



Nottinghamshire County Alcohol Strategy 2010 – 20

Version control

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Version 1	6 May 2010	Circulated & amendments made
Version 2	12 May 2010	

Nottinghamshire County Alcohol Strategy
2010 - 2020

Insert foreword by Chair SNB Board/Director of Public Health

Aim

The Nottinghamshire County Alcohol Strategy aims to reduce the harm associated with alcohol, whilst ensuring that the people of Nottinghamshire are able to enjoy alcohol safely and responsibly.

The key objectives:

- To reduce the levels of alcohol related harm across all population groups
- Educate the population of Nottinghamshire on sensible drinking guidance ensuring that drinking choices are informed choices
- To reduce the levels of ill health caused by alcohol resulting in fewer attendances at accident and emergency departments and admissions to hospital
- To reduce alcohol related crime, particularly anti-social behaviour and violent crime, including domestic violence
- To increase the confidence of the people in Nottinghamshire by reducing the percentage of people who perceive drunk and rowdy people to be a problem in their area
- To make the town centres of Nottinghamshire safe and enjoyable by improving the management and planning of the night time economy

The Vision

It is our vision that by 2020 we have:

- A robust partnership approach to reducing alcohol related harms with all partner agencies embedding the strategy priorities within their core business
- Effective and efficient referral processes across partner agencies and improved sharing of data
- Ensured the protection of the most vulnerable people by early identification
- Ensuring that those who require it have access to right treatment, at the right time and in the right place

Themes

The Nottinghamshire County Alcohol Strategy will:

Prevent adults, children and young people from harming themselves and others by improving knowledge around the risks of drinking

Manage Risk by early identification and intervention for alcohol related problems

Ensuring access to evidence based and effective **Treatment** and aftercare services

Take **Enforcement** action against those committing alcohol related crime

A. Prevention

Prevent adults, children and young people from harming themselves and others by improving knowledge around the risks of drinking

Local Profile

- Around 19% of adults in Nottinghamshire are drinking at increasing risk levels. 17% are binge drinking
- Alcohol is the primary substance of choice for young people across Nottinghamshire, and is also the substance of choice that they are most affected by in relation to estimates of problematic parental use.
- The Drink Debate (2008) across the East Midlands highlighted that 70% of respondents wanted more publicity on the harms caused by alcohol.
- Around 15% of Nottinghamshire Listens Panellists say that they are concerned that the amount of alcohol that they are drinking may be having an impact on their health, with just under half of respondents disagreeing 47% in the districts. Around one in five panellists (21%) report that they do not drink alcohol at all.

To prevent alcohol related harm we will:

- Develop a *communication plan* which will target specific audiences with straight forward and accessible information relating to alcohol use
- Develop *campaigns* that are evidence based and coordinated to provide information around alcohol related harms using the principles of social marketing
- Support licensees to *sell alcohol responsibly* by encouraging participation in by traders in responsible retailing and pub Watch schemes

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- Ensure that licensees employ *trained and accredited door staff*
- Facilitate in *prevention programmes for young people at risk* including those at risk of exclusion, school exclusions, young offenders or at risk of offending and looked after children
- Ensure that *evidence based alcohol education* is a specific target within Personal Health and Social Education (PHSE) through the national healthy schools programme
- *Evaluate* existing projects and services aimed at reducing alcohol related harm with a view to taking forward the learning to influence future practice

B. Manage Risk

Manage Risk by early identification and intervention for alcohol related problems

Local Profile

- Bassetlaw has the most alcohol related admissions for under 18 year olds per 100,000 of the population.
- 43% of alcohol related hospital admissions come from Ashfield and Mansfield
- The rate of alcohol related admissions per 100,000 (NI39) in Nottinghamshire County has risen by 33% between 2002-03, however since 2006-07 the rate has been lower than the East Midlands and England average
- In the latest Nottinghamshire Homeless Watch Survey (2009). People with alcohol misuse related support needs accounted for nearly half of presentations in Rushcliffe (47%). Alcohol misuse as a support need has increased since the first homeless watch survey in 2005
- Rushcliffe has the highest number of hazardous (high risk) drinkers in Nottinghamshire, yet the lowest levels of hospital admissions
- 58% of panellists who are members of the Nottinghamshire Listens Panel (2009) state quite strong support for the idea that there should be more help for people to address excessive alcohol consumption

To risk manage the harms caused by alcohol we will:

- *Improve understanding* in to the health needs of the population, highlighting unmet need, under represented groups and populations at risk, such as offenders, homeless and rough sleeping populations, BME groups and victims/perpetrators of domestic violence
- *Train front line staff* to recognise the signs of alcohol related harm so that they can offer brief intervention and/or signpost to appropriate support
- Explore the way *brief interventions* can be delivered by frontline agencies to address alcohol problems earlier, including accident and emergency departments
- Develop an effective system to enable *Accident and Emergency data* is collected, collated, monitored and used to inform priorities
- Ensure the *Common Assessment Framework* (CAF) is an integral part of the intervention process for young people
- Develop *campaigns* that are evidence based and coordinated to provide information around alcohol related harms using the principles of social marketing
- Review and develop *alcohol workforce policies* across all partner agencies

C. Treatment

Ensuring access to evidence based and effective **Treatment** and aftercare services

Local Profile

- The most deprived fifth of the population suffer two to three times greater loss of life attributable to alcohol; three to five times greater mortality due to alcohol-specific causes; and two to five times more admissions to hospital because of alcohol than the more affluent areas
- On average men living in the more deprived areas lose 17 months of life and women lose 7 months of life due to conditions related to alcohol compared with 6 months for men and 3 months for women living in more affluent areas.
- In Nottinghamshire alcohol misuse costs the local NHS £23m and leads to 213,000 lost work days
- There was 250 alcohol -related deaths in 08/09

To ensure we have a robust alcohol treatment system we will:

- *Review* current availability and level of support for those with alcohol related problems and their families/carers
- Develop *alcohol specific treatment pathways* that support an integrated alcohol treatment system
- Ensure that *information* about pathways and support available is promoted and readily available to partner agencies and members of the public
- Develop the *commissioning framework* to support the implementation of alcohol priorities
- *Evaluate* existing projects and services aimed at reducing alcohol related harm with a view to taking forward the learning to influence future practice

D. Enforcement

Take **Enforcement** action against those committing alcohol related crime

Local Profile

- During 2008/09 there were a total of 7,667 alcohol related ASB incidents. A third of these (2527 – 33%) of these were youth related
- In Nottinghamshire alcohol contributes to 280 sexual assaults
- In 2009/10 there were over 27,000 incidents of rowdy behaviour and over 1000 of noise reported to the police. These are two of the proxy measures for Perception of Anti Social Behaviour.
- In 2009/10 there were over 4000 domestic violence offences reported to the police and nearly 30% of MARAC dealt with repeat victims. DV is anticipated to rise during the world cup and other major sporting events.

To address alcohol related crime and disorder we will:

- Support licensees to *sell alcohol responsibly* by encouraging participation in by traders in responsible retailing and pub watch schemes
- Ensure that licensees employ *trained and accredited door staff*
- Develop a *multiagency group to co-ordinate* action to prevent and address alcohol related violent crime and anti-social behaviour (ASB)
- Deliver interventions to support the development of *safe and enjoyable Night Time Economy* (NTE) across Nottinghamshire
- Make use of the *range of disposals* available for alcohol related offending and embed in a partnership approach
- *Evaluate* existing projects and services aimed at reducing alcohol related harm with a view to taking forward the learning to influence future practice

Delivery Plan

Nottinghamshire's Alcohol Strategy will be delivered through a delivery plan which details the specific actions that will be taken to prevent and reduce the harm caused by alcohol in the county. The delivery plan specifies leads within partner agencies in taking forward actions and it provides information about how progress will be measured and monitored.

The Alcohol Strategy and Commissioning Group will monitor progress against the plan on a quarterly basis and report to the Safer Nottinghamshire Board.

*UPDATED DELIVERY PLAN TO BE INSERTED FOLLOWING THE
CONSULTATION OF THE ALCOHOL STRATEGY*

References

Emphasis (2008): The Drink Debate;
<http://www.emphasisnetwork.org.uk/networks/alcohol/drinkdebate.htm>

Hostels Liaison Group (2009): Homeless Watch – 2009
<http://www.hlg.org.uk>

Nottinghamshire County Council (2009): Health and Well-being in Nottinghamshire; Nottingham Listens Panel.

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