

Rethinking Drinking

A Strategy for Tameside

AND EDUCATION / RECOVERY / ENFORCEMENT AND REGULATION / PARTNERSHIP / PREVENTION



OF ILL HEALTH / PARTNERSHIP / KNOWLEDGE AND EDUCATION / RECOVERY / ENFORCEMENT AND



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Strategic Change - An Introduction

The level of alcohol-related harm in Tameside is significant and is considerably worse than the national average.

This harm is felt across all areas of the Public Sector and impacts on all sections of our society.

This strategy sets out how we are going to reduce alcohol related harm in Tameside and has been produced in collaboration and consultation with the Strategic Alcohol and Drugs Group.

What are the guidelines for Alcohol?

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

Both men and women should drink no more than 14 units per week.

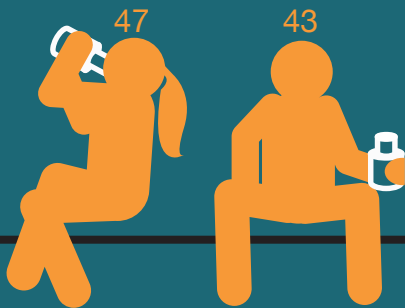
If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more.

The risk of developing a range of illnesses increases with any amount you drink on a regular basis.

If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Furthermore, The Chief Medical Officers for the UK recommend that if you're pregnant or planning to become pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum.





Average age of death for homeless men and women. The general population is 77



An estimated 44% of community mental health patients have reported problem drug use or harmful alcohol use in the previous year.

Alcohol has been identified as a casual factor in more than 60 medical conditions

Including:

- Mouth, throat, liver and breast cancers
- Cirrhosis of the liver
- Heart disease
- Depression
- Stroke
- Pancreatitis
- Liver disease



Over 50% of child protection cases involve alcohol abuse.

Over 25% of known cases of child abuse involve alcohol.

10.8 Million adults in England are drinking at levels that pose a risk to their health.

NATIONAL CONTEXT

Research typically finds that between 25% and 50% of those who perpetrate domestic abuse have been drinking at the time of assault. Sometimes this is as high as 73%.

1.6 Million adults may have some level of alcohol dependence.



78%
Of young offenders cases involving alcohol misuse, also had a history of parental alcohol abuse.

Alcohol cost to society:
£11 Billion alcohol related crime
£7 Billion lost productivity, through unemployment and sickness
£3.5 Billion cost to NHS

£21 Billion

45%
Of suicide victims, between 2002 and 2011, had a history of alcohol misuse.





Strategic Fit

The Tameside Alcohol Strategy will support a number of wider strategies including, but not limited to:

Tameside Corporate Plan
[CLICK HERE](#) for more information

Tameside Health and Wellbeing Strategy
[CLICK HERE](#) for more information

Tameside Health and Social Care Locality Plan
[CLICK HERE](#) for more information

Tameside Joint Strategic Alcohol Needs Assessment 2014/15
[CLICK HERE](#) for more information

GM Taking Charge
[CLICK HERE](#) for more information

Greater Manchester Alcohol Strategy
[CLICK HERE](#) for more information

HM Government Alcohol Strategy (2012)
[CLICK HERE](#) for more information

HM Government – Putting Full Recovery First: The Recovery Road Map (2012)
[CLICK HERE](#) for more information

Tameside Domestic Abuse Strategy
[CLICK HERE](#) for more information

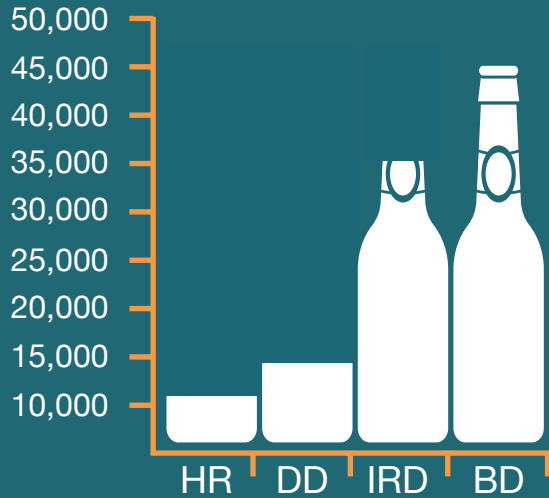
Public Service Reform

Public Service Reform focuses on developing a new model of public service delivery through the integration of public services. This is through both responding holistically to families and individuals with complex issues and also integrating health and social care with wider public services at a community and neighbourhood level.

This strategy will fully support the current work streams around data sharing, risk stratification, systems thinking, as well as the continuing integration of health and social care services in Tameside.



Alcohol in Tameside



14,200 Adults in Tameside are dependent drinkers, over 11,500 high risk drinkers, nearly 35,000 increasing risk drinkers and 46,000 are binge drinking.

£100,000,000 a year
The cost of alcohol-related harm to Tameside's Health, Social Care and Criminal Justice system.

OR

£448
For every man, woman and child that lives here



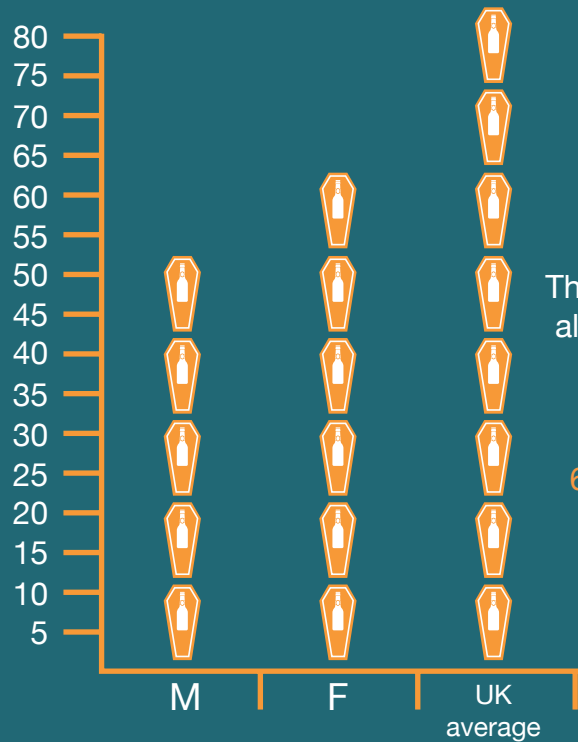
70% of attendances at A&E in the early hours were alcohol related



40%
Of weekend A&E attendances caused by alcohol.

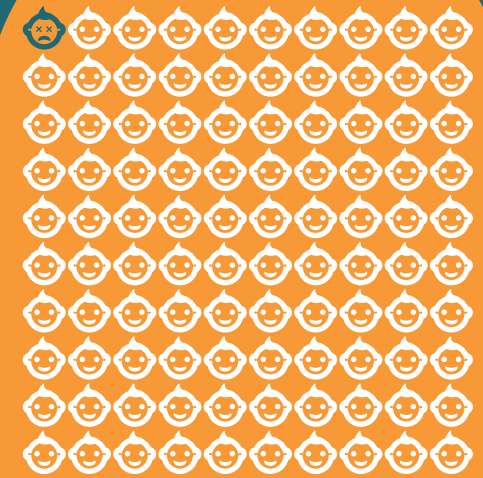
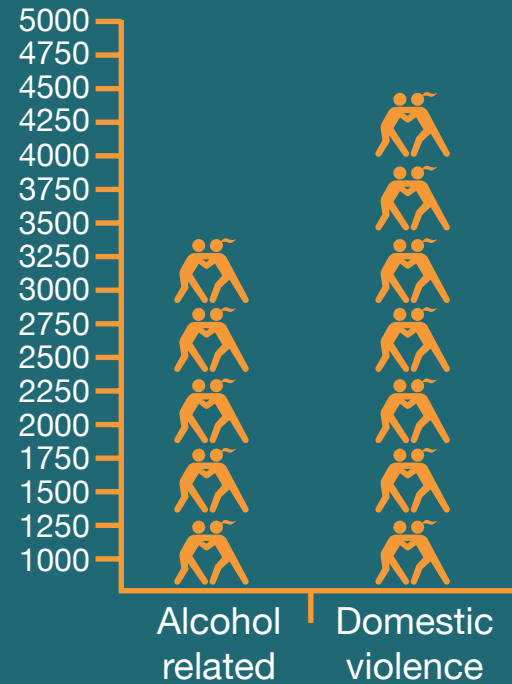


36 children who became looked after and 81 children who were placed on a child protection plan in 2014/15 had parental alcohol misuse was a contributing factor.

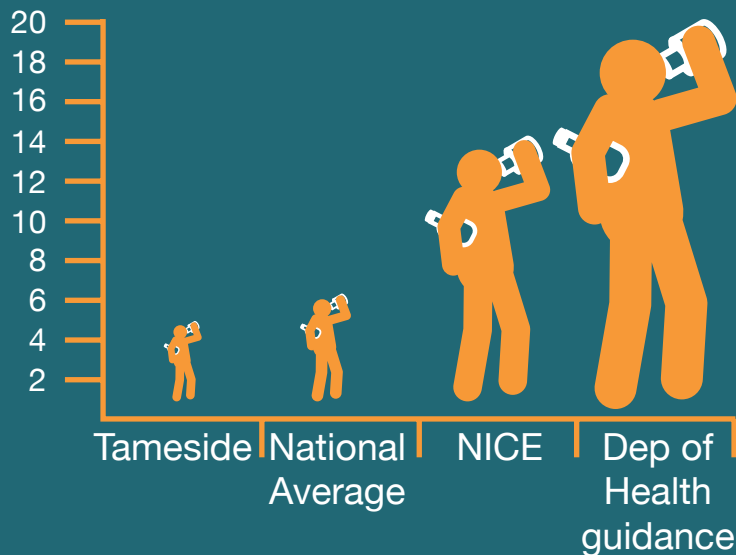


The peak age of death from alcohol-related or alcohol-specific conditions in Tameside is
50-54 years for males
60-64 years for females.

It is estimated that there are **4,170** people in Tameside who have experienced domestic violence, meaning between **1,043** and **2,085** cases were related to alcohol use, and some studies would suggest it could be as high as **3044** cases.



1 in every 100 children born in Tameside each year has Foetal Alcohol Syndrome (FASD). Children with foetal FASD can be born with distinctive features or deformities, as well as learning difficulties, hearing and sight problems, and poorly functioning organs.



Too few people access support - Alcohol is by far the most significant local Substance Misuse need, but less than **5%** of dependent drinkers in the Borough are accessing treatment and support, which is significantly less than the national average (**6.9%**), Department of Health guidance (**10-20%**), and the guidelines provided by the National Institute for Health and Clinical Excellence (NICE) (**14.3%**).

Alcohol can harm children, but it can also harm communities if placed in the hands of children. A **significant number** of anti-social behaviour incidents caused by 10-17 year olds in Tameside involve alcohol.



The Strategic Alcohol and Drugs Group - Governance

The Tameside Strategic Alcohol and Drugs Group is a wide ranging partnership of key stakeholder and will provide systems leadership and a collaborative approach to reducing alcohol and drug related harm in Tameside.

The Tameside Strategic Alcohol and Drugs Group will lead on the implementation of this strategy and the Tameside implementation of Greater Manchester Alcohol Strategy.

The Tameside Strategic Alcohol and Drugs Group will meet regularly and develop a comprehensive action and implementation plan to monitor and report directly to the Tameside Health and Wellbeing Board and any other partnership or leadership group of importance to the agenda.



The Strategic Alcohol and Drugs Group - Our Vision

RECOVERY AND TREATMENT



ENFORCEMENT AND REGULATION



ATTITUDES AND NORMS



Partnership and Leadership
Prevention and Early Intervention
Protecting Vulnerable People
Public Service Reform
Innovation

What we are going to do to reach our vision:

- Provide high quality treatment and recovery services which are an exemplar of best practice;
- Ensure we use enforcement where appropriate and maximise the way in which we use our regulatory powers;
- Challenging the attitudes that exist towards alcohol.

We will underpin this with an approach which ensures:

- We have a robust partnership ethos and strong local leadership;
- Our primary focus is upon preventing harm and intervening at the earliest opportunity through early identification;
- Protects vulnerable people from the harm caused directly or indirectly through alcohol;
- We will fully support Public Service Reform, through the local and regional complex dependency work stream and the integration of health and social care services;
- We develop new, creative and innovative approaches to reducing harm and improving outcomes.

