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ALCOHOL UPDATE

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SUMMARY REPORT

**Purpose of the Report**

1. The purpose of the report is to provide members with an update of progress on work to tackle alcohol related harms in the Borough.

**Summary**

2. The main report covers progress made during the period of the *Safer Drinking – Safer Darlington Alcohol Harm Reduction Strategy 2008-2011* and *The Next Steps* refresh of the strategy for 2012-2015. It also looks at: the implementation of the recently commissioned integrated, adult drug and alcohol *Connected Recovery* treatment service; Social Norms findings; Darlington's Alcohol Awareness Week activities and campaigns; local implications around Minimum Unit Pricing and other forthcoming national consultations. In addition, it identifies the key challenges for the future of tackling alcohol related harm, and protecting investment, locally in the new landscape of Public Health in the local authority; the Health & Wellbeing Board; the implementation of the Clinical Commissioning Group and decreasing resources.

**Recommendations**

3. It is recommended that:-
  - (a) Members note progress made in this area of work during 2008-2012.
  - (b) Members disseminate the contents of the refreshed Alcohol Harm Reduction Strategy.
  - (c) Members support and encourage participation in the National Alcohol Strategy consultations around alcohol.

**Miriam Davidson,  
Director of Public Health**

**Background Papers**

- (i) Safer Drinking – Safer Darlington 2008-11 Alcohol Harm Reduction Strategy\*
- (ii) Safer Drinking – Safer Darlington The Next Steps 2012-15 (attached)
- (iii) Balance MUP Darlington Paper & Mythbuster FAQ\*
- (iv) Young People's 2012 Social Norms Findings\*

(v) Darlington Partnership Adult Social Norms Workplace 'Borough Employer Report'\*

**\*All background papers are available via the DAAT**

Kate Jeffels, Darlington Drug & Alcohol Action Team Manager (DAAT)

S17 Crime and Disorder	This report has implications for Crime & Disorder.
Health and Well Being	This report has implications to address Health and Well Being of residents of Darlington, through scrutinising the services commissioned by the Primary Care Trust.
Carbon Impact	This report has no implications for Carbon Emissions.
Diversity	The report covers issues relating to Diversity in respect of hard to engage/vulnerable groups.
Wards Affected	All
Groups Affected	The report impacts on multiple Groups - those misusing alcohol; their families/carers; services affected as a result of alcohol related harms.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the Community Strategy in a number of ways through the involvement of local elected Members contributing to the Healthy Darlington Theme Group.
Efficiency	There are no issues relating to Efficiency which this report needs to address.

## MAIN REPORT

### Safer Drinking – Safer Darlington 2008-2011

#### 4. **Achievements to date:**

- (a) Attraction of additional investment for alcohol from PCT; National Treatment Agency (capital); DBC; Early Implementation Initiative (Department of Health, non-recurring) and CAMHS
- (b) Social Norms work in schools and colleges and associated Drug & Alcohol Education produced a year on year reduction in reported behaviour/perception
- (c) Darlington Partnership Alcohol Priority work Adult Social Norms Workplace Pilot
- (d) Training of 1500 staff in Screening & Brief Intervention
- (e) Early Implementation Funding: Alcohol Arrest Referral (now mainstreamed); Homelessness Prevention; Awareness Campaigns; Street Paramedic Pilot
- (f) National Support Team recommended the alcohol strategy as an area of good practice, along with Social Norms
- (g) Development of the Community Alcohol Service (CAS) – 2008-2012 – and the CAS Treatment Centre
- (h) 900 adults accessed treatment, with planned exits rising to 39% by 2011
- (i) 450 young people accessed treatment and planned exits doubled 2008-11
- (j) Commissioning of an integrated, adult drug & alcohol recovery treatment service (Connected Recovery) and refurbishment project to establish The Gate
- (k) Reduced alcohol-related hospital admissions for young people and reduced rate of increase for adults
- (l) Implementation of a Hospital Action Plan
- (m) Improved access to wraparound provision: Education Training & Employment (Job Centre Plus); Housing (First Stop Assertive Outreach Project/Supporting People); and multi-agency Offender Management Unit (Women's Arrest Referral – Foundation)
- (n) GPs screened 7000 & delivered 300 Brief Interventions
- (o) Stepped Approach to alcohol-related offending – Penalty Notices for Disorder Pilot; Conditional Cautioning; Alcohol Treatment Requirements; Best Bar None and the development of a multi-agency Alcohol Harm Reduction Licencing Unit.
- (p) Stay Safe operations for youngsters drunk on the streets

### Safer Drinking – Safer Darlington: The Next Steps 2012-2015

#### 5. **What are we committing to achieve?**

**Aim:**

*To make Darlington a safe and healthy place to live by reducing unsafe consumption of alcohol, reducing alcohol related crime and disorder and improving and protecting the health of the people of the Borough*

**Objectives:**

**Prevention:**

*To raise awareness amongst the community, partner agencies and local businesses (including on/off sales licenced premises) of the harm caused by the misuse of alcohol and promote the responsible sale and consumption of alcohol*

**Recovery Treatment:**

*To reduce the harmful impact of alcohol on individuals through the provision of high quality recovery treatment services and ensuring identified priority groups engage with holistic support services*

**Control:**

*To continue to make Darlington a safer place by reducing alcohol related crime and disorder by maximising the use of legislation*

With alcohol related harm costing Darlington an estimated **£42m** per year (NHS; Workplace; Social Services; Criminal Justice), and around **28%** of adults binge drinking, there is still lots to do. We will:

- (a) Seek to protect investment in, and promote, the alcohol agenda in the new landscape of Health & Wellbeing Boards; Public Health in local authority; Police & Crime Commissioners
- (b) Strive for a smooth transition of alcohol commissioning to Public Health in the local authority
- (c) Participate in Government Consultations e.g. Minimum Unit Price and Multibuy Promotion Bans
- (d) Develop Social Norms across multiple ages/settings
- (e) Develop 'visible recovery' locally
- (f) Work with priority groups e.g. veterans; LGBT
- (g) Continue work to reduce alcohol-related hospital admissions
- (h) Improve information recording and sharing
- (i) Improve pathways to wraparound provision
- (j) Continue focus on reducing alcohol-related crime and use of Licencing powers

***How will we know we've achieved it?***

The effectiveness of the strategy will be demonstrated by the following performance indicators, forming the basis of the Alcohol Harm Reduction Plan, to be monitored at the Adult Planning Group:

- (a) Reduced number of young people drinking in the last week
- (b) Reduced number of young people drunk in the last week
- (c) Increased number of Brief Interventions delivered by generic services/providers
- (d) Increased number of people taking part in Social Norms work
- (e) Reduced alcohol-related hospital admissions
- (f) Increased number of adults accessing alcohol recovery treatment services
- (g) Increased number of sustainable recovery outcomes - Successful Completions/Planned Exits
- (h) Reduced alcohol-related violent crime
- (i) Reduced alcohol-related ASB

## National Alcohol Strategy Consultations: Minimum Unit Pricing

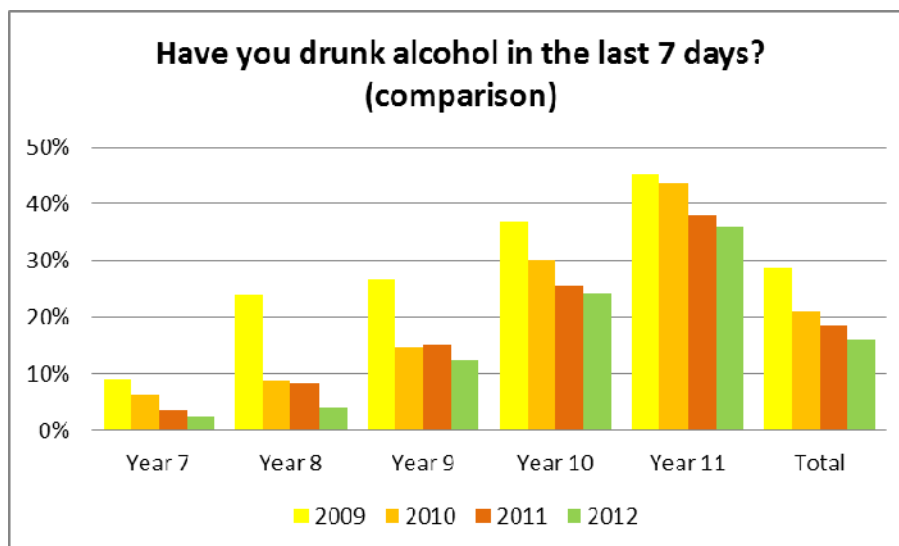
6. The Government Alcohol Strategy focuses on the night time economy and harms associated with binge drinking. The binge drinking culture is still very much an issue reflected in the Darlington demographic, at an estimated **28%** of adults (LAPE Profiles). The Government Strategy highlights a number of important issues that will form the basis of national formal consultation including; looking to ban multi-buy promotions; Public Health as a Licencing objective and setting a level for minimum unit pricing. The minimum unit price consultation launched in November.
7. If set at an effective level, minimum unit price is a key tool in tackling alcohol related harm. National research (Sheffield University) suggests this should be a minimum of 50p and Balance is campaigning in the region to obtain public sign up to this rate. In Darlington, where alcohol related harms cost the Borough an estimated **£42m+** per year, **59%** of people (Balance data) already support minimum unit price. The postcard campaign was launched locally in Alcohol Awareness Week - week beginning 19<sup>th</sup> November. Co-ordinated via the DAAT, local partners and organisations have committed to receiving, distributing and collecting the postcards in order to galvanise this support. The DAAT has circulated a 'myth-busting' document, prepared by Balance, with frequently asked questions and responses around Minimum Unit Price to assist with discussions.

## Connected Recovery

8. The Drug Strategy 2010 included severely dependent drinkers for the first time in relation to specialist treatment provision. The key focus is now on an individual's journey to recovery, rather than the substance itself, with a drive for areas to integrate drug and alcohol treatment services. In order for local services to remain fit for purpose in the new environment, a major commissioning exercise was undertaken in 2011-12 to develop and implement an integrated, adult drug and alcohol Recovery Treatment Service. The resulting service - Connected Recovery – went live in April and was officially launched in November 2012. It is based on a three phase delivery model of engagement; treatment and recovery, with service users moving on to create 'visible' recovery, becoming Recovery Champions in the form of Peer Mentors or Recovery Coaches.
9. The DAAT will be increasingly measured on performance around both numbers into treatment and sustainable recovery outcomes, with an element of Payment by Results linked to future funding allocation within the Public Health Grant. As above, over 900 people went through alcohol treatment between 2008-2012, with excellent progress made in increasing planned exits, to 39% by 2011 and higher into 2012. Nationally, alcohol numbers in treatment are falling but, apart from some initial recording issues in the new service, figures for Quarter 2 indicate that, locally, numbers are getting back on target. The key challenge for the service going forward will be maintaining performance in the face of likely resource reduction and associated reprioritisation.

## Social Norms

10. The young people's Social Norms survey has developed, from a focus on drugs and alcohol, into a Healthy Lifestyle survey incorporating issues such as; sexual behaviour; bullying; diet; exercise and smoking. In relation to alcohol, the chart below shows a reduction from 2009 to 2012 in the proportion of respondents who said they had drunk alcohol in the last week. The total across all year groups has fallen from **29% in 2009**, **21% in 2010**, and **18% in 2011** to **16% in 2012**.



11. In 2012, employees at 4 of Darlington largest employers were asked a series of questions on their own drinking habits and their perception of the drinking habits of other adults their age. There were a total of **950** responses (386 male and 559 female and 5 unknown). Around **60%** of respondents overestimated the consumption of other people their own age, reporting drinking an average of 11 units of alcohol, compared to estimating that their colleagues would be drinking 17 units.
12. The findings, around the gap between reported behaviour and perception of the behaviour of others, indicates that a social norms approach could be beneficial in this setting, prompting further roll out of the work. The survey also provides an overview of the levels of drinking behaviour within the setting which will inform the DAAT Alcohol Needs Assessment and Single Needs Assessment. It also resulted in several referrals to the Connected Recovery Treatment Service.
13. The screening tool, AUDIT (Alcohol Use Disorders Identification Test), formed part of the survey:
- (a) 8% were abstainers
  - (b) 63% were lower risk drinkers
  - (c) 24% were increasing risk drinkers
  - (d) 4% were higher risk drinkers
  - (e) 3% were classed as having a possible dependence on alcohol

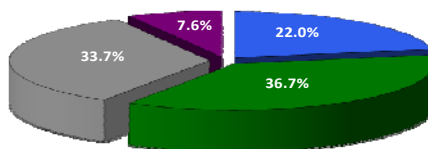
14. Proposed Social Norms Campaign Messages to follow up and embed the impact of the survey include:
- (a) Most colleagues did not exceed healthy drinking limits in the last week
  - (b) Most colleagues did not binge drink in the last week
  - (c) 9 out of 10 colleagues did not agree that it is OK for people their age to drink more than the recommended limit
  - (d) 9 out of 10 colleagues did not agree that it is OK for people their age to binge drink
  - (e) Over 9 out of 10 colleagues/nearly everybody does not agree that it's OK for alcohol to affect your performance at work

### Publicity and promotion

15. Alcohol Awareness Week, 19<sup>th</sup>-23<sup>rd</sup> November 2012, saw the launch of the refreshed Safer Drinking – Safer Darlington Alcohol Strategy 2012-15 and also the launch of the new, adult integrated drug and alcohol Connected Recovery treatment service. A DVD was made at the launch, including speeches from the event and a virtual tour of the treatment centre, as well as a podcast for the Northern Echo. This week also saw the start of our support for sign up to Balance's campaign for the government to set Minimum Unit Price at 50p. The DAAT, in conjunction with service providers, is running an innovative campaign to advertise treatment services for adults and young people; support for families and carers and positive messages about drinking. The campaign will run from December to around February with messages on the back of every Argos till receipt issued (up to a maximum of 126,000). This is 126,000 opportunities to influence local people and reach those in need of treatment.

### Key challenges

16. Anticipating decreased resources in the future, there will clearly be challenges around protecting current levels of investment. Partners are experiencing similar hardship and difficult decisions lie ahead for the Joint Commissioning Group, such as having to prioritise one effective service over another. This will be carried out in an environment of continual drive to improve performance; increase sustainable treatment outcomes and reduced crime and disorder.
17. In summary, alcohol costs the Borough over **£42m** per year, with only a fraction of this amount invested to tackle it:



**NHS: £9.26m Crime and Licensing: £15.46m Workplace and Economy: £14.17m  
Social Services: £3.19m = Total: £42.08m**

18. Alcohol affects many areas of work, impacting on the workplace; crime & disorder; hospitals; GPs and social services. It is vital that this voice does not get lost amid imminent changes to Public Health; new governance and commissioning structures and the implementation of the Clinical Commissioning Group; Health and Wellbeing Board and Police and Crime Commissioner. We therefore request that members continue their valued support going forward.