

Wirral Alcohol Strategy

**How Wirral can have a healthier
relationship with alcohol**

2016-2020

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1.0 Foreword

The consumption of alcohol is an established part of life in the UK today. Not everyone drinks alcohol but, for the majority of adults in the UK, alcohol is accepted and enjoyed both in the routines of daily life and in the events that mark out the broader pattern of life: birthdays, weddings and celebrations of all kinds.

Yet excess alcohol drinking brings many challenges. For the individual, regular drinking risks a future burdened by illnesses such as cancer, liver cirrhosis and heart disease, and a taste for alcohol can turn all too easily into dependence. For families, alcohol dependence can lead to relationship breakdown, domestic violence and impoverishment. For communities, alcohol can fuel crime and disorder and transform town centres into no-go areas. For society as a whole, the costs of alcohol consumption include both the direct costs to public services and the substantial impact of alcohol-related absenteeism on productivity and earnings.

Cllr Janette Williamson
Portfolio holder

2.0 Introduction

In July 2015, Wirral Council with its partners committed to working together over the next five years and beyond to achieve real outcomes on a set of twenty pledges, one of which is for local people to live healthier lives.

Alcohol plays an important role in our social, economic and cultural life. In recent years alcohol consumption has increased dramatically and it is now estimated that 85% of adults drink alcohol. Although many people drink sensibly, it is judged that probably 1 in 5 people drink too much. According to the World Health Organisation (WHO), harmful consumption of alcohol results in 2.5 million deaths around the world annually. Alcohol misuse is now the third biggest risk factor to health behind tobacco and high blood pressure. Long term drinking has been linked directly to seven forms of cancer and there are also acute harms caused by binge drinking.

Our Vision is for Wirral to be a place that promotes a responsible attitude towards alcohol and minimises the risks, harms and costs of alcohol misuse to allow individuals, families and communities to lead healthier and safer lives.

Our ambition is to support Wirral to *have a healthier relationship with alcohol* by intervening as early as possible - we want to:

- Reduce alcohol-related health harms
- Reduce alcohol-related crime, anti-social behaviour and domestic abuse
- Establish diverse, vibrant and safe day time high streets and night time economy

Alcohol misuse impacts across a wide range of policy and service priorities i.e. accidents, sexual health, safeguarding and highlights the need for joint-working, as many of the targets held at an organisational level can rise or fall depending on the outcomes from effective partnership activities. We want to continue to build upon our established partnership working and achieve a co-ordinated approach to the delivery of this strategy that maximises resources and avoids unnecessary duplication of effort. In doing this we will ensure that the goals set out within this strategy are linked to other thematic areas and strategies.

It is expected for example that implementation of the strategy will complement the work of a range of other borough wide strategic plans where alcohol is also an issue. These include:

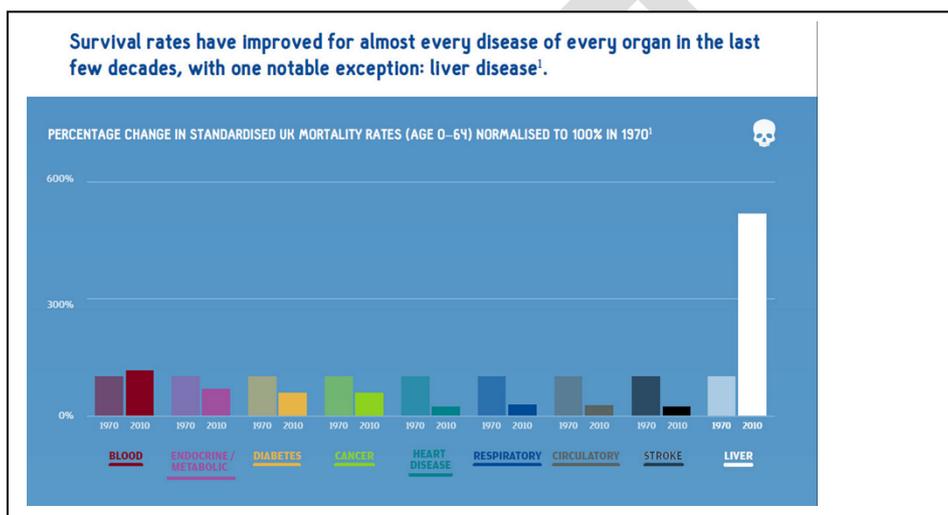
- Healthy Wirral Programme
- Children and Young People's Plan
- Community Safety Plan

The partnerships we adopt however will also need to extend to sub-regional and regional alliances where collective approaches to address complex issues or achieve policy change are required e.g. action on minimum unit pricing, legislation on licensing, advertising and marketing standards.

3.0 What We Know

National picture

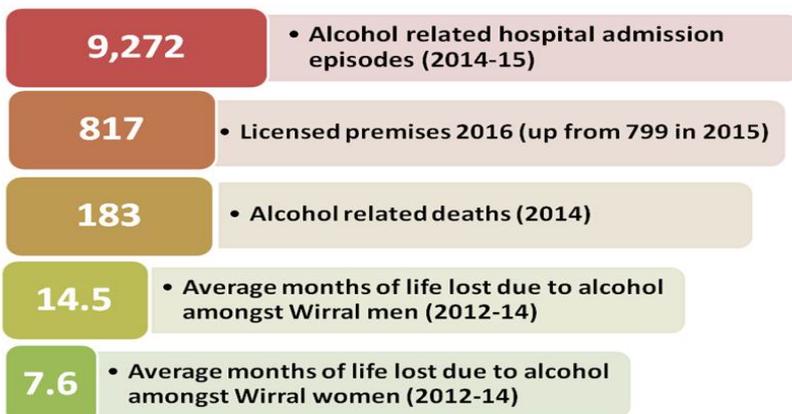
Drinking alcohol has been part of British culture for hundreds of years, 85% of adults drink alcohol however **1 in 5 adults** drink too much. The average amount of alcohol drunk per person per year has increased **from 5 litres in the 1950s to 11 litres today**. Societal harm in the UK from alcohol includes **one million incidents of violent crime**, over **100,000** cases of domestic abuse, and over **250 deaths from drink driving**. Nearly 15,000 deaths per year in England are caused by alcohol this is **3% of all deaths**. Drinking at unsafe levels has fallen slightly in the last 5 years, though is increasing in young women. The total societal cost of alcohol misuse is **£21billion per year**.



What's the Wirral story?

The main intelligence source for local data is the Joint Strategic Needs Assessment which has a comprehensive chapter on alcohol statistics¹.

Alcohol in Wirral

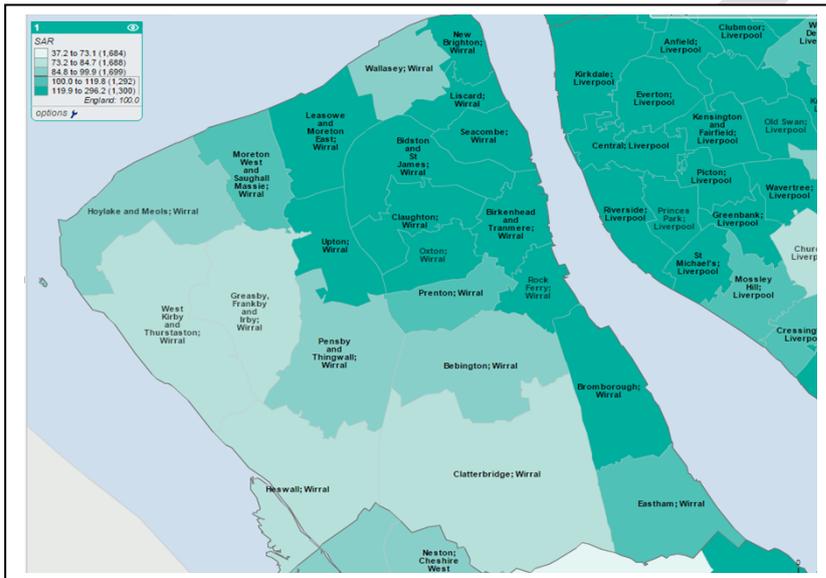


*9,272 admission episodes relates to the number of admissions and not individuals
[N.B. Some of these figures change regularly, so those included here were accurate as of July 2016]

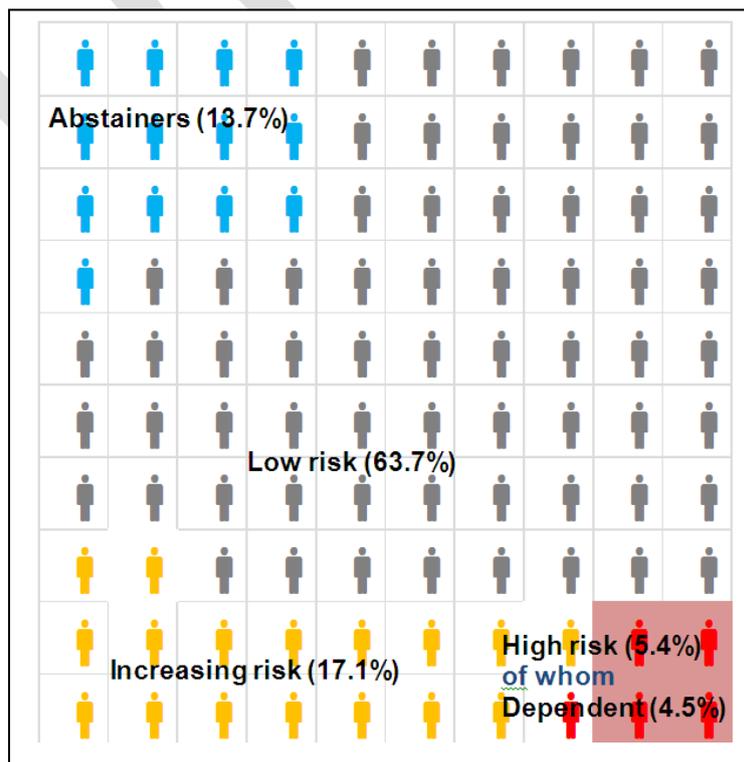
¹ <http://info.wirral.nhs.uk/ourjsna/wirral2009-10/alcoholdependency/>

Wirral is an area of great contrasts. There is a 10 year difference in life expectancy between the Rock Ferry (74yrs) and Heswall (84yrs) wards, with alcohol abuse being a major cause of the difference. The map below illustrates the admissions to hospital for conditions attributable to alcohol misuse. It shows that the higher levels of admission relate to our areas of high socio-economic deprivation. For 2011-13 Wirral had 19 deaths per 100,000 residents due to alcohol misuse compared to an England death rate 12 people per 100,000. Locally men lost 16 months of life due to alcohol abuse (the England rate was 12 months), women lost 7 months (the England rate was 6 months).

Hospital admissions for alcohol attributable conditions 2008/09 to 2012/13



Estimates show Wirral having a higher proportion of dependent drinkers and increasing risk drinkers than the national figures but a slightly lower proportion of higher risk patients. The Borough also has a lower proportion of abstainers than the North West and England.



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Between 2001–2012 there has been a 40% increase in deaths with an underlying cause of liver disease (7,841 to 10,948) in England. In Wirral between 2010-2012 the average number of years of life lost in those aged under 75 from liver disease is 54 per 10,000 persons this compares to rates of 33 per 10,000 for breast cancer and 22 per 10,000 for stroke.

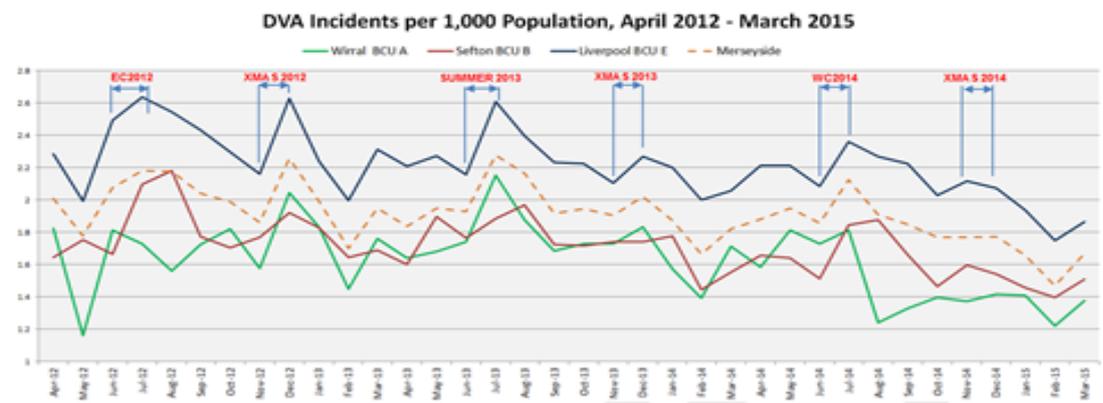
In Wirral the rate of premature mortality from liver disease between 2012-2014 was significantly higher than the England average for females (19.1 per 100,000 population) and males (30.7 per 100,000 population). In 2014/15 there were 610 hospital admissions in Wirral (all persons) for alcoholic liver disease condition.

The economic cost to Wirral of alcohol problems is considerable, estimated at **£127million per year**. This comprises of costs to the health and social care systems, criminal justice costs, and lost productivity. Alcohol is thought to **cost the Wirral Healthcare system £25 million** each year (this may be a greater cost than tobacco), and **1 in 9 crimes** on the Wirral are alcohol-related.

As at 21st July 2016 there were **817 licensed premises** in Wirral (2.49 per 1,000 population), with more licenced premises per head of population in more deprived areas.

Alcohol

Alcohol is a well evidenced trigger for domestic abuse



Peaks in the number of domestic abuse incidents reported are strongly associated with periods of increased alcohol consumption

EC- Euros football tournament
WC = World Cup

The peaks in the number of domestic abuse incidents reported are quite strongly associated with periods of increased alcohol consumption within the general population. These include notable footballing events, summer and Christmas. While alcohol consumption does not necessarily lead to domestic abuse in most cases, the data suggests that it can be a trigger for some individuals who are already predisposed to abusive behaviours.

Talking and listening to local people

The data relating to the impact of alcohol on the Wirral population and economy is very well known within the various professional stakeholders. But to ensure that this data is brought to life, and connected to the real experience of those living and working on the Wirral, this strategy is also committed to including the experiences, views and priorities of those who live in the diverse Wirral community.

To create a strategy with aims and objectives that are supported by local people, there is a commitment to having close and regular dialogue with the population about what they perceive the issues to be. One approach to this commitment is illustrated by the **Alcohol Inquiry** that was conducted between October 2015 and March 2016 by the community engagement specialists, Shared Future (a social enterprise). The aim of the project was to bring together a diverse group of residents to deliberate and discuss, over 9 sessions, the question, *“What can we all do to make it easier for people to have a healthier relationship with Alcohol?”*

The Inquiry was loosely based on the model of a “Citizens’ Jury”. In total 20 Citizens of Wirral were recruited from the 4 constituency areas and came together to be presented to over the 9 weeks by various expert witnesses from the field, providing them with a wide range of experience, knowledge and perspective. The Citizens group learnt and reflected, then discussed and debated what the issues meant to them, their peers, and those in their respective neighbourhoods. From this they produced their own set of recommendations, as residents’ representative of the diversity of the Borough, for what actions need to happen to make it easier for people of Wirral to have a healthier relationship with alcohol. These recommendations included the following, and will now inform the action plan for the strategy;

Inquiry Recommendations

- Limit the number of licensed premises and make it easier for the public to object to licensing applications; educate the public that you can have a say on local licensing; explore how we can make it easier for the public to have their say on local licensing.
- Community projects for young people and adults which provide alternatives to drinking alcohol; keep people together and offer new ways to make friends, and gain life, social and work skills
- Fifth licensing objective “to protect health and reduce anti-social behaviour and domestic violence”
- Publicise the wider cost of alcohol to the people of the Wirral (A & E, Police, Fire Service, Social Services, Mental health) and ask “what could we buy with this money otherwise?”
- Make the whole of Wirral a ‘no street drinking’ zone including beaches and parks
- Create a social media campaign with local images so that the community of Wirral ‘takes a step back and reflects on their own relationship with alcohol’.
- Instigate a Young People’s Alcohol Inquiry.
- More help for people with both mental health and alcohol problems.
- Reduce impulse-buying of alcohol in supermarkets by having special sales areas for alcohol,
- Separated from other goods and away from the check outs
- Publish Alcohol Inquiry recommendations to create a public conversation across Wirral about how people can have a healthier relationship with alcohol e.g. social media, vintage radio etc.
- More interactive education for young people. Education that allows young people to discover for themselves what’s involved and to then make their own decisions

There will be a continued commitment through the lifetime of this strategy, to sustaining this open dialogue with the community of Wirral through projects such as this one, and through other channels and regular practices that will be developed.

In order to reduce alcohol related harm in Wirral, this strategy will cover the following areas:

Prevention – information and education are necessary components of a comprehensive approach to reducing the harm from alcohol. Interventions such as media campaigns and school education programmes are important both in increasing knowledge and in changing attitudes towards alcohol. The National Institute for Health and Care Excellence recommends that alcohol education should be an integral part of the school curriculum and should be tailored for different age groups and learning needs¹ and the work of the Children and Young People’s department is therefore critical in delivering.

However the evidence suggests that information and education initiatives on their own are unlikely to deliver sustained changes in drinking behaviour. They will only help to change behaviour if they are supported by the actions in the areas outlined below².

Early identification – there is strong evidence that opportunistic early identification and brief advice is effective in reducing alcohol consumption and related problems. NICE has recommended widespread implementation of early identification and brief advice in a range of health and social care settings³. This strategy will aim to engage the widest partnership in adopting this approach.

Merseyside Fire and Rescue Service is offering Information and Brief Advice to people at risk of alcohol harm, followed by the offer of a referral to specialist services, through their Home Fire Safety Check programme.

Treatment – NICE has published detailed guidance on the identification, assessment and management of harmful drinking and alcohol dependence. These guidelines recommend improved access to effective interventions delivered by specialist services. These include psychological interventions and community based assisted withdrawal programmes⁴. Alcohol treatment has been shown to be highly cost effective; for every £1 spent in treatment the public sector saves £5⁵.

The Royal College of Physicians recommend that every acute hospital has an Alcohol Liaison Nurse Service to manage patients with alcohol problems within the hospital and liaise with community services⁶.

Wirral University Teaching Hospital NHS Foundation Trust now has a team of Substance Misuse Liaison Nurses who in the 12 months from April 2015 to March 2016 engaged with 2,448 people on the wards with alcohol as a contributor to their admission, offering them further specialist interventions, including referral to the community alcohol services after discharge.

Prevalence studies in the UK demonstrated that there are significant levels of mental health problems amongst people with alcohol problems (both in and out of treatment). In addition between a quarter and a third of people with serious long-term mental health problems are drinking at harmful or dependent levels. Evidence shows outcomes are improved if mental health and substance misuse services offer “integrated treatment” for both alcohol and mental health problems and work jointly for the most complex cases.

Cheshire and Wirral Partnership NHS Foundation Trust and Wirral Ways to Recovery specialist substance misuse service, have worked together to develop a Dual Diagnosis protocol and pathway.

Price of alcohol – making alcohol less affordable is the most effective way of reducing alcohol-related harm.

- There is overwhelming evidence that increasing the price of alcohol through taxation reduces alcohol intake.
- There is also clear evidence that reductions in alcohol consumption achieved through price increases translate into reductions in alcohol related harm.
- Increases in the price of alcohol are associated with reductions in alcohol-related deaths and illness, traffic crash fatalities and drink driving, incidences of risky sexual behaviour and sexually transmitted infections, other drug use, violence and crime.
- The reverse is also true: price cuts increase harm⁷.

An important study from the University of Sheffield has calculated that setting a minimum unit cost of 50p per unit of alcohol means that nationally each year there could be 98,000 fewer hospital admissions, 3,000 lives saved and 40,000 fewer crimes⁸.

Availability of alcohol – international evidence suggests that making it less easy to buy alcohol by reducing the outlets selling it in a given area and the days and hours when it can be sold, is an effective way of reducing alcohol-related harm. Based upon this evidence expert bodies including the Northern Institute Clinical Research (NICR) have recommended that legislation on licensing should be revised to include protection of the public’s health as one of its objectives⁹. The Organisation for Economic Co-operation and Development has drawn together research that reports on the strong link between the affordability and availability of alcohol and the incidence of harmful drinking (*OECD Paper No. 79, Alcohol Consumption and Harmful Drinking: Trends and Social disparities across OECD Countries*)

In a 2011 report from Alcohol Concern they found a statistically significant relationship between the density of off-licenced premises and hospital admissions in young people under 18 relating to alcohol misuse.

The promotion of alcohol – there is evidence that alcohol advertising does affect children and young people. It shows that exposure to alcohol advertising is associated with the onset of drinking amongst young people and increased consumption among those who already

drink. All of the evidence suggests that children and young people should be protected as much as possible by strengthening current regulations.

An article in the Journal, Alcohol and Alcoholism reported in 2009¹⁰ – “In the UK the rise in the affordability of alcohol by 65% between 1980-2006, the extension of hours of sale for both on-premise and off-premise outlets in 2003, combined with extensive advertising and the promotion of alcohol have been linked with an increase in consumption and drinking related damage.”

Reducing alcohol-related crime and disorder and promoting a vibrant and diverse night time economy

Policy tools that can reduce problems, associated with alcohol, crime and disorder and the night time economy include¹¹:

- Alcohol pricing:
- Licensing
 - Outlet density and mix
 - Monitoring and enforcement
 - Licensing hours
- Premise design and operations
 - Glassware management within premises
 - Manager and staff training
 - Accreditation and awards
 - Environment within the premise (covering capacity, layout, seating, games, food and general atmosphere)
- Public realm design
 - CCTV
 - Street lighting
 - Active frontages
 - Public toilet provision
 - Glassware management outside premises
 - General layout
- Policing (covering targeted policing, street policing, third party policing, transport policing, anti-social behaviour/drink banning orders and alcohol arrest referral schemes) Transport (covering buses, taxis and parking)
- Public education campaigns and community engagement

The Institute of Alcohol Studies (May 2013) reported on evidence that indicated the correlation between the density of outlets licensed to sell alcohol and the occurrence of alcohol related crime and anti-social behaviour)

The most effective approaches to tackling alcohol misuse seem to be those that consist of several policy elements or are multicomponent approaches, guided by evidence on local needs/demands.

This strategy will focus on action to address these issues and identify those areas where we need to work beyond Wirral's boundaries to influence policy making and maximise opportunities presented by the devolution agenda.

4.0 Our Priorities

Our priorities for action are:

- **To encourage and support responsible attitudes and behaviours towards alcohol consumption**
- **To deliver evidenced based, recovery focused treatment support to meet individual needs and reduce the effects on health caused by excessive alcohol consumption**
- **To reduce the number of people who experience crime and disorder related to alcohol misuse**
- **To protect children, young people and their families from harm related to alcohol misuse**
- **To ensure via local licensing decisions and influencing of government policy that accessibility of alcohol is responsibly controlled**

These priorities will be achieved by adopting a structured and co-ordinated approach across a wide partnership of stakeholders, including the population of Wirral.

5.0 How we will deliver this strategy

The delivery of this strategy will be in partnership with local residents and public, private and voluntary sector organisations. We will deliver the ambitions outlined within this pledge through the following action plan and other key strategies and plans which focus on housing, education, regeneration and promoting the health and wellbeing of local people.

The agreed actions will be delivered over the lifetime of this pledge with detailed project plans to be developed to ensure there is regular review and monitoring of the actions. There will also be further engagement and consultation with residents, partner organisations and other stakeholders as we develop more detailed action plans.

5.1 Action Plan

Action	By When	Lead Organisation
Priority One:		
To encourage and support responsible attitudes and behaviours towards alcohol consumption		
Reduce the number of adults drinking above NHS guidelines through: <ul style="list-style-type: none"> the sustained promotion of sensible drinking by encouraging and supporting the early identification of problematic drinking increasing the provision of information and brief advice particularly for those drinkers identified as being at greater risk 		
Expand the coverage of the Reducing the Strength scheme, and other schemes that support safer drinking		
Support the development of workplace policies and initiatives to reduce alcohol related harm		
Priority Two		
To deliver evidenced based, recovery focused treatment support to meet individual needs and reduce the effects on health caused by excessive alcohol consumption		
Pursue effective engagement of alcohol related attendees at hospital to prevent or significantly reduce attendance		
Provide effective evidenced 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		
Increase the number of people accessing services who go on to use this engagement to become sober and sustain their sobriety		
Ensure access to appropriate housing, and associated support, is available for local alcohol misusers, particularly those who are homeless, to		

Action	By When	Lead Organisation
support their recovery		
Priority Three		
Reduce the number of people who experience crime and disorder related to alcohol misuse		
Work with key agencies to implement structures and interventions to achieve a reduction in <ul style="list-style-type: none"> • alcohol-related domestic abuse inclusive of repeat victimisation and offending • alcohol-related violence • alcohol-related anti-social behaviour • alcohol-related offending 		
Work with businesses and other partners engaged with the night time economy and the wider alcohol industry to reduce alcohol-related harm		
Bring together all key partners to reduce the availability of and access to alcohol		
Priority Four		
Protect children, young people and their families from harm related to alcohol misuse		
Develop an approach to promote the dangers of drinking whilst pregnant		
Ensure early identification and access to effective treatment and support for young people at risk of developing alcohol-related problems		
Increase levels of awareness, knowledge and skills ensuring more young people are deterred from harmful drinking, by <ul style="list-style-type: none"> ○ 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. ○ developing a comprehensive and consistent alcohol harm reduction message for young people to be delivered through the school system. 		
Priority Five		
To ensure via local licensing decisions and influencing of government policy that accessibility of alcohol is responsibly controlled		
Inform and support national policy, legislation and campaigns that assist the local reduction of alcohol-related harm		

5.2 How Will We Know if We are Getting it Right

In order to achieve our vision and minimise the harm from alcohol in Wirral the strategy will seek to deliver the following interrelated outcomes:

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- Reduce alcohol-related health harms
- Reduce alcohol-related crime, anti-social behaviour and domestic abuse
- Establish a diverse, vibrant and safe night time economy

High level indicators have been selected in order to monitor progress towards these outcomes:

Outcome	Indicators
Reduce alcohol-related health harms	<ul style="list-style-type: none">• Under 18 alcohol specific hospital admissions• Alcohol specific hospital admissions (Working age adults 18-64)• Alcohol specific hospital admissions (older adults 65+)
Reduce alcohol-related crime, anti-social behaviour and domestic abuse	<ul style="list-style-type: none">• Alcohol-related recorded crime• Alcohol-related violent crime• Alcohol-related sexual crime
Establish a diverse, vibrant and safe night time economy	<ul style="list-style-type: none">• Reductions in night time economy crime and anti-social behaviour• Improved public perceptions of town centres at night

6.0 Conclusion

In developing this strategy we have listened to what our residents have told us is important to them to develop a different relationship with alcohol and reviewed the evidence base of what works to help people have a different relationship with alcohol.

7.0 Steering Group Members

The following organisations and individuals have all contributed to and commented on the development of this strategy.

8.0 References

¹ NICE public health guidance 7: School based interventions on alcohol

² WHO. Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm

³ NICE public health guidance 24: Preventing Harmful Drinking

⁴ NICE clinical guidance 115: Diagnosis, assessment and management of harmful drinking and alcohol dependence

⁵ Russell et al (2005) Cost-effectiveness of treatment for alcohol problems: findings of randomised UK Alcohol Treatment Trial. British Medical Journal, 331 pp. 554-547.

⁶ Department of Health: Commissioning to improve the outcome for people at risk of alcohol-related harm

⁷ Health First: An evidence based alcohol strategy for the UK

⁸ For more information visit: <http://minimumpricinginfo/how-does-a-50p-minimum-unit-price-help/>

⁹ NICE public health guidance 24: Alcohol-use disorders: preventing harmful drinking

¹⁰ Alcohol & Alcoholism Vol. 44, No. 5, pp. 500–516, 2009

¹¹ Greater London Authority. Alcohol consumption in the night-time economy

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