

## BOROUGH OF POOLE

## REPORT TO BOROUGH OF POOLE LICENSING COMMITTEE

17<sup>TH</sup> SEPTEMBER 2008

**ONE-YEAR PROGRESS UPDATE  
POOLE PARTNERSHIP'S ALCOHOL HARM REDUCTION STRATEGY 2007-10**

1. PURPOSE OF THE REPORT

To update Licensing Committee on the implementation of Poole's Alcohol Harm Reduction Strategy 2007-2010

2. PROJECT BACKGROUND

The Alcohol Harm Reduction Strategy has been developed as part of Poole's Local Area Agreement to provide a local response to the National Alcohol Harm Reduction Strategy, published in March 2004. It sets out clear objectives, directions and actions describing how the problems of alcohol misuse within Poole will be addressed through joint working across agencies.

Membership of the Alcohol Harm Reduction Monitoring Group (AHRM) is structured around the Strategy's Action Plan, and includes key representatives responsible for service delivery from both the statutory and voluntary sectors.

3. KEY OUTCOME AND STRETCH TARGETS

3.1 The following 6 key outcomes have been achieved in the last year out of a possible seventeen:

Outcome Target	Baseline (2006)	Target 07/08	Achieved Sep 07	Achieved June 08
A decrease in the proportion of residents who feel that people being drunk or rowdy in public places is a problem in the local area.	63%	<b>58.5%</b>	59%	59%
A reduction in alcohol related wounding offences committed in Poole Town Centre (PPEC beat area)	413 offences in 6 months	<b>TBC</b>	200 offences recorded from April-Sep 2007	377 offences recorded in total 2007/08
A decrease in the proportion of (off) sales of alcohol to persons under the age of 18, through test purchasing operations.	25%	<b>23%</b>	Relevant test purchasing has not taken place as TUSAC campaign tackled persistent offenders over a 3 month period. Regular test purchasing will take place in the coming months	Off licensed premises-counter sales. total sales = <b>11%</b> (Test Purchasing carried out in December 07 and Feb 08)

A decrease in waiting times for Tier 3 & 4 alcohol treatment services.	13 weeks	<b>8 weeks</b>		Average wait of 4 weeks, longest wait = 8 weeks (end of Feb 08)
An increase in the number of young people admitted to hospital through A&E for alcohol related reasons referred to YADAS.	7 people	<b>20 people</b>	2 from A&E and 2 from wards 4-5 from out of area that have been referred to SHADOWS and ASSIST, and 1 that has been passed on to the adult service.	There is now regular communication of admissions made between A&E and YADAS to ensure that all attendance is referred on.
An increased number of convicted drink drivers successfully completing Dorset Probation's 'Drink Impaired Drivers Programme'	16 people	<b>40 people</b>	45 people	69 people (countywide)

- 3.2 Seven of the Key Outcomes relate to Brief Intervention Services for harmful and hazardous drinkers. The targets are to reduce admissions to Emergency Departments and reduce the number of Fixed Penalty notices given for alcohol offences. The brief Intervention will also reduce the number of harmful/hazardous drinkers who become dependent drinkers by 1:10
- 4.1 The Adult Service that spans across Bournemouth and Poole is currently under development. The contract was awarded to Crime Reduction Initiative (CRI) in May 2008 and work will commence in August 2008. The contract is set up so that the numbers within the LAA stretch target can still be achieved despite the delay in commencement.
- 4.2 The Young People's Brief Intervention Therapies contract has also recently been awarded to Essential Dorset Drug and Alcohol Services, (EDAAS) who are also working to the targets within the LAA.
- 4.3 The other three outcomes relate to social inclusion for problematic alcohol users. Those in treatment receiving access to training/employment, suitable accommodation or supported housing. The NTA recently released a Treatment Outcomes framework that addressed these issues. The DAAT is still waiting for the first figures to be made available, in order to establish a baseline. There is also ongoing work within the Integrated Pathway work that has successfully established links with Employment, Education and Housing for both Drug and Alcohol users.

## 5 PERSON CENTERED PRIORITIES FOR ACTION (See Appendix)

5.1 The work completed so far on within the Alcohol Harm Reduction Strategy is extensive. Details can be found in the Appendix, which shows the progress to date for all the actions. Largely progress is on track and where there has been no progress, actions have been identified as to what needs to happen. The priorities are currently being updated (see section 6)

## 6 ISSUES ARISING

5.1 As this is a large agenda, the main issue that has arisen has been dedicated capacity and fiscal resource. Without exception all participants have workloads which Alcohol work has been tagged onto and funding for actions so far having to be found from mainstream budgets, that have not always been identified in annual plans. However, despite these problems a lot has been achieved.

5.2 There are two main areas of concern; the first is working with the third sector. So far little has been done to facilitate this work. While there is good engagement with the third sector in treatment, this is less true in prevention. At the outset Alcoholics Anonymous were keen to be involved in promotional work, but as yet this has not been achieved.

5.3 The other area that has stalled is the introduction of standardised recording in all sectors for alcohol use. This is a mammoth task that could benefit from some dedicated project management. The issue is that differing organisations are reluctant to revisit basic recording procedures to include Alcohol use. Alcohol is not viewed as core business for most. The prevalence of problematic alcohol use is such that a standardised recording would benefit needs assessment and then service development.

## 7 NEXT STEPS

6.1 The recent publication of the Safe Stronger Sensible Local Implementation Toolkit (December 2007) suggests various ways of initially writing an alcohol strategy and then implementing it. The AHRM has studied this document and found that the majority is already identified if not achieved. However, the meeting felt that was important to capture any of the ideas that we may have missed. To that end three working groups were established during August as follows:

- Children and Young People: This will also include examination of the recently published Youth Alcohol Action Plan (June 2008)
- Health
- Crime and Community Safety

6.2 The Alcohol Harm Reduction Monitoring Group will continue to meet on a quarterly basis and is looking to update the strategy in the next financial year.

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