Agenda Item No: 14
Safer Stockton Partnership
15 September 2009

STOCKTON CALLS TIME ON ALCOHOL HARM.
(ALCOHOL STRATEGY 2009-2012)

Foreward from Chief Execs, Signatures & Photos

Executive Summary

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2.1 National

Both the Department of Health and the Home Office have released a number of documents, strategies and Acts which are intended to provide guidance on best practice in relation to reducing the harms associated with alcohol. There are a number of key areas/themes which are identified as priorities, attainment of which should result in the improvement. They are as follows;

- Prevent alcohol induced crime and anti-social behaviour.
- Ensure that consumers are aware of the potential dangers of alcohol through improved programs of education and communication.
- Improve the identification of alcohol related problems so people are treated more quickly.
- Increase the amount of evidence based support available for those people who want to reduce there alcohol intake.
- Reduce the amount of alcohol consumed by young people.
- Ensure that the alcohol industry is accountable for marketing and promoting alcohol more responsibly.

(For more detailed information on the above please see appendix 10.1)

2.2 Regional

Regionally, the national information has been embraced and built upon to reflect and represent the needs which have been highlighted here within the North East. Work which was carried out by the North East Public Health Observatory (NEPHO) 2006, identified that people in this region were more likely to drink heavily than adults in the rest of England, that there is a higher prevalence of hazardous and dependent alcohol consumption in the North East region, that alcohol related morbidity among both men and women is higher than in the rest of England, and that the overall cost of alcohol to the region is £1billion per year. The region has responded to this information by producing strategies and identifying priorities which address the above, these are summarized as;

- Supporting and promoting preventative approaches.
- Ensuring the public are protected by enforcing the law.
- Increasing the availability of brief interventions, and
- Utilise social marketing approaches to build an awareness of the dangers of alcohol and assist in developing a public aversion to drunkenness.

(For more detailed information on the above please see appendix 10.2)

2.3 Local.

The locality have taken a health and well being approach to alcohol consumption, and thus all strategies and plans reflect this. An outline of the key themes follow;

- Reduce anti-social behaviour and crime.
- Reduce substance misuse among children young people and reduce the effects of alcohol on children, young people and families.
- Enable frontline staff to identify early problematic alcohol use and make appropriate referrals.
- Deliver treatment services which are evidence based and cost effective.

(For more detailed information on the above please see appendix 10.3).

3 Impact of Alcohol

Cost of Alcohol:

The sale of alcohol generates a considerable amount of money, with expenditure in UK households in 2005 amounting to £41.9billon, which supported employment within manufacturing, retail and leisure sectors. However it is estimated that the total cost of harm from alcohol nationally is between £17.7billion and £25.1billion. Of this the cost to the NHS in terms of inpatient stays, A&E visits and ambulance journeys is £2.7billion. Within the North East region the total cost of alcohol per annum is an estimated £1billion. In Stockton the cost attributed to alcohol related hospital admissions during the period of 2007-2008 was a minimum of £1.8million.

Harms to Health:

The harm caused to an individual as a result of alcohol consumption can be both acute (short term) and chronic (long term). Young people are most likely to be affected by alcohol in the short term, thus generally are accidental in nature. The Department of Health has produced a list of 46 conditions which are caused by or strongly correlated with alcohol consumption. These range from alcoholic liver disease to mental health and behavioural disorders and inclusive of cardiovascular conditions. There has been a national trend in the rise in alcohol related and attributable conditions, with admissions equating to around 80,000 rise each year. This makes up around 6% of all NHS admissions. Locally this trend has been observed with an increase in admissions rising over the past 5 years with a continued upward trend.

Trends in Alcohol Consumption

The rise which has been witnessed in hospital related admissions mirrors the increase in amount of alcohol consumed. The latter correlates with two developments: a shift in what people are drinking in relation to strength and affordability, but most significant is the increasing trend of people drinking at home. The results of an household survey undertaken in ?? identified that 43% of people in managerial and professional households were more likely to exceed the recommended daily amounts of alcohol on their heaviest drinking day, compared to 32% of routine and manual households.

Violence and Anti-Social Behaviour

Alcohol is a significant contributory factor to violent crime, with alcohol being associated with most violence committed by a stranger and resulting in wounding. There is an estimated one million attacks occurring each year in the UK by people who are under the influence of alcohol. In 2008 the Cleveland constabulary dealt with 10,606 alcohol related incidents alone, with the majority occurring between the hours of midnight and 6am.

Affordability

Price significantly influences young people and those drinking at heavier levels (those who could experience greatest harm), more so than those who drink moderately or occasionally. The notion that alcohol has become 50% more affordable in the last 25 years is reflected in the observed admissions to hospital as a result of alcohol related harm.

Labelling

More than 10 years after the agreement which stated that the alcohol unit content of a drink should be present on all bottles and labels, only 57% of products contained this information.

Hidden Harm

It is estimated that around 1.3 million children are harmed every year in the UK through excessive alcohol consumption within the family.

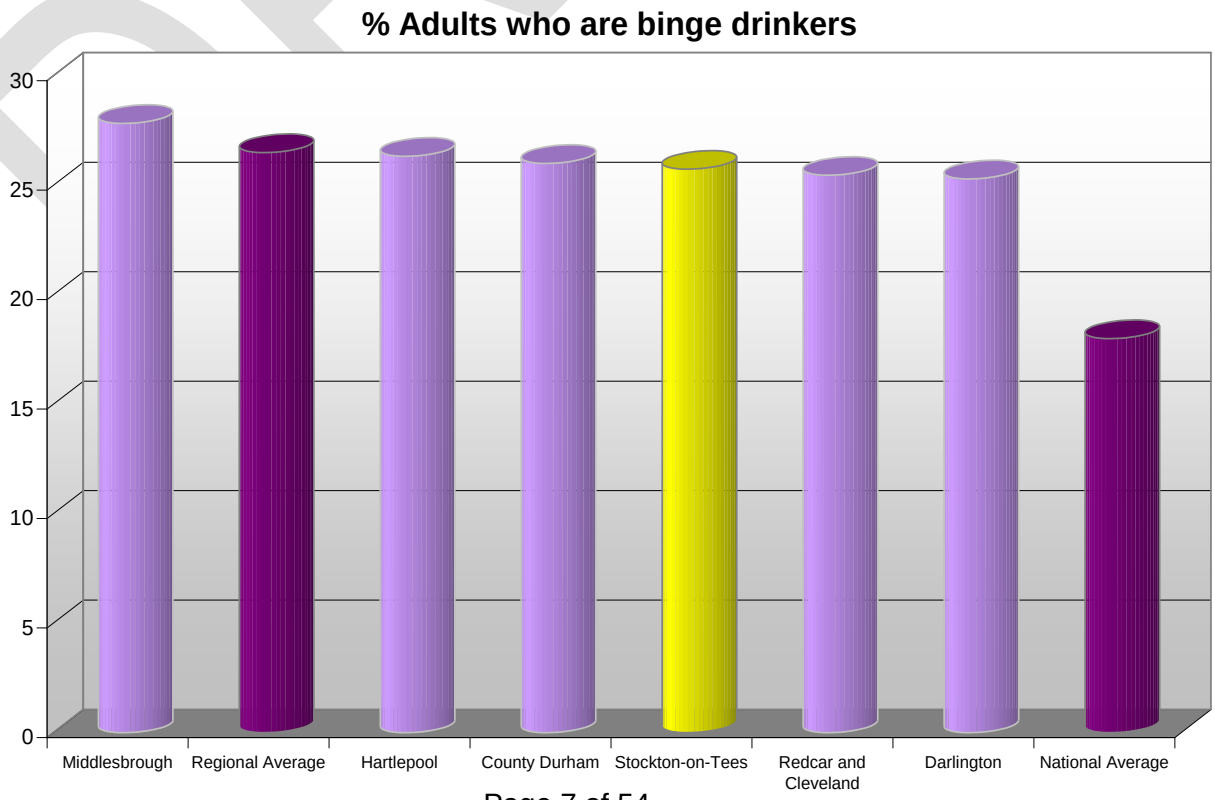
4 Local Alcohol Profile

To ensure the alcohol profile for Stockton-on-Tees is put into context, the first part of this section will outline and describe how alcohol consumption is classified and the approach adopted for treatment provision.

Models of Care Alcohol Misuse, identifies four main categories of alcohol misusers based upon the World Health Organisation's categorisation. This provides a conceptual framework to aid the commissioning process in relation to ensuring that appropriate treatment services are available to meet the differing needs. The categories are as follows:

Hazardous Drinkers

Hazardous drinking is defined as regular excessive weekly consumption (over 21 units for men; over 14 units for women). Hazardous drinking refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user. Stockton is identified as having the highest population within Teesside of people drinking at hazardous levels, and is the third highest within the North East Region. *Binge drinking* is also considered within the hazardous drinking category and is defined as men who consume in excess of 8 units a day and women consuming 6 units. It should be noted that although some people may not exceed what is recommended within a period of a week, they are still exposing themselves to increased risk in both the short and longer term. Although Stockton-on-Tees falls third within Teesside for binge drinking, the Borough is thirteenth out of a possible twenty-three within the region, in a region which is amongst the highest rates nationally. As the graph below clearly indicates, binge drinking levels in Stockton-on-Tees are significantly higher than the national average.

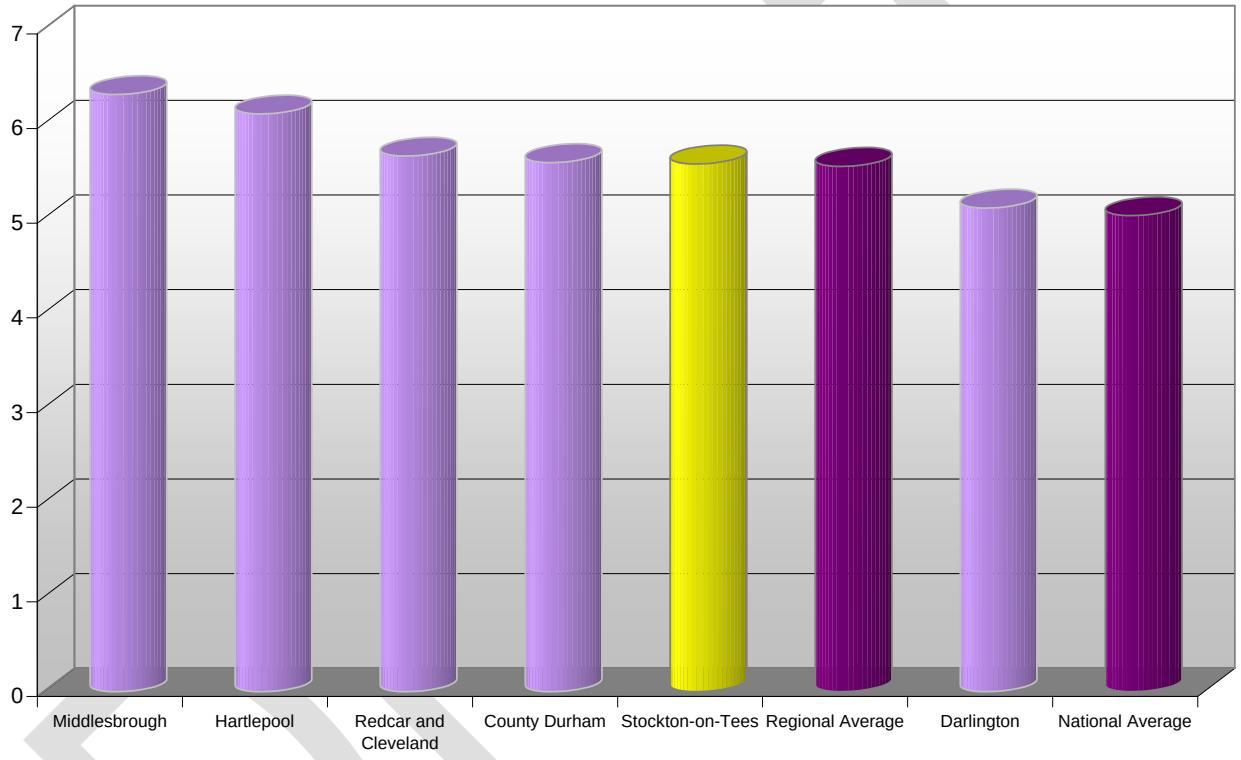


During an on-line survey carried out across Teesside it was identified that nearly half of the individuals who responded from Stockton consumed between 3-6 drinks on one occasion, thus the actual number highlighted may be underestimated.

Harmful Drinkers

Harmful drinking is defined as consumption over 50 units per week for males and 35 units per week for females. Harmful drinking is a pattern of use which is already causing damage to health. Such damage may be physical and/or mental. Again, although Stockton-on-Tees appears to have the least number of harmful drinkers within Teesside, regionally the area sits tenth out of twenty-three. Most significantly however, Stockton-on-Tees harmful drinking levels are higher than both the regional and national average levels.

% of Adults Consuming Harmful Levels Per Week



Dependent Drinkers

Dependent drinkers have been broken down into two groups by MoCAM. These comprise of moderately and severely dependent; both of which characteristically have a psychological dependence. The main difference between these two categories is the intensity of treatment which is required. Moderately dependant drinkers may recognise that they have a problem but have not yet reached the point at which they need to consume alcohol in order to relieve withdrawal symptoms. Severely dependant drinkers may have formed a habit of relief drinking and have long-standing problems with alcohol. Drinkers within these categories would benefit from specialist structured treatment.

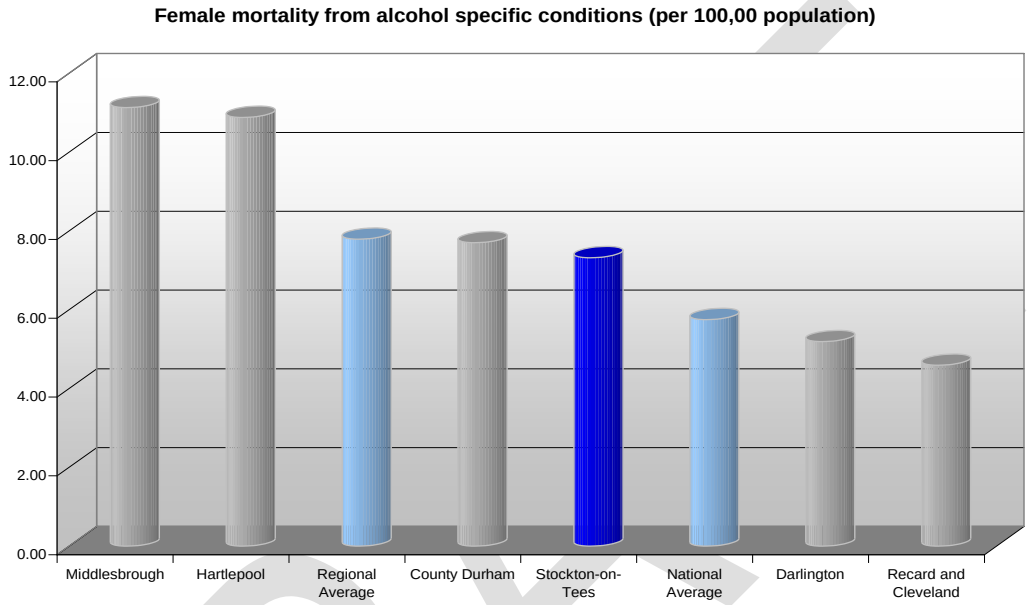
Thus, it is recommended that a local alcohol system should consist of two main components:

- Targeted and opportunistic screening and simple brief interventions for hazardous and harmful drinkers.
- Care-planned treatment for moderately and severely dependent drinkers in specialist substance misuse settings.

MoCAM advises that a four-tiered framework of provision for alcohol treatment should be adopted to act as a conceptual framework to guide commissioning. Commissioners should ensure that all four tiers of interventions are commissioned in a local alcohol treatment system.

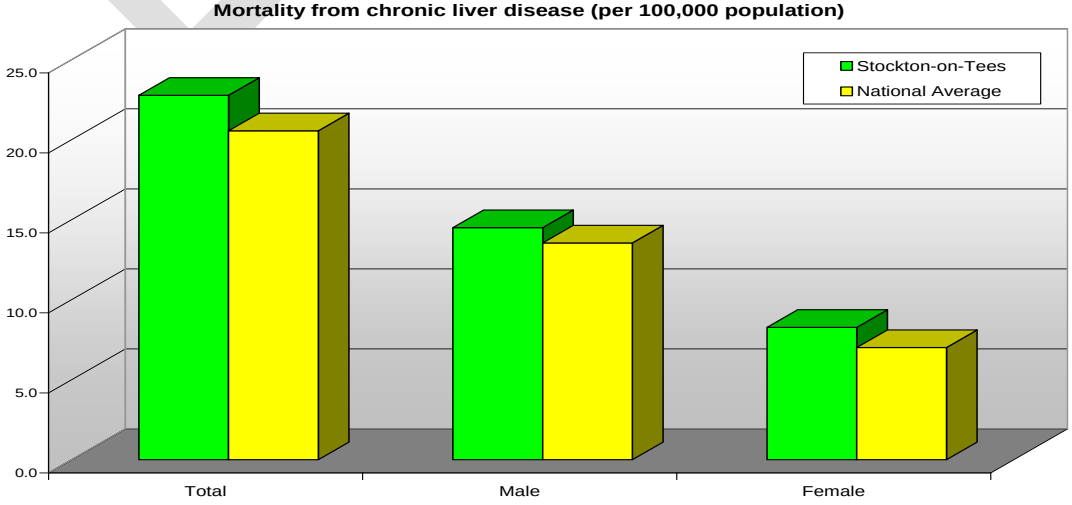
Having outlined the above numbers per 100,000 population, it is important to put it into context in relation to estimated numbers of individuals there are within each category, thus the potential numbers to treat locally. It is calculated that within Stockton-on-Tees there are 28,000 people consuming alcohol at hazardous levels, 11,000 consuming at harmful levels and 4,000 who are either physically and/or psychologically dependent upon alcohol, thus consuming at this level.

Alcohol related deaths

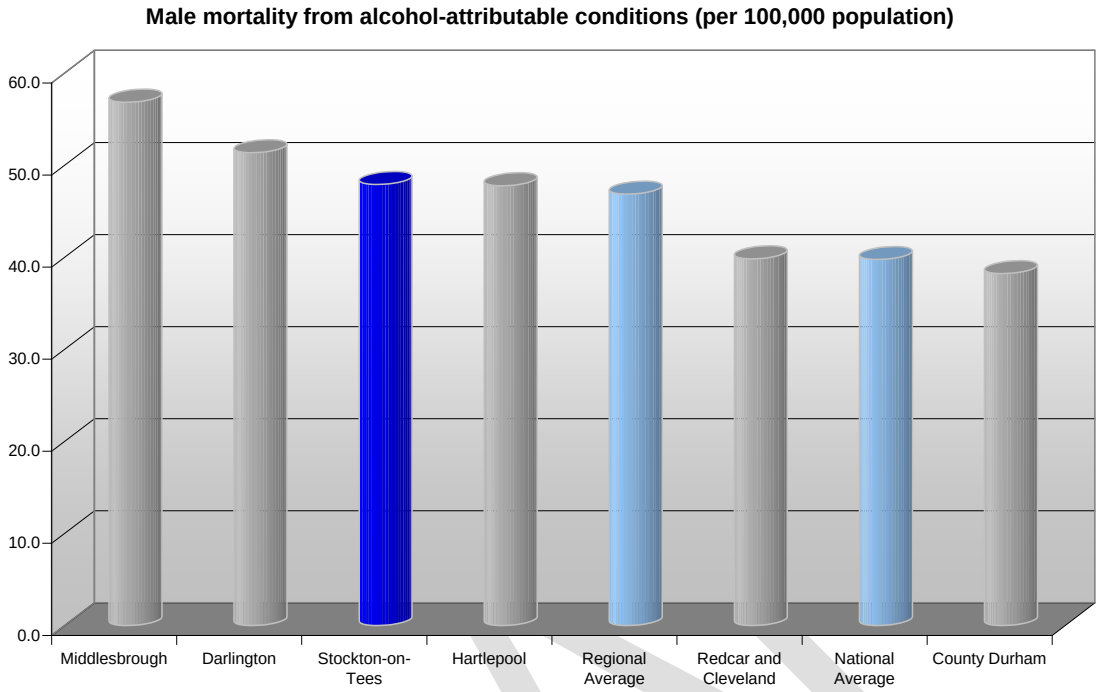


As the above graph indicates, the Stockton-on-Tees experiences 27% more female deaths from alcohol specific conditions (per 100,000 population) than the national average. In comparison to other localities such as Darlington and Redcar and Cleveland, the elevated levels of mortality rates from alcohol specific conditions are as much as 41% and 59% respectively.

The following graph also gives an indication as to the increased numbers of deaths the Stockton-on-Tees area suffers from chronic liver disease, in comparison to the nation as a whole. In particular Stockton-on-Tees has 7% more male deaths (per 100,000) from chronic liver disease than the national average, and in total the region has 11% more deaths from this condition. Perhaps most worryingly of all however is the fact that the Stockton-on-Tees area experiences 18% more female deaths from chronic liver disease than the national average.

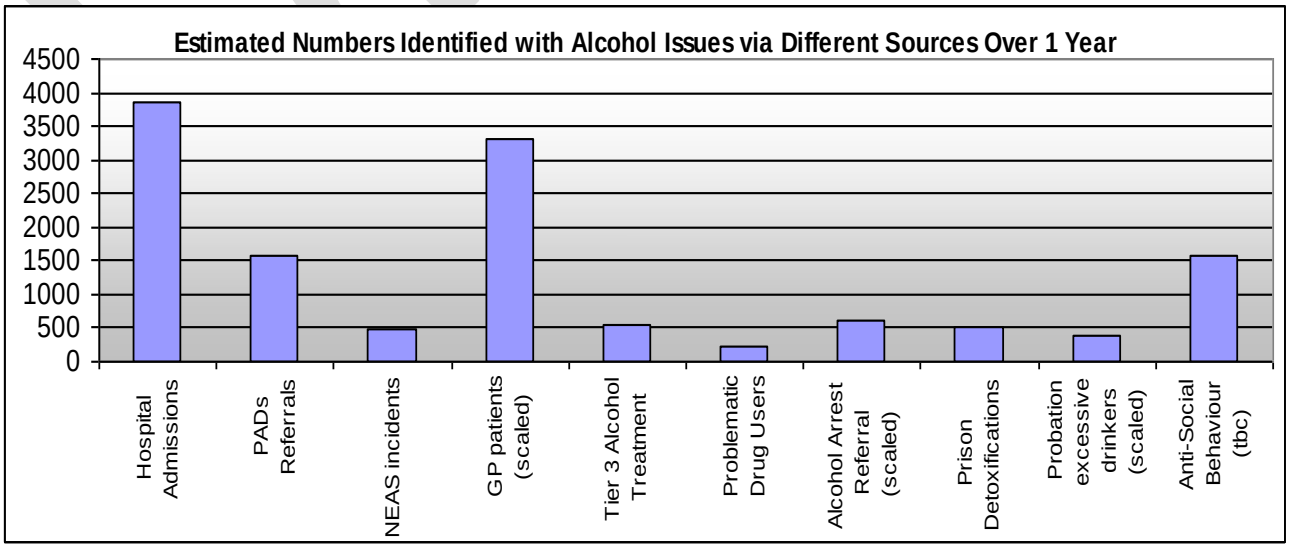


Finally, it is estimated that approximately 70% more men than women die from directly alcohol-related causes. This trend is observed locally. Stockton-on-Tees again suffers 12% more deaths than the national average. Of particular concern in this respect is that male deaths from alcohol-attributable conditions are not only higher than the regional average, but are 21% higher than the nation as a whole.



5 Local Data on Numbers Affected by Alcohol

The following sections provide information on Stockton individuals identified from local data sources as being affected by alcohol. The chart below provides a summary of some of the larger numbers identified. Where figures were not available for a full 12 months, they have been scaled up to provide a more comparable picture, however these are only estimates. It is not possible to simply add up the different numbers to give a total number of people affected by alcohol within Stockton, given both the different definitions used for different data sets, and the fact that individuals may feature in more than one data set.

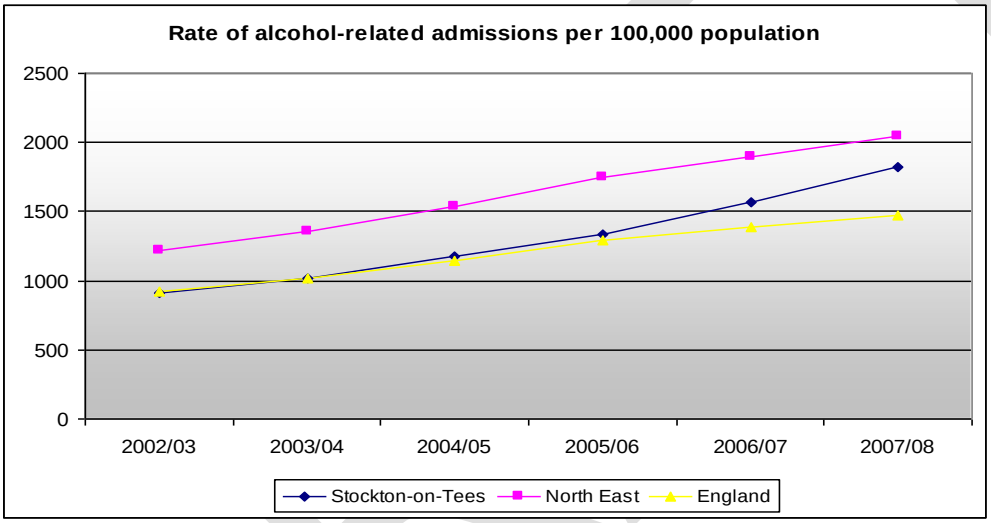


This chart highlights the fact that many different organisations/providers are coming into contact with large numbers of individuals who have alcohol issues. It is therefore clear that all partners have a key role to play in undertaking activities to reduce the harm caused by alcohol in the Borough of Stockton.

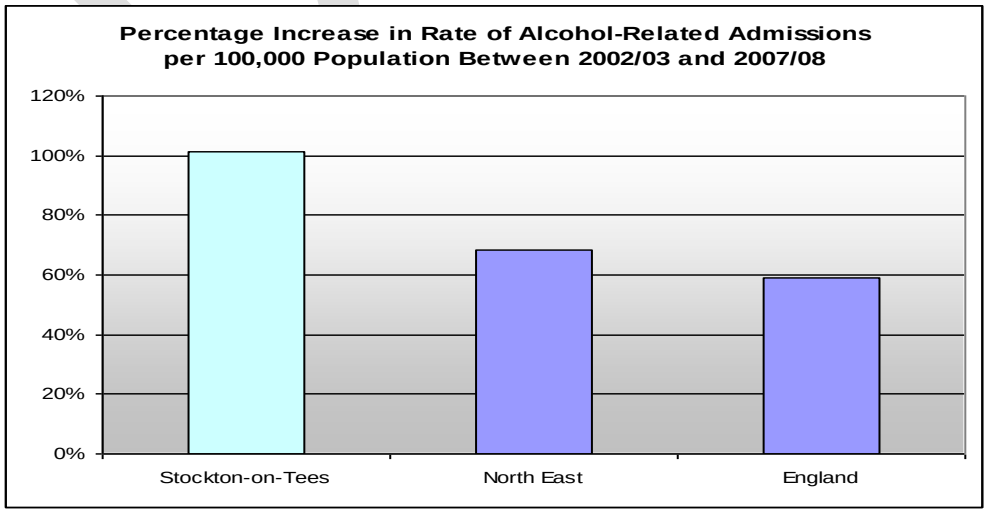
5.1 Hospital Admissions

National Indicator 39 and Vital Signs Indicator VSC26 measure the level of hospital admissions for alcohol related harm. The calculation for the level of hospital admissions is based on a methodology developed by the North West Public Health Observatory which includes a wide range of diseases and injuries in which alcohol plays a part, and estimates the proportion of cases that are attributable to the consumption of alcohol. The rates have been standardised using the European age profile, and are derived from the Hospital Episode Statistics (HES).

The graph below provides a comparison between national, regional and local data on the rate of hospital admissions for alcohol-related harm for every 100,000 members of the population, between 2002/03 and 2007/08.

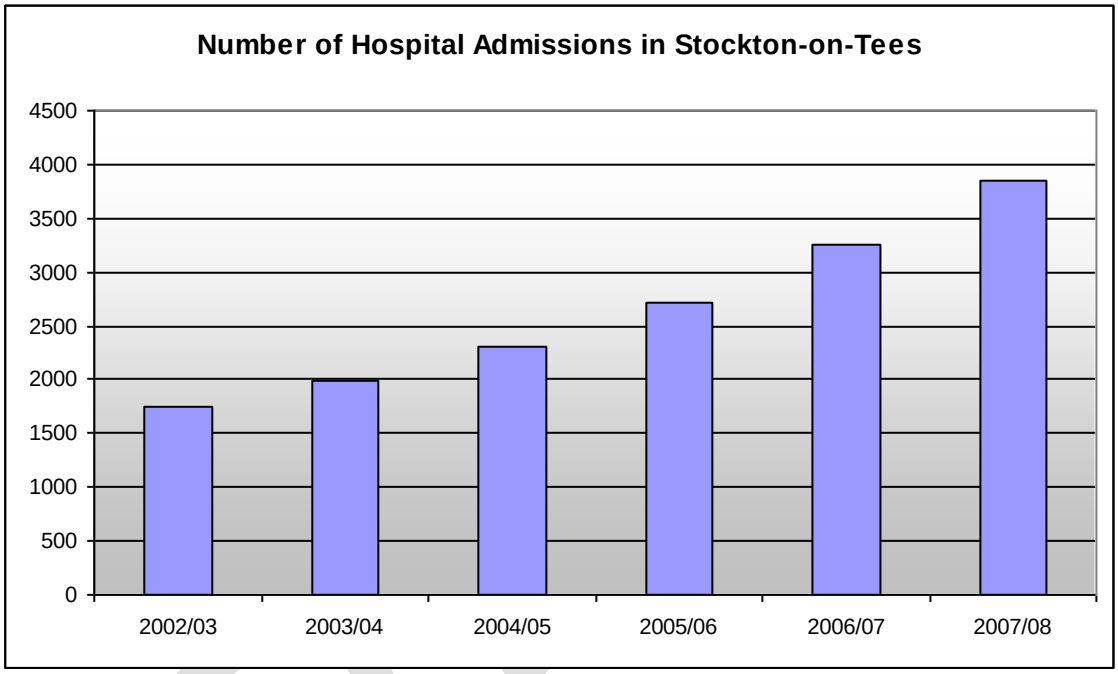


The graph shows that the 2007/08 rate of hospital admissions in Stockton is higher than the national average, but lower than the average across the North East. However, it also shows a worrying increasing trend in Stockton, particularly over the last two years. This is highlighted further by the chart below, which shows the percentage increase over a five year period.



Whilst the rate of alcohol-related admissions has increased substantially over the past five years in the North East and England (68% and 59% respectively), the increase in Stockton has been much higher, with the rate of admissions more than doubling.

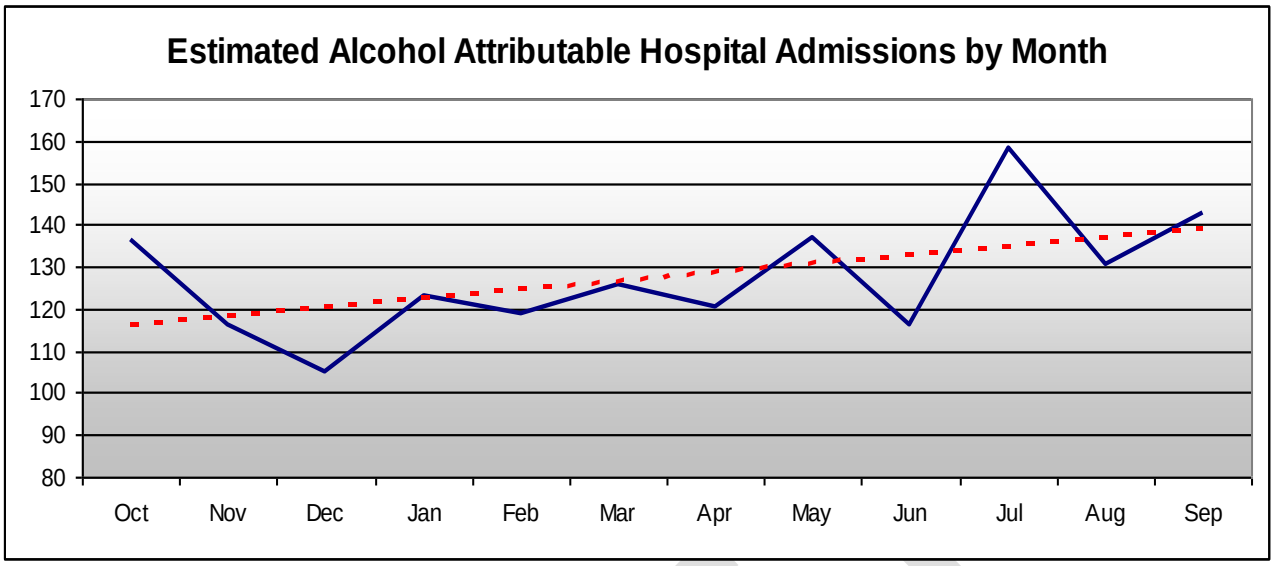
The most recent figures available for the number of hospital admissions in Stockton-on-Tees is for 2007/08, which shows that there were 3,852 admissions due to alcohol related harm in that year. The graph below shows how much that number has been increasing over the past five years, and we can assume that the trend will continue, unless community-based services are able to respond to the needs outlined within this document.



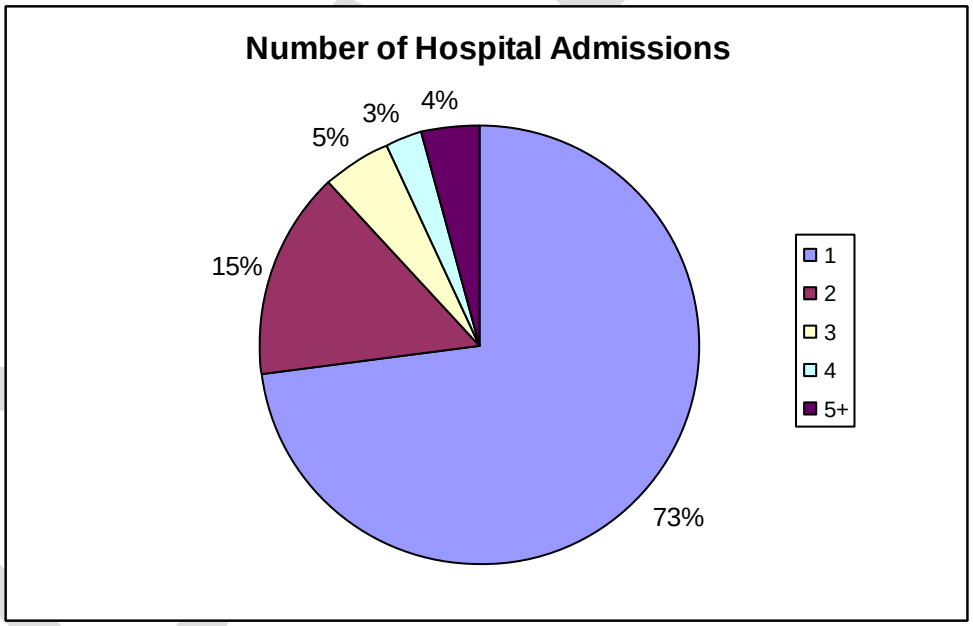
Local data has also been provided by Tees PCTs that estimates the proportion of patients whose admission to the University Hospital of North Tees was alcohol-attributable (calculated by applying alcohol-attributable fractions to ICD10 codes). There are many conditions which may be partly but not wholly attributable to alcohol. It considers the admissions to hospital for alcohol-specific conditions already examined, but also includes the fractions of admissions for cancers, heart disease and other conditions that are attributable to alcohol. The data provided is for the period of October 2007 to September 2008, and only includes cases where there was a minimum of a 40% chance of the admission being attributable to alcohol.

This information has then been used to estimate that over 1,500 hospital admissions during the twelve month period were attributable to alcohol. However this is a lower estimate, as it does not include those cases which had a less than 40% chance of being attributable to alcohol. These 1,500 hospital admissions relate to a cost of over £1.8 million per annum, which is likely to be a low estimate on the full cost for the reasons given above.

The chart below shows the number of alcohol-attributable admissions each month, and the trend line (dotted line) does suggest that the number is increasing.



When looking at all individuals who had at least a 40% chance of their admission being alcohol-attributable, over a quarter of these individuals had been admitted to hospital on multiple occasions during the year. The chart below shows percentages of patients admitted on different frequencies.



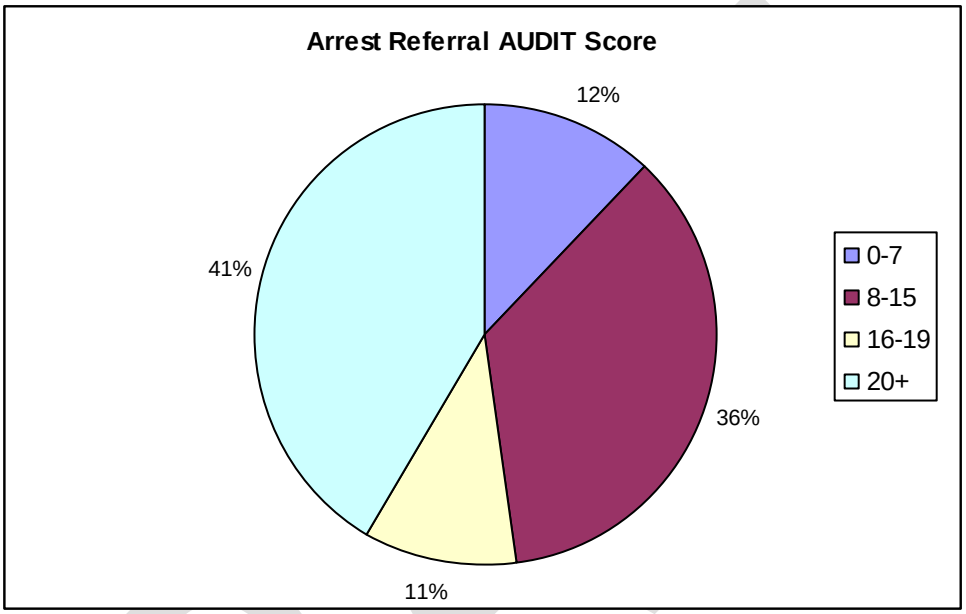
This data included twelve individuals who were admitted 10 or more times over the year, with one individual being admitted 46 times. One way of trying to prevent the prevalence of repeated admissions would be to identify the individuals and target them through an assertive outreach approach, in an attempt to engage them in community-based services.

5.2 Criminal Justice

5.2.1 Arrest Referral

Arrest referral is a pilot study which aims to reduce alcohol-related re-offending among adults, through the provision of brief advice following arrest. The pilot is focused upon individuals who are drinking at both hazardous and harmful levels, although early indications show that the majority of those arrested are dependent.

Data was provided from the first five months of the Alcohol Arrest Referral scheme that commenced in November 2008. In just the first five months of the scheme 249 people from Stockton were identified (N.B. some individuals may be included more than once in this figure), and of these, 190 individuals attended an intervention. For those who did receive an intervention, their AUDIT scores are summarised in the chart below:



This shows that those being identified through the arrest referral project are drinking at very high levels, with 36% identified as hazardous drinkers, 11% as harmful drinkers, and 41% as dependent drinkers. This pattern is being mirrored across the Tees Valley.

Over this five month period, 45% of all Stockton arrests were recorded as being alcohol-related. Crimes where the alcohol relation was found to be especially high were Assault, with 55% of arrests being alcohol related, Public Order Offences with 74%, Criminal Damage with 54%, and Driving Offences with 84%.

5.2.2 Prison

Between October 2007 and September 2008, there were 502 individuals who received an alcohol detoxification on entering HMP Holme House. Holme House receives between 290 and 300 new receptions each month, leading to around 3,480-3,600 new prisoners per annum (although some of these will be the same people who have been jailed and released several times over the year). This suggests that around 14% of people entering Holme House are receiving an alcohol detoxification.

5.2.3 Domestic Violence

Data provided by Harbour, (domestic violence support service, who also run a programme for perpetrators) shows that they engaged/assessed 74 perpetrators of domestic violence during the period from October 2007 to September 2008, and 167 victims of domestic violence.

Of the perpetrators who were assessed, 58% of them had been involved in alcohol-related abuse. Despite this, less than 20% of them recognised themselves as having an alcohol problem.

Of the victims, just over a quarter were recorded as having been involved in alcohol-related abuse. In 62% of these cases it was the perpetrator who had been drinking. However in 27% of cases it was both the perpetrator and the victim, and in 11% of cases it was just the victim.

Perhaps one of the most startling is the fact that, of the victims, 69 of them (41%) identified themselves as having a drinking problem. This highlights the issue of the use of alcohol as a coping mechanism for people who are going through difficult times.

6 Existing Local Action

6.1 Prevention

In relation to the delivery of preventative messages and early identification of alcohol misuse there are a number of campaigns and schemes in place. The frameworks within which preventative work sits are both community safety and public health. There is also a multi-agency working partnership who work under the guise of Think B4 U Drink that is responsible for the delivery of a range of bespoke marketing tools which are often targeted to specific groups or concentrated on particular themes e.g. drink driving, domestic violence.

When contemplating young people and prevention Stockton has a Drug Education Team that is responsible for the training of teachers/identified leads within schools to facilitate the delivery of substance misuse awareness within PSHE/Science Curriculum. There is also an element of substance misuse education within the youth offending service, where targeted interventions and screening occur. This is a short term initiative which has been resourced through the Youth Crime Action Plan in an attempt to reduce the amount of repeat alcohol fuelled anti-social behaviour. It involves training more youth workers in the identification of alcohol misuse and provision of brief intervention. Stockton also has a specific community youth alcohol project which offers both universal and targeted advice, information and screening for young people.

There is also a commitment to rolling out brief intervention training to all frontline staff who may encounter the general public. The aim is to ensure that as many professionals as possible have the skills to deliver brief intervention and identify problematic alcohol misuse, to prevent people consuming alcohol at harmful and dependant levels.

A further initiative which was implemented in May 2009 was the Cardiff Model, the model aims to reduce the incidence of alcohol related assaults by utilizing a combination of intelligence to police smarter, both community safety and North Tees and Hartlepool NHS Foundation Trust have jointly dedicated to ensuring all elements of this model are implemented which should see an impact on the numbers of alcohol related assaults/violent crime. There is also a pilot being undertaken in custody, which is due to end in March 2010, the Arrest referral scheme is targeted at hazardous drinkers who commit crimes as a result of or whilst under the influence of alcohol. All offenders are screened for their level of alcohol dependence and given brief intervention where appropriate and referred into treatment services when needed.

Key issues with existing arrangements.

There needs to be a more systematic and co-ordinated approach to the delivery of alcohol awareness education and advice.

The funding which is available for the delivery of preventative messages differs on a year on year basis, thus there are difficulties in having a sustained campaign.
Although the Cardiff model is implemented and both parties are committed to it working, there are difficulties in relation to important aspects of the model being followed, which will require constant review and reinforcement of its importance.

The Arrest referral scheme is due to end in 2010. The ethos of the initiative was to identify hazardous drinkers who would only require a brief intervention at the time of arrest, however what it has actually done is highlight that 41% of those arrested were consuming alcohol at dependant levels, thus requiring treatment intervention. Referrals from this source will impact upon the treatment system in relation to capacity. The Home Office did not anticipate this at the outset of Arrest Referral pilots.

6.2 Treatment

The alcohol treatment system within Stockton is funded and commissioned differently for Young people and adults. Young people receive funding for the treatment element of substance misuse services in the form of a pooled treatment budget allocated via the National Treatment Agency, the amount of which varies annually. Young people also receive a recurrent amount of fixed monies from NHS Stockton. The adult system in 2009 provides a range of treatment tiers recommended in Models of Care Alcohol Misuse including, open access, General Practice enhanced service, one-one counseling, group work, specialist provision, and in-patient detoxification (see appendix 10.4) All of the recurrent funding available for adult treatment is provided by NHS Stockton, as is the vast majority of the non-recurrent monies.

Key issues with existing arrangements.

Available recurrent funding is not adequate to meet the demand of the adult population. The treatment system has been developed on non-recurrent funding, with only £131K being made available on a recurrent basis. In March 2010 the non-recurrent element of funding will cease, thus there will no longer be tier 4, community detoxification, dual diagnosis and psychological therapies provision available.

It is estimated that approximately 42,116 people in Stockton-on-Tees require Tier 3 alcohol treatment (and possibly more according to Alcohol Needs Assessment Research Project). In 2008 there was only 560 people actually accessing treatment, thus it appears that at this time only 1.3% of those requiring treatment are actually being treated.

Alcohol treatment systems are under developed and not widely known within the borough, there is also limited movement between services. Along with the concerns around gaps which would occur as a result of funding cessation, there is also a notable gap in relation to after care and open access treatment, in light of funding issues these gaps may continue.

There are varied rates of formal identification, treatment and referral of patients with alcohol use disorder by general practitioners.

6.3 Control

Alcohol related crime and disorder initiatives within the borough are delivered within the strategic framework of the Safer Stockton Partnership. Community Safety, Licensing Unit, Trading Standards department and Stockton Police initiatives range from educational sessions to young people to raise the awareness and subsequent reporting of crime, to high street operations. Operation Tranquility commencing 2004 works with licensed premises, utilizing a contribution to increase policing within the night time economy, this has had an impact on violent crime seeing it reduce by 40%. In 2008 operation Exodus was implemented to supplement the above, this involves using powers under section 27 of the Violent Crime Reduction Act 2006 to remove individuals from a public place where it is believed it is required to remove or reduce the likelihood of alcohol related crime. Up until 2009 there had been over 500 notices been served, contributing to a 20% reduction in violent crime.

There are four pub-watch schemes within the district, working independently but amalgamating to consider barring issues which affect the district as a whole. This scheme has contributed to the granting of six Anti-Social Behaviour Orders as a result of barrings being breached.

There are also five Designated Place Orders in place within the borough, these areas are designated by the borough council and are intended to reduce the incidence of disorder and public nuisance arising from alcohol consumption.

There have been a number of joint initiatives between trading standards and the police licensing unit aimed at reducing the amount of alcohol being sold and ultimately consumed by young people, there are regular test purchasing operations on both pubs, off licenses, supermarkets, internet and home delivery services to try and detect and deter proxy purchasing. The outcome from these operations has resulted in five premises within 2009 having their license reviewed. In addition the Neighbourhood Enforcement Service confiscated alcohol from 179 individuals.

Key issues with existing arrangements

There needs to be a joined up approach to the delivery of alcohol messages especially in relation to children and young people to ensure that it is consistent and timely.

In the current economic climate there may be a reluctance/inability from licensed premises to financially contribute to operations such as Tranquility.

7 Strategic Aims

Alcohol misuse is a substantial and growing problem for the Borough of Stockton (see section five). It:

- Impairs the health and quality of life of Stockton residents.
- Causes crime and anti-social behaviour.
- Creates pressures on both the health and social care systems.

This strategy aims to reflect the research findings from the needs assessment which was completed in 2009, along with available best practice and feedback from stakeholder events held in 2009 with service users, carers/families affected by alcohol and wider stakeholders. It also builds upon, and responds to, the 2008 Alcohol Scrutiny Panel findings and recommendations.

It sets the strategic framework for reducing the problems associated with alcohol misuse within the Borough of Stockton over the next three years. It will ensure both the Stockton Borough Council and NHS Stockton work together by taking ownership and accountability of the outcomes within this document, through working with all partners to tackle the wide range of harms linked to the misuse of alcohol.

The strategy aims to:

- Ensure all professionals and frontline staff have the skills to identify levels of alcohol misuse and make appropriate onward referrals through the utilisation of a consistent tool for measuring consumption.

Rationale: Alcohol misuse has been identified as affecting a wide range of individuals, with differing ages being more likely to present at specific locations that are often out with the alcohol treatment system. Thus it is imperative that opportunities are maximised for early identification to prevent deterioration, it is also essential that tools are consistent to further support appropriate referrals.

- Ensure treatment services become accessible and promoted to those who are currently not engaging in treatment.

Rationale: A number of groups are under-represented within the treatment system despite presenting at a number of services with alcohol related incidents, such as Arrest Referral, Ambulance and the acute hospital trust, they need to be engaged in treatment services to reduce harm and prevent presentation at the outlined services.

- Ensure all individuals who misuse alcohol have access to suitable housing, and to training and employment opportunities;

Rationale: Both analysis and stakeholder events identified that high levels of alcohol misuse were most common amongst individuals who were unemployed and had difficulties with housing. It is imperative that these are addressed if clients are to achieve abstinence and reintegrate back into society and family units.

- Work with all partners to ensure that data is collected, recorded and collated in a consistent manner;

Rationale: Whilst collecting data for the needs assessment it became very apparent that the quality and level of data which was accessible in relation to alcohol consumption varied a great deal.

- Put measures in place and become pro-active in identifying and targeting clients who have had a number of alcohol-related hospital admissions;

Rationale: Evidence from analysis identified that a number of individuals had been admitted on numerous occasions. In order to achieve the target of reducing alcohol-related hospital admissions, this population will need to be addressed.

- Work with partners to ensure clients are supported to access the most appropriate service at the different stages of their treatment journey, in a timely manner, and ensure retention in treatment is maximised.

Rationale: Evidence from both analysis and stakeholder events identified that clients felt their needs were not being met, which was impacting upon the numbers starting a new treatment journey following referral.

- Support the development of a treatment pathway within prisons to ensure inmates receive interventions to address alcohol misuse following the identification of problematic use.

Rationale: Evidence from analysis and stakeholder events highlighted large numbers of inmates receiving a medical detoxification from alcohol. Currently there is no aftercare following this and no clear links with community services to refer to on release.

- Put measures in place to minimise the harm alcohol causes to others, e.g. children, partners, parents, carers and communities of those misusing alcohol.

Rationale: During stakeholder events it was identified that alcohol use impacts upon the family in a variety of ways. Data evidenced a number of clients currently in treatment who have children.

The unifying principles of the strategy are*:*

- To support all generic front line agencies which encounter children, young people and adults who misuse alcohol to identify, screen and refer individuals to appropriate support.
- To reduce the demand and need on higher levels of care, in particular acute health services.
- To reduce the amount of alcohol which is consumed within the Borough of Stockton.
- To ensure that there are support services in place for families living with and being affected by the alcohol misuse of another.
- To reduce the harm caused to children and young people as a result of parental alcohol misuse.
- To reduce alcohol-related crime and anti-social behaviour.
- To reduce the number of adults supplying and buying alcohol to young people.
- To improve the service delivery among alcohol specific agencies and improve the consistency and quality of performance information.

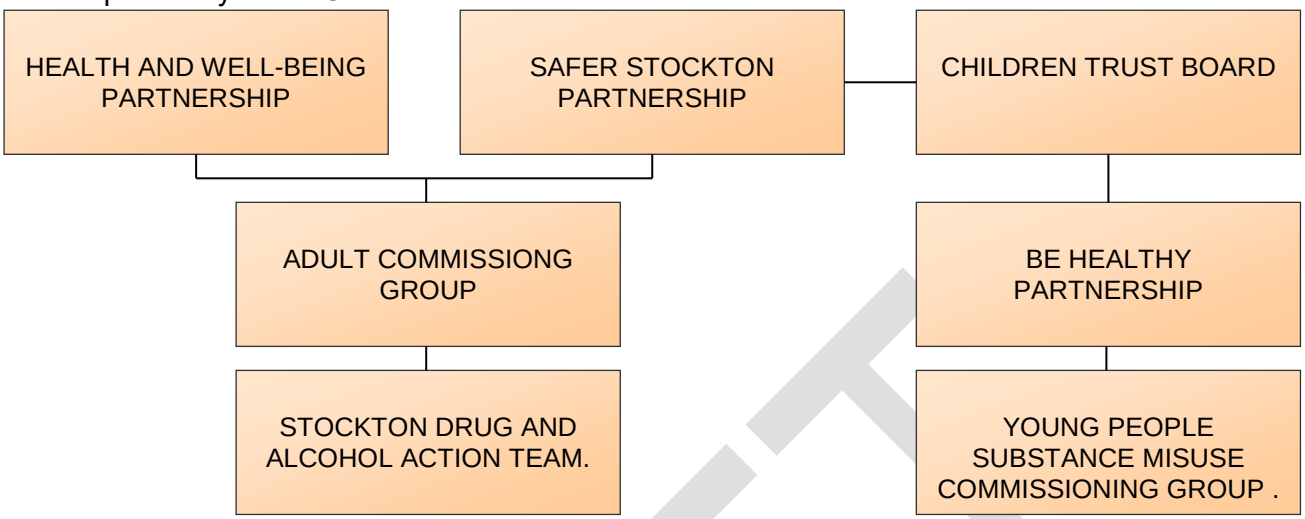
8 Strategic Framework

Responsibility for delivery of the multi-agency alcohol strategy sits with the Drug and Alcohol Action Team (DAAT). The DAAT also has responsibility for the commissioning and monitoring of adult alcohol treatment services.

To ensure delivery of the strategy, resources will need to be identified and committed to on a recurrent basis, as current investment will expire in March 2010. Thus it will be necessary to ensure that all resource opportunities are explored and that existing resources are coordinated and utilised to make optimum impact.

The day-to-day delivery of the strategy will be the responsibility of an Alcohol Modernisation Manager/Community Safety and Public Health. The general performance monitoring of the strategy and action plan delivery will be the accountability of the DAAT Adult Commissioning Group. The strategic ownership of the strategy will belong with the Health and Well-Being

Partnership and the Safer Stockton Partnership, both of which will ensure attainment and achievement of the strategy outcomes. Elements of the strategy relating to young people are the responsibility of the Children's Trust Board.



Only by working in partnership can we change for the better the people of Stockton-on-Tees relationship with alcohol and ensure that all available resources are utilised effectively.

9 Action Plan

The remainder of this strategy will outline the key objectives and actions required in order to ensure achievement of the strategic aims 2009-2012. The objectives are as follows;

- Reducing alcohol related harm to young people, families and communities, through the delivery of sustained and consistent messages around alcohol consumption, in order to influence attitudinal change and create a cultural shift.
- Enabling frontline staff to identify early problematic alcohol use and make appropriate referrals.
- Targeting offenders of alcohol related crime, with a focus upon violent crime, anti-social behaviour and domestic violence.
- Reducing the availability of alcohol with a particular focus on sales to young people.
- Reducing the number of alcohol related hospital attendances and admissions.
- Delivering treatment services which are evidenced-based, cost effective, and are aligned with the National Treatment Agency models of care alcohol treatment framework, and are responsive to and accessible for all individuals who require treatment.
- Improving and developing integrated care pathways to ensure that individuals move through services effectively, and have access to training, education, employment and housing. Pathways will be inclusive of all vulnerable groups such as offenders, poly-drug use, young people and dual diagnosis.
- Co-ordinating and developing support services for young people, families and carers affected by someone else's alcohol related issues.

The action plan identifies the outputs required in order to achieve the outcomes. Where possible performance indicators have been highlighted, where baseline data is not available this will initially be determined. Please note that due to the overlap and cross over between prevention, treatment and control some actions may be measured within alternative objectives. The strategy will be reviewed on an annual basis, with the action plan being monitored and reported upon on a quarterly basis.

Where financial implications have been identified and costings applied the D.O.H Rush model spreadsheet average PCT (2009) has been utilised to estimate what those cost would be.

Objective 1 Reduce alcohol related harm to Young people, families and communities, through the delivery of sustained and consistent messages around alcohol consumption, in order to influence attitudinal change and create a cultural shift.

Indicators:

- Number of schools delivering alcohol education through PSHEe/Science curriculum (measured by those schools achieving Health School status and/or part of the enhanced Healthy Schools model)
- Number of health promotion events delivered to colleges, workplaces and communities. Percentage increase of events delivered from strategy launch.
- Increased number of referrals into alcohol treatment services.
- Number of hits on Never under-estimate the influence of alcohol in the home campaign website and leaflet downloads.
- Viewpoint survey increased awareness of alcohol units, percentage increase in the awareness of alcohol units amongst and or percentage recorded increase in the numbers of people drinking within the recommended safe drinking limits.

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
1.1 Raise awareness of impact of alcohol use can have on children and young people including consequences and risky taking behaviours.	Social marketing campaign aimed at families. Delivery of a substance misuse campaign/production aimed at young people, community and parents Implementation of guidance issued by the DCSF in july 2009 –young people and alcohol Social Norms Campaign within specified schools.	Reduce amount of proxy purchasing Young people are provided with accurate information and supported to make informed choices	Think B4 U Drink Young Persons Commissioning Group.	Public Health Think B4 U Drink YP Substance misuse SRE Delivery team ARC/Engage TV ARC/Engage TV	17th July 09 – July 2010

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
1.2 To commission a family based service for children and young people who are affected by someone else's drug/alcohol misuse and who are undertaking a significant caring role.	Increased support for families affected by substance misuse Families affected by substance misuse are provided with targeted interventions	Reduction in Child Protection referrals	Joint Commissioning Unit. Children and Young Peoples services.	Joint Commissioning Unit. Children and Young Peoples services.	September 2009
1.3 Develop further the substance misuse education programme, providing evidence based advice and information to young people and their families	Numbers of staff trained Numbers of sessions provided in schools both primary and secondary		YPSMCG	DET	
1.4 Ensure that schools are fully supported to use the drug/alcohol related incident reporting tool.	Increase in appropriate reporting, intervention and referral into treatment service	Increased usage of incident reporting tools by schools	YPSMCG	DET	November 2009

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
1.5 To Promote awareness of alcohol treatment, services utilising a borough wide approach	Materials to promote services Monitor the increase and /or decrease in referrals and sources.	More awareness and uptake of services	Public health via commissioned trainers and others	Public Health	Ongoing
1.6 Raising awareness of alcohol misuse among managerial and professional groups and college and university students	Social marketing campaign Marketing managerial and professionals and college and university students	Reduce amount of alcohol misuse in these groups	Public health	Public health	Commence November 2009
1.7 To collaborate with alcohol treatment services to deliver community based alcohol awareness events.	Community events	Raised awareness Reduction in alcohol consumption Reduction in antisocial behaviour	Public Health with service users	Public Health	2010 /11 financial year

(* Financial resources required to achieve the above action have been identified)

Objective 2
Enable frontline staff to identify early problematic alcohol use and make appropriate referrals.

Indicators:

- Number of staff trained and delivering brief intervention. Co-ordinated approach to increasing numbers to reflect Better Health Fairer Health 2008 vision.
- Number of audit questionnaires completed by front line professionals.
- Number trained in brief intervention and utilising it.
- Increase in numbers referred from targeted agencies into treatment services, percentage increase in the identification of hazardous, harmful and dependant drinkers.

	Action	Outputs	Outcomes	Responsible Agency	Resources	Timescale
2.1	Understand why people drink and what would encourage/support them to reduce alcohol intake	Social Research	To understand triggers and produce and provide targeted messages	Public health / Treatment Services (DAAT)	Public Health / DAAT	2011/12
2.2	To create a change in public attitude to shift the existing norms around consumption of large amount of alcohol	Community wide or targeted social norms exercise	Change in attitude and subsequent reduction in alcohol consumption	Public Health, Balance	Public Health / DAAT / YP substance misuse	2010/11
2.3	To Explore the possibility of piloting a Health Trainer alcohol	Case for a Health Trainer pilot focusing on alcohol	Pilot to see if this role is valuable	Public Health	Public Health	2011/12

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescale
2.4 To increase awareness of risk associated with alcohol in a variety of settings / services including - workplace - Domestic violence - Community Safety - Police - Arrest Referral - Social Services - N.E.A.S - Probation -Frontline professionals - Health visitors, school nurses and midwifes - Children & Young people.	Targeted Training around brief interventions and alcohol misuse identification Treatment pathway disseminated to all services delivering Brief intervention.	- More people trained - Early identification of alcohol misuse - Increased referrals	Public health via commissioned trainers	Public Health (funding) DAAT (monitoring)	Ongoing (Prioritise groups over 3year)
2.5 N.E.A.S to be trained in Identification of alcohol misuse, delivering Brief Intervention and alcohol treatment pathway.	All staff to be trained and provided with Audit questionnaires and treatment pathway.	Early identification of females drinking at harmful levels. Appropriate early referrals into treatment services.	Public Health	Public Health	On-going rolling programme

	Action	Outputs	Outcomes	Responsible Agency	Resources	Timescale
2.6	A substance misuse Trainer has been commissioned to deliver training across children & young people's workforce to include alcohol	Numbers of practitioners working with children & young people trained Numbers of referrals to Young People treatment services through use of screening tool	Young people are identified early and interventions are put in place to prevent problematic/dependant use	JCU - Children & Young People's services	YPSMCG/DISC	March 2010

(* Financial resources required to achieve the actions have been identified)

Objective 3
Reduce the number of alcohol related hospital attendances and admissions.
Indicators:

- A reduction in the number of hospital related admissions.
- A reduction in those admitted more than 5 times.
- Number of alcohol related attendances. Year 1 develop a baseline then a year on year decrease.
- Number of people entering treatment for the first time. Year 1 develop a baseline then a year on year increase.

Action	Output	Outcome	Responsible Agency	Resources	Timescales
3.1 Develop services to include an assertive outreach element, which will focus upon clients/young people who have repeat hospital admissions/attendances and client who do not engage.	An increase in the numbers of clients entering treatment and being retained in treatment. A reduction in individual multiple admissions. Numbers of young people who are treated at A&E for alcohol related incidents Numbers of young people screened for alcohol misuse and referred on Pilot of a young people's specific alcohol practitioner for Tier2/3 referrals with a focus on hospital attendances and	Reduced hospital related attendances and admissions. Increased partnership working between community and secondary services. Early identification of individuals who repeatedly access secondary services.	DAAT Children & young People's services - YPSMCG	Stockton On Tees PCT. (*funding required to achieve this action is estimated at £331,827) Children & young People's services - YPSMCG	2010/11 financial year. 2010/2011

	admissions				
Action	**Output**	**Outcome**	**Responsible Agency**	**Resources**	**Timescales**
3.2 Ensure treatment is accessible and responsive to all individuals needs.	An increase in community based services which are responsive to the needs of the community. Services available out of the working day and on weekends. No longer than a 5day wait between initial referral and assessment.	Engagement of individuals who were previously treatment naïve. A reduction in the levels of alcohol consumption.	DAAT	Stockton On Tees PCT, Stockton Borough Council. (*Funding for achievement of this action is estimated at £331,827)	2010/11 financial year
3.3 Improve the quality of intelligence obtained from General Practice in relation to alcohol consumption within practice populations.	Increase the numbers of G.P practices who provide the alcohol enhanced service. Develop the 08/09 monitoring form used with the alcohol L.E.S to capture AUDIT scores and demographic data.	A reduction in repeat hospital admissions. Appropriate treatment referrals, thus a reduction in bottlenecking within community treatment services. Greater intelligence on the levels of harmful	P.C.T central commissioning DAAT	P.C.T central commissioning (Funding available)	On-going

		and dependent drinking.			

Action	Output	Outcome	Responsible Agency	Resources	Timescales
3.4 Practice Based Commissioning and Local Enhanced GP schemes to be explored as potential service providers for children & young people	An agreement is made to pilot interventions for children and young people within Local Enhanced Services	Young people are screened for alcohol misuse and appropriate intervention/referral for treatment is offered	Children & Young People's Services	YPSMCG	November 2009
3.5 Develop a policy for the prescribing of medicated detoxification to be utilised within the acute and community setting.	Implementation and adoption of a consistent policy for prescribing chlordiazipoxide.	Evidenced based effective treatment. All clients to receive an equitable level of intervention regardless of point of access. A reduction in hospital related attendance and admissions.	DAAT,	Practice Based Commissioning, North Tees & Hartlepool Foundation Trust, Tier 3 treatment providers. (Funding identified through non-recurrent monies via Health and well-being partnership)	June 2010
3.6 Develop a pathway from the falls prevention team into treatment services.	Alcohol awareness training to be delivered to falls' team. Training to be delivered on available services and treatment pathways.	A reduction in the number of alcohol related falls. A reduction in the number of alcohol related admission.	Treatment services, Public Health, Falls Team.	NHS Stockton, Stockton Borough Council, North Tees and Hartlepool NHS foundation Trust	

Action	Output	Outcome	Responsible Agency	Resources	Timescales
3.7 Develop an Alcohol Nurse Specialist post to be based within North Tees and Hartlepool NHS Trust.	Develop a job description. Agree governance and line management responsibilities. Complete recruitment process.	A reduction in the number of alcohol related admissions. A reduction in the number of repeat admissions. Improved pathways and communication between community and secondary care services.	DAAT, North Tees and Hartlepool NHS Trust.	Health and Well-Being Partnership.	Two year fixed term from appointment. (funding identified)

(Where an action is relating to young people funding has been identified, however in relation to a L.E.S the costings have not yet been identified)

(* Please note where costs are repeated throughout the action plan they only apply once, total cost of the treatment system is identified in action 4.3)

Objective 4
Deliver treatment services which are evidenced-based, cost effective and aligned with the National Treatment Agency models of care alcohol treatment framework. Services to be responsive to, and accessible for all individuals who require treatment.
Indicators:

- Proportion of clients completing alcohol treatment abstinent and controlled drinking. Year 1 2009/10 develop a baseline, then a year on year increase.
- Numbers engaged in treatment from targeted groups (women, B.M.E, Young Adults). Year 1 2009/10 develop a baseline, then a year on year increase.
- Level of recurrent investment into treatment services. Year 1 2009/10 increase recurrent funding to match that which is non-recurrent as a minimum.
- Proportion of clients having an initial assessment within 5days of referral. Year 1 2009/10 develop a baseline, then a year on year increase.
- Numbers accessing tier 4 treatment to increase by 20 in year 12009/10

Action	Output	Outcome	Responsible Agency	Resources	Timescales
4.1 Services to actively seek to engage with members from the B.M.E community.	Develop an action plan with the B.M.E community leaders.	A reduction in the numbers who drink at harmful and dependant levels within the community. Early identification of harmful consumption. Awareness within the community of available services.	Treatment Providers.	Treatment Providers. (*funding required has not been committed, it is estimated to cost £331,827)	On-going.

	Action	Output	Outcome	Responsible Agency	Resources	Timescales
4.2	Evaluate the effectiveness of the current treatment system.	Service monitoring forms to be developed to capture service activity. Quarterly service reviews. Identify areas of best practice.	Evidenced based, cost effective treatment being delivered.	DAAT	DAAT (funding secured to achieve this until 2011)	On-going
4.3	Aim to secure long term investment in the alcohol treatment system.	Produce an annual needs assessment identifying both the needs and gaps in alcohol provision. Conduct a pilot study to assess the impact having residential provision for detoxification has on hospital admissions associated with alcohol. Conduct a review of initiatives which have been adopted to reduce alcohol related hospital admissions.	Evidence base to demonstrate need, increased recurrent investment. A reduction in hospital related admissions. Improved two way pathways of care between, general practice, treatment services and the acute sector. A portfolio of models which have been proven to impact upon alcohol related admissions, which could be implemented locally.	DAAT, SSP, Health & Well Being Partnership.	DAAT SSP, Health & Well Being Partnership (*Total cost estimated at £466,000 per annum)	Complete April 2010

Action	Output	Outcome	Responsible Agency	Resources	Timescales
4. 4. To secure long term investment for Alcohol Modernisation Manager post.	Monitor and review service delivery. Develop the partnership required to ensure the strategy is driven forward.	Successful delivery and implementation of the alcohol strategy. Ensure Value for money in relation to treatment services which are commissioned.	DAAT, SSP, Health & Well Being Partnership	DAAT, SSP, Health & Well Being Partnership (*funding secured until 2011, post 2011 cost £43,251 per annum)	On-going until December 2010.
4.5 Develop After care services.	Action plan to scope appropriate models for adoption. Identify potential sources of funding.	Reduction in alcohol related admissions. Increase in people achieving and remaining abstinent.	DAAT	SSP, Finance (*funding estimated at £75,000)	2010-2011 financial year.
4.6 Increase the capacity within Tier 3 services.	Develop a business case for financial investment. Disseminate treatment referral pathways to all potential referrers to ensure all services are utilised to there capacity.	Reduction in hospital related attendances and admissions. Development of Alcohol Treatment Requirement orders.	DAAT, Public Health	DAAT, Public Health (*funding estimated at £331,827)	October 2009.

	Action	Output	Outcome	Responsible Agency	Resources	Timescales
4.7	Tier 4 residential detoxification and rehabilitation provision available on a recurrent basis.	Completion of a needs assessment. Pilot study to demonstrate impact residential provision has on hospital admissions. Panel established to develop and agree criteria for referral into Tier 4 treatment.	Reduction in the number of problematic alcohol users attending or being admitted to Acute sector. A reduction in the number of people relapsing.	DAAT	DAAT, PBC, Treatment Providers. (*Estimated cost of £160K per annum)	Completed April 2010
4.8	To ensure effective delivery of the Young People's Specialist Substance Misuse Treatment Plan.		All elements of the young people's substance misuse plan are achieved.	Children & young people's service	YPSMCG	March 2010

(Where the action is related to young people funding has been identified)

Objective 5
Improve and develop integrated care pathways to ensure that individuals move through services effectively and have access to training, education, employment and housing. Pathways to be inclusive of all vulnerable groups, such as offenders, poly-drug users and dual diagnosis patients.
Indicators:

- Numbers leaving prison accessing community services. Year 1 2009/2010 develop a baseline, then a year on year increase.
- Numbers commencing training/employment. Year 1 2009/2010 develop a baseline, then a year on year increase.
- Numbers receiving brief intervention in prison. Year 1 2009/2010 develop a baseline, then a year on year increase.
- Numbers receiving benefits due to alcohol dependence. Year 1 2009/2010 develop a baseline, then a year on year decrease.
- Numbers presenting as homeless. Year 1 2009/2010 develop a baseline, then a year on year decrease.
- Proportion of clients referred to services who then commenced a new episode of treatment. Year 1 2009/2010 develop a baseline, then a year on year increase.
- Numbers of onward referrals not accepted due to alcohol status. Year 1 2009/2010 develop a baseline, then a year on year decrease.

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
5.1 Support the development of an alcohol treatment pathway within prison.	Scoping exercise to identify current level of intervention offered. Training needs assessment to be carried out. Links to be formalised between community alcohol services and prison services.	Reduced alcohol related crime. Increased rates of abstinence.	DAAT, HMP Holme House Prison, HMP Kirklevington Prison.	HMP Holme House Prison, HMP Kirklevington Prison. (*Funding estimated at £331,827)	December 2009

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
5.2 Support housing department to develop the support which is given to clients with tenancies, and improve access to appropriate housing.	Supporting people and housing department to provide details of numbers of clients with alcohol misuse problems annually receiving support/placement. Work with supporting people to develop an action plan for the commissioning of appropriate tenancy support services and temporary accommodation facilities. Develop referral pathway.	Reduced alcohol related admissions. Increased access to employment/training. Increased rates of abstinence. Reduced number of evictions.	DAAT, Supporting People, Housing Department.	DAAT, Supporting People, Housing Department	November 2009
5.3 Provide access to a range of interventions that enables people in treatment to access education, employment and training.	Number of clients entering training and employment. Number of clients claiming incapacity benefit due to alcohol misuse. Development of pathway from treatment services into job centre plus and adult education.	Reduced alcohol related attendances and admissions. Increased rates of abstinence. Reduced rates of unemployment.	DAAT,	DAAT, Treatment Providers, Job Centre Plus. (*Funding estimated at £331,827)	2010-2011 Financial Year.

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
5.4 To review existing pathways for young people leaving secure estates who need to continue their treatment within the community	Numbers of young people leaving secure estates, assessed as requiring alcohol interventions	All young people requiring interventions will receive them appropriate to their needs	YPSMCG	YOS	September 2009
5.5 Support the implementation of the dual diagnosis strategy.	Increased numbers of clients with a dual need accessing appropriately commissioned services. Increase the number of staff trained to identify and work with dual diagnosis. Development of a robust pathway between services, general practice and secondary mental health services.	Reduced hospital attendances and admissions. Improved package of care for clients and a reduction in the numbers of clients falling between mental health, treatment services and emergency admissions.	T.E.W.V	T.E.W.V, DAAT, PBC, Public Health, Adult Strategy.	On-going
5.6 Develop Alcohol Induced dementia pathway.	Meet with T.E.W.V to discuss development.	Improved care for clients with dual needs.	T.E.W.V, DAAT,	T.E.W.V, DAAT	On-going

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
5.7 Ensure all services are being utilised effectively and efficiently in order to maximise capacity.	Monitor levels of inappropriate referrals. Role out treatment referral pathway to all services/organisation utilising Brief Intervention. Promote and advertise all treatment services.	Reduced bottle necks in services. Reduction in alcohol related attendances and admissions. Increased uptake of the alcohol L.E.S.	DAAT, Public Health	DAAT, Public Health	On-going
5.8 Support the development of a training package for staff working with clients who misuse substances.	Improved identification of clients who poly drug use. Commissioning and delivery of a training package. Clear pathways between community drug and alcohol treatment services.	A reduction in drug related deaths. A reduction in hospital attendances and admissions.	DAAT,	DAAT, (Funding secured)	July 2009

Objective 6
Co-ordinate and develop support services for young people, families and carers affected by someone else's alcohol related issues.
Indicators

- Numbers of family members/carers accessing support services. Year 1 2009/2010 develop a baseline then a year on year increase in referrals.
- Number of Children & Young People assessed as having additional needs using Common Assessment Framework (CAF)
- Numbers of children & young people who have a Child Protection Plan in place where parental alcohol misuse is a key factor
- Decrease alcohol misuse amongst victims of domestic violence.

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
6.1 Support community based services for carers and families.	Increased number of families supported. Re-Commissioning of support services. Number of referrals to carer service.	Improved support for families living with alcohol misuse. Reduced number of hospital related attendances and admissions.	DAAT, Supporting People/Independent living.	Stockton Borough council. Stockton P.C.T (Funding secured until 2010)	April 2010.
6.2 Enhance and develop the support available for children living with substance misuse.	Scoping exercise to identify number of young people living with alcohol misuse. Commissioning of a family focussed services for children & young people affected by parental substance misuse	Addressing the Hidden Harm agenda. Improved outcomes for children living with alcohol misuse. Breaking the cycle of addiction.	DAAT, Children and Young People Services.	Stockton Borough Council, Stockton P.C.T. (*Funding estimated at £331, 827 per annum)	On-going.

	Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
6.3	Reduce the hidden harm caused to children of alcohol dependant parents.	Identification of the number of children categorised as Child in Need or who have a Child Protection plan in place as a result of Parental substance misuse. Scoping exercise to identify the number of children who have been referred to Child in Need/Child Protection as a result of parental alcohol misuse.	Reduction in the harm caused to children. Reduced number of children being referred to Child in Need/Child Protection. Baseline figure to determine levels of need.	Children and Young People Services	Stockton Borough Council, Stockton P.C.T. Eastern Ravens Young carers	On-going.
6.4	Offer family support for those who have accessed treatment.	Increased capacity within adult services to provide family support/counselling. Increased uptake of family centred counselling.	Prevent family breakdown. Reduction in alcohol related attendances and admissions.	DAAT, Children and Young People Services	Stockton Borough Council, Stockton P.C.T. (Funding currently available until 2010)	On-going.

Objective 7
Target offenders of alcohol related crime, with a focus upon violent crime, anti-social behaviour and domestic violence.
Indicators:

- Identify a baseline from 2009/10 set a target from 2010 to achieve a year on year reduction of people attending A&E due to alcohol related assault.
- Identify a baseline from 2009/10 and monitor the number of drink banning orders given.
- Using the 2008/09 baseline of 30.7% from the place survey monitored every 2 years, Achieve a 3% decrease reduction in the percentage of people who feel that people being drunk or rowdy in a public places is either a fairly or very big problem.
- Using the baseline of 944 from 2008/09 aim to achieve a year on year increase in joint operations and/or visits to hotspot premises.
- Monitor the number of Community safety awareness sessions delivered in schools, to include the ROACH campaign and ASB sessions.
- Using the data provided from Harbour perpetrator programme, identify a baseline for 2009/10 of those using the service who have an alcohol misuse problem and set a target in 2010 to achieve a year on year reduction of Domestic Violence offences that are alcohol related.

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
7.1 To highlight the problem of domestic violence, take steps to reduce repeat offending and reinforce the 'alcohol is no excuse' message	Referral process developed from Harbour into treatment services.	Increase in yearly referrals from Harbour Perpetrator programme to alcohol treatment support services to help to change the behaviour of violent men	Harbour-Perpetrator programme	Harbour	Yearly on-going scheme
7.2 To target resources effectively into areas and premises that are identified as hotspots of alcohol related crime	Use a range of statistics and intelligence from partner agencies to identify hotspots	Increase in joint operations and/or visits to tackle alcohol related incidents	Trading standards and licensing, Police, Community safety analyst	Trading standards and licensing, Police, Community safety analyst	Yearly on-going scheme

	Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
7.3	To reduce alcohol related Anti-social behaviour amongst youths	ASB/Enforcement/police patrols Alcohol related harm message delivered within Community Safety setting.	Increase the amount of alcohol seized from young people on a yearly basis	ASB team, NES, Police	ASB administrator in community safety.	Yearly on-going scheme
7.4	To reduce alcohol related ASB through an increased use of the prevention referral service	Yearly increase of referrals from ASB team to preventions team	Reduced alcohol related crime	ASB team, NES, Police	ASB administrator	Yearly on-going scheme
7.5	Increase licensee responsibility to tackle alcohol fuelled violent crime within their premises	Pub-watch ASB scheme implemented	Warning and barring letters given to those who are responsible for alcohol fuelled violent crime	ASB team, Community Safety, Police	ASB team, Community Safety, Police	On-going scheme
7.6	To highlight the advantages and encourage the implementation of 'drink banning orders' and Alcohol Treatment Requirement orders.	Enforcement action taken on perpetrators of alcohol associated crime	Control alcohol related crime	Trading standards and licensing, Police, Community safety, NHS Stockton	Trading standards and licensing, Police, Community safety, NHS Stockton	Not yet implemented as no access to treatment. Gap highlighted and needs to be addressed.

	Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
7.7	To support the implementation and development of the Cardiff Model within Accident & Emergency and collate statistical data.	Monthly/quarterly reports to be presented at Safer Stockton Partnership and Violence Reduction Group. Training to A&E staff on data required for collection.	A reduction in alcohol related violent crime. A reduction in hospital related attendances. Improved utilisation of policing resources.	Community Safety, North tees and Hartlepool Foundation Trust. Stockton Teaching Primary Care Trust.	Community Safety, North tees and Hartlepool Foundation Trust. Stockton Teaching Primary Care Trust, G.O.N.E	Implemented May 2009 awaiting initial reports.

(Funding required has been identified)

Objective 8
Reduce the availability of alcohol with a particular focus on sales to young people
Indicators:

- Monitor the number of seizures of alcohol from young people, consider target for 2010.
- Using a sample of 100 Test Purchase attempts, identify a baseline number of positive sales to underage people and establish a percentage reduction in positive sales for a year on year decrease.
- Set a baseline from 2009/10 to identify the number of interventions carried out to on and off- licensed premises, and identify the proportion of compliance to conditions.

	Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
8.1	Regulate licensed premises	To carry out at least 6 licensing reviews/ interventions per year	Improve information flow and monitoring of premises	Police, Trading standards and licensing, Environmental health and Cleveland Fire brigade	Police, Trading standards and licensing, Environmental health and Cleveland Fire brigade	On-going scheme
8.2	To increase activity to deter sales of alcohol to underage young people	Carry out 100 test purchase attempts per year to on and off licensed premises	To reduce the amount of underage sales and Anti social behaviour	Police, Trading standards	Trading Standards	Yearly on-going scheme
8.3	To maintain the delivery of the proof of age scheme	'We don't overlook underage' resource packs to be delivered to all new off-licensed premises	To educate and advise retailers concerning underage sales	Trading Standards	Trading Standards	On- going scheme
8.4	Raise awareness to adults regarding the risks of supplying and buying alcohol to young people.	Social marketing campaign aimed at parents	To reduce the number of adults supplying and buying alcohol to young people	Think B4U Drink	Community Safety, Public Health, Trading Standards	Commencing July 09, on-going campaign

Action	Outputs	Outcomes	Responsible Agency	Resources	Timescales
8.5 Increase capacity to tackle alcohol misuse	Joint funded post between Community Safety and Stockton Teaching Primary Care Trust.	Educate youths regarding risky behaviour and deter from future misuse	SBC, NHS Stockton	Community Safety	On- going

(Funding required has been identified)

10 Appendix

10.1 National

The Licensing Act (2003) aims to:

- Provide more flexible opening hours.
- Identify changes in the identity and accountability of the licensing authority.
- Strengthen the protection for children and young people under 18 years old.
- Introduce strong punitive measures against license holders contravening licensing regulations.

The government in 2003 announced a series of reforms to the Licensing Act. These took effect in 2005. The reforms have enabled a greater potential for the following:

- Prevent crime and disorder.
- Increased promotion of public safety.
- Prevent public nuisance.
- Increased protection for children from physical, psychological and moral harm.

The Alcohol Harm Reduction Strategy for England (2004) is a document which has a multi-agency emphasis and aims to:

- Engage with the alcohol industry and impact upon irresponsible drinks promotions.
- Tackle alcohol related crime targeting disorder in town and city centres.
- Provide better identification of alcohol related problems, and improve treatment and support for people with alcohol related problems.
- Provide accurate information to consumers about the potential dangers of alcohol misuse, through improved education and communication.

Choosing Health: Making Healthier Choices Easier (2004) aims to:

- Builds upon the commitments within the Alcohol Reduction Strategy for England.
- Targeted pilots for screening and brief intervention within both primary care and community settings.
- The launch of joint initiatives with the Criminal Justice Service to reduce reoffending, through ensuring alcohol treatment is made available alongside drug treatment.
- Provide training and guidance to health care professionals to allow the early identification of alcohol related problems.
- The development of an improvement programme for treatment services in line with models of care.

The Alcohol Needs Assessment Research Project (ANARP- 2005) aims to:

- Measure the gap between the demand for and the provision of specialist alcohol treatment services in England.
- It identified that 38% of men and 16% of women aged 16-64 years old in England have an alcohol related disorder.
- It identified that the North East region had the fewest agencies providing specialist alcohol interventions.

Respect Agenda

- Is a multi-departmental task force within the government which is concerned with identifying ways in which departments can work together to tackle anti-social behaviour, support parents to build their skills and accept responsibility, support neighbourhood policing and ensure a culture of respect.

Hidden Harm

- A report following the inquiry into the Misuse of Drugs (2003) performed by the Advisory Council. The report ensures that the needs of children who are living with substances misusing parents are responded to.

The Alcohol Misuse Enforcement Campaign (2005) was a series of campaigns focusing upon:

- Binge drinking and chronic drinkers.
- Irresponsible drinks promotions.
- Highlighting and promoting social responsibilities to licensees.
- Ensure that both on and off licence test purchasing are carried out.
- To ensure the powers within the 2003 Licensing Act are embedded.

Models of Care for Alcohol Misusers (MoCam) 2006 aims to:

- Provide guidance on best practice in relation to developing an integrated treatment system.
- Ensure improvement in the commissioning and delivery of services.
- Provide a template to allow localities to build a treatment system through tiered framework.
- To ensure that there is an improvement in the effectiveness of screening and assessment.
- The development of alcohol treatment pathways.
- Ensure national quality standards are met.

Working with Alcohol Misusing Offenders (2006) aims to:

- Establish a consistent approach to tackling alcohol related offending within and across the Probation Service, utilising evidenced-based best practice.
- Complement MoCam and all the Department of Health's work aimed at alcohol misuse.
- Ensure a consistent approach to the development of the Regional Offender Managers in relation to commissioning on a regional basis.

North East Regional Resettlement Strategy: Out of Crime aims to:

- Ensure that a mapping exercise be undertaken to identify gaps and identify resources specific to meet the needs of young people.
- Ensure consent should be gained to allow a better flow of information between Youth Offending Teams and secure accommodation.
- Clients should be treated on an individual basis, not on an institutional one.

Safe, Sensible, Social. The next steps in the National Alcohol Strategy (2007) aims to:

- Ensure that criminal justice is heightened for drunken behaviour.
- Highlight the need for a review of NHS alcohol spending.
- Increase support for people who want to reduce their drinking levels.
- Enforce greater penalties and enforcement for underage sales.

- Develop accurate guidance for parents and young people.
- Campaign to provide the public with information which will promote a new 'sensible drinking' culture.
- Support public consultation on alcohol pricing and promotion.
- Encourage all localities to develop an alcohol strategy.

Youth Alcohol Action Plan (2008) aims to:

- Tackle the unsupervised consumption of alcohol by youths.
- Provide support and advice to young people and parents.
- Improve efficiency in identifying and ceasing illegal alcohol sales.
- Ensure the alcohol industry is accountable for marketing and promoting alcohol more responsibly.

Direct Enhanced Services (DES) 2008/09 aims to:

- Provide GPs with an incentive to identify all new patient registrations who misuse alcohol.
- Deliver brief intervention to patients identified as requiring one, referring patients into specialist treatment services where required.

Department of Health High Impact actions for PCT (2008) to affect alcohol related admissions through:

- Improving the effectiveness and capacity of specialist treatment systems and improved pathways into treatment.
- Developing integrated alcohol services and ensuring early identification and rapid brief interventions.
- Developing and introducing screening and brief interventions into the Criminal Justice arena.
- Developing partnership working and prioritise alcohol within Local Area Agreements.
- Influencing change through advocacy and the development of rationale for investment.
- The development of local health campaigns to disseminate and project national messages.

10.2 Regional

North East Public Health Observatory (NEPHO) 2006 report on regional trends highlighted:

- That adults in the North East are more likely to drink heavily than adults in the rest of England.
- That there is a higher prevalence of hazardous or dependent alcohol consumption in the North East than in other English regions.
- That there are higher rates of alcohol related morbidity in the North East among men and women than in the rest of England.
- That the overall cost of alcohol misuse in the North East is approximately £1billion per year.

North East Alcohol Misuse: Statement of Priorities for Action (2007) aims to:

- Support and promote a preventative approach to alcohol misuse.
- Ensure the provision of services for harmful, hazardous and dependant drinkers and their families and carers.
- Ensure the public are protected by enforcing the law.

Better Health, Fairer Health (2008) aims to:

- Increase the availability of brief interventions.
- Develop comprehensive and robust alcohol treatment and support services.
- Utilise social marketing approaches to build the conceptual links between alcohol related violence both domestic and public.
- Develop a public aversion to drunkenness.

Balance Regional Alcohol Office (2009) aims to :

- Raise the profile of alcohol related issues.
- Co-ordinate best practice across the region.
- Advocate for appropriate changes within laws, regulations and pricing policy.

10.3 Local

Community Safety Plan (2008-2011) aims to:

- Reduce anti-social behaviour.
- Reduce violent crime.
- Reduce criminal damage.
- Divert young people from offending.

Domestic Violence Strategy (2008-2011) aims to:

- Reduce domestic violence.
- Increase support for victims to reduce repeat incidents.

Violence Reduction Strategy (2008-2011) aims to:

- Reduce serious violent crime.
- Reduce violence in the night time economy.
- Reduce violent crime in and around licensed premises.
- Increase the detection rate of those committing violent crime in the public domain.

Sustainable Community Strategy Stockton- On-Tees (2008-2011) aims to ensure:

- That Every Child Matters and no child is left behind.
- That all young people have safe and stable environments in which to grow.
- That young people are supported to tackle substance misuse.

Tees PCT Strategy- Staying Healthy (2009-2011) aims to:

- Support the development of initiatives which promote safe alcohol consumption.
- Develop appropriate services to meet the needs of people for whom alcohol is problematic.
- Ensure services are available from brief interventions through to specialist treatment services.

Stockton- On-Tees Children & Young People's Plan (2009-2012) aims to:

- Reduce substance misuse (including alcohol and tobacco) among children and young people and reduce the effects on children, young people and family life.

Joint Strategic Needs Assessment (2009) aims to:

- Raise the awareness of alcohol misuse amongst young people, through promoting effective school-based interventions from primary school upwards.
- Ensure early identification of alcohol-related problems.
- Reduce illegal alcohol sales to under-18 year olds.
- Significantly increase the delivery and uptake of brief interventions training.
- Increase alcohol education and interventions with vulnerable groups.

Health and Well- being Strategy (2009) aims to:

- Increase resources and capacity for alcohol care and treatment services.
- Ensure services are coordinated and comprehensive.
- Increase capacity for inpatient detoxification and residential rehabilitation.
- Increase awareness of alcohol misuse and promote cultural shifts in behaviour, particularly for binge drinking through social marketing.

An Assessment of the Needs of Adults Harmed by Alcohol in Stockton-On-Tees (2009) identified key priorities as:

- Reducing alcohol related harm to young people, families and communities, through the delivery of sustained and consistent messages around alcohol consumption, in order to influence attitudinal change and create a cultural shift.
- Enabling frontline staff to identify early problematic alcohol use and make appropriate referrals.
- Targeting offenders of alcohol related crime, with a focus upon violent crime, anti-social behaviour and domestic violence.
- Reducing the availability of alcohol with a particular focus on sales to young people.
- Reducing the number of alcohol related hospital attendances and admissions.
- Delivering treatment services which are evidenced-based, cost effective, and are aligned with the N.T.A models of care alcohol treatment framework, and are responsive to and accessible for all individuals who require treatment.
- Improving and developing integrated care pathways to ensure that individuals move through services effectively, and have access to training, education, employment and housing. Pathways will be inclusive of all vulnerable groups such as offenders, poly-drug use, young people and dual diagnosis.
- Co-ordinating and developing support services for young people, families and carers affected by someone else's alcohol related issues.

10.4 Tiers of Treatment

There are four Tiers of treatment identified within *Models of Care for Alcohol Misusers (MoCAM), 2006*:-

Tier one Includes the provision for identification of hazardous, harmful and dependant drinkers, simple brief interventions to reduce alcohol related harm, and awareness of and referral onwards for those with an alcohol dependence or related harm for more intensive interventions.

Tier two Is the provision of open access facilities and outreach that provide alcohol specific advice, information and support, there is also extended brief interventions which aims to help those misusing alcohol to reduce the associated harm, it also offers assessment and referral of those with more serious alcohol related problems for care-planned treatment.

Tier three Includes provision of community-based specialised alcohol misuse assessment, and alcohol treatment that is care co-ordinated and care planned.

Tier four Includes provision of residential, specialised alcohol treatments, which are care planned and co-ordinated to ensure continuity of care and aftercare.

The following table describes the current local provision, and the associated funding:

Tier	Service Provider	Type of treatment	Annual budget
Tier 1	The Albert Centre	Alcohol awareness and Brief Intervention training.	Approx £10,000
Tier 2	Bridges Family and Carer Support Services.	Provides family and carer support to those affected by alcohol. A counselling service is also provided.	£23,000 (non-recurrent funding ends end March 2010)
Tier 2/3	Alliance Psychological Services	Provides family centred counselling, working with both the client and family to work through the impacts of alcohol.	£39,092 (non-recurrent funding ends end March 2010)
Tier 2	The Albert Centre	Primary Alcohol &Drugs Service (P.A.D's) provide an in-reach service within North Tees General Hospital, providing a screening service and offering brief Interventions and on-ward referrals into community services.	£32,900 (non-recurrent funding ends end March 2010) £22,000 (recurrent funding)
Tier 2/3	General Practitioner Practices	Local Enhanced Service with two levels. Level one is the provision of new patient screening, advice and intervention. Level two is the provision of a shared care service, with a pro-active approach to	£62,342 (recurrent)

		screening and problematic alcohol use identification. (G.P's can opt in or out of this contract)	
Tier 2	General Practitioner Practices.	Direct Enhanced Service, a Department of Health initiative aimed at screening all new patients' registering with a practice to identify alcohol misuse early.	£1022 (recurrent)
Tier 3	Tees Esk and Wear Valley foundation Trust. Addictive Behaviours service.	Drug and alcohol service 30% of core activity provided for alcohol clients. Also community detoxification nurse and dual diagnosis nurse with a specific remit for alcohol clients.	£94, 869 (non-recurrent ends end March 2010)
Tier 3	The Albert Centre	Provides counselling within community and general practice settings, also provides motivational interviewing.	£33,624 (recurrent)
Tier 3	Alliance Psychological Services	Provides psychological therapies with a particular focus on dual diagnosis clients.	£40,000 (non-recurrent ends end March 2010)