

Derby Alcohol Harm Reduction Strategy

2006 - 2007

“reducing harm caused by alcohol misuse in Derby”

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Executive Summary

This strategy has the objective of reducing the harms caused by alcohol misuse in Derby. It focuses on the prevention, minimisation and management of the harms caused by alcohol misuse to adults, children and young people. It sets out key priorities for tackling alcohol misuse and reducing the harm that it can have on individuals and communities. Measures to tackle some of these harms are also addressed in other plans and strategies in Derby and within government objectives and initiatives, for example: tackle health inequalities and promote public health; tackle crime; anti-social behaviour and domestic violence. This strategy aims to coordinate all plans and activities around alcohol harm reduction in Derby and is in line with Derby's Public Health Strategy¹.

Currently work exists around reducing alcohol related harm in Derby but this is uncoordinated and does not meet the level of actual and perceived need. Although a number of different agencies are involved in reducing alcohol related harm there is no cohesive strategy in place to harness their efforts. There is a lack of local data to identify the nature and extent of the problem which requires intervention. This strategy aims to highlight existing work, propose new initiatives and provide a coordinated approach.

The Derby Alcohol Harm Reduction Strategy (DAHRS) addresses the following priorities:

- Informing and communicating with all stakeholders to ensure we are making an impact where it is most needed.
- Protecting people from alcohol related harms through education, early intervention and support in addressing alcohol problems.
- Improving the range and quality of alcohol services in Derby.
- Reducing alcohol related crime, disorder and anti-social behaviour.
- Redressing the negative impact that alcohol misuse has on the economy and workforce of Derby.
- Tackling health inequalities related to alcohol misuse.

Recommendations

This document, under key harm reduction strands, suggests areas for action which involve all aspects of the strategy and would require a multi-agency approach. The key actions recommended are:

- ❖ Establish a dedicated post to develop and manage the strategy
- ❖ Deliver improved information for all stakeholders
- ❖ Develop a four tiered approach to treatment as per Models of care for alcohol misusers (MoCAM)
- ❖ Co-ordinate and improve work with victims and offenders of alcohol related crime
- ❖ Co-ordinate and improve work with licensed premises

¹ <http://www.derby.gov/Business/HealthSafety/PublicHealthStrategy.htm>

Strategy Framework

The Alcohol Harm Reduction Strategy for England 2004 (AHRSE) provides the framework by which the Government aims to reduce the harm caused by alcohol. The strategy focuses on the prevention, minimisation and management. It identifies and details four key groups of alcohol related harm:

- **Health** - premature deaths, alcohol dependence, alcohol related disease and A & E admissions
- **Crime and Anti Social Behaviour** - links to violence and anti social behaviour – which contribute to a fear of crime
- **Loss of Productivity and Profitability** in the work place
- **Family and Society** - human and emotional impact of alcohol related violence, impact on children of parental alcohol problems, marital problems and family breakdown

Interventions to address the above need to be:

- Coherent and planned – isolated uncoordinated interventions won't work
- Sustained over a period of time to ensure long term improvements

Have

- Clear Objectives and a means of measuring progress
- Public Support – interventions need to be understood and supported by the public

Four key levers

- I. Education and communication – challenging the “drink to get drunk” culture
- II. Identification and treatment of alcohol problems (Models of Care for Alcohol)
- III. Tackling crime and anti social behaviour through better coordination and enforcement
- IV. Work with the alcohol industry – consider price, availability and safe environment

Targets

Despite an increase in the focus on alcohol there are still no national targets associated with the delivery of alcohol treatment services. This makes the identification of funding problematic in an environment where finances are limited and currently resource areas where national targets exist. Local targets will be required to ensure the strategy addresses the identified needs within Derby.

Funding

Joint funding for an Alcohol Harm Reduction Strategy Manager in Derby has been approved by Derby City Primary Care Trust (PCT) and Derby Community Safety Partnership. The PCT fund Tier 2 and 3 services currently provided by Addaction and Derbyshire Mental Health Trust and will be funding a new Tier 2 service based within the PCT. Other funding is being identified considering current and future work in this area amongst all key stakeholders.

Commissioning

As part of NHS provision commissioning alcohol interventions and treatment is the responsibility of local PCT's². The following key issues need to be considered: Population Needs; Local Service Gaps; Equity; Evidence Based and Partnership. A steering group (The Derby Alcohol Harm Reduction Strategy Group – DAHRSG) has been formed to provide leadership and governance of the strategy and will be represented by all key stakeholders.

Children and Young People

The Community Safety Partnership Drugs Team commission's services for those under eighteen years of age with drugs and alcohol misuse issues. The National Treatment Agency allows a proportion of the Pooled Treatment Budget to be spent on children and young people (C & YP) for both drugs and alcohol misuse. This team has a separate annual treatment plan for C & YP and a lead to ensure its delivery.

A recent research project was undertaken entitled "Alcohol related violence amongst young people in Derby City"³. From local and national data it was estimated that 2700 young people used alcohol once a week in Derby City. A survey of year 10 pupils (aged 14 to 15) also revealed that more than half of respondents that had used alcohol in the last week had been drunk in that period.

Information on Alcohol Misuse

Needs Assessment

Department of Health – The Alcohol Needs Assessment Research Project (ANARP) Nov 2005 measures the gap between the demand for and provision of specialist alcohol treatment in England and estimates 1 in 18 (5.6%) alcohol dependant individuals access specialist alcohol services nationally per annum known as the Prevalence Service Utilisation Ratio (PSUR).

Nationally 32% of men and 15% of women are hazardous or harmful drinkers with a further 6% of men and 2% of women being alcohol dependant. There is a decline in all alcohol use disorders with age as 16-24 years is the most prevalent group.

Alcohol use disorder categories (World Health Organisation):

hazardous drinking: people drinking above recognised 'sensible' levels but not yet experienced harm (22-50 units per week for men, 15-35 units for women).

harmful drinking: people drinking above 'sensible' levels and experiencing harm (50+ units for men, 35+ units for women).

² National Treatment Agency (NTA) – Models of care for alcohol misusers (MoCAM) D o H June 2006

³ July 2006 Perpetuity Research & Consultancy International (PRCI) Ltd

alcohol dependence: people drinking above 'sensible' levels and experiencing harm and symptoms of dependence.

The East Midlands

24% of people in the East Midlands, it is estimated, have a hazardous or harmful alcohol use disorder, which is around the national average. Approximately 2% have alcohol dependence, which is the lowest region nationally, and around half of the national average.

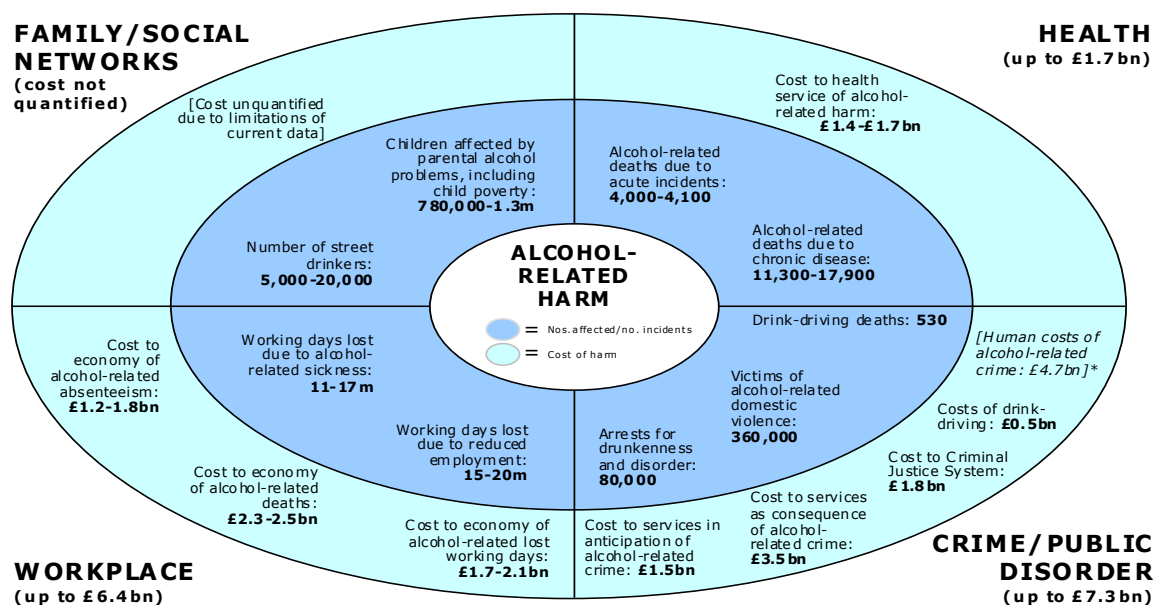
There were approximately 12,500 alcohol-related hospital admissions during 2004/05 in the East Midlands⁴.

It can be estimated that around 5,000 deaths in the East Midlands during the period 2002-2004 can be attributed to drinking alcohol².

The East Midlands has the lowest number of alcohol treatment agencies identified by ANARP with around 30 which is approximately a third of the national average. This region has a Prevalence Service Utilisation Ratio (PSUR) of around 17 or 5.3% of the in need alcohol dependant population accessing treatment.

Death rates in England and Wales per 100,000 population increased, from 10.7 in 2001 to 11.6 in 2003. The East Midlands is lower with just under 10 per 100,000. In Derby the death rate was 13.1 per 100,000 population between 2001-2003⁵.

National cost and numbers affected by of alcohol misuse

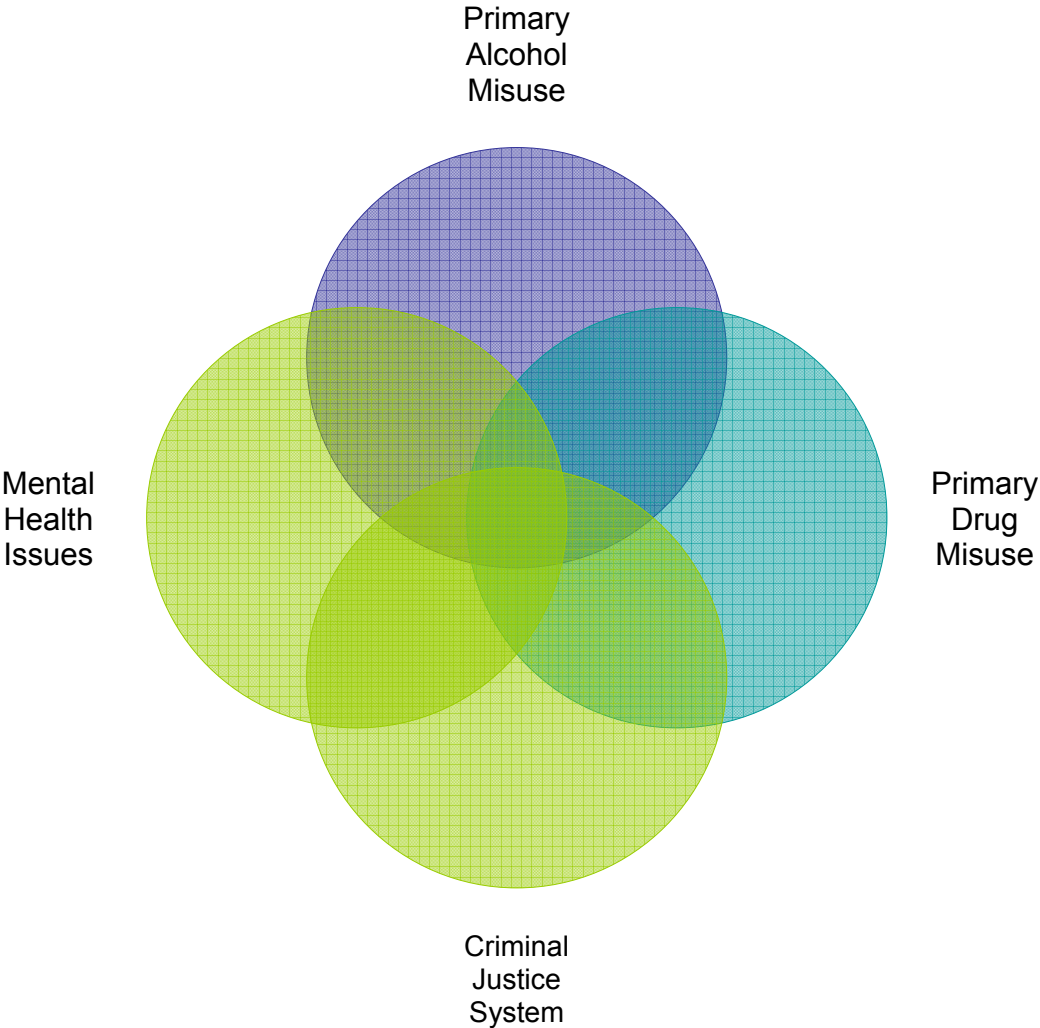


⁴ Draft Alcohol Briefing – East Midlands Public Health Observatory 2006

⁵ South Derbyshire Alcohol Needs Assessment Deputy Director of Public Health

Priority Groups

It is recognised that people misusing alcohol may also have other issues which need to be addressed and that this work cannot be conducted in isolation. This strategy will provide a focus for alcohol related issues but will require a holistic, multi-agency, partnership approach in order to provide successful initiatives in this complex area of work.



Key Harm Reduction Strands

This chapter sets out a framework to reduce alcohol related harm through four key intervention strands or levers.

1. **The first key aim of the strategy is to improve the information available to individuals and to start the process of change in the culture of drinking to get drunk.**

Individuals make choices about how much and how often they drink. Individuals are responsible for these choices, but they both influence and are driven by their peers and the wider culture of society.

Accurate information is needed if individuals are to make informed choices about alcohol. In particular, young people need to receive adequate education on the issues. Anyone who drinks alcohol needs to understand how sensible drinking guidelines apply to the kind of drinks they consume; and those who may be experiencing problems, along with their families and friends, need to know where to get help and advice.

Underpinning any actions to tackle alcohol related harms is the need to understand fully how alcohol impacts on Derby residents, visitors and businesses; and for individuals to make informed choices about their drinking and to act more responsibly. Alcohol is involved in 15% of road accidents, 26% of drownings, and 36% of death in fires. A quarter of accidents at work are drink-related.⁶

Proposed Actions:

Dedicated Post - a new post established to manage the Alcohol Harm Reduction Strategy and co-ordinate and deliver the multi-agency work in this area.

Steering Group - key stakeholders to nominate leads within their organisation to provide senior representation for a steering group to lead and provide governance for the strategy (Derby Alcohol Harm Reduction Strategy Group DAHRSG) supported by the above post.

Key Stakeholders - develop closer links with key partners across Derby by identifying "alcohol champions" in order to develop consistent approaches relating to information campaigns. Section 17 of the CDA should be recognised as a tool to engage all stakeholders.

Community Engagement - develop ways of sharing information and engaging with communities in addressing alcohol related issues.

⁶ Alcoholics Anonymous website.

Sharing Information - about alcohol related harms. Assist, social care, housing, criminal justice agencies, education and leisure to understand and address the harm associated with alcohol misuse.

Workplace Policies - support local employers to develop and implement their own alcohol workplace policies.

Links with other areas of work - ensure alcohol is addressed in relevant strategies and plans, e.g. Public Health Strategy, Community Safety Strategy.

Alcohol Industry - work with the Alcohol Industry to develop a local “Code of Good Practice” for both off and on-licensed premises.

Licensing Act (2003) - inform local communities how to make representations under the new licensing legislation.

Health Promotion - develop universal and targeted alcohol education and health promotion for both young people and adults.

Improving Information – see below

Understanding the impact alcohol has on individuals and communities

Locally there are a range of sources of information that can be used to gather local data and information regarding alcohol related harms, however these are not easily accessible and there are some gaps. Alcohol misuse cuts across a number of issues e.g. mental health, drug misuse, sexual health, homelessness, anti social behaviour and violent crime including domestic violence. In building a local picture related issues also need to be understood and acted upon.

It is recognised that locally (as in many areas) there is a lack of baseline data on the extent and demographics of the issues. Work has begun on this issue but a systematic approach is required to map the needs of the city and highlight particular areas for priority action.

Key issues and data sets should include:

- Prevalence data amongst people with dual diagnosis. (A dual diagnosis occurs when an individual is affected by both chemical dependency and an emotional or psychiatric illness);
- Prevalence data amongst young people;
- Prevalence data amongst Black and Minority Ethnic (BME) Communities;
- The impact alcohol has on the local economy and the burden on local employers;
- Where alcohol is a factor in offending behaviour e.g. those involved in Criminal Justice System;
- The level of alcohol related anti-social behaviour;
- The level of alcohol related domestic violence;

- The number and demographics of alcohol related prolific and priority offenders (PPOs).

Proposed Actions (Information):

Information and Data - work to gather data and information in order to fully understand the extent of alcohol problems faced by Derby residents and employers and determine the most effective way of addressing these problems. Section 115 of the Crime and Disorder Act (CDA) 2004 can be utilised to encourage agencies to exchange information.

Screening Strategy - for early detection of *harmful and hazardous* drinkers. A simple screening tool (see example at Appendix 1) is required to ensure all relevant services can identify and refer appropriately. Data gathering and analysis infrastructure would also be required.

Training package - would need to be developed and delivered to ensure all relevant services had a suitable level of awareness and that the screening tool was used widely and effectively.

Needs Assessment - would be a vital element in developing a strategy to ensure accurate information was used to build capacity, inform priorities and drive efficient and targeted implementation of services.

II. The second key aim of the strategy is to better identify and treat alcohol misuse.

Alcohol can have a major impact upon an individual's physical and mental health and has major cost implications for the Health Service. The impact of alcohol misuse will affect health services in a variety of settings ranging from primary care, Accident and Emergency (A&E), hospitals, mental health and sexual health services.

The average annual death rate from chronic liver disease and cirrhosis (per 100,000 of the population between 1995 and 1997) in England was 12.4 for men and 8.4 for women. An analysis of mortality data shows alcohol related deaths particularly cirrhosis, are on the increase (up 90% over past decade) and could potentially overtake Chronic Heart Disease as the biggest contributor to reduced life expectancy for women by the end of the decade.⁷

Proposed Actions:

Service provision - work with service providers to plan and review current alcohol services to make sure they respond to the changing needs of Derby residents. Plan a treatment system based on locally identified need using the Models of Care for Alcohol Misusers (MoCAM) tiered approach.

Screening and brief interventions (SBI) - provide routine screening to identify *hazardous or harmful* drinkers and subsequent delivery of brief structured advice where appropriate.

Performance - develop a performance management system for the delivery of the strategy and related services.

Dual diagnosis - build upon the existing dual diagnosis network.

GP involvement and services - improve links with GP's with Special Interest (GPwSI) in alcohol and homelessness, GP forums, training etc and consider Locally Enhanced Contracts (LES) or Practice Based Commissioning approaches.

Priority groups/locations - ensure the needs of the population and local priorities are met e.g. Prolific and Priority Offenders, Domestic Violence victims and offenders, Underserved Groups, homeless, the City Centre and Priority Neighbourhoods.

Outreach - utilise any existing outreach work and develop further.

Information about alcohol treatment services - develop a service map and directory of alcohol treatment services and how to access them, for users and potential users of treatment services, their families and carers, and front line workers.

Involving carers and users - involve those who use and have used services, and their carers/families, when planning and reviewing alcohol services.

⁷ Cabinet Office. The Prime Minister's Strategy Unit (2003). Interim Analytical Report

Housing and housing related support - develop existing supported accommodation and housing related support for people who have an alcohol problem.

Models of care for alcohol misusers (MoCAM), Department of Health June 2006, sets out a framework comprising of four tiers of service provision, integrated care pathways for alcohol treatment, care planning and co-ordination and monitoring. The interventions undertaken within each of the tiers are outlined below:

Tiered Treatment System

| Wide range of agencies seeing larger numbers | |
|--|--|
| Tier 1 | Education, screening and signposting Alcohol awareness and education, screening for alcohol problems minimal interventions, brief interventions, needs assessment, referral to specialist service, harm reduction |
| Tier 2 | Open access specialist services Specialist advice and information, harm reduction, GP advice and information, screening, referral to more specialist services, brief interventions, counselling and psychotherapy, group work, relapse prevention, liver units, A & E and psychiatric services, family carer support services, crisis intervention, preparation for assisted withdrawal, diversionary activities |
| Tier 3 | Referred specialist treatment Assisted withdrawal, structured community treatment programmes/ day programmes group therapy/ group work programmes, relapse prevention, outreach, comprehensive assessment, structured counselling, CBT/psychosocial interventions, alcohol and offending programmes, family/carer support, structured key-work support, alternative therapies, links to other services e.g. drug treatment |
| Tier 4 | Specialist inpatient treatment Inpatient detox, residential rehabilitation services, specialist assessment and referral, psychiatric input for conditions, aftercare services e.g. tenancy support, specialist medical care e.g. for liver problems, etc group therapy, relapse prevention, 12 step programmes |
| Specialist Intensive Treatments for smaller numbers | |

Existing Alcohol Related Services

Tier 1 and 2 provision exists with several organisations providing a range of non-specific services to people with alcohol use disorders but in an uncoordinated way. There are currently Tier 2 and 3 alcohol specific services in Derby funded through Derby City PCT providing treatment for alcohol misusers alongside the current drug treatment services through group work at Addaction and one to one work at The Elms (Derbyshire Mental Health Trust). Tier 1-3 provision for young people is available in Derby with resources allocated through the Community Safety Drug Team and are drugs and alcohol combined services.

| Tier | Organisation | Description | Resource | Utilisation |
|---------------|---|--|---|---|
| Tier 1 | Various for Young Persons. Nothing formally identified for adults | Links with Schools , Health Promoting Schools Programme etc. | Pooled Treatment Budget (PTB) | Awaiting data |
| Tier 2 | Derby Alcohol Intervention Service Contact Robert Hill 01332 203102 x6374 | Open access service providing advice, information, support, brief interventions and assessments. Also advice, support and information to other services. Managed through the Fresh Start Team and delivered in community and primary care settings. | 2 wte PCT | Planned to be in operation early 2007 |
| | youngaddaction 01322 254500 | Combined drugs and alcohol services for under 18s providing services as above. | 1 wte approx PTB | 60 approx |
| | Addaction 01332 370400 | 2 group sessions per week providing assessment, support advice and brief interventions. Open access self and agency referrals | 0.2 wte PCT | 25 approx Review with new Tier 2 service |
| | A&E Mental Health Liaison Team | Screening (from July 2006) and brief interventions within A&E | 1wte approx PCT | Awaiting detail |
| | Alcoholics Anonymous 0115 9417100 | Offering support in a group environment and encourage a program of personal recovery known as Twelve Steps Open access | 10 Groups run by Volunteers | Seeking detail approx 100 - 150 |
| | Derwent Community Housing Support 01332 256395 | Derwent Area - housing related support with a Specialist Alcohol Support Worker providing 1 to 1 support at home or in office. Referral - self or agency | 1wte NDC funded | From April 06 caseload 4 |
| | Padley Group Padley Homeless Project | Day Centre - 01332 361633 Open access (365 days per year) Facilities, clothes and refreshments available (meals purchased with vouchers available). Some specific provision for substance misuse work. Direct Access Hostel - 01332 361633 10 beds for single males. No waiting list direct access when places available (av stay 4 months). | PCT Health & Social Care funding PCT & Supporting People | 5-10 regular attendees who misuse alcohol 12 primary alcohol residents in last year. |
| | English Churches Housing Group Centenary House | Wet Unit providing 6 beds for homeless persons with Drug & alcohol misuse (+ 89 other beds for homeless) | Non specific Supporting People | 10 approx |

| | | | | |
|---------------|---|--|--------------------------------|--|
| | Derbyshire Housing Aid - Night Shelter 01332 296952 | 14 beds "emergency beds" for the homeless (drugs and alcohol) - open access. (+12 beds for more stable clients at Ashbourne Road) | None specific | 42% of stays have alcohol problems |
| | Homelessness Team 01332 | General and Psychiatric Nurses providing support to homeless services via clinics | Non specific PCT | No specific details available |
| | Walbrook Housing Group | 1180 London Road 01332 758009 "Dry House" providing support to abstinent substance misusers via 12 steps programme Hartington House 01332 203898 Direct Access Hostel | Supporting people | Details to be obtained |
| | Action Housing 01332 294049 | Supported Housing Provision | Supporting People | Details to be obtained |
| Tier 3 | New Service requires resourcing and developing Contact Robert Hill 01332 203102 x6374 | Alcohol Treatment Requirements (ATR) Probation Community Orders specific to offenders with alcohol issues. | Resources being sought | To be confirmed |
| | Mental Health Trust - The Elms 01332 292160 | Providing specialist assessment, care-planned treatment to those with complex needs including dual diagnosis. Service specification under review. | 2.5 wte + GP time PCT | 112 clients in 2005-06 |
| | Learning Disabilities Service 01332 228950 | Joint assessment and action plan with The Elms with monitoring by most appropriate of those services. | Derbyshire Mental Health Trust | 11 alcohol only 5 alcohol and drugs |
| | Young Persons Service 01322 254500 | Combined drugs and alcohol services for under 18s providing services as above. Supported by CAHMS worker and psychiatrist. | 1 wte approx PTB | 20 approx |
| Tier 4 | Residential Rehab | Mental Health Trust act as gate keeper | Social Services | 1 |
| | Young Persons Service 01322 254500 | Detoxification and psychiatric input | Pooled Treatment Budget | Awaiting details |
| | Derby City Hospital Gastroenterology Department Tel: 01332 786903 | "Liver Specialists" providing inpatient and home detox. Liver Specialist Nurse providing supporting this service. | Non specific | 250 detox's approx |

III. The third key aim of the strategy is to prevent and tackle alcohol-related crime and disorder and deliver improved services to victims and witnesses.

Alcohol related crime and disorder has a major impact on the city of Derby. National findings from the British Crime Survey and related analysis⁸ found that 47% of all victims of violent crimes described their assailant as being under the influence of alcohol. The comparable figure in 1999/2000 was 40%. Over half of alcohol related violence occurs in or around pubs and clubs and 70% take place at the weekends. Over half of all incidents of alcohol related violence between strangers and acquaintances resulted in some form of injury.

Other key flash points for alcohol related crime and disorder are night-time taxi ranks and late night food outlets, the latter being subject to licensing review.

Risk factors for becoming a victim of alcohol related violence are:

- being male aged 16 to 29
- being single
- visiting a pub or night club frequently
- living in an urban or inner city area
- drinking on average 3-4 times a week, and
- drinking more than 10 units on a typical drinking day.

Other key information

- 33% of incidents of domestic violence are alcohol related; the majority of these victims are women. The rates of alcohol misuse and dependence amongst perpetrators is estimated to be between 2-7 times higher than the general population.
- Perpetrators of sexual assault, again where more than 90% of victims are women, have often been drinking at the time of the offence and many are also chronic heavy drinkers.
- In 2000 driving over the legal limit accounted for 5% of all road traffic accidents and 17% of all road deaths. Men are more likely to drink and drive than women, particularly young men and older 'professional' men.
- 25% of drug users also have problematic alcohol use.
- 33% of respondents in the British Crime Survey 2002/2003, living in inner city areas said drunk and rowdy behaviour was a very or fairly big problem in their area.

In the Mori Youth Survey 2004, 17% of young offenders in school and 20% of excluded young offenders committed an offence whilst they were intoxicated or when they had been drinking alcohol.

Prisoners and Resettlement

Effective resettlement of offenders is needed in order to address the high level of prisoners having alcohol related issues by improving treatment through-care and aftercare.

⁸ British Crime Survey (2001/2002) & Interim Analytical Report. The Strategy Unit 2003

25% of young prisoner's offending was alcohol related.

63 % of sentenced male prisoners and 39 % of sentenced female prisoners admit to *hazardous* drinking. Of these half have severe alcohol dependency.

Both male and female prisoners who reported *hazardous* levels of drinking in the year before entering prison were generally younger, aged between 16 and 24, and were held for violent offences.

Proposed Actions:

Arrest Referral Scheme – consider an Alcohol Arrest Referral scheme for Derby.

Custody Nurse Scheme – make further use this initiative to extend to alcohol related offenders.

Domestic Violence –

- Develop tools to identify those victims and perpetrators of domestic violence who have problematic alcohol use, e.g. using screening tool in custody suite.
- Develop systems to help both victims and perpetrators of domestic violence to access alcohol treatment services should they need to.
- Jointly develop services for victims of domestic violence.

Policing – (a number of initiatives are already being taken)

- Utilise police and community support officers to help tackle alcohol related crime and disorder.
- Maximise the use of Fixed Penalty Notices (FPNs) and Anti Social Behaviour Orders (ASBOs).

City Centre Community Safety Action Plan – ensure integration of this plan and utilisation of City Centre Community Safety Officer.

Alcohol Disorder Zones –utilise new powers to levy entertainment venues.

Alcohol bans in designated areas – monitor the use of alcohol free zones and consider further action if appropriate.

Hot Spots – identify hotspot areas and premises and consider targeted action and publicising the dangers.

Persistent Offenders - identify and develop intervention programmes for persistent offenders where alcohol is a factor and work with the Interventions Taskforce and Prolific and Priority Offender Scheme where appropriate) to develop actions to address the issues.

Neighbour Nuisance - develop neighbour nuisance policy to ensure alcohol related incidents are dealt with appropriately.

Transport - work to improve the availability of safe night-time transport, e.g. taxi marshal scheme, liaison with transport providers.

Advertising Campaigns – safe/sensible drinking campaigns should be co-ordinated through this strategy with a range of partners contributing and using best practice from elsewhere e.g. Manchester.

Tackling Prisoners' problematic alcohol use and enable effective resettlement -

Treatment and Care - develop alcohol treatment and care services for prisoners, to enable them to address their alcohol problems.

Alcohol Education and Health Promotion - develop a programme of alcohol education and provide health promotion information to prisoners in HMP Nottingham and other local prisons.

Resettlement - develop alcohol care pathways alongside Drug Intervention Programme routes.

IV. The fourth key aim of the strategy is to work with the industry in tackling the harms caused by alcohol.

Derby has around 850 licensed premises, the majority of which come under alcohol licensing. The Licensing Act 2003 revises and updates previous licensing legislation. All licensing authorities have a duty to promote the four licensing objectives when carrying out their functions under the Act as do other partners and the licenses themselves.

The four objectives are:

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

The two main supply-side levers that are commonly cited as influencing harm are price and availability:

- price is controlled by government through levels of taxation; it is also governed by the laws of supply and demand – for example, price promotions; and
- availability is controlled through restrictions on suppliers (planning and licensing law) and individuals.

The majority of those who drink do so sensibly the majority of the time. Policies need to be publicly acceptable if they are to succeed. A more effective measure would be to provide the industry with further opportunities to work in partnership with this strategy to reduce alcohol-related harm. Every consumer of alcohol has contact with the industry in one form or another. By contrast, only a small proportion of consumers will come into contact with public services because of their consumption.

The local and national Industry is required to play a key role in:

- preventing problems arising – for example, play a greater role in disseminating messages which strongly encourage responsible consumption and ensuring that establishments' layouts are designed to minimise harm; and
- tackling alcohol-related harms – for example, by working with the police to exclude trouble-makers and helping provide transport home for its clients.

Proposed Actions:

City Centre Community Safety Action Plan – ensure work specific to the city centre and the night time economy is incorporated into the DAHRS.

Licensing Act (2003) - fully utilise the new licensing legislation to address alcohol related crime and disorder.

Food licenses – ensure late night takeaways are considered in this context of ‘flash points’ and sexual exploitation.

Working with the licensees - develop further partnership working with licensees to ensure the alcohol industry is a key player is addressing alcohol related crime disorder including:

- Developing of a server training scheme for on and off licenses;
- Expanding the “Pub Watch” scheme outside of the City Centre;
- Develop the “Door Watch” scheme to include training on alcohol;
- Introducing an accreditation scheme for pubs clubs and bars e.g. Best Bar None;
- Ensuring noise levels are at a reasonable level to minimise effects on the environment and drinkers e.g. policing complaints;
- Developing of a code of good practice for on and off licensed premises.

If you have any queries about this document or its contents please contact:

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Appendix 1

Fast Screening – Alcohol Harm Reduction

(Screening tool used to identify ‘hazardous’ drinkers and refer ‘harmful’ drinkers to Alcohol Misuse Treatment Services)

For the following questions, please circle the answer which best applies;
1 Drink = ½ pint of beer (3.5% abv) or 1 standard glass of wine (125ml at 9% abv)
or 1 single measure of spirits (25ml at 40% abv)

1. Males; How often do you have 8 or more drinks (e.g. 4 pints) on one occasion?
Females; How often do you have 6 or more drinks on one occasion?

0. Never 1. Less than monthly 2. Monthly 3. Weekly 5. Daily/almost daily

2. Males; How often do you have 50 or more drinks (e.g. 25 pints) in a week?
Females; How often do you have 36 or more drinks in a week?

0. Never 1. Less than monthly 2. Monthly 4. Most weeks 6. Every week

3. How often during last year have you been unable to remember what happened the night before, because you were drinking?

0. Never 1. Less than monthly 2. Monthly 4. Weekly 6. Daily/almost daily

4. How often in the last year have you failed to do what was normally expected, because of your drinking?

0. Never 1. Less than monthly 2. Monthly 4. Weekly 6. Daily/almost daily

5. In the last year has a relative or friend, or a doctor or health care worker ever been concerned about your drinking and suggested you cut down?

0. No 1. Yes, on one occasion 4. Yes, on at least 3 occasions
6. Yes, on more than 5 occasions

Advice: A score of 3 or more indicates probable hazardous drinking and appropriate advice should be given.

Referral: A score of 12 or more indicates possible harmful drinking and referral to appropriate service(s) should be made.

Amended from FAST screening tool used in A&E