

ALCOHOL STRATEGY

safe and sound
(Dudley's Community Safety Partnership)

January 2010

FINAL DRAFT

safe & sound

Dudley's Community Safety Partnership

Contents

Executive Summary	Page 3
Vision for the Strategy	Page 4
Development of the Strategy	Page 4
Strategic Framework	Page 5
Outline of targets and timescales	Page 5
Background	Page 6
Current Responses to Tackle Alcohol Related Harm	Page 13
Implementation of the Strategy	Page 24
Conclusion	Page 25
Action Plan	Page 26
Bibliography	Page 36
Definitions	Page 37
Key Contacts	Page 39

DRAFT

EXECUTIVE SUMMARY

The safe and sound partnership recognises the impact of the misuse of alcohol on individuals, families and communities living in the Borough of Dudley. An Alcohol Strategy Group was set up in February 2008 to begin to address the issue of alcohol misuse and to develop the Alcohol Strategy.

Alcohol has been chosen as a priority by the Local Strategic Partnership (Dudley Community Partnership) because of the higher rates of mortality and also an increasing trend of admissions to hospital for alcohol related causes. For the same reason it has been selected as a Primary Care Trust key goal and its importance is reflected in the Primary Care Trust's strategic plan.

The alcohol issue is complex, partly because it is legal for adults and partly because alcohol, in small amounts, has been shown to be beneficial to health in reducing cardiovascular disease. It is also socially acceptable to drink alcohol and our celebrations, social occasions and relaxation are often accompanied by the consumption of alcohol. 90% of the adult population are known to drink alcohol occasionally or regularly and the vast majority of people do so safely and legally. However, excessive drinking can easily develop into an addiction that is hard to control. There are strong associations with violent crime and anti-social behaviour as well as the damage that alcohol dependency can have on individuals and their families.

In acknowledging that alcohol misuse is a complex issue this Strategy sets out: -

- An Alcohol Related Harm Profile – Health
- An Alcohol Related Harm Profile – Crime and Disorder
- Current activities that are in place to address and reduce alcohol related harm
- An action plan to ensure that activities take place and “developments” are moved forward

We believe that by working together we can achieve our aim to reduce the impact of alcohol misuse on individuals, families and communities enabling them to live healthy, prosperous and safe lives.

VISION OF THE STRATEGY

The Alcohol Strategy Group is clear that the strategy needs to provide a vision for the Borough in respect of alcohol and its impact on individuals, families and communities. The Strategy needs to make a difference and be owned at a strategic and operational level by all stakeholders. Stakeholders include individuals, families and communities and work will need to be undertaken to enable and ensure engagement.

DEVELOPMENT OF THE STRATEGY

The Alcohol Strategy has been developed through a comprehensive plan of work, which included: -

- Needs Assessment exercise/gap analysis
- Identification of strategic and community priorities
- Identification and agreement of targets
- Stakeholder consultation
- Work around infrastructure and communication (to include work with the industry, workforce development and commissioning)
- Development of a performance management framework

The successful delivery of the strategy very much relies on commitment to and effective partnership working. This is largely achieved through working with members of the following groups: -

- SMIG Commissioning Group and its Sub Groups
- Crime Reduction Implementation Group
- Children and Young Persons Substance Misuse Group
- Alcohol Strategy Group

The Strategy has been developed "in the spirit" of the National Alcohol Strategy, Safe, Sensible, and Social (2007) and the Youth Alcohol Action Plan (2008)

The Strategy will be updated and reviewed on a regular basis with the first review scheduled for April 2011.

There is currently a Systems Thinking Project underway focussing on the "alcohol" system in its broadest sense. Findings from this project will inform the further development of this Strategy and review of service provision.

KEY AIM

The key aim of the Alcohol Strategy is to reduce the impact of alcohol misuse on individuals, families and communities enabling them to live healthy, prosperous and safe lives.

This will be achieved through the following objectives:

- Awareness raising and education
- Prevention
- Treatment
- Enforcement

Outcomes will include: -

- Health and Health Improvement
- Reduction of substance misuse (particularly alcohol) by young people
- Reduction in Crime and Disorder
- Economic Wellbeing

STRATEGIC FRAMEWORK

The delivery of the strategy will be overseen by the Alcohol Strategy Group, which includes the following key partners:

- Dudley PCT
- Dudley MBC
- West Midlands Police Service
- National Probation Service West Midlands

The Alcohol Strategy Group will be accountable to the safe and sound Strategic Board. Members of the Alcohol Strategy Group are responsible for ensuring that all agreed actions are fed back to the organisations that they represent, that actions agreed are carried out and implemented and that any barriers are fed back to the Alcohol Strategy Group.

The implementation of the Strategy will be monitored and performance managed through the Alcohol Strategy Action Plan

OUTLINE OF TARGETS AND TIMESCALES

Locally there is an obligation to work towards and achieve targets set out in the following national indicators: -

- PSA Delivery Agreement 14: Increase the number of children and young people on the path to success
- PSA Delivery Agreement 23: Make Communities Safer
- PSA Delivery Agreement 25: Reduce the harm caused by alcohol and drugs
- NI 17 Perceptions of Anti-Social Behaviour (To improve respect)
- NI 20 Assault with Less Serious Injury (Reducing Crime)

- NI 39/Vital Signs VSC26 Reducing Alcohol Related Hospital Admissions
- NI 115 Substance Misuse by Young People (Reduction of Substance Misuse amongst Young People in Dudley Borough – Particularly Alcohol)

Local targets

Local targets will be developed in respect of: -

- Reducing the number of alcohol related A and E attendances
- Night time economy – reducing the number of victims and perpetrators of alcohol related crime
- Domestic Abuse

BACKGROUND

Alcohol plays an important and positive role in many aspects of British life. 90% of the adult population drink alcohol and for most of us its use is associated positively with our personal and social lives. However for a minority of drinkers the misuse of alcohol produces significant harm, impacting the individual, the family and the community.

However more needs to be done to promote sensible drinking. Excessive alcohol consumption among some sections of the population is a cause for considerable concern – a concern that is shared by both Government and the general public.

Dudley's Alcohol Strategy will aim to mirror the eight "next steps" as outlined in "Safe, Sensible, Social"

- Sharpened criminal justice for drunken behaviour
- A review of NHS alcohol spending
- More help for people who want to drink less
- Toughened enforcement of underage sales
- Trusted guidance for parents and young people
- Public information campaigns to promote a new sensible drinking culture
- Public consultation on alcohol pricing and promotion
- Local Alcohol Strategies

And the objectives of the Youth Alcohol Action Plan

- Stopping young people drinking in public places
- Taking action with the industry on young people and alcohol
- Developing a national consensus on young people and drinking
- Establishing a new partnership with parents
- Supporting young people to make sensible decisions

Alcohol Related Harm: Local Profile

A local profile will be built up using the findings from the safe & sound Strategic Assessment, and the Alcohol Joint Strategic Needs Assessment,

The profile will include: -

- Alcohol related crime hotspots
- Alcohol Related Violent Crime
- Domestic Abuse where alcohol is a contributory factor
- Alcohol related Ambulance call-outs
- Morbidity rates for alcohol related conditions- including demographics
- Estimates of hazardous, harmful and dependent drinkers
- Numbers in treatment
- Perceptions of alcohol-related problems

Health

An alcohol health needs assessment was undertaken in 2006 and the epidemiology has been refreshed, incorporating more recent data for this strategy. This has been produced as a local alcohol health profile for Dudley and some of the key points are presented here. The alcohol service provision was mapped and updated but there needs to be a comprehensive service review of the tier two and tier three services using Models of Care for Alcohol Misuse as the standard.

Other work that has contributed to our understanding of the extent of the alcohol issue in Dudley have been a needs assessment of alcohol misuse in Halesowen, which was carried out at the request of the Halesowen cluster of GPs, and a commissioned piece of work using Social Marketing to help us identify the profile of the population that ends up being admitted to hospital as a result of alcohol related harm

For most of the indicators associated with alcohol related harm, Dudley is close to the regional and national averages or slightly higher. The exception to this is alcohol specific mortality in males and mortality from chronic liver disease, both of which are significantly worse than regional and national averages.

In Dudley in 2007/08 there were 119 deaths that were specifically caused by alcohol and many more where alcohol was a contributory cause. Admissions to hospital, directly or indirectly caused by alcohol, are a significant cost to the local health economy. The rate of alcohol related admissions to hospital for Dudley PCT residents has been increasing by approximately 22% per year for the last three years, which is one of the largest increases in the West Midlands region. The latest figures for 2007/08 show that there were 6392 episodes of hospital care relating to alcohol (some of these would be repeat admissions for some patients due to their condition). 175 young people under the age of 18 were admitted to hospital for alcohol related reasons. The figures do not take into account the number of people attending Accident and Emergency for treatment relating to alcohol misuse.

It is estimated that 17.7% of over 16's in Dudley are binge drinking on a weekly basis with a further 23.6% drinking at harmful or hazardous levels regularly. Although these figures are only slightly above regional and national averages they do equate to a potentially serious threat to the long term health of many Dudley residents, with middle-aged males between 45 and 64 most at risk. There are also health inequalities in the way in which mortality and morbidity associated with alcohol is distributed. The more deprived areas of the borough show the largest numbers of hospital related admissions and use of alcohol treatment services, but there may be other sections of the population drinking at harmful levels that are not being identified.

Alcohol has been chosen as a priority by the Community Partnership because of the higher rates of mortality and also an increasing trend of admissions to hospital for alcohol related causes. For the same reason it has been selected as a PCT key goal and its importance is reflected in the PCT's strategic plan. The rate of alcohol related admissions to hospital is higher than the regional average and has been increasing at a faster rate than our near neighbours. The rate of admissions was 773 per 100,000 in 2002/03 and this had more than doubled to 1739 per 100,000 by 2007/08. In addition to this the Partnership has recognised the impact alcohol misuse has on crime and disorder statistics and community safety. The target of reducing the rate of increase in alcohol related admissions by 2% per annum over the next three years has been jointly agreed as a challenging target to achieve.

Estimates of drinking

Estimates of hazardous, harmful and binge drinking in adults show that Dudley is close to regional and national averages with males between 25 and 44 drinking the most in all three categories.

	Binge drinking		Hazardous drinking		Harmful Drinking	
	%	number	%	number	%	number
Dudley PCT	17.7 (15.7,20.0)	43,465	18.4 (16.9,19.9)	45,253	5.2 (4.7, 5.8)	12,840
West Midlands Region	17.3 (16.3,19.6)	763,430	16.5 (16.8, 19.8)	770,333	5.2 (4.4, 5.4)	206,962
England	18.0 (17.4,18.6)	7,278,674	20.1 (18.4, 21.8)	8,027,474	5.0 (4.5, 5.6)	2, 010,856

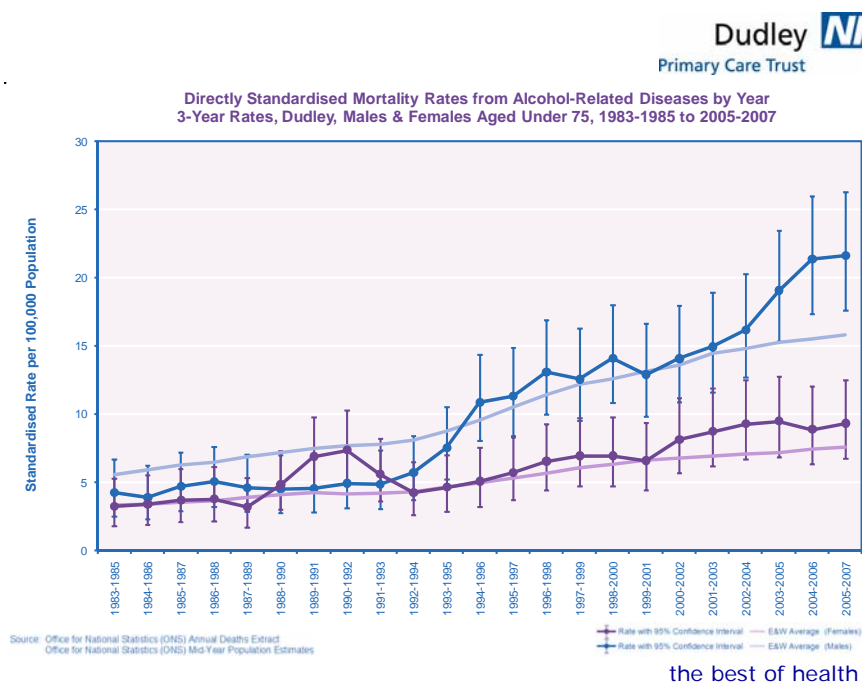
If this is further broken down into gender it shows that overall males drink more than females in all categories. However the age profile shows that binge drinking is more common in both genders under the age of 45 and that males aged 35-44 are more likely to be harmful drinkers.

Lye and Wollescote are estimated to have the highest percentage of harmful drinkers with 5% drinking regularly at harmful levels. Norton has the highest percentage of hazardous drinkers at 15.7% and 25.1% of the local populations of both Castle and Priory and Wollaston and Stourbridge are estimated to be binge drinkers.

Alcohol Mortality

<u>Dudley 2007</u>	<u>Males</u>	<u>Females</u>
Alcohol specific mortality per 100,000	17.23	7.44
Number of deaths	84	35

More males died as a direct result of alcohol in 2007 than females. The mortality rate for alcohol attributable causes was also higher in males in 2007 with rates of 47.6 per 100,000 compared to 16.5 per 100,000 for females.



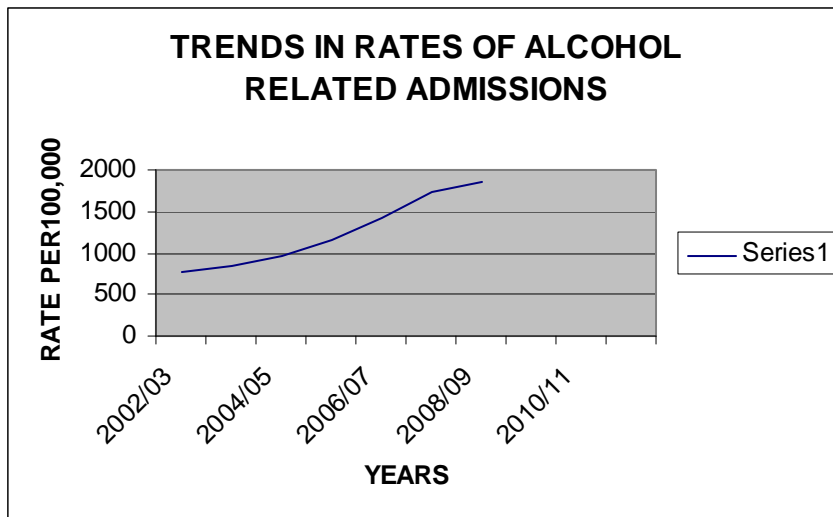
The mortality rates from alcohol have been increasing steadily over the last ten years and the gap between the genders is now very pronounced. The mortality rate for males is now higher than regional and national averages and is a real cause for concern.

Alcohol related admissions to hospital

This is a complex target and is made up of both alcohol specific and alcohol attributable conditions that result in an episode of inpatient care. It has been chosen as an LAA target and is also one of the PCT's targets, reflecting the importance that the partnership places on reducing alcohol related harm in the borough.

Rates of alcohol related admissions per 100,000 population

YEAR	RATE	% CHANGE
2002/03	773	-
2003/04	853	10.4%
2004/05	957	12.2%
2005/06	1164	21.6%
2006/07	1427	22.6%
2007/08	1742	22.1%
2008/09	1857	6.6%



The rates of admissions to hospital have been showing a steady rise over the last six years with the years 2005 to 2008 showing annual increases of over 20%. The most recent provisional figures for 2008 show a smaller increase in the rate of admissions of just 6.6%, and there have been recent changes to the way the data has been collected which makes direct comparisons unreliable. However, the fact that alcohol related admissions are still increasing and alcohol mortality rates are above average for the population combine to make alcohol a key issue to address.

Crime and Disorder

The safe & sound (Dudley's Community Safety Partnership) – Dudley Borough Strategic Assessment April 2009 provides comprehensive data and information in respect of crime, disorder and substance misuse.

The Strategic Assessment identifies key findings in respect of alcohol related crime and disorder particularly in respect of: -

- Alcohol related violent crime is highly concentrated in the major town centres and entertainment districts linked to the night time economy
- Alcohol related Anti-social Behaviour is concentrated in town centres during the weekend evenings through to the early hours
- Domestic Abuse – alcohol is a major contributory factor to domestic abuse, accounting for 35% of offences detected

Extracts from the Dudley Borough Strategic Assessment have been included in the Crime and Disorder Section of the Alcohol Strategy to give an overview of the harm caused by alcohol to individuals, families and communities in the context of crime and disorder.

Alcohol Related Violence (non domestic)

Assault with less serious injury is a National Indicator (NI20) and has been adopted by Dudley as a NGLAA target. It is regarded as a proxy measure for alcohol related violence although it is acknowledged that it will include some offences with no alcohol element¹.

This indicator encompasses the majority of recorded violent crime in Dudley, including Actual Bodily Harm. Temporal analysis for NI20 was examined and a clear link to night-time hours was observed with 64% of offences committed between **18:00hrs and 06:00hrs**. As a result of these early findings, it was decided that examining violence between these times would better reflect alcohol related violence in Dudley.

Geographical profiling

The geographical profile of Alcohol Related Violence mirrors that of ABH identified last year. The dominant hotspot was Stourbridge Town Centre. This was followed by Merry Hill / Brierley Hill Town Centre and Dudley Town Centre. 30% of total 'Alcohol Related Violence' was concentrated in these 3 hotspots. 12% of offences alone were concentrated in the small area within the Stourbridge Ring Road.

Key Findings – Alcohol Related Violent Crime

- Alcohol related violence remains highly concentrated in the major town centres and entertainment district linked to the night time economy in the Borough, notably Stourbridge Town Centre.
- Each town centre has its own individual temporal profile of ARV depending on the structure of the night time economy and the closing time of bars and clubs in the area (see Appendix 2.1)

Where the location of the offence was recorded, around half of ARV in Dudley took place on the street. After this, the most common location was in or outside a licensed premise (pubs, clubs and social clubs), accounting for 20% of offences. 14% occurred within a dwelling, and 4% in or outside a takeaway or fast food outlet.

Domestic Abuse

The Strategic Assessment highlights that alcohol is a contributory factor to domestic abuse accounting for 35% of detected offences.

Sexual Assault Referral Centre (SARC)

There are two SARCs in the West Midlands Police Force area. One is in Walsall and the other in Birmingham, both of which are accessible to the victims of sexual assault, either by self reporting or by referral from the Police. This provision is currently being reviewed regionally to ensure equity of access for all victims of sexual assault, both male and female. There are

¹ www.countingrules.homeoffice.gov.uk

facilities at the Birmingham centre for the referral of child victims linked to Birmingham Children's hospital.

There are strong links between unintended pregnancies and the risk of the spread of sexually transmitted infections arising from excess alcohol consumption and there are links from the SARCS to GUM services and termination providers.

Youth Related Anti-Social Behaviour and Alcohol Misuse

It is difficult to assess strategically the link between youth related ASB and alcohol. This is due to a failure in data recording, notably the significant under use of the WMP 'alcohol' qualifier a feature designed to obtain a more detailed view of the issues. Of all youth related ASB, just 8% was flagged as being alcohol related (621). A dip sample of logs indicates that this considerably under-estimates the true scale of the problem.

Where it is alcohol driven, Youth Related ASB refers to rowdy, drunken and disruptive behaviour, often by large groups of young people. This can escalate into violence and criminal damage. It may deter other community members from using public spaces and leaves a mark on the environment through damage and littering. It often occurs in parks/open spaces, car parks and outside local facilities such as off licences, youth clubs and community centres.

ASB outside off licences is often linked to underage sales. Whilst it is difficult for under 18s to buy alcohol in Dudley, sales do take place. In 2008, 13% of boys aged 14-15, and 14% of girls claimed to have bought alcohol from an off licence².

Development of the 2010/11 Strategic Assessment

Work is underway in respect of the 2010/11 Strategic Assessment. There are seven proposed Strategic Priorities these are: -

1. Improve trust and confidence in the safe & sound partnership
2. Improve town centre safety
3. Improving quality of life in key neighbourhoods
4. Tackle reoffending
5. Tackle offending by higher risk groups
6. Reduce repeat Victims
7. Strengthen partnership work to support access to treatment and services

These priorities have been identified following analysis based around the themes of Place, Offender, and Victims

In working to achieve these priorities the harm caused by alcohol misuse to individuals, families and communities will be reduced.

² Schools Health Education Unit (SHEU) Lifestyle Survey with 12,796 Dudley School Pupils

Homelessness

Alcohol Misuse is quite commonly a factor in people becoming homeless, for example as a cause or effect of relationship break down, part of domestic abuse or contributing to financial problems. Alcohol misuse contributes to people remaining homeless and being unable to re-establish a stable lifestyle.

CURRENT RESPONSES TO TACKLE ALCOHOL RELATED HARM

Some of the current responses to tackling alcohol related harm within the Borough are detailed in this section of the Strategy. Further and fuller details can be found in the Joint Strategic Needs Assessment Document and the safe & sound Strategic Assessment 2009.

Health and Health Improvement

Primary Care Trust – Health Improvement Team

Prevention activities for alcohol misuse have been an underdeveloped area of work until 2008. A new community health improvement team was formed and an alcohol health improvement adviser was appointed as part of the new team. Key activities have been:

- A planned programme of alcohol awareness campaigns throughout the year, linking in with the government's Know Your Limits campaign and the West Midlands Big Drink Debate.
- Partnership working with police and trading standards on raising awareness of alcohol issues, underage sales and providing information to parents whose children have been involved in anti-social behaviour related to alcohol misuse
- A social marketing scoping exercise to understand the nature of alcohol misuse in Dudley. The recommendations of the report will form the basis of targeted interventions for 2009/10
- Development of an accredited training programme for community members to enable them to become skilled in delivering alcohol awareness training in their local communities.
- Introduction of a small grants scheme to enable users and carers to form self help groups and support networks and have access to small amounts of money to enable them to carry out their own activities.

Additional funding was made available to enhance existing services:

- Secure the alcohol arrest referral scheme which is seen as an example of good practice and has now been introduced in other areas
- Appoint an additional alcohol nurse specialist to provide brief interventions in A&E
- Support the rollout of brief interventions in Primary Care

- Training the healthcare workforce in early detection of problem drinking

Priorities – Action Plan – Health and Health Improvement Plan (pages 25 and 26)

- Alcohol awareness campaigns
- Information about units and sensible drinking limits are available in the main community languages on the council and PCT websites, and in key healthcare and community settings
- Increase awareness of alcohol in the workplace and ensure businesses are supported to develop alcohol policies
- Introduce regular alcohol health promotion sessions with employers and community groups
- Targeted interventions to reduce alcohol related admissions to hospital
- Small grants scheme to support user and carer groups
- Implementation of accredited community training course
- Implement of routine identification in Emergency Department of Russells Hall Hospital and provide brief advice to those identified
- Raise awareness of the links between alcohol misuse and mental ill health

The Community Health Improvement Programmes make links with the Sexual Health and Teenage Pregnancy Strategies to raise awareness and reduce risks

Primary Care

Primary Care is an important environment for accessing problematic drinkers and it is estimated that only 1 in 8 patients who are drinking at hazardous or harmful levels are currently identified.

The introduction of a Directed Enhanced Service (DES) for new patients registering with a GP, which assesses patients for alcohol misuse

Priorities – Action Plan – Early Intervention and Treatment (page 29)

Provide routine identification and brief advice in primary care through the introduction of a Locally Enhanced Service (LES)

Develop an alcohol register for patients in primary care

Specialist Treatment – Adults and Families

Dudley & Walsall Mental Health NHS Partnership Trust

Currently in Dudley treatment services are delivered by both the Statutory and Voluntary sector providing a wide range of interventions that span the four tiers as set out in Models of Care for Alcohol Misuse.

The statutory service provider is Dudley & Walsall Mental Health NHS Partnership Trust and it provides interventions that fall within tier three and four of Models of Care for Alcohol Misuse.

The service comprises of teams, which are, Acute Hospital Drug and Alcohol Liaison, Dual Diagnosis, Community Team, Home Detox Team (seconded to the voluntary sector provider) and Medical Team and deliver the following interventions:

- Medical interventions that include substitute prescribing
- Inpatient detoxification
- Home Detoxification
- Auricular acupuncture for outpatients
- Alcohol maintenance support group
- Yoga
- Referral and assessment for residential rehabilitation
- Behavioural family therapy
- Relapse prevention
- Cognitive behavioural therapy
- Service user group
- Production of Changing Times Magazine
- RCN Accredited Training delivered at Russells Hall Hospital
- Assessment and joint work with Community Mental Health Teams in respect of patients with dual diagnosis

Aquarius

Aquarius is a Midlands based alcohol and drugs charity. The aim of the service is to reduce alcohol and drug related harm and to promote informed and responsible choices about the use of alcohol and other potentially addictive substances (Gambling) and behaviour.

As part of the local treatment system Aquarius provide a range of brief interventions and a range of services which seek to achieve a reduction in alcohol related harm and improvements in health and social functioning for people residing within the Dudley Borough appropriate to agreed tier/service delivery – stepped care

Provision includes: -

- Counselling
- Home Detox
- Acupuncture
- Psycho-social interventions
- Group work
- Work with families
- Tenancy Support
- Homelessness – Work with homeless individuals to reduce their drinking and improve access to appropriate services
- Work with Primary Care
- Alcohol Arrest Referral Scheme

Priorities – Action Plan – Early Intervention and Treatment (pages 29, 30 and 31)

- Review current specialist alcohol treatment services in light of MoCAM and the Review of the Effectiveness of Treatment for Alcohol Problems
- Reconfigure treatment provision where appropriate to ensure that an accessible integrated system of effective interventions is provided across the four tiers to meet local needs
- Review commissioning and performance management systems for all levels of alcohol intervention
- Involve service users and carers in the planning and delivery of alcohol services

Training Activity/Workforce Development

The Drug and Alcohol Action Team currently provides: -

- Basic Drug and Alcohol Awareness Training (Tier 1)
- Drug and Alcohol Intervention Programme (Tier 2)
- Parental Substance Misuse (in conjunction with the Safeguarding Children's Board)
- Sorted Programme

This training meets the Drug and Alcohol National Occupational Standards (DANOS). The DANOS competences are relevant to everyone who is working to improve the quality of life for individuals and communities by minimising the harm associated with substance misuse.

Priorities – Action Plan – Early Intervention and Treatment (pages 29 and 30)

- Training needs assessment to assess number of all staff requiring training and number of programmes to be offered
- Training of healthcare workforce in early identification and provide brief advice

Reduction of Substance Misuse (Particularly Alcohol) by Young People

Children and Young People

To address the needs and issues that arise for children and young people living in Dudley there are a number of “initiatives” that are taking place. These are detailed in the Children and Young Persons Substance Misuse Plan and the Delivery Plan in respect of NI 115

Universal

Activities in schools are co-ordinated and delivered by Health Promoting Schools through school curriculum and after school activities these include:

- Personal social and health education to promote healthy lifestyles
- Alcohol Challenge (Year 6 pupils – part of Survive Alive)
- Various publications including YAP and GUMO
- Increasing parental knowledge in respect of alcohol and its effects on health and personal safety
- Development of the healthy college agenda

Targeted

- Theatre in Education – Drugs and Alcohol and Teenage Pregnancy and Alcohol
- Schools Drug Adviser provides support to Alternative provision e.g. Pupil Referral Units
- Time for Me Project – provided by Barnardos for children of substance misusing parent and carers

Substance Use is a golden thread throughout the 5 priority areas of the Targeted Youth Support Programme (Teenage Parents, Young Offenders, NEET, LAC, Disabilities)

Young Persons Specialist Substance Misuse Treatment

The Young Persons Specialist Substance Misuse Service provided by CRI and the service is known as the Zone.

- Comprehensive Assessment
- Harm Reduction
- Health
- Psychosocial Interventions
- Relapse Prevention
- Alternative Therapies
- Family work
- Referral to Positive Activities
- Service developments being explored e.g. the use of Cognitive Behaviour Therapy

Reducing Crime and Disorder

Activity to tackle alcohol related crime and disorder including the night-time economy (NTE)

A number of enforcement powers and initiatives have been implemented to address and tackle alcohol related crime including the following:

- Legislative powers including the Violent Crime Reduction 2006 Act and the Licensing Act 2003 (Alcohol Free Zones, Drink Banning Orders)
- Proof of Age e.g. Citizen Card
- Drink Banning Orders

West Midlands Police Service

West Midlands Police Service undertakes specific initiatives that contribute to reducing the harm caused by alcohol Misuse to individuals families and communities. Some of these initiatives include

- Bottle Watch
- Operation Imbibe
- Drink Drive Campaigns e.g. Traffic Police summer and Christmas campaigns with breathalyser testing
- Regular visits to licensed premises
- Proxy Sales (with Trading Standards)
- Test Purchasing (with Trading Standards)

DMBC Licensing Section

Licensing Section contributes to reducing the harm caused by alcohol misuse to individuals, families and communities in Dudley Borough by: -

- Enforcing conditions on Premises Licences, which have been attached to ensure the Licensing Objectives of the prevention of crime and disorder, public safety, the prevention of public nuisance and the protection of children from harm are met.
- Working in partnership with other responsible agencies to ensure that licensed premises are operating correctly within the law
- Working with partner agencies have introduced a Cumulative Impact Policy in Stourbridge Town Centre where there was evidence of alcohol related crime, which affected families and individuals and communities within the vicinity.
- Have worked with partner agencies to introduce a taxi marshal scheme in Stourbridge Town Centre to ensure that there is an efficient and swift dispersal of the public at the end of the evening.

- Working proactively on intelligence with partner agencies to prevent offences linked to licensed premises.
- Facilitating applications for reviews of Premises Licences
- Attending JAG meetings and taking an active role for example in the annual Christmas Alcohol Campaigns and the Beat Sweep initiatives.
- Working with the taxi trade to promote the advertising on taxis of 'Don't Drink and Drive' Campaigns and a recent campaign in relation to the consequences of excessive drinking.
- Attending Halesowen College Safety week with the police to advise young people of the dangers of the misuse of alcohol
- Issuing posters in relation to the dangers of drink driving and informing the public of local taxi firms.
- Alcohol Free Zones in town centers throughout the Borough

Offender Management

It is important that Criminal Justice System partner's work together to ensure that those for whom alcohol misuse has contributed to their offending behaviour receive the appropriate sentence and intervention that will address their alcohol misuse as well as their offending behaviour.

Management of offenders subject to Community Orders and those on Licence

There are several ways at present that the Probation Service is addressing alcohol misuse in respect of individuals, families and communities in Dudley:

- Staff can set offenders exercises and goals around their alcohol use.
- Supervise offenders subject to a Community Order with the Low Intervention Alcohol Programme
- Supervise offenders whose offending is linked to alcohol misuse who have been sentenced to a Community Order with the Offender Substance Abuse Programmes. This Programme helps offenders to explore what behaviours related to alcohol misuse they are prepared to change with the view that a change in their thinking will result in a change to their offending behaviour.

- Supervise dependent drinkers sentenced to a Community Order with an Alcohol Treatment Requirement. This Requirement is delivered by Aquarius who provide medical and detoxification treatment, whilst the Probation Officers deliver offence-focused work.
- Drink Drivers sentenced to a Community Order with the Drink Impaired Drivers Programme. This Programme seeks to educate individuals about how alcohol impairs driving, how they pose a risk of injuring themselves and others and how to get their licences back.
- The Dudley Probation District is currently piloting an Alcohol Programme with Telford Training Consortium. An alcohol tutor attends Probation Offices one day a week to deliver alcohol awareness sessions on a flexible basis, based upon each individual's level of need. The Programme also offers alcohol awareness training for Probation staff working with offenders. Some offenders may be referred to educate them and their families about alcohol units to promote a healthy lifestyle, even though their offence may not be linked to alcohol misuse. TTC can be viewed proactively as prevention being better than cure to keep individuals out of the Criminal Justice System

West Midlands Fire Service

West Midlands Fire Service contribute to reducing the harm caused by alcohol misuse to individuals, families and communities through a number of initiatives in respect of the preventative agenda and the crime and disorder agenda.

- Contact with local communities e.g. through Home Fire Safety Checks (HFSC). HFSC allows the Fire Service access into individual's homes at which point advice is given on the dangers associated with excess alcohol consumption and personal/home safety
- Programmes delivered to young people have a healthy lifestyle and healthy eating emphasis. These support partnership aims of reducing drug and alcohol related harm. Specific programmes include Calamity Cottage, Safeside, ANR Obesity and Your Choice
- Packages are also delivered that address behaviours and their consequences. A key component of these packages is in respect of alcohol misuse. These packages are targeted at groups of people who are more likely to be involved in Road Traffic Accidents and Anti-Social Behaviour

Trading Standards

- **Education and Advice-** To schools, retailers and trade bodies. The Service promotes Citizen Card (an accredited proof of age scheme) in schools and colleges, the No ID No Sale and Challenge 25 initiatives.
- **Social Responsibility Scheme-** The Service in partnership with the Police, Primary Care Trust and Local Authority Neighbourhood

Management teams have set up a scheme to promote and encourage 'ownership' of local problems associated with anti-social behaviour especially attributed to children and alcohol misuse. DPS's who join the scheme are given help and advice regarding legal obligations, training of staff and support from Neighbourhood Policing teams.

- **Test Purchasing** - The Service responds to all complaints relating to the illegal sale of alcohol to persons under the age of eighteen. Where appropriate evidence will be obtained by covert test purchase using underage volunteers.
- **Proxy Sales** - Complaints regarding Proxy sales (where an adult purchases alcohol for distribution to those underage) are becoming a cause for concern. Enforcement action is being taken in partnership with Police with funding from the Home Office.
- **Prosecution/Licence Review**- The Service has a duty to enforce the Licensing act 2003. In this role it acts as a responsible authority in the licence application process. Traders who persistently breach the law will be reported for prosecution. Alternatively where there is an admission of the offence a simple caution may be issued. Action may also be taken via the Licensing Committee to review the conditions of a traders licence to sell alcohol.
- **Safe and Sound Partnership Attending** Joint Activities Group meetings and taking an active role in Beat Sweep initiatives.

Activity to Tackle Anti Social Behaviour

- ASB Case Conferences identify problematic individuals and through a multi-agency approach develop appropriate interventions to address these
- Case Work – through working with individuals provide support and sign posting e.g. those with alcohol problems are sign posted to Aquarius or the Zone
- Acceptable Behaviour Contracts – using a holistic approach to presenting ASB problems, ABCs are drawn up in respect of individuals to help address some of the underlying causes of anti-social behaviour. There are close working relationships with Youth Offending Service, the Zone (Young Persons Substance Misuse Service) and Dudley and Walsall Mental Health Partnership NHS Trust
- Members of the DMBC Anti-Social Behaviour Unit are members of the Positive Activities for Young People Steering Group. Part of the role of this group is to identify hot spot areas for a range of activities to take place to divert young people away from Anti-Social Behaviour and address underlying issues
- Development and co-ordination of activities e.g. Operation Stay Safe
- NI 17 Local Problem Solving groups – Links with Community Renewal and Trading Standards

Safe and Sound Partnership Approach

- Intelligence led activities to respond to a particular problem
- Deployment of partnership resources e.g. Sherpa Cameras
- Monitoring of alcohol related crime and planned responses

Priorities – Crime and Disorder – Action Plan – Reducing Crime and Disorder (page 31 and safe & sound Strategic Assessment) (to be published 01/04/10)

- Conduct operational activities to reduce Crime and Disorder
- Tackle all aspects of night time economy violence
- Optimise media opportunities to reduce crime
- Address inequalities with regard to safety in key identified vulnerable neighbourhoods
- Prioritise domestic abuse repeat perpetrators
- Address offending by young adults
- Focus on those made vulnerable through issues with drugs, alcohol and/or mental health

Working with Communities

Community Renewal Team

The Community Renewal Team helps to facilitate better service delivery in those communities and neighbourhoods where services are not joined up.

The Community Renewal Team will look at how the Alcohol Strategy meets the needs of neighbourhoods and communities and inform the Alcohol Strategy Group of any improvements that the Team feels can be made to ensure effective services are delivered on the ground.

The Community Renewal Team work with partners to deliver specific initiatives e.g. the Social Responsibility Scheme, Street Pastor Scheme

Housing Services (Provided through Directorate of Adult, Community and Housing Services - DACHS)

As a delivery partner DACHS contribute to reducing the harm caused by alcohol to individuals, families and communities in a number of ways. These include early intervention, reducing crime and disorder and contributing to economic wellbeing (by working with the CAB around income maximisation, debt prevention and mortgage rescues). Other specific initiatives include: -

Tenancy Sustainment

Tenancy Sustainment Services support a number of people with alcohol misuse amongst their other issues. Homelessness presentations will be monitored in order to identify where alcohol misuse is a factor and appropriate sign posting and support will be offered to clients.

Participation Development Team

The Participation Development Team has supported the development of Tenants and Residents Associations across council estates in the Borough and works closely with their umbrella organisation Dudley Federation of Tenants and Residents Associations to facilitate new opportunities for engagement. This network, together with the Council's own newsletter for tenants and residents will be used to promote key messages around alcohol misuse and provide tenants and residents with information in respect of local services

Healthy Town Agenda

Links to be developed with the Healthy Town agenda (See action Plan page 32)

Priorities – Early Intervention and Treatment Action Plan Page 32

- Equip staff to identify alcohol misuse issues in respect of Tenancy Sustainment Referrals and homelessness presentations to enable sign posting of clients and appropriate support

Other

- Use of existing publications to promote key messages in respect of alcohol misuse and information in respect of local services

IMPLEMENTATION OF THE STRATEGY

Strategic Framework for implementing the strategy

Whilst the Alcohol Strategy Group will oversee the implementation of the Strategy there should be recognition that alcohol misuse is a crosscutting issue that impacts on a number of agendas and should therefore be adopted by the themed partnerships of the Dudley Community Partnership.

- Children's Trust
- Economic Development and Regeneration Partnership Board
- Health and Wellbeing Partnership Board
- Heritage culture and Leisure Partnership Board
- Strategic Housing and Environment Partnership Board

Safe and Sound is the themed partnership of Dudley Community Partnership, to which the Alcohol Strategic Group will be accountable to through the Substance Misuse Implementation Group

The Alcohol Strategy links to and supports other partnership strategies and plans, including:

- Community Strategy
- Community Safety Plan
- Health Improvement strategy
- Health Inequalities Strategy
- Homelessness Strategy and Action Plan
- Primary Care Strategy
- Domestic Abuse Strategy
- Children and Young Persons Plan
- Dudley Children's Trust Parenting Support and Family Learning Strategy
- Children and Young People's Substance Misuse plan
- Adult Drug Treatment Plan
- Improving Client Engagement Action Plan
- NGLAA – Delivery Plans
- Sexual Health Strategy
- Teenage Pregnancy Strategy
- Adult Mental Health Strategy

The Alcohol Strategy will be implemented through the Action Plan, which forms part of this Strategy and has been developed using the template from Safe.Sensible.Social

Conclusion

The Alcohol Strategy demonstrates a significant amount of “activity” that is already in place in order to reduce alcohol related harm.

It is important that these activities and any future developments take place in a planned and co-ordinated way in order to maximise their benefits.

The implementation of the Alcohol Strategy relies very much on effective partnership working.

Partners, providers and service users have contributed to the development of this Strategy, which highlights its importance to those concerned with reducing the impact of alcohol misuse on individuals, families and communities.

The Strategy has been developed within existing funding streams and therefore is cost neutral. However, recent predictive modelling undertaken by the Primary Care Trust’s Public Health Manager indicates that it will be difficult to meet some targets within current investment.

Way Forward

- The Alcohol Strategy Group will ensure that the Alcohol Strategy is implemented from 1st April 2010 and that a performance management framework is established to monitor its progress
- That opportunities for funding are explored in order to enhance provision
- The outcomes of Systems Thinking Project are taken on board to inform the future development of the “alcohol system”
- The Alcohol Strategy Group will explore links into the “Think Family” agenda
- The Alcohol Strategy Group will take on board any changes in legislation and feedback from national consultations
- The Alcohol Strategy will be refreshed during March 2011

ACTION PLAN FOR IMPLEMENTATION OF THE STRATEGY (refer to MOC)

Health and Health Improvement

Activity	Outputs and outcomes to be achieved	Lead Partner	Deliverable Date	Progress Check
Alcohol awareness campaigns	<ul style="list-style-type: none"> • Three general awareness campaigns to improve knowledge of units and health risks of drinking to excess of the general population • Targeted campaign for under 25s on the health risks of binge drinking • Partnership Campaign e.g. Christmas Alcohol and Cocaine Campaign 	PCT (Public Health) + all partners	2010/11	
Information about units and sensible drinking limits are available in the main community languages on the council and PCT websites, and in key healthcare and community settings	<ul style="list-style-type: none"> • Increase in awareness as measured by baseline lifestyle survey • Increase in number of places/services where alcohol information is available 	PCT (Public Health) + all partners	2010/11	
Increase awareness of alcohol in the workplace and ensure businesses are supported to develop alcohol policies	<ul style="list-style-type: none"> • Ensure PCT, NHS Trust and Local Authority have up to date policies on alcohol in the workplace and monitor implementation • Establish baseline to reduce alcohol related absenteeism 	PCT (Public Health) + all partners	31/03/2011 31/03/2011	

Introduce regular alcohol health promotion sessions with employers and community groups	Develop and implement number of sessions held Raised awareness measured by evaluation of sessions	PCT (Public Health) + all partners	2010/11	
Targeted interventions to reduce alcohol related admissions to hospital	Awaiting outcome of social marketing study. The interventions may be campaigns or specific interventions e.g. access to brief interventions, community liver function testing etc.	PCT (Public Health) + all partners	2010/11	
Small grants scheme to support user and carer groups	A minimum of five groups to be supported per annum	PCT (Public Health) + all partners	2009/10 2010/11	
Implementation of accredited community training course	A minimum of 10 people trained and accredited to deliver alcohol awareness training to community groups	PCT (Public Health) + all partners	2010/11	
Healthy Towns	Park Rangers to undertake Tier 1 and Tier 2 Drug and Alcohol Awareness Training Further links between the Alcohol Strategy and the Healthy Towns agenda to be developed	DMBC/DAAT	2010/11	
Alcohol Misuse and Mental Health	Raise awareness of the links between mental ill health and alcohol misuse	PCT/DAAT	2010/11	

Children and Young People (include in activities education in schools and colleges)

Activity	Outputs and outcomes to be achieved	Lead Partner	Deliverable Date	Progress Check
Theatre in Education	<ul style="list-style-type: none"> Young People aware of the consequences of substance misuse 	David Kinnair (Health Promoting Schools)	On-going	Through the Children and Young Persons Substance Misuse Plan
Parents Evenings	<ul style="list-style-type: none"> Parents and carers being aware of health issues for young people as a result of drinking alcohol Parents and carers being aware of how their behaviour impacts on their child's choices (hidden harm) 	David Kinnair (Health Promoting Schools)	On-going	Through the Children and Young Persons Substance Misuse Plan
Community Based Awareness Raising Sessions	<ul style="list-style-type: none"> Community aware of the impact of alcohol misuse on individuals, families and communities Community know how and where to access services 	Roy Stokes (DAAT) Pardeep Gahlan (PCT)	On-going subject to funding	Through course evaluation And 6 monthly reports from the training database
Work outside of the Box	<ul style="list-style-type: none"> Development of a Curriculum to ensure that consistent and on going messages are delivered to children and young people outside of the school setting 	Health Promoting Schools	To be reviewed	
Development of Healthy College agenda	<ul style="list-style-type: none"> Healthy Colleges will follow a similar model to Healthy Schools. There will be an expectation of participants to address smoking, substance misuse, and sexual health amongst other health issues 	Mary-Joy Albutt (PCT)	2010/11	
Peer Education	<ul style="list-style-type: none"> Peer education has a recognised evidence base for delivering educational messages to young people. Peer Education is currently being delivered through Respect Yourself 	Rachel Allen (Respect Yourself)	2010/11	Through the Children and Young Persons substance Misuse Plan

Positive Activities	<ul style="list-style-type: none"> • Increase self confidence, self esteem and build resilience of children and young people 	Helen Ellis (Connexions) Amanda Grove Youth Service	2010/11	
Workforce Development	<ul style="list-style-type: none"> • Increased knowledge base of staff and clarity in respect of service provision/referral pathways. Increase in referrals to the Zone • Workforce development requirement in respect of core competencies – Children and Young Persons Workforce Development 	Roy Stokes (DAAT) and Partners Audrey Heer	2010/11 2010/11	Quarterly Reports from the Training Database and feedback to partners and providers
Campaigns linked to the Department for Children School and Families national campaign	<ul style="list-style-type: none"> • Raise Awareness of the impact of alcohol misuse • Delay the age at which children and young people start to drink and reduce the amount of alcohol consumed if they are already drinking 	Audrey Heer	2010/11 On going	Children and Young Persons Substance Misuse Group

Early intervention and treatment

Activity	Outputs and outcomes to be achieved	Lead Partner	Deliverable Date	Progress Check
Implement routine identification in A&E and provide brief advice to those identified	<ul style="list-style-type: none"> • Reduction in frequent attendees at ED (baseline to be set) • Reduction in alcohol consumption for patients given brief advice measured at 3 month follow-up 	PCT	2010/11	
Routine identification and brief advice in Primary Care	<ul style="list-style-type: none"> • Alcohol register to be set up to establish baseline • Alcohol DES to be offered to interested GPs • Increase in referrals to alcohol services • Reduction in alcohol consumption for patients given brief advice measured at 3 month follow-up 	PCT	2010/11	
Routine identification and brief advice when people are arrested and in custody	<ul style="list-style-type: none"> • Reduction in alcohol consumption for patients given brief advice measured at 3 month follow-up • Reduction in offending rate 	Arrest Referral Scheme Lead Officer – Sue Haywood	2010/11	
Training needs assessment to assess number of all staff requiring training and number of programmes to be offered	Increase in number of staff trained	PCT – Commissioning /DAAT	2010/11	

Training of healthcare workforce in early identification and provide brief advice	<ul style="list-style-type: none"> • Increase in skills and confidence of staff • Increase in numbers of harmful and hazardous drinkers identified and given brief advice 	PCT (Primary Care Commissioning)		
Review current specialist alcohol treatment services in light of MoCAM and the Review of the Effectiveness of Treatment for Alcohol Problems	<ul style="list-style-type: none"> • Identify gaps, strengths and weaknesses in current provision • Outcome of review to determine future levels of service required to reduce waiting times and address unmet needs 	PCT/DAAT	2010/11	
Reconfigure treatment provision where appropriate to ensure that an accessible integrated system of effective interventions is provided across the four tiers to meet local needs	A treatment strategy and action plan is in place and implemented	PCT/DAAT	2011/12	
Review commissioning and performance management systems for all levels of alcohol intervention	Performance management and reporting systems in place	PCT/DAAT	2010/11	

Involvement of service users and carers in the planning and delivery of alcohol services	<ul style="list-style-type: none"> • Service user and carer involvement strategy developed • Service users and carers are demonstrably involved 	PCT/DAAT	2010/11	
Improving the identification of alcohol misuse issues in respect of tenancy sustainment referrals and homelessness presentations	<ul style="list-style-type: none"> • Better equipping of staff to respond appropriately 	Sian Evans DACHS	2010/11	<ul style="list-style-type: none"> • Number of staff who have attend training • Number of clients sign posted to appropriate services
Building Links with the Healthy Town agenda	<ul style="list-style-type: none"> • Park Rangers to attend basic drug and alcohol awareness training • Appropriate information and advice to be available in “hubs” in respect of alcohol 	Liz Stuffins Sue Haywood/Dean Hill/Liz Stuffins	2010/11	<ul style="list-style-type: none"> • Number of staff who have attended training • Range of information provided

Reducing crime and disorder, including domestic abuse

Activity	Outputs and outcomes to be achieved	Lead Partner	Deliverable Date	Progress Check
Alcohol Arrest Referral Scheme	<ul style="list-style-type: none"> Reduce alcohol related offending and improve health outcomes 	Aquarius Lead Officer – Sue Haywood	Ongoing – subject to funding	SLA Meetings
Taxi Marshalling Scheme	<ul style="list-style-type: none"> Sustain funding for scheme to continue 	DMBC Licensing – Janet Elliott		
Pub Watch	<ul style="list-style-type: none"> Develop effective links with relevant legislation and the “pub trade” 	West Midlands Police Service- Lead Officer - Ray Dawson	On going	
Social Responsibility Scheme	<ul style="list-style-type: none"> Explore further role out of scheme Receive evaluation of scheme 	DMBC Trading Standards/ Community Renewal Team Lead Officer – Mike Chambers	2010/11	
Cumulative Impact Policy	<ul style="list-style-type: none"> Ensure that cumulative impact is retained in Stourbridge 	West Midlands Police Service – Lead Officer to be confirmed	On going	
Test Purchasing	<ul style="list-style-type: none"> On going test purchasing activity informed by intelligence 	DMBC – Trading Standards – Lead Officer – Mike Chambers	2010/11	
JAG	<ul style="list-style-type: none"> Implement activities led by Intelligence 	DMBC – Community safety Team Lead Officer – Bob Dimmock	2010/11	

Offender Management

Activity	Outputs and outcomes to be achieved	Lead Partner	Deliverable Date	Progress Check
Drink Impaired Drivers Programme	<ul style="list-style-type: none"> Reduce drink drive offences (groupwork) 	Probation – Delivered by Aquarius Staff Lead Officer – Bronwen Elphick	Throughout the calendar year	Monthly – Probation District Management Team Meeting (DMT)
Low Intensity Alcohol Programme	<ul style="list-style-type: none"> Reduce Alcohol related offences (groupwork) 	Probation – Delivered by Aquarius Staff Lead Officer – Bronwen Elphick	Throughout the calendar year	Monthly – Probation DMT
Offender Substance Abuse Programme	<ul style="list-style-type: none"> Work with offenders where alcohol has contributed to their offending. Reduce offending and alcohol misuse (groupwork) 	Probation – Delivered by Aquarius Staff Lead Officer – Bronwen Elphick	Throughout the calendar year	Monthly – Probation DMT
Telford Training Consortium 2000	<ul style="list-style-type: none"> 1 to 1 work with offenders who may disclose problems with alcohol pre or post sentence. Input may be tailored to safer drinking/healthier lifestyles and/drink driving. Training sessions are also arranged for probation staff to acquire expertise in addressing alcohol use with offenders and also to educate them in leading healthier lifestyles themselves 	Probation – Delivered by TTC staff	Time limited due to funding	Monthly – Probation DMT

Alcohol Treatment Requirement	<ul style="list-style-type: none"> • 1 to 1 work with drink dependant offenders who may require detox or other medical treatment over 4 sessions 	Probation – Delivered by Aquarius staff Lead Officer – Bronwen Elphick	Throughout the calendar year	Monthly Probation DMT Meetings
Ensuring robust links with Drug Treatment Services	<ul style="list-style-type: none"> • Workforce development – ensure that all Drug Intervention Programme Workers are trained and skilled to be able to deliver a brief intervention or signpost to specialist treatment those drug misusing offenders for whom alcohol is also a “problem” • Ensure that brief advice and information is delivered to those who receive a DIP Conditional Caution 	Cranstoun Drug Services Lead Officer – Dee Russell	2010/11	SLA Meetings

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Bibliography

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Department of Health/National Treatment Agency for Substance Misuse (2006)
- safe.sensible.social. The next steps in the National Alcohol Strategy
Home Office, Department of Health, Department for Children, Schools and Families (2007)
- Youth Alcohol Action Plan
Department for Children, Schools and Families, The Home Office, The Department of Health (2008)
- Signs for Improvement: Commissioning Interventions to reduce alcohol related harm
(includes 7 High Impact Changes) (2009)
- Joint Strategic Needs Assessment
- Safe & Sound (Dudley's Community Safety partnership) Strategic Assessment
April 2009

Definitions

Purpose of Models of care for alcohol misusers

Models of care for alcohol misusers (MoCAM) provides best practice guidance for commissioning and providing interventions and treatment for adults affected by alcohol misuse. It has been developed by the National Treatment Agency for Substance Misuse (NTA), with support from the Department of Health (DH). MoCAM is explicitly identified as a significant milestone towards achieving the second aim of the *Alcohol harm reduction strategy for England*, 'to better identify and treat alcohol misuse, and is a direct commitment in the *Choosing Health* White Paper.

Hazardous drinkers

The World Health Organization (WHO) defines hazardous use of psychoactive substance, such as alcohol, as 'a pattern of substance use that increases the risk of harmful consequences for the user... In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.'

Hazardous drinkers are drinking levels over the sensible drinking limits, either in terms of regular excessive consumption or less frequent sessions of heavy drinking. However, they have so far avoided significant alcohol-related problems. Despite this, hazardous drinkers, if identified, may benefit from brief advice about their alcohol use.

Harmful drinkers

The WHO International Classification of Diseases (ICD-10) defines harmful use of a psychoactive substance, such as alcohol, as 'a pattern of use which is already causing damage to health. The damage may be physical or mental.' This definition does not include those with alcohol dependence.

Harmful drinkers are usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers. Unlike hazardous drinkers, harmful drinkers show clear evidence of some alcohol-related harm. Many harmful drinkers may not have understood the link between their drinking and the range of problems they may be experiencing.

Moderately dependent drinkers

Moderately dependent drinkers may recognise that they have a problem with drinking, even if this recognition has only come about reluctantly through pressure, for example from family members or employers.

The level of dependence of drinkers in this category is not severe. For example, they may not have reached the stage of 'relief drinking' – which is drinking to relieve or avoid physical discomfort from withdrawal symptoms. This is a very broad category and includes a wide range of severities and types of problem.

Nevertheless, in older terminology, drinkers in this category would probably not have been described as 'chronic alcoholics'. Moderately dependent drinkers' treatment can often be managed effectively in community settings, including medically assisted alcohol withdrawal in the community. The choice of setting in each individual circumstance will depend on the range of accompanying physical, psychological or social problems, including risks posed to the drinker and risks to others from the drinker's behaviour. Some in this category will be identified as needing interventions more typically provided to severe or complex dependent drinkers.

Severely dependent drinkers

People in this category may have serious and long-standing problems. This category includes individuals described in older terminology as 'chronic alcoholics'.

Typically, they have experienced significant alcohol withdrawal and may have formed the habit of drinking to stop withdrawal symptoms. They may have progressed to habitual significant daily alcohol or heavy use over prolonged periods or bouts of drinking.

Given adequate risk assessment and a comprehensive and intensive care plan, medically assisted alcohol withdrawal can safely be provided to many severely dependent drinkers in the home or in community settings. However, more drinkers in this category may be in need of inpatient assisted withdrawal and residential rehabilitation. Some may have special needs, such as treatment for co-existing psychiatric problems, polydrug dependence or complicated assisted alcohol withdrawal; others may need rehabilitation and strategies to address the level of their dependence, or to address other issues, such as homelessness or social dislocation. Some may have had multiple previous episodes of treatment. Some will respond to community interventions more typically successful when provided to moderately dependent drinkers.

Drinkers with complex problems

Those with additional and co-existing problems, including people with mental health problems, people with learning disabilities, some older people, and some with social and housing problems, may be particularly vulnerable. They may have complex needs that require more intensive or prolonged interventions, even at lower levels of alcohol use and dependence. Complex problems may also include difficulties that have significant impact on others, such as domestic abuse, whether as victim or perpetrator.

Key Contacts

- Aquarius
Cottage Street
Brierley Hill
West Midlands
DY5 1RE

Tel: 01384 261267
Fax: 01384 77964
www.aqarius.org.uk

- The Zone
27-29 Stone Street
Dudley
West Midlands
DY1 1NT

Tel: 01384 241440

- Substance Misuse Service Team
Rose Cottage
27-29 Hall Church Road
Holly Hall
Dudley
West Midlands
DY2 0TQ

Tel: 01384 366813

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Strategic Contacts

- Diane McNulty
Public Health Manager
Tel: 01384 366597
Diane.McNulty@dudley.nhs.uk
- Elaine Woodward
Strategic Commissioner – Mental Health
Tel: 01384 361270
Elaine.Woodward@dudley.nhs.uk
- Elaine Hopwood
DAAT Commissioning Manager
Tel: 01384 816918
Elaine.Hopwood@dudley.gov.uk
- Audrey Heer
Young People Substance Misuse Lead
Tel: 01384 813674
Audrey.Heer@dudley.gov.uk
- Sue Haywood
DAAT Manager/Deputy Head of Community Safety
Tel: 01384 818115
Sue.Haywood@dudley.gov.uk