

Local Alcohol Strategy Toolkit:

Guiding you through developing your local alcohol strategy

www.localalcoholstrategies.org.uk

In response to the growing need of local policy makers for guidance on tackling alcohol related harm, the London Drug and Alcohol Network (LDAN) and Alcohol Concern, with funding from Comic Relief, have produced a local alcohol strategy toolkit.

The toolkit, which is web-based, aims to assist local policy makers, DAATs, PCTs and CDRPs in developing a strategic approach to tackling alcohol related harm. It sets out a process for developing local responses to alcohol problems, giving guidance on each step of the way.

Why you need a local alcohol strategy

Alcohol misuse is associated with health and social problems at the individual, family, community and public level. In the UK the extent of these problems is staggering and well known. Now, for the first time, the National Strategy gives responsibilities to DAATs, CDRPs, PCTs and local authorities to address alcohol-related harm at a local level.

The toolkit aims to guide you through such issues as how to:

- **Reduce violence and anti-social behaviour around pubs and bars**
- **Tackle the harms caused to young people**
- **Develop effective alcohol treatment services and interventions**
- **Prepare for the new licensing laws**
- **Provide support for street drinkers**
- **Encourage prevention and interventions in the workplace**

This document outlines:

- Why do you need a local response to alcohol problems?
- How can a local alcohol strategy help reduce alcohol related problems in your area?
- What are the Government's expectations of DAATs, CDRPs, PCTs and local authorities, laid out in the Alcohol Harm Reduction Strategy for England?
- How can the Alcohol Concern / LDAN Local Alcohol Strategy Toolkit help?



The need for a local response to alcohol problems

Health

- Alcohol misuse significantly contributes to cancer, vascular disease, mental illness, accidents, and complications in pregnancy
- Alcohol related liver disease is responsible for over 30,000 hospital admissions each year¹
- Up to 150,000 hospital admissions and 15-22,000 deaths are associated with alcohol each year²
- One third of psychiatric patients with serious mental illness have a substance misuse problem (most commonly alcohol)³
- 40% of A&E admissions, rising to 70% at peak times, are related to alcohol⁴
- The cost to the NHS of treating the chronic and acute effects of alcohol misuse is up to £1.7 billion each year⁵

Community Safety

- 47% of violent crime is alcohol related⁶
- One third of domestic violence cases (360,000 nationally) are alcohol-related⁷
- In 2000, driving over the legal limit accounted for 5% of all road accidents and 17% of all road deaths - about 500 per year⁸

Licensing

- Typically, over 50% of arrests for alcohol-related crime and disorder in any one week occur between 11pm and 2am on Friday and Saturday nights⁹
- Applications for on-licences are running at over 3000 a year, an increase of over 38% from 1995¹⁰

Treatment

An effective local treatment system is essential to deal with the range of health, psychological and social problems which individuals suffer as a result of their own, or others', alcohol misuse.

'Effective treatment requires that:

- Those with alcohol problems are identified and referred to the appropriate services
- Appropriate treatment is available
- Treatment for vulnerable groups covers all their related needs and problems
- Adequate aftercare is available¹¹

Children and Young People

- The average amount drunk by 11-15 year-olds has doubled from 0.8 units per week in 1990, to 1.6 units in 1998¹²
- Amongst 11-15 year-olds who drink, average consumption rose from 5.3 units in 1990, to 9.8 units in 2001¹³
- Between 780,000 and 1.3M children are affected by parental alcohol problems¹⁴
- Alcohol misuse is commonly associated with physical, sexual and emotional abuse of children
- By age 15 young people with problem drinking parent/s have between 2.2 and 3.9 times higher rates of psychiatric disorder as well as higher rates of social dysfunction¹⁵

Workplace

- Up to 17m working days are lost each year through alcohol related absence, and the overall annual cost of productivity lost as a result of alcohol misuse is calculated to be £6.4bn¹⁶
- Less than one-fifth of employers feel they have the skills and knowledge to raise issues with staff¹⁷

Regeneration

- Alcohol is strongly linked to health and other inequalities. For example, men aged 25-39 in the unskilled manual class are between 10 and 20 times more likely to die from alcohol-related causes than those in the professional class¹⁸

Housing and Homelessness

- 50% of the rough sleeper population are alcohol reliant¹⁹

Workforce

- A national mapping project found that 'there is a serious shortage of people in the drugs and alcohol sector with the necessary knowledge, skills and competence'²⁰
- The Alcohol Harm Reduction Strategy for England places a strong emphasis on the importance of early identification by healthcare professionals, and other 'capture points'.

How a local alcohol strategy can help - some examples of successful local initiatives

Community Safety and Licensing

- As a result of the Manchester City Centre Safe scheme, the steeply rising trend of late night disorder was reduced by 8.5% in the first year and 12.3% in the second.²¹
- The Cardiff Violence Prevention Group's initiative Tackling Alcohol Related Street Crime (TASC), which re-focused policing on hot-spots determined by police and A&E data, resulted in a 35% reduction in violence in licensed premises in the city centre in 1999/2000 compared to 1998/1999.²²
- In Oregon, Washington State, the introduction of server training reduced night car crashes because of its impact on responsible service.²³

Children and Young People

- Alcohol education sessions provided within the US Strengthening Families Program led to 30% fewer children starting to drink in their early teens. In the two years following the end of the programme, 26% (compared with 48% of children not on the programme) started to drink, 17% (compared with 39%) drank without permission, and 8% (compared with 18%) had got drunk for the first time.²⁴
- An evaluation of the Family Alcohol Service, which is piloting an innovative integrated approach to families affected by problem drinking, shows that: children have become less anxious and coping responses have improved, as have school attendance, achievement and relationships in some cases. Family functioning has improved in many cases. 2/3 of problem-drinking parents who engaged for 2+ sessions sustained or reverted to abstinence.²⁵

Health and Treatment

- Treatment works: Project MATCH showed that 3 years after treatment, almost 30% of previously alcohol dependent clients had been abstinent in the preceding three months. The remainder drank on only a third of the days, typically consuming 11 units a day compared to 19 before treatment. Results were similar for 12-step, cognitive-behavioural, and motivational enhancement therapies.²⁶
- In a cross-national WHO study of brief interventions with heavy drinkers, 29% of the male control group had significantly reduced their alcohol consumption at follow up, compared with 41% of a group who received 10 minutes of brief advice and 40% of a group who received a longer motivational intervention.²⁷

Workplace

- Over 70% of employers offering Employee Assistance Programmes and management training believe they are effective in helping reduce drink and drug problems²⁸

Housing and Homelessness

- Wet centres (such as the Booth Centre in Manchester) have been shown to achieve 'great success in helping street drinkers to find and maintain suitable accommodation and to start tackling the problems which their drinking causes' (AHRSE)²⁹

The Alcohol Harm Reduction Strategy for England

The AHRSE, published in March 2004, is the first attempt by any British government to address in a co-ordinated manner the main areas of alcohol related harm, which it identifies as health and crime. It identifies four key ways to tackle alcohol related harm, through:

- Improved, and better-targeted, education and communication
- Better identification and treatment of alcohol problems
- Better co-ordination and enforcement of existing powers against crime and disorder
- Encouraging the industry to continue promoting responsible drinking and to continue take a role in reducing alcohol-related harm

The role of DAATs / CDRPs

Drug Action Teams are encouraged to become Drug and Alcohol Action Teams (or other local partnership arrangements) to assume greater responsibility in commissioning and delivering alcohol treatment services.

In terms of implementing the strategy at local level, the Government sees DAATs / CDRPs (including representation from the local PCT) as the key strategic group to meet the four areas. Their work would involve:

- Providing a forum for agreeing a strategic framework on alcohol misuse which reflects local priorities, ensures complementary objectives and sits within existing strategies where appropriate
- Ensuring that organisations share information and good practice
- Providing a forum for agreeing how organisations will work together, for example police and A&E departments

The Government expects to see measures for tackling alcohol misuse 'embedded within existing strategic frameworks', but is not making it compulsory for local authorities to produce alcohol strategies.

The role of PCTs

The strategy recommends that PCTs take an active role in the assessment of need and the planning of alcohol prevention and treatment. Specifically, the strategy states that 'each year it would be good practice for each PCT to publish:

- Details for the partnership responsible for commissioning alcohol prevention and treatment services including its membership and a single point of contact for enquiries
- Planned and actual increases in the numbers accessing treatment for alcohol-related problems
- A statement outlining the arrangements for alcohol treatment and points of contact for those requiring help
- A statement outlining the arrangements for the promotion of sensible drinking
- A statement outlining the contribution alcohol prevention and treatment will make to the Crime and Disorder Strategy.'

The role of local authorities

Local authorities are encouraged to:

- 'work with industry to set up local schemes [such as the voluntary code of practice], encouraging membership as part of licensing policy;
- ensure that all the services they provide themselves linked to the night-time economy (licensing, trading standards, transport strategy, street cleaning, environmental health) are co-ordinated to deal with the consequences; and
- co-ordinate a strategy for managing the night time economies in their areas as part of existing local strategies.'

Other Key Policy Drivers

National Service Frameworks

The Department of Health's National Service Frameworks (NSFs) set national standards and identify key interventions for a defined service or care group. Launched in April 1998, NSFs also put in place strategies to support implementation and establish ways to ensure progress within an agreed time-scale.

NSFs to date are on cancer, mental health, coronary heart disease, older people, and diabetes. All of these cite alcohol misuse as a risk factor. The Health Development Agency argues that 'action on alcohol will help to address the requirements of the NHS Cancer Plan and the NSFs for CHD, Mental Health and Older People.'³⁰ More information on how this will do so can be found in the Alcohol Concern publication *Why Alcohol is Good for Health*.

Licensing Act 2003

The Licensing Act 2003 will take effect in 2005. It significantly reforms UK licensing laws for the first time since 1964, and has four fundamental objectives:

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

Changes include:

- Responsibility for licensing will move from magistrates to local authorities, which will be required to publish a statement of policy that outlines how they will promote the above objectives every three years
- Removal of licensing restrictions to allow for 24 hour sale of alcohol
- The police and courts will have powers to make temporary closure orders in respect of certain premises
- Applicants for a licence will be required to produce an operating plan.

The long term aim of the Licensing Act is to change the culture of drinking and reduce levels of crime and disorder. However, the experience in Scotland suggests that longer opening times result in increased binge-drinking unless other controls are put in place. Any change in culture will take time and in the interim it is vital that local communities have measures in place to deal with the extension of drinking hours and any increase in anti-social behaviour. In particular, increased support will be needed from public services such as police, transport and street cleaning.

National Strategy for Neighbourhood Renewal

The Social Exclusion Unit's 'New Commitment to Neighbourhood Renewal: National Strategy Action Plan' (2001) identifies five key areas of inequalities:

- Tackling worklessness and supporting weaker economies
- Tackling crime
- Improving skills
- Tackling poor health
- Tackling poor housing & physical environment

Alcohol misuse is a factor in each of these areas; tackling alcohol misuse can significantly contribute to reducing inequalities in each area.

Models of Care for Alcohol

In its National Strategy, the Government tasked the National Treatment Agency with developing guidance, within the existing Models of Care framework, on the identification and appropriate referral of alcohol misusers. This will set new standards for alcohol treatment services.

The Local Alcohol Strategy Toolkit

www.localalcoholstrategies.org.uk

Guiding you through developing your local alcohol strategy

The toolkit is web-based, so that you can find the information relevant to you as quickly and easily as possible. It has three main components:

1. Resource material on the key areas related to alcohol misuse
2. A step-by-step guide to developing a local alcohol strategy
3. A strategy template

The Resource Material

Guidance is drawn from resource material that is grouped in 9 **key areas**:

- Health
- Community Safety
- Licensing
- Children and Young People
- Treatment
- Housing and Homelessness
- Workplace
- Regeneration
- Workforce

Within each of these areas, there are the following **sections**:

- Background: why the particular key area needs to be in a local alcohol strategy
- Baseline Indicators
- Policy Drivers
- Key Players
- Stakeholders
- Possible Objectives and Targets
- Funding Streams
- Diversity Issues

It is possible to view and print all the material relating to each key area (for example, health or community safety). Likewise each section (for example all the policy drivers) may be viewed and printed together.

The Step-by-Step Guide

(see opposite page)

For each step, there are links to the relevant key areas and sections of the resource material. Material may be copied (cut and pasted) as required.

The Local Alcohol Strategy Template

When it comes to writing the strategy document, a downloadable template is offered, with guidance to completing each section. This can be adapted to meet local requirements.

8 steps towards a local alcohol strategy

Step 1: Convincing people

The impact of alcohol misuse cuts across the health, social care and criminal justice systems. A comprehensive alcohol strategy should therefore take a partnership approach. Without the support of key partners, this will be difficult. Step 1 involves convincing key people of the need for a local alcohol strategy.

Step 2: Building the evidence base

This step involves collecting the available evidence on local alcohol-related problems so that a persuasive case for action can be developed.

Step 3: Establishing a strategy development team

The make up of the strategy development team will vary according to local conditions and drivers. The team may have to do a fair amount of background work before key people will commit to the strategy development.

Step 4: Involving stakeholders

Many people have a stake in addressing alcohol related harm, from service users to members of the community to local business to health and social care professionals and those working in the criminal justice system. This step entails gathering their views on alcohol related harm and their ideas on how to address it.

Step 5: Drafting the strategy

The strategy draws together the evidence for local alcohol problems, identifies priorities, states objectives and sets out an implementation plan.

Step 6: Consultation

This step builds on Step 4 *Involving Stakeholders* by consulting on the draft strategy and securing support for the objectives.

Step 7: Implementation

The action plan set out in the strategy document is implemented in this step.

Step 8: Monitoring, evaluation and review

This step involves checking progress against the action plan and objectives. External factors that may impact on alcohol related harm (new legislation for example) should also be monitored.

These steps are elaborated in www.localalcoholstrategies.org.uk

About us

This toolkit was produced by the London Drug and Alcohol Network and Alcohol Concern, with support from Comic Relief. Many people from the alcohol field and beyond were involved in writing the toolkit, and a pilot was run in the London Borough of Lambeth.

Alcohol Concern

Alcohol Concern acts as the national umbrella body for 500 local agencies tackling alcohol-related harm and offering help to the families and friends of those with alcohol-related problems. It plays a key role in promoting and advising on the development of national alcohol policy and in promoting public awareness of alcohol issues. It acts as the principal source of information on alcohol to the general public, to the press and to professionals in other fields of activity, including government.

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London Drug and Alcohol Network (LDAN)

The London Drug & Alcohol Network (LDAN) is a London-wide voluntary organisation. It was set up in January 2001 to provide advice, information and support to frontline services - those working directly with people who have drug and alcohol problems in London. This is the first time London drug and alcohol service providers have come together as one network to tackle the capital's drug and alcohol problems. As the only organisation that represents and reflects the interests of London drug and alcohol service providers, LDAN is uniquely placed to influence policy and practice on drugs and alcohol across London.

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References

- ¹ Strategy Unit (2003) *Interim Analytical Report*, Strategy Unit, London
- ² *ibid.*
- ³ Department of Health (2002) *Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide*
- ⁴ *op. cit.* Strategy Unit (2003)
- ⁵ *ibid.*
- ⁶ *ibid.*
- ⁷ Prime Minister's Strategy Unit (2004) *Alcohol Harm Reduction Strategy for England*
- ⁸ *op. cit.* Strategy Unit (2003)
- ⁹ Crimereduction.gov.uk *Crime Reduction Toolkits: Alcohol Related Crime*
- ¹⁰ Hobbs, Prof D (2003) *The Night-Time Economy*, Alcohol Concern Research Forum Papers
- ¹¹ *op. cit.* Prime Minister's Strategy Unit (2004)
- ¹² *ibid.*
- ¹³ *ibid.*
- ¹⁴ *ibid.*
- ¹⁵ Alcohol Concern (2004) *Young People's Drinking Factsheet*
- ¹⁶ *op. cit.* Prime Minister's Strategy Unit (2004)
- ¹⁷ Personnel Today (Aug 7 2001) *Drink, drugs and work: the figures*
- ¹⁸ Harrison, L and Gardiner, E (1999) *Do the rich really die young? Alcohol-related mortality and social class in Great Britain, 1988-94*, *Addiction*, 94, 12, pp1871-1880
- ¹⁹ Rough Sleepers Unit (1999) *Coming in from the cold: The government's strategy on rough sleeping*, DETR, London
- ²⁰ Healthwork UK (2001) 'A Competent Workforce to Tackle Substance Misuse'
- ²¹ Crimereduction.gov.uk <http://www.crimereduction.gov.uk/alcoholorders07.htm>
- ²² Crimereduction.gov.uk *Crime Reduction Toolkits: Alcohol Related Crime* <http://www.crimereduction.gov.uk/toolkits/ar0402.htm>
- ²³ Plant, M. (1997) *Alcohol: Minimising the Harm*, FAB
- ²⁴ Ashton, M (ed) (Spring 2004) 'Doing it together strengthens families and helps prevent substance use', in *Drug and Alcohol Findings* 10
- ²⁵ University of Bath Mental Health R&D Unit / Avon & Wiltshire Mental Health NHS Trust (2003) *The Family Alcohol Service: Evaluation of a Pilot*
- ²⁶ Ashton, M. (1999) 'Project MATCH: unseen colossus' in *Drug and Alcohol Findings*, 1 pp. 15-21
- ²⁷ WHO Brief Intervention Study Group. 'A Cross-National Trial of Brief Interventions with Heavy Drinkers'. *Am J Public Health* 1996;86: 948-955.
- ²⁸ Chartered Institute of Personnel and Development (CIPD) (2001) *Alcohol & Drug Policies in UK Organisations*
- ²⁹ *op. cit.* Prime Minister's Strategy Unit (2004)
- ³⁰ Health Development Agency (HDA) (2000) *National Service Frameworks: A practical aid to implementation in primary care*, HDA, London