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Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 This report provides the Health and Wellbeing Board an update on reducing alcohol harms within our local communities as part of one of the four Joint Local Health and Wellbeing Strategy priorities.
- 2 The report also includes an update on the activity being undertaken to implement the Dame Carol Black funding to help reduce alcohol harms and related outcomes from the Drug and Alcohol Recovery Service (DARS).

Executive summary

- 3 The County Durham Joint Local Health and Wellbeing Strategy (JLHWS) outlines the vision for improving health and wellbeing and tackling inequalities across the county. The strategy highlights four key priorities identified to tackle the major risk factors that affect health and wellbeing, reducing alcohol harms is one of these priorities. As part of the Joint Strategic Needs and Assets Assessment (JSNAA), alcohol misuse remains a significant area of concern when working to address health inequalities.
- 4 Following a two-phase independent drugs review by Dame Carol Black in 2021/22, the government published a new drugs strategy 'From harm to hope: A 10-year drugs plan to cut crime and save lives' in December 2021.
- 5 In response to government guidance, a new Combating Drugs and Alcohol Partnership (CDAP) working across County Durham and Darlington was initiated to coordinate a system-wide response to the implement the new strategy. It was agreed by all partners that alcohol

should remain a key focus for the work of the Strategic Group in response to the high levels of alcohol harm experienced by County Durham at a local level.

- 6 To implement the recommendations from the Dame Carol Black review, the government has made available several funding streams to support local authorities to enhance recovery and treatment services. This includes addressing the needs of those experiencing issues with alcohol.
- 7 Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15–49-year-olds in the UK. It's also the fifth biggest risk factor across all ages and is a causal factor in more than 60 medical conditions. The North East suffers disproportionately from alcohol harm with the highest rates of alcohol-related hospital admissions and alcohol specific deaths in England. Alcohol is estimated to cost North East public services and employers over one billion pounds a year.
- 8 In 2021/22 the rate of hospital admissions for alcohol specific conditions in County Durham was 849.5 per 100,000 population. This was significantly worse than England (626.1/100k) but better than the North East (991.4/100k). The admission episodes for alcohol-specific conditions for under 18's was 52.5 per 100,000 (2019/19-20/21) this was statistically significantly worse than England and statistically similar to the North East.
- 9 The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation. The highest levels of alcohol-related hospital admissions are registered in Durham City, Blackhall, Gilesgate Moor, Dawdon and Seaham Harbour, Chester-Le-Street West and Pelton Fell, Shildon and Horden. This highlights links between alcohol misuse and deprivation but also indicates how high levels of alcohol intake are also influenced by the night time economy.
- 10 County Durham continues to implement a range of population level approaches to help reduce the impact of alcohol misuse on local residents. The ongoing commissioning of Balance, as our alcohol office is overseen by County Durham on behalf of seven Local Authority areas. Campaign materials from Balance have been adopted by County Durham and cascaded to partners to amplify their impact at a local level. Balance continues to work with Public Protection to utilise innovative approaches to licensing, which promote public health objectives including the vision of an Alcohol-Free Childhood.

- 11 Durham County Council is the licensing authority for the Licensing Act 2003 and administers and enforces the law relating to the sale and supply of alcohol. There are currently 2232 premises licensed under the Licensing Act and in addition, in 23/24, a total of 755 notifications were received for occasional, one-off events. Applications were received for 54 new premises licences.
- 12 Dame Carol Black funding has increased the capacity within the Drug and Alcohol Recovery Service delivered by Humankind, Spectrum CIC and the Basement Recovery Project. The treatment population at any one time has been maintained at over 3,000 with a slight uplift from June 2022 until July 2023.
- 13 Training for partners, including MECC-plus for alcohol harms provides an opportunity to engage in effective conversations about safe levels of alcohol consumption and tools to help reduce risk. The level of unmet need for those who are alcohol dependent in County Durham requires the maintenance of a system-wide approach to help focus on those who drink at risky or hazardous levels and encourage those individuals to be refer into the DARS).
- 14 County Durham continues to make good progress on rates for Successful Completion rates for those in treatment with a rate of rate of 35.2% for those successfully completing treatment for alcohol. This positive outcome is only slightly below the rate for England (34.4%), but can only be maintained on the scale required if the national funding continues as part of the fulfilment of the of the 10-year Drug Strategy.

Recommendations

- 15 The HWB is recommended to:
 - (a) note to content of this report;
 - (b) maintain the reduction of alcohol harms within the community as a key priority of the HWB for ongoing action;
 - (c) encourage a system-wide, population health management approach to engage with those individuals who are alcohol dependent to access support. This starts with an effective conversation undertaken by health and social care professionals followed by a referral into the DARS;
 - (d) monitor the impact of Dame Carol Black funding on the rates of Successful Completions for alcohol seen within the DARS and recognise the potential for implication if the funding is withdrawn after 2025/2026.

Background

- 16 The County Durham Joint Local Health and Wellbeing Strategy (JLHWS) outlines the vision for improving health and wellbeing and tackling inequalities across the county. The strategy informs and influences decisions about health and social care services in County Durham, to ensure they are focused on the needs of the people and tackle the major risk factors that affect health and wellbeing. The JLHWS has prioritised, reducing harms from alcohol, tobacco control, promoting mental health, resilience and wellbeing, and healthy weight as the key priorities for action.
- 17 As part of the Joint Strategic Needs and Assets Assessment (JSNAA) work, alcohol misuse remains a significant area of concern when working to address health inequalities. County Durham has a long history of commitment to delivering system-wide approaches to address escalating levels of alcohol misuse within our place-based communities. The negative impact of Covid-19 has escalated levels of alcohol intake in high-risk drinkers and may impact on alcohol-related deaths, which remain higher than national averages.

From Harm to Hope 10-year Drugs Plan

- 18 Following a two-phase independent drugs review by Dame Carol Black in 2021/22, the government published a new drugs strategy 'From harm to hope: A 10-year drugs plan to cut crime and save lives' in December 2021. The national strategy is underpinned by a clear recognition that illegal drugs and alcohol use damage society.
- 19 The collective ambition is to achieve a generational shift in the country's relationship with drugs and alcohol, reduce overall substance misuse towards a historic 30-year low and reduce the harms that drug addiction and supply cause to individuals and neighbourhoods. The three key priorities of the national strategy are:
- to break the drugs supply chain;
 - deliver world-class treatment and recovery systems (including those for alcohol addiction);
 - achieve the shift in demand for recreational drugs.
- 20 In response to government guidance, a new Combating Drugs and Alcohol Partnership (CDAP) working across County Durham and Darlington was initiated to coordinate the work of the police, local authority, NHS, probation, social care and the community and voluntary sector to deliver a local plan for action. It was agreed by all partners that alcohol should remain a key focus for the work of the Strategic Group in

response for the high levels of alcohol harm experienced by County Durham at a local level.

- 21 The Combating Drugs and Alcohol Strategic Partnership is chaired by the Police and Crime Commissioner and is accountable to the County Durham Safe Durham Partnership and Darlington Borough Council's Community Safety Partnership. The operational partnership group helps the system respond to the findings and recommendations from the County Durham and Darlington Needs Assessment undertaken in September 2022.
- 22 A Power BI dashboard has been developed to monitor outcomes for the work of the partnership over time. This includes an overview of data relating to alcohol harms www.durhaminsight.info/alcohol-related-harm/
- 23 To implement the recommendations from the Dame Carol Black review, the government has made available several funding streams to support local authorities to enhance recovery and treatment services. This includes addressing the needs of those experiencing issues with alcohol. This brings added value to the core work of the DARS, commissioned by Public Health, and delivered by Humankind, Spectrum CIC, and the Basement Recovery Project. The County Durham DARS achieved 'Outstanding' status from the Care Quality Commission when they were inspected in 2021.
- 24 All work developed on alcohol harms across County Durham adheres to the Approach to Wellbeing to enhance positive outcomes.

Reducing Alcohol Harms

- 25 The North East suffers disproportionately from alcohol harm with the highest rates of alcohol-related hospital admissions and alcohol specific deaths in England. Alcohol is estimated to cost North East public services and employers over one billion pounds a year – around £1.01bn in 2015/16 – but this is likely to be an under-estimate with the pandemic and cost of living crisis fuelling higher levels of consumption and record deaths. Post pandemic, nearly half of adults in our region (47%) are drinking above recommended low risk guidelines, around 850,000 people and six out of ten men, and more people who drink are bingeing.
- 26 Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15–49-year-olds in the UK. It's also the fifth biggest risk factor across all ages and is a causal factor in more than 60 medical conditions, including:

- mouth, throat, stomach, liver and breast cancers;
- high blood pressure;
- cirrhosis of the liver;
- depression.

27 Alcohol related factors are found across all 4 of the domains in the Public Health Outcomes Framework for England:

- improving the wider determinants of health;
- health improvement;
- health protection;
- healthcare public health and preventing premature mortality.

28 Alcohol treatment for high levels of alcohol and alcohol dependency can contribute to making improvements in:

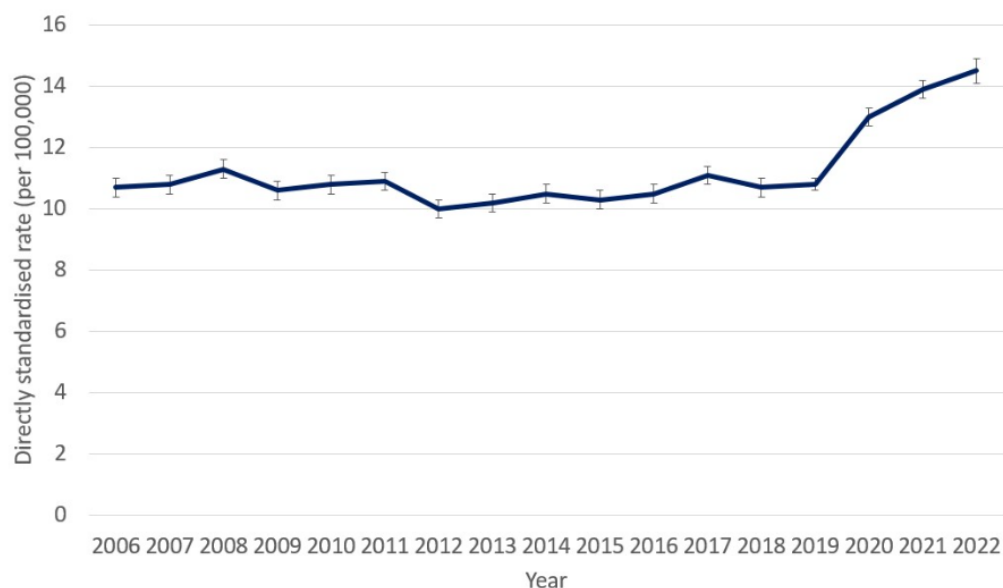
- hospital-related admissions;
- child poverty;
- employment for those with a long-term health condition;
- social isolation;
- falls and injuries in those over 65;
- self-harm;
- treatment completion for tuberculosis;
- premature mortality from liver disease;
- cardiovascular disease;
- cancer.

The Impacts of Alcohol Harms

29 In 2022, there were 7,912 alcohol-specific deaths (wholly due to alcohol) in England which was an increase of 56.7% from 5,050 deaths in 2006 and a 4.7% increase since 2021. The trends in alcohol-related deaths (deaths wholly or partly due to alcohol) and deaths from chronic liver disease are similar.

30 Nationally, the mortality rate between 2019 and 2022 increased by 34.5% for alcohol-specific mortality, 8.8% for alcohol-related mortality, and 20.5% for mortality from chronic liver disease.

Figure 1: directly standardised alcohol-specific mortality rate, all ages, England, 2006 to 2022



Source: calculated by OHID Population Health Analysis (PHA) team from Office for National Statistics (ONS) death registration data and ONS mid-year population estimates.

- 31 In 2022, the alcohol-specific mortality rate was highest in the North East region (21.8 per 100,000 population) and lowest in the East of England region (11.0 per 100,000 population). The inequalities by region were similar for mortality from chronic liver disease.

Alcohol Harms in County Durham

- 32 In 2021/22 the rate of hospital admissions for alcohol specific conditions in County Durham was 849.5 per 100,000 population. This was significantly worse than England (626.1/100k) but better than the North East (991.4/100k). Rates were significantly worst in males (1122.6/100k) than females (594.4/100k).
- 33 The admission episodes for alcohol-specific conditions for under 18's was 52.5 per 100,000 (2019/19-20/21) this was statistically significantly worse than England and statistically similar to the North East. Rates were higher in females (67.5/100k) than males (38.4/100k).
- 34 The rate of admission episode for alcohol related conditions for the Under 40's (all persons) was 283.3 per 100,000, this is 72.1% above England (164.6/100k) but is statistically better than the North East.

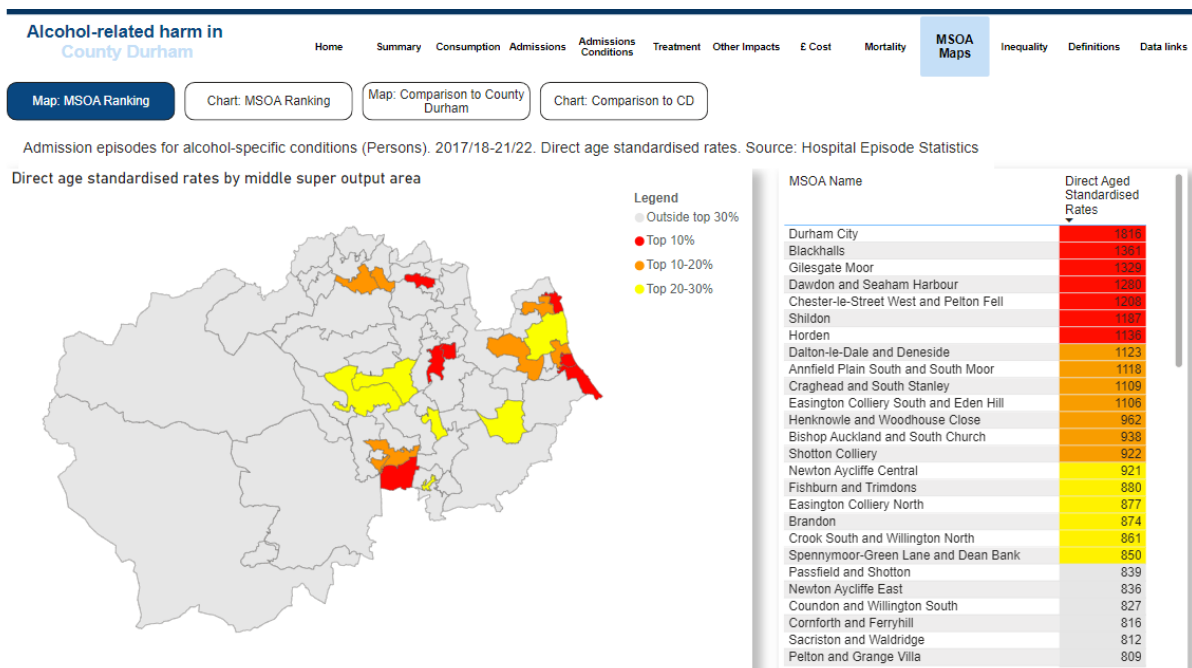
- 35 In 2021, the rate of alcohol related mortality was 55.4 per 100,000. This was statistically worse than England and statistically similar to the North east. Rates were higher in males (80.9/100k) than females (33.3/100k).
- 36 For further statistics about the impact of alcohol harms in County Durham, please refer to Appendix 2.

Inequalities

- 37 Although the volume of alcohol consumed is a clear indicator of potential harm to health, there are other factors that increase the relationship. They include:
- societal vulnerability factors such as alcohol pricing, drinking culture, and socioeconomic-status;
 - individual vulnerability factors such as age, gender, and mental health status.
- 38 The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation. The reasons for this are not fully understood since people on a low income do not tend to consume more alcohol than people from higher socioeconomic groups. This is known as the ‘alcohol harm paradox’. The increased risk is likely to relate to the combination of multiple risk factors affecting people in lower socioeconomic groups.
- 39 The areas with the lowest rates of alcohol related mortality are mainly found in the south of England. Councils with the highest rates are situated predominantly within the North West and North East. Tackling alcohol related harm is an important route to reducing health inequalities in general.
- 40 Latest figures from the Office for National Statistics show nationally, the number of women who lost their lives to alcohol increased 37% from 2,399 to 3,293 between 2016 and 2021 – the highest level since records began. Men saw a 29 per cent increase over the same period, from 4,928 deaths to 6,348.
- 41 The rise is being blamed on the “pinking up of drinks” when women are targeted through advertising and marketing with pink drinks, glitter and promises across social media of ‘mummy wine time’ and wine O clock. Women also turned to alcohol more often than men in the first lockdown.
- 42 Around 1 in 10 breast cancers are caused by alcohol according to [Cancer Research UK](#), while the [British Liver Trust](#) reports that death rates from liver disease are 4 times higher than they were in 1970.

Other major non-communicable diseases such as heart disease and lung conditions have seen a fall in death rates over the same period.

- 43 The infographic below highlights the rates of alcohol harm linked to hospital admissions within the Middle layer Super Output areas (MSOAs) of County Durham. These geographies are broken down by the census and are used when reporting is required for a small area of statistics.
- 44 The highest levels of alcohol related hospital admissions are registered in Durham City, Blackhall, Gilesgate Moor, Dawdon and Seaham Harbour, Chester-Le-Street West and Pelton Fell, Shildon and Horden (Durham Insight for 2017/18- 2021/22). This highlights the impact of alcohol misuse in areas of deprivation, but also indicates how high levels of alcohol intake is also influenced by the night-time economy with Durham City residents having the highest levels of hospital admissions.
- 45 Durham University continues to work closely with the council to reduce harm from alcohol with the student population and is currently reviewing their in-house alcohol harm reduction policy.
- 46 Reducing the impact alcohol harms on communities are recognised as a feature within the Safe Durham Partnership Plan and the Anti-Social Behaviour Strategy for the county.



Balance

- 47 County Durham continues to implement a range of population level approaches to help reduce the impact of alcohol misuse on local residents. The ongoing commissioning of Balance, as our alcohol office is overseen by County Durham on behalf of seven Local Authority areas in the North East (County Durham, Gateshead, Sunderland, South Tyneside, Newcastle, North Tyneside, and Northumberland). Campaign materials from Balance have been adopted by County Durham and cascaded to partners to amplify their impact at a local level. Balance continues to work with Public Protection to utilise innovative approaches to licensing, which promote public health objectives including the vision of an Alcohol-Free Childhood.
- 48 A significant part of Balance's role is to maximise the impact of marketing and communications opportunities across the LA7 footprint. A full overview of Balance's campaigns and other local communication initiatives to support the reduction of alcohol harms in County Durham can be seen in Appendix 3.
- 49 Balance also continues to lobby on behalf of the LA7 to utilise the alcohol duty system in the UK to help better support public health to address the avoidable costs to society of dealing with alcohol related harms. Examples of recommendations from Balance to create reform and reduce alcohol harms would include;
- an increase in alcohol duty by 2% above inflation and to ensure that that all stronger alcohol products are always taxed at a higher rate than lower strength products. This will raise revenue, save lives by decreasing consumption, decrease broader alcohol health harms and ease the pressure that alcohol puts on public services;
 - the introduction of minimum unit pricing (MUP) for alcohol in England at a rate that is effective, to prevent the sale of cheap high strength drinks that lead to the greatest health harms and social costs;
 - commission an independent review of alcohol harms and subsequently develop an evidence based national strategy to respond to these harms, including the implementation of a healthier and fairer alcohol duty system and the delivery of campaigns to raise understanding of risk and prompt action to reduce alcohol consumption.

- 50 The evidence from Scotland indicates the policy of MUP has achieved its aim of reducing alcohol-related harm by both reducing population consumption and by targeting the consumption of people drinking at higher levels. It has also contributed to reducing alcohol-related health inequalities. Any negative unintended consequences have not been prevalent or typical.
- 51 Balance acknowledge MUP must be part of a wider package of measures to reduce alcohol consumption and harm, but the independent and exhaustive evaluation of the MUP policy found:
- a reduction of deaths directly caused by alcohol consumption by an estimated 13.4% and hospital admissions by 4.1%, with the largest reductions seen in men and those living in the 40% most deprived areas;
 - a 3% reduction in alcohol consumption at a population level, as measured by retail sales. The reduction was particularly driven by sales of cider and spirits through the off-trade (supermarkets and shops) products that increased the most in price;
 - evidence from a range of data sources shows that the greatest reductions were amongst those households purchasing the most alcohol, with little impact on households purchasing at lower levels;
 - for those people with severe alcohol dependence there was limited evidence of any reduction;
 - at a population level there is no clear evidence of substantial negative impacts on social harms such as alcohol-related crime or illicit drug use.

Licensing

- 52 Durham County Council is the licensing authority for the Licensing Act 2003 and administers and enforces the law relating to the sale and supply of alcohol, the provision of regulated entertainment and the provision of hot food after 2300 hours (i.e., takeaways).
- 53 Alcohol is available 24 hours a day, 7 days a week, 365 days of the year. It is often sold in inappropriate and untraditional locations such as petrol stations and soft play areas and is highly accessible: services such as 'Dial-a-Drink' deliver alcohol straight to households at any time of the day or night. More people are choosing to consume alcohol at home, rather than in a more traditional setting like the pub.

- 54 There are over 9,000 premises licensed to sell alcohol in the North-East, giving the region one of the highest outlet densities in the country. In County Durham there are currently 2232 premises licensed under the Licensing Act and in addition, in 23/24, a total of 755 notifications were received for occasional, one-off events. Applications were received for 54 new premises licences.
- 55 Three premises were prosecuted for breaches of their licence in 23/24 and nine licence reviews were carried out, including one expedited review for a premises associated with serious crime/disorder.
- 56 The licence reviews related to non-compliance with licence conditions, underage sales and possession of illegal vapes. These reviews were instigated by Durham County Council's Trading Standards officers whose work includes monitoring compliance with underage sales legislation (i.e., alcohol, tobacco, vapes) by carrying out test purchases and tackling the trade in illicit tobacco.
- 57 The Licensing team has now begun its formal consultation on a review of Durhams Licensing Act policy which must be reviewed and published by the end of 2024.

The breakdown of on and off sales premise

- 58 Of the 2232 premises licences altogether, only 1650 of these authorise alcohol. The others will be takeaways or premises that just offer entertainment.

Alcohol Type	Number
On Alcohol Sales	343
Off Alcohol Sales	561
On & Off Alcohol Sales	746
Total	1650

Dame Carol Black Funding

- 59 The information highlighted below gives an overview of the funding streams successfully applied for by Durham County Council and wider partners referred to as Dame Carol Black funding which was made available to support the 10-year Drug Strategy.

Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) 2022-25

- 60 The SSMTRG replaced the additional drug treatment crime and harm reduction funding ('Universal Grant') that was available to all upper tier and unitary local authorities in 2021/22, except those selected to be Addiction, Diversion, Disruption, Enforcement and Recovery (ADDER) Accelerator areas.
- 61 In February 2022, OHID informed local authorities of their intention to award every local authority at least as much additional funding as in 2021/22 plus enhanced funding to support improvements in the quality and capacity of local drug and alcohol treatment systems in 2022/23 to 2024/25. County Durham was one of 50 areas selected to receive additional funding starting in 2022/23.
- 62 The SSMTRG allocations for County Durham are set out in Table 1.

Table 1: SSMTRG 2022-25 allocations for County Durham

Year	Allocation
2022/23	£1,452,381
2023/24	£2,380,175
2024/25	£4,593,370

- 63 During 2022/23, work was undertaken to allocate spend from the SSMTRG. Posts and interventions that were originally funded from the Universal Grant in 2021/22 continued to be funded by the SSMTRG in 2022/23. Work dedicated to address the reduction of alcohol harms on communities includes:
 - 14 posts that were incorporated within the DARS: a Harm Reduction Lead Practitioner and a Worker, two Criminal Justice Intervention Team workers, three Harm Minimisation Police Liaison Workers, three Integrated Offender Management (IOM)/Checkpoint Link Workers, a Women’s Recovery Worker, a Peer Led Communities Development Worker, a Lived Experience Peer Apprentice, and a Making Every Adult Matter (MEAM) Community Outreach Worker;
 - additional funding for residential rehabilitation placements was set to respond to the government’s trajectory of 2% of the treatment population starting a residential rehabilitation placement per annum. A higher percentage of these beds are used for clients with alcohol use;

- enhanced funding for the Women’s Recovery Academy Durham (WRAD).

64 Internal bids were also approved for:

- two social worker assistants within the Adult Care Substance Misuse Team at a cost of £67,954 from July 2022;
- An additional nurse provided by the 0-25 Family Health Service to support County Durham Youth Justice Service, with a specific focus on drugs and alcohol. The cost for Harrogate and District NHS Foundation Trust to employ the post from October 2023 to March 2025 is £98,929.

65 A procurement exercise was carried out and a contract awarded to Humankind for the period July 2022 to March 2025. Table 2 contains the contract cost and annual breakdown.

Table 2 SSMTRG contract with Humankind

Year	Cost
2022/23	£699,199
2023/24	£1,314,777
2024/25	£2,670,107
TOTAL	£4,684,083

66 During 2022/23 and 2023/24 there have been ongoing challenges with recruitment that resulted in underspends being reported to OHID, however DCC has been able to agree proposals with OHID to re-profile any underspend to try to ensure that as much of the SSMTRG allocation for the current financial year can be spent.

67 The ongoing work funded by the SSMTRG has enabled the DARS to significantly expand its capacity by funding a number of workstreams designed to address health inequalities by addressing identified local issues/unmet need and maximising opportunities for system-wide improvement. Delivery now includes:

- reducing drug/alcohol-related deaths: recruiting a Vulnerable Persons Coordinator to embed the Mortality Risk Assessment tool to identify individuals at increased risk, manage a Vulnerable Persons Register and providing dedicated support to vulnerable groups;
- reducing alcohol-related mortality/alcohol-attributable hospital admissions: developing a Drug and Alcohol Care Team with Tees Esk and Wear Valley NHS Trust (TEWV) providing enhanced drug

and alcohol support, increased community detox provision, prescribing and wraparound care;

- reducing antisocial behaviour/violence affecting communities: enhancing young people's criminal justice outreach, and building Alcohol Treatment Requirement (ATR) and Drug Rehabilitation Requirement (DRR) and prison pathways through our Prison Link/Pre-Sentence Worker roles;
- improving support for people with mental health needs: developing a Peer Support pathway and increasing engagement/targeted support, working collaboratively with TEWV to embed pathways;
- meeting unmet need amongst under-represented/under-served groups: targeted additional workforce/resources and dedicated pathways (e.g., tailored veterans' provision, increasing capacity/coverage within our Women's Recovery Academy Durham (WRAD)).

68 Work into 2023/24 has extended delivery of interventions that were previously approved by OHID. Examples include:

- use of the DARS' outreach vehicle to go out into communities to engage those with a treatment need who are currently not engaging to reduce unmet need and offer fibro scanning to detect the early onset of liver disease. This includes a pilot area within Bishop Auckland PCN to work directly with GPs to provide fibro scanning for those drinking at high-risk levels;
- 1.WTE Prison Link Worker to provide capacity to support an additional 40 clients with prison-to-community transitions, which will include in-reach wrap around support, links into treatment and sustained recovery services to improve engagement and retention of individuals leaving the secure estate.

69 Funding through regional Prevention Funding has also helped to implement a Drug and Alcohol Care team within County Durham and Darlington NHS Foundation Trust. Pathways are in development to ensure connections are made within the hospital-community pathway.

In-Patient Detoxification (IPD) Grant 2022-25

70 In February 2021, the Department of Health and Social Care wrote to all Directors of Public Health to advise that grants were to be provided to regional or sub-regional consortia of local authorities for commissioning

IPD beds. It was agreed locally that DCC would lead a sub-regional group of four local authorities (the “LA4” consortium), including Gateshead Council, South Tyneside Council and Sunderland Council.

- 71 The LA4 consortium commenced in November 2021. As DCC had recently procured a new provider panel for IPD, which commenced June 2021, it was agreed that the other three members of the LA4 consortium would access DCC’s provider panel to arrange placements. This arrangement however, meant that service users still had to travel outside of the North East to gain access to IPD facilities.
- 72 The IPD Grant was initially provided for 2021/22 and Quarter 1 2022/23 but subsequently extended to 31st March 2025 in line with the SSMTRG. The annual allocation for the LA4 consortium is shown in Table 3.

Table 3 LA4 Consortium IPD Grant Annual Allocation

Local Authority Area	Allocation
County Durham	£113,898
Gateshead	£62,984
South Tyneside	£35,317
Sunderland	£64,226
TOTAL	£276,425

Activity and spend during 2022/23

- 73 Table 4 shows the number of placements that started from 1 April 2022 to 31 March 2023 and the estimated total cost.

Table 4 IPD Placements 2022/23

Local Authority Area	Number	Estimated Cost*
County Durham	14	£52,201
Gateshead	15	£36,835
South Tyneside	10	£22,500
Sunderland	30	£72,706**
TOTAL	69	£184,242

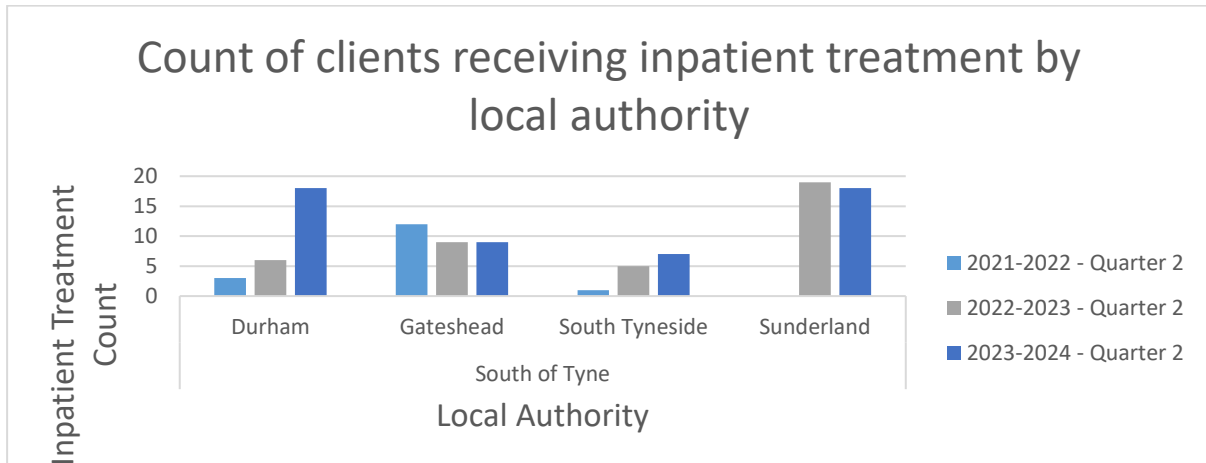
*Estimated costs as, where placements are still in progress, the cost may change if a service user leaves early or requires a longer-term placement.

**Sunderland Council’s spend during 2022/23 exceeded their annual allocation by £8,480. The authority is to reimburse DCC for this additional expenditure.

- 74 In 2023/24, work commenced to develop a North East regional community detox unit for the LA4 Consortium and Tees local authorities. Home Group have identified a building in Brotton, Redcar which will become the new IPD unit for treating both drugs and alcohol. The procurement for the new provision is currently being progressed. If this

initiative is successful it will be a positive development for service users in County Durham meaning they will no longer need to access care and support from outside the NE region.

Fig 2. Count of Clients Receiving Inpatient Detoxification across the South of Tyne Consortia (2021-2023)



National Performance Outcome Data for Substance Misuse 2022 - 2023

- 75 Nationally in 2022-23, there were 290,635 adults in contact with drug and alcohol services between April 2022 and March 2023. This is a small rise compared to the previous year (289,215).
- 76 The number of adults entering treatment in 2022 to 2023 was 137,749, which is higher than the previous 2 years' figures (130,490 and 133,704). The numbers of people entering treatment was relatively stable from 2016 to 2017 up to 2021 to 2022.
- 77 Nearly half (48%) the adults in treatment were there for problems with opiates. Despite the number of people in treatment for opiate use slightly decreasing from last year (from 140,558 to 138,604), this remains the largest substance group. However, people in treatment for alcohol alone make up the next largest group (30%) of all adults in treatment.
- 78 In County Durham the most commonly cited substances in drug treatment are cannabis, cocaine, and alcohol. Work progresses to help engage no-opiate users as part of a wider non-opiate campaign which was launched by Humankind in January 2024.

Fig 3. Most commonly cited substances used by adults in drug treatment in County Durham (NDTMS)

Performance Outcomes for the DARS

8.2 Most commonly cited substances by adults in drug treatment

Opiate
 Non-opiate
 Alcohol and non-opiate
 All drugs

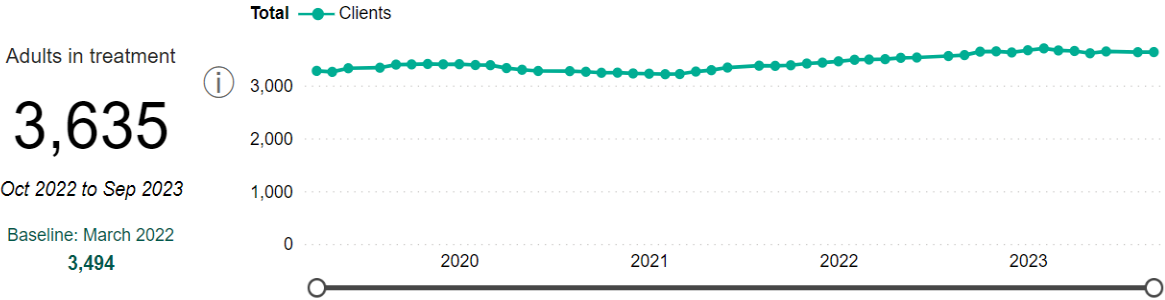
Table 8.2.4 Most commonly cited substance(s) of all adults in treatment for problems with all drugs for Durham and England, 2020-21.

Substances	Local (n)	Proportion of treatment population	England (n)	Proportion of treatment population
Alcohol	500	22%	54,651	27%
Amphetamine (other than ecstasy)	145	6%	7,569	4%
Benzodiazepines	238	11%	15,229	8%
Cannabis	615	28%	54,009	27%
Cocaine	518	23%	32,339	16%
Crack cocaine	228	10%	77,041	39%
Ectasy	9	0%	1,297	1%
Hallucinogens	9	0%	2,382	1%
New psychoactive substances	5	0%	2,394	1%

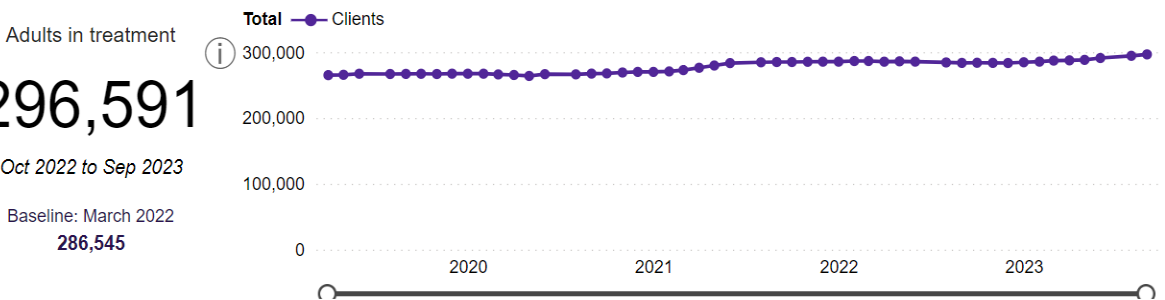
79 The treatment population remains stable in County Durham with monitoring submitted to the NDTMS on a monthly basis. The number of clients in treatment at any one time has been maintained at over 3,000 with a slight uplift from June 2022 until July 2023.

Fig. 4 Total Numbers of adults in treatment July 2022 – September 2023

Durham

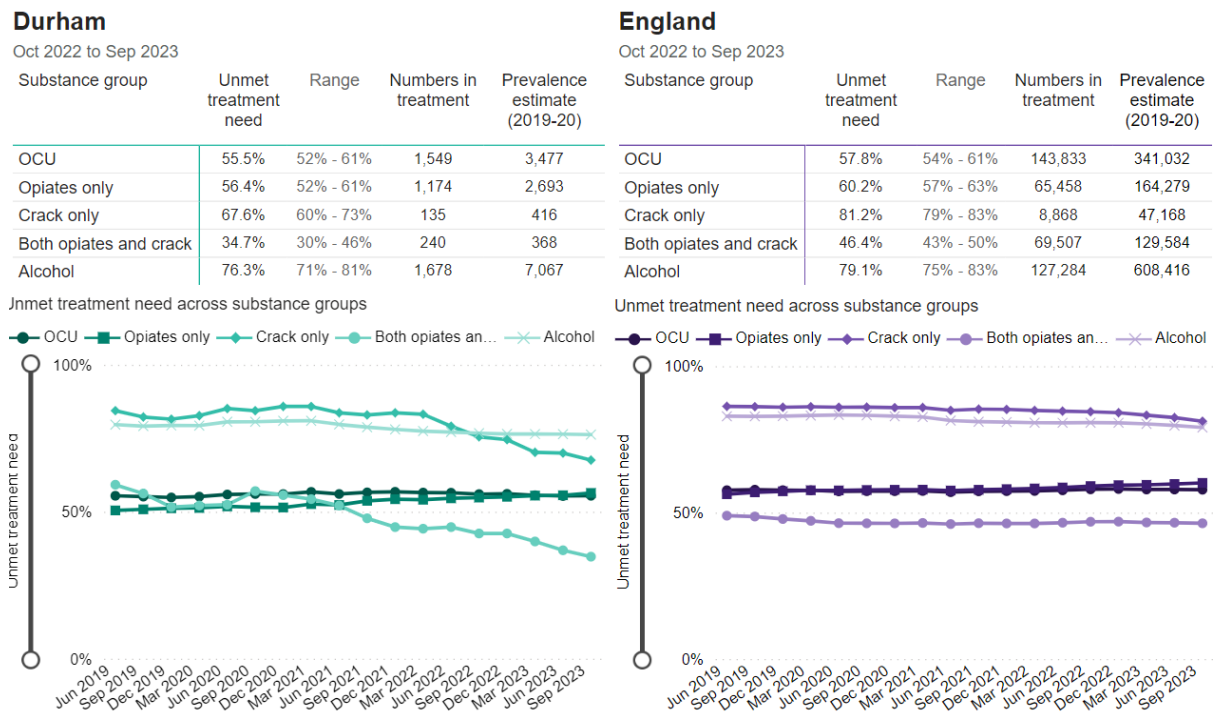


England



80 The table below highlights the prevalence of drug and alcohol use within the county and those levels of unmet need in County Durham for Opiates and Crack Users (OCU), Opiates-only, Crack only and Alcohol only. This refers to those who do not currently access the DARS.

Fig. 5 Unmet treatment need in County Durham July 2022 to June 2023.



- 81 Prevalence estimates for alcohol and unmet treatment need is 76.3%, which is lower than the percentage in England (79.1%), but still reflects a prevalence of 7,067 of people with an alcohol dependency not accessing treatment.
- 82 This level of unmet for those who are alcohol dependent requires the maintenance of a system-wide approach to help focus on those who drink at risky or hazardous levels and encourage those individuals to be referred into the DARS. Training for partners, including MECC-plus for alcohol harms provides an opportunity for us all to engage in effective conversations about safe levels of alcohol consumption and tools to help reduce risk. This also extends to the system-wide workforce itself, which may rely on alcohol to deal with work volume, money worries, relationship difficulties and mental health concerns.

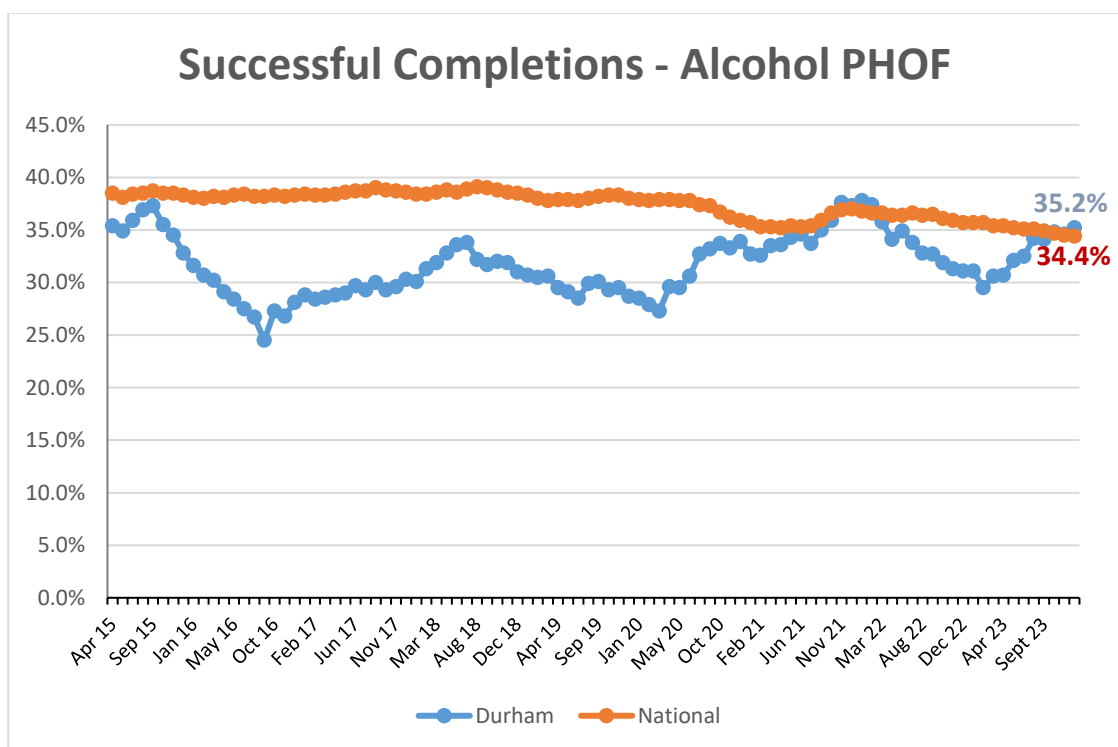
Successful Completions

- 83 The Office for Health Improvement and Disparities (OHID) collects information about the outcomes for people who use drug and alcohol treatment services. This includes the [treatment outcome profile](#), which measures change and progress in important areas of their lives.
- 84 On a national basis people in treatment for alcohol-only dependency reported a fall in the number of days that they used alcohol. When they started treatment, they reported an average of 21.3 days drinking in the

previous 28 days, but at their 6-month review, this number had fallen to 11.9 days.

- 85 The Successful Completion outcome is broadly defined as a successful response to drug and alcohol related issues stated in a clients' treatment plan. This outcome is determined by clinical judgement that the individual no longer needs structured treatment.
- 86 The following tables below highlight the rate of Successful Completions for Alcohol Only in County Durham.

Table 5 Successful Completions Alcohol only (August 2015-December 2023)



- 87 County Durham has a rate of 35.2%% for Successful Completing for Alcohol clients in September 2023 which is slightly below the rate for England (34.4%).

Conclusion

- 88 There has been significant change in the field of substance misuse with the advent of the 10-year drug plan from Harm to Hope (2021). This new strategy has been accompanied by the availability of new funding to support the 3 key priorities of breaking the drugs supply chain, delivering world-class treatment and recovery systems, and striving to achieve the shift in demand for recreational drugs, which also includes alcohol.

- 89 A new Combating Drugs and Alcohol Partnership working across County Durham and Darlington has been initiated to coordinate and refresh the work of partners to reduce the impact of alcohol-harms on our communities.
- 90 In 2021/22 the rate of hospital admissions for alcohol specific conditions in County Durham remain significantly worse than England rates, and worryingly hospital admission episodes for under 18's also remain higher than England rates, but lower than North East rates. This highlights the trend within the North East for alcohol harm remaining a significant intergenerational issue within our local communities.
- 91 To reduce alcohol harms an ongoing population health management approach is required to tackle this entrenched behaviour. The ongoing commissioning of Balance helps to focus our approach and maximises outcomes across the LA7 footprint. However, further government lobbying is required to effect change on the drinking culture, helping to draw attention to the impact on the health and societal harms caused by alcohol.
- 92 The ability to refocus the work of the providers of the DARS on reducing alcohol harms has been enhanced by the SSMTRG funding, IPD provision, initiatives to support Rough Sleepers. Numbers in treatment have remained stable over time, however the unmet need for people with alcohol dependency (76%), whilst lower than England rates requires a sustained focus to support more people into treatment.
- 93 County Durham continues to make good progress on Successful Completions rates for those in treatment with a rate of 35.2% for those Successful Completing for alcohol. This positive outcome is only slightly below the rate for England (34.9%), but can only be maintained on the scale required if the funding initiated by the Dame Carol Black funding as part continue as part of the fulfilment of the of the 10-year Drug Strategy

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Appendix 1: Implications

Legal Implications

Plans submitted to OHID for the Dame Carol Black (DCB) grant funding for 2024/25 are still being considered. There is also a stipulation that funding supplied by the DCB grants cannot be used to reduce any allocation in the core budget funded by the Public Health grant.

Finance

Core funding for the DARS has been maintained throughout 2021/22, 2022/23, 2023/24. Future SSMTR funding has been confirmed for 2024/25, but we still require confirmation of the amounts, although indicative allocations have been given within a rolling programme.

Consultation and Engagement

Public Health will continue to consult with partners in the development and delivery of the actions identified as part of the DCB funding. The voice of service users is within client satisfaction questionnaires is engaged with on an annual basis. A recent review of the DARS also used staff and client focus groups to understand the effectiveness of pathways linked to outcomes. The CQC outcome reflects the culture of the service user being embedded within the decision-making process of the DARS.

Equality and Diversity / Public Sector Equality Duty

Actions from this report are targeted to reduce the health inequalities of these people suffering from or impacted by alcohol related health harms.

Human Rights

No issues Identified.

Crime and Disorder

Actions highlighted in this report are targeted to reduce alcohol-related crime and disorder.

Staffing

The ability of the DARS to deliver on the DCB funded workstreams model has been dependent on the ability of the service to recruit to posts. This has been highlighted within Humankind's risk register and will be monitored over time within contract monitoring arrangements.

Accommodation

No other venues have been required to deliver on the DCB workstreams.

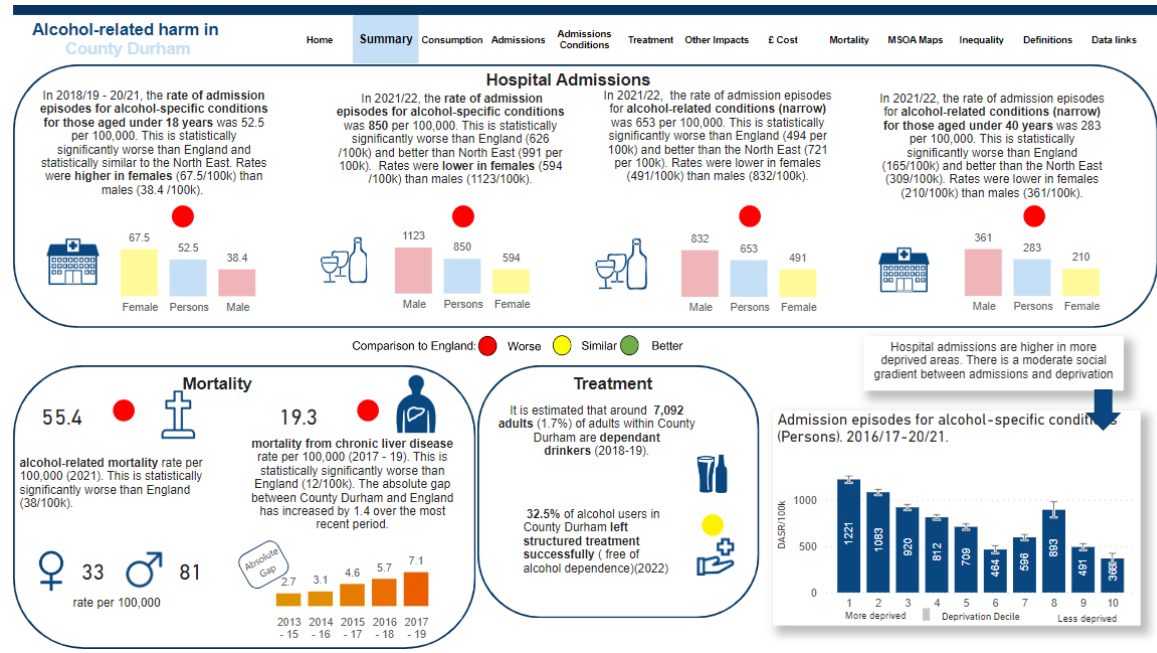
Risk

No corporate risk issues Identified.

Procurement

The work of the DARS continually encourages working to economies of scale and make the best use of available resource and capacity.

Appendix 2: Alcohol-related Harm in County Durham



Appendix 3: Alcohol Harm Reduction Media and Communications

What's the Harm

- 1 Balance provides a denormalization programme called “What’s the harm?”, this campaign is aimed at helping North-East parents to understand Chief Medical Officer guidance around children and alcohol.
- 2 This campaign was launched 10th July 2023 and raises awareness of the dangers of underage drinking, alcohol in childhood increases the risks of accidents, injuries, smoking, and drug taking, and can affect children’s mood and mental health. Highlighting 70% of alcohol drunk by children comes from the family home. The campaign was promoted via key stakeholders including school during July 2023, with key messages highlighting how alcohol consumption before age 18 can harm the developing body and brain, raise depression and anxiety and lead to risk taking behaviour.



- 3 Public health support the County Durham licencing team providing resources for them to share with retailers of alcohol. Licensing and Trading Standards teams place the Balance suite of information resources at key points with retailers who wish to engage with this **What's the Harm** campaign. They share the resources with pub staff to highlight the importance of complying with licencing objective to Protect Children from Harm.



Alcohol is Toxic

- 4 Balance launched their new campaign Alcohol is Toxic on 13th November for 4 weeks across LA7 region of Northumberland, North Tyneside, Newcastle, Sunderland, South Tyneside, Gateshead, and Co Durham. The campaign was co-branded with Cancer Research UK and was promoted via TV on demand, radio (Greatest Hits/ Smooth/ Metro / Capital), Cinemas / outdoor and Facebook and Instagram.
- 5 Physical resources included posters, leaflets and business cards and pocket-sized cards promoting CMO alcohol unit guidance. Community engagement using these resources was carried out countywide by County Durham Drug and Alcohol Recovery Service, Cancer Awareness and Wellbeing for Life services, the Community Action Team, Durham Employability team and the Community Champions, all of whom had one to one conversation with people and disseminated the resources into the local community.
- 6 This campaign's key audience is all adults, especially those aged 35 plus, who are most likely to be drinking at higher levels. Targeting is weighted especially towards C2DE households with a view to tackling health inequalities.
- 7 **Key Messages:** Alcohol is toxic and is a group one carcinogen. Alcohol can cause cells in your body to mutate, and these mutations can lead to cancer.
- 8 Alcohol causes at least seven types of cancer including bowel, breast, throat, and mouth cancer... and the risk increases with any amount of regular drinking. Alcohol causes over 200 medical conditions including 7 types of cancer, liver disease, heart disease and stroke.
- 9 The Chief Medical Officer's guideline is that men and women are safest not to drink regularly more than 14 units per week. The guideline states that a good way to cut down on alcohol consumption is to have several drink-free days each week. 14 units of alcohol is equivalent to six pints of average-strength beer or six medium glasses of wine. If you reduce your drinking...you can reduce your risk.
- 10 County Durham public health communications team supported and localised the campaign launched 13 November for four weeks which took us into December which is the heaviest period for alcohol advertising.

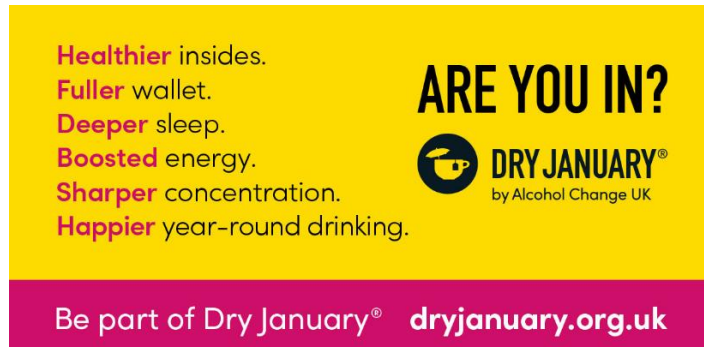


- 11 **Alcohol is Toxic** was re-launched on 28th December across Northumberland, Tyne and Wear and County Durham for six weeks on ITVX (catch up ITV), radio, out of home and Facebook. This time the campaign to raise awareness that alcohol is a direct cause of seven types of cancer - including breast, bowel, mouth, and throat cancer.
- 12 DPH Amanda Healy provided a quote in support of this campaign.
- 13 Marketing was via TV on demand, ITV (ITVX) providing an estimated reach of 750,000 people. Via radio, (Greatest Hits/ Smooth/ Metro / Capital) hosting two radio ads covering health risks and benefits of cutting down. Via Facebook and Instagram PR, which featured voices of medics and alcohol support services.
- 14 Balance tested a range of messages and themes, and cancer came out again with the greatest impact, especially among those drinking at the highest levels and men. Tying in with research showing only around 1 in 3 are aware.... evaluation from previous campaigns has shown a strong link between awareness of the risks, cutting down and more likelihood of taking periods off alcohol like Dry January.
- 15 For both campaigns social marketing included, flyers, leaflets, posters, promotion via DCC digital screens, Durham City digital totems, and conducted a social media campaign across several platforms, sharing the toolkit via Combatting Drugs and other healthcare service partnership boards. There was ongoing community engagement using the tangible resources from DCC community champions, Wellbeing for Life, cancer awareness team, community action team, health squad housing and licencing teams.



Dry January

- 16 This campaign promotes 31 days without alcohol gives amazing obvious benefits, like more energy, a chance to save some money, improved concentration, boosted mood and so much more. By signing up and doing Dry January people can double their chances of completing an alcohol-free month with a range of helpful tools from Alcohol Change UK, including Try Dry® app, daily coaching emails, a private Facebook community, dedicated web content and inspirational social media throughout January and beyond.



- 17 This campaign was promoted on DCC digital screens, Durham City digital totems, the Dry January social media toolkit which was shared via Combatting Drugs Partnership. There was very active community engagement via Business Durham event in CLS, events hosted by DCC BHAW advocates, community champions, WBFL, CDDARS, Cancer awareness and Health Squad.

County Durham Primary Care Alcohol Related Risk Reduction Scheme

- 18 The GP leaflet was redesigned adopting learning from the Alcohol Can Cause Cancer communication and engagement campaign to include the QR codes signposting users to the County Durham Drug and Alcohol Recovery Service and the DrinkCoach App.



- 19 This approach aims to make the recovery service website and Drink Coach app quick and easy for GP patients to access when looking for support to aim their alcohol recovery journey.

In Patient Detox

20 After gathering both professional and service user insights DCC led on the development of informative awareness raising leaflets promoting support to help people reduce and stop their alcohol intake. The leaflets highlighted the in-patient detox (IPD) offer. Both the public and professional leaflets promoted the fully funded IPD offer and signposted local people to County Durham Drug and Alcohol Recovery Service to receive guidance about the options the recovery team can offer to support service users into the most appropriate detox pathways. These leaflets have been utilised across the LA4 consortium.

To find out more about how you can stop drinking or taking drugs get in touch with your local team today.

Durham
 03000 266 666
 DurhamContact@humankindcharity.org.uk
 Centre for Change, 81-88 Whinney Hill, Durham DH1 3BQ
 Peterlee Health Centre, Bede Way, Peterlee SR8 1AD
 Saddler House, Saddler Street, Bishop Auckland DL14 7BH
 Horden Recovery Centre, Sunderland Road, Horden SR8 4NU

Recovery Partnership
Gateshead
 0191 594 7821
 grp.referrals@cgl.org.uk
 Gateshead Recovery Partnership, 47 Jackson Street, Gateshead, NE8 1EE
 www.changegrowlive.org/recovery-partnership-gateshead/info

humankind®
South Tyneside
 0191 917 1160
 humankind.stadtlrecovery.service@nhs.net
 Cookson House, River Drive, South Shields NE33 1TL

Recovery Partnership
Sunderland
 0800 234 6788
 SunderlandSMS.Info@cgl.org.uk
 Houghton Health Centre, Church Street, Houghton Le Spring DH4 4DN
 Riverview Health Centre, Borough Road, Handon SR1 2HJ
 Washington Health Centre, The Galleries, Washington NE38 7NQ

These services are brought to you by a partnership between the following local authorities: Durham, Gateshead, South Tyneside and Sunderland.

Do you need help with drugs or alcohol?

We can help you for free. We work with you to find the best option for you. This can include: medication support

To find out more about how you can stop drinking or taking drugs get in touch with your local team today.

Durham
 03000 266 666
 DurhamContact@humankindcharity.org.uk
 Centre for Change, 81-88 Whinney Hill, Durham DH1 3BQ
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 Washington Health Centre, The Galleries, Washington NE38 7NQ

These services are brought to you by a partnership between the following local authorities: Durham, Gateshead, South Tyneside and Sunderland.

Are you a professional who supports someone experiencing problems with drugs and/or alcohol?

You can refer them to your free local Drug and Alcohol Recovery Service for help with a detox.

If you need help with drugs or alcohol, you might be offered what's called a detox programme. The detox will be part of a bigger recovery plan, and you will get support throughout your journey from your drug and alcohol worker.

Is a detox right for me?
 Detox isn't right for everyone and you need to decide if it is right for you.
 You will be given a personal drug and alcohol worker, who will sit down with you, face to face, to chat about the options and help you decide if detox is right for you.

What are the options?
Community Detox - You can do your detox at home, with support from us and your friends and family around you, or you may do this in a centre in your local area. You are sometimes offered medication to help you do this.
In-Patient Detox - This is where you go to stay in one of our centres, to get more intensive help. It is usually a short stay of between one week and one month.

Getting started
 Our staff will help get you ready to take part in your detox, so that you have the best chance of success.
 They will chat about who you have around you to help support you.
 They will help you decide which treatment you have.
 They will see if it can be done near where you live, or somewhere outside of the area where you would stay over.

Doing your detox at home

We are here to help people with a safe and steady reduction of their use of drugs and/or alcohol with a view to helping them stop their use altogether where possible.
 A detox will be part of a bigger recovery plan, and we offer service users support throughout their journey from a dedicated drug and alcohol worker.

Is a detox the right path?
 Detox isn't right for everyone, which is why we offer advice and guidance to help people decide if it is the right choice for them.
 We allocate people an individual drug and alcohol worker who will meet with the person to chat about their options and help decide if detox is right for them.

Getting started
 Once a referral has been made, our staff are there to help people get ready to take part in the detox and to offer them the best chance of success.
 They will:
 1. Chat about who the person has around them to offer support.
 2. Help the person decide which treatment to have.
 3. See if it can be done near where they live, or somewhere outside of the area where they would stay over.

The medication also helps with the side-effects while you cut down. You will need a prescription and our staff will make sure you are on the right type of medication at the right strength for you. We will only suggest reducing or stopping your medication if you are ready and it is safe to do so.

Staying in one of our centres to detox
 If you decide the best thing for you is a more intensive treatment, then we will help you get booked into one of our detox centres - this is called In-Patient Detox.
 There are five centres, which are spread around the country, so you might not be somewhere close to your home.
 Most people stay for between one week and one month, while they do their detox.

What happens at a detox centre
 Just like detox at home, you will be offered support, medication, activities and therapy - all in a more intense way than if you were doing it at home.
 At our centres there are staff around 24/7 to keep you safe, well and comfortable. You will get support when you are ready to leave as well, to help you stay off drugs and alcohol when you get back home.

What happens next?
 Detox is just the start of your journey on the road to recovery. We will help support you after your detox too.
 You will have a key worker, who will show you what support is available after your detox.
 This will include things like "Peer Support" which helps people support each other.

What are the options?
Community Detox - This is when someone chooses to either do their detox at home, with support from the friends and family around them or at a centre in their local area.
 Their support worker might also suggest things like going to a support group or taking part in activities to help distract them from wanting to drink or take drugs.
 Medication is sometimes offered to help reduce the desire to drink or take drugs and help with the side-effects while they are cut down.
 A prescription is required and our staff will make sure they are on the right type of medication at the right strength for them.
 We will only suggest reducing or stopping your medication if a person is ready and it is safe to do so.
In-Patient Detox - If someone decides they would benefit from a more intensive treatment, then we will book them into one of our detox centres - this is called In-Patient Detox.
 There are five centres, which are spread around the country, so they might not be staying somewhere close to their home.
 Most people stay for between one week and one month, while they do their detox.

What happens at a detox centre
 Just like detox at home, they will be offered support, medication, activities and therapy - all in a more intense way than if they were doing it at home.
 At our centres there are staff around 24/7 to keep people safe, well and comfortable.
 They will continue to get support when they are ready to leave, to help them stay off drugs and alcohol when they get back home.

What happens next?
 Detox is just the start of a person's journey on the road to recovery. We support them after their detox, too.
 This includes things like peer support, one-to-one meetings with their personal worker, counselling, and support groups to help people in their new way of life.

Drink Spiking Awareness leaflet

- 21 An awareness raising campaign developed with support from the police, Durham University and County Durham Drug and Alcohol Recovery Service to raise awareness of support available if people believed they had been spiked.
- 22 The campaign posters and animations were disseminated and promoted in pubs across the county. Support was gained via Pub Watch Group and Safer Women at Night hub.
- 23 An informative webpage is hosted by DCC; [What to do if your drink is spiked - Durham County Council](#)
- 24 Spiking awareness was raised in Freshers week and free glass covers given out to students.

HOW TO GET TESTED IF YOU THINK YOU'VE BEEN SPIKED

If you start to feel strange and you think you or your drink may have been spiked, tell someone and get help. Stay with your friends and keep safe. If you, or someone you are with require urgent medical help, call 999. If you believe that your drink has been spiked and you would like to know for sure there are things you can do to find out. It is important to access drug testing to see if you have been spiked, it is free and available at the below locations.

HELP FROM THE DRUG AND ALCOHOL RECOVERY SERVICE

If you believe you have been spiked, please contact the Drug and Alcohol Recovery Service in County Durham as soon as possible, the service will get back to you to arrange an appointment for testing to see if you have been spiked. Due to the nature of the testing this will be arranged for shortly after you believe you have been spiked. Email: cddars.un@humankindcharity.org.uk or Phone: 03000 266 666.

Services operate Monday to Friday between the hours of 9am and 5pm. They will discuss your circumstances and develop a plan for you to attend for testing at the local centre. This is a non-judgemental, free and confidential service that will provide you with testing, information and advice. You can go along with someone that you trust such as a friend or family member.

SPIKING AND SEXUAL VIOLENCE

If you have been subjected to sexual assault or rape or suspect this may have happened after being spiked, you can access support and testing through either the Police or the North East SARC Support Service which is a 24/7 free and confidential service.

You do not have to report to the police to access this service. You can access advice and support by calling the 24/7 helpline (03333 448 283) or by scanning the QR code to visit our website ([sarc-support.uk](#)). You can use these services without the records being uploaded to your medical file.



HELP FROM EMERGENCY SERVICES

- Call 999 - If you require urgent medical assistance, or if you have just been spiked, or witnessed a spiking, and the perpetrator is still present within the area.
- Call NHS 111 - For medical advice.
- Call Police 101 - For Police support.



Alcohol Recovery Support in County Durham - Awareness raising resources for County Durham housing teams

- 25 Housing teams are a useful asset to help public health to raise awareness of the wider ranging support County Durham Drug and Alcohol Recovery Service (CDDARS) provide. Implementing co-production methodology between public health communications lead, housing team lead and CDDARS training lead a comprehensive service promotion leaflet and two videos have been developed. DCC Housing Solutions team and partners have also received Identification and Brief Advice training from CDDARS and continue to raising awareness of the harm minimisation support available to help residents reduce and/or enable abstinence from drinking alcohol.

What can we offer you?

Call us on 03000 266 666 and select the option for the recovery centre in your area. We are open Monday to Friday, 9am until 5pm. Late night appointments are also available!

All of our recovery centres provide support to people with drug and/or alcohol problems and their families.

We can help you to reach your recovery goals.

County Durham drug and alcohol recovery services

How to access support from CDDARS

- Call us on 03000 266 666 and select the option for the recovery centre in your area.
- We are open Monday to Friday, 9am until 5pm. Late night appointments are also available!

What happens next?

We will assess your needs

We will contact you within 48 hours of your initial contact. We will ask you a few questions to complete our assessment on what support you need. You will then be allocated a named worker who will complete the assessment within a recovery centre and support you to reach your recovery goals. During this process, if you need clinical support, an appointment with a clinician will be made.



We will agree your treatment pathway

We offer a variety of treatment pathways at our recovery centres. These include:

- Alcohol Pathway** - 12 week structured programme working to reduce or stop problematic alcohol use to improve quality of life. This could include inpatient or community detoxification.
 - Opiate Treatment** - This can include opiate substitute medication - the aim of the opiate treatment is to stabilise and reduce use alongside psychological interventions.
 - Non Opiate Pathway** - 12 week structured programme working to reduce or stop problematic substance use to improve quality of life. This will include psychosocial interventions.
 - Aftercare** - Aimed at low-level substance misuse or those who are substance free for relapse prevention. We offer a selection of therapeutic groups (based to face and online) that are open for all clients who can participate safely.
- Once we have a treatment pathway in place, we can also help you to overcome any social, emotional or personal difficulties to further support your recovery.
- The following services support people who are on, or have completed a recovery pathway:
- Hope Team (hospital liaison)** - First point of contact for those clients who require short term interventions.
 - Young person's worker** - Support for young people under the age of 21.
 - Recovery Academy Durham** - Offers a 12 week structured abstinence based day programme.
 - Women's only Recovery academy** - Offers a 12 week structured abstinence based day programme for Women only.
 - Criminal Justice Team** - support you through the criminal justice system.
 - Domestic Abuse Worker** - for those experiencing domestic abuse and using substances.
 - Individual Placement Support Service (IPS)** - Supporting anyone with employment who has previously or is currently accessing treatment.
 - Residential Rehabilitation** - We can support service users into accessing residential rehabilitation throughout the UK.

Further information

You can contact us by: Calling us on 03000 266 666 and select the option for the recovery centre at your area.

Attend one of our recovery centres:
 Durham Centre for Change, DH1 3BQ
 Bishop Auckland Selside House, DL14 7BH
 Horden Sunderland Road, SR9 4NU

Visit our website at: cddarsun@humankindcharity.org.uk



Find us on:

- County Durham Drug and Alcohol Recovery Services
- Durham Recovery

