Calling the Shots

SOUTH TYNESIDE'S ALCOHOL HARM REDUCTION STRATEGY

NHS North East and North Cumbria

South Tyneside Council

South Tyneside Adult Recovery Service

MATRIX

BALANCE Reducing alcohol harm

a better u

FIRST CONTACT CLINICAL ENABLING HEALTHY CHANGE

Inspire South Tyneside Working together to improve communities

NORTHUMBRIA POLICE

FOR every FAMILY SOUTH TYNESIDE FAMILY HUBS

Contents

Foreword

As an elected representative of South Tyneside and the Lead Member for Adults, Health and Independence, I am dedicated to our community's health and well-being.

Alcohol consumption affects us all, and this strategy highlights what we are going to do to reduce the harm caused by it.

Alcohol is a complex public health issue that needs to be addressed both nationally and locally. The 'Reducing Alcohol Harm' blueprint is a great chance to push for urgent national action, such as Minimum Unit Pricing (MUP), which has improved alcohol health outcomes in Scotland , and is thought to have caused the North East of England to overtake Scotland[1] in alcohol-specific deaths for the first time[2].

We know that the North East, including South Tyneside, is disproportionately impacted by alcohol-related harm and we now, more than ever, need to make sure it is prioritised. This document outlines the local commitment of partners including the local authority, healthcare professionals, community organisations and law enforcement. It is through these partnerships that we can make meaningful change and protect the health of our residents.

I want to thank everyone for their hard work and dedication so far, and for their contributions to South Tyneside's Alcohol Strategy. With your support, I am confident we can make things better for our community and create a safer, healthier future free from the harm caused by alcohol.

Cllr Ruth Berkley
Lead Member for Adults, Health and Independence

Foreword

As the Director of Public Health, I understand the significant impact alcohol can have on individuals, families, and communities.

Alcohol has long been part of British culture and while many enjoy it in moderation, it's important to understand the harms that come with its misuse. It is one of the major causes of preventable death and disease worldwide, leading to health issues like liver disease, heart problems, cancer and mental health disorders.

The local picture is frightening, with South Tyneside unfortunately having one of the highest rates for alcohol-related deaths and hospital admissions in the North East. We know that the Coronavirus pandemic impacted on the amount of alcohol that was being consumed, and we're now seeing the impact of this across England.

We all have a role to play to improve awareness, education and support, and the launch of this strategy shows our commitment to make things better for the residents of South Tyneside.

The strategy explores alcohol use, its effects on public health, and our plans to put in place evidence-based strategies to reduce the harm caused by alcohol. By working together, we can empower individuals, promote healthier lifestyles, and address the negative impact of industry on health.

Thank you to everyone who helped develop this strategy. I look forward to continuing our journey to making meaningful change.

Tom Hall
Director of Public Health

Our vision

This strategy, referred to as the 'plan' throughout this document, highlights our goals and actions to reduce the harm caused by alcohol in South Tyneside.

It has been created by South Tyneside's Alcohol Strategy Group and important partners, including local residents who have faced alcohol-related issues.

Everyone has a part to play in this plan. It builds on South Tyneside's 'A Better U' principles, which promotes everyone working together to improve health and wellbeing. We know that alcohol harm is influenced by individual drinking habits and community wide consumption. The plan therefore considers universal support (support available for everyone) as well as targeted support (specific support for certain groups in the community).

We have committed to six key priorities, which include:

1. Prevention and early intervention of alcohol misuse
2. Protecting our children and young people, and creating the conditions for an alcohol-free childhood
3. Reducing health inequalities
4. Delivering a quality, safe and effective treatment system
5. Tackling alcohol-related stigma
6. Improving community safety

Our vision is clear, we want to:

''Reduce alcohol harm by working together in South Tyneside to create an environment where people drink less throughout their lives''.

Linked strategies and policies

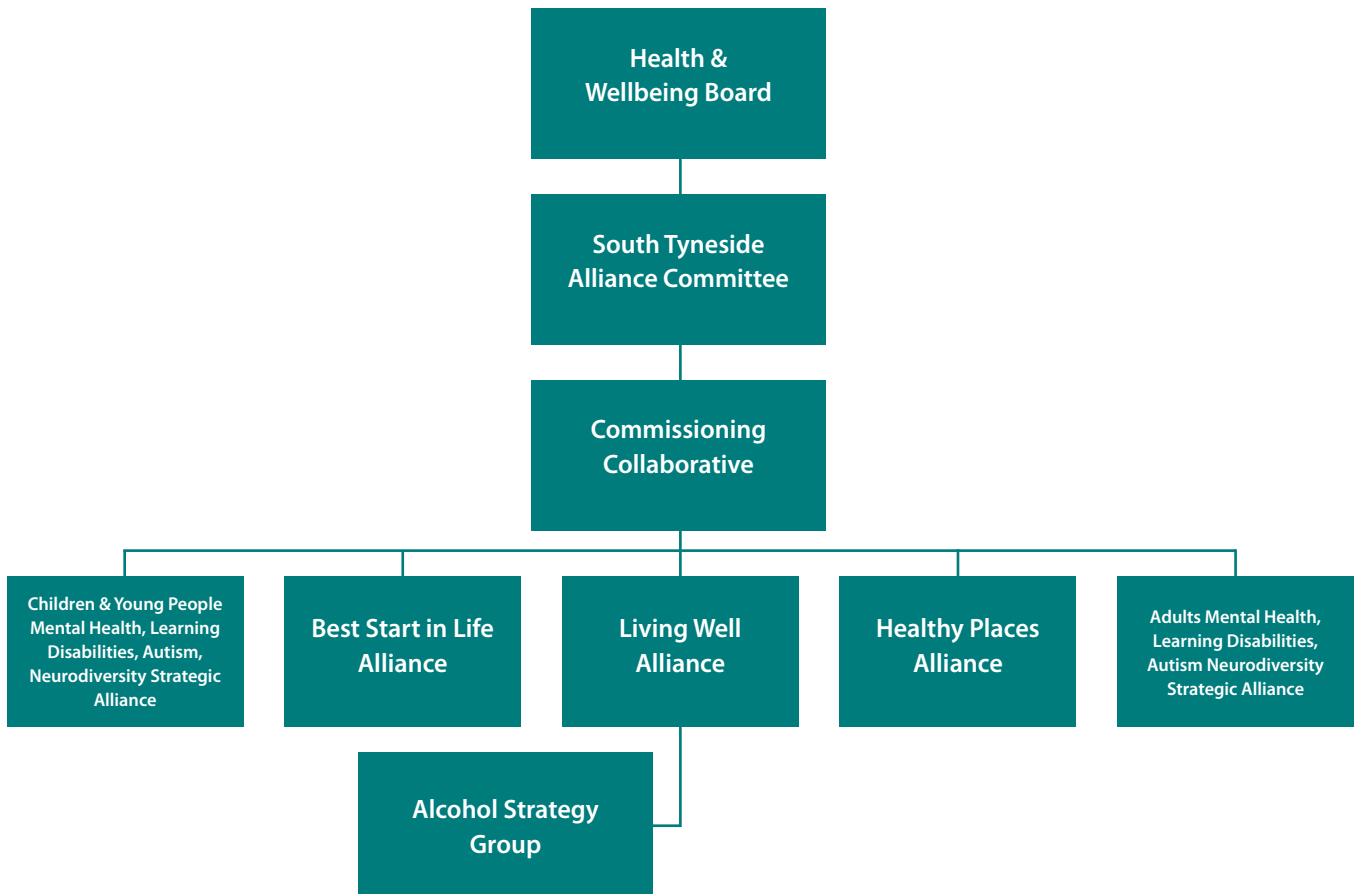**This plan should be read alongside the following strategies/plans:**

• The South Tyneside Vision, Ambitions and Strategy
• South Tyneside Joint Health and Wellbeing Strategy
• South Tyneside's Local Plan

As well as topic specific strategies, including:

• Age Friendly Communities Strategy
• Anti-poverty Strategy
• Domestic Abuse Strategy
• Integrated Housing Strategy
• Living Better Lives Strategy
• Loneliness and Isolation Strategy
• Making Waves Cultural Strategy

• South Tyneside Carers Strategy
• South Tyneside's Community Safety Partnership Plan
• South Tyneside Mental Health Strategy
• South Tyneside Safeguarding Plan
• Transport Strategy Plan
• VRU Serious Violence Strategy

Governance arrangements

South Tyneside's Alcohol Strategy Group will manage the strategy and action plan, they will report progress to the Living Well Alliance. Updates will be given to other groups **(as outlined below)** when needed.

Health & Wellbeing Board

South Tyneside Alliance Committee

Commissioning Collaborative

Children & Young People Mental Health, Learning Disabilities, Autism, Neurodiversity Strategic Alliance

Best Start in Life Alliance

Living Well Alliance

Healthy Places Alliance

Adults Mental Health, Learning Disabilities, Autism Neurodiversity Strategic Alliance

Alcohol Strategy Group

Developing the Strategy

This plan recognises that everyone in South Tyneside will play a part in reducing the harm caused by alcohol. The plan has been created to include the opinions and priorities of everyone involved, especially local residents who have faced alcohol-related issues.

Phase 1: Desktop Review

We looked at areas in England (especially the North East) that had an Alcohol Strategy in place. All plans were reviewed and meetings were held with Public Health Leads to learn from their journey.

We also reviewed South Tyneside's previous Alcohol Strategy 'Getting the Measure Right' (2018), which provided key recommendations for the new plan.

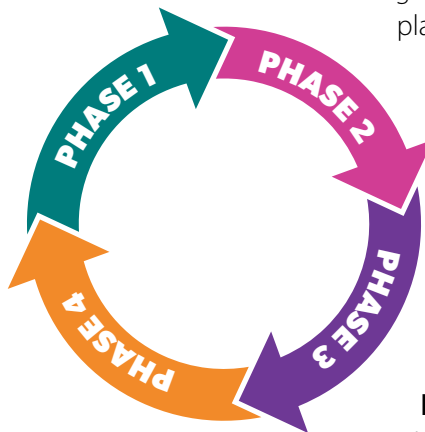## Phase 2: Alcohol Strategy Group Launch

South Tyneside's Alcohol Partnership was formed in September 2024 and is called South Tyneside's 'Alcohol Strategy Group.'

This group, which includes various agencies, has played a key role in creating the plan and will be in charge of overseeing the plan and putting it into action.

Phase 4: Community Insights

In the lead up to developing the plan, several community projects were carried out to hear from residents of South Tyneside.

From here, we identified community groups who we had not heard from, this included service users from South Tyneside's Adult Recovery and Treatment Service (STARS) and those caring for a friend or family member who was alcohol dependent.

## Phase 3: Stakeholder Engagement

In October 2024, South Tyneside held a workshop to begin identifying priorities for the plan.

Those in attendance discussed six key alcohol-related themes. Sixty representatives from 18 different organisations attended.

Using findings from each phase, the Alcohol Strategy Group are working to produce a detailed action plan to deliver on our commitments.
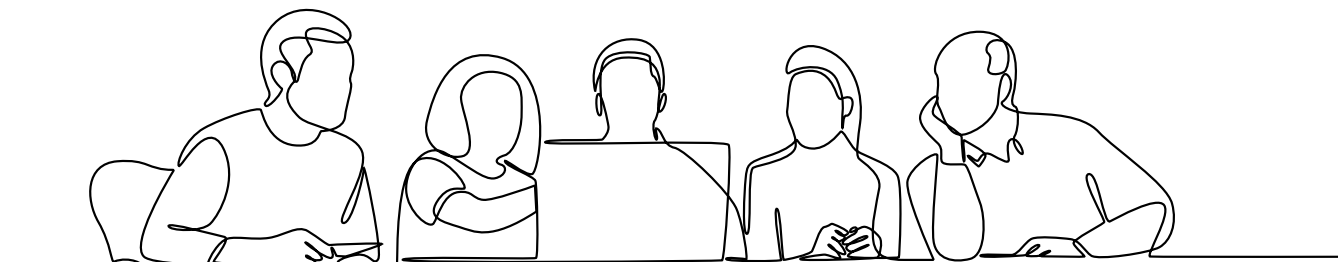
Understanding Alcohol Harms

Alcohol is a major public health issue, worsened by the Coronavirus pandemic. It contributes to over 200 diseases and health problems, including liver and heart diseases, various cancers[3] and mental health conditions[4].
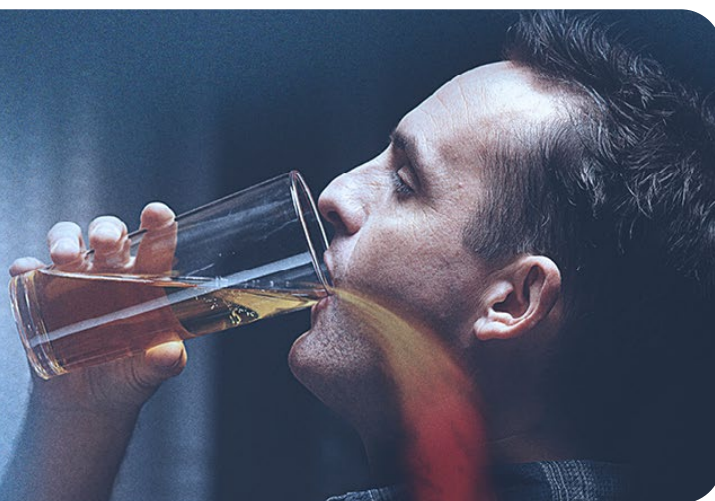
The cost of alcohol harm in England is £27.4 billion per year, or £485 per head of the population[5].

Liver disease is the leading cause of death for people aged 35-49[6]. Many believe you must be dependent on alcohol to get liver disease, but this is not true. Drinking more than the recommended amount increases the risk of liver disease and liver cancer. About one in four people drink alcohol in a way that could harm their health[7].

There are many myths that alcohol benefits certain conditions, but evidence shows otherwise, and it is now understood that the alcohol industry often pays journalists to promote positive views on alcohol[8].

The harms of alcohol are well documented, with one global systematic review[9] in full support of the Chief Medical Officers guidance that there is **''no safe level of alcohol consumption''[10]**.
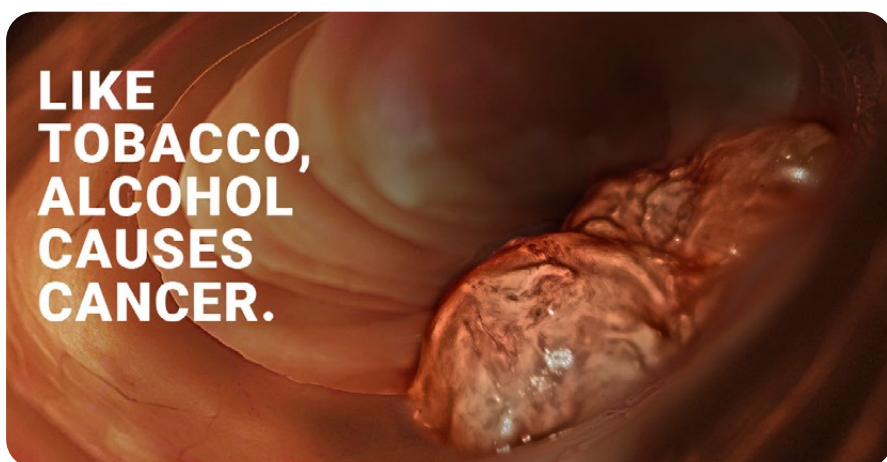
How do we compare regionally and nationally?

Most of South Tyneside's alcohol-related harm outcomes are higher than the averages for the North East and England:

Significantly increasing trends:

South Tyneside has the second highest admission episodes for alcohol-related conditions (broad) in the North East and fifth highest in England, a trend which has been getting significantly worse over the last 5 reporting periods[11].

There has been a significant increase seen across this outcome for both males and females.

Increasing trends in the last reporting period, but are not significant over the last 5 reporting periods:

South Tyneside has the highest alcohol-related deaths in the North East and second highest in England[12].

South Tyneside has the highest admission episodes for alcohol-specific conditions in the North East, and third highest in England[13].

Although an increase was reported in the last reporting period, there has not been a significant change reported over the last 5 reporting[14]. There has been a significant increase reported in females for this outcome.

South Tyneside has the second highest alcohol-specific deaths in the North East and third highest in England.

For males, South Tyneside has the highest potential years of life lost due to alcohol-related conditions in the North East, and second highest in England[15].

Declining trends:

South Tyneside's admission episodes for alcohol-specific conditions (under 18) peaked in 2017/18 – 2019/20 and has been on a steady decline since.

Table 1: Alcohol Specific Mortality Per 100,000 population (2023)

Cohort	England	North East	South Tyneside
Persons	15.0	25.7	30.1

Table 2: Alcohol Related Mortality Per 100,000 population (2023)

Cohort	England	North East	South Tyneside
Persons	40.7	56.7	66.5
Male	62.1	85.0	100.4
Female	22.1	31.8	36.6

Table 3: Admission Episodes for Alcohol Specific Conditions Per 100,000 (2023/24)

Cohort	England	North East	South Tyneside
Persons	612	986	1,310
Male	868	1,347	1,740
Female	373	651	916

Table 4: Admission Episodes for Alcohol Specific Conditions U18 Per 100,000 (2021/22 - 23/24)

Cohort	England	North East	South Tyneside
Persons	22.6	44.1	49.1
Male	15.4	34.1	28.1
Female	30.0	54.6	71.3

The Impact of the Coronavirus Pandemic

The Coronavirus pandemic led to many people increasing the amount of alcohol they drink, especially after the announcement of the first national lockdown[16]. **Research shows that those who were already drinking a lot before the pandemic were most likely to drink even more during this time period[17].**

We're now seeing the effects of this in England, with deaths caused by alcohol rising since the pandemic began. Between 2022 and 2023, there was a 4.6% increase in deaths entirely caused by alcohol, reaching the highest number for the fourth year in a row. Compared to 2019, before the pandemic, this is a 42% increase in deaths[18].

Disproportionate Impacts of Alcohol Harm

Alcohol affects some groups in the community more than others, leading to what is known as "health inequalities." These are unfair and avoidable differences in health between different groups.

Health inequalities are caused by the conditions in which we are born, live, work and grow. These conditions shape how we think, feel and act and can affect both our physical and mental health and wellbeing. This plan therefore looks at addressing broader health factors, including but not limited to, employment, housing, education, isolation, social networks, and self-esteem.

Socio-economic status

People in deprived communities often suffer more from alcohol-related problems. They are up to six times more likely to die from liver disease caused by alcohol than those in wealthier areas[19]. This is known as the 'alcohol harm paradox.' It means that even if people in deprived areas drink the same or less alcohol than those in wealthier areas, they still face more harm. This is due to factors like drinking patterns, access to healthcare, and social inequalities[20].

Gender

Worldwide, more men drink alcohol than women, and when they do, men usually drink more[21]. This trend is also seen in the United Kingdom, where the death rate from alcohol for men in 2021 was about double that of women[22].

In South Tyneside, men show higher rates than women in most alcohol-related outcomes. The only exception is for young people under 18, where more females are admitted for conditions related to alcohol. It is important to highlight that there has been a significant increase in the admission episodes for alcohol-specific conditions and alcohol-related conditions for females in the last reporting period.

There has also been an increase in the number of women dying from alcohol-related liver disease in England. Since 2003, deaths from this disease have increased by 61.3%, with a 53.7% rise in men and a 76.9% rise in women. More women than men have been admitted to hospital for this condition over the past 10 years[23].

Age

In England, for people aged 15 to 49, alcohol is now the leading risk factor for ill-health, early death and disability. It's the fifth leading risk factor for ill health across all age groups[24]. A recent report found that people aged 55-64 drink the most, likely due to life changes such as retirement, fewer opportunities to socialise, loss of loved ones, or financial changes[25].

In England, older people (65+) have the highest number of hospital admissions for alcohol-related conditions[26]. However, in South Tyneside, admissions increase with age until 40-64 years (1350 per 100,000 people) and then decrease for those 65+ (1192 per 100,000 people). **South Tyneside has higher alcohol-related hospital admissions than the England average for all age groups[27].**

Vulnerable groups

Children and young people

Drinking alcohol during pregnancy can cause Fetal Alcohol Spectrum Disorder (FASD)[28], the most common non-genetic learning disability in the UK, which is more common than autism. There are also risks with children being exposed to alcohol during childhood such as violence, family conflict, and poor attitudes towards alcohol[29]. Alcohol can cause problems as children grow up such as school delays, neglect, abuse, and violence[30]. Some parents think introducing alcohol at home will protect their children, but research shows it actually increases the risk of future alcohol misuse[31].

In England, less young people have tried alcohol in recent years[32]. South Tyneside's Health-Related Behaviour Questionnaire (2022) has also shown a small decrease in alcohol consumption among primary and secondary school children. However, this survey was done during the Coronavirus pandemic, which might have affected the results.

Although hospital admissions for alcohol-related conditions in under-18s have decreased in recent years, there is still more to do to make sure this continues. There were 44 admissions for under-18s from 2021/22 to 2023/24[33]. **A 2021 deep dive showed that 17% of these young patients under-18 were readmitted, and 20% of those aged 18-23 were also readmitted.** This suggests a small group of young people need more specialised help.

Domestic abuse (perpetrators and victims)

South Tyneside's Domestic Abuse Strategy highlights a strong link between alcohol and domestic abuse. Research shows that 25% to 50% of domestic abuse perpetrators were drinking during the assault, with some studies reporting even higher numbers. Women's Aid reports that women who face a lot of physical and sexual violence are more than twice as likely to have alcohol problems compared to those with less experience of violence and abuse[34].

In South Tyneside, alcohol is recorded in 56% of all reported incidents, and this rises to 75% in repeat domestic abuse incidents[35].

Individuals with mental health conditions

In the UK, there is a clear link between poor mental well-being and harmful drinking[36]. Research shows that people who drink alcohol are more likely to develop mental health problems like anxiety and depression, as well as serious mental illnesses. There are also links between alcohol and suicide risk and the national suicide prevention strategy has identified substance misuse as a key risk factor[37]. **A recent analysis of 33 studies found that alcohol use increases the risk of death by suicide by 94%.**

People sometimes use alcohol to manage stress, anxiety, depression, or other mental health problems, but it can make these issues worse in the long run[38]. Engagement with **service users from South Tyneside's Adult Recovery Service (STARS) found that 72% drink alcohol to escape their problems (28%), cope with their mental health (23%) or manage stress (21%).**

Dual diagnosis is a term used in health and social care to describe when someone has both a mental illness and a substance misuse problem. These issues can interact and make each other worse over time. This plan has therefore made dual diagnosis a priority and is committed to improving the connections between mental health and substance misuse services.

'A key work priority will be to launch South Tyneside's Reconnect Service which will help individuals with complex needs re-engage with health and support services. It is a service designed to help people who are at higher risk of poor mental health to make links with important services such as GP practices, mental health services and drug and alcohol services.

LGBTQ+

LGBTQ+ stands for lesbian, gay, bisexual, transgender and queer. The plus (+) includes other sexual identifies like pansexual. The LGBTQ+ community are more affected by alcohol-related harm. They are about twice as likely to have alcohol dependence compared to the general population and also have higher rates of mental illnesses that can occur with alcohol use. Research shows they face significant barriers to getting healthcare treatment[39].

Carers (including young carers)

Carers of people with alcohol problems often face many challenges, including money challenges, grief, mental health issues, and alcohol-related stigma. Nearly 1 in 3 adults are affected by a relative's alcohol use[40]. Many children also take on caring responsibilities, with 200,000 children in England living with an alcohol-dependent parent[41].

While it's hard to count the number of carers for people with alcohol problems in South Tyneside, this issue is a priority in the plan, and we have heard from carers to help develop this plan.

Veterans

Veterans are more likely to report problems with alcohol, dependence, and related harm than the general public[42]. A UK study found that veterans who served during recent military operations had higher rates of common mental health disorders, Post Traumatic Stress Disorder (PTSD), and alcohol misuse compared to non-veterans[43].

The Programme for Alcohol Studies[44] (hosted on the Boost Platform) has three modules to train the workforce and raise awareness of veterans' health issues and barriers to accessing health services. This training, developed by the North East and North Cumbria (NENC) Health and Care Partnership and NHS England Education, provides access to training on preventing and managing alcohol harm.

Individuals experiencing homelessness

A person's housing situation is closely linked to their health, finances, social life, and mental wellbeing. People who struggle with alcohol often struggle to keep a job, manage money, and maintain relationships, which are all important for stable housing. Alcohol misuse can be both the cause and effect of homelessness. It can make people homeless and be a way to cope with the challenges of being homeless, like stress, pain, and cold.

People are less likely to misuse alcohol if they have secure housing, a good job and enough money to care for themselves and their families. Vulnerable individuals and households are more likely to stay sober, find jobs, and build their lives if they have stable and reasonable accommodation. Investing in preventative housing support services improves outcomes for individuals and reduces costs in social care, health, housing, and criminal justice. Therefore, we are committed to doing everything possible to prevent homelessness.

Neurodivergent people

Neurodiversity is used to describe people who have neuro-developmental conditions such as Attention Deficit Hyperactivity Disorder (ADHD), autism, dyspraxia, dyslexia and Tourette's syndrome.

Neurodivergent people can experience alcohol differently to others and are more at risk of harmful drinking. There are many reasons for this, for example, they might use alcohol to cope in social situations or to change how they feel[45]. **One study reported that 43% of individuals with ADHD develop an Alcohol Use Disorder throughout their life**[46]**.** Lots of neurodivergent people report that they are 'all or nothing' which means that they display patterns of binge drinking; approximately 30-40% of individuals with ADHD engage in binge drinking[47].

Treatment and Recovery Support

South Tyneside's Adult Recovery Service (STARS)

Our adult recovery service offers tailored support for those who need help with alcohol.

After an assessment, clients get a recovery plan that may include:

• Harm reduction advice

• Brief intervention and advice

• Extended brief intervention and advice

• Structured psychosocial support

• Mental health support

• Group programmes

• Breaking Free online

• Access to mutual aid and peer support

• A range of clinical interventions to support abstinence and improve health and wellbeing, such as detoxification.

The Specialist Alcohol Harm Reduction team, including both clinical and non-clinical staff, support the coordination of care with the wider team, including primary care. Interventions delivered are in line with alcohol guidelines and look to strengthen the pathway for people in need of support, especially those with multiple disadvantages and complex health issues. The team work closely with the Alcohol Care Team (ACT) within the hospital to support clients to engage with service.

In 2023/24, 410 adults engaged with the service for alcohol treatment and 155 for non-opiate and alcohol treatment (565 adults in total)[48]. South Tyneside's unmet treatment need for alcohol is 77.9%, this means that there are a high number of people needing treatment who have not accessed support[49].

Matrix Young People's Service

The Matrix service helps young people in South Tyneside with substance-related needs through assessments and planned interventions. It is designed to meet the different needs of children, offering both outreach and centre-based appointments.

Support offered includes:

• Advice and information for young people and their families

• Drug and alcohol awareness

• Support into other health services such as mental/ physical health and social care

• Psychosocial support for social and educational needs

• Exploring triggers for use and self-help strategies

• Harm reduction and relapse prevention

• Safeguarding and risk management

• Access to sexual health services and condoms

The team works with other services and partners to address the overall needs of young people and their families.

In 2023/24, Matrix provided 55 young people with support around their alcohol use. **Alcohol is the second most common substance for which young people seek support in South Tyneside, after cannabis**[50].

Alcohol-Related Stigma

Stigma is often defined as:

''a strong lack of respect for a person or a group of people or a bad opinion of them because they have done something society does not approve of''

Alcohol-related stigma can make people feel ashamed, hopeless, and isolated, often preventing them from asking for help or treatment. A UK survey by 'Taking Action Addiction' found that the biggest barrier to addressing alcohol dependency was the stigma, with 21% to 43% of those with addiction experience saying shame would stop them from asking for help from people like their GP or employer[51].

Our engagement work also found that stigma was a major theme. A survey with service users of South Tyneside's Adult Recovery Service (STARS) showed that 76% had at some point worried about what others might think of them for getting help to reduce the amount of alcohol they drink.

Addressing alcohol-related stigma is important in South Tyneside because South Tyneside's unmet need for alcohol support is 77.9% (2023/24)[52], higher than for any other substances. It has been identified as a key priority in this plan.

The Societal Cost of Alcohol-Related Harm

The 2021-2022 cost profiles by Balance estimated that alcohol costs South Tyneside £77.3 million, or £523 per head of the population.

The cost breakdown includes:

- Crime
- Health
- Economy
- Social Services
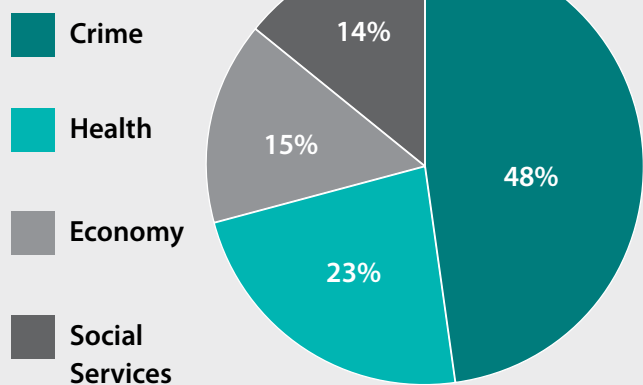
Crime and Disorder costs (£37.1million):
• Anticipation of crime cost £2.0 million
• Consequence of crime cost £23.1 million
• Response of crime cost £11.9 million

The NHS and healthcare costs (£17.9 million):
• Alcohol-related hospital admissions cost £9.3 million
• Outpatient visits cost £2.3 million
• Alcohol-related A&E visits cost £3.1 million
• Alcohol-related ambulance call-outs cost £2.3 million
• Alcohol-related healthcare appointments cost £455,987
• Other alcohol-related healthcare cost £478,052

Alcohol affects the wider economy through reduced productivity at work (presenteeism), absence from work due to illness (absenteeism), and unemployment. This is predicted to cost South Tyneside £11.5 million.

It is also estimated to cost Children and Families Social Care £9.4 million, along with £1.5 million for adult's alcohol misuse services and £72,135 for children's substance misuse services.

The need for National Action

The best and most cost-effective ways to reduce the harms caused by alcohol are to make alcohol less affordable through taxes or price regulations, like setting a minimum price per unit (MUP). This is followed by regulating marketing and restricting the physical availability of alcohol[53].

With this in mind, South Tyneside's Director of Public Health has endorsed the 'Reducing Alcohol Harm' Blueprint for National Action which identifies seven key areas for Government action, including:

1	Commit to the introduction of an evidence-based national alcohol strategy for England, free from alcohol industry influence.
2	Take the steps to raise awareness of alcohol harms, via: • The delivery of public education campaigns such as Balance's 'Alcohol is Toxic' campaign. • The introduction of mandatory health warnings and nutritional/unit information on alcohol labels.
3	Introduce restrictions on alcohol marketing to protect children and vulnerable people: • A minimum price for alcohol across the whole UK. • A fairer alcohol duty system which at least keeps pace with inflation.
4	The introduction of restrictions for alcohol marketing to protect children and vulnerable people.
5	Introduce a 'public health objective' in England and Wales and consideration of a wider overhaul of the Licensing Act.
6	Invest in prevention and early intervention and improving access to specialist support for at-risk drinkers.
7	Ensure the alcohol industry is prohibited from involvement in the development of public policy.

The success of the Blueprint depends on local leadership from all partner organisations; this plan therefore asks for support from elected members and local leaders in South Tyneside.

Our Journey

Our journey has shown that there is lots to celebrate in the Borough.

South Tyneside has worked hard to build strong, trusting relationships between organisations, teams, and colleagues.

These relationships are a good foundation to develop and improve our plans to reduce the harm caused by alcohol.

These commitments have been agreed by talking to the people of South Tyneside, including those who live and work here.

We will use an evidence-based approach, and where evidence is not available, we will look for the best available information.

We will use local research opportunities to try new things and improve our understanding of what works to support our communities.

The success of this plan will depend on enough funding and resource to meet the commitments. Historically, funding has focused on key treatment and recovery services. The Supplemental Substance Misuse and Treatment Recovery Grant has also added capacity, but it is not known if this grant will continue after 2025/26.

It has recently been agreed that we will continue to fund the Balance programme, which supports an evidence-based alcohol de-normalisation programme across seven local authorities in the North East.

The success of this plan depends on a whole-systems approach, focusing more on prevention and early intervention, and needs additional funding from multiple agencies above what is currently provided.

Priority 1:
Prevention and early intervention of alcohol misuse

What are we proud of?

- Re-established South Tyneside's Alcohol Strategy Group to work together to reduce the harm caused by alcohol.
- Continued to include Alcohol Brief Intervention (ABI) training in South Tyneside's 'A Better U' training offer.
- Worked with seven Local Authorities to commission Balance, promote alcohol campaigns and raise awareness of the Blueprint to 'Reduce Alcohol Harm'.
- Used the Better Health at Work Award to encourage supportive and compassionate workplace approaches.
- Launched South Tyneside's Data Observatory, which includes publicly available data, research, and evidence about South Tyneside, including alcohol outcomes.

What will we do next?

- Advocate for national action on price, promotion and availability through the Balance's 'Blueprint to Reduce Alcohol Harm' [54]
- Review and refresh our approach to Alcohol Brief Intervention (ABI) to ensure it reaches frontline workers.
- Strengthen licensing by developing an Alcohol Licensing Matrix to inform decisions, especially in the context of regeneration plans.
- Update the Statement of Licensing Policy using relevant health data.
- Develop a model alcohol policy for South Tyneside Council and workplaces through the Better Health at Work Award.
- Review and update our digital alcohol messaging to ensure it is consistent, while also considering digital inclusion in everything we do.
- Support the North East North Cumbria (NENC) Primary Care Alcohol Project Group to build on the Alcohol Programme's successes at a local level.

Priority 2:
Protecting our children and young people - creating the conditions for an alcohol-free childhood

What are we proud of?

- Established a children and young people's Alcohol Working Group to drive improvements.
- Reviewed South Tyneside's Healthy School Award to promote alcohol-free environments in schools.
- Commissioned the Health-Related Behaviour Survey in schools to understand young people's health and wellbeing.
- Conducted a survey to hear from children and young people about improving drugs and alcohol education.
- Adopted implied consent for young people attending A&E for drug and alcohol issues, referring them to Matrix for support and to prevent repeat admissions.
- Published a podcast by South Tyneside's Young Health Ambassadors to raise awareness of Matrix's Young People's service.

What will we do next?

- Promote campaigns to raise awareness about FASD and the importance of an alcohol-free childhood.
- Develop a model alcohol policy for schools to promote alcohol-free environments.
- Work with education to review PSHE drugs and alcohol education resources.
- Develop an engagement plan to talk to children and families at every opportunity.
- Deliver alcohol interventions to children and families at every opportunity including Early Help (including Family Hubs), Children and Families Social Care, Mental Health Support Teams (MHSTs), Midwifery and Health Visiting (pre and post pregnancy).
- Launch substance misuse training as part of our 'A Better U' programme, for professionals working with children and young people.
- Develop a children and young people's social prescribing model.
- Learn from the A&E implied consent model to create similar pathways into Matrix Young People's Service across the system.

Priority 3:
Reducing health inequalities

What are we proud of?

- Launched health literacy training to improve health information, making it easier to understand and helping communities make better health decisions.
- Continued delivering South Tyneside's social prescribing service, connecting people to activities, groups, and services to meet their practical, social, and emotional health needs.
- Made sure support is targeted at groups who are most impacted by the harm caused by alcohol.

What will we do next?

- Continue to roll out health literacy awareness and training across the system.
- Use local research and engagement to better understand alcohol harm in different population groups.
- Use community assets, like welcoming places and family hubs, to support residents at increased risk of alcohol harm.
- Launch South Tyneside's Reconnect service to help individuals with complex needs to re-engage with health and support services.
- Carry out a thematic suicide audit to understand the link between alcohol and suicide locally and decide on actions.
- Explore contract specifications with providers (e.g., housing staff, third sector organisations, care homes, and domiciliary care providers) to ensure alcohol harm reduction remains a priority.
- Improve practices and relationships across services and organisations to support people experiencing multiple disadvantages, prevent crisis escalation, and reduce demand on services.
- Review and enhance support for carers in South Tyneside.

Priority 4:
Delivering a high quality, safe and effective treatment system

What are we proud of?

- Continued to fund South Tyneside's Adult Recovery Service (STARS) and Matrix's Young People's service, offering drug and alcohol support.
- Maintained South Tyneside's Substance Misuse Partnership to promote multi-agency work and responsive commissioning.
- The Supplementary Substance Misuse and Treatment Recovery Grant (SSMTRG) has added capacity by hiring a Specialist Alcohol Nurse and 2 Recovery Workers.
- Supported the Alcohol Care Team at South Tyneside and Sunderland Foundation Trust, providing specialist alcohol support for hospital patients.
- The Gateshead and South Tyneside Individual Placement & Support (IPS) programme (hosted by STARS) successfully provided employment support for individuals in structured treatment.
- Supported the Changing Futures programme to explore new ways of helping those with multiple disadvantages, including addiction, homelessness, criminal justice issues, domestic abuse, and poor mental health.

What will we do next?

- Build on South Tyneside's recovery community by focusing on community-led social prescribing.
- Work with the death review panel to learn from alcohol-related deaths to prevent future incidents.
- Address the risk factors linked to alcohol use.
- Strengthen pathways between mental health and substance misuse services.
- Use the Complex Adult Risk Management (CARM) framework in Adult Social Care to support adults at risk due to complex needs.
- Expand community interventions and recovery programs.
- Strengthen the role of those with lived experience in providing specialist care in health and care settings.

Priority 5:
Tackling alcohol-related stigma

What are we proud of?

- Supported the NHS 'Stigma Kills' campaign to change beliefs and actions around addiction.

What will we do next?

- Promote stigma-focused campaigns such as 'Stigma Kills' (NHS) and 'Stamp out Stigma' (British Liver Trust).
- Build on South Tyneside's recovery community to raise the profile of recovery.
- Work with Balance to empower residents with lived experience to share their stories and challenge stigma.
- Host learning events to raise awareness and educate healthcare professionals and the public about the impact of stigma.

Priority 6:
Improving Community Safety

What are we proud of?

- The Safer South Tyneside Partnership continues to tackle local crime and disorder, with a key focus on reducing substance misuse.
- Relaunched the Community Safety Partnership Plan (2024-27), committing to reducing the impact of substance misuse.

What will we do next?

- Make sure the Alcohol Strategy Group and the Community Safety Partnership Plan share progress updates.
- Work together with specialist services to address issues like mental health and unemployment that affect anti-social behaviour, crime, and re-offending.
- Use all criminal and civil orders to tackle alcohol-related offenses.
- Work with prisons to create clear pathways for resettlement and structured alcohol treatment to reduce re-offending.
- Use insights from the walk-ability audits to address alcohol-related crime and ensure older adults feel safe within the community.
- Strengthen partnerships to address the impact of alcohol on vulnerable groups, including domestic abuse, violent crime, sexual offenses, child exploitation, and modern slavery.
- Support homeless and rough sleepers by providing seamless pathways into drug and alcohol treatment services.
- Raise awareness on how to report underage alcohol sales to Trading Standards.

What will success look like?

Indicator	Baseline	Period	Trajectory	Data Source
Alcohol-Specific Mortality	30.1	2023	↓	Fingertips Alcohol Profile
Alcohol-Related Mortality	66.5	2023	↓	Fingertips Alcohol Profile
Potential years of life lost due to alcohol-related conditions – males	2,210	2023	↓	Fingertips Alcohol Profile
Admission Episodes for Alcohol Specific Conditions	1,310	2023/24	↓	Fingertips Alcohol Profile
Admission Episodes for Alcohol Specific Conditions (U18)	49.1	2021/22 – 23/24	↓	Fingertips Alcohol Profile
Admission Episodes for Alcohol Related Conditions (Broad)	2,921	2023/24	↓	Fingertips Alcohol Profile
Alcohol Unmet Need	77.9%	2023/24	↓	National Drug Treatment Monitoring System (NDTMS)
% of children who have reported to have had a proper alcoholic drink	42%	2022	↓	Health Related Behaviour Questionnaire (HRBQ)
Total number of Alcohol Brief Interventions given	899	2023/24	↑	Quarterly data return
Children & Families Social Care social care assessments: % Alcohol Misuse: Concerns about alcohol misuse by the child % Alcohol Misuse: Concerns about alcohol misuse by another person living in the household.	1.51% 1.56%	2023/24	↓	Children & Families Social Care
Number of underage alcohol sales	2	2023/24	↓	Trading Standards
Off-license alcohol premises	140	Jan 2025	→	Licensing
Total cost of alcohol harms per head of the population	£523	2021/22	↓	Balance cost profiles

Our vision is clear, we want to:

''Reduce alcohol harm by working together in South Tyneside to create an environment where people drink less throughout their lives''.

Calling the Shots

Priority 1 Prevention and early intervention of alcohol-misuse
- Advocacy
- Campaigns
- Licensing
- Alcohol Brief Intervention
- Workplace policies
- Information, advice and support

Priority 2 Protecting children and young people & creating the conditions for an alcohol-free childhood
- Campaigns
- School policies
- Alcohol education
- Lived experience
- Workforce training
- Social prescribing
- Treatment pathways

Priority 3 Reducing health inequalities
- Health literacy
- Local research
- Targeted support
- Contract specifications review

Priority 4 Delivering a quality, safe and effective treatment system
- Learn from alcohol-related deaths
- Address alcohol risk factors
- Strengthen dual diagnosis offer
- Community interventions
- CARM Framework

Priority 5 Tackling alcohol-related stigma
- Stigma campaigns
- Lived experience
- Learning events
- Build on recovery community

Priority 6 Improving community safety
- Partnership working
- Criminal and civil orders
- Treatment pathways
- Walkability audits
- Underage sales

References

1   Evaluating the impact of minimum unit pricing for alcohol in Scotland: A synthesis of the evidence - Publications - Public Health Scotland

2   New alcohol mortality data presents a bleak picture for England - Institute of Alcohol Studies

3   https://www.who.int/news-room/fact-sheets/detail/alcohol

4   Alcohol and mental health

5   Economy - Institute of Alcohol Studies

6   https://archhealthcare.uk/wp-content/uploads/2023/10/The-alarming-impact-of-liver-disease-FINAL-June-2019.pdf

7   Alcohol and liver disease - British Liver Trust

8   Does moderate alcohol consumption really have health benefits? | The BMJ

9   No level of alcohol consumption improves health - The Lancet

10   UK Chief Medical Officers' Low Risk Drinking Guidelines

11   Alcohol Profile - Data | Fingertips | Department of Health and Social Care

12   Alcohol Profile - Data | Fingertips | Department of Health and Social Care

13   Alcohol Profile - Data | Fingertips | Department of Health and Social Care

14   Alcohol Profile - Data | Fingertips | Department of Health and Social Care

15   Alcohol Profile - Data | Fingertips | Department of Health and Social Care

16   Monthly Tracking KPI - Graphs - Alcohol in England

17   Alcohol-specific deaths in the UK - Office for National Statistics

18   Alcohol Profile - Data | Fingertips | Department of Health and Social Care

19   https://archhealthcare.uk/wp-content/uploads/2023/10/The-alarming-impact-of-liver-disease-FINAL-June-2019.pdf

20   Alcohol and health inequalities - Institute of Alcohol Studies

21   OMS Gender.indd

22   Alcohol-specific deaths in the UK - Office for National Statistics

23   Liver disease profile, April 2024 update - GOV.UK

24   The public health burden of alcohol: evidence review - GOV.UK (www.gov.uk)

25   Its-Everywhere-Commission-on-Alcohol-Harm-final-report.pdf

26   Alcohol Profile - Data | Fingertips | Department of Health and Social Care

27   Alcohol Profile - Data | Fingertips | Department of Health and Social Care

28   Microsoft Word - Alcohol and the family.docx

29   Out of the shadows

30   https://www.ias.org.uk/uploads/pdf/IAS%20reports/rp28102017.pdf

31   Parents Who Allow Early Adolescents to Drink - PubMed

32   Part 5: Alcohol drinking prevalence and consumption - NHS England Digital

33   Alcohol Profile - Data | Fingertips | Department of Health and Social Care

34   The impact of domestic abuse - Women's Aid

35   South Tyneside Council | South Tyneside Domestic Abuse Strategy 2022-2025

36   The Association between Mental Wellbeing, Levels of Harmful Drinking, and Drinking Motivations: A Cross-Sectional Study of the UK Adult Population - PMC

37   Suicide prevention in England: 5-year cross-sector strategy - GOV.UK

38   Alcohol and mental health - fact sheet | Alcohol Change UK

39   Microsoft Word - LGBTQ+ Briefing Final.docx

40   Microsoft Word - Alcohol and the family.docx

41   Parental Alcohol Use | Young Carers | The Children's Society

42   Exploring patterns of alcohol misuse in treatment-seeking UK veterans: A cross-sectional study - PubMed

43   Mental health disorders and alcohol misuse among UK military veterans and the general population: a comparison study | Psychological Medicine | Cambridge Core

44   Boost | Learning Academy

45   Alcohol and neurodiversity– Q&A with Neurodiversity UK | Alcohol Change UK

46   Alcohol use disorders and ADHD - ScienceDirect

47   What is Neurodiversity - ADHD Aware

48   NDTMS - ViewIt - Adult

49   NDTMS - ViewIt - Adult

50   NDTMS - ViewIt - Young People

51   Taking Action On Addiction | A campaign website to bring more understanding and help reduce the stigma surrounding addiction

52   NDTMS - ViewIt - Adult

53   A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective - ScienceDirect

54   Flipbookhttps://www.fresh-balance.co.uk/news/balance-unveils-blueprint-to-reduce-alcohol-harm/