

# Poole Alcohol Harm Reduction Strategy

2013-2015



## **1. FOREWORD**

I am delighted to see the publication of the Poole Alcohol Strategy 2013-15. It comes at a time when the Government has published its National Strategy and the work that we have done locally is very much in keeping with the National Strategy.

This document sets out our achievements over the past two years and the work we want to do over the next three years.

That fact that alcohol misuse can harm individuals, their families and the wider community, in a number of ways e.g. health, crime, is the basis of our approach.

The Strategy makes clear just how important it is that each partner plays its part and how achieving our goals relies totally upon partners working together.

At a time when, more than ever, we need to manage our resources carefully, we must focus on activity that the evidence shows to work, but in doing that include people's views on what works best for them.

To do this we will monitor our programmes and services from various viewpoints and ensure we respond appropriately to these views.

I am happy to endorse our strategy and look forward to seeing it in action.

**Dr David Phillips**

**Director of Public Health**

**Bournemouth, Dorset & Poole Local Authorities**



## 2. Executive Summary Poole

In the Poole Alcohol Harm Reduction Strategy 2010-2013 we stated that our relationship with alcohol is complex. It still is; encouraging everyone who drinks in Poole to do so in a safe, sensible and social way is a big challenge.

The NHS recommends that men should not habitually drink more than 3-4 units of alcohol daily and women should not regularly exceed 2-3 units daily. However, over the years typical glass sizes have grown and drinks have increased in strength. The old belief that a glass of wine was about 1 unit is now out of date.

We are aware that there are different messages going out to the public about what is safe drinking – we will work on how best to get across messages and also ask our residents about their knowledge of what is safe.

We are concerned in particular with two main issues; the first is related to people who drink and cause harm to others, while the second is related to people who drink, often at home, above safe limits. This group of people are harming themselves, often without knowing it. They are drinking large amounts and feel this is normal.

Latest estimates from the North West Public Health Observatory & National Drug Evidence Centre suggests that for Poole's aged 16+ populations, 20,230 of us do not drink. 75,044 are classed as lower risk drinkers, meaning that the remaining 27,335 of the population aged 16+ are increasing or higher risk drinkers.

It is also estimated in Poole that 18,650 of the aged 16+ population binge drink at least once a week; and between 2002/03 and 2009/10 alcohol attributable admissions in Poole increased by 54%. It would be correct to say that there are people locally who regularly drink at levels that put them at risk of suffering more than 60 medical conditions, ranging from cancer to liver disease and stroke. The majority of these people will be unaware of the risks they are taking.

However, most of us do drink sensibly and enjoy alcohol; we do not want drunken violence, vandalism and packed emergency departments to be the hallmark of a weekend night out in Poole.

We also acknowledge the association between mental illness and increasing risk of alcohol dependence. If you have a mental health problem, you are more likely to drink at levels that put your health at risk (Government Alcohol Strategy 2012). For children, emotional and mental health problems are associated with the misuse of alcohol.

Whilst we await the Government's new mental health strategy and the implementation framework, we need to ensure that we aim to meet the needs of local people with co-existing mental health and alcohol problems.

Progress has been made since Poole published its first Alcohol Harm Reduction Strategy in 2007. The latest strategy aims to build on previous progress, mirror the new national alcohol strategy and prioritise identified local need. It will forge a clearer understanding of what is acceptable drinking behaviour, in order to reduce the amount of harm that alcohol causes to individuals, families and our local community.

Overall we are looking for improvements on the aims below: these will be compared in 2015:

- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others;
- A reduction in the amount of alcohol-fuelled violent crime
- A reduction in the number of adults drinking above the recommended guidelines
- A reduction in the number of people “binge drinking”
- A reduction in the number of alcohol-related deaths
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed
- A reduction in alcohol related hospital admissions
- A reduction in alcohol related hospital re-admissions

In November 2011, the Borough of Poole Communities Overview and Scrutiny Committee held an alcohol evidence day, to assess the 2010-2013 Alcohol Harm Reduction Strategy and the dangers posed by high levels of alcohol consumption as part of everyday life. Several key recommendations were approved and have been included within this strategy, these include:

- Introducing a Night-time Economy Strategy:
- Introducing alcohol specific services at Poole hospital
- Dialogue with the Health & Wellbeing Board regarding strategy
- Exploration of minimum pricing of alcohol
- Education and treatment for young people and children
- Nuisance caused by drinking in public places
- Domestic abuse

Over the next few pages we have outlined the areas of work we will concentrate upon. In Section 3 we have set out what we feel we know.

Some information is based upon national statistics while other information is based upon what we know locally. In Section 4 we set out what we have done over the past two years, while Section 5 sets out our objectives for 2013-15.

## 2.1 Outcome Measures:

	<b>Outcome measure</b>	<b>Baseline</b>	<b>Outcome target</b>	<b>To be achieved by</b>
<b>Prevention</b>	The number of people aged 18+, scoring 8-19 AUDIT, assisted to moderate their drinking by successfully completing a Brief Intervention Therapy	1,300 BIT completed 2011/12	Due to staff reduction; target 69 BIT per month, 828 per year: 21 x 69 = 1,449	December 2014
	Number of people aged 18+, scoring 8-19 undertaken BIT, presenting SMART 12 months hence	2010/11 BIT clients: 1,409 Re-presented SMART in 2011/12: 9 = 0.64%	Less than 1% re-presentation	December 2014
	Poole hospital admission episodes for alcohol-attributable conditions	Better than England average (August 2012)	Significantly better than England average	August 2014 – Local Alcohol Profile data available

	<b>Outcome measure</b>	<b>Baseline</b>	<b>Outcome target</b>	<b>To be achieved by</b>
<b>Treatment: Data collated from secondary treatment</b>	Proportion of clients who successfully completed treatment in year to date	No. 196, 75% Q2 data from National Drug Treatment Monitoring System	77%	December 2014
	Proportion of clients waiting more than three weeks to start treatment	0% Q2 data from National Drug Treatment Monitoring System	0%	December 2014

	<b>Outcome measure</b>	<b>Baseline</b>	<b>Outcome target</b>	<b>To be achieved by</b>
<b>Enforcement / crime</b>	A reduction in the amount alcohol related violent assaults	2011/12: 431	5% target year on year: 2012/13: 410 2013/14: 390 2014/15: 371	March 2015

	<b>Outcome measure</b>	<b>Baseline</b>	<b>Outcome target</b>	<b>To be achieved by</b>
<b>Economy</b>	A decrease in the proportion of off-sales of alcohol to persons under the age of 18, through Test Purchasing Operations	2011: 22%	15%	December 2014
	Premises (off sales) failing test purchases shown to be compliant at subsequent check and with appropriate procedures in place	2011: 50%	80%	December 2014
	Proportion of residents who perceive drunk or rowdy behaviour to be a problem on the local area	2011 Poole Place survey: 22% (27% 2008 Place survey)	To see a reduction on the 22%	2015

	<b>Outcome measure</b>	<b>Baseline</b>	<b>Outcome target</b>	<b>To be achieved by</b>
<b>Young People:</b>	Proportion of YADAS clients successfully exiting alcohol treatment in year	2011/12: 59/64: 92.2%	Remain 92%	December 2014
	Improvement on Poole Biannual School Survey 2011	8-12 year olds: 52% tried alcohol once  12-19 year olds: 28% never used alcohol  Those who had drunk alcohol, 24% drunk more than once	To see an improvement on the baseline percentages	December 2014

“The ravages of alcohol abuse are disrupting society and costing huge sums in financial terms from healthcare and law and order. No level of alcohol intake is safe yet we acknowledge and respect an individual’s freedom of choice to enjoy alcohol in moderation. To address alcohol misuse the Poole Alcohol Strategy aims to limit intake of the harmful, hazardous, dependant and binge drinkers among our population.”

Dr Nick Sharer, April 2012. Consultant Physician & Gastroenterologist Poole Hospital NHS Trust

“During 2012 and 2013, significant changes are happening in relation to key partners and partnerships which provide opportunities to further strengthen joint work to reduce the harm caused by alcohol. The key changes are:

- Election of the first Dorset Police & Crime Commissioner in November 2012
- Setting up of a Shadow Health & Well Being Board in 2012/13 and a statutory Board for Bournemouth & Poole in 2013/14
- Dorset Clinical Commissioning Group to take on health commissioners’ responsibilities and responsibility for Public Health to move Councils through a Pan Dorset service from April 2013.

“All partners will continue to work jointly through the governance of Poole DAAT to develop and implement & monitor Poole’s Alcohol Harm Reduction Strategy.

“Poole’s Joint Strategic Needs Assessment & Bournemouth and Poole’s Health and Well Being strategy will prioritise the reduction of the harm caused by alcohol.”

Jan Thurgood, September 2012. Strategic Director, Poole Borough Council

### 3. Introduction: National and local scene setting

**National:** The following key national facts are taken from the Office of National Statistics:

- **Alcohol-related harm costs the NHS around £2.7 billion each year.**
- Professional classes are now the most frequent drinkers in Britain, 41% of them drinking above recommended limits at least once a week.
- **Liver disease is the only major cause of death still increasing year on year in the UK. Twice as many people now die from liver disease as in 1991.**
- In England in 2008 there were 6,769 deaths directly related to alcohol. An increase of 24 per cent from 2001. Of these alcohol related deaths, the majority (4,400) died from liver disease.
- **Overall, alcohol consumption is falling, at the same time alcohol-related health problems are increasing. Data now suggests that rising numbers of people are now drinking at home and drinking more.**

#### **Local:**

❖ Latest synthetic (a statistical method for carrying estimates down to subpopulations) estimates of population aged **16+** in Poole (data from National Drug Evidence Centre and Office National Statistics 2012 ) are:

- **Abstainers: 16% population 20,230**
  - Estimate of those who do not drink
- **Lower Risk drinking: 61% population 75,044**
  - Estimate (not including abstainers) men who drink less than 22 units of alcohol per week and women who drink less than 15 units:
- **Increasing Risk drinkers: 17% population 20,476**
  - Estimate (not including abstainers) men who drink between 22 and 50 units a week and women who drink between 15 and 35 units a week.
- **Higher Risk drinking: 6% population 6,859**
  - Estimate (not including abstainers) men who drink over 50 units per week and women who drink more than 35 units per week

#### **And as a separate calculation**

- **Binge drinking: 18.9% drinking population 18,645**
  - % adults who consume at least twice the daily recommended amount of alcohol in a single session (8 or more units for men, 6 or more units for women)

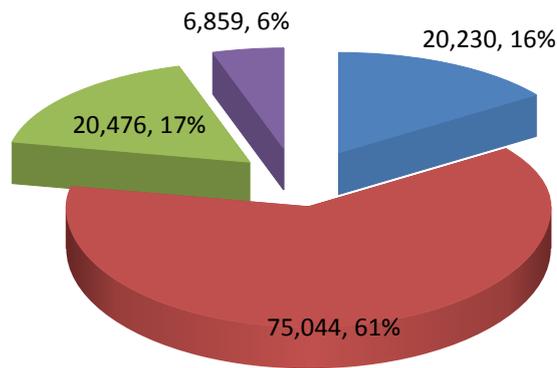
#### **Estimation Alcohol use aged 16-24 in Poole** (ONS, NDEC data)

- 2,488 do not drink
- 10,171 lower risk drinkers
- 2,553 increasing risk drinkers
- 434 higher risk drinkers
- 2,487 binge drinkers (these exist amongst above 3 cohorts)

#### **Estimation 11-15 year olds in secondary education in Poole** (statistics on Alcohol: England, 2012)

- 3,502 drunk alcohol at least once
- 1,012 drunk alcohol in last week

### Poole Population aged 16+ Synthetic alcohol estimates



■ Abstainers ■ Lower risk drinkers ■ Increasing risk drinkers ■ Higher risk drinkers

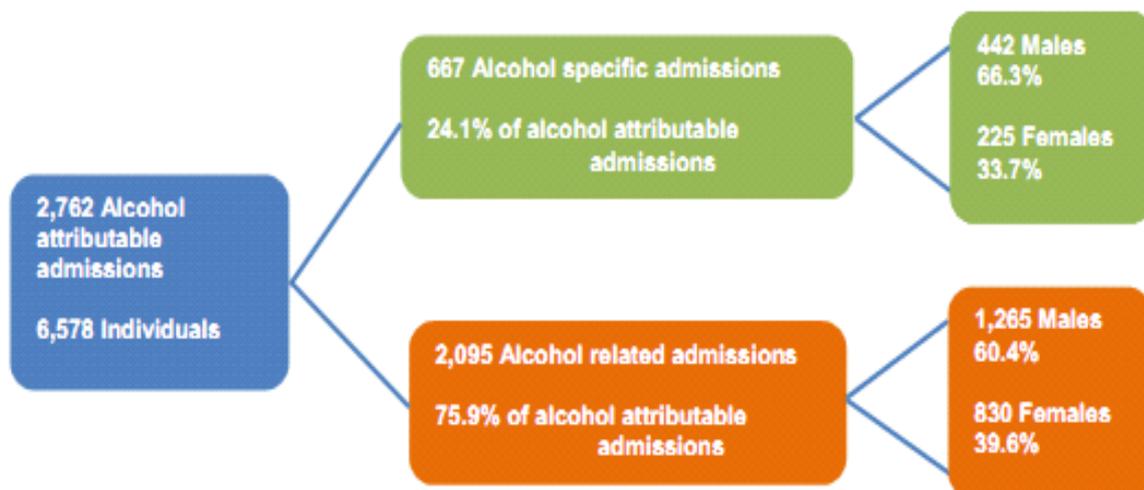
There are people in Poole who regularly drink at levels that put them at risk of suffering more than 60 medical conditions, ranging from cancer to liver disease and stroke. The majority of these people will be unaware of the risks that they are taking.

#### ❖ Alcohol Attributable Hospital Admissions in Poole:

- In 2009/10, **6,578 individuals** in Poole were admitted to hospital either wholly or partly due to alcohol.
- This was equivalent to **2,762 alcohol attributable admissions**, once alcohol attributable fractions were applied
- The 2,762 alcohol attributable hospital admissions were made up of **667 wholly due to alcohol** (alcohol specific) and **2,095 partially due to alcohol** (alcohol related)
- Between 2002/03 and 2009/10 alcohol attributable admissions in Poole increased by **54%**.

#### ❖ Alcohol Attributable Hospital Admissions in Poole:

❖ DOH: Analysed by South West Public Health Observatory Publication date: February 2012

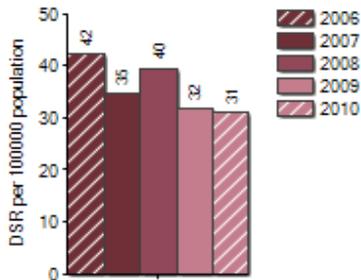


# Local Alcohol Profile for Poole:

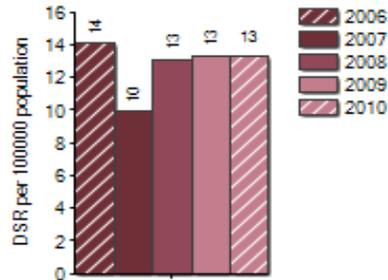
Latest data available from North West Public Health Observatory: August 2012

## 5 YEAR TREND CHARTS

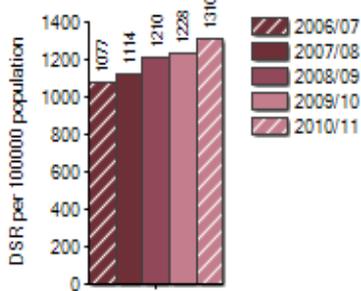
Alcohol-attributable mortality - males



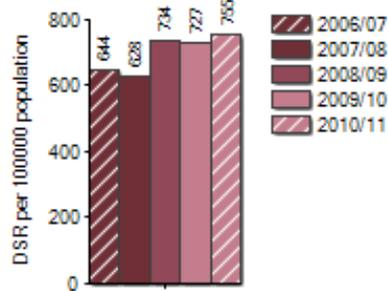
Alcohol-attributable mortality - females



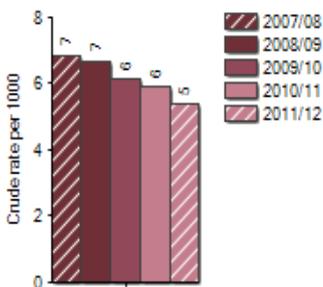
Alcohol-attributable hospital admission males



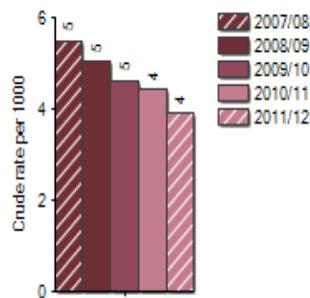
Alcohol-attributable hospital admission females



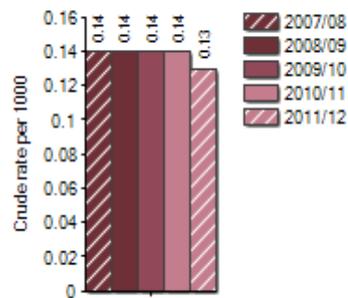
Alcohol-related recorded crimes - all



Alcohol-related violent crimes

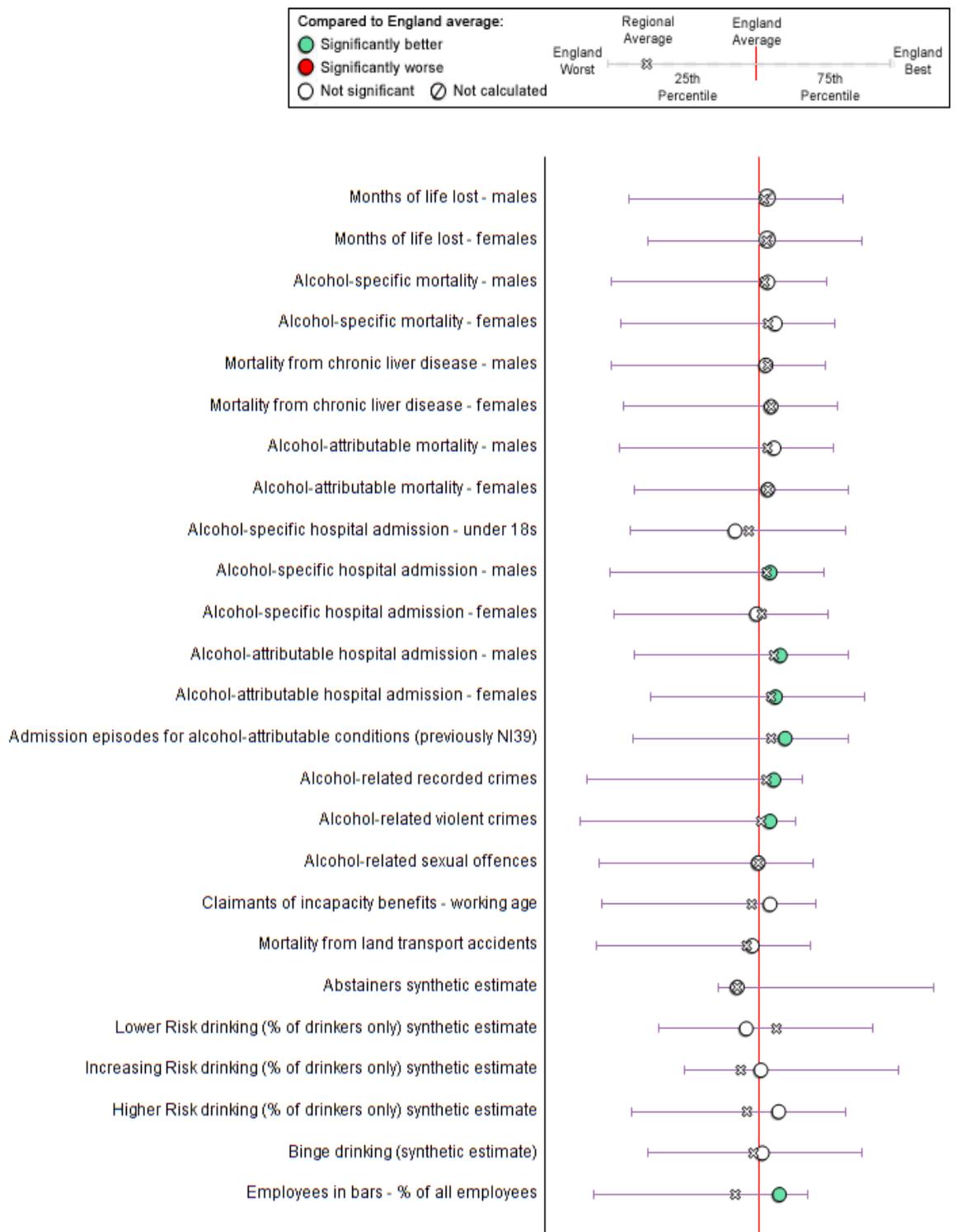


Alcohol-related sexual offences



# Local Alcohol Profile for Poole:

Latest data available from North West Public Health Observatory: August 2012



The above data shows that for Poole’s Local Alcohol Profile; although alcohol attributable hospital admissions are better than the England average for male and females, the numbers have been steadily rising over a 5 year period.

## 4. Key Achievements from previous Poole Alcohol Harm Reduction Strategy

- **Health education:**

- ❖ One of the key initiatives from the previous strategy was the outcome targets set for the Brief Intervention Therapy Service provided by CRI. Identification and Brief Advice (IBA) is opportunistic case finding followed by the delivery of simple alcohol advice. These are effective interventions directed at patients who are not typically complaining about or seeking help for an alcohol problem
- ❖ In November 2011, the Borough of Poole Overview and Scrutiny Committee held an alcohol evidence day, to assess the 2010 - 2013 Alcohol Harm Reduction Strategy. One of the key recommendations was a re-examination as to how young people are educated around alcohol
- ❖ Identification and Brief Assessment (IBA) has continued to be implemented in Poole Hospital.
  - For every eight people who receive simple alcohol advice, one will reduce their drinking to within lower-risk levels (Moyer et al., 2002)
  - **In the 2 year period April 2009 – March 2011:**
    - 3937 Adult Brief Interventions were undertaken
    - 161 adults had more than 1 brief intervention
    - 844 unique adult alcohol referrals were made to Poole Treatment System between April 2009 and March 2011.
    - An estimated **470** of the adults who undertook a brief intervention in the said period are likely to have reduced their drinking to within lower-risk levels.
- ❖ All the outcome measure targets set in the previous strategy were met:
  - **Increase in the number of people aged 18+ presenting to A & E and scoring 8-19 using AUDIT assisted to moderate their drinking. 1650 Outcome target met.**
  - **Increase in the number of hazardous and harmful drinkers assisted to moderate their drinking by successfully completing BITS. 2750 Outcome target met.**
  - **Poole hospital admissions for alcohol related harm. Outcome target “Significantly better than England average” met.**

- **Alcohol and the Night Time Economy (NTE)**

- ❖ In November 2011, the Borough of Poole Overview and Scrutiny Committee held an alcohol evidence day, to assess the 2010 - 2013 Alcohol Harm Reduction Strategy. One of the key recommendations was the development of a NTE strategy for Poole and that a strategic director will be taking the lead for this piece of work.
- ❖ Christmas 2011, a peak time for violent disorder related to the night-time economy, Safer Poole ran a successful "Operation Spot" which involved British Transport Police drugs dogs in Ashley Cross and on Poole Quay; and high visibility policing at peak times. This operation received good media coverage for the Partnership. The Tactical Operational Group is now focussing on implementing a street pastor scheme with the voluntary sector, addressing licensing issues at key premises in the town and the introduction of a Public Disorder Notice Diversion Scheme for alcohol related offending.
- ❖ The following NTE outcome measures set in the previous strategy were met:
  - **Proportion of Poole residents who perceive drunk or rowdy behaviour to be a problem in the local area. Outcome target 24% met. Actual 22%**
  - **Increase the number of alcohol related offenders assisted to moderate their drinking by successfully completing Alcohol Treatment Orders. Outcome target of 20 met**
  - **A reduction in the number of alcohol related assaults in Poole. Outcome target 2% improvement met: Latest improvement 2011: 3.88%**
- ❖ The following NTE outcome measures set in the previous strategy are ongoing:
  - **A decrease in the proportion of off-sales of alcohol to persons under the age of 18, through Test Purchasing Operations – ongoing Test purchasing failure rate reduced from running at 24% in December 2011 to 19% end February 2012. Compliance rates continue to improve**
  - **Premises (off sales) failing test purchases shown to be compliant at subsequent check and with appropriate procedures in place– Since 2010 there have been 4 premises where repeat sales have been a concern**

- **Alcohol & Domestic Abuse (DA)**

- ❖ One of the key initiatives in Alcohol Treatment services in Poole has been the identification and action on Safeguarding issues such as domestic abuse
  - Clients that enter the Poole system for drug or alcohol misuse will receive a risk assessment, even if they do not engage with our treatment services. This allows for the identification of risks that a client may present to themselves or to other people, including identifying if a person is a victim or perpetrator of domestic abuse.
  - If a person is a victim of DA then a check will be made with the Borough of Poole (BOP) Adult Safeguarding Help Desk or Children and Young Person's Safeguarding Help Desk and a discussion as to whether a vulnerable adult or child alert should be raised. Even if an alert is not raised, advice and signposting to local DA services or the police are given.
  - A representative from the Poole treatment system attends the Poole MARAC meetings chaired by Dorset Police and intelligence regarding clients (as victims or perpetrators of DA) in treatment. Information is shared with other treatment agencies so that a risk action plan can be devised and implemented to reduce the risk of further DA to either adults or children.
- ❖ The introduction of the Cardiff Model in Poole Hospital has also increased tactical intelligence between data captured in the Emergency Department and the Police.
  - The Cardiff Model utilises anonymised information obtained from Emergency Department (ED) patients about the precise location of violence, weapon use, assailants and day/time of violence. Evaluation has shown that this model enhances the effectiveness of targeted policing and local authority effort, and significantly reduces serious violence recorded by the police and violence-related hospital admissions. The overall objective of the Cardiff Model is to prevent violence and reduce the alcohol-related burden on emergency services. This approach has been found to be effective in clinical trials
- ❖ The following outcome measure set in the previous strategy was maintained:
  - **Decrease in the proportion of alcohol flagged domestic crimes: Outcome target 27-28% maintained**

## • Alcohol and Older People

- ❖ The following outcome measures set in the previous strategy were met:
    - **Increase in the number of people aged 60+ assisted to moderate their drinking by successfully completing Brief Intervention Therapies (BITS): Outcome target of 206 significantly exceeded.**
    - **Maintain the proportion of alcohol client aged over 60 effectively engaged in Poole secondary addiction treatment services. Outcome target 88% maintained.**
  - ❖ The organisations through a Pan Dorset working group and an older person focus group will focus on two areas:
    - **Prevention: Broaden public and professional knowledge around alcohol misuse and the risks to health as we grow older**
    - **Intervention / treatment: Ensure treatment is tailored towards individual need and the stigma of accessing treatment is reduced.**
  - ❖ Each area will have an action plan, a timescale and a lead; details of actions will be identified and prioritised within the working group.
  - ❖ The work will require co-ordination and commitment from organisations and individuals involved but also input from other external agencies so the Pan Dorset population are educated and have an awareness of older people and alcohol related issues.
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## • Alcohol Treatment Services

- ❖ With a strong focus on the recovery model; the Poole Treatment System has concerned itself with the outcome goal of enabling service users to attain addiction free lifestyles through its aftercare programme. As well as a therapeutic emphasis on sobriety, close links are also forged with Job Centre Plus, Alcoholics Anonymous and the Poole Service Users Forum.
- ❖ Care pathways and eligibility criteria have been developed adhering to [NICE](#) alcohol guidelines 24, 100 & 115
- ❖ The following outcome measures set in the previous strategy were met:
  - **Increase in alcohol clients effectively engaged (retained 12 wks/discharge success) 87% target met**
  - **Number of Aftercare clients completing treatment addiction free : latest sample size 2011 significantly exceeded 40% target**
- ❖ The following outcome measure set in the previous strategy was maintained:
  - **A decrease in waiting times for alcohol treatment: average wait 3 weeks maintained**

- **Alcohol and Younger People**

- ❖ YADAS (Young People's Drug & Alcohol Service) have undertaken the following alcohol initiatives:

- Young people aged 16 – 25 attending BWISE drink / drive initiative alcohol workshops.
- Young Ambassadors, former clients have become volunteers, generating referrals; and become mentors to other young people.
- Friday Night Projects at Limelight's Youth Club and Turlin Moor Youth Club. These clubs open Friday nights to help reduce/delay young people's alcohol intake.
- Group drug & alcohol education at St Aldhelm's and Poole High School: sessions of alcohol and drug education
- Links with Poole Hospital Emergency Department
- Stands & Events include:
  - ◆ Community Fun Days and Focus Football events, promoting alcohol education
  - ◆ Promotion of YADAS at the Poole & Bournemouth College, discussing alcohol awareness.
  - ◆ YADAS awareness talks to Duke of Edinburgh participants including the dangers of alcohol use in risk taking behaviour and effects on unborn children.
- **Outreach** includes close links to Mobile Youth Project. The Key Worker visits selected areas where youth workers have identified an issue and offers support to the staff and to the young people on an informal education basis.
- **Carter Media Project:** a group have produced a video and radio session based around alcohol awareness and education; this can be utilised by YADAS in future education but could also be "sold" to other schools for education sessions in PHSE.
- **Drop in** done at Poole Quay Advice Centre so young people can discuss alcohol without having a referral made.

- ❖ The following outcome measures set in the previous strategy were met:

- **Young people assisted to moderate their drinking by successfully completing either a BIT or extended brief intervention. Outcome target 100 by 31st March 2012. 122 either successfully completed or still open mid March 2012.**
- **Percentage of young people that are re-referred to YADAS within 12 months of BIT. 2 re-referrals in 2011.**

- ❖ The following outcome measure set in the previous strategy has remained at the baseline level:

- **Presentations of U 18s at ED for alcohol related issues. Remained at England average**

## 5. Strategic Objectives for 2013 – 2015

### a. Prevention

- **Objective:** To shift population levels of alcohol consumption downwards so that:
  - Fewer Poole residents drink at excessive levels known to be harmful
  - Fewer Poole residents drink at levels above the government [recommended limits](#)
  - Fewer Poole residents binge drink
  - Fewer Poole pregnant women drink at all
  - Fewer Poole residents under 18 drink alcohol at all
  - Broaden public and professional knowledge around alcohol misuse and the risks to health to older population.

- **Knowledge Base**

The [Local Alcohol Profile for Poole](#) shows that for many measures, drinking patterns in Poole reflect the national (England) trend, which is a slow, but steady increase. This is a major concern because

- these rates of alcohol consumption are causing major and increasing damage to health
- the trend is in the wrong direction

Local data for mental health diagnoses and treatment (NHS Bournemouth and Poole JSNA) show that alcohol-related conditions are the single most common diagnosis. Depression and anxiety directly affect one in four of the adult population during their lifetime, and one in ten at any one time. Far too many of us are self-medicating with a drug-alcohol-which is both a depressant and addictive.

In older people, dementia is the most common diagnosis, and dementia is strongly linked to lifetime rates of alcohol consumption.

[NICE](#) recommends the following evidence-based actions to prevent harmful drinking:

- Licensing: Use of local crime and related trauma data to map the extent of alcohol-related problems before developing or reviewing a licensing policy.
  - Brief Intervention Therapy: NHS and local authorities should prioritise alcohol-use disorder prevention.
  - Extra support for children and young people aged 10 to 15 years who are thought to be at risk from their use of alcohol
  - Screening young people aged 16 and 17 for elevated risk from alcohol
  - Extended brief interventions with young people aged 16 and 17 years
  - Screening adults opportunistically, as a routine part of NHS treatment.
  - Brief Advice for adults who have come into contact with the NHS as a result of harmful drinking.
- **What is already being done locally?**
    - Joint work through the Safer Poole Partnership, using local health and crime data to identify areas of high alcohol-related crime and ill-health, and use licensing and other measures in mitigation.
    - Brief Intervention is currently offered to new registrations in primary care settings.
  - **What we intend to do**
    - Augment the Brief Intervention Service so as to reach more of those in need, and extend the age range down to 16.
    - Ensure Identification and Brief Advice is carried out in all primary settings by General Practitioners and Practice Nurses, for both new and existing registrations
    - Recognise and support the Government's recommended minimum unit price

## b. Treatment

- **Objective:**

- To develop recovery orientated alcohol treatment pathways, that ensure services are appropriate, timely and achieve successful outcomes that meet the specific needs of each individual client.

- **Knowledge Base**

- [Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence](#) (NICE clinical guideline 115, 2011)
- The guideline is supported by [audit support](#), [baseline assessment tool](#), [costing report](#), [costing template](#), [slide set](#) and sample dosing regimens ([CG115 Alcohol dependence and harmful alcohol use: sample chlordiazepoxide dosing regimens for use in managing alcohol withdrawal](#))
- NICE recommends that clinical guideline 115 should be read alongside:
- [Alcohol-use disorders: preventing the development of hazardous and harmful drinking](#) (NICE public health guidance 24, 2010), and
- [Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications](#) (NICE clinical guideline 100, 2010).
  - Local Routes: Guidance for developing alcohol treatment pathways
  - Review of the effectiveness of treatment for alcohol problems
  - Models of Care for Alcohol (MOCAM)
- The Department of Health recommends that an evidence-based recovery orientated alcohol treatment system should provide:
  - Screening of the target population and action with hazardous and harmful drinkers
  - Assessment of the needs of individuals with identified alcohol problems
  - Care planning to meet the assessed needs of those with alcohol problems
  - A range of structured treatment interventions
  - Support for individuals to help maintain the gains they have made from treatment
  - Management of alcohol treatment services

- **What is already being done locally?**

- Brief Intervention is currently commissioned by the NHS, delivered by the Provider CRI.
- The 'less-intensive' treatments that extend beyond brief interventions provide the bridge between the general healthcare brief intervention and the 'alcohol focused specialist treatment'. This currently sits within the non-statutory team, currently EDAS.
- Alcohol-focussed Treatment is mostly carried out in EDAS, although PACT, through their new contract will also be treating non medical problematic drinkers. This group is best described as when treatment has continued beyond the 'less intensive' stage. Higher intensity Cognitive Behavioural Therapy and motivational treatments are carried out.
- Community Alcohol Detoxification (CAD), will be taking place, through PACT.
- Relapse prevention is not the domain purely of aftercare services; It is a therapy and skill that is ever-present in the treatment of alcohol misuse. Although the amount of research on aftercare is not large, the evidence in its favour is impressive.
- Structured aftercare within the Poole Treatment set-up is currently administered in the non-statutory team, EDAS. Outcomes from the service are favourable.

- **What we intend to do**

- Consolidation of alcohol care pathway, including eligibility criteria for different strands of alcohol interventions
- Explore need for a dedicated 18-24 service
- Ensure all staff and volunteers have both the appropriate qualifications and are delivering an evidence based treatment
- Ensure there is a seamless link between hospital liaison post(s), community alcohol detoxification and secondary alcohol treatment services, including SMART
- Achieve high recovery orientated outcomes as produced by new National Alcohol Treatment Monitoring System
- Ensure appropriate links for clients with co-existing alcohol and mental health problems

### **c. Enforcement / crime**

- **Objective:**
  - To reduce alcohol misuse and its impact on alcohol related crime and disorder, ensuring the impact of alcohol in increasing victim vulnerability is reduced and the impact of alcohol on offending behaviour is reduced
  
- **Knowledge Base**
  - Direct Gov, Crime and Justice, Alcohol and Crime
  - Institute of Alcohol Studies, Alcohol and Crime, July 2010
  - Alcohol Concern – Making Sense of Alcohol, Alcohol and Crime
  - Licensing Act 2003
  - Police Reform and Social Responsibility Bill 2012 - rebalances the licensing act 2003 to help deal with the problem of late night drinking through the introduction of a late night levy and early restriction orders, and reduces the evidential threshold on licensing authorities
  
- **What is already being done locally?**
  - Implementation of a Pan-Dorset Reducing Reoffending Strategy
  - Implementation of a virtual Integrated Offender Management Team
  - Sexual Assault Referral Centre
  - Commissioned a Pan-Dorset Independent Sexual Violence Advisor Service
  - Implementation of Operation Protect, targeting night time economy issues
  - Engagement and attendance by PACT at the domestic abuse Multi Agency Risk Assessment Conferences
  - Domestic Abuse featured within initial alcohol assessments carried out by SMART
  - Ongoing licensing enforcement
  - Repeat premises being flagged through the Dorset Police database
  - Implementation of Fixed Penalty Notices
  
- **What we intend to do**
  - The continuation of Operation Protect, targeting night time economy issues
  - The launch of street pastor scheme across the town
  - The continuation of the Sexual Assault Referral Centre
  - The re-commissioning of the Pan-Dorset Independent Sexual Violence Advisor service
  - The development of a Sexual Violence Strategy
  - The development of a night time economy strategy for Poole
  - Ongoing licensing enforcement via the Poole Safe Partnership
  - Establish an Alcohol Consumption Designated Public Places Order for Poole Town and Ashley Cross, aimed at reducing the incidence of anti social behaviour caused by alcohol consumption in public places
  - Programme of underage test purchasing for alcohol from retail outlets, to reduce the incidents of alcohol sales to children and young people
  - The identification of Serial Perpetrators of Violence (SPOV's) and Domestic Abuse Serial Perpetrators (DASP's). These offenders will be managed by the community safety partnership operational group, with individual multi agency plans put in place for each offender
  - Improve data collection in A&E regarding assaults, including where they are alcohol related
  - Investigate the feasibility of extending Fixed Penalty Notices outside of custody and into the community.

## **d. Economy**

- **Objective:**

- To develop an effective night time economy strategy for Poole which delivers or enables positive economic outcomes balanced with reduced alcohol harm

- **Knowledge Base**

- Updated Core Strategy references the importance of the evening economy in Poole. It states that developing the evening economy contributes to a number of strategic objectives in the Core Strategy, to revitalise the Town Centre and to create locally Distinctive and Self Reliant Places. The evening economy complements the daytime economy by ensuring that an appropriate mix of uses offers vitality and viability to the Town and Local Centres. It is also a key component of our tourism offer. The Core Strategy sets out policy proposals related to supporting the evening economy, with particular emphasis on supporting tourism.
- The town centre and Quay are only part of the picture. Poole has a number of vibrant 'night spots', most notably Ashley Cross which is a largely safe and attractive place for local people. However, colleagues across the Council are receiving increasing numbers of complaints and issues being raised related to the strong night time activity in the area. While very low, the numbers of incidents of crime and anti-social behaviour in the area have increased over the past 12 months.

- **What is already being done locally?**

- Police and licensing colleagues are working closely to manage and monitor issues that arise as a result of the night time economy, particularly alcohol.
- The monthly Safer Poole Partnership Operational Group reviews reported crime/ASB connected to licensed premises, including alcohol related incidents which result in ambulance or A&E attendance where data is available
- It is well established that alcohol impacts on crime and disorder including domestic violence and can have significant negative effects on health. Through new legislation, local health bodies are now recognised as responsible authorities and have the ability to contribute and effect licensing decisions.
- Health bodies will be able to comment on licensing arrangements in relation to potential impacts on the health and wellbeing of Poole residents. Local public health information will help support the delivery of the outcomes identified in the strategy.

- **What we intend to do**

- There is a need to map more comprehensively what the current position is. It has been difficult to obtain any indication of the economic value of the night time economy, number of jobs etc as yet. Producing such a strategy has been considered a low priority due to its low economic profile and this needs further consideration.
- There is a need to draw together the evidence and identify the right partners to discuss what sort of strategy will deliver the best outcomes for Poole, and agree clear outcomes which meet economic and alcohol harm reduction outcomes.

## e. Commissioning & Partnerships

- **Objective:**
  - Partnerships need to commission outcomes. Models of Care for Alcohol (MOCAM) describe the overall outcomes sought (to the individual, to others directly affected by their behaviour and to the wider community) and an improvement in the health and social functioning of the alcohol misuser.
  
- **Knowledge Base**
  - Signs for Improvement: Commissioning interventions to reduce alcohol-related harm.
  - **'Signs for improvement - commissioning'**
  - **High Impact Changes:** <http://www.alcohollearningcentre.org.uk/Topics/Browse/HIC/>
  - Department of Health has identified a number of High Impact Changes (listed below are the ones that have clear evidence to their effectiveness) which have the greatest impact on alcohol health commissioned outcomes and suggests some recommended actions for areas where tackling alcohol-related harm has been identified as a priority:
    - **Improve the effectiveness and capacity of specialist treatment:**
      - Ensure the provision and uptake of evidence-based specialist treatment for at least 15% of estimated dependant drinkers in your area
    - **Appoint an Alcohol Health Worker (s):**
      - Commission an adequate number of Alcohol Health Workers or Alcohol Liaison Nurses to work across the acute hospitals
    - **Identification and Brief Advice (IBA) – Provide more help to encourage people to drink less:**
      - In primary care:
        - New registrants; Commission identification and brief advice as per the Directed Enhanced Service (DES) for all new registered patients.
        - At risk groups; Consider extending coverage through a contract with primary care to additional at risk groups such as all men aged 35-54 or those patients on existing Quality Outcome Framework (QOF) registers
      - In hospital settings:
        - Brief Intervention (IBA) in ED and specialist units (e.g. fracture clinics); Commission a specialist alcohol nurse linked to every accident and emergency unit where there is apparent need
  
- **What is already being done locally?**
  - Working in Partnership
    - Alcohol related needs is to be included in Joint Strategic Needs Assessment (JSNA). DAAT continue to co-ordinate local initiatives
  - Developing activities to control the impact of alcohol misuse in the community
    - Partnership work in the ongoing development of a Night-time economy strategy is being driven by and utilised alongside existing laws, regulations and controls available to local partners.
  - Influence change through advocacy
    - High profile alcohol champions have been identified within Bournemouth & Poole NHS and local Authority Commissioning roles: including Service user forum.
  - Appointment of hospital liaison worker
    - Post confirmed by Poole Hospital
  - IBA
    - Partners are still committed to the commissioning of IBA
  
- **What we intend to do**
  - Ensure effective use of alcohol needs assessment and local intelligence in commissioning alcohol services
  - Ensure alcohol outcomes are being commissioned rather than outputs
  - Ensure all commissioning decisions are based on evidence based practice and data

## **f. Young People**

- **Objective:**
  - Fewer Poole young people under 18 years drink alcohol at all and a sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amount consumed
  
- **Knowledge Base**
  - YADAS Data
  - Young People's Needs Analysis 2012 – Poole DAAT
  - LAPE (Local Alcohol Profile Data)
  - The Government's Alcohol Strategy
  - The Royal College of Psychiatrists (RCPsych) has published new practice standards for the care of young people with substance misuse problems
  
- **What is already being done locally?**
  - YADAS provides team of professional staff ready to engage with young people aged 10 to 19 who live in Poole and have drug and/or alcohol problems.
  - The YADAS team offers a full range of treatment options, from 1 to 1 advice, counselling, group work and detoxification if needed.
  - The service is set up to offer appointments in locations suitable and convenient to the young person. This could be within the school, home, youth club, advice centres or any other location suitable for the young person.
  - YADAS also offers the opportunity to become involved in social activities, education packages and aftercare support to allow for the best possible outcomes for your future.
  
- **What we intend to do**
  - Ensure prompt and effective referral pathways from Poole A&E to YADAS
    - YADAS nurse to provide follow up appointments for all alcohol related A&E admissions
  - Promote take up and completion of Brief Intervention Therapies training
    - All universal and targeted services
    - Monitor number of extended BIT intervention against base line figure
  - Maintain NTA targets for successful completion rates for YADAS treatment programmes and low re-presentation rates
  - Achieve improved resilience and stability for young people following appropriate treatment
    - Ensure suitable step-down and support services for vulnerable young people following treatment across universal and targeted services
    - Provide IAG for work, employment and training.
    - Increase Employability for young people not in education, or employment.
    - Provide suitable accommodation for YP in treatment and after care

## 6. Summary / Recommendations

The actions and outcomes within this strategy have been drawn up carefully by members of Poole Partnership. Annual actions from the strategy are documented in two separate document papers:

- ***The Poole Adult Harm Reduction Alcohol Action Plan***
- ***Children's and Young Peoples Harm Reduction Alcohol Action Plan***

## 7. Glossary / References

- Substance Misuse Assessment Referral Team (SMART): Single point of access for anyone who is a Poole resident and over 18 years old, with a drug or alcohol problem. Referrals can be made by service users, GPs, Poole General Hospital, other services, providers and community agencies.
- Poole Addictions Community Team (PACT): A multi-disciplinary team made up of doctors, social workers, nurses and psychologists responsible for the treatment of individuals experiencing moderate to severe substance misuse problems.
- Poole Drug and Alcohol Action Team (DAAT): A local multi-agency co-ordinating group committed to working in partnership to tackle drugs and alcohol by promoting education and treatment through care and aftercare.
- YADAS: Young Adults Drug and Alcohol Service providing support, information and treatment for young people aged 10-19
- Poole Opinion Panel: A representative group of local residents who participate in two surveys per year to help the Council keep in touch with the views of local people
- Poole Partnership: The Local Strategic Partnership for Poole which made up of many organisations aiming to achieve long-term improvements to the quality of life for Poole people. Its role is to establish what is important to Poole people in the long-term, to identify what would improve their quality of life, to develop an action plan for improvements (the Community Strategy) and to ensure that these actions take place and monitor and report progress.
- Poole Safe Scheme: A partnership plan between agencies and the licensing industry with the aim of reducing crime and disorder to ensure Poole is a safe place to enjoy an evening out.
- Safer Poole Partnership: A partnership of local organisations dedicated to tackling crime and substance misuse within the Borough
- NTA: The National Treatment Agency is a special health authority, created by the Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug and alcohol misuse in England. The function of the NTA will continue in Public Health England from 2013.
- NTE: The Night-time Economy
- BIT: Brief Intervention. An alcohol brief Intervention is opportunistic case finding followed by the delivery of simple alcohol advice: these are effective interventions directed at patients drinking at increasing or higher-risk levels who are not typically complaining about or seeking help for an alcohol problem
- AUDIT: Alcohol Use Disorders Identification Test. A test to determine levels of alcohol risk and dependence
- CRI: Crime Reduction Initiative; the team who currently deliver alcohol brief interventions in Poole.

### Key Contact Numbers:

- |  |                |
|--|----------------|
| • Alcoholic Anonymous                                | 01202 296000   |
| • Alcohol Services Directory                         | 020 7403 0888  |
| • Crime Reduction Initiative (CRI)                   | 01202 318410   |
| • Children & Young People's Social Care              | 01202 735046   |
| • Essential Drug & Alcohol Service (EDAS)            | 01202 733322   |
| • Environmental & Consumer Protection Services       | 01202 261700   |
| • Housing and Community Services                     | 01202 633804   |
| • NHS Bournemouth and Poole                          | 01202 541400   |
| • NHS Direct   | 0845 4647      |
| • Poole Addiction Community Team (PACT)              | 01202 633875   |
| • Poole Drug & Alcohol Action Team (DAAT)            | 01202 261016   |
| • Poole Police                                       | 01202 222222   |
| • Poole Safe Together Partnership                    | 01202 223331   |
| • Poole Service User Forum                           | 07779 880221   |
| • Substance Misuse Treatment & Referral Team (SMART) | 01202 735777   |
| • Young Adults Drug & Alcohol Service (YADAS)        | 01202 741414   |
| • National Treatment Agency                          | www.nta.nhs.uk |