Chorley & South Ribble Alcohol Harm Reduction Strategy 2006

1.0 INTRODUCTION

The national alcohol harm reduction strategy (2004) identified that *"Alcohol plays an important role in our society and in our economy. However, where it is misused alcohol is also a major contributor to a range of harms, at considerable cost."* Suggesting these harms include:

- harms to the health of individuals;
- crime, anti-social behaviour, domestic violence, and drink-driving and its impact on victims;
- loss of productivity and profitability; and
- social harms, including problems within families.

The estimated cost of these impacts dwarfs that of illicit substance use with treatment of health concerns estimated to cost up to £1.7bn, loss of production up to £6.4bn, Crime and Disorder up to £7.3bn and the wider societal impacts on family life and social networks being impossible to quantify (a more detailed appraisal is shown in appendix 1).

It is important to note that alcohol consumption can be beneficial, Britton and McPherson observe that, *"at a population level current alcohol consumption in England and Wales may marginally reduce mortality."* Sentiments echoed in the interim analytical report which emphasises that *"Drinking in moderation can also confer health benefits: consumed in low amounts at regular intervals, alcohol can lower the risk from coronary heart disease (CHD) and stroke"*. Through this protective effect, alcohol is estimated to prevent about 15,000-22,000 deaths annually, roughly equivalent to the number of deaths caused by alcohol misuse. Although health treatment costs are offset by the reduction in CHD this not the case for the other societal impacts outlined above. Current guidance on safe drinking behaviour suggests that:

Sensible Drinking:
For most men: drinking between 3 and 4 units a day or less indicates little or no significant risk to health. Regularly drinking 4 or more units of alcohol a day indicates an increased risk to health.
For most women: drinking between 2 and 3 units a day or less indicates little or no significant risk to health. Regularly drinking over 3 units a day signifies an increased risk to health.
A pattern of daily drinking without regular drink-free days is not encouraged for both men and women
Drinking above these levels is described as excessive or **hazardous drinking** and could lead to alcohol related problems. If someone is drinking more than 35 units per week (women) or 50 units per week (men) they are likely to develop physical and/or mental problems, and have a **higher risk** of becoming alcohol dependent.

Individuals who misuse alcohol are not a discrete category of people different to, or separate from, 'normal' drinkers. Alcohol misuse and dependence represent the extreme end of a continuum of drinking behaviour, which may be contrasted with the behaviour and experiences of light social drinkers who are at the opposite end of the spectrum. However two patterns of harmful consumption are areas of concern:

Hazardous alcohol consumption which can be defined as a level of alcohol consumption or pattern of drinking that is **likely to result in harm** should present drinking habits persist. ***Harmful alcohol consumption*** is the consumption of alcohol, **which causes harm** to the psychological or physical well-being of the individual. Those groups experiencing greatest harm from hazardous alcohol consumption include:

- *Binge drinkers*, (over twice the daily guidelines in one day 8+ for men/6+ for women) predominantly but not exclusively those aged between 16-24. Both men and women are at greater risk of accidents and alcohol poisoning; young men in this group are far more likely than women both to commit and to experience alcohol-related violence, whilst young women are at increased risk of sexual assault. Both genders are likely to have lower earnings and higher unemployment than other drinkers;
- *Chronic drinkers*: men over 40 and, to a lesser extent, women are likely to suffer chronic diseases and to die earlier (although for men over 40 and post-menopausal women this has to be offset against lower risk of heart disease). They are less likely than binge drinkers to commit crimes, and up to a point, can continue to be effective at work;
- Some very *vulnerable groups* with multiple problems - for example, rough sleepers;
- *Families of drinkers* suffer as their health, productivity and ability to cope decline: between 0.78 and 1.3m children suffer from parental drinking;

2.0 ALCOHOL RELATED HARM

In this section the current health trends both national and local are summarized from the 2003 Department of Health Statistical Bulletin on alcohol consumption in England, Taking Measures (Centre for Public Health, Liverpool John Moores University; 2004) and an updated version of the 2002 report on the local impact of alcohol by Chorley & South Ribble PCT

2.1 The National Picture

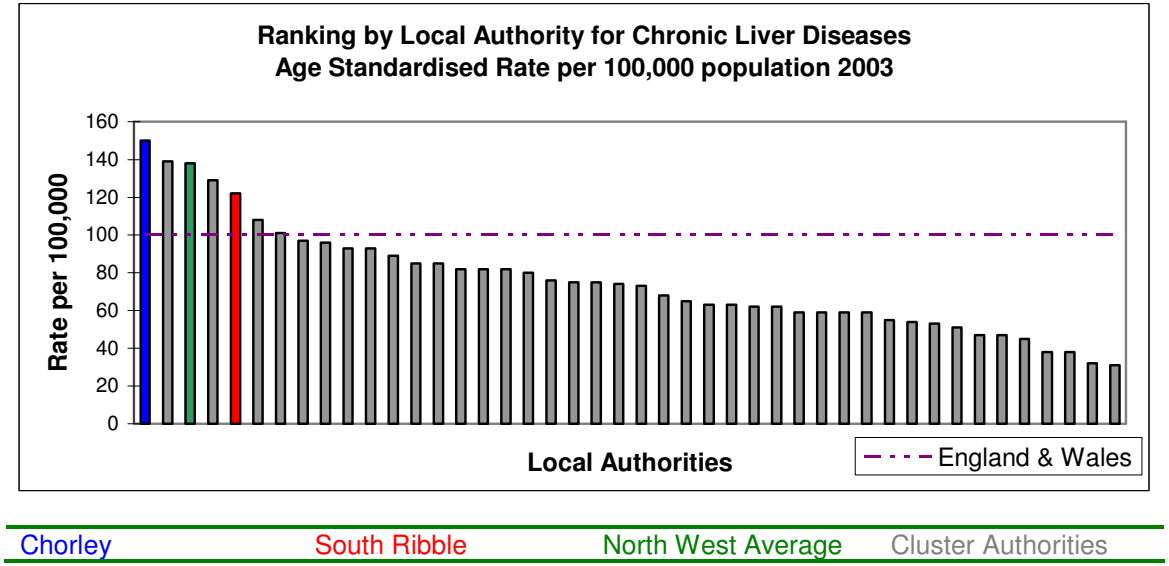
Most recently Leon and McCambridge (2006) reported that:
Cirrhosis mortality rates increased steeply in Britain during the 1990s. Between the periods 1987–1991, and 1997–2001, cirrhosis mortality in men in Scotland more than doubled (104% increase) and in England and Wales rose by over two-thirds (69%). Mortality in women increased by almost half (46% in Scotland and 44% in England and Wales). These relative increases are the steepest in Western Europe, and contrast with the declines apparent in most other countries examined, particularly those of Southern Europe. Cirrhosis mortality rates in Scotland are now one of the highest in Western Europe, in 2002 being 45·2 per 100,000 in men and 19·9 in women.

The Department of Health's assessment of current alcohol impact identified that in England in 2001,

- . 21% of men had drunk more than 8 units of alcohol on at least one day in the previous week, and 9% of women had drunk more than 6 units, and almost two fifths (38%) of men had drunk more than 4 units of alcohol on at least one day and about one fifth of women (22%) had drunk more than 3 units of alcohol on at least one day.
- . Average weekly alcohol consumption in England was 16.9 units for men and 7.5 units for women. Compared with 1992, when the equivalent figures were 15.7 and 5.5 units respectively, this indicates a slight increase in alcohol consumption for men between 1992 and 2001, but a more substantial one for women.
- Among women, those in the three managerial and professional classes of household were more likely than other women to have drunk more than 3 units (26% compared with 19-21%), and also marginally more likely to have drunk more than 6 units in one day (10% compared with 8-9%).
- Among women aged 16- 64, 15% of those who were working full time had drunk more than 6 units on at least one day during the previous week, but only 8% of economically inactive women had done so.
- In 2002, about a quarter (24%) of pupils in England aged 11-15 had drunk alcohol in the previous week:
- In England in 2003, 25% of 11 to 15 year olds said that they had drunk alcohol in the previous week. This figure rose steadily from 20% in 1988 to 27% in 1996.
- Provisional estimates suggest that in 2002, 6 per cent of road traffic accidents involved illegal alcohol levels, and that these accidents resulted in a total of 20,140 casualties.
- In 2000/01 there were 30,700 NHS hospital admissions with a primary diagnosis of "mental and behavioural disorders due to alcohol"
- Seven per cent of adults were assessed as being dependent on alcohol with the majority being mildly dependent.

2.2 The local picture

Using comparisons between Chorley, South Ribble and a cluster of 41 other similar local authorities (identified by OPCS using over 40 indicators to identify groupings of similar authorities) Chorley has the highest level of chronic liver diseases for the cluster and South Ribble the 4th highest rate (both being higher than the rate for England and Wales and Chorley higher than the average rate for the North West).



Using estimates based on information from the Office of National Statistics, the Centre for Public Health at Liverpool JMU calculates that: (see appendix 2 for full details)

- The impact of alcohol on female life expectancy is a one month reduction for women in Chorley and half that for those in South Ribble.
- The Standardised Mortality Ratio (where the expected local death rate based on national figures would be 100) for Chronic Liver Disease is 139 for Males in Chorley and 130 for those in South Ribble and 168 for women in Chorley compared to 109 in South Ribble.
- The Centre for Public Health also calculated the impact of alcohol on local criminal activity suggesting that: (see appendix 2 for full details)
- The annual total for crimes related to alcohol are 541 in Chorley and 505 in South Ribble
- 37% of violent crime against the person is alcohol related equating to 282 crimes in Chorley annually and 310 in South Ribble.

Drinking behaviour

Data from health surveys conducted in Chorley & South Ribble in 1992 and 1997 indicates that at that time approximately 2% of women and 14% of men were unsafe drinkers and around 1% of women and 3% of men drank dangerously.

Whilst there appears to have been little change in overall drinking patterns between 1992 and 1997, there does appear to have been an increase in unsafe and dangerous drinking amongst young people aged 18-39 in South Ribble.

In the same survey, approximately 5% of women and 10% of men who were unsafe drinkers saw alcohol as 'not important for health'.

Information from the 2004 Schools Survey carried out in local schools by the Schools Health Education Survey Unit, showed that overall about one third of pupils surveyed in Chorley and South Ribble had drunk some alcohol in the previous week. The percentage of boys and girls who drink is below the national figures with Year 8 girls well below 16% compared to 30% nationally.

It appears that Boys are higher consumers of alcohol than girls, a pattern that reflects the national data.

Higher proportions (than national) of year 10 pupil's identified that they drank more than 14 units in the previous week, 31% of boys and 20% of girls (9 and 5% for year 8 pupils)

Both boys and girls favour pre-mixed spirits e.g. Bacardi Breezer as their drink of choice

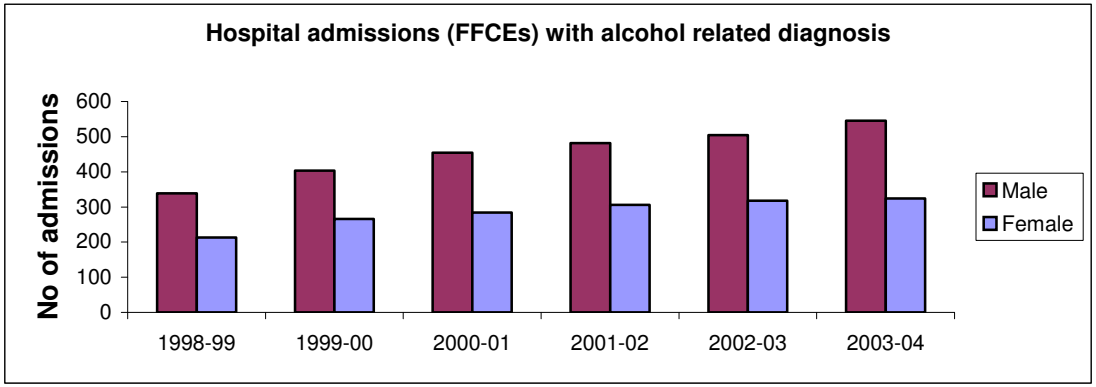
Fewer young people report buying alcohol in a bar or pub than would appear to be the case nationally. However, slightly more boys in Chorley and South Ribble than nationally are buying alcohol under the legal age of 18 years.

Home is the biggest single source of alcohol up to the age of 16 the percentage of teenagers who drink at home with their parents knowledge is about 55% in Chorley and South Ribble. More girls than boys report that they drink with their parent's knowledge.

Alcohol related ill health

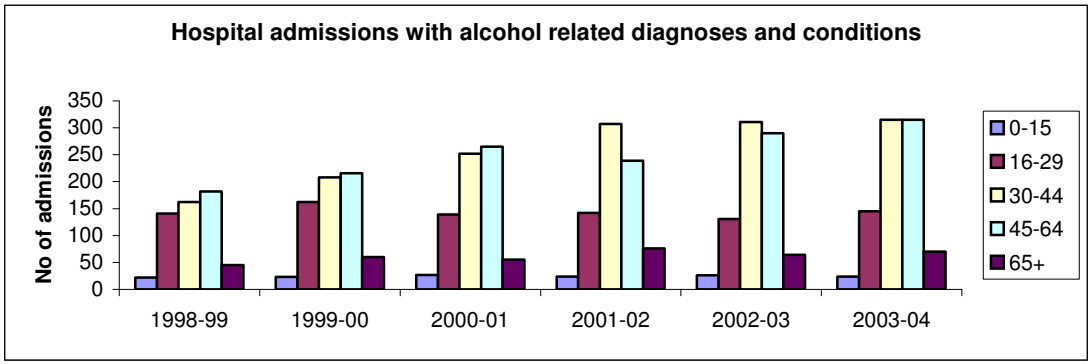
Analyses of hospital admissions for patients registered with Chorley and South Ribble GPs for the financial years 1998/99 to 2003/04 shows that:

During this six year period more than 4,200 people were admitted to hospital with alcohol related diagnoses and 270 people were admitted with alcoholic liver disease.



The number of admissions (Finished Full Consultant Episodes - FFCEs) has increased year on year over the past four years. Detailed analysis shows that this is likely to be an increase in the number of individuals admitted rather than the same individuals being admitted on more than one occasion.

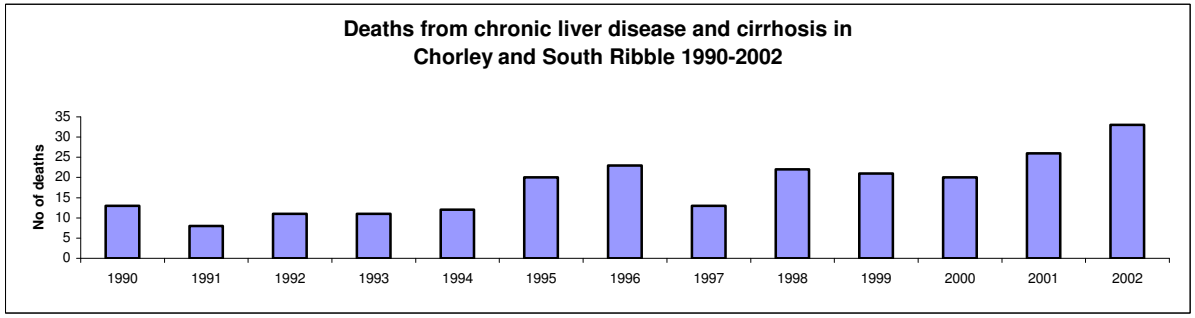
There were more admissions (FFCEs) for men than women (61% compared to 39%).



The highest numbers of admissions (FFCEs) was amongst those aged between 30 and 64 and it is the admissions in the 30-44 and 45-64 age groups which appears to have increased,

Amongst the younger age groups the most common diagnoses on admission were related to acute intoxication with alcohol.

There appears to have been an increase in the number of deaths from chronic liver disease and cirrhosis in Chorley and South Ribble over the last twelve years. The Chief Medical Officer has noted increases in death rates nationally from chronic liver disease and cirrhosis particularly amongst the 35-44 and 45-54 age groups.



17%-41% of suicides are estimated to be attributable to alcohol. Between 1998 and 2002 there were 90 deaths from suicide and undetermined injury in Chorley and South Ribble.

2.3 Summary of key alcohol related public health issues

In summary the key alcohol harm related challenges are:

- Alcohol consumption has been rising consistently in recent years
- Chorley and South Ribble Districts have higher levels of alcohol related morbidity in comparison with their local authority peers and the North West average
- Admission to hospital with alcohol related conditions have been rising consistently for several years
- Increasing numbers of women are engaged in both hazardous and harmful drinking - particularly amongst younger professional groups
- The gap between male and female consumption and alcohol related ill health is narrowing as a consequence
- The age of onset of drinking alcohol is reducing
- Rising numbers of young people are experiencing harm from alcohol with a significant number being admitted through A&E with alcohol related intoxication each year
- Chorley and South Ribble in line with the rest of the UK exhibits a binge drinking culture based on a desire to drink to get drunk
- Promoting sensible drinking is hampered by its complex message, which unlike tobacco does not rely on the simple promotion of abstinence

3.0 ATTITUDES TO ALCOHOL USE

As a nation we appear to hold contradictory views about alcohol the report "Alcohols' on Everyone's Lips" shows that whilst most people drink alcohol (83% according to a NOP survey in 2000) 70% (66% men and 74% women) also agree that the UK would be a healthier and better place to live if we reduced the amount of alcohol we drink.

There is little within the report to suggest widespread reflection by adults on their own drinking for example, 45% agree that they don't take much notice of health promotion campaigns on alcohol and 11% feel they cannot enjoy themselves without a drink (rising to 14% among 25-35 year olds). Although 50% think they are fairly well informed about alcohol associated risks, and 58% say they'd heard of weekly limits over two thirds (67%) have never heard of the current sensible drinking message based on daily benchmarks, emphasizing that adults are probably underestimating their own "Binge drinking". (MORI survey for The Portman Group of a representative sample of 1,511 people in Feb/March 2000)

The emphasis on binge drinking has clearly seeped into the national consciousness with 63% thinking that binge drinking is a major problem in Britain today. However this appears to demonstrate the misappropriation of the term and its application to drinking associated with anti-social behaviour as opposed to that which exceeds the recommended daily limits. This pattern of drinking is an issue both for adults and young people yet adults clearly attribute problematic drinking to younger age groups for example

- 80% think that children under 18 start drinking at a younger age than they and their friends did
- 57% think teenage street drinking is a problem
- 88% support heavier penalties for retailers selling to under 18 year olds
- 91% support the wider use of ID cards to curb under-age drinking

This relationship between alcohol and anti social behaviour is clearly one that the public now accept. In a 2000 MORI poll,

- 88% believe alcohol misuse is a major cause of violence,
- 52% think alcohol-related violence in pubs, clubs and bars is increasing,
- 61% think alcohol-related violence in the street is increasing and
- 40% think alcohol-related violence in the home is increasing

Thereby demonstrating both the increasing level of concern about alcohol and the damage it causes to society but also the routine acceptance of alcohol as a part of everyday life where over 80% of the adult population enjoys it whilst rarely questioning their own use.

4.0 EXISTING ALCOHOL HARM REDUCTION ACTIVITY

This document will build upon a long standing commitment by local partners to reduce the harm caused by alcohol misuse in the locality. There is already considerable activity to deliver this goal through:

4.1 Local authority activities

Both Councils, in their capacity as Licensing Authorities, have a duty ensure that any premises in their areas providing licensable activities are duly authorised. Four Licensing Objectives underpin the Licensing Act 2003, namely:

- the prevention of crime and disorder;
- public safety;
- prevention of public nuisance; and
- the protection of children from harm.

Having come into full effect on the 24th November 2005, this new regime is in its infancy. It is anticipated that over the coming years, a close working relationship will be developed with the
Licensed trade that can be utilised to promote a reduction in alcohol related harm through improvements in management practices.

Both districts have supported Operation Nightsafe, the introduction of test purchasing for off-licences, the promotion of the age check scheme and the use of fixed penalty tickets.

Chorley Council has developed a town centre Pub Watch and is currently extending this to its outlying areas. Exclusion orders have been used with problem clients. This means that a person banned from one pub can be excluded from all pubs in the Pub Watch scheme. Additionally, an integrated Town Centre CCTV and Radio Scheme provide a comprehensive link between licensed premises and police.

Joint agency meetings occur between the public and private sector to ensure safer streets with the dangers from alcohol abuse being minimised. Work with new Licensees assists them to run orderly establishments; initiatives include free soft drinks during festive periods, for non-drinkers. This also assists in reducing further dangers caused by ‘drinking and driving.’

Chorley has introduced a ‘yellow card’ scheme. This will ensure that disorderly establishments will be punished and forced to contribute to keeping the environment clean, safe and quiet. If pubs and clubs fail to keep control of their immediate vicinity they will be placed ‘on notice,’ and if rowdy behaviour, by their patrons, continues they will be forced to contribute to cleansing services, the NHS and the police budget.

In South Ribble Pub-watch and Off-watch Schemes are well established in four of the village and town centres and support information sharing to prevent crime associated with the evening economies. CCTV surveillance cameras have been installed in four town and village centres with the installation of several more cameras planned for next year.

South Ribble also offers diversionary activities for those at risk of alcohol related offending and anti-social behaviour (in association with the Youth and Community Services’ Drug Support Team). During the period 1st April to 31st December 2005 thirty nine events were held in the evening and at weekends with eighteen in identified "hot spot" localities.

South Ribble has also developed the Caretaker Project, which aims to reduce alcohol related criminal damage. This includes a "Beer mat" campaign directed to pub customers, which identifies that drinking too much can result in criminal charges being made for damage; and a youth poster and storyboard competition identifying the consequences of drinking and causing damage.

4.2 Treatment Services

Treatment services in Chorley and South Ribble are provided under a partnership between the Voluntary and Community (non-statutory) and NHS (statutory) sectors. Alcohol & Drug Services (ADS), a registered charity established since 1973 in the North West, has delivered the local Community Alcohol Service (CAS) for almost 15 years and offers a Tier 2 treatment service. Tier 2 services are accessed easily by people with alcohol-related problems who can self-refer, or who may be referred by other professionals such as GPs. Open Monday-Friday, with availability on one late weekday evening and Saturday mornings, Chorley ADS provide individual assessments of need and care-planned counselling and support, including a range of groups such as anxiety management, ear acupuncture, relapse avoidance and abstinence support.

Following a comprehensive appraisal of local alcohol treatment services Chorley & South Ribble has committed to invest in the region of an additional £250,000 over the period 2005-8. This extra investment will enhance the existing local community based services providing brief interventions at both Tiers 2 and 3. The Tier 2 service will extend to provide specialist primary healthcare alcohol workers at a variety of primary care settings throughout the PCT area and there will be an innovative service user development post, located within Chorley ADS. For Tier 3 specialist therapeutic treatment services, this additional investment will provide for a specialist alcohol clinician in each local authority district and a specialist alcohol nurse located in the hospital.

Lancashire Care NHS Trust has provided tier III Services for alcohol since 1993, including case management and specialist home detoxification for those presenting with complex needs. A close working relationship exists between ADS Tier II Services, and the Tier III service. The development of integrated care pathways between services facilitates the clients journey through the treatment system, enabling those high risk vulnerable clients appropriate access to Tier III. Given the co-morbidity between alcohol and mental illness LCT is ideally placed to offer appropriate expertise and treatment. LCT is also responsible for the provision of drug treatment services at Tier III and are therefore, able to assess and offer intervention for those experiencing problems with illicit drug use.

4.3 County Alcohol Project: Protecting Children and Improving Communities

The young person's Alcohol Project is funded by Lancashire Children's Fund and Lancashire Drug Action Team, in order to facilitate a countywide co-ordinated approach to tackling local community alcohol-related issues. It is a multi-agency project managed by a Steering Group. The aims of the project are:

- To raise young people’s awareness of alcohol issues through countywide consultation and marketing campaigns

- To facilitate a countywide co-ordinated approach, developing best practice protocols to tackle local community alcohol-related issues

The Alcohol Project, in partnership with the Schools Effectiveness Service, has recently commissioned the production of a 'lifestyle' website aimed at children under the age of 10, before they formulate their ideas and attitudes to alcohol use. The interactive site will include alcohol awareness messages, support materials, downloadable lesson plans for teachers and an information section for parents.
The Alcohol Project has consulted with over 1000 young people across Lancashire (aged 9-13) to provide a snap-shop of the views and experiences of alcohol use in the context of young people's lifestyles. A key finding of this study was that many of Lancashire's young people were accessing alcohol through their parents. The Alcohol Project subsequently consulted with over 100 parents in order to identify key messages for incorporation into an awareness raising campaign.

4.4 Trading Standards alcohol enforcement

During the course of 2005/6 Lancashire County Council Trading Standards in South Ribble and Chorley districts conducted the following intelligence led test purchase operations for alcohol sales to minors: -

Chorley	1 operation.	6 test purchase attempts.	0 sales	(0%)
South Ribble	2 operations.	16 test purchase attempts.	3 sales	(19%)

The County average for retailers failing test purchase attempts is currently 26% with the regional average being 35%.

Age Check packs-point of sale literature designed to empower retailers to refuse approaches by underage people has been distributed in South Ribble and Chorley. In addition an interactive CD-Rom based training resource for business has been developed and distributed to all retailers selling alcohol and other age restricted goods such as tobacco. Endorsed as a model of best practice by the Trading Standards Institute, the resource broadcasts in 4 Asian languages as well as in English. A local launch of the resource in partnership with the Alcohol Project and Community Safety Partnership took place in South Ribble where over 60 businesses attended. Evaluation of the event was extremely positive.

4.5 Health Education Campaigns

For the first time two major alcohol related campaigns were commissioned locally in 2005.
Beer Goggles was a central Lancashire public health campaign to raise awareness on sensible drinking which ran throughout August 2005. The campaign consisted of radio advertising, web based information, flyers and news and features. The Beer Goggles web page received over 170 000 hits and the campaign generated press coverage worth an estimated £5000. The total campaign cost was £5600.

Get It On ran in December 2005 and January 2006 to encourage safer sex particularly when drinking alcohol. It included a distinct brand identity, outdoor advertising e.g. bus shelters, posters, branded condoms and condom distribution, radio advertising

and web based information (the Beer Goggles information was linked to the Get It On page as part of the web site). The campaign has not yet been fully evaluated, but the Get It On page received over 180,000 hits.

4.6 The Lancashire Healthy Schools Programme & Healthy Schools National Status.

All schools are encouraged to commit to the Lancashire Healthy Schools programme and are supported by professionals from both education and health. To achieve 'National Status', introduced in September 2005, schools must demonstrate they have met four core areas of provision:

Personal, Social, Health Education ***(this includes policy and programmes of drug, alcohol and tobacco education),*** Healthy Eating, Physical Activity and Emotional Health and Well-Being.

By 2009, the government aims to support all schools to be working towards achieving national status and would like to see half of all schools achieving this by end of 2006. To help schools identify if they satisfy these requirements and their development needs where they don't, the Lancashire Healthy Schools Team has developed an audit tool which schools use to self assess their current practice.

4.7 Secondary Drug Education Consortia and Primary Clusters

To deliver the National Drug Education Strategy and support schools in the delivery of drug, alcohol and tobacco education, teacher advisers from the School and Community Partnerships Team co-ordinate and chair County-wide networks for schools. Chorley and South. Ribble schools are invited to termly meetings (the secondary phase consortium includes representatives from local statutory and voluntary agencies) where best practice and information is shared and training takes place. Resources for Alcohol education are distributed via these networks.

4.8 Lancashire Fire and Rescue Service Home Safety Plus checks

Within LFRS there has been a change in focus from one of intervention to one of prevention and protection. They now provide free Home Fire Safety Checks throughout the county which includes, home fire safety advice along with the development of an escape plan and the fitting of free smoke alarms (with 10 year battery). LFRS has also recently employed it's first Community Fire Safety Practitioners who have specific roles to engage with groups such as Substance users, older people, Younger people, Black and minority ethnic people, Disabled people and Tenants.

These advocates will build relationships with other local agencies and target such hard to reach and "at risk" groups in order to keep them safe from harm in their own homes. Alcohol misusers are at a particularly high risk a fact recognised by the service who are now referring people to alcohol treatment services where appropriate and receiving referrals for home fire safety checks for clients in treatment services.

5.0 <u>"TAKING MEASURES" – RECCOMENDED ACTION FOR LOCAL PARTNERSHIPS</u>

The framework for a local action plan can be found in the recent needs assessment for alcohol harm reduction in the North West "Taking Measures". This suggested that Local Strategic Partnerships provide the framework required for local collaboration on alcohol issues between a wide range of groups, including public services, private industry and communities. It recommended that Local Strategic Partnerships should adopt a governance role across the alcohol agenda, engaging all sectors in community interventions and suggested that local alcohol strategies should:

Treatment services

- Review gaps in current alcohol service provision at all levels
    - Ensure maximum integration between different agencies and different levels of care by developing clear care pathways
    - Ensure routine collection and collation of intelligence and information on treatment service use
    - Ensure treatment seekers know how to access the services for advice and assistance.

Wider community action

- Encourage the development of comprehensive alcohol policies in all environments (schools, workplaces, community settings)
- Encourage the development of integrated community projects to address alcohol related harm
- Community interventions should be developed which involve all sectors, including schools, further education institutes, workplaces and community groups.
- Modification of the external alcohol environment (e.g. public places, parks) to promote safety and reduce risk of alcohol-related crime and violence should be widely encouraged.
- Issues of public transport (frequency and access), private transport (e.g. taxis), adequate lighting, other night time service locations (e.g. food bars) and CCTV use, all play a role in safely managing the wider environment where alcohol is consumed.
- Provision of alternative forms of transport including community or club based shuttle services, or taxi vouchers, should be encouraged.

Commercial premises

- The internal environments of drinking places should be considered key in reducing both internal and street-related crime and violence. Particular strategies which can contribute to alcohol harm reduction and can be addressed through licensing conditions where appropriate, include:
    - Bar and door staff training, provision of non-alcohol drinks and food, appropriate physical lay out to minimise excessive vertical drinking
    - Discontinuation of inappropriate promotions.
- The role of door supervisors as key players in the night-time environment should be recognised and as such easy access to training schemes and smooth processes to enable acquisition of licensing requirements should be supported.

- Use of the police accreditation scheme introduced under the Police Reform Act 2002, which provides accredited individuals with limited police powers, should be promoted for door supervisors and others working in nightlife areas or affected by nightlife activity (e.g. Accident and Emergency staff).

Enforcement

- Provisions within the relevant alcohol and related legislation should be effectively and consistently enforced through:
    - Supporting the routine implementation of effective enforcement activities including the use of test purchasing in pubs and clubs. Developing and implementing systematic and routine monitoring of drinking environments for illegal sale of alcohol to minors, serving to intoxication etc.
    - Promoting the use of test purchasing results as a monitoring tool to identify problem management.
- When reviewing new and existing licensing applications, community, social and health harms, as well as policing resources, need to be taken into consideration.
- Local authorities should consider using licensing conditions to set minimum drinks prices and reduce irresponsible drinks promotions.
- Use of Fixed Penalty Notices should be encouraged for minor alcohol-related offences such as public intoxication and noise.

Workforce development

- Training should be made available to staff in all relevant sectors (e.g. teachers, employers, non-alcohol specialist health staff) to increase their awareness of alcohol issues, their ability to deliver integrated alcohol information, and their ability to recognise and, where appropriate, address alcohol-related problems:
- Alcohol issues should be incorporated into vocational training programmes where course participants are likely to encounter people with drinking problems.
- Existing training providers should be encouraged to include alcohol issues and effective intervention strategies as a standard part of their education packages (e.g. door supervisor training, health and safety training).
- Employers and employees should be educated about the effects of alcohol, including 'day after ' effects of heavy drinking on work performance and safety.
- Specific training on screening and brief interventions should be made available to staff in various settings who are most likely to come into contact with those at risk from alcohol-related harm (e.g. those working in Accident and Emergency departments, GP surgeries, walk in centres and outpatient clinics)

The action plan, which follows, addresses many of these recommendations. However the training agenda for the wider workforce suggested in this last section presents a longer-term challenge than the life span of this document. References to training within the action plan should be viewed as "first steps" towards this type of approach particularly with relation to the integration of alcohol related training into other training and education packages:

6.0 Review Period

Recognising the pace at which legislation has recently changed in the filed of alcohol control, it is intended to review the action plan for this document on an annual basis to ensure actions are progressing and can be replaced with up to date additional areas for future work.

Reduce Alcohol Related Harm through better prevention					
	OBJECTIVES	**ACTIONS**	**LEAD**	**TIMESCALE**	**FUNDING**
P1	General Public are more aware of the broader health consequences associated with drinking alcohol	Develop a range of specific health education campaigns targeting specific age ranges including: 1. 13-17 year olds who drink in public spaces (ie not licensed premises) to identify the vulnerability/risks associated 2. Under 25s using licensed premises to identify the risks associated with binge drinking 3. 35-55 home drinkers to raise awareness of safe drinking levels and parental role in modelling sensible drinking 4. Age 60+ to identify the link between alcohol consumption and fire deaths / falls 5. A general campaign to identify the link between alcohol and criminal damage/behaviour	PCT/SHA With young person's Alcohol Project	Develop briefs for at least three campaigns by September 2006 Deliver at least two by August 2006	Cost per campaign approximately £5000 + total of £15K/yr – joint funded by PCT & Community Safety Partnerships
P2	General Public to be more aware of the consequences associated with excessive alcohol consumption and accidental fires.	Provide additional support in awareness campaigns specifically targeting age groups already identified with 13-17yrs, under 25's, 35-55yrs, and 60+yrs. In particular, Chip pan fires, cigarette fires and fires as a result of A.S.B	PCT/ LFRS		
P3	Local licensed premises are engaged with the promotion of safer drinking messages	Draw up a discussion paper for local licensing committee to identify the possible opportunities for use of the new licensing act to include promotion of safer drinking	BC licensing officers	Present to Licensing committee by December 2006	Mainstream funding
P4	There is less use of alcohol as an award or prize which reinforces the positive image of alcohol in society	Develop a set of guidelines to cover the use of alcohol as an incentive/reward or prize for members of the local community partnerships to adopt	PCT/CP officers	Present to the partnerships for adoption by March 2006	
P5	Parents and carers are enabled to discuss the issue of alcohol consumption with	Identify and evaluate existing resources which can be supplied to parents Ensure schools and other services in contact with parents	PCT/LEA Teacher advisors	Materials available identified August	

	their children	are adequately supplied with materials to provide to parents	& Young Person's Alcohol Project	2006 Supply arrangements in place December 2006	

Reduce Alcohol Related Harm through better prevention

	OBJECTIVES	ACTIONS	LEAD	TIMESCALE	FUNDING
P6	Parents of young people who are identified as being vulnerable or at risk because of their alcohol consumption have access to appropriate support	Evaluate parents support structures which are available elsewhere in the North West Present findings of the evaluation together with recommendations for future developments to the Locality JCG for young peoples drug and alcohol services Commission relevant support services	LDAT Locality commissioning mgr	Review of other projects completed August 2006 Report available December 2006	LDAT Human Resource
P7	Young people in local high schools have access to high quality alcohol education	1. Evaluate the current practice in local high schools with regard to alcohol policy and curriculum 2. Evaluate the opportunities for using the crime beat/choices packages for promoting safer drinking messages	LEA Teacher advisors With young person's Alcohol Project	Audit of school practice completed and recommendations made November 2006	LCC CS Mainstream funding
P8	Young people in Primary Schools have access to high quality alcohol education	1. Evaluate the resources for use in primary schools 2. Identify which resource should be promoted for local school use 3. Provide schools with copies of the resource together with supportive training in how best to use the materials	LEA Teacher advisors With young person's Alcohol Project	Identify best resource August 2006 Resource & Training advertised to schools October 2006	LCC CS Mainstream funding
P9	Young people are supported with their alcohol related choices through the development of peer support models	Evaluate current peer support provision across the county Develop peer led alcohol harm reduction provision within the secondary schools and their localities in Chorley & South Ribble.	LEA Teacher advisors/ Y&C service/ PCT	Evaluation available December 2006 Proposals for new peer support initiatives presented to CDRPs January	LCC CS PCT Y&C Mainstream funding

				2007	

Reduce Alcohol Related Harm through better prevention					
	OBJECTIVES	**ACTIONS**	**LEAD**	**TIMESCALE**	**FUNDING**
P10	Young people have easy access to local substance misuse services	Carry out a whole system appraisal of access to substance misuse services for young people Develop a whole system model for local substance misuse services for young people which identifies the contributions for extended school provision, school nursing, Wise up sexual health services, GP services, Connexions, Youth & Community etc Develop commissioning proposals which will deliver the model	LDAT YP cmsng Lead CSR PCT	Services in place by April 2007	LDAT - to be confirmed
P11	Employees of organizations who are partners in the local community partnerships are supported through effective workplace alcohol policies	1. Provide awareness sessions to local employers regarding the importance of comprehensive workplace policies and a toolkit to guide them in the creation of appropriate policies. 2. Work with significant local employers to disseminate alcohol misuse information and to develop, where they do not exist, workplace alcohol policies referral mechanisms. Major lead organisations to develop in-house workplace alcohol policies e.g. Councils, Prisons, Police, Fire, PCT, Colleges, Schools.	PCT workplace PHDS	December 2006	PCT Human Resource
P12	Employees with alcohol related problems have easy access to local services	Establish a baseline and work with local employers to encourage the development of confidential employee assistance programmes [EAP's].	PCT workplace PHDS	December 2006	PCT Human Resource
P13	The links between alcohol and sexual health and other forms of substance use is acknowledged and screened for by sexual health services	Training in awareness and understanding of Alcohol misuse is provided to key sexual health service and drug staff.	PCT/sexual health providers	December 2006	PCT Human Resource

Reduce Alcohol Related Harm through better treatment services					
	OBJECTIVES	**ACTIONS**	**LEAD**	**TIMESCALE**	**FUNDING**
TS1	People can access an extended brief intervention service in primary care setting	Develop a specification for an enhanced service for tier 2 services with a capacity to deal with hazardous drinkers either by engaging a limited number of practices in developing enhanced services or through an external provider with access to primary care settings in which to deliver the service.	PCT Alcohol & Drugs Services (ADS)	October 2005	2005/6 - £50,000 2006 onwards £100,000
TS2	Inmates in the two local prisons have equality of access to tier 2 & 3 services	To be integrated into specifications for development of tier 2 & 3 services for wider community The PCT should develop a model for alcohol service provision in the two prisons – possibly based on an enhanced GP contract provision with tier 3 in reach.	PCT (ADS)	December 2005	Within costs for tier 2 provision see C3
TS3	Local services identify and deal effectively with the Hep C issues of their alcohol clients	Review existing and future contracts to ensure include a clear expectation that all providers will ensure their staff undertake basic Hep C awareness training which includes aspects such as lifestyle issues, testing procedure/ referral pathway, harm minimisation/ relapse prevention, etc	PCT	December 2005	Nil
TS4	Training needs of local tier 1 workers are established	PCT with the support of the local Drug and Alcohol Action Group, develop and deliver a local training needs analysis of tier1 and tier 2 workers locally	PCT (ADS)	April 2006	Nil
TS5	Practitioners in tiers 1 and 2 are competent and provide a quality service	Encourage a more systematic approach to the way in which services deal with possible alcohol presentations through the development of an awareness raising training strategy for tiers 1&2 – this should be based on the local training needs analysis Service specifications for tier 2&3 providers will include a remit to deliver the training for tier 1 providers	PCT (ADS)	April 2006	
TS6	Involve Clients in the development, delivery, evaluation and monitoring of Tiers 1 and 2 services	Establish a half-time development worker post within the Tier 2 service to engage with clients, service providers and commissioners, and to provide training, advocacy and support to clients, thereby facilitating their involvement	PCT (ADS)	April 2006	
TS7	Clients can access the relevant services and move smoothly through the local service system	Commission consultant support to work with local providers on drawing up clear care pathways and referral protocols to work across the four tiers	PCT	April 2006	£10,000

Reduce Alcohol Related Harm through better treatment services					
	OBJECTIVES	**ACTIONS**	**LEAD**	**TIMESCALE**	**FUNDING**
TS8	Adequate tier 3 provision exists for both local authority areas and within the hospital setting	The PCT to engage with providers in developing proposals for a tier 3 team to cover both community and hospital settings with specific expertise for working with older people. Tender for delivery of the service and establish the new service at capacity	PCT	April 2006	2005/6 - £80,000 2006 onwards £120,000
TS9	The model for future provision of detox and the appropriate level of resourcing necessary to support this has been identified and agreed at the Strategic Health Authority level	Undertake a rapid review of local detox services in association with other local PCTs to ensure that adequate provision of the right mix (inpatient and community based) is available. Review existing contracts with inpatient providers, consult local tier2&3 providers as to their client inpatient needs and draft revised specification for inpatient support	PCT	February 2006	2005/6 - £35,000 2006 onwards £35,000
TS10	Where appropriate, alcohol treatment objectives are aligned with other strategies, policies and plans to support multi agency working to reduce alcohol related harm	Identify strategies, policies and plans (e.g. National Treatment Agency Models of Care for Alcohol Misusers, Department of Health 'Choosing Health' priorities, Every Child Matters) which are relevant to the alcohol harm reduction agenda Identify relevant actions to ensure that, where appropriate and feasible, alcohol treatment objectives are aligned	PCT & Alcohol Treatment Services	Throughout the period of the strategy	

Reduce Alcohol Related Harm through Community Safety Initiatives					
	OBJECTIVES	**ACTIONS**	**LEAD**	**TIMESCALE**	**FUNDING**
CS 1	Partners and the wider community are aware of: • current information about local impact of alcohol related harm • strategies and actions to reduce that harm	Develop a communication plan to enable the co-ordination of: • consultation activity; • health education campaigning • information sharing amongst partners • awareness raising of the Alcohol Harm Reduction Strategy and local initiatives developed as part of the strategy • integrate the alcohol agenda into other partnership groups Develop a forum for the co-ordination of delivery of the communication plan	Borough Councils & PCT	June 2006	£2880 (Chorley) £2,000.00 (South Ribble for alcohol/ criminal damage Initiative) Further funding to be sought
CS2	All partner agencies ensure that staff remain up to date with emerging issues, evidence of effectiveness and good practice	Provide timely training and briefings on the strategy, Provision of at least one update workshop to disseminate effectiveness/good practice information supported by: Half yearly briefing paper for local partners	Borough Councils & PCT Police	Throughout the period of the strategy Workshop September 2006 with briefing paper to coincide	£4260 (Chorley) (South Ribble Funding to be secured)
CS3	Multi-agency data exchange and analysis supports and informs the development of local services to reduce alcohol related harm	Agree the data to be used to inform strategic and tactical responses to alcohol related crime and anti-social behaviour. Develop multi-agency protocols for data exchange, analysis and distribution Agree data interpretation and analysis processes	Police Borough Councils & PCT	June 2006	£640 (Chorley) (South Ribble provisiona lly £2000 towards MADE)

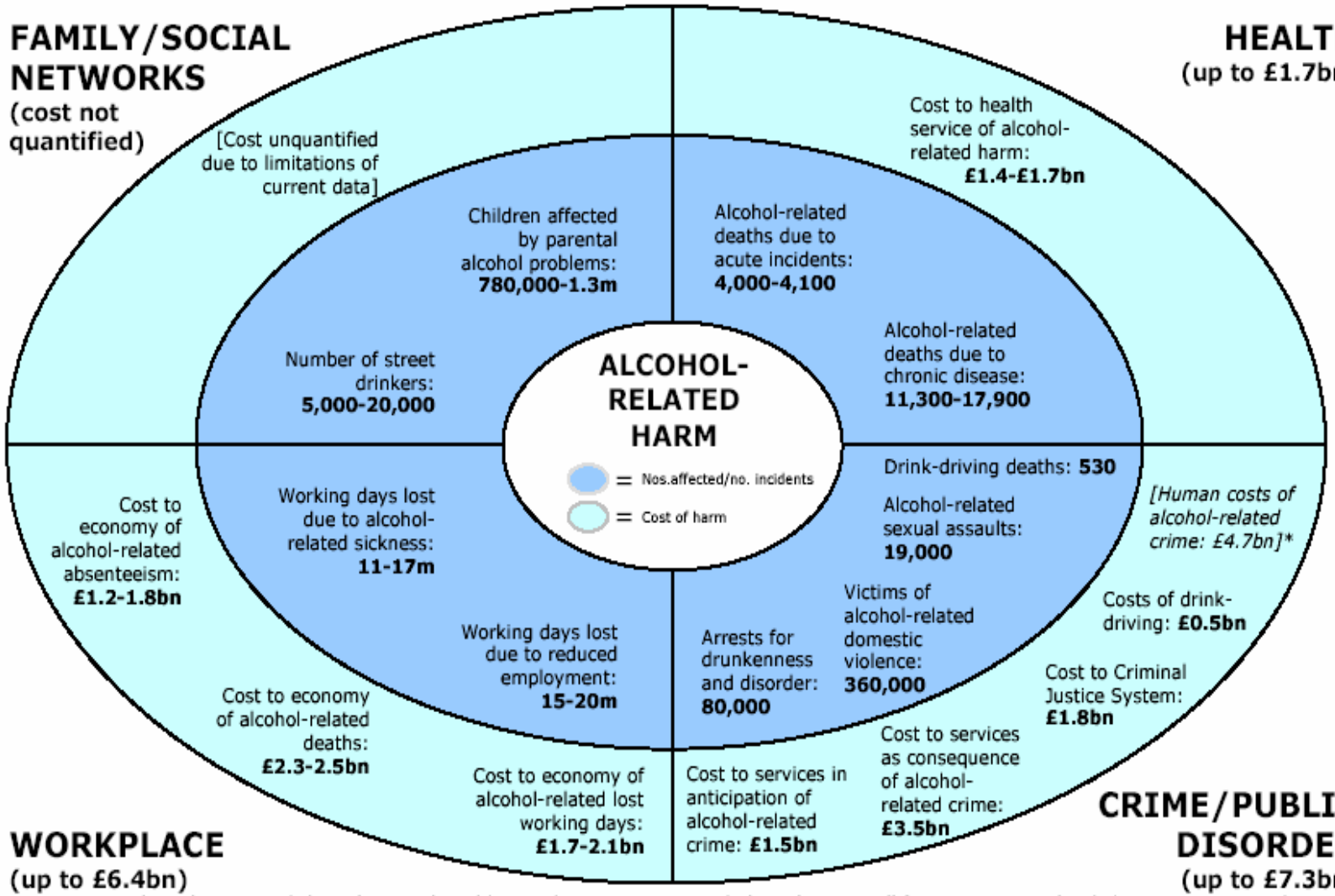
Reduce Alcohol Related Harm through Community Safety Initiatives					
	OBJECTIVES	**ACTIONS**	**LEAD**	**TIMESCALE**	**FUNDING**
CS4	Alcohol objectives are integrated into other strategies, policies and plans to support multi agency working to reduce alcohol related harm	Identify strategies, policies and plans which are relevant to the alcohol harm reduction agenda Identify relevant actions which can be integrated into them Ensure the actions are integrated into those strategies, policies and plans.	Borough Councils & PCT LDAT	Throughout the period of the strategy	£1280 (Chorley) Mainstream funding South Ribble amount to be s determined
CS 5	Young people at greatest risk of offending, (where alcohol is an influencing factor) are effectively identified and referred into appropriate treatment services	Agree screening and assessment arrangements for young people at risk of offending where alcohol is an influencing factor. Ensure clear pathways into treatment, education and support services have been mapped and agreed with local service providers. Monitor and evaluate the effectiveness of the services provided, in influencing the alcohol use and offending behaviour of those referred	LDAT & Treatment Providers PCT Lancashire Constabulary YOT LCC Childrens services Community Safety Partnership (PPO Scheme)	Throughout the period of the strategy	£43,000 (South Ribble)
CS 6	Alcohol related crime, disorder and anti-social behaviour (and the related fears) have been reduced	Employ intelligence led tactical policing operations and targeted patrols Agree the range of enforcement powers which will combine to effectively reduce alcohol related crime and disorder Implement these enforcement powers	Borough Councils & Lancashire Constabulary Neighbourhood Wardens	Throughout the period of the strategy	£3480 (Chorley) (South Ribble mainstream funding costs to be determined)

Reduce Alcohol Related Harm through Community Safety Initiatives					
	OBJECTIVES	**ACTIONS**	**LEAD**	**TIMESCALE**	**FUNDING**
CS 7	Offenders in the Criminal Justice System identified as having an alcohol misuse problem can access appropriate treatment services	Agree screening and assessment arrangements where alcohol is an influencing factor. Ensure clear pathways into treatment, education and support services have been mapped and agreed with local service providers. Monitor and evaluate the effectiveness of the services provided, in influencing the alcohol use and offending behaviour of those referred	LDAT/PCT Community Safety Partnership (PPO Scheme)	Throughout the period of the strategy	
CS8	To carry out Home Fire Safety Checks within homes of alcohol consumers at risk of accidental fires.	To identify such groups through partnerships and other agencies and encourage Home Fire Safety Checks. To devise a partnership referral form to generate HFSC's amongst at risk groups.	LFRS/ PCT	Present to partnerships for adoption by March 2006	

Reduce Alcohol Related Harm through joint working with the business community					
	OBJECTIVES	**ACTIONS**	**LEAD**	**TIMESCALE**	**FUNDING**
BC1	Enforcement and awareness initiatives are effectively co-ordinated with the licensed trade	In Chorley, review the existing membership of the licensing forum to assess its ability to provide a co-ordination of enforcement and awareness initiatives with the licensed trade In South Ribble, develop a forum of responsible authorities and multi-agency partners to co-ordinate enforcement and awareness initiatives with the licensed trade including: licensing review processes; the implementation of conditions; awareness initiatives and enforcement procedures.	Chorley BC South Ribble BC	June 2006	£1600 (Chorley) (South Ribble mainstream funding costs to be determined)
BC2	Regeneration of the Leyland Town Centre night time economy ensures there is no increase in alcohol related harm	Identify of concerns about community safety in the night time economy in Leyland Develop and implement a Night Time Economy Study to inform the regeneration of a safer night time economy and reduce crime and fear of crime associated with alcohol consumption in one of the borough's regeneration areas	South Ribble Borough Council Trading Standards LCC BSII Licensees	September 2006	£20,000 for BC2&3 combined (South Ribble)
BC3	Environmental design and security systems are routinely used to reduce alcohol related crime and disorder in town centres and sub-urban neighbourhoods.	Encourage developers and land owners to employ Secure By Design and similar good design principles in the development and refurbishment of open space.	Borough Councils	Throughout the period of the strategy	

Reduce Alcohol Related Harm through joint working with the business community					
	OBJECTIVES	**ACTIONS**	**LEAD**	**TIMESCALE**	**FUNDING**
BC4	The night time economy trade, employ good management practice to reduce alcohol related harm	Encourage local licensed premises to adopt the following measures which can reduce alcohol related harm: • Adoption of the Lancs County "Age Check" scheme (through distribution of the packs and other training resources to all licensees) – ensure employees complete minimum training to enable them to identify and deal with potential under age purchasers • Ensure their employees complete minimum training on managing alcohol misuse, specifically to understand the adverse effects of alcohol consumption and how to recognise and respond effectively to customers who are intoxicated • Provide affordable soft drinks and free drinking water to customers • Ensure information on safer drinking is displayed on their premises • Ensure licensed premises are designed to minimise risk of harm • Ensure information on safer drinking is displayed on the premises • Use of safer forms of glassware	Borough Councils & PCT	Throughout the period of the strategy	£960 (Chorley) (South Ribble) Mainstream funding costs to be agreed
BC 5	Proposals for a "Best Bar None" or similar scheme have been presented to the two community safety partnerships.	Investigate the potential for a Best Bar None Scheme, which might draw together the measures in BC1 to reduce alcohol related harm. Evaluate pilot schemes operating in other Lancashire boroughs and assess the likelihood of a countywide scheme being developed in the near future. Consider the estimated costs and personnel resources of introducing a local scheme or participating in a Lancashire wide initiative. Provide advice to potential funding providers and partners on the anticipated outcomes and cost benefits of developing Best Bar None in Chorley and South Ribble.	Borough Councils & PCT	September 2006	South Ribble Funding to be sought (South Ribble)

Appendix 1



Sources: DoH (2001), Leontaridi (2003), Mental Health Foundation, Simmon et al. *(2002); Note: All figures are annualised; *Human costs are those incurred as a consequence of the human and emotional impact suffered by victims of crime (e.g. attending victim support services); due to the lack of research in the field, equivalent costs have not been estimated for other alcohol-related harms. For this reason, human costs are not included in the crime/public disorder total figure.*

Appendix 2
Local Authority Profiles for measures of life expectancy and mortality

Local Authority	**Life Expectancy** (years at birth) Males 2000-2002	**Life Expectancy** (years at birth) Females 2000-2002	**Months (a) contribution to Life Exp due to Alcohol** Males, 1996-2000	**Months (a) contribution to Life Exp due to Alcohol** Females, 1996-2000	**Mortality from chronic liver disease Males** (SMR b) 2001-02	**Mortality from chronic liver disease Females** (SMR b) 2001-02	**Deaths Attributable to alcohol (all causes) Males** 2002: (estimate-c)	**Deaths attributable to alcohol (all causes) Females 2002:** (estimate-c)	**Deaths attributable to alcohol (all causes) Males 2002 (rate/1,000) Maximum** (estimate-c)	**Deaths attributable to alcohol (all causes) Females2002 (rate/1,000) Maximum** (estimate-c)
Chorley	75.6	79.5	0.31	-0.93	139	168	20-30	18-29	0.6	0.57
South Ribble	76	80.5	-0.31	-0.55	130	109	23 to 35	17 to 31	0.69	0.58

a – Months deviation from England & Wales average, using attributable deaths as defined by Office of National Statistics
b – Standardised Mortality Ratio (SMR)
c – Using the attributable fraction for all causes

(source Taking Measures 2003 Centre or Public Health)

Estimated Crime associated with alcohol

Local Authority (Estimated numbers)	Violence against the Person (AF* 37%)	Sexual (AF* 13%)	Robbery (AF* 12%)	Burglary dwelling (AF* 17%)	Theft of a motor vehicle (AF 13%)	Theft from a vehicle (AF 13%)	Total Crimes due to alcohol	Crime rate due to alcohol / 1,000 pop	Violence rate due to alcohol / 1,000 pop
Chorley	282	8	5	98	49	99	541	5.38	2.8
South Ribble	310	7	7	55	40	86	505	4.86	2.98

* AF = the attributable fraction

(source Taking Measures 2003 Centre or Public Health)

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Hughes, K Tocque K, Humphrey G, Bellis M	2004	Taking Measures – The Annual Cost of Alcohol in the North West Liverpool John Moores University
Leon D McCambridge J	2006	Liver cirrhosis mortality rates in Britain from 1950 to 2002: an analysis of routine data (Lancet; 367: 52–56)
Strategy Unit	2003	Alcohol Harm Reduction project – Interim Analytical Report
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