



North Yorkshire Joint Alcohol Strategy – Annual Report 2016

15th July

Presented by: Lincoln Sargeant Director of Public Health

Summary:

The current report is the first annual report of the North Yorkshire Joint Alcohol Strategy 2014 – 2019. The report describes the three outcome 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.

The 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?

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

[Please tick as appropriate]

Themes	✓
Connected Communities	✓
Start Well	✓
Live Well	✓
Age Well	✓
Dying Well	
Enablers	
A new relationship with people using services	
Workforce	✓
Technology	
Economic Prosperity	

How does this paper fit with other strategies and plans in place in North Yorkshire?

- Mental Health Strategy
-

What do you want the Health & Wellbeing Board to do as a result of this paper?

- To note the contents of the report and key achievements

Measuring the impact

North Yorkshire Joint Alcohol Strategy

One year on



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North Yorkshire Horizons

North Yorkshire Police

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Glossary

Binge Drinking

The definition of binge drinking used by the NHS and National Office of Statistics usually refers to drinking lots of alcohol in a short space of time or drinking to get drunk.

Preloading

Taken here to mean the drinking of alcohol in the home prior to going out into the night time economy

Identification and Brief Advice

Simple brief advice entails structured advice lasting 5-10 minutes, based on an evidence based approach called FRAMES, commonly delivered by non-alcohol specialists

Tier 2 Service

Lifestyle weight management programmes for overweight or obese adults are multi-component programmes that aim to reduce a person's energy intake and help them to be more physically active by changing their behaviour. They may include weight management programmes, courses or clubs

The Department of Health defines the following as:

Hazardous drinking

These people are drinking above recognised sensible drinking levels that increases the risk of harmful consequences to the individual and others. Sometimes referred to as 'increasing risk' drinking

Harmful drinking

This group are drinking above recommended levels for sensible drinking and experiencing physical and/or mental harm directly related to alcohol consumption. Sometimes referred to as 'higher risk' drinking

Dependent drinking

This group are drinking above recommended levels, experiencing an increased drive to use alcohol and feel it is difficult to function without alcohol. Characterised by craving, tolerance and a preoccupation in spite of harmful consequences.

Executive Summary

Background

The current report is the first annual report of the North Yorkshire Joint Alcohol Strategy 2014 – 2019. The report describes the three outcome 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.

Introduction

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. 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. 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.

The 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 people's behaviours and contributed to reducing alcohol-related harms?



What does the data tell us?

National Picture

The Office for National Statistics (ONS) Opinions and Lifestyle Survey, Adult Drinking Habits in Great Britain, 2013 released in 2015 stated that: more than one in five adults (21%) said that they do not drink alcohol at all. This has increased slightly since 2005 (19%). Young adults (aged 16 to 24) were primarily responsible for this change, with the proportion of young adults who reported that they do not drink alcohol at all increasing by over 40% between 2005 and 2013.

The proportion of adults who binged at least once in the week before interview decreased from 18% in 2005 to 15% in 2013. Young adults were responsible for the decrease in binge drinking, with the proportion of who had binged falling by more than a third since 2005, from 29% to 18%.

The proportion of young adults who drank frequently has fallen by more than two-thirds since 2005. Only one in 50 young adults drank alcohol frequently in 2013.

Local Data

The Growing Up in North Yorkshire Survey 2014 reports that the use of alcohol is in decline among all young people, e.g. notable increase

from 47% to 83% of Year 6 pupils who say they never drink alcohol between 2012 and 2014.

North Yorkshire is following the England trend in that there has been an overall increase in the rate for men dying from alcohol specific conditions. The trend in alcohol specific death amongst men varies between district areas. Ryedale district has seen a marked downward trend between 2009-11 and is below the England average. Richmondshire (9 alcohol specific deaths between 2011-13) has been consistently rising towards the England average (16.6 between 2011-13). Craven has also seen a slight rise in the latest reporting period (9.9 in 2010-2012 to 11.9 in 2011-13). Scarborough has shown the highest level of variance over the time period.

North Yorkshire is following the England trend in relation to the rate for women dying from alcohol specific conditions, and has seen a levelling in the rate of deaths, after a slight increase for those dying from alcohol specific conditions. In women the trend in alcohol specific deaths varies between district areas. Scarborough has been consistently above the England average (8.6 alcohol specific deaths between 2011-13). Richmondshire has seen the most rapidly rising increase (4 between 2009-11 to 10.6 in 2011-13). Craven has shown a slight decline (9.7 in 2007-09 to 5.5 in 2010-13, Selby has also seen a decline in the most recent period (5.8 in 2011-13). The rest of the areas have shown an increase. (Source: LAPE alcohol Profiles 2013, ONS Mortality statistics.)

The rate of alcohol related admissions in England has been increasing inexorably over the last decade and has more than doubled between 2006-07 and 2010-11.

In North Yorkshire, the trend is still increasing up to the most currently available data and of most concern is the gap between North Yorkshire and England continuing to narrow.

What has been achieved?

The strategy identified three outcome areas:

1. Establish responsible and sensible drinking as the norm
2. Identify and support those who need help into treatment through recovery
3. Reduce alcohol related crime and disorder
4. Since the launch of the strategy in January 2015 we have:
 - Financially invested in Personal, Social and Health Education (PSHE) in schools.
 - Financially invested in trading standards support the alcohol agenda.
 - Increased awareness of the harms of alcohol.
 - Commissioned access to alcohol identification and brief advice (IBA) training for non-specialists.
 - Developed a North Yorkshire multi agency alcohol pathway.
 - Increased provision of alcohol IBA across North Yorkshire.
 - Seen significant numbers of referrals for specialist alcohol treatment and recovery support
 - Developed alcohol profiles to support licensing decisions.

Conclusions

This report emphasises the commitment for all key stakeholders to address the harms associated with alcohol and the impact on people and communities in North Yorkshire. There has been a change in the pattern of drinking nationally and this is no different in North Yorkshire. We have seen an increase in preloading and there has been a sharp decline in the amount of alcohol consumed in pubs in the same period. Consumption on the whole may not have changed, just moved into the home.

For us in North Yorkshire we are majorly concerned about the older age groups, 40+ year olds, who are drinking more than the recommend levels which present immediate consequences for the health, social care and criminal justice services, and store up health problems for the entire system down the line.

Binge drinking estimates produced by Public Health England (PHE) show that all of the districts across North Yorkshire have higher levels of binge drinking apart from Scarborough, when compared with the national average. This emphasises that here in North Yorkshire we still need to focus on this area.

The progress made in 2015 has seen an increase in awareness of alcohol harms across North Yorkshire; access to training and support for those who can address alcohol use amongst individuals, and provide evidence based advice; and the North Yorkshire Horizons Service has seen a significant shift in new referrals for specialist treatment and recovery support – the vast majority are for dependent drinkers

There is still lot more to do to adequately and effectively address alcohol and it's associated consequences, but with the support of key partners across North Yorkshire, we can continue to realise the vision that we present here.



Introduction

In 2012 the National Alcohol Strategy stated that alcohol related problems have developed for a number of reasons; a combination of irresponsibility, ignorance and poor habits – by society, businesses, individuals and parents. It also described how alcohol use has become viewed as an acceptable approach for stress relief and states that cheap alcohol is too readily available. This was seen as a public health challenge in North Yorkshire, and in 2015 the first joint alcohol strategy was jointly published by statutory and non-statutory partners. This report will: describe the main components of North Yorkshire’s joint alcohol strategy and the proposed evaluation to assess the impact of the strategy; present some key findings to date; and offer some interpretations, reflections and learning from the work.

National Policy Change

Whilst writing this report the UK Chief Medical Officer has proposed an amendment to the national alcohol guidelines for men and women: Alcohol Guidelines Review Summary January 2016 . The new guidelines have been developed to help inform the public about the known health risks of different levels and patterns of drinking, particularly for people who want to know how to minimise long term health risks from regular drinking of alcohol.

The UK Chief Medical Officer considered and accepted the advice of the expert group and agreed on three main recommendations:

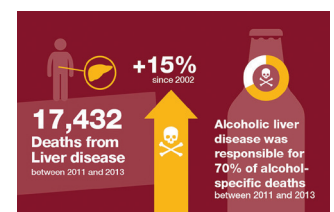
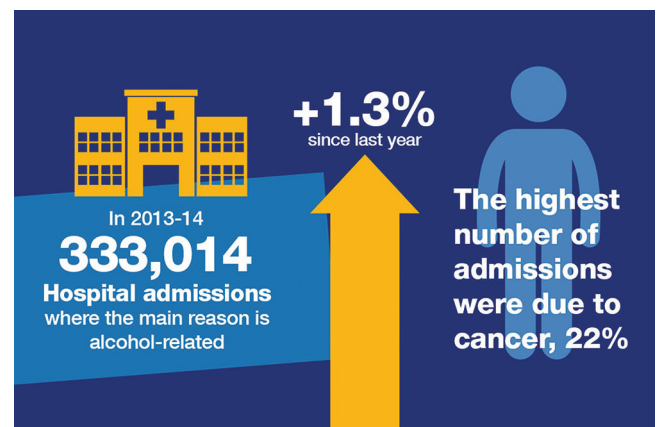
- A weekly guideline on regular drinking
- Advice on single episodes of drinking
- A guideline on pregnancy and drinking

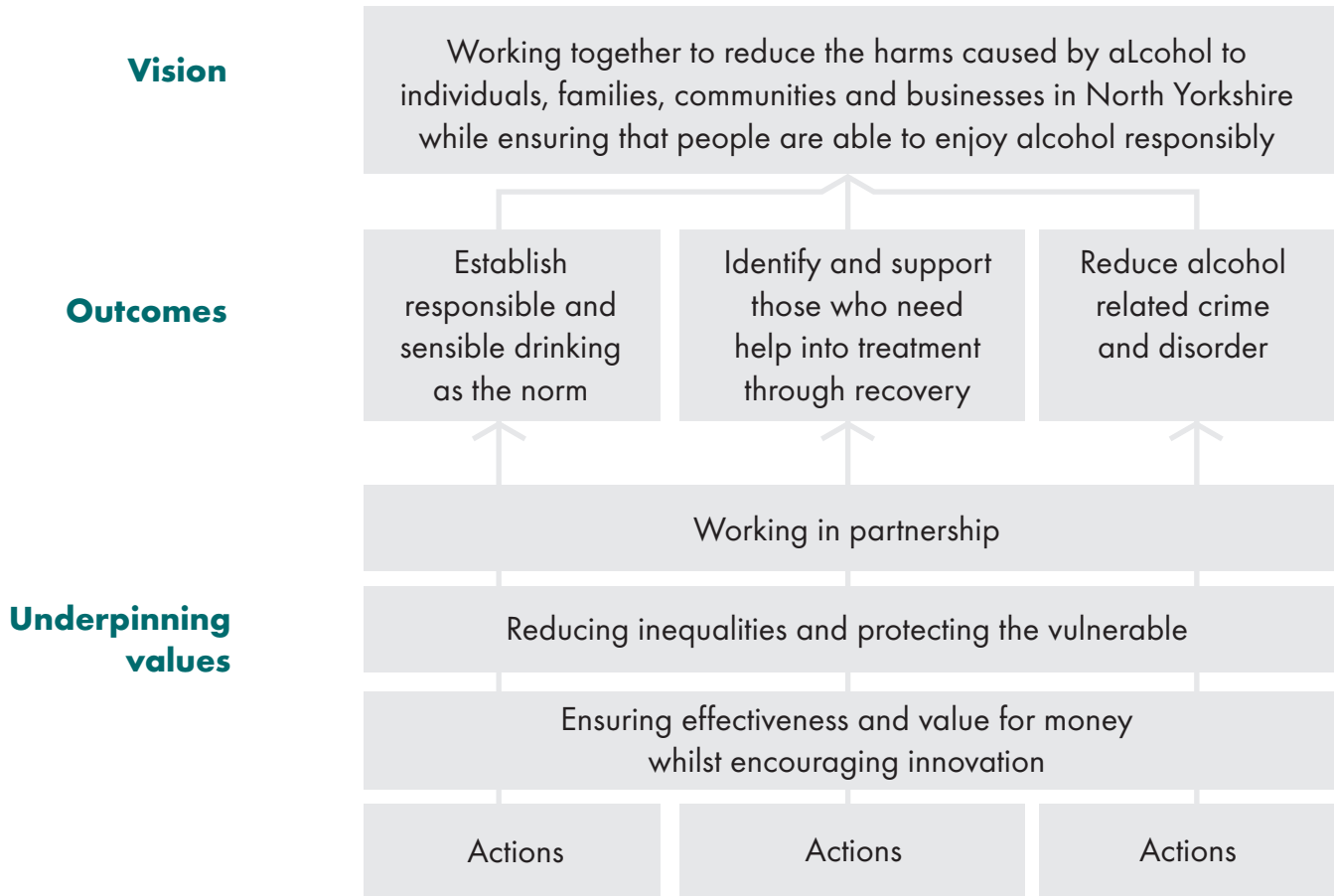
Background

North Yorkshire’s Joint Alcohol Strategy vision is; ‘Working together to reduce the harms caused by alcohol to individuals, families, communities and businesses in North Yorkshire, while ensure that people are able to enjoy alcohol responsibly’.

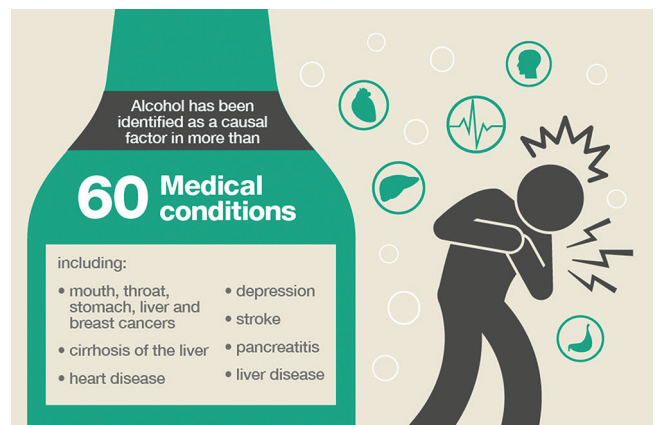
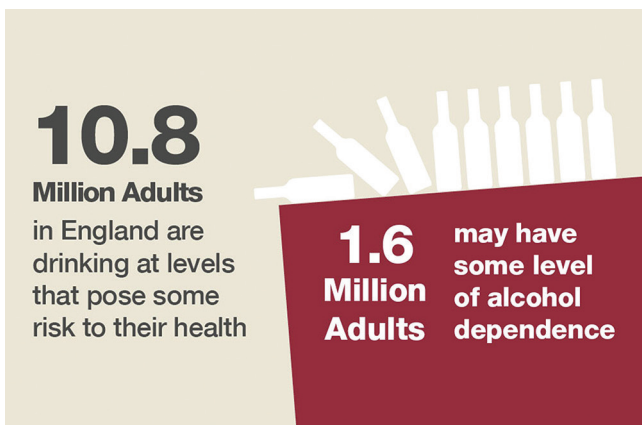
To enable us to achieve the vision we have identified three outcome areas:

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





There was no single implementation date for the associated interventions. Some were continuations of activities already taking place; others supplemented existing activity, notably the new interventions including the new provision of alcohol IBA and the procurement of the new North Yorkshire Horizons Service. The way in which these changes have been implemented, has varied across North Yorkshire.



What we said we would do

Establish responsible and sensible drinking as the norm

For too many, harmful or hazardous drinking has become normal. We need to shift that culture so that low risk drinking becomes the norm. This is right across a person's life course, starting with pregnancy and foetal development, to influencing aspirations in childhood through to teenage years, to young adulthood and leaving home, to the stresses of work and middle age and then retirement and risk of isolation in old age. Education and awareness raising is part of the solution, but this needs to be targeted as different people respond differently to how information is given. Availability of alcohol also impacts on what society sees as the norm.

What we did

Personal Social and Health Education (PSHE)

Public Health has invested £30,000 into Education and Skills. Education and Skills will design and deliver an evidence based programme of support to schools on PSHE to support delivery of local public health priorities including drug and alcohol education. This service commenced in January 2016 and so far five schools have signed up to the principles of delivering additional priorities and a further four have tentatively agreed. The service will be evaluated during year one.

Schools have been chosen using data from the Growing Up in North Yorkshire survey. Schools have been prioritised targeting those

with higher numbers than the North Yorkshire average for drinking alcohol in the last seven days. Schools are being contacted to identify their individual priorities. The plan is to extend the provision to clusters of primary schools.

In addition, all NY schools have been invited to participate in a free theatre in education programme focused on alcohol aimed at Year 7 and Year 8 pupils that will tour in early January 2016. All schools have also been encouraged to order and use the free alcohol education trust teaching resource. This resource is PSHE association accredited, DfE approved and rated in the top most 50 effective programmes by the Early Intervention Foundation.

Trading Standards and Licensing

Public Health has invested over £400,000 for the next four years into the Trading Standards Service to:

- Prevent the sale of age restricted products to minors.
- Prevent the sale of illicit and counterfeit alcohol and tobacco.
- Help businesses comply with their legislative and social obligations regarding the sale of alcohol and tobacco.
- Reduce anti-social behaviour caused by the increased use of alcohol and tobacco.

There was a 52% increase in alcohol related complaints received by the team during January to July 2015. The majority of complaints (approx. 30%) pertain to businesses on the east coast. There are plans to initiate an Alcohol

Respect Campaign in the area. This is a period of guidance and support for retailers which commences and concludes with a controlled yet unannounced test purchase attempt by minors. The period of education aims to provide retailers with the tools and confidence to refuse sales to minors which should be reflected in a reduced number of test purchases.

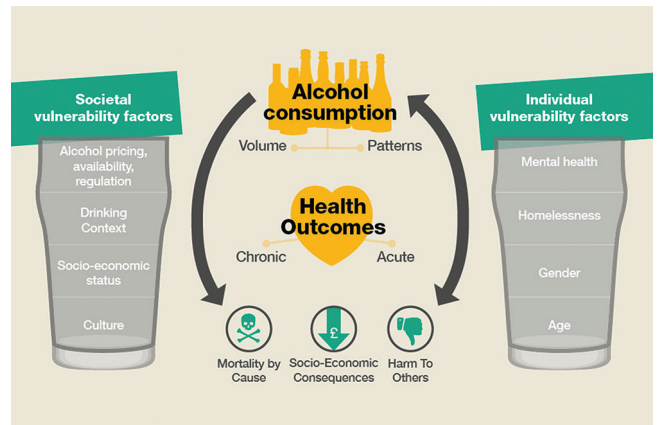
There has been an increase in test purchasing across North Yorkshire during the period January to July 2015. Fourteen attempted test purchases across North Yorkshire were made and only one sale occurred.

There has been continued work with the Scarborough Community Safety team to patrol the locations within the town which are frequented by young people drinking alcohol. Alcohol has been seized by the Police and seven local retailers were warned about 'proxy sales', i.e. those over 18 buying alcohol for those under 18. It is the intention to repeat this initiative as part of the Alcohol Respect Campaign.

As a result of the Alcohol Strategy there has been an improvement in relationships and intelligence sharing with each of the Districts and associated partner agencies.

Quote from Graham Venn, Assistant Director, Trading Standards and Planning Services:

'The Alcohol Strategy engenders a robust approach to localised alcohol concerns whilst allowing us the scope to work with businesses to provide a strong, safe and fair environment in which they can operate.'



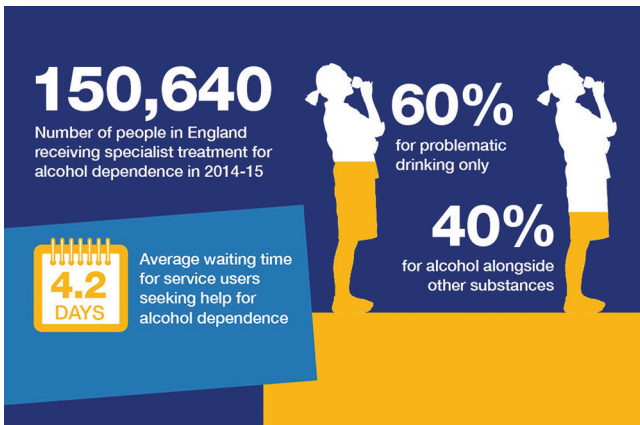
Increase awareness of the harms of alcohol

Increasing people's knowledge about the risks associated with increased alcohol use is a key within the Joint Alcohol Strategy. The section below demonstrates how we have worked to increase awareness of alcohol amongst the population.

North Yorkshire supported the national Dry January 2015 campaign, and findings from Public Health England and Alcohol Concern partnership in support of Dry January 2015 produced some good results:

- Nationally over 70 local authorities took part in the campaign using Dry January to start a different conversation about alcohol with staff and residents.
- Two hundred and twelve NHS organisations took part in Dry January by promoting the campaign to staff.
- In North Yorkshire 541 people signed up to take part in Dry January 2015.

Public Health is currently supporting Dry January 2016 and has issued press releases and blogs.



What we said we would do

Identify and support those who need help into treatment through recovery

There is clear evidence that some people are more at risk of dependent and harmful drinking than others, that we are not identifying them consistently, and services are not offered at the scale needed for the size of the problem. We therefore need a systematic process to ensure that people in the general population, as well as those who are more at risk are identified early, effective advice and support is given, and that there are clear pathways to treatment that has the magnitude to cope with the demand.

What we did

North Yorkshire Alcohol Pathway

The Public Health Team led a Task and Finish Group to develop a North Yorkshire Alcohol Pathway as part of the implementation of the Joint Alcohol Strategy.

The Task and Finish Group was established in December 2014 and comprised representation from a range of organisations and professionals, including the North Yorkshire Horizons Service,

the Compass REACH Service, The Cambridge Centre, North Yorkshire Police, Community Pharmacy North Yorkshire, Yorkshire Ambulance Service, Consultant Psychiatrist – Tees, Esk and Wear Valley NHS Trust. Scarborough and Ryedale, Hambleton, Richmondshire and Whitby, Harrogate and District and Airedale, Wharfedale, Craven Clinical Commissioning Groups were corresponding members of the group throughout the development process. The Local Medical Committee and the Clinical Director for Adult Mental Health Services within Tees, Esk and Wear Valley NHS Trust were consulted on the final pathway.

The pathway was approved by the Task and Finish Group in the summer of 2015.

The pathway covers the life-course, and translates the evidence base on how to appropriately and effectively identify and address alcohol use and misuse to the North Yorkshire context. It is a tool to support practitioners who work with children, young people, families and adults to navigate best practice on raising the issue of alcohol, screening for alcohol consumption, delivering structured brief advice and referring to specialist alcohol services where appropriate.

The Public Health Team is currently in the process of embedding the pathway within practice across North Yorkshire. It is hoped that it will soon be available as a web based tool which practitioners can navigate, similar to the National Institute for Health and Care Excellence alcohol pathway.

The Public Health Team intends to review progress in implementing the pathway on an annual basis. The first annual review meeting is scheduled in April 2016.

Training

In April 2015 the Public Health Team commissioned DrugTrain to deliver free Identification and Brief Intervention (IBA) training to target professional (but non-alcohol specialist) groups across North Yorkshire. The training is aimed at those who work with over 16 year olds.

The training has been commissioned for a two year period and aims to ensure that the content of the North Yorkshire Alcohol Pathway can be realised. Early identification of problematic drinking and delivery of structured brief advice in conjunction with provision of an evidence based patient information leaflet is the appropriate course of action for those whose drinking has the potential to or is causing harm. The training will equip relevant professionals with the necessary skills to provide this intervention, as well as identify when they should refer to specialist alcohol services.

The main group who will benefit from IBA are the increasing and higher risk drinkers. It is likely that the majority of these people will be seen by someone in the health, social care, and housing or criminal justice sectors each year.

Therefore, a wide range of staff need to be trained to:

- Identify those at risk of alcohol related harm
- Offer brief advice
- Refer on to appropriate services when required.

Ideally workers will be undertaking IBA with all their patients or clients and a number of opportunities exist.

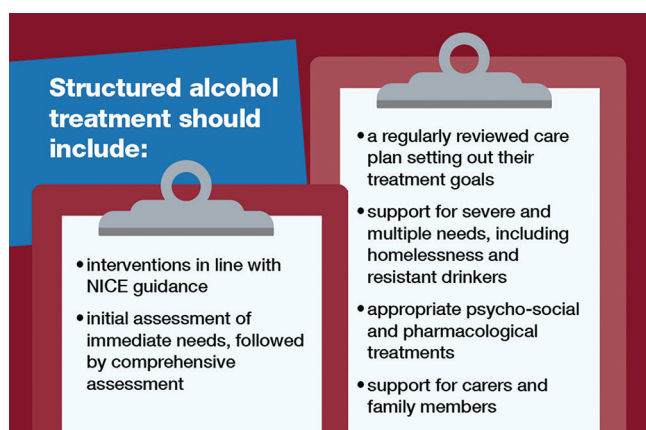
One in eight increasing or higher risk recipients of IBA reduce their drinking to lower-risk levels after brief advice. The effects persist for periods up to two to four years after intervention and perhaps as long as nine to ten years .

In the first three quarters of 2015, 502 people completed IBA training and include the following groups:

- Pharmacies
- Criminal Justice Agencies (police, custody)
- Lifestyle service staff
- Adult social care staff
- Children's social care staff (Staff delivering IBA to parents not YP)
- GPs/Practice Nurses
- Primary health care
- Mental health care staff
- Other healthcare staff (sexual health, maternity, occupational health, dental and staff from services commissioned from the voluntary, community and private sector)

On average for these first two quarters:

- 93% of people felt that information was pitched at the right level
- 73% found the trainer very competent
- 94% reported they thought it was either very or quite beneficial to their work
- 90% would recommend the course to a colleague



Pharmacy quote

‘It really was excellent. It was especially good to have it in Skipton, as we got to see the North Yorkshire Horizons base and talk to the workers and volunteers there. We are hoping to set up collaboration between us, where a volunteer will come down to our Pharmacy to talk to our customers about alcohol awareness. It really was the best training day I have been to for a long time!’ 22nd October 2015

Housing provider quote

‘I found this training very beneficial and will be using the motivational techniques discussed today – the whole training I found very informative and I enjoyed the interactive/quiz part.’ 15th June 2015

Increase access to Alcohol IBA

In line with the North Yorkshire Alcohol Pathway, the Public Health Team has identified opportunities to increase access to Alcohol Identification and Brief advice (IBA). Public Health has commissioned pharmacies to deliver IBA across the County. There are 13 pharmacies across North Yorkshire delivering this service and work is continuing to increase this provision across the county within custody, probation services and GP settings.

North Yorkshire Horizons

The North Yorkshire Horizons Service is a specialist, integrated adult drug and alcohol service across North Yorkshire. It commenced on 1st October 2014 with an overarching aim to support as many people to recover from alcohol and drugs dependence as possible.

The service is delivered by DISC and Lifeline along with their sub-contractors Spectrum Community Health and Changing Lives. The Service comprises a Treatment Service and a Recovery and Mentoring Service, although they work within an integrated service.

The service is delivered from 5 hubs across North Yorkshire: Harrogate, Northallerton, Skipton, Selby and Scarborough. A clinical service is also cited at Malton Hospital, and treatment and recovery groups, including peer led recovery groups, are cited across a wide range of community venues in all Districts. The service also facilitates access to mutual aid fellowships such as NA and AA. GPs are also supported to provide services within their practices, and pharmacy based needle exchange and opiate substitution supervised consumption services are provided by pharmacies.

The service is delivered by a wide range of professionals, including but not exclusively GPs with a special interest, non-medical prescribers, nurses, recovery co-ordinators, peer mentors and volunteers.

Through agreement with Commissioners within the Public Health Team, the Service is currently prioritising provision of treatment

and recovery support for dependent drinkers (AUDIT screening score of 20+). Treatment will typically involve preparation for and completion of a medically assisted alcohol detoxification, including prescription of relevant medications, a programme of psychosocial support, followed by up to 6 months of support from the Recovery and Mentoring Service.

The service has been given flexibility by Commissioners to use financial resources to achieve outcomes in line with need. Commissioners expected the service would see a re-balance in terms of the proportion of service users engaged due to drugs and alcohol. Historically, financial resources prioritised drug treatment services. The vast majority of new referrals each month are for dependent drinkers, many with very complex health needs and/ or long term conditions.

Performance and outcomes – key headlines:

Single Point of Contact

The service single point of contact has consistently received around 1,000 calls per week overall. Around a quarter of these are for

professional information, advice and guidance.

Referrals

There have been 3596 referrals made to the service between 1 October 2014 and 26 January 2016: 2016 (56%) were for individuals who considered problematic drinking to be their primary concern, or where a professional made that judgement and made a referral to the service on their behalf. Please refer to the table below. Please note that these figures represent the total number referrals over the period, some individuals may have been referred more than once.

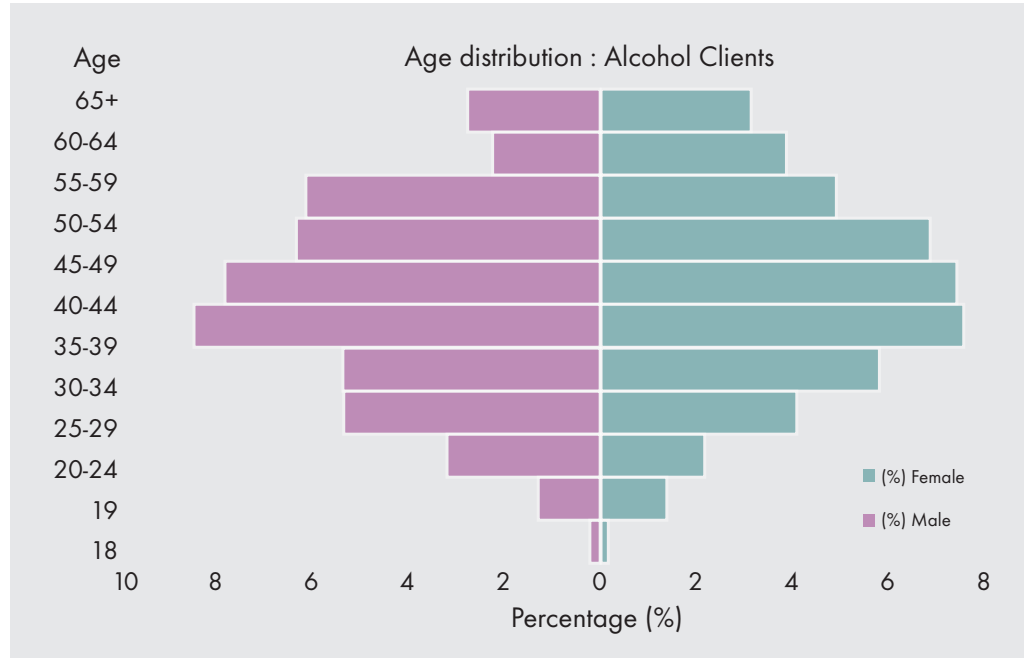
Substance	Total
Alcohol	2016
Drugs	1580
Total	3596

The following table outlines how referrals for alcohol have increased since North Yorkshire Horizons was implemented, and demonstrates the comparison to drug referrals.

Substance	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Total
Alcohol	98	93	65	146	142	151	155	145	175	168	109	127	117	104	132	89	2016
Drugs	47	35	44	78	68	93	175	187	169	112	140	108	91	90	99	44	1580
Total	145	128	109	224	210	244	330	332	344	280	249	235	208	194	231	133	3596

Age profile

The chart on the right shows the percentage of alcohol clients accessing North Yorkshire Horizons by age, the largest proportion being those people aged 40-44 years for both males and females (Source NYCC Horizons 2016).



Successful completions

North Yorkshire Horizons report that there have been 295 successful completions by alcohol only clients between November 2014 and November 2015. A successful completion represents mutual agreement between the service user and the North Yorkshire Horizons Service that structured treatment goals have been achieved. Service users are offered up to six months of continued support by the Recovery and Mentoring Service of North Yorkshire Horizons, as well as access to peer and mutual aid support, including from fellowships such as Alcoholics Anonymous.

NDTMS report 306 (33.5%) successful completions by alcohol only clients between 01/12/2014 – 30/11/2015 which indicates a positive direction of travel (increasing successful outcomes) from the baseline of 221 (28.3%) between 01/04/2014 – 30/03/2015.

Re-representations

In November 2015, the service reported that 13 individuals who had previously successfully completed structured treatment had re-presented. Please note that this figures does not account for individuals who may have presented to services outside of North Yorkshire.

In November 2015, NDTMS reported that 19 (14.0%) who had previously successfully completed treatment (01/12/2014 to 31/05/2015) had re-presented, which indicates a positive direction of travel (lower representations) from the baseline of 26 (14.1%) for successful completions between 01/04/2015 to 30/09/2014 and including representations up to 31/03/2015.



Case Study - Recovery & Mentoring Service

October 2015 Case Study – Harrogate Alcohol Client

Client, aged 43, was transferred over to North Yorkshire Horizons in October 2014 for her alcohol use; at this time her initial engagement with our service being quite poor. She had scored 39 on the AUDIT alcohol screening tool, averaging consumption of 30 units of alcohol per day. Client suffered from agoraphobia and is quite socially isolated, meaning each appointment took place at home. Alternate appointments between the Treatment and Recovery & Mentoring teams meant that contact was regular but client held a lot of ambivalence to change and her alcohol use led to quite a chaotic lifestyle. She disengaged from the service in early 2015 but was successfully re-engaged by Recovery & Mentoring team.

The client completed an assisted alcohol detoxification with her GP in February 2015, but had a relapse less than two weeks later. Support was offered by both teams within North Yorkshire Horizons throughout this process but her overall engagement in appointments remained poor.

We continued to support the client, and follow a safe alcohol self-reduction programme in early March 2015, preparing her for a planned community assisted alcohol detoxification programme with the North Yorkshire Horizons Treatment Service.

The client started and completed the planned detoxification programme in March 2015 - supported by the Recovery & Mentoring and Treatment teams. A lot of support was given to the client around this time by the Recovery

& Mentoring worker, centering on improving her peer group, eliciting motivation, building recovery capital such as hobbies and interests and looking at ways of getting back in to work eventually. Intensive PSI (structured psychosocial intervention) work also helped her gain a better understanding of her relationship with alcohol. The Recovery & Mentoring team facilitated her access to mutual aid groups as well, as her agoraphobia eased whilst abstinent.

The client maintained abstinence from alcohol following the planned assisted alcohol detoxification programme until June 2015, around the time of the planned withdrawal of structured treatment support, as she has successfully completed her treatment goals and was in recovery. She unfortunately had a relapse and continues to drink alcohol. The client's GP agreed to carry out a second assisted detoxification programme, and this was undertaken in July 2015. Both the treatment and R&M worker agreed to offer intensive support throughout this to ensure maintenance of this detox. Engagement by the client improved significantly and she has now successfully exited structured treatment support with North Yorkshire Horizons, and remains supported by the recovery & mentoring service for on-going community based recovery support. Her recent Audit score was 4 and she remains abstinent.

Written by Dan Atkinson, R&M Lead worker, North Yorkshire Horizons



Case study: Chaotic gentleman with chronic, dependent alcohol use with symptomatic signs of liver damage.

Gentleman lives in rural area, is a poor attender to appointments, has poor engagement with keyworker, symptomatic signs of decompensating liver, and does not attend hospital reviews and frequent use of ambulance service/999 calls.

Drinking 35 units daily, poor diet, poor mobility and social isolation. Recurrent nose bleeds and ascites (swelling of stomach).

Actions:

- Liaison with GP and local hospital to put in place assertive outreach model by the clinic team
- Safe reduction in alcohol commenced
- Support to aunty who was main carer
- Information of how to manage nose bleeds given to client and aunty
- Supported to hospital appointments for regular check ups
- Worked to plan with GP to manage community detox but due to recurrent nose bleed was admitted to hospital
- Liaison with acute admission ward and discussed planned detox and offered support to the ward staff to manage the detox on the ward
- Visited on the ward regularly to manage motivation and support to aunty
- Involved with discharge planning and the nursing team completed the detox at home successfully

Outcome:

- Good, therapeutic relationship with client and nursing team
- Successful detox from alcohol
- Relapse prevention work continues
- Symptoms of liver damage improving
- Has maintained abstinence
- Continues to develop self-help around health and well-being
- Attending all outpatient appointments independently

Written by Karen Jordan, Clinical Team Manager, North Yorkshire Horizons

The North Yorkshire drug and alcohol related deaths enquiry process

The enquiry process collates information on alcohol related deaths of individuals resident in North Yorkshire, from agencies involved in the individuals' care and from Coroners where applicable.

The panel usually reviews the deaths of those who were known to the North Yorkshire Horizons Service in detail at panel meetings, as more information is available on these individuals.

Since 1 January 2015 there have been a total of 28 deaths reported by North Yorkshire Horizons staff of individuals who were either in contact with or had been referred to North Yorkshire Horizons, and who were misusing alcohol.

Of the 28 deaths reported, 23 were cases in which alcohol was the only problem substance known. For a further five cases drug misuse was also a factor or implicated in the death (including one case where death was identified as being due to an accidental overdose of heroin exacerbated by alcohol use). Of the individuals, three had been referred to North Yorkshire Horizons but had not received either an initial (triage) or comprehensive assessment with the service prior to death.

Of the 28 deaths reported, 22 were males and six were females. The age of individuals ranged from 30 to 65 years old, and the average age at death was 47.

Seventeen of these individuals were receiving treatment for conditions other than alcohol dependence from their GP (service user self-report or confirmed) at the time of death. Six of those individuals were being treated by

their GP for mental health issues at the time of death, but overall 20 of the individuals had identified mental health issues as part of their assessment with North Yorkshire Horizons, and seven others were marked as 'not known'. nineteen were unemployed, many of whom were on long term sick benefit, and only two reported to be in work at the time of death.

Qualitative data indicates that the majority of these deaths were known to be of long-term problematic drinkers, many with significant health issues.

There were nine who had self-reported and/or confirmed long-term health conditions such as:

- Liver cancer
- Hepatic encephalopathy
- Alcoholic cardiomyopathy
- Chronic pancreatitis
- COPD
- Deep vein thrombosis
- Hepatitis C
- Seizures
- Potential fluid on the brain
- High cholesterol
- Depression
- Severe anxiety

Seven were known to have liver disease.

Causes of death were not confirmed for all deaths reported, but where they were established, they covered a wide range of causes including deaths due to liver disease, cancer, suicide, pneumonia and cardiac disease.

Seven individuals died in hospital and only one of those was thought to have died of an overdose. Of those who died outside of hospital, a further six may have died due to long term conditions associated with alcohol dependence, e.g. cirrhosis of the liver, alcoholic cardiomyopathy.

Findings from the enquiry process throughout 2015 shows that many of the individuals who have died are either contacting or being referred to the specialist drug and alcohol service when their alcohol dependency has already begun to have a significant impact upon their physical health, and when they are already quite poorly.

North Yorkshire Horizons have a robust internal process in place for reviewing all deaths of service users, and have identified and implemented useful learning as a result of this. With specific regard to reviews of alcohol related deaths, this has led to a stronger focus within the service on reviewing and supporting management of alcohol users physical health needs/ long term conditions, as well as establishing pathways for support of end of life care with Macmillan Nurses and other relevant organisations.

The most recent panel meeting in January 2016 identified the following learning that is relevant to the broader health and social care system:

- Identification of problematic alcohol consumption at the earliest opportunity is critical to improving outcomes. Referrers to the North Yorkshire Horizons Service are encouraged to include the client/ patients AUDIT score on the referral – in section 2. This assists the service to respond appropriately and effectively, in line with individual needs.
- Referrers are encouraged to use the North Yorkshire Horizons referral form to make a referral – available from the Single Point of Contact (01723 330730) or the service website: www.nyhorizons.org.uk. Referrers are specifically encouraged to prioritise completion of sections 1-3, section 4 -AUDIT score, section 5, and section 9. Furthermore, all referrers are asked to clarify any risks to self or others posed by the individual being referred. This assists the service to respond appropriately and effectively, in line with individual needs.
- Referrers of dependent drinkers are encouraged to maintain engagement with the individual in the period leading up to their assessment with North Yorkshire Horizons. North Yorkshire Horizons will confirm the outcome of referrals by GPs with a letter. The enquiry process is showing that many of those who are referred to North Yorkshire Horizons for alcohol dependence, who have subsequently died, are very poorly and fail to engage.

NHS Health Checks

In North Yorkshire Public Health commission NHS Health Checks. The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart

disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. As part of this check lifestyle issues are addressed including; alcohol consumption, smoking, and physical activity. In North Yorkshire 71 out of the 74 practices are registered to deliver the NHS Health Checks.

In North Yorkshire the percentage of NHS Health Check uptake by those who were offered one in 2014-15 was 41.2%. North Yorkshire falls below the current national average; there will need to be significant improvements in uptake to reach the national target of 75% uptake.

The referrals to lifestyle; including alcohol and stop smoking related services were significantly higher in the Airedale, Wharfedale & Craven CCG when compared to the North Yorkshire average of 1.5%.

In terms of the NHS Health Check outreach services, two outreach services have been commissioned to pilot a more targeted, opportunistic, community outreach approach to the NHS Health Check programme in North Yorkshire. One service will have a particular focus on the Scarborough population and the other more rural communities, particularly the farming community. The aim of both services is to increase the number of NHS Health Checks received by the eligible population. NYCC has awarded a contract to ICE Creates Ltd for the above services. Both outreach services will commence on 23 November 2015 and be delivered over 12 months.

Alcohol and Obesity

Although there is no clear causal relationship between alcohol consumption and obesity, there are associations between alcohol and obesity and these are heavily influenced by lifestyle, genetic and social factors. Many people are not aware of the calories contained in alcoholic drinks and the effects of alcohol on body weight may be more pronounced in overweight and obese people. The Public Health team have invested in a tier 2 lifestyle service in each district; staff members in each district are currently being trained to offer alcohol identification and brief advice support to people accessing the tier 2 service.

Local action

Scarborough Pilot

Scarborough Council is committed to responding to the issues associated with increased alcohol use and has a coordinated approach. A pilot to assess the scale of the problem has been set up within Scarborough Police Custody. The pilot will enable trained custody staff to use appropriate tools to identify an individuals' risk from alcohol use. This will ensure that individuals with an increased risk from alcohol use are given appropriate support and interventions.



Scarborough Local Alcohol Action Area (LAAA)

The government launched a new project in February 2014 to tackle the harmful effects of excessive drinking.

Twenty areas across England and Wales were set up as Local Alcohol Action Areas (LAAAs) including Scarborough to combat drink-fuelled crime and disorder and the damage caused to people’s health. Work in the LAAAs was focused on promoting diverse night time economies.

As a result of this work Scarborough Borough Council establishes a multi-agency meeting to develop a clear plan and objectives which included:

- Keep People Safe and Reduce Harm
- Develop a more diverse Night Time Economy and make progress towards achieving the Purple Flag Standard

What we said we would do

Reduce alcohol-related crime and disorder

Alcohol is linked to crime and disorder and draws a disproportionality large resource from the police and impacts on public services like A&E and the Ambulance services, the community and businesses.

What we did

Influencing Licensing Decisions – Public Health as a Responsible Authority

In 2012 changes to the 2013 Licensing Act made Directors of Public Health a responsible authority. Managing availability is one of the most effective ways to reduce alcohol related harm. By focusing on prevention there is huge scope to improve the effectiveness of licensing through data and partnerships, which is where Public Health can excel thereby impacting on our population’s health.

As a response to the change in 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.

Harrogate is the first to develop a Local Profile with support from colleagues from Police, Harrogate Borough Council and Trading Standards. The information within the profile is provided to anyone applying for a licence to sell alcohol or provide late night refreshment. It may be used by residents or other interested people who make a representation against an application. It will also be provided to the Licensing subcommittee at any subsequent licensing hearing.

95 Alive Partnership

Public Health has invested into the 95 Alive Partnership over a five year period; the impact of alcohol on the roads is one of the key areas being addressed.

The NYCC Road Safety team delivered two major drink-drug driving media and engagement programmes during June and November-December 2015, coordinated with the police enforcement operations. Each programme delivered a campaign, media launch and press release with wide local, regional print media and radio and TV coverage. Local engagement events were held at market towns, major employers including the County Council itself and military bases including RAF Leeming, Claro Barracks, Ripon and Head Quarters North East Brigade at Imphal Barracks, York.

These 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 judgement 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 2,400 and an overall reach of over 183,000 per campaign.

Public engagement events were held in every District and at local agricultural shows with support from local Neighbourhood Police and Fire & Rescue service officers. Briefing notes with data and programme aims were compiled for them by the NYCC team to ensure these local non-specialist officers had plenty of information to enable them to discuss issues and answer enquiries.

During the Christmas Drink and Drug Campaign the total number of arrests between 1 December 2015 and 1 January 2016 was 124; an increase of 21 arrests (17%) on the same period in 2014. The highest breath test reading was 180ug/100ml of breath. The maximum alcohol limit for drivers allowed by law in England and Wales is 35ug/100ml.

There has been a significant 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. There have been a total of 27 arrests as a direct result of positive saliva based roadside drug screening tests.

These results reflect North Yorkshire Police's determination to take drink and drug drivers off the road and are a credit to all who took part in the operation.

A further drug driving publicity and engagement campaign will be delivered in February-March 2016 linking with the national Think! campaign, police enforcement operations and roadside drug testing on the first anniversary of the revised drug driving legislation.

Outcomes Framework

An outcomes framework for the Joint Alcohol Strategy was developed in January 2015 with the most up to date data available for the key population level indicators that partners agreed would be indicative of progress. Where data was available, the team projected forward five years to identify trends. Although significant change cannot be measured in one year, the following changes have occurred.

Health

There is no new data for under 18 alcohol specific admissions to hospital, and prevalence of increasing and higher risk drinking, since the strategy was published.

Community

A comparison of local police data from 2013 and 2014 indicates that the percentage of serious and fatal collisions involving alcohol has decreased by nearly a third. However, the same time period shows the percentage of slight collisions involving alcohol has seen a slight increase of 0.6%.

Crime

The local North Yorkshire Police data from 2013/14 and 2014/15 shows a 5.2% increase in domestic abuse incidents related to alcohol. There was also a similar increase (4.5%) in the percentage of sexual crimes related to alcohol.

Health

	Year	Gender	Age group	North Yorkshire	Unit	North Yorkshire Trend	Years of data available	North Yorkshire 5 Year Projection	England
Under 18s alcohol-specific hospital admissions	2010/11 - 12/13	Persons	<18 yrs	48.5	Rate per 100,000 population	#	0	#VALUE!	44.9
2.18 - Admission episodes for alcohol-related conditions - narrow definition	2013/14	Persons	All ages	595.7	#N/A		6	686.7	645.1
4.05ii - Under 75 mortality rate from cancer considered preventable	2012 - 14	Persons	<75 yrs	72.1	Rate per 100,000 population		12	66.9	83.0
4.05ii - Under 75 mortality rate from cancer considered preventable	2012 - 14	Male	<75 yrs	79.4	Rate per 100,000 population		12	66.9	90.5
4.05ii - Under 75 mortality rate from cancer considered preventable	2012 - 14	Female	<75 yrs	65.5	Rate per 100,000 population		12	66.9	76.1
4.06i - Under 75 mortality rate from liver disease	2012 - 14	Persons	<75 yrs	13.2	Rate per 100,000 population		12	15.6	17.8
4.06i - Under 75 mortality rate from liver disease	2012 - 14	Male	<75 yrs	17.4	Rate per 100,000 population		12	15.6	23.4
4.06i - Under 75 mortality rate from liver disease	2012 - 14	Female	<75 yrs	9.2	Rate per 100,000 population		12	15.6	12.4
Increasing and higher risk drinking	2009	Persons	16+ yrs	24.1	%	#	0	#VALUE!	22.3

Community

	Year	Gender	Age group	North Yorkshire	Unit	North Yorkshire Trend	Years of data available	North Yorkshire 5 Year Projection	England
1.01i - Children in poverty (all dependent children under 20)	2012	Persons	0-19 yrs	10.5	%		7	12.6	18.6
1.01ii - Children in poverty (under 16s)	2012	Persons	<16 yrs	11.0	%		7	12.1	19.2
1.05 - 16-18 year olds not in education employment or training	2014	Persons	16-18 yrs	3.3	%		4	2.0	4.7
Percentage of alcohol treatment users: Parent living with children	2014/15	Persons	<18 yrs	29.2	%	#	#	#N/A	26.0
Percentage of alcohol treatment users: Parent not living with children	2014/15	Persons	<18 yrs	24.0	%	#	#	#VALUE!	25.9
Percentage of alcohol treatment users: Not Parent - No Children Contact	2014/15	Persons	<18 yrs	37.8	%	#	#	#N/A	45.8
Percentage of fatal collisions involving drink	2014	Persons	All ages	17.5	%		7	30.0	0.0
Percentage of serious collisions involving drink	2014	Persons	All ages	10.2	%		7	12.9	0.0
Percentage of slight collisions involving drink	2014	Persons	All ages	4.1	%		7	3.5	0.0
Percentage of total collisions involving drink	2014	Persons	All ages	5.4	%		7	5.9	0.0

Crime

	Year	Gender	Age group	North Yorkshire	Unit	North Yorkshire Trend	Years of data available	North Yorkshire	England
1.04 - First time entrants to the youth justice system	2014	Persons	10-17 yrs	379.3	Rate per 100,000 population		5	-179.8	409.1
1.11 - Domestic Abuse	2013/14	Persons	16+ yrs	15.3	Rate per 100,000 population		4	22.6	19.4
1.12i - Violent crime (including sexual violence) - hospital admissions for violence	2011/12 - 13/14	Persons	All ages	36.1	Rate per 100,000 population		3	13.3	52.4
1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population	2014/15	Persons	All ages	8.7	Rate per 100,000 population		5	8.9	13.5
1.12iii - Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population	2014/15	Persons	All ages	1.2	Rate per 100,000 population		5	1.6	1.4
Percentage of violent crime related to alcohol	2014/15	Persons	18+ yrs	28.5	%		5	52.8	0.0
Percentage of criminal damage related to alcohol	2014/15	Persons	18+ yrs	8.0	%		5	8.4	0.0
Percentage of ASB related to alcohol	2014/15	Persons	18+ yrs	16.9	%		5	22.4	0.0
Percentage of sexual crime related to alcohol	2014/15	Persons	18+ yrs	12.3	%		5	5.8	0.0
Percentage of domestic violence related to alcohol	2014/15	Persons	18+ yrs	35.5	%		5	50.1	0.0

Next Steps

Since the launch of the strategy in January 2015 partners have worked hard to address the issues associated with alcohol across North Yorkshire. The commitment to address alcohol related harm will continue to be a priority of the Public Health team and we will continue to work with colleagues to:

- Continue to invest in Alcohol IBA training
Valley NHS Trust and social care colleagues.
- Increase the provision of Alcohol IBA in North Yorkshire to include:
 - Criminal justice settings
 - Adult Social Care
 - General Practices
- Extend the provision of local alcohol profiles across each district.
- Develop social marketing campaigns to raise awareness of harms associated with alcohol.
- Embed the alcohol pathway in health, mental health and social care contracts, working with CCG, Tees Esk and Wear
- Ensure changes to drinking guidelines are incorporated
- Further work to raise awareness of the Be Clear on Cancer campaigns and links between certain cancers and alcohol.
- Ensure lessons learnt and recommendations from the North Yorkshire Suicide Audit are prioritised within the alcohol implementation plan
- Continue to strengthen the treatment and recovery offer of the North Yorkshire Horizons Service

Appendix 1: Definitions

New alcohol guidelines

The alcohol limit for men has been lowered to be the same as for women. The UK's Chief Medical Officer (CMO) guideline for both men and women is that:

- You are safest not to drink regularly more than 14 units per week. This is to keep health risks from drinking alcohol to a low level
- If you do drink as much as 14 units week it is best to spread this evenly across the week.

One-off drinking

If you have one or two heavy drinking sessions you increase the risks of death from long-term illnesses, accidents and injuries. When it comes to single drinking occasions you can keep the short term health risks at a low level by sticking to a few simple rules:

- Limiting the total amount of alcohol you drink on any occasion;
- Drinking more slowly, drinking with food, and alternating with water.

How much is 14 units of alcohol?

One unit is 10ml of pure alcohol. Because alcoholic drinks come in different strengths and sizes units are a good way of telling how strong your drink is. It's not as simple as one drink, one unit.




The new alcohol unit guidelines are equivalent to six pints of average strength beer or six 175ml glasses of average strength wine.

Alcohol and pregnancy

The Chief Medical Officer (CMO) guidance is that pregnant women should not drink any alcohol at all.

- If you are pregnant or planning pregnancy, the safest option is not to drink alcohol.
- This is to keep the risks to your baby to a minimum. The more you drink the greater the risk to your baby.

Government Alcohol Guidelines
Drinkaware explains



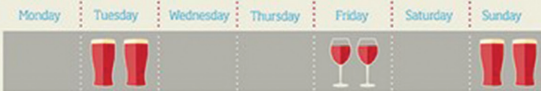
Unit guidelines are now the SAME for men & women. BOTH are advised not to regularly drink more than 14 units a week

This is what 14 units looks like:

- 6 pints of 4% beer
- 6 glasses of 13% wine (175ml glasses)
- 14 glasses of 40% spirits (25ml glasses)

BUT don't 'save up' your 14 units, it's best to **spread evenly** across the **week**.

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

Keep the short-term health risks low by:

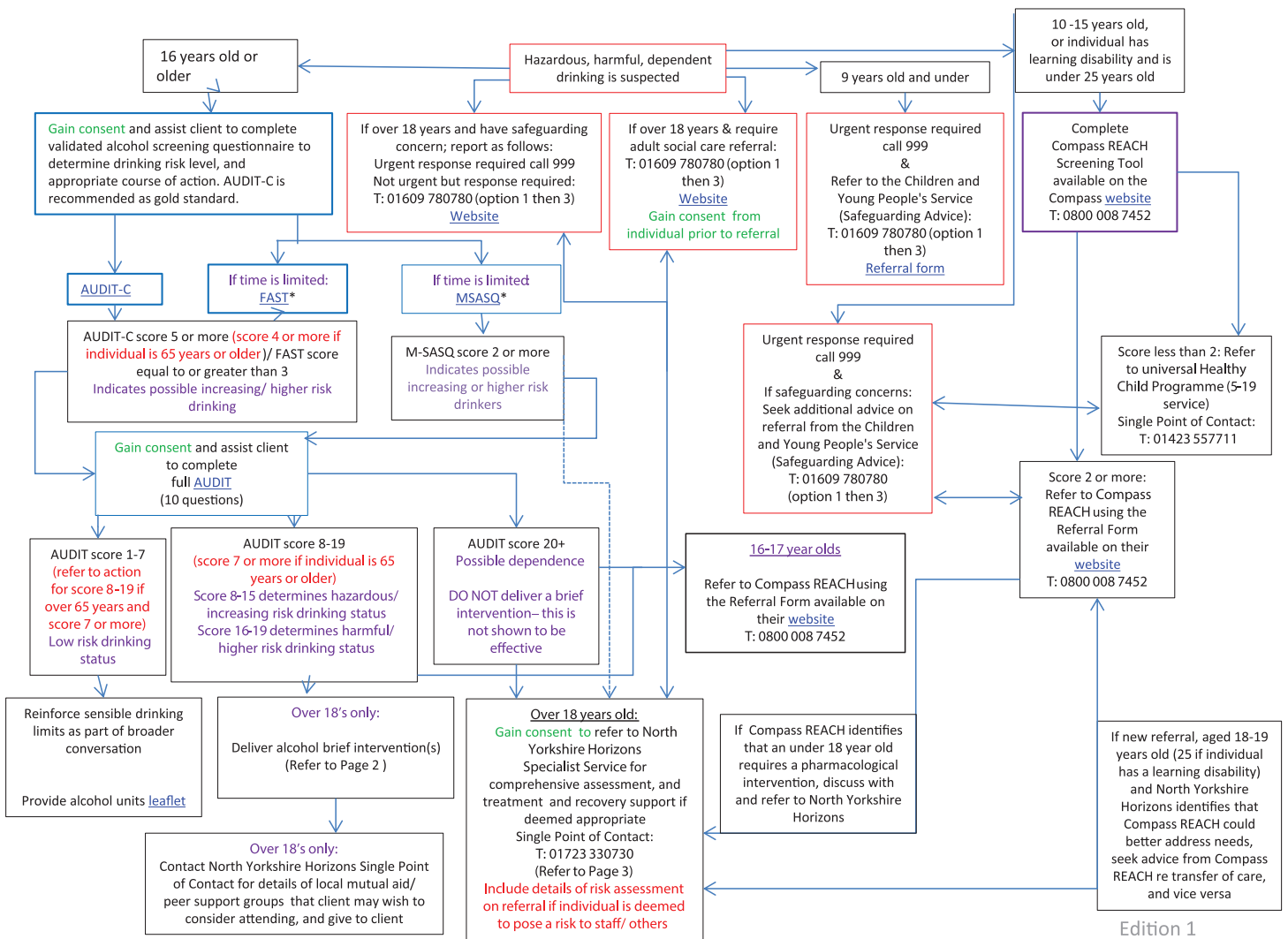
- limiting the total amount of alcohol in one session
- drinking more slowly, alternating with food and/or water

The new guidelines have been set at a level to keep the risk of cancers or other diseases low.



Appendix 2: North Yorkshire Alcohol Pathway

Identification of drinking status and evidence based next steps



Edition 1

References

Office for National Statistics <http://www.ons.gov.uk/ons/index.html>

LAPE Alcohol Profiles - <http://www.lape.org.uk/>

<https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines>

<http://www.alcoholeducationtrust.org/>

Primary Healthcare European Project on Alcohol - Are brief interventions effective in reducing hazardous and harmful alcohol consumption? 2005 at <http://www.gencat.cat/salut/phepa/units/phepa/html/en/dir354/doc9888.html> and Kaner, E.F.S. et al. 2007. Effectiveness of brief alcohol interventions in primary care populations [Systematic Review] Cochrane Database of Systematic Reviews (2)

Measuring the impact

North Yorkshire Joint Alcohol Strategy

One year on

Health and Wellbeing Board
North Yorkshire



**Please let us know what you think about
North Yorkshire's Alcohol Strategy**

You can tell us what you think about the strategy by emailing your views to nypublichealth@northyorks.gov.uk,
Drug and Alcohol <http://www.nypartnerships.org.uk/smpb> or writing to:

**Public Health
Health and Adult Services
North Yorkshire County Council
County Hall
Northallerton
North Yorkshire
DL7 8DD**

If you would like this information in another language or format such as Braille,
large print or audio, please ask us. **Tel: 01609 780 780**

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