

# Safe. Sensible. Social.

Alcohol strategy local  
implementation toolkit



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Policy HR/Workforce Management <b>Planning</b> Clinical	Estates Commissioning IM & T Finance Social Care/Partnership Working
<b>Document purpose</b>	Best practice guidance
<b>ROCR ref:</b>	<b>Gateway ref:</b> 9082
<b>Title</b>	Safe. Sensible. Social. Alcohol strategy local Implementation toolkit
<b>Author</b>	Home Office, Department of Health, Department for Children, Schools and Families
<b>Publication date</b>	January 2008
<b>Target audience</b>	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, Directors of Finance, Allied Health Professionals, Communications Leads, Emergency Care Leads, Directors of Children's SSs, Regional Directors of Public Health, DAAT Chairs, NHS Commissioners, Government Offices, Police, Crime and Disorder Reduction Partnerships, Local Strategic Partnerships, probation staff, schools, young people's stakeholders and the alcohol industry
<b>Circulation list</b>	
<b>Description</b>	This toolkit is a resource to help local teams develop strategies to address alcohol-related crime, ill health and other harms in line with <i>Safe. Sensible. Social. The next steps in the National Alcohol Strategy</i>
<b>Cross ref</b>	<i>Safe. Sensible. Social. The next steps in the National Alcohol Strategy</i>
<b>Superseded docs</b>	N/A
<b>Action required</b>	N/A
<b>Timing</b>	N/A
<b>Contact details</b>	Department of Health, Reducing Alcohol Admissions Team, Wellington House, 135–155 Waterloo Road, London SE1 8UG  Home Office, Alcohol Strategy Programme Office, Alcohol Strategy Unit, 4th Floor Peel Building, 2 Marsham Street, London SW1P 4DF
<b>For recipient's use</b>	

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# Foreword by ministers

Alcohol-related harm is of concern to the Government and to every one of us. Too many of us drink more than is good for us and risk our health, our relationships and the safety of others. Alcohol misuse also has a significant impact on local communities and especially young people and children. In addition, the health, social and financial costs of alcohol are much higher for some communities than others. In June 2007 the Government launched **Safe. Sensible. Social. The next steps in the National Alcohol Strategy** which outlines a programme of action to build on the progress already made in reducing alcohol disorders and to target those most at risk. The strategy is underpinned by the new Home Office Public Service Agreements and new health, police and young people indicators, which set out how progress will be measured.

Partnership working is crucial to success in delivering change – many different organisations will have an important role to play. For some, such as the NHS, the police and licensing departments, tackling alcohol-related harm is part of their core business; for others, there is an important role to play in designated areas of their own work. To achieve maximum impact, this work must be coordinated in an agreed strategy.

Many local areas will choose to develop distinct alcohol strategies; others will incorporate their alcohol strategy within their crime-reduction and health strategies. Some areas in the country will already have made great progress in assessing the scale of the problem and delivering solutions to that problem; others will just be starting the process.

Either way, we hope you can use this toolkit as a practical resource for guidance to ensure that plans are as effective as possible, so that we can deliver the commitments set out in the national strategy.

We know that by adopting this approach, and basing it on sound analysis of local evidence, we will all see the full range of benefits that a reduction of harmful drinking can bring – less crime and better health.



*Vernon Coaker*  
**Vernon Coaker**  
Parliamentary  
Under-Secretary  
of State for  
Crime Reduction



*Dawn Primarolo*  
**Dawn Primarolo**  
Minister for  
Public Health



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Minister for  
Children,  
Young People  
and Families

# Introduction



# Introduction

## About this toolkit

This toolkit is a resource to help local teams develop strategies to address alcohol-related crime, ill health and other harm in line with **Safe. Sensible. Social. The next steps in the National Alcohol Strategy**.<sup>1</sup>

It is written specifically to help alcohol leads and others within local authorities, primary care trusts (PCTs), children's services and delivery partnerships such as Crime and Disorder Reduction Partnerships (CDRPs) and Drug and Alcohol Action Teams (DAATs) – the people most likely to be responsible for developing and delivering alcohol strategies locally. It will also be useful to individual agencies tackling alcohol misuse.

The toolkit is based on the Local Alcohol Strategy Toolkit produced by London Drug and Alcohol Network and Alcohol Concern in 2004 (see [www.localalcoholstrategies.org.uk](http://www.localalcoholstrategies.org.uk)). It provides a step-by-step process on how to develop a local alcohol strategy, and suggests a range of activities to help with the three key strategic areas of health, community safety and children and young people.

<sup>1</sup> The strategy is available on the Home Office website at: [www.homeoffice.gov.uk/documents/alcohol-strategy-2007](http://www.homeoffice.gov.uk/documents/alcohol-strategy-2007)





## Background: how the toolkit relates to *Safe. Sensible. Social.*

Alcohol can play an important and positive role in British society. But excessive drinking among some sections of the population has become a cause for considerable concern. Estimates in 2004 put the annual costs of excessive drinking – in terms of damage to health, crime and disorder, and loss of work productivity – at around £20 billion per year in England and Wales.

In June 2007 the Government published *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*, which builds on the strategy for England it produced in 2004. *Safe. Sensible. Social.* restates the Government's long-term goal, which is to minimise the health harm, violence, crime and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly. It has three overarching goals:

- to reduce the levels of alcohol-related violent crime, disorder and antisocial behaviour;
- to reduce the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area; and
- to reduce chronic and acute ill health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions.

## The role of the local alcohol strategy

As in many other areas of public service delivery, government policy clearly indicates the importance of developing a joined-up approach to reducing alcohol-related harm. Not only does this involve central government working with local government, but also a wide range of other public bodies.

Annex B of *Safe. Sensible. Social.* sets out in more detail what central Government will do to support national and local implementation.

At local level, many different organisations have a role to play in delivering the national alcohol strategy. For some, such as the NHS, DAATs, the police and licensing departments, tackling alcohol-related harm is part of their core business. For others, such as schools or social services, the role is to support delivery by the lead partners.

The role of the local alcohol strategy is to help coordinate the different activities undertaken by each of these organisations to tackle alcohol-related harm. Effective coordination at the local level will maximise efficiency and avoid duplication of effort. However, when developing a strategy it is important to remember that each organisation has its own priorities, drivers, delivery mechanisms and performance management structure. The local alcohol strategy is, therefore, not itself a driver of activity, but is the key means of coordinating joint working.

It may make sense if work on these takes place in the context of the Local Strategic Partnership and Local Area Agreements, through which activity on alcohol may attract additional funding. Specific areas of activity can then be delegated to relevant partnerships, such as CDRPs, and other delivery agents.

However, the toolkit recognises that local areas may vary in their partnership arrangement. It therefore suggests effective activities but does not necessarily recommend which organisation should be responsible for these activities.



## Tackling alcohol issues thematically in a multi-component programme

Effective alcohol strategies combine a number of different, but mutually reinforcing, strands of activity in a ‘multi-component programme’, and the toolkit reflects this. For example, local teams might seek to coordinate work across prevention and education, enforcement, environmental planning, and health and social care. Tackling alcohol in this way – thematically and in a coordinated, strategic manner – will have maximum benefit in reducing harm. For more information, see [Multi-component programmes: an approach to prevent and reduce alcohol-related harm](#).<sup>2</sup>

## Drivers for action on alcohol

To provide extra context, this section sets out the main drivers and duties for the areas of health, community safety and children.

### Health

The main levers for action on alcohol are:

- i. the indicator in Public Service Agreement (PSA) 25 – reducing the trend in alcohol-related hospital admissions. This measure is also included as an indicator within the National Indicator Set<sup>3</sup> for local authorities (October 2007) and the new NHS set of indicators;
- ii. the statutory duty of joint strategic needs assessment (JSNA), which commences 1 April 2008. This requires PCTs and local authorities to assess the current and future health and wellbeing needs of their population. The findings of the JSNA will lead to shared priorities to improve outcomes and reduce health inequalities, and will be used to inform targets within the Local Area Agreement;
- iii. The NHS Operating Framework which will set out the specific requirements for the NHS in taking forward the delivery of national priorities;
- iv. performance management of PCTs by strategic health authorities and independent assessment by the Healthcare Commission against national and local indicators; and
- v. the role of PCTs as responsible authorities within CDRPs. Following the introduction of new information-sharing requirements,<sup>4</sup> which came into force on 1 August 2007, PCTs must provide quarterly submissions to other partners within the CDRP, with depersonalised data on alcohol-related hospital admissions and ambulance call-outs.

<sup>2</sup> Available at [www.jrf.org.uk/bookshop/eBooks/1976-prevention-alcohol-harm.pdf](http://www.jrf.org.uk/bookshop/eBooks/1976-prevention-alcohol-harm.pdf)

<sup>3</sup> See [www.communities.gov.uk/publications/localgovernment/nationalindicator](http://www.communities.gov.uk/publications/localgovernment/nationalindicator)

<sup>4</sup> See [www.opsi.gov.uk/si/si2007/20071831.htm](http://www.opsi.gov.uk/si/si2007/20071831.htm)

The Local Government and Public Involvement in Health Bill 2006–07 introduces the statutory duty of joint strategic needs assessment, which commences on 1 April 2008 and requires PCTs and local authorities to assess the current and future health and wellbeing needs of their population. The findings of the JSNA will lead to shared priorities to improve outcomes and reduce health inequalities, and will be used to inform targets within the Local Area Agreement.

PCTs are responsible authorities within CDRPs (see below). The recently introduced information-sharing requirements set out the information CDRP partners must share, if held. It places a duty on PCTs to provide quarterly data to other partners within the CDRP, with depersonalised data on alcohol-related hospital admissions and ambulance call-outs, where they already collect this information.

Of course, data sharing might go beyond these set parameters where appropriate, and where the data is routinely collected; for example, the sharing of depersonalised Accident and Emergency Department data with police can lead to targeted enforcement activity to reduce alcohol-related violence and hospital admissions (see the ‘Community safety’ section for more details).

### Community safety

The main levers for action on alcohol are:

- i. performance management of enforcement agencies;
- ii. the indicator in PSA 23 for reducing violent crime and disorder, especially assault with injury;
- iii. the indicator in PSA 25 for reducing the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area;
- iv. performance management of the National Offender Management Service by the Ministry of Justice;
- v. performance management of Local Strategic Partnerships by Government Offices against indicators within Local Area Agreements;
- vi. performance management of individual police authorities by the Home Office against indicators embedded within their plans; and
- vii. the statutory requirement for CDRPs to put in place plans and strategies to tackle crime, disorder and substance misuse, including alcohol misuse.<sup>5</sup> These plans will be informed by strategic assessment of local priorities. Some may choose to develop distinct alcohol strategies; others will choose to incorporate their alcohol strategy within one overarching strategy.<sup>6</sup>

<sup>5</sup> Statutory Instrument SI1830: The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 [www.opsi.gov.uk/si/si2007/uksi\\_20071830\\_en.pdf](http://www.opsi.gov.uk/si/si2007/uksi_20071830_en.pdf)

<sup>6</sup> Guidance on effective partnerships can be found at [www.crimereduction.homeoffice.gov.uk/regions/regions00.htm](http://www.crimereduction.homeoffice.gov.uk/regions/regions00.htm). This contains explanations of the new statutory requirements and suggested practice for partnerships as they deliver their new plans. The Government Offices also have a new role to support CDRPs in delivering their alcohol strategies as outlined in [Safe. Sensible. Social.](#)

### Children and young people

The main delivery levers are:

- i. the indicator in PSA 14 to reduce the proportion of young people frequently misusing substances (including illicit drugs, alcohol or volatile substances), measured through the Tellus 2 survey;
- ii. performance management of Local Strategic Partnerships by Government Offices against indicators embedded within Local Area Agreements;
- iii. performance management of young people's specialist substance misuse treatment by the National Treatment Agency (NTA) on behalf of the Department for Children, Schools and Families; and
- iv. Ofsted inspections of schools, the reports of which are publicly available.

# How to develop a local strategy



# How to develop a local strategy

**This section outlines the key steps in the process of developing a local alcohol strategy. The steps overlap to some extent, and so need not be tackled strictly in order. Furthermore, in many cases, partners within the local team may already have begun or even completed some of the actions suggested. In these circumstances, there is usually no need to duplicate their work – particularly if it involves extensive stakeholder consultation or other large-scale activities.**

The Cabinet Office has produced generic guidance on developing strategies, which may also be useful (see <http://interactive.cabinetoffice.gov.uk/strategy/survivalguide>).



## Step 1: Building the evidence base

Though many local groups will already have a sound understanding of some of the problems in their local area, building a solid evidence base is still invaluable. Wide-ranging local data on alcohol-related problems can help to:

- persuade partners of the need for action – identify needs and gaps;
- enable everyone involved to understand the scale of problems;
- set a baseline against which to measure change; and
- identify priorities.

### Potential sources of data

There are many potential sources of useful data on alcohol-related harm in the local area. These include:

- the North West Public Health Observatory's (NWPHO) Local Alcohol Profiles ([www.nwph.net/alcohol/lape](http://www.nwph.net/alcohol/lape));
- the strategic assessments carried out by Crime and Disorder Reduction Partnerships (CDRPs); the joint strategic needs assessments (JSNA), carried out by primary care trusts (PCTs) and local authorities. Forthcoming Department of Health guidance on JSNAs will show how this information can be used to inform three-year plans;
- Hospital Episode Statistics, drilled down to ward level, which may be useful in identifying health inequalities and priority areas; and
- consultation with stakeholders, who can provide information on the local situation. The local alcohol indicator dataset in the 'Resources' section includes

some additional sources of health and social care data that could be considered. It also has a more extensive set of indicators that could be used to assess alcohol-related crime and antisocial behaviour through mapping, temporal analysis and demographic profiling.

Further information and data at national level is available from **Safe. Sensible. Social.** the Strategy Unit's 2003 **Interim Analytical Report** and factsheets from Alcohol Concern ([www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)), and the Institute of Alcohol Studies ([www.ias.org.uk](http://www.ias.org.uk)).

## Step 2: Involving stakeholders

Many members of each local community have a stake in addressing alcohol-related harm – from service users to local business, the licensed trade, health and social care professionals and those working in the criminal justice system, as well as the general public.

It is important to try and get stakeholders' views on the problems in the local area, particularly in terms of identifying hotspots and priorities. There are already a number of existing mechanisms that provide opportunities to involve stakeholders, such as:

- 'Face the Public' meetings with the CDRP;
- other community consultation undertaken by CDRPs and their partners; and
- Patient Forums and, from April 2008, Local Involvement Networks (LINKs).



Additional opportunities for involvement could come through:

- Safer Neighbourhood meetings;
- councillors' ward meetings;
- representations by residents on licensed premises;
- residents' surveys; and
- the local Licensing Forum.

In the 'Resources' section of the toolkit there is a list of key people and other stakeholders from the areas of community safety, health, and children and young people, whose views could be sought. For more information on involving stakeholders, see [www.localalcoholstrategies.org.uk](http://www.localalcoholstrategies.org.uk)

### Step 3: Negotiating targets and planning implementation

Each local alcohol strategy will need to identify its targets and priorities, which will reflect the alcohol-related harm issues in its area. Some of these may come from Local Area Agreement targets, and will need to be reported to central government, but others will be agreed locally. These locally agreed targets do not need to be reported to central government.

#### Local Area Agreements

From 2008, Local Area Agreements (LAAs) will become the central 'delivery contract' between central government and local government and its partners. LAAs will be the only mechanism where central government agrees targets with local government in England.

There will be a maximum of 35 improvement targets in each LAA, in addition to the 16 statutory education and early years targets. These improvement targets will be selected from the National Indicator Set of 198 indicators,<sup>7</sup> in negotiation between central and local government, to reflect each local area's priorities. The National Indicator Set includes three specific indicators for alcohol-related harm:

- NI 39 Alcohol harm-related hospital admission rates;
- NI 41 Perceptions of drunk or rowdy behaviour as a problem;
- NI 115 Substance misuse by young people.

A further indicator is associated with alcohol:

- NI 20 Assault with injury crime rate.

The Government Offices for the Regions will work with LAA teams to review progress on the LAA targets and ensure delivery.

#### New NHS set of indicators

The new NHS set of indicators or vital signs represents an increasing move away from centrally driven national targets and placing increasing emphasis on the responsibility which rests with PCTs in discussion with their local partners. The performance indicators for alcohol will form part of a set of health and social care outcome indicators, which support the Department of Health's Departmental Strategic Objectives (DSOs). The NHS Operating Framework<sup>8</sup> will set out the specific requirements for the NHS in taking forward the delivery of national priorities.

<sup>7</sup> Available at: [www.communities.gov.uk/documents/localgovernment/pdf/505713](http://www.communities.gov.uk/documents/localgovernment/pdf/505713)

<sup>8</sup> Available at: [www.dh.gov.uk/prod\\_consum\\_dh/idcplg?IdcService=GET\\_FILE&dID=156033&Rendition=Web](http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=156033&Rendition=Web)

Indicators that require joint PCT and local authority action will be part of the local government national indicator set and, if prioritised by the PCT and local authority within their joint strategic needs assessment, will also form part of the Local Area Agreement improvement set. If an indicator for alcohol is not prioritised, particularly where existing performance is weak, the SHA will be able to challenge PCTs on this.

### Implementation

Although alcohol misuse impacts on the work of most partnership agencies, it is not always a priority. To overcome this, effective local alcohol strategies seek to link alcohol work into the corporate objectives of the partnership agencies. Local champions, such as lead officers for alcohol, Drug and Alcohol Action Team (DAAT) coordinators or councillors may then need to persuade delivery partners to contribute to shared actions that aim to tackle alcohol-related harm. Many partnerships employ alcohol strategy coordinators to fulfil this role.

A later section of this toolkit, 'What to include in a local alcohol strategy', suggests a range of possible actions.

### Step 4: Agreeing strategic frameworks for delivery

Local partnerships have already been established independently in various locations, and at various levels, to tackle alcohol-related harm. Many are well placed to deal with community safety, health, children's or economic issues. However, the role of providing the comprehensive, integrated and inclusive approach set out in **Safe. Sensible. Social.** is likely to be best suited to Local Strategic Partnerships (LSPs).

<sup>9</sup> Page 49 of **Safe. Sensible. Social.** outlines these arrangements.

### Regional roles

Government Offices for the Regions have a new role in ensuring strategic regional coordination of local partnerships' work to tackle alcohol-related crime and disorder.<sup>9</sup> In addition, they will coordinate networks of local alcohol practitioners.

Regional Directors of Public Health have accountability to the SHA Chief Executive and the Chief Medical Officer. This means they are responsible for performance-managing the NHS contribution to reducing alcohol-related harm. They are also responsible for the work of the Regional Public Health Group, in achieving broad public health approaches to reducing alcohol harm, and will sign off LAAs on behalf of the Department of Health in the regions.

### Step 5: Drafting the strategy

#### Identifying priorities

In most cases, local priorities around alcohol-related harm will already have been identified in key local plans, such as the CDRP's strategic assessment, the PCT/local authority's joint strategic needs assessment, the LAA or local Children and Young People's plans. The alcohol strategy should share these priorities and seek to find ways in which they can be joined up.

#### Pulling the evidence and priorities into a written document

Typically, local alcohol strategies would include:

- a local profile of alcohol-related harm;
- current responses to local alcohol-related harm;
- gaps in provision;

- local priorities;
- strategic aims and objectives;
- a strategic framework for implementing the alcohol strategy;
- arrangements for implementation; and
- details of how the strategy and implementation will be monitored, evaluated and reviewed.

In the ‘Templates’ section of the toolkit there is a template strategy that local teams can use, but many other formats will also be suitable.

### Consulting on the draft strategy

Local buy-in and ownership of the strategy is important, as are the ideas and opinions of the wide range of local people and organisations that are affected by alcohol misuse.

As previously suggested, there are number of ways to get stakeholder views – from dedicated events to residents’ surveys. Much of this consultation may already be underway through CDRPs, as part of their wider consultation on their crime and disorder priorities and through PCT/local authority joint strategic needs assessment.

### Conducting an equality impact assessment

Local authorities will usually have to undertake an equality impact assessment for the alcohol strategy before it is ratified by the council, to make sure it complies with equality legislation. The local authority equalities officer or equivalent should be able to provide guidance, if needed.

### Communicating the strategy

It is a good idea for each local strategy to include a plan for how the strategy and local activities will be communicated. This will help to reassure the public: the National Audit Office’s research on antisocial behaviour<sup>10</sup> found that 54 per cent of residents who felt informed about how antisocial behaviour was being tackled in their community had confidence in their local authority’s ability to deal with it, as opposed to only 28 per cent who did not feel informed. Effective communications can also help to influence perceptions of alcohol-related crime and raise awareness of sensible drinking.

One key communications channel could be the ‘Face the Public’ sessions proposed in the Police and Justice Bill.

### Step 6: Monitoring and reviewing the strategy

Like any strategy, it will be necessary for local alcohol strategies to be monitored and reviewed methodically and consistently. This will enable the local partners to:

- measure progress towards targets and objectives;
- assess performance against other areas;
- understand whether actions and initiatives are achieving the intended results, and if not, why not;
- establish the overall effectiveness of the strategy; and
- review and amend the strategy in the light of successes and failures, and changing social, policy and practice environments, to ensure its continued effectiveness.

<sup>10</sup> In National Audit Office (2006) *The Home Office: Tackling Anti-Social Behaviour*, at: [www.nao.org.uk/publications/nao\\_reports/06-07/060799.pdf](http://www.nao.org.uk/publications/nao_reports/06-07/060799.pdf)

Establishing a framework for systematic monitoring, evaluation and review as part of the strategy will help to identify:

- how information will be collected;
- how often information will be collected;
- how those affected by the strategy will be able to provide feedback;
- who is responsible for carrying out monitoring, evaluation and review of the strategy, and who will be involved or consulted;
- when monitoring, evaluation and review should be carried out; and
- how results will be reported to stakeholders.

Partnerships will be able to measure both what has been done (outputs), and what has changed as a result of this (outcomes). Each activity should be linked to one or more baseline indicators, so that progress can be measured effectively. Indicators should be chosen carefully: for example, some categories of crime, e.g. violence or ‘serious harm’ need to be broken down into smaller sub-categories to provide a useful insight into the impact that the alcohol strategy is having.

In many cases, monitoring of the alcohol strategy can be carried out through existing performance management frameworks – such as those of the CDRP or LSP. However, during the first year of operation, it may be useful to evaluate the strategy more frequently (for example, after three months, then six months, then annually).

The strategy template in the ‘Templates’ section includes guidance on how to set out the actions in the strategy, and the ‘Resources’ section includes a comprehensive list of local alcohol indicators.

### National monitoring

The Government is developing a dashboard that will measure progress in delivering the strategy at national, regional and local level, linking to the new Public Service Agreement targets for 2008–11. This will be managed and shared with local authority areas through Government Offices for the Regions.

### Regional monitoring and self-assessment

The Government Office for East Midlands is developing a self-assessment tool for local partnerships that will help them determine how well they are performing with their alcohol strategy work, against national benchmarks. Government offices in other regions are likely to encourage local partnerships to use the tool.

### Monitoring the plans for young people

Specific arrangements will exist for reviewing the substance misuse treatment plans and needs assessments for young people. These will be reviewed by joint regional teams, including representatives from the Department for Children, Schools and Families, the National Treatment Agency, and other relevant government offices.

# What to include in a local alcohol strategy



# What to include in a local alcohol strategy

There are various kinds of activities that could be effective as part of a local alcohol strategy – from training professionals, to providing information, to targeting particular problem drinkers. In this chapter, you will find a range of suggested activities that you could include in your own strategy. The information is divided into three sections:

- health;
- community safety, crime and antisocial behaviour; and
- children and young people.

This list is not intended to be exhaustive – some partnerships already deliver more – but it represents a good basis for a cross-cutting strategy.





## Health

The link between alcohol misuse and damage to health has long been clear, and there is a lot of guidance already in place for those working in healthcare. This section sets out activity that can contribute to the overall objective of minimising health harm caused by alcohol, by developing a system of 'stepped care' as laid out in [Models of care for alcohol misusers \(MoCAM\)](#).<sup>11</sup>

The Department of Health's delivery plan for the alcohol element of Choosing Health, [Alcohol Misuse Interventions – guidance on developing a local programme of improvement](#),<sup>12</sup> shows how routine alcohol screening and early intervention could bring about longer-term reductions in ill health. These should be key elements of a local alcohol strategy. Other research and guidance from the Department of Health, namely [Alcohol Needs Assessment Research Project \(ANARP\)](#)<sup>13</sup> and the [Review of the Effectiveness of Treatment for Alcohol Problems](#),<sup>14</sup> show how identification, brief advice and specialist treatment can be configured locally to deliver health benefits and financial savings.

### Identifying hazardous and harmful drinkers and providing brief advice

A high proportion of people who regularly drink above sensible limits are hazardous and harmful drinkers, but do not require specialist alcohol treatment. A wealth of evidence suggests that, by identifying these people early and giving them brief, targeted advice, the risk of harm can be reduced – in a relatively cheap and effective way. Effective local alcohol strategies will look at ways of identifying these hazardous and harmful drinkers, and find as many opportunities as possible to give brief advice.

Ideally, all front-line health and social care workers (as well as those working in sectors like criminal justice and housing) would have the skills, knowledge and confidence to ask patients or clients about their drinking (much as health professionals do with smoking at present), and offer brief advice, where appropriate. In practice, this requires commitment from health trusts, staff training, support and investment.

The Department of Health's trailblazer research trials (SIPS) were launched at the end of 2006 to help improve the way harmful drinkers are identified and are supported to reduce their drinking to sensible levels. Interim findings from this research will be disseminated in 2008, providing information on what training techniques, screening tools and interventions are effective with different groups of the population.

There are lots of potential opportunities where hazardous and harmful drinkers can be identified and brief advice given, including accident and emergency (A&E), primary care (e.g. general practice, community pharmacy), the workplace, and some criminal justice settings.

Possible activity to support identification and provide brief advice	Outputs/outcomes
Train and support relevant front-line staff to identify hazardous and harmful drinking and provide brief advice	<ol style="list-style-type: none"> <li>1. Increase in numbers of staff trained</li> <li>2. Increase in staff skills and confidence (measured by survey)</li> <li>3. Increase in numbers of hazardous and harmful drinkers identified and given brief advice</li> </ol>

<sup>11</sup> Available at: [www.nta.nhs.uk/publications/documents/nta\\_modelsofcare\\_alcohol\\_2006\\_mocam.pdf](http://www.nta.nhs.uk/publications/documents/nta_modelsofcare_alcohol_2006_mocam.pdf)

<sup>12</sup> Available at: [www.dh.gov.uk/en/policyandguidance/healthandsocialcaretopics/alcoholmisuse/index.htm](http://www.dh.gov.uk/en/policyandguidance/healthandsocialcaretopics/alcoholmisuse/index.htm)

<sup>13</sup> Available at: [www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH\\_4122341](http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_4122341)

<sup>14</sup> Available at: [www.nta.nhs.uk/publications/publications.aspx?CategoryID=6](http://www.nta.nhs.uk/publications/publications.aspx?CategoryID=6)

Possible activity to support identification and provide brief advice	Outputs/outcomes
Implement routine identification in A&E departments and provide brief advice to those identified	<ol style="list-style-type: none"> <li>1. Reduction in re-attendance for alcohol-related conditions</li> <li>2. Reduction in alcohol consumption for patients given brief advice, at 3-month follow-up</li> </ol>
Implement routine identification and brief advice in primary care	<ol style="list-style-type: none"> <li>1. Reduction in alcohol consumption for patients given brief advice, at 3-month follow-up</li> <li>2. Increase in referrals to alcohol services</li> </ol>
Implement routine identification when people are arrested and in custody, or in other criminal justice settings, and provide brief advice to those identified	<ol style="list-style-type: none"> <li>1. Reduction in alcohol consumption for all those given brief advice in custody, at 3-month follow-up</li> <li>2. Reduction in offending rate</li> </ol>

### Providing effective, evidence-based interventions and treatment for harmful and dependent drinkers

The Department of Health is developing a framework to support commissioners in planning local investment that will include: an interactive web-based commissioning tool,

web-based local alcohol profiles, data on the contribution of alcohol to different types of health and crime harm, guidance on developing local indicators, and guidance on the new NHS indicators and commissioning for alcohol.

**Models of care for alcohol misusers (MOCAM)** provides best-practice guidance on commissioning interventions and treatment for adults affected by alcohol misuse. It proposes a model of integrated local treatment 'systems', a tiered framework of provision, effective use of screening and assessment, a central role for care planning in structured treatment, and the development of integrated care pathways.

When following guidance in **MOCAM**, planners should also refer to the **Review of the Effectiveness of Treatment for Alcohol Problems**.

Possible activity to improve treatment provision	Outputs/outcomes
Review commissioning and performance management arrangements for alcohol interventions, including generic interventions at tier 1 and tier 2 level, to ensure lines of accountability are clear	Commissioning arrangements for all tiers of alcohol interventions are agreed
Review current specialist alcohol provision in light of <b>MOCAM</b> and the <b>Review of Effectiveness of Treatment for Alcohol Problems</b>	Gaps, weaknesses and strengths in the existing system are identified

Possible activity to improve treatment provision	Outputs/outcomes
Reconfigure treatment provision (where appropriate) to make sure that an accessible, integrated system of effective interventions is provided across the four tiers to meet local needs	A treatment development strategy is put in place
Assess the need for, and develop, appropriate provision for diverse groups including older people, black and minority ethnic groups, homeless, gay, lesbian, bisexual and transgender (GLBT)	Access to services by diverse groups increases
Increase capacity of tier 3 provision, so that alcohol treatment (the prevalence service utilisation ratio, PSUR) equals or exceeds the regional average	Treatment that is appropriate to the needs of the population is available
Assess the need for aftercare and wrap-around services (e.g. services that help with housing, education, employment, general healthcare and relapse prevention) and develop aftercare services as required	Support and re-integration of those leaving treatment is increased

Possible activity to improve treatment provision	Outputs/outcomes
Create and regularly update a directory or database of local alcohol services, with service information, contact details and referral procedures, for professionals and the public	The directory is updated regularly
Establish stronger links between specialist community alcohol services and A&E, gastroenterology, orthopaedic, other medical wards and psychiatric wards	The number of repeat admissions for alcohol-related conditions is reduced
Set up standard procedures for data collection, referral, information sharing and training exchanges between domestic violence (DV) and sexual violence agencies and alcohol services, so that people experiencing both DV/sexual violence and alcohol problems receive appropriate support and treatment (see the Stella Project <sup>15</sup> for more information on alcohol-related DV)	The number of referrals between DV/sexual violence and alcohol services is increased
Involve service users in service delivery and commissioning	Service users are involved

<sup>15</sup> Available at: [www.gldvpstellaproject.org.uk](http://www.gldvpstellaproject.org.uk)

## Increasing awareness of alcohol units and the sensible drinking message

The Department of Health recommends that:

- men should not regularly drink more than 3–4 units of alcohol a day;
- women should not regularly drink more than 2–3 units of alcohol per day; and
- as a general rule, pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby they should not drink more than 1 to 2 units of alcohol once or twice a week, and should not get drunk.

To help young people and their parents make informed decisions about alcohol consumption, the Department for Children, Schools and Families will publish authoritative guidance about what is and what is not safe and sensible in summer 2008.

The Government is committed to actively promoting sensible drinking through investment in better information and communications. A new publicity campaign is planned next year to raise awareness of units and to show how exceeding the recommended daily levels can affect your health. There will also be a refresh of the 'Know Your Limits' campaign, launched in 2006 to prompt consideration of the physical and criminal harm associated with excessive drinking among 18–24s.

When planning communications for your local alcohol strategy, it may be worth consulting the stakeholder section of the 'Know Your Limits' website for advice and information. Materials associated with the current campaign, including leaflets and posters, are available to order, and there is an online resource pack with guidance

and templates. Information can be accessed via [www.knowyourlimits.gov.uk/stakeholders](http://www.knowyourlimits.gov.uk/stakeholders). Clearly, to have the maximum impact, local activity needs to tie in and be consistent with this work.

Possible activity	Outputs/outcomes
Make information about units and sensible drinking limits available in the main community languages on the council and PCT websites, and in key healthcare and community settings	<ol style="list-style-type: none"> <li>1. Increase in awareness against baseline (measured by survey)</li> <li>2. Increase in number of hits on alcohol web pages</li> <li>3. Increase in number of places/services carrying alcohol information</li> </ol>

The table below gives practical examples of other ways to promote the sensible drinking message at the local level.

Initiative	Examples
Information on key health and social care websites	Liverpool PCT 'Be Alcohol Aware' ( <a href="http://www.liverpoolpct.nhs.uk/improving/alcohol/default.asp">www.liverpoolpct.nhs.uk/improving/alcohol/default.asp</a> )
Information in healthcare settings	Leaflets or displays in GP surgeries, clinics and hospital waiting areas
Information in the workplace	Leaflets, displays, information on pay slips, on email signatures

Initiative	Examples
Information in libraries, leisure centres and other community settings	Leaflets or displays
Multi-media campaigns	Posters, radio, cinema ads, bus tickets, internet, etc.
Social marketing	Blackpool 'ALTN8' ( <a href="http://www.bsafblackpool.com/altn8.htm">www.bsafblackpool.com/altn8.htm</a> )
Peer education	Health trainers
Quizzes on alcohol awareness	'Alcohol limits' quiz ( <a href="http://www.tinyurl.com/yqbo9s">www.tinyurl.com/yqbo9s</a> )
Alcohol education in schools and other educational settings	Personal, social and health education (PSHE) lessons

### Raising awareness of the health risks caused by alcohol misuse

The Government will support the development of a range of new kinds of information and advice aimed at people who drink at harmful levels, and at their families and friends. This will run alongside other kinds of support and advice from the NHS, and will be available from August 2008. The North West Public Health Observatory Local Alcohol Profiles (see [www.nwph.net/alcohol/lape](http://www.nwph.net/alcohol/lape)) should be the starting point for any local needs assessment.

### Collecting and sharing data about alcohol misuse

The more information available locally about alcohol misuse, the more targeted the support and provision can be.

As was explained in the introduction to this toolkit, PCTs have a statutory duty to provide quarterly submissions to the CDRP on alcohol-related hospital admissions and ambulance call-outs. This data should be depersonalised. It should be straightforward to provide this from Hospital Episode Statistics and via ambulance service coding.

Clearly, it would also be valuable to get information from A&E departments, but currently this may be more problematic, because admissions are not routinely coded for alcohol involvement. A model developed in Cardiff, and subsequently implemented across the South East of England, enables A&E departments to collect and share standardised data on attendances for assault. In other A&E departments, the data-collection software in use is sufficiently flexible to allow routine collection of data on alcohol-related attendances, but this is not the case everywhere.

### Tackling the overlap of alcohol misuse with the misuse of drugs

Given the overlap between drug and alcohol use – with the majority of problem drug users also misusing alcohol – it is important that drug workers are skilled and confident in working with alcohol issues. Such training would be an appropriate use of the pooled treatment budget.

Possible activity to tackle overlap with drugs	Outputs/outcomes
Ensure that all drug workers are competent in working with alcohol issues	Increase in numbers demonstrating competence
Assess alcohol-related needs of drug users	<ol style="list-style-type: none"> <li>1. Increased understanding of patterns of use</li> <li>2. Development of a strategy to address any issues identified</li> </ol>

### Reducing the impact of alcohol misuse in the workplace

The Government calculates the overall annual cost of productivity lost as a result of alcohol misuse to be £6.4 billion per annum – up to 17 million working days are lost each year through alcohol-related absence. Alcohol misuse may also affect the health and safety and productivity of workers in their workplace, and may result in shorter working lives.

Local strategies might therefore aim to find ways of working with employers to help them improve the way they support their staff and reduce the impact on their productivity.

Possible activity in the workplace	Outputs/outcomes
Develop alcohol workplace policies for all partner agencies	<ol style="list-style-type: none"> <li>1. Implementation of policies</li> <li>2. Reduced alcohol-related absenteeism</li> </ol>
Implement routine workplace screening and brief interventions for targeted organisations, in agreement with Human Resources departments and trade unions	<ol style="list-style-type: none"> <li>1. Increase in number of employees screened</li> <li>2. Increase in number of employees receiving brief advice</li> <li>3. Increased referrals to specialist services</li> </ol>
Introduce regular alcohol health-promotion sessions with the major local employers	<ol style="list-style-type: none"> <li>1. Increase in number of sessions held</li> <li>2. Raised awareness</li> </ol>

### Examining and tackling the links between alcohol misuse and unemployment

There is a clear link between the misuse of alcohol and the general pattern of unemployment across England. For example, the proportion of the working population claiming incapacity benefits due to alcoholism is three times higher in the North West than in the East of England, where overall unemployment levels are lower. The North East has the second highest rate.

However, the percentage of all benefit claims that are due to alcoholism is highest in London, the South East, the South West and the North West.



Possible activity	Outputs/outcomes
Agree policies on employment of ex-alcohol users for the main partnership agencies	Implementation of policies
Establish joint working arrangements between alcohol treatment providers, Jobcentre Plus, education and training providers – to support recovering alcohol users in getting employment. For an example of training ex-alcohol users as alcohol workers, see 'Bridging the Gap' project ( <a href="http://tinyurl.com/yuz2oq">http://tinyurl.com/yuz2oq</a> )	Reduced numbers on incapacity benefit due to alcohol misuse

### What funding and resources are available?

#### Mainstream funding

Early identification of harmful drinkers, the provision of brief advice and specialist treatment for dependent drinkers, to meet local need, is commonly funded from the PCT General Allocation. In the increase to PCTs' General Allocation from April 2007, £15 million was earmarked to support local programmes of improvement in the early identification of harmful drinkers, the provision of brief advice and the development of pathways to specialist treatment for dependent drinkers. In line with the Department of Health's intention to deliver a self-improving health and social care system that no longer relies on top-down direction and control, the £15 million is not ring-fenced.

The Pooled Treatment Budget for drug misuse is allocated to PCTs as part of their General Allocation, to hold on behalf of local partners. It can be used to provide specialist alcohol treatment for problem drug users who also misuse alcohol.

In addition, local partners, such as the probation service and the local authority may provide or commission some interventions to support early identification, brief advice and specialist treatment.

The other key source of funding is the Local Area Agreement. Alcohol misuse is a cross-cutting issue, and a focus on reducing alcohol-related harm can bring benefit to all four areas of the LAA. For an example, see Blackpool's LAA ([www.idea.gov.uk/idk/aio/4607338](http://www.idea.gov.uk/idk/aio/4607338)).

#### Charitable grants

Voluntary sector agencies have access to charitable grant funding, and many local alcohol services have become adept at securing a portfolio of funding for a range of services and projects. For example, the Drinkaware Trust will fund local education and prevention projects up to £2,500 (see [www.drinkawaretrust.org.uk](http://www.drinkawaretrust.org.uk)).

#### Government Office support

Regional Directorates of Public Health are expected to identify health and social care priorities in their region. They will support activity to reduce the harm to health caused by alcohol, by:

- engaging other stakeholders, including regional development agencies and media;
- completing regional mapping of alcohol-related issues to identify priority locations and help review progress;

- negotiating and performance-managing local alcohol-related improvement targets through the 'new style' LAAs; and
- promoting the preparation of local alcohol plans and use of the proposed common framework to enable self-assessment and performance management, particularly in areas that underperform against any agreed alcohol-related improvement targets.

They also work closely with the strategic health authorities (SHAs) to:

- demonstrate strategic leadership for alcohol harm reduction within the NHS, linking with partner organisations;
- facilitate and empower NHS trusts and PCTs to take action to reduce alcohol harm;
- through the new NHS Performance Management Framework, ensure that PCT Strategic Plans include planned services based on JSNA to reduce alcohol harm and that these are effectively delivered and contribute to improvements;
- ensure that the NHS contributes effectively to local partnerships such as Local Strategic Partnerships (LSPs), CDRPs and partnership agreements, in particular Local Area Agreements;
- ensure that service improvement approaches are applied to alcohol harm-reduction services and public health, and that service capacity is developed for them;
- disseminate evidence-based public health practice to ensure that this is widely taken up across local communities and all organisations; and

- lead the communications and marketing of alcohol harm-reduction messages for the SHA and the Regional Public Health Group.

#### Other resources

The Department of Health has commissioned Alcohol Concern to set up the Hub of Commissioned Alcohol Projects and Policies (HubCAPP), which will highlight the strategic thinking and prioritisation behind initiatives addressing alcohol-related health harm from around the country. From early 2008, the Hub will be an important resource for local areas wishing to develop their own responses without reinventing the wheel.

#### Community safety, crime and antisocial behaviour

Though alcohol-related crime remains the overall responsibility of the police, tackling it effectively will involve many other organisations within the community. So an effective approach to tackling alcohol-related crime should map out a joint enforcement strategy, led by the police. Clearly, the police may also need to make separate, more detailed plans.

This section sets out areas of work and specific activity around community safety, crime and antisocial behaviour (ASB) that should be considered for inclusion in a local alcohol strategy. Not all of them will be appropriate for every locality: local needs and priorities will differ across the country, as will the extent to which problems are already being addressed.

Many of the key powers for tackling various forms of alcohol-related crime and ASB are outlined below, but for more detail see Home Office guidance on tools and powers, due to be published in early 2008. See also the Home Office's **Tactical options for dealing with alcohol-related violence identified through the tackling violent crime programme**<sup>16</sup> and the Police and Crime Standards Directorate's **A practitioners' guide for dealing with problem licensed providers**.<sup>17</sup>

### Tackling crime and ASB linked to alcohol, and alcohol-fuelled disorder

In areas experiencing high levels of alcohol-related nuisance and disorder, public drinking can be restricted by using designated public place orders (DPPOs) under the Criminal Justice and Police Act 2001.

Interventions are recommended early in the evening for individuals causing disorder, using either fixed penalty notices or by confiscating alcohol from those drinking in the street (where a DPPO is in place). People who are drunk and disorderly can be arrested under Section 91 of the Criminal Justice Act 1967, and penalty notices for disorder are available for this offence.

Conditional cautioning may be used for relatively low-level offences where alcohol has played a part in offenders' behaviour.

Problems with persistent street drinking usually require a multi-agency approach, with a combination of outreach, access to support services, community liaison and enforcement. (An example of this working in practice in Brighton is given at: [www.respect.gov.uk/members/case-studies/article.aspx?id=8622](http://www.respect.gov.uk/members/case-studies/article.aspx?id=8622))

<sup>16</sup> Available at: [www.crimereduction.homeoffice.gov.uk/tvcp/tvcp02tacticaloptions.pdf](http://www.crimereduction.homeoffice.gov.uk/tvcp/tvcp02tacticaloptions.pdf)

<sup>17</sup> Available at: <http://police.homeoffice.gov.uk/news-and-publications/publication/operational-policing/problem-licensed-providers.pdf?view=Binary>

Possible activity to reduce crime, ASB and disorder	Outputs/outcomes
Implement conditional cautioning for low-level alcohol-related offences	<ol style="list-style-type: none"> <li>1. Agreed protocols between police, Crown Prosecution Service and treatment provider</li> <li>2. Increase in number of conditional cautions given</li> <li>3. Reduction in offences</li> </ol>
Agree and implement a multi-agency approach to tackling street drinking	<ol style="list-style-type: none"> <li>1. Agreed protocols between partners</li> <li>2. Roll-out of training</li> <li>3. Reduction in complaints</li> </ol>

### Managing alcohol misuse effectively within the night-time economy

The management of alcohol misuse in a balanced night-time economy (NTE) is important both to reducing crime and disorder and also to economic viability (including tourism). Working in partnership with the local licensed trade is intrinsic to an effective alcohol strategy. There are a number of approaches to running such partnerships, and the most common ones are outlined in the table below. Deciding which approach to use will depend on the nature of the local NTE – e.g. whether city centre, small town or rural pubs – and the extent of existing problems.

This section looks specifically at addressing existing alcohol-related problems in the local NTE, while the following section looks at how local alcohol partnerships can influence the broader issue of planning for a balanced NTE.

Possible activity to tackle problems in the NTE	Outputs/outcomes
Agree and implement an accreditation scheme for licensees/other NTE operators	Sign-up to the scheme by x per cent of operators (target to be agreed locally)
Training for bar staff (servers)	<ol style="list-style-type: none"> <li>1. Training delivered to x people per quarter</li> <li>2. Evaluation at completion and at three month follow-up</li> </ol>
Training for police and others with new powers within the Violent Crime Reduction Act 2006, eg directions to leave	Increased awareness (measured by survey and training evaluation)
Implement a programme of multi-agency visits to targeted problem premises	Reduction in reported disorder associated with those premises
Introduce taxi and/or bus marshals	<ol style="list-style-type: none"> <li>1. Reduction in disorder in taxi and bus queues</li> <li>2. Reduction in criminal damage in the vicinity of taxi stands and bus stops</li> </ol>

Possible activity to tackle problems in the NTE	Outputs/outcomes
Establish a programme of high-visibility policing (involving high-visibility door staff, paramedics, cleansing teams etc) in the early evening, with targeted arrests and the use of fixed penalty notices	Reduction in disorder
Develop an alcohol 'field station' for busy nights, which also acts as a safe haven for vulnerable individuals	<ol style="list-style-type: none"> <li>1. Reduction in A&amp;E attendance</li> <li>2. Positive impact on perceptions of safety</li> <li>3. Reduction in sexual assaults</li> </ol>
Deliver a social marketing/awareness-raising campaign on sensible drinking	Increased awareness of campaign messages

Local partners also have a range of enforcement options for managing problems. The Alcohol Misuse Enforcement Campaigns (AMECs) showed that, by combining the following tactics, violence and disorder in the NTE can be reduced:

- targeted enforcement, including early intervention through targeted arrests and the use of fixed penalty notices;
- focused multi-agency visits to targeted premises; and
- smarter use of CCTV.

The powers in the Licensing Act have been complemented by a range of additional measures in the Violent Crime Reduction Act 2006 to tackle irresponsible licensed

premises and to deal with the behaviour of individuals. For guidance on tackling problem premises, the Police and Crime Standards Directorate has produced [A practitioners' guide for dealing with problem licensed providers](#).<sup>18</sup>

The powers include:

- directions to leave;
- expedited licence reviews, which enable the police to apply for a fast-track review of the licences of premises associated with serious crime and serious disorder; and
- alcohol disorder zones (ADZs), as a last resort for police and local authorities to charge some licensed premises for the cost of additional enforcement activity (ADZs are expected to commence in early 2008).

There are a number of good examples from across England of partnership approaches to managing alcohol misuse within the NTE. The following table highlights some of these and provides directions on where to get more information.

Possible partnership approaches to managing alcohol misuse within the NTE		
Approach	What is it?	Examples
<b>City Safe</b>	An overarching strategy for reducing alcohol-related crime and disorder. City Safe encompasses a range of activity, including enforcement, joint work with licensees and awareness campaigns	Details of the original City Safe, in Manchester, are at: <a href="http://www.citycentresafe.com">www.citycentresafe.com</a>

<sup>18</sup> Available at: <http://police.homeoffice.gov.uk/news-and-publications/publication/operational-policing/problem-licensed-providers.pdf?view=Binary>

Possible partnership approaches to managing alcohol misuse within the NTE		
Approach	What is it?	Examples
<b>Best Bar None (BBN)</b>	An award scheme for pubs and clubs that was developed in Manchester. BBN rewards the best-run premises and promotes better standards of management. Best Bar None schemes are being set up in many Home Office Tackling Violent Crime Programme areas. By early 2008, a full range of resources to support implementation of BBN will be freely available for local delivery partners	Details of BBN can be found on the Home Office's crime reduction site at: <a href="http://tinyurl.com/2gtuso">http://tinyurl.com/2gtuso</a> As an example of a successful scheme, Doncaster is one of nearly 100 local BBNs in the UK ( <a href="http://www.doncasterbestbarnone.co.uk">www.doncasterbestbarnone.co.uk</a> )

Possible partnership approaches to managing alcohol misuse within the NTE		
Approach	What is it?	Examples
<b>Safer Socialising</b>	An award scheme for all businesses operating within the NTE, such as restaurants and taxi firms as well as pubs and clubs. The scheme was developed by Action Against Business Crime, for implementation through local Business Crime Partnerships. Safer Socialising may be a particularly useful approach in smaller NTE centres, rather than city centres	Kent has implemented Safer Socialising countywide ( <a href="http://tinyurl.com/yop5wa">http://tinyurl.com/yop5wa</a> )



Possible partnership approaches to managing alcohol misuse within the NTE		
Approach	What is it?	Examples
<b>Pubwatch</b>	<p>Pub licensees in the scheme agree and implement a coordinated response to problems in their premises. Individual customers who cause or threaten damage or violence may be banned from all the pubs in the Pubwatch. Refusing to serve or admit known troublemakers can be very effective in reducing disorder and ASB. Pubwatches work best with the support of police and other partners, but are technically independent of them and run by licensees themselves</p>	<p><a href="http://www.nationalpubwatch.org.uk">www.nationalpubwatch.org.uk</a></p>

Possible partnership approaches to managing alcohol misuse within the NTE		
Approach	What is it?	Examples
<b>Voluntary codes of practice</b>	<p>Agreements between operators of licensed premises and the CDRP or licensing authority about minimum standards of operating</p>	<p>Cheltenham's code of practice also includes agreed standards for the statutory authorities. Find out more at <a href="http://tinyurl.com/2d33eu">http://tinyurl.com/2d33eu</a></p>
<b>Business Improvement Districts (BIDs)</b>	<p>Partnerships between a local authority and the local business community to develop projects and services that benefit the trading environment (within the boundary of a clearly defined commercial area)</p>	<p>Birmingham Broad Street BID has been successful in reducing violent crime through a range of activities (<a href="http://www.broadst.co.uk">www.broadst.co.uk</a>)</p>

Possible partnership approaches to managing alcohol misuse within the NTE		
Approach	What is it?	Examples
<b>Tasking</b>	Regular multi-agency meetings, including police, licensing, trading standards etc, review data and intelligence on problems within the NTE and agree targeted enforcement activity	The Birmingham licensing tasking meeting is held monthly. The group sits under the New Licensing and Entertainment Policy Group, part of the city's Alcohol Strategy Crime and Disorder subgroup
<b>Local licensing forums</b>	Regular meetings bring together all the relevant stakeholders, including licensees, residents, business community and police, trading standards, licensing etc.	The Essex and Birmingham Licensing Forums are considered 'good practice' approaches in terms of bringing together the stakeholders

For more detailed guidance and examples of practical initiatives, see the Home Office's [Tactical options for dealing with alcohol-related violence identified through the tackling violent crime programme](#)<sup>19</sup> and the Police and

<sup>19</sup> Available at: [www.crimereduction.homeoffice.gov.uk/tvcp/tvcp02tacticaloptions.pdf](http://www.crimereduction.homeoffice.gov.uk/tvcp/tvcp02tacticaloptions.pdf)

<sup>20</sup> Available from the Crime Reduction website at: [www.crimereduction.homeoffice.gov.uk](http://www.crimereduction.homeoffice.gov.uk)

Partnership Standards Unit's DVD [Effective Practice in the Night Time Economy](#).<sup>20</sup> Further examples can be found at [www.alcoholpolicy.net/managing\\_the\\_night\\_time\\_economy](http://www.alcoholpolicy.net/managing_the_night_time_economy)

### Planning the development of a balanced NTE

While proper management of the NTE is important, so too is taking a strategic approach to developing the best evening and late night economy for the future.

Research by the Civic Trust ([www.civictrust.org.uk](http://www.civictrust.org.uk)) found that:

- more people would use centres at night if they were safer, were more accessible and offered more choice;
- a good mix of clientele can lessen intimidation and improve perceptions; and
- a wider range of attractions and consumers leads to longer-term economic viability.

Based on this research, the Civic Trust argues that local partnerships should have a vision for their NTEs and should plan for a positive, balanced mixture of businesses and activities that will attract all sections of the community to town centres at night. It proposes four standards for a balanced NTE:

- **Hospitable** – the NTE should be clean and safe, offer high standards of customer care and self-regulation and be welcoming to all ages;
- **Accessible and attractive** – the area should be well designed for the night, with a clear pattern of linked attractions and affordable, safe late-night transport;

- **Mixed use** – there should be a good balance of overlapping and mutually supporting attractions and activities;
- **Entertaining** – the NTE should offer a vibrant choice for a mix of ages, tastes, lifestyles and cultures, including live music and entertainment.

More details on the standards can be found on the Civic Trust website.

The Mayor of London's **Managing the night time economy: best practice guide**,<sup>21</sup> although focused on the capital, usefully sets out the legal and regulatory framework and relevant policies that should be considered when developing an integrated approach to managing the NTE. It includes information on building an evidence base, and a framework of the key elements and broad areas of responsibility. The guide also discusses the advantages of local pro-active NTE strategies.

Possible activity to achieve a balanced NTE	Outputs/outcomes
Develop an NTE strategy that sets out a vision for a balanced NTE and how to deliver it	<ol style="list-style-type: none"> <li>1. Agreed partnership action plan</li> <li>2. Progress towards the Civic Trust's Purple flag status for the town centre</li> </ol>
Routinely involve planning officers in licensing decisions	Routine input from planning in licensing decisions

Possible activity to achieve a balanced NTE	Outputs/outcomes
Routinely involve licensing officers and the CDRP in town centre change-of-use decisions and in new developments (to ensure there is a mixture of uses)	Routine input from licensing and the CDRP
Make sure the NTE, and planning for the night, is part of the Local Development Framework (LDF) and Place Shaping work	An agreed and established mechanism within LDF processes for routine consideration of the NTE
Develop the provision of affordable, safe, late-night transport	Increase in numbers of people using late night businesses
Implement an annual all-night cultural festival to stimulate engagement in the NTE among all sections of the community. For an example see Light Night Leeds ( <a href="http://www.lightnight.co.uk">www.lightnight.co.uk</a> ) or other cultural festivals to broaden the focus of activity in the NTE	Outcomes could include: <ul style="list-style-type: none"> <li>● increase in tourism;</li> <li>● increase in trade;</li> <li>● reduction in disorder on the night in question; and</li> <li>● increase in take-up of leisure services and cultural facilities</li> </ul>

<sup>21</sup> Available at: [www.london.gov.uk/mayor/strategies/sds/docs/bgp-nte/bpg-nighttime-economy.pdf](http://www.london.gov.uk/mayor/strategies/sds/docs/bgp-nte/bpg-nighttime-economy.pdf)

### Tackling drink driving

Local campaigns (comprising awareness raising and enforcement) should be designed to reinforce the national 'THINK!' drink-driving campaigns run by the Department for Transport.<sup>22</sup>

Possible activity to tackle drink driving	Outputs/outcomes
Stage awareness-raising campaign(s)	Increased public awareness of campaign message
Implement an enforcement programme	Increased breath testing
Target prevention at at-risk groups	Reduction in drink-driving offences by those groups

### Address offending behaviour patterns linked to the misuse of alcohol

The link between alcohol and persistent offenders is widely known. In 2006, the National Probation Service published *Working with Alcohol Misusing Offenders: A strategy for delivery*,<sup>23</sup> which complements *Addressing Alcohol Misuse: A Prison Service Alcohol Strategy for Prisoners* (2004), in order to create a National Offender Management Service (NOMS) strategy. Local objectives can contribute to the NOMS strategy, and coordinated work with partners from prisons and probation should be included as part of any local alcohol strategy.

Possible activity to address offending behaviour patterns	Outputs/outcomes
Implement a system for identifying alcohol misuse and offending needs at an early stage of contact with probation, and agree protocols for referral of offenders to appropriate interventions	Increased referrals from probation to alcohol services
Training for probation staff in delivering brief advice and support to alcohol-misusing offenders under their supervision	<ol style="list-style-type: none"> <li>1. Increased delivery of brief advice</li> <li>2. Reduction in harmful drinking by offenders</li> </ol>
Training for probation staff to improve the advice and information provided to offenders about the risks of alcohol misuse and about help that is available locally	Increased awareness of risks and services among offenders
Improve treatment and support to prisoners with alcohol problems	<ol style="list-style-type: none"> <li>1. Routine screening of prisoners at intake</li> <li>2. Provision of detox treatment, according to agreed protocols</li> <li>3. Provision of ongoing support, eg through the Smart Recovery programme</li> <li>4. Access to community services after release</li> </ol>

<sup>22</sup> Available at: [www.thinkroadsafety.gov.uk/campaigns/drinkdrive/drinkdrive.htm](http://www.thinkroadsafety.gov.uk/campaigns/drinkdrive/drinkdrive.htm)

<sup>23</sup> Available at: [www.probation.homeoffice.gov.uk](http://www.probation.homeoffice.gov.uk)

Possible activity to address offending behaviour patterns	Outputs/outcomes
Develop a strategy to prevent the use of alcohol in prison	Reduction in number of instances of prisoners caught knowingly consuming alcohol

### Tackling domestic violence linked to the misuse of alcohol

Alcohol use does not cause domestic violence (DV), but it is often a factor in offences, and interventions that tackle alcohol-related DV should be developed at local level. (See the Stella Project<sup>24</sup> for more information, and some examples of interventions can be found at [www.alcoholpolicy.net/2007/11/domestic-violence.html](http://www.alcoholpolicy.net/2007/11/domestic-violence.html))

The issue of victims of DV who use alcohol problematically is addressed in the 'Health' section of this toolkit.

Possible activity to address alcohol-related DV	Outputs/outcomes
Develop collection of data on alcohol-related DV through police, social services, DV agencies, alcohol services and probation	Better intelligence

Possible activity to address alcohol-related DV	Outputs/outcomes
Implement training for: <ul style="list-style-type: none"> <li>● alcohol services, in identifying and working with DV offenders; and</li> <li>● agencies that work with perpetrators, in identifying and working with alcohol problems</li> </ul>	<ol style="list-style-type: none"> <li>1. Increase in numbers trained</li> <li>2. Raised awareness of risks</li> <li>3. Increased confidence in working with this client group</li> <li>4. Reduction in repeat victimisation</li> </ol>
Agree and implement protocols and service level agreements on screening clients of alcohol services for DV	Increase in numbers identified as involved in DV
Use local multi-agency risk assessment conferences (MARAC) to work together on high-risk cases	<ol style="list-style-type: none"> <li>1. Increase in referrals between agencies</li> <li>2. Reduction in risk</li> <li>3. Reduction in repeat victimisation</li> </ol>
Develop perpetrator programmes that specifically address problematic alcohol use (eg an alcohol module with probation's Integrated Domestic Abuse Programme)	<ol style="list-style-type: none"> <li>1. Increase in numbers participating in programme</li> <li>2. Reduction in alcohol consumption</li> <li>3. Reduction in repeat victimisation</li> </ol>

<sup>24</sup> [www.gldvpstellaproject.org.uk](http://www.gldvpstellaproject.org.uk)

Possible activity to address alcohol-related DV	Outputs/outcomes
Implement alcohol arrest referral for DV offenders	<ol style="list-style-type: none"> <li>1. Increase in numbers accepting brief advice</li> <li>2. Increase in numbers referred to an alcohol service</li> <li>3. Increase in numbers referred to a DV service</li> <li>4. Reduction in repeat victimisation</li> <li>5. Reduction in alcohol consumption</li> </ol>

### Addressing the links between alcohol misuse and housing issues or homelessness

Heavy drinking is common among many vulnerably housed people and is often linked to homelessness. The exact number of local authority and housing association tenants with severe alcohol problems is not often known. However, the impact of tenancy breakdown through heavy drinking is considerable, both on housing staff resources and input. In addition, problem drinking causes stress and discomfort for neighbours and the community in general. Local alcohol strategies should therefore look at ways to address housing issues connected to alcohol misuse.

Possible activity to address housing issues	Outputs/outcomes
Train housing officers to identify problem drinking, provide brief advice and be confident in referring people to other services	<ol style="list-style-type: none"> <li>1. Increase in numbers of staff trained</li> <li>2. Increase in numbers of harmful drinkers identified and offered brief advice</li> <li>3. Increase in referral to alcohol services</li> </ol>
Implement support for problem drinkers in their homes or through assertive outreach schemes	<ol style="list-style-type: none"> <li>1. Increase in numbers receiving support in their homes</li> <li>2. Reduction in alcohol-related tenancy breakdown</li> <li>3. Reduction in reported neighbour nuisance</li> </ol>

### Tackling sexual violence and harassment linked to alcohol use

There are strong links between alcohol and sexual violence. Around a third of sexual assaults take place where the victim has consumed alcohol, with perpetrators taking advantage of vulnerability caused by excessive drinking.<sup>25</sup> Many perpetrators of sexual violence and abuse also drink alcohol prior to the incident and/or have drinking problems.<sup>26</sup> Alcohol misuse is also a common mechanism for coping with the effects of sexual violence and abuse.

25 Kelly, L., Lovett, L. and Regan, J. (2005) *A Gap or a Chasm? Attrition in reported rape cases*. London. Home Office Research Study 293.

26 Grubin, D. and Gunn, J. (1990) *The imprisoned rapist and rape*. London: Department of Forensic Psychiatry, Institute of Psychiatry.



Possible activity to tackle sexual violence and harassment	Outputs/outcomes
Work with bars, pubs and clubs to ensure that clients are able to get home safely, e.g. through partnerships with local taxi companies and special bus services	<ol style="list-style-type: none"> <li>1. Establishment of protocols and/or partnership agreements</li> <li>2. Reduction in alcohol-related sexual assaults</li> </ol>
Ensure that door and bar staff in licensed premises know what to do in the event of a sexual assault, including how to preserve evidence and how to respond to and support victims	<ol style="list-style-type: none"> <li>1. Increase in numbers trained</li> <li>2. Raised awareness (measured by survey)</li> </ol>
Raise awareness among young women about their vulnerability to sexual assault when they have been drinking (materials are available from the 2006–07 Know Your Limits campaign at <a href="http://www.knowyourlimits.gov.uk">www.knowyourlimits.gov.uk</a> )	Raised awareness

Raise awareness among young men about the importance of getting active consent to sex, particularly where either partner has been drinking (materials are available from the 2006 Consent campaign at <a href="http://www.crimereduction.gov.uk/sexualoffences/sexual07.htm">www.crimereduction.gov.uk/sexualoffences/sexual07.htm</a> )	Raised awareness
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### Promoting the use of safer glassware

Glassware can increase the risk of injury from violence, assaults and accidents. However, the Government believes that a risk-based, rather than blanket, approach to requiring licensed premises to use safer alternatives is the best way to tackle the problem of glass-related injuries.

The Licensing Act 2003 not only regulates the sale of alcohol but also allows licensing authorities to place specific conditions on each licence. This gives licensing authorities the right to insist that in individual licensed premises where a problem has been identified, glassware must be replaced by safer alternatives.

The Government is committed to producing a good practice guide to help local areas secure replacement of glassware and bottles with safer alternatives in individual high-risk premises by late 2008.

Possible activity to promote use of safer glassware	Outputs/outcomes
Agree a shared definition of 'high-risk' that can then be used to identify high-risk premises	Identification of high-risk premises
Introduce polycarbonate replacements to high-risk premises	Reduction in number of injuries through glassing

### Preventing accidental fires and fire-related injuries

Alcohol consumption is often a key factor in fire-related accidental injuries, particularly those that are smoking related. An estimated 38–45 per cent of injuries from fire are related to alcohol (Strategy Unit, 2003). Some fire services run campaigns to highlight awareness, and others work with alcohol services to offer fire safety checks to their clients. Local alcohol strategies should build on these existing campaigns to try to reduce the number of accidental fires and the resulting injuries.

Possible activity to prevent alcohol-related fire	Outputs/outcomes
Implement prevention strategies that target people at high risk of accidental fire as a result of alcohol use	Increase in number of fire safety checks to people with alcohol problems
Run campaigns to raise awareness of the increased risks of fire associated with alcohol misuse	Increase in public awareness

### What funding and resources are available?

Much of the activity described above should be incorporated into mainstream work. Where additional funding is required, the main possible source is area-based funding through the Local Area Agreement. Government Offices will also support local partnerships in delivering their alcohol strategies.

### Children and young people

To help young people and their parents make informed decisions about alcohol consumption, the Department for Children, Schools and Families will provide authoritative, accessible guidance about what is and what is not safe and sensible in light of the latest available evidence from the UK and abroad, in 2008. But whether through their own drinking, or through being close to parents or other family members who misuse alcohol, children and young people are often at considerable risk of harm through alcohol.

Local alcohol strategies should look at ways to reduce underage drinking, to protect children and young people from alcohol-related harm in the home, and to promote safer drinking messages to children and young people.

This section sets out activity that contributes to these three goals.

### Raising awareness of safe and sensible alcohol consumption among young people

All young people – and their parents – should receive information and education about the effects of alcohol on young people. This can be delivered through schools, but also should be provided through the wider community. There are specific risks that affect young people and specific messages that should be communicated about what is sensible, the risks of other substance misuse and the increased risk of perpetrating and being a victim of crime that come with alcohol misuse.

The Government produced drugs guidance for schools in 2004 and has been trialling the Blueprint Programme in selected schools; the findings are expected by spring 2008. Local alcohol strategies should draw on Blueprint in developing their approaches to children and young people.

In line with reviews that showed that education programmes for young people are most effective when they consist of different components, rather than school-based lessons alone, Blueprint has five components, each of which has a key role to play in achieving programme objectives. The five components of Blueprint are:

- **Schools** – development of an intensive and participative series of 15 lessons, delivered over a two-year period. This has been tested in 23 schools, with a further six acting as a comparison group.
- **Parents** – involvement of parents and carers through specifically designed materials and the offer of workshops on parenting skills.
- **Community** – co-ordination of Blueprint messages and activities with the prevention activities of other partners, such as Drug Action Teams (DAATs), resulting in the creation of sustainable School Alliances.
- **Health policy** – awareness raising about the principles of effective drug education with PCTs, and introduction of local strategies to reduce underage sales of alcohol, tobacco and volatile substances.
- **Media** – development of positive media relations in the areas around the 23 schools to engage with and inform the wider community about drug education.

The Department for Children, Schools and Families will publish sensible drinking messages for children

and young people in 2008. See also guidance from the National Institute for Health and Clinical Excellence (NICE), [Interventions in schools to prevent and reduce alcohol use among children and young people](#).<sup>27</sup>

Possible prevention and education activity	Outputs/outcomes
Develop multi-component approaches based on Blueprint	Implementation of all five components within x per cent of schools (target to be agreed locally)
Agree a consistent approach to alcohol education in all schools (e.g. a scheme of work) through Healthy Schools	<ol style="list-style-type: none"> <li>1. Implementation of scheme of work for x per cent of schools</li> <li>2. X per cent of schools meet agreed local standards for alcohol education (Targets to be agreed locally)</li> </ol>
Train all staff working with young people to identify alcohol problems, either through the Common Assessment Framework (CAF) or an alcohol assessment tool. (This could include workers within Looked After Children, Children in Need and Young People Leaving Care, Pupil Referral Units and Alternative Education Programmes)	<ol style="list-style-type: none"> <li>1. Increase in number of workers trained</li> <li>2. Raised awareness of alcohol problems</li> <li>3. Increased referrals to specialist alcohol services</li> </ol>

27 [www.nice.org.uk/nicemedia/pdf/PH007guidance.pdf](http://www.nice.org.uk/nicemedia/pdf/PH007guidance.pdf)

Possible prevention and education activity	Outputs/outcomes
Promote information on sensible limits for young people (in line with pending government guidance)	Raised awareness of sensible limits
Target prevention and early intervention at young people at risk of alcohol-related teenage pregnancy or sexually transmitted diseases (STDs)	<ol style="list-style-type: none"> <li>1. Increased numbers of young people receiving an intervention</li> <li>2. Reduced rates of teenage pregnancy/STDs</li> </ol>
Target prevention and early intervention at socially excluded/vulnerable young people	Increased numbers of young people receiving an intervention
Train Youth Offending Teams (YOTs) in identification and delivering brief advice	Increased referrals to specialist alcohol services
Train Personal, Social and Health Education (PSHE) coordinators and senior managers to develop effective substance misuse policies (dealing with incidents in schools etc.)	X per cent of schools have substance misuse policies (target to be agreed locally)
Conduct prevention work with parents/families most at risk	Number receiving interventions

### Tackling underage sales

The Tackling Underage Sales of Alcohol Campaigns (TUSACs) and Alcohol Misuse Enforcement Campaigns (AMECs) have shown that targeted test purchasing and enforcement are effective in reducing underage sales. Coordinated partnership working between police, trading standards and the licensing authority are important factors, as is use of powers to review licences. Other regulations include:

- enabling police and/or trading standards officers to give, as an alternative to prosecution, a closure notice that prohibits the sale of alcohol for up to 48 hours at premises that persistently sell alcohol to under-18s;
- increased penalties for selling alcohol to children – the maximum fine for this has been increased to £5,000 on conviction, and it is possible for courts to suspend or order forfeit of personal licences on a first offence as opposed to a second conviction, as was the case previously.

Some authorities have also implemented the marking of drinks containers with labels or ultraviolet ink so that, if recovered from children, they can be traced back to the retailer. Alcohol test strips are available for detecting alcohol that has been decanted to soft drink containers in an attempt to disguise it. There is also the problem of identifying adults who are buying alcohol for children: this may require a more covert approach.

Possible activity to reduce underage sales	Outputs/outcomes
Implement a partnership programme of test purchasing in problem premises	<ol style="list-style-type: none"> <li>1. Increase in number of tests per quarter</li> <li>2. Reduction in failure rate against baseline by x per cent (target to be set locally) for on- and off-licence premises</li> </ol>
Agree and implement multi-agency protocols on the use of the licence review process	<ol style="list-style-type: none"> <li>1. Agreed protocols between partners</li> <li>2. Increase in number of reviews instigated</li> </ol>
Implement Proof of Age scheme that has the support of all partners involved in addressing underage sales of alcohol. For example Challenge 21 or PASS ( <a href="http://www.pass-scheme.org.uk">www.pass-scheme.org.uk</a> )	<ol style="list-style-type: none"> <li>1. Increase in percentage of young people using the scheme</li> <li>2. Increase in refused sales</li> </ol>
Implement programme of licensee/server training	<ol style="list-style-type: none"> <li>1. Increase in numbers trained</li> <li>2. Raised awareness of the risks of underage sales</li> </ol>

### Tackling underage drinking in public places

The recent Confiscation of Alcohol campaigns have used legislation to tackle the problem of young people drinking in public places. These campaigns have also helped tackle the problems of alcohol-related crime and disorder and ASB as well the increased risk to young people themselves of excessive, unsupervised drinking.

Directions to Leave enable the police to ban any person over the age of 16 from a specific place for a maximum of 48 hours, if they believe that the presence of that person is likely to cause or contribute to the occurrence of alcohol-related crime or disorder. The police can use this power if they think it will prevent or reduce the likelihood of such alcohol-related crime or disorder.

Groups of young people drinking and causing nuisance may also require a multi-agency response, involving enforcement, Acceptable Behaviour Contracts (ABCs), alternative activities, work with retailers and community liaison. See, for example, an approach to this in Hampshire at: [www.respect.gov.uk/members/case-studies/article.aspx?id=8634](http://www.respect.gov.uk/members/case-studies/article.aspx?id=8634)

### Identifying children and young people at risk of harm from alcohol misuse and referring them to relevant bodies

Targeted youth support should be established in every local authority from the end of 2008, and is the preferred approach for working with teenagers at risk of alcohol-related harm. To support this, there needs to be a culture of awareness in professionals, so that it becomes routine to identify and address alcohol problems early. This is something local alcohol strategies can help instil.



Possible activity to develop identification and referral	Outputs/outcomes
Implement clear protocols/ multi-agency agreements for identification, assessment and referral pathways for children and young people at risk from their own drinking	Increased referrals to specialist services
Use Parenting Orders that require alcohol education for parents of young offenders with alcohol problems	Increased numbers of orders
Improve collaboration between agencies to reduce risk factors and enhance protective factors (e.g. by improving links with Child and Adolescent Mental Health Services (CAMHS) and service providers)	<ol style="list-style-type: none"> <li>1. Increase in numbers of workers participating in joint training sessions</li> <li>2. Increased awareness of protective factors</li> </ol>

### Providing support and treatment for children and young people with alcohol problems

Alcohol is the substance most commonly used by young people, and in the young people's specialist substance misuse treatment system, it is the second most common problem area, after cannabis. However, all alcohol support and treatment provision should reflect local need. The National Treatment Agency (NTA) is developing a needs assessment and planning framework for young people's specialist treatment, and all local areas have been asked to undertake needs assessments from January 2008.<sup>28</sup>

Possible activity to improve support and treatment	Outputs/outcomes
Conduct a needs assessment to cover all alcohol-related harm, such as underage drinking, safeguarding issues, ASB, vulnerability to harm, teenage pregnancy, school exclusion etc.	Agreed local priorities and arrangements for addressing them
Identify and redress any imbalance in treatment for alcohol problems and other drugs	Staff training, service information/ advertising, materials for clients etc. adjusted to reflect prevalence of alcohol use
Ensure all practitioners are skilled and confident in giving brief advice on alcohol issues	<ol style="list-style-type: none"> <li>1. Increase in numbers of staff trained</li> <li>2. Increase in numbers of young people receiving brief advice – or more in-depth alcohol interventions</li> </ol>
Develop transition services to ensure continuity of support for young people as they become eligible for adult services	Increase in numbers of service users retained in treatment having moved from young people to adult services
Increase weekend and evening opening for alcohol support services	Increased take-up of services

<sup>28</sup> NTA guidance is available at: [www.nta.nhs.uk/areas/young\\_people/young\\_people\\_needs\\_assessment.aspx](http://www.nta.nhs.uk/areas/young_people/young_people_needs_assessment.aspx)



Possible activity to improve support and treatment	Outputs/outcomes
Develop service user consultation and involvement in services	Demonstrable service development as a result of service user involvement
Ensure services are reporting alcohol use to the National Drug Treatment Monitoring System (NDTMS)	Regular alcohol returns to NDTMS
Ensure services have approval for their procedures from the local Area Child Protection Committee	Agreed protocols in place

### Targeting parents whose drinking is causing risk to the wellbeing of children

One of the biggest risks alcohol causes to children is through parental drug and alcohol misuse. Guidance for substance misuse services on managing the Hidden Harm agenda of parental drug and alcohol use will be published by the Department for Children, Schools and Families, disseminated via the Every Child Matters website ([www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)). Local partnerships should take this issue into account when developing strategies.

Possible activity to address parental alcohol misuse	Outputs/outcomes
Develop clear protocols through the Local Safeguarding Children Board for identifying and intervening in cases of parental alcohol misuse, including protocols that set out arrangements between alcohol services and child protection services	<ol style="list-style-type: none"> <li>1. Implementation of agreed protocols</li> <li>2. Increased referrals between child protection services and alcohol services</li> </ol>
Provide training for all relevant workers (e.g. health, social care, probation) to identify and address parental alcohol misuse	<ol style="list-style-type: none"> <li>1. Increase in numbers trained</li> <li>2. Increase in interventions offered to parents</li> <li>3. Increase in numbers of parents receiving alcohol interventions</li> </ol>
Develop family-focused alcohol treatment services	Increase in numbers of families in treatment
Provide support for children in heavy drinking environments (e.g. confidential child-specific services)	Increase in numbers of children receiving support
Offer parenting training and support for families (e.g. through Sure Start Plus family centres)	Increase in numbers of parents receiving training and support

### Providing alternative activities for young people

Young people should have access to compelling activities outside school that do not involve alcohol. One key aspect of a local alcohol strategy therefore is to try to define and provide alternative activities. It is good practice to involve young people in the planning and development of projects.

Possible activity to improve alternative activities	Outputs/outcomes
Map existing provision of alternative activities against location and days/times of the week and against known patterns of underage drinking	Identification of priority locations and times for the development of alternative activities
Survey young people and professionals about possible alternative activities	Identification of acceptable possible alternative activities
Implement alternative activities such as: <ul style="list-style-type: none"> <li>● Snap Dances (e.g. Norfolk Snap, <a href="http://www.norfolksnap.com">www.norfolksnap.com</a>)</li> <li>● Sports projects (e.g. Kickz, <a href="http://tinyurl.com/37kodu">http://tinyurl.com/37kodu</a>)</li> </ul>	<ol style="list-style-type: none"> <li>1. Increase in numbers of young people involved in alcohol-free alternative activities</li> <li>2. Reduction in alcohol-related ASB by young people</li> </ol>

### What funding and resources are available?

The young people's Pooled Treatment Budget (PTB) can be used for alcohol treatment for young people (unlike the adult PTB, which can only be used for alcohol treatment if an individual also has a drug problem); however, this should be supplemented by mainstream funding at local level.

The provision of PSHE should fall within mainstream schools' budgets. However, the majority of local authorities continue to support schools by providing School Drugs Advisers, PSHE Advisers and Healthy Schools Coordinators.

### The Youth Opportunity Fund and Youth Capital Fund

The Youth Opportunity Fund and Youth Capital Fund were launched in the Chancellor's pre-budget report in December 2005. There is a total of £115 million available for both funds over 2006–08 (and this is set to continue for 2008). This consists of £31 million per year for the Youth Opportunity Fund and £26.5 million per year for the Youth Capital Fund.

The aim of the Youth Opportunity Fund is to involve young people, especially those who are hard to reach, in identifying positive activities and things to do, and to support their role as decision makers, grant givers and project leaders. The aim of the Youth Capital Fund is to provide a discrete capital budget for a two-year period to be spent on what young people want. Details can be found at [www.everychildmatters.gov.uk/youthmatters/youthfund](http://www.everychildmatters.gov.uk/youthmatters/youthfund)

### Aiming high

The Department for Children, Schools and Families has funding of up to £185 million in the three years from 2008 to 2011 to underpin the commitments set out in the Aiming High Strategy. This is in addition to existing baseline funding, part of which will be reprioritised to support Aiming High.

### Other resources

Alcohol Concern has developed resources and training to support professionals in the health, education and social sectors working with problem drinking parents and/or their children (available at [www.alcoholandfamilies.org.uk](http://www.alcoholandfamilies.org.uk)).

Alcohol Concern's Parenting and Alcohol Project has also designed training for alcohol specialists and professionals working with parents and children. This training has been supported by the development of guidance on issues such as promoting protective parenting and resilience, child protection, domestic abuse and multi-agency working.

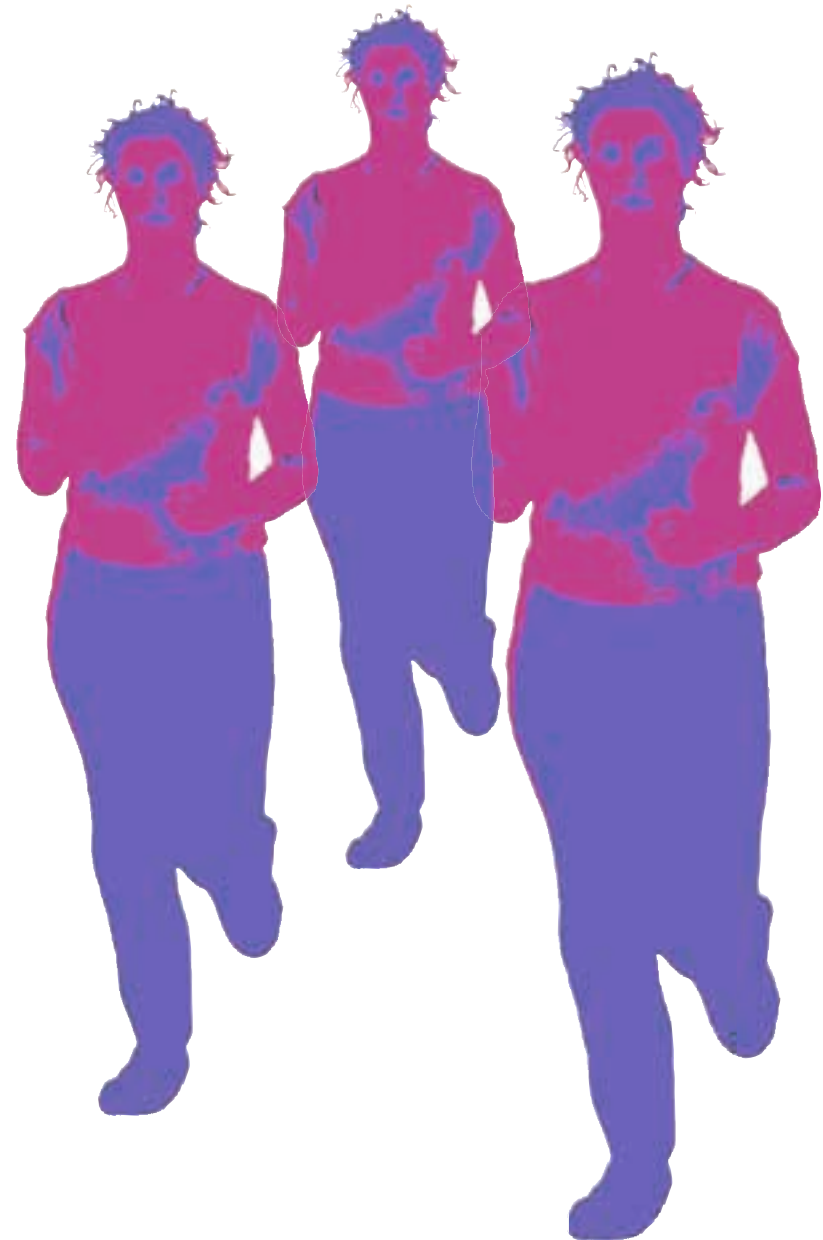
# Resources



# Resources

## 1. Local alcohol indicators and how to measure them

The tables below suggest a wide range of ways of measuring the impact of alcohol on a local area. These measures can then be used as performance measures as we move forward. If an indicator is shaded in the table, it is part of the suggested minimum dataset for the strategic assessment.



### Alcohol-related crime, antisocial behaviour (ASB) and community safety

Indicator	Type of data	Source	Limitations/comments
Alcohol-related violence against the person	Police crime records with 'drunk', 'drinking', 'beer', 'street drinker', 'wine', 'licensed premise', 'landlord', 'licensee', 'public house', 'PH', 'intox' and 'alcohol' in details of investigation	Police	In London, the Metropolitan Police use Crime Reporting Incident System (CRIS), with alcohol flags as follows: <ul style="list-style-type: none"> <li>● MV – victim had been drinking prior to offence</li> <li>● MF – suspect had been drinking prior to offence</li> <li>● GA – alcohol used.</li> </ul>
	Ambulance data coded for alcohol and assault	Ambulance service	
	A&E data on assault/glassings	Acute NHS trust	These are not always available.
Alcohol-related domestic violence (DV)	Police records flagged as domestic violence and alcohol related	Police	Alcohol flags generally not well used at present.
	a. Multi-agency risk assessment conference (MARAC) – number of children who are on MARAC as well as on the Child Protection Register b. MARAC – number of cases where alcohol is an issue c. MARAC – number of cases where the probation service is involved and alcohol is a factor	DV coordinator	Requires manual search of case notes.
	Child Protection Register – number of cases where alcohol and DV are factors	Social Services Child Protection Team	Requires manual search of case notes.



Indicator	Type of data	Source	Limitations/comments
Perception of alcohol-related crime	a. Percentage of respondents reporting concerns in community safety audit/ residents' surveys b. Issues raised in 'Face the Public' and other consultation sessions	Community safety partnership	May be infrequent or irregular.
	Percentage of people reporting drunk and rowdy behaviour as a problem	Department for Communities and Local Government (DCLG) Best Value User Satisfaction Survey	The survey is triennial.
Noise nuisance from pubs and clubs	Incident records	Police	This would include noise resulting from the overflow of people outside a pub or club that causes concern to a caller but falls short of a public order or other offence. This could prove of evidential value, justifying the use of warnings and banning orders under the Licensing Act 2003.
	Complaints to the council	Licensing	Categorisation of complaints will vary from authority to authority.

Indicator	Type of data	Source	Limitations/comments
Rowdy and/or nuisance behaviour: neighbours	Incident records	Police	<p>Reports of rowdy behaviour and general nuisance that fall short of notifiable crime. This will include:</p> <ul style="list-style-type: none"> <li>● nuisance neighbours</li> <li>● neighbourly disputes (e.g. over boundaries, parking, etc.)</li> <li>● noisy neighbours (inc. noisy parties, loud music, etc.).</li> </ul> <p>This does not include complaints about noise from 'raves' or businesses.</p>
	Complaints to the council	Housing ASB team	Categorisation of complaints will vary from authority to authority.
	Complaints to council out-of-hours team: 'alcohol' 'party' 'dr*nk*' in free text	Environmental services	Categorisation of complaints will vary from authority to authority.
Rowdy or inconsiderate behaviour	Incident records	Police	<p>Reports of rowdy behaviour and general nuisance in a public place or in any place to which the public has access (e.g. private clubs). This category will include:</p> <ul style="list-style-type: none"> <li>● shouting and swearing</li> <li>● loutish, rowdy and noisy behaviour</li> <li>● general drunken behaviour.</li> </ul> <p>This category will also include other incidents falling short of notifiable crime that the public might regard as inappropriate use of public space, such as:</p> <ul style="list-style-type: none"> <li>● gatherings in public places</li> <li>● impeding access to communal areas by congregating outside shops, etc.</li> <li>● urinating in public.</li> </ul>
	Complaints to the council	Environmental services	Categorisation of complaints will vary from authority to authority.

Indicator	Type of data	Source	Limitations/comments
Street drinking	Incident records	Police	<p>This will potentially cover all unlicensed drinking in groups in public places and will include:</p> <ul style="list-style-type: none"> <li>● breaches of Designated Public Places Orders</li> <li>● reports of a person or persons drinking in a public place (not on licensed premises) in a manner that the caller perceives to be antisocial</li> <li>● unplanned street parties involving alcohol use. This could include spontaneous street parties, which literally encroach onto the street.</li> </ul> <p>NOTES</p> <p>This category does not cover those found possibly drunk and incapable, as this can relate to illness and is therefore better captured under the theme 'Public Safety', in the category 'Collapse, Illness and Injury' with an 'alcohol' qualifier.</p> <p>Drunk and disorderly (D&amp;D) does not fit into this category because the category relates merely to street drinking, not to any misbehaviour or disorder. Instead, records of D&amp;D should be placed in ASB under 'Rowdy or inconsiderate behaviour'.</p>

Indicator	Type of data	Source	Limitations/comments
	Incident records for 'Collapse'/ 'Illness'/'Injury'/'Trapped'	Police	This covers incidents where a person has been found collapsed, appears to be suffering from any illness or injury related to drinking alcohol (including if the person appears to be drunk and incapable) or is trapped in any circumstances following alcohol misuse. This will include those trapped in lifts, as well as those caught by rising tides, etc. Deliberate self-harm under the influence of alcohol should be included here, but not cases of injury as a result of a road traffic incident or crime.
	FPN (fixed penalty notice)	Police and trading standards	
	Complaints to the council	Environmental services	Categorisation of complaints will vary from authority to authority.
	Drinking in a Designated Public Places Order (DPPO) area: a. FPNs (fixed penalty notices) b. Cautions c. Confiscations	Police and environmental services	

Indicator	Type of data	Source	Limitations/comments
Complaints about licensed premises	Incident records – call to 999	Police	<p>This category covers all matters and incidents relating to licensing and licensed/registered premises (pubs, clubs, off-licences, theatres, cinemas, etc.) that fall short of notifiable crime.</p> <p>This category does not include incidents involving rowdy/inconsiderate behaviour or noise on/in/near licensed premises, as this category is not intended to capture ASB. Examples would include selling alcohol to underage drinkers or allowing people under 18 to see adult-only films. It would also include offences such as selling tobacco to people under 18.</p>
	Complaints to the council	Licensing	Categorisation of complaints will vary from authority to authority.
	Representations about licensed premises	Licensing	
Other information on licensed premises	<ul style="list-style-type: none"> <li>a. number of premises</li> <li>b. applications</li> <li>c. refusals</li> <li>d. appeals</li> <li>e. reviews</li> <li>f. numbers subject to improvement/licensing action to reduce harm</li> <li>g. prosecutions</li> </ul>	Licensing	

Indicator	Type of data	Source	Limitations/comments
ASB	Incident records coded with an 'alcohol' (NICL – national incident category list) qualifier	Police	
	Antisocial Behaviour Orders (ASBOs), Acceptable Behaviour Contracts (ABCs) and injunctions where alcohol is a factor	Community safety partnership	
Alcohol-related offending	Custody data: number of arrests for drink-related offences: a. drunk and disorderly b. drunk at a sports event c. drunk in a public place d. drunk in charge of a child under 7 years of age e. drunk on licensed premises f. drunk on public service vehicle to sports event	Police	
	Penalty Notice for Disorder (PND): a. drunk and disorderly behaviour in a public place b. sale of alcohol to a person under 18 years of age c. selling alcohol to a drunken person	Police	
	Offender Assessment System (OASys) data: number of offenders who use alcohol problematically	Probation service	



Indicator	Type of data	Source	Limitations/comments
	Arrest referral data: a. numbers/proportion of arrestees seen requesting help with alcohol issues b. numbers referred to/ attending alcohol interventions c. conditional cautions issued	Police/arrest referral service	Schemes to record this information are not in place in all areas.
Alcohol-related offending by young people	Asset data	Youth Offending Team (YOT)	Asset is a structured assessment tool used by YOTs in England and Wales on all young offenders who come into contact with the criminal justice system.
Underage sales	a. number of inspections b. number sold/refused c. complaints about underage sales	Licensing/trading standards	
Drink driving	a. number of tests b. number/proportion of positive breath tests c. number of arrests	Police	Road Traffic Act sections 4, 5 & 6. Local data on this is available on the Department for Transport website, <a href="http://www.dft.gov.uk">www.dft.gov.uk</a>
	Rate of casualties from road accidents involving illegal alcohol levels per 100,000 population	Dept of Transport STATS19 road casualty data	
Alcohol-related waste	Snapshot surveys; flytipping associated with licensed premises; flyposting	Environmental services	

Indicator	Type of data	Source	Limitations/comments
Alcohol-related problems on public transport and taxis	British Transport Police records	British Transport Police; bus, train and taxi companies	
Alcohol-related fire	Accidental death where there is a positive blood alcohol concentration	Fire death investigation	
Alcohol-related drowning	Accidental death where there is positive blood alcohol concentration	Coroner	

## Health and social care

Indicator	Data	Source
Alcohol consumption	Synthetic estimate of binge drinking in adults	North West Public Health Observatory (NWPHO)
	Percentage of adults binge drinking	NWPHO
	Percentage of adults consuming hazardous and harmful levels of alcohol	NWPHO
	Percentage of adults consuming harmful levels of alcohol	NWPHO
	The percentage of Year 8 and Year 10 pupils who consumed seven or more units of alcohol in the last seven days <sup>25</sup>	Tellus 2
Social indicators	Rate of claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism per 100,000 working population	DWP
	Percentage of total claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism per 100,000 working population	DWP
	Number and proportion of child protection cases where parental alcohol misuse is a factor	Local Safeguarding Children Board
	Rate of fixed-period drug- or alcohol-related exclusions from school per 100,000 pupils	Local Authority Education Service
	Rate of permanent drug- or alcohol-related exclusions from school per 100,000 pupils	Local Authority Education Service
	Number of primary alcohol users assessed by Social Services as suitable for residential rehab	Local social services
	Number of primary alcohol users receiving Supporting People services	Local Authority Supporting People
	Number identified as homeless where alcohol use is a factor	Local authority or their contractor providing the homeless/housing advice service
	Number with identified care needs associated with Korsakoff's syndrome	Local social services

<sup>29</sup> In the absence of locally commissioned surveys of children's drinking, the Schools Health Education Unit surveys give a regional guide.

Indicator	Data	Source
Current known health status of the population	Months of life lost per person (under 75 years) due to alcohol – males/females	NWPHO
	Rate of alcohol-specific mortality (all ages) per 100,000 population	NWPHO
	Rate of mortality from chronic liver disease, including cirrhosis per 100,000 population	NWPHO
	Rate of alcohol-attributable mortality (all ages) per 100,000 population	NWPHO
	Hazardous and harmful drinkers registered with GPs	New patient records, and READ code data if available
Current met needs of the population	Alcohol-related ambulance call-outs	Ambulance service
	Rate of alcohol-specific hospital admission per 100,000 population	NWPHO
	Rate of alcohol-attributable hospital admission per 100,000 population	NWPHO
	Adults accessing treatment for primary alcohol misuse by treatment modality	Joint Commissioning Manager (National Drug Treatment Monitoring System (NDTMS) data from April 08)
	Adults accessing drug treatment with secondary alcohol misuse by treatment modality, hepatitis status	Joint Commissioning Manager NDTMS data
	Average waiting times for treatment by modality	Joint Commissioning Manager NDTMS data
	Estimated PSUR (Prevalence Service Utilisation Ratio)	
	Young people accessing treatment for primary alcohol misuse	
	Young people accessing treatment for secondary alcohol use	

Indicator	Data	Source
Service users' views	User surveys (where available)	
Public demands	Local scrutiny reports that address alcohol misuse, if available, including reviews of treatment, community safety and licensing policy	

## 2. Key stakeholders and partners

Health	Community safety and crime	Children and young people
PCT	Community safety/crime and disorder reduction partnership (CDRP)	
Strategic health authority	Police	
Director of Public Health	Probation service	
Drug and alcohol action team	Alcohol and entertainment licensing	Child social services
Substance misuse commissioning manager (usually PCT or DAAT based)	Trading standards	Local Safeguarding Children Board
Substance misuse service directors/managers from provider agencies in mental health trust and voluntary sector	Planning	Youth Offending Team
Social services substance misuse team manager	Development/building control	Child and Adolescent Mental Health
Community mental health teams	Environmental health (noise and food safety)	Education welfare
Service users	Town centre management	Youth service
Carers	Licensed trade/Pubwatch/Best Bar None	Schools, further education colleges and pupil referral units
AA, Al-Anon, Alateen members	Chamber of Commerce	Connexions
Service providers	Fire service	Commissioners of young people's specialist substance misuse services
Primary care staff	Transport planning	Drug and alcohol teams
Pharmacists	Street engineering (paving, lighting, design, urban realm)	Universal health services
Social workers	Parking management	Acute care



Health	Community safety and crime	Children and young people
Acute hospital trust, including A&E staff, gastroenterology, etc.	Refuse collection	Housing service
Ambulance service	Street cleansing	Police and community safety
Probation service	Public conveniences	CAFCASS
BME health and social care groups	Drug and alcohol action teams	LEA special educational needs
Council health scrutiny panel	Regeneration/economic development	Probation service
Older people's groups	Tourism/visitor economy/marketing	Youth Inclusion and Support Panels (YISPs)
	Arts/culture	
	CCTV	Young people
	Street wardens	Parents
	Local authority housing	
	Registered social landlords	
	Supporting People	
	PCT	
	Domestic violence strategy coordinator	
	Social services	
	Homeless services	
	Alcohol services	



# Templates

# Templates

## Local alcohol strategy template

This template is suggested as a guide only – local partnerships may want to incorporate their alcohol strategy into other strategies, or have separate documents for different partnerships.

The template suggests headings for the strategy document, and the text within the boxes discusses what sort of information could be included.



## 1. Executive Summary

### 1.1 The need for a local alcohol strategy

This might cover:

- overview of the impact alcohol misuse has locally
- context for local alcohol strategy (e.g. **Safe. Sensible. Social.**)

### 1.2 Key aims and objectives

### 1.3 Strategic framework

This might cover:

- who will oversee the implementation of the strategy
- who are the key partners
- who will be accountable

### 1.4 Outline of targets and timescale

These will be drawn from the action planning and linked to the key aims and objectives. They should also reflect national obligations.

## 2. Background

### 2.1 Introduction

### 2.2 Alcohol-related harm: local profile

Use findings from the CDRP's strategic assessment, the PCT Joint Strategic Needs Assessment and the NWPHO indicators to profile local alcohol-related harm.

This section could include:

- hotspot maps of alcohol-related crime and ASB
- temporal analysis of non-DV violent crime
- temporal and ward analysis of ambulance call-outs for alcohol
- morbidity and mortality rates for alcohol-related conditions, highlighting health inequalities across wards, gender, age, ethnicity
- estimates of hazardous and harmful and dependent drinking
- numbers in treatment/treatment places
- perceptions of alcohol-related problems from residents' surveys, etc.

See 'Building the Evidence Base' for guidance on analysing the data, and the resources sections for more indicators.

## 2.3 Current responses to local alcohol-related harm

In this section, give an overview of what is already going on to tackle local alcohol problems, for example:

### Activity to tackle alcohol-related crime, including in the NTE

- Core police activity includes extra patrols on Friday and Saturday nights and involvement in test purchasing operations
- Core probation activity includes rehabilitation of offenders with alcohol problems
- Best Bar None scheme
- Any other relevant activities

### Activity to reduce alcohol-related health harm

- The PCT Health Improvement team delivers prevention campaigns and health promotion information
- PCT Health Trainers signpost individuals they have contact with to alcohol information and services
- Any other relevant activities

### Activity in schools

- X per cent of secondary schools meet the Health School Standard, which includes a standard for drug and alcohol policy and education
- The school drugs adviser supports staff and offers tier 2 interventions to pupils
- The police schools liaison officer delivers sessions through PSHE
- Any other relevant activities

### Specialist treatment

- The local alcohol advisory service sees x clients per year for one-to-one counselling, group work and support
- The local community alcohol team provides a range of services, including detoxification to x clients per year
- Residential rehabilitation is available for x clients per year
- Any other relevant activities

### Licensing

- The licensing department, with trading standards and the police, undertakes a rolling programme of test purchasing to tackle underage sales
- There is a targeted inspection and enforcement regime, which concentrates on high-risk and badly run premises
- Any other relevant activities

### Activity to tackle antisocial behaviour

- A multi-agency task force has been established to address street drinking in the town centre
- A training programme for housing officers in addressing ASB has been implemented by the Community Safety Team, and this includes training on alcohol issues
- Any other relevant activities

### 3. Local priorities in tackling alcohol-related harm

#### 3.1 Gaps

Use this section to set out the gaps identified through analysis of the various indicators of local alcohol-related harm, and sessions with stakeholders through consultation events, Safer Neighbourhood meetings and 'Face the Public' briefing sessions (see 'Involving stakeholders'), for example:

- coordination of activity addressing alcohol-related harm
- effective partnership with licensees
- routine identification and brief advice in mainstream health settings
- targeted youth support for young people at risk of alcohol-related harm.

#### 3.2 Priorities

This section sets out the priorities arrived at through analysis and consultation, for example:

- the enforcement and coordination of existing laws and powers
- focus on those groups most at risk of causing or experiencing alcohol-related harm
- young people under 18 who drink alcohol
- 18–24-year-old binge drinkers
- harmful drinkers
- creation of an environment that actively promotes sensible drinking.

#### 3.3 Strategic aims and objectives

State these clearly, for example:

The overarching strategic aim is to minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.

Our objectives are:

- to reduce alcohol-related crime, especially violent crime, and antisocial behaviour
- to reduce the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area
- to reduce the levels of chronic and acute ill health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions
- to prevent alcohol-related harm to children and young people
- to raise awareness of sensible drinking
- to improve the management and planning of the night-time economy.



## 4. Implementation of the strategy

### 4.1 Strategic framework for implementing the alcohol strategy

Use this section to show where the alcohol strategy fits within the Local Strategic Partnership and other key partnerships. For example:

Alcohol misuse cuts across all four themes of the Local Area Agreement, and reducing alcohol-related harm is a specific objective within the LAA. Each of the four thematic groups has responsibility for specific elements of the alcohol strategy.

*Safer and Stronger Communities Partnership:*

- To reduce alcohol-related crime and antisocial behaviour
- To reduce the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area.

*Healthier Communities and Older People Partnership:*

- To reduce alcohol-related accidents and hospital admissions
- To promote sensible drinking.

*Children and Young People Partnership:*

- To safeguard children from alcohol-related harm

*Economic Development and the Environment:*

- To reduce alcohol-related unemployment
- To increase productivity
- To deliver a balanced NTE.

An alcohol strategy steering group, made up of representatives from each of the main partnership agencies, coordinates and steers delivery of the strategy actions and reports to each thematic group as appropriate. An alcohol coordinator assists this group and sits within the Community Safety team/DAT/PCT/Social Services.

Some areas may also require sub-groups or working groups, e.g. on children and young people, crime, health, treatment, NTE. An organogram showing how the groups relate to each other, and showing reporting lines, is useful here.

The alcohol strategy links to and supports other partnership strategies in the local area, including:

- Community Strategy
- CDRP Partnership Plan
- Health Improvement Strategy
- Other health strategies, e.g. Obesity Strategy
- Domestic Violence Strategy
- Children and Young People's Plan.

### 4.2 Implementation planning

This could be a separate document (as it is likely to evolve faster than the strategy itself) or be included within the main document. A suggested layout is included in the templates section below.

## 5. Monitoring, evaluation and review of the strategy

### 5.1 Monitoring and evaluation

Set out the system for monitoring and evaluating the strategy: who will be responsible for it, how will they do it, when will they do it. See 'Monitoring and reviewing the strategy'.

### 5.2 Review

Explain that external factors, such as government policy and developments through the national alcohol strategy, have a bearing on the local strategy. Set out how the local strategy will be reviewed in the light of these, when the reviews will take place, and who will be responsible.

## Suggested layout for implementation planning

The recommended method for implementation planning is to identify actions around key themes, for example: crime/ community safety; health; and children and young people.

### Crime/community safety

Objectives:

- To reduce assault with injury (x per cent against baseline by 20xx); and
- To reduce the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area (x per cent against baseline by 20xx).

### Tackling antisocial behaviour linked to alcohol, and alcohol-fuelled disorder

Activity	Outputs and outcomes to be achieved	Lead partner	Resources	Deliverable date	Progress check
Implement conditional cautioning for low-level alcohol-related offences	1. Agreed protocols between police, CPS, treatment provider 2. Increase in number of conditional cautions given 3. Reduction in alcohol-related offending	Police	Core business	April 2009	Quarterly via CDRP
Agree and implement a multi-agency approach to tackling street drinking	1. Agreed protocols between partners 2. Roll-out of training 3. Reduction in complaints	ASB team	Core business	April 2008	December 2008

