

Safer Solihull

Working together for a safer Solihull

Alcohol Harm Reduction Strategy



2009-2011

Solihull Alcohol Harm Reduction Strategy 2009-2011

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Chapter 1: Introduction

Alcohol is a significant factor in our society. Used in moderation, it can be a source of enjoyment, celebration and relaxation, a positive part of our social and family lives. Whilst many of us use alcohol positively to enhance our lives, there is recognition of the physical, personal and social damage the misuse of alcohol can cause.

This strategy aims to respond to alcohol related harm that is of concern to many of us, including alcohol related crime, anti-social behaviour and ill health.

HM Government's alcohol strategy 'Safe Sensible Social' published in June 2007 outlines 3 key delivery themes to address the misuse of alcohol. These are:

First, we need to ensure that the laws and licensing powers we have introduced to tackle alcohol-fuelled crime and disorder, protect young people and bear down on irresponsibly managed premises are being used widely and effectively.

Secondly, we must sharpen our focus on the minority of drinkers who cause or experience the most harm to themselves, their communities and their families. These are:

- Young people under 18 who drink alcohol, many of whom we know are drinking more than their counterparts did a decade ago; and
- 18-24 year old binge drinkers, a minority of whom are responsible for the majority of alcohol related crime and disorder in the night time economy;
- harmful drinkers, many of whom don't realise that their drinking patterns damage their physical and mental health and may be causing substantial harm to others.

Finally, we all need to work together to shape an environment that actively promotes sensible drinking, through investment in better information and communications, and by drawing on the skills and commitment of all those already working together to reduce the harm alcohol can cause, including the police, Local Authorities, prison and probation staff, the NHS, voluntary organisations, the alcohol industry, the wider business community, the media and, of course local communities themselves.

Safe Sensible Social (2007)

The Alcohol Harm Reduction Strategy for Solihull will develop these 3 delivery themes into a locally focused strategic plan to tackle the impact of alcohol misuse in the Borough.

This strategy addresses the reduction of alcohol harm in the Borough through five themes. These themes were identified as priorities during the consultation phase of the strategy development:

- Education, prevention and communication
- Improving health and treatment services
- Tackling alcohol related crime and disorder
- Working with the alcohol industry
- Partnership responsibility and governance

Partnership working is crucial to the success of delivering this strategy. Many organisations will have an important role to play. For some such as Solihull NHS Care Trust, Police and Solihull MBC tackling alcohol related harm will be their core business; for others there is an important role to play in designated areas of their business.

The role of the strategy is to help co-ordinate the activities undertaken by each of these organisations to tackle alcohol related harm. Effective co-ordination and delivery of services that meet the needs of the residents of the borough will maximise efficiency and avoid duplication of effort.

The strategy will be delivered via implementation plans that both build on existing provision and also develop new and innovative approaches to interventions, prevention and information. The plans will be implemented over the next three years, and will be annually reviewed and refreshed to ensure progress and continued relevance.

Chapter 2: Alcohol Related Harm – The National Picture

The publication of 'Safe Sensible Social – The Next Steps in the National Alcohol Harm Reduction Strategy' (June 2007) places emphasis on the need to build on effective action being taken across the country. It identifies three 'groups' of drinkers that need particular attention:

- **Under 18's**

- **18-24 year old 'binge drinkers'** defined as drinking alcohol at least once a month and feeling very drunk at least once a month, who are responsible for a disproportionate amount of crime and disorder

- **Harmful drinkers** defined as individuals whose patterns of drinking damage their physical or mental health and who are causing substantial harm to others

The National Strategy provides detailed data that illustrates the nature and range of alcohol consumption and the impact of alcohol nationally.

Overall

- There are an estimated 7.1 million 'hazardous and harmful' drinkers in the UK
- 1.1 million people are known to be dependent drinkers
- 50% of relationship breakdowns are thought to be alcohol related and parental misuse is a key factor in poor family outcomes
- Alcohol related ill health, crime and disorder costs the UK an estimated £20 billion every year

Health

- Deaths caused by alcohol consumption have doubled in the past 20 years and occur at a younger age
- 15 – 22,000 premature deaths each year are alcohol related
- Alcohol related illness or injuries account for 180,000 hospital admissions each year
- Alcohol abuse is linked to increases in hypertension, liver disease, heart disease, pancreatitis, stroke, mental and behavioural disorders

Young people

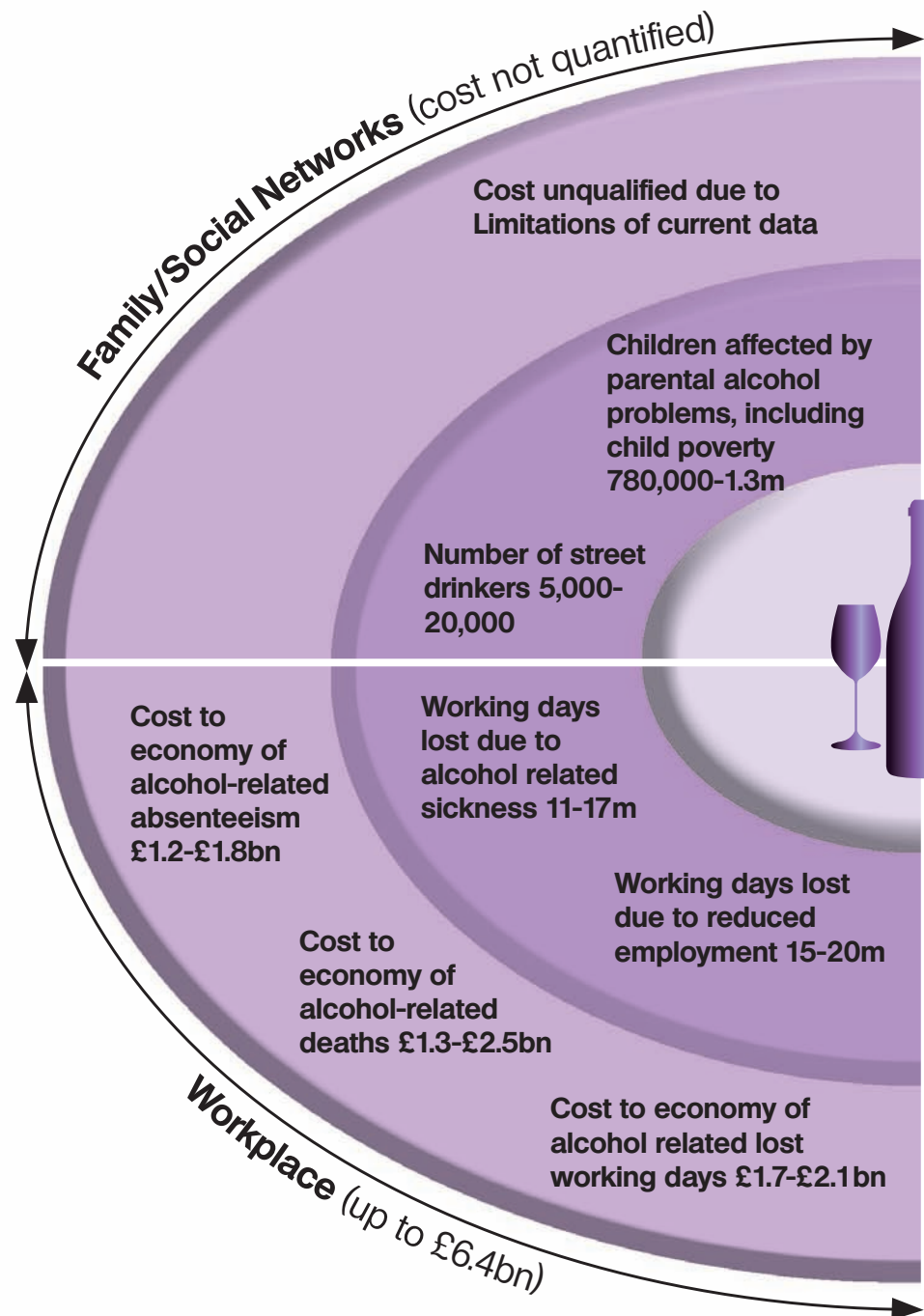
- Overall consumption amongst 11 – 15 year olds has fallen since 2005, but those who do drink consume twice as much as their age group did in 1990 and drinking amongst 11 – 13 year olds is increasing

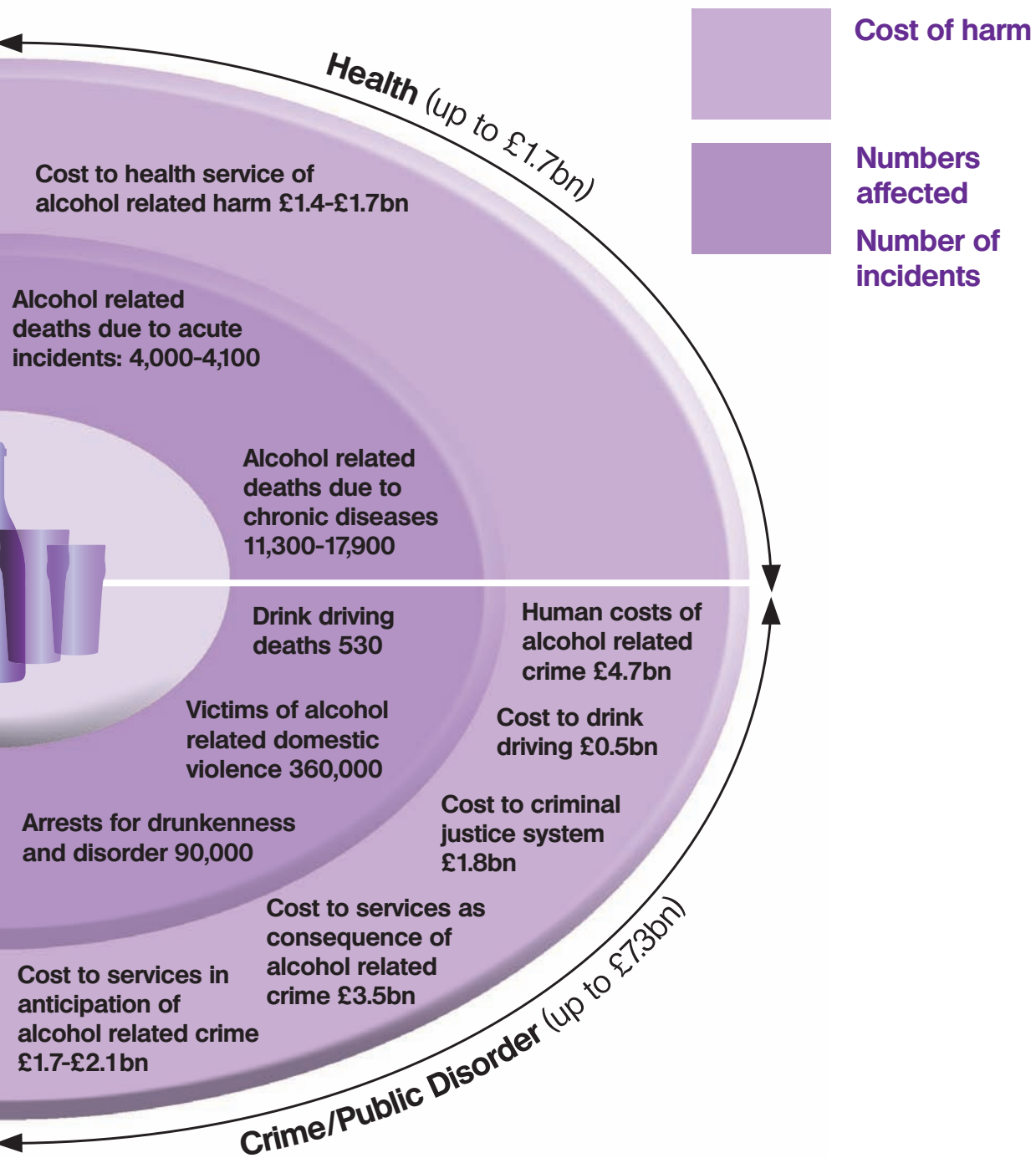
The figure below is taken from the Alcohol Harm reduction Strategy for England (2004)

Crime & Disorder

- 63% of 18-24 year old binge drinkers admit to committing criminal or disorderly behaviour before or after drinking
- In 2005/6, about a fifth of all violent incidents (17%) were committed around pubs or clubs and provides a breakdown of the cost of the misuse of alcohol.

The figure below is taken from the Alcohol Harm Reduction Strategy for England (2004) and provides a breakdown of the cost of the misuse of alcohol.





Chapter 3: Alcohol Related Harm – The Local Profile

Local information and data shows that alcohol misuse imposes a heavy economic, social and personal cost on the people of Solihull.

Data from the alcohol needs assessment undertaken to inform this strategy and the Solihull Strategic Assessment commissioned by the Safer Communities Partnership show that:

- Alcohol is likely to be a factor in almost half of the violent incidents recorded by Solihull police
- Citizens' Panel members claimed that rowdiness was one of the most common forms of ASB, and viewed alcohol misuse as the third most common cause of disorder
- Public drunkenness was seen as a neighbourhood problem by around two thirds of residents, with a fifth claiming it was a big problem.
- Both violence and ASB reports of street drinking have similar temporal patterns, with around half of incidents occurring at the weekend, with peaks late in the evening
- Both victims and perpetrators of alcohol related violence are likely to be aged under 30, and to frequently visit pubs and nightclubs consuming a high level of alcohol
- A fifth of total recorded crime in the Borough could be attributable to alcohol
- From October 06 to September 07, 465 fixed penalty notices were issued for drunk and disorderly conduct. 86% of recipients were male.
- It is estimated that 15% of adults in Solihull binge drink. Binge drinking is strongly linked to crime and disorderly behaviour, with 39% of young people aged 18-24 falling into this category
- It is estimated that alcohol misuse including damage to health, crime and disorder and loss of productivity costs Solihull approximately £60 million per year.
- Approximately twice as many Solihull males as females were admitted to hospital for conditions specific to alcohol. This is a pattern repeated across the West Midlands and England.

Chapter 4: **Where are we now? Where are the Gaps?**

While the majority of people enjoy alcohol with few if any problems, it does impact on crime and the health of communities and individuals in a variety of ways that demand a coherent and sustained vision for change. The national Alcohol Harm Reduction Strategy laid down challenges for the Solihull Partnership and the responsible authorities to utilise their resources and expertise to reduce the negative impact of problematic alcohol use across the whole population; 'To change the culture of drinking to get drunk'

The consultations that have taken place to develop this strategy have identified a wide range of interventions and activities that are already in place in Solihull and are making a contribution to tackling problems of alcohol misuse in the Borough. The consultations and service reviews also identified that there are significant gaps in provision, we can and need to do more to reduce the negative effects of alcohol use in the Borough.

Education, Prevention and communication

Current Services/provision

Advisory Teachers provide advice and guidance to PSHE Co-ordinators, governors and teachers. Covering alcohol education, responding to incidents and policy development.

Solihull Schools Drug and Alcohol Guidelines. Providing advice and guidance to all members of the school community to support the delivery of effective drug education in the classroom and appropriate responses to drug and alcohol related incidents.

National Healthy Schools Programme to support the development of Substance misuse policies for schools

Multi-agency training covering alcohol and drug related harm, identification and access to services

Gaps

Insufficient alcohol related schools based and youth service work. Initial findings from the National Institute for Clinical Excellence (NICE) evaluation of the effectiveness of schools based alcohol interventions (November 2007) suggests that programmes which begin in early childhood and combine school based curriculum intervention with parental education targeting problem behaviour are the most likely to have long term effects on heavy and patterned drinking behaviours.

The NICE evaluation also identified the inadequate educational support for parents, families and carers and the insufficient targeting of the 18 – 30 year old age group where brief interventions would have most effect.

No consistent local approach to communicating information about alcohol and associated harms. The national harm reduction strategy identifies 5 sources of alcohol related information. These are Public health information and Government campaigns, Information provided by the alcohol industry, education in schools, the workplace and advertising. The Department of health, in the national strategy (2007), outlined plans for developing further awareness and information programmes to support sensible drinking. These developments are to include; raising awareness on the risks of harmful drinking; alcohol, diet and nutrition; alcohol and pregnancy and guidance for parents and young people. Local delivery of credible information and communication campaigns will be developed in line with national delivery.

Although there have been a number of small scale alcohol education campaigns and initiatives, there has been no large scale public education campaign targeting adults about alcohol in the Borough. These smaller campaigns have been organised by a range of agencies with a variety of aims and messages. The focus should be to increase awareness of alcohol units and the sensible drinking message, raising awareness of the health risks and consequences of alcohol use.

Improving Health and Treatment Services

Current Services/Provision

There are 2 alcohol service providers for adults in Solihull. Aquarius provides a range of tier 2 and tier 3 interventions in the community with Birmingham and Solihull Mental Health Foundation Trust providing detoxification (both community and in-patient) and some after care provision.

Aquarius is the single point of entry into alcohol services in Solihull.

Alcohol treatment for young people is provided by Str8 Up young people's specialist substance misuse service. Providing interventions for young people affected by their own and other peoples alcohol and drug use.

Gaps

No consistent approach to early identification and brief interventions. There is strong evidence that significant reductions in chronic ill health and hospital admissions can be achieved through GP's or other health professionals providing advice to patients about their drinking. Early identification by alcohol workers in A&E departments have been shown to be effective.

Research also demonstrates that hospital A& E departments have the potential to contribute to the management of alcohol related crime and disorder through depersonalised A&E intelligence that will assist in directing assault reduction initiatives

Alcohol service provision in Solihull has not been fundamentally reviewed for a significant period of time. Any development of services has been organic and has not involved a partnership approach. In the meantime there have been various research projects and publications that support the development of effective alcohol services.

These include:

Review of the effectiveness of treatment for alcohol problems, National Treatment Agency, 2006

Models of Care for Alcohol Misusers, Department of Health, 2006

Models of Care for Alcohol Misusers (MoCAM) provides best practice guidance for local health organisations and their partners in delivering a planned and integrated local treatment system for adult alcohol misusers. It places Primary Care Trusts as the leading organisation, in partnership with other local agencies to commission appropriate alcohol services.

Tackling Alcohol Related Crime & Disorder

Current Services/provision

There is a significant number of crime and disorder initiatives that do have a positive impact on alcohol related harm. These include:

Effective and robust management of licensed premises including: Tackling Under age Sales of Alcohol Campaign (TUSAC). Targeting licensed premises that are believed to be selling alcohol to young people.

Working with the licensing trade through pub watch and other initiatives to promote responsible drinking and responsible management of licensed premises.

A dedicated anti-social behaviour team tackling ASB in the Borough utilising case management approaches which addresses alcohol as a factor which influences behaviour.

The Domestic Violence Strategy and services recognise and respond to alcohol use as a significant factor within domestic violence incidents.

Policing strategies such as Operation Quell focus on Solihull Town Centre as a hotspot for alcohol related disorder. Providing a more visible presence in the town centre, during night time and weekend drinking hours and by providing a more rapid response to night time disorder.

Police working alongside Solihull Council have introduced better ways of dispersing people at pub/club closing times through the introduction of taxi rank marshals and new taxi ranks.

Dispersal orders and alcohol free zones have been introduced to some parts of the Borough where alcohol has been a significant factor in crime and anti-social behaviour.

Gaps

In the 2007/8 British Crime Survey, victims believed the offender to be under the influence of alcohol in 45% of all violent incidents. Alcohol arrest referral schemes

provide an opportunity to address the offenders drinking behaviour through brief interventions and access to treatment. The Home Office has commissioned alcohol arrest referral schemes in 13 areas across England. The effectiveness of these pilot schemes will be evaluated.

The Public Protection and Offender Management Units within the local police OCU have opportunities to ensure links with alcohol use are identified and help, counselling and support opportunities are put in place particularly in respect of domestic violence, child abuse incidents and repeat offending.

There are opportunities to engage alcohol-misusing offenders in treatment through the introduction of community sentences including Alcohol Treatment Requirement for assessment and counselling, where alcohol is a factor in crime.

Working with the Alcohol Industry

Current services/provision

This includes a successful pub watch scheme in Solihull town centre working with licensees to manage alcohol related crime and disorder.

Providing training for door staff an opportunities to share intelligence and manage incidents effectively.

Successful campaign to promote 'Proof of age' scheme to prevent under age drinking.

Gaps

Although it has been recognised that there is good joint working with the pubs and clubs in Solihull, The Best Bar None Scheme can provide an opportunity to take this further to address alcohol related crime. Best bar None is a recognised award scheme supported by the Home Office and aimed at promoting responsible management and operation of alcohol-licensed premises. It was developed and piloted in Manchester and found to be a huge success with premises now competing to participate.

This is often a long process that requires both intensive and continued support. This needs to be acknowledged at the beginning of this strategy, as it is the premise by which we need to move forward with our multi-agency joined up approach if we are to break the cycle of domestic abuse.

Chapter 5: **Where do we want to get to? – recommendations**

The previous section identified some of the considerable work undertaken already to address problems related to alcohol misuse in Solihull. Although much of this is recognised as good practice and will need to continue it is also recognised that much of this response has been developed in an ad hoc way. The Alcohol Harm Reduction Strategy and subsequent commissioning plans will set out the Solihull Partnership priorities to tackle alcohol related harm. This will enable resources and effort to be allocated to maximise the impact of this strategy. In order to do this we need to be clear about the aim and what outcomes we expect.

Through the needs assessment and consultation process the following Strategic aim and priorities were identified along with the outcomes we would expect to achieve within each priority area. These are set out below.

Strategic Aim

To minimise the harm caused by alcohol to individuals, families and communities in Solihull, while ensuring that people are able to enjoy drinking alcohol sensibly and safely.

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Education, prevention and communication	Improving health and treatment services	Tackling alcohol related crime and disorder	Working with the alcohol industry	Delivering the strategy/Partnership responsibility and governance
		Outcomes		
<p>More adults are aware of the sensible drinking message and the harms caused by alcohol</p> <p>More people are drinking alcohol sensibly</p> <p>A reduction in the number of residents drinking above sensible limits</p> <p>Young people are well informed about the harms caused by alcohol and the sensible drinking message</p>	<p>A reduction in chronic and acute ill health caused by alcohol</p> <p>Services are provided that meet the needs of Solihull residents, are evidence based and integrated</p> <p>Early identification and brief interventions are provided in general practices and A&E depts.</p> <p>Easy access to a range of services</p>	<p>A reduction in alcohol related crime and anti-social behaviour</p> <p>Solihull residents experience less drunk or rowdy behaviour in their local area</p>	<p>Continue effective working relationships with the alcohol industry and licensees to ensure problematic premises and locations are effectively managed and under age sales are tackled</p> <p>Increased information sharing between partners and the licensing trade to tackle alcohol related offending</p>	<p>All potential funding sources are explored and harnessed when appropriate</p> <p>Alcohol is addressed in all relevant strategies and delivery plans</p> <p>Partnership/joint commissioning process is in place leading to improved service provision</p> <p>Users and carers are actively involved in service development</p>

A needs assessment including a service review and consultation has identified the themes listed below as specific areas for action to reduce alcohol related harm in the borough.

Education, prevention and communication

- Increase awareness of alcohol units and the sensible drinking message and raise awareness of the health risks caused by alcohol, target excessive drinking amongst 18-24 year old.
- To provide information and education to young people and their parents (DCSF guidance due summer 2008)
- Target programmes of education and prevention for vulnerable young people, linked to the development of targeted youth support in Solihull.

Improving health and treatment services

- To identify individuals who are drinking to hazardous and harmful levels and to provide brief interventions and advice. A high proportion of people who regularly drink alcohol above sensible limits are hazardous and harmful drinkers, but do not require specialist alcohol treatment. Evidence suggests that identifying these people early and giving them brief and targeted advice will reduce the risk of harm.
- Provide effective evidence based interventions for harmful and dependent drinkers (Models of care for Alcohol Misusers, NTA June 2006)
- Provide effective and evidence based services for young people affected by their own or other peoples drinking

Tackling alcohol related crime and disorder

- To implement a violent crime database at Solihull and Heartlands Hospitals A & E departments to support intelligence and intervention design.
- To consider implementation of an alcohol arrest referral scheme. To establish routine identification of harmful and hazardous drinkers when individuals are arrested and in custody, and to provide brief interventions and access to specialist services.
- To tackle crime and anti-social behaviour linked to alcohol, and alcohol fuelled disorder.
- To develop intervention programmes for persistent offenders where alcohol is a factor in their offending behaviour.
- To take opportunities to manage alcohol misuse through licensing.

Working with the alcohol industry

- To work in partnership with the local licensed trade to manage alcohol use effectively within the night time economy.
- To implement 'Best Bar None' accreditation scheme.
- To continue to support the pub watch scheme.
- To maintain responsible sales of alcohol campaign, including responding to underage sales.
- To maintain multi-agency visits to identified 'problem' premises.
- Maintain taxi rank marshal scheme.
- To implement a British Beer and Pub Industry and Police information sharing project to inform the multi-agency response to alcohol in Solihull.

Delivering the strategy/Partnership responsibility and governance

- Integrate alcohol commissioning within the Drug Action Team/Safer Communities Board (DAT/SCB) joint commissioning process. To develop an outcome based approach for commissioning and monitoring in line with existing DAT/SCB processes and procedures, including performance management.
- To develop a 'pooled budget' approach to commissioning alcohol services.
- Ensure alcohol is addressed in relevant strategies and plans across the LSP.
- Increase community engagement in alcohol related issues.
- Develop systems for user/carer involvement in the development and delivery of services.

Chapter 6: How are we going to get there – Implementation

The very limited central government funding allocated for alcohol services, in contrast to the sums devoted to tackling drug misuse make it necessary to establish a robust strategic framework and procedures which will steer the alcohol strategy over the next 3 years. Progress will only be possible if there is both a strong collective will to give alcohol misuse a high priority and recognition by the Partnership and responsible authorities of their role and responsibility.

The Alcohol Harm Reduction Strategy links to and supports other partnership strategies, including:

- Community Strategy
- Community Safety Strategy
- Domestic Violence Strategy
- Children and Young People's Plan
- Anti-Social Behaviour Strategy

The table below identifies the functions required in order to deliver the Alcohol Harm Reduction Strategy

Function

Identify priorities to reduce harm caused by alcohol in Solihull	<ul style="list-style-type: none">• Agree local priorities• To ensure alcohol is addressed within relevant strategies• To identify single agency response to alcohol related harm.• To review the Alcohol harm reduction Strategy and commissioning plans on an annual basis and publishing revisions when required
Performance management	<ul style="list-style-type: none">• Monitoring and reporting NI 39 Alcohol related hospital admissions (LAA indicator)• Develop a performance management framework to monitor implementation and performance against priorities identified in delivery plan• Report to Strategic groups on current performance and outcomes• Review and manage any under performance.

Function

- | | |
|-------------------------------|--|
| Implement commissioning plans | <ul style="list-style-type: none">• Commissioning local systems of alcohol intervention and treatment to meet the diverse needs of the population• Monitoring and review of alcohol treatment services• Ensure stakeholder involvement in the delivery• Establish carer and user involvement• Identify and secure resources to deliver the initiatives identified• Contracting and procurement arrangements |
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- | | |
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| Needs assessment | <ul style="list-style-type: none">• To identify and understand the alcohol related needs of the community• To inform the Joint Strategic assessment and community safety strategic assessment |
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Accountability

In order to undertake these functions the following accountability is recommended

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|----------------------|--|
| Solihull Partnership | <p>Strategic partnership responsible for improving outcomes for all people in Solihull</p> <p>To produce and implement a community strategy to improve outcomes for people in Solihull</p> |
| Safer Solihull | <p>All Crime & Disorder Reduction Partnerships (SCSG), comprising police, local authority, police authority, fire and rescue authorities and primary care trusts are required to have a strategy to tackle crime, disorder and substance misuse (including alcohol related misuse and disorder).</p> <p>To carry out the function of a Drug & Alcohol Action Team. This is a strategic partnership to ensure the effective delivery of the national Drug and Alcohol strategies. This partnership holds the Substance Misuse Joint Commissioning Group to account for the delivery of the commissioning plans and participates in strategy and decision-making through chief officers representing the key partner agencies.</p> |
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Accountability

Healthier Communities
Strategic group

Required to report on performance against NI39 Alcohol related hospital admissions, as identified within Local Area Agreement.

Substance Misuse Joint
Commissioning Group

Multi agency commissioning group which oversees the development and delivery of the Alcohol Harm Reduction Strategy and commissioning plans.

Chapter 7: Monitoring and review

This Strategy and its commissioning plans will be subject to a process of continuing monitoring and review. To monitor progress of delivery against the priorities and in particular to evaluate the impact of the initiatives against the outcomes identified in Chapter 5.

The responsibility for monitoring and review will sit with the Safer Solihull on behalf of the Solihull Partnership. This will be supported by the development of a performance management framework that will identify local indicators to measure success.

The indicators to measure our success will be developed in the following areas:

- A reduction in the levels of alcohol related violent crime and disorder.
- To reduce the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area (Citizens Panel and Place Survey)
- To reduce chronic and acute ill health caused by alcohol resulting in fewer alcohol-related hospital admissions (NI 39 and LAA indicator)

Indicator	Measured by	Likely good performance standard	How this will be achieved
Alcohol-harm related hospital admission rates (NI39)	Year on year change in rate of alcohol-related admissions (using Hospital Episode Statistics)	A decreasing rate	<p>a. Prevention, eg Information campaigns</p> <p>Early identification and brief advice</p> <p>b. Better liaison between hospital and community services to reduce repeat admissions.</p> <p>c. Development of community based alcohol treatment services</p>

References

Safe. Sensible Social,
Dept of Health 2007

Models of Care for Alcohol Misusers
Dept of Health 2007

Alcohol Needs Assessment, Solihull, Dept Public health,
Solihull NHS Care Trust 2008

Crime & Disorder Strategic Assessment,
Solihull Partnership, Sept 2008

'A Review of the effectiveness and cost effectiveness of interventions delivered in primary and secondary schools to prevent or reduce alcohol use by young people under 18 years of age, *NICE, November 2007*

Young Peoples Substance Misuse, Needs Assessment,
Solihull MBC, December 2007

Young Peoples Substance misuse Needs Assessment,
Solihull MBC, December 2008

