Northamptonshire Alcohol Harm Reduction Strategy 2010 – 2015

Version 10 (March 2010)
Northamptonshire Alcohol Harm Reduction Strategy

1. Background

1.1 Introduction

In Northamptonshire alcohol affects the lives of many of its residents. Its effects can be seen in all aspects of life and we all pay a high price in putting it right.

A partnership approach is essential to ensure an effective response.

The 2009 Comprehensive Area Assessment (CAA) for Northamptonshire gave the county a red flag in respect of issues connected to alcohol related harm. The report acknowledged the Northamptonshire Alcohol Harm Reduction Strategy agreed in 2006 but stated it had not been effective. Whilst recognising there were individual good pieces of work going on the report stated that until services started to deliver a concerted effective focus on alcohol harm the situation was unlikely to improve.

This strategy is intended to develop Northamptonshire as a leading County Partnership for tackling the causes of alcohol related harm with robust actions, which on the one hand, provide information, advice and treatment to those who seek it, and on the other, target those who are acting irresponsibly through inappropriate sale or abuse of alcohol. The overall aim of this strategy is to make Northamptonshire a place to enjoy alcohol safely and responsibly.

Based on estimates provided by the Cabinet Office Strategy Unit, alcohol related harm costs every household in England & Wales on average £925 a year (costs relate to health, police, fire, unemployment and community cohesion). Based on the Office of National Statistics estimates these would equate to approximately £271 million per annum for the households of Northamptonshire.

Alcohol misuse is a substantial problem that impacts across our services:
- Impairs the health and quality of life of our residents
- Is associated with crime and anti-social behaviour
- Creates pressures on our local health, social care and enforcement systems
- Affects our local economy by causing sickness from work.

Alcohol misuse in Northamptonshire is on the increase and is demonstrated by the rapid increase in alcohol related hospital admissions over recent years (109% between 2002/3 and 2008/9), this increase has consistently remained higher than the East Midlands or England Average (EMPHO, 2009). At present, it is estimated that approximately one adult in three in Northamptonshire is regularly drinking at above the recommended safe levels (Department of Health estimate).

While Northamptonshire is a safe place to live, by understanding the risks and effects of alcohol we can make it safer. In addition, we can reduce the harm to
ourselves by drinking responsibly. This will benefit not only our personal health but also strengthen our relationships and employability. We believe that we all should have the right to enjoy drinking alcohol responsibly, in a way which does not affect our health or the health and wellbeing of others. As part of the culture change people should feel confident to challenge those who are misusing alcohol and not see it as a mitigating factor. To do this we need to minimise the risks we take when drinking alcohol and understand the consequences of abusing the recommended safe limits.

To achieve this there will be a wide range of activities that will support the achievement of the strategy’s objectives, and it is important that these are both responsive and designed to deal with bespoke and countywide problems. It will be important that each locality examine the extent of its alcohol problems to identify gaps in provision of information and treatment. Crime and Disorder Reduction Partnerships and/or Local Strategic Partnerships will produce localised action plans to respond to the specific issues within their geographical area. It is also clear that the strategy will need to be supported by strong partnerships to attract diverse resources to support mutually beneficial outcomes.

Underpinning successful interventions or treatment is the need for the client to wish to change their drinking behaviour. In many cases those exhibiting unacceptable drinking behaviours (such as binge drinking) do not understand the risks to themselves or to others that they are taking, nor do they believe that they have a drinking problem. As public awareness and understanding becomes prevalent it will be essential that we have a robust infrastructure to provide the advice and interventions and where necessary treatment without long waiting times.

Nearly all children and young people will experiment with alcohol at some time during their passage to adulthood and we need to provide them with the appropriate advice and guidance. About one in three young people will begin to regularly drink above the recommended levels once they have left school. It is important that these young people have a full appreciation of the risks so that they do not become problematic or harmful drinkers as young adults.

Alongside the development of increased personal understanding of the risks associated with drinking above the recommended limits we need to support a responsible drinking culture in Northamptonshire by ensuring that those who sell alcohol support the same standard of responsibility. Where suppliers consistently fail to meet these standards we need to ensure that they are vigorously challenged and held to account for their actions.

1.2 Alcohol-related harm: local profile

Two-thirds of Northamptonshire’s population are either low risk (those drinking within the national recommended daily limits) or non-drinkers. This estimate is based on a needs assessment which incorporates local consultation and survey
responses with national ones to provide an estimate of drinking levels. While there is a view that this estimate is on the low side it has merit in that as a working model it accurately predicts the numbers of people requiring treatment.

The Government sponsored North West Public Health Observatory provides seventeen statistical indicators of alcohol related harm broken down by local authority area. The seven borough and district areas display diverse profiles with Corby showing some of the highest rates of alcohol related harm in the East Midlands and South Northamptonshire some of the lowest. There are indications that other areas of the county are approaching the levels of Corby in terms of alcohol related harm. Each area needs to develop robust structures to tackle the issues related to alcohol harm in their locality.

The figures below are based on the 2007 estimated adult population of Northamptonshire. Of the people drinking above the recommended limits in 61% are adult males and 39% are adult females.

- At Risk Drinkers: 84,227 Men are drinking over 3-4 units/day; and, 56,220 Women over 2-3 units/day - women drinking more than 14 units and up to 35 units of alcohol per week and men drinking more than 21 units and up to 50 units of alcohol per week, These drinkers may have avoided significant alcohol related problems so far but they will still benefit from brief advice about their alcohol use.

- Higher Risk Drinkers: 21,736 Men are drinking over 8 units/day; and, 14,055 Women over 6 units/day.- women drinking over 35 units and men drinking over 50 units of alcohol per week who show clear evidence of some alcohol-related harm, which may be physical or mental.

- Dependent drinkers - have a definite problem with drinking and in severe cases may be physically dependent. Usually, Men over 100 units/week; Women over 70 units/week. In Northamptonshire we estimate about 2,000 men and 1,500 women are dependent drinkers. (Northamptonshire Adult Alcohol Needs Assessment 2009)

Binge drinking is a recognised and growing problem in Northamptonshire and it is currently estimated by Northamptonshire PCT that there are 90,000 binge drinkers in the county. Binge drinkers exhibit a varied type of drinking behavior which often results in crime, antisocial behavior and minor injury. This can have a significant impact on the numbers attending Accident and Emergency Departments at local hospitals.

There is growing evidence in Northamptonshire, reflecting other trends across the country, that middle aged drinkers are increasingly drinking above safe limits, indeed the greatest contribution to the increase in alcohol related hospital admissions between 2002/3 and 2008/9 was from individuals who were aged 60-69 (East Midlands Public Health Observatory, 2010), who accounted for 22% of the increase. Therefore there is a need to ensure that awareness raising
interventions and appropriate support and treatment are made available to middle aged drinkers as part of this strategy.

The 2009 Northamptonshire Place Survey indicated that across the county 24.1% of people stated that drunk and rowdy behaviour was a problem in their local area a fall of 3.3% on the previous year. However, within the data there are significant local variances with Corby and East Northants having a much higher perception of this issue as a problem than other localities.

2. Local priorities in tackling alcohol-related harm

2.1 Identified Gaps

The 2009 CAA for Northamptonshire identified a number of gaps in relation to the provision of services regarding alcohol-related matters as follows:

- “Alcohol consumption causes a high number of health problems and accidents in Northamptonshire. It is also a significant reason for the high levels of violent crime. Public bodies are not coordinating their activities well enough to deal with this.”
- “Local services have not had a concerted effective focus on alcohol harm. Although the Drug and Alcohol Action Team (DAAT) Plan for 2008/09 recognises the close link between drug and alcohol misuse it makes no reference to the Strategy. Despite action plans for children and young people making a link between drugs and alcohol action plans for adults do not say what should be done.”
- “Although local services have projects on alcohol awareness and the consequences of drinking too much, they have not sorted out what else they need to do to jointly to reduce all the different problems that drinking alcohol is causing for many local people.”

The November 2009 Northamptonshire Public Service Board Conference identified that we rely solely on police data to analyse and understand alcohol related violence issues in terms of locality. Alcohol related violence linked to the night time economy is not solely focussed on urban centres and further temporal and geographical analysis is required as people access and exit town centres at varying terms of night.

A further outcome from the conference was the recognition of the need to more fully engage with a wide range of young people to better understand the causes of their drinking and what could be done that would change their behaviour. In so doing we would give them a stronger voice around the management of alcohol misuse. We will, in addition, develop a specific route into treatment for people with dual diagnosis of alcohol misuse and mental health problems.

Across the county and agencies there are inconsistent referral pathways into treatment services. All agencies need to ensure that their referral pathways are
designed to be the most effective and are clear and well sign posted for both staff and clients.

Currently within accident and emergency departments there is a need to develop practises that recognise and treat all levels of alcohol abuse. Patients often present themselves with injuries that have alcohol as a cause and we need to ensure that action is taken to address the cause of the injury as well as the injury itself. We need to provide appropriate services within Accident and Emergency to ensure at-risk patients are identified, correct advice is offered, and follow-up treatment is available if appropriate.

Analysis has shown that in Northamptonshire we have patterns of problematic drinking which vary between the Boroughs and Districts. Problematic drinking can manifest itself in a number of ways such as alcohol related health issues, domestic abuse, challenges related to the night time economy and alcohol fuelled violence and anti social behaviour. In addition some areas suffer with high levels of perception of anti social behaviour much of which can be associated with alcohol. In summary, the drinking economy is not consistent within areas and there is a need for engagement with Local Strategic Partnerships, Crime and Disorder Reduction Partnerships and local licensing authorities to develop local plans for local issues supported by countywide infrastructure the countywide statement of licensing policy.

Economic impacts are changing the night time economy which has the potential for a growth in alcohol related harm to local communities caused by new social networks meeting and drinking outside of licensed establishments.

2.2 Strategic Aims

The Alcohol Strategy will be a key contributor to achieving Northamptonshire’s aspiration to be the ‘Fittest County in the Country’ and to gaining agreement across partner organisations to making far reaching commitments to addressing alcohol through the proposed ‘declaration of Health and well Being’ for Northamptonshire.

This strategy has been developed on the best national and international evidence available and will deliver a wide range of benefits to Northamptonshire. It will:

- Make a significant contribution to improving health and well-being
- Reduce alcohol-related hospital admissions
- Reduce Accident & Emergency attendances
- Reduce alcohol related crime and anti-social behaviour
- Improve confidence in the police and local authorities
- Reduce family alcohol related harm
- Reduce alcohol related unemployment
- Reduce the working days lost due to alcohol
2.3 Strategic Themes and Priorities

Three strong themes that focus on changing behaviour underpin what we want to achieve in the county:

- The promotion of a culture of safe and responsible drinking in Northamptonshire where people do not cause harm to themselves or others through the quantity of alcohol that they are drinking or the manner in which they are drinking it.

- To increase public awareness and understanding of alcohol, safe drinking limits, and the risks of drinking at higher levels. Providing advice, interventions and treatment to those people who are exhibiting harmful behaviours, illness or criminal behaviour through excessive alcohol consumption.

- To develop a robust policy for enforcement and responsible retailing for those who supply alcohol and where problematic drinking leads to criminal or anti-social behaviour to ensure that individuals are processed in a way that leads to a change in their behaviour.

Sustainability will be ensured through having a community-based focus to all the activities that are undertaken.

Key activity will focus on four strategic priorities:

I. Providing education and awareness

A co-ordinated approach is needed across agencies on alcohol related issues and we need to develop a communications strategy for the county that ensures consistent messages are used to create the maximum impact. This strategy will exploit all media opportunities that currently exist.

A programme of activity is underway in Northamptonshire to address the increase in alcohol related hospital admissions and to reduce alcohol related harms across the county in collaboration with partner organisations. The work will include the development of a social marketing campaign around alcohol in 2010/11 to raise awareness and understanding of alcohol related harms building on the work already developed in 2009/10. The target audiences identified are 18-25 and 35-50 age groups.

The objectives of this campaign will be to contribute to the halt and then reduction of the number of alcohol related hospital admissions within Northamptonshire in line with the PCT targets.
In support of the local economy, alcohol awareness programmes and training will be made available to local employers and organisations with the aim of reducing the amount of sickness absence taken by staff.

There is a need to ensure that all young people receive appropriate, evidence based education about alcohol. It is essential that awareness is raised around safe and sensible alcohol consumption. Personal, Social and Health Education (PSHE) lessons in school are the core of this and we need to regularly test that these are fit for purpose. PSHE accreditation for both teachers and school nurses will be supported. Feedback from young people should shape the delivery of information to ensure all young people understand the risks.

Formal education will be reinforced by the provision of information and advice to parents, carers and others who look after young and vulnerable people about keeping and supplying alcohol in the home. We have to enable parents to carry out their responsibility to educate their children in relation to responsible behaviour in relation to alcohol.

The culture of binge drinking in young people is well documented nationally and we will undertake research to better understand problematic drinking in Northamptonshire and what might change the behaviour of young people in order to enable us to design appropriate strategies.

II. Managing the supply and pricing of alcohol

Licensing, environmental health legislation and planning provisions provide opportunities to promote a safe and sensible drinking culture which supports a safe and vibrant evening and night-time economy across the county. The work currently being undertaken by Kettering Borough Council and commended to the government by the Local Government Association with regards to minimum pricing is an opportunity to influence the national debate on alcohol. Any opportunity to pilot such a proposal would demonstrate Northamptonshire’s desire to be a leading County Partnership for tackling the causes of alcohol related harm.

The supply and pricing of alcohol is undertaken by the licensed trade as part of their business plans and dictated by market forces. There is a need to work closely with the trade in order that they understand and support the concept of having a mixed vibrant night time economy within Northamptonshire and formulate their plans accordingly. Local areas need to consider this strategy when making planning decisions and ensure local licensing committees have an understanding of local needs.

Organisations must support licensees through forums such as Pubwatch and other trade groups by encouraging good practice with schemes such as Best Bar None and Challenge 25. At the same time as promoting good practice there needs to be compliance checking and monitoring of activity that will be delivered
through structured multi-agency intelligence led visits to licensed premises. Where offences or poor practise is identified there will be robust action to tackle the issues raised either through remedial action or enforcement as appropriate.

In order to ensure enforcement action is best prioritised there is a need to improve data sharing between agencies to assist in identifying licensed premises and other locations that have significant issues associated with alcohol.

III. Delivering health and treatment services

NHS Northamptonshire has approved funding of £1.15m to reduce alcohol-related hospital admissions through treating patients more effectively in the community. This investment, which will cover 30 months from October 2009 – March 2012, is in additional Alcohol Treatment Services. These will increase community based treatment and so reduce existing waiting lists and the risk of relapse.

All treatment will be provided in line with the national quality standard. There will be an ongoing need to analyse the data and the impact of the structured treatment services on reducing alcohol related admissions.

A key priority will be the introduction of screening and brief interventions for risky and increasing risk drinkers in primary care, A&E and criminal justice settings. The range of services will be monitored and evaluated.

We will continue to develop aftercare including a range of wraparound services. Support will also be provided for those recovering from alcohol addiction particularly those discharged from hospitals, prisons and residential alcohol treatment in order to prevent relapse.

Specialist treatment interventions for young people will recognise that they often have multiple needs which require on-going support and co-ordination in their communities.

If the young person is not involved in Anti Social Behaviour or at risk of offending behaviour then the national Common Assessment Framework (CAF) will provide an assessment tool for young people with identified needs. It will be necessary to ensure that the CAF identifies difficulties related to alcohol leading to appropriate responses.

Those young people identified as involved in Anti Social Behaviour or at risk of offending behaviour will be referred to the Prevention Through Learning Progamme (PTLP) for ONSET assessment. Onset is a Youth Justice Board tool to measure risk of offending in relation to 12 Risk and Protective Factors, including substance misuse/ use of alcohol. PTLP will link young people into CAF or safeguarding processes as appropriate.
The Youth Alcohol Action Plan outlines a range of criminal justice interventions designed to stop young people from using alcohol in public places. This provides an opportunity to develop appropriate interventions prior to them entering the criminal justice system as a result of problematic drinking.

Work will be undertaken to ensure a smooth transition from young people’s services to adult services.

**IV. Reducing alcohol related crime and disorder**

It is a priority to tackle crime and antisocial behaviour linked to alcohol and we will ensure that there are pathways from the criminal justice system to treatment services for both persistent drunken offenders and those who are first experiencing problems due to alcohol.

An ongoing priority will be to manage alcohol misuse effectively within the night-time economy thereby reducing the levels of violent crime and making our town centres safe places for all to visit and enjoy. The 2008/09 British crime Survey indicated that 47% of victims of violent crime believed the offender was under the influence of alcohol. Under the banner of Operation Nightsafe we will ensure there is a highly visible policing style within our town centres, that incorporates early interventions at key locations and the intelligence led targeting of resources at identified violence hotspots.

We will continue to work with stakeholders to ensure the development of a planned and balanced night-time economy. An emerging focus will be to look at the implications of home drinking and its relationship to the night-time economy.

The Alcohol Strategy will link into domestic abuse strategies. Alcohol is a contributing factor to domestic abuse. Problem drinkers will be made aware of domestic abuse initiatives and where appropriate alcohol interventions will be part of programmes targeting perpetrators, and possibly victims, of domestic violence. Alcohol as well as being a coping mechanism for victims of domestic abuse can also be a defining factor in a victim not leaving the perpetrator. Improving the approach to partnership working around domestic abuse and alcohol misuse could decrease repeat victimisation and the escalation into categories of high risk for many victims.

There is a significant relationship between alcohol and rape and other sexual offences. Consumption of alcohol prior to an offence can have an impact on the behaviour and perceptions of both offenders and victims. People may be specifically targeted by perpetrators because they are drunk and therefore more vulnerable, and less likely to remember details of the attack and the identity of the attacker, or to be believed. Through creating a safer environment and encouraging people to drink more responsibly we can reduce the risk of people becoming victims of such crimes.
A number of high level outcomes have been identified from the strategy and these are cross cutting in relation to the strategic priorities as demonstrated in the table below.

<table>
<thead>
<tr>
<th></th>
<th>Providing education and awareness</th>
<th>Reducing alcohol related crime and disorder</th>
<th>Managing the supply and pricing of alcohol</th>
<th>Delivering health and treatment services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased awareness of alcohol effects and consequences among target groups</td>
<td>yes</td>
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<td>Everyone has access to appropriate information</td>
<td>yes</td>
<td>yes</td>
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<tr>
<td>Reduced accessibility to cheap alcohol (for vulnerable groups)</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
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<tr>
<td>A safe and vibrant night-time economy (especially in Northampton and Kettering?)</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
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<tr>
<td>Consistent licensing practice &amp; review</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
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<tr>
<td>Reduction in hospital related admissions</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
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<tr>
<td>Increased number of patients who complete treatment.</td>
<td>yes</td>
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<td>yes</td>
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<td>Improved use and sharing of data between organisations</td>
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<td>yes</td>
<td>yes</td>
<td>yes</td>
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<td>Earlier identification of individuals with alcohol misuse behaviours</td>
<td>yes</td>
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<td>Reduced perception of ASB (Single Confidence measure)</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
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<td>Improving understanding of young peoples attitudes towards alcohol</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
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<td>Reduction in the number of road casualties</td>
<td>yes</td>
<td>yes</td>
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</table>
3. Implementation of the Strategy

3.1 Strategic delivery framework

The DAAT Chief Officer Group will own the Northamptonshire Alcohol Harm Reduction Strategy reporting into the Chief Executives group as required. The Chief Executives group in turn will be accountable to the Public Service Board.

The strategy will be delivered by the Alcohol Co-ordination Group, either through direct action or through its sub-groups, the DAAT or individual agencies. The Alcohol Co-ordination Group will focus the direction of the strategy and will work with the Local Strategic Partnerships (LSPs) and CDRPs in each area to implement and deliver supporting activities identified through local profiles.

The chair of the Alcohol Co-ordination Group will be a member of the DAAT Chief Officer Group.

A broad and co-ordinated approach of all those involved with alcohol and related services at both County and local level, including voluntary and community organisations, will considerably increase the effectiveness of the strategy so that there is:

- A shared understanding of the issues and of the outcomes that need to be achieved
- Information sharing to ensure that the appropriate activities can be designed and delivered
- Cooperation and coordination between statutory, voluntary and community organisations as well as the licensed trade
- A consistent approach to reducing the harm caused by alcohol
- Consistent messages to the public and to those seeking help
- Arrangements to ensure that work on alcohol is integrated into the plans of The Local Area Agreement, Local Strategic Partnerships and Crime Reduction Partnerships as well as the strategic plans of partner organisations.

The alcohol strategy links to and supports other partnership strategies in the local area, including: CDRP Partnership Plan, Health Improvement Action Plan, Domestic Violence Strategy, and Children and Young People’s Plan.

The Children’s Trust will provide the means through which issues around alcohol relating to children and young people can be fully integrated into those of the wider community. The Children’s Trust Board will be engaged in the planning to inform and influence the strategy as it relates to children, young people and families, and to identify and champion children and young people's interests as part of the process of agreeing and implementing targets. We will work with the Children's Trust to ensure that the Alcohol Harm Reduction Strategy and its action plans are consistent with the Children and Young People’s Plan and help drive its delivery.
3.2 Monitoring, evaluation and review

The DAAT Chief Officers Group will monitor the action plan with quarterly performance reports.

An annual report on the effectiveness of the strategy and delivery plan will be presented to the Chief Executives group.

The Strategy will be reviewed annually by the DAAT Chief Officer Group, taking into account national, regional and local policy and other developments.

The strategy will also be externally reviewed as part of the Area Assessment carried out by the Audit Commission for CAA.
Glossary of terms
Comprehensive Area Assessment
Crime and Disorder Reduction Partnerships
Local Strategic Partnerships
binge drinking
place survey
Public Service Board
‘Fittest County in the Country’
social marketing
alcohol related hospital admissions
Pubwatch
Best Bar None and Challenge 25
NHS Northamptonshire
Common Assessment Framework
Prevention Through Learning Progamme
ONSET
Youth Alcohol Action Plan
British crime Survey
Operation Nightsafe
Safer Community Teams
Anti-Social Behaviour Units
Community Alcohol Projects
Retail of Alcohol Standards group
DAAT Chief Officer Group
Chief Executives group
Alcohol Co-ordination Group
DAAT
Local Area Agreement
Health Improvement Action Plan
Children and Young People’s Plan
Children's Trust

List of contributors
NHS Northamptonshire
Drug and Alcohol Action team
Northamptonshire Police

Appendices – Evidence, Health Needs Assessment, Targets, National Indicators, Recommended intake and explanation of units