



North Somerset

Alcohol Harm Reduction Strategy

2008 - 2011

Foreword

Nationally, alcohol misuse and related harm is a growing concern and is recognised as the single largest factor influencing community wellbeing. Alcohol can significantly impact the quality of people's lives, not only affecting the health and wellbeing of an individual but also contributing to wider health, social and economic costs. Locally, it is estimated that around 7,000 people in North Somerset are drinking enough alcohol to harm themselves and a further 25,000 are drinking above sensible limits. Based on national models, alcohol misuse in North Somerset is estimated to cost NHS North Somerset over £3m in healthcare costs each year.

Significant work has already been undertaken across North Somerset to address problems associated with alcohol misuse. This includes working in partnership to offer support, advice and education to. This alcohol harm reduction strategy is designed to further build on existing work by identifying clear priorities, gaps in service provision and associated work areas.

This strategy is built around a clear ethos of partnership working, it will be owned by the North Somerset Partnership, which includes representation from North Somerset Council, NHS North Somerset, Avon and Somerset Police, Avon Fire and Rescue, the business and voluntary sectors, Weston College, the Environment Agency as well as the Children's Trust Management Board. Actions identified within the strategy will sit with the four thematic delivery partnerships, Health and Wellbeing, Safer and Stronger, Transport Economy and Environment, and Children and Young People. By threading this strategy throughout the partnership we hope to achieve a direct and clear impact on alcohol misuse and related harm across North Somerset over the next three years.

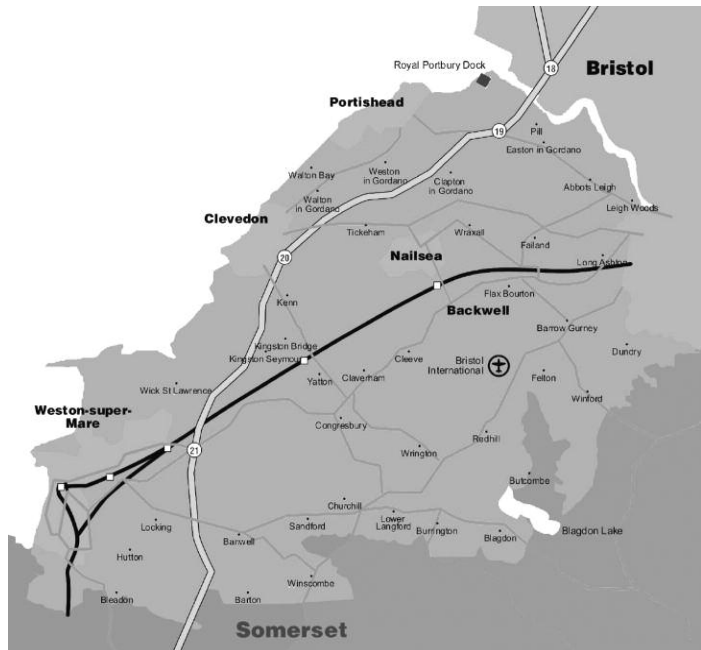
_____ Cllr Nigel Ashton, Chair North Somerset Partnership

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Executive Summary

North Somerset covers an area of 145 square miles on the coast of the South West of England and has a resident population of approx 200,000 living in around 85,000 households. Urban North Somerset includes the coastal towns of Clevedon, Portishead and Weston-super-Mare. The area is also a popular tourist destination with more than five million tourists visiting each year. North Somerset has a high proportion of both older and young residents. 26% of the population is over 60 and 22% of the population is aged under 19 – both of these figures are above the national average. Unemployment is low, with the majority of the district comparatively prosperous. However, there are significant pockets of deprivation, with two Weston-super-Mare wards being classified as being among the 10% most deprived wards in England.



The North Somerset Alcohol Harm Reduction Strategy is a multi-agency plan setting out clear aims and actions in relation to alcohol related harm and misuse within North Somerset. The strategy combines innovative ways of working with established programmes to tackle alcohol harm and misuse in a coordinated way. This strategy will identify local issues and address gaps in service provision.

For maximum impact this strategy has been developed around the 4 theme areas within the North Somerset Sustainable Community Strategy and assesses the impacts of alcohol harm and misuse under each. These themes are;

- Health and Wellbeing – focusing on health and wellbeing
- Safer and Stronger – focusing on crime, anti social behaviour and cohesive communities
- Transport Economy and Environment, – focusing on the local economy, environment and transport issues
- Children and young people – focusing on children and young people

Aims of the strategy:

The core aim of the North Somerset Alcohol Reduction Strategy is to;

- **Reduce alcohol related harm across the district and respond to local need.**

This will be achieved through greater partnership working and a coordinated approach to improve quality of life for residents and visitors of North Somerset.

A number of other key aims have also been identified:

- **To increase awareness of responsible drinking, through targeted education and communication**
- **To support and protect young people**
- **To identify problematic drinkers and provide effective treatment**
- **To reduce alcohol-related crime and disorder**
- **To provide strong leadership and clear accountability for activities in a multi agency setting**
- **To further use our licensing and legislative power to address alcohol related harm and misuse.**

In developing the strategy a number of gaps were identified in current service provision and associated actions. This information together with the results of partner consultation has helped to establish actions which have shaped the implementation plan for the next three years.

Health and Wellbeing:

Current gaps in service provision:

The following gaps have been identified by carrying out an audit of current local services and structures in line with “Safe. Sensible. Social- Next Steps”.

- Joint commissioning plan for alcohol services
- Integrated care pathways with explicit criteria, defined trigger points and monitoring mechanisms
- Implementation of a nationally agreed assessment tool in primary care
- Implementation of a standard approach to brief interventions
- Capacity in specialist alcohol services
- Community detoxification
- Equality audits
- Patient choice in packages of support
- Data sharing on a monthly basis between ambulance services and other frontline services (A&E and the police) to enable targeted responses to areas of greatest need

Actions

The key actions for health services within North Somerset are:

- Develop capacity in specialist services
- To implement a nationally agreed assessment tool in primary care
- To implement a programme of brief interventions to people attending A&E and primary care
- To define and develop care pathways

Safer and Stronger:

Current gaps in service provision:

Stakeholder consultations have identified the following gaps in current services:

- Continuation of a number of current initiatives is dependent on the identification of further funding (e.g. alcohol arrest referral, fast track treatment for high risk domestic violence cases)
- Courts are unable to apply an Order with an alcohol treatment requirement because of a perception of a limited service to refer into
- Links with hospital A&E department and ability to screen and provide brief interventions e.g. for domestic and other violent crime
- Targeted information for young women who regularly drink enough to put themselves at increased risk of becoming a victim of crime or not knowing what has happened to them
- Involvement of the community and voluntary sector in activities to reduce alcohol related harm. This could include providing information and support, sign-posting to services as well as screening and service delivery.
- Evidence based activities to increase the awareness of alcohol misuse and change attitudes to the drinking culture
- Capacity in terms of community development work
- Community awareness of responsible drinking and specific issues e.g. link between alcohol and domestic violence
- A multi-agency guide to services
- An alcohol specific service users group

Actions

The following safer and stronger actions have been identified:

- Continuation of current activity including Operation Joined Up
- Continued enforcement of alcohol exclusion zones
- Provision of fast-track treatment for domestic violence offenders and victims
- Continuation of the alcohol arrest referral scheme
- Introduction of a pilot conditional cautioning scheme with alcohol awareness training requirement
- Community engagement including work with Town & Parish Councils, third sector partners and Partners and Communities Together groups
- Improved multi-agency communications – internal and external
- Ensuring that communications messages cover the whole of North Somerset

Transport Economy and Environment:

Current gaps in service provision:

Stakeholder consultations have identified the following gaps in provision:

- Sufficient and safe public transport for the night-time economy
- Involvement of businesses in responsible drinking/safe night out messages e.g. training staff and non-alcoholic drinks promotions
- Employers promotion of safe drinking messages
- One-to-one support for people who have been through treatment programmes to help get them back into the community, access services, rebuild social networks, find employment.

Actions

The following actions have been identified:

- Working with supermarkets to address issues including sales of cheap alcohol
- Working with the Licensed Victuallers Association to assist with safe drinking campaigns

Children and Young People:

Gaps in current service provision:

Stakeholders have identified the following gaps in work with children and young people in relation to alcohol:

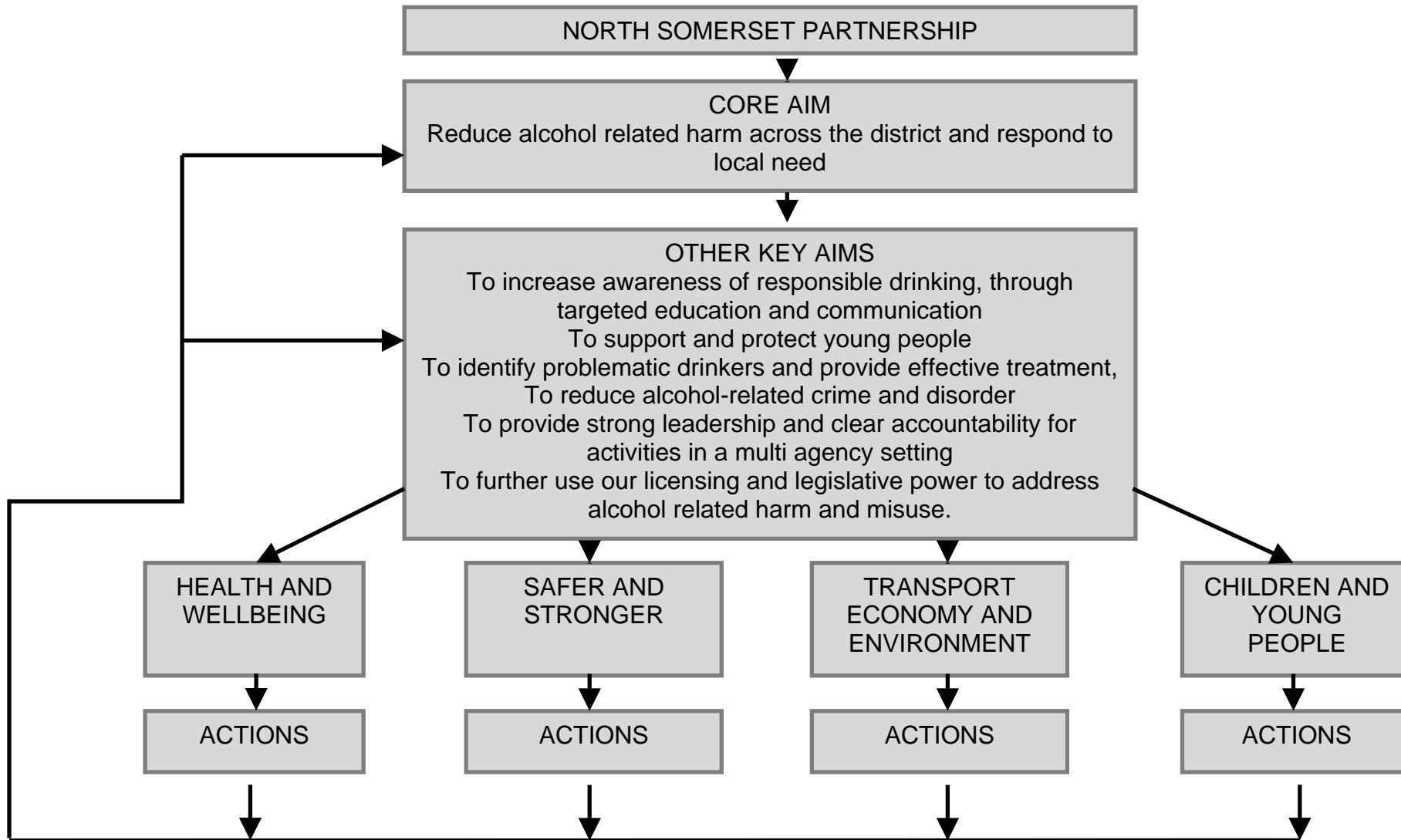
- Early identification of substance misuse needs
- Clear picture of alcohol education and links with healthy schools and system to record and monitor the drugs and alcohol education which is taking place within individual schools
- Good practice guide for educational settings
- Effective messages for young people aged 16-25
- Evening and weekend services for young people
- Extension of the Barcode model
- Capacity within COSMIC and other children and young people's services to provide support for those affected by parental alcohol use
- Support for carers in recovery
- Consultations with young people on their needs and views

Actions

The following actions have been identified:

- Ensure information is shared and training provided for professionals to protect the unborn child from alcohol use.
- Provide further information for pregnant women about alcohol
- Continue to address the impact of parent/carer alcohol misuse on children
- Ensure alcohol services are incorporated into targeted youth support and locality teams
- Provide outreach support for young people in anti-social behaviour hotspots
- Continue to target underage sales of alcohol
- Develop a set of effective messages for 16-25 year olds
- Consider the need for an alcohol arrest referral worker for young people
- Improve treatment options for young people
- Address the gap in knowledge about alcohol education in schools – monitor and evaluate the extent to which alcohol education in schools follows best practice
- Provide a good practice guide for teachers

North Somerset Alcohol Harm Reduction Strategy: Overview



Introduction

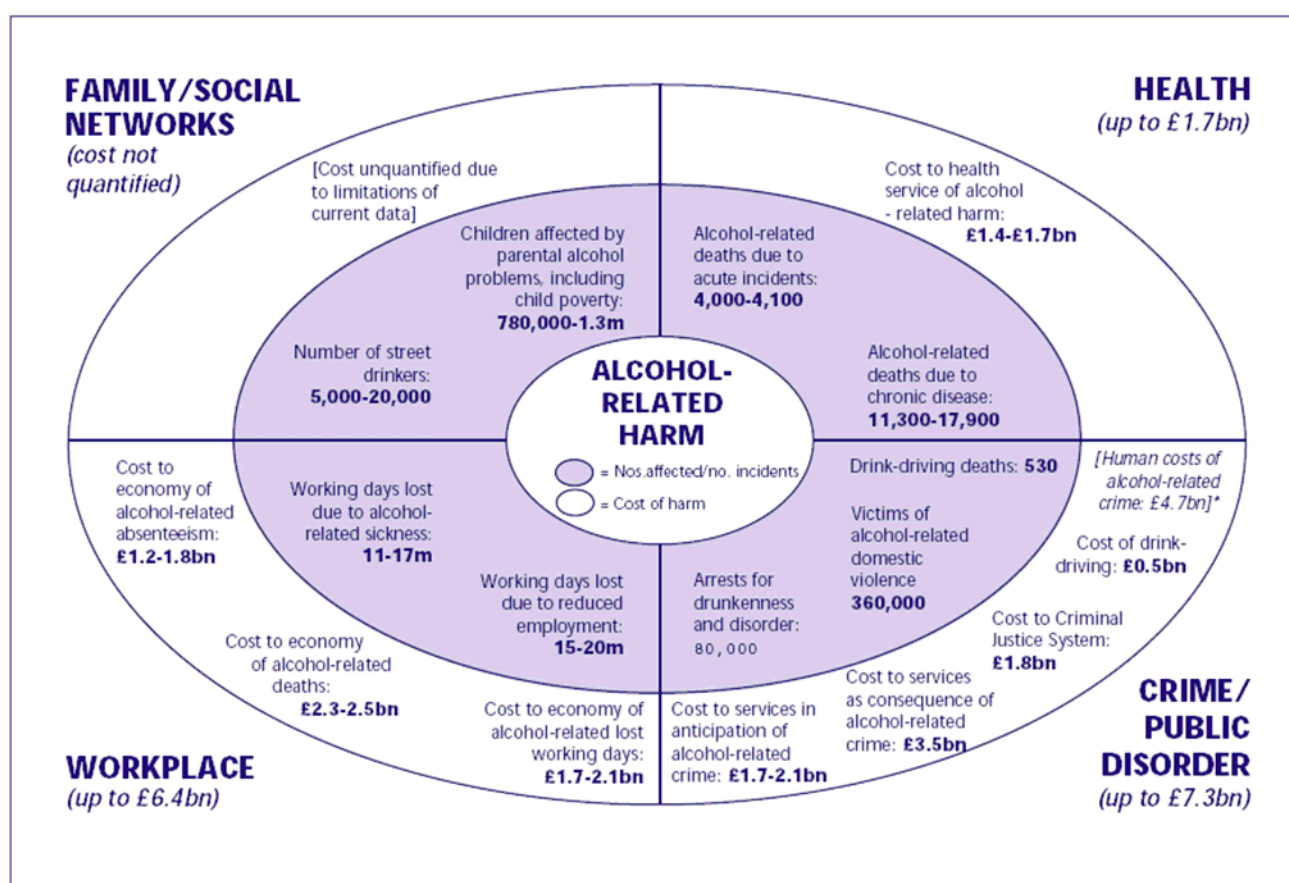
National Context:

Nationally, alcohol misuse and related harm is a growing concern and is recognised to be the single largest factor influencing community wellbeing. Increased media coverage combined with rising health and policing costs means that we are more aware of the problem than ever before.

In 2006, the UK was rated third highest across 25 EU member states for the number of drinks consumed in one sitting.¹ We also have one of the highest alcohol related hospital/A&E admission rates for 15-16 year olds in the EU.²

Alcohol can significantly impact the quality of people's lives, not only affecting the health and well being of an individual but also contributing to wider health, social and economic costs.

Figure 1 Estimated costs of alcohol related harm³



With more than 10 million people (31 per cent of men and 20 per cent of women) regularly drinking above the guidelines set by Government, alcohol harm related hospital admissions

¹European Commission, Attitudes towards alcohol, 2007

http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/ebs272_en.pdf

²Hibell B et al, The ESPAD report 2003. Alcohol and other drug use among students in 35 European countries

³Cabinet Office, Strategy Unit Alcohol Harm Reduction Strategy; Interim Analytical Report - 2004

<http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/strategy/caboffice%20alcoholhar%20pdf.ashx>

and subsequent deaths have almost doubled over the last 10 years. Alcohol misuse is estimated to cost the UK economy in excess of £25bn every year.⁴

The following statistics, drawn from national reports, indicate the scale of the issue:

- Over 90% of people drink alcohol⁵
- About 30% of men and 18% of women are drinking above safe limits⁶
- About 10% of adult men and 3% of adult women are dependent drinkers⁵
- About 19% of adult men and 8% of adult women binge drink⁶
- Among adults the age group 18-24 are the most likely to binge drink⁵
- Excessive alcohol consumption is associated with between 15,000 and 22,000 premature deaths annually⁵
- People who die from alcohol attributable conditions lose on average - 20 years of life for men and 15 years for women⁶
- Alcohol related deaths are about 45% higher in areas of high deprivation⁵
- Approximately 5% of year 8 (12-13 years old) and 19% of year 10 (14-15 years old) have consumed alcohol in the last 7 days.⁶
- Of the offences reported by young people under 18, 37% are committed by those who drank once a week or more⁵
- In 46% of domestic violence cases the perpetrator was thought to be under the influence of alcohol.⁵
- Alcohol misuse costs approximately £305million to the NHS in A&E charges⁶
- Alcohol misuse costs approximately £205million to the NHS in ambulance charges⁶

Spending on alcohol services and prevention can bring significant returns. Geethika Jayatilaka, Director of Policy and Public Affairs at Alcohol Concern confirms:

“Every single pound spent on treating people with alcohol problems saves five pounds in the public purse. That means less damage to children’s lives, less people dying from a host of alcohol-related health problems, and less money lost to the economy through absenteeism and reduced productivity.”⁷

Definition of drinkers:

Within this strategy the following categories ⁸ will be used to define different types of drinking behaviour:

- Hazardous drinkers – drink above sensible limits but are showing no significant alcohol related problems. These drinkers are most likely to benefit from brief advice about their alcohol use.
- Harmful drinkers – drink above sensible limits, typically more than hazardous drinkers. They are showing clear evidence of some alcohol related harm but may not have made the connection between their drinking and the problems they are experiencing.

⁴ Department of Health “Reducing Alcohol Harm: health services in England for alcohol misuse” - National Audit Office - 2008

⁵ “Safe. Sensible. Social”, 2007 Department of Health

⁶ “Indicators of Public Health in English Regions, 2007 North West Public Health Observatory

⁷ Geethika Jayatilaka, Director of Policy and Public Affairs, Alcohol Concern, 2006

<http://www.alcoholconcern.org.uk/servlets/doc/1068>

⁸ Adapted from – Department of Health National Treatment Agency for substance misuse ‘Models of care for alcohol misusers (MoCAM)’ 2006

- Moderately dependent drinkers – drinkers may recognise they have a problem with drinking but their level of dependence is not severe. Treatment of these drinkers can usually be managed at a community level.
- Severely dependent drinkers – drinkers who may have serious and long standing problems. Typically they have experienced significant alcohol withdrawal and may continue to drink to alleviate the symptoms. Treatment within the community or at home may be effective for drinkers in this category however many may benefit from inpatient assisted alcohol withdrawal and residential rehabilitation.
- Drinkers with complex needs – drinkers who may have additional and co-existing problems including those with mental health needs, housing problems and polydrug dependence. Other vulnerable groups of people may be likely to fall into this category of drinking for example ex-offenders or people who have suffered abuse. Drinkers within this category may require more intensive and prolonged interventions.

Alcohol Treatment:

Research shows that people often move in and out of different patterns of drinking at different times throughout their life. Most people do not seek help in managing their drinking until they start to experience prolonged alcohol-related problems.

Detecting and identifying problem drinkers before they seek assistance is key in reducing alcohol related harm and misuse. Informal initiatives and screening programmes can often be used to identify hazardous and harmful drinking among people not yet seeking treatment.

The way treatment is provided and delivered can have a huge impact upon the success of the treatment. The Home Office cite a number of factors which should be considered in treatment planning and provision⁹:

- Users should be able to choose the setting and the general approach to treatment.
- Users who use drugs and alcohol may need a different approach to treatment.
- Some users will want to work with specialist organisations for reasons of age, gender, ethnicity, disability or homelessness.
- Homeless drinkers may be better served by a homeless organisation that offers holistic services for homeless people.
- Involving family and friends in treatment will improve the chances of success.

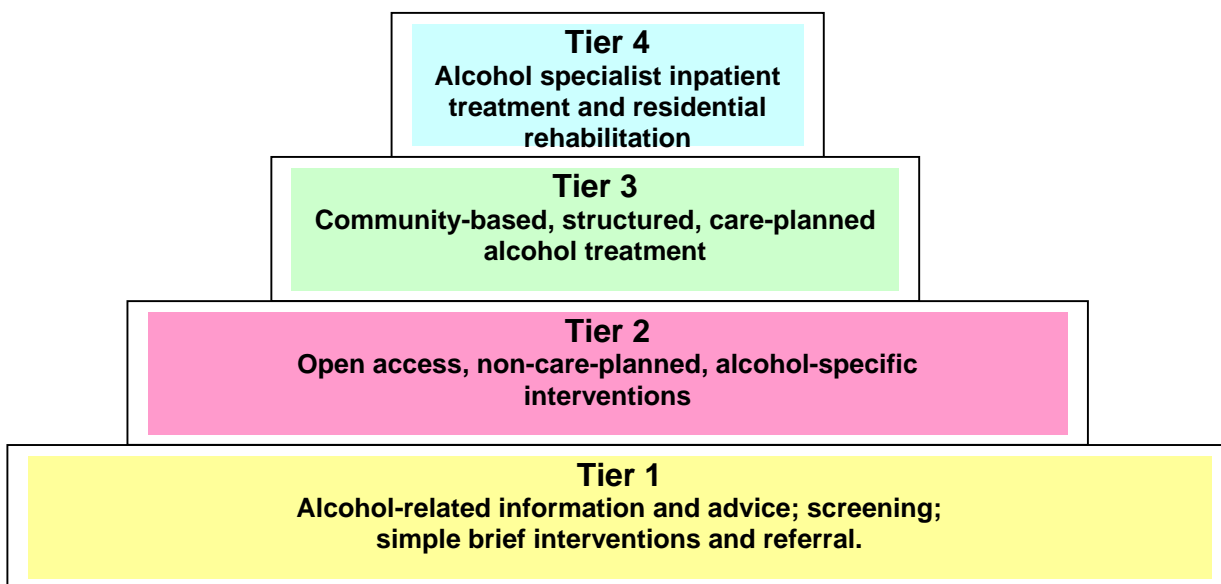
Access to appropriate and timely treatment is key in reducing alcohol related harm. People may refer themselves into treatment or be referred by GPs, social workers or hospital staff (accident and emergency). Others may access treatment through the criminal justice system. Barriers to treatment including long waiting times can have a huge effect upon the take up of treatment and success of any treatment undertaken.

Types of treatment:

⁹ Home Office – Tackling Anti Social behaviour and its causes. <http://www.respect.gov.uk/members/article.aspx?id=12406>

Different types of drinkers will require different types of treatment or help. The Department of Health and the National Treatment Agency (NTA) have developed a framework of treatment and care which groups alcohol treatment into four 'tiers' or 'intervention levels'.

Figure 2 Tiers of alcohol treatment¹⁰



Tier 1 can help to identify hazardous, harmful and dependent drinkers. This level is usually provided by general healthcare and other services that are not specialist substance misuse services e.g. hospital A&E departments, pharmacies, GPs, antenatal wards and social care agencies. Services provided include information on sensible drinking, simple brief interventions to reduce alcohol related harm and referrals for those with alcohol dependence or harm for more intensive interventions.

Tier 2 offers open access facilities and outreach to provide alcohol specific advice, information and support. Extended brief interventions to help misusers reduce alcohol related harm and assessment and referral of those with more serious alcohol problems for care planned treatment is also carried out. Care is usually provided by acute hospitals (e.g. A&E and liver units); psychiatric services; social services; domestic abuse agencies; homelessness services; ante-natal clinics; probation services; the prison services and occupational health services.

Tier 3 provides community based specialist alcohol misuse assessment, and alcohol treatment that is care coordinated and care planned. Structured treatment including medically assisted alcohol withdrawal; psychosocial therapies to address alcohol misuse and co-existing conditions (e.g. depression, anxiety) is offered as well as structured day programmes and care-planned day care. Treatment is usually delivered in specialised alcohol treatment services with their own premises in the community. Some tier 3 work from alcohol specialist-led services is performed in primary care settings and through GPs.

Tier 4 is the most intensive level involving residential, specialist alcohol treatments which are care planned and coordinated to ensure to ensure continuity of care and aftercare (e.g. medically-assisted withdrawal, psychosocial therapies and residential rehabilitation). Treatment is delivered by practitioners with addiction specialist competencies and qualified social care staff in specialised statutory, independent or voluntary sector inpatient facilities. Hospitalisation may be needed for complex medical needs (eg. liver problems).

¹⁰ National Treatment Agency (NTA) Models of care for alcohol misusers (MoCAM) 2006

Local Context:

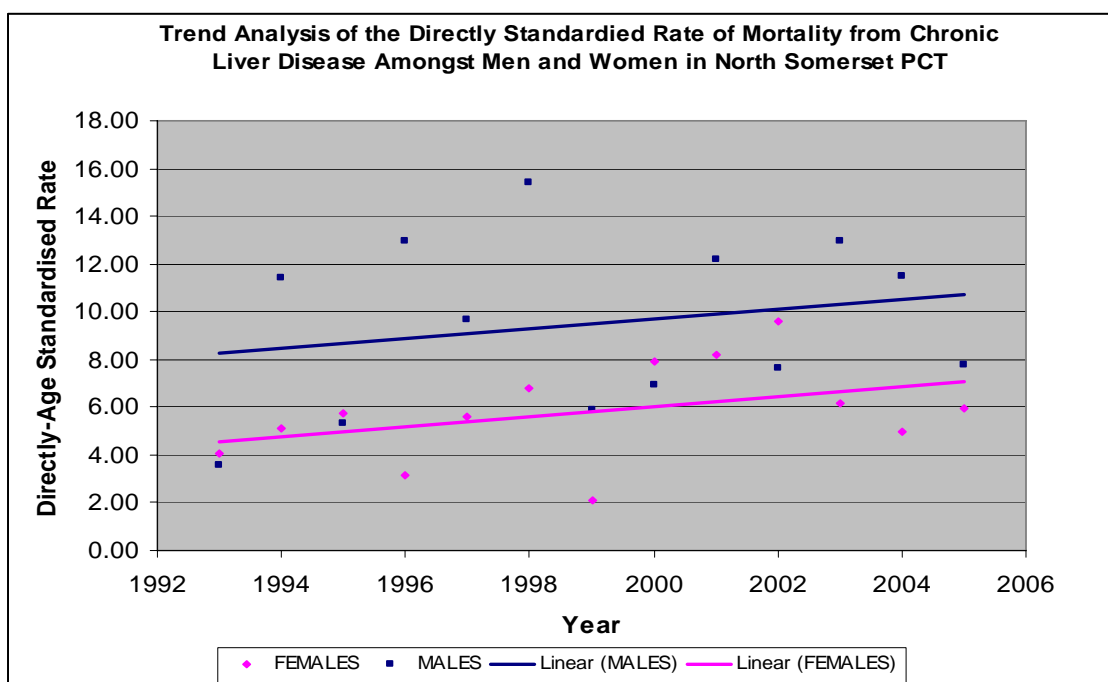
Locally, we estimate that around 7,000 people in North Somerset are drinking enough alcohol to harm themselves and a further 25,000 are drinking above sensible limits.

The health risks associated with alcohol misuse are well documented. Problems include alcohol poisoning, violence and accidents as well as an increased risk of chronic conditions such as strokes, heart and liver disease and hypertension.

Based on national models, alcohol misuse in North Somerset is estimated to cost NHS North Somerset over £3m in healthcare costs each year.

Although there is substantial year on year variation, the long term trend clearly shows that rates of liver disease are increasing in North Somerset and across the South West region. Figure 3 below illustrates the trend in mortality rates from liver disease in North Somerset.

Figure 3



Source: NCHOD Compendium of clinical indicators <http://www.nchod.nhs.uk/nchod/compendium.nsf>

Figure 4 below illustrates the number of deaths per 100,000 population attributable to chronic liver disease by region.

Figure 4 Rate of mortality (directly standardised rate) from chronic liver disease including cirrhosis per 100,000 population, 2005.

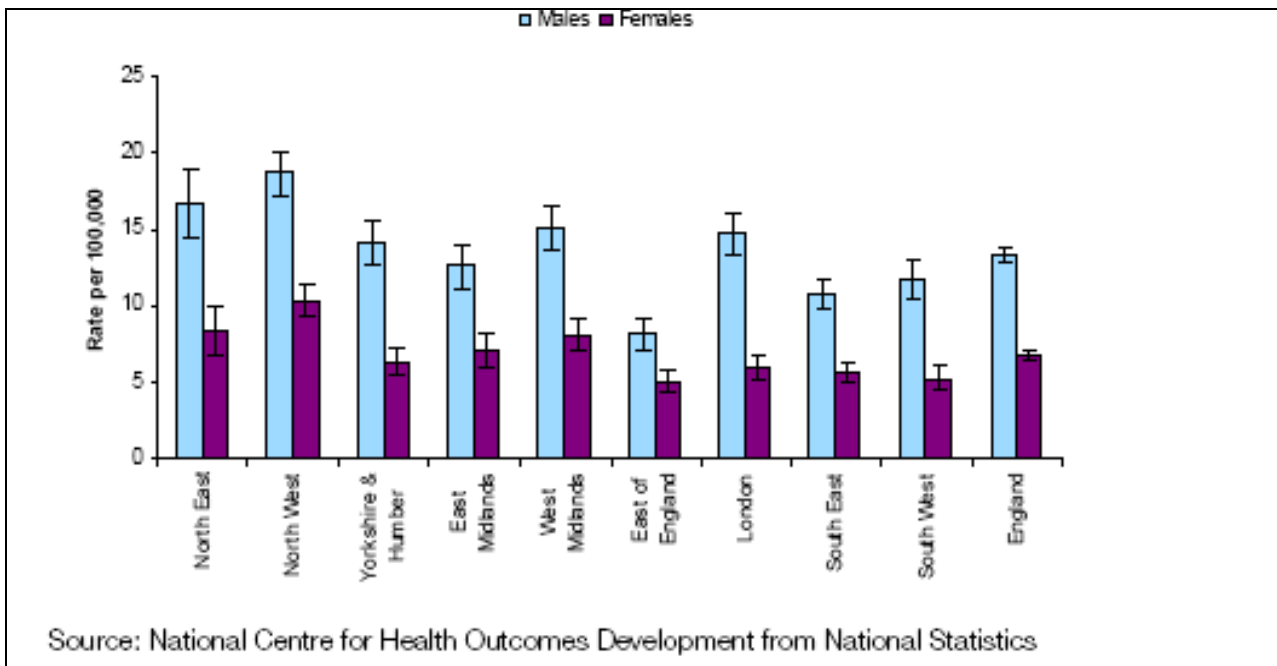
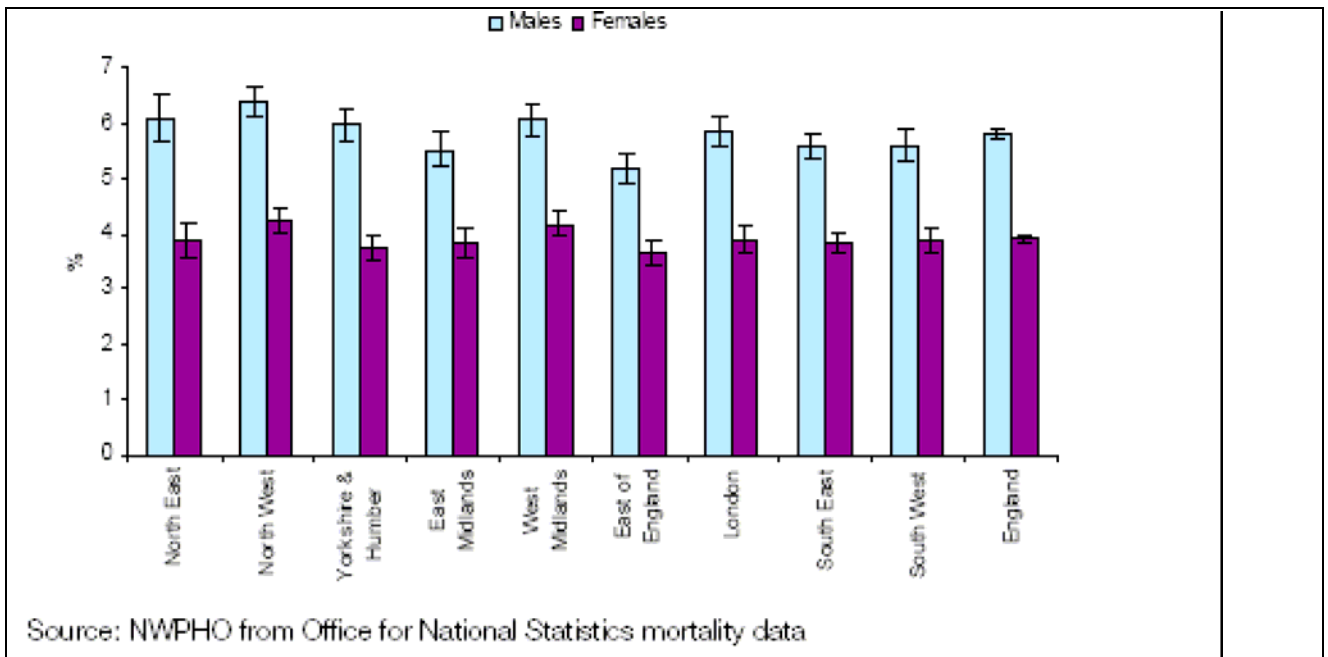


Figure 5 below shows the percentage of total deaths resulting from alcohol and alcohol related conditions by region.

Figure 5 Percentage of total deaths that are alcohol attributable, 2005



A 2007 report by the North West Public Health Observatory confirms an increase in alcohol related hospital admission rates across all regions. However the South West is one of the regions demonstrating the highest increases.¹¹

As well as the obvious affect on health, alcohol misuse can also affect a person's ability to lead a normal life and function within society. There are clear links between alcohol misuse and crime and disorder. The national Alcohol Harm Reduction Strategy estimates the annual cost of alcohol-related crime and public disorder to be £7.3bn.¹²

¹¹ North West Public Health Observatory - Indications of Public Health in the English Regions - 2007

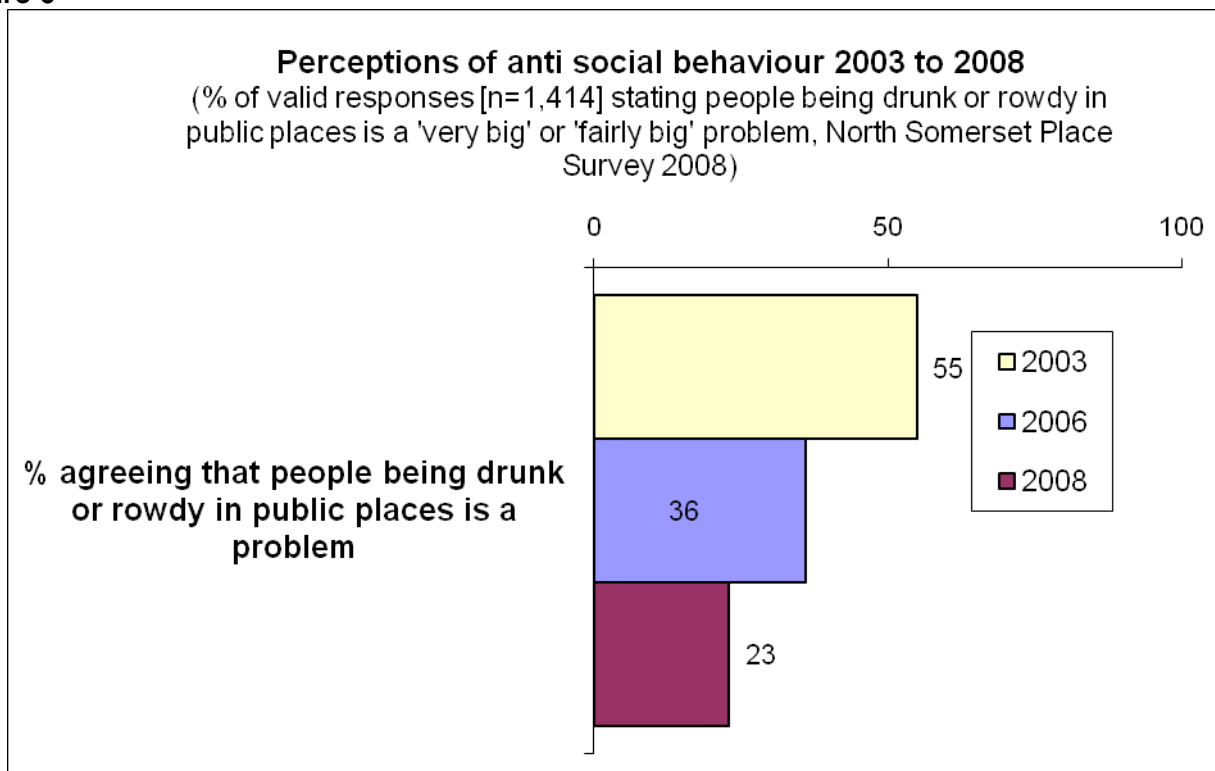
¹² Cabinet Office – Prime Minister's Strategy Unit – "Alcohol Harm Reduction Strategy for England" - 2004

The connection between alcohol and public disorder is especially evident in urban areas and town centres. This is certainly the case in relation to anti social behaviour and criminal damage. Almost a third of violent offences in North Somerset occur in Weston-super-Mare town centre with 73% of offences being linked to the night time economy. Alcohol is also a significant factor in domestic violence incidents. Multi Agency Risk Assessment Conferences (MARACs) were established in North Somerset in 2007 to address the highest risk domestic violence cases. Over the last 12 months 71% of cases considered by MARACs identified alcohol as a risk factor with either the victim or perpetrator having alcohol issues.¹³

Place Survey

The 2008/9 Place Survey* shows that 23% of respondents agree that people being drunk or rowdy in public places is a very big or a fairly big problem. Figure 6 below shows that whilst this number has decreased drastically over the last five years from almost half to a quarter (due to the ad hoc alcohol intervention work already ongoing) there is still further work to be done.

Figure 6



*Place Survey results are provisional

Core aims of our strategy

The core aim of the North Somerset Alcohol Reduction Strategy is to **reduce alcohol related harm across the district and respond to local need**. This will be achieved through a coordinated approach and greater partnership working to improve quality of life for residents and visitors of North Somerset.

A number of other key aims have also been identified:

¹³ North Somerset Crime and Drugs Reduction Partnership – “Safer and Stronger Neighbourhoods Partnership Strategic Assessment” - 2008

- To increase awareness of responsible drinking, through targeted education and communication
- To support and protect young people
- To identify problematic drinkers and provide effective treatment,
- To reduce alcohol-related crime and disorder
- To provide strong leadership and clear accountability for activities in a multi agency setting
- To further use our licensing and legislative power to address alcohol related harm and misuse

Implementation Plan

Following consultation with local partners and stakeholders a variety of gaps in service provision and associated actions have been identified. The implementation plans for each section in this strategy outline how these gaps and actions will be progressed.

The actions have been divided into 3 categories:

1. Those which are already underway or can be easily incorporated into existing work programmes.
2. Those which could be undertaken with slight changes to current working arrangements/ a small amount of additional resource.
3. Those which require significant additional resources.

Figure 7 Implementation Plan the North Somerset Alcohol Harm Reduction Strategy

Implementation Plan	Rating
Continuation of current activity including Operation Joined Up. This work has already been significantly mainstreamed. Continued commitment will ensure that successes continue.	1
Continued enforcement of alcohol exclusion zones.	1
Community engagement – work with Town & Parish Councils, Third Sector, PCSOs, Partners and Communities Together (PACTs), consultation processes. This will increase community confidence and increase community intelligence	2
Further work with supermarkets. Tackle supermarket attitudes towards alcohol and marketing of alcohol e.g. cheap alcohol promotions, selling alcohol as a loss-leader, underage sales etc	2
Recognition that organisations such as the LVA and their members already act responsibly, promote sensible drinking and donate to charitable organisations	2
Greater consideration also needs to be given to areas other than Weston-super-Mare e.g. Nailsea and Clevedon. This may be a perception/communications issue. Operation Joined Up operates across North Somerset but may be more associated with Weston-super-Mare town centre.	2
Improving communications both internal and external – better use of websites, more targeted information	2
Provide targeted information e.g. for young women who drink regularly to the extent of not knowing or being in control of what happens to them	2
Create a clear commissioning plan for alcohol related health services	2
Ensure there is sufficient capacity in the primary mental health service to respond to people with mild to moderate alcohol problems	2
Create integrated care pathways for alcohol treatment services – develop joint packages of care and ensure effective communications	2

Develop links with aftercare services and effective transition management for service users	2
Ensure information is shared and working links are developed to protect the unborn child from parental alcohol use and provide training for professionals	2
Address the impact of carers' alcohol misuse on children	2
Develop a team with core membership, but with specialist input e.g. No Worries, ARA, YOT to support young people on an outreach basis in 'hotspot' locations	2
Develop a set of effective alcohol education messages for 16 to 19 year olds	2
Consider the need for an alcohol arrest referral worker for young people	2
Ensure there is a youth service and Substance Advice Service presence in locality teams	2
Improve treatment options for young people - develop residential treatment option for young people	2
Improve information sharing by practitioners working with people with dual diagnosis	2
Address the gap in knowledge about alcohol education in schools – monitor and evaluate the extent to which alcohol education in schools follows best practice, evaluate the role of peer drug educators, clarify role of healthy schools initiative	2-3
Provide fast-track treatment for domestic abuse offenders (and victims). Currently funded and integrated with Multi-Agency Risk Assessment Conferences. Need to secure longer term funding.	2-3
Continue alcohol arrest referral scheme (currently funded from LAA – sustainability issue)	2-3
Introduce alcohol awareness training as part of a conditional caution	2-3
Provide and ensure implementation of an alcohol screening tool for use in primary care. Provide training for frontline staff	2-3
Treatment provision – need to be able to attach alcohol treatment requirement to court orders	3
Provide an alcohol brief intervention worker in A&E. This would provide screening for alcohol issues and data gathered would provide a clearer picture of issues	3
Create capacity in specialist treatment services. Understanding of what capacity is needed is also a gap.	3
Provide brief interventions for alcohol through GP services	3
Increase capacity to offer detoxification in the community and as in-patients, review prescribing patterns to ensure safety and best practice in withdrawal.	3
Create a targeted specialist treatment service for people living in South Ward.	3

Strategic Links

Alcohol related harm and misuse is an important issue locally. A popular tourist resort with a vibrant night time economy has meant Weston-super-Mare town centre has become an alcohol 'hot spot'. Multi agency initiatives including 'Operation Joined Up; an inspection programme of licensed premises and a focused approach to violent crime have been successful in addressing issues within the town centre.¹⁴

Alcohol related problems have also been noted in other town centres elsewhere in the district. In 2005 the Nailsea Local Action Team carried out a survey on crime and disorder. The survey revealed that 63% of people felt unsafe at night in Nailsea town centre and antisocial

¹⁴ North Somerset Crime and Drugs Reduction Partnership – Safer and Stronger Neighbourhoods Partnership Plan 2008 - 09

behaviour, including alcohol fuelled rowdiness, vandalism and drug taking were major concerns of the town's residents.

The health issues associated with alcohol have been recorded in the Annual Reports of the Director of Public Health, the Joint Strategic Needs Assessment and reflected in concerns expressed by GPs across the area.

In response to local circumstances alcohol features in many of our key strategic documents. Understanding and addressing alcohol related harm and misuse cuts across many of our key policies and action plans including:

- The North Somerset Sustainable Community Strategy 2008 - 2026
- The North Somerset Local Area Agreement 2008 - 2011
- North Somerset Council Corporate Plan 2008 - 2011
- The Single Plan for Children and Young People 2006 - 2009
- The Crime & Drugs Reduction Partnership Strategic Assessment and Plan
- The Health Inequalities Action Plan
- Adult Drug Treatment Plan 2009/10
- Young People's Specialist Substance Misuse Treatment Plan 2009/10
- North Somerset Youth Justice Plan 2008-2009
- North Somerset Economic Development & Regeneration Strategy
- North Somerset Older People Strategy
- North Somerset Domestic Abuse Strategy
- The Joint Local Transport Plan
- North Somerset NHS '*Health in North Somerset – The Annual Report of the Director of Public Health 2007*'
- North Somerset NHS - Local Delivery Plan 2008-2011
- North Somerset Joint Strategic Needs Assessment

Policy Context

National guidance on alcohol misuse and regional evidence has informed the development of the North Somerset Alcohol Harm Reduction Strategy.

Government's national Alcohol Harm Reduction Strategy for England was first launched in 2004. The strategy emphasises joint partnership working as key to tackling alcohol related harm and misuse. The strategy also examines:

- tackling alcohol-related disorder in town and city centres
- improving treatment and support for people with alcohol problems
- clamping down on irresponsible promotions by the industry
- providing better information to consumers about the dangers of alcohol misuse

The Department of Health's 2005 White Paper '*Choosing Health: Making healthy choices easier*' builds upon the commitments of the national alcohol harm reduction strategy encouraging sensible drinking. It emphasizes the role of the alcohol industry in reducing binge drinking and the role of health professionals in terms of greater intervention and support.

In 2007 the Department of Health published '*Safe. Sensible. Social. The next steps in the national alcohol strategy.*' This renewed strategy considers progress made in the three years following the 2004 national strategy. It was developed to ensure legislation and licensing powers to tackle alcohol-related crime and disorder were being implemented, to highlight the importance of tackling underage and binge drinking and to promote a culture of sensible drinking through investment in education, communication and partnership working.

Regionally, the South West Public Health Observatory's report '*Calling Time – Reducing alcohol harm in the South West- a blue print for joint action*' published in 2008 identifies patterns and trends of alcohol misuse across the South West. The report provides evidence on what can be done to prevent alcohol related harm and how to treat people suffering from alcohol related issues.

Health and Wellbeing

National context

Impact on health

Alcohol increases the risk of hypertension, stroke, heart and liver disease.

- Women's risk of hypertension (high blood pressure) doubles
- Men are at four times the risk of hypertension
- Men's risk of stroke is double
- Women are four times more likely to suffer a stroke
- The highest health risk is liver disease – with the risk increased by 13 times for both men and women

Death rates from chronic liver disease are increasing. The national mortality rate has almost doubled in England and Wales, from 5.44 per 100,000 people in 1993, to 10.02 in 2005.

Healthcare costs

Nationally, the following costs of alcohol misuse have been identified:

- £305 million in Accident and Emergency costs¹⁵
- £205 million in Ambulance costs¹⁶
- £1.7 billion total annual healthcare costs related to alcohol misuse

But, it is widely recognised that investment in alcohol services brings significant returns:

“Every single pound spent on treating people with alcohol problems saves five pounds in the public purse. That means less damage to children’s lives, less people dying from a host of alcohol-related health problems and less money lost to the economy through absenteeism and reduced productivity” (Alcohol Concern)¹⁷

Local context

Impact on health

It is estimated around 7,000 people in North Somerset are drinking enough to harm themselves, and a further 25,000 are drinking above sensible limits.

Estimates based on national averages suggest the following levels of problematic drinking in adults in North Somerset:

Drinking Type	Estimated Numbers	Percentage of Total
Non-drinkers	18,100	12%
Low-risk	101,170	67.1%
The following groups are drinking above sensible limits		
Hazardous	24,570	16.3%
Harmful	6,180	4.1%
Moderately dependent	600	0.4%
Severely dependent	150	0.1%
Harmful, moderately and severely dependent drinkers are drinking enough to harm themselves		

The impact on people’s health can be seen in the hospital admission rates, in the rates of people on incapacity benefit and in the alcohol related death rates.

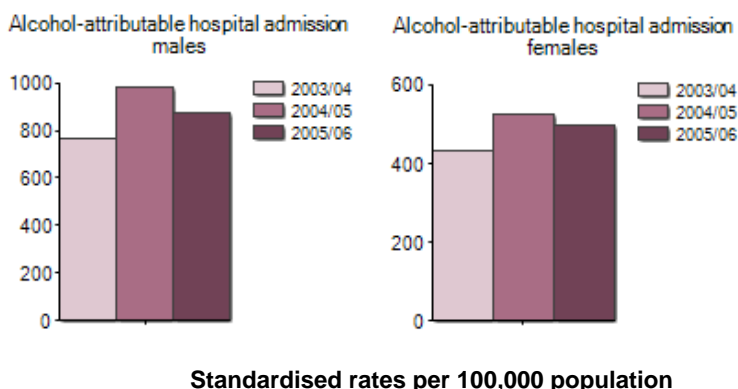
¹⁵ Indicators of Public Health in English Regions (2007), North West Public Health Observatory

¹⁶ Indicators of Public Health in English Regions (2007), North West Public Health Observatory

¹⁷ www.alcoholconcern.org.uk/servlets/doc/1068

Hospital admissions

The charts below show there has been an increase in the number of alcohol related admissions of North Somerset residents to hospital in recent years. With some fluctuations, the general trend is upwards for both men and women¹⁸.



North Somerset has a high rate of claimants on Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism. We rank 332nd¹⁹ out of 354 local authority areas where ranking as 1 would give us a low rate and 354 as the highest rate.

Deaths from chronic liver disease are increasing in North Somerset. Between 1993 and 2005 the directly standardised mortality rate for deaths due to chronic liver disease rose from just over 8 men per 100,000 per head of population to almost 11 men per head of 100,000 male population. For women it rose from over 4 per 100,000 head of population to more than 7 per 100,000 head of female population.

Healthcare costs

The estimated annual healthcare costs for North Somerset as a result of alcohol misuse are in excess of £3.25 million. This includes almost £1 million for Accident and Emergency hospital attendances, almost £400,000 in Ambulance services and more than £100,000 in GP consultations.

Current services

Models of Care for Alcohol Misusers (MoCAM²⁰) provides a framework for commissioning alcohol treatment services. It is recommended that local treatment systems should be based on four tiers of intervention:

Tier 1 – Alcohol-related information and advice, screening, simple brief interventions and referral, provided by a range of generic services

Tier 2 - Open access, non-care planned, alcohol-specific interventions

Tier 3 - Community-based, structured, care-planned alcohol treatment

¹⁸ Persons admitted to hospital due to alcohol-specific conditions (all ages), directly standardised rate per 100,000 population, 2005/06. (NWPHO from Hospital Episodes Statistics and Office for National Statistics mid-year population estimates). Does not include attendance at A&E.

¹⁹ The number of claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism per 100,000 working age population, August 2006. (NWPHO from Department for Work and Pensions data and Office for National Statistics mid-year population estimates)

²⁰ Models of Care for Alcohol Misusers (MoCAM), Department of Health (2006)

Tier 4 – Alcohol specialist inpatient treatment and residential rehabilitation

The following table sets out the current local situation in terms of provision across Tiers 1-4

Tier of Intervention	Models of Care Recommendations	North Somerset provision	Identified gaps
Tier 1	Alcohol-related information and advice, screening, simple brief interventions and referral, provided by a range of generic services	<ul style="list-style-type: none"> • Some Primary Care teams offer 'new patient health assessment' and brief interventions • Education in schools is supported by the Healthy Schools Programme and peer educators • 'No Worries' (teenage sexual health service) discusses alcohol as part of assessment and will make referral to Substance Advice Service • Health Trainers are providing information and support to individuals to improve their health 	<ul style="list-style-type: none"> • No standard approach to 'new patient health assessment' and brief interventions • Lack of clarity on what is happening across schools
Tier 2	Open access and outreach, non-care planned, alcohol-specific interventions. Assessment and referral to care-planned treatment	<ul style="list-style-type: none"> • Addiction Recovery Agency (ARA) working in partnership with the Avon and Wiltshire Partnership (AWP) currently provides assessment and treatment • Young People's Substance Advice Service provides open access comprehensive assessment and treatment • Arrest referral worker delivers extended brief interventions 	<ul style="list-style-type: none"> • Funding does not currently support work with people whose only substance misuse problem is alcohol
Tier 3	Community-based, structured, care-planned and care co-ordinated alcohol treatment	<ul style="list-style-type: none"> • Addiction Recovery Agency (ARA) working in partnership with the Avon and Wiltshire 	<ul style="list-style-type: none"> • Funding does not currently support work with people whose only

		<p>Partnership (AWP) currently provides assessment and treatment</p> <ul style="list-style-type: none"> • There is capacity for community detoxification • Young People's Substance Advice Service provides open access comprehensive assessment and treatment • A Primary care mental health Service is being established in North Somerset from January 2009. This will offer support at this level to some GP referred clients. 	<p>substance misuse problem is alcohol</p> <ul style="list-style-type: none"> • Community detoxification is rarely used
Tier 4	Specialist inpatient treatment and residential rehabilitation, care planned and co-ordinated to ensure continuity of care and aftercare	<ul style="list-style-type: none"> • Inpatient detoxification managed by the Avon and Wiltshire Mental Health Partnership • Residential rehabilitation is currently for those with highly acute health needs (pregnant women and adults where there is a duty of care i.e. near death) 	<ul style="list-style-type: none"> • Residential rehabilitation only for those with highly acute health needs

Gaps

The following gaps have been identified through local discussions and by auditing local services and structures in line with "Safe. Sensible. Social- Next Steps".

- Joint commissioning plan for alcohol services
- Integrated care pathways with explicit criteria, defined trigger points and monitoring mechanisms
- Implementation of a nationally agreed assessment tool in primary care
- Implementation of a standard approach to brief interventions
- Capacity in specialist alcohol services
- Community detoxification
- Equality audits
- Patient choice in packages of support

- Data sharing on a monthly basis between ambulance services and other frontline services (A&E and the police) to enable targeted responses to areas of greatest need

Actions

The key actions for health services are

- Develop capacity in specialist services
- To implement a nationally agreed assessment tool in primary care
- To implement a programme of brief interventions to people attending A&E and primary care
- To define and develop care pathways

Health and Wellbeing – Implementation plan

This plan is based on the actions and gaps identified in stakeholder consultations; it seeks to address the gaps and implement the actions via targeted work plans.

Priorities have been rated from 1 to 3 reflecting the level of resource required to implement

1 = those priorities which are already being undertaken or can be easily incorporated into existing work programmes (most likely to be undertaken in year 1)

2 = those priorities which could be undertaken but with slight changes to current working arrangements/small additional resources (most likely to be undertaken in year 2)

3 = those priorities which require significant resources (most likely to be undertaken in year 3)

ACTION	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	(SUGGESTED) TIMESCALE	(SUGGESTED) LEAD (and partners)	CONTRIBUTION TO LAA TARGETS
Create a clear commissioning plan for alcohol related health services	2	<ul style="list-style-type: none"> Review and align existing plans including Probation Service Investment in alcohol is reflected in the NHS Local Delivery Plan 	YEAR 2 (2009/2010)	NHS North Somerset, CSDAT	<ul style="list-style-type: none"> NI39 Reduction in alcohol related hospital admissions NI40 Drug users in effective treatment
Create integrated care pathways for alcohol treatment services	2	<ul style="list-style-type: none"> Produce a 'route map' for screening and onward referral. Agree with all partners Agree threshold criteria for receipt of services Agree information sharing protocol Develop joint packages of care 	YEAR 2 (2009/2010)	NHS North Somerset, CSDAT, service providers	<ul style="list-style-type: none"> NI39 Reduction in alcohol related hospital admissions NI40 Drug users in effective treatment

ACTION	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	(SUGGESTED) TIMESCALE	(SUGGESTED) LEAD (and partners)	CONTRIBUTION TO LAA TARGETS
		<ul style="list-style-type: none"> • Ensure effective communications 			
Ensure there is sufficient capacity within the Primary Mental Health service to respond to people with mild to moderate alcohol problems	2	<ul style="list-style-type: none"> • Review need and ensure sufficient capacity to respond • Additional investment is secured via the NHS Local Delivery Plan 	YEAR 2 (2009/2010)	NHS North Somerset, Primary Mental Health Service, GPs	
Increase capacity of Tier 2 & 3 services	3	<ul style="list-style-type: none"> • Review current provision, demand and funding • Secure additional investment • Inclusion in NHS North Somerset strategic framework and Local Delivery Plan 	YEAR 2 (2009/2010)	NHS North Somerset	<ul style="list-style-type: none"> • NI39 Reduction in alcohol related hospital admissions • NI40 Drug users in effective treatment
Develop links with aftercare services e.g. mental health, housing, employment, education and training. Effective transition management for service users	2	<ul style="list-style-type: none"> • Formation of a service co-ordination group to manage individual care packages for better outcomes 	YEAR 2 (2009/2010)	NHS North Somerset, AWP, ARA, CSDAT	<ul style="list-style-type: none"> • NI39 Reduction in alcohol related hospital admissions
Provide and ensure		<ul style="list-style-type: none"> • GP uptake of the new Alcohol Directly 	YEAR 2 OR 3 (2009/2010 OR	NHS North Somerset, GPs	

ACTION	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	(SUGGESTED) TIMESCALE	(SUGGESTED) LEAD (and partners)	CONTRIBUTION TO LAA TARGETS
implementation of an alcohol screening tool for use in primary care	2-3	Enhanced Service (DES) for newly registered patients <ul style="list-style-type: none"> • Provide training for frontline staff 	2010/2011)		
Provide brief interventions for alcohol through GP services	3	<ul style="list-style-type: none"> • Development of a brief intervention tool to be used alongside the DES as above 	YEAR 3 (2010/2011)	NHS North Somerset, GPs	
Train frontline workers in a range of agencies to screen for alcohol issues	2-3	<ul style="list-style-type: none"> • Explore current models available and consider evaluation of pilots from other areas as well as work undertaken by Probation Service 	YEAR 2 OR 3 (2009/2010 OR 2010/2011)	NHS North Somerset, CSDAT, Probation, Weston Area Health Trust	
Improve information sharing by practitioners working with people with dual diagnosis	2	<ul style="list-style-type: none"> • Establish a service co-ordination group to improve outcomes for people in treatment 	YEAR 2 (2009/2010)	NHS North Somerset, CSDAT, service providers	
Provide an alcohol brief interventions worker in A&E	3	<ul style="list-style-type: none"> • Secure funding via the NHS Strategic Framework and Local Delivery Plan 	YEAR 3 (2010/2011)	NHS North Somerset, Weston Area Health Trust	<ul style="list-style-type: none"> • Reduce domestic violence repeat incidents • NI20 Reduce assaults with injury
Increase capacity to offer	3	<ul style="list-style-type: none"> • Lower the threshold for provision of 	YEAR 3 (2010/2011)	NHS North Somerset, AWP,	

ACTION	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	(SUGGESTED) TIMESCALE	(SUGGESTED) LEAD (and partners)	CONTRIBUTION TO LAA TARGETS
detoxification in the community and as in-patients		detoxification		CSDAT	
Increase capacity to offer in-patient detoxification	3	<ul style="list-style-type: none"> Review prescribing patterns to ensure best practice 	YEAR 3 (2010/2011)	NHS North Somerset, Weston Area Health Trust	
New services work with the groups and areas of greatest need	3	<ul style="list-style-type: none"> Development of targeted services based on needs assessment Needs assessment in South Ward and service proposal is considered as part of the development of a commissioning strategy for specialist services 	YEAR 3 (2010/2011)	NHS North Somerset, CSDAT, South Ward Neighbourhood Management Team, service providers	<ul style="list-style-type: none"> NI39 Reduction in alcohol related hospital admissions NI40 Drug users in effective treatment
Commission appropriate homecare services to meet the needs of people who are still drinking	2	<ul style="list-style-type: none"> Identify specific needs Work with service providers to ensure service meets need Training for service providers 	YEAR 2 (2009/2010)	North Somerset domiciliary care purchasing and commissioning teams	
Multi-agency working to avoid unnecessary hospital admissions	2	<ul style="list-style-type: none"> Establish an information sharing group to enable better management of the night-time economy 	YEAR 2 (2009/2010)	North Somerset Council, NHS North Somerset, Weston Area Health Trust, Ambulance service, CSDAT	<ul style="list-style-type: none"> NI39 Reduction in alcohol related hospital admissions

Safer and Stronger

National context

A range of national strategies and policies make clear the links between alcohol, crime and disorder. The national action plan for tackling violence²¹ illustrates the influence of alcohol on violent offences. Alcohol is a factor in a significant proportion of homicides, and nearly half of all violence is alcohol related. Over the last decade, the proportion of violent offences involving alcohol has increased.

In terms of individual risk factors, alcohol is shown as a strong risk factor for both violent offending and victimisation. Offenders were thought to be under the influence of alcohol in 58% of incidents of violence between strangers and 39% of incidents of domestic violence. Excessive drinking may make people more prone to victimisation by putting themselves in vulnerable positions e.g. some sex offenders may target individuals they know are under the influence of alcohol.

In Cutting Crime: A new partnership 2008-11, the Home Office also identifies alcohol as a key factor in criminal damage offences, with a third of young offenders reporting alcohol use at the time of a criminal damage offence. A national Tackling Underage Sales of Alcohol Campaign (TUSAC) took place in 2007. Nearly 40% of premises tested failed at least once during the campaign.

The national response to these issues includes:

- Encouraging Local Authorities to use the powers in the Licensing Act (2003) to impose conditions on licenses e.g. in relation to using safer alternatives to glass e.g. polycarbonate in high-risk premises
- Encouraging the confiscation of alcohol from underage young people using the Confiscation of Alcohol (Young Persons) Act 1997
- New dispersal powers for those at risk of involvement in alcohol-related crime or disorder available under the Violent Crime Reduction Act (2006)
- Publication of the National Delivery Plan for Domestic Violence
- Publication of the cross-government Youth Crime Action Plan (2008)
- The Home Office Tackling Violent Crime Programme (TVCP) promoting the use of Penalty Notices for Disorder and high-visibility policing in town centres. Areas participating in the programme reported decreases in serious violence of up to 21%.
- Introduction of statutory performance indicators for policing and community safety including perceptions of drunk and rowdy behaviour, serious violent crime rate, assaults with less serious injury rate. Further indicators around domestic violence and serious sexual offences are likely to be introduced in 2009/10.

Local context

Place survey results show 23% of local people think drunk and rowdy behaviour is a problem in their area. Further analysis of community views shows that people are more concerned about drunk and rowdy behaviour in North Somerset as a whole than in their neighbourhood or having a direct impact on their lives. This suggests that concerns are often based on what people hear or read about (e.g. in the local media) rather than their own experience.

²¹ Saving lives. Reducing harm. Protecting the public. An action plan for tackling violence 2008-11. HM Government.

Alcohol does impact directly on some people's lives. As well as the health impacts identified earlier, carers of those misusing alcohol have been identified as a group of people who need more information and support.

The local link between alcohol, crime and disorder is well-established. Alcohol has been identified as a significant factor in violent offences linked to the night-time economy, in domestic violence and in anti-social behaviour and disorder. Nearly one third of violent offences in North Somerset occur in Weston-super-Mare town centre, with 73% of these offences linked to the night-time economy. Victims of violent offences in the town centre are mainly local people – with only 4% of victims resident outside the Avon & Somerset Constabulary area. Offenders are also mostly local. Domestic violence is also associated with drinking. In 71% of the highest risk domestic violence cases, either the victim, perpetrator (or both) had alcohol issues.²²

Current services

A range of activities are already in place to address the links between alcohol, crime and disorder. These include:

- North Somerset Crime and Drugs Reduction Partnership has undertaken a Partnership Strategic Assessment which includes detailed analysis of current crime and disorder trends. This highlights links between alcohol, disorder, night-time economy violence, domestic violence and anti-social behaviour. All of these crime types are priorities within the current Partnership Plan.
- There is a merged alcohol & violent crime/ anti-social behaviour task group reflecting the links between these issues. The group has a joint operational plan and communications plan.
- An alcohol and violent crime reduction officer post has been established
- Operation Jigsaw – funded by the North Somerset Crime & Drugs Reduction Partnership – has introduced additional Police patrols at hotspot locations at peak times. Alongside other initiatives in Weston-super-Mare town centre, this work has resulted in a 32% reduction in assaults with injury (between 06/07 and 07/08).
- The Probation Service hosts an alcohol brief interventions worker and offers alcohol counselling sessions. Almost 600 sessions have been provided in the last year.
- An alcohol arrest referral scheme is in place
- Multi-agency risk assessment conferences (MARACs) for high risk domestic violence cases have been in place since February 2007. 71% of these cases involve alcohol misuse by the victim and/or perpetrator
- A Specialist Domestic Violence Court was established in April 2008. This means that cases are listed to the same day with support services available at the Court. Support includes Independent Domestic Violence Advocates (IDVAs) who provide individual support across a range of issues.
- A fast-track service for alcohol support is available for high-risk domestic violence cases
- Street lighting in the town centre has been reviewed and improved. In Richmond Street, a key street for violent crime and disorder, offences have dropped from 65 to 19 following the introduction of improved lighting.
- Voluntary Action North Somerset (VANS) supports individuals (including those in addiction recovery) who need additional support to become volunteers
- Training by Supporting People services on being a good tenant

²² Review of North Somerset Multi-Agency Risk Assessment Conferences (MARACs)

- The Street Pastors are volunteers who provide a reassuring presence and sign-posting to other services on Saturday nights in Weston-super-Mare town centre. There are plans to extend the service to additional times and locations
- Local communities have been involved in events and communications campaigns. For example, young people have devised a series of safe-night out messages under the 'Who's your mate?' banner. Local businesses have taken part in a competition to find the best non-alcoholic cocktail, with the winning drink being promoted in participating bars.
- Communities provide intelligence in relation to crime and disorder hotspots
- The Streetsafe Bus, supported by volunteers, provides a safe haven for people whose night out has gone wrong and offers on the spot treatment for minor injuries

In addition, the following activities are planned:

- Weston-super-Mare central ward has been identified as a multi-agency priority area. There is likely to be further joint working in the area as a result. One of the key issues identified is alcohol.
- Conditional cautioning will be introduced as a sanction for low level disorder/violence offences. The condition will be attendance on an alcohol awareness training course which will address problematic drinking behaviour.

Gaps

Stakeholder consultations have identified the following gaps:

- Continuation of a number of current initiatives is dependent on the identification of further funding (e.g. alcohol arrest referral, fast track treatment for high risk domestic violence cases)
- Courts are unable to apply an Order with an alcohol treatment requirement because of a perception of a limited service to refer into
- Links with hospital A&E department and ability to screen and provide brief interventions e.g. for domestic and other violent crime
- Targeted information for young women who regularly drink enough to put themselves at increased risk of becoming a victim of crime or not knowing what has happened to them
- Involvement of the community and voluntary sector in activities to reduce alcohol related harm. This could include providing information and support, sign-posting to services as well as screening and service delivery.
- Evidence based activities to increase the awareness of alcohol misuse and change attitudes to the drinking culture
- Capacity in terms of community development work
- Community awareness of responsible drinking and specific issues e.g. link between alcohol and domestic violence
- A multi-agency guide to services
- An alcohol specific service users group
- One-to-one support for people who have been through treatment programmes to help get them back into the community, access services, rebuild social networks, find employment.

Actions

The following actions have been identified:

- Continuation of current activity including Operation Joined Up

- Continued enforcement of alcohol exclusion zones
- Provision of fast-track treatment for domestic violence offenders and victims
- Continuation of the alcohol arrest referral scheme
- Introduction of a pilot conditional cautioning scheme with alcohol awareness training requirement
- Community engagement including work with Town & Parish Councils, third sector partners and Partners and Communities Together groups
- Improved multi-agency communications – internal and external
- Ensuring that communications messages cover the whole of North Somerset

Safer and Stronger – Implementation plan

This plan is based on the actions and gaps identified in stakeholder consultations; it seeks to address the gaps and implement the actions via targeted work plans.

Priorities have been rated from 1 to 3 reflecting the level of resource required to implement

1 = those priorities which are already being undertaken or can be easily incorporated into existing work programmes (most likely to be undertaken in year 1)

2 = those priorities which could be undertaken but with slight changes to current working arrangements/small additional resources (most likely to be undertaken in year 2)

3 = those priorities which require significant resources (most likely to be undertaken in year 3)

ACTION	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	(SUGGESTED) TIMESCALE	(SUGGESTED) LEAD (and partners)	CONTRIBUTION TO LAA TARGETS
Develop treatment provision to attach to Court orders	3	<ul style="list-style-type: none"> • Review existing funding and pool budgets • Consider joint bids to funders including Lankely Chase • Focus on those most likely to cause harm • Provide training for Probation staff so that Alcohol Treatment Requirement is only proposed in suitable, limited circumstances • Involve Courts in development process 	YEAR 3 (2010/2011)	NHS North Somerset, Probation, Courts	<ul style="list-style-type: none"> • NI20 Reduce assault with injury • Reduce domestic violence repeat incidents
Continuation of current activity including Operation	1	<ul style="list-style-type: none"> • Continue joint working between NSC Licensing Team, 	YEAR 1 (2008/2009)		<ul style="list-style-type: none"> • NI20 Reduce assault with injury

ACTION	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	(SUGGESTED) TIMESCALE	(SUGGESTED) LEAD (and partners)	CONTRIBUTION TO LAA TARGETS
Joined Up		Police and other partners			<ul style="list-style-type: none"> NI21 Improve public perception of the response to ASB
Continued enforcement of alcohol exclusion zones	1	<ul style="list-style-type: none"> Continue visible enforcement activity 	YEAR 1 (2008/2009)		<ul style="list-style-type: none"> NI21 Improve public perception of the response to ASB
Continue alcohol arrest referral scheme	2-3	<ul style="list-style-type: none"> Secure funding for continuation in 2009/10 Review demand and effectiveness 	YEAR 1/2/3 (2008/2011)	CSDAT CSDAT, Police, ARA	<ul style="list-style-type: none"> NI20 Reduce assault with injury NI21 Improve public perception of the response to ASB Reduce domestic violence repeat incidents
Provide fast-track treatment for domestic abuse offenders (and victims)	2-3	<ul style="list-style-type: none"> Secure funding for continuation of this provision linked to Multi-Agency Risk Assessment Conferences (MARACs) 	YEAR 2 AND 3 (2009/2010 AND 2010/2011)	CSDAT	<ul style="list-style-type: none"> Reduce domestic violence repeat incidents
Introduce alcohol awareness training as part of	2-3	<ul style="list-style-type: none"> Secure funding for pilot Establish process for 	YEAR 2 AND 3 (2009/2010 AND 2010/2011)	CSDAT Police, Crown	<ul style="list-style-type: none"> NI20 Reduce assault with injury

ACTION	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	(SUGGESTED) TIMESCALE	(SUGGESTED) LEAD (and partners)	CONTRIBUTION TO LAA TARGETS
conditional cautioning		<ul style="list-style-type: none"> conditional cautioning Commission alcohol awareness training 		Prosecution Service CSDAT	<ul style="list-style-type: none"> NI21 Improve public perception of the response to ASB
Community engagement – work with Town & Parish Councils, third sector, PCSOs, Partners and Communities Together	2	<ul style="list-style-type: none"> Articles in The Scene Magazine highlighting Partnership activity, including role of domestic abuse support workers and Safer and Stronger neighbourhood teams Development of NSP Safer & Stronger delivery structure 	YEAR 2 (2009/2010)	CSDAT & Police NSP, Safer & Stronger delivery group	<ul style="list-style-type: none"> NI21 Improve public perceptions of response to ASB Increase reports to Police of domestic violence NI4 Increase ability to influence decisions NI5 Improve overall satisfaction with the local area
Ensure activities and communications include areas outside Weston-super-Mare	2	<ul style="list-style-type: none"> Continue to publicise Partnership activity using examples of work from across North Somerset e.g. Displays and 	YEAR 2 (2009/2010)		<ul style="list-style-type: none"> NI21 Improve public perceptions of response to ASB

ACTION	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	(SUGGESTED) TIMESCALE	(SUGGESTED) LEAD (and partners)	CONTRIBUTION TO LAA TARGETS
		<ul style="list-style-type: none"> circulation of information from Partnership event - Articles in North Somerset Life 		<p>CSDAT</p> <p>CSDAT and task group chairs</p>	<ul style="list-style-type: none"> • NI4 Increase ability to influence decisions • NI5 Improve overall satisfaction with the local area
<p>Improve Crime & Drugs Reduction Partnership communications (internal and external)</p>	<p>2</p>	<ul style="list-style-type: none"> • Radio advertising campaign with key messages about having a safe night out and the link between alcohol and violence • Articles in North Somerset Life and the Scene magazine 	<p>YEAR 2 (2009/2010)</p>	<p>CSDAT and alcohol & violent crime/ASB task group and domestic abuse forum</p> <p>CSDAT and task group chairs</p>	<ul style="list-style-type: none"> • Increase reports of domestic violence • Reduce domestic violence repeat incidents • NI20 Reduce assault with injury • NI21 Improve public perceptions of response to ASB • NI4 Increase ability to influence decisions • NI5 Improve overall satisfaction with the local area
<p>Increase</p>		<ul style="list-style-type: none"> • Radio advertising 	<p>YEAR 2</p>	<p>CSDAT and alcohol</p>	<ul style="list-style-type: none"> • Increase reports

ACTION	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	(SUGGESTED) TIMESCALE	(SUGGESTED) LEAD (and partners)	CONTRIBUTION TO LAA TARGETS
community awareness of the link between alcohol and domestic violence	2	campaign	(2009/2010)	& violent crime/ASB task group and domestic abuse forum	<ul style="list-style-type: none"> of domestic violence • Reduce domestic violence repeat incidents • NI20 Reduce assault with injury
Provide targeted information e.g. for young women who drink regularly to ensure that they have a safe night out	2	<ul style="list-style-type: none"> • Identify effective messages • Radio advertising campaign focusing on safe night out and domestic violence • Articles in the Scene magazine 	YEAR 2 (2009/2010)	<p>Government Office for the South West</p> <p>CSDAT and alcohol & violent crime/ASB task group and domestic abuse forum</p>	<ul style="list-style-type: none"> • NI20 Reduce assault with injury • NI39 Reduce alcohol-related hospital admissions
Provide support and care for families and carers of problematic drinkers	2	<ul style="list-style-type: none"> • Provide information and support 	YEAR 2 (2009/2010)	NHS NORTH SOMERSET, North Somerset Council, Crossroads carers	<ul style="list-style-type: none"> • NI136 Increase support for carers

Transport, Economy and Environment

National and Local context

Businesses have a responsibility to ensure that underage young people don't buy alcohol and that licensed premises are well managed and compliant with license conditions. This prevents crime and disorder and protects young people. Businesses also have wider social responsibilities in terms of promoting and pricing alcohol. These are key features of the national alcohol harm reduction strategy.

Current services

The following activities to reduce alcohol related harm involving transport, economic and environmental areas already take place;

- North Somerset Crime & Drugs Reduction Partnership takes a high-profile approach to work with businesses to encourage responsible trading. Through Operation Joined Up, more than 500 multi-agency premises checks have taken place since November 2005. 12 premises have been placed on action plans and 5 have been taken to license review, with additional conditions imposed on their licenses.
- Test purchasing for underage sales of alcohol take place. 36% of test purchase attempts between 2005 and 2008 resulted in a sale. These were followed up with Penalty Notices, action plans and a license review.
- A street licence policy for pavement cafés is being developed, with the first round of consultation complete

In addition, the following activities are planned:

- Weston-super-Mare town centre partnership is to undertake a feasibility study for a Business Improvement District (BID). This could potentially include community safety activities linked to the night-time economy.
- A review of taxi ranks is planned in 2009/10
- A number of large scale regeneration projects are planned for Weston-super-Mare town centre

Gaps

Stakeholder consultations have identified the following gaps in provision:

- Sufficient and safe public transport for the night-time economy
- Involvement of businesses in responsible drinking/safe night out messages e.g. training staff and non-alcoholic drinks promotions
- Employers promotion of safe drinking messages

Actions

The following actions have been identified:

- Working with supermarkets to address issues including sales of cheap alcohol
- Working with the Licensed Victuallers Association to assist with safe drinking campaigns

Transport, Economy and Environment - Implementation plan

This plan is based on the actions and gaps identified in stakeholder consultations; it seeks to address the gaps and implement the actions via targeted work plans.

Priorities have been rated from 1 to 3 reflecting the level of resource required to implement

1 = those priorities which are already being undertaken or can be easily incorporated into existing work programmes (most likely to be undertaken in year 1)

2 = those priorities which could be undertaken but with slight changes to current working arrangements/small additional resources (most likely to be undertaken in year 2)

ACTION	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	SUGGESTED TIMESCALE	SUGGESTED LEAD	CONTRIBUTION TO LAA TARGETS
Further work with supermarkets to tackle attitudes towards sales of alcohol, drinks promotions etc.	2	<ul style="list-style-type: none"> Invite supermarket representative to the alcohol & violent crime/ASB task group 	YEAR 2 (2009/2010)	Chairs of alcohol & violent crime/ASB task group	<ul style="list-style-type: none"> NI21 Improve public perceptions of response to ASB NI4 Increase ability to influence decisions NI5 Improve overall satisfaction with the local area
Develop links with the Licensed Victuallers Association (LVA)	2	<ul style="list-style-type: none"> Invite LVA representative to the alcohol & violent crime/ASB task group 	YEAR 2 (2009/2010)	Chairs of alcohol & violent crime/ASB task group	<ul style="list-style-type: none"> NI21 Improve public perceptions of response to ASB NI4 Increase ability to influence decisions NI5 Improve overall satisfaction with the local area

3 = those priorities which require significant resources (most likely to be undertaken in year 3)

Children and Young People

National context

Every Child Matters: Change for Children²³ outlines the Government's vision for agencies to work together to protect and promote the well-being of children and young people. The aim is to ensure that every child receives the support they need to:

- Be healthy
- Stay Safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

The Staying Safe Action Plan (DCSF July 2007) has highlighted the impact of alcohol misuse on children and young people – whether through their own or parental substance misuse.

There are an estimated 750,000 to 1.3million children in England living with parental alcohol misuse.²⁴ Children living in families where a parent is a problematic drinker are at greater risk of experiencing domestic violence and foetal alcohol syndrome.

Local context

The North Somerset Young People's Substance Misuse Needs Assessment 2009/10 shows that alcohol is a key problem for young people accessing substance advice services and treatment.

- 36% of referrals to the Young People's Substance Advice Tier 2 service were made because of alcohol misuse (compared to 51% for drugs misuse and 13% for preventative work)
- In Tiers 3 & 4, 44% of those receiving treatment in 2006/07 had alcohol as their primary drug. In 2007/08, 36% had alcohol as their primary drug. For many with cannabis or other drugs as the primary substance, alcohol is a secondary substance
- 57% of Tier 2-4 service users started using alcohol between the ages of 12 and 16. But, they did not start receiving treatment until later in life. 38% started receiving treatment in their thirties and 29% in their forties
- Hospital admissions for young people in North Somerset related to alcohol are lower than average. In 2003-06, the rate for North Somerset was 28.54 per 100,000 population, compared to a regional average of 64.47.

Parent/carer alcohol misuse is also an issue affecting local young people. 65% of referrals to the Children Of Substance Misusing Carers (COSMIC) project are for parental alcohol misuse

Current services

Stakeholder consultations have identified the following existing activities and services:

- 70% of secondary schools in North Somerset meet the Healthy School Standard, which includes a standard for drug and alcohol policy and education

²³ Department for Education and Skills (2003) Every Child Matters. Norwich: The Stationary Office

²⁴ Family Drug and Alcohol Courts Research – Dr J Harwin (Staying Safe Action Plan, DCSF July 2007)

- The school Personal Social Health and Citizenship advisor supports staff and runs a peer drug educator scheme with local secondary schools. In Nailsea, the peer educators also link in to primary schools
- A pilot scheme for Police Community Support Officers to facilitate their delivery of personal, social and health education
- 'No Worries' clinic staff (local young people's sexual health service) are trained to initiate discussions about alcohol and will make referrals as appropriate.
- Young People's Substance Advice Service (SAS) provides treatment options for young people and currently provides Tier 2 workers, a full Tier 3 response to all young people referred including a range of psychosocial interventions. Support is also provided to GPs. The SAS has carried out an analysis of issues facing young people accessing their service.
- Holistic health assessments for looked after children can identify and respond to children and young people whose drinking is a cause for concern
- The young carers project supports children and young people whose parents are misusing alcohol
- COSMIC (Children Of Substance Misusing Carers) – a multi-agency project working with children and young people with parent/carer alcohol misuse
- A COSMIC toolkit has been developed for schools to provide the resources needed to support children within schools whose carers misuse drugs or alcohol
- A transitions policy for young people moving into adult services is utilised
- Barcode – an alcohol free bar in Weston-super-Mare for under 18s
- Activities for young people and the young person's key providing discounted access to sport and leisure facilities
- Underage test purchasing for alcohol sales to young people
- Use of legislation to confiscate alcohol from young people

Gaps

Stakeholders have identified the following gaps in work with children and young people in relation to alcohol:

- Early identification of substance misuse needs
- Clear picture of alcohol education and links with healthy schools and system to record and monitor the drugs and alcohol education which is taking place within individual schools
- Good practice guide for educational settings
- Effective messages for young people aged 16-25
- Evening and weekend services for young people
- Extension of the Barcode model
- Capacity within COSMIC and other children and young people's services to provide support for those affected by parental alcohol use
- Support for carers in recovery
- Consultations with young people on their needs and views

Actions

The following actions have been identified:

- Ensure information is shared and training provided for professionals to protect the unborn child from alcohol use.
- Provide further information for pregnant women about alcohol
- Continue to address the impact of parent/carer alcohol misuse on children
- Ensure alcohol services are incorporated into targeted youth support and locality teams
- Provide outreach support for young people in anti-social behaviour hotspots
- Continue to target underage sales of alcohol
- Develop a set of effective messages for 16-25 year olds
- Consider the need for an alcohol arrest referral worker for young people
- Improve treatment options for young people
- Address the gap in knowledge about alcohol education in schools – monitor and evaluate the extent to which alcohol education in schools follows best practice
- Provide a good practice guide for teachers

Children and Young People - Implementation plan

This plan is based on the actions and gaps identified in stakeholder consultations; it seeks to address the gaps and implement the actions via targeted work plans.

Priorities have been rated from 1 to 3 reflecting the level of resource required to implement

1 = those priorities which are already being undertaken or can be easily incorporated into existing work programmes (most likely to be undertaken in year 1)

2 = those priorities which could be undertaken but with slight changes to current working arrangements/small additional resources (most likely to be undertaken in year 2)

3 = those priorities which require significant resources (most likely to be undertaken in year 3)

PRIORITY	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	SUGGESTED TIMESCALE	SUGGESTED LEAD	CONTRIBUTION TO LAA TARGETS
Protect the unborn child from parental alcohol use	2	<ul style="list-style-type: none"> Consider and implement findings of focus group set up to review the needs of under fives and the unborn child in substance misusing women Produce a leaflet and campaign to raise awareness of substance misuse impact amongst pregnant women Ensure good information sharing Provide training for professionals Develop working links 	YEAR 2 (2009/2010)	NHS NORTH SOMERSET, COSMIC	

PRIORITY	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	SUGGESTED TIMESCALE	SUGGESTED LEAD	CONTRIBUTION TO LAA TARGETS
		teachers			
Ensure alcohol work is incorporated into Locality Teams and support young people on an outreach basis in 'hotspot' locations	2	<ul style="list-style-type: none"> Develop a team with core membership but with specialist input e.g. No Worries, ARA, YOT 	YEAR 2 (2009/2010)		<ul style="list-style-type: none"> NI21 Improve public perceptions of the response to ASB NI45 Reduce young people's substance misuse NI50 Improve the emotional health and well-being of young people
Provide alcohol education/awareness for 16-19 year olds	2	<ul style="list-style-type: none"> Identify effective messages for 16-19 year olds 	YEAR 2 (2009/2010)		<ul style="list-style-type: none"> NI20 Reduce assault with injury NI45 Reduce young people's substance misuse NI50 Improve the emotional health and well-being of young people Reduce criminal damage NI21 Improve public perceptions of

PRIORITY	RESOURCE IMPLICATION (1, 2 OR 3)	KEY ACTIONS/MILESTONES	SUGGESTED TIMESCALE	SUGGESTED LEAD	CONTRIBUTION TO LAA TARGETS
					the response to ASB
Consider the need for an alcohol arrest referral worker for young people	2	<ul style="list-style-type: none"> Youth Offending Service to review need for an alcohol arrest referral worker for young people 	YEAR 2 (2009/2010)	Youth Offending Service Manager	<ul style="list-style-type: none"> NI20 Reduce assault with injury NI21 Improve public perceptions of the response to ASB Reduce criminal damage
Improve treatment options for young people	2	<ul style="list-style-type: none"> Develop residential treatment options for young people 	YEAR 2 (2009/2010)		<ul style="list-style-type: none"> NI50 Improve the emotional health and well-being of young people NI45 Reduce young people's substance misuse

REFERENCES

Department for Health, National Treatment Agency for Substance Misuse (2005) Alcohol Misuse Interventions: Guidance on developing a local programme of improvement
(ONS 2006 – Drinking: Adults, Behaviour and Knowledge)
Models of Care for Alcohol Misusers, Department of Health (2006)