

# WIRRAL SHADOW HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	12 December 2012	<b>Agenda Item</b>	Item 7a
---------------------	------------------	--------------------	---------

<b>Report Title</b>	A strategy to tackle alcohol related harm in Wirral 2013-16					
<b>Responsible Board Member</b>	Fiona Johnstone Director of Policy Performance & Public Health					
<b>Link To Shadow HWB Function</b>	<b>Board development</b>					
	<b>JSNA/JHWS</b>					
	<b>Health and social care integrated commissioning or provision</b>					
<b>Equality Impact Assessment Required &amp; Attached</b>	Yes	<b>X</b>	No		N/A	
<b>Purpose</b>	For approval	<b>X</b>	To note		To assure	

<b>Summary of Paper</b>	Final Draft for the proposed 3 year Strategy to Tackle Alcohol Related Harm in Wirral.		
<b>Financial Implications</b>	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ none		
<b>Risks and Preventive Measures</b>			
<b>Details of Any Public/Patient/Service User Engagement</b>	Service users engaged regularly through an established Alcohol Peer Support group that meets weekly, and through a wider reaching peer support project established by the DAAT. Service users also attend, as standing members, key strategy development and operational delivery groups. The strategy has been developed in response to national guidance. Services referred to are tailored in partnership with service users.		
<b>Recommendations/Next Steps</b>	For approval. Post approval strategy to be implemented.		

<b>Report History</b>		
Submitted to:	Date:	Summary of outcome:
Health and Wellbeing Board Development Meeting	1 <sup>st</sup> November 2012	Referral to formal Board on the 12 <sup>th</sup> December 2012 for approval.
<b>List of Appendices</b>	APPENDIX 1 : A STRATEGY TO TACKLE ALCOHOL RELATED HARM IN WIRRAL 2013-2016	

<b>Publish On Website</b>	Yes	<b>X</b>	<b>Private Business</b>	Yes	
	No			No	

**Report Author:** Beverley Dajani – Alcohol Strategy Programme Manager  
**Contact details:** 0151 6435 303

## **A strategy to tackle alcohol related harm in Wirral 2013-16**

### **1. Background**

Alcohol consumption is acknowledged as an emerging and significant problem for society. The Government's recent National Alcohol Strategy (2012) states that 'binge drinking accounts for half of all alcohol consumed in this country', and binge drinking causes alcohol-related violence; anti-social behaviour; and increasing hospital admissions and re-admissions. These issues are of course pertinent in Wirral.

It is estimated that the annual cost of alcohol-related harm in England is at least £20 billion. This is made up of the cost of dealing with alcohol-related disease, the costs arising from crime and anti-social behaviour, loss of productivity in the workplace and the impact on the families of those who misuse alcohol, including domestic violence. In 2010/11, there were more than 1.2 million hospital admissions linked to alcohol alone and up to 70% of night admissions and 40% of daytime admissions to UK hospital emergency departments are caused by alcohol. At a North West level this means that someone is admitted to hospital every four minutes because of alcohol. It is estimated that the crime and disorder caused by excessive drinking is costing almost £1 billion a year in the North West alone.

In 2010/11 alcohol-related inpatient admissions in England for 55 to 74 year olds was £825.6m compared to £63.8m for 16 to 24 year olds. For this same cohort of older people, the cost of alcohol-related inpatient admission was £1,993.57m, over 3 times greater than the cost of A&E admissions, £636.30m.

The ambition to tackle and combat the ill effects of alcohol misuse in Wirral is paramount. This strategy intends to strengthen the developments already being delivered, services and frameworks already in place, and continue to support communities in a way that enables them to live peacefully and safely. It will provide a direction for the future and will set out how to embrace new opportunities during times of change and economic difficulties.

Wirral's local alcohol strategy will implement the following:

- Prevention programmes that target the most vulnerable people, identifying at an earlier stage people with significant alcohol misuse problems,
- Reducing alcohol related crime by developing more effective links with partners at a neighbourhood level,
- Supporting children, young people and families to tackle the issues of underage drinking and parental alcohol misuse,
- Effective partnerships that work with organisations to combat the ill effects of alcohol misuse.

**A STRATEGY TO  
TACKLE ALCOHOL  
RELATED HARM IN  
WIRRAL  
2013-2016**

## **FOREWORD**

Alcohol consumption is acknowledged as an emerging and significant problem for society. The Government's recent National Alcohol Strategy (2012)<sup>1</sup> states that 'binge drinking accounts for half of all alcohol consumed in this country', and binge drinking causes alcohol-related violence; anti-social behaviour; and increasing hospital admissions and re-admissions. These issues are of course pertinent in Wirral.

The first alcohol strategy we produced laid the foundations to tackle alcohol misuse locally. This second strategy sets out how the local partnership intends to build on those foundations and continue to work to tackle the ill effects of alcohol misuse in our communities. It provides a direction for the future and sets out how to embrace new opportunities during times of change and economic difficulties.

This strategy will support national outcomes and deliver local priorities. We will aim to provide further improvements in prevention, treatment and recovery systems by reducing alcohol related hospital admissions and readmissions and ultimately premature death. We will also aim to continue to bear down on alcohol related crime and disorder through the use of legislative powers and intelligence and improve education of young people and families about the risks associated with alcohol misuse.

We will ensure that key stakeholders are a part of the delivery of this strategy. In particular, we look forward to working closely with local people, service users, their families and carers to ensure that our programmes of support match their aspirations and needs.

We hope you find Wirral's strategy to tackle alcohol related harm (2013 - 2016) informative and useful and we look forward to working with you to reduce the harm associated with alcohol in Wirral.

Proposed signatures: HWBB & CSP Members

# INTRODUCTION

Alcohol has always played a significant role in British culture, and the vast majority of adults who consume alcohol do so safely and sensibly. However, excessive alcohol consumption is associated with a wide range of problems including anti-social behaviour, violence, ill health and mental health problems.

It is estimated that the annual cost of alcohol-related harm in England is at least £20 billion<sup>2,3</sup>. This is made up of the cost of dealing with alcohol-related disease, the costs arising from crime and anti-social behaviour, loss of productivity in the workplace and the impact on the families of those who misuse alcohol, including domestic violence<sup>4</sup>. In 2010/11, there were more than 1.2 million hospital admissions linked to alcohol alone<sup>5</sup> and up to 70% of night admissions and 40% of daytime admissions to UK hospital emergency departments are caused by alcohol<sup>6</sup>. At a North West level this means that someone is admitted to hospital every four minutes because of alcohol<sup>7</sup>. It is estimated that the crime and disorder caused by excessive drinking is costing almost £1 billion a year in the North West alone<sup>8</sup>.

In 2010/11 alcohol-related inpatient admissions in England for 55 to 74 year olds was £825.6m compared to £63.8m for 16 to 24 year olds. For this same cohort of older people, the cost of alcohol-related inpatient admission was £1,993.57m, over 3 times greater than the cost of A&E admissions, £636.30m<sup>9</sup>.

Particular concern has centred on the level and pattern of drinking among children and young people in England and its consequences in terms of health, crime, violence and antisocial behaviour<sup>10</sup>. More recently concerns have focused more towards the effect that commercial advertising and social networking have on young people's drinking behaviour<sup>11,12</sup>.

The ambition to tackle and combat the ill effects of alcohol misuse in Wirral is paramount. We intend to strengthen the developments we have already delivered, services and frameworks already in place, and we will continue working with, and supporting communities in a way that enables them to live peacefully and safely.

We aim to achieve our ambition through effectively implementing the following:

- Prevention programmes that target the most vulnerable people, identifying at an earlier stage people with significant alcohol misuse problems,
- Reducing alcohol related crime by developing more effective links with partners at a neighbourhood level,
- Supporting children, young people and families to tackle the issues of underage drinking and parental alcohol misuse,
- Effective partnerships that work with organisations to combat the ill effects of alcohol misuse.

## **HIGH LEVEL STRATEGIC DIRECTION**

The Government's Alcohol Strategy, new legislation and national policy have been instrumental in shaping Wirral's direction and approach towards its new strategy.

### **National Strategy**

In March 2012, the Government launched its new Alcohol Strategy. It sets out proposals to crackdown on 'binge drinking', methods to reduce alcohol fuelled violence and disorder and solutions to assist in tackling the problem of people drinking at damaging levels. The strategy is underpinned by specific outcomes, which have been developed to radically reshape the approach to alcohol consumption and reduce the number of people drinking to excess. These outcomes are an appropriate means to benchmark alcohol-related harm and will be embedded in Wirral's aims, priorities, actions and performance outcomes.

### **Legislation**

The introduction of the Health and Social Care Act 2012, Police Reform and Social Responsibility Act 2011 and Localism Act 2011 will each play a role in the way alcohol services will be directed and funded in the future. Local considerations should include:

- Establish a clear, shared local vision for alcohol based on robust local data and intelligence gathering,
- Embrace local powers to take firm action to address alcohol misuse,
- Review the way in which services are commissioned.

### **Public Health Responsibility Deal**

The Public Health Responsibility Deal aims to tap into the potential for businesses and other influential organisations to make a significant contribution to improving public health by helping us to create this environment.

The Public Health Responsibility Deal may have a number of impacts on the Wirral strategy. These could include;

- Local intelligence gathering may need to reflect any change in industry behaviour for example, surveys relating to consumption if measures and labeling change,
- The deal may result in a particular focus on some locally commissioned interventions for example, test purchase operations.

### **Drug and Alcohol Treatment Policy**

The National Treatment Agency (NTA) will in future be responsible for performance managing the specialist alcohol treatment agenda on a national basis. This will support the closer alignment of specialist drug and alcohol treatment policy and will support commissioners in implementing more integrated, and therefore more cost effective, treatment services. This integration also opens up opportunities for service improvement and better workforce development, but will need to be achieved without any detrimental impact on those accessing the services.

## **STRATEGIC NEEDS ASSESSMENT**

Local information, consultation and research have been used to inform the aims, priorities and actions of this strategy. The intelligence gathered has highlighted significant problems that Wirral currently face as a consequence of alcohol misuse.

Some of the more significant findings have been presented to illustrate the scale of the problem and to highlight that this issue is going to take time and increasing resources to combat.

## **Background and population overview**

Covering an area of just over 60 square miles, Wirral has a population of 308,500 (2010). Its major urban centres are to the east, Birkenhead and Wallasey, while the west and south of the Peninsula are more rural and more affluent. The level of deprivation experienced by people living in Wirral is higher than the England average. Almost a third (32.2%) of people living in Wirral are living in the most deprived fifth of areas, compared to one-fifth (19.9%) in England. Men living in the most deprived areas of Wirral to live 14.6 years less than those in the least deprived areas, and women live 9.5 years less.

## **KEY ISSUES**

### **REGIONALLY**

From a Northwest perspective, it is estimated that one in four people are drinking at levels which pose considerable risk to their health, safety and wellbeing<sup>13</sup>, leading to unnecessary alcohol related deaths, illnesses and injuries as well as increased crime, family breakdown and unemployment<sup>14</sup>.

In 2012, a report commissioned by the North West Employers and Drink Wise North West, on behalf of Local Authorities, estimated that problematic alcohol use was costing the North West more than £3 billion per year<sup>15</sup>. These costs arose from alcohol associated crime, demands on the NHS healthcare and Local Authority social services, as well as the cost of lost workforce productivity<sup>16</sup>.

## **LOCALLY**

### **IDENTIFICATION, PREVENTION, TREATMENT AND RECOVERY**

- Alcohol was the most significant contributor to the rise in mortality from liver disease and other digestive disorders in 2008-10 and it is a significant contributor to the life expectancy gap locally.
- Mortality from chronic liver disease (in both the under 75s and those of all ages) in Wirral men was higher than England in 2008-10. Where the main contributor of liver disease is considered to be alcohol.
- In 2010/11, the rates of both alcohol-attributable and alcohol-specific hospital admissions were significantly higher in Wirral for males and females than both the regional and national values.
- During 2011/12, there were 9,241 hospital admissions that were wholly or partly attributable to alcohol consumption in Wirral, a figure which has more than doubled since 2002/03 (n=4276).
- During 2010/11, nearly a quarter of all re-admissions to Wirral University Teaching Hospital (WUTH - Arrowe Park Hospital) were attributable to alcohol (24.95%).
- In 2010/11, females and males in Wirral displayed alcohol-attributable and specific mortality rates that were significantly higher than the North West, However, the months of lives lost due to alcohol misuse in males and females in Wirral in 2008-2011 fell below the North West levels for the first time since 2003.
- 8.5% of all attendances to accident and emergency at WUTH (Arrowe Park Hospital) were alcohol related in 2011/12 with 48% of assault attendances reporting drinking alcohol prior to attendance.
- In 2011, a sexual health needs assessment of young women (aged 20 – 34 years) reported that alcohol was a factor in their failure to use condoms, putting them at risk of sexually transmitted infections and unplanned pregnancy.
- Data collated from a DAAT service user survey (2012), found that over a third of respondents (23 individuals) felt that current service provision in Wirral was adequate and did not require change.
- In 2011, recent qualitative evidence found there is significant alcohol misuse on Wirral among the Irish and Polish communities with links to social isolation, poverty and mental health (2011).

### **CRIME AND DISORDER AND COMMUNITIES**

- The volume of all violent crime in Wirral decreased by 16.5% between 2008/09 and 2011/12 (from 3356 to 2803 offences). Within this data
  - The volume of alcohol-related domestic violence in Wirral increased by 14.9% (from 255 to 293 offences) from 2008/09 to 2011/12.
  - In 2011/12, 36.1% of all violent crime in Wirral was alcohol-related; up from 22.9% in 2008/09.
  - 11.4% of all alcohol-related violent crimes took place at licensed premises in Wirral during 2011/12, compared to 22% in 2010/11.
  - Alcohol-related sexual crime increased by 290% between 2008/09 (10 offences) and 2011/12 (39 offences).
- The wards with the biggest volume increase in alcohol-related crime between 2008/09 – 2011/12 were Birkenhead and Tranmere (up by 167 from 251), and Seacombe (up by 88 from 115).
- During 2010-11, there were 2,621 offender events reported by Merseyside Probation Trust. Of these, 801 (31%) were identified as having an alcohol criminogenic need.
- In 2011/12, 621 individuals were seen a total of 1,639 times by outreach workers across Wirral where alcohol was recorded as being used by 96% of the clients, either alone or in combination with opiates.

## **YOUNG PEOPLE**

- From 2007/08 to 2010/11 the rate of alcohol-specific hospital admissions for those aged under 18 in Wirral (117.9 per 100,000) was significantly higher than both the North West and England values.
- Since 2004/05, the rate of alcohol-specific hospital admission for those aged under 18 years in Wirral fell by 26%, in line with the regional and national trends.
- In 2011/12, 76.2% of alcohol-related violence offenders under the age of 18 were male.
- There was a 34.8% increase in alcohol-related youth violence in Wirral between 2008/09 (86 offenders) and 2011/12 (116 offenders).
- Between 2007/08 and 2008/09 there were 171 emergency department presentations in Wirral by individuals under 18 years of age.
- Of this number female attendances (65%) outnumbered males and were more likely to result in an admission to hospital (53%).

For a more detailed account please refer to Wirral's Joint Strategic Needs Assessment (JSNA) or Wirral's Alcohol Needs Assessment (2011).

# STRATEGIC AIMS, THEMES AND PRIORITIES

## OVERARCHING AIM

*'To reduce the harm associated with alcohol misuse in our communities, reducing its detrimental impact on individuals and on families in the borough.'*

We will remain committed to delivering the three core strategic themes from Wirral's previous strategy, whilst the aims, priorities and actions have been developed to,

- Embrace the specific outcomes included in the Government's new National Alcohol Strategy (2012),
- Reflect and respond to the issues highlighted through Wirral's Alcohol Needs Assessment (2011), and included in the Joint Strategic Needs Assessment,
- Incorporate other key priorities identified in other local strategies and plans.

## **THEMES, AIMS AND PRIORITIES**

### **IDENTIFICATION, PREVENTION, TREATMENT AND RECOVERY**

#### **AIM**

- To reduce alcohol related harm and in particular its impact on liver disease.

#### **PRIORITIES**

- Reduce alcohol related hospital admissions, readmissions and unplanned care,
- Reduce the number of presentations at emergency departments that can be dealt with elsewhere,
- Ensuring effective engagement of repeat attendees at hospital to prevent or significantly reduce representations,
- Change peoples attitudes towards alcohol so that it becomes less acceptable to drink in ways that could cause harm to themselves or others,
- Promote sensible drinking, by promoting early identification of problematic drinking and increase the provision of brief advice for drinkers at greater risk, with increased risk, reducing the number of adults drinking above the NHS guidelines,
- Target the engagement of identified at risk groups, ensuring swifter access to better services,
- Provide effective evidence based interventions and treatment to substantially reduce all levels of problematic drinking,
- Continue to improve the effectiveness of the treatment pathways, ensuring that they are fully compliant with all key national standards,
- Reduce the number of alcohol-related deaths within and outside treatment services,
- Increase the number of people accessing services who go on to use this engagement to become sober and sustain their sobriety,
- Inform and support national policy, legislation and campaigns that assist the local reduction of alcohol related harm.

## **CRIME, DISORDER AND COMMUNITIES**

### **AIM**

- To reduce alcohol related crime, disorder and other types of harm to communities.

### **PRIORITIES**

- Work with key agencies to implement structures and interventions to achieve a reduction in alcohol related
  - Domestic abuse inclusive of repeat victimisation and offending,
  - Violence,
  - Anti-Social Behaviour,
  - Offending.
- Intervene in key locations to improve their reputation as safe places to visit and live,
- Work with businesses and other partners engaged with the night time economy and the wider alcohol industry to reduce alcohol related harm,
- Reduce the availability of and access to alcohol,
- Support the development of workplace policies and initiatives to reduce alcohol harm and ensure these link to Public Health's Responsibility Deal and Wellbeing and Workplace Charter,
- Ensure access to appropriate housing, and associated support, is available for local alcohol misusers, particularly those who are homeless, to support their recovery,
- Inform and support national policy, legislation and campaigns that assist the local reduction of alcohol related harm.

## **YOUNG PEOPLE, FAMILIES, AND CARERS**

### **AIM**

- To promote an alcohol-free childhood.

### **PRIORITIES**

- Ensure early identification and access to effective treatment and support for young people at risk of developing alcohol related problems,
- Reduce both the numbers of 11-15 year olds drinking alcohol and the amounts consumed,
- Reduce the number of young people presenting at the emergency department and being admitted / readmitted to hospital,
- Improve the working partnership between Children's Centre's and specialist alcohol services,
- Increase levels of awareness, knowledge and skills ensuring more young people are deterred from harmful drinking, by
  - Better equipping professionals working with young people, to address the issues of alcohol misuse,
  - Supporting parents, carers and families through targeted evidence based parenting to be able to reduce their own or their children's alcohol misuse,
  - Establishing a new partnership with parents on teenage drinking.
- Reduce access and availability to alcohol,
- Reduce levels of alcohol related violence perpetrated by young people,
- Improve the working partnership between sexual health and alcohol misuse services,
- Inform and support national policy, legislation and campaigns that assist the local reduction of alcohol related harm.

## **SERVICE USER AND CARER INVOLVEMENT**

We will be committed to ensuring that service users and carers are involved in a real and meaningful way in the decision making, planning and implementation of this strategy and future services. We currently engage with various active peer support groups, however we will continue to seek ways of increasing service user involvement and add to the existing peer support initiatives.

Supporting individuals to recover from their alcohol misuse will continue to be a priority for this strategy. Integral to this work, will be continued support for the further development of a recovery community of service users and carers that offers through their personal experience and expertise, assistance, guidance and motivation to others who are at an earlier stage of their recovery process.

## **IMPLEMENTATION, MONITORING AND EVALUATION**

### **Implementation**

Successful implementation of the strategy's aims, priorities and actions will be via a combination of commitment at an executive level, effective partnership working, the provision of continued and where possible additional resources, and reviewing and reshaping the way in which we currently provide our mainstream services.

However, it is recognised that we are in a period where the financial resources available to key partners are under considerable pressure and that budget cuts are imminent. The delivery of this strategy will need to take place within these parameters.

Many of the priorities and action points within the strategy have cross cutting themes. For example anti-social behaviour is a priority for young people and crime, disorder and communities, reinforcing the fact that many of the harms associated with alcohol can not be tackled in isolation and a partnership approach will ensure the problems are tackled in a cohesive and co-ordinated manner.

### **Monitoring**

Data to support key performance indicators will be collected regularly at a local level. It will be monitored by commissioners on behalf of Public Health and the Health and Wellbeing Board, monthly data scrutiny, through contract meetings, wider partnership networks and one off targeted workshops.

Some of the key information that the strategy will be dependent upon is demography, stratified population by age and sex, geography of the population, mortality and morbidity data, Alcohol Attributable Fractions (AAFs), crime and disorder. It is imperative that a quality based performance framework is developed to track this information.

The impact of this strategy and its action will be tracked through the use of a wide range of mechanisms, such as

- National Drug Treatment Monitoring System (NDTMS),
- Alcohol Treatment Monitoring System (ATMS),
- Joint Strategic Needs Assessment (JSNA),
- Hospital Episode Statistics (HES),
- Merseyside Police data,
- Local Alcohol Profiles for England (LAPE),
- Office for National Statistics (ONS).

## **Evaluation**

The monitoring and evaluation of both projects and initiatives will take place on a regular basis, measuring performance in terms of productivity and against specified outcomes. It will also ensure that the desired high levels of quality are also achieved and maintained. Service user consultation, satisfaction surveys and prevalence studies will be regularly undertaken. Furthermore, there will be a continued collaboration with partners to maintain a strong evidence-based approach to the commissioning and development of future services and programmes.

**THE FINAL THREE PAGES WILL BE INSERTS PLACED IN A WALLET AT THE BACK OF THE STRATEGY. THEY WILL BE UPDATED ON A BI-ANNUAL BASIS.**

# IMPLEMENTATION PLAN

## IDENTIFICATION, PREVENTION, TREATMENT AND RECOVERY ACTIONS: 2013 – 14

### CONTINUED DEVELOPMENTS

- Implement a more targeted social marketing and media approach to the delivery of preventative messages utilising the WHAT? campaign,
- Improve the quality of delivery of the alcohol screening and brief advice programme, ensuring that the right people are identified in the right places,
- Continue to develop and deliver the “Alcohol Shared Care” scheme and ensure every General Practice on Wirral has access to a specialist alcohol treatment practitioner,
- Expand the target group of identified alcohol related repeat attendees at the emergency department, to continue to reduce future presentations and admissions to hospital,
- Review the status and performance of existing treatment pathways for adults and young people to ensure treatment delivery is efficient, effective and complies with national alcohol related policies and standards,
- Increase the opportunities for more clients in recovery to access education, training and employment and healthier lifestyle programmes,
- Ensure that service users, parents and carers are represented and involved in the design, planning, development and delivery of alcohol services in Wirral,
- Work with both young people’s and adult’s services to increase the availability of, and improve the routes to, age sensitive support and treatment for young adults (18-24),
- Work with specialist services to increase the availability of, and improve the routes to, age sensitive support and treatment for older people i.e. drinkers in the 55-74 year age group,
- Continue to ensure alcohol treatment services target those groups ‘most at risk’ so that services are more accessible and address the needs of the local population,
- In order to reduce prevalence of alcohol related disease and premature death, continue to comprehensively analyse all alcohol related deaths, both in and out of treatment, to better understand the scale of alcohol related harm and the causal factors of disease and premature deaths.

### NEW DEVELOPMENTS

- Recruit a specialist alcohol nurse to work between Wirral University Teaching Hospital (Arrowe Park Hospital), General Practices and Wirral’s residential detoxification facility (Birchwood) to strengthen the response to managing alcohol crisis and to facilitate quick access to treatment,
- Redesign Wirral’s Alcohol Website making it more accessible and informative to the general public,
- By examining available evidence, identify and implement the most effective interventions to reduce/prevent liver disease through programmes of early identification and detection and prompt treatment for those groups most at risk,

- Establish a clear and coherent segmentation of the Wirral population based on health status/characteristics and drinking profiles to support the increased effectiveness of treatment services through specifically targeted interventions.
- Review the cost effectiveness and service delivery model in place for Wirral's current alcohol treatment programme and consider the case for re-modelling.

## **IMPLEMENTATION PLAN**

### **CRIME, DISORDER AND COMMUNITIES ACTIONS: 2013 – 14**

#### **CONTINUED DEVELOPMENTS**

- Increase the number of victims and offenders of domestic violence who receive support, advice, or treatment, where alcohol is a significant factor in their behaviour and lifestyle,
- Review and evaluate the effectiveness of combined criminal justice/treatment systems in place to reduce alcohol related offending including the following; Arrest Referral, Conditional Cautioning and Alcohol Treatment Requirement Schemes,
- Continue to deliver the “Prison Through Care” scheme that engages with prisoners leaving custody who have had problems with alcohol, to connect them effectively with the appropriate community based services on their release,
- Increase the provision of education and training to licensees to reduce the selling of alcohol to a person who is drunk or under the influence of other substances and reduce underage sales,
- Increase the number of targeted communications campaigns that raise awareness of the issues of illegal alcohol, and increase the information and intelligence provided to both the police and Trading Standards,
- Increase the number of licensed premises in Hoylake, West Kirby and New Brighton who adopt the use of a locally developed Charter for Licensed Premises,
- Continue to work with key partners to effectively address the issues relating to street drinkers.

#### **NEW DEVELOPMENTS**

- Introduce systems that support on and off licensed premises to improve the labeling of alcohol products, so that people are better informed and have a better understanding of the level of risk represented by their own alcohol consumption,
- Develop clear, robust alcohol misuse responses and implement specific alcohol related actions that respond to the local Homelessness Review (2012),
- Establish a “Community Alcohol Partnership” scheme to contribute to the reduction of underage drinking, proxy sales and youth street drinking,
- Implement a minimum of six alcohol-related work based policies or projects across a range of private and public sector workplaces,
- Develop a comprehensive data collection system, inclusive of health data, that can be utilised to inform and support the licensing application process.
- Actively support sub-regional and regional efforts that seek to influence the delivery of a minimum unit price of 50p.

# IMPLEMENTATION PLAN

## YOUNG PEOPLE, FAMILIES, AND CARERS ACTIONS: 2013 – 14

### CONTINUED DEVELOPMENTS

- Review and evaluate the effectiveness of the “Peer Education” model used to raise awareness of the risks and consequences of alcohol misuse and delivered to young people across secondary schools and other youth settings,
- Increase enforcement activity to address young people drinking in public places, through the delivery of police led multi agency operations that target anti social and risk taking behaviour, particularly that relate to children and young people and alcohol,
- Continue to provide interventions for young people admitted to the emergency department, addressing the presenting issues and reducing the likelihood of future presentations. Ensure the young person’s parents or carers are involved,
- Increase the opportunities for Accident and Emergency staff to access training aimed at improving the identification of alcohol-related attendances and support the delivery of brief harm-reduction interventions,
- Review and update the alcohol and drug guidance and policy documents within schools ensuring it is supported and adopted within the school curriculum and practice,
- Continue to provide school based specialist youth service to work in conjunction with other school based agencies, delivering alcohol focused interventions,
- Ensure that all children and young people accessing Health Services in Schools are assessed for alcohol use and signposted / referred to services as appropriate,
- Continue to support and promote a locally developed age verification scheme.

### NEW DEVELOPMENTS

- Ensure that specialist substance misuse agencies engage with the Intensive Family Intervention Programmes (IFIP) to provide education, treatment and other support for the families where parents or children are misusing alcohol,
- Recruit a Schools Substance Misuse Advisor to support the promotion, adoption and implementation of the following;
  - Schools Substance Misuse guidance and policy documents
  - Alcohol Alright brief intervention toolkit
- Develop and implement a toolkit to engage and advise young people on risks associated to alcohol, relationships and sexual health,
- Develop a range of bespoke programmes of activities and other interventions to target vulnerable young women misusing alcohol,
- Develop and improve links with the third sector in relation to the delivery of substance misuse education.

## REFERENCES

1. The Government's Alcohol Strategy (2012). Drugs and Alcohol Unit, Home Office.
2. Prime Minister's Strategy Unit (2004), Alcohol harm reduction strategy. London: Prime Minister's Strategy Unit.
3. Lister, G. (2007), Evaluating social marketing for health – the need for consensus. Proceedings of the National Social Marketing Centre.
4. Alcohol-use disorders: preventing harmful drinking. Costing report (2010). Implementing NICE guidance. NICE public health guidance 24.
5. Chaplin, R., Flatley, J. and Smith, K. (2011) Crime in England and Wales (2010-11). Home Office Statistical. Bulletin 10/11. London: Home Office. Supplementary Table 7.11.
6. House of Commons Health Committee on Alcohol – First report of session (2009-10). Volume 1, pg.28.
7. Drink Wise North West analysis of hospital admissions data (2012).
8. The Cost of Alcohol to the North West Economy. Part A, pg6 (2012). North West Employers and Drink Wise North West.
9. Baby boomers are draining NHS resources through alcohol misuse. Alcohol Concern (12<sup>th</sup> October 2012). Press Release.
10. Guidance on the consumption of alcohol by children and young people (2009). Sir Liam Donaldson. Chief Medical Officer for England. Department of Health.
11. Department of Education (2011).
12. The impact of alcohol marketing on youth drinking behaviour: a two-stage cohort study (2010). Alcohol 45(5): 470-480. Gordon, R., MacKintosh, A.M., Moodie, C.
13. Health and Lifestyles in the North West (2008). Deacon et al, Centre for Public Health, Liverpool John Moores University.
14. The Cost of Alcohol to the North West Economy. Part A, pg3 (2012). North West Employers and Drink Wise North West.
15. The Cost of Alcohol to the North West Economy. Part A, pg3 (2012). North West Employers and Drink Wise North West.
16. The Cost of Alcohol to the North West Economy. Part A, pg3 (2012). North West Employers and Drink Wise North West.