Paper B1

One Leicester - tackling alcohol harm

Leicester alcohol harm reduction strategy and action plan

"To reduce the harms associated with alcohol so that it can be enjoyed safely and responsibly, as part of a confident, vibrant, diverse and prosperous city".

Text Draft for consideration by the Safer Leicester Partnership Board
8 August 2008

Safer Leicester Partnership Drug and Alcohol Delivery Group
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One Leicester - tackling alcohol harm

SUMMARY

1. Introduction

Tackling and reducing alcohol related harm is key to taking forward the city's One Leicester Sustainable Community Strategy (2008). This is a vision for a better Leicester:

"We want the people of Leicester to feel confident about themselves, their neighbourhoods, their city and their future... We want to create a beautiful city with confident people and a new prosperity - a great place to live. But also somewhere that does not place a burden on the planet that we will come to regret in future years."

This document sets out how the issue of alcohol is to be tackled in the city. It recognises that alcohol is a legally available substance enjoyed by many and therefore seeks a balance between the benefits and the harms that alcohol brings for individuals and the community. Its purpose is to contribute to a better Leicester by *reducing the harms associated with alcohol so that it can be enjoyed safely and responsibly, as part of a confident, vibrant, diverse and prosperous city.*

2. Strategic Context

This alcohol harm reduction strategy and action plan has been produced by the Safer Leicester Partnership, which in 2008 brought together the Leicester Drug and Alcohol Action Team and the Leicester Crime and Disorder Reduction Partnership to form a new body to oversee both strategy and delivery of action to make Leicester Safer. This strategy reflects the priorities of the National Alcohol Strategy, its update *Safe, Sensible and Social* (2007) and a range of related policy documents as described in section 4 of the full strategy. Addressing alcohol harm is a key priority for a range of agencies, including Leicester City Council, Leicester City PCT, Leicestershire Constabulary and Leicestershire and Rutland Probation Trust.

3. Approach

While this strategy recognises that many factors that influence alcohol consumption, such as taxation and restrictions on access to alcohol, and regulation of the alcohol industry, are beyond local control, much work is already undertaken in the city to address the harm its misuse can cause. A range of treatment services exists and work is ongoing to promote best practice among licensed premises, manage the night-time economy through

positive policing and prevent alcohol misuse among young people. However, more needs to be done.

This strategy aims to contribute to a better Leicester:

Prevention - by preventing alcohol harm in the first place by promoting coherent education and harm reduction programmes to reduce the negative impacts of alcohol use.
Community Safety – by seeking to protect the community from the negative impact of alcohol through reducing re-offending, alcohol-related violent crime and the incidence of anti-social behaviour, and by ensuring that those involved in the production and sale of alcoholic drinks act within the law and with an appropriate sense of social responsibility and that the city uses the powers available to it to achieve this.
Treatment – by making it easier for people affected by alcohol misuse to access appropriate structured and effective alcohol treatment and support services including, for example, offenders in the criminal justice system.

In addition the strategy addresses three cross-cutting themes:

- Meeting the needs of children and young people
- Setting a strategic framework
- Addressing equality and diversity

These six elements will not be tackled in isolation and will be brought together under the umbrella of the One Leicester partnership, lead by the Safer Leicester Partnership.

4. The issues in Leicester

Alcohol consumption

- Some 75 to 80 percent of the Leicester population are either low risk drinkers who drink within the recommended limits, or are non-drinkers.
- Leicester has a higher rate of non-drinkers than nationally, most likely because of its sizeable South Asian population.
- More men than women drink alcohol. Older people drink more regularly, whilst younger people drink more heavily.
- Nationally the proportion of young people who drink alcohol increases from around 3% of 11 year olds to 46% of 15 year olds. A survey in Leicester found fewer young people drinking alcohol than the national average, though the proportion of those who binge drink was higher.
- There is overall lower rates of alcohol consumption in BME populations, compared with the white populations though there is a similar prevalence of dependence in BME populations as in the white population.
- Consumption appears to be very low amongst asylum seekers and refugees.

- Some groups within the Leicester population show higher levels of consumption. Offenders, Homeless, rough sleepers, street drinkers , lesbian gay and bisexual people

Problem drinkers

- Not all alcohol consumption leads to harm to either individuals or to communities. Some drinking patterns however are associated with harmful outcomes. The city has:
    - around 33,000 *hazardous drinkers* - women drinking more than 14 and up to 35 and men more than 21 and up to 50 units of alcohol per week, either as regular excessive consumption or in less frequent sessions of heavy drinking;
    - around 11,000 harmful drinkers, who are women drinking over 35 and men over 50 units of alcohol per week, and who show clear evidence of some physical or mental alcohol-related harm;
- The numbers of hazardous and harmful drinkers are increasing.
- Most alcohol-related harm is caused by excessive drinkers whose consumption exceeds recommended drinking levels, not the drinkers with severe alcohol dependency problems.
- There are an estimated 3,650 dependent drinkers in Leicester, but the true figure may lie between 1,825 and 6,843.

The impact of alcohol

Deprivation

- There is strong association between the high rates of deprivation in Leicester and the level of alcohol related harm. In comparison for example with the average for England and with the rest of Leicestershire and Rutland, Leicester has *lower* rates of hazardous alcohol consumption in its population, but significantly higher levels of alcohol related harm in the city overall.

Health

- Leicester has significantly worse rates than the average for England with regard to:
    - Alcohol specific mortality (where alcohol consumption is thought to be a contributory factor for all cases). and chronic liver disease in men;
    - Alcohol specific hospital admissions in men and women;
    - Alcohol attributable hospital admissions in males and females. (where alcohol is thought to be a contributory factor for a varying proportion of cases)
    - Alcohol related hospital admissions (a combination of the above two categories) have doubled since 2002 and Leicester has the highest rates of admission in the East Midlands;
    - The impact of alcohol is also seen in mental health and sexual health.
- The cost of hospital stays attributable to alcohol in 2005-6 in Leicester was just under £10 million.

Community Safety

- Leicester is significantly worse than the average for England with regard to alcohol-related recorded crimes, violent crimes and sexual offences.
- Just under half of all violent offences in Leicester are committed under the influence of alcohol.
- The highest volume category of violent crime committed under the influence of alcohol is Actual Bodily Harm (ABH) followed by harassment.
- The vast majority (95%) of violent offences result in no injury or a minor injury. Serious/ fatal injuries are most likely following a domestic violent offence where the perpetrator was under the influence of alcohol.
- Just over 4% of all road traffic accidents in Leicester, Leicestershire and Rutland are alcohol related.
- In around a third of all fatal fires the deceased was under the influence of alcohol at the time of the fire.
- Surveys have shown that a significant number of residents think that people being drunk or rowdy is a problem in their local area.

Dependents

- In England it is estimated that up to 1.3million children are affected by parental alcohol problems. The Leicester Youth Offending Service estimates for example that about 6% of their client group – some 70-80 young people - need a specific intervention for issues related to parental substance misuse.

Workplaces

- Nationally up to 17 million days absent from work, costing £6.4 billion in lost productivity, is attributable to alcohol misuse each year.

5. What the strategy and action plan will do

The table below summarises the key elements considered in section 9 of the full strategy.

Where we are now	What this strategy and action plan will deliver
Strategy • There is no clearly defined planning and coordination mechanism for tackling alcohol misuse within Leicester. • Limited advocacy to inform the public on alcohol related issues and to seek views on policy direction, locally or nationally.	• Better planned and coordinated efforts to tackle alcohol misuse in the city. • Improved understanding of local alcohol-related harms, and the effectiveness of interventions, through improved data collection and application of outcome measures. • Advocacy and engagement on alcohol issues to influence alcohol policy locally and nationally

Prevention • The city has benefited from national campaigns on alcohol harm, but there have been few planned local educational campaigns to support or complement these.	• A programme of city wide educational campaigns for a range of audiences, including young people, parents and adults, to increase awareness of units, the sensible drinking message and the health risks caused by alcohol misuse.
Improved access to treatment • Services for alcohol misuse in Leicester have developed opportunistically over a number of years and there exists a range of treatment options. • Insufficient capacity to meet the treatment needs of dependent drinkers, and no systematic programmes to help hazardous and harmful drinkers in a range of settings	• PCT to form Alcohol Commissioning Advisory Group. • An increase in capacity for treatment, and rapid development of a business plan to help secure a 'step change' in investment to secure treatment capacity in greater proportion to need in the city over the coming years. • A review of the treatment system to ensure that it provides a well designed system of tiered services to meet those needs. • The introduction of screening and brief advice to those drinking at hazardous or harmful levels.
Community safety • A dynamic and robust approach to the City Centre Night Time Economy and a range of initiatives to manage alcohol related violence and anti social behaviour. • Some alcohol education within existing offender programmes.	• A continued focus on actions which sustained engagement and co-ordination and enforcement of existing powers. • Continuing efforts to ensure that alcohol misuse is managed effectively within the night-time economy. • Monitoring the application of the Licensing Act 2003. • Developing pathways within and from the criminal justice system to appropriate treatment to support efforts to reduce reoffending.

Children and young people • An evolving co-ordinated approach to alcohol education and related issues including training with City schools. • Assessment for alcohol problems in the Youth Offending Service, Looked after Children, and as part of the Attendance Panel procedures. • Integrated Service Hubs trialling screening and referral procedures for drugs and alcohol.	• Ensuring that all young people receive appropriate, evidence based, education about alcohol and its harms and ways of reducing these. • Delivering regular campaigns of test purchasing to tackle the sale of alcohol to those underage. • Coordinated actions to provide alternative to divert young people from activities related to substance misuse and to target parents and others whose drinking is putting children at risk.
Equality and Diversity An *ad hoc* approach to equality and diversity, given the absence of a clear focus for planning and commissioning to reduce alcohol related harm.	• Embedded in the planning and commissioning framework • Culturally appropriate programmes based on alcohol-harm related need. • A programme of Equality Impact Assessment, drawing upon local expertise and experience.

6. Governance

A multi-agency Alcohol Harm Reduction Strategic Implementation Group will be established within the Safer Leicester Partnership to set outcome measures, receive progress reports on the action plan targets, identify resources and help overcome problems in meeting the targets.

This group will have membership from:

- Leicester DAAT
- Leicester City PCT
- Leicestershire Police
- Leicestershire and Rutland Probation Trust
- Leicester City Council Licensing Department
- Leicester City Council Trading Standards Department
- Leicester Children and Young Peoples Service
- Leicestershire Partnership NHS Trust
- University Hospital of Leicester NHS Trust
- Licensed trade
- Service providers
- Service user representation
- Voluntary sector.

This group will report to the Drug and Alcohol Delivery Group and through them to the Safer Leicester Partnership Board. There will be reports also to

other relevant groups, including the Leicester Health and Wellbeing Partnership.

Links will be maintained with the Leicester, Leicestershire and Rutland Alcohol Strategy Group to coordinate actions best done at an LLR level and to share work and developments.

7. Measuring and reporting progress

The key measure of success in the Leicester Local Area Agreement is reducing the rates per 100,000 of alcohol related hospital admissions - viewed as an indicator of overall alcohol related harm in Leicester (see section 12 of the strategy).

Given that some impacts are long term and the trend in alcohol-related hospital admissions is rising annually the target in the first instance is to reduce the rate of increase. The Table 1 below shows the aim to lower the annual increase from current position of 14% increase (from 2005-6 to 2006-7) to a 5% (or lower) increase by 2011.

Table 1: Alcohol-harm related hospital admission rates with projections 2007-8 onwards (NI39) (directly age-standardised rates per 100,000).

	2005-6	2006-7	2007-8	2008-9	2009-10	2010-11
Alcohol-related admissions	1960	2233	2523	2776	2970	3118
Rate of increase		13.9%	13.0%	10.0%	7.0%	5.0%

Baseline data provided by East Midlands Strategic Health Authority

Section 4 of the strategy shows a number of indicators relevant to reducing alcohol related harm. An early task of the Alcohol Harm Reduction Strategic Implementation Group is to develop further indicators by which the impact of the strategy can be measured. Further work will be undertaken to develop baselines for the actions contained in the Action Plan where these do not currently exist. The Safer Leicester Partnership will issue a report annually on the progress of the strategy.

8. Acknowledgements

This strategy and action plan has been produced by the Drug and Alcohol Delivery Group of the Safer Leicester Partnership.

One Leicester - tackling alcohol harm together

1. Aim

Alcohol is a dangerous, legally available drug which gives much pleasure but also causes great harm. It can be both a boon to the economy and a burden on the community. This strategy aims to balance these costs and benefits and

"To reduce the harms associated with alcohol so that it can be enjoyed safely and responsibly, as part of a confident, vibrant, diverse and prosperous city".

2. Objectives

This strategy aims to contribute to a better Leicester:

Prevention - by preventing alcohol harm in the first place by promoting coherent education and harm reduction programmes to reduce the negative impacts of alcohol use.
Community Safety – by seeking to protect the community from the negative impact of alcohol through reducing re-offending, alcohol-related violent crime and the incidence of anti-social behaviour, and by ensuring that those involved in the production and sale of alcoholic drinks act within the law and with an appropriate sense of social responsibility and that the city uses the powers available to it to achieve this.
Treatment – by making it easier for people affected by alcohol misuse to access appropriate structured and effective alcohol treatment and support services including, for example, offenders in the criminal justice system.

In addition the strategy addresses three cross-cutting themes:

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3. A Partnership Approach

Alcohol impacts on individual drinkers, their families and their social network. It affects the workplace, community safety and public order as well as health and social care services. To be effective the response to alcohol requires a partnership approach involving a range of organisations so that there is:

- a shared understanding of the issues to be addressed and the outcomes achieved,
- maximum cooperation and coordination between statutory, voluntary and community organisations as well as the licensed trade;
- a consistent approach to reducing the harm caused by alcohol;
- consistent messages to the public, and to people needing or seeking help.
- appropriate arrangements to ensure that any work on alcohol locks in to the plans of the Local Strategic Partnership and the Local Area Agreement and that the commissioning of services and other interventions is effective.

The following agencies are specific partners to this strategy.

Safer Leicester Partnership Board	Courts
Leicestershire Constabulary	Leicestershire and Rutland Probation Trust
Leicester City Council	Prisons
Leicester City PCT	Youth Offending Service.

Service users and carers will be involved and consulted at every level of the strategic process.

Links will be maintained with Leicester, Leicestershire and Rutland Alcohol Strategy Group to coordinate actions best done at an LLR level and to share work and developments.

4. Key Strategic Links

This strategy cannot operate in isolation: it has to link to other national, regional and local strategies.

At the national level it links to the following:

- *Safe Sensible Social* - the 2007 update on the National Alcohol Harm Reduction Strategy originally published in 2004.[1]
- *Choosing Health* - the public health strategy - which has alcohol harm reduction as a major theme and identifies a number of 'big wins' related to combating alcohol misuse[2,3].
- *Models of Care for Alcohol Misuse* – which sets the framework for the development and delivery of alcohol treatment services
- *Licensing Act 2003* – which governs the management and control of licensed premises.

[1] Safe. Sensible. Social: The next steps in the National Alcohol Strategy, Department of Health, Home Office, Department for Education and Skills, Department for Culture, Media and Sport, 2007.
[2] Choosing Health: making healthier choices easier. 2004, Department of Health.
[3] Delivering Choosing Health: making healthier choices easier. 2005, Department of Health.

- *New GP contract 2004* – which identified a Nationally Enhanced Service for alcohol
- *Alcohol Misusing Offenders – A Strategy for Delivery* 2006 - National Probation Service – a strategy for addressing alcohol misuse for offenders.
- *Youth Alcohol Action Plan* 2008 - which sets out work on tackling public drinking by young people, access and sales, developing specific guidance and supporting young people to make sensible decisions.
- *High Quality Care for All: NHS Next Stage Review Final Report* 2008
- *Excellence for All* 2008 - proposals for future health services in Leicester, Leicestershire and Rutland over the next 10 years.

It is also influenced by

- Anti Social Behaviour Act 2003
- Violent Crime Reduction Act 2005
- Criminal Justice Act 2003.
- Crime and Disorder Act 1998
- Criminal Justice and Police Act 2002
- National Service Frameworks – Cancer plan, Mental Health, Coronary Heart Disease, Older People, Diabetes, Children, Young People and Maternity Services.
- National Suicide Prevention Strategy for England
- Youth Matters – A Government White Paper which sets out the vision for empowering young people, giving them somewhere to go, something to do and someone to talk to.

Regionally, the East Midlands public health strategy, *Investment for Health*[4] commits to local participation in the National Strategy and *Changing Ways*, the National Offender Management Service East Midlands Reducing Re-offending Plan , contains a specific pathway for tackling alcohol problems.

A particular priority is to ensure that the action plan links to the Home Office's Public Service Agreement (PSA) priorities as set out in the new National Indicator Set. The key targets are:

PSA 25: "Reduce the harm caused by alcohol and drugs"
This Public Service Agreement provides a set of indicators specific to alcohol:

- NI 39: Alcohol-harm related hospital admission rates
- NI 41: Perceptions of drunk or rowdy behaviour as a problem

PSA 23: "Make Communities Safer"

This PSA also has strong associations with the alcohol strategy and includes the following alcohol related indicators:

- NI 15 Serious violent crime rate

[4] Investment for Health. A public health strategy for the East Midlands, East Midlands Assembly.

- NI 17 Perceptions of anti-social behaviour
- NI 18 Adult re-offending rates for those under probation supervision
- NI 19 Rate of proven re-offending by young offenders
- NI 20 Assault with injury crime rate
- NI 21 Dealing with local concerns about anti-social behaviour and crime by the local council and police
- NI 27 Understanding of local concerns about anti social behaviour by the local authority and the police
- NI 32 Repeat incidents of domestic violence
- NI 39 Alcohol-harm related hospital admission rates
- NI 34 Domestic violence – murder

PSA14: "Increase the number of young people on the path to success"
This Public Service Agreement provides the following indicator specific to alcohol:

- NI 115 Reducing the proportion of young people frequently using illicit drugs, alcohol or volatile substances

This strategy is also the key vehicle for reducing alcohol related harm and mortality and contributing to the Local Area Agreement indicator NI120 concerned with reducing all age all cause mortality in Leicester.

This strategy also links to other local strategies, of which the key ones are:

- Leicester City Council's Community Strategy
- Leicester City Community Safety Strategy
- Leicester City Health Improvement Strategy 2002-2007
- Leicester City Council's Statement of Licensing Policy 2008-2011
- Local Reducing Re-offending Plan (in production).
- Domestic violence strategy
- One Leicester, Britain's Sustainable City

5. Stakeholder Consultation

As part of the development of this strategy a stakeholder workshop was held on 29th January 2008. This was attended by representatives from the health and criminal justice systems as well as the licensed trade. The event was organised by the Drug and Alcohol Action Team. Participants were asked to identify the key priorities for action for targeting alcohol related harm. These have informed the subsequent sections of these strategies.

There will be a three month consultation period on this draft strategy that will use appropriate mechanisms to consult with all key stakeholders, including service users and carers, local communities, and members.

6. Alcohol consumption in Leicester

Alcohol consumption nationally and locally looks likely to grow in future years unless curbed in some form. If the volume of alcohol drunk continues to rise at the current rate, the UK will have one of the highest figures in Europe within ten years. Although consumption is growing in both men and women, the greatest increase is in women aged 16-24 – from 1992 to 2002, the proportion drinking more than the recommended limit doubled to 33%[5]. A significant increase in disposable income means that alcohol is 62% more affordable than it was 25 years ago.

There is no reason to believe that consumption has not increased in Leicester in line with national trends. Evidence presented below suggests that between 1994 and 2002 there was a 25% increase in males, and a 100% increase in females, drinking to harmful or hazardous levels in the wider Leicestershire, Northamptonshire and Rutland area.[6]

The majority, some 75 to 80 percent of the Leicester population are either low risk drinkers who drink within the recommended limits, or are non-drinkers. There is some evidence that Leicester has a higher rate of non-drinkers than nationally, most likely because of its sizeable South Asian population[7].

Some key features of alcohol consumption in Leicester are presented below.

Gender. A higher proportion of men drink alcohol compared to women a picture confirmed by the Leicester Lifestyle Survey [8]. Nationally, the proportion of men and women drinking above daily benchmarks has stayed the same since 1998. For men this pattern is reflected locally (in the East Midlands) but there has been an increase in consumption for women in the region. Married or co-habiting people drink more often, whilst single people drink more heavily.

Age. Generally speaking, older people drink more regularly, whilst younger people drink more heavily. National data shows that the proportion of young people who drink alcohol increases from around 3% of 11 year olds to 46% of 15 year olds. Historically boys were more likely to drink than girls but that was reversed, for the first time, in 2005 (due to falling prevalence for boys, rather than an increased prevalence for girls). Alcohol consumption in 2005 was roughly double that of fifteen years ago. However, most of this increase took place in the 1990s and consumption has remained fairly consistent since 1998.

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[5] Annual Report of the Director of Public Health for Leicester 2005, (www.phleicester.org.uk)
[6] *Indications of Public Health in the English Regions :8: Alcohol*, Association of Public Health Observatories, 2007 (p103).
[7] For further information regarding this section please see Alcohol Related Harm: a statistical profile for Leicester, Leicestershire & Rutland, Research and Information Team, Chief Executive's Department, Leicestershire County Council (www.lsora.org.uk and on www.phleicester.org.uk).
[8] Leicester Lifestyle Survey 2002 (www.phleicester.org.uk).

The patterns of drinking suggests a reduction in the numbers of 11-15 year olds drinking but an increase in the amount drunk by those that drink. The Tellus 2 survey 2007 results for Leicester indicated that although the overall numbers of young people drinking alcohol was smaller than the national average the proportion of these that binge drink was higher.[9]

There are issues of access to alcohol. Regular test purchasing for underage sales of alcohol is undertaken in the city. For the 12 months to June 2008, the police and trading standards carried out 18 operations involving 54 bars and 110 off-licences; 14 (26%) bars and 24 (22%) off-licences failed the test purchase.

Ethnicity. The Health Survey for England found lower rates of alcohol consumption in BME populations, compared with the white populations. Further research has found that in BME communities it is second and subsequent generation Black and, to a slightly lesser extent, Indian Sikhs who are drinking fairly or very heavily. It is men rather than women who are drinking. Other second and subsequent generation BME groups -people of Indian Hindu, Pakistani and Bengali background, the groups which predominate in LLR - are not showing any fairly or very heavy drinking.[10] The Alcohol Needs Assessment Research Project (ANARP) found however that although there is a considerably lower prevalence of drinking and heavy drinking in BME populations compared with the white population, there is a similar prevalence of *dependence* in BME populations compared to the white population[11].

Migration. Recent migration to Leicester shows a mixed or uncertain picture regarding alcohol consumption. Consumption appears to be very low amongst asylum seekers and refugees. Consumption among nationals from EU accession countries, mainly from Poland, settling in Leicestershire, principally Leicester is not yet understood[5].

Groups with higher consumption. Some groups within the Leicester population show higher levels of consumption.

Offenders - nationally over a third (37%) of offenders have been found to have a current problem with alcohol use, and a similar proportion (37%) with binge drinking. Of the two thousand or so offenders currently under the supervision

[9] Ofsted Tellus2 survey 2007 based on responses given directly by 1,661 10-15 year olds. Leicester Tellus2 summary sheet Ofsted November 2007.

[10] see Alcohol Related Harm: a statistical profile for Leicester, Leicestershire & Rutland, Research and Information Team, Chief Executive's Department, Leicestershire County Council (www.lsora.org.uk).

[11] Drummond et al, Alcohol Needs Assessment Research Project (ANARP): the 2004 National Alcohol Needs Assessment for England, Department of Health, 2005.

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of the Leicestershire & Rutland Probation Area, around half of offending is linked wholly or in part to their misuse of alcohol. Alcohol is more of an influence in the offending behaviour of men than of women with little difference across different age groups a much higher proportion of offending behaviour is linked to alcohol amongst white offenders than for any other group[5].

Homeless, rough sleepers, street drinkers - Some groups have exceptionally high alcohol consumption. Average weekly alcohol intake based on a survey of street drinkers in Leicester was 206 units a week Up to half of rough sleepers are alcohol reliant and around a third have a combination of mental health and substance misuse problems[5] . A local survey found that alcohol, smoking and illegal drug consumption among *lesbian gay and bisexual people* in Leicester are all above the national average[12]

Patterns of purchase of alcohol. Patterns of alcohol purchase have shifted over the last twenty years or so away from on-licensed premises where alcohol was bought and consumed, to off-licensed premises, including supermarkets and convenience stores. In 1995 for example, 72% of all beer was sold through pubs and clubs, but this had fallen to 59% by 2005. This is reflected in increasing patterns of hazardous drinking in better-off sections of the population.

7. Problem drinkers in Leicester

Not all alcohol consumption is problematic in that it leads inevitably to harm to either individuals or to communities. However, some drinking patterns are associated with harmful outcomes. The quarter of the population who misuse alcohol have been broken down into three categories of drinkers, based on those used in the Alcohol Needs Assessment Research Project (Drummond et al., 2005)[13] and WHO ICD-10 - hazardous, harmful and dependent drinkers.

Hazardous drinkers: Women drinking more than 14 and up to 35 and men more than 21 and up to 50 units of alcohol per week, either as regular excessive consumption or less frequent sessions of heavy drinking. Such drinkers have so far avoided significant alcohol-related problems themselves, though despite this their use of alcohol is of public health significance and if identified, may benefit from brief advice about their alcohol use. Some 20% of the England population 16 years and over are hazardous drinkers, while Leicester has a significantly lower proportion – 16.6%. However, this

[12] The health needs of Lesbian, Gay and Bisexual people in Leicester, Leicester Public Health Partnership (2006).
[13] Drummond et al, Alcohol Needs Assessment Research Project (ANARP): the 2004 National Alcohol Needs Assessment for England, Department of Health, 2005.

amounts to around 33,000 people in Leicester. In Leicester men are more likely to be drinking over the recommended limits than women.[2]

Harmful drinkers: Women drinking over 35 and men over 50 units of alcohol per week who show clear evidence of some alcohol-related harm, which may be physical or mental. Many harmful drinkers may not have understood the link between their drinking and the range of problems they may be experiencing. Leicester is likely to have at any one time a proportion of harmful drinkers consistent with that for England. In Leicester this translates into around 11,000 harmful drinkers.

The numbers of hazardous and harmful drinkers are increasing. The analysis provided in *Indications of Public Health in the English Regions*, shows that between 1994-96 and 2002-02 there was a 25% increase in males, and a 100% increase in females drinking to harmful or hazardous levels in the previous Strategic Health Authority area (Leicestershire, Northamptonshire and Rutland).[14]

It should be noted that most alcohol-related harm is caused by excessive drinkers whose consumption exceeds recommended drinking levels, not the drinkers with severe alcohol dependency problems[15].

Moderately dependent drinkers – here the level of dependence is not severe. For example, drinkers may not have reached the stage of drinking to relieve or avoid physical discomfort from withdrawal symptoms. They may recognise that they have a problem with drinking, even if only through pressure, for example from family members, employers or involvement with the legal system.

Severely dependent drinkers - typically have experienced significant alcohol withdrawal and may have formed the habit of drinking to stop withdrawal symptoms. They may have progressed to habitual significant daily alcohol use or heavy use over prolonged periods or bouts of drinking. They may have serious and long-standing problems. This category includes individuals described in older terminology as 'chronic alcoholics'.

While estimates of numbers of dependent drinkers should be treated with some caution applying the estimated East Midlands prevalence from the Alcohol Needs Assessment Research Project (ANARP)[16], would suggest that there are around 3,650 dependent drinkers in Leicester, but the true figure may lie between 1,825 and 6,843.

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[14] *Indications of Public Health in the English Regions :8: Alcohol*, Association of Public Health Observatories, 2007 (p103).

[15] Kaner EFS, Beyer F et al, Effectiveness of brief alcohol interventions in primary care populations (Review), The Cochrane Collaboration 2007. http://www.thecochranelibrary.com

[16] Drummond et al, Alcohol Needs Assessment Research Project (ANARP) the National Alcohol Needs Assessment for England, Department of Health, 2005.

8. The impact of alcohol misuse in Leicester

T*he effects of deprivation on alcohol misuse*. Leicester exhibits patterns of harm consistent with its higher level of deprivation as measured by Index of Deprivation 2007, which ranks Leicester as the 20th most deprived urban area in England.

The recent review published by the Association of Public Health Observatories showed that at the regional level in England there is a strong association between higher rates of deprivation and greater evidence of alcohol related harm. "The poorest local authorities (those with the highest measures of multiple deprivation) also tend to have the highest recorded levels of health and social outcomes related to alcohol use: crime, anti-social behaviour orders, teenage conceptions, chronic liver disease, incapacity benefit claimant rates and unauthorised school absences." [17] Leicester for example, in comparison with the rest of Leicestershire and Rutland, has lower rates of hazardous alcohol consumption, but significantly higher levels of harm, as seen above in alcohol related and specific deaths and alcohol related hospital admissions.

The North West Public Health Observatory provides seventeen statistical indicators of alcohol related harm broken down by local authority area[18]. Leicester is above the national average for all the health and crime indicators with the exception of hospital admissions for young people.

Health. Alcohol misuse can be directly linked to deaths from certain types of disease, such as liver cirrhosis, and in some cases, it may be associated with other causes of death, such as stroke. The National Alcohol Strategy estimates that up to 22,000 preventable deaths per year are associated in some way with alcohol misuse in England and over 30,000 hospital admissions due to alcohol dependence syndrome. Alcohol misuse accounts for up to 70% of A&E admissions at peak times.

Impacts are to be seen in alcohol related hospital admissions to University Hospitals of Leicester. An analysis of the number of bed days attributable to alcohol and estimated costs showed that in 2005-6 the cost in Leicester was just under £10 million[7].

Leicester has significantly worse rates than the average for England with regard to:

[17] *Indications of Public Health in the English Regions :8: Alcohol*, Association of Public Health Observatories, 2007

[18] Local Alcohol Profiles for England 2007, North West Public Health Observatory, http://www.nwph.net/alcohol/lape/index.htm (accessed 5 November 2007)

- Alcohol specific mortality (where alcohol consumption is thought to be a contributory factor for all cases). and chronic liver disease in men;
- Alcohol specific hospital admissions in men and women;
- Alcohol attributable hospital admissions in males and females. (where alcohol is thought to be a contributory factor for a varying proportion of cases).

Alcohol related hospital admissions (a combination of the latter two categories) have doubled since 2002, and Leicester has the highest rates of such admission in the East Midlands.

Mental health. The impact of alcohol is also seen in the impact on mental health. Nationally alcohol misuse is implicated in over 126,000 admissions to hospital for mental and behavioural disorders resulting from alcohol misuse – a rise of 75% over the past ten years. Again nationally it is estimated that up to 25% of suicides and 65% of suicide attempts are associated with alcohol.

Sexual health. Nationally, more than one in five men, one in six women and one in seven 16-24 year olds having had unsafe sex after drinking too much alcohol, increasing their risk of pregnancy and disease and a contributor to increased rates of teenage conception.

Crime and disorder. Nationally, alcohol consumption is involved in around half of all violent crimes (1.2million) and a third of all reported incidents of domestic abuse (360,000). In England around £7.3 billion is spent each year in tackling alcohol related crime and public disorder.

Leicester is significantly worse than the average for England with regard to alcohol-related recorded crimes, violent crimes and sexual offences. Just under half of all violent offences in Leicester are committed under the influence of alcohol. A higher volume of violent crime is non-domestic, though domestic crime is believed to be under-reported to a greater extent than non-domestic. The highest volume category of violent crime committed under the influence of alcohol is Actual Bodily Harm (ABH) followed by harassment. The vast majority (95%) of violent offences result in no injury or a minor injury. Serious/ fatal injuries are most likely following a domestic violent offence where the perpetrator was under the influence of alcohol.

Offenders. In England, over a third (37%) of offenders have been found to have a current problem with alcohol use, and a similar proportion (37%) with binge drinking. Of the 500 offenders under Probation Service supervision with an alcohol problem in Leicester, initial screening results from AUDIT suggests that up to 50% of these (or 250 per year) will be dependent to some extent on alcohol. In the first 6 months that it has been available the courts in Leicestershire and Rutland have made 61 Alcohol Treatment Requirement orders on offenders who were identified as dependent drinkers.

Road traffic accidents. Nationally up to 22,000 premature deaths at a cost of £2.4billion to the economy, including one in six of all deaths on the road.

Just over 4% of all road traffic accidents in Leicester, Leicestershire and Rutland are alcohol related. While the casualty rate per accident is similar for alcohol related and non-alcohol related accidents, alcohol-related accidents are more likely to result in serious or fatal injuries.

Fatal Fires. In around a third of all fatal fires the person was under the influence of alcohol at the time of the fire. Alcohol consumption may have contributed to the cause of the fire or an individual's inability to raise the alarm, fight the fire or escape once a fire has started.

Sense of community safety. Surveys have shown that a significant number of residents think that people being drunk or rowdy is a problem in their local area.

Those affected by others' alcohol misuse. In England it is estimated that up to 1.3million children are affected by parental alcohol problems. A recent mapping of services for young people affected by parental substance misuse indicated that a number of young people presenting to services need support . For example the Leicester Youth Offending Service estimated that about 6% of their client group – some 70-80 young people - need a specific intervention for issues related to parental substance misuse.

Impact on the workplace. Nationally up to 17million days absent from work, costing £6.4 billion in lost productivity, is attributable to alcohol misuse each year.

9. Current activity and issues to be addressed

Much work has been undertaken in Leicester to tackle alcohol misuse, however this strategy recognises that more needs to be done and a number of gaps in the local response have been identified. The remainder of this document sets out the issues to be addressed. The Action Plan which follows identifies the initial actions to take forward the strategy.

9.1 Strategy

Current situation
There is no clearly defined planning mechanism for tackling alcohol misuse within Leicester.

Issues
This strategy will address that gap by creating a coordinated approach within the Local Area Agreement (LAA) with governance linked to the CDRP, DAAT and Children and Young Peoples Partnership, and other key agencies, including the PCTs. The alcohol industry will also be involved in strategic leadership. This will be supported by the development of an investment plan with identified funding and an overall communication plan to support the dissemination of the strategy.

A strategic priority will be to collect and share data about alcohol misuse to ensure that there is robust baseline data available for planning and performance management. The recent extension of the National Drug Treatment Management System (NDTMS) is a major development in providing performance data from alcohol services in Leicester. In particular, it will be important to ensure that data is assessed on the needs of diverse groups. Information is also needed from A&E to pinpoint problems with licensed premises. Better data on alcohol related offending will also be important.

It is recognised that addressing alcohol harm is about changing behaviour, and in this values and public opinion matter as much as hard facts. Therefore engaging with public on alcohol issues and policy is an important action in taking forward this strategy. A 'Leicester Big Drink Debate' on key issues such as, for example: "Should the legal blood alcohol limit for drivers between 17 and 20 years be reduced to zero?", " How much tolerance should be allowed to licensees who sell drink to under-age young people?" Public responses could begin to influence local policy and be fed into national policy discussion and debates on the issue.

9.2 Prevention

Current situation

There is considerable overlap with the young peoples section, below, regarding prevention, and with the sections on treatment and community safety where there is much current activity that aims to promote responsible and lawful drinking often to specific groups within the population.

Issues

A coordinated approach is required to educating people about alcohol. This work will have two key aims:

- To increase awareness of units and the sensible drinking message
- To raise awareness of the health risks caused by alcohol misuse

Campaigns will need to be attractive and relevant to their target audience and address different groups in the community through effective social marketing and solid evidence of effectiveness. Campaigns should place information in relevant arenas and use innovative approaches such as social networking sites on the internet, or working with local football teams.

A particular concern is to ensure that advice about alcohol consumption is systematically promoted to pregnant women and their partners.

A significant proportion of domestic fires are related to alcohol misuse. It will be important to educate people about alcohol and the prevention of accidental fires and fire-related injuries

Information should also be targeted at community leaders to ensure that alcohol's impact is taken into account in local strategic and political decisions.

9.3 Treatment

Current situation

Services for the prevention and treatment of alcohol misuse in Leicester have developed opportunistically over a number of years with little strategic direction or focus. Despite this there exists a broad range of treatment options for individuals experiencing problems with their alcohol use in Leicester (See appendix 1). The service provision that makes up the current treatment system is provided from a range of organisations and covers open access provision, structured interventions, day care, services specifically for offenders via Probation, services working with street drinkers, specialist nurses within hospital settings, in-patient interventions, and access to residential rehabilitation. In addition there are services specifically for young people which include education as well as structured interventions.

Issues

Capacity. Only a small proportion of people who have dependent alcohol problems will seek help at any one time, and the advice from GPs and other agencies suggests that there are capacity issues in access to specialist treatment (tiers 3 and 4, see below) in Leicester.

The Alcohol Needs Assessment Research Project[19], while indicating there is no consensus in England, reports that in North America, an annual access level of 1 in 10 (10%) alcohol dependent individuals entering treatment per annum is regarded as a 'low' level of access, 1 in 7.5 (15%) 'medium' and 1 in 5 (20%) 'high'.

On the basis of the estimated numbers of dependent drinkers, presented in section 7 above, and current capacity levels, a broad brush estimate of the shortfall in capacity is shown in the table below. This shows that current capacity in Leicester is below the low access level, and to reach the medium access level would require just under a doubling of capacity (1.8 times current estimated levels). To achieve a high access level would require two-and-a-half times the existing capacity.

It is important to stress that this identified gap in capacity relates *only* to dependent drinkers and within a total treatment system capacity to meet the needs of hazardous and harmful drinkers also needs to be taken in to account. The ANARP report noted: "Consideration for hazardous/harmful drinkers in the same depth would have improved the comprehensiveness of the study implications, and provided a higher estimate of the size of the population in need of some form of intervention".

[19] Drummond et al, Alcohol Needs Assessment Research Project (ANARP) the National Alcohol Needs Assessment for England, Department of Health, 2005

Access to specialist treatment Leicester			
Source of demand	Estimated demand	Estimated current capacity for Leicester**.	Shortfall in capacity to meet ANARP* access indicators.
Dependent drinkers	3650		
If low access (10% of dependent drinkers)	365	300	65
If medium access (15% of dependent drinkers)	547	300	247
If high access (20% of dependent drinkers)	730	300	430
* Drummond et al, Alcohol Needs Assessment Research Project (ANARP) the National Alcohol Needs Assessment for England, Department of Health, 2005 ** Based on existing capacity of Community Alcohol Team for LLR. Current caseload indicates that 30% are from Leicester			

This strategy recognises that there needs to be a step change in investment in alcohol services in the city to ensure that treatment capacity is more in proportion to need. Capacity should be developed closer to where people live and primary care, as well as specialist services, has a key role to play in the response to people with dependent alcohol problems in the community, as well as with hazardous and harmful drinkers. It is proposed to develop a 'step change' business plan to identify more precisely the services required, the costs and cost-benefits from the higher levels of investment likely to be required, and a phased programme for that investment.

To lead this, and other treatment related developments, Leicester City PCT will establish a Commissioning Advisory Group to oversee the development of alcohol treatment services. The development will have an identified lead and be based on evidence of effectiveness.

Clarification of pathways The Department of Health's *Models of Care for Alcohol Misuse* (MoCAM) builds on evidence and provides national guidance on the range of alcohol treatment services to be commissioned in a local area[20] . MoCAM divides services into four tiers*:*

- Tier 1 Non-specialist services which see substance misusers e.g. social services, A&E and primary care, criminal justice agencies;
- Tier 2 Open access substance misuse services;
- Tier 3 Structured community-based substance misuse services;
- Tier 4 Residential substance misuse services.

See appendix 5 for an outline of the above service tiers.

A clear pathway needs to be developed from tier 1 through a well-designed system of tiered services. To date a structured approach to addressing the health needs of hazardous, harmful and dependent drinkers, as

[20] National Treatment Agency – Models of Care for Alcohol Misusers – Department of Health - 2006

recommended in *Models of Care for Alcohol Misusers*, has been limited by the absence of both a strategic direction and appropriate levels of funding. An enhanced service will require a more robust tier 2 service, more aftercare and day-care services. A service directory will be required to ensure that services and their roles are well advertised.

Targeted screening and brief interventions. The Department of Health *Review of the effectiveness of treatment for alcohol problems*[21] sets out evidence of the effectiveness of targeted screening and brief interventions[22], among other interventions. There is clear evidence that targeted screening and brief interventions carried out by the tier 1 /2 workers are effective in reducing alcohol consumption among hazardous and harmful drinkers to low-risk levels, more so with men than women. Research has shown that the effects of brief interventions persist for periods up to two years after intervention and perhaps as long as four years. There is low evidence of systematic targeted screening and brief intervention in the city and a key priority is the introduction of such screening and brief interventions for hazardous and harmful drinkers in non-alcohol-specialist setting. The Probation Service already carries out screening in their assessment of offenders.

It should however be noted that screening and brief interventions will also act to increase the identification of dependent and problematic drinkers who need specialist services where, as seen above, there is existing low capacity relative to estimated need. The ANARP study indicated that there is considerable scope for increased identification and referral to specialist care from generic services including primary care, general hospitals, mental health services, criminal justice agencies and social services, but noted that their findings 'suggest this needs to be tempered by ensuring adequate capacity in specialist alcohol services to meet increased demand from initiatives to increase screening and referral activity in non-specialist services.' The 'step change' business case referred to above should seek to manage the strategic tensions between these two modes and purposes of intervention.

Outcome measures and performance reporting. Treatment services will need to be developed within the context of a system of outcome measures and with the application of a performance management system. From April 2008 local alcohol services have been required to report service data on problem drinkers attending for treatment to the National Drug Treatment Monitoring System (NDTMS). Over time, this data will increase the understanding of the needs of problem drinkers in the city and of the effectiveness of services in responding to need. It is important that commissioners of services establish clear performance measures and the NDTMS data will be a significant aid to this.

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[21] Raistrick, Heather and Godfrey*, Review of the effectiveness of treatment for alcohol problems*, National Treatment Agency for Substance Misuse, 2007.

[22]See also, Kaner EFS, Beyer F et al, Effectiveness of brief alcohol interventions in primary care
populations (Review), The Cochrane Collaboration 2007. http://www.thecochranelibrary.com

Services also need to be developed for particular groups. Appropriate services will need to be offered to people who are homeless or require better housing. Wraparound services such as employment and training support or financial advice will also be required. A specific route into treatment is needed for people with a dual diagnosis of alcohol misuse and mental disorder. Clarity is required on who is responsible for people who are brain-damaged as a result of alcohol misuse. Approximately 40-60% of clients who enter alcohol treatment services will drop out within as little as a couple of sessions. These difficult to engage clients may be far riskier and more vulnerable than those in treatment. This is an important group of clients and a care pathway needs to be developed to address their needs. Particular difficulties are experienced by hostel providers in meeting the needs of homeless entrenched drinkers who develop medical and social care needs as complications of their alcohol dependency.

9.4 Community Safety

Current situation

Progress has been made in developing a dynamic and robust approach to the City Centre Night Time Economy. The Tackling Violent Crime Programme (a national body) has acknowledged innovation and success in building the local capability to manage alcohol related violence. This includes Safer Routes, a Best Bar None award scheme, test purchasing, and involvement of transport and security. Co-ordination between the licensing authority, police, noise control and other enforcement agencies takes place at regular meetings to identify problem premises and target enforcement action. A licensing forum has been set up to involve licensees in developing best practice. The challenge is to sustain and develop good practice across the whole of the city centre and to ensure more effective measures are evolved.

Issues

Crime and anti-social behaviour. It continues to be priority to tackle crime and anti-social behaviour linked to alcohol. This will require a number of developments. The local perception is that new legal powers are not required. Instead better co-ordination and enforcement of existing powers is required.

Targeted screening and Brief Interventions (see Section 9.3 above). Evidence supports a greater use of targeted screening and brief interventions in community criminal justice settings. These are essentially a preventive approach to alcohol problems which has been reinforced by epidemiological research which shows that, on a population level, the majority of alcohol-related harm is not due to drinkers with severe alcohol dependence but attributable to a much larger group of excessive or hazardous drinkers whose consumption exceeds recommended drinking levels and who experience an increased risk of physical, psychological or social harm[23].

[23] Kaner EFS, Beyer F et al, Effectiveness of brief alcohol interventions in primary care populations (Review), The Cochrane Collaboration 2007. http://www.thecochranelibrary.com

Engaging offenders in treatment. A priority is a focus on ensuring that there are pathways from the criminal justice system to treatment services for both persistent drunken offenders and those who are first experiencing problems due to alcohol (including the availability of brief interventions in the criminal justice setting). This will include the use of Alcohol Treatment Requirements, Conditional Cautioning, Arrest Referral and the provision of alcohol interventions to people in the Multi-Agency Public Protection Arrangements and Prolific and Priority Offender systems or on Acceptable Behaviour Contracts or Anti-Social Behaviour Orders.

Prisons. Local people with alcohol problems who are in the prison system should be targeted with advice and interventions and should be able to move into treatment immediately on leaving prison. Peer education in prisons should be considered as an approach.

Domestic violence. Alcohol is a contributory factor to a significant proportion of domestic violence and there is considerable local evidence to support this. Those working with problem drinkers should be aware of domestic violence and, where appropriate, alcohol interventions should be part of any programme targeting perpetrators and possibly victims of domestic violence. The alcohol strategy should link in to the local domestic violence strategies.

Night Time Economy. A continuing key priority is to manage alcohol misuse effectively within the night time economy (NTE) and to ensure the development of a planned and balanced NTE. The application of the Licensing Act 2003 should be monitored, including, members of the public making representations and seeking reviews of problem premises.

Workplaces. The wider economy and environment would also benefit from reducing the impact of alcohol misuse in the workplace. It will be useful to work with employers to ensure that all large employers have workplace alcohol polices and that their employees receive appropriate alcohol education and can access alcohol treatment if required.

Homeless. The needs of homeless drinkers or those with housing problems need to be considered. National research has shown that every £1 spent on alcohol housing related support can save £5 on health and social care costs. Consideration will need to be given to identifying and agreeing what housing services should be prioritised for problem drinkers.

9.5 Children and Young People

Current situation

Ensuring that all young people receive appropriate, evidence based, education about alcohol is vital. In particular, awareness should be raised

about safe and sensible alcohol consumption. Personal Health and Social Education lessons in school are the core of this and it is important to ensure that these inputs are fit for purpose.

Alcohol Education has now been identified as a priority area for work with schools by the newly set up PSHEE & Citizenship Advisory Service (PCAS) within C&YPS Learning Services. PCAS will manage the delivery of the National Healthy School Programme, Substance Misuse Training Team and Sex & Relations Education. PCAS has brought together the core C&YPS advisors for these areas as a co-located team which will allow for a more co-ordinated approach to developing alcohol education and related issues including training with City schools. There are good examples of peer education programmes in the City including ACE which is run by Voluntary Action Leicester and R.I.S.C (Real Information Safe Choices) which is co-ordinated by the City Youth Service. Ways of bringing together young people from such peer projects to share best practice and approaches across the City including exploring accreditation schemes for young people involved in their delivery are currently being explored.

Issues

The Children's Plan: Building Brighter Futures (December 2007) commits government to "work with our partners to strengthen the evidence base on young people and alcohol". The government will be publishing its review of alcohol education in summer 2008 and providing guidance to parents re young people and alcohol in early 2009.There will be a need to incorporate these findings into local practice.

It is also important to tackle *underage sales through regular campaigns of test purchasing and to tackle underage drinking in public places*. This should be accompanied by efforts to provide alternative activities to divert young people from drinking on the streets, as well as efforts to prevent the parental supply of alcohol or young people taking drink from home. C&YPS Youth Service currently provide a wide range of venues and activities for young people and are now working to link up with the vast array of 3rd Sector and other providers to provide as wide, varied and relevant set of positive activities for young people across the City. The City has set up its new Youth Parliament and is driving greater participation by young people through its Participation Strategy delivered by a dedicated senior manager from the Youth Service and the work of PCAS with its new NHSP Participation Toolkit that has just been completed ready for launch in the first term of 2008/9. Putting young people at the heart of decision making when it comes to services including positive activities provision should see more of them accessing such activities and contribute to decreasing negative activities including underage drinking in public places and associated ASB.

Systems to *identify children and young people at risk of harm from alcohol misuse and refer them to relevant bodies* which will provide support and treatment should be further developed and integrated. The Leicester Youth Offending Service (YOS) currently screen all young offenders and the Children and Young Person's Service(CYPS) screen looked after children.

PCAS has worked with the Education Welfare Service to develop a service Substance Misuse Policy and all truants formally involved with the service are now screened as part of Attendance Panel procedures. The city development and roll out of Integrated Service Hubs is currently trialling screening & referral procedures for drugs and alcohol with schools and agencies working with schools as part of the New Parks ISH.

Services will also need to *target parents whose drinking is putting the wellbeing of children at risk.*

Support and training. All this activity will require that staff working with children and young people are aware of alcohol and can refer to services or seek other help to safeguard child health and wellbeing. The Drug and Alcohol Response Team (DART)Training Programme has been established to roll this out through the Tier1/2 training programme. PSHEE & Citizenship Advisory Service currently delivers tailored Tier 1/2 and policy advice to schools in dealing with drug and alcohol issues as part of its NHSP support.

9.6 Equality and Diversity

The report by the Leicester Equality and Diversity Partnership[24] highlights inequalities with regard to race, gender, disability and this strategy has identified differences in consumption and problem drinking where information is available locally. It has also provided some information regarding religion or belief, sexual orientation and age in relation to alcohol use and misuse. An accurate assessment of both consumption and service needs of the Leicester population involves ensuring that there is an adequate understanding of equality and diversity issues with regard to alcohol harm. It is important that from the outset, as the alcohol harm reduction strategy is implemented and further developed, that there is a programme of Equality Impact Assessment, drawing upon local expertise and experience[25].

10. Governance arrangements

The action plan identifies how each target will be managed: the actions to be achieved, the agency responsible and the timescale. However, all these actions will be overseen and coordinated in a wider framework.

An Alcohol Harm Reduction Strategic Implementation Group will be established which will set outcome measures, receive progress reports

[24] Equality and Diversity Data for use by Leicester Partnership, Leicester Equality and Diversity Partnership, 2007

[25] See for example, www.leicester.gov.uk/your-council--services/jobs-and-careers/equality-and-diversity and www.edss.co.uk/

against the action plan and targets, identify resources and help overcome problems in meeting objectives and specific targets of the plan.

This group will have membership from:

- Leicester DAAT
- Leicester City PCT
- Leicestershire Police
- Leicestershire and Rutland Probation Trust
- Leicester City Council Licensing Department
- Leicester City Council Trading Standards Department
- Leicester Children and Young Peoples Service
- Leicestershire Partnership NHS Trust
- University Hospital of Leicester NHS Trust
- Licensed trade
- Service providers
- Service user representation
- Voluntary sector.

This group will report to the Drug and Alcohol Delivery Group and through them to the Safer Leicester Partnership Board. There will be reports also to other relevant groups, including the Leicester Health and Wellbeing Partnership.

12. Measuring and reporting progress

The key measure of success in the Leicester Local Area Agreement (see Appendix 3 for key LAA targets) is reducing the rates per 100,000 of alcohol related hospital admissions - viewed as an indicator of overall alcohol related harm in Leicester. Charts 1 and 2 below show that between 2002 and 2007 such admissions have doubled and that in the final quarter of 2007 Leicester had the highest rate of admissions in the East Midlands.

Chart 1:Alcohol-related Hospital admissions, 2002-2007

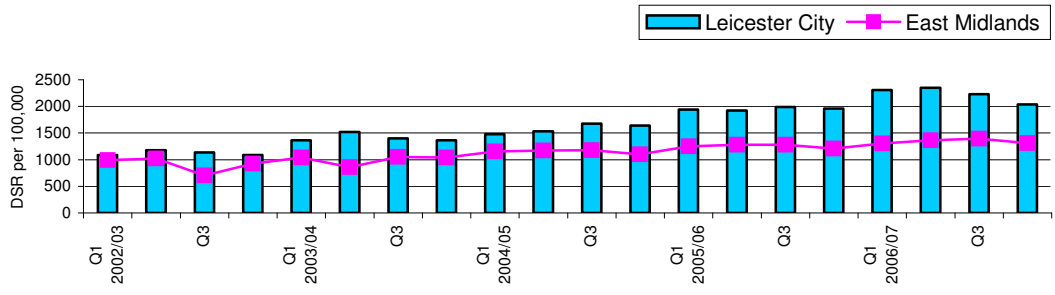
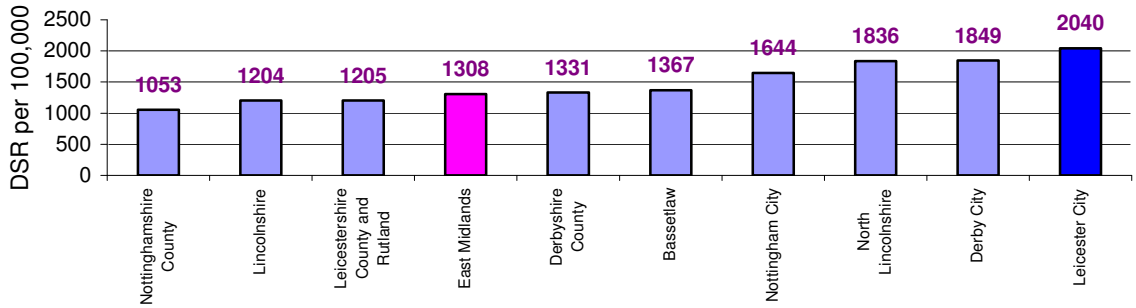


Chart 2: Alcohol-related admission rates for 2006-7 Q4 East Midlands Primary Care Trusts

Directly Standardised Rate (DSR) per 100,000



Given that some impacts are long term and the trend in alcohol-related hospital admissions is rising annually the target in the first instance is to reduce the rate of increase. The Table 1 below shows the aim to lower the annual increase from current position of 14% increase (from 2005-6 to 2006-7) to a 5% (or lower) increase by 2011.

Table 1: Alcohol-harm related hospital admission rates with projections 2007-8 onwards (NI39) (directly age-standardised rates per 100,000).

	2005-6	2006-7	2007-8	2008-9	2009-10	2010-11
Alcohol-related admissions	1960	2233	2523	2776	2970	3118
Rate of increase		13.9%	13.0%	10.0%	7.0%	5.0%

Baseline data provided by East Midlands Strategic Health Authority

Section 4 above presents a number of indicators relevant to reducing alcohol related harm. An early task of the Alcohol Harm Reduction Strategic Implementation Group is to develop further indicators by which the impact of the strategy can be measured. Further work will be undertaken to develop baselines for the actions contained in the Action Plan where these do not currently exist. The Safer Leicester Partnership will issue a report annually on the progress of the strategy.

13. Acknowledgements

This strategy and action plan has been produced by the Drug and Alcohol Delivery Group of the Safer Leicester Partnership.

Drug and Alcohol Delivery Group

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In Attendance

Mark Aspey	Young People's Commissioning Officer, Leicester City Drug and Alcohol Action Team
Ashok Chotalia	Commissioning Officer, Leicester City Drug & Alcohol Action Team
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14. LEICESTER ALCOHOL HARM REDUCTION ACTION PLAN JULY 2008

	Action	Baseline position March 2008	Target March 2009	Target March 2010	Responsibility	Resources
Strategy						
1	Establish a clearly defined planning mechanism for tackling alcohol misuse	No planning mechanism in place.	Alcohol Harm Reduction Strategic Implementation Group in place	To have kept the planning mechanism under review.	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	No financial investment required
2	Develop a plan to communicate this strategy and its actions.	No communication plan in place	Plan in place and in operation	Plan in operation	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	No financial investment required
3	Develop innovative ways of securing the involvement of the public in local and national policy development		Plan developed	The Leicester 'Big Debate' on alcohol issues held	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA
4	Involve representatives of the alcohol industry in the strategic planning group	No representatives involved	Representatives of the alcohol industry on the alcohol strategy group	Continued representation	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	No financial investment required
5	Develop a robust system of data collection to support planning	NDTMS data collection in place for alcohol treatment.	Agree further data to be collected and put systems in place	Partners making good use of local data to plan and assess progress.	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA
6	Establish a programme for an annual refresh of the strategy and needs assessment, including the needs of diverse communities.	Initial needs assessment undertaken	Needs assessment refreshed and used to inform commissioning intentions of	Needs assessment refreshed and used to inform commissioning intentions of	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA

			partners	partners.		
7	Establish programme of equality impact assessments	Uncertain with regard to EIAs	Programme established and underway	Continuing	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA
8	Appoint Alcohol Coordinator	No coordinator	Coordinator in post	continuing	Leicester City Council	Identified in 2008/9 DAAT infrastructure budget.

Prevention

9	Develop a programme of city-wide education campaign to raise awareness of units, sensible drinking message and the health and community safety risks caused by alcohol misuse (see also Young People section below)	campaign in place	Campaign in place	Campaign review	Safer Leicester Partnership (Drug and Alcohol Delivery Group)and Partners	TBA

Children and Young People

10	Ensure that all young people receive appropriate, evidence based, education about alcohol	Uncertainty as to level and quantity of education.	Audit of education in schools and youth clubs against new government guidance (Youth Alcohol Action Plan & New PSHEE /Citizenship Nat. curriculum) Alcohol specific Curriculum training and resource development for school staff takes place	All young people are made aware of safe and sensible alcohol consumption in PHSE lessons in school and these inputs are fit for purpose in line with government guidance	Leicester CYPS	TBA
11	Undertake regular campaigns of test purchasing by underage drinkers	8 campaigns held per year	12campaigns held per year	12campaigns held per year	Leicestershire Police	TBA
12	Develop positive activities to divert young people inappropriate alcohol use.		Consider position across all delivery groups of the Safer Leicester Partnership and explore with Children and Young Peoples Partnership with a view to influencing commissioning decisions for 2009/10 onwards.		Leicester CYPS Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA

13	Review and develop systems in place to identify children and young people at risk of harm from alcohol misuse and refer them to agencies for support and treatment	Screening in place through YOS, and part of CYPS and Common Assessment Framework(CAF)	Review and develop screening system delivered through CYPS and Integrated Service Hubs(ISH)(in particular Children in Need).	Monitor and review	Leicester CYPS Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA
14	Alcohol interventions are targeted at parents whose drinking may harm their children	No clear pathway or interventions	Pathway and interventions agreed and developed	Pathway in operation	Leicester CYPS Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA
15	Review and develop training for staff working with young people to identify, support and refer those with alcohol problems	DART Tier1/2 training. Training provided to school workforce by Substance misuse Training Co-ordinator(Learning services)	Training model reviewed. Look at ways of expanding alcohol specific training.	Revised Training programme rolled out	Leicester CYPS Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA
16	Promote information and advice to parents and carers re alcohol and young people	Unclear availability of advice and information	Promotion plan and initial promotion in Leicester	Further promotion activity in line with plan	Leicester CYPS Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA

Treatment

17	Establish commissioning group and leads for the alcohol treatment system	No group or leads in place	Commissioning Group and leads identified and operational	Lead in post	Leicester City PCT	Within existing resources
18	Develop screening and brief interventions for hazardous and harmful drinkers in non-alcohol-specialist setting e.g. primary care, and criminal justice settings	Limited availability of brief interventions	Planned approach to introduction developed and implemented	Brief interventions available in primary care and criminal justice settings	Leicester City PCT	Within funding element in PCT Operational Plan 2008/9 onwards
19	Appoint alcohol liaison nurse post at University Hospitals Leicester (UHL)	No service available	Brief interventions and alcohol liaison post available at University Hospitals Leicester (UHL)	Ongoing service provision	Leicester City PCT and UHL Trust	Within funding element in PCT Operational Plan 2008/9 onwards
20	Increase treatment service provision to link with UHL post (above)	Current staffing of community based alcohol services identified in appendix X	Further post commissioned and recruited.	Ongoing service provision	Leicester City PCT	Within funding element in PCT Operational Plan 2008/9 onwards
21	Develop a service for homeless harmful, moderately and severely dependent drinkers, provided from primary care on an outreach basis to improved access.	Brief interventions and community detoxification treatments provided in at the Dawn Centre and the Anchor Centre by the Homeless Primary Care Service, but no specific resource or support in place.	Post Commissioned and Recruited	Ongoing Service provision	Leicester City PCT	Within funding element in PCT Operational Plan 2008/9
22	Explore a Local Enhanced Scheme to support GPs to carry out	No service available	Possible LES explored with view to 2009/10		Leicester PCT	TBA

	community detoxifications		commissioning round			
23	Develop a commissioning model for the development of the tier 2-4 treatment system	No model available	Model developed and used as the basis for commissioning services	Model used as the basis for commissioning services	Leicester PCT	Within existing resources
24	Develop a service directory to ensure that services and their roles are well advertised	Up to date service directory not available	Directory updated	Directory updated	Leicester PCT	Within funding element in PCT Operational Plan 2008/9 onwards
25	Develop a care pathway to meet the needs of clients who are difficult to engage in alcohol services	No pathway available	Develop pathway	Pathway operational	Leicester PCT	TBA
26	Establish a system of outcome measures and performance management in the alcohol treatment system.	NDTMS data collection initiated	Further development of performance management based on NDTMS	All services have outcome measures and a performance management system	Leicester PCT	Within existing resources
27	Assess resource required to ensure level of capacity is in greater proportion to need for treatment and develop a 'Step Change' business case.		Business case developed and used to inform commissioning decisions by partners		Leicester PCT	Within funding element in PCT Operational Plan 2008/9 onwards
28	Explore the further development of housing services prioritised for problem drinkers particularly those with medical and social care needs as complications of their dependency.	A mixture of accommodation available including hostels and supported accommodation	Assessment completed and used to inform commissioning decisions by partners		Safer Leicester Partnership (Drug and Alcohol Delivery Group) Supporting People	TBA

Community Safety

29	Ensure availability of Conditional	Conditional	Conditional cautioning	Conditional	Leicestershire	TBA

	Cautioning for alcohol offences	cautioning not yet in place.	established	cautioning in place	Police	
30	Ensure Alcohol Treatment Requirements continue to be operational	Alcohol Treatment Requirements are available but funding will be a problem after March 2009.	Agreement on funding of Alcohol Treatment Requirements established	Alcohol Treatment Requirements established with a firm financial basis	Leicestershire and Rutland Probation Trust and Leicester PCT	Within funding element in PCT Operational Plan 2008/9 onwards
31	Develop arrest referral scheme for alcohol offences	Arrest referral for alcohol offences not in place	Arrest referral system in place	Arrest referral system in place	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA
32	Develop the availability of alcohol treatment to MAPPA and PPO clients	No clear pathway for alcohol treatment is available to MAPPA and PPO clients	Alcohol treatment pathway established for MAPPA and PPO clients	Pathway operational	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA
33	Target local people with alcohol problems in the prison system with advice and interventions and ensure they are able to move into treatment on release	No alcohol interventions or pathways for prisoners	Included in SLA for 2009/10 onwards	Prison interventions and pathways established	Leicester PCT	TBA
34	Establish baseline data on the local relationship between domestic violence and alcohol misuse	No data at present	Establish data monitoring systems in A&E, custody, probation ,alcohol, MARAC and domestic violence services	Monitor data	Safer Leicester Partnership	TBA
35	Ensure that all staff in services for problem drinkers are trained to identify and address domestic violence	Limited training at present	Training programme established	Ongoing training	Safer Leicester Partnership	TBA
36	Train staff in all interventions targeted at perpetrators and possibly victims of domestic violence can identify and address	Limited alcohol training at present	Training programme established	Ongoing training	Safer Leicester Partnership	TBA

	alcohol misuse					
37	Target alcohol interventions at people on ABCs or ASBOs	No systematic interventions in place	Systematic interventions established	Systematic interventions operational	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA
38	Consider continuation of Best Bar None accreditation / award scheme	Scheme in place	Evaluate and consider future funding of the scheme		Safer Leicester Partnership (Violent Crime Delivery Group)	TBA
39	Ensure safer glassware is used in all appropriate licensed premises	Safer glassware not invariably used	Agreement with Pub watch about roll out of safer glassware	Safer glassware used in all appropriate licensed premises	Leicester City Council - Licensing	TBA
40	Establish a clear link between the alcohol strategy group and local Pub Watch groups	No clear link	Members of the strategy group attend Pub watch meetings at least twice per year and report back	Ongoing attendance	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	No financial investment required
41	Keep under review the further use of street drinking bans		Annual review	Annual review	Leicestershire Police	No financial investment required for review
42	Encourage all employers to have workplace alcohol policies including referral procedures to treatment for employees	Not clear what policies and referral mechanisms are in place.	Assessment of current situation in the city.	Top 20 employers in the city top have policies and referral procedures in place	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA
43	To develop end to end treatment provision throughout the criminal justice process for alcohol misusing offenders	Gaps exist within current provision/care pathway. DIP provides potential framework	End to end treatment pathway established	Pathway operational	Safer Leicester Partnership (Drug and Alcohol Delivery Group)	TBA

APPENDIX 1: Overview of alcohol treatment services in Leicester (Leicestershire and Rutland)

	Service Name and location	Type of service	Tier	Outline of main activities	Target group	Activity 2007/8	Funding and source
1	The Anchor Centre(LCPT) Leicester	Day centre with 'wet' room;	1 & 2	Access to mainstream services Protection for service-users Key work with service-users Referral for treatment	Adults; majority are people of no fixed abode; Alcohol units ~ 200 per week. In 2005/2006, there were 53 service users for alcohol and 29 poly substance users	86 registered cases	£70k Leicester City DAAT until 31 March 2009
2	Leicestershire Community Projects Trust (LCPT) Leicester	Open access' alcohol advice centre (AAC) Structured day care treatment programme	2 3	Brief interventions Case-work Telephone helpline Life-skills programme Focus groups Acupuncture	Adults; Alcohol units ~ 50-60 men, 30-40 women. BME & young parents misrepresented. 477 triage assessments performed 05/06 including clients wanting drug treatment.	362 service users	£64,572 (Alcohol Advice Centre) £84,758 (Day Care) Leicester City Council
3	New Directions (LCPT) Various locations in city and county. Offices Leicester	Open access' i.e. can self-refer	2	Alcohol awareness and education Binge-drinking control Key-work	Under 18 year-olds; Alcohol units = ~6-14 units a day. Mostly binge-drinkers.	In 2007/08 the team worked with 21 clients in treatment where alcohol was the main or secondary problem drug..	Drugs Pooled Treatment Budget.

4	Community Alcohol Team (CAT); part of the NHS Leicestershire Partnership Trust Leicester outskirts and Leicester General Hospital	• Referral only treatment service • Inpatient beds. • Psychiatry staff	3	Assessment Refer other services Psychiatry input Medical care & counselling treatments i.e. detoxification.	Adults mostly; Alcohol units ~ 157 average for men and 94 average for women. 1.9:1.0 Men to Women.	272 service users in treatment	Inpatients £128,540 Outpatients/Community £365,611 Leicester City PCT
6	.5 Alcohol Liaison Specialist Nurse UHL	Assessment Brief interventions Detoxification Referral	1,2	Assessment Brief interventions Detoxification Referral	Being established. Full time post shared and jointly funded with Leicestershire and Rutland	N/A	£23k Leicester City PCT
7	Community Alcohol Liaison Specialist Nurse	Receive referrals from UHL post	3	Assessment Refer other services Psychiatry input Medical care & counselling treatments i.e. detoxification	Being established. Full time post for Leicester	N/A	£45k Leicester City PCT
8	Leicestershire and Rutland Probation Trust	ATRs Structured Treatment programme for moderately dependent alcohol users on Community orders (ATRs)	3	Day care Alternative Therapies 1:1 Keyworker Support	Offenders who are moderately dependent drinkers	Pilot for 50 offenders until 31/3/09. Likely need 120 per year	Monies provided by Regional Offender Management and LCRPCT
9	Leicestershire and Rutland Probation Trust	Low Intensity Alcohol Programme	2/3	14 session programme		100 places per year	Core Probation funding

10	Leicestershire and Rutland Probation Trust	Offender Substance Misuse Programme	2/3	For offenders who are at high risk of re-offending		30 places per year	Core Probation Funding
11	Leicester Youth Offending Service	Screening and structured interventions including referrals of young people leaving secure estate and access to programme of activities under Resettlement and After care Provision(RAP)	2/3		Young Offenders-	1247 over 2007/08	YJB and Area Based Grant.

Appendix 2 – Glossary
ABC – Acceptable Behaviour Contract a voluntary agreement on the part of someone committing anti social behaviour to make changes to their behaviour
ASBO – Anti-Social Behaviour Order a court order compelling someone committing anti social behaviour to make changes to their behaviour
Best Bar None scheme - Awards given to pubs, nightclubs and bars which meet a standard of excellence and customer care and safety.
Choosing Health - Government White Paper (published 2004) on promoting health and wellbeing, protecting health and preventing ill health, rather than treatment and care.
Community Strategy - Leicester City Council led joint strategy to improve services to the local community.
Leicester Drug and Alcohol Action Team - Team responsible for all aspects of tackling drug and alcohol misuse in Leicester
Leicester Partnership - The partnership (also known as the Local Strategic Partnership – LSP) set up by Leicester City Council, comprising public, private, business, community and voluntary sectors. The aim is to create a shared vision and long term plans for agencies to work together for the overall good of people in Leicester . It has a number of subgroups (Delivery Groups – including one on Health and Wellbeing) tightly focused on delivering objectives.
Local Area Agreement - Agreement between local statutory and non statutory agencies with common targets around service improvements for local people.
Local/National Enhanced Services - National enhanced services are set nationally by the Government and local enhanced services are commissioned entirely by local negotiation to meet local specific needs.
Local Strategic Partnership (LSP) - Draws together organizations from the public, private, business, community and voluntary sectors within the local authority, social and environmental well being of the community.
MAPPA – Multi-Agency Public Protection Arrangements a community based structure for managing high risk offenders
Models of Care for Alcohol Misuse - Guidance on ways of treating alcohol misuse. (MoCAM)
National Treatment Agency - National agency who provides a framework for the development of treatment services for drug misuse. It also performance manages drug action teams.
Primary Care Trust - An NHS body whose main tasks are to assess local health needs, develop and implement Local Delivery Plans, provide primary care services and commission services from hospitals run by NHS Trusts. PCTs are run by a Board whose members include GPs, nurses, representatives from local authority social services, and the lay public.
Leicestershire and Rutland Probation Trust - Providing management of offenders on Community Orders from the Courts and prison licences.
PPO – Prolific and Priority Offenders – a service working to rehabilitate those committing the most crime
Safer Leicester Partnership - Overarching partnership between the Police, Leicester City Council, and PCT to reduce crime including that associated with alcohol misuse
UHL Trust – University Hospitals Leicester NHS Trust – provides hospital services for Leicester

Appendix 3 – Key targets

Safer Leicester Delivery Group – LAA Sign-Off

Priority	Indicator(s), including those from national indicator set (shown with a *)	Baseline	LAA Improvement Target, including those to be designated (shown with a *), and including education and early years targets[26]			Lead partners
			08/09	09/10	10/11	
Acquisitive crime	NI 16 **Serious acquisitive crime rate**	8151 28.1 offences per 1000 (2007/8)	7906 27.3 offences per 1000 (3% reduction)	7662 26.5 offences per 1000 (6% reduction)	7417 25.6 offences per 1000 (9% reduction)	**Leicestershire Constabulary** Delivery through Safer Leicester Partnership
Offender management	NI 18 **Adult re-offending rates for those under probation supervision**	N/A	N/A	N/A	N/A	**Leicestershire & Rutland Probation Area** Delivery through Safer Leicester Partnership
	NI 19 **Rate of proven re-offending by young offenders**	N/A	N/A	N/A	N/A	**Youth Offending Service** Delivery through Safer Leicester Partnership
Violent crime	NI 20 **Assault with injury crime rate**	4145 14.31 offences per 1000 (2007/8)	4021 13.9 offences per 1000 (3% reduction)	N/A	N/A	**Leicestershire Constabulary** Delivery through Safer Leicester Partnership

Anti-social behaviour	NI 27 **Understanding of local concerns about anti-social behaviour and crime by the local council and police**	N/A	N/A	N/A	N/A	**Leicester City Council/ Leicestershire Constabulary** Delivery through Safer Leicester Partnership
Domestic Violence	NI 32 **Repeat incidents of domestic violence**	N/A	N/A	N/A	N/A	**Leicestershire Constabulary** Delivery through Safer Leicester Partnership
Drug and alcohol misuse	NI 39 **Alcohol-harm related hospital admission rates**(directly age-standardised rates per 100,000)	2233 (2006-07)	2776	2970	3118	**Leicester City PCT** Delivery through Health & Well-Being Partnership with support from Safer Leicester Partnership
	NI 40 **Drug users in effective treatment**	1090 (2007/8)	1145 Increase of 55 (5%)	1156 Increase of 66 (6%)	1168 Increase of 78 (7%)	**Drug & Alcohol Action Team** Delivery through Safer Leicester Partnership

Appendix 4 – Alcohol definitions

Alcohol: Alcohol is a compound of carbon, hydrogen and oxygen, which is produced when glucose is fermented by yeast. The alcohol content of a particular drink is controlled by the amount of yeast and the duration of fermentation. Fruits are used to make wines and ciders, while cereals such as barley and rye form the basis of beers and spirits. Alcohol is a drug that has the immediate effect of altering mood. Because drinking makes people feel relaxed, happy and even euphoric, it is often surprising to learn that alcohol is in fact a depressant. It switches off the part of the brain that controls judgement, leading to loss of inhibitions

Units: Because alcoholic drinks vary in their volume and alcohol content, alcohol consumption in the UK is measured in terms of 'units' of alcohol. A 'unit' is a standardised measure of the alcohol content of a drink and approximates to 10ml or 8g of pure alcohol. The number of units in any one drink will therefore vary according to the alcohol content – the % alcohol by volume (ABV) – and the volume or amount of the drink consumed. As a general guide a 'unit' of alcohol is the amount contained in half a pint (284ml) of beer, a single glass (125ml) of table wine, a single glass (50ml) of fortified wine, for example sherry, or a single measure (25ml) of spirits. This is very general. The Office of National Statistics reported in December 2007 that because of a trend towards larger servings and greater alcoholic strength there was a likelihood that surveys were under-reporting the number of units drunk in a day or a week, and terms like 'moderate' drinker were unlikely to be consistent between studies. To accurately calculate the number of units in any given alcoholic drink, multiply the amount of drink in millilitres by the % ABV, and then divide by 1,000.

Recommended units: The Department of Health advises that men should not drink more than 3 - 4 units of alcohol per day, and women should drink no more than 2 - 3 units of alcohol per day. Pregnant women and those engaging in potentially dangerous activities should drink less or nothing at all. After an episode of heavy drinking it is advisable to refrain from drinking for 48 hours to allow the body to recover. This is a short term measure and people whose pattern of drinking places them at significant risk should seek professional advice. Such breaks are not required on health grounds for people drinking within the recommended benchmarks above.
The above guidance was effective from 1995 and was a change from a weekly to a daily measure of consumption. The General Household Survey continues to measure levels of weekly consumption in order to track changes in drinking patterns and use is still made of weekly units in describing risk.

Appendix 5 – Models of care for alcohol misusers – tiers of treatment

Box 1: Models of care for alcohol misusers – tiers of treatment

Tier 1 interventions: alcohol-related information and advice, screening, simple brief interventions and referral.
Tier 1 interventions include provision of:

- identification of hazardous, harmful and dependent drinkers;
- information on sensible drinking;
- simple brief interventions to reduce alcohol-related harm;
- referral of those with alcohol dependence or harm for more intensive interventions.

Tier 2 interventions: open access, non-care-planned, alcohol-specific interventions
Tier 2 interventions include provision of open access facilities and outreach that provide:

- alcohol-specific advice, information and support;
- extended brief interventions to help alcohol misusers reduce alcohol-related harm;
- and assessment and referral of those with more serious alcohol-related problems for care-planned treatment.

Tier 3 interventions: community-based, structured, care-planned alcohol treatment
Tier 3 interventions include provision of community-based specialised alcohol misuse assessment, and alcohol treatment that is care co-ordinated and care-planned.

Tier 4 interventions: alcohol specialist inpatient treatment and residential rehabilitation.
Tier 4 interventions include provision of residential, specialised alcohol treatments which are care-planned and co-ordinated to ensure continuity of care and aftercare.