Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Draft Refreshed Alcohol Harm Reduction Strategy for Bath and North East Somerset 2012

The previous strategy was produced in 2006

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November 2010

Avon and Somerset Constabulary

Avon and Somerset Probation Trust

new highway Bath

Royal United Hospital Bath NHS Trust

Developing Health & Independence DHI

Avon and Wiltshire Mental Health Partnership NHS Trust

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Summary

Our goal is to prevent the harm arising to individuals, families, and society from alcohol misuse in B&NES and to treat, rehabilitate and care for those people who misuse alcohol.

The draft strategy outlines where we would like to be with alcohol-harm reduction, harmonises with current local and national polices and plans, identifies the key needs, gaps, and priorities, and spells out the key initial actions we need to take.

Our vision is that local children and adults know about the physical and social effects of alcohol and take actions to drink sensibly and those who experience problems as a result of their own or other's drinking know where to seek help and will receive appropriate help in a timely fashion.

The draft strategy considers the 5 Year B&NES Strategic Plan 'Improving Health & Wellbeing in Bath & North East Somerset', the B&NES Community Safety Plan and the Responsible Authorities Group, and the B&NES Sustainable Community Strategy as well as national drivers such as the UK Government 2010 June Budget Statement, the Big Society, the Police Reform and Social Responsibility Bill, and the new mandatory drinking code.

The alcohol-harm reduction needs and gaps in services and organisation for B&NES were identified through routine information indicators, meetings, communications, and specific consultations. The only problem identified in B&NES by the North West Public Health Observatory Local Authority Alcohol Profile was a high proportion of staff working in bars. The total cost in B&NES of the harm arising from alcohol-use disorders is some £45.0 million a year. Research shows that for every £1 spent on treatment, the public sector saves £5. We need to gather the information on the current resourcing of local alcohol-harm reduction services urgently and evaluate how effective services are being delivered.

Current local services, groups and partnerships tackling alcohol related harm are described. The services are assessed against the models of care recommended and research evidence.

The overall governance of this Alcohol Related Harm Reduction Strategy will be through the Bath and North East Somerset Health and Wellbeing Partnership Board (or its successor body). The community safety aspects of the Strategy will be reported to the Responsible Authorities Group.

Stakeholders have identified 24 developmental service and organisational priorities for reducing the harm caused by alcohol misuse in B&NES. The top developmental ones are with the numbers indication priority:

<u>Service developments</u>

1. There is a need to increase alcohol treatment capacity for people in B&NES who misuse alcohol.

2. The identification of people in B&NES who misuse alcohol and are offered brief interventions needs consolidating in primary care and rolling out to other settings.

3. We need to find out if we are doing enough to identify, risk reduce, and support children of problem drinkers.

Organisational developments

4. There is a need for a B&NES Alcohol Harm Reduction Implementation Group or Annual Stakeholder Forum for checking progress.

5. We need a code spelling out the clear and consistent messages around alcohol and the behaviour expected of B&NES citizens and visitors that the local statutory agencies expect.

6. We need to identify the key local indicators and information sources for alcohol misuse priorities as part of our Joint Strategic Needs Assessment and report the position yearly.

7. We need a comprehensive care pathway for people with alcohol misuse in B&NES that is clear to users, citizens, commissioners, and providers.

8. We need to contribute to the Big Society initiative and engage local communities and citizens on reducing alcohol related harm.

1 Purpose and Scope

1.1 Our goal is to prevent the harm arising to individuals, families, and society from alcohol misuse in B&NES and to treat, rehabilitate and care for those people who misuse alcohol

1.2 The strategy outlines where we would like to be with alcohol-harm reduction, harmonises with current local and national polices and plans, identifies the key needs, gaps, and priorities, and spells out the key initial actions we need to take.

1.3 The scale of alcohol harm covered is the same as in the Alcohol Harm Reduction Strategy for England.[1] This covers health, crime and disorder, work problems, and family/community problems.

1.4 The Strategy is aimed to cover people of all ages (children and adults) who live, work or visit Bath and North East Somerset.

1.5 The strategy considers the services and partnerships available to prevent and reduce alcohol-related harm and treat, rehabilitate, and care for those who misuse alcohol

1.6 The outcomes we are seeking to achieve are:

- Increasing the number of people drinking sensibly within the daily safe limits (men should consume no more than 3-4 units daily and women 2-3 units daily)
- Decreasing the physical and emotional harm arising in people who misuse alcohol
- Decreasing the crime and disorder arising in people who misuse alcohol
- Decreasing the impairment at work arising in people who misuse alcohol
- Decreasing the amount of family and community harm related to alcohol misuse
- Preventing children and young people and adults from misusing alcohol

[1] Cabinet Office Prime Minister's Strategy Unit. The Alcohol Harm Reduction Strategy for England. London; Cabinet Office, 2004.

2 Vision

2.1 In Bath and North East Somerset we recognise that drinking is associated with a range of harms to individuals and wider communities. We will work together to reduce alcohol-related harms within our communities and better monitor the effects of alcohol on our community so that we can more effectively target our actions.

2.2 We will work to ensure that:

- information on the physical and social effects of alcohol is widely disseminated and appropriately targeted
- those who suffer problems as a result of their own or other's drinking know where to seek help and we will endeavour to provide appropriate help in a timely fashion

2.3 We will ensure that access to services is the same for all regardless of age, sex, disability, ethnicity, sexuality, or religion.

2.4 We will work to promote a culture where drinking is seen as an adjunct to having an enjoyable and sociable time and not as an end in itself. We recognise that drinking alcohol can form an enjoyable part of socialising and we will seek to encourage the development of a variety of venues where drink is available in settings that promote enjoyment.

2.5 We will actively seek in implementing this vision to balance the interests of drinkers with those who are directly or indirectly affected by the behaviours and actions of drinkers.

2.6 There will be no presumption in favour of a 'right to drink'.

2.7 We will not tolerate the use of drunkenness as an excuse for anti-social, violent or other criminal behaviour and will intervene to prevent this at every opportunity.

2.8 We will work to ensure that licensees understand their obligations and that they work in partnership with other agencies to promote the responsible consumption of alcohol and provide a safe and secure environment in which to drink.

2.9 We will work to ensure that drinkers understand that they have an obligation to respect themselves and others.

2.10 Drinkers should respect themselves:

- By understanding the effects of alcohol and by taking steps to protect themselves
- By always knowing how much they have drunk and keeping within recommended alcohol consumption levels
- By knowing where to get help if their drinking becomes a problem to themselves or others.
- By behaving courteously to staff in licensed premises, those working in the night-time economy, and to those who live and work near licensed premises.
- And others by not using alcohol as an excuse to behave in ways that they otherwise would not – harassment, violence, vandalism, littering and fouling the streets.

2.11 We will work to provide alternatives to alcohol as a diversion for young people and we will assist parents to take responsibility for establishing positive approaches to alcohol in their children as a part of effective parenting.

3 Context

3.1 Local partnership priorities, policies and plans

3.1.1 The 5 Year Strategic Plan 'Improving Health & Wellbeing in Bath & North East Somerset'

The 5 Year Strategic Plan for 2010/11 – 2014/15 of the Bath & North East Somerset Health and Well Being Partnership identified that alcohol misuse is one of the leading causes of death and disability in B&NES. Commissioning priorities were specified as:

- Continue to provide primary prevention & education/Healthy Schools programme
- Commission brief interventions at RUH A&E
- Increase drug treatment capacity
- Strengthen Purple Flag scheme to reduce antisocial behaviour
- Strengthen partnership to reduce irresponsible promotions

The outcomes sought are:

- Reduce potential for long term organ damage
- Reduce mental illness as result of dependency
- Reduced A&E attendances and hospital admissions
- Reduction in antisocial behaviour and crime

Primary prevention and education is progressing in schools, brief interventions have been commissioned at the RUH, and the Purple Flag Scheme has become exemplary. But the alcohol treatment capacity has not been increased and irresponsible promotions continue.

3.1.2 The Community Safety Plan and the Responsible Authorities Group

The impetus to tackle alcohol-related harm has come from the B&NES Community Safety Partnership, the Responsible Authorities Group, that identified tackling Substance Misuse (including alcohol) as one of its key objectives. The priority for the PCT from the Community Safety Plan is to minimize the harm that substance misuse causes to society, communities, families and individuals (NI-40). We have also identified how each priority helps to deliver the designated targets within the Local Area Agreement. Priority Actions against alcohol misuse will also contribute to the Partnership's objectives of reducing the fear of crime within the local community and tackling anti-social behaviour.

3.1.3 The Sustainable Community Strategy

The Sustainable Community Strategy sets out what type of place Bath & North East Somerset should become. An important component of this is to influence wider Local Strategic Partnership partners. Top priorities for local residents include the need for activities for teenagers, reducing the level of crime, cleanliness of streets, and the level of pollution. Alcohol misuse can impact adversely on all of these.

3.2 National partnership priorities, policies and plans

3.2.1 UK Government 2010 June Budget Statement

The UK Governments current budget plans are to make government and the public sector more efficient as well as reducing their expenditure as an aid to reducing our national budget deficit. For the statutory agencies this means doing more for less as well as less of the lower priority activities. All public agencies have to make savings currently. So any spending on new priorities will have to come from savings or other services.

3.2.2 The Big Society

The UK Government's aim is to not only create the largest co-operative or mutual in Britain, but to create a mutual that is Britain. Every citizen can be a shareholder, contribute, and receive help and rewards. The Big Society is a society in which we as individuals do not feel small. The Big Society Network is an organisation being set up by frustrated citizens for frustrated citizens, to help everyone achieve change in their local area. The aim is to create a new relationship between Citizens and Government in which both are genuine partners in getting things done, real democracy using all the human and technology tools.

3.2.3 The Police Reform and Social Responsibility Bill

The new coalition national government says that it will do more to tackle alcohol-related harm than its predecessor. In the 25 May 2010 Queen's Speech on the Police Reform and Social Responsibility Bill the main benefit for reducing alcohol related-harm was the proposal for increased powers on licensing to tackle alcohol-fuelled crime and disorder. Main elements cover overhauling the Licensing Act to give local authorities and the police much stronger powers to remove licenses from, or refuse to grant licenses to, any premises that are causing problems; banning the sale of alcohol below cost price; and allowing local councils to charge more for late-night licenses to pay for additional policing, giving them powers to shut down shops or bars persistently selling to children, and doubling the maximum fine for selling to children to £20,000.

3.2.4 New mandatory drinking code

Under a new mandatory drinking code irresponsible promotions including "all you can drink for £10" deals, women-drink-free deals and speed drinking competitions are banned. Other deals that are made unlawful are "dentists' chairs" where drink is poured directly into the mouths of customers making it impossible for them to control the amount they are drinking. In a third measure bars and clubs will be forced to ensure that tap water is available, free of charge, for all drinkers. Two remaining conditions came into force on 1 October 2010 as part of the mandatory code include requiring bar staff to check the ID of anyone who looks under 18 and ensuring that small measures of beer, wine and spirits are on offer to customers, so they have the choice to drink less. Bar and club owners who fail to comply with the new code risk losing their licence, a fine of up to £20,000 and six months in prison. Enforcing these new measures will have to wait until the guidance from the Home Office is published.

4 Identified needs

4.1 Alcohol-related harm indicators

The North West Public Health Observatory publishes an alcohol profile yearly in September for each PCT and/or local authority.[2] The one for 2010 for B&NES is shown below in Figure 1. Performance in B&NES is red for % of staff working in bars. The hospital specific admissions for alcohol for women and the mortality rates for males from alcohol harm are high but not outlined as red. Positively for the key priority of the Health and Well Being Partnership we are much lower than the average for hospital admissions for alcohol-related harm (shown as green against NI 39 in Figure 1). In 2008/09 for B&NES the directly age and sex standardised rate of hospital admissions for alcohol-related harm was 1,384.7 per 100,000 population. This figure is just below the national and regional averages and ranks B&NES 153rd out of 326 local authorities in England. There is no more readily accessible timely local information on alcohol misuse. Such information should cover the local priorities for alcohol harm-reduction such as reducing disorder in the night time economy and ensuring that services for alcohol misusers are effective. The local health services in secondary care including the emergency department should routinely record alcohol status in all cases where alcohol is a contributory factor and respond accordingly. A key priority therefore, as part of our Joint Strategic Needs Assessment, is to identify the key local indicators and information sources for alcohol misuse priorities and to report the position on these indicators yearly.

4.2 The costs of alcohol harm in B&NES

4.2.1 Health Care Costs

Alcohol-use disorders, either directly or indirectly, increases the work burden on all aspects of health and social care. The following NHS services are heavily used because of alcohol-use disorders: inpatients, A & E departments and ambulance services, mental health services, outpatients, GPs and other primary care services, drugs dependency services, and alcohol dependency services.[3] Cost breakdown of alcohol-use disorders shows a major strain on NHS hospitals. We estimate that up to £5.0 million is spent yearly on health care for alcohol-use disorders in B&NES.[3]

4.2.2 Costs of the results of alcohol-specific crime

The costs of alcohol-related crime nationally fall into three main categories:[3] Costs

- incurred in anticipation of crime
- incurred as a consequence of crime
- incurred in response to crime

We estimate that up to £21.3 million was spent yearly as a result of crime related to alcohol-use disorders in B&NES.[3]

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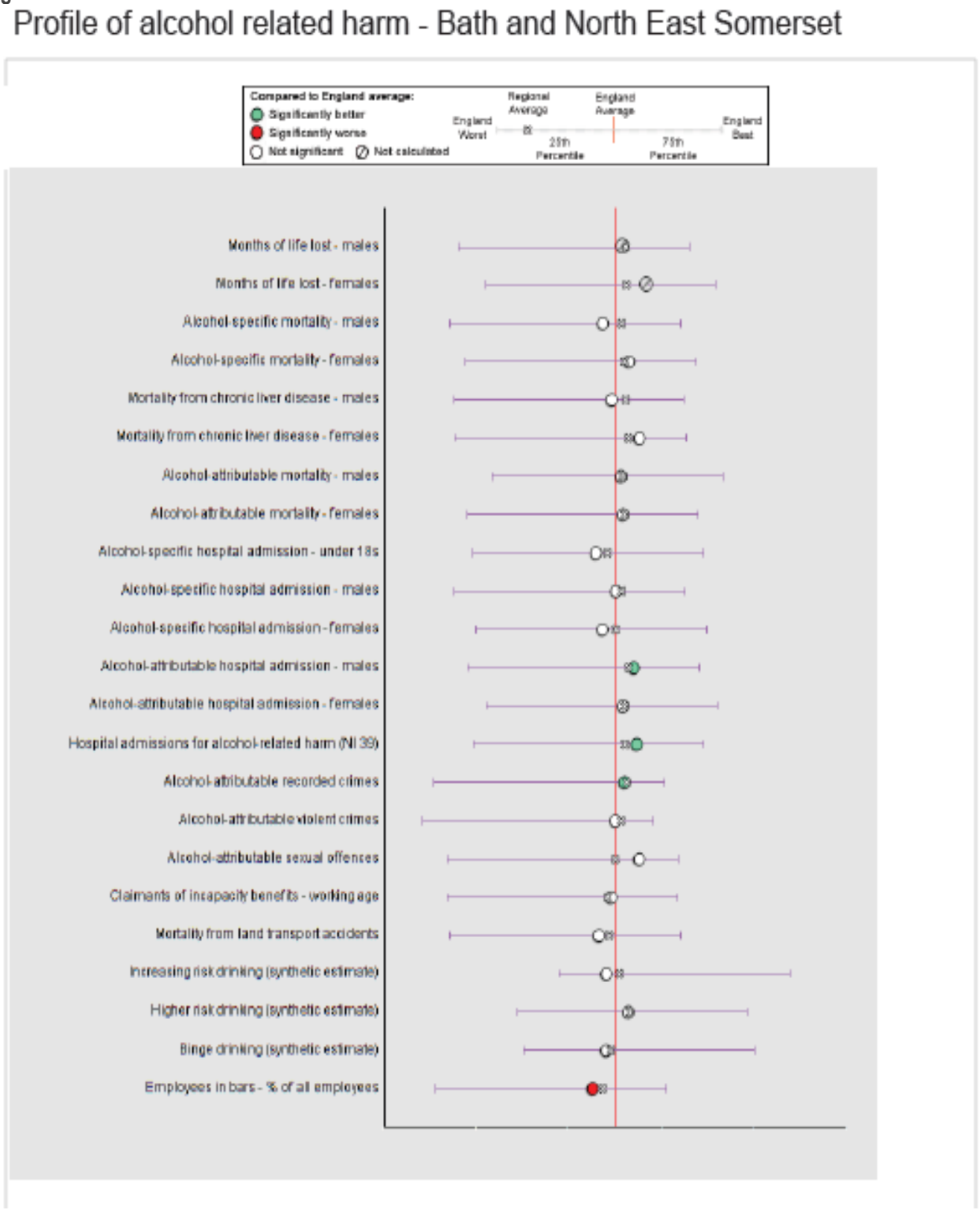
[2] North West Public Health Observatory Local Authority Alcohol Profiles 2010. http://www.nwph.net/alcohol/lape/LAProfile.aspx?reg=k

[3] Leontaridi R. Alcohol misuse: how much does it cost? London; Cabinet Office Strategy Unit, 2003.

Figure 1: Profile of alcohol-related harm for B&NES in 2010



4.2.3 Workplace and Wider Economy Costs

Alcohol-use disorders affect workplace activity and hence incur costs to the economy in three major ways nationally. Alcohol-related working days and hence economic output are lost through:

- Alcohol-related unemployment and early retirement
- Alcohol-related premature deaths

- Alcohol-related absenteeism

We estimate up to £18.7 million is lost yearly due to the economic output reduction caused by alcohol-use disorders in B&NES.[3]

4.2.4 Costs to families and society

The government and researchers have so far been unable to estimate the costs to families and society of alcohol-use disorders because of the incompleteness of appropriate data. There are undoubtedly major costs incurred here though. There are also all the costs of the homeless and the children living in poverty from alcohol-use disorders.

4.2.5 Total yearly costs of alcohol-use disorders

The total cost in B&NES of the harm arising from alcohol-use disorders is some £45.0 million a year.[3]

4.3 Costs & effectiveness of local alcohol harm reduction services & interventions

The direct cost of a brief intervention delivered to hazardous or harmful drinkers was calculated to be only £20 in 1993.[4] A recent WHO study estimated that the cost effectiveness of brief interventions for hazardous and harmful drinking is approximately £1,300 per year of ill-health or premature death averted.[5] This is nearly equivalent to the cost-effectiveness of smoking cessation interventions which is about £1,200. Recent studies suggest that alcohol treatment has both short and long term savings. Analysis from the UKATT Study suggests that for every £1 spent on treatment, the public sector saves £5.[6] The provision of alcohol treatment to 10% of the dependent drinking population within the United Kingdom would reduce public sector resource costs by between £109m and £156m each year.[7] In a Scottish study, alcohol treatment reduced long-term health care costs by between £820 and £1,600 per patient (2002/3 prices).[7]

The costs to society of the harm from alcohol misuse are clear. The crucial question is whether we can reduce these costs by spending on alcohol-harm prevention and treatment. The totality of the funding tackling alcohol-harm reduction in B&NES directly is not known.

Gap 1: Identify how much we are spending on all services targeted directly at reducing alcohol-related harm (Evidence: Refresh consultation)

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[4] Freemantle N, Gill P, Godfrey C et al. Brief Interventions for alcohol problems: a review. Addiction 1993;88:315-335.

[5] Hutubessy R, Chisholm D, Tan-Torres Edejer T, WHO-CHOICE. Generalized cost effectiveness analysis for national-level priority-setting in the health sector. Cost-effectiveness and Resource Allocation 2003;1:8.

[6] UKATT Research Team. Cost effectiveness of treatment for alcohol problems: findings of the randomised United Kingdom Alcohol Treatment Trial (UKATT). BMJ 2005;331;544-48.

[7] NHS National Treatment Agency. Alcohol-use disorders Interventions: Guidance on developing a local programme of improvement. London: Department of Health, 2005.

4.4 Local stakeholder views

4.4.1 Report of the B&NES Alcohol Harm Reduction Strategy Stakeholder Event

Some of the key points made in December 2005 that are still relevant were:

- There is a need for a strategic alcohol group (Progress: not done)
- Clear and consistent messages around alcohol help to set the tone locally (Progress: not done)
- No clear local picture of the existing level of provision nor of the level of need (Progress: partly done)
- A comprehensive treatment pathway needs to be developed locally (Progress: not done)
- Agencies need to develop a coordinated approach to evidence gathering if the review process of the new Licensing Act is to be used (Progress: partly done)
- Consideration should be given to establishing a wider alcohol forum of stakeholders to ensure co-ordination of actions and be responsible for monitoring the effects (Progress: not done)

4.4.2 Alcohol Use and Attitudes among Vulnerable Young People in Bath and North East Somerset in 2004

Some of the key points made that are still relevant were:

- Many participants had friends that they felt had severe problems with alcohol and that they were concerned about
- Most felt that there was no one they could trust to talk to about alcohol misuse
- Several girls, as well as boys commented on the link between alcohol and violence
- Most of the discussions around substance misuse showed that participants felt there was little they could do to help others with a perceived problem, since those with a problem have to recognise it as an issue in the first place
- When asked what advice the young people would like to give to the DAAT, some felt they should be left alone, that no amount of intervention will make any difference, and others that drugs education could play a role but that they did not want advice

4.4.3 Feedback from B&NES Drugs and Alcohol Action Team Awayday in 2010

The key points made were in participants' words:

- There is a high demand on alcohol treatment services
- Review alcohol harm outside of Bath city centre as well
- Have clear alcohol referral and treatment pathways
- There is a lack of funding for alcohol harm reduction services
- Alcohol and drug use are very often interconnected
- The best solution for harm reduction is more housing assistance and more bed and breakfast placements
- What is the difference in levels of harm between young & older binge drinkers?
- When should alcohol education begin? Is there too young an age?
- Is public transportation enabling binge drinking?
- There should be a commitment to alcohol policies in the workplace (public sector should set the standard)

4.4.4 Feedback to current strategy

The following items mentioned have been recurring in the work to refresh the strategy:

- A full care pathway should be developed locally with all the routes into treatment and provision at different levels of need
- There is a need for a B&NES alcohol implementation group
- Clear and consistent messages around alcohol and expected behaviours will help to set the tone locally
- Agencies need to develop a coordinated approach to evidence gathering if the review process of the new Licensing Act is to be used
- Review alcohol harm outside of Bath city centre as well
- There is a high demand on alcohol treatment services
- Publicise better the successes in B&NES in reducing alcohol-related harm

4.4.5 Alcohol Harm Reduction Strategy Workshop 6 October 2010 (Appendix 2)

The Alcohol Harm Reduction Strategy Workshop considered the draft strategy so far and commented on supply chains for service delivery and prevention, gaps identified and priority actions. These are summarized in Appendix 2. There were particular focuses on children and young people, health, disorder, society, and workplace as well as mapping delivery outcomes and working better together. Other specific outputs sought were: What is working well and not working as well as it should be? How can the system be improved to improve outcomes? What can we offer to others in the system? What is the ambition for Alcohol Harm Reduction? Good practice example sharing; How can we work together smarter? How can we increase community participation? What are participants going to do to help this happen? and What new joint projects can we implement? The workshop was very valuable for describing the actions needed. Participants were also asked to rank the draft priorities emerging from the strategy so far. The top eight out of the 24 gaps in organisational and service developments identified were:

1. There is a need to increase alcohol treatment capacity for people in B&NES who misuse alcohol.

2. The identification of people in B&NES who misuse alcohol and are offered brief interventions needs consolidating in primary care and rolling out to other settings.

3. There is a need for a B&NES Alcohol Harm Reduction Implementation Group or Annual Stakeholder Forum for checking progress.

4. We do not know if we are doing enough to identify, risk reduce, and support children of problem drinkers.

5. We need a code spelling out the clear and consistent messages around alcohol and the behaviour expected of B&NES citizens and visitors that the local statutory agencies expect.

6. Identify the key local indicators and information sources for alcohol misuse priorities as part of our Joint Strategic Needs Assessment and report the position yearly.

7. A comprehensive care pathway for people with alcohol misuse in B&NES that is clear to users, citizens, commissioners, and providers needs elaborating.

4. Identified needs

8. Contribute to the Big Society initiative and engage local communities and citizens on reducing alcohol related harm.

5 Current services and models of good practice

5.1 Current services for alcohol-related harm

5.1.1 Health and social services

5.1.1.1 All the general practices (Tier 1) in B&NES offer services covering alcohol misuse in primary care. All the local community pharmacies can offer advice, counselling and signposting to people who misuse alcohol.

5.1.1.1.2 Social Services staff is in a position to work with vulnerable people and their families and identify those who misuse alcohol and offer advice, counselling and signposting.

5.1.1.1.3 The Emergency Department at the Royal United Hospital in Bath will see many people attending who misuse alcohol. These attendees can be offered brief interventions through New Highway. The ambulance service also carries many people who misuse alcohol.

5.1.1.1.4 The AWP Mental Health Trust provides services for people with mental health problems, most of which can be made worse by alcohol misuse.

5.1.1.1.5 There are three providers contracted to provide specialised alcohol treatment services in B&NES. These are New Highway (Tiers 1 & 2 - used to be Bath Alcohol and Drug Advisory Service); the Developing Health and Independence (Tiers 1, 2 & 3 - used to be Drugs and Homeless Initiative (DHI); and Specialist Drug and Alcohol Services (Tier 3 & 4 - SDAS). Of these, New Highway and DHI are voluntary sector providers and SDAS is a statutory agency that currently operates as part of the AWP Mental Health Trust. At any time these agencies will be treating around 150 – 160 clients in total and the interventions offered will usually last for about 3 months or so.

Gap 2: There is a need to Increase alcohol treatment capacity for people in B&NES who misuse alcohol (Evidence: HWBP Plan, research evidence on cost effectiveness, & numbers with alcohol-related problems or dependency and those having treatment)

5.1.1.1.6 At the moment outcome data for all individual clients using the specialised alcohol treatment services are not collected, analysed and reported to the commissioners to see how well services are working. The alcohol treatment services need to use a standardised assessment process for clients and report to the commissioners on the health outcomes achieved quarterly. The other alcohol-harm reduction providers should also openly publish regularly their outcomes so that their effectiveness can be assessed. We can then estimate whether we can invest to save.

Gap 3: Evaluate how effective alcohol harm reducing local services are and set up systems that routinely report their effectiveness (Evidence: Refresh consultation)

5.1.2 Criminal justice services

<u>Police (Appendix 1)</u>

The aim of the Police is to work together with partner agencies and the community to

minimise the harm caused by alcohol in terms of crime, health, anti-social behaviour and violence, thereby improving public safety and public confidence.

Probation Service

Other Criminal Justice Service (e.g. magistrates)

Public Protection Team & Licensing Services (B&NES Council)

The Public Protection Service has a key role both as a regulatory service and as an educator. The service's lead role includes licensing, trading standards, health and safety at work, and health improvement.

The Licensing Team administers the processes for licensing premises, agencies, and individuals to sell and/or serve alcohol and the review of such licenses (Appendix 1).

Trading Standards (B&NES Council) (Appendix 1)

The Trading Standards Team works to restrict the sale of alcohol to people under the age of eighteen.

Youth Offending Team (Appendix 1)

The Youth Offending Team (YOT) assesses the young people who offend to see if they misuse alcohol and refer for specialist intervention from health staff if necessary. The YOT tries to break the cycle of offending and alcohol misuse and build self esteem. Members of the YOT may also provide low-level educational interventions.

Criminal Justice Steering Group

5.1.3 Workplace services

Health@Work of B&NES PCT and Council (Appendix 1)

Health@Work works with businesses to minimise the harm arising to their employees through alcohol misuse related to the work setting.

Occupational Health Departments

Occupational Health Departments in businesses and large agencies provide support to employees about alcohol misuse.

5.1.4 Family and community services

Youth Service

Bath & NES Youth Service through its professional youth workers in local youth hubs and projects carries out a range of informal educational programmes to increase awareness, knowledge and understanding of a sensible drinking message and the health risks caused by alcohol misuse.for young people aged 11-25 years old, focusing on those aged 13-19 years.

Other services

There are a variety of other services supporting families and communities in reducing the harm from alcohol misuse. These include:

- Project Officer (Alcohol Harm Reduction)
- Voluntary sector including Julian House, Street Pastors, and Pubwatch
- Bath Rugby Club

- Community Safety Partnership (B&NES Council)
- Schools - PSHE & Drugs Consultant
- Colleges/Universities
- PCT (Health Promotion Specialists & Health Trainers)
- Project 28 (Outreach Workers)
- Children & Young People Substance Misuse Partnership
- School Nursing

5.2 Models of care for alcohol misuse - MOCAM[8]

5.2.1 The 'MOCAM' approach promoted by the National Treatment Agency is to offer different levels of intervention and treatment based on the level of need of an individual with an alcohol misuse problem - the 'stepped care' approach. However, there is not a simple relationship between the severity of an individual's drink problem and his or her readiness to access or receive services. Hence, the challenge in implementation is to offer appropriate levels of care that are readily accessible when an individual seeks help and to facilitate movement between different levels of service as clients' needs change.

5.2.2 A holistic approach to alcohol misuse treatment is required involving partnership working, with a range of agencies coordinating their input for any client. This means conducting needs assessments early on in the treatment process and using these to plan care. Care may involve a range of inputs such as: offering support to individuals as they prepare to enter treatment; offering appropriate treatment for alcohol misuse and other health needs; and providing support to address wider social issues that contribute to or exacerbate alcohol misuse (e.g. housing, financial problems).

5.2.3 Tier 1 services are likely to be provided principally in general practice and other front-line health, social services, and other settings, many will be provided as a part of routine care. These interventions will focus on assessing an individual's level of drinking, providing education and alcohol awareness and will offer targeted brief interventions to drinkers but will also act as a referral route into more specialised services.

5.2.4 Tier 2 services are similar to those in Tier 1 but are targeted at those with a higher level of need. They require practitioners to have specific training in dealing with alcohol issues. They focus around more intensive engagement with a client. Settings in which such services are provided include General Practice and Community Health facilities but extend to specific open access or drop-in alcohol services and may include some services offered by specialist providers as well as those offered by self help groups. These services will engage with clients who may require a step up to more intensive treatment as well as those who are receiving ongoing support following intensive treatment.

5.2.5 Tier 3 services are those provided in community settings generally by specialised alcohol service providers but consist of specialised assessment of alcohol related needs and the planning and co-ordination of packages of care addressing them. These include

[8] DH/National Treatment Agency for Substance Misuse. Models of Care for Alcohol Misusers. June 2006.

intensive support and the use of psycho-social therapies, as well as interventions such as supported detoxification and treatment with drugs to assist with alcohol withdrawal.

5.2.6 Tier 4 Services are in-patient or residential treatments offered as part of planned care package. The elements of care are similar to those in Tier 3 services but differ only in the setting in which they are delivered.

5.3 Care pathways

Evidence-based care pathways for alcohol withdrawal and alcohol liver disease are available from the Map of Medicine, which provides care pathways for the NHS.[9]

5.4 National Institute of Clinical Excellence Public Health Guidance No. 24

On the basis of the best available evidence on preventing the development of hazardous and harmful drinking, this guidance identifies the policy and practitioner options that are most likely to be successful in combating such harm.[10]

Policy

The three policy recommendations made are:

- Consider introducing a minimum price per unit
- Revise legislation on licensing to ensure protection of the public's health
- Ensure children and young people's exposure to alcohol advertising is as low as possible by considering a review of the current advertising codes

Licensing

The recommendation on local licensing includes identifying and taking action against premises that regularly sell alcohol to people who are under-age, intoxicated or making illegal purchases for others; undertaking test purchases; and ensuring sanctions are fully applied to businesses that break the law on under-age sales, sales to those who are intoxicated and proxy purchases.

Resourcing

The recommendation on resourcing states chief executives of NHS and local authorities should prioritise alcohol-use disorder prevention as an 'invest to save' measure.

Practice

The 7 practitioner recommendations made cover:

- supporting children and young people aged 10 to 15 years
- screening young people aged 16 and 17 years
- extended brief interventions with young people aged 16 and 17 years
- screening adults
- brief advice for adults
- extended brief interventions for adults

[9] Map of Medicine. http://eng.mapofmedicine.com/evidence/map/index.html

[10] National Institute of Clinical Excellence Public Health Guidance No. 24 on preventing the development of hazardous and harmful drinking http://www.nice.org.uk/nicemedia/live/13001/49024/49024.pdf

5. Current services and models of good practice

- referral to specialists

6 Gap analyses of needs versus services and service quality

6.1 Prevention

6.1.1 Alcohol Harm in B&NES

6.1.1.1 Numbers of 'problem' drinkers in B&NES

6.1.1.1.1 There is no locally derived data recording drinking behaviour. Reliable estimates of these can be derived, however, by applying national and regional surveys of drinking behaviour to the local population. But in the longer term locally derived data are required to enable us to monitor both the geographical spread of drinking problems across the local area and the effectiveness of the interventions needed.

Gap 4: Identify the key local indicators and information sources for alcohol misuse priorities as part of our Joint Strategic Needs Assessment and report the position on these indicators yearly (Evidence: Refresh consultation)

6.1.1.1.2 There were estimated to be within B&NES:

- 20.4% of people aged between 16 and 74 years locally who are hazardous drinkers and 3.8% problem drinkers in 2007[11]
- more than 29,335 people who are 'risky' drinkers (hazardous) - threatening their health because they are drinking too much or are binge drinking
- 5,464 people in B&NES will be drinking at a problem level that is causing them to experience physical or psychological harm but will not be dependent upon alcohol
- Around 5,177 people will have problems in both controlling their drinking and in continuing to function effectively and will be dependent on alcohol.[12] This group is at real risk of significant health problems. Around 575 people of this dependent group will have significant problems in both controlling their drinking and in continuing to function effectively and 143 people of them will be severely dependent upon alcohol and have a wide range of associated problems – medical and mental health problems associated with drinking; dependence upon other drugs; and social problems.
- About 20% of children aged 11-15 years who drank on average 12.7 units weekly[11] and around 800 children (11-15 year olds) who were drinking to get drunk weekly

6.1.1.1.3 Most of the 10,600 local people who have physical and/or psychological problems caused by alcohol misuse or are dependent will not be receiving health services to help them.

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[11] The NHS Information Centre. Alcohol Statistics. NHS Information Centre, 2009. http://www.ic.nhs.uk/webfiles/publications/alcoholeng2009/Final%20Format%20draft%202009%20v7.pdf

[12] Drummond C, Oyefeso A, Phillips T et al. Alcohol Needs Assessment Research Project (ANARP). London; Department of Health, 2005.

6.1.2 Young people

6.1.2.1 Children of parents who drink

Parents who drink place their children at risk of harm. The conflict and disruption to family life associated with having a family member who misuses alcohol is associated with problems in children's emotional and psychological development. The impact on children of parental drinking can vary with both the pattern of drinking and whether one or both parents are drinkers. Children's lives are more disrupted where parents engage in binge drinking or have sustained consumption than where drinking occurs principally at evenings or weekends. Children's concerns are over violence in the home and the safety of a non-drinking parent or their own safety where violence is directed against them: disruption to their own lives associated with the wider family consequences of drinking. Although children often collude in denial of a parent's drinking to those outside the family this may be motivated by a desire to protect a family identity and be associated with children assuming roles as carers and mediators.[13]

Gap 5: We do not know if we are doing enough to identify, risk reduce, and support children of problem drinkers. (Evidence: Refresh consultation)

6.1.2.2 Children and Young People and their drinking habits

6.1.2.2.1 Many children and young people drink alcohol regularly in B&NES.[11] Youngsters mainly obtain alcohol from their parents, friends and relatives and also see these as an important source of advice on drinking behaviour. Other important sources of alcohol education were seen as teachers and through the media.

6.1.2.2.2 Underage drinking is declining but those underage people who do drink are drinking more.[14] Drinking behaviours can be established in very early adulthood for many and a small group of young adults have already established patterns of drinking that are harmful in the longer term. Those who binge drink at young ages are more likely to return to binge drinking as adults and this pattern of drinking continues into their 40's.[15]

6.1.2.2.3 Within Bath and North East Somerset specialised alcohol services for children and young people up to 19 years of age are provided through Project 28 based in central Bath. It was established as a drugs service but has expanded to accommodate children with alcohol problems in response to demand. Referrals are currently at a rate of 5-6 per month for primary alcohol misusers (around 15 referrals a month are for children abusing alcohol with other drugs). Referrals come through self-referral, via the Youth Offending Team and through Social Services. On average there are around 30 clients receiving treatment for alcohol problems. The main modalities offered to clients with alcohol

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[13] Alcohol Concern. Putting the children first. http://www.alcoholconcern.org.uk/home

[14] Public Health Commission. Key Facts: Alcohol. http://www.publichealthcommission.co.uk/pdfs/PHCMeetings/C&S-KeyfactsAlcohol.pdfhttp://www.publichealthcommission.co.uk/pdfs/PHCMeetings/C&S-KeyfactsAlcohol.pdf

[15] BJMH Jefferis, C Power and O Manor Adolescent drinking level and adult binge drinking in a national birth cohort.. *Addiction* 2005;100:543-9..

problems are one–to-one counselling and family work and diversionary activities. One key aspect to the work is supporting the parents and carers of young problem drinkers. The Project offers intensive aftercare during vulnerable periods for those withdrawing despite limited capacity to do so. However the Project also offers brief and minimal interventions to clients on a drop-in basis and provides advice and training in harm reduction to professionals working with children and young people and to clients. Project 28 has developed the Young Person's Brief Intervention tool & plans with Department of Health Innovations Funding for its future use.

6.1.2.2.4 A sub group of the DAAT with responsibility for young people meets regularly. The group feels that there is a need to maintain or expand the current approaches to tackling anti-social behaviour in young people and to maintain action on under-age sales. We do not know how to convey alcohol harm reduction messages to children and young people in an accessible way through mediums other than schools.

Gap 6: We do not know the best way to engage with young binge drinkers and to get them to adopt risk reducing strategies when out drinking. Evidence: Previous strategy)

Gap 7: Is there enough appropriate provision for the treatment of alcohol misuse in children and young people? (Evidence: Previous strategy)

6.1.3 Students

6.1.3.1 Bath plays host to 20,000 students in its higher and further education institutes and the vast majority of these are aged 18-24 years and are at high risk from both hazardous drinking and alcohol-related crime. The night time economy in Bath has targeted the student market by offering entertainments during the early and mid week. There is concern that this may increase students' risk of harm through drinking at hazardous levels and may artificially extend the period and amount of environmental disturbance in the city centre.

6.1.3.2 Student leaders have begun to call time on mass drinks promotion at the University of Bath, as the students' union hardens its stance on binge drinking. The union wants to enhance town-gown relations and ensure the safety of each new intake of students. The student union president has been working closely with the Federation of Bath Residents' Associations and wants to stop those bars which entice students with the offer of cheap alcohol. It wants to keep students on its campus as much as possible during Freshers' Week and is restricting the number of city bars and clubs appearing at its Freshers' Fair.

The students' associations have run other campaigns in B&NES to increase students' awareness of the impact of their behaviour on the local community such as the "Sssh!" campaign that encouraged them to disperse quietly from pubs and clubs for local residents.

6.1.3.3 Students are a particularly vulnerable group. The student period marks the transition into independence for many young adults. They are vulnerable to peer pressure and the need to be seen to conform to perceived social norms. Many are away from home and established social and support networks for the first time and may not know

where to turn when problems emerge. Educational institutions and students' associations have a difficult role in providing pastoral and welfare support while at the same time fostering independence. The Student Community Partnership, a partnership between the University of Bath, Bath Spa University and Bath & North East Somerset Council is an ideal forum for developing a policy on the promotion of alcohol to students locally to ensure consistency of approach.

Gap 8: All agencies should support the Student Community Partnership in developing a policy on the promotion of alcohol to students locally (Evidence: Previous strategy and consultation refresh)

6.1.4 Workplace

6.1.4.1 Drinking outside of work may impinge on an individual's ability to perform and to hold down a job. Many safety critical industries recognise this and put in place policies that seek to ensure that alcohol is not consumed at work and that employees take care to ensure that their ability to perform at work is not affected by drinking. However, workplace alcohol policies can also play an important role in educating the working population about how to minimise the harmful effects of alcohol and can be a route into effective treatment for some problem drinkers. Employers will introduce alcohol policies if they are clear that they stand to benefit in business terms from their implementation. Whereas large employers may have sufficient resources within their human resources and occupational health departments to develop and implement effective workplace policies, smaller and medium sized businesses may require external facilitation and support. In the workplace the manifestations of alcohol misuse are likely to be increased absenteeism, under-performance and loss of productivity among individuals and teams containing problem drinkers, accidents in the workplace, and ultimately loss of employment. Employers that fail to adequately address the issue of problem drinking may face additional penalties through the loss of highly trained personnel. In most instances it is more cost effective to intervene to address the problems associated with alcohol misuse than to deal with the consequential costs of ignoring them.

6.1.4.2 As part of the Health@Work scheme which has an alcohol element within its core topics staff of the PCT and Council have delivered sessions to employee groups about employer concerns about drinking excessively.

6.1.4.3 Workplace alcohol policies that are well-designed will ensure that:

- there is clarity among all staff about acceptable behaviour for drinking and work and that managers and staff are clear about their rights and responsibilities
- appropriate procedures are put in place to be followed where a problem is identified
- a culture is promoted where managers and supervisory staff have the confidence to raise the issue of their or an employee's alcohol problem early and are equipped with the tools to appropriately address the problem
- such referrals will be handled sensitively and lead to the provision of assistance rather than to disciplinary proceedings

Gap 9: We do not know the extent or quality of workplace alcohol policies among large employers within B&NES. (Evidence: Previous strategy) A survey would establish the level and content of such polices and provide a spring board for work with medium and smaller businesses. The results of such a survey could be published and examples of model practice be promoted locally.

Gap 10: We do not know how the introduction of workplace alcohol policies could best assist in the promotion of harm reduction messages nor how to best pilot such approaches. (Evidence: Stakeholders events and Refresh consultation)

Gap 11: We do not know how current occupational health departments deal with people who misuse alcohol. (Evidence: Refresh consultation) Should a provider be commissioned to receive referrals from them?

6.1.5 Partnership

We know that statutory agencies are facing budgetary problems. In these circumstances partnership working arrangements are very important. We want to know:

- how to cope with fewer resources?
- how much resource is currently spent and how effective is it?
- what each stakeholder group wants from another?
- how can we work together smarter?
- what are the recent successes
- what new joint projects can we undertake?

Gap 12: We need more strengthened partnership work on reducing alcohol related harm. (Evidence: Refresh consultation)

The Big Society challenges us to engage better with local citizens and communities. We know that identifying local leaders and networks and working with them can reap benefits.

Gap 13: How can we contribute to the Big Society initiative and engage local communities and citizens on reducing alcohol related harm? (Evidence: Refresh consultation)

There is no group looking at the generality of alcohol related harm locally and thus no group with the responsibility for ensuring that actions from the strategy are implemented.

Gap 14: There is a need for a B&NES Alcohol Harm Reduction Implementation Group or Annual Stakeholder Forum for checking progress (Evidence: Stakeholders events and Refresh consultation)

6.2 Treatment

6.2.1 Opportunistic screening and brief interventions

6.2.1.1 A key plank for improving the detection and management of alcohol problems in various settings is the implementation of a programme of “opportunistic screening”. This refers to actions that seek to use encounters with health services and other agencies as an opportunity to assess the level of an individual’s drinking and any harm that may be associated with it and to offer appropriate interventions. It requires front-line care

practitioners to be alert to the presentations that are associated with alcohol and to be confident in their ability to assess the client appropriately and to intervene effectively – either themselves or through appropriate referral. Front-line includes:

- social services department
- homelessness services
- antenatal clinics
- police settings e.g. custody cells
- probation and prison services
- education and vocational services
- occupational health services

6.2.1.2 A number of validated tools exist that allow health and social care professionals to assess alcohol consumption in a range of settings. These are simple to administer within existing workload. However, practitioners will require training in identifying presentations associated with an underlying alcohol disorder and the administration and interpretation of the appropriate screening tools. Tools that can be used include the full AUDIT questionnaire or its abbreviated form (e.g. FAST) in primary care. The use of the TWEAK and T-ACE questionnaires is recommended in antenatal settings.[16]

6.2.1.3 The introduction of screening needs to be coupled with the provision of effective interventions for those identified as having an alcohol problem without which there is little point in identifying a problem. Many of those with an identified need will appropriately be treated in Tier 1 services by receiving brief or time limited interventions. However, opportunistic screening will also identify a small but significant number of drinkers with problems that will require more specialised interventions. Brief interventions have not been shown to be effective in patients who have identified that they have a drinking problem and have actively sought help with this but they can be effective in drinkers who are drinking at harmful levels where this is picked up through opportunistic screening.

6.2.1.4 Brief interventions incorporate a variety of techniques but they share the central concept that they can be delivered by non-specialist staff in a range of settings. The issues raised on implementation of opportunistic screening and brief interventions relate to a perceived lack of capacity to undertake this work allied to a lack of confidence in the ability of staff to deliver them.

6.2.1.5 Collecting data for those receiving treatment through General Practice has now become possible through identifying hazardous, problem and dependent drinkers and offering them brief interventions or onward referral to specialist services. This good start needs consolidating in primary care and rolling out to other settings.

Gap 15: The identification of people in B&NES who misuse alcohol and are offered

[16] Raistrick D, Heather N, Godfrey C. Review of the effectiveness of treatment for alcohol problems. London: National treatment Agency, 2006. http://www.nta.nhs.uk/programme/national/docs/Review_of_the_Effectiveness_of_Treatment_for_Alcohol_Problems.pd

brief interventions needs consolidating in primary care and rolling out to other settings through multi-sectoral training (Evidence: Local alcohol services data and National Good Practice NICE Guidance)

6.2.2 Vulnerable and hard-to-reach populations

The Probation Service is currently offering counselling to clients aged 18 years and above in B&NES on Probation assessed by DHI and offered 4-8 sessions to explore motivation, build commitment or maintain gains. In 2009-10 a much higher percentage of B&NES clients misuse alcohol (50%) than in the South West (36%) or England and Wales (32%). This service is working well but is limited to those with problems arising from their alcohol misuse and does not cover people with alcohol dependency. Nevertheless the screening tool used has identified large numbers with dependency for whom no service can be offered.

Gap 16: People with alcohol dependency with Probation Services cannot access specialised health services currently. (Evidence: Local data & Refresh consultation)

6.2.3 Care pathway for people misusing alcohol

There are parts of a care pathway that are used by individual specialised health care providers. But there is no comprehensive local care pathway that covers all the settings where people present with alcohol misuse and indicates options available at key points.

Gap: 17 A comprehensive care pathway for people with alcohol misuse in B&NES that is clear to users, citizens, commissioners, and providers needs elaborating (Evidence: Previous strategy, Stakeholders events, and Refresh consultation)

There are also Gaps 2 and 3 identified above that cover treatment capacity and evidence.

6.3 Enforcement

6.3.1 Licensing (Appendix 1)

6.3.1.1 The licensed trade in B&NES is being encouraged to be more socially responsible through the LEG (Licensing Enforcement Group) and in the future through the Bath Night Watch scheme. It is also intended that supermarkets and off-licences become part of Bath Night Watch initiative as the cheap availability of alcohol which is purchased in bulk has led to 'pre-loading' before going out into the city (as well as hidden harm in those drinking in the home) and is a contributing factor to alcohol-related anti-social behaviour.

6.3.1.2 It has become increasingly realised that cheap alcohol through off-licence premises is available and young people drink at home first and then go out. There is a need to involve off-licence sales as well as on-licence sales to assist with reducing harm. Nationally certain chains such as Tesco are now starting to acknowledge a certain responsibility - but locally there needs to be greater communication with Sainsburys, Morrisons and others. The Police could ask offenders who have been intoxicated with alcohol about where they secured their alcohol when they were drunk.

Gap 18: How best to engage the off-licence retailers to promote responsible sales

and take up of alcohol-harm reduction training? (Evidence: Refresh consultation)

6.3.2 Test purchasing

There is a history of targeted test purchasing to gauge the level of sales to underage purchasers within B&NES. This has been led by Trading Standards Officers from B&NES council with Police support. The level of compliance of on-licensed premises has generally been high. However, during the most recent round of test purchasing the key issues were with off-licences and supermarkets. Intelligence-lead test-purchasing is a vital component in regulating/restricting the supply of alcohol to young persons. Such enforcement activities have an important part in reinforcing wider messages about responsible retailing and in attempting to regulate the supply of alcohol to children.

6.3.3 Cumulative Impact Policy Area

6.3.3.1 The Bath and North East Somerset Community Safety and Drugs Partnership produced a report demonstrating that, in Bath City Centre, certain areas (such as Bath City Centre) experience a significant amount of alcohol-related crime. Having consulted with those individuals and organisations listed in the Licensing Act 2003, the Council resolved, on 13th September 2007, that the evidence contained within the report was sufficient to justify the preparation of a policy on the cumulative impact of a significant number of licensed premises concentrated in one area for inclusion in the Council's Statement of Licensing Policy.

6.3.3.2 The effect of adopting a cumulative impact policy is to create a rebuttable presumption that applications for new premises licences, club premises certificates or variations will be refused if relevant representations are received. If the application is not to be refused then the applicant will have to demonstrate that the operation of the premises will not add to the cumulative impact already being experienced.

Gap 19: Agencies need to develop a coordinated approach to evidence gathering if the review process of the new Licensing Act is to be used (Evidence: Stakeholders events and Refresh consultation)

6.3.3.3 The Bath Night Watch scheme is a culmination of Bath and North East Somerset Council, Bath Pub Watch and the Police working together to promote the four licensing objectives as one co-ordinated stakeholder group. We are grateful to those licensees who have joined as ‘working hard to make Bath city centre a better place’.

6.3.3.4 The Licensing Authority will expect all licensed premises within the Cumulative Impact Area to take a socially responsible approach by participating in schemes like 'Bath Night Watch', or similar, which improve issues of alcohol-associated anti-social behaviour in and around city centre licensed premises at night.

Gap 20: We need to consider alcohol harm and cumulative impact policy areas outside of Bath city centre (Evidence: Stakeholders events & Refresh consultation)

6.3.3.5 The Licensing Authority also encourages all premises, outside the cumulative impact area, to take a similar approach, which would improve the issue of alcohol-associated anti-social behaviour outside the city centre at night.

Gap 21: We need to encourage full participation by all licensees in initiatives that promote public confidence in Bath as a safe and enjoyable place to visit? (Evidence: Refresh consultation)

6.3.3.6 Not all pub and club licensees participate in initiatives that promote public confidence in Bath as a safe and enjoyable night out. For example there are irresponsible alcohol promotions. The partnership initiatives cost money to maintain them. The new mandatory code of practice for licensees and the new Police Reform and Social Responsibility Bill will probably help in securing extra funding to tackle these problems.

Gap 22: We need to share equitably the costs of developing and maintaining such schemes with those who may benefit from them.

6.3.4 Night Time Economy

Since the original strategy was produced there is now a Night Time Economy Steering Group in B&NES who are tacking the alcohol-fuelled harm arising then. Successes from the Group's work cover policing and the night time economy, boosting public confidence, and reducing disorder and include

- The existence of the "cumulative impact policy area" in Bath City Centre
- The development of the Partners and Communities Together (PACT) meetings and process where alcohol issues can be discussed
- Discussions on work to improve transport links
- The work undertaken with students through the Student Community Partnership on developing a policy on the promotion of alcohol to students and the campaigns run
- The provision of street and taxi marshals and portable toilets
- Purple Flag Award. The award was based on past, present and proposed initiatives and is the new national "gold standard" recognising the safest and most appealing cities at night. The award also acknowledges the diversity of entertainment and hospitality that Bath has to offer.

Gap 23: There is a need to better communicate to the general public and all stakeholder agencies the good local work that is tackling alcohol-related disorder in B&NES (Evidence: Refresh consultation)

6.3.5 Public Order and Crime

6.3.5.1 Drink driving

Drinking alcohol impairs an individual's ability to perform complex motor tasks such as driving. Drink driving places other road users at risk, a risk they have a right to expect to be protected from. Nearly 1 in 5 of those killed on the roads in 2008 (580 deaths) in Great Britain were over the legal blood alcohol limit.[17] Men are over 2 times more likely than

[17] Reported Road Casualties Great Britain: 2008 - Annual Report.
http://www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/casualtiesgbar/rrcgb2008

women to have a positive breath test for alcohol after being involved in a motor accident leading to injury.[17] Those aged 17-24 are more than 1½ times more likely to have a positive breath test after an accident than older drivers.[17] Although many drivers are convinced that they can tell when they have 'had enough' before driving there is evidence to suggest that ability to drive is impaired at levels well below the present legal limit for driving. There is a consensus among safety and motoring organisations that the only safe approach is not to drink any alcohol before driving. There appears to be a growing resistance to the "don't drink and drive" message. Avon and Somerset's Road Policing Unit launched its annual summer drink-drive campaign in June 2010. The stopped 27,689 vehicles; breathalysed 1,819 people; and arrested 139 people (7.6% of those breathalysed). This compared with rates of arrests for drink-driving for England and Wales that were around 8-9% of those breathalysed. The Police are considering providing systematic yearly information to stakeholder agencies on those breathalysed and those subsequently arrested for drink driving so that the progress against drink driving can be monitored.

6.3.5.2 Public order

6.3.5.2.1 The Police would like a consensus to emerge from the public and other statutory agencies about what is acceptable behaviour in B&NES. They would like to see clear and consistent messages around alcohol and the behaviour expected of B&NES citizens and visitors that will help to set the tone locally. They would like to see agencies and the licensed trades support the Police in mounting educational activities detailing the risk of alcohol-related harm and promoting strategies and behaviours for reducing that risk. In the last 5 years through the yearly Voicebox surveys about 30% of local citizens have said that drunk and rowdy behaviour is a fairly big or very big problem in their local area.

6.3.5.2.2 Great Western Ambulance Service estimates that 70% of their ambulance attendances on Friday and Saturday evenings and nights are related to alcohol misuse. They also estimate that a member of staff is assaulted weekly during these attendances. Their staff on these occasions also faces verbal abuse, threats of violence, and general disorderly behaviour as well.

Gap 24: We need a code spelling out the clear and consistent messages around alcohol and the behaviour expected of B&NES citizens and visitors that the local statutory agencies expect. (Evidence: Stakeholders events & Refresh consultation)

7 Governance and monitoring system

7.1 The overall governance of this Alcohol Related Harm Reduction Strategy will be through the Bath and North East Somerset Health and Wellbeing Partnership (or its successor body). The community safety aspects of the Strategy will be reported to the Responsible Authorities Group.

7.2 We can monitor the problems related to the harm arising from alcohol misuse in B&NES through the Local Alcohol Profiles produced by the North West Public Health Observatory yearly. We are also planning to identify the key local indicators and information sources for alcohol misuse priorities as part of our Joint Strategic Needs Assessment and report the position on these indicators yearly to the Health and Well Being Partnership (or its successor body), the Responsible Authorities Group, and the Children's Trust.

7.3 As part of this Strategy development we will produce the initial action areas that we should prioritise. If we create a B&NES Alcohol Harm Reduction Implementation Steering Group they can be responsible for working up a more complete action plan with initial (within 3 months), medium term (within a year), and longer term (over a year) detailed actions, timescales, lead postholder and agency. Progress on this action plan will be reported to the Health and Well Being Partnership (or its successor body), Responsible Authorities Group, and the Children's Trust quarterly.

8 Development priorities and recommendation

8.1 Development priorities

Stakeholders have identified 24 service and organisational priorities for reducing the harm caused by alcohol misuse in B&NES. The service priorities will need their costs and funding sources identifying in a business case justifying a spend-to-save approach with BANES data and include actions and then decisions taken on their relative priority by the decision-making boards. The organisational priorities will need the time of staff to bring about the organisational development. The top developmental service and organisational priorities identified by stakeholders responsible for developing this draft strategy are (the numbers reflect stakeholder views of priority):

Service developments

1. There is a need to increase treatment capacity for local people who misuse alcohol.

2. The identification of people in B&NES who misuse alcohol and are offered brief interventions needs consolidating in primary care and rolling out to other settings.

4. We need to find out if we are doing enough to identify, risk reduce, and support children of problem drinkers.

Organisational developments

3. There is a need for a B&NES Alcohol Harm Reduction Implementation Group reporting to Health and Wellbeing Partnership Board and the Responsible Authorities Group.

5 We need a code spelling out the clear and consistent messages around alcohol and the behaviour expected of B&NES citizens and visitors that local statutory agencies expect.

6. We need to identify the key local indicators and information sources for alcohol misuse priorities as part of our Joint Strategic Needs Assessment and report the position yearly.

7. We need a comprehensive care pathway for people with alcohol misuse in B&NES that is clear to users, citizens, commissioners, and providers.

8. We need to contribute to the Big Society initiative and engage local communities and citizens on reducing alcohol related harm.

8.2 Recommendation

That this Draft Refreshed Alcohol Harm Reduction Strategy for B&NES is adopted and the key priorities are agreed.

One unit of alcohol is 10 ml by volume of pure alcohol, for example half a pint of ordinary strength beer, lager or cider (3-4% alcohol by volume) but there are one and a half units of alcohol in a small glass (125 ml) of ordinary strength wine (12% alcohol by volume).

Those who drink hazardously are individuals who are placing themselves at risk of harm through their drinking behaviour (more than 5 units per day for men and 3 units per day for women).

Those who drink harmfully are those individuals who are already experiencing physical or mental harm as a direct result of their drinking.

Those who drink in a dependent manner are those individuals who demonstrate behaviour that prioritises drinking alcohol over other, previously more important, behaviours.

A working definition of binge drinking is those men who drink more than 8 units and those women who drink more than 6 units in a single drinking session.

AUDIT, the Alcohol Use Disorders Identification Test, is used to identify persons with hazardous and harmful patterns of alcohol consumption. The AUDIT tool was developed by the World Health Organization as a simple method of screening for excessive drinking and to assist in brief assessment. It consists of 10 questions. There are various derivatives of this tool such as AUDIT-C designed for use in specific circumstances.

The FAST questionnaire has a similar purpose to the AUDIT one but was designed by University of Wales College of Medicine, Middlesex University, and the Health Development Agency to be used more quickly, for example in emergency departments. It consists of 10 questions.

The TWEAK alcohol screening test is a short, five-question test which was originally designed to screen pregnant women for harmful drinking habits. It was developed by the Research Institute on Addictions at Buffalo, New York, Department of Obstetrics/Gynaecology and Wayne State University.

T–ACE is a modification of the CAGE screening tool, an early quickly applied tool. T_ACE has been validated for use to detect a range of alcohol use, including risk drinking in pregnancy. It is recommended for use within antenatal settings within SIGN Guideline 74.

Appendix 1: Current services for alcohol-related harm

Health services

Primary care

There were 3,052 newly-registered patients in 2009-10 in general practice who had the FAST or AUDIT-C questionnaire. Of these 198 underwent a fuller assessment using a validation tool. There were 146 hazardous drinkers who received a brief intervention from their general practices and 23 who were referred.

Specialised alcohol misuse services providers

Clients are put in touch with the specialised alcohol misuse services providers through a variety of mechanisms. New Highway acts as the usual initial point of assessment and clients usually self refer, with GP referral being the second most common route. New Highway offers an alcohol management service where a client's motivation to address their problem drinking can be assessed and goals for change agreed. Where more intensive interventions are required then New Highway usually refers on to one of the other providers. DHI tends to see clients that have been referred from other agencies and provides a counselling service as well as providing services to those who have been through a programme of detoxification and are abstaining from alcohol. For these services, after care and relapse prevention are key parts of the overall package. SDAS sees the smallest number of clients but those with the most complex needs and receives referrals from a wide range of agencies. Their services at present include those with a forensic element (where treatment has been mandated by the Courts); those where clients have severe mental health problems and those where others are deemed to be at risk from the behaviour of the client. As an example of the numbers accessing self-help groups, Alcoholics Anonymous in B&NES has 17 meetings each week.

Criminal justice services

Police

The Police achieved their aim the following strategy:

1 Working collaboratively with Licensees to address issues arising from the night-time economy including ensuring that the licensed premises are making good use of CCTV, using licensed doorstaff, being part of the Pubwatch scheme if appropriate, co-operating with regular checks by the Police Officers, Police staff and other agencies.
2 Using the monthly multi agency Licensing Enforcement Group meetings to organise and carry out regular multi agency visits to licensed premises to check and test licence conditions.
3 Using intelligence and analysis to identify crime hotspots and problem premises and respond to these through additional proactive patrols at high risk periods, ensuring that Officers have sufficient knowledge of the legislation and their powers in relation to alcohol related crime and nuisance. Run operations when appropriate and

necessary, such as Operation Tonic (breath tests – drink/drive) throughout the festive period, and Operation Relentless.

4 Increasing the level of young people's education and awareness in relation to responsible levels of drinking and the effects of alcohol through lessons delivered by the Youth Strategy Officer and PCSOs in schools and colleges. Working jointly with Project 28, Off The Record, Youth Offending Team and the B&NES School Alcohol contact Jodie Smith to re-enforce those messages.

Youth Offending Team (YOT)

For a number of young people who offend, alcohol plays a significant part in their offending; they may have offended under the influence of alcohol or offended in order to acquire alcohol. The YOT may also learn in its work with young people that their parents have had issues with alcohol misuse and this has influenced the full family functioning.

The YOT assesses every young person using the assessment tool Asset and ensures that a screening is done about substance misuse amongst other health needs. If the young person needs a specialist intervention from health staff they are referred directly by the seconded staff member. Members of the YOT are also able to provide low-level educational interventions once they have been appropriately trained.

The aim of the YOT is that, by intervening early in the cycle of offending and alcohol misuse they can help prevent the development of further, entrenched offending and enable the young person to build their sense of self-esteem and focus on positive activities.

Public protection

The Public Protection Service has a key role within the local authority both as a regulatory service and as an educator. The service takes a lead role in B&NES in terms of air and water quality, licensing, food safety and standards, trading standards, health and safety at work, health improvement and animal health and welfare. The strong links Public Protection have forged with local business through their ongoing advisory role have been linked with the alcohol harm reduction agenda through the health development officer role working together, particularly with the licensing and trading standards (under age sales) officers. Through this role the service led on gaining the purple flag for B&NES - the new "gold standard" that recognises great entertainment and safe and welcoming hospitality areas at night.

Trading Standards (B&NES Council)

The Trading Standards Team conduct a programme of test purchasing using underage volunteers to check whether on or off licences will sell alcohol to the volunteers. A failed test can result in the seller receiving a fine, a review of the licence to sell alcohol or for criminal proceedings to be instituted against the licence holder or company. Follow up visits by officers are conducted to examine refusal systems used and practical advice is offered on any necessary improvements.

Licensing Services

Appendix 1: Current services for alcohol-related harm

Bath & North East Somerset Council is the local Licensing Authority following the introduction of the Licensing Act 2003. The Council aims to promote a range of cultural activities within Bath & North East Somerset and uses licensing as one means of achieving this. A formal Statement of Licensing Policy is published by the Council detailing its approach to licensing and is available at: http://www.bathnes.gov.uk/NR/rdonlyres/3745A5C2-25A1-46C8-AE32-B72D4017E34A/0/StatementofLicensingPolicy2008.pdf

In discharging its duties the Council seeks to promote the four licensing objectives:

1. The prevention of crime and disorder
2. Public safety
3. The prevention of public nuisance
4. The protection of children from harm

Licensed premises must also submit an operational schedule at the time of applying for a licence detailing how they will address each of the four objectives in the day-to-day running of their premises. As from April 2010 owners of bars and pubs were banned from offering 'all you can drink' alcohol promotions, drinking games and free drinks for women, or face six months in jail.

The Licensing Team administers the licensing process including dealing with applications for licences, and arranging hearings for contested ones. Once a premises licence has been granted the team accepts valid representations that call for a review of the licence which enables problems to be aired and the licence to be amended if necessary. Certain premises have conditions attached to them, many of which assist to reduce harm to the public. The team works in conjunction with its other enforcement partners e.g. police & fire to ensure that these conditions are complied with, and inspecting premises where there is a history of alcohol-related problems.

The Licensing Committee considered a report on the review of the cumulative impact policy and resolved to continue with the policy. The Council's Statement of Licensing Policy is due to be reviewed again in 2010 where the need to continue with the cumulative impact policy will be considered. A copy of the reports, together with the Minutes of the meetings, can be seen at any of the Council's libraries or on the Council's web site at the following address - http://www.bathnes.gov.uk/business/LicencesStreetTrading/Pages/default.aspx .

The licensing authority expects the applicant to address the issues surrounding cumulative impact in their operating schedule in order to rebut such a presumption. The Council's Statement of Licensing Policy also contains a range of measures that the Council, as licensing authority, would wish to be included on a premises licence application within the cumulative impact area would depend on the nature and type of premises within the application and would need to be individual to that premises, examples are:-

- CCTV at the premises to be properly maintained
- Security Industry Authority (SIA) door staff

- Toughened or plastic glass, no bottles
- Free calls to taxi firms for departing customers at the end of the night
- Outside areas to be cleared at a reasonable time (time to be stated)
- Signs to be displayed at each exit to encourage patrons to minimise noise and not to congregate in the street at close
- To contribute to the street marshal scheme
- To be a member of the local Pub Watch
- No open containers of alcohol to leave the premises
- To supervise entry and exit of the customers from the premises at busy times
- Facilities for people to dispose of cigarette ends and provisions for reducing noise from people smoking outside the premises
- A limit on the number of customers permitted on the premises at one time
- A requirement that the public spaces in the premises should be predominately seated

This list is not exhaustive, and is only intended to provide a brief description and guide to applicants.

Workplace

Health@Work

Health@Work works with businesses to minimise the harm arising to their employees through alcohol misuse related to the work setting. It:

- provides employees with information on the effects of alcohol and local sources of support
- ensures that the workplace policy makes it clear that employees are not allowed to consume alcohol at work or during working hours before attending work
- ensures that the workplace policy includes information about the level of support, including counselling or professional help, that an employee will receive if alcohol misuse is recognised
- reviews access to alcohol within the organisation, for example, at social functions or in social facilities

Family and community services

Youth Service

Through its programmes the B&NES Youth Service try to ensure that all young people receive appropriate, information and advise about alcohol and its harms and ways of reducing these. We also provide a wide variety of positive activities that act as an alternative to divert them from activities related to substance misuse including alcohol that put young people at risk.

Appendix 2: Products of Alcohol Harm Reduction Strategy Workshop 6 October 2010

Supply chain for domestic violence	**Gaps**	**Actions**
GP, A&E, employer, police, Southside, family worker can help Related: shame, pride, partner, booze, school, neighbours, friends, licensee, employer	A&E last resort / cry for help	Work with GP commissioning of alcohol services
	GP failing?	Check if children presenting 'symptoms' of parents' alcohol problems and domestic violence I being picked up in schools?
Employer – reputation risks, occupational health, alcohol policies	Getting from Domestic Violence victim to booze cause	Ensure staff in Walk in centres have domestic violence training and knowledge to link to the alcohol being a contributory cause
	Early intervention missed	Domestic violence flags work well if that's identified. Who makes the links to the cause, booze?
	'Triggers' not assessed	Maximise GP risk assessments
	Cultural bias to ignoring domestic violence	Help schools set up screening and early intervention of kids drinking
	Cultural shift	Awareness training for GPs and risk assessment training to get full picture
	Community Alcohol Partnerships run by local people for their specific area/problem	Education at schools to try and break the cycle by starting with cultural shift in children
Prevention	Strategy to work with licensees on being socially responsible	Work with stronger communities department to gain links to local groups, parishes
GP – Husband / Wife	Strategy framework to provide "bucket" of tools to help local task & finish groups	
Police – anti-social behaviour (ASB) – domestic report	Clear strategic statement to set future approach, led by Health and Wellbeing Partnership	Locally based tasking across all agencies
		Build on case studies to identify process changes across all agencies
Education (children acting out)		Follow the money to address/prove outcomes/needs/savings
Registered Social Landlord		Better recording of data so all agencies can get the big picture
		Set up community alcohol partnerships – local solution for local problems

Appendix 2: Products of Alcohol harm reduction strategy workshop 6 October 2010

Supply chain for health	**Gaps**	**Actions**
Thinking about your drinking campaign Teachers, counsellors, neighbours; family friends; primary care nurse picks up at screening	Brief intervention training for all frontline staff Work on alcohol in with Primary Care to do more Engaging primary care at a strategic level	Brief intervention training for frontline staff
Refer to secondary care, statutory services → care support, national help lines, AA	Ensure good signposting information available Are all agencies and professionals up-to-date?	Work on alcohol in with Primary Care to do more
School aged children can get help from school counsellor/nurse	Use education in schools for sensible drinking	Ensure good signposting information available
Childline, teachers → Signposting Voluntary sector (New Highway –single point of contact) DHI (e.g. for abstinence)	For people to feel comfortable about having meaningful conversations about change (non-specialist staff)	Ensure up-to-date information on services & signposting is available & agencies know about it
	Change the culture of our society in relation to drinking	Evaluate dry house provision
Can use community level communication (posters in libraries etc)	For those in helping roles to be able to access quality brief intervention training	Ensure better coordination of services
Can use digital communication	Dry-house will only serve the tip of the iceberg Need a better co-ordination of services – one overarching group to maximise resources	Ensure alcohol service providers use standardised forms and give commissioners outcomes information
Prevention	Improve links between hospital, mental health and alcohol services	Ensure that there are good links between hospital and alcohol services
Developing a culture of moderate drinking through education	Better intelligence on alcohol and standardised outcome forms	Maximise opportunities for community volunteers for alcohol
Brief intervention training for frontline staff	We do not maximise opportunities for community volunteers	Train volunteers
Add targets on alcohol in Primary Care so it gets flagged at consultation; 'pop up' reminder	Train volunteers in key issues – signposting, harm minimisation, brief intervention.	Develop policy for volunteers
Important that interventions are holistic i.e. capturing precursors such as loss etc	Boost profile of volunteer bureau at Green Park Expand DHI counselling service started by volunteers	Ensure local agencies are up-to-date on alcohol services information
Signposting	Volunteering notice boards at universities / FE colleges. Recruit young people for evening outreach.	Engage primary care at strategic level
Do all key agencies and professionals have the correct and up to date information they need?	Promoting the benefits of volunteering Develop over-arching policy/strategy for working with volunteers across alcohol agencies in B&NES	
Important for support and information to be easily accessible for family, friends, community members as they are likely to be pivotal in helping to identify and support problem drinkers and possibly at risk themselves	Ensure local agencies/organisations who have contact with key groups e.g over 50s have sufficient support, information and training. This will need co-ordination – pilot and evaluate this mode	

Appendix 2: Products of Alcohol harm reduction strategy workshop 6 October 2010

Supply chain for disorder

Supply chain for residents	**Gaps**	**Actions**
Area for drunk & incapable person	Police ↔ University communications (confidentiality) Banning orders	Explore data sharing protocol for Police-University communications
Police Ambulance	Residents still concerned about noise, abuse, violence, urination, vomit	Explore how schools can introduce education on alcohol early
A & E department Social services	Licensing process Too many young people drunk	Explore more support funding for added resposne services
Custody services Mental health services	More education needed – Early Intervention – Schools Alcohol Priority	Check what happens in Custodial Care at the end
Prevention	More support (funding) for added response services (to support fast ambulance etc)	Check what happens in A&E Dept on future services
Elected member ASB order for persistence	Custodial care In police cell – end stage – referral? A&E → care beyond – referral – follow up?	Explore test purchasing for drunken people in pubs
Environmental services for noise	Test purchasing for drunken people (in pubs) Court – attendance referral to AA / New Highway etc	Explore referral to New Highway/AA from court attendance
Police PACT meetings Supermarkets off licence sales Licensing Enforcement Group	If relevant more focus on alcohol as well as drugs – mental health services Balancing – merging agendas: enforcement with health and care aspects	Explore support for Alcohol Steering Group Explore if community activators can be expanded
Supply chain for drunk person Street pastors A&E if serious health consequences A&E advice University support for student if serious	Targeted actions needed (Holistic approach, greater priority is need for alcohol, priority of resources) Need Alcohol Steering group More Community Activators Signposting and support Pathways to access help and initiatives	Improve signposting and support pathways to access help and initiatives
Prevention Education (early) – shift cultural norms	Knowing your community better	
Support parents (health influence on children's drinking)	Identifying – Local Community Activists (positive influence on community) e.g. S families, strengthening communities (parenting skills)	
Student support at University	Community empowerment in the first place to enable it to happen	
Acceptability of getting drunk to excess – Challenge social norms	More initiatives: Tenants forum – old post office / pilot Keynsham (health and Wellbeing)	
Street Marshals FAST ambulance	Access Communities	

Appendix 2: Products of Alcohol harm reduction strategy workshop 6 October 2010

Supply chain for workplace	**Gaps**	**Actions**
Supply chain for employee misusing alcohol Noticing employee → Line Manager	Lack of information for staff and employers	Chamber of commerce could provide information, support
Policy / Code of Conduct	Lack of support especially in small businesses	Scoping what's happening in large employers (policies, HR)
Human Resources department	Lack of policies / codes	Develop template polices and business case
Occupational Health department	Acceptability of bingeing (work do)	Find ways of supporting SMEs (small amd medium size employers)
Training all staff	Template policies	Use Bath Chamber of Commerce, Residents Associations, PACT, Parish Councils and Councillors, Regenerate, & Media (Chronicle, Radio etc) to improve engagement
Peer conversation	Cost implications and business case for Occupational health	
Risk assessment	Health at work projects	
	Need for an alcohol forum that is the umbrella for all the different projects and schemes and provides leadership	
	Bringing all licensees and off licences together	
Prevention	Nee more community engagement	
Policy/Code of Conduct/Acceptable Behaviour	Fostering Community Vision for acceptable alcohol code of behaviour	
Health at work projects		

Appendix 2: Products of Alcohol harm reduction strategy workshop 6 October 2010

Supply chain for children & young people	**Gaps**	**Actions**
Prevention/treatment	Better links to A&E so that young people can get harm reduction information and advice	Assist services to measure extent of problem and impact
School Nurse Team	More brief interventions (using drink/think)	Promote pathways and services
PSHE and Drug Consultant	Consistent message	Use Schools Health Education Unit survey in local schools
Diversionary Activities: Sports and Active leisure team	Perception of what constitutes a 'problem' – how do we educate people / change attitudes towards drinking?	For community engagement use good examples - M+, OTR
Project 28 & Outreach Team	Alcohol can be very cheap and affordable	Use intergenerational mentoring
Off The Record (OTR)	Parental attitude to drink – 'All children do it'	Roll out drink/think tool
Fairbridge	Media promotes alcohol as socially acceptable	Support new projects - Drama project, PCSO training, new drug education resource
Prince's Trust	Insufficient weight of law to prosecute under age sales	
Family therapy	Develop a clear message which aims to achieve attitudinal change	
Mentoring Plus (M+)	A message which encourages sensible drinking and gets Young people to look after their friends.	
Children Missing Education Officer	Clearer information sharing protocols	