

**NORTH YORKSHIRE COUNTY COUNCIL****Care and Independence Overview and Scrutiny Committee****28 September 2017****North Yorkshire Joint Alcohol Strategy: Update****1.0 Purpose of Report**

- 1.1 This report asks the Committee to note the information in the report and the Alcohol Strategy Annual Report 2016

**2.0 Purpose**

- 2.1 The current report is the second annual report of the North Yorkshire Joint Alcohol Strategy 2014–2019. The report describes the three priority areas underpinning the alcohol strategy. It includes the main developments against these outcome areas, and the impact of increased investment in the alcohol strategy including new investment in Identification and Brief Advice (IBA) to assess changes in people's behaviours and contribute to reducing alcohol-related harms.

**3.0 Background**

- 3.1 In January 2015 North Yorkshire County Council (NYCC) published a joint alcohol strategy. The strategy aimed to galvanise partners to collectively reduce the harms from alcohol.
- 3.2 The strategy identified three outcome areas; establish responsible and sensible drinking as the norm; identify and support those who need help into treatment through recovery and to reduce alcohol related crime and disorder.
- 3.3 The alcohol strategy intended to continue to build on the on-going work across North Yorkshire (NY) informed by the latest data and using the best evidence of what works and what is available.
- 3.4 The annual report draws together key data and evidence and identifies significant developments within each of the three outcome areas. The report aims to evaluate the impact of the alcohol strategy in North Yorkshire and answer; how and to what extent has implementing the strategy and interventions (taken together and/or individually) changed peoples behaviours and contributed to reducing alcohol-related harms?
- 3.5 Key achievements in 2016 include:
- Public Health Team commissioned Drug Train to deliver free Identification and Brief Intervention (IBA) training to target professional (but non-alcohol specialist) groups across North Yorkshire. To date over 900 people have been trained

- Increased provision of IBA in GP settings and pharmacies
- As a response to the change in licensing legislation Public Health has been working with colleagues to influence reviews of districts Statement of Licensing Policy and also developing local profiles which include health and police data to support the licensing process and provide alcohol related data for districts.
- Service level agreement (SLA) in place with Trading Standards to deliver elements of the action plan
- Refresh of the NYCC HR policy for drugs and alcohol
- Scoping social marketing campaigns to raise awareness of the harms associated with alcohol

## **4.0 Significant changes**

### **4.1 Access to treatment**

4.2 The North Yorkshire Alcohol Strategy has seen an improvement in access to identification and treatment for those people with alcohol misuse. There has been an increase in the numbers engaged in treatment (alcohol only) with North Yorkshire having 42% of people in specialist treatment service in this category compared to 29% nationally.

- The peak age for people accessing support for alcohol treatment is 45-49 years.
- The measure of success would be – the proportion successfully completing treatment and not re-presenting within a defined period.

### **4.3 Hospital admissions**

4.4 We have seen an improvement in hospital admission for those aged 18 and under and are now similar to the national average, however alcohol related admissions overall are rising at a faster rate than nationally. However in the under 40's we have seen an increase meaning North Yorkshire is statistically worse than the national average.

## **5.0 Resource Implications**

5.1 The Public Health Grant has invested £255,000 for 2017/18 towards implementation of the North Yorkshire Alcohol Strategy (This excludes investment into treatment services). The majority of this is for the provision of identification and brief advice (IBA) and the additional investment into Trading Standards support to address issues relating to underage sales of alcohol.

## **6.0 Future plans and measuring success**

6.1 What next?

- Developing a social marketing campaign focused on targeting 'high risk' groups
- Increase provision of alcohol IBA

- Work with districts to address alcohol related crime and disorder in the Night Time Economy (NTE)
- Campaigns to address alcohol/drug driving
- Refresh and implement the NYCC substance misuse policy

6.2 Public Health have created an outcomes framework to measure success. The following indicators are used in the framework, a summary of some of the performance indicators are included in the annual report.

- Alcohol related hospital admissions
- Road collisions involving alcohol
- Alcohol related violence
- Alcohol dependency
- Numbers of people in treatment and successful completers
- Numbers of alcohol IBA interventions

## **7.0 Recommendations**

7.1 The Care and Independence Overview and Scrutiny Committee is recommended to note the information in this report.

**Lincoln Sargeant**  
**Director of Public Health**

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Date: September 2017

Annex: North Yorkshire Alcohol Strategy Annual Report

31 August 2017

Background Documents Nil

Groups  
**Support**  
Binge drinking  
Support  
**Socialise**  
Accidents  
Campaigns  
Suicide  
**Violence**  
Family  
**Drink-Drive**  
Memory loss  
Illness  
Death  
Licensing  
Sensible drinking  
**Cancer**

# Reduce the harms from alcohol

Alcohol IBA  
**Hangover**

Help

Dependant drinker

**North Yorkshire**

**Horizons**

Addiction

Health  
**Safety**

**Units**

Partners

**Abuse**

Pre loading

**Depression**

**Dry January**

Sickness

Weekend

Hospital

Crime

North Yorkshire

Joint Alcohol Strategy

2014-2019

Annual progress report 2016

Health and Wellbeing Board  
North Yorkshire



# Introduction

Welcome to the second annual progress report of the North Yorkshire Joint Alcohol Strategy 2014-2019. A multi-agency Drug and Alcohol Partnership Group has been developed and is responsible for ensuring the North Yorkshire Alcohol Strategy Implementation Plan is delivered.

The strategy aims to galvanise partners to collectively reduce the harms from alcohol. It is under-pinned by three priority areas, namely to:

- PRIORITY 1** Establish responsible and sensible drinking as the norm
- PRIORITY 2** Identify and support those who need help into treatment through recovery
- PRIORITY 3** Reduce alcohol-related crime and disorder

This report describes the main developments against the three priority areas, and what the impact of investment in this area has been on reducing alcohol-related harms in the last year.

## Contents

### 1. New Guidance

- Public Health England (PHE) - The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review
- PHE has worked with the Home Office and Department of Health to develop and pilot an analytical support package (ASP) for alcohol licensing.
- Alcohol Guidelines

### 2. Performance indicators

### 3. Why is alcohol still a priority in North Yorkshire?

### 4. Achievements

- Priority 1
- Priority 2
- Priority 3

### 5. What next?

# New Guidance

## Public Health England (PHE) - The Public Health Burden of Alcohol ([www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review](http://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review)) and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies

### An evidence review

In December 2016 Public Health England (PHE) published a report that examines the health, social and economic impact of alcohol, and the effectiveness of actions in reducing its harms.

This review provides national and local policy makers with the latest evidence to identify those policies which will best prevent and reduce alcohol-related harm. It details policies that impact directly on the environment in which alcohol is sold and marketed, including its price, availability and advertising, along with policies directed at people most at risk.

The report states that in England, the harm caused by alcohol is determined by levels of consumption at both the individual and population-level. Levels are heavily influenced by:

- **how easy it is to purchase or consume alcohol (availability)**
- **how cheap alcohol is (affordability)**
- **social norms surrounding its consumption (acceptability)**

The North Yorkshire Drug and Alcohol Partnership Group will use this review to influence partners and identify actions to include in the Alcohol Strategy Implementation Plan.

**Public Health England has worked with the Home Office and Department of Health to develop and pilot an analytical support package (ASP) for alcohol licensing. <https://www.gov.uk/guidance/alcohol-licensing-a-guide-for-public-health-teams>**

The ASP is designed as a 'one-stop shop' resource for any responsible authority, and includes:

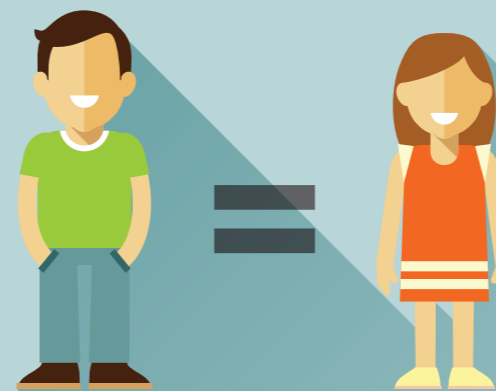
- a data library
- a tool to map health data at a local level
- guidance on how to collate relevant information from primary data via surveys

The ASP is a live online digital platform that PHE will continue to update as and when new information or advice is available. PHE therefore encourage public health teams working on licensing to use the tool to work collaboratively with their partners to maximise their role as a responsible authority. Use of the tool could inform a future public health licensing objective, its wording, and supporting guidance.

**Alcohol Guidelines**

New guidelines ([www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines](http://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines)) brought in by the UK Chief Medical Officer last year reflect the latest scientific information relating to the long-term health risks of drinking alcohol, to enable the public to make informed decisions about their own alcohol consumption. The latest guidelines are based on new evidence about the potential harms of alcohol that has emerged since the previous guidelines were published in 1995.

**Low risk alcohol guidelines\***



**Low risk guidelines are the SAME for men and women. BOTH are advised not to regularly drink more than 14 units a week.**

**This is what 14 units looks like:**

6 pints of 4% beer



6 glasses of 13% wine



14 glasses of 40% spirits



If you regularly drink **14 units per week**, it's best to **spread your drinking over 3 or more days**.

If you want to cut down the amount you're drinking a good way is to have several **drink-free days** each week.



Note 175ml 13% ABV wine and 4% ABV beer

Reduce the risks from single occasion drinking episodes by:

**Limiting the total amount of alcohol in one session**

**Drinking more slowly, with food and alternating with water**



**If you're pregnant you shouldn't drink alcohol at all**



The risk of developing a range of **health problems increases the more you drink** on a regular basis.



\*UK Chief Medical Officers low risk drinking guidelines. August 2016

# Performance indicators

In England, alcohol misuse is the biggest risk factor contributing to early mortality, ill-health and disability for those aged 15 to 49 years. Admissions episodes for alcohol-related conditions across all age groups have shown a small increase for both males and females.

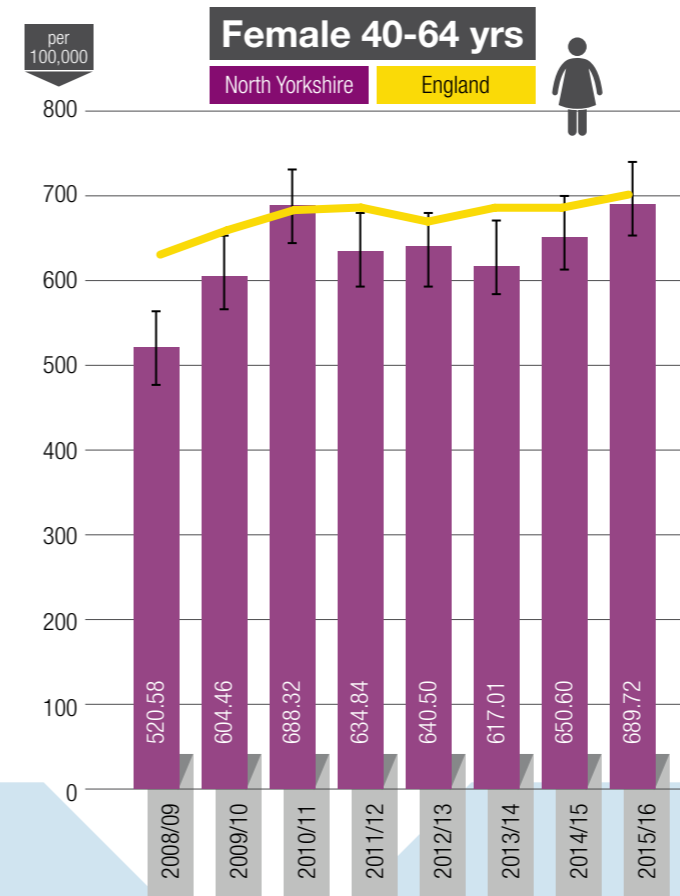
In North Yorkshire alcohol still remains a priority as overall hospital admissions for alcohol related conditions are rising at a faster rate than the national picture. There has been a more marked increase for both males and females from 494 per 100,000 (2008/09) to 631 per

100,000 (2015/16) which makes admissions in North Yorkshire statistically similar to that of the National picture (worsening trend).

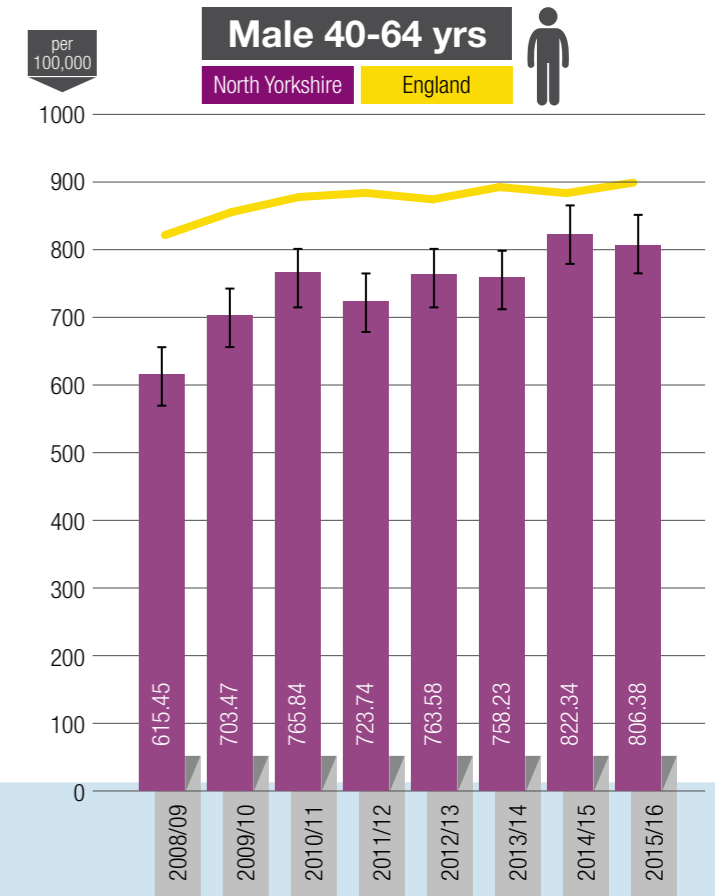
In those aged 40 and under we have seen an increase, meaning North Yorkshire is statistically worse than the national average.

However for those aged 18 and under Hospital admissions have declined making North Yorkshire statistically similar to the national average.

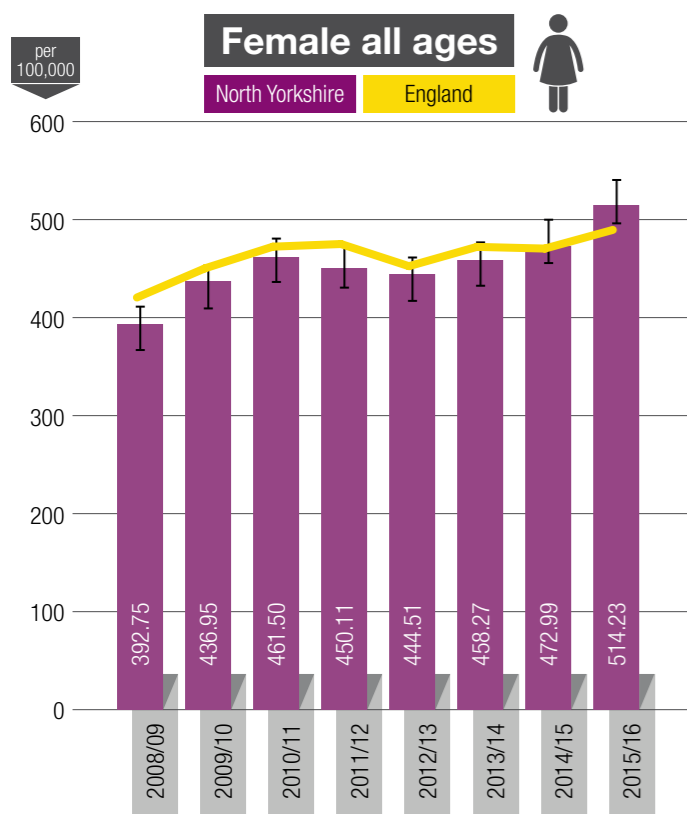
Admission episodes for alcohol-related conditions (Narrow)



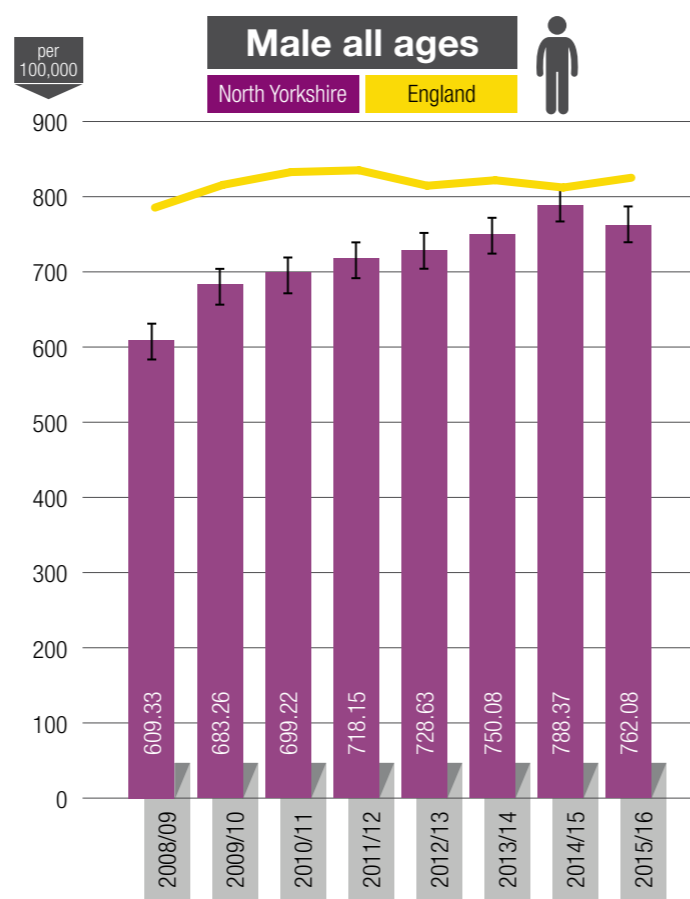
Admission episodes for alcohol-related conditions (Narrow)



Admission episodes for alcohol-related conditions (Narrow)



Admission episodes for alcohol-related conditions (Narrow)



Admission episodes for alcohol-related conditions - Persons (Narrow)



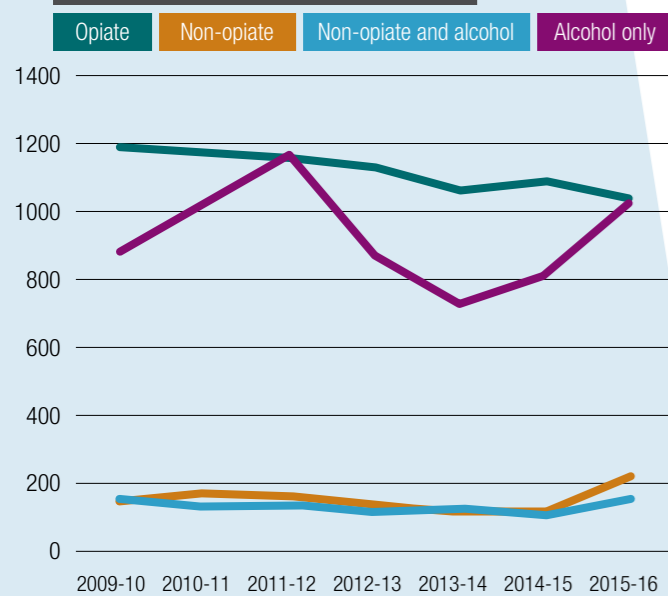
Admission episodes for alcohol-specific conditions - (Narrow)



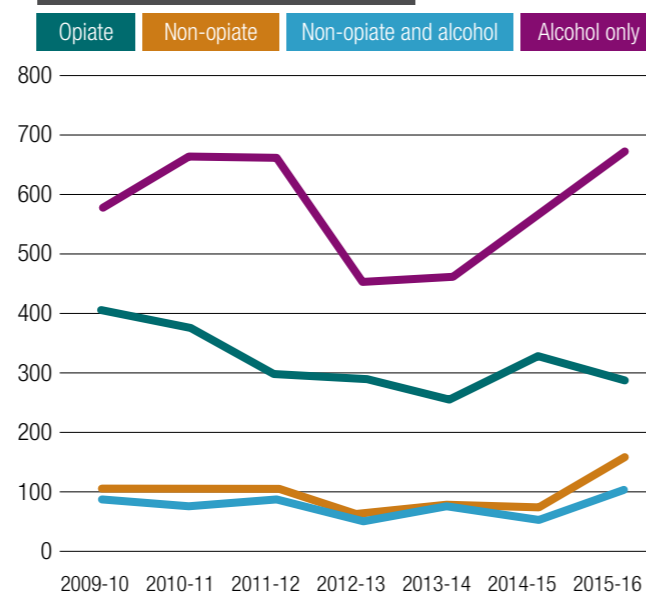
In keeping with our strategic focus, we have improved access to treatment for people with alcohol misuse. There has been an increase in the numbers engaged with treatment (alcohol only) with North Yorkshire having 42% of people in specialist treatment service in this category compared to 29% nationally.

During 2016/17 local data (North Yorkshire Horizons) indicates that 1173 people were seen by Horizons for Alcohol only help, support and treatment. Of these 57% were male and the peak age was 45 to 49 years (18%).


### Numbers in treatment



### New presentations

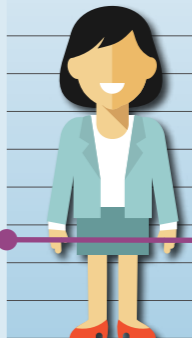


## Why is alcohol still a priority in North Yorkshire?




**1.0% Adults alcohol dependent\***

It is estimated that **5340 people** aged 18 years and over in North Yorkshire are alcohol dependent. This equates to **1.01%** of the over 18 population




**26.9% of adults drinking over 14 units a week**

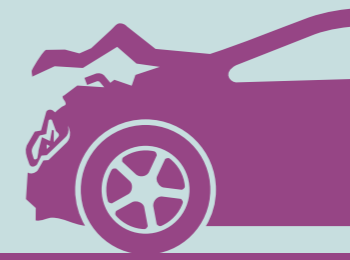
In England 25.7% of adults drink over 14 units of alcohol a week (2011-14). **North Yorkshire** is statistically similar with **26.9% of adults** aged 18 years and over **drinking over 14 units of alcohol a week** (2011-14).



Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions.


Nationally alcohol misuse is estimated to **cost the NHS about £3.5 billion** per year and society as a whole **£21 billion** annually.



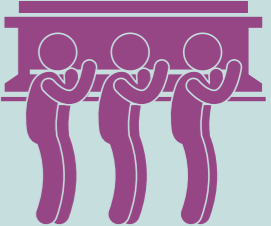


**Alcohol is implicated in 4% of road accidents in North Yorkshire** (North Yorkshire Police 2016/17). Although rate of road accidents injury and deaths are decreasing this remains **statistically higher than the national average**


**Hospital admissions for females have consistently increased** from **393 per 100,000** (2008/09) to **514 per 100,000** (2015/16), placing **North Yorkshire significantly worse than England average for FEMALE admissions.**



**Alcohol misuse is still the biggest risk factor attributable to early mortality, ill-health and disability** for those aged 15 to 49 years. All ages it is the fifth most important.



Within North Yorkshire **Scarborough** has the highest Alcohol Specific rate (persons) with a rate of **16.8 deaths per 100,000** (2013-15) meaning Scarborough is statistically **significantly worse than** the 11.5 per 100,000 (2013-15) **England rate.**



**Scarborough 16.8 deaths per 100,000**

\*Definition Dependent drinkers are drinking above recommended levels, experiencing an increased drive to use alcohol and feel it is difficult to function without alcohol



# Achievements

## **PRIORITY 1** Establish responsible and sensible drinking as the norm

### Case study: Trading Standards

Trading Standards continue to receive funding for their work contributing to the North Yorkshire alcohol and tobacco control strategies.

Priorities:

- To prevent the sale of age restricted products to minors.
- To prevent the sale of illicit and counterfeit alcohol and tobacco.
- To help businesses comply with their legislative and social obligations regarding the sale of alcohol and tobacco.
- To reduce anti-social behaviour caused by the misuse of alcohol and tobacco.
- To address criminal contraventions robustly and proportionately.

In 2016, Trading Standards received **36 reports of underage sales**, i.e. claims of alcohol being sold to those under the age of 18. Trading Standards use child helpers to test the processes and systems which a business has in place to prevent sales of age restricted goods to minors and in response to these complaints,

**24 test purchases were attempted with 11 sales occurring, a sale rate of 46%.**

Matt O'Neill, Assistant Director of Growth, Planning and Trading Standards said,

**“Alcohol and tobacco are age restricted for good reason. Misuse of these products in childhood can lead to dependencies in adult life and local businesses must recognise their significant role in protecting our children’s health by preventing children access to all forms of alcohol and tobacco”.**

Trading Standards worked with key businesses to improve their processes and prevent further underage sales and as a consequence of this trader engagement, in 2017, a further 31 test purchases were attempted with only 4 sales occurring. This equates to a sale rate of just 13%, a major reduction in comparison to that of 2016.

It is recognised that many factors affect a retailer’s ability to refuse age restricted sales and as a result Trading Standards work diligently with local partners to tackle problems at a local level. The team have contributed to multi-agency groups in Harrogate addressing

children drinking in the streets and homeless people stealing alcohol from supermarkets. We have worked with Scarborough Borough Council to mitigate the implications of night shift workers excessive morning drinking, contributed to Selby campaigns warning people of the dangers of alcohol misuse and attended several Pubwatch meetings across the County to raise awareness of underage sales and the dangers associated with counterfeit alcohol.

Trading Standards take every opportunity to support businesses on alcohol based issues and continue to be a responsible authority for the purposes of the Licensing Act, working closely with partner agencies to ensure contentious applications are explored. In January 2016 the positive work of the team was recognised by Sergeant Matt France, who complimented the team in terms of their interaction and advisory function regarding the Licensing Act and its practical implications. Sgt France cited 66% of the top 250 key licensed premises throughout North Yorkshire had shown reduced calls for Police service and that a contributory factor in this success was Trading Standards proactive information/educational stance.

### Case study: Alcohol IBA

Alcohol Identification and Brief Advice or IBA has been found to be one of the most straightforward and cost-effective approaches to reducing risky but non-dependent drinking at an individual level.

It involves screening, using a validated tool, followed by a short structured conversation aimed at changing drinking behaviours. The conversation (intervention) usually lasts no longer than 5-10 minutes and is aimed at motivating at-risk drinkers to reduce their alcohol use, or to offer referrals to treatment for dependent drinkers.

North Yorkshire County Council (NYCC) have commissioned Drugtrain to deliver free IBA training for front line non-alcohol specialist staff to enable them to offer effective support and advice to patients to raise awareness of the harmful effects of excessive drinking and to recognise sensible limits.

Since 2015 we have trained over 900 front line staff. This includes 45 Pharmacists and 109 GPs who have delivered 206 and 149 Alcohol IBA interventions respectively.

Staff delivering NHS Health Checks looking at a variety of lifestyle issues, including alcohol consumption, are also able to access Alcohol IBA training.

### Case Study: Children and Young People's Service measuring the impact

The Growing up in North Yorkshire Survey has shown a decline in the number of secondary school pupils both drinking alcohol and smoking cigarettes.

	2006	2008	2010	2012	2014	2016
 Yr 8 (age 12-13) never drink alcohol	29%	29%	36%	43%	58%	61%
 Yr 8 (age 12-13) never smoked	73%	74%	84%	85%	88%	89%
 Yr 10 (age 14-15) never drink alcohol	12%	14%	16%	20%	28%	30%
 Yr 10 (age 14-15) never smoked	49%	52%	55%	61%	66%	70%

Work that supports this decline in drinking alcohol and smoking includes:

- Promotion, such as the use of evidence based approaches and resources through a health and wellbeing newsletter distributed to all schools.
- Updates to guidance and policy, including the NYCC Personal, Social and Health Education PSHE and Citizenship Guidance for schools and improvements within a cluster of secondary school's substance misuse policies, leading to changes in the curriculum and staff training.
- Innovative approaches to education, such as the extremely positively received touring theatre programme which focused on the risks of drinking alcohol aimed at Year 7 and Year 8.

**PRIORITY 2** Identify and support those who need help into treatment through recovery

**Case Study: North Yorkshire Horizons**

North Yorkshire Horizons is the specialist adult drug and alcohol service for North Yorkshire.

It delivers services from five hubs, community venues and GP practices including:

- access to independent mutual aid groups
- inpatient and residential placements where clinical need determines this
- access to recovery groups

Pharmacies support North Yorkshire Horizons, and recovery groups are available across North Yorkshire. The service also facilitates access to independent mutual aid groups and also to inpatient and residential placements where clinical need determines this as the appropriate treatment intervention.

The ambition is for North Yorkshire Horizons to support as many people to recover from substance misuse as possible, including abstinence.

Over 3,000 service users engaged with the service during the last financial year. The Single Point of Contact dealt with over 22,000 enquiries, and 1,000 recovery groups were held.

The national measure of success in terms of promoting recovery from substance misuse is 'proportion successfully completing treatment and not re-presenting within defined period'. The table below shows that numbers and proportions completing treatment and not re-presenting have improved since the introduction of North Yorkshire Horizons, and direction of travel continues to improve.

**Source: Public Health England Diagnostic Outcomes Monitoring Executive Summary Report**

	2 yrs pre NYH (1/10/12 – 30/9/13) Q3 1415*	1 yr pre NYH (1/10/13 – 30/9/14) Q4 1516*	First year (1/10/14 – 30/9/15) Q4 1617*	Latest (1/10/15 – 30/9/16) Q4 1617*	Latest Q performance: top quartile range for peer group/ national av.
<b>Alcohol</b>	Not reported	Not reported	26.1% (235/899)	34.2% (361/1057)	38.3%

**Case Study: Alcohol-Related Deaths**

A drug and alcohol-related deaths confidential enquiry process was introduced in 2011, coordinated by the Public Health Team. The enquiry process reviews the death of all deceased individuals known to the North Yorkshire Horizons service, who misused drugs or alcohol.

The enquiry process reviews deaths of all deceased individuals known to misuse drugs, and deaths of deceased individuals known to misuse alcohol and known to the North Yorkshire Horizons service.

The number of reported drug and alcohol-related deaths is increasing year on year. The number of deaths reported in 2016 represents the highest number reported since the introduction of the enquiry process.

Reported alcohol-related deaths outnumber drug-related deaths. There was a notable increase in alcohol-related deaths reported in the Harrogate (and Rural) District in 2016, this is being reviewed by the drug and alcohol related deaths board.

## PRIORITY 3 Reduce alcohol-related crime and disorder

### Case Study: 95 Alive Partnership

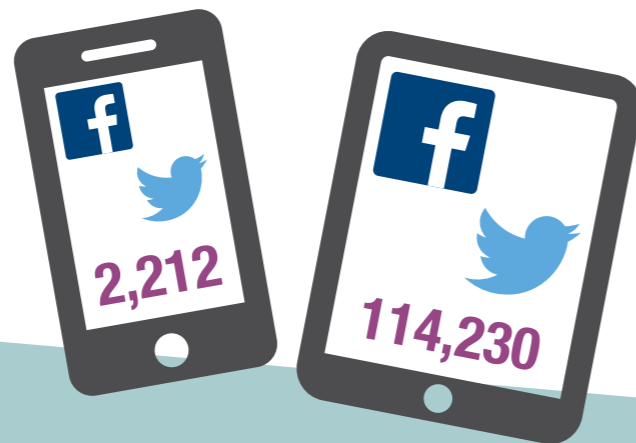
Public Health has invested into the 95 Alive Partnership. The impact of alcohol related issues on the roads is one of the key areas being addressed.

The NYCC Road Safety and Active Travel Team delivered two major drink-drug driving media and engagement programmes during June and December 2016, coordinated with the police enforcement operations. Each programme delivered a media campaign which included local engagement events held at market towns, major employers and military bases.

The events used a driving simulator that was programmed to simulate the effects of different levels of alcohol on the candidates driving. This is an impactful method of showing how alcohol affects judgment both for the driver and those watching. A sustained output of related social media and Facebook posts and tweets reached an average audience per tweet of 2,212 and an overall reach of over 114,230 per campaign.

During the Christmas Drink and Drug Campaign the total number of arrests between 1 December 2016 and 1 January 2017 was 137; an increase of 13 arrests (9%) on the same period in 2015. The highest breath test reading was 118ug/100ml of breath. The maximum alcohol limit for drivers allowed by law in England and Wales is 35ug/100ml. 1,300 breath tests were undertaken during the campaign.

There has been an increase in the number of arrests for drug driving this year; this is mainly due to the introduction of the new Drugwipe Test and Section 5A drug limit offence last year. There have been a total of 37 arrests as a direct result of positive saliva based roadside drug screening tests. These results reflect the determination of North Yorkshire Police to take drink and drug drivers off the road and are a credit to all who took part in the operation.



Facebook posts and tweets reached an average audience per tweet of 2,212 and an overall reach of over 114,230 per campaign.

### Case study: One year North Yorkshire Family Drug and Alcohol Court (FDAC) pilot.

Public Health, Children and Families Services, Legal Services and North Yorkshire Horizons worked together to develop a service offer which was launched in July 2016 following approval by the Family Court.

The North Yorkshire FDAC is a multi-disciplinary joint working approach to implementation of alternative children's care proceedings. It takes place within the family court, supported by the Judge, Social Workers and North Yorkshire Horizons.

The FDAC is designed to support specific families. The Local Authority will be making an application to the court to protect the child(ren) as a result of parental dependence on drugs and/or alcohol, and parents/families must be capable of achieving the required changes within the court timescales.

# What next

## PRIORITY 1 Establish responsible and sensible drinking as the norm

- Develop a social marketing campaign targeting risk groups.
- Support National Campaigns 'Dry January'.
- Continue to invest in Trading Standards.
- To look at opportunities for Public Health to influence local licensing decisions using new data from PHE.

## PRIORITY 2 Identify and support those who need help into treatment through recovery

- Update NYCC Substance Misuse Policy.
- Increase the provision of Alcohol IBA in pharmacy and GP settings.
- Look at opportunities to increase the provision of Alcohol IBA in other settings.
- Look at opportunities to utilise online training options.
- Look at opportunities to further influence the work of Sustainability and Transformation Partnerships (STPs).
- Development of a North Yorkshire Drug and Alcohol-Related Deaths Confidential Enquiry Process were agreed and will be rolled out throughout 2017.
- Reduce alcohol-related crime and disorder.

## PRIORITY 3 Reduce alcohol-related crime and disorder

- Work with Scarborough Borough Council to refresh the Night Time Economy Plan (NTE).
- Work with district councils to identify priorities in relation to alcohol-related disorder.
- A further drug driving publicity and engagement campaign will be delivered in the summer and winter of 2017 linking with the national Think! campaign, police enforcement operations and roadside drug testing on the first anniversary of the revised drug driving legislation.



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