

Making Staffordshire Healthier

Reducing Alcohol-related Harm: Everyone's Responsibility

The Annual Report of the
Director of Public Health for Staffordshire 2013/14



Foreword

I am pleased to present my Annual Public Health Report for 2013/14, which coincides with our first year in the local authority after the formal transfer of public health responsibilities in April 2013. This year's report brings a particular focus on the harm associated with alcohol misuse to individuals, families and communities in Staffordshire, and the collective efforts put in place to reduce these harms and improve the health and wellbeing outcomes of the local residents.

We are all more than familiar with the harmful impacts of alcohol misuse as we so often see in the media: alcohol-fuelled violence, disruption on the streets in the night-time economy, increasing demand on emergency services, the impact on our health and the rates of long-term conditions such as liver disease. As well as these and the associated vulnerability in terms of personal safety and risk-taking behaviours, there is also the 'hidden harm' caused by problem drinking. This includes absence from or poor productivity in the workplace, loss of income and employment and, in the most serious circumstances, domestic violence, abuse and child neglect.

The report raises the awareness and importance of these impacts and their significant costs to individuals and society as a whole. It provides a local understanding of the cross-cutting nature and challenges of alcohol for individuals, local communities, the wider economy and local services such as the health, welfare and criminal justice systems.

Building on my report from last year which focused on improving our wellbeing (<http://www.staffordshire.gov.uk/health/PublicHealth/Annual-Public-Health-Report-2012.pdf>), this report also emphasises the key themes that underpin our local approach:

- Ensuring we make the best use of our assets: our partnerships, resources, services, and the skills and resilience of individuals and our communities. I emphasise the value and importance of effective partnership working and how the development of the Staffordshire Health and Wellbeing Board served as an additional catalyst by prioritising the reduction of alcohol-related harm.
- Highlighting the role that individuals can play in terms of responsibility, autonomy, choice and their resilience in relation to reducing the negative impact of alcohol, and the collective role we as a society have to play in enabling and supporting these factors. It includes the views of local people and stakeholders captured through interviews, describing what they believe 'personal responsibility' means in practice.
- Focusing on the cross-cutting challenges of trying to measure and monitor progress or lack of it in our collective efforts to reduce alcohol-related harm within our population. It touches on existing measurement frameworks and their limitations as well as ongoing work that will help provide a more comprehensive local picture on progress.

The local insight and views on efforts aimed at reducing alcohol-related harm indicate the need for a local approach that recognises and balances the imperative for people and communities to take personal responsibility as well as the importance of having appropriate interventions that will enable and encourage people to do so. The report is therefore deliberately underpinned by the core sense of collective responsibility for action across organisations, communities and individual members of society.



4 Reducing Alcohol-related Harm

Clearly, alcohol misuse is a huge challenge and requires concerted and cross-cutting efforts that will involve everyone within our communities and organisations. It is indeed everyone's responsibility.

This report is written in simple and user-friendly format, I hope it will help to:

- Demonstrate the challenges we face in Staffordshire in relation to alcohol misuse
- Show how we are working as partners in Staffordshire to address alcohol-related harm and improve health and wellbeing and,
- Promote further thinking and conversation about the roles individual members in society can play in addressing the challenges and associated responsibilities for action.

Finally, I would like to extend my appreciation and gratitude to all our partners in taking this work forward. My special gratitude goes to all those who contributed to this report including the editorial team that made it possible.

I would be most grateful to receive your inputs, views and comments in relation to the contents and issues raised within this report.

Thank You

A handwritten signature in black ink that reads "Alike". The signature is written in a cursive, flowing style with a large initial 'A'.

Part One:

The Pattern of Alcohol Consumption in Staffordshire

The Impact of Harmful Alcohol Consumption in Staffordshire:

- the Service Cost
- the Human Cost

6 Reducing Alcohol-related Harm

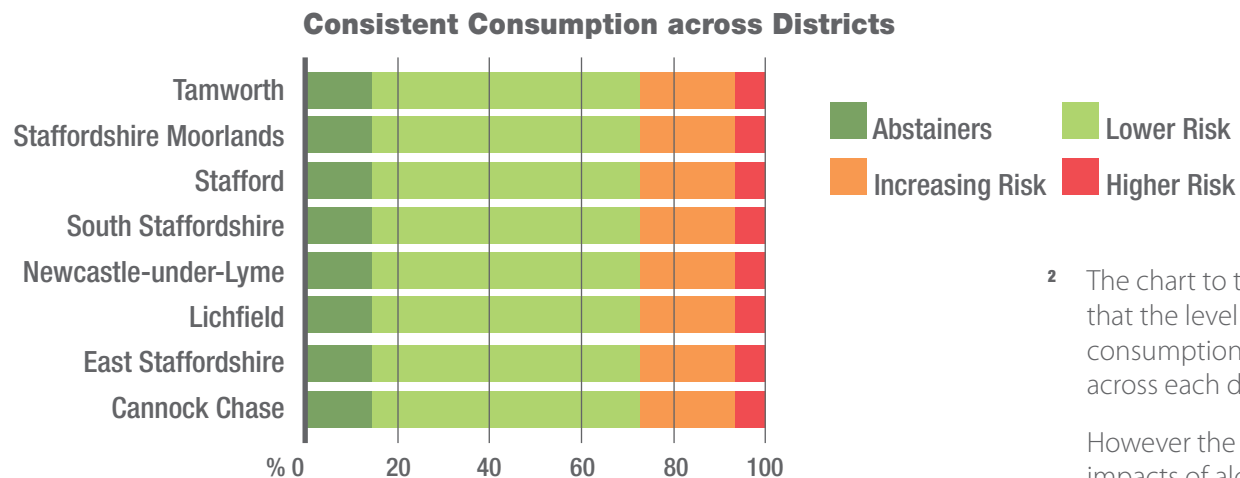
Part 1: The Pattern of Alcohol Consumption and the Impacts in Staffordshire



Key Points:

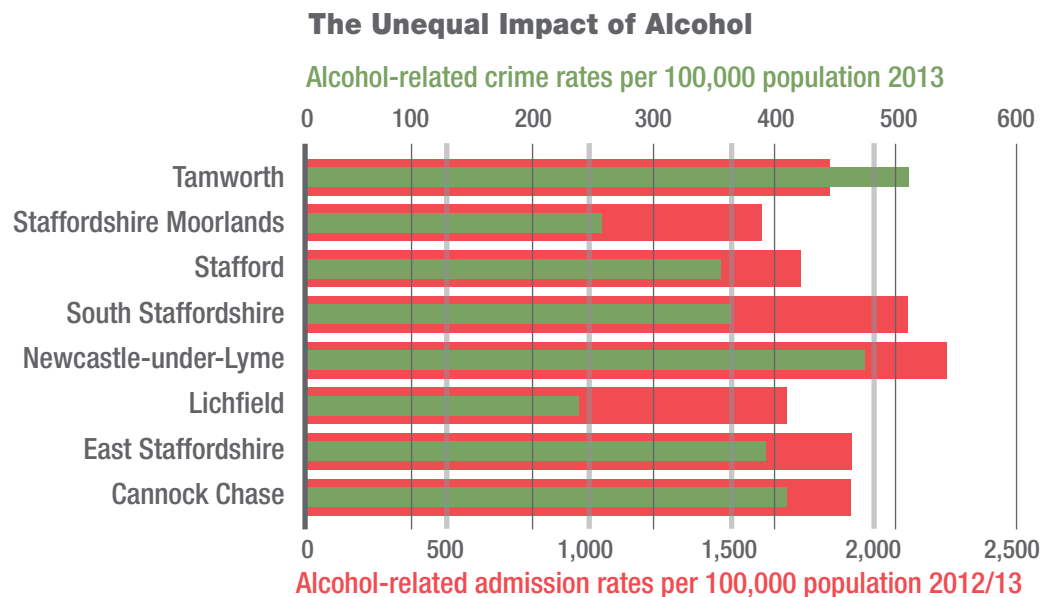
The majority of adult residents are drinking safely.

However a significant proportion are taking considerable risks both in terms of total amount consumed and as a result of binge drinking.



2 The chart to the left shows that the level of alcohol consumption is similar across each district.

However the negative impacts of alcohol are not evenly distributed across Staffordshire, leading to health inequalities within the county.



3 There are higher alcohol-related admission rates in Newcastle under Lyme. There are higher alcohol-related crime rates in Tamworth. This is despite the similar consumption rates to other districts.

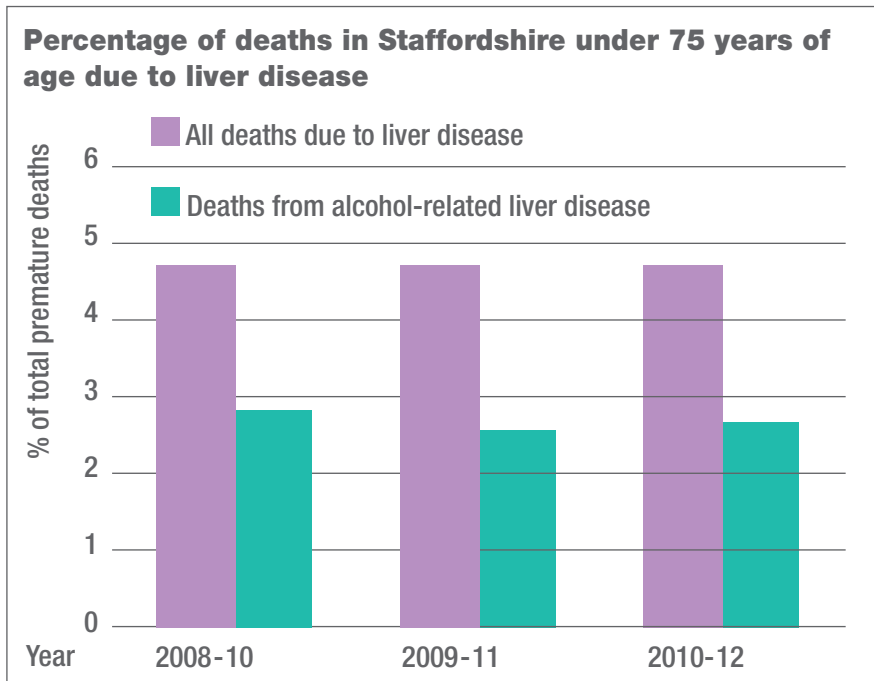
The Impact of Harmful Alcohol Consumption in Staffordshire: the Public Service Cost

4 Alcohol-related Harm Factor	£ Cost to Staffordshire (2014)*
Workplace Health	30.5m
Alcohol-related absenteeism	26.1m
Alcohol-related lost working days	37m
Alcohol-related deaths	50m
Crime & Public Disorder	
Cost to services in anticipation of alcohol-related crime	32.6m
Costs to services as consequence of alcohol-related crime	76.1m
Costs to the criminal justice system	39.2m
Costs of drink-driving	10.9m
Human costs of alcohol-related crime	102.3m
Total Estimated Cost of Alcohol-related harm in Staffordshire	404.7m
*Based on extrapolations from Cabinet Office (2004) Alcohol misuse: how much does it cost – lower end estimates	

cost alcohol disease violence accidents neglect families children

8 Reducing Alcohol-related Harm

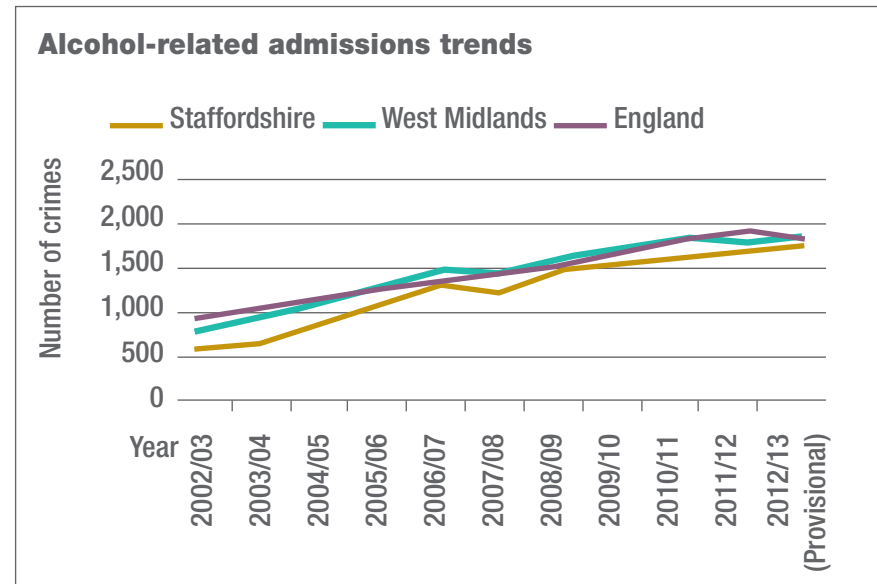
5



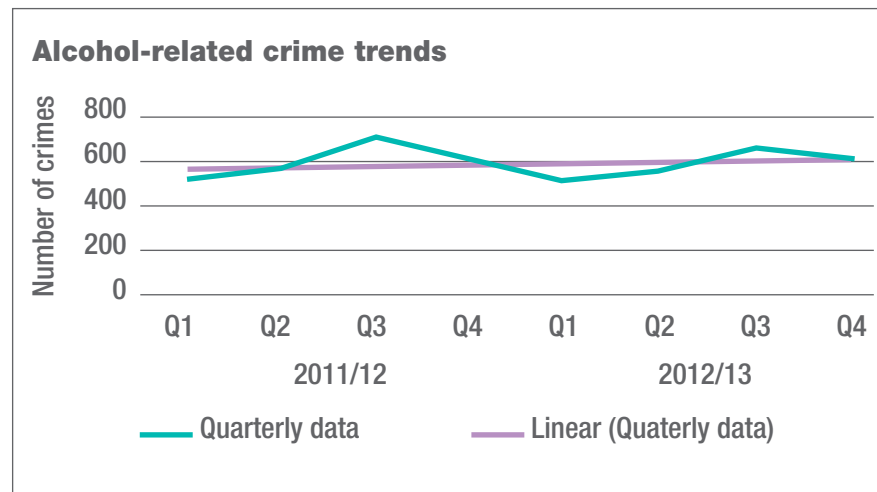
Key Points:

- There has been a steady and consistent increase in the harm caused by alcohol
- This is demonstrated by data
 - From the last 10 years in relation to alcohol-related admissions
 - From the last 2 years in relation to alcohol-related crime
 - Anecdotal evidence from the economy
- Although Staffordshire compares favourably to both the West Midlands and England, the upward trend is the same with a threefold increase in harm over the last ten years.
- Alcohol is a major contributing factor to early deaths from liver disease in Staffordshire.

6



7



Impact of harmful alcohol consumption in Staffordshire: the Human Cost

The importance of taking a 'life-course approach' focuses on a person's experiences, opportunities and life chances from the moment of conception through childhood and adolescence to adulthood and old age.

The impact of risk behaviours is cumulative across the life-course. The table below gives an overview of how alcohol impacts across the life-course in people in Staffordshire.



Starting Well ⁸

- 7,300 expectant mothers drank in the two years before pregnancy
- 3,600 women drank during pregnancy
- 270 drank more than two units of alcohol per week

Growing Well

- 200 adults in alcohol treatment are parents with childcare responsibilities
- A further 210 are parents whose child lives elsewhere⁹
- 817 domestic violence incidents¹⁰
- 24,200 (42%) 10-15 year olds report having had an alcoholic drink.
- 8,600 (15%) 10-15 year olds report having been drunk at least once in the last 4 weeks
- 33,400 (58%) 10-15 year olds report receiving helpful information in school about alcohol¹¹

Living Well

- 682 alcohol-related admissions in under 25s¹²
- 8412 alcohol-related admissions in 25 – 64 year olds¹²
- 2316 alcohol-related violent incident¹³
- 428,000 employee absent days¹⁴
- 206 domestic fires suspected to be alcohol or drug-related¹⁵

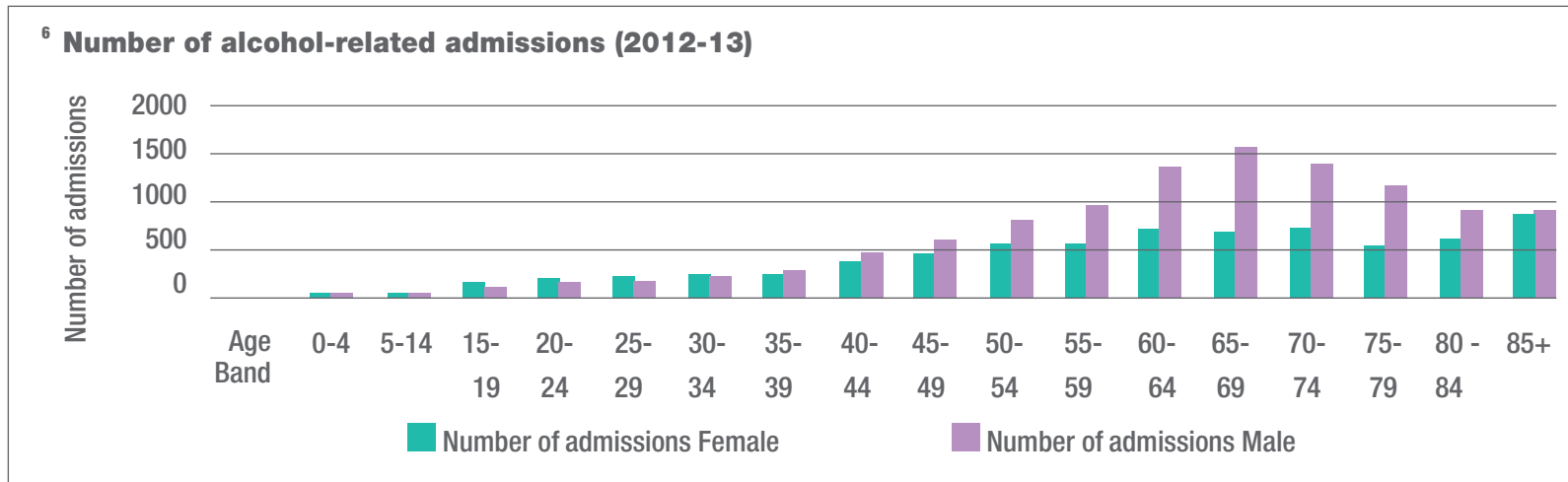
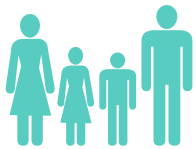
Ageing Well

- 20,000 older people drank more than recommended amounts (half that is expected given rates in other age groups)¹⁷
- 9409 alcohol-related admissions in 65+ population¹⁷
- Alcohol has been identified as one of the three main causes of falls. There were 3,100 injuries due to falls in people aged 65 and over in 2011/12¹⁷

Ending Well

- 123 (73 male, 50 female) people aged under 75 years die from liver disease 109 deaths considered preventable (65 male, 44 female)¹⁸

Alcohol: affecting everyone in society



families

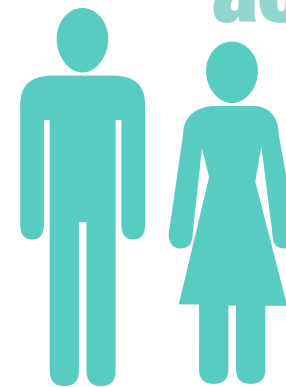
cost

violence

accidents

children

neglect



alcohol

disease

Part Two:

Current Action

- Partnership for Transformation
- The Four Strategic Priorities

Current Action

Partnerships for Transformation

The harmful impact and associated challenges of alcohol described above have been recognised by partners in Staffordshire for several years. A Staffordshire-wide partnership concordat on alcohol was agreed in 2008, which signalled the determination of agencies and communities to work together to address the problems collaboratively. As a result, investments have been made in various interventions, such as inpatient detoxification services and residential rehabilitation.

More recently, the transfer of public health commissioning responsibilities to the local authority and the formation of the Staffordshire Health and Wellbeing Board (SHWB), have provided the catalyst for further action. As part of the Board's strategic transformation programme and underpinned by the JSNA, addressing alcohol-related harm has been identified as a key priority area of action. This action is discharged through the Alcohol and Drug Executive Board (ADEB) – a purposeful cross-sector leadership group that is co-chaired by the Chief Constable of Staffordshire and the Director of Public Health Staffordshire.

One of the first actions of the ADEB was to conduct a rapid review of alcohol interventions in the county, which found a number of examples of good practice (such as provision for residential rehabilitation), alongside a number of areas needing further development:

- Minimal investment in prevention initiatives
- Lower than expected numbers of people who need and are in treatment
- Inconsistent methods of service delivery across the county.

The review also highlighted evidence-based effective interventions that were then grouped into three strategic objectives:

1. Prevention and early intervention
2. Treatment and recovery
3. Regulation and enforcement

The three objectives are also underpinned by the cross-cutting theme of responsibility; that individuals, families, communities and organisations will all need to take various forms of responsibility if alcohol problems are to be reduced. The emphasis of the ADEB alcohol strategy is designed to reflect the broad range of local needs, while investments will be made on the basis of the evidence of what works best. Historically most investment was narrowly focused on treatment services – which will remain a priority but emphasis will be rebalanced in future to ensure that more preventative actions are taken.

The Four Strategic Priorities



1 Prevention & Early Intervention

As outlined in Part 1 most people either do not drink alcohol or drink within safe levels. There are a range of evidence-based interventions that are designed to deter these groups from developing drinking problems via educating people to make informed choices and demonstrating the dangerous or unpleasant

consequences of excessive drinking. Many of these initiatives focus on young people, while others are aimed at families, adults and communities. ADEB partners including the, CCGs, District Councils, Staffordshire Police and Staffordshire County Council recognised the historic lack of provision in this area and their responsibility to plug this gap by creating a new pooled budget in order to commission a range of initiatives, including:

Education – schools offer the ideal setting in which to provide children, young people and parents the knowledge and skills that can enable them to make better choices concerning alcohol. To make this happen Entrust have been commissioned to identify the best practice in delivering alcohol education to young people and to roll this out in a consistent manner across Staffordshire.

The Staffordshire Schools Alcohol Survey

In the summer of 2013 over 5000 young people in school were surveyed about alcohol-related behaviours, perceptions and attitudes. This revealed a number of interesting findings, not least that many young people get their alcohol from their parents and that many of those surveyed believed that other young people were drinking much more than the survey showed in reality.

The survey provided the knowledge and understanding on which a new alcohol curriculum was developed – in conjunction with the specialist charity, the Alcohol Education Trust. This new evidence-based approach replaces the previous fragmented and inconsistent approach. Forums are being set up in each of the Districts and this is working particularly well in Tamworth where the Forum oversees the project and incorporates all the high schools and the expertise of partners including the Youth Service, Fire and Rescue and the Police.

Parenting – the research evidence suggests that parents can play a key role in preventing their children developing alcohol problems. The Families First team are therefore now delivering an initiative, the Strengthening Families Programme, which has been shown to be effective.

Strengthening Families Programme

Over the last year nearly 200 families across the county have taken part in the programme, which brings parents and young people together and is designed to improve communication between them in general and about alcohol-related issues in particular. Despite the quite challenging nature of the initiative it has been well-received by families. Feedback from young people about what they learned included:

“I learned that we can work together on things by not getting angry and respecting each other.”

“I know how to deal with stuff... I have a better relationship with my dad.”

“I learned the most about peer pressure.”

And from parents:

“It was good learning new skills and talk to new people about things.”

“I learned to listen”

“To give easy-to-listen-to rules that follow with consequences...”

Campaigns – Campaigns can successfully help change risky behaviour through the provision of advice and information, particularly when communications are tailored to the specific characteristics of the different target audiences and are based on insights provided by these groups. There is a planned series of campaigns encouraging parents to discuss alcohol and its consequences with their children, and illustrating to young people the potential negative consequences of irresponsible drinking.

Alcohol Fails

In early 2013, Staffordshire County Council ran a campaign targeted at parents to encourage them to talk with their children about the risks of drinking at an early age. Focusing on six key themes, the campaign provided parents with the facts and figures needed to help them have conversations, working closely with schools and partners, including Drink Aware and the Alcohol Education Trust. The campaign used a variety of engagement tools, including social media advertising, an online interactive game and campaign materials in environments such as local supermarkets and pharmacies.

The initial targets were exceeded, with nearly a quarter of all Staffordshire parents with children aged 11–14 having heard of the campaign, and the campaign featured as best practice in the Alcohol Education Trust's national monthly newsletter.

A second phase of the campaign was co-produced directly with young people in the county aged 11–14. The campaign gathered insight about their drinking habits and used this as a basis to co-create with them a series of 'fail' videos (a popular theme

with young people). Developed in partnership with a leading Staffordshire based animation company they were based on simple alcohol-related stories designed to show how future prospects, social life and education can be damaged (a 'fail') by alcohol. The videos were shared via the main social media channels, including Facebook, Twitter and Youtube with young people being encouraged to share them with their peers.

The animations were also shown at cinemas before blockbuster 12-rated movies, at Christmas light 'switch on' events and targeted youth events at nightclubs in the county. There was also a series of special town centre events, taking the message directly to young people.

The animation 'fails' campaign delivered a return on investment of £4 for every £1 spent and 89% of young people surveyed said it made them think twice about drinking alcohol. Staffordshire County Council has since been approached by other local authorities who would like to replicate what we have done. You can check out the videos at www.alcoholfails.co.uk

Adults and communities

While the harmful effects of alcohol cut across all demographic and geographic areas, there are some parts of the county which are disproportionately affected. Therefore partners have been exploring innovative ways of empowering the most affected communities to become more resilient to alcohol problems. The 'Asset-Based Community Development (ABCD)' approach will be piloted in a number of areas to assess whether risk factors can be reduced and protective factors increased at a community level by creating better connections between residents and local organisations.

Brief interventions linked to hypertension reviews

Brief interventions are designed to provide adults with relatively low-level problems the awareness and techniques to reduce their consumption of alcohol and the associated risks. A specialist service provides these interventions across the county.

However, in order to reach more people a highly innovative programme is being developed in partnership with South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group whereby GPs deliver brief interventions as part of patients' hypertension reviews – in the first three months over 2000 people have benefitted from the service

2 Treatment & Recovery

Treatment services are designed to address not just the health problems associated with dependent drinking but to also help with a broader range of harms (including housing and employment) and, equally importantly, to enable people to develop the strengths and skills to live healthy enjoyable lives free from the reliance on alcohol. Historically there has been a good track record of treatment service delivery in Staffordshire, particularly in relation to detoxification and residential rehabilitation, with successful completions at around 40%, which is above the national average. However, while access to treatment in the county has been relatively good (around 4% of dependent drinkers) research evidence suggests that around 15%

of people who would benefit from services would engage if adequate capacity was available. In order to help move towards this aspiration a systematic service redesign was conducted on behalf of the ADEB group which found that improvements could be made if the fragmentation, duplication and inconsistencies in the current treatment system were addressed. The redesign led to a tender exercise and new services to commence in July 2014. The new care pathway will be much simpler, using fewer service providers and a 'one-stop shop' approach – with a range of different interventions (prescribing, counselling etc.) available under one roof.

The new approach will not only focus on individuals with alcohol problems, but also their families, communities in which they live, wider needs, strengths, interests and skills.

Targeted treatment services

Many of the qualities of the new county-wide care pathway have been features of the innovative services commissioned by North Staffordshire Clinical Commissioning Group targeting intensive interventions towards people with the most serious medical complications associated with problematic drinking. This programme has included specialist alcohol services at University Hospital North Staffordshire better links with expanded and improved community interventions and an A&E diversion scheme

A&E Alcohol Diversion Scheme

Alcohol presents major pressures on hospital services, particularly Accident and Emergency departments, when at certain times of day around 70% of all attendances are alcohol-related. A proportion of these attendances are from people 'acutely intoxicated' – which presents dangers to their health as well as being an often disruptive presence.

Since February 2012 North Staffordshire Combined Healthcare Trust have been operating an Intoxication Observation Unit (IOU), whereby people are diverted from A&E or taken directly from the Ambulance service to a specialist unit where people receive immediate care, but

vitaly, are also linked in to the treatment care pathway, thereby reducing the likelihood of future attendances after receiving treatment.

In the first two years over 1000 people have benefitted from the scheme, which has potentially saved the local health economy around £500k.

Asset-Based Community Development-led initiatives

The new strategy also explores ways of enabling people in recovery from alcohol problems to support one another through peer-led recovery communities, whereby the progress made in treatment is consolidated by a supportive social environment and by making connections that enable people to develop personal skills and self-management.

RIOT Radio

Recovery Is Out There (RIOT) is a group of people recovering from drug and alcohol problems who have graduated from the Burton Addiction Centre (BAC) and provide a range of ways of supporting people still struggling with addiction. Over the last year they have been operating an example of an asset-based approach through an internet-based radio station (www.riotradio.co.uk) that broadcasts a combination of general programmes alongside positive messages about recovery.

As well as helping listeners (including people in Ethiopia and Australia!) the project also provides the participants the opportunity to develop their own progress in recovery through volunteer opportunities and a constructive use of time. In the first year, six volunteers have progressed to paid employment and one person has gone on to university.

3 Regulation & Enforcement

The Police, Probation Service, Trading Standards and licensing departments each have a range of legal powers and functions that can contribute to the management and reduction of alcohol-related harm. In order to make more effective use of these powers, a strategic partnership has been created – the Staffordshire Responsible Bodies Groups (RBG), which is accountable to ADEB and comprised of the organisations mandated to contribute to licensing decisions under the Police Reform and Social Responsibility Act 2011.

Partners are exploring a range of ways of working together to make better use of existing resources and powers. For example, hospitals are able to contribute to efforts to reduce alcohol-related violence by sharing the data now being collected in A&E departments from victims of alcohol-related assaults. This data will be used to identify hot spot locations for violence and help the police and other agencies to target their resources to these priority areas. Similarly, the police, probation, magistrates, licencing and trading standards departments are developing a range of ways using their regulatory and enforcement powers to best effect, these include:

Policing and Reducing Reoffending

Crime is clearly one of the main harms associated with problematic drinking – in diverse ways ranging from drink-driving, domestic violence and public order offences – not least in relation to the night-time economy. The case study below illustrates one of the recent innovations developed by Staffordshire police to help combat alcohol-related crime.

Magistrates now have the option to impose court orders on people to attend treatment where they would have previously been convicted of alcohol-related offences.

Diversion Project

Over the last year Staffordshire Police have been delivering a new scheme which targets alcohol-related offenders who commit offences such as 'drunk and disorderly'. The offender is issued a fixed penalty notice for their behaviour, but rather than having to pay a fine, they are offered the chance to attend an educational course on alcohol harm. The course covers all aspects of alcohol harm, from the health impacts to the links to criminal behaviours and their consequences.

An evaluation of the programme has demonstrated a broad range of positive outcomes for participants, such as 26%

reduction in alcohol-related A&E admissions and a significant reduction in self-reported alcohol-related risky sexual behaviour.

Alcohol consumption is measured using an 'AUDIT' tool and participants average scores reduced by 33% post-course meaning significantly less harm to a person's health was likely. Similarly, positive indicators were evident in relation to drink-driving, violence and public drunkenness. Owing to the success of this pilot scheme, the reach of the scheme has been extended to include Tamworth and Newcastle in addition to Stafford and a long-term commitment has been made to continue and develop this approach.

Licencing

District councils contribute to reducing alcohol harms in numerous ways, not least through their licensing responsibilities, while Trading Standards conduct a range of regulatory initiatives such as 'test purchasing' and the 'counterfeit alcohol' campaigns which are delivered across the county to assess whether licensees are complying with laws relating to under-age drinking and trade descriptions.

Working with the local licenced trade –

an event was held in late 2013 designed to challenge the local licencing industry to take greater responsibility for the problems associated with their trade. The engagement event was successful as it highlighted how the trade and public sector share many of the same concerns (such as violence and under-age drinking). As a result structures are being put in place to ensure both parties can work more closely together in future to co-produce solutions.

An example of this type of collaboration involves a project designed to reduce sales of high-strength alcohol volume beers and ciders in off-licenses, as these products are linked to both street drinking and broader alcohol harm. The scheme is to be piloted in Newcastle and Burton and involves a multi-agency approach between the local councils, police, trading standards, licencing departments and treatment services. The aim is to encourage more responsible trading and offer additional routes into support for the problematic drinkers.

District Level Partnership initiatives

District level community safety partnerships bring stakeholders together to develop a range of initiatives including activities to reduce violence in the night-time economy and domestic violence.

It's Never Ok – Christmas Campaign 2013

This campaign was delivered by partners in Cannock, including Cannock Chase District Council, Staffordshire Police, Staffordshire Fire & Rescue Service, Staffordshire Women's Aid and Arch. The campaign aimed to:

- Address and reduce alcohol-related violence, anti-social behaviour and domestic violence over the festive period
- Educate potential offenders and repeat victims of violent crimes

- Reduce repeat victimisation by encouraging victims to report the crimes/abuse through raising awareness of services available to victims and their families
- Reassure the vulnerable and intimidated residents by highlighting the work being carried out by partners to tackle violent crime
- Reduce incidents of violent crimes across the district

4 Taking Responsibility

Underpinning each of the three previous strategic priorities is the cross-cutting theme of collective responsibility. There is now recognition that 'promoting responsibility' particularly the role of individuals in within society is an important conversation to be had across all sectors in terms of alcohol harm, and this part of the report contains insight from such conversations with local people and stakeholders.

There is an understanding that individuals having and taking 'individual responsibility' is central to individual fulfilment, health, wellbeing and resilience. This is particularly relevant in terms of alcohol dependency

as personal responsibility is the central feature of the recovery journey. Providing effective treatment in itself enables individuals to be 'more personally responsible' in the future.

This message has been reinforced recently by local people and stakeholders in Staffordshire who have talked about personal responsibility in relation to alcohol and the delivery of the Staffordshire Health and Wellbeing Strategy. Whilst all have recognised the central importance of personal responsibility, this insight also identifies a need to enable and support resilience and behaviour change through prevention and early intervention across the whole life-course, and in multiple settings such as schools, communities, workplaces, NHS settings and other treatment services:

19

"It's not just about lifestyles, it's about 'life-skills' like parenting for example"

RESPONSIBILITY
Individual - Community - Organisational

"There's a big difference between the public sector being there to take care of people and the public sector enabling people to look after themselves"

"This is about 'societal culture change', not just individuals - Individuals cannot change a culture"

What Staffordshire People Say...

"Personal responsibility is about looking after myself and my health and using services well and wisely"

"We need to develop communities and individuals who can take responsibility for their own growth and development, but we need to be cautious, don't impose this on the vulnerable"

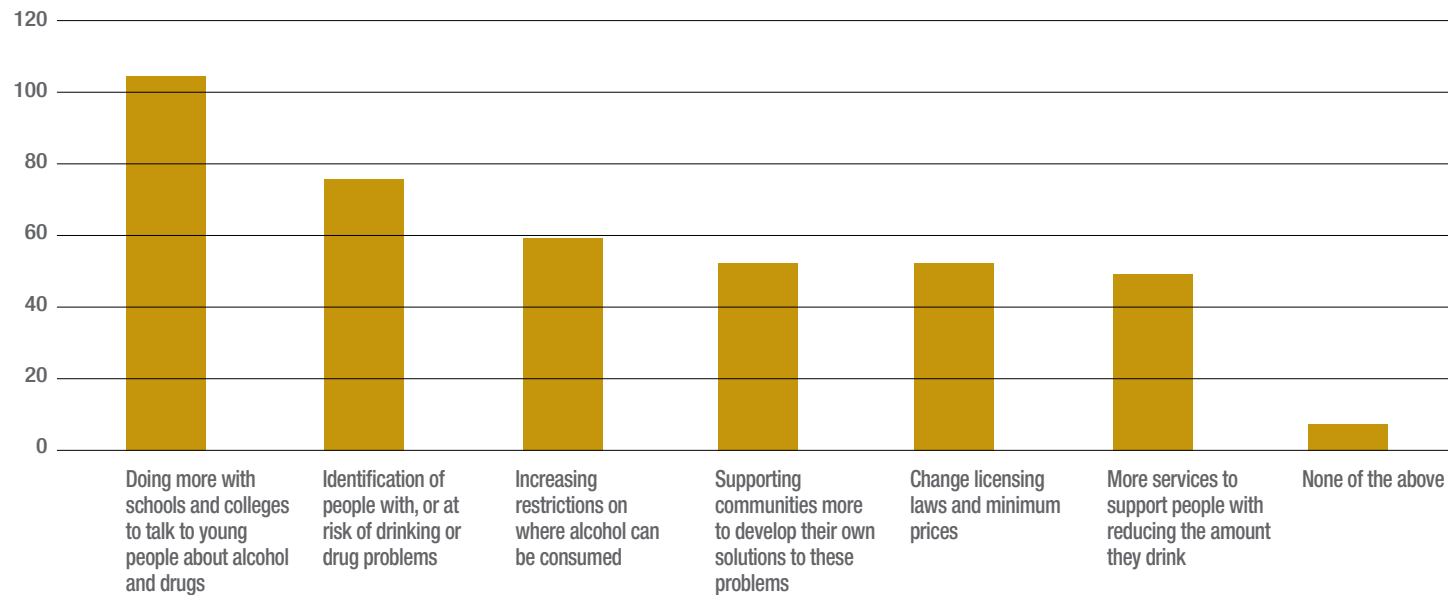
"Do not simply pursue this with a vengeance, we need to recognise people's socio-economic starting points and health inequalities, cultural and peer group challenges"

"You have a responsibility to keep yourself as safe as possible (e.g. don't drink too much, don't put yourself in unsafe/risky positions) - and the State also has a responsibility to ensure you are safe"

Additional insight from local people...

In 2013 over 500 members of the public, organisations and groups from across Staffordshire were given the chance to have their say and give their views about the county's health and wellbeing strategy "Living Well in Staffordshire". As part of this process we asked the question:

20 "What do you think will have the biggest impact on reducing harm caused by alcohol and drugs?"



In summary, people in Staffordshire felt better education and awareness on alcohol and drugs would be the best way to reduce harm among young people. There is also a clear indication that people recognised that with the right support, communities and individuals are part of the solution themselves. Others discussed the need to better understand the underlying emotional and social causes of alcoholism and drug abuse "alcohol consumption is a symptom, not a cause of, social problems".

Some commented that it was a necessity that those who had been identified as having alcohol or drug problems received access to practical and emotional support as early as possible. This insight reinforces the message that people across Staffordshire want supportive and enabling services and interventions whilst recognising their own individual and community-wide role in developing solutions.

22 Reducing Alcohol-related Harm

Taking Collective Responsibility: Enabling Our Communities

In the case of alcohol it's clear there is an ongoing responsibility across all sectors of society to inform, describe and explain the consequences of alcohol misuse and to take a balanced individual and collective responsibility to respond to the challenges.

Another approach is building on the assets of people, communities, organisations and partnerships. There are examples of individual, community and partnership asset-based approaches to tackling alcohol harm in this report, demonstrating the prioritisation and commitment to the agenda. We need to continue with an integrated 'whole-system and life-course approach' to addressing the challenges and consequences of alcohol misuse:

Responsible Education

Ensuring the right and appropriate information, advice and skills development in schools, colleges, universities and communities is provided.

Responsible Regulation

Working with partners and the local industry to ensure a sensibly-managed and coordinated approach is taken to licencing and regulation.

Responsible Treatment Services

Ensuring that effective services are available which enable people to take more individual responsibility in terms of their treatment and recovery.

Responsible Families and Communities

Ensuring individuals, parents and communities are enabled to take responsibility.

Responsible Trade and Industry

Ensuring that trade and industry market, advertise, and promote alcohol in a safe and responsible manner.

Responsible Night-time Economy

Enabling people to socialise, drink safely and sensibly.

Responsible Policies and Politics

Recognising the importance of healthy public policy and where legislation and regulation can minimise the harm caused by the availability of cheap alcohol.

Part Three:

Measuring Impact and Progress:
Doing things differently

Moving Forward:
What more can be done

Recommendations
Have Your Say
Acknowledgements

Measuring Impact and Progress: Doing things differently

Why Measure?

Measurement is important for two reasons:

1. To target resources in the most appropriated areas – therefore it is important to measure range of impacts at all stages of intervention from prevention through to treatment
2. To measure progress made – therefore it is important to have timely and accurate data.

We need to consider current methods for measuring alcohol harm and also look at additional and complementary ways of measuring progress.

Current measurement and limitations

The Department of Health has developed a new Public Health Outcome Framework within which there are two indicators relating directly to alcohol:

- **Alcohol-related Admissions to Hospital**
- **Mortality Rate of People Aged Under-75 from Liver Disease**

Benchmarking data is available for these nationally-adopted indicators which are beneficial as it allows comparisons to England and/or other similar areas. The scope of these national indicators is very narrow, focusing only on hospital admissions and deaths.

As was demonstrated earlier in this report, the burden of alcohol-related harm is much wider than this.

While data is available about some outcomes and the performance of treatment services there is currently a lack of focus on the pattern of alcohol consumption in general. The data presented earlier in this report is modelled data and is not available at a local level or on a regular basis. Experience demonstrates that investment tends to follow what is measured. Therefore this gap may lead to a disproportionate emphasis on initiatives targeting higher-risk drinkers.

What We Are Doing

To address this locally many additional indicators are collected and monitored via the Alcohol and Drug Executive Board (ADEB), these include: numbers in alcohol treatment, alcohol-related fires, violence, and domestic violence and child protection incidents. These factors provide a much wider understanding of the impact of alcohol. However we do not have national data to provide a context and comparisons.

The Staffordshire Health and Wellbeing Strategy (2013-18) describes how a shift in investment can be achieved reducing the amount invested in treatment and increasing the amount invested in wellbeing. The impact of investment in wellbeing will not be seen immediately on the national indicator of alcohol-related hospital admissions or on our local indicators. Therefore, a new indicator about the pattern of alcohol consumption in the whole

population would be highly beneficial and allow the impact of investment in wellbeing to be identified earlier.

Many patients are asked about their alcohol consumption through NHS Health Checks and general GP appointments. However, at present this only reaches a small proportion of the population. As of this year, smoking prevalence data is available via GP practice data, this is collected for 85% of the population and is updated annually. This would suggest it would be feasible to collect patterns of alcohol consumption via GP data collection systems which would allow the impact of alcohol prevention initiatives to be measured in a timely fashion.

Moving Forward: What more can be done

Alcohol is clearly a complex social issue where individual behaviour and choice is interlinked with environmental, social, economic and cultural influences. Some people choose not to drink it at all, while many drink within safe levels in healthy and productive social environments without any associated harms. However, as this report has demonstrated there are well-established patterns of problematic drinking in Staffordshire that cut across many aspects of life and social groups of different ages and affluence.

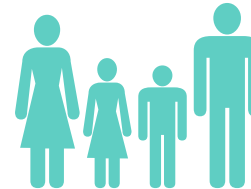
The report has also described some of the developing partnerships and initiatives taking place here in Staffordshire to address these issues. The strong multi-sector approach and prioritisation given by the Staffordshire Health and Wellbeing Board to reducing alcohol-related harm presents a wonderful opportunity to improve the lives of individuals, families and communities. There are well-researched evidence-based interventions that can be effective in reducing problems, while there are lessons that can be drawn from associated fields, such as smoking cessation, homelessness and criminal justice.

Moreover, in reducing problematic drinking there are a multitude of associated benefits ranging from improved health and wellbeing to reduced crime and child neglect. Both nationally and locally the public sector is in relatively early stages of effectively responding to these problems and recognising that whole-system approach is required.

Alcohol misuse is a big problem, and as such requires a big response. Staffordshire is beginning to respond through the types of activities outlined in this report, but it is clear that there is still a great deal of hard work to be done. To achieve the significant socio-cultural shift that will change the way our services, economy and communities interact with alcohol, it is crucial that every part of the system plays a role.

This cannot be done by any single agency and it cannot be achieved by simply using traditional ways of working; the success of the Staffordshire approach will be based on local collaboration and innovation as part of the wider national agenda.

We need to ensure that these priorities are made real, invest in prevention, early intervention, effective treatment and rehabilitation. Just as importantly, we cannot leave this solely to individual responsibility, we must all work together to ensure we enable personal, family, community, regulatory, corporate and political responsibility. This means that something as serious as alcohol harm and misuse cannot be solved solely by reliance on 'personal responsibility'.



families

children

diseases

alcohol

violence

26 Reducing Alcohol-related Harm

Recommendations

As this report demonstrates, reducing the harm caused by alcohol is everyone's responsibility. It is important to recognise and build on our success, whilst continuing to focus on what needs to be done and continue to drive forward improved outcomes for Staffordshire. To put this in to action, there are a number of recommendations made below that respond to the four strategic priorities outlined previously:

1. The Staffordshire Health and Wellbeing Board should maintain its prioritisation on reducing alcohol harm, ensure further investments are made, measure progress and performance and hold each other to account in terms of performance and outcomes.
2. Whilst treatment will always be fundamental part of the Staffordshire strategy, more preventative measures and initiatives need to be resourced and implemented.
3. Ensuring there are opportunities to innovate, explore new ideas and carry out research and evaluation including cost/benefit analysis that will give partners the confidence to invest.
4. Commissioners should ensure that resources and opportunities which enable personal and community responsibility are mainstreamed in commissioning intentions.
5. As the impact of alcohol harm has been identified across the life-course – our strategic response and interventions should be targeted to reflect this and be made available in the right settings at the right time. This is particularly crucial in relation to safeguarding and protecting the vulnerable.
6. As many of the causes, impacts and consequences of alcohol misuse are related to social and economic factors such as poor housing, unemployment, loneliness, bereavement, work-related stress etc, there needs to be a stronger multi-agency partnership response with recognised roles and accountabilities.
7. Resources for preventative measures should be devolved to local partnerships, enabling bespoke preventative and cross-cutting responses at local level.
8. Staffordshire must take a system leadership role to influence national strategic approaches and policy, including:
 - Pro-active lobbying on policies that will reduce the harm caused by the availability of cheap alcohol
 - Influencing the drinks industry in relation to responsible sales and marketing
 - Developing effective partnerships with the media to ensure information, advice and guidance is mainstreamed
 - Influence both Public Health England and NHS England in the development of a more holistic approach to measuring the impact of alcohol misuse and the effectiveness of interventions and services.

Have Your Say

If you have any feedback on the contents of this report or suggestions moving forward please don't hesitate to get in touch, we would be very pleased to hear from you. Direct all enquiries to: publichealth@staffordshire.gov.uk

Acknowledgements

This report has been developed in collaboration with partners from across Staffordshire. A particular thank you must go to the people who provided us with case studies to illustrate the assets that can be found across the county.

The project team who have created this document include:

Josephine Bowen, Administrative Support

Anthony Bullock, Commissioning lead for alcohol, drugs, smoking and mental wellbeing

Leo Capernaros, Health Development Officer

Lucy Heath, Consultant in Public Health

Denise Vittorino, Strategic Lead for Health & Wellbeing Development

28 Reducing Alcohol-related Harm

References

1. Source: Originally produced by National Centre for Social Research. Updated by East Midlands Public Health Observatory (2011)
2. Source: Originally produced by National Centre for Social Research. Updated by East Midlands Public Health Observatory (2011)
3. Source: Local Alcohol Profiles for England, North West Public Health Observatory, www.lape.org.uk, data published November 2013
4. Source: Cabinet Office (2003) Alcohol misuse: how much does it cost? London: Cabinet Office applied to Staffordshire 2012 mid-year Estimated population
5. Source: ONS Mortality Data 2008-2012
6. Source: Local Alcohol Profiles for England, North West Public Health Observatory, www.lape.org.uk, data published November 2013
7. Source: Alcohol and drug performance and outcome dashboard DRAFT – July 2013. Staffordshire Alcohol & Drug Executive Board
8. Source: National Infant Feeding Survey 2010 applied to Staffordshire birth data 2012 (9,060 live births)
9. Source: Government's alcohol strategy 2012 applied to Staffordshire alcohol service data (600 adults in structured treatment)
10. Source: Alcohol and drug performance and outcome dashboard DRAFT – July 2013. Staffordshire Alcohol & Drug Executive Board (2012-13)
11. Source: National Foundation for Educational Research, 2010, Tell 4 Us National Report applied to 2011 Census population figures
12. Source: Hospital In-patient Data Extract, Staffordshire and Lancashire Commissioning Support Unit (CSU)
13. Source: Alcohol and drug performance and outcome dashboard DRAFT – July 2013. Staffordshire Alcohol & Drug Executive Board (2012-13)
14. Source: NICE (2010) Alcohol-use disorders: preventing harmful drinking – Costing Report applied to Staffordshire 2012 mid-year Estimated population
15. Source: Alcohol and drug performance and outcome dashboard DRAFT – July 2013. Staffordshire Alcohol & Drug Executive Board (2012-13)
16. Source: Public Health England – based on ONS Source Data 2010-2012
17. Source: Institute of Alcohol Studies (2013) Older People and alcohol factsheet applied to 2011 Census population figures
18. Source: Public Health England - based on ONS Source Data 2010-2012
19. Source: Staffordshire Stakeholder Engagement 2014
20. Source: Conversation Staffordshire: Public and Stakeholder Engagement Report 2013

Sensible drinking guidelines



**2-3
units daily**



**3-4
units daily**

1.5 units



Small glass of wine
125ml, ABV 12%

2.1 units



Standard glass of wine
175ml, ABV 12%

3 units



Large glass of wine
250ml, ABV 12%

1.7 units



Bottle of lager/beer/cider
330ml, ABV 5%

2 units



Pint of lager/beer/cider
ABV 3.6%

3 units



Pint of strong lager/beer/cider
ABV 5.2%

2 units



Can of lager/beer/cider
440ml ABV 4.5%

1.5 units



Alcopop
275ml, ABV 4.5%

1 unit



Single shot of spirit
25ml, ABV 40%

Useful Links

www.adsis.org.uk/

www.staffordshirecares.info/pages/my-health/alcohol-drugs-smoking/alcohol/drinking-too-much.aspx

www.purplepages.org.uk/

www.staffordshire.gov.uk/health/substancemisuse/public/links/usefullinks.aspx

www.talktofrank.com/

www.alcoholics-anonymous.org.uk/

www.drinkaware.co.uk/

www.nhs.uk/Change4Life/Pages/drink-less-alcohol.aspx

If you would like this information in large print, Braille, audio tape/disc,
British Sign Language or any other language, please ring 0300 111 8000