

NHS
North East and North Cumbria
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

MAKING EVERY CONTACT COUNT



Alcohol let's talk

Did you know, adults are recommended not to regularly drink more than 14 units a week?

What does 14 units look like?
6 pints of normal strength beer or lager
or 6 medium glasses of wine



Please don't be surprised if you are asked about alcohol during your visit. Offering advice today may help prevent an alcohol-related illness tomorrow. Alcohol can cause cancer, stroke, heart disease and depression.

Let's start the conversation today

Find our Alcohol and You self help guide at selfhelp.cntw.nhs.uk

Alcohol Let's Talk Campaign Awareness Event

2 July 2024, 12pm-1pm

Programme and Speakers

12:00	Welcome and overview of the session	James Crosbie , NENC Alcohol Clinical Lead, North East & North Cumbria ICS, Population Health, Prevention, and Healthcare Inequalities Team
12:10	Alcohol harm across the North East and within mental health populations	Sue Taylor , Head of Alcohol Policy, Fresh and Balance
12:20	Using MECC to support conversations about alcohol	Tom Wooldridge , Public Health Trainer, Northumbria Healthcare NHS Foundation Trust
12:30	Alcohol Dependence and Specialist Alcohol Services	Dr Margaret Orange (<i>DProf</i>), Associate Director (Addictions Governance), Addiction Services, CNTW
12:40	Implementing the Alcohol Let's Talk Campaign and resources available	Sarah Hulse , Strategic Manager for Alcohol, North East & North Cumbria ICS, Population Health, Prevention, and Healthcare Inequalities Team
12:50	Questions and Answers	ALL
13:00	Session Close	



Alcohol Lets Talk



James Crosbie

CNTW 2nd July 2024



Welcome and overview of the session

- Alcohol harm across the North East and within mental health populations
- **Sue Taylor**, Head of Alcohol Policy, Fresh and Balance
- Using MECC to support conversations about alcohol
- **Craig Robson**, Regional MECC and Connect 5 Lead, NENC ICS
- Alcohol Dependence and Specialist Alcohol Services
- **Dr Margaret Orange**, Associate Director (Addictions Governance), Addiction Services, CNTW
- Implementing the Alcohol Let's Talk Campaign and resources available
- **Sarah Hulse**, Strategic Manager for Alcohol, NENC ICS
- Questions and Answers



Welcome & Overview

- Introduction
- Context
- Staff Survey
- Alcohol Lets Talk



Context

- **ONS [Alcohol-specific deaths](#) figures published 22/4/24**
 - 10,048 deaths from alcohol-specific causes in the UK in 2022
 - highest number on record, 4.2% increase on the previous year.
 - **North East highest rate of alcohol-specific deaths**
 - 21.8 deaths per 100,000, a total of 576 deaths – 374 men and 202 women.
- **Healthcare Needs Assessment 2021-2022:**
 - 36 key contributors, 800+ other participants
 - Audit of services, quantitative & qualitative Analysis, staff survey
 - 20 overarching recommendations
- **Health Inequality**
 - 10% most deprived areas **x14** alcohol specific unplanned admissions
 - Alcohol Harm Paradox & Inverse care law



Context

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 - 20 overarching recommendations
- **Health Inequality**

Hewitt Review April 2023:

Share of total NHS budget at ICS level towards *prevention* should increase by $\geq 1\%$ over next 5 yr

**North East North Cumbria
Health & Care Partnership**





Alcohol Perceptions NHS Staff

North East and North Cumbria Integrated Care System

October 2021

Commissioned as a regional staff view on behavior and attitudes relating to alcohol
 To explore behavior and attitudes towards drinking, and responsibility of awareness of alcohol harm

Online survey distributed across the region through NHS networks.

Fieldwork September 2020

TOTAL SAMPLE	837	%
DSTS [Durham, South Tyneside & Sunderland ICP]	266	32%
NC [North Cumbria ICP]	55	7%
NOTG [North of Tyne & Gateshead ICP]	429	51%
TV [Tees Valley ICP]	161	19%

Robust sample:

837

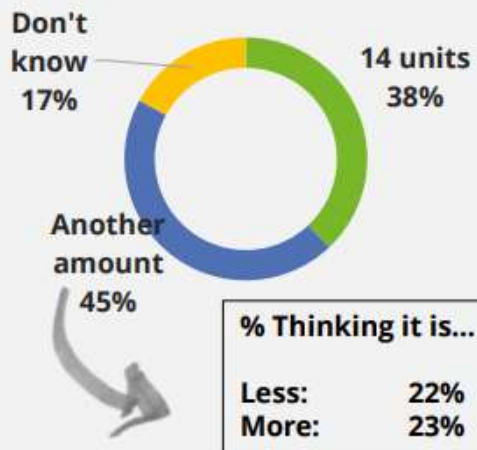
Includes staff from LAs in North East, Tees Valley and North Cumbria.



Please note: statistics surrounded by a red / blue box are significantly higher / lower than their counterparts. All significance testing is undertaken to a 95% confidence level.

AWARENESS OF UNIT GUIDELINES: PER WEEK FOR MEN

TOTAL



SPOTLIGHT ON ORGANISATIONS & ROLES

SAYING % 14 UNITS



SPOTLIGHT ON DEMOGRAPHICS

More likely to say 14 units:

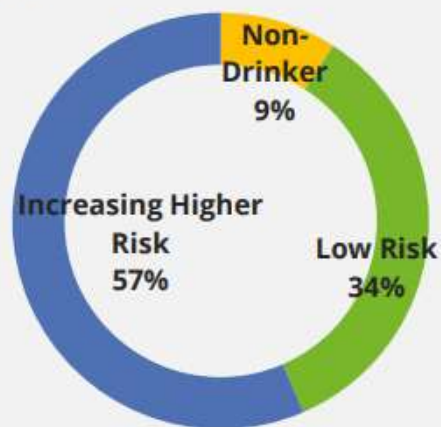
Age 35-54
Drinkers

Two in five staff correctly recognise CMOs guidelines of 14 units per week for men. Around one quarter think the weekly limit is more than 14 units. Those who drink alcohol and those aged 35-54 are more likely to know the recommended limit.

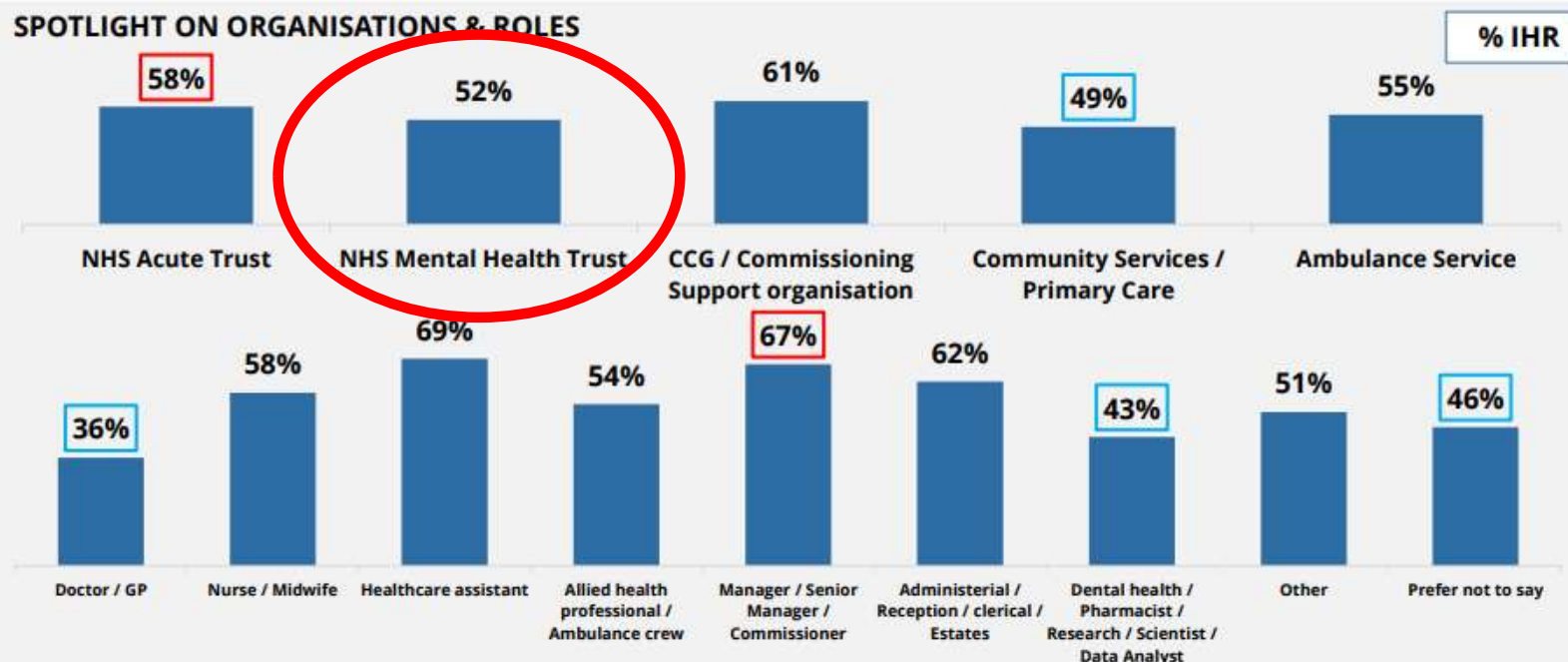
Across the NHS, those who work for Community Services and Primary Care organisations, along with Doctors and GPs, are more likely to be aware of the 14 units guideline for men.

DRINKER TYPE: AUDIT C

TOTAL



SPOTLIGHT ON ORGANISATIONS & ROLES



SPOTLIGHT ON DEMOGRAPHICS

More likely to be IHR:

Age 18-34

Those saying they don't drink responsibly

Those saying they are moderate or heavy drinkers

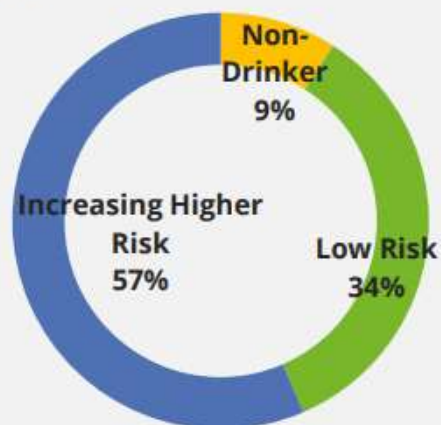
One in ten never drink alcohol; a third are low risk drinkers; and the remaining proportion - around three in five - drink at levels that are Increasing & Higher Risk.

Demographically, younger members of staff are more likely to be IHR than those aged 35+.

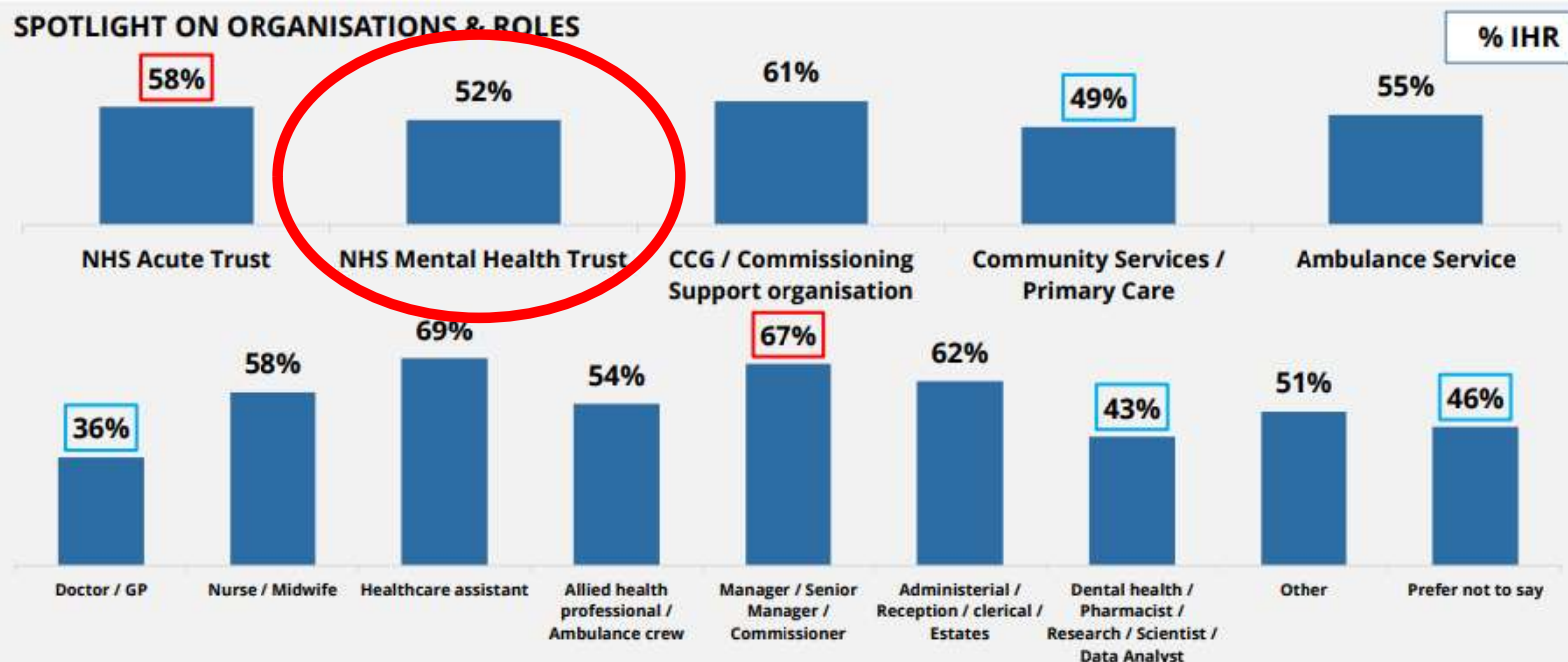
In terms of job roles, just over one third of Doctors fall into the IHR category, compared to approaching two thirds of NHS Managers / Commissioners.

DRINKER TYPE: AUDIT C

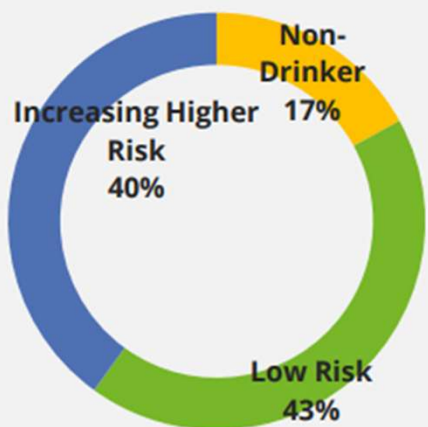
TOTAL



SPOTLIGHT ON ORGANISATIONS & ROLES



NE POPULATION*



One in ten never drink alcohol; a third are low risk drinkers; and the remaining proportion - around three in five - drink at levels that are Increasing & Higher Risk.

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ROLES & RESPONSIBILITY - SUMMARY



Summary

- **Alcohol Lets Talk encourages & supports meaningful alcohol discussions in the workplace**
- Enables conversations through
 - Staff Awareness
 - Service directories & signposting info
 - CMO guidance
 - Education & training
 - Support for staff alcohol use
- Works alongside Stigma Kills campaign



<https://www.stigmakills.org.uk>

developed by the NHS Addictions Provider Alliance (shared at no cost)



**North East North Cumbria
Health & Care Partnership**





Alcohol harms across the NE and in MH populations

Sue Taylor, Head of Alcohol Policy



Alcohol Harms

- Alcohol is a harmful product - CMO guidelines – no such thing as a risk free drink
- Link to 200 medical conditions
- Causes at least 7 types of cancer
- Leading cause of ill health and premature death
- Average age of alcohol related death in England is 54 (PHE evidence review)
- Alcohol kills 30,000 people a year in the UK - leading risk factor for death, ill-health and disability amongst 15-49-year-olds
- Alcohol deaths at record levels – highest rates in NE 29.0 per 100,000 in males, 15.0 per 100,000 in females – increase of 37% since 2019



BALANCE ICE
Getting the
measure of alcohol

E

fresh*
Making Smoking History

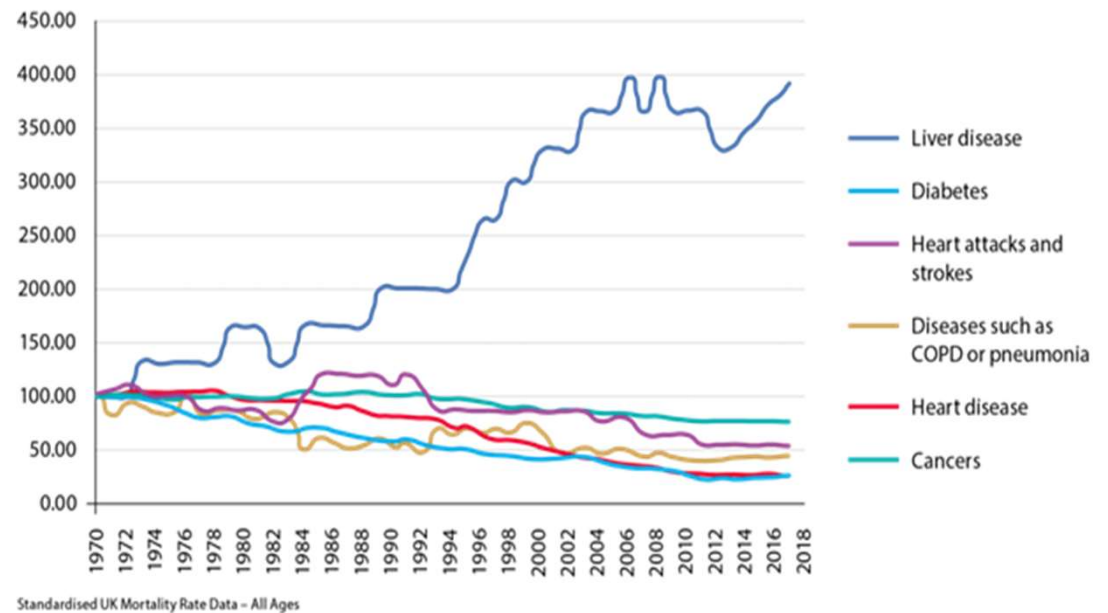
Alcohol Harms

- **700,000 violent crimes linked to alcohol each year** (British Crime Survey)
- **Domestic abuse costs the UK approximately £16 billion a year** (British Crime Survey)
- **Research suggests that between 25% and 50% of those who perpetrate domestic abuse have been drinking at the time of assault** (British Crime Survey)
- **Risk of rape 2x as high for attacks involving drinking offenders**
- **Alcohol misuse is estimated to be involved in between 25% and 33% of child abuse cases** (Cross government report into factors behind child abuse – 2014)
- **Concern about parental drinking is the number one reason that children contact ChildLine, with over 5,300 children doing so per year – more than 100 per week** (ChildLine survey 2020)

It is getting worse

- **1 million alcohol related hospital admissions a year – doubled in 10 years** (NHS digital)
- **Liver disease only major disease where deaths increasing – 400% increase since 1970** (Liver profiles for England)
- **More working years of life lost to alcohol than 10 most frequent cancer types combined** (PHE Evidence Review 2016)
- **Costs English economy £27 billion every year – around £1.5bn in NE** (Balance cost profiles 2024)

The rise in deaths from liver disease compared with other major diseases



Alcohol and Mental Health

- About 1 in 4 people in the UK experience a mental health problem each year and approx. 85% of people in the NE drink alcohol.
- Alcohol and mental health are closely linked - Drinking too much can affect your well-being.
- Some people drink to try to relieve the symptoms of mental ill-health.
- Alcohol is a depressant, which can disrupt the balance of neurotransmitters in the brain and affect feelings, thoughts and behaviour.
- People who drink alcohol are more likely to develop mental health problems, such as depression and anxiety.
- People with severe mental illness are also more likely to have alcohol problems.
- It's possible to experience psychosis if you regularly drink a lot of alcohol or if you're a heavy drinker and suddenly stop drinking.

Alcohol and health inequalities

- **Key driver of health inequalities**
- **People in the 20% most deprived local authorities are 5.5 times more likely to die from an alcohol-specific death than those in the 20% least deprived** (Public Health Outcomes Framework)
- **The least affluent quintile are 5 times more likely to end up in hospital due to alcohol than the most affluent**
- **This harm occurs despite the fact that on average the poorest in society drink the same or less on average than their wealthier neighbours**
- **Alcohol ‘harm paradox’**

Where are we now?

- **Alcohol is too affordable** - 74% more affordable than it was in 1987
- **Available for as little as 13 pence per unit in the NE** (Balance Price Survey 2018)
- **Alcohol is too available** - Almost 8,000 premises are licensed to sell alcohol in the NE - one of the highest regional outlet densities in the country (BBPA alcohol statistics handbook 2019)
- **Alcohol is available 24/7, 365 days of the year, in locations including petrol stations and soft play areas** (BBPA Statistical handbook)
- **Alcohol is too heavily promoted** - Alcohol marketing influences children - it encourages them to drink earlier and to drink more
- **Largely unregulated system – especially online. Sponsorship of high profile events etc.**
- **Alcohol industry has access to the heart of Government** – e.g. lobbying around budget, ‘responsibility deal’ etc.

Where do we want to get to?

- **A society where alcohol is:**
 - **less affordable**
 - **less available**
 - **less desirable**
 - **Recognised as harmful**
- **Alcohol advocacy approach strengthened – closer working with tobacco and obesity colleagues and stronger partnerships**
- **Harm reduced amongst most vulnerable groups**
- **Continuing downward trend in consumption amongst young people**
- **Alcohol industry excluded from policy making – perceived more like tobacco industry**
- **Sobriety and low risk consumption are social norms – alcohol denormalised and seen as ‘no ordinary commodity’**



**Please follow Fresh and Balance
on twitter**

- **@FreshSmokeFree**
- **@BalanceNE**

**Get involved in supporting our
work.**





Questions






MAKING
EVERY
CONTACT
COUNT

Alcohol Let's Talk Awareness Event

Using MECC to support conversations about alcohol

Tom Wooldridge
Public Health Trainer
North East and North Cumbria ICS





An **approach to behaviour change** that uses the millions of day-to-day interactions that organisations and people have with other people.

Enables individuals **across organisations and populations** to engage in conversations about their health.

Takes a **matter of minutes** and is structured to fit into and complement existing professional clinical, care and social engagement approaches.

a **whole person approach** considering an individual's circumstances such as their finances, employment status, social support and housing.

Evidence suggests that the MECC approach could potentially have a **significant impact on the health** of our population.

Opportunistic delivery of **consistent and concise healthy lifestyle information**.



The 3 A's Model

MAKING
EVERY
CONTACT
COUNT

Ask

What have you noticed or heard?

Raise the issue, open the conversation.

Assist

Link a person's health and lifestyle habits.

Build person's understanding of benefits of making a change.

Act

Offer concise and consistent information.

Signpost to areas of support/ refer to local support services.



Conversation starters...

Do you mind if I ask you a question about alcohol?

How often do you have a drink that contains alcohol?

Would you like any support to help you drink less?

**I know drinking less might be difficult for you.
How can I support you?**

How about trying a few alcohol-free nights each week?

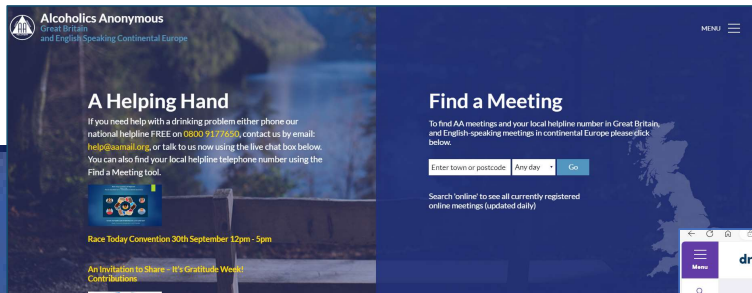


MAKING EVERY CONTACT COUNT

Assist

Empowering self-care

Make links between a person's health and



Alcoholics Anonymous
Great Britain and English-Speaking Continental Europe

A Helping Hand

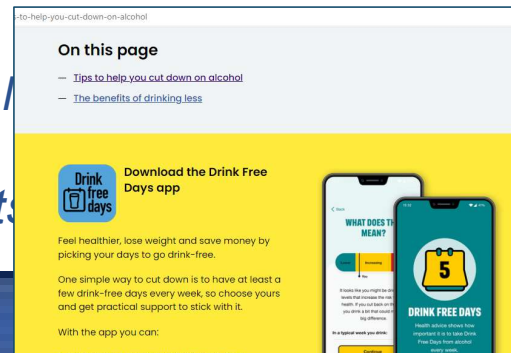
If you need help with a drinking problem either phone our national helpline FREE on 0800 917 7634, contact us by email: help@aa.org, or talk to us now using the live chat box below. You can also find your local helpline telephone number using the Find a Meeting tool.

Find a Meeting

To find AA meetings and your local helpline number in Great Britain, and English-speaking meetings in continental Europe please click below.

Enter town or postcode Any day Go

Search 'online' to see all currently registered online meetings (updated daily)



to-help-you-cut-down-on-alcohol

On this page

- Tips to help you cut down on alcohol
- The benefits of drinking less

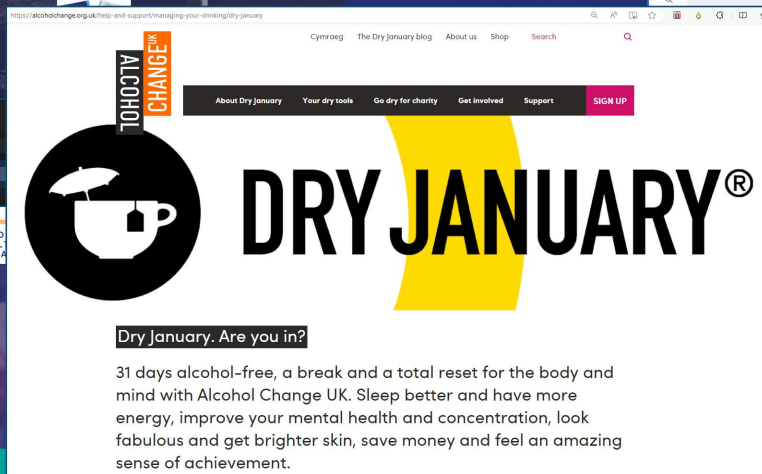
Download the Drink Free Days app

Feel healthier, lose weight and save money by picking your days to go drink-free.

One simple way to cut down is to have at least a few drink-free days every week, so choose yours and get practical support to stick with it.

With the app you can:

- Track your drinking
- Set reminders to stop drinking
- Get tips and advice
- Share your progress

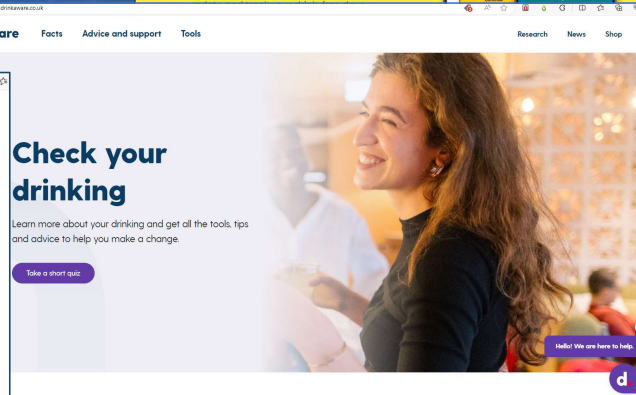


ALCOHOL CHANGE UK

DRY JANUARY[®]

Dry January. Are you in?

31 days alcohol-free, a break and a total reset for the body and mind with Alcohol Change UK. Sleep better and have more energy, improve your mental health and concentration, look fabulous and get brighter skin, save money and feel an amazing sense of achievement.

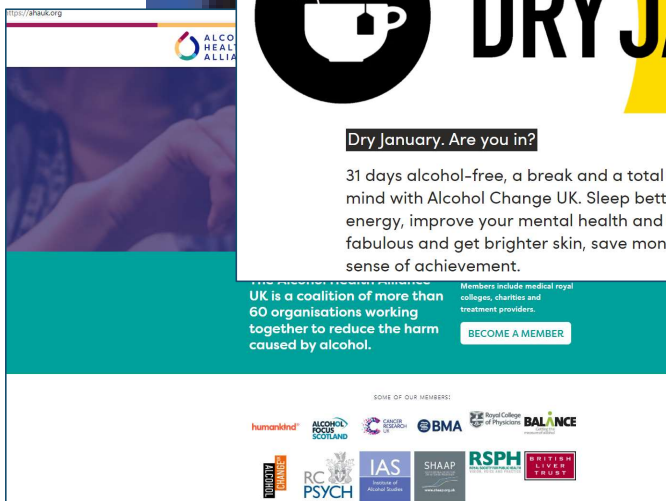


drinkaware Facts Advice and support Tools

Check your drinking

Learn more about your drinking and get all the tools, tips and advice to help you make a change.

Take a short quiz



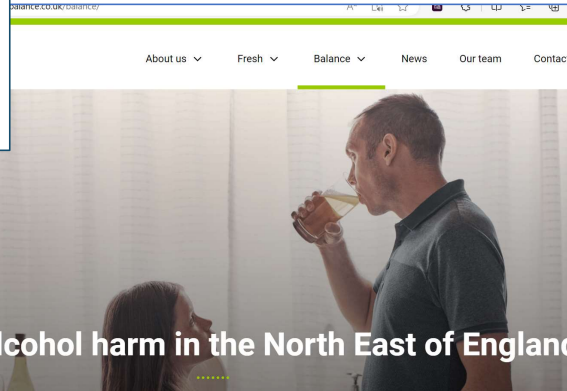
ALCOHOL HEALTH ALLIANCE UK

UK is a coalition of more than 60 organisations working together to reduce the harm caused by alcohol.

BECOME A MEMBER

SOME OF OUR MEMBERS:

- humankind
- ALCOHOL POLICE SCOTLAND
- RC PSYCH
- IAS
- SHAAP
- RSPH
- BRITISH LIVER TRUST
- BMA
- Royal College of Physicians
- BALANCE



balance.co.uk/balance

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Tackling alcohol harm in the North East of England

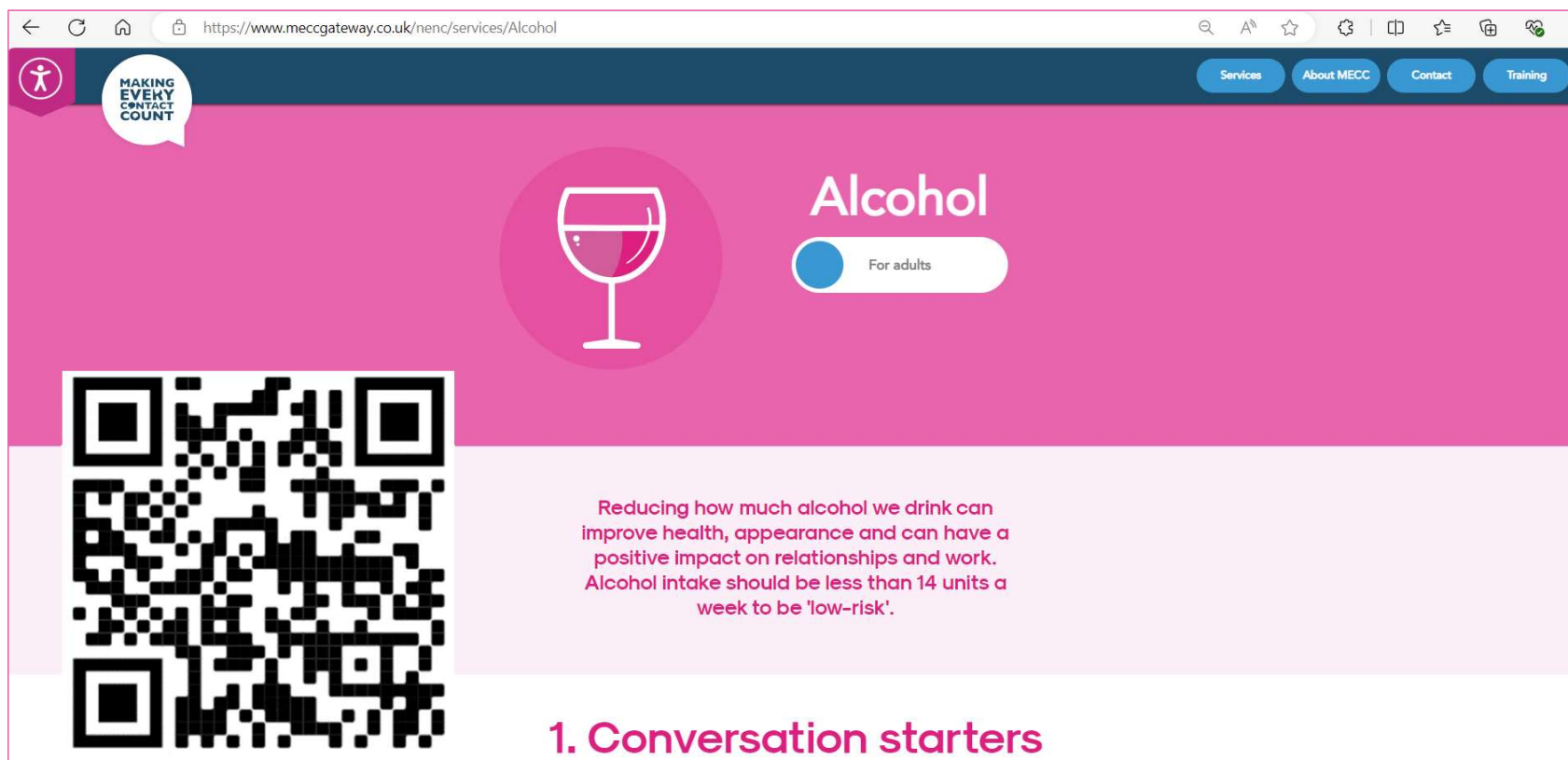


MAKING EVERY CONTACT COUNT

Act

Offer concise and consistent information

Signpost to areas of support or local services



The screenshot shows a web browser displaying the URL <https://www.meccgateway.co.uk/nenc/services/Alcohol>. The page features a dark blue header with the 'MAKING EVERY CONTACT COUNT' logo and navigation buttons for 'Services', 'About MECC', 'Contact', and 'Training'. The main content area has a pink background with a circular icon of a wine glass. The title 'Alcohol' is displayed in white, with a 'For adults' tag below it. A large QR code is positioned on the left side of the page. The text below the QR code reads: 'Reducing how much alcohol we drink can improve health, appearance and can have a positive impact on relationships and work. Alcohol intake should be less than 14 units a week to be 'low-risk'.'

1. Conversation starters

www.meccgateway.co.uk/nenc

MAKING
EVERY
CONTACT
COUNT



Alcohol Dependence and Specialist Alcohol Services



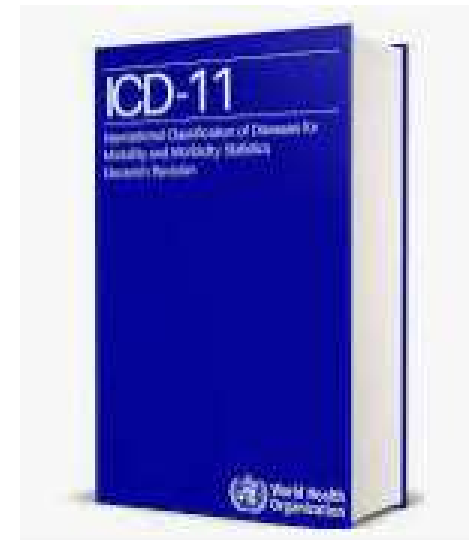
Dr Margaret Orange (Associate Director, Addictions Governance)

With YOU in mind

Alcohol Dependence

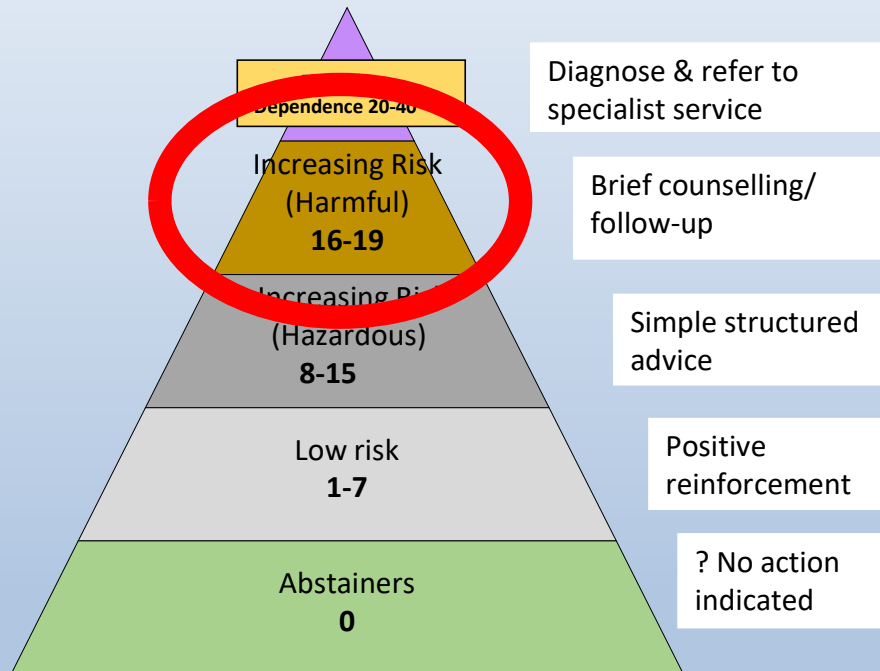
- Strong desire/sense of compulsion
- Impaired capacity to control substance taking behaviour
- Physiological withdrawal state
- Tolerance
- Preoccupation with use
- Persistent use despite clear evidence of harmful consequences

(ICD 10/11)



Drinker typology ... based on **AUDIT** scores

(Babor & Higgins-Biddle 2001)



AUDIT ALCOHOL SCREENING TOOL

UNIT GUIDE

1 unit is typically:
 Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)

The following drinks have more than one unit:
 A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml "super" lager, 1.75l glass of wine (12%)

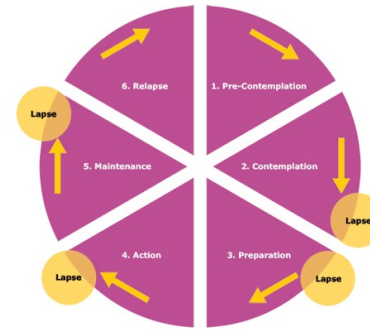
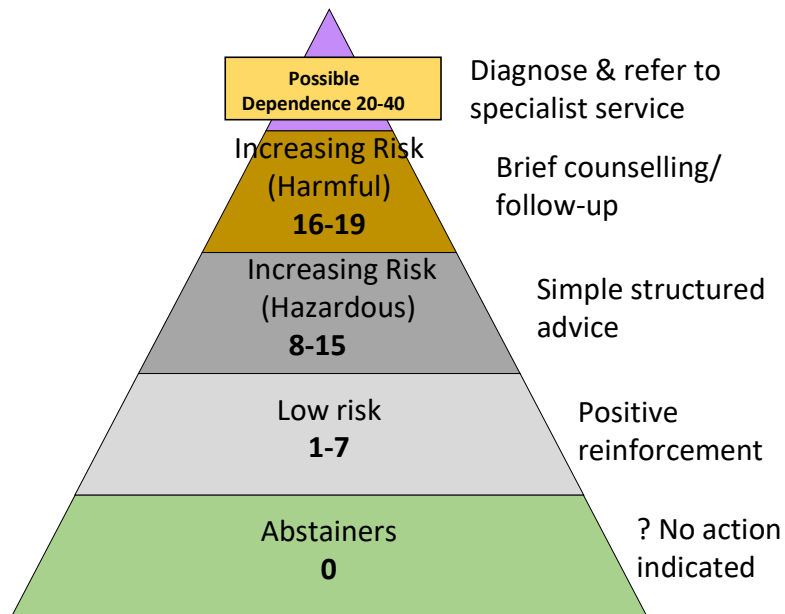
Questions	Scoring system				Your score
	0	1	2	3	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Have you or somebody else been injured as a result of your drinking?	No	Yes, but not in the last year	Yes, during the last year	Yes, during the last year	Yes, during the last year
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No	Yes, but not in the last year	Yes, during the last year	Yes, during the last year	Yes, during the last year

Scoring: 0 = Lower risk, 8 = Increasing risk, 16 = Higher risk, 20+ Possible dependence

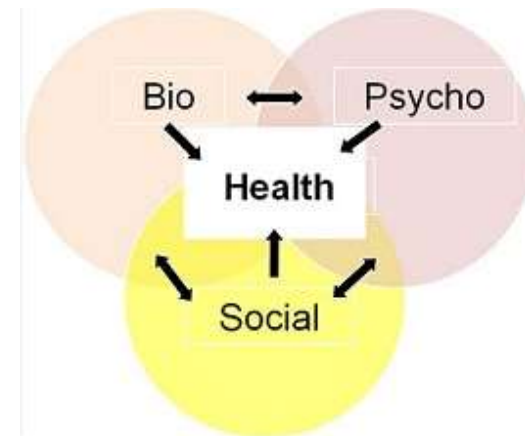
SCORE

Identifying need...

(Babor & Higgins-Biddle 2001)



(Prochaska & DiClemente, 1983)



SADQ

The **Severity of Alcohol Dependence Questionnaire (SADQ)** is a further quick, reliable and valid instrument used to clarify the severity of dependence, most frequently in those scoring **20 or more on AUDIT**.

The SADQ questions cover the following aspects of dependence syndrome:

- physical withdrawal symptoms
- affective withdrawal symptoms
- craving and relief drinking
- frequency of alcohol consumption
- speed of onset of withdrawal symptoms

SCORING indications:

31 or higher - “severe alcohol dependence”

16-30 - “moderate dependence”

below 16 – “mild physical dependence”

A medical detoxification regime is usually indicated for someone who scores 16 or over on SADQ

A score of 30 or over will often need consideration of residential or in-patient detoxification.

Alcohol Treatment



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

- Alcohol use disorders (AUD) reflect a spectrum of need that requires a **range of interventions** able to respond to differing severity of need as well as individual client choice and circumstance
- Interventions and their point of access need to be **clearly defined and understood** by those who need them and those who need to refer into them
- For many people, the journey towards meeting their goals requires a **stepped response** through a range of medical and psychosocial interventions
- Service Users often present with **multiple health and social needs** requiring a coordinated response from a range of services
- An **integrated response** enhances the effectiveness of the 'total treatment' response

Treatment Works!

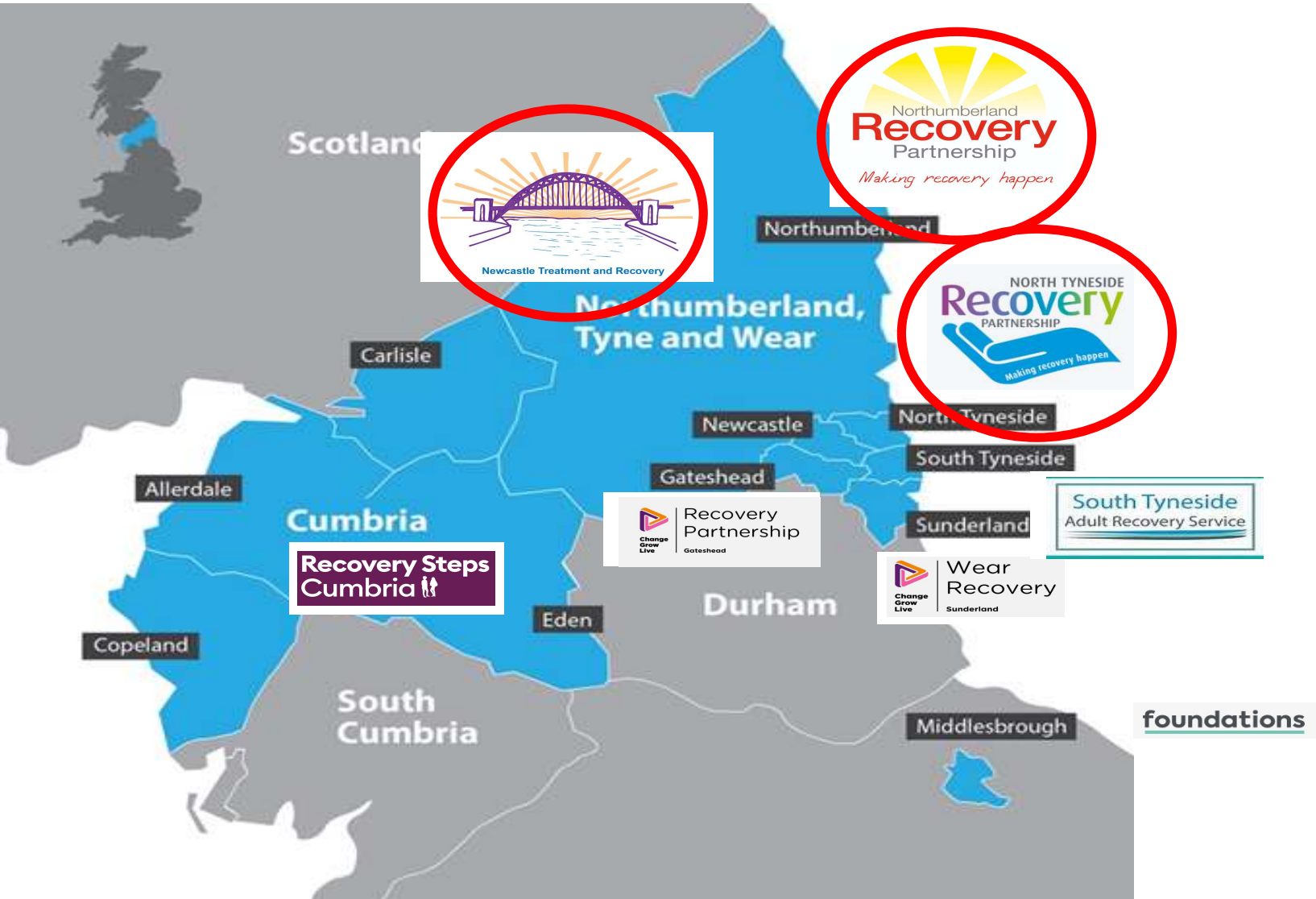
- The effectiveness of well-delivered, evidence-based treatment for alcohol use is established
- UK and international evidence consistently show that alcohol interventions impacts positively
- For a proportion of those entering treatment, alcohol interventions can result in long-term, sustained changes in behaviour and abstinence where appropriate

REMEMBER...

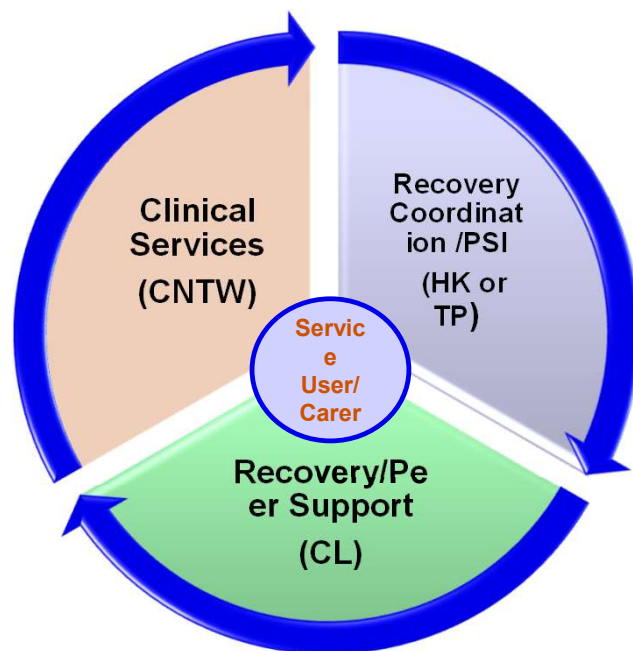
“People aren’t hard to reach. We just don’t always reach them.”

Alcohol Treatment – Barriers

- **Access**
 - **Timeliness**
 - **Attrition**
 - **Understanding of offer and plans**
 - **Service User Information and Care Co-ordination**
 - **Effective communication**
- **Referrals – 3rd party understanding**
 - **Social culture/acceptance/norms**



Service Model



What do we do????

- Comprehensive assessment
- Clinical Treatments
- Psycho-social Interventions (PSI)
- Harm Reduction Services/Needle Exchange
- Physical Healthcare
- Continuity of care – Prison Release
- Criminal Justice Pathways
- Peer support

- Assertive Outreach
- Counselling
- Housing Advice
- Children and Young Adults Services
- Older Adult Services

Detoxification – 3 key questions



WHY?

Has dependence been established?

Are they ready for change ?

Have options been discussed based on assessment?



WHERE?

Is it an emergency- Wernicke's or other medical /psychiatric emergency?

Inpatient/ outpatient/day patient

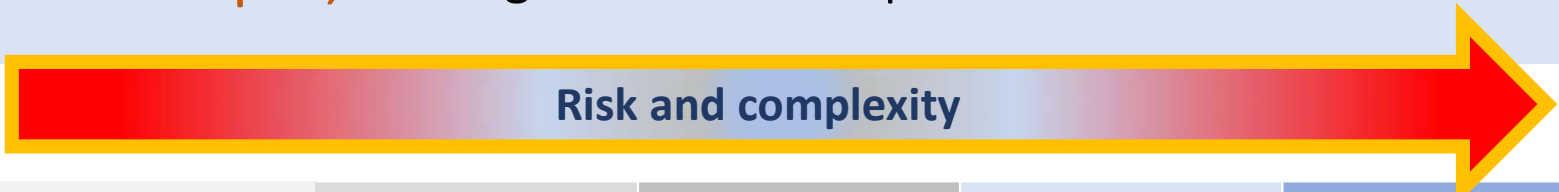


HOW?

Fixed schedule/frontloading/ symptom triggered?

Vitamins

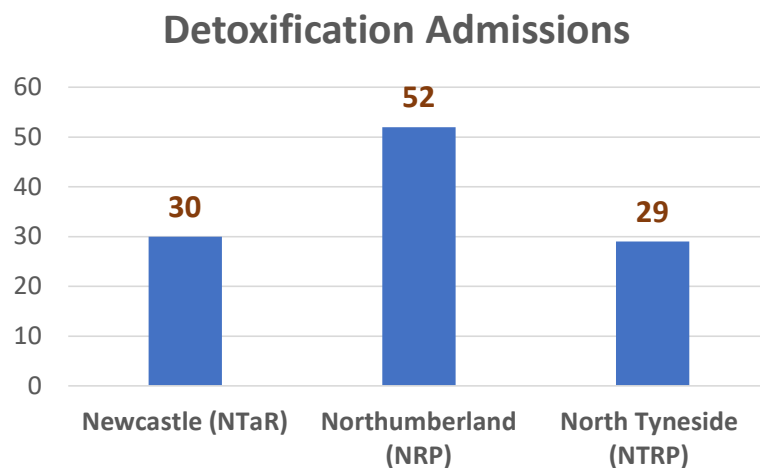
An example; Existing detoxification options in the Newcastle area



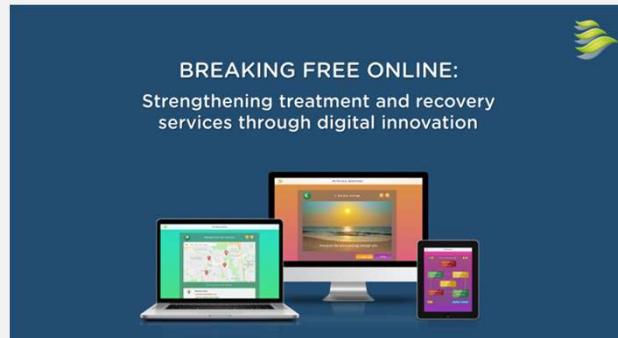
Community Detoxification	Partial Hospitalisation	Planned Detox – inpt MH	Planned Detox – Inpt Acute	Unplanned Detox
<p>At home</p> <ul style="list-style-type: none"> • Home visits • Telephone support • Physical checks • Family Support • Low risk 	<p>Day time only</p> <ul style="list-style-type: none"> • Medical & nursing cover • Psychosocial support • Physical checks • Need informal support overnight • Moderate risk + low risk overnight 	<p>Planned admission</p> <ul style="list-style-type: none"> • Specialist nurse prescriber in the day • Medical and RMN cover at night • Moderate risk day + night 	<p>Planned admission</p> <ul style="list-style-type: none"> • Acute hospital inpatient stay • Long waiting list • High risk 	<p>Unplanned admission</p> <ul style="list-style-type: none"> • If admitted to hospital for another reason • Detoxification managed in partnership with alcohol liaison nurses – links with Addiction Service • High risk

Detoxification Bed

- Specific grant funding
- Commenced November 2021
- Weekly admissions
- 111 admissions to date (June 2024)



Breaking Free On Line (BFOL)



- Digital Treatment and Recovery
- Comprehensive Toolkit
- Interactive
- Personalised
- Adapted for learning style
- Range of intervention styles
- 24/7 availability
- Evidence Based

<https://breakingfreeonline.com/>

Addiction services:

NTaR – Newcastle22

NRP – Northumberland22

NTRP – Northtyneside22

Mental Health:

• north23

• central23

• south23

• ncumbria23

Self help topics

Re-brand our self help guides >



Abuse

This guide aims to help you to begin to understand the effects of childhood abuse and explores ways in which you may begin to overcome the effects of the abuse. It provides details of further sources of help and support.

[View this guide >](#)



Alcohol and You

Alcohol and You
This guide is for people who think they may have a problem with their drinking. It will help you decide what kind of drinker you are and describe how you might change if you want to.



[View this guide >](#)



Anxiety

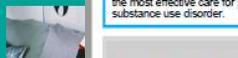
This guide aims to help you understand how anxiety can affect you and how to manage it. It includes information on when to seek help and support.

[View this guide >](#)



Bereavement

This guide is for anyone who has experienced the loss of a loved one.



Addictions Strategic Clinical Network - 7 Minute Briefing

Policy update - Co-occurring Mental Health and Substance Use Conditions Policy (Formerly Dual Diagnosis Policy) – June 2022



1. Policy background

It is very common for people to experience problems with their mental health and alcohol/drug use at the same time. Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance use treatment (PHE, 2017). DoH (2017) also note high prevalence of comorbidity in those attending both mental health services and drug and alcohol treatment services. Death by suicide is also not uncommon as highlighted by NOISH (2016) which cites that in 54% of all suicides, substance use is a factor. The purpose of this policy is to set out the principles which will ensure people with co-occurring conditions receive the appropriate support and treatment to address their needs when presenting to services provided by the Trust. We need to ensure that staff feel confident and are competent in providing the most effective care for service users with co-occurring mental health and substance use disorder.

7. Finally.....

The revised policy reflects not only a change in name but also the evidence-based approach to the identification and management of co-occurring conditions. All CNTW staff should be aware of this new policy and practise the core principles within it – **Everyone's Job and No Wrong Door**. Interventions should focus on effective and proactive engagement regardless of point of entry, alongside coordinated management between Mental Health and Addiction services. Staff should be familiar with the policy and ensure they embrace the principles within it.

6. How do we achieve this?

Triage	Triage all referrals at point of contact before passing on to another team
Assess	Assess all relevant needs
Refer	If possible, don't signpost, instead make a referral to ensure appropriate follow up
Respond	Respond to changes in relationship between substance use and mental health
Streamline	Organise joint assessments, appointments and interventions to minimise duplication
Involve	Involve service users (and carers) in care planning
Provide	Provide clear and consistent information

2. Terminology

CNTW has adopted the term **Co-occurring Mental Health and Substance Use Disorder** rather than dual diagnosis as this term encompasses the breadth of mental health and substance use presentations – particularly intoxication, mental health crisis and more common mental health problems, all of which have previously often been out of scope of both national and local guidelines. For the purpose of brevity, this term will be covered in the policy by the term **'co-occurring conditions'**.

3. Prevalence and Prognosis

As far back as 2002, the Department of Health highlighted that service users with co-occurring mental health and substance use conditions, sometimes referred to as 'dual diagnosis' or 'co-morbid substance misuse and mental health problems', experienced poorer outcomes than those in contact with mental health services who did not use substances. There has been significant literature since, continuing to provide evidence which suggests that those with co-occurring conditions will be at higher risk of more susceptible to:

- Poor prognosis
- Greater levels of unmet need
- Higher rates of relapse
- Higher rates of hospitalisation
- Unstable housing/financial situation
- Increased rate of multiple disadvantage
- Being a victim/perpetrator of violence
- Involvement in criminal justice system
- Poorer compliance to treatment, including pharmacology
- Increased use of crisis services
- Increased rates of suicide/homicide

It is suggested that any policy and guidelines around co-occurring conditions has been poorly implemented to date and that service users continue to be at risk of poorly coordinated care or at worse, exclusion from appropriate services based on their presentation – i.e. excluded from mental health services until their substance use is addressed and vice versa.

4. Aims of the policy

The aims of this policy are:

- To ensure that no service user is excluded from or falls between CNTW services on the basis of any co-occurring condition
- To establish core principles for engagement, management and review of care for service users with co-occurring conditions
- To ensure coherent care pathways and joint working protocols across substance misuse and mental health services to support people with co-occurring conditions in an evidence based, effective and timely manner

We should avoid, as far as possible, a serial or sequential model of working. Instead, mental health and addiction services should work in an integrated manner, addressing needs as they occur.

5. Key Principles

The Trust Co-occurring Conditions Policy follows key national guidance including 'Better care for people with co-occurring mental health and alcohol/drug use conditions' (PHE, 2017) which identifies two key principles. To adopt these principles, the Trust will ensure that:

- All staff have an understanding of substance misuse and mental health and their role in recognising and supporting the management of co-occurring conditions

(Principle 1: Everyone's job)

- All CNTW services are able to assess need in relation to co-occurring conditions and are able to initiate assessment and support appropriate pathways regardless of point of entry

(Principle 2: No wrong door)

Dr. Margaret Orange (DPH)
margaret.orange@cntrw.nhs.uk

Thank - you....

margaret.orange@cntw.nhs.uk



Alcohol Let's Talk in CNTW

Sarah Hulse

NENC Alcohol Strategic Manager

2nd July 2024



What is Alcohol Let's Talk?

A North East & North Cumbria campaign that aims to:

- Increase staff awareness of CMO alcohol guidance
- Encourage staff to have effective conversations about alcohol with patients
- Support staff to respond appropriately when alcohol-related harm is identified



**MAKING
EVERY
CONTACT
COUNT**

NHS

**North East and
North Cumbria**

**Cumbria, Northumberland,
Tyne and Wear**
NHS Foundation Trust



**Alcohol
let's talk**

**Do your patients know what the
low risk drinking guidelines are?**

Well, it's 14 units a week for women.
And for men? The same. 14 units.

**Let's start the
conversation today**

What does Alcohol Let's Talk involve?

- **Toolkit of resources tailored to CNTW**
 - Postcards, business cards, screen savers, email banners
- **Resources to be distributed to all trust departments and wards**
 - Promote 14 units a week guidance and information on what alcohol units mean



MAKING EVERY CONTACT COUNT



North East and North Cumbria

Cumbria, Northumberland,



Alcohol's

Let's convey

Do your patients know what the low risk drinking guidelines are?

well, it's 14 units a week for women. And for men? The same. 14 units.

Make the most of the questions we ask every day

Patients who score 5 or more on AUDIT-C should be advised to cut down

Refer all patients who score over 10 on AUDIT-C to your local Alcohol Support Service. Find more information at cntw.nhs.uk/alcohol

Access free training to learn more about alcohol harm and how to make every contact count at training.meccgateway.co.uk/alcohol-studies

Worried about your own drinking? Get free confidential support now:



Pint of regular beer, lager or cider



Pint of premium beer, lager or cider



Alcopop or can/bottle of regular lager



Can of premium lager or strong beer



Can of super strength lager



Glass of wine (175ml)



Bottle of wine (75cl)

North East North Cumbria Health & Care Partnership



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- **Resources to be distributed to all trust departments and wards**
 - Promote 14 units a week guidance and information on what alcohol units mean
 - Raise awareness of what to do if someone is identified as being at risk on the AUDIT C alcohol screening tool
 - Advice on cutting down
 - Referral to local alcohol service



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Worried about your own drinking? Get free confidential support now:



Pint of regular beer, lager or cider



Pint of premium beer, lager or cider



Alcopop or can/bottle of regular lager



Can of premium lager or strong beer



Can of super strength lager



Glass of wine (175ml)



Bottle of wine (75cl)

North East North Cumbria Health & Care Partnership





Alcohol support services

To get help, advice and support for your alcohol use or for someone you care for - click on your local area for services near to you.

- [Cumbria](#)
- [County Durham](#)
- [Darlington](#)
- [Gateshead](#)
- [Hartlepool](#)
- [Middlesbrough](#)
- [Newcastle](#)
- [North Tyneside](#)
- [Northumberland](#)
- [Redcar & Cleveland](#)
- [South Tyneside](#)
- [Stockton](#)
- [Sunderland](#)

To get help, advice and support for your alcohol use
or for someone you care for - click on your local area
for services near to you.

Cumbria x

Recovery Steps Cumbria
01900 512300
Referrals@recoverysteps-cumbria.org.uk

County Durham v

Darlington v

Gateshead x

Gateshead Recovery Partnership
Call: 0191 5947621
Email: grp_referrals@cgf-gra.uk
www.changegrowthlive.org/recovery-partnership-gateshead
Provides support to adults only.

Platform
Call: 0191 4601354
Email: info@humankindcharity.org.uk
www.humankindcharity.org.uk/service/platform-gateshead
Provides support to young people.

Hartlepool v

Middlesbrough v

Newcastle x

Newcastle Treatment and Recovery (NTR)
Call: 0191 206 1100
Email: NTRreferrals@cntw.nhs.uk
Provides support to adults and young people.

North Tyneside x

North Tyneside Recovery Partnership
Call: (0191) 640 0160
<https://www.humina-point.co.uk/services/ntrp>
Provides support to adults and young people.

Northumberland v

Redcar & Cleveland v

South Tyneside v

Stockton v

Sunderland v

Enable Recite

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 - <https://training.meccgateway.co.uk/alcohol-studies>



North East & North Cumbria Programme for Alcohol Studies

A comprehensive training programme to equip our workforce
with the skills to prevent and manage alcohol related harm



Alcohol Awareness

Learn about the evidence based drivers of alcohol related harm, how this impacts health inequalities and how you can make a difference in your day-to-day work

[Learn more](#)



Alcohol Identification and Brief Advice

Learn how to have effective conversations about alcohol and respond appropriately when alcohol-related harm is identified

[Learn more](#)



Management of alcohol harm and dependence

Learn about interventions to manage alcohol use disorder and supporting the journey through to recovery

[Learn more](#)

Alcohol Identification and Brief Advice

Learn how to have effective conversations about alcohol and respond appropriately when alcohol-related harm is identified

Motivational interviewing in brief consultations

This module developed by BMJ Learning explains what motivational interviewing is, its uses, and explains the theory behind this approach.

[Read more](#)

Alcohol Brief Interventions

Elearning to support health professionals to embed screening and brief advice about alcohol into their routine practice.

[Read more](#)

Alcohol Identification and Brief Advice 7 minute video

Short (7 minute) video by NHSLSA showing alcohol identification and brief advice being carried out in a healthcare setting

[Read more](#)

Alcohol in Pregnancy

A training package for Maternity Staff in the North East and North Cumbria to help staff address alcohol harm in pregnancy

[Read more](#)

RAIDR Primary Care Dashboard & alcohol identification

A short video demonstrating how primary care colleagues in the North East & North Cumbria can use the RAIDR Primary Care Dashboard to reduce alcohol related harm

[Read more](#)

Supporting people caring for someone with an addiction

Increase awareness and confidence to make every contact count for people caring for someone with an addiction.

[Read more](#)



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North East North Cumbria Health & Care Partnership



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 - <https://training.meccgateway.co.uk/alcohol-studies>
 - Raise awareness of the NENC staff alcohol support service
 - <https://drinkcoach.org.uk/north-east-and-north-cumbria>



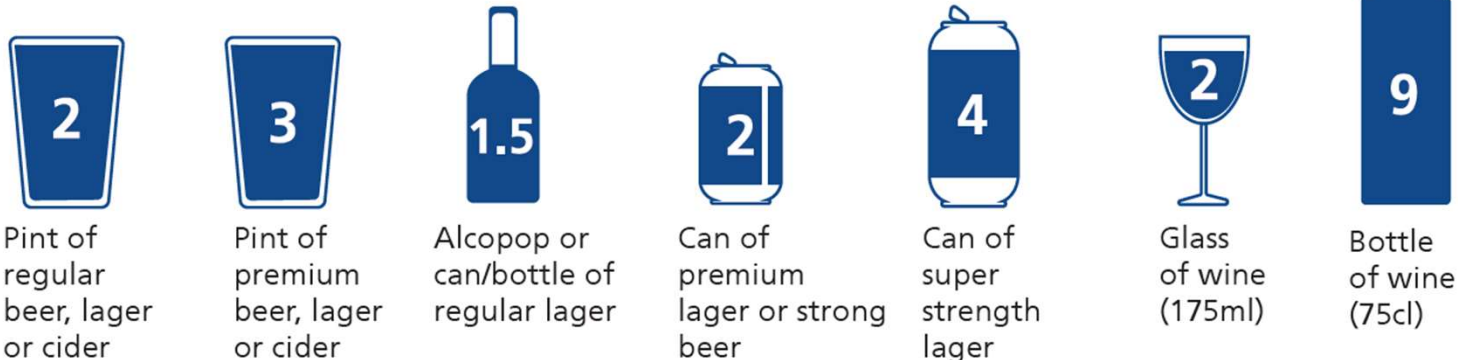
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**Worried about your own drinking?
Get free confidential support now:**



ACCESS FREE AND CONFIDENTIAL ALCOHOL SUPPORT



*An offer provided by
NENC ICS for all health
and social care
colleagues*



**North East and
North Cumbria**

Take the 2 Minute Alcohol Test to learn more about your drinking!

Track your units, cost and calories, create a personalised plan, receive signposting to local support and access coaching sessions with alcohol treatment specialists!



**North East North Cumbria
Health & Care Partnership**



How will we know if Alcohol Let's Talk has been a success in CNTW?

- AUDIT C completion
- Referral to services
- Drinkcoach support uptake
- Completion of Programme for Alcohol studies modules



Thanks for listening!

- Questions about the North East & North Cumbria alcohol programme to:
 - Sarah.hulse1@nhs.net
 - Jamescrosbie@nhs.net
- Questions about the resources and Alcohol Let's Talk in CNTW to:
 - Kate.McBride@cntw.nhs.uk
 - Sally.Faulkner@cntw.nhs.uk



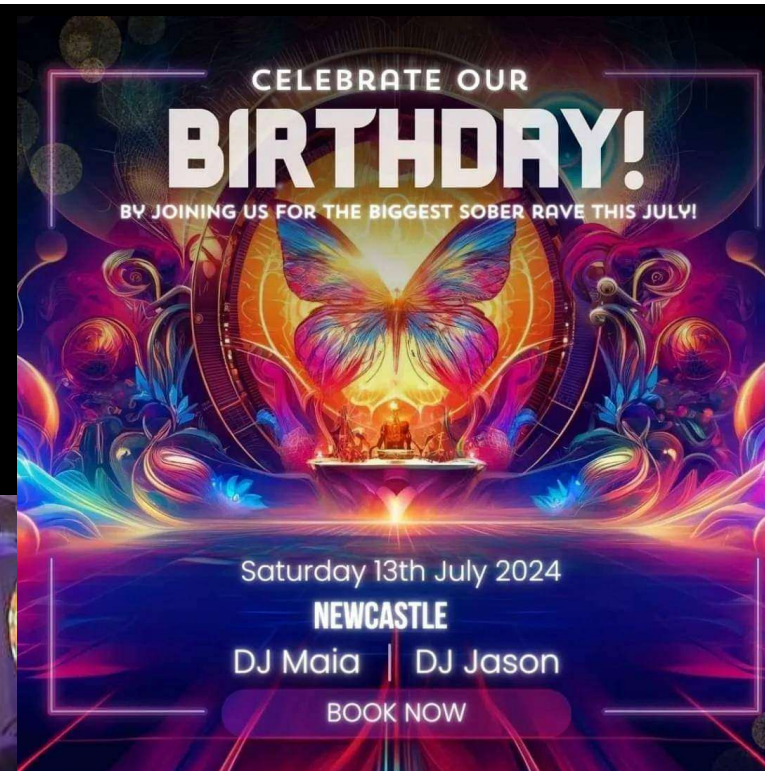
Alcohol-free and substance-free events 'Conscious Clubbing'



“a safe space to those who want to try something different to the traditional nightlife scene.”



“Creating a space where people can come together, connect, and enjoy themselves without the influence of alcohol”



[Event Details - Eventbrite Link](#)