NORTH EAST ALCOHOL MISUSE
statement of priorities
FOREWORD

Many of us enjoy drinking alcohol with few, if any, ill effects. In fact over 90% of adults in Britain consume alcohol. Although alcohol is widely associated with relaxation and pleasure, increasingly alcohol misuse is causing major problems from accidents and illness, to violent crime and disorder.

Nationally, the Cabinet Office estimates that each day on average 60 people die from alcohol related causes. Approximately 3.8 million people are dependent on alcohol in England and Wales and there are 1.2 million incidents of alcohol related violence per year. England has the highest rate of young people who drink alcohol across Europe.

Regionally we know there is a higher prevalence of ‘hazardous’ or ‘dependent’ drinkers and we are one of the ‘wettest’ regions in the Country. We have higher rates of alcohol related morbidity among men & women than the rest of England. We have fewer treatment services and longer waiting times than the rest of the country.

The North East Public Health Observatory estimated the overall cost of alcohol misuse in the region is £100,000,000 per year. A lot of research however is showing that for every £1 spent on alcohol related treatment and care £5 can be realised in cost savings.

With this background I welcome this timely ‘Statement of Priorities’ and ‘Framework for Action’, which has been developed collaboratively with our partners across the Region. It will enable us to focus our efforts and work together to begin to address the alcohol related problems facing us in the North East.

Having taken note of the feedback and comments from the Action Planning Day, the checklist and framework for action in the document now provides a blueprint for delivery. One of the key aims of this document is to achieve uniformity in terms of core delivery at a Regional level allowing localities to continue to determine operational targets according to need.

I hope this report will complement and build upon the excellent work that is being done at a local level across our Region.

Stephen Singleton
Regional Director of Public Health
PART 1 - BACKGROUND

Our Strategic Aims

The North East Regional Alcohol Advisory Group brings together agencies and individuals from across the region with an interest in the alcohol agenda. It has examined the potentially harmful impact of alcohol misuse upon our communities and is taking steps to tackle key issues around the treatment, prevention and control of alcohol-related problems. Although the UK is not the highest per capita alcohol consumer in Europe, it has some of the most serious issues associated with alcohol misuse. This is particularly the case in the North East region, where alcohol consumption is high and provision of treatment services is woefully low.

In this Statement of Priorities, the Alcohol Advisory Group has identified a number of cross-cutting initiatives, aimed at driving down the poor health, crime, disorder and social and economic harms associated with alcohol misuse. We propose that this document should direct the policy vision for taking work forward across the North East region. We have 3 overarching aims -

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

A supplementary ‘North East Alcohol Action Plan’ will set out the steps and mechanisms for delivery of the Statement of Priorities, in partnership with agencies and colleagues across the region.

Department of Health Definitions for Alcohol Consumption by Adults

<table>
<thead>
<tr>
<th>Consumption</th>
<th>Safe daily consumption on no more than 5 days per week</th>
<th>Safe weekly consumption</th>
<th>Binge Drinking</th>
<th>Hazardous Drinking</th>
<th>Harmful Drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>3-4 units</td>
<td>&lt; 21 units</td>
<td>8 or more units in one day</td>
<td>22-50 units per week</td>
<td>&gt; 50 units per week</td>
</tr>
<tr>
<td>Women</td>
<td>2-3 units</td>
<td>&lt; 14 units</td>
<td>6 or more units in one day</td>
<td>15-35 units per week</td>
<td>&gt; 35 units per week</td>
</tr>
</tbody>
</table>

1 For further information on the North East Regional Alcohol Advisory Group, including terms of reference and partner members, please access www.go-ne.gov.uk
The National Policy Context

National Trends

Over 90% of adults in Britain, or nearly 40 million people, consume alcohol. It is widely associated with pleasure and relaxation and drinking in moderation can bring some health benefits to certain groups of people. However, alcohol misuse can cause a range of social problems, accidents and illnesses and there are strong links between alcohol consumption and violent crime and disorder.

The cost of alcohol misuse to society is currently estimated at over £20 billion per year (for a breakdown of this figure, see table on page 13)\(^2\). That equates to £407 per year for every person in England. Moreover, as a nation, we are drinking more frequently and on a more harmful basis –

- The Cabinet Office estimates that each day an average of 60 people die from alcohol-related causes (22,000 per year).
- Female drinkers, aged 18-24, are drinking in greater quantities, and more frequently, than their male counterparts.
- Nationally, there are 1.2m incidents of alcohol-related violence per year.
- Approximately 3.8 million people are dependent on alcohol in England and Wales.

With these facts in mind, the Government has introduced a series of cross-cutting alcohol-related measures, designed to tackle the adverse effects of alcohol misuse (for a full review of these, please refer to Annex A).

Our work in the region must take into account the overarching policy framework for tackling alcohol related harm, whilst focussing on the distinctive regional context described below.

The North East Context

Local Trends

The North East is a small but diverse region, characterised by a strong and vibrant night-time economy, not merely in the main centres of population, such as Newcastle, Sunderland and Middlesbrough, but also in the largely rural counties of Durham and Northumberland. The tradition of heavy industry in the region has helped to foster a ‘drinking culture’ and it can be argued that alcohol plays a more important role in the culture and economy of the North East, than of any other region. However, alcohol misuse in this area also

causes the widest range of harms and, as the ‘Alcohol Needs Assessment Research Project’ (ANARP) clearly demonstrates, there is a severe lack of treatment services to deal with the high level of demand.

The North East Public Health Observatory published a report in January 2006, setting out the main trends and patterns around alcohol consumption in the region. The key findings were as follows –

- Adults in the North East are more likely to drink heavily than adults in the rest of England;
- There is a higher prevalence of ‘hazardous’ or ‘dependent’ alcohol consumption in the North East than in other English regions;
- There are higher rates of alcohol related morbidity in the North East among men and women than in the rest of England;
- There are fewer alcohol treatment services to meet demand and longer waiting times in the North East than in the rest of the country; and
- The overall cost of alcohol misuse in the North East is approximately £1 billion per year.

The General Household Survey (GHS) also looked into regional drinking patterns. The key findings in relation to the North East were as follows -

- 36% of respondents in the North East had exceeded the recommended daily consumption limit (3-4 units for a man, 2-3 for a woman), on at least one day in the week prior to the survey.
- The North East Region had the lowest proportion of alcohol drinkers that drank less than 2 units in the last week and the highest proportion that binge drank in the last week.

On a national basis, the General Household Survey also revealed that there is an increasing trend for people to drink at home. In 2004, on-trade decreased by approximately 5%, whilst off-trade sales rose by 9%. Many supermarkets are now selling alcohol as a “loss-leader” and we also have to be aware of the serious health and social implications of people drinking excessively at home.

Local Initiatives

Taking into account the various problems associated with alcohol misuse in the North East, statutory and voluntary agencies across the region have already carried out a wide range of alcohol related initiatives. A number of our Local Authority areas have used ‘Local Area Agreements’ (LAAs) to develop cross-agency programmes of work for tackling alcohol-related problems. Some key examples of good practice include -

- The Regional Alcohol Advisory Group was set up in 2003, under the Chairmanship of the Regional Director for Public Health. This group

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3 Alcohol and Health in North East England, Occasional Paper No. 21 – January 2006 (North East Public Health Observatory)
4 General Household Survey 2004
commissioned the Regional Statement of Priorities and will play an active role in ensuring its implementation;

- Last year, the Government Office for the North East (GONE) carried out a regional mapping exercise to establish the extent and nature of alcohol-related activity in the region. This gave an insight into the wide range of interventions and initiatives across the North East and allowed GONE to evaluate any gaps in service provision;
- Many Community Safety Partnerships, local authorities and Local Strategic Partnerships have produced ‘Alcohol Strategies’ and ‘Action Plans’ to tackle alcohol misuse in their areas;
- Regional networks have been set up for Community Safety and Primary Care Trust alcohol leads, to disseminate local and national developments and share alcohol-related good practice;
- The Regional Re-Offending Strategic Board has commissioned work to identify the level of need with regard to alcohol using offenders in the North East and has set up a ‘pathway’ group to look at ways of addressing that need;
- The three probation areas in the region operate an accredited programme for offenders convicted of drink-driving and an accredited programme for perpetrators of domestic violence, mandated to attend by the court;
- The three regional Police forces have carried out a number of targeted and successful campaigns (for example, ‘The Party’s Over’ and ‘Nightsafe’) to tackle alcohol-related issues in the night-time economy; and
- An independent peer support charity, ‘NERAF’, has been formed to provide long-term aftercare to problematic drinkers, their families and carers, the first of its kind in the country.

The North East Alcohol Misuse Statement of Priorities will support and compliment initiatives carried out at a local level and add value, and influence events, at a regional level. We have consulted with a wide range of stakeholders and colleagues across the North East and will work in partnership to deliver the priorities for action set out in this document.
PART 2 – PRIORITIES FOR ACTION

It is clear that alcohol consumption is increasing on a national basis and this trend is more apparent in the North East than in other English regions. The North East experiences the highest level of alcohol-related harms and action is needed to reduce alcohol consumption and alcohol related violence, disorder and poor health. Evidence also suggests that in spite of the high demand for treatment services, provision in the North East is woefully inadequate and waiting times are excessively long. Rates of binge drinking are disproportionately high in this region and steps must be taken to disseminate ‘sensible drinking’ messages and modify dangerous drinking patterns. With these key facts in mind, our priorities for action in the North East are outlined below.

PREVENTION

Background

- Drinkers under the age of 16 are consuming twice as much alcohol as they did 10 years ago and are more likely to drink to excess than their European peers.
- Binge drinking accounts for at least 40% of all drinking occasions for men and 22% for women.
- Approximately 24% of the adult population nationally drink to ‘hazardous’ levels according to Department of Health definitions.

Although recognition of the Government’s ‘sensible drinking’ message is high, understanding of the message is less extensive and seems to have little effect on behaviour. Around 80% of drinkers in England have heard of the term ‘unit’ of alcohol, but only 10% of drinkers monitor their alcohol consumption in ‘units’ and just 25% understand what a ‘unit’ of alcohol is.

THE CULTURE OF ‘BINGE’ DRINKING IS PARTICULARLY STRONG IN THIS REGION.

Traditional alcohol education programmes have had little impact upon ‘binge’ drinking and as a society we are drinking more, with serious social and health consequences. Recent research carried out by the Office of National Statistics showed that alcohol-related deaths have almost doubled since 1991 (in 1991 alcohol-related deaths stood at 4,144, while in 2005, the number leapt to 8,368).5

Priorities for Action

We will support our partner agencies to -

Launch over-arching information campaigns, which improve knowledge and raise awareness of the potential consequences of alcohol misuse, supplemented with interactive interventions.

- Disseminate consistent and effective ‘sensible drinking’ and ‘better health’ messages, highlighting the potential impacts of alcohol misuse, and targeting specific groups of drinkers (e.g. ‘binge’ or underage drinkers) in a range of environments (including hospitals, A&E departments, GP surgeries, licensed premises, libraries, Criminal Justice settings and the workplace).

- Promote effective school based interventions from primary school and upwards, based upon feedback from students, and supported by parental training, the industry, local media and community groups.

- Adopt credible messengers (for example, ‘peer’ groups, such as NERAF, or the ‘OutThere’ project for children & young people) and focus upon drinking patterns that cause the most harm.

- Target alcohol education and interventions at vulnerable groups of people, including problem drug users, young offenders, socially excluded groups and children in the ‘looked after’ system.

**TREATMENT**

**Background**

- For every £1 spent on alcohol treatment, it is estimated that £5 is saved in terms of criminal justice and social costs.

- Between 40 and 80% of admissions to accident and emergency departments, varying as to the day of the week, are due to alcohol related injuries.

- Only 1 in 100 alcohol dependent people in the North East have access to treatment and waiting times are by far the longest in the country.

- Approximately 1.3m children are affected by parental alcohol problems in the UK. This makes them 4 times more likely to suffer from a psychiatric disorder by the age of 15 than the national average.

Although demand for alcohol treatment is particularly high in the North East, the region has the fewest agencies providing specialist alcohol interventions and the average waiting time for treatment is longer than anywhere else in the country.

Young people in this region binge drink more regularly than older people and have higher admission rates for accidental alcohol poisoning or exposure to alcohol. Older people tend to drink more frequently and there is a higher incidence of chronic alcohol related disease amongst these age groups,
although cirrhosis of the liver and other alcohol related illnesses are also becoming increasingly common in younger men and women. White ethnic groups tend to have higher alcohol consumption and alcohol related morbidity and mortality than black and minority ethnic groups.

**Priorities for Action**

We will support our partner agencies to -

- Identify people with alcohol problems as early as possible.
- Act upon the findings of ANARP, assess needs in terms of treatment and ensure commissioning of services in line with MoCAM and care pathways.
- Carry out effective screening and ‘brief interventions’, in primary and secondary care, A&E and the workplace, to reduce alcohol consumption, especially amongst ‘hazardous’ drinkers.
- Refer people with alcohol related problems to appropriate pathways for assessment diagnosis and care planning.
- Provide treatment tailored to differing individual needs and motivations, with support for carers and families, including children, where appropriate.
- Offer effective and accessible services, based upon user feedback.
- Examine the usage and value of alcohol treatment orders issued via the Criminal Justice System.
- Evidence good practice in relation to treatment services for children and young people.
- Seek active service user involvement during commissioning and evaluation processes.

**CONTROL**

**Background**

| Nationally, there are 1.2 million incidents of alcohol related violence per year. |
| An estimated 70% of domestic violence incidents are committed whilst the perpetrator is under the influence of alcohol and many victims of domestic violence use alcohol as a ‘coping mechanism’. |
| Nationally, there are over 80,000 cases of drink-driving per year. |

Consumption of alcohol is a socially accepted norm in the UK and alcohol plays a vital role in our leisure and tourism industries. In 2005, it was estimated that 919,000 individuals were employed nationally in pubs, bars and licensed clubs\(^6\) and the total UK drinks market was estimated at £42 billion in 2000, equivalent to 7% of total consumer spending.\(^7\) However, alcohol misuse also inflicts large social and economic costs on most aspects

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\(^7\) UK Drinks Market Review 2001. Key Note Publications 2001
of our communities. This is particularly the case in the North East, where the night-time economy is vibrant in both urban and rural areas and alcohol related disorder is high.

This area, and the UK as a whole, also has some of the most serious levels of drunkenness among young people in Europe. 76% of 15-16 year olds report to having been drunk at least once and 29% attest to having been drunk 20 or more times. There are important links between under-age drinking and ‘risky’ types of behaviour, such as unprotected sex (this region suffers from teenage pregnancy rates significantly higher than the national average) or drug-taking. Other problems can include physical and mental health issues and poor school performance.

**Priorities for Action**

We will support our partner agencies to -

- Understand the full range of options available to them under the new Licensing Laws and to implement them as effectively as possible.
- Disseminate information about the dangers of drink driving and reduce the number of people exceeding drink driving limits on our region’s roads.
- Manage the night-time economy strategically, including by developing safe, late night transport systems and reviewing the roles of Police Community Safety Officers (PCSOs) and ‘Taxi Marshals’.
- Implement the ‘Working with Alcohol Misusing Offenders’ strategy, aimed primarily at reducing crime and ASB in our town and city-centres.
- Take forward work under the ‘alcohol pathway’ as part of the wider reducing re-offending agenda.
- Deploy visible police patrols in city and town centres to deter the potential for crime and disorder and enforce ‘Fixed Penalty Notices’ and early intervention measures where necessary.
- Highlight the problem of domestic violence and take steps to reduce repeat offending.
- Examine options for increasing security to prevent theft of alcohol from off-licensed premises.
- Encourage effective use, in the future, of the powers set out in the Violent Crime Bill, especially around ‘Drinking Banning Orders’ and ‘Alcohol Disorder Zones’.
- Monitor and control the illegal supply and sale of contraband alcohol and review potential contamination effects.
- Foster the adoption of the ‘Responsible Drinks Retailer Award’ by licensed outlets in the region.
- Reduce illegal sales of alcohol to under-18s, target adults who buy alcohol for under-18s, and promote ‘Challenge 21’ as the preferred under-age sales model.
- Enforce the child protection clauses set out in the Licensing Laws to safeguard children and young people from alcohol-related harms.

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REFERENCES

- The UK Drinks Market Review (2001), Key Note Publications
- The 2002 Health Survey for England, The Department of Health
- Prevention and Reduction of Alcohol Misuse – Evidence Briefing (2002), NHS Health Development Agency
- The Licensing Laws (2003), Department for Culture, Media and Sport
- The Alcohol Harm Reduction Strategy for England (2004), Prime Minister’s Strategy Unit
- Smoking, Drinking and Drug Use among Young People in England (2004), Health & Social Information Centre
- Choosing Health: Making Healthy Choices Easier (2004), Department of Health
- General Household Survey (2004), Office of National Statistics
- Interim Report on the Economic Costs of Alcohol Misuse (2004), The Prime Minister’s Strategy Unit
- European Alcohol Study 2004-05, Professor Moira Plant (UWE)
- The Alcohol Needs Assessment Research Project (ANARP) 2005, Department of Health
- Alcohol Misuse Interventions (2005), Department of Health
- Facts and Figures on Alcohol Consumption in the North East (2005), Public Health Group North East
- Wellness Survey 2005, BUPA
- Alcohol and Health in North East England Occasional Paper No. 21 – January 2006, North East Public Health Observatory
- Regional Alcohol Indicators for the North West of England Volume 1 (2006), The North West Public Health Observatory
- Working with Alcohol Misusing Offenders – A Strategy for Delivery (2006), The National Probation Service
- Alcohol in Europe (2006), The Institute of Alcohol Studies
- A Review of the Effectiveness of Social Marketing – Alcohol, Tobacco and Substance Misuse Interventions (2006), The Institute for Social Marketing
- Models of Care for Alcohol Misusers (2006), NHS National Treatment Agency for Substance Misuse
ANNEX A – NATIONAL POLICY FRAMEWORK

The reform of the Licensing Laws 2003

In 2003, the UK Government announced a series of reforms to the Licensing Laws, which took effect in November 2005. These reforms give greater scope for –

- Preventing crime and disorder;
- Promoting public safety;
- Preventing public nuisance; and
- Protecting children from physical, psychological and moral harm.

The Alcohol Harm Reduction Strategy for England 2004

In 2004, the Government launched the ‘Alcohol Harm Reduction Strategy for England’, setting out a series of cross-agency measures designed to –

- Tackle alcohol related disorder in town and city centres;
- Improve treatment and support for people with alcohol related problems;
- Clamp down on irresponsible drinks promotions by the industry; and
- Provide better information to consumers about the potential dangers of alcohol misuse.

Choosing Health: Making Healthier Choices Easier 2004

The Government’s White Paper, Choosing Health: Making Healthier Choices Easier was published in November 2004, setting out the following key aims –

- Building on the commitments within the Alcohol Harm Reduction Strategy for England, investing in early intervention measures through the NHS;
- Providing guidance and training to ensure all health professionals are able to identify alcohol related problems at an early stage;
- Piloting approaches to targeted screening and brief intervention in both primary care and hospital settings;
- Launching initiatives in partnership with the Criminal Justice System, to reduce re-offending, by ensuring that alcohol treatment needs are met alongside drug treatment needs; and
- Developing a programme to improve alcohol treatment services, based on the Models of Care Framework for alcohol treatment.

The Alcohol Needs Assessment Research Project (ANARP) 2005

The Alcohol Needs Assessment Research Project (2005) gave the first detailed national picture of the need for treatment and the provision of alcohol services across the country. The key findings are as follows-

- There is a high level of need for treatment across different categories of drinker. 38% of men and 16% of women aged 16-64 (approximately 8.2m people) have an alcohol-related disorder in England;
The North East region was identified as having the fewest agencies providing specialist alcohol interventions. The average waiting time for treatment assessment is longer in the North East than elsewhere in the country. The number of alcohol dependent individuals accessing treatment nationally per annum is approximately 63,000, providing a 'Prevalence Service Utilisation Ratio' of 18. (i.e. 1 in 18 of the alcohol dependent population access treatment on a national basis – by contrast, the figure for the North East is approximately 1 in 100).

**Alcohol Misuse Interventions 2005**

The Alcohol Misuse Interventions report was published by the Department of Health in 2005 and builds on the findings of the ANARP report, outlined in brief above. It –
- Presents powerful economic arguments for action to tackle alcohol misuse; and
- Provides guidance on developing and implementing programmes that can improve the care of hazardous, harmful and dependent drinkers.

**Alcohol Misuse Enforcement Campaigns**

The Police Standards Unit in the Home Office launched a series of Alcohol Misuse Enforcement Campaigns in 2005, which were adopted by police forces across England and Wales. The campaigns focused on –
- Binge drinking and chronic drinkers;
- Irresponsible drinks promotions;
- Promoting social responsibility to licensees;
- Carrying out on and off-licence test-purchasing; and
- Embedding the powers of the 2003 Licensing Act.

**Models of Care for Alcohol Misusers (MoCAM) 2006**

The National Treatment Agency recently published a Models of Care Framework for alcohol treatment services. It is also carrying out a review of the evidence base and cost-effectiveness of alcohol treatment. MoCAM will –
- Improve practice in commissioning and delivery of services;
- Provide a template for developing local treatment systems through a tiered framework;
- Improve the effectiveness of screening and assessment;
- Develop alcohol treatment pathways;
- Meet national quality standards; and
- Identify appropriate interventions and treatment options.

**Working with Alcohol Misusing Offenders 2006**

The National Probation Service (NPS) has a long history of working with problem alcohol misusers. It has recently published a strategy setting out the following key aims –
Establishing a consistent approach to tackling alcohol-related offending across the Probation Service, based upon evidence of good practice;
Complementing the Models of Care for Alcohol Misusers and related work under the Department of Health’s Programme of Improvement for Alcohol Misuse; and
Ensuring consistency with the developing role of the Regional Offender Managers in terms of commissioning on a regional basis.

North East Regional Resettlement Strategy: Out of Crime

The Youth Justice Board has recently published a strategy, containing various recommendations for turning young people away from crime. There are 3 key recommendations around substance misuse –
- There needs to be a mapping exercise to look at resources specific to young people across the region and to identify gaps in provision;
- Consent should be gained to allow a better flow of information between Youth Offending Teams and secure accommodation; and
- Every case should be treated on an individual basis, rather than an institutional one.

Industry Response to the Government’s Alcohol Harm Reduction Strategy

The drinks industry last year launched its response to the Harm Reduction Strategy entitled ‘Social Responsibility Standards for the Production and Sale of Alcoholic Drinks in the UK’. These Standards commit all signatories to:
- Promoting responsible drinking and the Sensible Drinking Message.
- Avoiding any actions that encourage or condone illegal, irresponsible or immoderate drinking such as drunkenness, drink driving or drinking in inappropriate circumstances.
- Taking all reasonable precautions to ensure people under the legal purchase age cannot buy or obtain alcoholic drinks.
- Avoiding any forms of marketing or promotion which have particular appeal to young people under the age of 18 in both content and context.
- Avoiding any association with violent, aggressive, dangerous, illegal or anti-social behaviour.
- Making the alcoholic nature of their products clear and avoid confusion with non-alcoholic drinks.
ANNEX B – ALCOHOL CONTENT IN STANDARD DRINKS

A unit of alcohol is **8g** or **10ml** of pure alcohol. The Department of Health advises that –
- Men should not drink more than **3-4 units** of alcohol per day
- Women should not drink more than **2-3 units** of alcohol per day

The table below shows the number of units of alcohol in common drinks –

<table>
<thead>
<tr>
<th>Drink</th>
<th>Number of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>A pint of average strength beer / lager (4.5%)</td>
<td>2 ½ units</td>
</tr>
<tr>
<td>A pint of strong lager (5%)</td>
<td>3 units</td>
</tr>
<tr>
<td>A pint of ordinary strength cider (7.0%)</td>
<td>4 units</td>
</tr>
<tr>
<td>A 175ml glass of red or white wine (12%)</td>
<td>Approx 2 units</td>
</tr>
<tr>
<td>A bottle of wine (12%)</td>
<td>9 units</td>
</tr>
<tr>
<td>A 25ml measure of spirits (av. 40%)</td>
<td>1 unit</td>
</tr>
<tr>
<td>An alcopop (av. 5%)</td>
<td>Approx 1 ½ units</td>
</tr>
</tbody>
</table>

[For more information, see www.neraf.org or www.drinkaware.co.uk]
## ANNEX C – AVERAGE WEEKLY ALCOHOL CONSUMPTION BY GENDER AND REGION

<table>
<thead>
<tr>
<th>Government Office Region</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean number of units per week</td>
<td>Mean number of units per week</td>
<td></td>
</tr>
<tr>
<td>North East</td>
<td>20.8</td>
<td>9.4</td>
<td>14.3</td>
</tr>
<tr>
<td>North West</td>
<td>17.0</td>
<td>8.1</td>
<td>12.2</td>
</tr>
<tr>
<td>Yorkshire and Humber</td>
<td>20.0</td>
<td>8.6</td>
<td>13.9</td>
</tr>
<tr>
<td>East Midlands</td>
<td>18.4</td>
<td>7.6</td>
<td>12.7</td>
</tr>
<tr>
<td>West Midlands</td>
<td>15.9</td>
<td>7.2</td>
<td>11.3</td>
</tr>
<tr>
<td>East of England</td>
<td>15.6</td>
<td>7.6</td>
<td>11.5</td>
</tr>
<tr>
<td>London</td>
<td>14.4</td>
<td>5.5</td>
<td>9.7</td>
</tr>
<tr>
<td>South East</td>
<td>16.8</td>
<td>7.4</td>
<td>11.9</td>
</tr>
<tr>
<td>South West</td>
<td>17.6</td>
<td>8.3</td>
<td>12.7</td>
</tr>
<tr>
<td>Wales</td>
<td>19.2</td>
<td>9.0</td>
<td>13.8</td>
</tr>
</tbody>
</table>

# ANNEX D - THE COSTS OF ALCOHOL RELATED HARM

<table>
<thead>
<tr>
<th>NUMBERS AFFECTED / INCIDENTS</th>
<th>COST OF HARM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family / Social Networks</strong> (costs not quantified)</td>
<td>Cost unquantifiable due to limitations of current data</td>
</tr>
<tr>
<td>- Children affected by parental alcohol problems, including child poverty – <strong>780,000-1.3m</strong></td>
<td></td>
</tr>
<tr>
<td>- Number of street drinkers – <strong>5,000-20,000</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Workplace</strong> (up to £6.4bn)</td>
<td>Cost to economy of alcohol related:</td>
</tr>
<tr>
<td>- Working days lost due to alcohol related sickness – <strong>11-17m</strong></td>
<td></td>
</tr>
<tr>
<td>- Working days lost due to reduced employment – <strong>15-20m</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Health</strong> (up to £1.7bn)</td>
<td>Cost to health service of alcohol related harm- <strong>£1.4-1.7bn</strong></td>
</tr>
<tr>
<td>- Alcohol related deaths due to acute incidents – <strong>4,000-4,100</strong></td>
<td></td>
</tr>
<tr>
<td>- Alcohol related deaths due to chronic disease – <strong>11,300-17,900</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Crime / Public Disorder</strong> (up to £7.3bn)</td>
<td>Costs of drink driving - <strong>£0.5bn</strong></td>
</tr>
<tr>
<td>- Drink-driving deaths - <strong>530</strong></td>
<td></td>
</tr>
<tr>
<td>- Victims of alcohol related domestic violence – <strong>360,000</strong></td>
<td></td>
</tr>
<tr>
<td>- Arrests for drunkenness and disorder – <strong>80,000</strong></td>
<td></td>
</tr>
<tr>
<td>- Costs to Criminal Justice System - <strong>£1.8bn</strong></td>
<td></td>
</tr>
<tr>
<td>- Costs to services as a consequence of alcohol related crime - <strong>£3.5bn</strong></td>
<td></td>
</tr>
<tr>
<td>- Costs to services in anticipation of alcohol related crime - <strong>£1.5bn</strong></td>
<td></td>
</tr>
<tr>
<td>- Human costs of alcohol related crime - <strong>£4.7bn</strong></td>
<td></td>
</tr>
</tbody>
</table>
### ANNEX E - USEFUL WEBSITES

<table>
<thead>
<tr>
<th>Website</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Strategy</td>
<td><a href="http://www.number10.gov.uk/output/page3669">www.number10.gov.uk/output/page3669</a></td>
</tr>
<tr>
<td>Home Office</td>
<td><a href="http://www.homeoffice.gov.uk">www.homeoffice.gov.uk</a></td>
</tr>
<tr>
<td>Department of Health</td>
<td><a href="http://www.dh.gov.uk">www.dh.gov.uk</a></td>
</tr>
<tr>
<td>Government Office for the North East</td>
<td><a href="http://www.go-ne.gov.uk">www.go-ne.gov.uk</a></td>
</tr>
<tr>
<td>North East Regional Alcohol Advisory Group</td>
<td><a href="http://www.go-ne.gov.uk">www.go-ne.gov.uk</a></td>
</tr>
<tr>
<td>Department of Culture, Media and Sport</td>
<td><a href="http://www.culture.gov.uk">www.culture.gov.uk</a></td>
</tr>
<tr>
<td>The Portman Group</td>
<td><a href="http://www.drinkaware.co.uk">www.drinkaware.co.uk</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.alcoholpolicy.net">www.alcoholpolicy.net</a></td>
</tr>
<tr>
<td>North East Regional Alcohol Forum</td>
<td><a href="http://www.neraf.org.uk">www.neraf.org.uk</a></td>
</tr>
<tr>
<td>North East Public Health Observatory</td>
<td><a href="http://www.nepho.org.uk">www.nepho.org.uk</a></td>
</tr>
<tr>
<td>Alcohol Concern</td>
<td><a href="http://www.alcoholconcern.org.uk">www.alcoholconcern.org.uk</a></td>
</tr>
</tbody>
</table>
## NORTH EAST ALCOHOL MISUSE STATEMENT OF PRIORITIES – ACTION PLAN

### PREVENTION

<table>
<thead>
<tr>
<th>TEES VALLEY</th>
<th>ACTIONS</th>
<th>OUTCOMES</th>
<th>TIMESCALE</th>
<th>LEAD AGENCIES</th>
<th>FUNDING SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote greater co-ordination, consistency and join-up between agencies involved in the alcohol agenda across the Tees Valley.</td>
<td>▪ Identify areas of common ground between localities, share good practice where appropriate and foster cross-locality working in all areas of the alcohol agenda.</td>
<td>▪ Localities across Tees Valley benefit from shared expertise and alcohol-related good practice and join-up resources more effectively at a sub-regional level.</td>
<td>Ongoing</td>
<td>Local authorities, Crime &amp; Disorder Reduction Partnerships and Primary Care Trusts</td>
<td>n/a</td>
</tr>
<tr>
<td>Promote mainstreamed information and intelligence-sharing between agencies, to support evidence-based alcohol-related good practice.</td>
<td>▪ Encourage all agencies to share information and intelligence on regular basis and use the data-sharing clauses of the CDA Review to compel compliance where necessary.</td>
<td>▪ All agencies in a particular locality have access to timely and relevant information and intelligence, to underpin work carried out across the alcohol agenda.</td>
<td>Ongoing</td>
<td>Crime &amp; Disorder Reduction Partnerships</td>
<td>n/a</td>
</tr>
<tr>
<td>Foster and roll-out family-based educational / prevention programmes, focused on changing behaviour</td>
<td>▪ Apply to attend the ‘Strengthening Families’ training course for facilitators, run by the Government Office.</td>
<td>▪ Evidence-based and sustained family interventions are available for families with the greatest need in terms of</td>
<td>Ongoing</td>
<td>GONE</td>
<td>GONE</td>
</tr>
</tbody>
</table>

('Strengthening Families Programme' will run early 2007)
and supplemented by interactive interventions.

**Roll-out family based interventions and courses, based on lessons learned from the ‘Strengthening Families’ training course.**

- Parents and children are able to access clear and targeted information about alcohol.

**Target ‘at risk’ groups with educational and preventative messages, aimed at reducing the risk of harm to individuals and those around them.**

- Identify ‘vulnerable groups’ of people, including problem drug users and children in the ‘looked after system’ and provide targeted information and interventions, aimed at reducing harm.

- Vulnerable or socially excluded groups of people have access to targeted alcohol information, that is easily accessible user-friendly and appropriate to their needs.

<p>| | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Ongoing</td>
<td>Local authorities</td>
<td>Local authorities</td>
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<td>ACTIONS</td>
<td>OUTCOMES</td>
<td>TIMESCALE</td>
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<tr>
<td>Identify and target diverse funding streams to extend treatment provision across the sub-region and reduce the so-called ‘postcode lottery’.</td>
<td>▪ Identify localities within the sub-region that have fewer services or provisions to assist people with alcohol-related disorders. ▪ Draw upon this needs analysis and identify funding streams to extend service provision to areas which are lacking.</td>
<td>▪ Funding is available to extend service provision according to greatest need ▪ Health inequalities and deficiencies in service provision within the sub-region are addressed and reduced.</td>
<td>Ongoing</td>
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<td>Promote mainstreamed information and intelligence-sharing between agencies, to support evidence-</td>
<td>▪ Encourage all agencies to share information and intelligence on regular basis and use the</td>
<td>▪ All agencies in a particular locality have access to timely and relevant information and</td>
<td>Ongoing</td>
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</table>
## Based Alcohol-Related Good Practice

Based alcohol-related good practice.

### Put Measures in Place to Enable the Centralised Custody Suite in Middlesbrough to Offer Tier 1 Interventions

<table>
<thead>
<tr>
<th>Measures</th>
<th>Details</th>
<th>Timeline</th>
<th>Responsible Body</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commission a service to offer Tier 1 interventions within the centralised custody suite in Middlesbrough.</td>
<td>'Clients' brought into the central custody suite in Middlesbrough have access to Tier 1 interventions, with the long-term aim of reducing hazardous drinking patterns.</td>
<td>2007-08</td>
<td>Cleveland Police</td>
<td>tbc</td>
</tr>
<tr>
<td>Learn from 'brief interventions' training already in place and devise and implement a focused and targeted plan for rolling out 'brief interventions' training.</td>
<td>Workers in all areas of the alcohol agenda in Tees Valley are trained to offer brief-interventions in a range of settings, including primary care, A&amp;E departments and CJS settings.</td>
<td>Ongoing</td>
<td>Primary Care Trusts</td>
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</table>

## Extend Training in 'Brief Interventions' to All Areas Across the Sub-Region

Extend training in 'brief interventions' to all areas across the sub-region.

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Cleveland Police

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Primary Care Trusts
## Promote greater co-ordination, consistency and join-up between agencies involved in the alcohol agenda across the Tees Valley.

- Identify areas of common ground between localities, share good practice where appropriate and foster cross-locality working in all areas of the alcohol agenda.

- Localities across Tees Valley benefit from shared expertise and alcohol-related good practice and join-up resources more effectively at a sub-regional level.

**Ongoing**

- Local authorities, Crime & Disorder Reduction Partnerships and Primary Care Trusts

**Funding Sources**

n/a

## Promote mainstreamed information and intelligence-sharing between agencies, to support evidence-based alcohol-related good practice.

- Encourage all agencies to share information and intelligence on regular basis and use the data-sharing clauses of the CDA Review to compel compliance where necessary.

- All agencies in a particular locality have access to timely and relevant information and intelligence, to underpin work carried out across the alcohol agenda.

**Ongoing**

- Crime & Disorder Reduction Partnerships

**Funding Sources**

n/a

## Foster stronger links between drink-driving convictions and the availability of ‘drink awareness’ interventions, as part of driving improvement courses.

- Ensure that interventions are available to tackle alcohol consumption amongst people convicted of drink-driving.

- More people convicted of drink-driving have access to alcohol-awareness courses and change their behaviour as a consequence.

**Ongoing**

- Teesside Magistrates Courts

**Funding Sources**

tbc