

# **Halton alcohol strategy: Reducing alcohol-related harm across the life course**

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**2014-19**



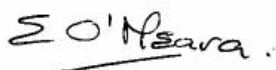
## Foreword

Welcome to our Alcohol Strategy for Halton. Our vision is to enable people in Halton to have a sensible relationship with alcohol that promotes good health and wellbeing and ensures Halton is a safe place to live. Reducing levels of alcohol-related harm locally is everybody's business. The misuse of alcohol affects the health and wellbeing of all our residents, the safety of our communities, and the future success of our town centres and their night-time economies.

This strategy builds upon the excellent and effective work that has been undertaken by partners locally. The strategy outlines how we will work in partnership to make Halton a safer and healthier place by promoting a responsible drinking culture, identifying individuals with problems early and ensuring effective treatment is available, reducing alcohol-related crime, antisocial behaviour and domestic abuse and establishing a diverse and vibrant night-time economy. The strategy outlines action across the life course with a particular focus on prevention and protecting children and vulnerable groups from alcohol harm.

We are proud to have been designated as one of 20 Local Alcohol Action Areas for 2014/15, and are already working closely with the Home Office and Public Health England in taking forward our programme of work which has been linked into the development and implementation of this strategy.

There are some things we know will reduce alcohol-related harm that cannot do locally and require Government action. We will continue to lobby for a 50p minimum unit price for alcohol, restrictions to alcohol advertisements and promotions and the inclusion of public health as a 5<sup>th</sup> licensing objective.



*E O'Meara*



**Eileen O'Meara, Director of Public Health, Halton Borough Council**

I fully endorse the alcohol strategy and its actions. I attended the launch event for the strategy development process and had the privilege of hearing from a local resident who had successfully recovered from alcohol addiction. It highlighted to me that alcohol misuse can affect anyone of us and we need to provide help and support to help people recover. But also importantly we need to focus upon preventing alcohol problems from occurring in the first place especially among our children and young people.



In Halton we are committed to working with our community on alcohol harm reduction, a key aim of the strategy is to raise awareness among the community of the harm alcohol can cause to local people, families and communities. We will be running an alcohol inquiry and are looking forward to hearing the recommendations from our community.

**Cllr Marie Wright, Halton Borough Council's portfolio holder for Health and Wellbeing**

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## Executive Summary

Halton experiences an unacceptable level of alcohol related harm with significant impact on local individuals, families and communities. No one organisation is able to address all the factors to reduce alcohol-related harm in Halton. Therefore this strategy has been written in collaboration with all partners agreeing the vision, outcomes, objectives and actions.

Our Vision is to enable people in Halton to have a sensible relationship with alcohol that promotes good health and wellbeing and ensures Halton is a safe place to live.

In order to achieve this vision and minimise the harm from alcohol in Halton the strategy will seek to deliver three interlinked **outcomes**:

1. Reduce alcohol-related health harms
2. Reduce alcohol-related crime, antisocial behaviour and domestic abuse
3. Establish a diverse, vibrant and safe night-time economy.

We have also identified three underpinning themes or values to achieve these outcomes:

- Working in partnership
- Reducing inequalities and protecting the vulnerable
- Promoting evidence based practice and cost effectiveness (value for money)

It is clear that the impact of drinking alcohol on health and community safety in Halton is so great that radical steps are needed to change our relationship with alcohol. The strategy therefore takes a life course approach to reducing alcohol-related harm. A communities chapter is also included to cover issues that affect people of all ages e.g. crime and community safety, alcohol availability and price.

1. Starting well: Reducing alcohol related harm during preconception, pregnancy and the early years
2. Growing well: Reducing alcohol related harm among school age children in Halton
3. Living well: Reducing alcohol related harm in working age adults
4. Aging well: Reducing alcohol related harm in older adults
5. Keeping our local communities safe from alcohol-related harm

Each chapter outlines the scale of the alcohol-related harm, describes current activity being undertaken to reduce alcohol-related harm, identifies gaps in activity compared to the evidence base and best practice examples and finally makes recommendations to reduce alcohol-related harm.

This strategy is supported by a detailed action plan outlining responsible leads, timescales and outcomes to be achieved.

## Introduction

Halton experiences an unacceptable level of alcohol related harm with significant impact on local individuals, families and communities.

For local **people**, regular drinking risks a future burdened by illnesses such as cancer, liver cirrhosis and heart disease, and a taste for alcohol can turn all too easily into dependence.

For local **families**, alcohol dependence can lead to relationship breakdown, domestic abuse and impoverishment.

For our local **communities**, alcohol can fuel crime and disorder and transform town centres into no-go areas.

This strategy sets out actions aimed at rebalancing the relationship Halton has with alcohol. The harm caused by alcohol in Halton is not a problem of a small minority. It is a problem that cuts across our entire population and affects local residents of all ages. That is why this strategy takes a life course approach to reducing alcohol-related harm at all stages of life from birth to old age. A communities chapter has also been included to cover issues that affect people of all ages for example alcohol-related crime and community safety.

### Working in partnership to achieve success

In order to reduce the damage alcohol is causing to local people's health, to our local communities and to our local economy it is essential that we work in partnership. This strategy has been developed collaboratively and sets out how by working together we can make a difference. The strategy sets out evidence based actions to reduce alcohol-related harm in Halton. All partners agreed the vision, outcomes, objectives and actions.

The emphasis of this strategy is on preventing harm from alcohol by intervening as early as possible. We are aiming to rebalance the relationship Halton has with alcohol in order to reduce the damage it is causing to local people's health, to our local communities and to our local economy. We recognise that change will not be achieved overnight; this strategy will be delivered over a five year period and is supported by a detailed action plan outlining responsible leads, timescales and outcomes to be achieved. We are committed to reviewing this strategy on an annual basis in order to monitor progress and build in further initiatives and actions as new evidence emerges to respond to local need.

## Our Vision, Outcomes and Objectives

The impact of drinking on public health and community safety is so great that radical steps are needed to change our relationship with alcohol.



In order to achieve this vision and minimise the harm from alcohol in Halton the strategy will seek to deliver three interlinked **outcomes**:

4. Reduce alcohol-related health harms
5. Reduce alcohol-related crime, antisocial behaviour and domestic abuse
6. Establish a diverse, vibrant and safe night-time economy.

We have also identified three underpinning themes or values to achieve these outcomes:

- Working in partnership
- Reducing inequalities and protecting the vulnerable
- Promoting evidence based practice and cost effectiveness (value for money)

In order to deliver the three outcomes the alcohol partnership group has identified the following **objectives**:

- A. Increase awareness of alcohol related harm across the life course and establish responsible drinking as the norm (linked to outcome 1 +2)
- B. Identify and support individuals drinking above recommended guidelines (linked to outcome 1)
- C. Ensure individuals identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support (linked to outcome 1)
- D. Reduce levels of alcohol-related crime and disorder (linked to outcome 2)
- E. Prevent alcohol-related domestic abuse (linked to outcome 2)
- F. Ensure the local licensing policy and enforcement activity supports the alcohol-harm reduction agenda (linked to outcome 1, 2+3)
- G. Promote a diverse and vibrant night-time economy (linked to outcome 3)
- H. Work to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective (linked to outcome 1, 2+3)

## Strategy development process

No one organisation is able to address all the factors to reduce alcohol-related harm in Halton. Therefore this strategy has been written in collaboration with all partners agreeing the vision, outcomes, objectives and actions. The partners involved in drafting this strategy are listed below:

### Alcohol harm reduction strategy development group:

HBC - Public Health	HBC – Elected Members
Halton Clinical Commissioning Group	Cheshire Police
HBC – Children’s Commissioners	Cheshire Fire
HBC – Trading Standards	Drink Wise
HBC - Community Safety Team	Crime Reduction Initiative (CRI)
Licensing Enforcement Officers	Young Addaction
Alcohol liaison nurse Warrington and Halton Hospitals	Public Health England (Local alcohol action area support)
Alcohol liaison nurse St Helens and Knowsley Teaching Hospitals	Health visitor, Bridgewater Community Healthcare NHS Trust
HBC - Domestic abuse lead	HBC – Adult Social Care
Halton and St Helen’s Voluntary and Community Action	Health Improvement team, Bridgewater Community Healthcare NHS Trust (now HBC)
School nurses, Bridgewater Community Healthcare NHS Trust	Alcohol and substance misuse liaison midwife, Bridgewater Community Healthcare NHS Trust
HBC – Sure Start to Later Life	Home Office (Local Alcohol Action Area Support)
HBC - Children’s Social Care	North West Ambulance Service
College and schools representatives	

## Strategy consultation and engagement

Consultation with key professionals and the public has been vital in developing this strategy. At an early stage an engagement event for professionals with an interest in alcohol harm reduction in Halton was held. This planning event was very well attended, with over 60 people attending. Professionals engaged in meaningful discussions and feedback was received related to the key things we should be doing in Halton related to:

- Prevention
- Early identification
- Treatment and recovery
- Alcohol and crime and community safety
- Alcohol licensing, availability and price

The feedback received was utilised in the development of objectives and action plan.

Consultation with the local community has also been undertaken. A questionnaire was developed and made available both online and a paper based format. This allowed feedback to be received from the local community related to key actions to reduce alcohol-related harm in Halton.

## Policy Context

Reducing the harm caused by alcohol is both a national and local priority.

### National policy context

In March 2012, *The Government's Alcohol Strategy*<sup>1</sup> was launched. This strategy sets out the Government's approach to turning the tide against irresponsible drinking. The alcohol strategy set out proposals to crackdown on the 'binge drinking' culture, curb alcohol fuelled violence and disorder that blights too many of our communities, and reduce the number of people drinking to damaging levels. The alcohol strategy built upon the *Government's Drug Strategy 2010*<sup>2</sup>, which set out the ambition to increase effective treatment and support full recovery for those suffering from addictions, including to alcohol.

*Health first: An evidence based alcohol strategy for the UK*<sup>3</sup> was written by an independent group of experts and calls upon the UK government to go further in order to reduce alcohol harm. *Health First* sets out evidence-based actions with the aim of changing society's relationship with alcohol for the better. The top ten recommendations included in the Health First strategy are:

1. A minimum price of at least 50p per unit of alcohol should be introduced for all alcohol sales, together with a mechanism to regularly review and revise this price.
2. At least one third of every alcohol product label should be given over to an evidence-based health warning specified by an independent regulatory body.
3. The sale of alcohol in shops should be restricted to specific times of the day and designated areas. No alcohol promotion should occur outside these areas.
4. The tax on every alcohol product should be proportionate to the volume of alcohol it contains. To incentivise the development and sale of lower strength products, the rate of taxation should increase with product strength.
5. Licensing legislation should be comprehensively reviewed. Licensing authorities must be empowered to tackle alcohol-related harm by controlling the total availability of alcohol in their jurisdiction.
6. All alcohol advertising and sponsorship should be prohibited. In the short term, alcohol advertising should only be permitted in newspapers and other adult press. Its content should be limited to factual information about brand, provenance and product strength.
7. An independent body should be established to regulate alcohol promotion, including product and packaging design, in the interests of public health and community safety.
8. The legal limit for blood alcohol concentration for drivers should be reduced to 50mg/100ml.
9. All health and social care professionals should be trained to routinely provide early identification and brief alcohol advice to their clients.
10. People who need support for alcohol problems should be routinely referred to specialist alcohol services for comprehensive assessment and appropriate treatment.

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<sup>1</sup> Available from: <https://www.gov.uk/government/publications/alcohol-strategy>

<sup>2</sup> Available from: <https://www.gov.uk/government/publications/drug-strategy-2010--2>

<sup>3</sup> Available from: <http://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf>



**The Licensing Act 2003<sup>4</sup>** and its regulations set out the law on alcohol licensing. It provides a framework within which licensing authorities process and determine applications and exercise other licensing functions.

Under the Licensing Act 2003, local licensable authorities regulate 4 'licensable activities'. These are the:

- sale of alcohol
- supply of alcohol (for example, in a members' club)
- provision of regulated entertainment
- provision of late-night refreshment (after 11pm)

Licensing authorities must promote the statutory licensing objectives of preventing crime and disorder; preventing public nuisance; public safety; and protecting children from harm.

In 2010 the Government set out an aim to overhaul alcohol licensing to address rebalancing the Licensing Act 2003 in favour of local communities in order to reduce crime and disorder and the health and social harms caused by alcohol.

**Amended guidance issued under section 182 of the Licensing Act 2003<sup>5</sup>** has recently been made available which calls on licensing authorities to be bold and innovative in their approach to alcohol licensing in order to protect the public from alcohol-related harms. The amended guidance provides new powers for the police and licensing authorities to close down problem premises and deal with alcohol-fuelled crime and disorder, and enables tougher action on irresponsible promotions in pubs and clubs. It also includes guidance for local authorities on the process of adopting early morning restriction orders (EMRO's), late night levy's (LNL's) and introducing Cumulative impact policies (CIP).

In addition the **Police Reform and Social Responsibility Act 2011<sup>6</sup>** provides new powers to reduce alcohol-related crime and disorder and reduce underage sales. The act includes:

- doubling the fine for persistent underage sales to £20,000
- introducing a late-night levy to help cover the cost of policing the late-night economy
- increasing the flexibility of early morning alcohol restriction orders
- reducing the evidential requirement placed upon licensing authorities when making their decisions
- removing the vicinity test for licensing representations to allow more people to comment on alcohol licences
- reforming the system of temporary event notices
- suspension of premises licences if annual fees aren't paid

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<sup>4</sup> Available from: <http://www.legislation.gov.uk/ukpga/2003/17/contents>

<sup>5</sup> Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/363262/GuidanceS182web.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/363262/GuidanceS182web.pdf)

<sup>6</sup> Available from: <https://www.gov.uk/government/publications/police-reform-and-social-responsibility-act-supporting-guidance>

## Local policy context

The harmful impacts of alcohol described above have been recognised by partners in Halton and reducing alcohol related harm has been identified as a priority by the Health and Wellbeing Board, the Halton Children’s Trust and the Safer Halton Partnership Board.

### Local Alcohol Action Area

Halton is one of only twenty areas in the country to be awarded the status of being a “Local Alcohol Action Area” (LAAA). This award provides support from the Home Office and Public Health England during 2014 related to addressing the harm from alcohol across three areas – health, crime and anti-social behaviour, and diversifying the night time economy. Key partners have been involved from local authority, health and community safety and an action plan has been developed. This work is integrally linked to the strategy development work.

### Links to local strategies

Many local strategies link to and influence local actions to reduce alcohol-related harm in Halton. Key local strategies which have influenced the strategy development are outlined below:

**Figure 1: Local strategies linked to the Halton alcohol-harm reduction strategy**



## What works to reduce alcohol-related harm?

In order to reduce alcohol-related harm in Halton it will be vital we take an evidence based approach. There has been extensive research and guidance published around reducing alcohol-related harm, a brief summary is provided below.

### Prevention

Information and education are necessary components of a comprehensive approach to reducing the harm from alcohol. Interventions such as media campaigns and school education programmes are important both in increasing knowledge and in changing attitudes to alcohol. NICE recommends that alcohol education should be an integral part of the school curriculum and should be tailored for different age groups and different learning needs<sup>7</sup>.

However the evidence suggests that information and education initiatives are unlikely, on their own, to deliver sustained changes in drinking behaviour. They will only help to change behaviour if they are supported by actions in the areas outlined below<sup>8</sup>.

### Early identification

There is strong evidence that opportunistic early identification and brief advice (alcohol IBA) is effective in reducing alcohol consumption and related problems. NICE has recommended widespread implementation of early identification and brief advice in a range of health and social care settings<sup>9</sup>.

### Treatment

NICE has published detailed guidelines on the identification, assessment and management of harmful drinking and alcohol dependence. These guidelines recommend improved access to effective interventions delivered by specialist services. These include psychological interventions and community-based assisted withdrawal programmes<sup>10</sup>. Alcohol treatment has been shown to be highly cost effective, for every £1 spent in treatment the public sector saves £5<sup>11</sup>.

The Royal College of Physicians recommend that every acute hospital have an Alcohol Liaison Nurse to manage patients with alcohol problems within the hospital and liaise with community services<sup>12</sup>.

### Price of alcohol

Making alcohol less affordable is the most effective way of reducing alcohol-related harm. There is overwhelming evidence that increasing the price of alcohol through taxation reduces alcohol intake.

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<sup>7</sup> NICE public health guidance 7: School-based interventions on alcohol

<sup>8</sup> WHO. Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm

<sup>9</sup> NICE public health guidance 24: Preventing harmful drinking

<sup>10</sup> NICE clinical guideline 115: Diagnosis, assessment and management of harmful drinking and alcohol dependence

<sup>11</sup> Russell et al (2005) *Cost-effectiveness of treatment for alcohol problems: findings of randomised UK Alcohol Treatment Trial*. British Medical Journal, 331, pp. 544-547

<sup>12</sup> Department of Health: Commissioning to improve the outcome for people at risk of alcohol-related harm

There is also clear evidence that reductions in alcohol consumption achieved through price increases translate into reductions in alcohol-related harm. Increases in the price of alcohol are associated with reductions in alcohol-related deaths and illness, traffic crash fatalities and drink driving, incidence of risky sexual behaviour and sexually transmitted infections, other drug use, violence and crime. The reverse is also true: price cuts increase harm<sup>13</sup>.

An important study from the University of Sheffield has worked out that setting a minimum cost of 50p per unit of alcohol means that nationally each year there would be 98,000 fewer hospital admissions, 3,000 lives will be saved and there will be 40,000 fewer crimes<sup>14</sup>.

### **Availability of alcohol**

International evidence suggests that making it less easy to buy alcohol, by reducing the number of outlets selling it in a given area and the days and hours when it can be sold, is an effective way of reducing alcohol-related harm. Based upon this evidence NICE have recommended that legislation on licensing should be revised to include protection of the public's health is one of its objectives<sup>15</sup>.

### **Promotion of alcohol**

There is evidence that alcohol advertising does affect children and young people. It shows that exposure to alcohol advertising is associated with the onset of drinking among young people and increased consumption among those who already drink. All of the evidence suggests that children and young people should be protected as much as is possible by strengthening the current regulations<sup>16</sup>.

### **Reducing alcohol-related crime and disorder and promoting a vibrant and diverse night time economy**

Policy tools that can reduce the problems associated with alcohol, crime and disorder and the night time economy include<sup>17</sup>:

- Alcohol pricing
- Licensing
  - Outlet density and mix
  - Monitoring and enforcement
  - Licensing hours
- Premise design and operations
  - Glassware management within premises
  - Manager and staff training
  - Accreditation and awards

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<sup>13</sup> Health First: An evidence based alcohol strategy for the UK

<sup>14</sup> For more information visit: <http://minimumpricing.info/how-does-a-50p-minimum-unit-price-help/>

<sup>15</sup> NICE public health guidance 24: Alcohol-use disorders: preventing harmful drinking

<sup>16</sup> For more information see Drink Wise. Let's look again at alcohol campaign launch report.

<http://drinkwisenorthwest.org/wp-content/uploads/2014/10/report.pdf>

<sup>17</sup> Greater London Authority. Alcohol consumption in the night-time economy

- Environment within the premise (covering capacity, layout, seating, games, food, and general atmosphere)
- Public realm design
  - CCTV
  - Street lighting
  - Active frontages
  - Public toilet provision
  - Glassware management outside premises
  - General layout
- Policing (covering targeted policing, street policing, third party policing, transport policing, anti-social behaviour/drink banning orders and alcohol arrest referral schemes)
- Transport (covering buses, taxis and parking)
- Public education campaigns and community engagement

The most effective approaches seem to be those that consist of several policy elements or are multicomponent approaches, guided by evidence on the local needs/demands.



**Pictured: Trying alcohol-free mocktails at the alcohol strategy planning event. Alison Wheeler (Director, Drink Wise), David Parr (Chief Executive, Halton Borough Council), Sandra Jones (Bridgewater Community Healthcare NHS Trust) Eileen O'Meara (Director of Public Health, Halton Borough Council), Cllr Marie Wright (Executive Board Member, Health and Wellbeing, Halton Borough Council).**

## Alcohol-related harm in Halton

Halton experiences a high level of alcohol related harm.

### **1. Alcohol-related health harms**

**Drinking habits:** In Halton 22,500 residents drink at levels which could harm their health and of these, around 5,500 drink at a level which is a high risk to their health.

**Hospital admissions:** Each year 792 people are admitted to hospital due to alcohol

**Mortality:** Each year in Halton 16 people die due to alcohol

### **2. Alcohol-related crime, antisocial behaviour and domestic abuse**

**Crime:** Around 600 people a year in Halton are affected by alcohol-related violent crime

**Domestic abuse:** In Halton around 50% of domestic abuse incidents discussed at Multi-Agency Risk Assessment Conference (MARAC) each year involved alcohol as a contributing factor

### **3. Establishing a diverse, vibrant and safe night-time economy.**

**Financial cost:** The combination of crime, health, worklessness absenteeism, and social care costs to Halton arising from alcohol are estimated at £58 million per year – around £461 per resident.

**Community safety:** The North West big drink debate revealed that nearly half of respondents said they avoid their local town and city centres at night because of drunken behaviour<sup>18</sup>.

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<sup>18</sup> For more information see The Big Drink Debate North West. Available from: <http://www.alcohollearningcentre.org.uk/Topics/Latest/Resource/?cid=5327>

## **Taking action across the life course**

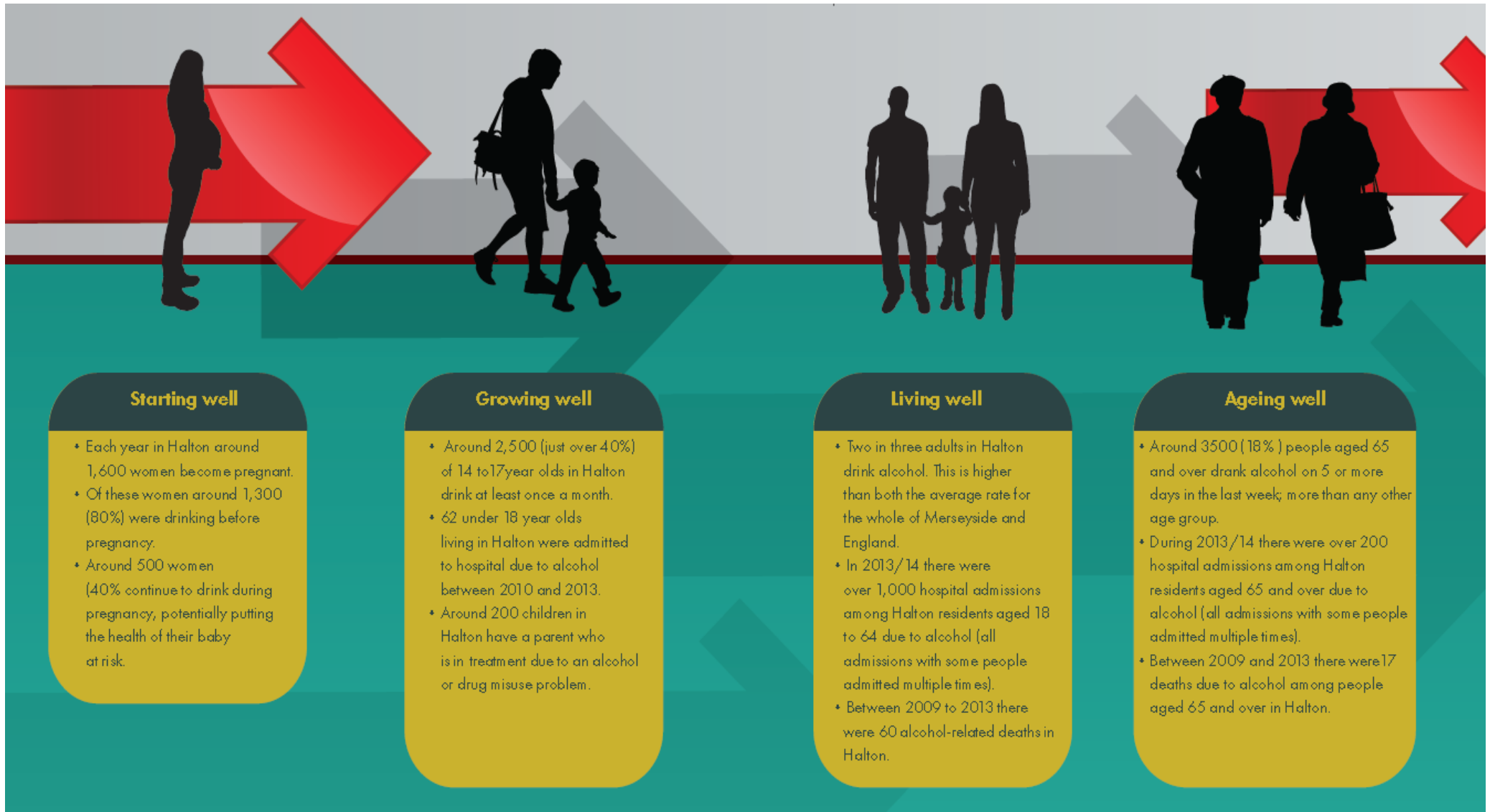
It is clear that the impact of drinking alcohol on health and community safety in Halton is so great that radical steps are needed to change our relationship with alcohol. The chapters below outline the actions being taken locally to reduce alcohol-related harm across the life course and make recommendations for the future. We have also included a communities chapter to cover issues that affect people of all ages e.g. crime and community safety, alcohol availability and price.

6. Starting well: Reducing alcohol related harm during preconception, pregnancy and the early years
7. Growing well: Reducing alcohol related harm among school age children in Halton
8. Living well: Reducing alcohol related harm in working age adults
9. Aging well: Reducing alcohol related harm in older adults
10. Keeping our local communities safe from alcohol-related harm

Each chapter outlines the scale of the alcohol-related harm, describes current activity being undertaken to reduce alcohol-related harm, identifies gaps in activity compared to the evidence base and best practice examples and finally makes recommendations to reduce alcohol-related harm.

This strategy is supported by a detailed action plan outlining responsible leads, timescales and outcomes to be achieved; this is included as Appendix 1.

## Alcohol related harm across the life course





# 1. Starting well: Reducing alcohol related harm during preconception, pregnancy and the early years

## ➤ Promoting an alcohol free pregnancy

### Objectives:

- A. Increase awareness of the harm of alcohol to the unborn child
- B. Ensure the early identification and support of pregnant women drinking above recommended guidelines
- C. Ensure pregnant women identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support

### Drinking during pregnancy

There is a lack of good quality evidence about how much alcohol it is safe to drink during pregnancy. UK guidance recommends that pregnant women should avoid drinking alcohol, and if they do choose to drink, they should not drink any more than 1 or 2 units of alcohol once or twice per week and should not get drunk.

We know that drinking alcohol during pregnancy can cause harm. Alcohol passes freely across the placenta from mother to foetus and possible outcomes of alcohol consumption during pregnancy may include miscarriage, stillbirth, low birth weight (LBW), learning disabilities and hyperactivity as well as foetal alcohol spectrum disorder (FASD).

#### **Foetal alcohol spectrum disorder (FASD)**

Foetal alcohol spectrum disorder is the umbrella term for a range of preventable alcohol-related birth defects. Risk factors for foetal alcohol spectrum disorder include:

- Drinking in very early and late pregnancy. The highest risk period for damage is the first 3 weeks before many women may know they are pregnant.
- Binge drinking (drinking more than double the lower risk guidelines for alcohol in one session. Binge drinking for women, is drinking more than 6 units of alcohol, equivalent to two large glasses of wine).

The effects of foetal alcohol spectrum disorder can be mild or severe, ranging from reduced intellectual ability and attention deficit disorder to heart problems and even death. Many children experience serious behavioural and social difficulties that last a lifetime.

**Experts estimate that in Western countries, one child in 100 is born with foetal alcohol spectrum disorder as a result of their mother's drinking alcohol while pregnant.**

For more information about foetal alcohol spectrum disorder please visit:

- The National Organisation for Foetal Alcohol Syndrome UK: [www.nofas-uk.org](http://www.nofas-uk.org)
- The Foetal Alcohol Spectrum Disorder Trust: <http://www.fasdtrust.co.uk/>

**We don't know how much alcohol is safe to drink in pregnancy. The healthiest and safest option is therefore for women not drink when trying for a baby and when pregnant.**

There is no local data showing the number of women who drink in pregnancy or the quantity they consume. To estimate drinking during pregnancy we can apply national survey estimates to our local population.

#### **Each year in Halton:**

- Around 1,600 women become pregnant
- Of these women around 1,300 (80%) were drinking before pregnancy
- Of these women around 800 (60%) will give up drinking during pregnancy
- This means that each year around 500 women in Halton continue drinking during pregnancy

#### **Current activity in Halton**

- Pregnant women in Halton are advised of safe drinking guidelines during pregnancy during antenatal visits, and this information is included within local healthy pregnancy information materials.
- Halton midwives and health visitors have been trained in alcohol identification and brief advice (alcohol IBA). Alcohol IBA promotes the early identification and support of pregnant women who drink above recommended guidelines, including referral to the alcohol and substance misuse liaison midwife and local treatment services where appropriate.
- There is a dedicated alcohol and substance misuse liaison midwife who coordinates antenatal care services for pregnant women identified as misusing alcohol.
- Local alcohol treatment services support pregnant women to stop drinking, this includes provision for specialist detoxification in community and inpatient settings.

#### **Gaps in activity identified in Halton**

- There is confusion among the local public related to national safe drinking guidelines during pregnancy
- The highest risk period for foetal damage is the first 3 weeks before women may know they are pregnant. We therefore need to ensure that preconception advice provided locally includes messages around the harm of drinking alcohol when trying for a baby and when pregnant.
- Halton midwives and health visitors have been trained in alcohol identification and brief advice (alcohol IBA). The next step is to ensure the implementation of this training.
- In patient detox services for pregnant women although rarely required have previously been difficult to access

### **Findings of a local survey on attitudes to drinking during pregnancy**

In order to investigate local knowledge and attitudes related to drinking during pregnancy the Halton Health Improvement Team conducted a survey with members of the public in Halton. Over 250 surveys were completed, key findings include:

- People were unsure about alcohol units
- People found information and advice related to safe levels of drinking in pregnancy confusing
- Although a lot of people had not heard of the term foetal alcohol spectrum disorder there was awareness that drinking during pregnancy could lead to the symptoms of foetal alcohol spectrum disorder e.g. facial abnormalities, learning difficulties.

The information collected from this local survey will be used to inform a local alcohol awareness campaign around safe drinking during pregnancy in Halton. The campaign aims to ensure that local women and their families know that the healthiest and safest option is not to drink alcohol when trying for a baby and when pregnant.



**In order to reduce alcohol related harm during preconception and in pregnancy we will:**

**Increase awareness of the harm of alcohol to the unborn child:**

- Develop a local education campaign to increase the awareness of the harm of drinking alcohol when pregnant or trying to conceive. Develop a local education campaign to increase the awareness of the harm of drinking alcohol when pregnant or trying to conceive.
- Ensure that preconception advice provided by GP's and midwifery includes messages around the harm of drinking alcohol when trying for a baby or when pregnant.
- Ensure staff working in sexual health clinics are giving clear consistent advice that the healthiest and safest option is not to drink when trying for a baby or when pregnant.

**Ensure the early identification and support of pregnant women drinking above recommended guidelines:**

- Ensure Halton midwives and health visitors are trained in alcohol identification and brief advice (alcohol IBA) and ensure the implementation this training.
- Ensure clear local pathways are in place to identify and support women in the Family Nurse Partnership (FNP) programme who are identified as having an alcohol problem.

**Ensure pregnant women identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support:**

- Review alcohol treatment pathways for pregnant women identified as misusing alcohol
- Agree pathway and funding for inpatient detox treatment for pregnant women

## ➤ **Protecting Halton babies and toddlers from alcohol-related harm**

### Objectives:

- A. Increase awareness of the harms of alcohol among parents of babies and toddlers
- B. Ensure the early identification and support of parents of babies and toddlers drinking above recommended guidelines
- C. Ensure parents of babies and toddlers identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support

### **Drinking among parents of babies and toddlers**

The preschool years are a time of rapid child development and what happens during these early years can influence health and wellbeing in later life. The early years of life are largely defined by the family. Developing local parents' capacity to be the best parents they can for their children is therefore vitally important. A child brought up in a stable and nurturing environment is better placed to succeed in life than a child from a less secure background.

Parental alcohol consumption during this period may impact upon parenting and this can have harmful effects on a baby or toddler's health, safety and development. At its most extreme, alcohol use can increase the likelihood of child maltreatment, accidents and child death. We know that alcohol misuse by parents is identified as a factor in a large number of child protection cases.

Parental alcohol misuse may also cause relationships to suffer, break down or become abusive which may have negative impacts on the development of young children.

It is important parents recognise the impacts their drinking has upon their child however currently there seems to be a lack of awareness amongst parents of the damage that hazardous drinking can do to their families. Parenting pre-school children is a tiring and demanding job and some parents may turn to alcohol in order to cope with the stresses of the new role. A recent national survey into the drinking behaviour of new parents found that:

- 62% of parents believe that their drinking behaviour has no effect on their family.
- Around one quarter of parents continued to drink as much as before their baby was born
- Around one in six increased the amount they consumed.
- Overall, around three in ten new parents drank more than the recommended units of alcohol per week.

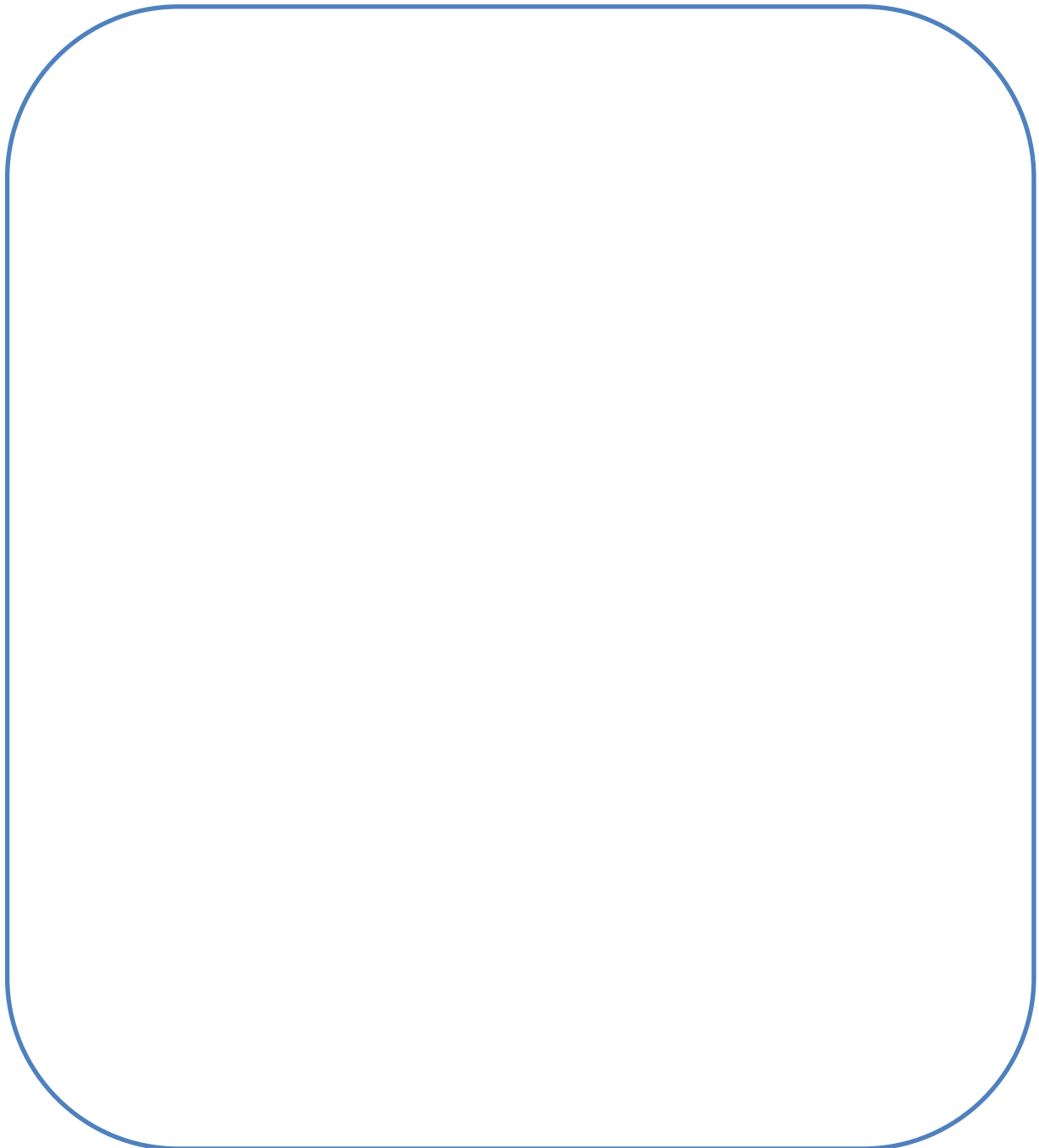
### **Current activity in Halton**

- Halton early years and children centre staff have been trained in alcohol identification and brief advice (alcohol IBA). Alcohol IBA promotes the early identification and support of individuals drinking above recommended guidelines, including referral to local alcohol treatment services where appropriate.

**Gaps identified**

- Staff who work with parents of young children locally report there is a lack of awareness of the impacts drinking above recommended guidelines may have upon young children
- Early years and children centre staff have been trained in the identification and support of pregnant women who misuse alcohol the next step is to ensure the implementation of this training.

**In order to reduce alcohol related harm in the early years we will:**



## 2. Growing well: Reducing alcohol related harm in school age children in Halton

### Objectives:

- A. Increase awareness of the harms of alcohol among school age children
- B. Ensure the early identification and support of school age children drinking above recommended guidelines
- C. Ensure school age children identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support
- D. Reduce underage drinking and associated anti-social behaviour

Alcohol misuse has negative consequences on the health and well-being of school age children in Halton. This harm may occur because:

- Many local children live with a parent (or parents) who misuse alcohol which may impact upon their parenting ability.
- The young person drinks alcohol themselves. We know that young people's bodies are less able to cope with alcohol and drinking at an early age can cause serious health problems (both physical and mental), both in the short and the long-term. Drinking at an early age is also associated with an increased risk of anti-social behaviour or crime, having more sexual partners, pregnancy and drug misuse.

### Drinking among school age children in Halton

Local estimates of drinking among young people show there has been a reduction in the number of young people drinking alcohol on a regular basis. The number of young people in Halton aged 14 to 17 who stated they never drink alcohol was 27% in 2013 an increase from 14% when the same survey conducted in 2011, see Table X.

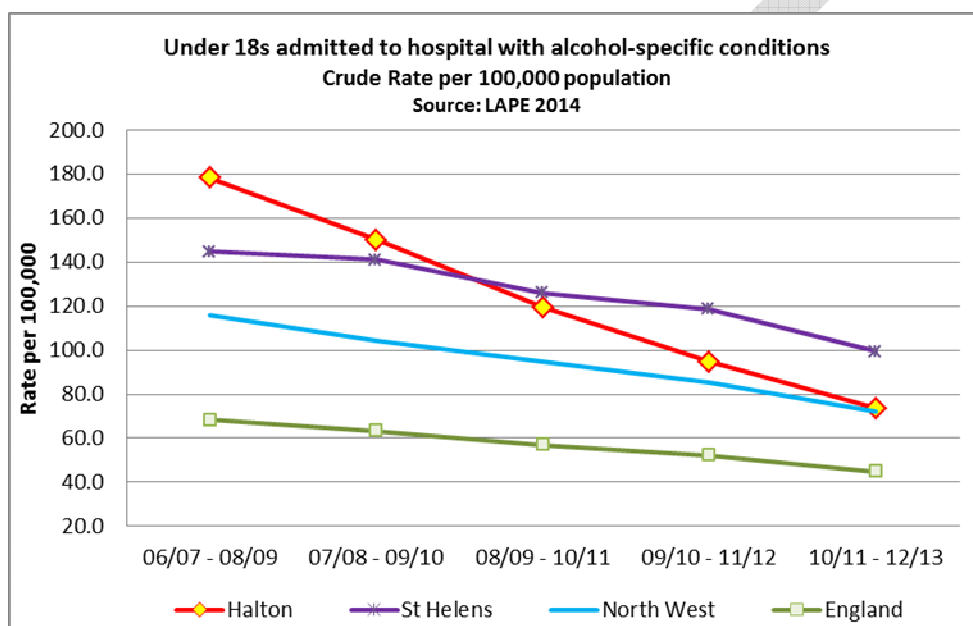
**Table 1: Alcohol consumption among 14-17 year olds in Halton (modelled estimates based upon Trading standards survey, 2013)**

Alcohol consumption	Number of 14-17 year olds	Percentage (%)
Never	1,659	27
Less than once a month	1,843	30
On to three times a month	1,597	26
Once a week	369	6
Twice or more a week	676	11

**Children and their parents and carers are advised that an alcohol-free childhood is the healthiest and best option. However, if children drink alcohol, it should not be until at least the age of 15 years.**

**Chief Medical Officer, 2009**

The number of young people in Halton admitted to hospital due to alcohol has also decreased year on year. Halton has seen the biggest decrease within Merseyside, and also a greater decrease compared to the England and North West average. The number of young people admitted to hospital due to alcohol is now similar to the North West figure.



### The impacts of parental drinking on children and young people in Halton

Children are especially vulnerable to violence and the wider effects of excessive alcohol consumption among parents and carers in the home. Previously this serious but often hidden consequence was rarely considered, identified or acted upon<sup>19,20</sup>.

In Halton around 200 children in Halton have a parent who is in treatment due to alcohol or drug misuse. A larger number of children locally will live with parents who drink above the recommended guidelines.

<sup>19</sup> Alcohol Concern. Swept under the carpet: children affected by parental alcohol misuse. Available from: <http://www.alcoholconcern.org.uk/publications/policy-reports/under-the-carpet>

<sup>20</sup> 4 Children. Over the Limit: The Truth about Families and Alcohol. Available from: <http://www.4children.org.uk/Resources/Detail/Over-the-Limit>



## Current activity in Halton

- **School and college based alcohol awareness programmes**

Alcohol awareness training is available for pupils and teachers in all schools:

- All Halton schools participate in the local *Healthy Schools programme* which provides health information and support around alcohol
- The *Halton Healthitude programme* is a school based health education programme that works with teachers and students in Halton to raise awareness of the harms related to alcohol.
- *R U Different?* a social norms campaign is being run in secondary schools from September 2014
- Holistic health drop ins, are provided in 3 High Schools and offer young people one to one support on reducing alcohol use and harm reduction.

- **Community based alcohol awareness campaigns**

- Resources are widely available in local communities giving important alcohol messages
- The *VRMZ mobile outreach bus* and street based teams engage young people in hotspot areas 6 days a week and provide information, advice and guidance on alcohol to children and young people.

- **Support for children and young people affected by parental/sibling alcohol misuse**

- Children and young people affected by parental/sibling alcohol misuse are able to access one to one support in community settings.
- The *Amy Winehouse Foundation* offer schools and community groups, a programme of 6 targeted sessions to children and young people affected by parental /sibling alcohol misuse. Sessions aim to build resilience, self -esteem, ensure young people are safeguarded and prevent them from becoming problematic alcohol users in the future.
- Alcohol misuse has been chosen as a local priority, for *Halton's Inspiring families (nationally known as Troubled Families) initiative*

- **Early identification**

- Key staff members working with children and young people have been trained in alcohol identification and brief advice (alcohol IBA). Alcohol IBA promotes the early identification and support of young people who drink above recommended guidelines, including referral to local alcohol treatment services where appropriate.

- **Treatment**

- *Young Addaction* provide a specialist substance misuse service in Halton which offers one to one treatment and harm reduction interventions to young people misusing alcohol and drugs. Interventions include motivational interviewing, CBT, and recovery focused care plans.

- Young people can access one to one support at drop in clinics in local hostels for homeless young people e.g. YMCA and Belvedere.
- **Reducing underage drinking and associated anti-social behaviour**
  - Cheshire police and street based teams work in partnership to run *Operation Stay Safe*; which aims to reduce alcohol related youth anti-social behaviour. Police and health staff jointly patrol the public areas of Halton on key nights to identify drunken youths who are placing themselves at risk. These are taken to a place of safety and parents are requested to collect their children. Whilst youth workers give advice to the child and parents and may arrange follow up appointments.
  - Perform test purchases at bars, clubs and off-licenses to check for staff selling alcohol to people under 18.
  - Issuing fixed penalty notices where we find licensees selling alcohol to under 18s in licensed premises.
  - Seize alcohol from under 18s who are caught drinking in public places.
  - Licensed premises operate *Think 21/ Think 25 policies*
  - *Operation Iced* – is an initiative taken with the door staff in Halton to identify underage drinkers attempting entry with false or borrowed ID cards/ passports. These documents are seized and handed to police for follow up and when possible the offenders details taken. The individual then attends an alcohol awareness course.
  - Diversionary activities are provided locally to allow young people to get involved with activities which do not involve drinking alcohol.

**What more could we be doing?**

- Early years staff in Halton have been trained in alcohol identification and brief advice (alcohol IBA). The next step is to evaluate the implementation of this training. We need to ensure this training is tailored to meet the needs of staff working with young people locally. In addition we need to ensure that vulnerable young people e.g. truants and those excluded from school, young offenders, looked after children, children with special educational needs.
- We currently do not have information related to how many local young people attend A+E due to alcohol misuse

**In order to reduce underage drinking in Halton we will:**

**Increase awareness of the harms of alcohol among school age children (prevention)**

- Develop a coordinated alcohol awareness campaign plan aimed at children and young people and their parents
- Coordinate the delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, web magazine)
- Deliver a social norms campaign within schools
- Provide information, advice and guidance around alcohol in young people settings within local communities (Outreach work)

**Ensure the early identification and support of school age children drinking above recommended guidelines (early identification)**

- Ensure key staff within the children and young people workforce are trained in alcohol identification and brief advice (alcohol IBA) and ensure the implementation of this training. To include staff who work with vulnerable young people including truants and those excluded from school, young offenders, looked after children, children with special educational needs.
- Ensure young people attending A+E due to alcohol are identified and supported appropriately.

**Ensure school age children identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support (treatment and recovery)**

- Ensure all children affected by family alcohol misuse are able to access support
- Review alcohol treatment pathways for young people who misuse alcohol in Halton (to include pathways for vulnerable young people including truants and those excluded from school, young offenders, looked after children, children with special educational needs).





S

*ocial norms* refer to our perceptions of what is 'normal' behaviour in the people around us. It has long been established that these beliefs are very influential on our own behaviour, especially amongst young people - so for example how much alcohol a person drinks will be strongly determined by how heavily they think their friends drink.

Individuals have a tendency to follow the herd (or what they perceive the herd to be doing). Therefore, we may indulge in a 'risky behaviour' because we (incorrectly) assume everyone else is doing it.

Data gathered in Halton shows that young people often overestimate the number of their peers who drink alcohol and the frequency and amount they drink.

R U Different? is a nationwide school based intervention that uncovers the real attitudes and perceptions of young people – and tackles these views in a positive, efficient and measurable way.

The R U Different? campaign will be delivered in local secondary schools from September 2014.

### 3. Living well: Reducing alcohol related harm in working age adults

#### Objectives:

- A. Increase awareness of the harms of alcohol among working age adults
- B. Ensure the early identification and support of working age adults drinking above recommended guidelines
- C. Ensure working age adults identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support

#### Drinking among working age adults in Halton

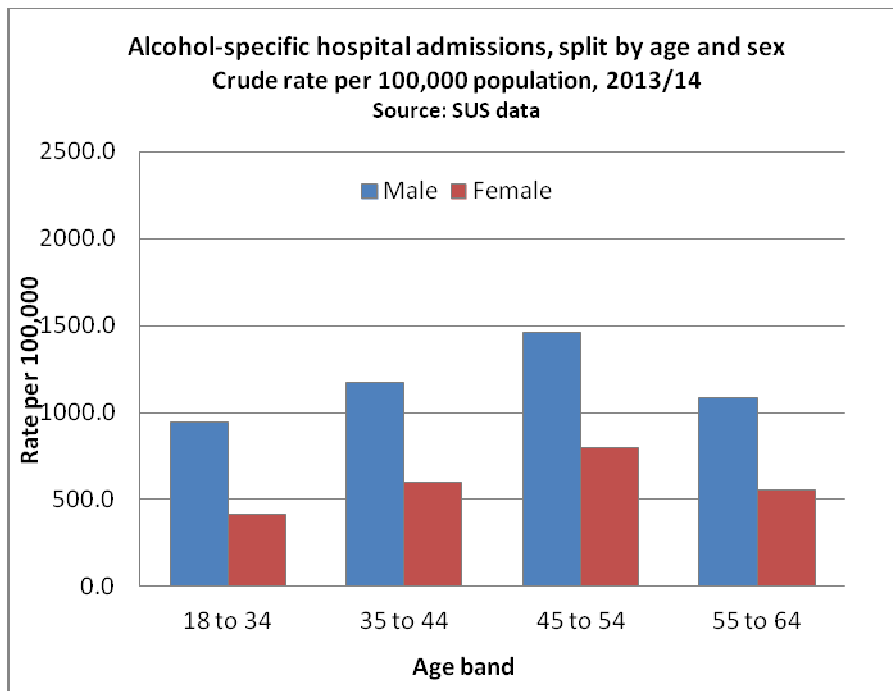
In Halton:

- Two in three working age adults drink alcohol (68%). This is higher than both the average rate for the whole of Merseyside and England.
- Working age men are significantly more likely to drink alcohol than women.
- Increasing risk drinking (regularly drinking more than 3-4 units a day if you're a man or regularly drinking more than 2-3 units a day if you're a woman) is more common among younger working age people (aged 18-34 and 35-44). Rates of higher risk drinking are consistent across all age groups.

### **Alcohol-related hospital admissions**

Alcohol-related hospital admissions among working age adults in Halton are significantly higher than North West and England averages. Key points include:

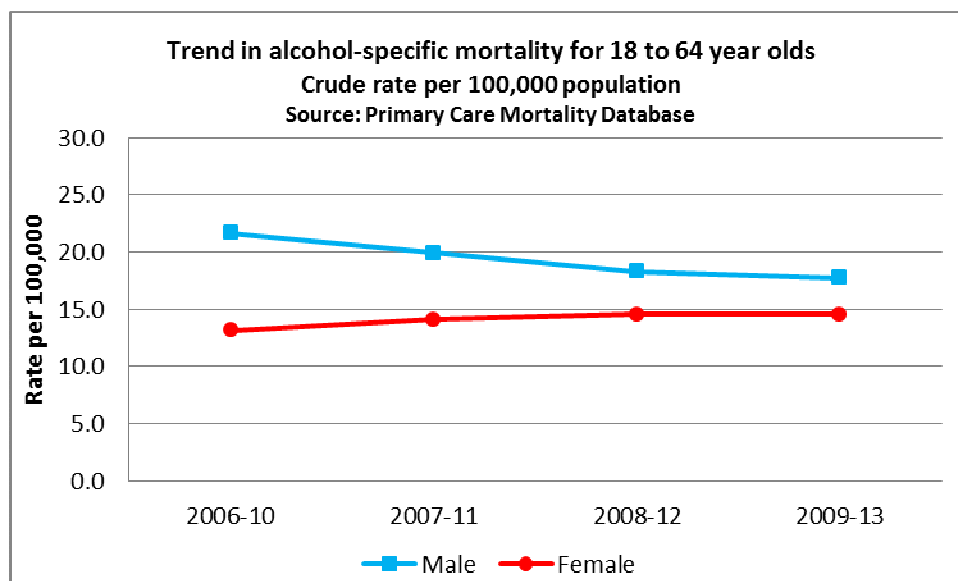
- Admissions among working age adults are highest among those aged 45 to 54
- The number of working age men admitted to hospital due to alcohol is higher than the number of working age women.
- Hospital admissions for alcohol-related conditions are not evenly distributed throughout the borough. The highest rates of hospital admissions related to alcohol are seen in Kingsway, Appleton, Mersey, Halton Castle and Halton Lea wards.
- In Halton a few individuals account for a large number of hospital admissions due to alcohol. During 2012/13 35 local people were admitted to hospital due to alcohol 4 or more times, in total these individuals accounted for over 200 hospital admissions.



**Alcohol-related mortality among working age adults**

- Between 2009 and 2013 there were 60 alcohol-related deaths among working age adults in Halton. The majority of those who died were aged between 45 to 54. The number of deaths among women due to alcohol has increased in recent years and there is now an even split of deaths among men and women.





**What are we doing in Halton to promote safe and sensible drinking among working age adults**

**Prevention**

- **Alcohol awareness campaigns:**  
 These campaigns are delivered in line with local and national campaigns, for example; Dry January, Know your limits, alcohol awareness week, Christmas campaigns, which aim to raise awareness of alcohol related harm and information and advice on lower risk drinking and local services available.
- **Alcohol education sessions:**  
 Education sessions are delivered to community members in order to increase awareness of the potential damage alcohol may cause, this looks at the impact of alcohol on physical and mental health and social impact.
- **Alcohol Health days:**  
 Alcohol health days are offered to organisations; such as workplaces and community venues for example, Haltons Vintage Rally or the Runcorn Carnival where the local community have the opportunity to seek advice around lower risk drinking in order for them to make an informed choice around their drinking. This may involve the use of the alcohol free bar, and opportunistic alcohol screening and brief alcohol advice may also be offered.

**Identifying alcohol problems in working age adults**

- In Halton the Health Improvement Team deliver a programme of Identification and Brief Advice (IBA) training to targeted front line staff to enable them to identify those at risk as a result of their drinking in the adult population of Halton at the earliest opportunity. This enables clients to receive brief alcohol advice based on their screening result and/or a referral into specialist alcohol service can be made to ensure that a comprehensive assessment is made and an appropriate treatment plan put in place for the individual. This is supported by the alcohol care pathway being covered within the training programme. Amongst those who are trained to routinely provide early identification and brief advice to

their clients are; health and social care teams, for example GPs, practice nurses, midwives and the police and fire service.

- Screening for alcohol misuse is included within health checks offered by GPs to certain groups of individuals

### Treatment

- Halton public health team commissions an **alcohol liaison service** at both Whiston and Warrington hospitals. The alcohol liaison service provides support with the medical management of patients with alcohol problems within the hospital, the implementation of case-finding strategy and delivery of brief advice within the hospital, liaison with community alcohol and other specialist services, and the education and support for other healthcare workers in the hospital.
- Halton public health team commission a **drug and alcohol integrated recovery service**, operated by Crime Reduction Initiative (CRI). The service provides rapid and open access to drug and alcohol treatment.
- Inpatient detoxification and residential rehabilitation services are available.

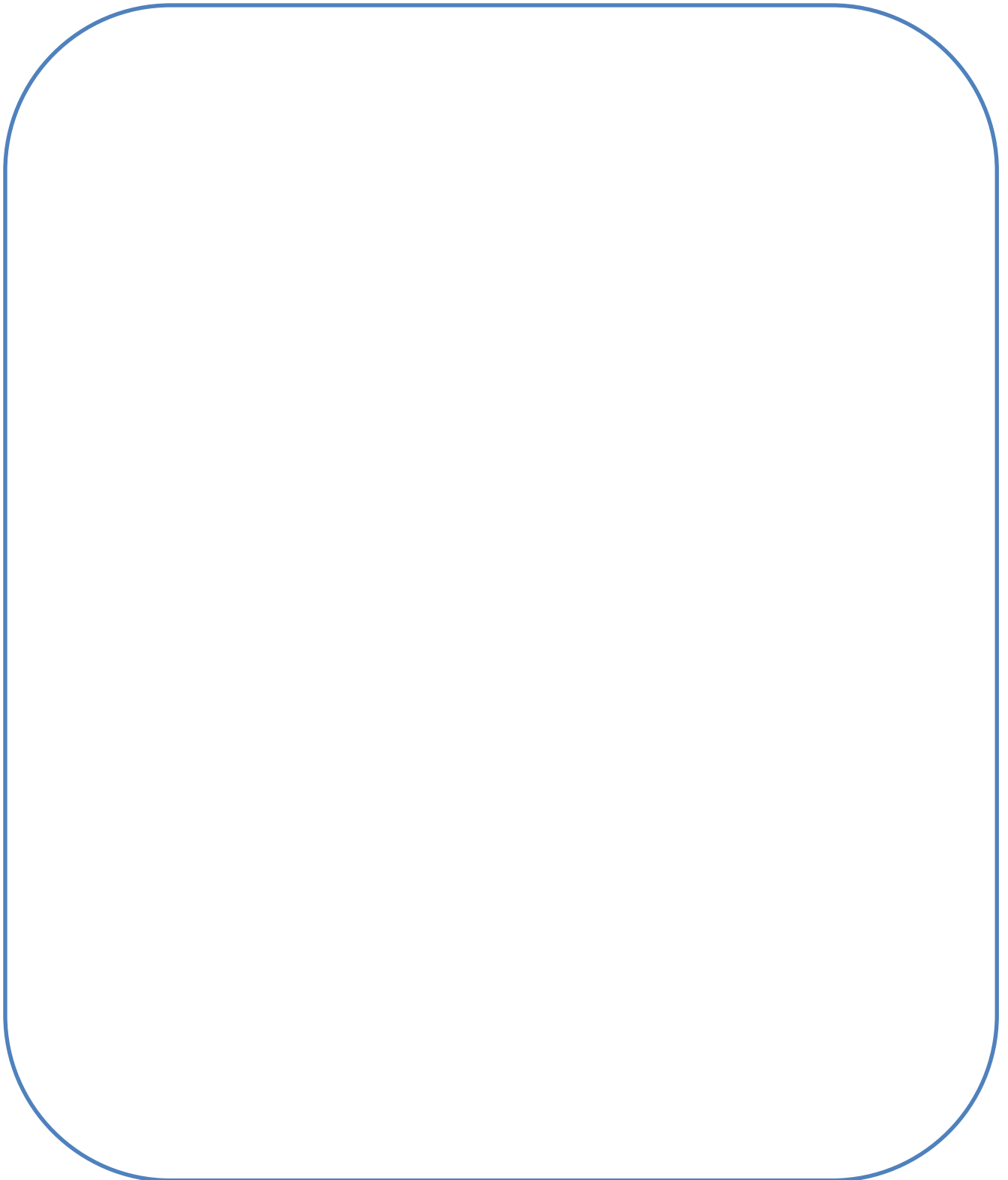
### Current gaps in activity

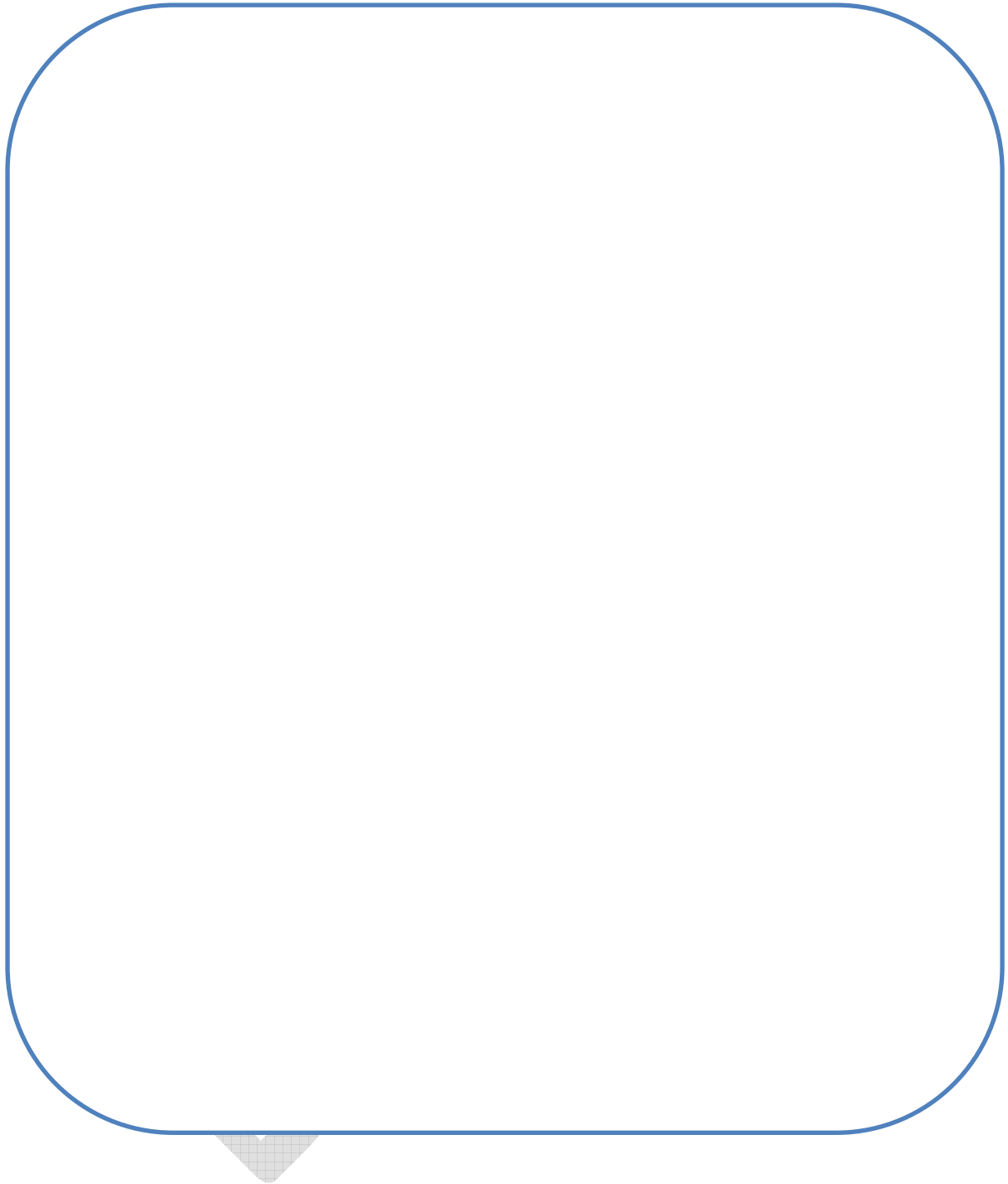
- We currently do not have a local social marketing strategy on alcohol aimed. This would help in changing attitudes and behaviour locally around alcohol among identified groups in order to prevent harm. This would ensure consistent and clear messages on safe drinking to be delivered across all agencies.
- We could do more to support local business in developing workplace alcohol policies.
- We need to ensure that clear referral pathways exist between services to support individuals who misuse alcohol. This should include a review of pathways for vulnerable adults e.g. the unemployed, veterans, offenders, people with mental health problems, homeless people, those with learning difficulties.



**Pictured: Elspeth Anwar (HBC), Cllr Marie Wright, David Parr Chief Executive (HBC), Cllr Dave Cargill, Cllr Norman Plumpton Walsh and Sarah Boycott Chief Superintendent (Cheshire Police) at the launch of Halton's 2014 Dry January campaign.**

**In order to promote safe and sensible drinking among working age adults we will:**





## 4. Ageing well: Reducing alcohol related harm in older adults

### Objectives:

- A. Increase awareness of the harms of alcohol among older adults
- B. Ensure the early identification and support of working age adults drinking above recommended guidelines
- C. Ensure working age adults identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support

Alcohol misuse among older people is often described as a hidden problem. Estimating the true size of the problem is difficult, however there is evidence that alcohol misuse is increasing in people over the age of 65.

### We know:

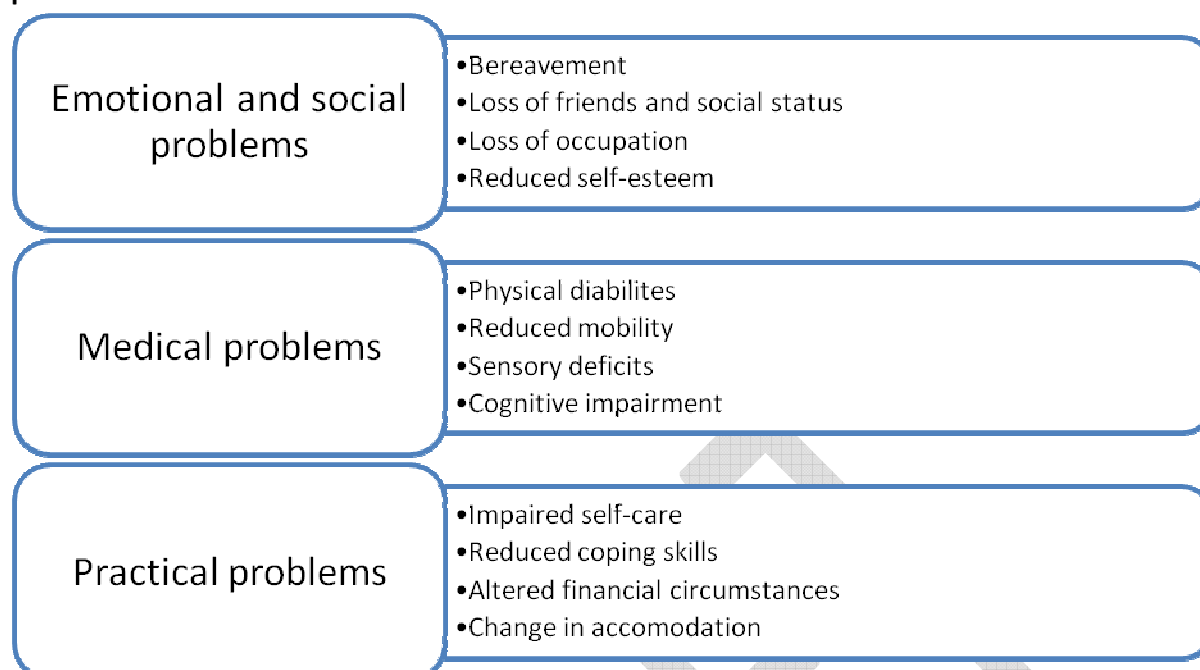
- Older people may have had a lifelong pattern of problem drinking (early onset) or may first develop drinking problems in later life (late onset). About a third of older people with drink problems develop them for the first time in later life.
- Older people are more sensitive to alcohol's effects, reacting more slowly and tending to lose their sense of balance. The liver becomes less efficient at breaking down alcohol as you age.

“Whilst the spotlight on excessive drinking generally falls on younger people, the most significant increases in alcohol related harm are actually in older age groups, with people aged 65 and over also reporting the highest rates of drinking on five or more days a week.”

**Age UK, 2014**

As individuals become older, they often experience significant life changes, for example, loss of family, friends and health, and changes in role such as retirement or becoming a caregiver for a partner or relative. These life changes may be associated with an increase in alcohol intake. Figure X illustrates some of the life changes that may be associated with alcohol problems in older people.

**Figure 2: Life changes that may be associated with alcohol problems**



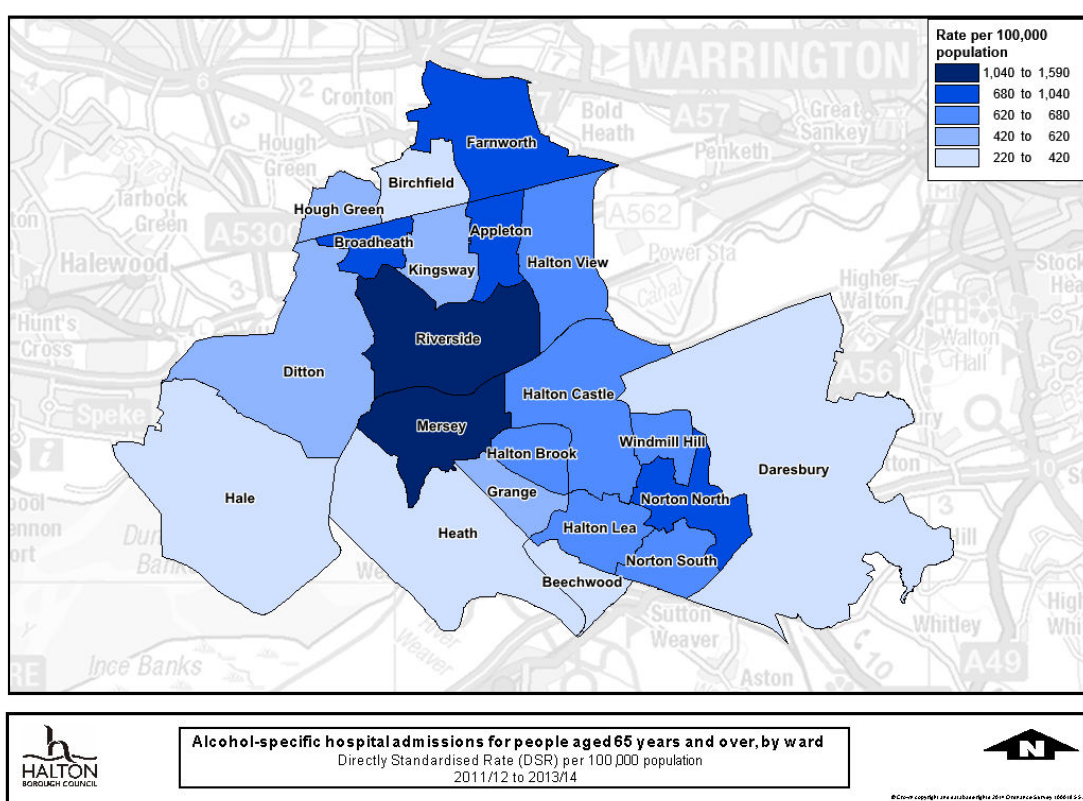
### **Drinking among older people in Halton**

There is evidence that today's population of older people may be relatively heavier drinkers than previous generations. There is little local data about drinking habits of older people, national data tells us:

- One in five older men and one in 10 older women drink enough to harm themselves, a rise of 40% in men and 100% in women over the past 20 years.
- 18% of those aged 65 and over drank alcohol on 5 or more days in the last week; more than any other age group,
- Older people are more likely to drink at home alone. This may mean that their drinking is hidden from friends and family. In addition measures poured at home are likely to be bigger than in pubs and restaurants.

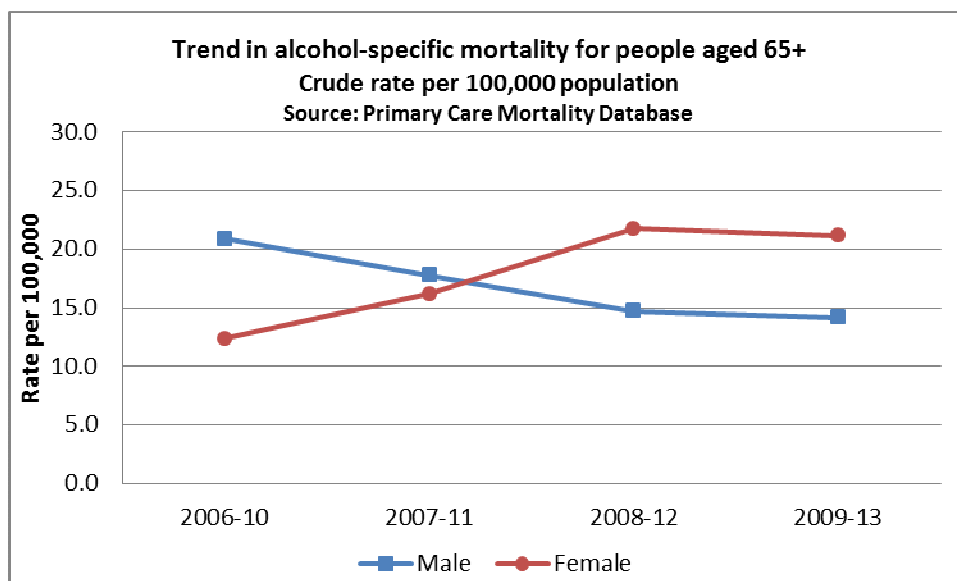
### Alcohol related hospital admissions among older people

- In 2013/14 there were 214 hospital admissions due to alcohol among those aged over 65 in Halton.
- The number of older men admitted to hospital due to alcohol is higher than the number of older women
- In Halton a few individuals account for a large number of hospital admissions due to alcohol. Last year 13 older people accounted for nearly 70 hospital admissions.
- Hospital admissions for alcohol related conditions among those aged 65 and over are not evenly distributed throughout the borough. The highest rates of alcohol-specific hospital admissions are seen in Mersey and Riverside ward.



### Alcohol-related mortality

Nationally mortality rates due to alcohol, among people aged 75 and over, have risen to their highest level since records began in 1991. In Halton between 2009 and 2013, 17 people (6 men and 11 women) died due to alcohol-related diseases. Unlike in younger age groups mortality rates due to alcohol are higher among women aged over 65 than men.



**What are we doing in Halton to promote safe and sensible drinking among older people?**

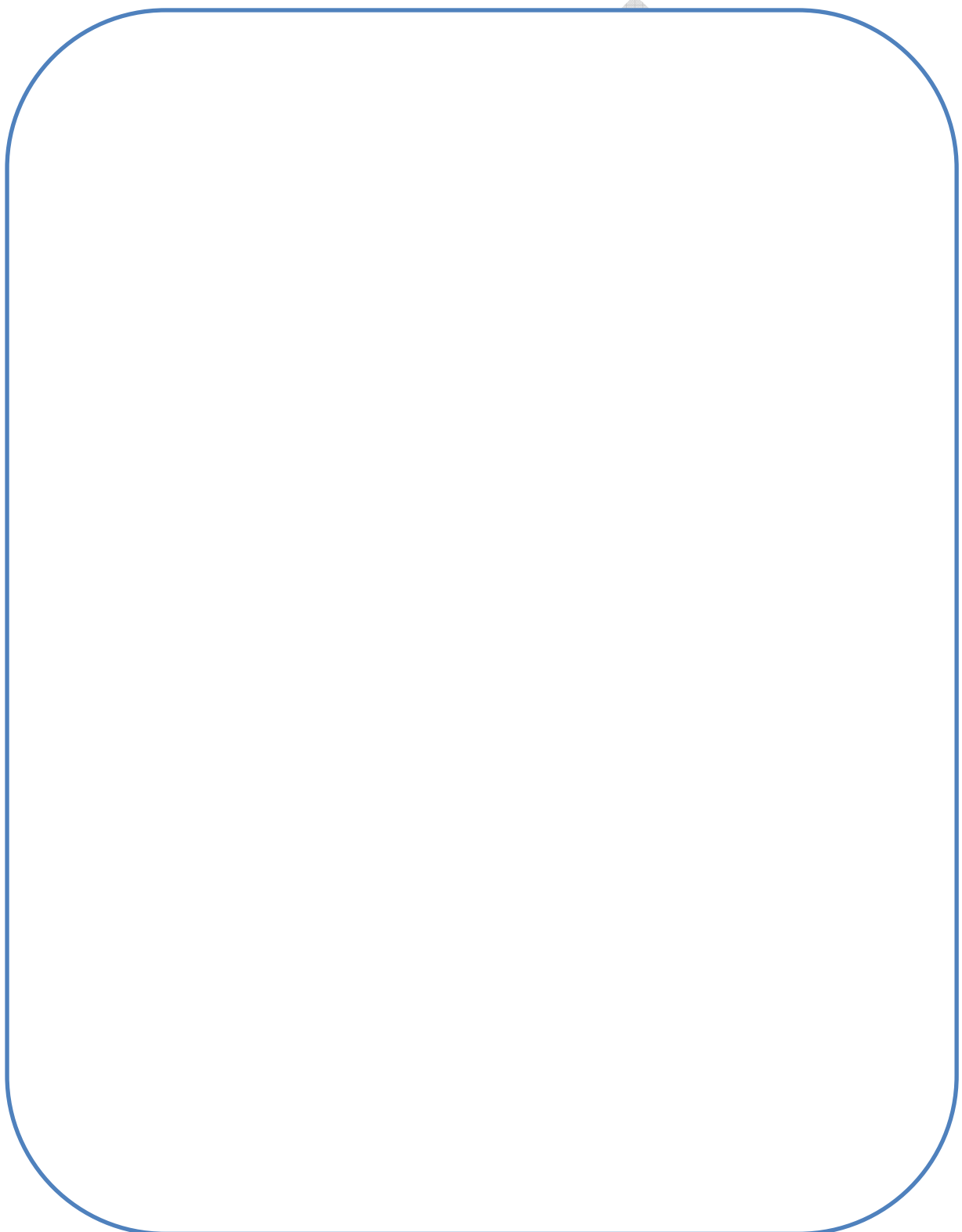
- The Health and Wellbeing service currently delivers alcohol identification and brief advice sessions (IBA). This enables front line staff to identify older people’s drinking levels using an AUDIT screening tool at an early opportunity and either offer brief alcohol advice or use an alcohol care pathway to ensure those who require it are referred into wider alcohol services.
- Falls awareness sessions delivered to staff and older people include sections on alcohol awareness.
- Halton Borough Council (HBC) conducts pre-retirement courses for employees to try and prepare them for the change of role associated with giving up work.
- Halton health and social care agencies have taken a partnership approach to tackling loneliness in older people across the borough. Loneliness awareness sessions are being developed for staff and older people as is a loneliness pathway. A loneliness awareness marketing campaign has been funded and is in the process of being developed.
- HBC and Bridgewater Community Healthcare NHS Trust staff (Sure Start to Later Life and Health Improvement teams) have formed the Health and Wellbeing service which focuses on older people’s needs. There is some evidence to indicate that alcohol interventions for older people are most effective when delivered by professionals who have an underlying expert knowledge of older people
- Our local alcohol treatment service (CRI) provides support for older people identified as dependent drinkers.



**What more could we be doing?**

- We currently don't know how many older people locally drink above recommended guidelines and if excess drinking is perceived as a problem by this age group.
- There is an opportunity to train front line staff who work with older people to identify and support older people who misuse alcohol. This includes when and how to refer to local treatment services.
- Very few older people are currently engaged with alcohol treatment services locally.

**In order to reduce alcohol related harm in older people we will:**

A large, empty rounded rectangular box with a blue border, intended for text input. The box is positioned below the section header 'In order to reduce alcohol related harm in older people we will:' and occupies the lower half of the page.

## 5. Keeping our local communities safe from alcohol-related harm

As well as causing significant harm to local individuals and families alcohol also causes significant harm to our local communities. Alcohol consumption is directly associated with crime and anti-social behaviour and violence and aggression (including domestic abuse).

Link to Objectives:

- D. Increase awareness of the harms of alcohol among our local communities
- E. Reduce levels of alcohol-related crime and disorder
- F. Prevent alcohol-related domestic abuse
- G. Ensure the local licensing policy and enforcement activity supports the alcohol-harm reduction agenda
- H. Promote a diverse night-time economy
- I. Work to influence government policy and initiatives around alcohol: : 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective

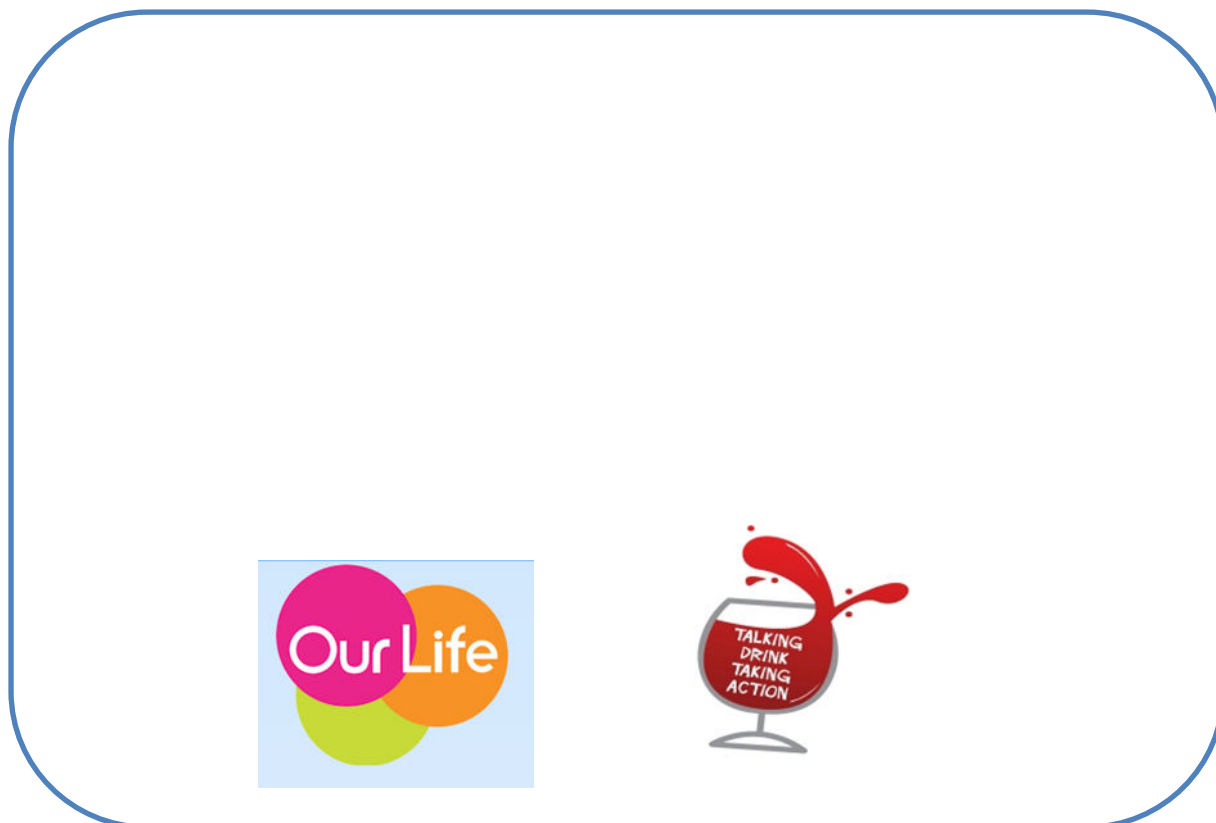
### Increase public awareness of alcohol-related harms

We recognise that we need to engage the local community in Halton in looking for shared solutions for tackling alcohol-related harm. Whereas most smokers want to quit many people who drink alcohol to harmful levels are not aware they may be putting their health at risk, the Department of Health found that 83% of those who drink above recommended guidelines do not think their drinking is putting their long-term health at risk and only 18% of people who drink above the guidelines say they actually want to change their behaviour.

Similar beliefs have been found locally. The Health Improvement Team spoke to local men aged 35 to 54 from working class backgrounds to explore their drinking habits and to see whether they saw their drinking as causing harm. This research identified that despite high alcohol consumption the vast majority did not see their drinking as a problem – it was a completely normal behavior among their peers. They were resistant to messages to change behaviour. The minority who did recognise the need to change were resistant to seeking support due to the stigma associated with this.

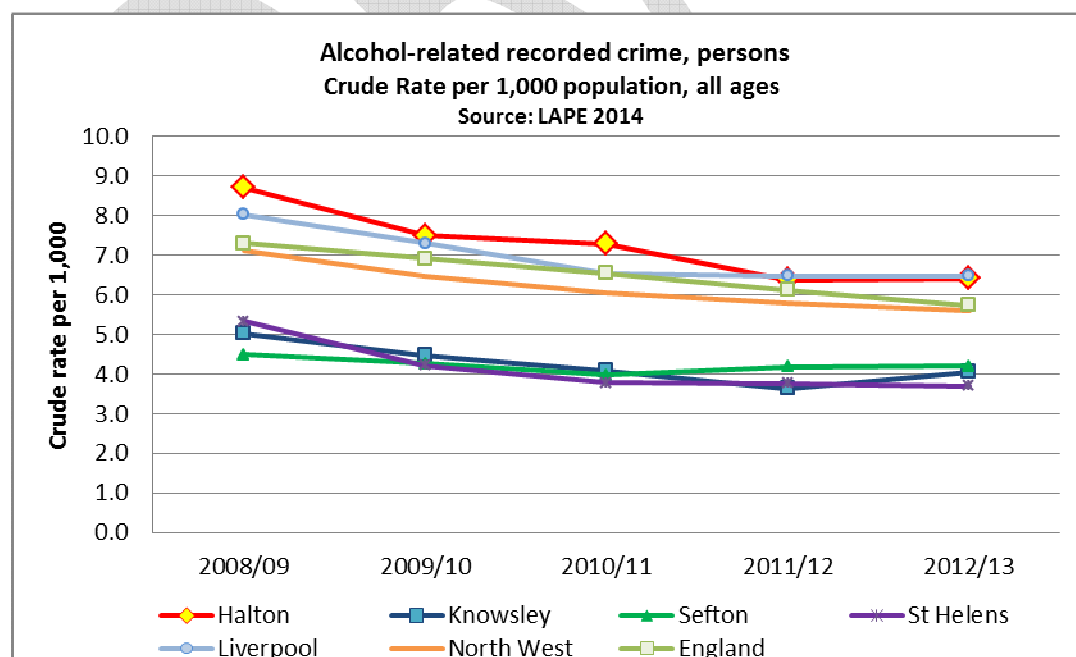
We need to raise public awareness of the harms alcohol are causing our local communities and seek shared solutions to tackle these harms.

**In order to increase awareness of alcohol-related harms we will:**



## Reducing alcohol-related crime and anti-social behaviour in Halton

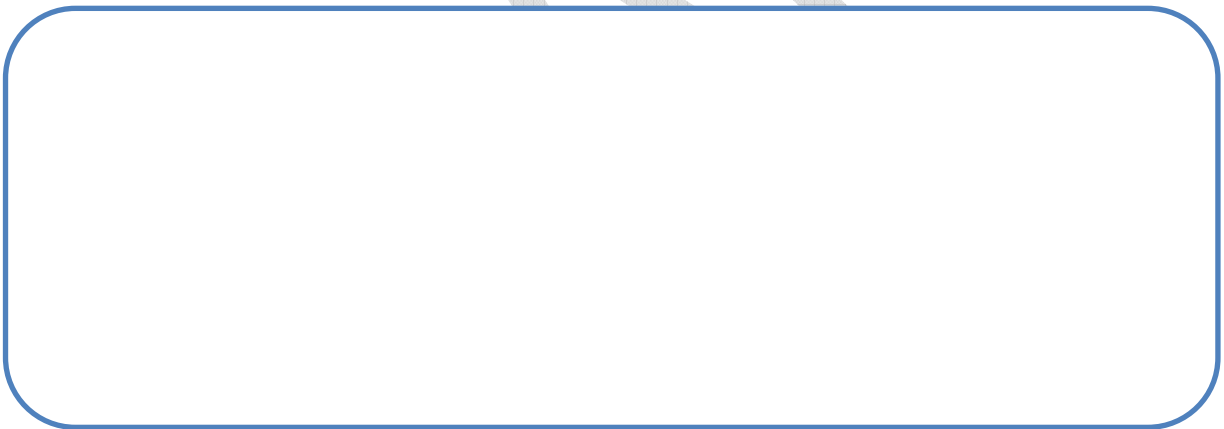
Excess alcohol consumption is directly associated with crime, anti-social behaviour, violence and aggression (including domestic abuse). Good progress has been made in reducing alcohol-related crime locally. Between 2008 and 2012 Halton had the greatest decrease in the rate of alcohol-related recorded crime within Merseyside. However rates remains higher than the North West and England averages.



### Current local activity

- Ensuring a visible police presence in town and city centres during hot-spot times.
- Enforcing 'banning orders' for individuals who have been barred from premises or arrested for drink-related violence or disorder.
- Targeting named offenders of violent crime and potential alcohol-related crime 'hotspots', and late night cafes, bars and clubs.
- Seizing alcohol from people drinking in an anti-social manner within designated no drinking zones, and arresting those who fail to comply.
- Greater use of CCTV to diffuse potential disorder in town centres.
- Issuing Direction to leave orders, which give police officers the power to tell anyone aged 16 or over to leave a particular area for up to 48 hours. These are generally issued in the night time economy and are for people who are drunk and disorderly but fall below the threshold of behaviour that requires an arrest. The offenders are sent a health pack and advice on local alcohol support services. If an individual comes to our attention twice then a joint visit with a police officer and health professional is arranged.
- Offenders arrested whilst drunk are usually visited by health workers in custody and are offered alcohol advice and referrals to local alcohol support services.
- All police officers and Police community support officers have been trained in the early identification and support of those who misuse alcohol. This includes when and how to refer to local treatment services.

**In order to reduce alcohol-related crime and anti-social behaviour in Halton we will:**



## Preventing alcohol-related domestic abuse in Halton

Alcohol is a contributing factor in many cases of domestic abuse. In Halton around 50% of domestic abuse incidents discussed at Multi-Agency Risk Assessment Conference (MARAC) each year involved alcohol as a contributing factor

### Current local activity

- A Halton domestic abuse and sexual violence strategy is under development. The strategy will promote joint working to improve the risk identification, assessment and management of domestic abuse and sexual violence in Halton. There is also an action plan in place which specifies what will be done, by whom and when in order to reduce incidences of domestic abuse and sexual violence as well as support victims and their families.

**In order reduce alcohol-related domestic abuse in Halton we will:**



## **Ensure the local licensing policy and enforcement activity supports the alcohol-harm reduction agenda**

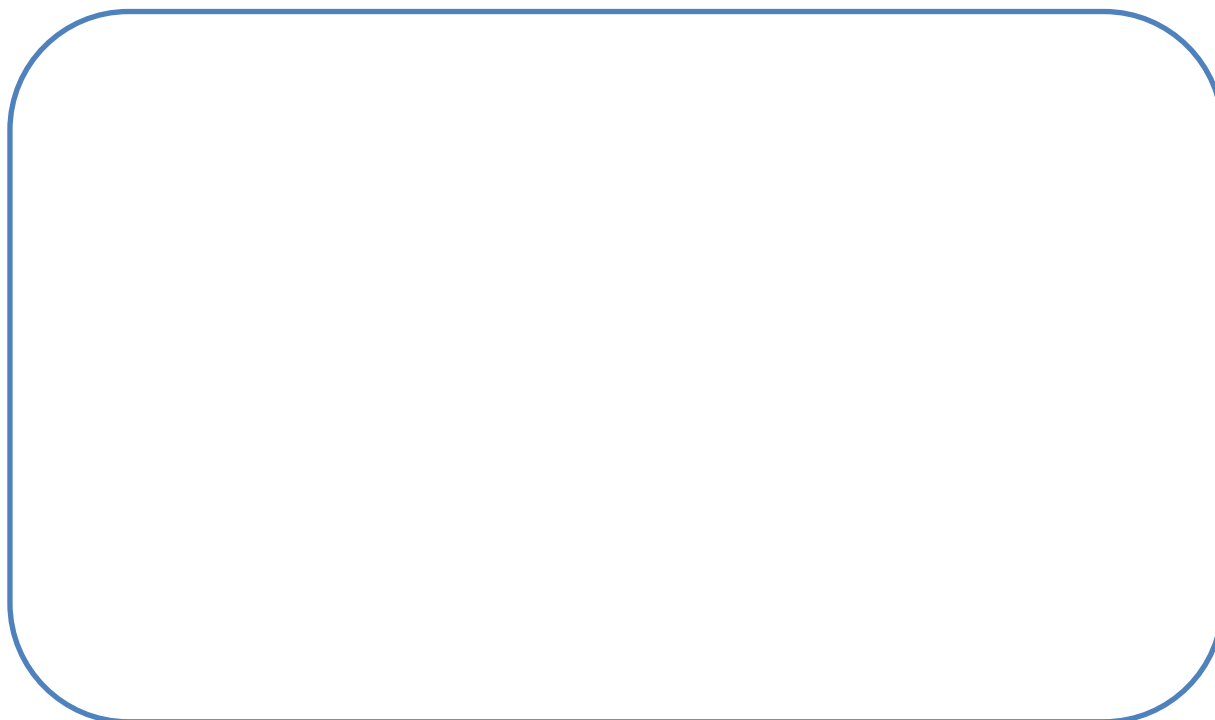
Halton Borough Council is directly responsible for controlling alcohol provision through licensing, planning and trading standards.

Effective licensing enforcement has an impact on drinking behaviour and failure to enforce the law leads to higher levels of alcohol consumption in the population. In Halton, the council and Cheshire Police work with licensed premises and off licenses to ensure they adopt more responsible approaches to the sale of alcohol.

### **What are we doing in Halton to ensure the local licensing policy and enforcement activity supports alcohol harm reduction?**

- A multi-agency alcohol harm reduction meeting is held once a month. At this meeting all Temporary Event Notices/ Licence variations and new licences of note are discussed. Premises that have had incidents are discussed and further actions agreed. These may vary from a warning to the generation of a joint action plan or in more extreme cases a full license review and prosecution.
- Licensing enforcement officers work with licensed premises to voluntarily improve practice as per the guidance of the licensing act. This has the added benefit that the trade actively works in partnership with us and results are achieved far faster than through a judicial process.
- Police and trading standards conduct joint visits to licensed premises to ensure conditions are being complied with and fraudulent or phoney sales are not being undertaken. Test purchase operations are run for underage sales.
- Operation Stagger – this is a plain clothes operation used at premises when we have intelligence that they are repeatedly serving drunks. Observations by officers will result in ID advice, action plans or prosecutions.
- Licensing enforcement officers work with the door staff to ensure they act proportionately when dealing with incidents, contact the police when required, are readily identifiable and keep a record of all incidents for examination by police.
- Pub watch – the licensing team and police support both the Widnes and Runcorn pub watch schemes and work closely with the trade to promote pub watch bans of offenders.
- ArcAngel – this is the Cheshire equivalent of Best bar None and is a scheme promoting minimum standards of safety and responsible retailing within the borough. Over the past 3 years fifteen premises in Halton have joined the scheme with others on the way.

**In order to ensure the local licensing policy and enforcement activity supports the alcohol-harm reduction agenda we will:**



### **Promoting a diverse and vibrant night-time economy in Halton**

The aim of creating a more diverse and vibrant night-time economy is intended to broaden the range of businesses offering activities that do not centre on drinking alcohol. The night time economy locally brings many positive benefits, from job creation, spending in our local economy and provision of a diverse range of activities for local people, including restaurants, arts centre, ice rink, cinemas etc. We want to encourage a wide range of age groups to make use of a night-time centre and to offer alternatives to going out to get drunk. We believe that this could have significant benefits in helping to reduce crime and disorder and reducing health harms as well as benefiting the local economy.

**Purple Flag** is a national accreditation scheme that recognises excellence in the management of town and city centres at night. Town centres that achieve a Purple Flag will be those that are safe, vibrant, appealing, well-managed and offer a better night out. Purple Flag aims to raise standards and improve the quality of our towns and cities at night. Just as Blue Flag is an indicator of a safe/clean beach and Green Flag an indicator of a good open space/park, Purple Flag is set to be the indicator of where to go for a good night out and will bring positive publicity for successful town and city centres.

#### **What are we doing in Halton to promote a diverse and vibrant night time economy?**

- The council recently conducted a review of the night time economy across Halton. The report made recommendations to improve and diversify the night time economy within the borough.

**In order to promote a diverse and vibrant night-time economy in Halton we will:**

### **Work to influence government policy and initiatives around alcohol**

There are some actions we know will reduce alcohol-related harm that cannot do locally and require Government action.

#### **A 50p minimum unit price (MUP) for alcohol**

Of all the alcohol sold, very cheap alcohol products play the biggest part in driving alcohol-related harm. Minimum pricing would not affect every drink – only those which are sold at an unacceptably low price. By introducing a minimum price per unit of alcohol, drinks with a high number of units, which are currently being sold at low prices, will see the greatest change in price. We believe that introducing a minimum price for alcohol of 50p a unit will have a positive impact on reducing alcohol related harm in Halton.

#### **Restrictions of all alcohol marketing**

Awareness of alcohol advertising is associated with the onset of drinking among young people and increased consumption among those who already drink. All of the evidence suggests that children and young people should be protected as much as is possible by strengthening the current regulations.

#### **Public health as a fifth licensing objective**

Evidence suggests that alcohol availability impacts upon alcohol-related harm. Based upon this evidence NICE have recommended that legislation on licensing should be revised to include protection of the public's health is one of its objectives.

**In order to influence government policy and initiatives around alcohol we will:**



## Strategy delivery

### Expenditure on reducing alcohol-related harm

From April 2013, responsibility for the commissioning of local substance misuse and alcohol services transferred to the Local Authority. In-patient and Community treatment budgets for alcohol, used to contract provision from Mersey Care NHS Trust and Crime Reduction Initiatives (CRI) respectively, also transferred into the Public Health allocation.

The following financial breakdown is based upon current direct expenditure in alcohol services and does not reflect all of the wider universal and targeted activity that is commissioned locally. Such expenditure, on areas as diverse as School Nursing, Health Visiting, Primary Care, or voluntary and community sector activity, can have a direct impact upon the services available to reduce the harm caused by alcohol in the community, but does not fall within the direct influence of the alcohol strategy and action plan.

Cheshire Police also and the Halton community safety team play a key role in reducing alcohol-related crime and anti-social behaviour. This work is undertaken within wider crime reduction activity and cannot therefore be assigned a financial cost currently.

#### Reducing the harm from Alcohol – Financial Information (based on 2014/15 Budgets)

Halton Borough Council – Integrated Community Substance Misuse Services*	£1,676,290
Halton Borough Council – Public Health Alcohol Initiatives	£266,500
Halton Borough Council – Universal and Targeted Youth Harm Reduction	£450,000
Halton Borough Council - Specialist young person's substance misuse service	£200,000
<b>Total</b>	<b>£2,592,790</b>

\*The budget for the integrated service includes both alcohol and drug related community based treatments.

The Alcohol Strategy Implementation Group has agreed to work in partnership to agree future funding towards achieving the agreed objectives and outcomes.

## How will we measure success?

This strategy is supported by a detailed action plan outlining responsible leads, timescales and outcomes to be achieved; this is included as Appendix 1. The strategy development group will continue to meet as the Alcohol Strategy Implementation Group in order to ensure progress towards meeting the agreed objectives and outcomes. Regular updates on progress will be provided to the Halton health and wellbeing Board and the Safer Halton partnership.

In order to achieve our vision and minimise the harm from alcohol in Halton the strategy will seek to deliver three interlinked outcomes:

1. Reduce alcohol-related health harms
2. Reduce alcohol-related crime, antisocial behaviour and domestic abuse
3. Establish a diverse, vibrant and safe night-time economy.

High level indicators have been selected in order to monitor progress towards each of these outcomes:

Outcome	Indicators
1. Reduce alcohol-related health harms	Under 18 alcohol-specific hospital admissions Alcohol-specific hospital admissions (working age adults 18-64) Alcohol-specific hospital admissions (older adults 65+)
2. Reduce alcohol-related crime, antisocial behaviour and domestic abuse	Alcohol-related recorded crime Alcohol-related violent crime Alcohol-related sexual crime
3. Establish a diverse, vibrant and safe night-time economy.	Reductions in crime and anti-social behaviour within Runcorn and Widnes town centres Improved public perception of town centres at night

Progress towards these indicators will be monitored by the Alcohol Strategy Implementation Group. The suitability of the indicators and inclusion of additional indicators will also be reviewed at regular intervals.