

REPORT TO: Safer Halton Policy and Performance Board
DATE: 21st September 2010
REPORTING OFFICER: Strategic Director, Adults and Community
SUBJECT: Alcohol Misuse
WARDS: Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To receive a presentation by the Head of Alcohol Harm Reduction (PCT) relating to harm linked to alcohol misuse, and a strategy to reduce the impact on services and to create capacity for our local population to understand and manage their own risks in relation to alcohol.

2.0 RECOMMENDATION: That

- (1) The PPB receive the presentation.
- (2) The PPB raise their own concerns in relation to alcohol misuse in Halton.
- (3) The PPB comment on the 12 point plan to improve the situation caused by the misuse of alcohol.

3.0 SUPPORTING INFORMATION

3.1 Alcohol Needs Assessment

An alcohol needs assessment has been carried out by the PCT (produced March 2010) to help inform our approach to tackling harm resulting from alcohol. This information, together with the Halton Community Safety Needs Assessment produced in April 2010, has given us a greater understanding of how this issue impacts on our local population. Some key findings from these needs assessments are detailed below.

3.2 Key Findings

3.2.1 General

- Here in Halton and St Helens the number of admissions to hospital for alcohol related harm is 36% higher than the national average and estimates are that around 1 in 4 adults require support to reduce their alcohol intake to safe levels (this does not include dependent drinkers).
- Halton, in particular, has been identified as the sixth worst local authority area in England for alcohol related harm and the 22nd worst area for binge drinking. Reducing alcohol related harm is one of our key areas for investment and development in the next five years.
- The size of the challenge cannot be underestimated. Recent research into the attitudes and behaviours of local males aged 35-55 towards alcohol found despite significantly high levels of drinking; there was low acceptance of this as a problem. This was driven by low awareness of 'safe' levels and a perception that drinking at high levels is an enjoyable, normal part of life.

Less than 2 in 10 of those interviewed were concerned about their drinking and 70% said that they do not intend to cut down at all. 56% of those interviewed stated that they were not interested in hearing about ways to cut down drinking.

- Alcohol-specific admissions (100% related to alcohol) and alcohol related admission rates are rising above target.
- The PCT had higher levels of alcohol specific hospital admissions than England, North West and the ONS group average in 2008-9.
- Alcohol-related admissions rise with age and rates for men are significantly higher than for women.
- Hypertension, cardiac arrhythmias and mental and behavioural disorders due to the use of alcohol make up over 70% of all alcohol-related admissions.
- Of those conditions considered to significantly due to alcohol (i.e. 64% and above), the main reasons were mental disorders due to alcohol, ethanol poisoning and alcoholic liver disease. Males aged 35-44 and 45-55 had the highest rates of alcohol-related admissions when only those conditions which are 64% and above attributable to alcohol are considered.
- Using national research it is estimated 41% of the nearly 89,000 local Accident & Emergency contacts were due to alcohol during 2008-9. This total rose by over 3,000 compared to 2007-8. Applying the national tariff of £71 means this cost the PCT 2.59 million in 2008-9.

3.2.2 **Children & Young People**

- Over 70% of young people will have tasted an alcoholic drink by the age of 15.
- Rates of drinking amongst 14-17 year olds is high with 35% Halton young people surveyed and 28% St Helens respondents binge drinking at least once a week. The total units per week have increased.
- Halton is the 3rd worst Local Authority Area in England (out of 326) for under 18 Alcohol Specific Hospital admissions.
- St Helens is the 11th worst Local authority Area in England (out of 326) for under 18 Alcohol Specific Hospital admissions (Under 18s).
- Children in care are four times more likely to drink alcohol, smoke and take illegal drugs than those living in private households.
- In 20% of cases of pupils excluded from school alcohol is estimated to be a contributory factor in the reason for the exclusion. Halton had 20 temporary exclusions and St Helens 40, where alcohol and drugs was cited as the primary reason. There were a total of 1,340 exclusions in Halton and 2,160 in St Helens. Applying this 20% contributory finding means 268 Halton and 432 St Helens exclusions (including the numbers where alcohol and drugs were specifically cited) had alcohol as a factor. Check what year.
- Surveys suggest between 30% and 60% of child protection cases involve alcohol. Children on the Child Protection Register can be difficult to count as children can be taken or added to the register. Applying the national percentage to this local data (using a snapshot taken during March 2009 confirmed as accurate by previous year's data) suggests between 57-114 children on local child protection registers will be from families with alcohol disorders.

3.2.3 Community Safety

- Alcohol misuse is strongly linked to crime and anti-social behaviour. About half of all violent crimes, a third of all domestic violence and 37% of assaults are alcohol related.
- During 2009 43 % of all violent crime offences within Halton indicated that the offender or victim was under the influence of alcohol.
- During 2009 46 % of total alcohol related crimes committed within Halton occurred within the wards that make up the boroughs town centres / NTE (Widnes - Appleton, Kingsway and Riverside, Runcorn - Mersey). Such high percentages clearly justify the continued targeting of enforcement activity within these areas.
- During 2009 there were 817 arrests for alcohol related offences in public.
- Alcohol related violent crime in Halton has seen positive reductions, between 2007 and 2009 there has been a 45% reduction in this type of crime in Widnes and Runcorn town centres.

3.2.4 Mortality

- Halton & St Helens PCT has seen a steady decrease in the death rate for male alcohol attributable mortality since 2005.
- Halton & St Helens PCTs rate for female alcohol attributable mortality is the highest amongst its ONS cluster group and is significantly higher than the group average. This in itself is higher than the North West and England rates.

3.2.5 Service Response

- The lack of a consistent and across-the-board involvement of GPs in screening and brief interventions needs to be addressed.
- The level of detail available on services did not allow an assessment of service delivery mechanisms against evidence-based practice.
- Robust performance monitoring, in particular outcomes of interventions, needs to be addressed.

3.3 12 Point Alcohol Harm Reduction Plan

The action plan has been drafted by the multi-agency Alcohol Partnership Commissioning Group and is aligned with the PCT Commissioning Strategic Plan and the Community Safety Joint Strategic Needs Assessment for Halton.

	Action for 2010/11	Theme
1	Ensure that we reach people with regular and consistent messages regarding alcohol related harms and desired behaviour changes - via press, social marketing and outreach initiatives - including work place initiatives.	Prevention
2	Extend and enhance the identification of alcohol harm in primary care and community settings (includes GP surgeries and provide brief advice where appropriate; otherwise known as Identification and Brief Advice (IBA).	Prevention
3	Influence change through advocacy and proactively support campaigns such as minimum pricing of alcohol and the labelling of alcoholic drinks.	Prevention

4	Ensure that information and resources are available support available to those may benefit from self help.	Prevention
5	Tackle alcohol related crime and disorder with a particular focus on policing the night time economy.	Enforcement
6	Enforcing licensing laws and raising standards in relation to legislative compliance within all licensed premises within the borough including the 'on-trade' (pubs and clubs) and the 'off-trade' (corner shops and supermarkets) and implementing cumulative impact policies.	Enforcement
7	Explore the link between alcohol misuse and offender behaviour and reduce the negative impact on community safety by providing appropriate health interventions to people within the criminal justice system.	Enforcement
8	Design and implement an integrated alcohol treatment system for adults with a single point of access.	Treatment
9	Review and expand alcohol interventions in acute settings and appoint an alcohol health worker.	Treatment
10	Develop 'recovery based' treatment options throughout the boroughs which include abstinence based structured day care.	Treatment
11	Develop and implement a Substance Misuse Awareness Strategy (including alcohol awareness) for schools, colleges and youth clubs to ensure that messages to young people are coordinated, consistent and appropriate.	Children and Young Persons
12	Develop and implement an action plan to identify and support those children who are most at risk of alcohol/substance misuse related harm, via risks presenting from family members who are misusing alcohol or through their own behaviours and/or personal circumstances.	Children and Young Persons

4.0 POLICY IMPLICATIONS

4.1 The Actions for 2010/11 give a strategic approach to alcohol misuse in Halton.

5.0 FINANCIAL IMPLICATIONS

5.1 The Alcohol Harm Reduction Team is externally funded. However, given the current vulnerability of all external funding, it has to be accepted that the Actions for 2010/11 can only be implemented as long as the external funding remains in place.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

These are identified within the report and part of the presentation.

6.2 Employment, Learning and Skills in Halton

None identified.

6.3 A Healthy Halton

These are identified within the report and are part of the presentation.

6.4 A Safer Halton

These are identified within the report and are part of the presentation.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 It is imperative that the Council and its partners address the issue of alcohol misuse to avoid major ill health and social problems.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Alcohol abuse can lead to significant health and family problems and it is imperative that adequate support and advice is available to all members of the community.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None.