as partnership's business processes are developed and aligned. Where possible the emerging priorities and delivery plans indicate the lead agency responsible for delivering an intervention and/or service and whether or not the resources are confirmed.

Mainstreaming

This can be achieved through a variety of approaches including:

- Refocusing strategy and policy developments;
- Reprioritising the role, remit and work programmes of staff and teams
- Reshaping services to reflect local needs, including;
 - Joining-up services, programmes and targets - through inter-departmental action and multi-agency delivery; and
 - Learning good practice from pilot projects.
- Reallocating mainstream finance - changing spending patterns to reflect priorities.

Financial resources

The Newcastle Partnership will use existing resources to their maximum effect to complement inputs of mainstream resources and where possible to secure leverage through additional external resources. Finances will be used to support the delivery of the Local Area Agreement and this strategy, ensuring the alignment of financial resources to agreed priorities.

5.0 Governance and performance management

The Health Improvement Board (chaired by the Director of Public Health) will take lead responsibility for ensuring the delivery of this strategy. The Health Improvement Board will report progress to the Delivery Board of the Newcastle Partnership via the Wellbeing and Health Executive.

A dedicated Alcohol Delivery Group, reporting to the Delivery Board, focusing on ensuring the action plan is implemented will be established. This will be made up of representatives of all the delivery partnerships of the Newcastle Partnership in recognition of the significant contribution each has to make in ensuring a safe, sensible and social approach to alcohol in Newcastle. Representatives from all the delivery partnerships will be responsible for keeping their partnerships informed about implementation of the action plan.

6.0 Emerging priorities and commitments 2008-2011

The strategy and associated delivery plans will be refreshed on an annual basis to ensure that priorities and commitments remain appropriate. This section outlines early priorities and commitments which will be carried out in the first three years of the strategy

Licensing/Enforcement

The City Council as the Licensing Authority, has endorsed a number of key initiatives to tackle alcohol-related problems in direct response to issues raised by residents, businesses, Police and other partners. The following will form key elements of the licensing/enforcement activity delivered by a number of partners:

- Proactive test purchasing regime;
- Implementation of Designated Public Places Orders across the city as appropriate;
- Endorsement and support for 'Alcohol Watch' schemes and 'Challenge 21';
- Interim review of licensing policy as appropriate (next statutory review 2010);
- Instigation of legal proceedings in accordance with the principles of the national Regulators Compliance Code; and
- Work with off licenses and the licensed trade to promote responsible retailing of alcohol.

Preventative Approach

Some critical initiatives which we will implement are:

- Ensure that the City Council, local NHS services and grant aided organisations develop alcohol workforce policies and that alcohol is integrated into the workforce reform priorities in these organisations. This will include adding alcohol awareness as part of all new employee induction programmes;

- Training to those working face-to-face with children, young people or adults;
- Targeted alcohol education in all secondary schools and through targeted youth support;
- Review existing screening and assessment tools;
- Work focussed on reducing binge drinking and long term dependency;
- Target services and support to reduce alcohol related evictions from supported housing; and
- Build on and expand work with the licensed trade to ensure safe management of premises e.g. Best Bar None.

Improve Services

This includes:

- Development of a tiered service provision with clear pathways between services in and out of treatment;
- Complete a needs assessment and an audit of existing treatment provision leading to system and service improvements by 2010/2011;
- Development of a clear commissioning strategy for alcohol and related services; and
- Improve our evidence and information bases so as to understand the true nature of alcohol issues.

Partnership working

This includes:

- Establish an Alcohol Delivery Group to oversee delivery and performance management;
- Improve communication; and
- Maintain work of cross partnership analyst group.

Appendix: Policy drivers

National policy drivers

The Alcohol Harm Reduction Strategy for England (2004) was the first strategy produced by the Government to reduce alcohol related harm. It focused on four key areas:

- Education and communication;
- Identification and treatment of alcohol problems;
- Crime and disorder; and
- Working together with the industry to promote sensible drinking.

Safe. Sensible. Social. The next steps in the National Alcohol Strategy (2007) is the follow on to the 2004 document and aims to change the drinking culture to one where the majority of the population enjoy alcohol safely and responsibly. It outlines a comprehensive approach to tackle the different ways alcohol impacts on a community. Key actions include:

- Sharpened criminal justice for drunken behaviour;
- A review of NHS alcohol spending;
- More help for those who want to drink less;
- Toughened enforcement of underage sales;
- Guidance for parents and young people;
- Public information campaigns to promote a new 'sensible drinking culture';
- Public consultation on alcohol pricing and promotion; and
- Compulsory local alcohol strategies – to be in place by April 2008.

Public Service Agreements (PSAs) include indicators of relevance to the alcohol strategy that cut across a range of PSAs which are effective from April 2008. Relevant indicators include:

- PSA13: Improve children and young people's safety;
- PSA14: Ensure children are on the path to success;
- PSA16: Increase the proportion of socially excluded adults in settled accommodation and employment, education or training;
- PSA21: Build more cohesive, empowered and active communities;
- PSA23: Make communities safer; and
- PSA25: Reduce the harm caused by alcohol and drugs.

The National Crime Reduction Strategy 2008-2011 key principles include:

- Stronger focus on serious violence (including alcohol-related violent crime);
- Continued pressure on anti-social behaviour;
- Renewed focus on young people;
- Continuing to reduce re-offending;

- Freeing up local partners, building public confidence; and
- New national approach to designing out crime.

The Police and Justice Act 2006 has widened the responsibilities of Crime and Disorder Reduction Partnerships (CDRPs) and their Responsible Authorities to include, as well as crime and disorder:

- Anti-social behaviour;
- Behaviour adversely affecting the local environment;
- Misuse of drugs, alcohol and other substances; and
- A requirement to produce an alcohol strategy by April 2008.

Choosing Health: Making Healthy Choices Easier (2004) sets out to:

- Ensure all health professionals are able to identify alcohol problems early;
- Pilot new approaches to targeted screening and brief interventions in the NHS with a focus on Accident and Emergency;
- Develop similar approaches in criminal justice settings; and
- Improve alcohol treatment services (based on the Models of Care Framework).

Alcohol Needs Assessment Research Project (2006) is the first alcohol needs assessment for England. The study found a high level of need across different categories of drinkers, including identifying that 38% of men and 16% of women aged 16-64 have an alcohol use disorder. This equates to about 8.2 million people in England.

Licensing Act 2003 which came into effect in 2005 improves the scope for:

- Preventing crime and disorder;
- Promoting public safety;
- Preventing public nuisance; and
- Protecting children from harm.

Every Child Matters: The Children's Act 2004 aims to ensure that every child and young person under age 19 has the chance to fulfil their potential by reducing:

- Levels of educational failure;
- Ill health;
- Alcohol and other substance misuse;
- Teenage pregnancy;
- Abuse and neglect; and
- Crime and anti-social behaviour.

Regional policy drivers

North East Alcohol Misuse: Statement of Priorities (2006) has identified three principal aims:

- Developing a preventative approach towards local alcohol misuse throughout the North East;
- Ensuring services are provided for hazardous, harmful and dependent drinkers and for their families and carers; and
- Promoting public protection through law and policy enforcement.

Better Health Fairer Standards (2007), a health and wellbeing strategy for the North East aspires to a 'culture and environment conducive to safe drinking' the region. It sets out to:

- Establish a regional Office for the Safe Consumption of Alcohol;
- To develop comprehensive, integrated alcohol treatment and support services, supported by regionally agreed specifications of best practice and by 2010, the North East should have the highest per capita availability of brief interventions in the country; and
- Build in the longer term, public antipathy to drunkenness, to promote an image of it being both unhealthy and uncool.

In the North East, delivery of 'Safe, Sensible Social: The next steps in the National Alcohol Strategy' is overseen by the **North East Regional Alcohol Advisory Group (NERAAG)**. The region also hosts the UK's first alcohol control agency: The **Office for the Safe Consumption of Alcohol (Osca)**, which will run campaigns aimed at encouraging people to drink safely and responsibly, as well as ensuring people have equal access to improved services and treatment across the region.

Local policy drivers

The Newcastle Ten Year Health Improvement Strategy for 2007 – 2017 aims to encourage and support sensible drinking by:

- Changing the drinking culture of the city by modifying its party image, making drinking venues more family-friendly and providing more drink-free alternatives for young people;
- Raising awareness levels of the benefits of sensible drinking and the hazards of unsafe drinking;
- Increasing the number of problem alcohol users accessing treatment; and
- Increasing the percentage of people with alcohol problems able to access specialist treatment within five working days.

Newcastle Council Licensing Policy sets out the policies that the City Council will apply in determining applications under the Licensing Act 2003 for 'premises licences' authorising 'licensable activities' and for 'personal licences' authorising persons residing in the city to sell alcohol from licensed premises. It provides the legislative basis for Newcastle to:

- Offer a wide choice of high quality, professionally managed entertainment and cultural venues; and
- Provide a safe, orderly and attractive environment, valued by those who live, work and visit the city.

Local Area Agreement 2 (LAA 2): The LAA outcomes framework includes alcohol-related hospital admission rates as the proposed indicator for alcohol related harm.