

NOTTINGHAM ALCOHOL STRATEGY

2008-2011



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1. Executive Summary

Alcohol can play a positive role in our society. The vast majority of adults that consume alcohol do so safely and sociably, within government guidelines and without experiencing or causing problems. However, excessive consumption by a minority is causing significant problems of ill health, crime and disorder, and is costing the country dear in financial resources. Approximately half of all violent incidents occur at the weekend, the majority of which take place at night in and around pubs and clubs. Recent government research revealed that 70% of attendances at accident & emergency between midnight and 5 am were alcohol-related and it was estimated that 35% of A&E and ambulance costs may be attributable to alcohol (1). Alcohol-related illness or injury accounts for 180,000 hospital admissions per year (2). The Prime Minister's Strategy Unit estimates the annual costs of the harms associated with alcohol misuse at over £15 billion.

In 2004, the government published its first programme of action to respond to the harms caused by alcohol. The *Alcohol Harm Reduction Strategy for England* (3) was followed by a wealth of policy initiatives from the Department of Health and the Home Office to address alcohol-related harms. *Safe. Sensible. Social.*, published

in 2007 to outline the next steps in the national alcohol strategy, signifies a continued momentum in the government's drive to tackle the harms caused by alcohol.

National policy must be enhanced by local action. Local authorities, the police, primary care trusts, and criminal justice agencies, are under statutory obligation to work in partnership to develop localised solutions to local alcohol-related harms. In 2006, the Nottingham Crime & Drugs Partnership published its first alcohol strategy. *Nottingham City Alcohol Harm Reduction Strategy 2006-2009* (4) signified a sharpened focus on the alcohol agenda from local authorities in Nottingham and created greater co-ordination between measures being delivered to reduce alcohol-related harm across the health, education, social care and criminal justice fields. *Nottingham Alcohol Strategy 2008/11* reviews and builds on the progress made since 2006, and details the next steps in the local response to alcohol-related harm.

The overall aim is to reduce the harms caused by alcohol to:

- the community as a result of associated crime, disorder and antisocial behaviour
- the health and well-being of those who drink harmfully

- The development and well-being of young people and families (5).

A number of policies introduced in 2006 will continue. In addition, this renewed strategy will deliver:

- **Health promotion campaigns.** A three-year campaign will be launched targeting parents of young people aged under 18 to develop parental responsibility for their children's drinking. Messages will be delivered across a range of media and supported by a wide range of activity from local agencies. In addition, the CDP will continue to work with the city's universities to deliver alcohol awareness campaigns specifically aimed at students
- **A review of the alcohol treatment system.** The Nottingham alcohol treatment system will be reviewed and judged against the best practice model provided by Models of Care for Alcohol Misusers (6)
- **Screening for alcohol disorders at A&E and GP surgeries and the provision of brief advice for those who want to drink less**

- **Tougher action against off-licenses selling alcohol irresponsibly and a more effective response to persistent street drinkers**
- **Early intervention to prevent the onset of youth alcohol misuse through the DrugAware Award Scheme.**
- **Improved understanding of local alcohol-related harms.** An on-line alcohol consumption survey for young people under 18 will be launched. In addition, a comprehensive crime and disorder audit will be carried out in line with government guidelines. Routine collection and analysis of data from the police and accident & emergency will also enable local partners to deliver intelligence-based responses to problems.

2. Setting the scene

In recent years, alcohol has become a major cause of public concern. There is almost constant coverage in the national press of out-of-control binge drinkers, city centre violence, underage drinkers, and the increasing burden placed on the health service by alcohol-related disease. Nottingham has often been the subject of such negative media coverage. However, the majority of us consume alcohol safely and sociably, and alcohol plays an important part in British culture. Here are some of the facts about alcohol and its impact on society today.

Key facts about alcohol

Impact on health

- UK residents are drinking more often than previously. Thirty per cent of adults in 2006 reported that they had a drink on at least three days a week in the last 12 months, compared with 26% in 2004 (7)
- While men are still much more likely to drink heavily than women, an increasing proportion of women are exceeding recommended levels

- Young people aged 16-24 years old are more likely to drink excessively than older drinkers. However, older drinkers and those from higher income brackets are more likely to drink regularly than young people
- An increasing number are choosing to drink at home, with fewer people consuming alcohol in licensed premises
- 69% adults have heard of government guidelines on alcohol consumption (see below) but over a third do not know what the recommendations are
- Regularly exceeding government guidelines can lead to a range of health problems and illnesses, including liver disease, cancer, pancreatitis, hypertension, coronary heart disease and stroke
- Alcohol-related deaths have doubled since 1979

Table 1: Department of Health guidelines on consumption (8)

	Sensible daily consumption on no more than 5 days per week	Sensible weekly consumption	Binge drinking	Hazardous drinking	Harmful drinking
Men	3 – 4 units	< 21 units	8 or more units in a day	22-50 units per week	>50 units per week
Women	2 – 3 units	< 14 units	6 or more units in a day	15-35 units per week	> 35 units per week

Crime, disorder and antisocial behaviour

- The link between alcohol and violence is well-documented. National research estimates that a significant proportion of violent offences (37% of violent offences against the person, and 13% sexual assaults) are associated with alcohol consumption (9)
- The peak time for violent offending is at the weekend, at night time. The peak location is in and around pubs and clubs

- A national A&E study has found that glasses or bottles had been used in 8% assaults resulting in facial injuries (10)
- Alcohol-related violence in the night-time economy is putting an increasing burden on accident & emergency departments, the police and the ambulance service. 4,000 attendances at accident & emergency departments in Nottingham in 2006/07 are thought to have been alcohol-related. Furthermore, to manage the growing amount of night-time violence, police forces are moving police officers from daytime to night-time shifts

- There is a strong association between alcohol use and sexual and domestic violence

Alcohol & under 18s

- The proportion of young people consuming alcohol has fallen in recent years. However, those that do drink are consuming more alcohol, more often than previously
- Consumption levels amongst the youngest drinkers, aged 11-13, are increasing. A higher proportion of 12/13 year olds in the East Midlands consume alcohol than the national average (11)
- Under-age drinking is associated with a number of harms including drunk and rowdy behaviour in public places, alcohol-related hospital admissions for alcohol poisoning, unplanned/unwanted sex, teenage pregnancy, and youth offending
- Alcohol misuse is higher amongst vulnerable young people including truants, those excluded from school, and those in care
- Children of problem drinkers experience higher levels of behavioural and emotional problems and get into more trouble at school. Children affected by parental alcohol

misuse are also more likely to develop problems with alcohol themselves.

A three-pronged approach is required to manage the range of harms caused by alcohol:

Prevention/early intervention – improving an awareness of the risks associated with alcohol misuse amongst the majority and preventing young people under 18 from developing harmful drinking habits

Binge drinkers aged 18-24 years – tackling the minority who are responsible for a disproportionate amount of crime and disorder

Managing existing health harms – providing appropriate treatment for those already exhibiting health harms caused by alcohol.

Progress so far

The *Nottingham City Alcohol Harm Reduction Strategy 2006-2009* set out to:

- Reduce the rate of alcohol-related crime, disorder and nuisance

- Increase the knowledge and understanding of alcohol misuse and alcohol-related harms with a view to changing attitudes to irresponsible drinking
- Improve identification and ensure treatment and support services for people with alcohol-related problems and their families or carers are appropriate, effective and accessible
- Reduce the negative impact alcohol has on young people and their families and to encourage a safe relationship with alcohol
- Reduce the negative impact that alcohol has on students and their communities and to promote a safe relationship with alcohol.

To date, significant progress has been made against each of these aims:

- A new data collection system was introduced in the QMC's accident and emergency department in early 2008 to collect data on attendances for assault. This information will be fed back on a routine basis to the CDP and the police to help identify hotspots of alcohol-related violent crime and enhance the intelligence base for enforcement action
- A multi-agency case conferencing group has been established to tackle the problem of street drinkers. This group, involving the CDP, the police, the local authority, the community protection service and alcohol treatment services, meets bi-

monthly to develop a holistic programme of action to address the needs of individual street drinkers

- Intelligence-driven test purchases are carried out each month in 'off-license' and 'on-license' premises to tackle underage sales of alcohol
- Glassing incidents in licensed premises are monitored on a daily basis by the police, which works in partnership with licensees to develop solutions to reduce the risk of further incidents
- The use of the Alcohol Use Disorder Identification Test (AUDIT) in accident & emergency to screen patients for alcohol misuse has been agreed. Brief interventions will be delivered in conjunction with this tool to encourage individuals to reduce their alcohol consumption
- The use of the AUDIT screening tool within the Nottinghamshire Probation Service is due to start in April 2008
- Fifty-seven per cent of Nottingham schools have achieved full Healthy Schools status. Sixty-seven per cent of schools in the city have met the drugs and alcohol standard of the Healthy Schools programme, which, amongst other requirements, requires schools to deliver substance misuse education
- The Ngage assessment toolkit, designed to assess children under 18 for harms caused by their own or someone else's alcohol use, has been introduced in several Nottingham

schools. Every pupil in years 7 and 9 in these schools will be assessed via this tool

- The hidden harm strategy continues to protect children whose safety is affected by parental alcohol use.

Despite this progress, there remains more that can and needs to be done in order to achieve a reduction in alcohol-related harms in Nottingham.

Priority actions

The Nottingham Alcohol Strategy 2008/11 is based around the three biggest challenges relating to alcohol harms in Nottingham:

- Health & Well-being
- Crime, Disorder & Antisocial Behaviour
- Children & Young People

The priorities for each theme will be as follows:

Health & well-being

- Promoting sensible drinking and raising public awareness of the health risks associated with excessive alcohol consumption

- Early identification and brief advice
- Addressing the link between alcohol misuse and homelessness
- Reducing repeat presentations at accident & emergency for alcohol-related illness or injury
- Providing effective, evidence-based interventions and treatment for hazardous, harmful and dependent drinkers

Crime, disorder & antisocial behaviour

- Improving the evidence base on alcohol-related crime and violence
- Tackling alcohol-related antisocial behaviour
- Managing alcohol misuse within the night-time economy
- Addressing alcohol-related offending

Children & young people

- Prevention and education
- Reducing under-age sales of alcohol
- Addressing parental alcohol misuse
- Developing early identification and intervention
- Developing treatment & support

National drivers for action on alcohol

Safe. Sensible. Social

Safe. Sensible. Social. sets out the government's aims for reducing alcohol-related harm:

- To reduce levels of alcohol-related violent crime, disorder and antisocial behaviour
- To reduce public perceptions of drunk and rowdy behaviour
- To reduce chronic and acute ill health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions
- To increase public awareness of the risks associated with excessive consumption.

A pivotal theme of the strategy is a coordinated, localised approach to the alcohol problem to support central policies and deliver targeted action to achieve better outcomes for local people. The strategy requires all Crime and Disorder Reduction Partnerships (CDRPs) to have a local alcohol strategy in place by April 2008.

Choosing Health White Paper

The Department of Health's commitment to reduce alcohol-related harm and promote sensible drinking was set out in *Choosing Health: Making healthy choices easier* (12). This included:

- Training for professionals
- Piloting screening and brief interventions in primary and secondary health settings, including accident & emergency
- Screening and brief intervention pilots in criminal justice settings
- A programme of improvements for treatment services
- Additional funding from April 2007.

Models of Care for Alcohol Misusers

Models of Care for Alcohol Misusers (MoCAM) provides a best practice model for the commissioning of alcohol services based on the commissioning model established for drug treatment services in Models of Care for Drug Misusers. MoCAM describes best practice interventions and treatment for four main categories of alcohol misusers: hazardous drinkers, harmful drinkers, and moderately and

severely dependent drinkers. MoCAM establishes a quality framework and minimum standards for the management and provision of local alcohol services.

The Licensing Act 2003 (13)

The Licensing Act 2003 came into force in November 2005. The Act has a key role in the prevention of crime and disorder. Key powers introduced by the Act include:

- Expanded police powers to close down licensed premises
- Increased fines for irresponsible licensees
- Increased penalties for breaches of license conditions
- Increased penalties for selling alcohol to children.

Local authorities must ensure full use of the powers granted under the Licensing Act in order to maximise the impact on crime and disorder.

Crime and Disorder Act 1998 (14)

The Crime and Disorder Act places a statutory obligation on the police and other local authorities to work in partnership with each other to tackle crime, disorder and the misuse of drugs.

Saving Lives. Reducing Harm. Protecting the Public. (15)

This action plan sets out what the government, police and other partners will do to tackle serious violent crime, including alcohol-related violence, over the next three years.

The local policy context

Tackling alcohol-related harm is recognised as a priority for Nottingham City and initiatives to reduce these harms are already well-established within the strategic plans of local agencies. Reducing alcohol-related health harms, preventing alcohol misuse amongst young people under 18, and tackling crime and disorder related to alcohol misuse are named priorities in the following corporate strategies:

- Children and Young People's Plan
- Nottingham City Council's Corporate Plan 2006/11
- One Nottingham – One Plan 2006/09 – the city's community and neighbourhood renewal strategy
- The PCT's Health Improvement Strategy 2008/13
- Nottinghamshire Police's Local Policing Plan
- CDP's Partnership Plan

From April 2008 the Nottingham's Local Area Agreement will include a target for alcohol. Local Area Agreements (LAAs) form the basis of local community planning. The LAA represents a three-year agreement between a local area and central government. The LAA details how local priorities will be addressed by local partnerships. A number of outcomes or targets are chosen to reflect both local and national priorities. One of the targets in Nottingham's LAA will be alcohol-related in response to the growing impact of alcohol harms locally and nationally. This target will be incorporated into the corporate plans of partner agencies.

One Nottingham launched its Early Intervention Programme in April 2008. The aim of this programme is to identify and provide support to those individuals and families at risk at the earliest possible stage. Preventing the onset of alcohol and drug misuse amongst children will form an important strand of this programme. This work will be delivered through this strategy, in close collaboration with One Nottingham (please see section 7 for details).

3. Key aims and targets

The *Nottingham Alcohol Strategy 2008/11* aims to reduce the harms caused by alcohol to:

- the community as a result of associated crime, disorder and antisocial behaviour
- the health and well-being of those who drink harmfully
- the development and well-being of young people and families

Local Area Agreement

The following target will be included in Nottingham’s LAA from April 2008.

Indicator	Baseline 2006/07	2008/09	2009/10	2010/11
Alcohol-harm related hospital admissions (per 100,000 population)	1,770	1,680	1,620	1,578

The above target represents a 10% reduction in alcohol-harm related hospital admissions over the next three years. Nottingham is

currently ranked in the fourth quartile nationally for alcohol-harm related hospital admissions. An improvement on this scale would place the city in the third quartile.

National indicators

In addition to the LAA, local performance will be monitored against a set of 198 national indicators. The *Nottingham Alcohol Strategy 2008/11* will contribute towards the delivery of two national indicators:

Indicator	Baseline 2006/07	2008/09	2009/10	2010/11
Percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area (NI 41)	25.5%*	___*	___*	___*
Assault with injury crime rate (NI 20)	4,652	4,419	4,080	3,770

* Interim baseline only; taken from March 2007 ASB Survey. Actual baseline and target figures to be based on government guidance.

4. Planning, delivery & implementation

The planning and delivery of a local response to alcohol harms relies on the input and commitment of the partner agencies of the CDP. A varied, wide-ranging response is shown to be most effective in reducing the full range of alcohol-related harms. Local primary care trusts, the police, the local authority, criminal justice agencies, the alcohol industry and voluntary organisations all have a vital role to play in enforcement and prevention. This strategy will provide a framework for a coordinated partnership response to alcohol-related harm.

Setting local priorities

Building a strong evidence base is a vital stage in strategic planning. This process ensures a sound and accurate understanding of local problems and enables local authorities to tailor their response to identified priorities to maximum effect. The *Nottingham Alcohol Needs Assessment 2007* (16) analyses a wide range of local data as well as national research. Key data sources include:

- Local crime figures
- Data from the Nottingham City PCT Information Team

- The North West Public Health Observatory's Local Alcohol Profiles for England
- General Household Surveys
- National alcohol consumption surveys.

Wherever possible, local data sources were used to capture an accurate and meaningful picture of alcohol harms in the city. However, due to a lack of locally-available information, particularly in relation to consumption levels and alcohol-related crime, much use was made of national research and statistics to extrapolate a local picture.

A series of consultations were held with the CDP's key partners to confirm the findings of the needs assessment and identify local priorities. Based on these priorities, an action plan was devised based on national and international best practice.

Implementation

The action plan consists of a wide range of activity to be delivered for the most part by partnership agencies. The CDP's Alcohol Strategy & Commissioning Officer will oversee and coordinate the

implementation of the action plan and work to remove any barriers preventing delivery. In addition, the Alcohol Strategy & Commissioning Officer will act as the local alcohol champion and ensure that alcohol maintains a priority in the corporate objectives of partnership agencies.

Strategic cycle

A framework of systematic monitoring, evaluation and review will be established. Strategic development will be approached as a cycle of interlinked stages instead of a linear process consisting of isolated events. This will ensure that activity delivered through the strategy remains relevant to local need. The following stages will make up the strategic cycle:

PLAN: Gather information and conduct a needs assessment, which will feed directly into annual action plans. Needs assessments will be conducted annually to coincide with the production of the CDP's strategic assessment and the drug treatment needs assessment. Stakeholder involvement and community engagement at this stage will be important to identify local priorities and obtain support for the strategy

DO: Implement actions in the action plan

REVIEW: Review all actions in the plan through the performance management framework detailed below to ensure actions are being delivered to agreed targets/indicators. Reassess the strategic relevance of actions based on emerging evidence of need

ACT: Act on the findings of reviews by removing risks to delivery and/or adjusting actions to ensure strategic relevance.

Equality impact assessments

Each section of the strategy will be subject to an equality impact assessment in early 2008/09. The purpose of the equality impact assessment will be to determine how the strategy impacts on different groups of people, to identify gaps in current provision, and devise actions to reduce any negative impact. A wide range of national and local data and research will be examined. In addition, stakeholder and community consultation will provide a localised understanding on how alcohol harms affect different demographic groups.

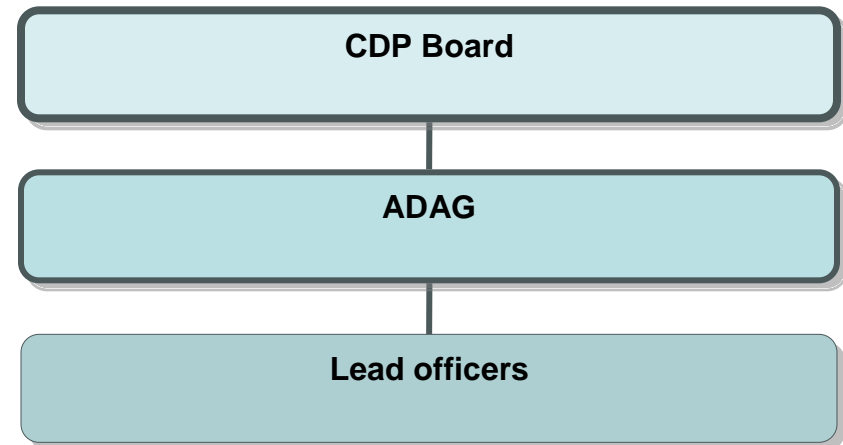
Monitoring delivery

Performance against the action plan will be monitored bi-monthly through the Alcohol Delivery Advisory Group (ADAG). The ADAG consists of a wide range of stakeholders, including the police, the PCT, Trading Standards, Children's Services, the Fire Service, the Probation Service, both of Nottingham's universities, alcohol treatment providers, the Nottingham Business Improvement District (on behalf of the licensed trade) and representation from the alcohol service user forum.

A lead officer has been named against each action in the plan. Each lead officer will be accountable for the delivery of their action against set milestones and targets. At each meeting of the ADAG, lead officers will be required to feedback on their progress and report any problems or barriers to delivery. A RAG (red, amber, green) rating system will facilitate monitoring of progress against the action plan. The ADAG will also evaluate the effectiveness of the strategy and its relevance against emerging needs.

Lead officers and partnership agencies will be ultimately accountable to the CDP Board. The CDP Board consists of all the main partners, which make up or interface with the CDP. The full Board meets every two months to discuss the current business of the partnership.

The ADAG currently serves a dual purpose: monitoring progress against action plan, and advising on strategic and commissioning developments. The function, structure and membership of the ADAG will be reviewed as part of the 2008/09 action plan to streamline its purpose, which should in turn maximise its value and effectiveness.



Performance management framework

Monitoring the local impact of alcohol

The following table outlines how progress against local alcohol indicators will be measured. These indicators will help to determine the impact of alcohol harms locally and progress against targets.

Indicator	Data Source	Comments
Alcohol-related hospital admissions	Nottingham City PCT Information Team	Data will be reported at a minimum every quarter
Perceptions of drunk & rowdy behaviour	ASB survey* <i>*This will be used as an interim measure.</i>	In March 2007, 25.5% Nottingham residents reported that alcohol was a 'very big or fairly big' problem in their area* Data collected bi-annually
Street drinking	Incident records	Data to be reviewed monthly
Alcohol-related antisocial behaviour	Incident records	Data to be reviewed monthly
Proportion of pupils that have ever had a drink	Tellus 2 survey	Baseline of 40% Reviewed annually
Proportion of pupils	Tellus 2 survey	Baseline of 6%

that have been drunk in the last 4 weeks		Reviewed annually
Under-age sales of alcohol	Test purchase failure rate	To be reviewed bi-monthly via the ADAG
Alcohol-related violence	Crime records Assault data collected at accident & emergency Ambulance data Glassing incident data	Baseline to be established Data to be reviewed monthly Data to be reviewed annually against national figures
Alcohol consumption	North West Public Health Observatory	Annually
Assault with injury crime rate	Police crime records	Monthly

Improving the evidence base

Consistent data collection systems will be set up during 2008/09 to allow for the routine collection and analysis of data on a regular basis. Data from the above sources will be collected, as well as contextual data, spatial and temporal data. As many data sources as possible will be identified for this purpose. The purpose of this information will be threefold:

- to feed into annual needs assessments to improve the partnership's understanding of alcohol-related harm
- to enable the partnership to monitor and evaluate the success of initiatives on an ongoing basis against strategic targets and objectives
- to provide intelligence to inform enforcement and prevention activity.

Trends, patterns and hotspots identified through this process will be fed back to partner agencies through the ADAG and the Tackling Violent Crime Group.

National Drug Treatment Monitoring System

From April 2008, specialist alcohol treatment providers will be required to submit data to the National Drug Treatment Monitoring System (NDTMS). This data will provide an indication of numbers in treatment, the types of interventions provided and how long clients stay in treatment.

Local strategic framework

The *Nottingham Alcohol Strategy 2008/11* will be delivered within the context of the CDP's strategic framework.

The Partnership Plan (17) outlines the overarching strategic direction of the CDP, and establishes key objectives, targets and actions to be delivered in relation to drug treatment (including alcohol treatment) and crime prevention. The Partnership Plan includes plans and strategies for the following strategic priorities:

- Acquisitive Crime
- Violence
- Antisocial Behaviour and Criminal Damage
- Drug Dealing

- Hate Crime
- Prostitution
- Drug Treatment
- Re-Offending
- Value for Money
- Public Engagement
- Effective Partnership Working
- Closer and more effective links with other partnerships
- Information Sharing

The *Nottingham Alcohol Strategy 2008/11* will also be included within the Partnership Plan.

In addition, the strategy links in with a number of strategies held by partnership agencies, which incorporate their responsibilities regarding alcohol:

- Children & Young People's Drug & Alcohol Education Strategy for Nottingham (18)
- Young People Drug & Alcohol Treatment Plan (19)
- Hidden Harm Strategy (20)
- Supporting People Strategy 2005 – 10 (21)
- Nottinghamshire Police's City Centre Crime & Disorder Plan (22)

This strategy complements these documents, without duplicating their content. As there is a degree of overlap between the aim of this strategy and that of others delivered locally, reference will be made to the *Nottingham Alcohol Strategy* where appropriate within these documents. The specific focus of the *Nottingham Alcohol Strategy* is prevention through education, the health harms resulting from alcohol misuse, and the contributory factors leading to alcohol-related violence, such as excessive consumption and irresponsible alcohol sales. Drug treatment, enforcement activity, and the provision of substance misuse education in the wider context will be addressed through the strategies named above.

The CDP's Partnership Plan provides further detail relating to the content and links between CDP strategies.

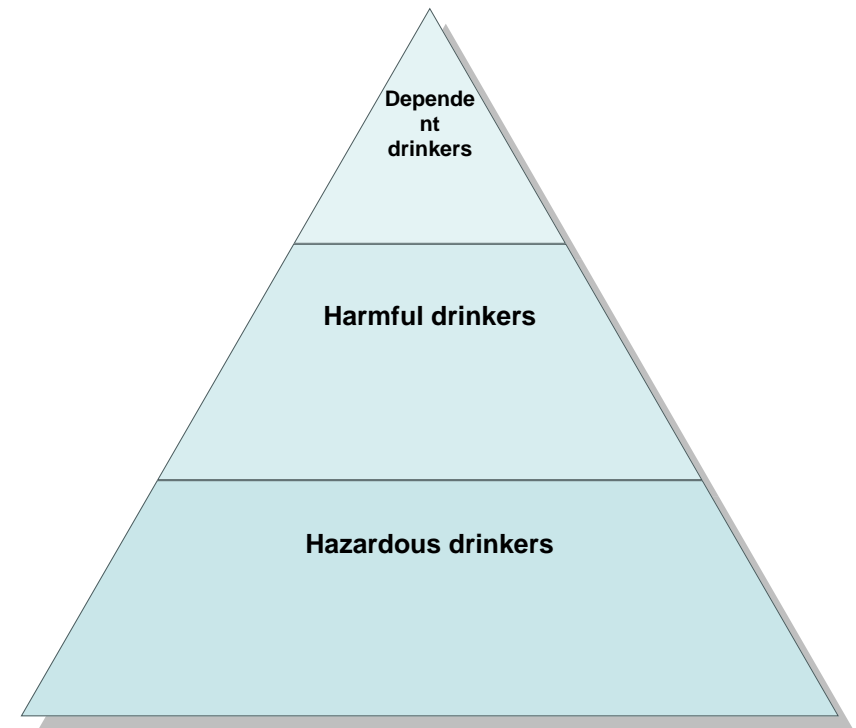
5. Health and Well-being

An estimated 20.29% of the population of Nottingham City over the age of 16 engages in binge drinking (23). This places the city slightly below the national average for its number of binge drinkers. Hazardous drinking and harmful drinking levels in Nottingham are significantly worse than the national average.

Regularly drinking above recommended levels is linked to a number of progressive health risks, including liver disease, cancer, pancreatitis, hypertension, coronary heart disease and stroke. Alcohol-related deaths in Nottingham are falling, but the alcohol-related death rate in the city is still higher than both the East Midlands and England average.

Conversely, there are low levels of alcohol dependency in the East Midlands compared with the national average, although the exact quantity is unknown. The *Alcohol Needs Assessment Research Project* estimates that 2% of the population of the East Midlands (5,378 people in Nottingham) can be described as alcohol dependent. The National Treatment Agency estimates that there are around 1,335 people in Nottingham with moderate or severe alcohol dependency requiring specialist treatment.

Figure 1: Pyramid of need in Nottingham



Excessive alcohol consumption seems to reduce with age. The majority of binge, hazardous and harmful drinkers are aged 25 and under. However, the health harms caused by this behaviour tend to present later in life.

The effects of excessive drinking are being felt in the city's hospitals, with increasing numbers of alcohol-related hospital admissions year on year. The greatest increase in admissions is amongst males aged

35-64 years old who are suffering from chronic health harms. Attendance at accident & emergency between midnight and 5 am (70% of which are estimated to be alcohol-related) has also increased. The majority of these attendances are amongst males aged 16-24.

Key findings

- There are an estimated 48,779 binge drinkers, 42,147 hazardous drinkers and 14,516 harmful drinkers in Nottingham over the age of 16
- The majority of binge drinkers are under 25 years old. A significant proportion of young people in this age group also engage in harmful drinking
- There are approximately 1,335 people in Nottingham with moderate or severe alcohol dependency who require specialist treatment; 150 are severely dependent drinkers
- Risky drinking patterns are emerging amongst BME groups
- Hospital admissions where the primary diagnosis is directly attributable to alcohol have increased by 87% since 1999. Increasing admissions were seen in all age groups except 15-24 year olds
- A&E attendances between midnight and 5 am are increasing. There were approximately 4,000 attendances in 2006/07
- Sixty-five per cent of these attendances occur amongst 15-34 year olds
- Educated, young, single people living in areas of transient populations; people living in social housing in deprived areas; and low income families account for almost 70% of all night-time A&E attendances
- 178 people cited alcohol problems as their primary need when applying for Supporting People services in Nottingham in 2006/07

Nottingham Alcohol Needs Assessment 2007

Current response

The current response to the range of alcohol-related health harms focuses on early identification and intervention. A wealth of international research shows that early identification and the delivery of brief advice is effective in changing an individual's drinking habits and preventing the development of chronic harms. Training in the use of the Alcohol Use Disorder Identification Test (AUDIT) has begun in accident & emergency departments and within the probation service to identify hazardous and harmful drinkers. A brief intervention service will be provided by a dedicated member of staff in accident & emergency from July 2008. This service will advise patients on the risks of excessive alcohol consumption and offer tips for cutting down.

During 2007/08, Nottingham City Council revised its alcohol, drugs and substance misuse workforce policy to incorporate a shift towards prevention and early intervention. In addition to disciplinary procedures, the policy has a strong health promotion focus. A health and wellbeing survey was launched on the council's staff intranet site to gauge consumption levels amongst staff. An alcohol awareness campaign followed, which offered practical advice on unit guidelines and how to stay safe on a night out.

Alcohol treatment provision in Nottingham is currently under review by the Nottingham Mental Healthcare Trust. A local commissioning strategy will be developed in line with the recommendations of this review. The Nottingham City Drug Treatment Plan currently assesses poly-drug use within the treatment system and establishes a commitment to look at substance misuse across alcohol and drug treatment services.

The housing needs of substance misusers are a key priority of the Supporting People Strategy 2005-10. Through this strategy, Supporting People provides 300 hours of floating support per week to individuals whose alcohol misuse results in a need for housing-related support.

Next steps

A series of targeted campaigns will promote a culture of safe, sensible drinking. The CDP will continue to work with the city's universities to deliver alcohol awareness campaigns for students. These campaigns will raise an awareness of units of alcohol and deliver practical advice on how to keep safe whilst drinking. These campaigns will also challenge the binge drinking culture amongst students, especially during Freshers' Week. An alcohol consumption survey of Nottingham Trent University students in 2008/09 will seek

to improve our understanding of drinking patterns amongst students, including how many students drink, how often and how much. The survey also aims to determine different drinking habits that may exist amongst different types of students, for example female students, mature students, international students, disabled students and BME students. This will help to inform and target future campaigning work.

A series of sustained campaigns targeting parents will also be delivered, over a three-year period. These campaigns will challenge parental attitudes to and develop parental responsibility for their children's drinking. The CDP will also work with the PCT and the police to develop their workforce policies as a mechanism for raising awareness of the risks associated with alcohol and of how to access support.

A key focus for the next three years will be to **develop screening and brief interventions in the emergency department and within primary care settings** to increase the number of hazardous and harmful drinkers receiving the support they need. **A review of Nottingham's alcohol treatment system** will be conducted to assess current support and treatment provision for hazardous, harmful and dependent drinkers against best practice as outlined in Models of Care for Alcohol Misusers (MoCAM) and against level of need. It is recommended that the treatment model proposed in

MoCAM (summarised below) is adopted and incorporated into local commissioning strategies in 2008/09.

Key principles for the commissioning of alcohol treatment

- Alcohol treatment systems must be flexible and meet the needs of a diverse client base
- Alcohol treatment systems must be flexible enough to cater for patient choice. The treatment system must be flexible and able to deliver a range of interventions based on client need and goals
- Individuals misusing drugs as well as alcohol 'should be offered treatment for both drug and alcohol use'. Referrals should be made to and guidance sought from specialist alcohol workers
- Common standards of screening, assessment, care planning and record-keeping should be adopted
- Treatment may need to be carried out over extended periods and multiple treatment episodes may be required. Therefore, drinkers must be able to access alcohol treatment on multiple occasions
- Clear, consistent alcohol treatment pathways, describing the local route for a particular alcohol treatment, are required. 'Commissioners will want to ensure that the service user's experience of treatment ... is so clear that everyone involved in

the process has an agreed understanding of their role and responsibilities at every stage'

Screening instruments such as AUDIT should be used to identify hazardous and harmful drinkers. Opportunistic screening should take place in generic non-specialist services such as primary healthcare settings, social services departments, homelessness services, antenatal clinics, hospital wards, custody cells, probation services, prison services, education services, and occupational health services.

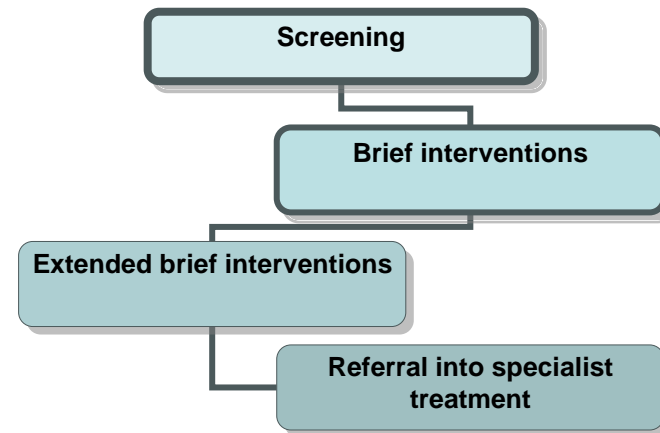
Brief interventions should be delivered immediately following a screening assessment. These should be provided in the form of brief advisory interviews, lasting approximately five minutes. During these interviews, trained professionals may provide advice about the potential harm of alcohol, offer written self-help material containing tips on cutting down, and establish goals with the patient.

Extended brief interventions may be required if brief interventions do not succeed. These should consist of a series of structured interviews and may include motivational enhancement therapy. Extended brief interventions should also include testing for cognitive impairment and Korsakoff syndrome resulting from alcohol misuse. If alcohol dependence is identified, the individual should be referred to an appropriate specialist treatment.

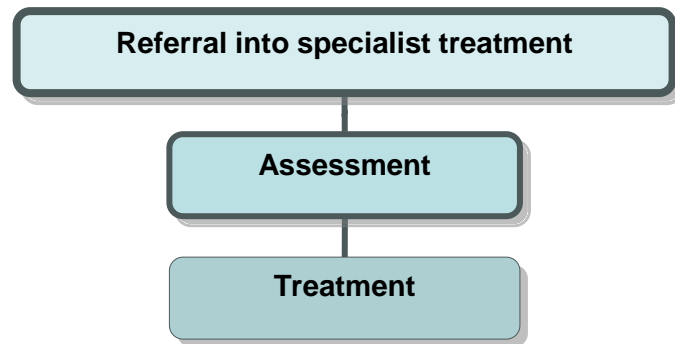
Referral into specialist treatment for those with alcohol dependency may be made as a result of a screening assessment or self-referral. The majority of specialist treatment should be provided in community settings; only a minority of people will require inpatient care. A triage assessment must be carried out to determine the seriousness and urgency of a service user's problems and the most appropriate intervention. A comprehensive assessment may be necessary for those with complex needs. Appropriate treatment may be medically assisted withdrawal, structured psychosocial interventions, and, for severely dependent drinkers, prescribed medication.

Figure 2: Dual-component treatment model

1) *Hazardous & harmful drinkers*



2) Dependent drinkers



A review of the alcohol treatment system in Nottingham will identify any gaps between current provision and this model. As part of this process, it will consider equality of access and aim to establish which demographic groups, if any, are currently under-represented in treatment. The review will also examine whether the full range of client needs are effectively addressed by services, including mental health, housing, employment and education, and legal needs.

In conjunction with the review, an overview of the findings and recommendations of Supporting People's upcoming review of supported accommodation services for individuals with alcohol misuse problems will also be maintained. The review will assess the effectiveness, quality and strategic relevance of supported accommodation services. Supporting People will conduct a separate

review focusing specifically on current service provision for 'dual diagnosis' clients – those with co-existing alcohol and mental health problems. This scoping exercise will identify the types of services and interventions this client group requires and assess whether existing service provision can meet this need.

The Nottinghamshire Fire & Rescue Service will intensify efforts to provide home safety checks to vulnerable people with alcohol problems in order to prevent alcohol-related fires. The Fire Service will raise the profile of the home safety check scheme amongst staff from a range of services including alcohol treatment services, housing services and adult support services, who will be encouraged to refer the most vulnerable clients to the Fire Service for a free home safety check. The Fire Service will also encourage licensed premises to refer individuals that may be at increased risk of accidental fires through the 'Pubwatch Home Safety Check initiative' due to be launched in July 2008.

The CDP will continue to work closely with both of the city's universities to challenge the binge drinking culture amongst students. In addition to the alcohol awareness campaigns described above, the CDP will **explore the possibility of establishing pathways between accident & emergency departments and the universities.** Through these pathways, the universities may be informed when one of their students attends accident & emergency

for an alcohol-related illness or injury. The CDP intends to **work with the universities to develop their pastoral care for students to include, where possible, brief interventions.** Part of this work will involve resolving data sharing issues and commissioning a training programme for university staff.

6. Crime, Disorder & Antisocial Behaviour

A large body of research confirms the link between binge drinking and offending. Binge drinkers are three times more likely to admit to committing an offence and five times more likely to admit to getting involved in fights. Sixty per cent of binge drinkers admitted involvement in criminal and/or disorderly behaviour during or after drinking. The link between drinking and offending is particularly strong for violent crimes. In Nottingham the majority of violence occurs in the city centre. Over one thousand violent offences in 2006/07 in Nottingham were recorded as being alcohol-related (although poor recording practices mean that this figure is likely to be significantly higher).

The link between domestic and sexual violence and alcohol is well-documented. Forty-five per cent of victims of domestic violence reported their perpetrators were under the influence of alcohol at the time of assault. Another study concluded that 75% of perpetrators had been drinking at the time of the assault. Fifty-eight per cent of men imprisoned for rape had been drinking at the time of the incident.

The *Nottingham City Antisocial Behaviour Survey 2007* (24) shows a downward trend in the proportion of residents perceiving binge drinking and drunk and rowdy behaviour as a problem in their local

area. Despite this, a significant proportion of the community still thinks that alcohol-related antisocial behaviour is a 'very big' or 'fairly big' problem.

Key findings

- Estimated 37,332 alcohol-related violent offences in 2006/07 in Nottingham (North West Public Health Observatory)
- 1,107 alcohol-related violent offences recorded locally in 2006/07
- 1,277 individuals under the influence of alcohol were arrested November 2006 – November 2007
- Over half (54%) of all alcohol-related violence in Nottingham occurs in the city centre
- 28% residents interviewed in September 2007 perceived binge drinking and street drinking as a 'very big' or 'fairly big' problem (2007 ASB Survey)
- Residents in the following wards report the highest levels of alcohol-related antisocial behaviour: Dunkirk, Lenton & Bridge (65% residents); St Ann's & Dales (66%); Berridge, Arboretum, Radford & Park (65%)

Nottingham Alcohol Needs Assessment 2007

Best practice

A number of initiatives are delivered through a dedicated police licensing team to tackle alcohol-fuelled crime and disorder within

Nottingham's nighttime economy. These initiatives are regarded as best practice regionally and nationally:

- Glassing incidents in licensed premises are monitored on a daily basis
- Top-15 city centre premises with the highest rate of incidents are closely monitored
- At-risk licensed premises are supported to devise an action plan for improvement and are encouraged to introduce polycarbonate glasses. Eleven city centre licensed premises are now glass-free
- Premises are assisted with risk assessments in preparation for special events and measures are put in place to prevent potential problems
- Protocols between the police and Trading Standards enable police involvement in the license review process
- Breaches of licensing conditions are monitored and penalties imposed where appropriate
- Head cameras have been introduced as part of a pilot scheme
- Intelligence-led hotspot patrols.

Working with the licensed trade

A night-time economy coordinator was appointed in 2007 to provide a link between the police, the local authority and licensees. Measures introduced so far include a radio link scheme, which allows door staff from a number of different venues to share information about incidents and individuals banned from their premises. A Pubwatch scheme is in operation in the city centre, providing licensees with the opportunity to implement a coordinated response to problems in their premises.

The Best Bar None award scheme for pubs and bars has been running for two years in Nottingham. The scheme is based on partnership working between the police and the licensed trade and awards premises for high standards of management and responsible trading.

Enforcement

Several enforcement powers are in place to manage alcohol-related crime and disorder in hotspot areas:

- Two designated public place orders have been established in the city centre and Hyson Green to control public drinking,

allowing officers to confiscate alcohol from people drinking in these areas

- Dispersal orders
- Directions to leave
- A cumulative impact policy in the city centre.

The police implement an early intervention approach in the nighttime economy, for example through the issuing of public notices for disorder, to prevent more serious violence from occurring later on in the evening.

Antisocial behaviour

A multi-agency case conferencing approach has been established to tackle the issue of street drinkers. Bi-monthly case conferences are held involving the CDP, the police, the local authority, the community protection service, housing providers and alcohol treatment services to develop a holistic programme to address the needs of street drinkers. In conjunction with this, a range of enforcement powers are also employed, including directions to leave, conditional cautioning, dispersal zones, confiscations of alcohol, antisocial behaviour orders, acceptable behaviour contracts and fixed penalty notices.

Next steps

A **strategic approach to city centre management** is regarded as key in ensuring that the problems associated with the night-time economy are effectively addressed. Coordination between high level management within key partner agencies and elected members, and the development of a local city centre strategy will ensure that sufficient resources are allocated routinely within budgetary plans and that the management of the city centre receives consistently high levels of attention. While a range of activity is currently being delivered to address problems within the city centre's night-time economy, there is no formal mechanism for coordinating this activity. Several good practice initiatives have not been possible due to a lack of resources.

A broader focus for the city centre is required, encompassing long-term planning and design. This would improve perceptions of the city centre, attract a wider consumer base and improve accessibility, which will have a beneficial impact on crime and disorder. A local city centre strategy should support the diversification of uses in the city centre, attract a good mix of clientele, and ensure that the city centre is well-designed with clear and safe access routes and late-night transport. In addition, this would establish an integrated approach, which would cover:

- Coordination of planning permissions
- A strategic approach to licensing
- Marshalled taxi ranks
- Provision of public toilets
- Use of effective lighting and designing out crime measures
- Strategic use of CCTV
- Staggered opening hours.

It is recommended that a strategic approach to city centre management is developed and adopted in line with this model.

The CDP will continue to work with local businesses to develop concerted local action in response to problems in the city

centre. Geographic intelligence-sharing groups will be established, based on the four city centre beat areas, involving the retail trade, licensees the police and the local authority. These groups will be based on the successful approach currently in place in Stoke.

Street drinkers will be the focus of the partnership's response to drunk and rowdy behaviour.

Although a multi-agency case conferencing approach to street drinking is recognised as best practice, the method currently being used is not reaping effective results. Consequently, the partnership's approach to street drinkers

has been reviewed in consultation with key partners. Two models of intervention have been developed to address two distinct types of street drinker: under 18s drinking in a public place; adults persistently consuming alcohol in a public place and behaving antisocially. Early intervention underlies the partnership's response to young drinkers. Parental involvement, a new yellow and red card warning scheme and increased school engagement will typify the response to under 18s found drinking in a public place. Maximum use of available enforcement powers, including those to be introduced following the Government's Youth Alcohol Action Plan (2008), will also be delivered (see page 36 for more information). A localised case conferencing response involving all of the necessary agencies will address the problem of adult persistent street drinkers. Enforcement will be used against these individuals where necessary, while every effort will be made to engage them in treatment and meet their support needs (including any mental health needs) in order to break the cycle of offending behaviour. Support will also be provided to those long-term street drinkers that have complex treatment needs and are difficult to engage in treatment. The partnership recognises that it has a duty of care to these individuals.

A street drinking focus group will be established to oversee and monitor the activity of local case conferencing groups and to coordinate action against problem retailers. The focus group will identify and utilise the full range of statutory powers available and will

coordinate the collation of evidence against these retailers to request a license review. Where the partnership can demonstrate that retailers are directly contributing to crime and disorder, they will endeavour to apply to amend the licenses of problem retailers to restrict or exclude some licensable activity. During 2008/09, the CDP will take strong and deliberate action against one or more off-licenses selling alcohol irresponsibly. In addition, during 2008/09 Nottingham City Council's Public Protection department will review the current designated public place order zones in the city and apply for further extensions of the zones, if required, to reduce the occurrence of street drinking.

Finally, an assessment of the existing wet centre will be carried out to determine whether it could play a role in a strategic response to street drinking.

To support local action, the intelligence base will be improved to provide a more accurate understanding of alcohol-related violence and disorder in the night-time economy. An alcohol-related crime and disorder audit will be conducted annually in accordance with government guidelines to identify the range and extent of alcohol-related problems specific to Nottingham. The full range of data sources will be used for this purpose, including police incident data, police crime data, police custody data, youth offending data, hospital and accident and emergency data, ambulance service

records, CCTV incident log database, local authority data on ASBOs and acceptable behaviour contracts. Developments such as demographic changes and developments in the night-time economy will be considered to explain trends in alcohol-related crime. In addition, data collection tools will be established that are used consistently over time, commencing with the collection of data from the Queen's Medical Centre's accident & emergency department on attendances for assault. Routine profiling of this data will take place on a regular basis and will be fed back to partners to inform a tailored response in identified hotspots.

7. Children & Young People

National research tells us that, while the proportion of young people that drink is falling, those that do drink are consuming more alcohol, more often than previously (25). Binge drinking levels amongst under-18s are high, with 49% of pupils interviewed in a government survey reporting having consumed an average of more than four units of alcohol on the days they did drink (26).

Evidence suggests that Nottingham has a similar rate of alcohol consumption amongst children to other cities of a similar size. In fact, Nottingham's hospital admission rate for alcohol-specific illnesses amongst under-18s is 'significantly better' than both the regional and national average (27). However, the North West Public Health Observatory reveals that a higher proportion of younger pupils (aged 12-13 years old) in the East Midlands drink than elsewhere in the country.

The effects of alcohol on a young person's cognitive, physical and emotional development are still largely unknown. However, the harmful consequences of underage drinking are well-established. Youth alcohol consumption is linked to teenage pregnancy, truancy and youth offending. In a recent study conducted in Rochdale (28), 20% of young white women interviewed admitted going further

sexually than intended because they were drunk. A Home Office study (29) found that 18% of 12-13 year olds and 28% of 14-15 year olds reported damaging or destroying things after drinking and 10% of 15-16 year olds reported having been in trouble with the police as a result of drinking.

Underage drinking also has a detrimental impact on the wider community. Over half of those reporting drunk and rowdy behaviour indicated that it was due to young people drinking.

Parental attitudes to drinking have been found to have a strong influence on whether their children drink alcohol. Eighty per cent of pupils who had drunk in the last week said their families did not mind them drinking as long as it was not excessive. Fifty-five per cent of eleven year olds who drank were most likely to drink with their parents.

Key findings

- 3,523 young people in Nottingham aged 11-15 years have had a drink in the last seven days, 1,532 of which are 15 years
- 808 girls and 650 boys aged 15 in Nottingham have been drunk in the last four weeks
- 12.7% pupils aged 12/13 in the East Midlands consumed seven or more units in the last seven days, compared with a national average of 5.5%
- Between 1999 and 2007, there were on average 15 alcohol-related hospital admissions annually amongst young people aged 15 years and under
- 63 females and 37 males aged 15 years old and under were admitted to hospital for acute intoxication between 1999 and 2007

Nottingham Alcohol Needs Assessment 2007

Current response

Prevention through education has been the focus of the local response to alcohol harms affecting young people. To date, 67% schools have achieved the Healthy School standard for alcohol and drug policy and education, meeting both national and LAA targets. A further 24% schools are in the process of meeting this standard. The Healthy School standard requires schools to develop appropriate drug policies and universal and targeted substance misuse education through the curriculum. The Nottingham Healthy Schools

Team coordinates drug education provision outside of the school setting for permanent excludees, those without a school place, and permanent truants. All children in residential care also receive substance misuse education.

In addition to education provision, a number of mechanisms are in place to identify and support vulnerable young people at risk or affected by alcohol misuse. School drug advisors work with local support services such as Compass and STARS to develop an appropriate response to support these children. During 2007, the 'Ngage' toolkit was introduced in several Nottingham schools. The toolkit provides a means of assessing young people for harmful drinking behaviour.

Hidden harm has also been a priority. A dedicated multi-agency hidden harm strategy outlines measures to protect children whose well-being is affected by parental substance use.

Alcohol support and treatment provision is available to young people in Nottingham through the Compass Young People's Drug and Alcohol Service and Head 2 Head. Both services provide substance misuse treatment and harm minimisation advice tailored to each client's needs.

Underage sales of alcohol

A number of measures are in place to prevent the sale of alcohol to under-18s. Intelligence-driven test purchasing is carried out on both 'on-license' and 'off-license' premises. On average, 18 test purchases were carried out a month on 'on-license' premises and six test purchases a month were carried out on 'off-license' premises during 2007. There has been a 14% reduction in the test purchase failure rate since 2005. Retailer training was piloted in early 2008 to achieve further reductions in the test purchase failure rate.

Next steps

The local commitment to early intervention will be stepped up from 2008. A three-pronged approach will be implemented to prevent alcohol-related harm in under-18s in Nottingham. This approach will deliver enhanced alcohol education in schools to prevent youth alcohol use. In addition, it will develop the response to those children that have already started drinking in order to prevent the onset of harmful behaviours associated with youth alcohol use. This will be achieved by further restricting children's access to alcohol and reducing underage sales, and by delivering more effective enforcement. Better coordination, collaborative working and

intelligence-sharing between trading standards, local neighbourhood policing teams, schools and local off-licenses will be a key priority.



Figure 3 *Three-pronged approaches to preventing youth alcohol misuse*

Education

The DrugAware award scheme will be rolled out in schools to drive forward the standard of substance misuse education above and beyond that set by the Healthy Schools programme. The scheme will require schools to deliver more hours of alcohol education per year, including a minimum of 3 hours of alcohol education for 11 year olds and 6 hours for 13/14 year olds. Schools will also be given additional support and resource to deliver effective targeted education to the most vulnerable pupils. The scheme will raise the profile of substance misuse education amongst parents and within the community so that these messages are reinforced outside of the school setting. Parents will be fully involved in developing a school's substance misuse policy and workshops will be delivered to parents to raise their awareness of substance misuse issues.

In addition, the DrugAware award scheme will:

- Train key school staff in using the Ngage assessment toolkit to improve the screening of pupils for drug and alcohol misuse. Pupils identified as misusing drugs or alcohol will be provided with targeted support
- Require schools to work with treatment and support services, specialising in young people's substance misuse, to develop pathways into these services

- Encourage schools to work with local retailers and members of the community to devise local initiatives to reduce underage sales of alcohol.

Further education colleges will be engaged for the first time in the promotion of sensible drinking messages. Bite-size messages will be displayed via the further education computer network, targeting 16-18 year olds.

Restricting access to alcohol

Intelligence-led test purchasing will continue at increased intensity to ensure maximum enforcement against licensees selling alcohol illegally to children. The number of test purchase exercises conducted in off-licenses will double following the recruitment of an additional test purchasing officer. Twenty-four test purchase exercises will be conducted annually, with between six and ten premises visited during each exercise. In addition, a minimum of 1 test purchase operation will be conducted each month in 'on-license' premises. Twelve training workshops will be delivered to retailers. Workshops will cover the law regarding underage sales, how to identify false identification, and

Collaborative working between trading standards, the police and the off-license trade and the establishment of formal intelligence-sharing mechanisms are proposed. Off-license retailers will be encouraged to provide intelligence on:

- dubious identification in circulation
- children that have attempted to buy alcohol
- people who have attempted to buy alcohol on behalf of a young person.

Retailers will also be encouraged to play a much greater role in a partnership response to underage sales by, for example, sharing best practice and training with other stores. In return, trading standards will be expected to work closely with retailers to resolve issues identified through a test purchase. Improved relations between trading standards and the retail trade proved successful in reducing underage sales of alcohol in St Neots in Cambridgeshire.

Enforcement

The partnership will continue to make **maximum use of available enforcement powers** to tackle under-age drinking in public places. We will continue to consult the community on antisocial behaviour issues through neighbourhood policing and deploy regular patrols to identified hotspots. The police and community protection service will

regularly patrol areas subject to designated public place orders and confiscate alcohol from young people where it is within their power to do so. Persistent perpetrators of antisocial behaviour will be subject to tough enforcement action, including antisocial behaviour orders and acceptable behaviour contracts.

The establishment of information-sharing arrangements with local retailers will provide the police with current intelligence relating to youth alcohol use.

Targeted interventions

Formal links between local policing teams and local schools will be created to allow officers to refer children found engaging in risky behaviours as a result of their drinking for targeted interventions. The police will deliver a consistent response to children found drinking in public. Red and yellow cards will be issued to children, with red cards being issued to those children frequently found drinking in public or engaging in risky behaviour, such as unsafe sex or offending. Cards will correspond to a number of interventions ranging from letters to parents, home visits, school visits, and, for those children deemed to be most at-risk, a multi-agency response via the Common Assessment Framework.

Targeted youth interventions will be delivered by the Youth Offending Team to engage young people at risk of underage drinking in a public place.

Street youth workers will deliver outreach work in areas identified as having problems with youth disorder. These workers will seek to engage young people in alternative activities. In addition, additional diversionary activities will be provided in each locality during school holiday periods to provide an alternative to under-age drinking.

Targeting parental attitudes to their children's drinking

A three-year information campaign targeting parents is proposed to develop parental responsibility for their children's drinking.

The campaign will utilise government guidance for parents on what constitutes unsafe consumption levels for children to enable parents to make an informed choice about their children's drinking. A wide range of activities will be required from partnership agencies to support the delivery of the campaign, including youth outreach provision and alcohol education in schools. A set of performance indicators must be established to effectively capture the impact of the campaign on parental attitudes to underage drinking.

A localised approach

It is proposed that the full range of activity described above is delivered on a ward-by-ward basis to coincide with the roll-out of the DrugAware Award Scheme in local schools. Periods of intensive, local action are usually very effective in establishing a high profile, gaining public support, and encouraging the involvement of other community agencies. The local media, including BME community publications, should be regularly updated on work carried out in order to obtain the support of the local community.

Local intelligence is vital to the success of this activity. It is recommended that the police work closely with trading standards, the retail trade and the local community to identify priorities regarding youth alcohol use, how children in the local area are accessing alcohol, hotspot areas for drinking amongst under-18s, and key individuals involved.

8. Nottingham Alcohol Strategy Action Plan 2008/09

Health & well-being

Objective/target:

- To reduce the number of alcohol-related hospital admissions (from a baseline of 1,770 alcohol attributable admissions per 100,000 population to 1,578 by 2010/11)

Promoting sensible drinking and raising public awareness of the health risks associated with excessive alcohol consumption

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Work with the police and PCT to develop alcohol workforce policies as a mechanism for raising awareness of risks and how to get help	1. Policies implemented	CDP, Susanna Al-Atassi	End March 2009	N/A
Promote sensible drinking messages amongst higher education institutions	<ol style="list-style-type: none"> Alcohol awareness campaigns delivered in University of Nottingham and Nottingham Trent University, including during Freshers' Week Alcohol consumption survey completed in NTU Safe drinking messages provided in university buildings Ongoing alcohol awareness campaign in student media Alcohol awareness media campaign developed by NTU students Training programme developed for halls of residence staff on early identification, first aid and signposting 	Nottingham Trent University, Sarah Bustard University of Nottingham, Melanie Futer	End March 2009	N/A

Early identification and brief advice

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Screen patients at accident & emergency for problematic alcohol use	<ol style="list-style-type: none"> Increase in patients screened Reduction in alcohol-related A&E attendances 	PCT, Roger Williams	Ongoing	N/A
Provide brief interventions at accident & emergency through an in-reach alcohol liaison service	<ol style="list-style-type: none"> Increase in patients receiving brief interventions Reduction in alcohol consumption at follow-up 	PCT, Roger Williams	Ongoing	N/A
Screen patients in primary care settings for problematic alcohol use	<ol style="list-style-type: none"> Increase in patients screened 	PCT, Roger Williams	August 2008 End March 2009	
Provide brief interventions in primary care settings	<ol style="list-style-type: none"> Increase in patients receiving brief interventions Reduction in alcohol consumption at follow-up 	PCT, Roger Williams	August 2008 End March 2009	
Explore pathways between accident & emergency and universities	<ol style="list-style-type: none"> Meeting held with universities and accident & emergency 	CDP, Susanna Al-Atassi	September 2008	N/A

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

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Review the Nottingham alcohol treatment system against Models of Care for Alcohol Misusers	1. Submission of review to CDP's joint commissioning group	CDP, Susanna Al-Atassi	September 2008	N/A
Centralise the commissioning process for alcohol services through the CDP's joint commissioning group	1. Agreed protocols between partners	PCT, Roger Williams	End March 2009	N/A

Addressing the link between alcohol misuse and homelessness

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Provide 300 hours of floating support per week to individuals whose problematic alcohol misuse results in a need for housing-related support	1. 300 hours floating support per week 2. Reduction in alcohol-related tenancy breakdown	Supporting People, Antony Dixon	Ongoing	Supporting People Strategy 2005-10
Conduct a scoping exercise to identify the needs of Dual	1. Scoping exercise completed 2. Commissioning proposal submitted to JCG for the remodeling of service	Supporting People, Antony Dixon	March 2009	Supporting People Strategy 2005-

Diagnosis clients accessing supported accommodation and review service provision accordingly	provision (if required)			10
Review supported accommodation for individuals with alcohol misuse problems to ensure effectiveness and strategic relevance	<ol style="list-style-type: none"> 1. Report submitted to Supporting People JCG 2. Remodeling of services as required 	Supporting People, Antony Dixon	<p>July 2008</p> <p>March 2009</p>	Supporting People Strategy 2005-10

Reducing repeat presentations at A&E for alcohol-related illness or injury

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Convene a multi-agency case conferencing group to tackle frequent presentations to accident & emergency where alcohol misuse is implicated	<ol style="list-style-type: none"> 1. One meeting per month 2. Reduction in A&E attendances amongst target group 3. Reduction in alcohol-related A&E attendances 	PCT, Roger Williams	Ongoing	N/A

Preventing accidental fires and fire-related injuries

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Raise profile of home safety checks with alcohol treatment providers, adult services and housing services	1. Increase in number of safety checks to people with alcohol problems	Fire Service, Richard Ellis	Ongoing	N/A
Launch 'Pubwatch home safety check initiative'	1. Scheme launched	Fire Service, Guy Goulding	July 2008	N/A
Study data from A&E departments on admission for fire-related injuries where alcohol was a factor	1. Quantify fire-related injuries where alcohol was a problem 2. Establish a profile of people most likely to be affected 3. Establish a protocol for ED staff to refer these patients to the Fire Service	Fire Service, Richard Ellis	End March 2009	N/A

Crime, Disorder & ASB

Objectives:

- To reduce alcohol-related violent offences
- To reduce the assault with injury crime rate by 19% by 2010/11 (from a baseline of 4,652)
- To reduce the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area (from an interim baseline of 25.5%)

Improving the evidence base on alcohol-related crime and violence

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Routinely profile data from the QMC A&E department on attendances for assault	<ol style="list-style-type: none"> 1. Monthly data reports received from A&E 2. Increased number of violence hotspots identified 3. Data fed back to partners via ADAG and tackling violent crime group 	CDP, Susanna Al-Atassi	Ongoing	N/A
Conduct an alcohol-related crime and disorder audit in line with government guidelines	<ol style="list-style-type: none"> 1. Audit completed & approved by CDP Board 	CDP, Susanna Al-Atassi	September 2008	N/A
Establish a baseline measure of alcohol-related crime and alcohol-related violence	<ol style="list-style-type: none"> 1. Baseline established 2. Quantified target to reduce alcohol-related violent offences 	CDP, Susanna Al-Atassi	May 2008	N/A

Tackling alcohol-related antisocial behaviour

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Generate ideas for a more effective response to street drinking	<ol style="list-style-type: none"> Working group set up Options paper presented to partners 	CDP, Glen Jarvis	June 2008	Respect Strategy
Conduct an assessment of Nottingham's wet centre	<ol style="list-style-type: none"> Assessment submitted to CDP Future of wet centre confirmed 	CDP, Susanna Al-Atassi	July 2008	N/A
Ensure an intelligence-driven, tailored enforcement approach to antisocial behaviour	<ol style="list-style-type: none"> ASB hotspots identified through tasking arrangements 85% patrol time for Community Protection officers 	Community Protection Service, Andy Rooke	Ongoing	Respect Strategy

Managing alcohol misuse within the night-time economy

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Ensure that a noise nuisance investigation service (including an out of hours service) is provided	<ol style="list-style-type: none"> 95% complaints responded to within 5 days Improved customer satisfaction with service 	Nottingham City Council, Richard Taylor, Noise & Pollution Control Team	Ongoing	N/A
Identify and monitor top 15 city centre premises in need of assistance	<ol style="list-style-type: none"> List reviewed monthly Reduction in violent incidents in top 15 premises 	Police, Paul Winter	Ongoing	N/A
Monitor glassing incidents and work	<ol style="list-style-type: none"> Incidents monitored daily Reduction in glassing incidents 	Police, Paul Winter	Ongoing	N/A

with licensees to develop steps to reduce the risk of reoccurrence				
Intelligence-led hotspot patrols	1. Reduction in violent incidents in night-time economy	Police, Paul Winter	Ongoing	N/A
Develop a business case for enhanced CCTV provision in the city centre	1. Options paper submitted to CDP executives 2. Reduction in violent incidents	CDP, Susanna Al-Atassi	July 2008	N/A
Establish city centre four geographic intelligence-sharing groups	1. Agreed protocols	CDP, Christine Oliver	September 2008	N/A
Work in partnership with the Business Improvement District (BID) to promote community safety	1. CDP representation on the BID Board	CDP, Christine Oliver	Ongoing	N/A

Tackling domestic violence linked to alcohol misuse

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Develop a best practice model of screening clients of alcohol services for domestic violence	1. Model submitted to CDP's joint commissioning group	CDP, Susanna Al-Atassi	November 2008	N/A

Addressing alcohol-related offending

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Review pathways into alcohol treatment for offenders as part of wider review of Nottingham's alcohol treatment system	1. Submission of review to CDP's joint commissioning group	CDP, Susanna Al-Atassi	September 2008	N/A

Children & Young People

Objectives/targets:

- To reduce alcohol consumption levels amongst young people under 18
- To reduce the proportion of pupils in Nottingham that have ever had a drink (against a baseline of 40%)
- To reduce the proportion of pupils in Nottingham that have been drunk in the last 4 weeks (against a baseline of 6%)

Prevention and education activity

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Continue to implement a consistent approach to alcohol education through the Healthy Schools Programme	<ol style="list-style-type: none"> 1. 60% schools fully accredited 2. 65% schools fully accredited 	Children's Services, Clare Gilbert	<p>July 2008</p> <p>December 2008</p>	Children & Young People's Drug & Alcohol Education Strategy for Nottingham
Promote sensible drinking messages in further education colleges	<ol style="list-style-type: none"> 1. Bite-size messages displayed via computer network in FE colleges 2. Launch of consumption survey 	Children's Services, Clare Gilbert	August 2008	Young People Drug and Alcohol Treatment Plan
Deliver an information campaign targeting parents	<ol style="list-style-type: none"> 1. 1st leg of campaign delivered 2. 2nd leg of campaign delivered 3. Performance indicators agreed 	CDP, Susanna Al-Atassi	<p>August 2008</p> <p>December 2008</p>	N/A
Implement the 'DrugAware Award' scheme	<ol style="list-style-type: none"> 1. Project meeting convened 2. Agreed project plan 3. 1st school awarded 'DrugAware' status 	CDP	<p>June 2008</p> <p>September 2008</p>	N/A
Determine drinking patterns amongst young people under 18 in Nottingham	<ol style="list-style-type: none"> 1. Launch of on-line survey 2. Commence roll-out of activity to promote use of survey in schools 3. Survey completed by 1,000 young people 	Children's Services, Clare Gilbert	June 2008	Young People Drug and Alcohol Treatment Plan

Reducing underage sales of alcohol

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Carry out 24 intelligence-led test purchase exercises on off-license premises	<ol style="list-style-type: none"> 6-10 premises visited per exercise Minimum of 2 test purchase operations per month 	Nottingham City Council, Caraline Ryan	End March 2009	Respect Strategy
Carry out regular test purchase exercises of on-license premises	<ol style="list-style-type: none"> Minimum of 1 test purchase exercise per month 	Police, Paul Winter	Ongoing	Respect Strategy
Implement a programme of off-license retailer training	<ol style="list-style-type: none"> 12 training events delivered 	Nottingham City Council, Caraline Ryan	End March 2009	N/A
Explore national best practice for test purchasing	<ol style="list-style-type: none"> Agreed best practice model Reduction in underage sales of alcohol 	Nottingham City Council, Caraline Ryan	September 2009	N/A
Develop a business case for the distribution of 'Proof-of-Age' cards	<ol style="list-style-type: none"> Proposal submitted to CDP executives 	CDP, Susanna Al-Atassi	June 2008	Respect Strategy

Tackling underage drinking in public places

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Implement a multi-agency response to alcohol-related antisocial behaviour amongst young people	<ol style="list-style-type: none"> 1. Reduction incident calls flagged as antisocial behaviour and youth-related 2. Reduction in offences committed by under 18s 3. Reduction in proportion of the public perceiving drunk and rowdy behaviour to be a problem in their area 	<p>CDP, Susanna Al-Atassi</p> <p>Children's Services, Clare Gilbert</p>	End March 2009	Respect Strategy
Deploy street youth workers in areas identified as having problems of youth disorder through tasking arrangements to assess and engage where necessary	<ol style="list-style-type: none"> 1. Deploy to 80% of identified areas 	Targeted Services 14-19, Ken Beaumont	Ongoing	Respect Strategy
Develop and promote a programme of diversion activities in each locality for school holiday periods	<ol style="list-style-type: none"> 1. Three diversionary activities in each school holiday period 	Targeted Services 14-19, Ken Beaumont	End March 2009	Respect Strategy
Develop at least one targeted youth work intervention to address anti-social behaviour per year in each locality	<ol style="list-style-type: none"> 1. Three targeted interventions per year 	Targeted Services 14-19, Ken Beaumont	End March 2009	Respect Strategy

Addressing parental alcohol misuse

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Ensure commissioning arrangements for alcohol services promote appropriate quality standards for hidden harm	<ol style="list-style-type: none"> All staff in alcohol services trained in hidden harm Alcohol services able to identify and assess the needs of children 	CDP, Susanna Al-Atassi Nottingham City Council, Mandy Townley	End March 2009	Hidden Harm Strategy

Developing early identification and intervention

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Assess vulnerable young people for alcohol misuse	<ol style="list-style-type: none"> 225 young people's workers trained in basic drugs awareness 	Children's Services, Clare Gilbert	End March 2009	Young People Drug and Alcohol Treatment Plan
Explore the option of delivering alcohol screening and brief interventions to young people under 18	<ol style="list-style-type: none"> Meeting held with appropriate partners 	Children's Services, Clare Gilbert CDP, Susanna Al-Atassi	End March 2009	Young People Drug and Alcohol Treatment Plan
Target early intervention at vulnerable young people	<ol style="list-style-type: none"> 120 staff working with vulnerable groups trained in Ngage assessment Delivery of targeted intervention sessions 	Children's Services, Clare Gilbert	Ongoing	Young People Drug and Alcohol Treatment Plan

Developing treatment & support

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
<p>Ensure provision of good quality young people's treatment services in line with National Treatment Agency guidelines.</p>	<p>1. Ongoing monitoring of services</p>	<p>Children's Services, Clare Gilbert</p>	<p>Ongoing</p>	<p>Young People Drug and Alcohol Treatment Plan</p>

Delivery & implementation

Ensuring ongoing consideration of equality & diversity issues

Action	Outputs & outcomes to be delivered	Lead partner & lead officer	By when?	Strategy links
Complete an equality impact assessment of the alcohol strategy	<ol style="list-style-type: none">1. Agreed equality & diversity action plan2. Increased engagement of community groups3. Increased awareness of how alcohol-related harm affects different community groups	CDP, Susanna Al-Atassi	May 2008	N/A

Annex A. References

- (1) Interim Analytical Report, The Prime Minister's Strategy Unit, 2003
- (2) Safe. Sensible. Social: The next steps in the National Alcohol Strategy, Home Office 2003
- (3) Alcohol Harm Reduction Strategy for England, Home Office (2004)
- (4) Nottingham City Alcohol Harm Reduction Strategy 2006-09
- (5) Public Service Agreement 25
- (6) Models of Care for Alcohol Misusers, National Treatment Agency (2006)
- (7) 'Drinking: adults' behaviour and knowledge in 2006', Office for National Statistics
- (8) Department of Health
- (9) Safe. Sensible. Social.
- (10) Findings: Violence in the night-time economy, Research Development and Statistics Directorate (2004)
- (11) Local Alcohol Profiles for England, North West Public Health Observatory (2007)
- (12) Choosing Health: Making healthy choices easier, Department of Health (2004)
- (13) Licensing Act 2003
- (14) Crime and Disorder Act 1998
- (15) Saving Lives. Reducing Harm. Protecting the Public, Home Office (2008)
- (16) Nottingham Alcohol Needs Assessment 2007, Nottingham Crime & Drugs Partnership
- (17) The Partnership Plan, Nottingham Crime & Drugs Partnership (2008)
- (18) Children & Young People's Drug & Alcohol Education Strategy for Nottingham, Children's Services
- (19) Young People Drug & Alcohol Treatment Plan, Children's Services
- (20) Hidden Harm Strategy
- (21) Supporting People Strategy 2005 – 10, Supporting People
- (22) City Centre Crime & Disorder Plan, Nottinghamshire Police
- (23) Alcohol Needs Assessment Research Project, Department of Health (2004)
- (24) Nottingham City Antisocial Behaviour Survey 2007, Nottingham Crime & Drugs Partnership
- (25) Safe. Sensible. Social
- (26) Safe. Sensible. Social
- (27) North West Public Health Observatory (2007)
- (28) '*It makes you up for it*'. School aged young people's perspectives on alcohol and sexual health. Rochdale Teenage Pregnancy Strategy, Rochdale (2005)
- (29) Home Office Research Study 261 (Findings 192): Substance misuse by young offenders: the impact of the normalisation of drug use in the early years of the 21st century

Nottingham Crime & Drugs Partnership

Working together to reduce Crime, Disorder and the misuse of Drugs

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