

# North Yorkshire Joint Alcohol Strategy 2014-2019



**Working together to reduce the harm caused by alcohol to individuals, families, communities and businesses in North Yorkshire while ensuring that people are able to enjoy alcohol responsibly**



**Health and Wellbeing Board**  
North Yorkshire



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## Introduction

Drinking alcohol within limits can be safe and most people who drink alcohol in North Yorkshire do so responsibly and enjoy themselves. We know, however, that there are large numbers of people who are drinking at levels that cause harm to themselves and others.

Alcohol misuse is still a common factor behind police calls to incidents of violence in our homes and communities. The health consequences of alcohol misuse add to the pressure on our emergency departments and health care services.

Our alcohol strategy aims to change the irresponsible drinking culture by encouraging communities, businesses and partner organisations to work with us to reduce the harm from alcohol. It sets out the need for action and our five year targets.

It has been developed to ensure that we continue to build on existing work across the county, using the latest data and information in the Alcohol Health Needs Assessment. We will use evidence of what works where available, and take into account best value.

We will develop an action plan to implement the strategy over the next three years, working with City of York Council where practical.

### Background

The Department of Health defines alcohol misuse into three categories:

**Hazardous drinking (also known as increasing risk)** - these people are drinking above recognised sensible levels but not yet experiencing harm. Increasing risk limits are defined by the Department of Health as drinking more than 3-4 units a day for men and more than 2-3 units a day for women on a regular basis.

**Harmful drinking (also known as higher risk drinking)** - this group are drinking above recommended levels for sensible drinking and experiencing physical and/or mental harm. Higher risk drinking is classified as the regular consumption of more than 8 units a day for a man (more than 50 units a week) or more than 6 units per day for a woman (more than 35 units a week). Individuals categorised as higher risk

drinkers are not dependent on alcohol.

**Dependent drinkers** - this group are drinking above recommended levels, experiencing an increased drive to use alcohol and feel it is difficult to function without alcohol. Dependent drinking can be sub-divided into two categories; moderate dependence and severe dependence, traditionally known as chronic alcoholism.

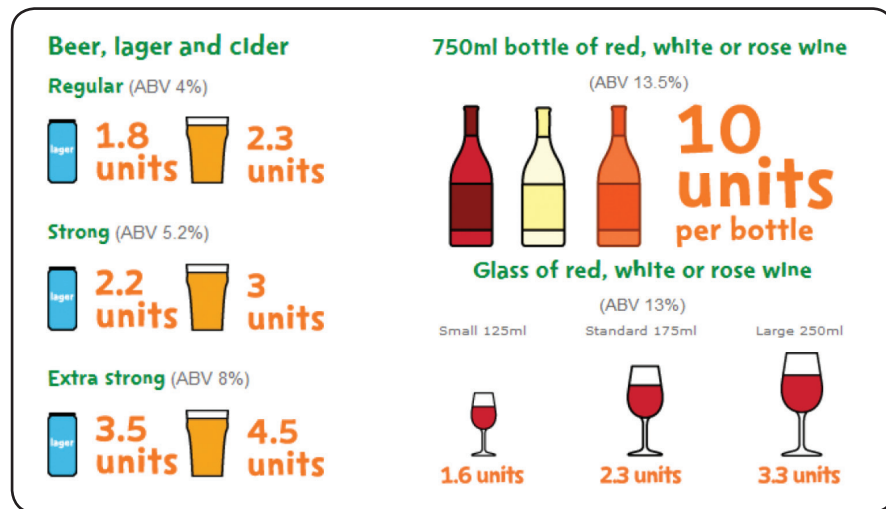
In addition **binge drinking** is defined as drinking at least twice the daily recommended amount of alcohol in a single drinking session (8 or more units for men and 6 or more units for women). Binge drinking usually refers to people drinking a lot of alcohol in a short space of time or drinking to get drunk.

**Lower risk drinking** is defined as men drinking no more than 3-4 units a day and women drinking no more than 2-3 units a day on a regular basis.



## Units

One unit of alcohol is about half a pint of bitter or ordinary lager (ABV [alcohol by volume] 4.5%), or a single measure of spirits (25ml). However, a 175ml glass of wine (13% ABV) is 2.3 units and a pint of strong beer (ABV 8%) is 4.5 units. The number of units in particular drinks is different, depending on the strength of the alcohol in them and the volume of the drink.



In North Yorkshire, although around 1 in 7 adults abstain from alcohol, around a quarter of all people who drink are estimated to be drinking at harmful or hazardous levels. Alcohol-related hospital admissions are increasing year on year, and nearly 200 people die in North Yorkshire every year as a result of alcohol.

## The harm alcohol can do

The effects of alcohol are health, social and economic.

### Health

Alcohol harms health in three ways:

- acute intoxicating effects, occurring after a binge
- chronic toxic effects, following prolonged periods of drinking at harmful levels
- possible addiction leading to physical and mental dependency

The immediate intoxicating effects of alcohol include reduced inhibitions, impaired judgement, slurred speech, and vomiting. The longer-term health consequences of excessive drinking, however, may remain undetected. Studies have shown that alcohol is linked to more than 60 different medical conditions including:

- cancer
- liver cirrhosis - the final stage of alcoholic liver disease
- high blood pressure and increased risk of stroke and heart disease
- mental health and memory loss issues
- pancreatitis and stomach problems

## Social

Alcohol doesn't just affect health - it has an impact on families and communities:

- children of heavy drinkers are at risk of physical and emotional neglect, abuse, and stress and are more likely to have their own alcohol problems in later life
- alcohol is associated with truancy
- alcohol is a factor in up to 50% of cases of domestic violence
- marriages are twice as likely to end in divorce if one or both partners has an alcohol problem
- alcohol is associated with antisocial behaviour
- alcohol increases vulnerability to violence, sexual crime or child neglect
- binge drinking is associated with unsafe and unlawful sex
- homelessness is associated with alcohol dependency
- alcohol misuse is a factor in road safety

## Economic

These are the estimated costs of the effects of alcohol misuse:

- NHS in England – £3.5 billion per year (2009/10 costs)
- crime in England – £11 billion per year (2010/11 costs)
- lost productivity in the UK – £7.3 billion per year (2009/10 costs)
- up to 25% of workplace accidents and around 60% of fatal accidents at work may be associated with alcohol.
- alcohol-related killed and seriously injured (KSI) road collisions per year in North Yorkshire and York is £7.4 million (2012 costs.)

## How we developed our alcohol strategy

We developed our alcohol strategy by using national guidance. This recommends increasing public awareness of sensible drinking, enforcing licensing laws and using research data and local information to identify people who are drinking at hazardous or harmful levels. We then need to ensure we can provide the correct level of support. At the moment alcohol prevention and treatment services across North Yorkshire vary.

### This is our vision statement:

*'Working together to reduce the harm caused by alcohol to individuals, families, communities and businesses in North Yorkshire while making sure that people can enjoy alcohol responsibly'.*

As part of the process to develop the Joint Strategic Needs Assessment (JSNA) in 2012, local residents were asked to identify the big issues affecting health and wellbeing locally. Typical issues around alcohol were its links with crime, anti-social behaviour, domestic

violence and impact on people's health.

The strategy therefore has targets to change the approach to alcohol and reduce the number of people drinking to excess in North Yorkshire:

- 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.

The full JSNA can be downloaded from [www.nypartnerships.org.uk/index.aspx?articleid=26753](http://www.nypartnerships.org.uk/index.aspx?articleid=26753)

A stakeholder event was held in February 2014 as part of the process to develop the alcohol strategy and discuss the vision, outcomes and priorities for action. Key themes and objectives identified for the alcohol strategy were:

- working together – to really make a difference, we all need to be taking responsibility
- to reduce the many different harmful effects of alcohol
- to recognise that some groups or communities are affected more than others
- a culture shift is needed to make risky drinking behaviour unacceptable
- there are some ways of working and values we should all follow - for example to reduce inequalities, and ensure whatever we do is effective and cost effective, and encourage innovation
- protecting children was a recurrent theme.

A full report from the event can be downloaded from [www.nypartnerships.org.uk/CHttpHandler.ashx?id=27895&p=0](http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=27895&p=0)

## What our alcohol strategy priorities (outcomes) will be

Our alcohol strategy priorities (outcomes) will be to:

- establish responsible and sensible drinking as the norm within the safer drinking guidelines;
- identify and support those who need help into treatment through recovery; and
- reduce alcohol-related crime and disorder.

## Establish responsible and sensible drinking as the norm within the safer drinking guidelines

For too many people harmful or hazardous drinking has become normal. We need to change that culture so that low risk drinking becomes normal instead. Education and awareness raising is part of the solution, but this needs to be targeted as different people respond differently to how information is given. Availability of alcohol also impacts on what society sees as normal.

We will:

- support schools to deliver consistent and high quality personal, social, health and economic (PSHE) education around alcohol (and other risky behaviours)
- increase awareness of the harms of alcohol, support available, the benefits of sensible drinking across the whole population but specifically with:
  - parents and children
  - women of child bearing age and young mothers
  - further education establishments including colleges and universities
  - middle aged males
  - other population groups as needs are identified;
- increase the resources to prevent under-age sales, sales to people who are who are intoxicated, illegal imports of alcohol and make sure businesses that break the law are prosecuted;

- work with businesses to encourage sensible drinking: and
- ensure that there is a process to include 'health' when considering licensing applications and renewals.

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

Some people are more at risk of dependent and harmful drinking than others. At present we are not identifying them consistently, and services are not offered at the scale needed for the size of the problem.

We need a process to ensure that people in the general population, as well as those who are more at risk, are identified early, effective advice and support is given, and that there are clear routes to treatment that can cope with the demand.

We will:

- develop a clear route that specialists and non-specialists can use from identification to support and referral, depending on the level of risk identified
- develop the awareness, skills and resources of professionals (e.g. police custody, ambulance, emergency departments, primary care, probation) who come regularly into contact with people who are suffering the consequences of alcohol to identify harmful and hazardous alcohol use, offer advice, and refer to specialist treatment
- support the development of specialist services in settings where professionals come regularly into contact with people who are suffering the consequences of alcohol and an increased need is identified (e.g. A&E, custody, probation, street drinking)
- increase awareness, the use of simple diagnosis and effective advice and signposting in the wider public health workforce (e.g. housing agencies, social care, community pharmacies)

- ensure that specialist services have the resources to deal with the expected need
- increase take up of NHS Health Checks for people aged 40-74 years to identify people who are at risk of harm from alcohol and provide appropriate support
- pilot and evaluate innovative programmes like police Alcohol Referral Schemes and street triage
- ensure antenatal screening, support and interventions are effective
- work with Public Health England in the local implementation of the Liaison and Diversion programme

## **Reduce alcohol-related crime and disorder**

Alcohol is linked to crime and disorder, draws large resources from the police and affects public services like A & E and ambulance services, the community and businesses.

We will:

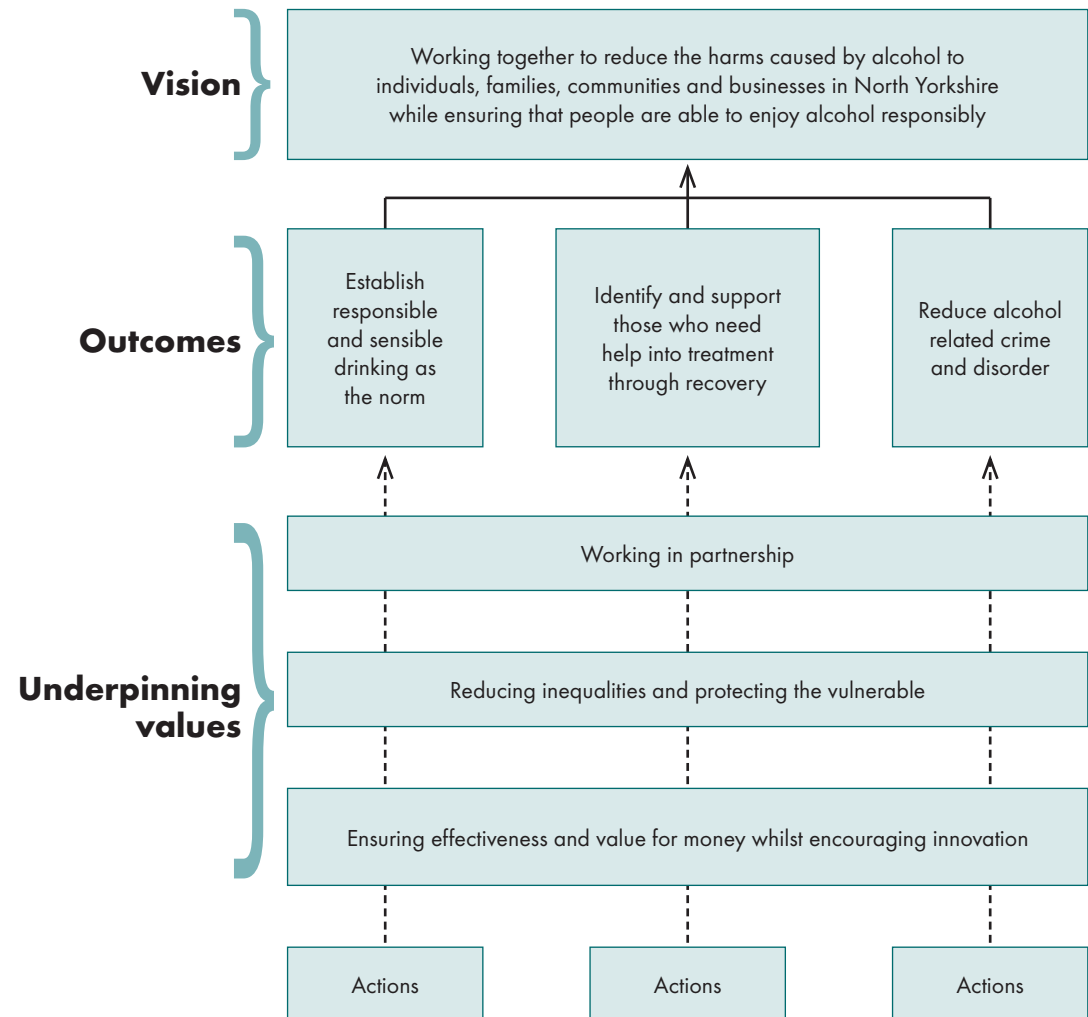
- explore the possibility of increasing availability of non-alcoholic drinks and reducing their pricing in licensed premises
- use local health and crime data to map the extent of alcohol-related problems locally before developing or reviewing a licensing policy
- use licensing powers effectively to limit availability of alcohol where the density of licensed premises causes disorder
- increase work to tackle problems associated with people drinking before going out ("pre-loading") and increased vulnerability due to increased intoxication
- work with the North Yorkshire Community Partnership and Safer York to reduce disorder
- support local partnerships to manage their night time economy to minimise harm from alcohol
- work with 95 Alive Partnership to reduce the impact of alcohol on road safety



## Conclusion

We will deliver the vision, objectives and priorities of the alcohol strategy by:

- working in partnership
- reducing inequalities and protecting the vulnerable
- ensuring effectiveness and value for money whilst encouraging innovation



We are developing an implementation plan for the strategy and will have a structure for measuring success over the five years of the strategy, against a number of outcomes including alcohol related deaths; crime and disorder rates; and admissions for alcohol and alcohol related illnesses.

The alcohol strategy steering group is accountable to the North Yorkshire Substance Misuse Board. Once the action plan has been developed, this group will review its membership and evolve into an Alcohol Strategy Implementation Group. The Alcohol Strategy Implementation Group should be accountable to the North Yorkshire Substance Misuse Board but will report into the North Yorkshire Community Safety Partnership and Children's Trust Board.

The full alcohol strategy, which shows how we intend to fund and deliver our priorities, can be downloaded from website XXXXXXXXXXXX

Outcomes	Indicator areas
Overarching	<ul style="list-style-type: none"> <li>Alcohol related deaths</li> <li>Crime and disorder</li> <li>Community outcomes measure (perceptions)</li> </ul>
Establish responsible and sensible drinking as the norm	<ul style="list-style-type: none"> <li>Local prevalence of alcohol consumption (not currently available)</li> <li>Alcohol consumption in children (Y6, Y8 and Y10)</li> <li>Number of underage sales</li> <li>Alcohol related visits to Emergency Departments</li> <li>Growing up in North Yorkshire survey - % of pupils finding lessons about alcohol education useful</li> </ul>
Identify and support those who need help into treatment through recovery	<ul style="list-style-type: none"> <li>Number of people who have been screened effectively</li> <li>Number of people who are in effective treatment</li> <li>Alcohol related admissions to hospital</li> </ul>
Reduce alcohol-related crime and disorder	<ul style="list-style-type: none"> <li>Violent crime related to alcohol</li> <li>Hate crime related to alcohol</li> <li>Criminal damage related to alcohol</li> <li>Antisocial behaviour related to alcohol</li> <li>Sexual crime related to alcohol</li> <li>Domestic violence related to alcohol</li> <li>Alcohol related road traffic collisions</li> <li>Reduction in vulnerability (child sexual exploitation)</li> </ul>

The alcohol strategy links to the following documents:

- North Yorkshire alcohol needs assessment <http://m.northyorks.gov.uk/CHttpHandler.ashx?id=27202&p=0>
- North Yorkshire Police joint strategic intelligence assessment
- National alcohol strategy 2012 [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/224075/alcohol-strategy.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf)
- North Yorkshire police and crime plan <http://www.northyorkshire-pcc.gov.uk/police-crime-plan/>
- North Yorkshire Joint health and wellbeing strategy [www.northyorks.gov.uk/recruitment/ad\\_adult\\_social\\_care\\_reform\\_and\\_integration/docs/Joint%20health%20and%20wellbeing%20strategy.pdf](http://www.northyorks.gov.uk/recruitment/ad_adult_social_care_reform_and_integration/docs/Joint%20health%20and%20wellbeing%20strategy.pdf)
- North Yorkshire County Council Plan (2020 North Yorkshire)  
[http://www.northyorks.gov.uk/media/27528/Council-plan-2014-15/pdf/Council\\_plan\\_2014-15.pdf](http://www.northyorks.gov.uk/media/27528/Council-plan-2014-15/pdf/Council_plan_2014-15.pdf)
- 2014 North Yorkshire joint strategic needs assessment [www.nypartnerships.org.uk/index.aspx?articleid=26753](http://www.nypartnerships.org.uk/index.aspx?articleid=26753)

**August 2014**

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

You can tell us what you think about the strategy by emailing your views to [nypublichealth@northyorks.gov.uk](mailto:nypublichealth@northyorks.gov.uk) or writing to:

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

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

**Tel: 01609 780 780**

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