
PUBLIC HEALTH: TACKLING ALCOHOL RELATED HARM

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: The Next Steps 2012 – 2015*. It also looks at: the performance of the DAAT commissioned services and an update on social norms work. In addition, it gives updated costs for alcohol misuse and identifies the key challenges for the future of tackling alcohol related harm locally.

Recommendations

3. It is recommended that:-
 - (a) Members note progress made in this area of work during 2012 – 2014.
 - (b) Members note the key challenges in continuing to address alcohol related harm.

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*
- (iii) Presentation to DAAT Joint Commissioning Group April 2014: Performance Management and Commissioning Update
- (iv) Darlington Healthy Lifestyles Survey 2013: Executive Summary*

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

Kate Jeffels, Darlington Drug and Alcohol Action Team Joint Commissioning Unit Manager: Extension 3837

S17 Crime and Disorder	This report has implications for Crime and 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 Public Health (DAAT) and partnership work to address alcohol misuse
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.
Efficiency	There are no issues relating to Efficiency which this report needs to address.

MAIN REPORT

Information and Analysis

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

Aim:

4. *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*

The table below summarises progress on local priorities in the Alcohol Strategy Action Plan:-

Objective	Priorities	Update
Prevention: <i>To raise awareness amongst the community, partner agencies and</i>	To protect local investment in the alcohol agenda and mitigate the impact of national and local changes e.g. Social Reform Impact	<ul style="list-style-type: none"> Majority of investment maintained up to 2014 Impact of Social Reform changes is being monitored closely. Funding cuts / increasing need has been mitigated where possible by

<i>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</i>		sourcing alternative funding and making efficiency savings
	To protect investment in Alcohol Arrest Referral through development of data collection/monitoring, providing robust evidence to the Police and Crime Commissioner	<ul style="list-style-type: none"> Monitoring of this service now improved, more robust; capturing arrest referral activity levels and referrals into treatment. Outcomes are reported regularly to PCC. 25% reduction in PCC contribution for 2014/15, partially mitigated by a non-recurring Community Safety Partnership contribution.
	To maintain the profile of the alcohol agenda locally and link into new governance structures and strategies – CCG; Health and Wellbeing	<ul style="list-style-type: none"> Linked into Health and Wellbeing Board via the Director of Public Health; DAAT has contributed to the Joint Strategic Needs Assessment and Health and Wellbeing Strategy / underpinning strategies. A joint work plan to address alcohol has been agreed with the CCG The new key health and criminal justice partner organisations are represented on the DAAT Board and Joint Commissioning Group.
	To develop mechanisms for effective monitoring of identification, screening and brief advice delivery	<ul style="list-style-type: none"> Take up of training has been good, with over 1000 people from organisations including Probation, Police, Fire Service, the Council, Housing, Schools and Darlington Memorial Hospital, trained in alcohol screening and identification / brief advice in 2013/14. Much wider range of referral sources now represented in treatment; particularly for young people. Monitoring all activity remains a priority area for development
	To continue expansion of the Social Norms approach across adult and young people's settings	<ul style="list-style-type: none"> Healthy Behaviours Survey in 7 out of 8 secondary schools Adult LGBT Social Norms project completed

Objective	Priorities	Update
Recovery Treatment: <i>To reduce the harmful impact of</i>	To protect investment into alcohol treatment	<ul style="list-style-type: none"> Majority of funding maintained for adult treatment up to 2014 as Public Health contracts transferred from PCT to DBC Funding cuts / increasing need has

<p><i>alcohol on individuals through the provision of high quality recovery treatment services and ensuring identified priority groups engage with holistic support services</i></p>		<p>been mitigated where possible by sourcing alternative funding and making efficiency savings</p> <ul style="list-style-type: none"> • Service reviews underway during 2014/15; future financial envelope to be confirmed
	To embed and promote the Connected Recovery treatment service	<ul style="list-style-type: none"> • Connected Recovery treatment service now embedded with successful Care Quality Commission inspections • Marketing strategy developed by treatment service to improve promotion and increase referrals
	To continue meaningful acquisition and utilisation of Service User and Carer perspectives/involvement and take a whole family approach	<ul style="list-style-type: none"> • Service User / Carer involvement incorporated in service specification • Engagement rates in family interventions have improved in adult and young people's treatment • Consultation with service users has commenced to inform service reviews
	To ensure equality of access and service including for priority groups e.g. veterans; LGBT; offenders/prisoners	<ul style="list-style-type: none"> • Priority access for these groups is incorporated into main service specification • Development work undertaken with Gay Advice Darlington, National Offender Management Service and veterans' lead at treatment service – including the implementation of a veterans' peer support group.
	To maintain, and seek to expand, current levels of investment in young people's substance misuse services	<ul style="list-style-type: none"> • Cuts to investment by 2014/15 and failure of provider to fulfil nursing element contract have impacted on the resilience of this service • Service review group is assessing alternative options to ensure a more resilient, cost effective service
	To develop/improve pathways to other services (Dual Diagnosis; generic Counselling; Domestic Abuse) and wraparound provision (Education, Training and Employment (ETE), Housing)	<ul style="list-style-type: none"> • Developing and improving pathways to these services is incorporated into service specifications. • The Substance Misuse Planning Group brings partners and commissioned services together to address operational issues
	To reduce the number of alcohol-related hospital admissions below the regional	<ul style="list-style-type: none"> • Alcohol related hospital admissions dropped by 3.3% between 2011/12 and 2012/13; after increasing year on year up to 2011/12

	average and closer to the national average	<ul style="list-style-type: none"> The level in 2012/13 (latest available) was 2301 hospital admissions per 100,000 population. This is below the regional average of 2678 per 100,000 population and is now closer to the national average of 2032 per 100,000 population
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Objective	Priorities	Update
Control: <i>To continue to make Darlington a safer place by reducing alcohol related crime and disorder by maximising the use of legislation</i>	To reduce the level of total alcohol-related crime, in line with the region	<ul style="list-style-type: none"> Alcohol attributable crime decreased by 13% from 2011/12 to 2012/13; and by 25% from 2008/09 The corresponding North East decrease was 9% from 2011/12 to 2012/13; and by 33% from 2008/09
	To work with partners via the multi-agency Disruption Panel to restrict supply of illicit and/or counterfeit alcohol through identification and removal	<ul style="list-style-type: none"> The DAAT regularly participates in the Disruption Panel; sharing intelligence and information to facilitate multi-agency problem solving e.g. addressing issues relating to novel psychoactive substances and illicit alcohol.
	To ensure rigorous use of powers around problem premises, (multi-agency Alcohol Harm Reduction Unit), alcohol-related crime; and underage/proxy sales	<ul style="list-style-type: none"> The Substance Misuse Planning Group brings partners and commissioned services together to address operational issues Darlington Public Health have contributed analysis and expert advice to licensing reviews DAAT engaged in developing the Alcohol Related Intervention, Enforcement and Support (ARIES) Programme, led by Durham Constabulary to tackle under-age drinking
	To ensure equality of access and service including for priority groups e.g. veterans; LGBT; offenders/prisoners	<ul style="list-style-type: none"> Needs assessment is regularly undertaken to identify any barriers to access or inequalities in the treatment system The service reviews will be underpinned by Equality Impact Assessments
	To develop more accurate recording of information, including improvements to the local Cardiff model and evaluate offender	<ul style="list-style-type: none"> Offender related monitoring has improved including identifying Alcohol Treatment Requirement / Drug Rehabilitation Requirement clients within the treatment system and monitoring arrest referral

	programmes, such as ATRs	<ul style="list-style-type: none"> • Accessing monitoring information regarding alcohol related attendances at Accident and Emergency remains a priority
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Connected Recovery Adult Drug and Alcohol Treatment Service

5. Due to the complex nature of the adult treatment system and the high level of investment; this service is monitored via a wide range of targets in the categories of Specialist Treatment, Access and Engagement, Quality of Specialist Treatment, Exit and Outcomes from Specialist Treatment, Priority Groups and Open Access Services. The majority of the targets were green in 2013/14 with others amber but improving. However; performance is red on some key targets around numbers in treatment and successful completions. Alcohol numbers in treatment are down on previous years and this is being addressed by a robust performance improvement plan; including engagement with service users who have dropped out to determine the reasons why and development of a marketing plan to increase the profile of the service and the number of referrals. Successful completions for all clients are currently rated red but there are significant discrepancies between local and national figures so this is being investigated as a priority. It is important to note that Darlington successful completions for opiates users have actually increased; in contrast to the national trend where successful completions are declining despite the new recovery agenda.

SWITCH Young People's Treatment Service

6. This service is monitored via a range of targets around Access to Treatment, Treatment Quality and Exiting Treatment. Due to staffing capacity and a lack of resilience; the service has been red on the target of numbers entering treatment. This was not due to high attrition from referrals but a lack of capacity for assertive outreach and more active engagement of service users. Despite the staffing difficulties performance on other targets has been green with evidence of high quality of treatment and improved outcomes for those who engaged with the service.

Homelessness Service

7. The Homelessness Drugs and Alcohol Service is monitored via a range of targets around Assessment, Access and Support, underpinned by service user involvement. The majority of these targets were green by in 2013/14. The only targets in the red were GP registrations and attendances and dentist registrations and attendances. This is due to the difficulty in getting this client group to engage with these services; and also the difficulty in registering someone without proof of identification.

Substance Misuse Training Service

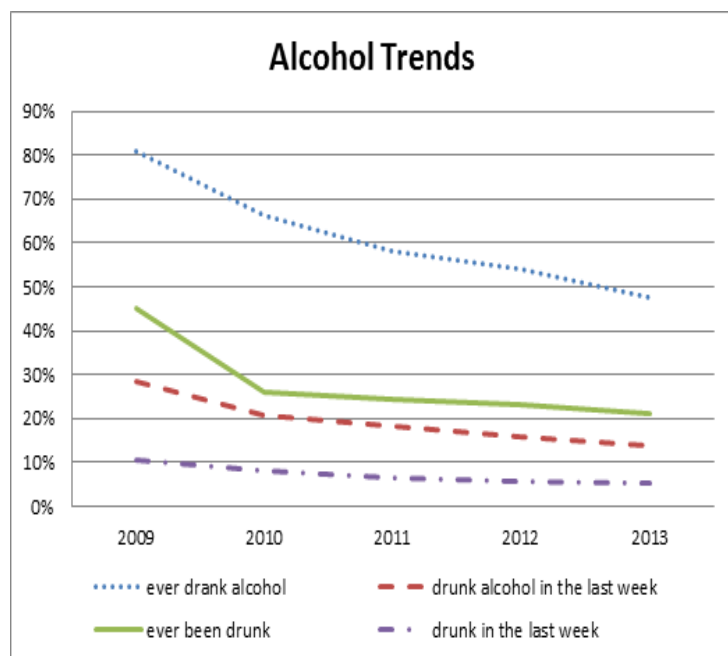
8. This service is monitored via a range of targets around Promoting and Delivering Training; and providing Follow Up Support. The majority of these targets have over achieved in 2013/14 and showed increased performance from previous years. The

only red target was around subsequent supportive contact with participants categorised as hospital staff as this group often did not take up the offer of follow up.

Social Norms

Healthy Behaviours Survey

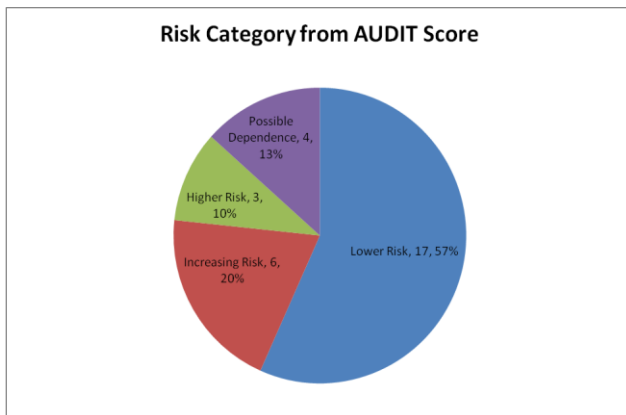
9. Since 2009, the Drug and Alcohol Action Team (DAAT) has commissioned an annual survey administered by senior schools and academies in Darlington capturing the behaviour and opinions of over 3,500 young people, years 7 - 11. In the five years since the first survey the reported risk taking behaviours have significantly reduced. This is thought to be partly through education in the schools and partly through showing young people the evidence that healthy behaviour is the norm. The graph below shows the key alcohol related indicators:



- 14% of all respondents reported having a drink of alcohol in the last week
- 21% said they had ever been drunk
- 5% drunk in last 7 days
- 73% agreed that “it’s NOT OK for young people my age to get drunk”

Lesbian, Gay, Bisexual and Transgender Social Norms Project

10. In 2013 a Social Norms pilot project was carried out to assess the potential for using the social norms approach within the Darlington LGBT adult community. Implementing social norms surveys is more challenging outside the school / college environment due to the lack of a “captive audience”. 30 responses were received within a month. It was not possible to determine if this was a representative sample. A flaw in the national guidance on healthy drinking levels was identified as this is gender specific and unclear on how it should be interpreted for the transgender population. The chart below shows the results of the AUDIT screening questionnaire incorporated in the survey:



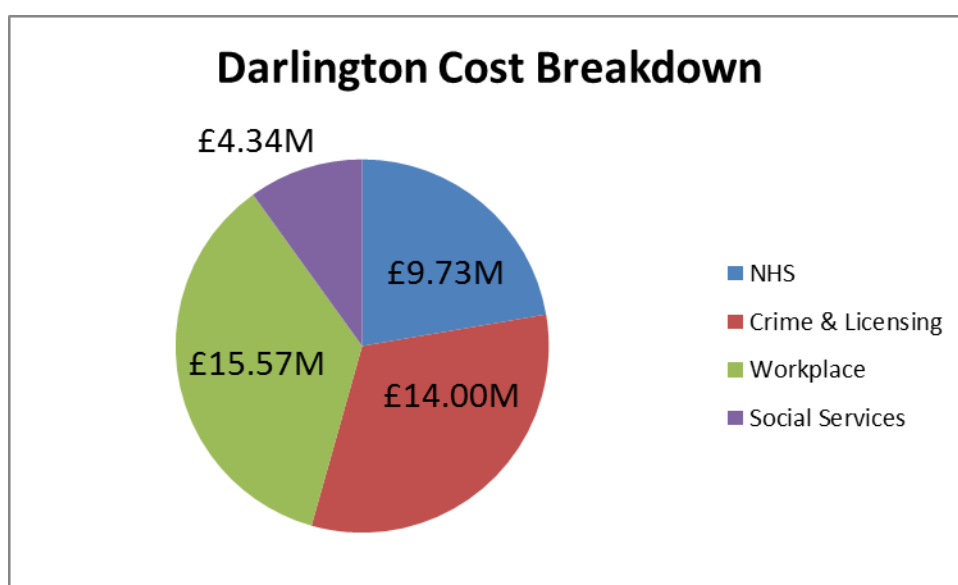
11. Evidence of overestimation of alcohol consumption was clear meaning that social norms would be appropriate for interventions. Possible social norms messages identified included:

- (a) 7 out of 10 / two thirds of the Darlington LGBT community did not exceed the recommended number of units in the last week.
- (b) 83% did not agree that it's ok to drink more than the recommended limit.
- (c) Most / over half of the Darlington LGBT community did not binge drink in the last week
- (d) 87% did not agree that it's ok to binge drink
- (e) 57% / 6 out of 10 of the Darlington LGBT community are lower risk drinkers

12. Data would be more robust with a larger sample size, so there is scope for further development of this work.

Cost of Alcohol

13. Figures from Balance, the North East Alcohol Office, using 2011/12 data, show that the total cost to Darlington from alcohol misuse is estimated to be £41.10m. The pie chart below shows the breakdown.



14. National research shows that one problematic alcohol misuser is estimated to cost society £11,767 per year, including costs of crime, costs to the health service and lost productivity. £1 invested in adult alcohol treatment saves at least £5 in costs to society
15. Alcohol affects many areas of work, impacting on the workplace; crime and disorder; hospitals; GPs and social services. It is vital that a focus on tackling harm from alcohol does not get lost amid ongoing financial pressures and the rapidly changing commissioning landscape. We therefore request that members continue their valued support going forward.
16. Acknowledging the challenge of decreasing resources across all sectors, partners will work to improve performance, increase sustainable treatment outcomes and reduce crime and disorder in an environment of constant change.