



**South Tyneside Council**

# **Calling the Shots**

**More action needed to tackle alcohol-related harm in South Tyneside**

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# Setting the Scene – January 2026

South Tyneside's Alcohol Strategy "Calling the Shots" launched in March 2025 to tackle alcohol-related harm across the Borough. Whilst alcohol death trends have decreased nationally, with the North East accounting for the largest fall in England, South Tyneside continues to be significantly worse than England across most indicators and significantly worse than the region across indicators such as 'alcohol-related mortality' and 'potential working years of life lost'. This intelligence blog aims to delve deeper into these emerging patterns and present a robust evidence base outlining the necessary actions to tackle these trends.

## Alcohol-Related Harm Explained

It is well established that alcohol is harmful to our health. Alcohol is classified as a Group 1 carcinogen<sup>1</sup>, meaning it is as dangerous as asbestos, radiation, and tobacco, and can cause over 200 diseases and health issues, including liver and heart diseases, at least 7 types of cancer<sup>2</sup> and mental health problems<sup>3</sup>. To put this into context, South Tyneside has a significantly higher mortality rate from alcoholic liver disease (under 75s) than the national average<sup>4</sup>, along with a significantly higher rate of alcohol-related cancer<sup>5</sup>.

According to Balance's cost profiles<sup>6</sup>, alcohol is estimated to cost South Tyneside £77.3 million, or £523 per person. This includes costs for crime and disorder (48%), health (23%), the economy (15%), and social services (14%).

To illustrate this further, NHS and healthcare costs in South Tyneside due to alcohol are reported to be £17.9 million. This includes:

- Hospital admissions: £9.3 million
- A&E visits: £3.1 million
- Outpatient visits: £2.3 million
- Ambulance call-outs: £2.3 million
- Healthcare appointments: £455,987
- Other healthcare costs: £478,052

Understanding the amount of the local authority budget that is attributable to alcohol-related issues is important to highlight the significant strain that alcohol places on local public services. The local authority budget reported to be attributable to alcohol is £10.9 million, and includes the following breakdown:

- Children's social services: £9.4 million
- Alcohol treatment and support services
  - For adults: £1.5 million
  - For children: £72,135

The high costs associated with children's social services suggest that alcohol use can have far-reaching effects on families and vulnerable young people. This clearly highlights that alcohol has a greater effect on specific groups within communities,

leading to what is referred to as 'health inequalities'. For a comprehensive analysis of these inequalities, please refer to South Tyneside's alcohol strategy:

[Final Alcohol Strategy 2025 - Calling the Shots.pdf](#)

Understanding these costs ensures that the local authority can better allocate resources, plan effective services and work towards reducing both the financial and social burdens on the community. In addition to this, investing in alcohol treatment and support services can help to mitigate future costs by preventing escalation of harm, improving health outcomes and reducing demand on emergency and social care services. This proactive approach supports the authority's broader aims of promoting public health, safeguarding vulnerable populations and achieving long-term financial sustainability.

## Alcohol-Related Data Overview

In December 2025, a number of alcohol indicators on [Fingertips alcohol profile](#) were updated, including:

Indicator	Period	Definition
Alcohol-specific mortality	2024	Deaths which have been wholly caused by alcohol consumption, registered in the calendar year for all ages.
Alcohol-related mortality	2024	Deaths from alcohol-related conditions, all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population)
Under 75 mortality rate from alcoholic liver disease	2022 - 2024	Directly age-standardised rate of mortality from alcoholic liver disease, per 100,000 population, in those aged under 75 years
Mortality from chronic liver disease	2017 - 2019	Deaths from chronic liver disease, all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population).
Potential working years of working life lost (PWYLL) due to alcohol-related conditions	2024	The number of age-specific alcohol-related deaths multiplied by the national life expectancy for each age group and summed to give the total potential years of life lost due to alcohol-related conditions.

# What's happening in South Tyneside?

## Alcohol-Specific Mortality

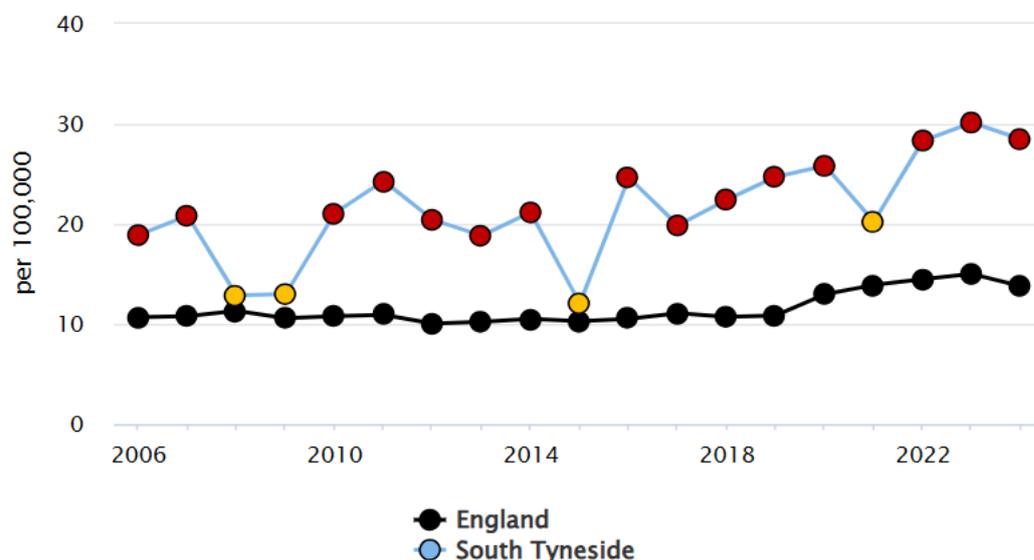


Figure 1: alcohol-specific mortality for South Tyneside

South Tyneside's alcohol-specific mortality is 28.5 per 100,000, which is significantly higher than the national rate of 13.8 per 100,000, though not significantly different to the regional rate of 21.1 per 100,000. The trend for this indicator shows no significant change over the last 5 reporting periods. Although South Tyneside's rate remains high, it is promising to see that these figures are beginning to decline.

For this indicator, South Tyneside has the highest alcohol-specific mortality in the North East and the second highest in England, following Stoke-on-Trent. Similarly, when comparing to South Tyneside's nearest statistical neighbours (which are those geographic areas most comparable to the borough), South Tyneside still has the highest alcohol-specific mortality rate (see figure 2).

Area	Recent Trend	Neighbour Rank	Count	Value
England	↑	-	7,673	13.8
Neighbours average	↑	-	-	-
South Tyneside	→	-	42	28.5
Hartlepool	→	2	26	27.8
Sunderland	→	1	73	25.4
North Tyneside	→	5	47	21.4
Redcar and Cleveland	→	10	31	21.4
Darlington	→	13	23	20.3
Stockton-on-Tees	→	9	41	20.1
Knowsley	→	6	30	19.8
St. Helens	→	4	36	19.8
Wigan	→	8	67	19.7
Gateshead	→	3	37	18.6
Tameside	→	15	39	16.9
Halton	→	7	22	16.8
Wirral	→	11	50	15.2
Rotherham	→	14	38	14.6
Plymouth	→	12	34	13.7

Figure 2: alcohol-specific mortality comparison with South Tyneside's nearest statistical neighbours

## Alcohol-Related Mortality

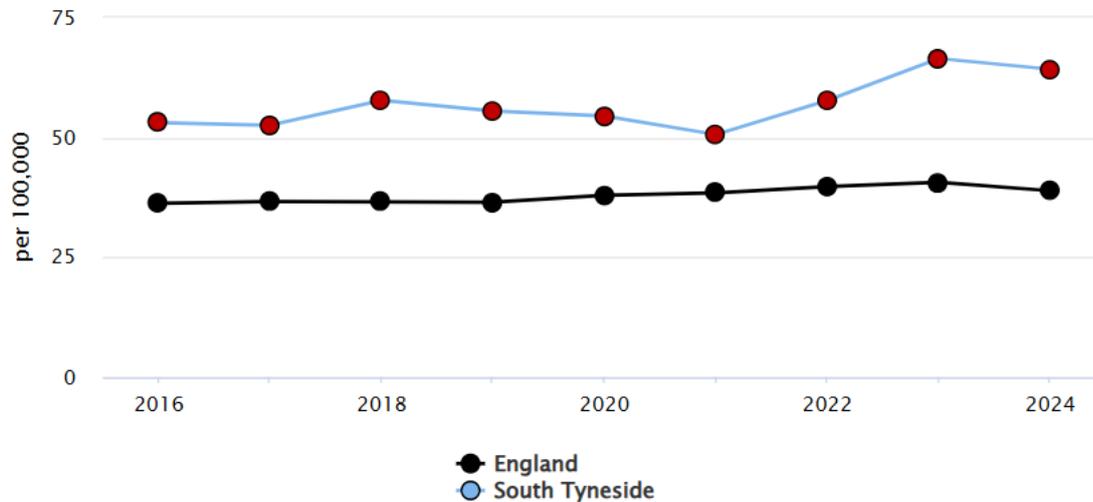


Figure 3: alcohol-related mortality for South Tyneside

South Tyneside's alcohol-related mortality is 64.2 per 100,000 which is significantly higher than both the national rate of 38.9 per 100,000 and the regional rate of 50.8 per 100,000. Whilst the rate has decreased when comparing 2023 to 2024, the trend shows no significant change over the last 5 reporting periods.

For this indicator, South Tyneside has the highest alcohol-related mortality in the North East and the second highest in England, following Blackpool. When comparing to South Tyneside's nearest statistical neighbours, South Tyneside also has the highest alcohol-related mortality rate (see figure 4).

Area ▲▼	Recent Trend	Neighbour Rank ▲▼	Count ▲▼	Value ▲▼
<b>England</b>	↑	-	21,971	38.9
Neighbours average	↑	-	-	-
South Tyneside	→	-	99	64.2
Hartlepool	→	2	57	59.6
Sunderland	→	1	167	56.8
Wigan	→	8	179	52.7
Redcar and Cleveland	→	10	79	51.7
Gateshead	→	3	103	50.9
St. Helens	→	4	95	50.3
Knowsley	→	6	73	49.5
Stockton-on-Tees	→	9	99	48.8
North Tyneside	→	5	106	47.6
Tameside	→	15	107	47.4
Darlington	→	13	52	44.3
Wirral	→	11	152	43.1
Halton	→	7	54	42.3
Rotherham	→	14	113	41.5
Plymouth	→	12	106	41.1

Figure 4: Figure 2: alcohol-related mortality comparison with South Tyneside's nearest statistical neighbours

## Under 75 mortality rate from alcoholic liver disease (3-year range)

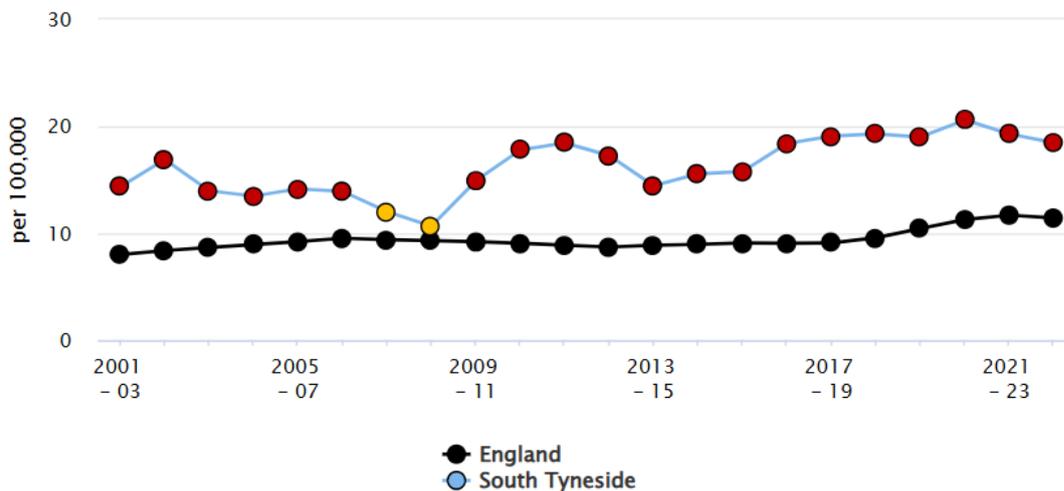


Figure 5: under 75 mortality rate from alcoholic liver disease (3-year range) for South Tyneside

South Tyneside's mortality rate from alcoholic liver disease (under 75) is 18.5 per 100,000 which is significantly higher than the national rate of 11.4 per 100,000 but not significantly higher than the regional rate of 16.9 per 100,000.

For this indicator, South Tyneside has the third highest rate for this indicator in the North East (after Sunderland and Gateshead) and the tenth highest in England.

When comparing to South Tyneside's nearest statistical neighbours, South Tyneside has the fourth highest rate.

## Mortality from chronic liver disease (3-year range)

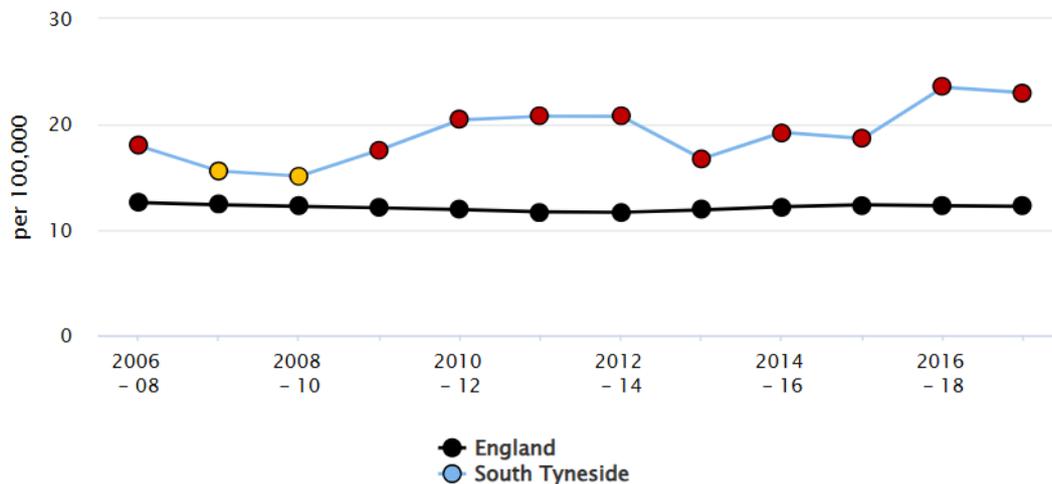


Figure 6: mortality from chronic liver disease (3-year range) for South Tyneside

South Tyneside's mortality rate from chronic liver disease is 23.0 per 100,000 which is significantly higher than the national rate of 12.2 per 100,000 and the regional rate of 18.7 per 100,000. The last reporting period shows a small decline.

For this indicator, South Tyneside has the highest mortality from chronic liver disease the North East and the second highest in England, following Blackpool. When comparing to South Tyneside's nearest statistical neighbours, South Tyneside still has the highest alcohol-related mortality rate.

## Potential working years of life lost (PWYLL) due to alcohol-related conditions

### Males

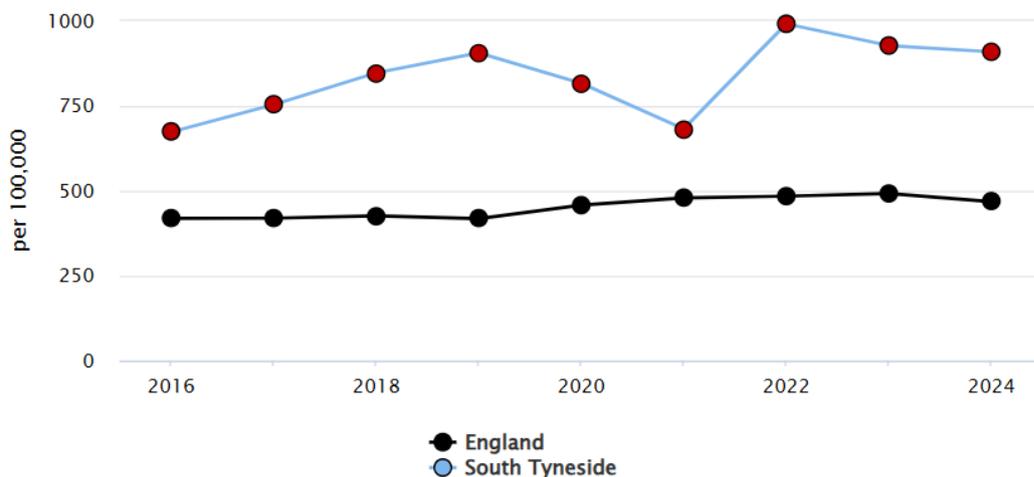


Figure 7: potential working years of life lost due to alcohol-related conditions (male) for South Tyneside

South Tyneside's potential working years of life lost for males is 909 per 100,000 which is significantly higher than the national rate of 468 per 100,000 and the regional rate of 743 per 100,000. The trend for this indicator is increasing and getting worse over the last 5 reporting periods.

South Tyneside has the second highest rate in the North East and third highest rate in England for this indicator, with only Middlesbrough and Blackpool having higher rates. Among its statistical neighbours, South Tyneside stands out with the highest rate for this indicator.

## Females

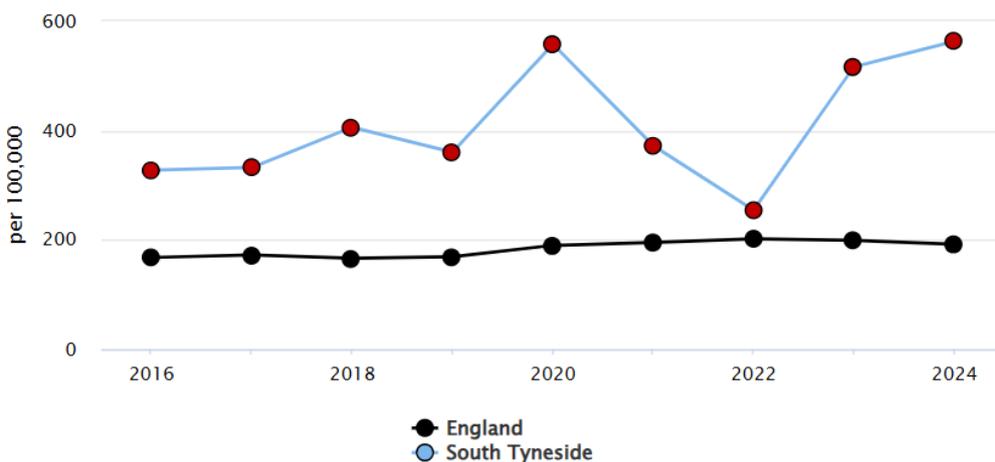


Figure 8: potential working years of life lost due to alcohol-related conditions (female) for South Tyneside

South Tyneside's potential working years of life lost for females is 563 per 100,000 which is significantly higher than the national rate of 192 per 100,000 and the regional rate of 359 per 100,000. Whilst this trend has increased over the last 3

reporting periods, the trend for this indicator shows no significant change over the last 5 reporting periods.

South Tyneside has the highest number of potential working years of life lost among females in England, as well as compared to its statistical neighbours.

## What are the main reasons for this?

Nationally, it is now understood that the Coronavirus pandemic led to many people increasing the amount of alcohol they drink, particularly after the first lockdown in April 2020<sup>7</sup>. With this, the pandemic also saw an increase in the number of high-risk drinkers, with the heaviest drinkers having increased their consumption the most<sup>8</sup>. Although this does not fully account for South Tyneside's position as having the highest rates for certain indicators, it does help to clarify why alcohol-related harm has escalated in recent years, with certain indicators only now starting to show a decline for the first time since the onset of the pandemic.

It is noteworthy that the most recent national Alcohol Strategy<sup>9</sup> was implemented in 2012 by the Conservative and Liberal Democrat coalition Government. Given the unique challenges faced in the aftermath of the pandemic, it is clear that an updated strategy is needed and South Tyneside, in alignment with Balance's **Blueprint for National Action**<sup>10</sup>, has been actively urging the Government to introduce an updated alcohol strategy that more effectively addresses current issues.

Balance's blueprint sets out seven key evidence-based recommendations for the Government to consider:

1. Commit to the introduction of an evidence-based national alcohol strategy for England, free from alcohol industry influence.
2. Take steps to raise awareness of alcohol harms, via the delivery of public education campaigns such as Balance's 'Alcohol is Toxic' campaign, the introduction of mandatory health warnings and nutritional / unit / calories information on alcohol labels.
3. Introduce pricing policies which improve public health and protect the public purse, including a minimum unit price (MUP) for alcohol in England and a fairer alcohol duty system which keeps pace with inflation.
4. Introduce restrictions on alcohol marketing to protect children and vulnerable people.
5. Introduce a 'public health objective' in England and Wales and consideration of a wider overhaul of the Licensing Act.
6. Invest in prevention and early intervention and improving access to specialist support for at-risk drinkers.
7. Ensure that the alcohol industry is prohibited from involvement in the development of public policy around alcohol.

Unfortunately, despite considerable lobbying efforts, recent national policy developments have failed to reflect the priorities and objectives of Public Health, as well as the recommendations included within the Blueprint.

Recently, the NHS "Fit for the Future" 10-Year Health Plan<sup>11</sup> was released (July 2025), which focuses broadly on prevention, health inequalities, digital transformation and integrated care. Encouragingly, it includes some alcohol-related measures including the introduction of new standards for alcohol labelling, further support for the growth in the no-and-low market, expansion of Individual Placement and Support (IPS) schemes and support for innovative community level innovations where they have shown promise in reducing alcohol harm. Whilst these commitments are welcomed, it is disappointing that the Government has not committed to introducing measures which address key influential factors including the affordability, availability and promotion of alcohol. Such plans represent vital missed opportunities to effectively reduce alcohol-related harm at a national level.

In addition to this, a national Licensing Reforms call for evidence<sup>12</sup> was launched in October 2025. If implemented, the recommendations included will have significant implications for local partners and which the Association of Directors of Public Health and other partners have expressed concern around:

- The plan would restrict the ability of Local Authorities and Licensing Committees to control alcohol licensing in their area and respond to local needs by creating a new "national licensing policy framework" which would also weaken voice of local residents.
- Any small benefits to some premises could backfire as off-licences, corner shops and supermarkets, which already sell 80% of all alcohol, could also take advantage of easier access to longer opening hours.
- This impact would be felt in terms of health to local communities, and increased pressure on police forces, ambulance crews and A&E wards already impacted by alcohol, especially at peak times.

Despite national efforts missing key opportunities for impact, South Tyneside nonetheless embarked on the refreshment of its local Alcohol Harm Reduction Strategy, with the aim of identifying opportunities to drive meaningful change at a local level. South Tyneside's Alcohol Harm Reduction Strategy "**Calling the Shots**"<sup>13</sup> launched in March 2025 and identifies six key priorities including:

- Prevention and early intervention of alcohol misuse
- Protecting our children and young people, and creating the conditions for an alcohol-free childhood
- Reducing health inequalities
- Delivering a quality, safe and effective treatment system
- Tackling alcohol-related stigma
- Improving community safety.

Although initial progress has been encouraging, it is important to recognise that it is too early to fully assess the impact of South Tyneside's Alcohol Harm Reduction Strategy. Moreover, given the substantial lag in the publication of national data, it is reasonable to suggest that measurable outcomes will only become apparent over the coming years, with time. With this in mind, it must also be emphasised that

achieving meaningful progress is considerably more difficult when **national policy does not support or reflect local initiatives**.

## Why does South Tyneside Top National Rankings for Alcohol-Related Harm?

As the data highlights, South Tyneside consistently records the highest rates in the region for key indicators such as alcohol-specific mortality, alcohol-related mortality, and deaths resulting from chronic liver disease. In addition, the area leads regionally in the number of potential working years of life lost due to alcohol-related conditions however, this is inevitable as the potential working years of life lost indicator is calculated using the 'alcohol-related mortality' rate.

Throughout this report comparisons have been drawn with South Tyneside's statistical neighbours. Through considering factors such as economic and demographic indicators, this approach helps policymakers and other professionals identify local authorities who may facing similar challenges, as well as creating control groups for assessing impact of policy, services and interventions. Here, even when South Tyneside is compared with its statistical neighbours for alcohol-related indicators, which include places such as Sunderland, Hartlepool and St. Helens, the borough continues to report most of the highest rates (see table below).

Indicator	Top 3 local authorities (statistical neighbours)	Top 3 local authorities (national neighbours)
Alcohol-specific mortality	South Tyneside	Stoke-on-Trent
	Hartlepool	South Tyneside
	Sunderland	Hartlepool
Alcohol-related mortality	South Tyneside	Blackpool
	Hartlepool	South Tyneside
	Sunderland	Stoke-on-Trent
Under 75 mortality rate from alcoholic liver disease	Sunderland	Rochdale
	Gateshead	Stoke-on-Trent
	St. Helens	Sunderland
Mortality from chronic liver disease	South Tyneside	Blackpool
	Sunderland	South Tyneside
	Hartlepool	Sunderland

When exploring the national landscape, deprivation emerges as a key factor to consider. All of the top three local authorities in England for these indicators experience high levels of deprivation, as reflected in their Index of Multiple Deprivation (IMD) scores for 2025. South Tyneside's IMD score is 31.1<sup>14</sup>, which, while significant, is lower than that of Blackpool (43.5), Hartlepool (37.6), Rochdale (34.3), Stoke-on-Trent (33.6) and Sunderland (32.8).

It is noteworthy that, in addition to South Tyneside, Blackpool, Hartlepool, and Sunderland are all coastal towns. There is evidence indicating that coastal

communities have a greater burden of ill health across nearly all conditions covered by the Quality and Outcomes Framework (QOF) <sup>15</sup>. However, additional research is required to gain a more comprehensive understanding of this. Some studies highlight the role of ‘de-industrialisation’ and ‘economic decline’ as contributing factors <sup>16</sup>.

South Tyneside’s nearest statistical neighbour is Sunderland. One likely explanation as to why South Tyneside is consistently higher than Sunderland across most alcohol-related harm indicators could be that Sunderland launched its Alcohol Harm Reduction Strategy in July 2023, allowing for longer time to embed interventions locally, with this positive impact beginning to show in the data.

It is also important to consider the extent of unmet need for alcohol support in South Tyneside, which is understood as ‘the proportion of adults with alcohol dependency who are not currently accessing treatment services’. In South Tyneside, this rate stood at 75.17% in 2023/24, falling slightly to 72% in 2024/25<sup>17</sup>. Although South Tyneside does not record the highest level of unmet need when compared to its regional and statistical neighbours, it nevertheless remains among those with the highest rates, as demonstrated by the tables below.

### Unmet need for alcohol - regional neighbours

Local Authority	Unmet treatment need – alcohol (2023-24)	Unmet treatment need – alcohol (2024-25)
County Durham	74.64%	72.51%
Darlington	67.56%	66.07%
Gateshead	70.55%	69.31%
Hartlepool	67.24%	65.32%
Middlesborough	71.18%	72.46%
Newcastle upon Tyne	69.11%	69.94%
North Tyneside	66.12%	62.81%
Northumberland	75.19%	69.31%
Redcare and Cleveland	66.16%	65.55%
<b>South Tyneside</b>	<b>75.17%</b>	<b>72.00%</b>
Stockton-on-Tees	70.77%	72.26%
Sunderland	77.89%	74.93%

### Unmet need for alcohol - statistical neighbours

Local Authority	Unmet treatment need – alcohol (2023-24)	Unmet treatment need – alcohol (2024-25)
Darlington	67.56%	66.07%
Gateshead	70.55%	69.31%
Halton	69.60%	63.57%
Hartlepool	67.24%	65.32%
Knowsley	70.85%	68.67%
North Tyneside	66.12%	62.81%

Plymouth	74.89%	72.77%
Redcar and Cleveland	66.16%	65.55%
Rotherham	70.51%	70.08%
South Tyneside	75.17%	72.00%
St. Helens	57.09%	55.22%
Stockton-on-Tees	70.77%	72.26%
Sunderland	77.89%	74.93%
Tameside	56.96%	58.94%
Wigan	67.15%	67.78%
Wirral	67.03%	65.40%

To summarise, further investigation and analysis are required to fully understand why South Tyneside often leads the national ranking for alcohol-related harm. It is improbable that a single factor is responsible; rather, it is likely the result of multiple contributing elements, including the borough's significant unmet need for alcohol treatment, deprivation levels etc. It is important to emphasise that South Tyneside is still at the early stages of its efforts to address alcohol-related harm. Time is needed for interventions to become established and for their impact to be properly evaluated.

## Call to action!

Elected members are urged to endorse Balance's Blueprint for National Action: [Balance unveils Blueprint to Reduce Alcohol Harm - Fresh Balance](#) and champion the adoption of its recommendations at the highest levels of government. This is important as advocacy for robust national policy change is essential to ensure that local interventions are underpinned by effective legislation and adequate resources, driving meaningful, long-term improvements in public health.

In addition to this, elected members are asked to actively support the delivery of South Tyneside's Alcohol Strategy, recognising its critical role in addressing the borough's unique challenges. By endorsing and championing the strategy's implementation, members can help ensure that local priorities are met with the necessary resources, partnership working and strategic oversight.

<sup>1</sup> [No level of alcohol consumption is safe for our health](#)

<sup>2</sup> [Alcohol](#)

<sup>3</sup> [Alcohol and mental health - fact sheet | Alcohol Change UK](#)

<sup>4</sup> [Alcohol Profile - Data | Fingertips | Department of Health and Social Care](#)

<sup>5</sup> [Fingertips | Department of Health and Social Care](#)

<sup>6</sup> [Cost of alcohol harm in South Tyneside - Institute of Alcohol Studies](#)

<sup>7</sup> [Monthly Tracking KPI - Graphs - Alcohol in England](#)

<sup>8</sup> [Heavy drinkers increased their consumption the most during lockdown - buying the equivalent of a litre of vodka each week - ARC](#)

<sup>9</sup> [Alcohol strategy - GOV.UK](#)

<sup>10</sup> [Balance unveils Blueprint to Reduce Alcohol Harm - Fresh Balance](#)

<sup>11</sup> [10 Year Health Plan for England: fit for the future - GOV.UK](#)

<sup>12</sup> [Licensing Reforms Programme - Call for Evidence](#)

<sup>13</sup> [Alcohol Harm Reduction Strategy - South Tyneside Council](#)

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<sup>14</sup> [Fingertips | Department of Health and Social Care](#)

<sup>15</sup> [Averting a public health crisis in England's coastal communities: a call for public health research and policy - PMC](#)

<sup>16</sup> [Coastal towns as 'left-behind places': economy, environment and planning | Cambridge Journal of Regions, Economy and Society | Oxford Academic](#)

<sup>17</sup> [NDTMS - ViewIt - Adult](#)