



Middlesbrough's  
**Alcohol Harm Reduction Strategy**  
2017-2022

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# Foreword



Most people who drink, do so responsibly without causing harm to themselves or others. Responsible use of alcohol can form an enjoyable part of social life. However, when used irresponsibly alcohol can have a negative impact on health and well-being for individuals, families and communities.

In Middlesbrough, whilst good progress has been made on some indicators of alcohol related harm, most outcomes remain poorer and higher than the England average. Alcohol related harm has a significant impact on individuals, families and communities with the harm being disproportionately greater for vulnerable and disadvantaged communities. It impacts upon a number of council services as well as the NHS, police, criminal justice system, education, voluntary and community sector.

There are a wide range of alcohol related harms such as premature deaths linked to preventable illness, crime and anti-social behaviour, domestic violence, safeguarding, disabilities and special educational needs, developmental issues linked to foetal alcohol spectrum disorder issues which are described in more detail in the local alcohol profile and the joint strategic needs assessment (JSNA). There is a need for a coordinated, multi-agency response for raising awareness, strengthening prevention, early intervention and effective recovery for individuals, families and communities across Middlesbrough.

Responsible drinking has a number of benefits to individuals, communities and local areas. It can have a positive contribution to the local economy by providing employment, improving the night time economy and attracting visitors to our town. It is important that a balance is retained on promoting responsible drinking, improving the night time economy and economic benefits whilst ensuring robust arrangements are in place to reduce the harms and costs associated with irresponsible drinking. In line with the Mayor's Vision and the Middlesbrough Strategic Plan, considerable work is underway to develop alternative forms of entertainment in the town. This includes cultural events, leisure, sporting events, restaurants or other activities which are less alcohol focused. There is already evidence of a reduction in premises that promoted a binge drinking culture in favour of premises which encourage sociable, responsible alcohol consumption. The town centre is being transformed with the development of a diverse leisure offer attracting a wider audience and promoting more social and responsible use of alcohol.

There is no simple answer or quick fix to tackling alcohol related issues in the town. This strategy demonstrates that Middlesbrough benefits from having a strong partnership with a wide range of public, private and voluntary sector organisations which are willing and motivated to work together to educate, protect and support the local communities on alcohol issues.

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# 1. Introduction

Alcohol misuse causes physical and mental health issues, as well as a range of social issues including troubled families, homelessness and domestic abuse, unemployment and reduced productivity through workplace absenteeism.

Whilst crime is reducing in the town, other types of alcohol related crime are continuing, and there are many communities which are affected by alcohol related crime, disorder and antisocial behaviour. The local alcohol profile summarises the key indicators for alcohol related harm in Middlesbrough and compares them with the England averages.

Whilst progress has been made on a number of indicators, borough level indicators hide the variation in alcohol related harm that exists across the town, with the deprived and disadvantaged communities being disproportionately affected. Alcohol related harm is a key driver of health inequalities across the town as it contributes to premature deaths, preventable illnesses, impacts on quality of life and contributes to a range of poor social outcomes such as crime and unemployment.

Alcohol related harms result in health, social and economic costs which can be direct; indirect and intangible - see table below.

## DIRECT ECONOMIC COSTS

- Health and social care costs
- Police and criminal justice system
- Unemployment
- Welfare systems

## INDIRECT COSTS

- Lost productivity due to absenteeism, unemployment, decreased output, reduced earnings potential
- Lost working years due to premature pension and death

## INTANGIBLE COSTS

- Pain and suffering
- Poor quality of life
- Opportunity costs from money spent on alcohol in families

Source: PHE evidence review 2016

The significant costs of providing services to respond to the effects of alcohol misuse compromises our ability to achieve our economic potential.

The cost of alcohol misuse is estimated to cost the economy in England up to £25 billion per year.

The estimated cost for Middlesbrough of £56.5m includes health, social care and crime and licensing.

The Public Health England's evidence review, "The Public Health burden of alcohol and the effectiveness and cost effectiveness of alcohol control policies," has been very timely as it summarises the research evidence for tackling alcohol related harm at a national, regional and local level. The review highlighted alcohol related harm is determined by alcohol consumption at an individual and at population levels. These are heavily dependent on availability (how easy it is to purchase alcohol, affordability (how cheap alcohol is), and its acceptability (social norms surrounding alcohol consumption).

Whilst local areas have a key role to play in addressing these three factors, the PHE review concluded that local action needs to be supported by policy changes at a national level. These include minimum unit pricing, alcohol taxation and price regulation, regulating availability, inclusion of health as a licensing objective, controlling the strength of alcohol, changes to drink driving limits. This strategy summarises the key local actions and also calls for policy changes at a national level.



## How the strategy has been developed

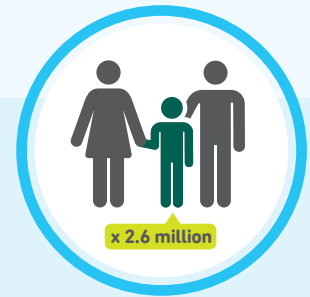
The Local Alcohol Action Area partnership work has provided the foundation for the development of this strategy. Middlesbrough Council has engaged with a wide range of partners and stakeholders in the town, including those which will be responsible and essential for the successful management and delivery of this strategy. This strategy is developed in line with national guidance, legislation and local strategies and plans.

## Engagement with stakeholders

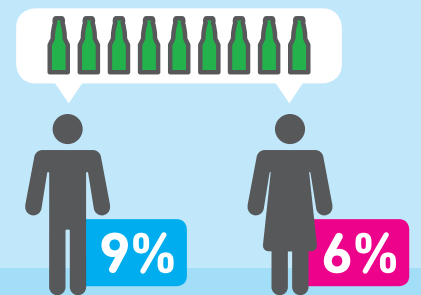
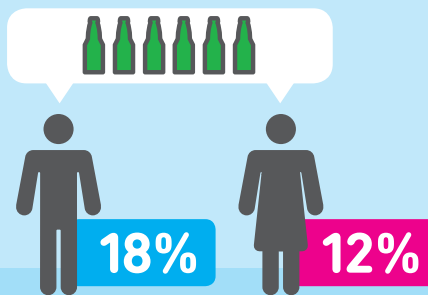
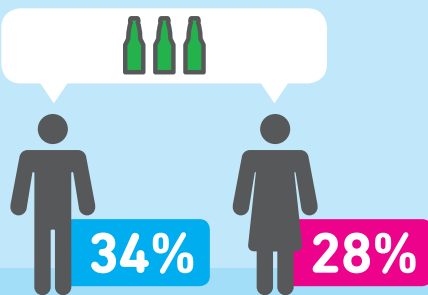
A stakeholder event was carried out in March 2016 and was attended by over 80 representatives of key stakeholder organisations and partners. There has been regular consultation with partners through the Alcohol and Health Alcohol and Crime Task Group meeting, the Responsible Authorities Group and The Public Health Delivery Partnership.

# 2. What we know about alcohol related harm

## How much we drink nationally



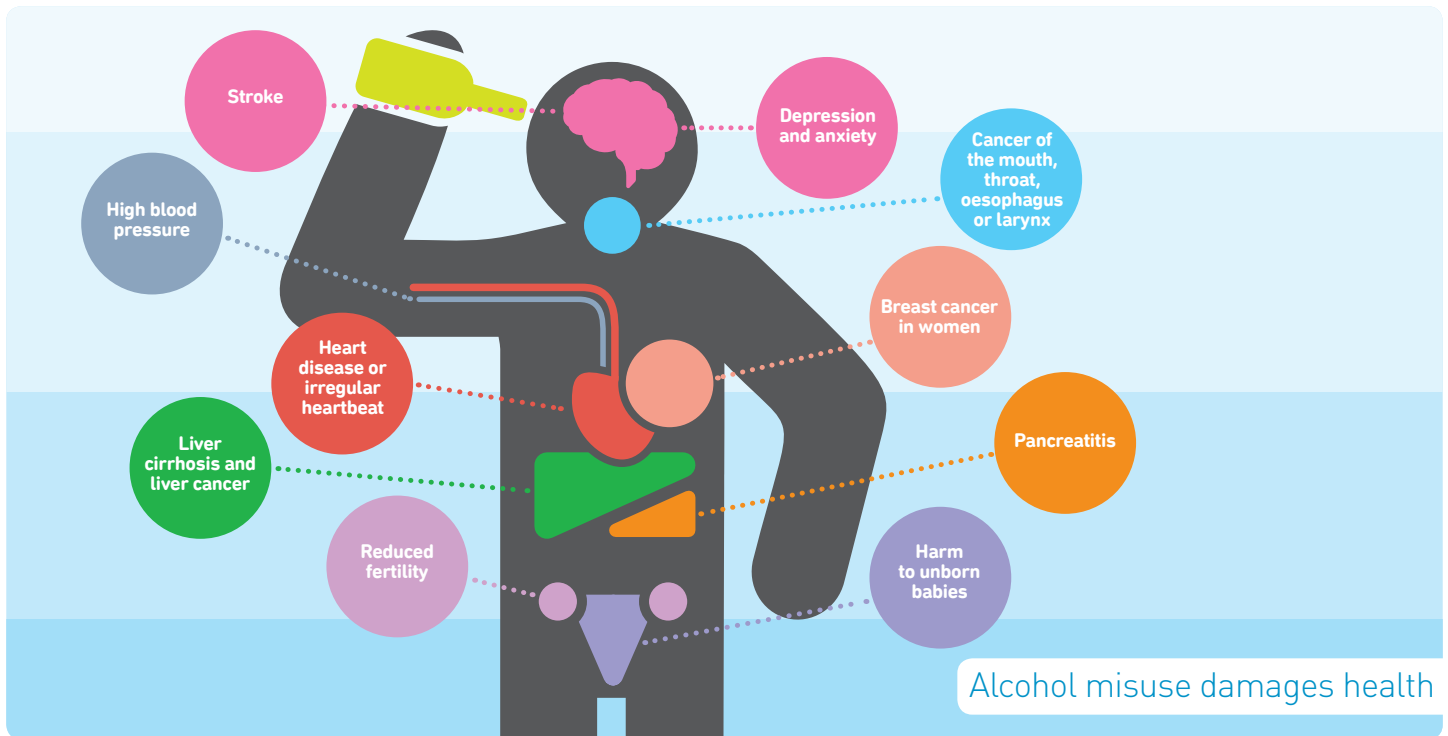
## Drinking behaviour



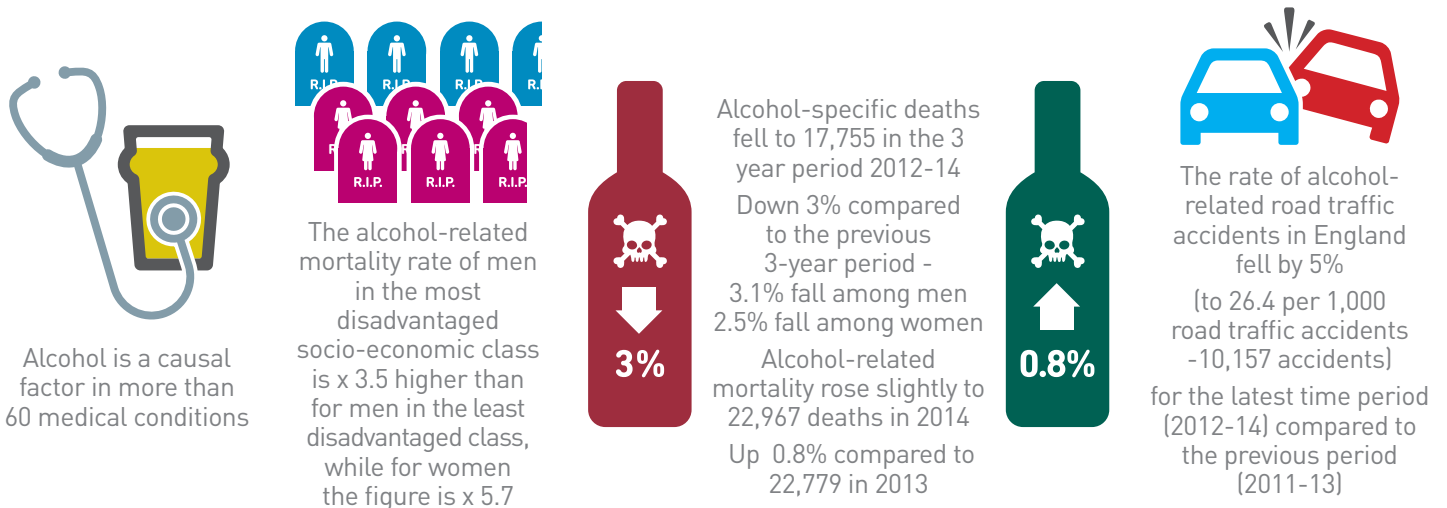
## National perspective

As alcohol consumption has risen, so have levels of alcohol-related harm to individuals, families and communities.

Alcohol-related health problems are now manifesting at an earlier age, there is a disproportionate impact on those in our most deprived communities. However, alcohol is strongly embedded in our culture; it is a popular and socially acceptable drug, and plays an important role in our social lives and the local economy.



In 2014, nationally there was a 3% decrease in alcohol-specific deaths. However, the alcohol related ill health which is now being seen increasingly relates to heart disease and cancer, and not alcohol specific ill health such as liver disease. Ill health is among people who are not dependent drinkers, but who drink frequently and are may be unaware of the risks. In both alcohol-specific and alcohol-related death rates, the rate for men is almost double that of women.



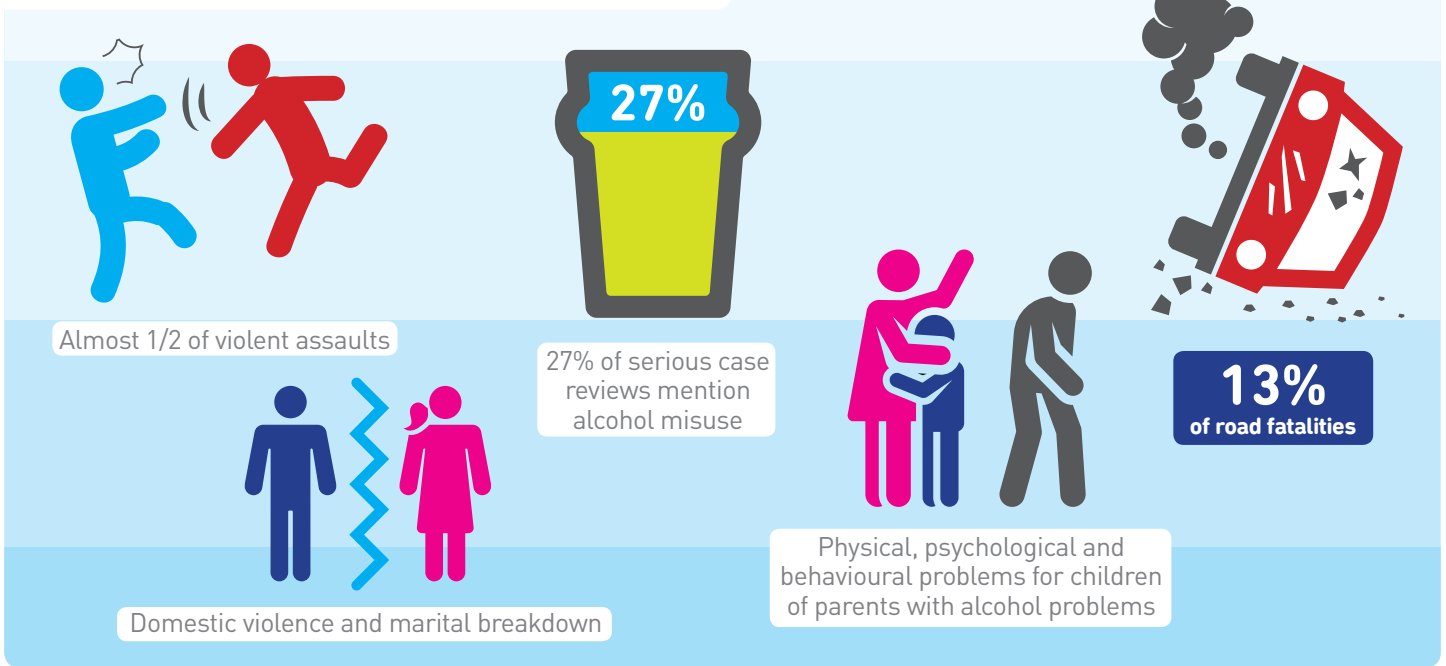
There are an estimated 1.6 million people dependent on alcohol in England with 115,000 clients in structured alcohol treatment in 2013/14.

In 2013/14, 3,825 children and young people in England accessed specialist alcohol services

Only 6.4% of dependent drinkers access treatment

For every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime

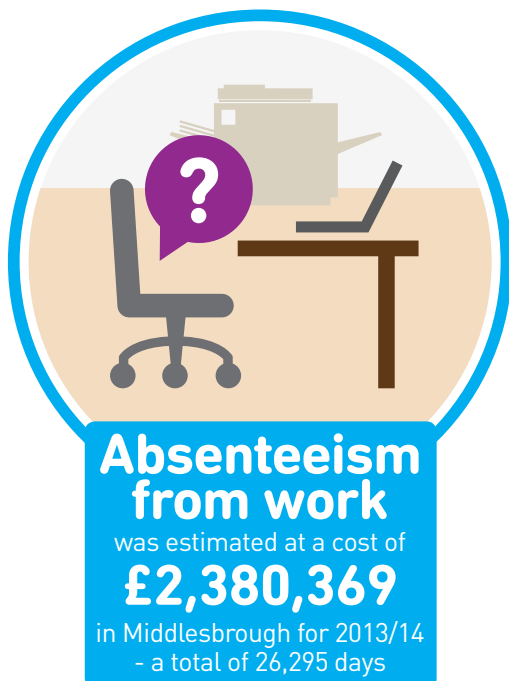
## Alcohol misuse harms families and communities



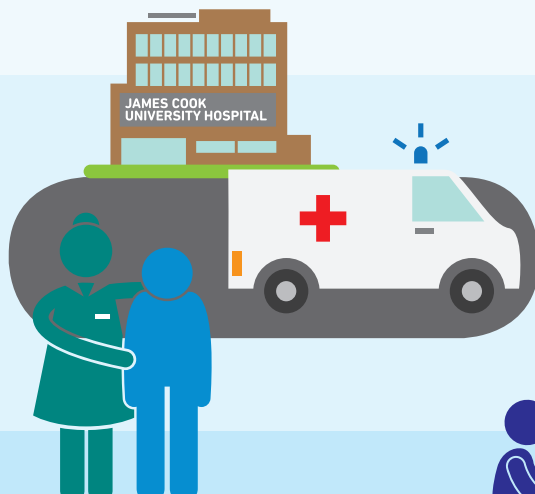
## Alcohol related health harms in Middlesbrough

### The Local Alcohol Profiles for England (LAPE) - see Appendix

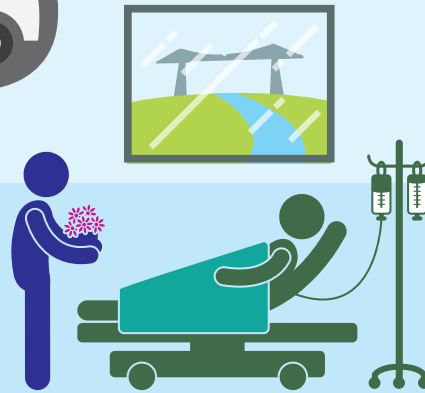
LAPE illustrates the extent to which alcohol related harm differs across the country and Middlesbrough performs worst for every indicator when compared to the England average, and the North East for the majority. Middlesbrough is among the top worst local authorities for the indicators related to alcohol hospital admissions. It should be noted that there has been a negative trend in recent years in the indicator relating to alcohol related mortality, admissions and crime.



## Accident and Emergency attendances



Alcohol-specific hospital admissions for people under 18 in the last three years in Middlesbrough stands at 106.6 per 100,000 of the population, with the regional average being 107.7.



Alcohol-attributable hospital admissions in the area for all ages were higher than average, at 2,286.7 per 100,000 for men and 1,276 per 100,000 for women.



Middlesbrough has a high number of adults in specialist alcohol treatment services, 5.2 per 1,000 population, the 5th highest in the country.

## Prevalence of population at risk from alcohol:

	MIDDLESBROUGH		NORTH EAST	ENGLAND	MIDDLESBROUGH IS...
LEVEL OF RISK	NUMBER AT RISK (AGED 16+)	PREVALENCE (%) (AGED 16+)	PREVALENCE (%) (AGED 16+)	PREVALENCE (%) (AGED 16+)	
Abstainers	18,717	16.33	14.58	16.53	Higher than North East Lower than England
Low	85,249	74.36	73.72	73.25	Higher than North East Higher than England
Increasing	21,756	18.98	19.60	20.00	Lower than North East Lower than England
High	7,636	6.66	6.75	6.68	Lower than North East Lower than England
Binge	32,673	28.50	30.10	20.10	Lower than North East Lower than England

Source: Local Alcohol Profiles for England - lape.org.uk



# 3. Where we are now

This is Middlesbrough's third Alcohol Strategy since 2007 and first Alcohol Harm Reduction Strategy. It reflects the recognition, both locally and nationally, that addressing the impact and misuse of alcohol is a long term commitment.

The previous Alcohol Strategy (2007) made key progress in relation to the development of partnerships to tackle alcohol related issues and the delivery of fit for purpose treatment services. However, it is recognised that further progress still needs to be made to prevent and tackle alcohol related harms through coordinated efforts across agencies, organisations and communities.

Whilst effective partnership working is evident from the diverse range of services involved in dealing with alcohol related issues, more work needs to be done to strengthen the prevention and early intervention approaches through population, organisational, community, family and individual interventions.

## Local Alcohol Action Area

During 2014/15, Middlesbrough Council participated in the Local Alcohol Action Areas (LAAA) programme. This was a national programme set up by the Home Office as part of the Government's response to the Alcohol Strategy Consultation. Middlesbrough was selected as one of the 20 areas to receive support from the Home Office and Public Health England on tackling alcohol related harm. A multi-agency LAAA steering group was established and focussed on identifying priorities and developing local action plans to tackle the key alcohol issues across the town.

During 2014/15 advice and support was provided by national agencies to help Middlesbrough develop new and innovative approaches, share best practice with other LAAA projects in relation to:

- reducing alcohol related crime and disorder
- reducing alcohol related health harms
- promote growth by establishing diverse and vibrant night time economies

The key successes from Middlesbrough's LAAA programme have been recognised as good practice nationally:

- a) Development of a community safety map which identified the hotspot areas for alcohol related harm
- b) Improved data sharing between health, police, public protection and safeguarding to build a comprehensive picture of the alcohol related harm across the town
- c) Development of a Safe Haven in the town centre to address alcohol related injuries, reduce ambulance and A&E demands, provide a safe environment and reduce crime
- d) Joint working with the Hospital Intervention and Liaison Team to ensure appropriate engagement with those at risk
- e) Intelligence led service planning for public health, police and public protections
- f) Refresh of the statement of licensing policy including the extension of cumulative impact policy areas
- g) Promoting a responsible alcohol trade across the town through engagement with night time economy staff, licensing condition requirements, reviews of licences and the Best Bar None programme

This LAAA work has been continued and a new and updated strategic approach has been developed to underpin the partnership working.

The learning from the LAAA has informed the development of a coordinated approach to tackling alcohol related harm across the town, development of the alcohol strategy, review the statement of licensing policy and the proposal for the Council to sign up to the local alcohol declaration.



## 4. The Vision

The vision for this strategy is to reduce alcohol related harm to individuals, families and communities whilst ensuring that alcohol can be enjoyed safely and responsibly. The strategy sets down how Middlesbrough Council together with its partners and stakeholders will work together towards achieving the following five priorities:



We will increase knowledge and understanding of alcohol and its related harms and work towards a culture where individuals are enabled to make informed choices about their alcohol consumption.



Promote responsible alcohol retailing and support a safe, vibrant and diverse night time economy, working in partnership with the local alcohol businesses to reduce alcohol related harm.



We will improve individual's health and wellbeing through an effective prevention strategy, the provision of early help and effective alcohol recovery services for those that need them.



Protect children, young people and families from alcohol related harm and support them to achieve better outcomes through early identification, safeguarding and interventions.



Reduce alcohol related crime, disorder and anti-social behaviour by tackling alcohol related offending by individuals and irresponsible alcohol retailing.

This section highlights the five priorities for tackling alcohol related harm in Middlesbrough, summarises some of the good work carried out to date and identifies the key actions that will progress the implementation of the strategy.

### Principles for delivery of this strategy

To deliver the vision and priorities of this strategy there are several principles which partners have identified as being critical to success in tackling alcohol related harm in Middlesbrough. These principles will underpin the strategic priorities:

- Strengthening prevention, early intervention and upstream interventions
- Effective partnership working with organisations, businesses and our communities
- Evidence-based approaches and interventions, learn from others and generating local innovative approaches to tackling alcohol related harm
- Improve and facilitate multi-agency data and intelligence to ensure coordinated planning and integrated service delivery
- Outcome focused planning and delivery of services approach
- Continue to lobby for changes in national and regional policy and strengthen the levers that supports local action to tackle alcohol related harm in Middlesbrough

# Priority 1

We will increase knowledge and understanding of alcohol and its related harms and work towards a culture where individuals are enabled to make informed choices about their alcohol consumption.



## What do we know?

Middlesbrough has one of the highest binge drinking rates in the UK - the Balance Perception Survey 2015 found that 29.7% of those surveyed admitting to drinking more than twice the recommended amount of alcohol in a single session. Although this was lower than the regional average of 30.1%, 41% of residents are drinking at risky levels.

The survey also highlights that:

- 6% of residents surveyed in Middlesbrough drink alcohol 6 or more times per week, compared with 7% regionally
- Almost 40% of people said they were unaware of the recommended maximum number of units they should be drinking, or were unaware of the units system in general
- 76% of people want a ban on alcohol TV ads before 9am to protect children



## What has been achieved so far?

- Partnership working to promote sensible alcohol consumption during Teesside University Freshers' Week, Middlesbrough College Induction Week and promoting Alcohol Awareness week and Dry January
- Working in partnership with Teesside University through the '1Up' Extra Life group looking at risk taking behaviour, focusing their efforts on alcohol to produce a strategy to be adopted by the university and student union
- Promotion of a 'safer drinking' messages to young people, raising awareness to NTE staff through vulnerability training and provision of a student safe night time transport
- Public Health England Recovery Capital funding was secured to develop a local alcohol free bar in the town centre venue for those in recovery and the wider community
- A public perception survey on the public's views on the day and night time economy was jointly commissioned through the Alcohol Strategic Group to develop priorities
- Training of frontline Community Safety staff on alcohol brief intervention techniques

## What we will do differently

- Use data and intelligence to assess local alcohol needs and and integrate strategies and programmes to change behaviour and attitudes in relation to alcohol
- Deliver communication and social marketing campaigns with messages which are consistent and link in with current and emerging alcohol and other substance misuse
- Promote and support the development and delivery of workplace alcohol policies and interventions
- Provision of appropriate alcohol education for children, young people in schools, community programmes and parents using a wide range of settings
- Address the local issues around the availability and affordability of alcohol whilst continuing to lobby for action at a national level
- Improve the capacity of the educational workforce to enable them to improve educational input around alcohol, including the offer of awareness training for parents

# Priority 2

We will promote responsible retailing and support a safe, vibrant and diverse night time economy, through working in partnership with the local alcohol businesses to reduce alcohol related harm.



## What do we know?

Alcohol is a key component of the British economy and the production, distribution and sale of alcohol can make a significant contribution to a local economy. In Middlesbrough the contribution of alcohol to the local economy is significant because of the town's vibrant evening economy which draws customers from surrounding areas. There is a balance to retain the economic benefits but reduce the costs imposed by irresponsible drinking.

Considerable work is ongoing to develop alternative forms of entertainment in the town in terms of cultural events, sporting events, restaurants or other activities which are less alcohol focused. There is already evidence of a reduction in premises with a binge drinking culture in favour of premises which encourage sociable, responsible alcohol consumption. The 2016 night-time perception survey provides an indication on the public's views on the night-time economy:

- 43% agreed that Middlesbrough town centre is a safe place to visit (9% 'strongly agree'), whilst over a third (36%) disagreed (11% 'strongly disagree' and 25% 'tend to disagree')
- When asked 'What would most increase your sense of safety if visiting on an evening?' the principal response was 'a greater police presence' (52%), whilst 20% would like 'more security in general', and 11% had concerns about 'substance abusers – alcohol/ drugs'
- The large majority of those survey agreed that Middlesbrough town centre has 'a good range of shops' (88%), has 'a good range of restaurants, pubs and clubs' (86%), and that 'the Town Hall puts on a good range of gigs/ entertainment' (72%)
- Respondents were less likely to agree (and more likely to disagree) with the statements that Middlesbrough town centre has 'a good range of facilities and activities for all age groups' (50% 'agree' / 35% 'disagree'), 'a good range of organised events' (47% 'agree' / 22% 'disagree'), and 'a good range of leisure and cultural facilities' (46% 'agree' / 38% 'disagree')

## What has been achieved so far?

- Best Bar None – this award winning scheme for licensed premises in Middlesbrough has been operating for 5 years
- Vulnerability Training has been provided to a wide range of night time economy staff to aim to provide support to night-time revellers: Door Supervisors, bar staff, Police Officers, Safe Haven staff and Boro Angels
- Development of the town centre leisure and entertainment offer to include a wider range of micro bars, eateries and entertainment venues to encourage a wider audience and different social experience
- Close working with the Boro Angels who offer a friendly, caring and non-judgemental presence in Middlesbrough town centre on a weekend providing assistance to vulnerable people within the night time economy
- Reduction in the availability of cheap, high risk alcohol products by identifying problem areas, irresponsible off licences and in promoting responsible retailing by agreement and through off licence forums

## What we will do differently

- Support licensed premises to understand and comply with the law and follow good practice in the sale of alcohol and managing 'spill-over' alcohol related harm outside of the premises
- Promotion of responsible retailing schemes which recognise and reward good practice and promotion to the public
- Promotion of a vibrant night time economy through investment and, diversification of leisure and entertainment venues
- Raise public awareness of the benefits of responsible retailing and using well-managed premises
- Maximise the resources and working in partnership with the local alcohol industry to tackle alcohol and wider vulnerability issues
- Ensure Middlesbrough's Licensing Policy 2017–2022 is closely integrated with the Middlesbrough Alcohol Strategy
- Partnership working with the Licensing Authority, responsible authorities, local retailers and other organisations for joined up action on alcohol related harm using the levers and powers at the disposal of the different responsible authorities
- Development of an alcohol free venue within the town which will also provide support for those in recovery

# Priority 3

We will improve individual's health and wellbeing through an effective prevention strategy, the provision of early help and effective alcohol recovery services for those that need them.



## What do we know?

Middlesbrough performs worst for every indicator when compared to the England average.

However it should be noted that there has been a negative trend in recent years in the indicator relating to alcohol related mortality and crime.

- Middlesbrough men are dying on average 18.5 months earlier than the rest of the England. This is 20.3% higher than the north east average and 55.8% higher than the England average. Middlesbrough is ranked 9th worst local authority (2012-14)
- Middlesbrough women are dying 8.53 months earlier than the rest of England, which is 14% higher than the north east average, and 52% higher than England
- The alcohol specific mortality rate for all ages in Middlesbrough (18.1) is 11.2% higher than the north east, and 55.9% higher than England. Middlesbrough is ranked 28th worst LA
- The mortality rate in males from chronic liver disease in Middlesbrough men is 21% higher than the north east average and 56% higher than England
- Alcohol-attributable hospital admissions in the area are higher than average, at 2,600 per 100,000 for men compared to 1,717 for England and 1,310 per 100,000 for women compared to 864 for England

## What has been achieved so far?

- The re-commissioning and transformation of substance misuse services, Middlesbrough Recovering Together, to deliver three core pathways of treatment and care, clinical support and abstinence and recovery
- The Safe Haven provides a late night minor injury treatment service located within the town centre for the vulnerable to reduce unnecessary attendances at James Cook University Hospital
- The development of an integrated Health and Wellbeing Hub which will bring together alcohol, drug treatment and other services under one roof
- The HILT (Hospital Intervention and Liaison Team) based within James Cook University Hospital providing a screening, referral and brief treatment for both alcohol and drugs, targeting frequent attenders due to alcohol/drug misuse or risky drinkers requiring brief intervention
- Screening at antenatal appointments using the AUDIT-C tool, to assess mother's alcohol status to reduce the risks to their unborn baby. Additional support is provided through referral to a Specialist alcohol worker in the antenatal setting or within the community

## What we will do differently

- Working jointly with partners to provide a consistent approach to identification and brief advice (IBA) across a wide range of settings for individuals with alcohol misuse issues including primary health care, community pharmacies, acute hospital trusts, sexual health clinics, mental health services, work places and community venues
- Provision of clear referral pathways to facilitate easy access to alcohol treatment and rehabilitation
- Secure the delivery of the Safe Haven and the secondary care alcohol specialist services as part of the integrated alcohol treatment and rehabilitation pathway
- Monitor and review the adult alcohol treatment system to ensure it meets the needs of the users and provides value for money
- Ensure that vulnerable adults and those with complex needs such as mental health needs are supported to access primary care, alcohol treatment and engage in activities to support their recovery
- Reduce alcohol-related preventable illnesses, and premature mortality using local data to target prevention and early intervention
- Integrated delivery of alcohol interventions with other related areas, such as mental health, family services, criminal justice services and education establishments to ensure access to the appropriate health care and treatment
- Delivery of a 'poly-substance' approach to treatment services that combines screening treatment and rehabilitation for alcohol and drug misuse

## Chief Medical Officers' Recommendations

The new alcohol drinking guidelines is the first comprehensive review for twenty years. It is based on the latest evidence that alcohol causes cancer, provides no benefit to the vast majority of people and should be avoided during pregnancy or trying to conceive.

### WEEKLY DRINKING GUIDELINE

This applies to adults who drink regularly or frequently i.e. most weeks.

The Chief Medical Officers' guideline for both men and women is that:

- To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries
- The risk of developing a range of health problems (including strokes as well as cancers of the mouth, throat and breast) increases the more you drink on a regular basis
- If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week

### SINGLE OCCASION DRINKING EPISODES

This applies for drinking on any single occasion (not regular drinking, which is covered by the weekly guideline).

The Chief Medical Officers' advice for men and women who wish to keep their short term health risks from single occasion drinking episodes to a low level is to reduce them by:

- limiting the total amount of alcohol you drink on any single occasion
- drinking more slowly, drinking with food, and alternating with water
- planning ahead to avoid problems e.g. by making sure you can get home safely or that you have people you trust with you

As you will know, the sorts of things that are more likely to happen if you don't understand and judge correctly the risks of drinking too much on a single occasion can include:

- accidents resulting in injury (causing death in some cases)
- misjudging risky situations, and
- losing self-control (e.g. engaging in unprotected sex)

### PREGNANCY AND DRINKING

The Chief Medical Officers' guideline is that:

- If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk

The risk of harm to the baby is likely to be low if you have drunk only small amounts of alcohol before you knew you were pregnant or during pregnancy.

If you find out you are pregnant after you have drunk alcohol during early pregnancy, you should avoid further drinking. You should be aware that it is unlikely in most cases that your baby has been affected. If you are worried about alcohol use during pregnancy do talk to your doctor or midwife.

# Priority 4

We will protect children, young people and families from alcohol related harm and support them to achieve better outcomes through early identification, safeguarding and interventions.



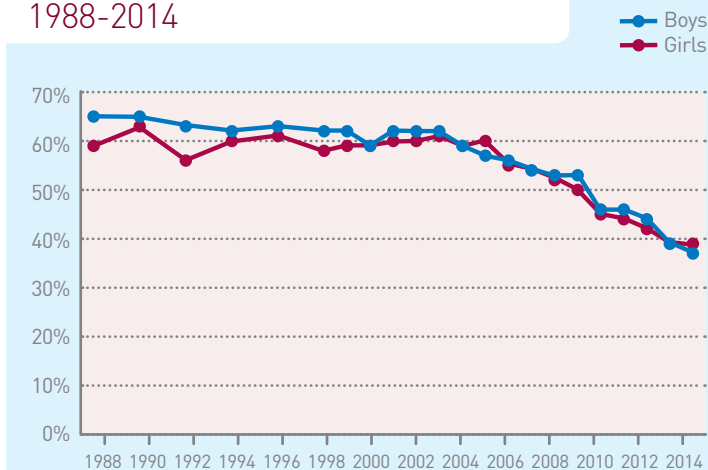
## What do we know?

### Young people's alcohol misuse

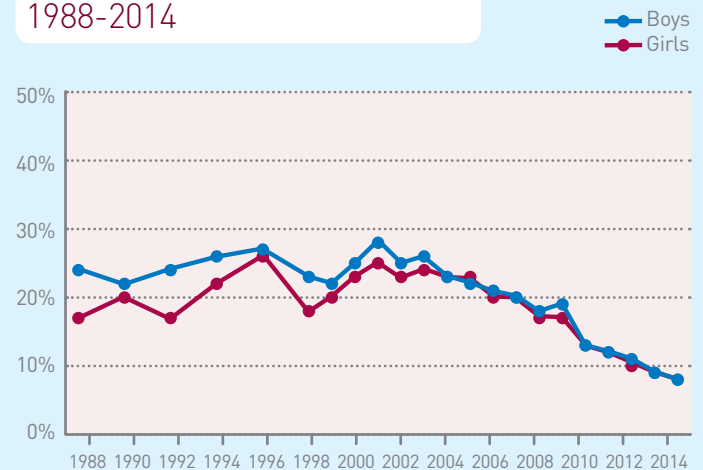
Middlesbrough's Social Norms Survey of year 9 pupils in 2013 -14 identified:

- 64% of young people aged 13 -14 years, in Middlesbrough, rarely or never drink alcohol
- 80% of young people aged 13 - 14 years, in Middlesbrough, never get drunk or get drunk less than once per month
- 87% of boys aged 13 - 14 years, in Middlesbrough, never get drunk or get drunk less than once per month
- 80% of girls aged 13 - 14 years, in Middlesbrough, never get drunk or get drunk less than once per month
- 64% believe that young people in their age group get drunk at least once per week
- 11% believe that young people in their age group get drunk at 3 times per week or more

Prevalence of ever drinking alcohol amongst 11-15 year olds in England: 1988-2014



Drank alcohol in the last week, 11-15 year olds in England: 1988-2014



Source: Local Alcohol Profiles for England - lape.org.uk

### Alcohol use during pregnancy

If a woman drinks alcohol at any time during pregnancy, she risks damaging her unborn baby. Foetal Alcohol Spectrum Disorder (FASD) refers to the range of conditions that can occur as a result of foetal exposure to alcohol during pregnancy. FASD is a lifelong disability that has no cure but is completely preventable if a mother abstains from alcohol during pregnancy.

The true prevalence of FASD is not known, however it is estimated to be prevalent in more than 1% of all live births in the UK and North East research in 2016 also showed the same prevalence. This means we can estimate for Middlesbrough that at least 20 babies born a year will be affected FASD. Diagnosing FASD can be hard because there is no specific medical test and there are also other disorders, such as ADHD (attention-deficit/hyperactivity disorder), which have similar symptoms to those seen with FASD.

### Parental alcohol issues

The term 'toxic trio' is used to describe the issues of domestic abuse, mental ill health and substance misuse which are common features of families where harm to children has occurred. They are indicators of increased risk of harm to children and young people.

In 2015 114 young Middlesbrough people under the age of 18 were living with parents who have alcohol problems. 10 children under the age of 18 are recorded as suffering with alcohol related problems.

## Domestic abuse

There is evidence that where domestic abuse exists, alcohol is often present, either for the perpetrator or the victim. The levels of domestic abuse in Middlesbrough remains consistently high. Alcohol-related violence in the home (including child abuse and domestic violence) often arises when alcohol is being consumed at home.

- There were 5,216 incidents of domestic abuse reported in 2015, a 12.6% increase on 2014
- The domestic abuse incident rate per 1,000 population for Middlesbrough is second highest, by force area, 29.23% compared with average rate of 19%
- Since October 2015, when Operation Compass launched, 44% of those incidents involving children as witness, present or involved in a domestic incident, involved alcohol as an aggravating factor

## What has been achieved so far?

- The college based 'Why Risk It' campaign is a multi agency initiative which has been delivered to 16-18 year olds. The partners work collaboratively with schools and academies to deliver annual roadshows
- Early Help Family Casework provides additional support for children, young people and families. Alcohol misuse issues and concerns are captured as part of the Early Help Assessment and referrals to relevant support services are made as part of the Team Around the Family approach
- Delivery of the Troubled Families Programme and identification of the "at risk" factors which are often related to alcohol, other substance misuse and domestic violence
- A new coordinated approach to the delivery of young people's treatment services intergrated into the Middlesbrough Recovering Together model. The service provides the full range of education and awareness, targeted and specialist treatment services which are fully integrated in all areas of wider children's services. (Tier1-4)
- Since 2008 and 2013 the LAPE profile for alcohol specific hospital admissions for under 18's showed a downward trend with an overall reduction of 32.4%. (from 117.9 to 79.7 per 100,000 head of population)
- Middlesbrough Council have developed a joint working protocol between Children's Services and the commissioned adult substance misuse service to deliver agreed pathways and referral processes to protect children from the hiddens harms of parental drug and alcohol misuse

## What we will do differently

- Ensure that all services working with children and young people are able to identify alcohol misuse, provide early help / brief interventions or referral to treatment services
- Ensure the substance misuse treatment service is integrated appropriately with all agencies and town-wide initiatives
- Raise awareness of the impact of alcohol use on unborn babies during pregnancy
- Development of the role of parents in raising awareness of their alcohol use, the impact on children and the delivery of guidance in relation to their alcohol consumption
- Improve awareness and identification of parental alcohol misuse and its impact on children, whilst promoting greater use of existing protocols
- Ensure that safeguarding issues for children are identified and responded to by alcohol treatment services, and that safeguarding services / stronger families refer substance misusing parents to adult treatment services as way of protecting the child/young person
- Develop coordinated responses to alcohol where it features within situations of domestic abuse, Child Sexual Exploitation (CSE), children missing from home, care or education, violent crime committed against or by young people
- Proactive identification of new and emerging trends in harmful alcohol misuse by substance misuse services
- Develop effective partnership intelligence sharing in relation to reducing the supply of alcohol to young people under the age of 18 years
- Ensure that Safeguarding services are strongly represented on the Licensing Responsible Authority Group



# Priority 5

We will reduce alcohol related crime, disorder and anti-social behaviour by preventing and tackling alcohol related offending by individuals and irresponsible alcohol retailing.



## What do we know?

### Alcohol related crime and disorder

There is a range of crime and disorder problems associated with the excess consumption of alcohol ranging from alcohol-specific crimes, such as being drunk and disorderly in public and drink-driving; such as alcohol related violence and antisocial behaviour; and less directly related crimes because the offender has an alcohol misuse problem, such as theft. Drinking also increases vulnerability to crime, especially among young adults and is a contributing factor in antisocial behaviour and youth nuisance.

Alcohol can increase the risk of being a victim of sexual assault or rape, and also the risk of being a victim of other types of crime such as assault and mugging. Victims of crime believe the offender(s) to be under the influence of alcohol in around half (47%) of all violent incidents, or 917,000 offences (British Crime Survey).

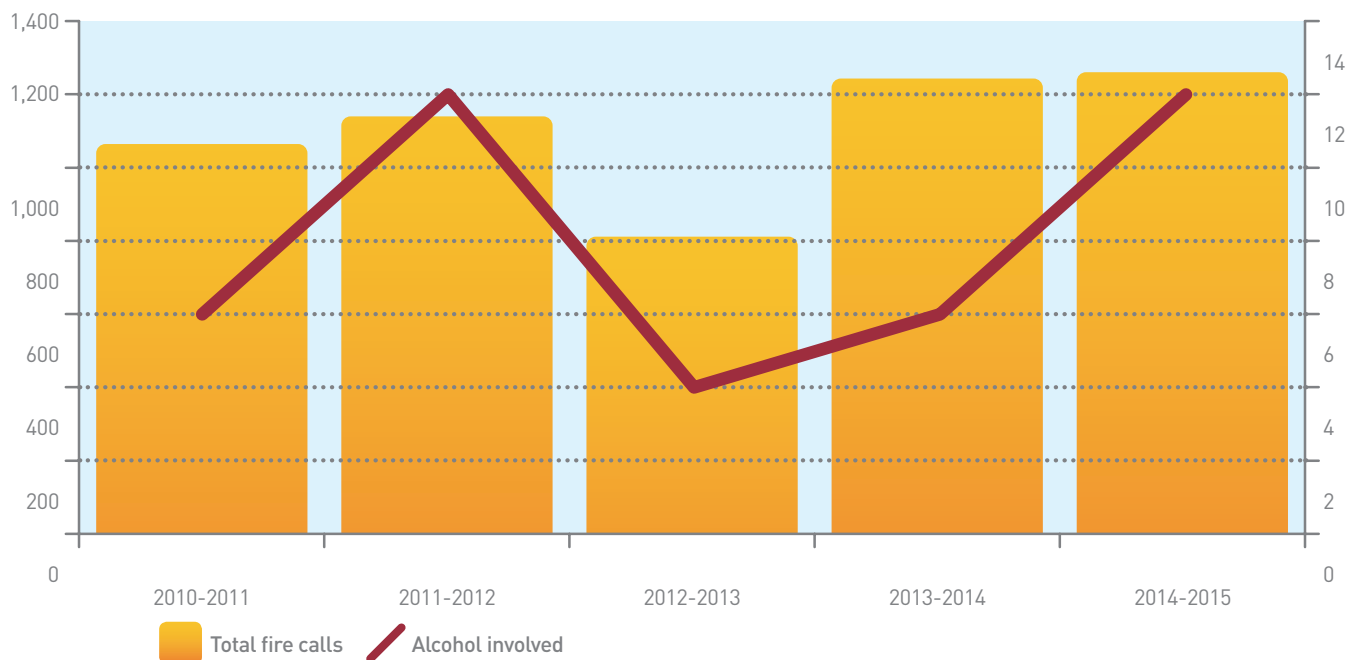
The overall crime trend in Middlesbrough (2011-13) was showing a reduction year on year in relation to recorded crime. In 2014 the crime figures showed an increase of 7.82%. Crime statistics are at 11.1 alcohol-related recorded crimes per 1,000 of the population, compared to 5.7 regionally. Antisocial behaviour in Middlesbrough increased 12.5% on the 2014 figure. It is difficult to say what proportion of antisocial behaviour is alcohol related but perceptions indicate that alcohol plays a considerable role in the number of incidents.

### Alcohol related crime and the night time economy

Middlesbrough has the highest concentration of crime with alcohol related assaults and thefts accounting for the largest proportion of crimes. In 2014, 13.2% of all of the town's crimes, 26% of the public order offences occurred in the town centre with 46% of these offences being associated with licensed premises and takeaways in this area.

An estimated 8,290 people were casualties of drink-driving accidents in the UK in 2013. In Middlesbrough, the rate of alcohol related road traffic accidents is 29.6% lower than the England average.

### Middlesbrough district alcohol involvement in fires 2010 - 2015



## What has been achieved so far?

- Responsible authorities working together to deal with Licensing Act matters maximise the powers available to them to ensure alcohol is sold responsibly
- The publication of the Licensing Policy 2016-21 with two Cumulative Impact Policy areas to control the density of off and on licences in areas of the town with high levels of crime and disorder and alcohol related health harms
- Mapping of a wide range of alcohol related data including police, health, licensing, environmental health provides a comprehensive analysis of the impact of alcohol
- Case conferencing of highly chaotic and complex clients, whose lifestyles include alcohol and other substance misuse issues, has enabled a multi-disciplined and coordinated approach to support and recovery pathways

## What we will do differently

- Use tools and powers effectively to identify and address the needs of communities and the night-time economy in relation to alcohol-related crime and antisocial behaviour
- Ensure that the criminal justice system has integrated support and services for offenders with alcohol misuse issues to reduce reoffending
- Identify community needs in relation to alcohol-related crime and disorder and provide the appropriate response
- Ensure that young people involved in crime, disorder or antisocial behaviour are able to access early interventions and treatment services to address alcohol misuse
- Ensure that Licensing Act powers and tools are used effectively to tackle problems of alcohol related harm and the illegal and irresponsible sale of alcohol by licensed premises
- Carry out targeted enforcement activity which is intelligence-led and based on a wide range of information sources
- Where alcohol is involved in grooming of children for sexual exploitation, proactively use the VEMT structures and enforcement activity to coordinate the protection of children and disrupting perpetrators

# 5. Implementation of the strategy

This strategy has five Priorities and the key work areas are identified based on the Middlesbrough Joint Strategic Needs Assessment (JSNA), lessons from the LAAA, stakeholder engagement and a review of the evidence and policy guidance.

## Governance and accountability

The governance arrangements which were put in place for the delivery of the Local Alcohol Action Area will be maintained. An Alcohol Strategy Partnership will be established building on the LAAA governance arrangements. Detailed action plans will be developed to set down the roles of partners and the priority actions which are necessary to deliver this strategy. These plans will provide details of the progress and timescales for the key Priorities and objectives of this strategy. They will also identify linkages with other key strategies for the town. This partnership will provide monitoring and performance management for the strategy against agreed outcomes and targets.

Topic based task groups will provide operational delivery of the implementation plans. Currently, there are two Task Groups which focus on alcohol related crime and disorder and alcohol related health harms. There are also close links to the Community Safety Partnership. The Alcohol Strategic Partnership will report progress to the Health and Well Being Board through the multi-agency Public Health Delivery Partnership.

Engagement with local communities is paramount to the delivery of this strategy and information will be shared with them in the most appropriate forum to ensure their views and concerns are reflected in the implementation plans.

This is a five year strategy and we will regularly review the work of partners, to ensure that it remains relevant to the delivery of the strategy. The current economic environment and associated budget constraints, may result in changes in the delivery of local services, local and national policies, and this will require changes in action plans.

## How will we measure the impact of this strategy

Key performance indicators including Government outcomes

- Alcohol related violent crime
- Percentage of children becoming the subject of an Initial Child Protection Conference (ICPC) as a result of parental alcohol misuse
- Alcohol related admissions to hospital per 100,000 (narrow measure/PHOF)
- Number of people in treatment where alcohol is identified as a primary substance
- Number of people in recovery services where alcohol was identified as their primary substance
- Alcohol related under 18 hospital admissions
- Alcohol related mortalities in under 25s
- Alcohol related accident and emergency attendances
- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others
- A reduction in the amount of alcohol-fuelled violent crime
- A reduction in the number of adults drinking above the NHS guidelines
- A reduction in the number of people “binge drinking”
- A reduction in the number of alcohol-related deaths
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed

# Appendix

## The Local Alcohol Profiles for England (LAPE)

[Click here](#) to view the full profile

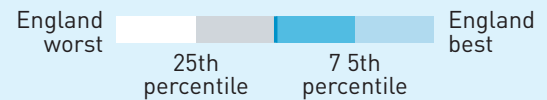
LAPE illustrates the extent to which alcohol related harm differs across the country and Middlesbrough performs worst for every indicator when compared to the England average, and the North East for the majority. Middlesbrough is among the top worst local authorities for the indicators related to alcohol hospital admissions. It should be noted that there has been a negative trend in recent years in the indicator relating to alcohol related mortality, admissions and crime.

### KEY

Significance compared to England average:

- Significantly worse
- Not significantly different
- Significantly better
- Significance not tested
- ◆ Regional average

England average



### KEY INDICATORS

	Period	Local value	Eng. value	Eng. worst	England range	Eng. best
1	2.01 - Alcohol-specific mortality	2012-14	18.1	11.6	26.9	3.3
2	4.01 - Alcohol-related mortality	2014	85.4	45.5	85.4	23.9
3	10.01 - Admission episodes for alcohol-related conditions (narrow)	2014/15	930	641	1223	374
4	9.01 - Admission episodes for alcohol-related conditions (broad)	2014/15	3417	2139	3571	1270
5	6.01 - Persons admitted to hospital for alcohol-specific conditions	2014/15	678	364	1086	156
6	5.01 - Persons under 18 admitted to hospital for alcohol-specific conditions	2012/13 - 2014/15	64.1	36.6	104.4	10.2

### MORTALITY

	Period	Local value	Eng. value	Eng. worst	England range	Eng. best
7	1.01 - Months of life lost due to alcohol (male)	2012-14	18.7	12.0	5.7	26.5
8	1.01 - Months of life lost due to alcohol (female)	2012-14	8.5	5.6	12.3	3.2
9	2.01 - Alcohol-specific mortality (persons)	2012-14	18.1	11.6	26.9	3.3
10	2.01 - Alcohol-specific mortality (male)	2012-14	24.7	16.1	36.8	3.5
11	2.01 - Alcohol-specific mortality (female)	2012-14	11.9	7.4	24.0	1.6
12	3.01 - Mortality from chronic liver disease (persons)	2012-14	16.6	11.5	27.4	6.1
13	3.01 - Mortality from chronic liver disease (male)	2012-14	23.7	15.2	35.9	8.6
14	3.01 - Mortality from chronic liver disease (female)	2012-14	- x	8.0	19.3	5.6
15	4.01 - Alcohol-related mortality (persons)	2014	85.4	45.5	85.4	23.9
16	4.01 - Alcohol-related mortality (male)	2014	127.0	65.4	127.0	34.0
17	4.01 - Alcohol-related mortality (female)	2014	50.1	28.8	50.1	16.0

### HOSPITAL ADMISSIONS

	Period	Local value	Eng. value	Eng. worst	England range	Eng. best
18	6.01 - Persons admitted to hospital for alcohol-specific conditions (persons)	2014/15	678	364	1086	156
19	6.01 - Persons admitted to hospital for alcohol-specific conditions (male)	2014/15	936	502	1531	192
20	6.01 - Persons admitted to hospital for alcohol-specific conditions (female)	2014/15	439	235	651	92

ALCOHOL-RELATED CONDITIONS						England range	Eng. best
	Period	Local vaue	Eng. value	Eng. worst			
43	9.03 - Admission episodes for alcohol-related cardiovascular disease conditions (broad) (persons)	2014/15	1592	1077	1794		622
44	9.03 - Admission episodes for alcohol-related cardiovascular disease conditions (broad) (male)	2014/15	2273	1560	2592		934
45	9.03 - Admission episodes for alcohol-related cardiovascular disease conditions (broad) (female)	2014/15	1057	691	1161		337
46	9.04 - Admission episodes for mental and behavioural disorders due to use of alcohol condition (broad) (persons)	2014/15	777	390	1342		124
47	9.04 - Admission episodes for mental and behavioural disorders due to use of alcohol condition (broad) (male)	2014/15	1083	573	1982		179
48	9.04 - Admission episodes for mental and behavioural disorders due to use of alcohol condition (broad) (female)	2014/15	491	217	713		66
49	9.05 - Admission episodes for alcoholic liver disease condition (broad) (persons)	2014/15	204.6	108.9	262.1		27.0
50	9.05 - Admission episodes for alcoholic liver disease condition (broad) (male)	2014/15	294.6	152.2	378.7		31.6
51	9.05 - Admission episodes for alcoholic liver disease condition (broad) (female)	2014/15	119.9	67.9	313.7		15.5
52	10.03 - Admission episodes for alcohol-related unintentional injuries conditions (narrow) (persons)	2014/15	180.9	140.0	208.1		93.1
53	10.03 - Admission episodes for alcohol-related unintentional injuries conditions (narrow) (male)	2014/15	288.5	212.2	327.9		139.8
54	10.03 - Admission episodes for alcohol-related unintentional injuries conditions (narrow) (female)	2014/15	83.3	73.6	106.7		46.9
55	10.04 - Admission episodes for mental and behavioural disorders due to use of alcohol condition (narrow) (persons)	2014/15	113	84	236		13
56	10.04 - Admission episodes for mental and behavioural disorders due to use of alcohol condition (narrow) (male)	2014/15	161	120	318		21
57	10.04 - Admission episodes for mental and behavioural disorders due to use of alcohol condition (narrow) (female)	2014/15	68	50	157		0
58	10.05 - Admission episodes for intentional self-poisoning by and exposure to alcohol condition (narrow) (persons)	2014/15	129.7	51.7	177.6		6.3
59	10.05 - Admission episodes for intentional self-poisoning by and exposure to alcohol condition (narrow) (male)	2014/15	127.9	45.0	170.0		4.7
60	10.05 - Admission episodes for intentional self-poisoning by and exposure to alcohol condition (narrow) (female)	2014/15	131.5	58.6	184.8		7.8
61	13.01 - Incidence rate of alcohol-related cancer (persons)	2012 - 14	40.72	38.04	48.24		30.33
62	13.01 - Incidence rate of alcohol-related cancer (male)	2012 - 14	44.89	39.54	57.71		27.15
63	13.01 - Incidence rate of alcohol-related cancer (female)	2012 - 14	37.55	37.13	43.93		28.23

OTHER IMPACTS						England range	Eng. best
	Period	Local vaue	Eng. value	Eng. worst			
64	11.01 - Claimants of benefits due to alcoholism	2015	253.7	136.8	593.1		17.6
65	12.01 - Alcohol-related road traffic accidents	2012-2014	18.6	26.4	57.7		2.9

# Key partners

Key partners in the development and delivery of this strategy:

Middlesbrough  
moving forward



NHS  
South Tees  
Clinical Commissioning Group

South Tees Hospitals NHS  
NHS Foundation Trust

BALANCE  
Getting the  
measure of alcohol



cgl  
change,  
grow,  
live

healthwatch  
Middlesbrough



THE  
LIVE WELL  
CENTRE



Middlesbrough  
Pubwatch



Public Health  
England



safe  
in tees valley

Teesside  
University

Youth  
Offending  
Service





# Middlesbrough's **Alcohol Harm Reduction Strategy** 2017-2022