



Alcohol Harm Reduction Strategy for Scarborough Borough 2012- 2015

Final Draft
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1. Introduction

Many people locally, as well as nationally, enjoy alcohol without causing harm to themselves or others. However, alcohol misuse is a serious and growing problem, the effects of which can be devastating for individuals, their families and the community. Like many other parts of the UK, alcohol misuse in the Borough results in serious, long term health problems, increased crime and disorder and has a serious financial impact on local service providers.

This strategy is specific to the Borough of Scarborough and focuses on issues and actions that need to be taken to reduce alcohol-related harm in the Borough.

2. Aim

The purpose of this strategy is to set out an agreed approach to reducing alcohol-related harm in Scarborough Borough amongst local partners. It provides direction for commissioning and delivering treatment, prevention and harm reduction interventions in line with the priorities of partners.

Principles:

- Prioritise investment to prevent harm (whilst recognising that 'clearing up' activity still has to take place)
- Plan and commission jointly for improved efficiencies and outcomes
- Prioritise evidence-based interventions
- Continually improve relationships and communication

The outcome of the work covered by this strategy will be a reduction in alcohol related-harm in Scarborough Borough. Specifically we will:

- Reduce the increase in alcohol-related hospital admissions (for adults and under 18 admissions).
- Reduce alcohol-related crime.
- Increase the proportion of dependent drinkers in treatment
- Reduce the number of young people drinking over the advised weekly limit of 14 units.

3. The Scale of the Problem

Nationally, alcohol is estimated to have an overall financial cost to society of £20 billion a year.¹

3.1 Levels of Drinking

Overall, synthetic estimates suggest that residents of Scarborough Borough have rates of binge drinking that are higher than the England average, with lower than average levels of higher risk drinking and increasing risk drinking (see appendix 1 for definitions).

¹ House of Commons Health Committee, 2009

Figure 1: Synthetic estimates of the proportion of the population over 16 drinking above recommended levels.

Area	Increasing risk drinking	Higher risk drinking	Binge drinking
Scarborough	16.48	5.31	22.97
Yorkshire and Humber	21.6	6.01	24.5
England	20.77	7.11	20.1

Source: Local Alcohol Profiles for England, updated June 2011, NWPHO

Indicative Levels of Drinking

Evidence shows there is a significant percentile of the population who are increasing their exposure to harm through their alcohol use..

Figure 2: National Institute for Health and Clinical Excellence (NICE) Indicative Benchmark Rates².

Type of Drinking	NICE Indicative Benchmark Rate as a % of the population aged 16 and above.	Numbers within Scarborough Borough (2009 mid term population estimates)
Hazardous Drinkers	24.2%	21, 981
Harmful Drinkers	3.8%	3451
Alcohol Dependence	2.6%	2362

3.2 Treatment

The primary agencies locally, offering treatment and support for alcohol users are the Cambridge Centre, which provides both tier 2 and tier 3 treatment and the Addictive Behaviour Service (ABS) which offers tier 3 treatment, including community detoxification. Residential detoxification is spot purchased as required. There is no provision within the Borough, however, and service providers report that accessing provision in an emergency can be difficult. See Appendix two for explanation of alcohol tier system.

² NICE (2011): Services for the Identification and treatment of hazardous drinking, harmful drinking and alcohol dependence on children, young people and adults (CMG38)

Figure 3: Referrals to the Cambridge Centre (Alcohol). (Scarborough and Ryedale Boroughs).

	09/10	10/11
Waiting List (at 4 November 2011)		65
Adults		
Alcohol primary active caseload	309	329
Alcohol secondary referrals	50	51
Young People		
Alcohol primary active caseload	130	103
Alcohol secondary active caseload	26	22
Criminal Justice		
Alcohol primary referrals	4	1
Alcohol secondary referrals	53	48
Alcohol Treatment Requirement (ATR)	84	74
Alcohol Treatment Requirement (ATR) Non Statutory.		76

Overall the numbers of adults seeking treatment for alcohol is rising. This is evident in both the primary active caseload and the secondary referrals.

The above figures show a decrease in the number of young people seeking treatment during 2010/2011. A number of the referrals into the young people service during 2009/2010 were obtained through contacts with young people whilst carrying out evening outreach work. The evening outreach contract was run by the Cambridge Centre during 2009/2010, however this was not renewed during 2010/2011 and this is reflected in the referral figures for this year. The Cambridge Centre is now patrolling with the Street Safe project and taking part in the Aftermath workshops which will increase contact with young people outside of the Centre and may increase referrals.

The provision of alcohol services within the Criminal Justice Team have strengthened during 2010/2011 with the addition of the non statutory Alcohol Treatment Requirement (ATR). This is evidenced by the increase in the total number of referrals received during the 2010/2011 period.

Funding for the statutory ATR programme ceased in December 2010 and the service stopped accepting referrals for males and the figures reflect this. Whilst the 2010/2011 referral figure for statutory ATR's is lower than the previous year, it actually received a higher number of referrals in the first 9 months than for previous years. Provision for women continued throughout 2010/2011.

The Cambridge Centre currently has an increasing waiting list for alcohol treatment, with some users requiring treatment waiting in excess of 6 months. The average wait is 88 days (2.9 months) as of November 2011.

In addition 211 adults from the Borough (and Ryedale) received treatment (tier 3 and tier 4) through the Addictive Behaviour Services (ABS) in 2010/11. This was a similar number to 2009/10 when 210 individuals were seen.

Approximately 75% of those receiving treatment from ABS are from the Borough, with approximately 25% from Ryedale. Over 80% of referrals to the service are from GP's.

Data issues

Although the Cambridge Centre record both tier 2 and tier 3 data, the Department of Health (DoH) only requires treatment providers to record tier 3 & 4 activity, which is focused on dependent and severely dependent drinkers. DoH data does not show non dependent drinkers treated in the same agencies, or those treated in primary care, A&E and hospital inpatient services. As a result, the limited data that is available is not considered to be representative of the scale of the problem.

3.3 Health

Nationally, alcohol costs the NHS £2.7billion in 2006/2007. This is almost double the figure in 2001 and is projected to reach £3.7billion annually in the near future.

With growing need, frontline NHS services and especially hospitals have borne the brunt of the consequences of alcohol misuse. This includes additional costs to the Ambulance Service of responding to alcohol related incidents and GPs who are resented with a range of chronic physical , mental and social problems arising from alcohol. Problem drinkers consult their GP twice as often as the average patient.³

- Over 70% of the cost of alcohol-related ill health is spent on hospital treatment of which inpatient costs account for 45%, compared to around 12% of hospital expenditure in 2001.
- Every dependent drinker is estimated to cost the NHS £2, 300 per year⁴.
- Based on NICE indicative benchmark rates, the Borough has approximately 2362 dependent drinkers. (see Figure 1). Based on the estimated costs to the NHS of £2, 300 per annum, dependent drinkers alone are estimated to cost the NHS within the Borough over £5.4m annually.

Hospital Admission Rates

“Alcohol related hospital admissions rates” (previously known as NI 39) measures trends in hospital admissions where alcohol plays a part.⁵

³ Alcohol Concern (2010) Investing in Alcohol Treatments: reducing costs and saving lives

⁴ Alcohol Concern (2010) Investing in Alcohol Treatments: reducing costs and saving lives

⁵ For further details on how the indicator is calculated see Gajewska, K. 2010. *Alcohol related harm in Yorkshire and the Humber: data profile report*. Yorkshire and Humber PHO, page 13

Figure 4: Rates of alcohol-related hospital admissions per 100,000 population

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Scarborough	1128	1078	1104	965	1002	1206	1139	1634
North Yorkshire and York	904	1005	1078	1110	1134	1171	1257	1435
England	926	1023	1145	1291	1389	1473	1582	1743

This data shows a significant increase in hospital-related admissions in all areas of North Yorkshire and York. In previous years the rate of increase has been below that of the England average, but in 2008/2009-2009/2010 North Yorkshire and York's percentage change was 14% compared to a national increase of 10%. During the same year (2008/09-2009/10) Scarborough saw a 44% increase, taking its rate to the highest in the area, though still below the England rate.

Alcohol specific admissions for under 18s are significantly higher than the regional average with a measure of 87 compared to 62.2 for the regional average. This measure relates to persons admitted to hospital due to alcohol specific conditions (under 18) as a crude rate per 100, 000 population. The figure excludes attendance at A&E⁶.

Figure 5: Hospital Admission for males and females⁷

Indicator	Males			Females		
	Measure	Rank	Regional average	Measure	Rank	Regional average
Alcohol specific hospital admissions	424.5	212	442.4	241.9	242	212.8
Alcohol attributable hospital admission	1271.9	170	1415.4	785.9	203	798.5

On both measures admissions are lower than the regional average and similar to the national average for men. Alcohol specific hospital admissions are higher than the regional average for women. In relation to alcohol attributable admissions the rates for both men and women show an increasing trend since 2005 when the figure was 822 for males (compared with 1272) and 538 for females (compared with 798).

⁶ Local Alcohol Profile (2011).

⁷ Local Alcohol Profile (2011) - Local Authority rankings show 1 as the best and 326 as the worst.

Mortality Rates⁸:

Figure 6: Mortality Rates for males and females

<u>Indicator</u>	<u>Males</u>			<u>Females</u>		
	<u>Measure</u>	<u>Rank</u>	<u>Regional average</u>	<u>Measure</u>	<u>Rank</u>	<u>Regional average</u>
Mortality from chronic liver disease	13.1	188	13.8	9.1	259	7.0
Alcohol specific mortality	10.5	147	13.7	8.7	276	6.3
Alcohol attributable mortality	31.9	137	36.6	20.9	297	15.3

Whilst overall rates of mortality are higher for men, the rates for females are showing a concerning trend. Within the Borough figures for men are below the regional average. In particular, alcohol attributable mortality for males is considerably below the regional average and has been on a downward trend from 2005 when the measure was 51 (compared with 32). Conversely the position for females across all three indicators shows levels above the regional average. In contrast to the position in relation to males alcohol attributable mortality for females shows an upward trend from 2005 when the measure was 13 (as compared to 21).

3.4 Young People

Young people are affected by the alcohol misuse of those around them, as well as by their own alcohol consumption. Alcohol misuse amongst parents can have a substantial negative impact on their children, nationally up to 2.6million children live with a hazardous drinker.⁹

Nationally, young people are drinking at well below the legal age for the purchase of alcohol. Young people aged 16-24 years are significantly more likely than people in other age groups to exceed the recommended daily number of units. High levels of alcohol consumption are associated with a range of high risk behaviours including unprotected sex and offending.¹⁰

Under 18 conception rates in Scarborough Borough have reduced by 20% since 1998. However, rates have not decreased since 2004-2006 and have been rising slowly since then. Rates remain above the national average and considerably above rates elsewhere in North Yorkshire¹¹. Teenage conception rates are higher generally in December and January and additional awareness raising is undertaken by Young People's Services around these times.

⁸ Local Alcohol Profile (2011) – Local Authority rankings show 1 as the best and 326 as the worst.

⁹ Alcohol Concern (2010) Investing in Alcohol Treatments: reducing costs and saving lives

¹⁰ Safe, Sensible, Social 2007

¹¹ Under 18 conception data 1998 – 2009. Sources Office for National Statistics and DfE.

A survey of young people was undertaken in the Borough in March 2010.¹² In total 1559 young people completed survey forms, the majority were completed through schools, although forms were also distributed at some youth groups. The survey does not include returns from those not in the school system, nor from two significant secondary schools, so it is considered that these figures, although they offer an insight into young people's drinking behaviour, are likely to underestimate the level of drinking amongst young people.

In relation to alcohol use the survey showed

- 66% drink alcohol
- 74% occasionally
- 20% weekly
- 12% of drinkers had more than 21 units in the last 7 days
- 72% drink at home, 47% someone else's home and 20% in parks/street
- 48% get their alcohol from parents, 14% buy it or get strangers to buy it.

NYCC also undertook a Health Related Behaviour Questionnaire (HRBQ) during summer 2010. This included responses from 1934 pupils in the Borough in years 6 (primary), 8 and 10 (secondary). In relation to responses from pupils in the Borough key findings were:

- 33% of secondary schools pupils had at least one alcoholic drink in the week before the survey. Nationally the figure is 18% and for North Yorkshire it was 36%, increasing to 42% for pupils from pupil referral units and special schools.
- 17% of drinkers drank over the weekly limit for adult females of 14 units.
- In relation to primary school responses, 12% of boys and 7% of girls said they had at least one alcoholic drink in the week before the survey. Nationally the figure is 3% and for North Yorkshire it is 16% for boys and 8% for girls. This suggests gaps around support for primary schools at a tier two level.

The North Yorkshire Drug and Alcohol Needs Assessment 2010-11 completed in March 2011 summarises the main findings as:

- Figures for 2009/10 show that alcohol was the main drug of choice for young people in North Yorkshire 48% (35% nationally) and cannabis was noted as the other drug most used 40% (56% nationally). A combination of alcohol and cannabis was noted, with very few instances of opiate usage reported.

¹² Young People's Drug and Alcohol Survey. Results based on 1559 forms, of young people aged 11-19. Over 60% of respondents were aged 13-15. Only 15 forms (1%) were from young people aged 18 or 19.

- Alcohol remains the primary substance of concern for professionals working with young people. Binge drinking and risk taking behaviour is an issue in all areas with many young people classing their behaviour as normal

3.5 Mosaic Profiling

Mosaic profiling enables different groups within the population to be mapped against a range of data sets. This includes profiling the characteristics of each group, which enables particular groups to be identified and targeted, in ways in which they are more likely to be responsive.

In relation to alcohol or drug related health problems/disabilities, overall the proportion of the overall population in the Borough who report such problems is low at about 0.5% of households (the same as the national average). However, these are considerably more common in particular groups as shown below.

Figure 4: Mosaic groups ranked as high/very high in relation to the national average for Alcohol/drug health problems.

H	Couples and younger single people (setting up home/new starter homes, more likely to visit pubs/clubs).
I	Lower income workers (few qualifications, routine occupations, young singles/couples, below average income)
M	Elderly people reliant on state support (older people, retired)
N	Young people renting flats/high density social housing
O	Families in low rise social housing with high levels of benefit needs (low incomes, disadvantaged, unemployed, long term illnesses).
K	Residents with sufficient incomes in right to buy social housing (social housing tenants, right to buy, comfortable lifestyle, few qualifications, hard working & self reliant).

Similarly in terms of hospital episode statistics (Chronic liver disease and cirrhosis), in comparison with the national average, rates are higher for those in groups I, K, M, N and O.

Mosaic profiling data suggest that within the Borough over 15, 000 households (29%) are estimated to drink on 5 days a week or more. Nationally rates are higher in the following groups:

A	Residents of isolated rural communities
B	Residents of small and mid sized towns with strong local roots
D	Successful professionals living in suburban or semi rural homes
C	Wealthy people living in the most sought after neighbourhoods.

In relation to Group C, although nationally rates of drinking are high in this category there are few households overall of this type in the Borough so the actual numbers locally in this category will be small.

Within the Borough, other significant groups drinking 5 times a week or more are:

K	Residents with sufficient incomes in right to buy social housing
L	Active elderly people living in pleasant retirement locations

3.6 Community Safety

Perceptions of Drunk and Rowdy Behaviour

30% of respondents believe people being drunk or rowdy in a public place is a problem. This has reduced by 6% since 2006/2007, but increased, however by 1% compared with 2009/10. The problem was highest in the following wards¹³

- Central 54.7%
- North Bay 52%
- Castle 48.8%
- Ramshill 47.3%.
- Eastfield 44.6%

Reports to the ASB reporting line and North Yorkshire Police highlight street drinkers as a particular concern to residents, businesses and visitors to Scarborough Town Centre and surrounding areas, particularly visible during the spring and summer months.

Domestic Violence

- Within North Yorkshire over half (53%) of Domestic Violence related crimes are linked to alcohol or drugs. York and Scarborough experience the highest proportion of crimes linked to alcohol or drugs¹⁴.
- One fifth (22%) of Domestic Violence related incidents are recorded as linked to alcohol or drugs.¹⁵

Road Safety/Alcohol

- Although the number of arrests for motoring offences within the District has fallen from 323 (2008-9) to 245 (2009-10), the most common reason for arrest remain drink driving (71%).¹⁶

Alcohol related Crime & Anti Social Behaviour

¹³ SBC Local Area and Budget Survey 2010

¹⁴ North Yorkshire Police Domestic Violence Problem Profile, 2011

¹⁵ North Yorkshire Police Domestic Violence Problem Profile, 2011

¹⁶ JSIA, 2010

- In 2009/2010 where substance use by an offender was recorded, most crimes involved alcohol use (84%), rather than alcohol/drugs together (9%) or drugs alone (6%).
- Violence against the person forms 66% of all the crime types where the offender was affected by substance misuse.
- Between 2008/2009 and 2009/2010 there was an increased prevalence of offenders committing crime whilst affected by alcohol and/or drugs.¹⁷
- 32% of recorded incidents of anti-social behaviour involve alcohol or street drinking. This is higher in Scarborough than other districts within North Yorkshire. These issues are more prevalent in Castle ward which accounts for 46% of alcohol-related ASB.¹⁸

Sexual Vulnerability

Feedback from the night marshals suggests an increase in females who have been drinking to excess and cannot get home easily and who are potentially more vulnerable to sexual assault. Assessment of the location of sexual offences during 2009/2010 shows that whilst Scarborough town centre is a slight hot spot, crimes of this nature are also evident within many residential areas and also at the main holiday parks.

3.7 Offenders Use of Alcohol

The Offender Assessment System (OAsys) measures the risks and needs of criminal offenders under the supervision of the Probation Service. Key findings from this data (based upon 1127 offenders from Scarborough during 2010/2011) include:

- When asked “Is current alcohol use a problem?” 55% of all respondents replied yes. This is higher than the county average of 46%.
- 50% of offenders who said ‘current alcohol use is a problem’ had committed alcohol related violent behaviour. This is higher than the North Yorkshire average of 43%
- 59% of offenders admitted that binge drinking had been an issue in the last 6 months. This is ten percentage points higher than the county average of 49%.
- Violent crime and criminal damage are the two crime types most often linked to alcohol consumption.
- 48% of offenders said they were motivated to tackle alcohol misuse.

Women’s Community Project

This is a project that works with women, to reduce the women’s prison population and reoffending. The project works in an integrated way with a very vulnerable group of women, who have multiple and complex needs. In the first

¹⁷ NY Police data, from the JSIA 2010

¹⁸ JSIA, 2010

year of the project 160 detailed assessments have been undertaken, of these 87 (54%) women identified that they had an issue/need in relation to drugs/alcohol.

4. Economic and Social Impacts of Drinking within the Borough of Scarborough

4.1 Deprivation

The Department of Health notes the link between deprivation and alcohol harm, with life lost, rates of mortality, admission to hospital, incapacity due to alcoholism, visits to a pub/bar and binge, hazardous and harmful drinking all showing much higher levels in the more deprived regions of England compared to the more affluent regions.¹⁹

Alcohol related deaths are about 45% higher in areas of high deprivation²⁰. Whilst people with lower socio-economic status are more likely to abstain altogether, if they do consume alcohol, they are more likely to have problematic drinking patterns and dependence.²¹

The Borough of Scarborough contains significant areas of multiple deprivation as defined by the 2010 Indices of Multiple Deprivation (IMD). The Borough is ranked 85 out of 326 authorities for the average deprivation score, falling within the bottom 30% of most deprived local authority areas. Within Scarborough there are 8 lower super output areas in the bottom 10% of the country for overall deprivation. These areas are concentrated in the urban areas of Scarborough, within Castle, North Bay and Eastfield Wards and the Barrowcliff Estate (Woodlands ward).

4.2 Carers and Families

The numbers of referrals to treatment agencies locally for alcohol related problems are increasing and the Cambridge Centre estimates that for every person that misuses alcohol or drugs there are a further 2 family members affected. However, carers of people with substance misuse problems are often reluctant to seek help. Adfam, a national charity working with families affected by drugs and alcohol identifies that supporting families is a key challenge and that family members of drug and alcohol users report “significant negative impact on their physical and mental health, financial circumstances and family relations.”²² A project to support people affected by someone else’s drug or alcohol use has been operating in Scarborough and Ryedale since January 2011. This has highlighted a gap for this group of carers and in the first 6 month the project has supported 19 individuals and developed a specific website resource which averages 45 hits per month.

¹⁹ Executive Summary: Indicators of Public Health in the English Regions: Alcohol.

²⁰ Dept. of Health 2009. Signs for Improvement: Commissioning intervention to improve alcohol related harm.

²¹ The Marmot Review (2010) Fair Society, Healthy Lives.

²² Manifesto for Families, Adfam, 2010.

4.3 Economic Impacts

The value of alcohol related economic activity, including brewing, retail and through pubs, clubs and restaurants is considerable. Within the Borough over 13 600 local jobs are within distribution, hotels and restaurants, almost 35% of the total jobs within the Borough²³.

Locally, much of the area derives significant economic benefits from tourism. The attractions of licensed premises form an important part of the appeal of the area, whether this is a meal and a drink in a rural pub or the attractions of the pubs and clubs within the town centres. A vibrant and attractive, night time economy is important for the local economy, both in terms of local residents and as a means to attract tourists to the area.

As well as the economic benefits, the consumption of alcohol brings associated problems. Whilst many people drink safely and without harm to themselves or those around them, during the evening, particularly at weekends there is visible drunken behaviour and a clustering of crime and disorder, including violent crimes, around the town centre locations, particularly Scarborough town and on a smaller scale, Whitby. Street drinking by a core of heavily dependent local residents during the day is also of concern in and around Scarborough Town Centre

The knock on effects of excessive alcohol consumption are felt by a range of local businesses and services, including not only the enforcement agencies but the local hospital, ambulance service, cleansing services and others who deal with the consequences of drunken excess.

4.4 Clearing Up

There are a range of costs associated with alcohol misuse, particularly within the town centres and other locations where street drinking occurs. 'Washing' the streets of the Borough of vomit, faeces and urine caused by people under the influence of alcohol is significantly more costly than simple street cleaning and work has to start earlier to clear up such waste prior to the streets becoming busy. Clearing bottles and cans from streets, parks and beaches also carries an additional cost.

4.5 Housing

In relation to housing in the Borough, alcohol misuse contributes to housing difficulties including evictions as a result of alcohol related anti-social behaviour and the homelessness of victims of alcohol fuelled domestic abuse. Rough sleeping is intrinsically linked to alcoholism (although the numbers are very low) and most single men in temporary accommodation through the council are believed to have serious alcohol dependency.

²³ Nomis, ONS annual business inquiry employee analysis, 2008.

The Council's Housing Options Team estimate that around 40% of all clients that approach the Council for some form of housing assistance have a problem with alcohol that contributes to their range of difficulties in some way. That equates to roughly 600 households per year whose accommodation is affected by alcohol.

4.6 Loss of productivity

The national, alcohol harm reduction strategy (2004) estimated the overall annual cost of productivity lost as a result of alcohol misuse to be £6.4bn per annum. Up to 17 million working days are lost through alcohol related absence. Alcohol misuse may also affect the productivity of workers in the workplace and result in shorter working lives.

5. Need

The Sustainable Community Strategy for the Borough of Scarborough 2010-2013, Joint Strategic Intelligence Assessment for the Borough (2010/2011), the Joint Strategic Needs Assessments for York and North Yorkshire (2010) and the North Yorkshire (young people's) Drug and Alcohol Needs Assessment (2010/11) all recommend action to reduce the harm caused by alcohol.

The data in sections 3 and 4 on levels of drinking and impact suggests need in the following areas:

- **Treatment for dependent drinkers.** Currently NICE recommend treatment to be available for 1 in 7 dependent drinkers. The Directors of Public Health support a target of 15% as the productive threshold for reducing A&E and hospital attendances/admissions. Currently less than 3% of dependent drinkers in North Yorkshire are estimated to be in treatment. There is a growing waiting list for drinkers seeking assistance through the Cambridge Centre. There is no provision within the Borough for residential detoxification and in an emergency accessing provision can be difficult. The geography of the area is also significant, with very limited outreach work in the rural areas of the Borough.
- **Interventions to support increasing, higher risk and binge drinkers to reduce their drinking to below harmful levels.** Given the increasing level of hospital admissions as a result of alcohol, a particular focus on interventions for those accessing **hospital services** is required.
- Improved training to front line practitioners to increase screening and **brief interventions** for non dependent adult drinkers and young people.

- A focus on female drinkers is required given the rising levels of alcohol attributable mortality relating the females and the increasing hospital admission rates..
- **Interventions to tackle drinking amongst offenders** to break the link between alcohol and violent crime and to reduce reoffending. Again, the particular needs of both women and men need to be considered.
- Interventions to tackle alcohol use amongst perpetrators and victims of **domestic abuse**.
- Awareness raising for all **young people**, including work in schools (and with those outside of the school system) to focus on reducing risky behaviour and raising awareness of consequences. This includes primary schools given the reported levels of drinking from this age group in the Health Related Behaviour Survey.
- Improved screening and targeted interventions for **young people** who are drinking consistently above the recommended limits. This is particularly significant given the relatively high rates of alcohol specific hospital admissions for under 18's.
- Initiatives to engage parents in education and control of youth alcohol use.
- Effective **management of town centres and the night time economy**, to promote, responsible retailing and drinking, alongside responsive work to reassure and "mop up" the impact of excessive drinking to ensure harm is minimised.
- **Support for families** affected by the alcohol misuse of others, specifically **carers**.
- Population level awareness and prevention work. This should link with national campaigns and is generally more effective with older drinkers (aged 35+) who are more receptive to changing behaviour. Use of Mosaic profiling data will enable more effective targeting of particular groups in ways which are more likely to be effective.

6. Current Interventions and Evidence

6.1 National Evidence and Recommended Interventions

Recommended interventions for local action from key recent publications are set out below.

Signs for Improvement: Commissioning interventions to reduce alcohol related harm, Department of Health, 2009

- Work in partnership

- Develop activities to control the impact of alcohol misuse in the community (use existing laws, regulations and controls)
- Influence change through advocacy (identify champions)
- Improve the effectiveness and capacity of specialist treatment
- Appoint an alcohol health worker (in major acute hospitals)
- IBA (intervention and brief advice) – provide more help to encourage people to drink less: 1 in 8 people will reduce their drinking to lower risk levels as a result.
- Amplify national social marketing campaigns

Within these recommendations, the Department for Health set out a series of **High Impact Changes** for those commissioning alcohol services based on clinical evidence and cost effectiveness. High Impact Changes are:

- Appointing Alcohol Nurse specialists in A&E Departments and acute hospital clinics working with non dependent drinkers and giving clinical advice to improve standards of care for alcohol dependent patients.
- Appointing alcohol health workers in acute hospitals targeting dependent drinkers.
- Improving the effectiveness and capacity of specialist treatment to ensure at least 15% of estimated dependent drinkers in the area receive treatment.
- Identification and brief advise as per the Directed Enhanced Service for all newly registered patients.

Alcohol Use Disorders: preventing the development of hazardous and harmful drinking, NICE, 2010

- Increasing price and reducing availability
- Using licensing powers to tackle underage selling and proxy sales and taking action against premises.
- Resourcing screening and brief intervention as a routine part of NHS practice and also for non-NHS professionals.
- Aiming to have treatment available for 1 in 7 dependent drinkers and commissioning for an increase in referrals to tiers 2, 3, and 4.
- Supporting young people aged 10-15 and providing screening and extended brief interventions for 16-17 year olds.

6.2 Current Local Interventions

National recommendations are implemented locally. Partnership arrangements in relation to alcohol are generally strong within the Borough and have enabled a range of local interventions to be provided. Some of these are commissioned directly by statutory organisations. Many others have been developed by partners in the public and voluntary sectors to meet identified local needs and gaps in provision and are funded through a variety of short term grant and other funding streams.

Key interventions for alcohol in the Borough are summarised below. Details of interventions and commissioning/funding arrangements are shown as Appendix Three.

Treatment and Support - PCT Commissioned Services

Services for adults and children are funded from the National Treatment Agency. Adult services are commissioned by the DAAT, through the Joint Substance Misuse Commissioning Group and services for children by the County Council through the Risky Behaviours Strategy group.

- Treatment services, Tier 2 and Tier 3 (Provided by Cambridge Centre, ABS and Next Choice).
- Young People's Alcohol and Drugs Workers (Cambridge Centre)

- Direct Enhanced Service (provided by GPs)
- Specialist alcohol services commissioned and delivered at Castle Health Centre (provided by the Cambridge Centre and ABS)

Treatment and Support - Other Alcohol Interventions and Services (Grant Funded)

- A&E Alcohol Worker (Scarborough Hospital/Cambridge Centre)
- Young Women's Alcohol Worker (Cambridge Centre)
- Carers Project for unpaid carers of people with substance misuse problems (SWR Carers Resource/Cambridge Centre)
- Rural Outreach, Scarborough Rural Area (Cambridge Centre)

Work with offenders and those at risk of offending and anti-social behaviour (including perpetrators of domestic abuse)

- Alcohol Treatment Requirement (statutory and non statutory)
- Women's Community Project (addresses alcohol issues as part of an integrated programme to reduce the women's prison population and reoffending).
- Probation Commissioned accredited interventions for offenders (8 week programmes).
- North Yorkshire DIP Alcohol Pilot (6 months).

Community Safety

The approach to tackling alcohol related crime and disorder falls into four main categories as below although some of the activity highlighted does impact on more than one domain. Activity is indicative and not an exhaustive list. Although work in relation to young people does fall within these four domains, it is presented as a separate list to reflect focus as a significant group.

Responsible drinking

Education and awareness raising, co-ordinated through the 'Drink Safe Stay Safe' and Street Safe Steering Groups:

- Freshers week
- Town Centre public engagement
- Supermarket public engagement
- Emergency Services Day public engagement
- Whitby Regatta public engagement
- Bar runners
- Radio campaigns (e.g. drink driving, domestic abuse)
- Aftermath initiative
- Youth Angels
- Street Safe Patrols

Responsible Retailing:

- Pubwatch (includes multi-agency information sharing, support and problem solving).
- Multi-agency training to licensees
- Trading Standards advice and training to licensees regarding underage sales where a complaint has been received.
- Campaigns to address proxy sales.
- Multi-agency problem solving groups where licensed premises are part of the problem or can be part of the solution.
- Polycarbonate Glasses in higher risk establishments
- Work with supermarkets and off licenses
- Work with private vehicle hire companies
- National lobbying re discounted supermarket alcohol via MP Robert Goodwill

Enforcement:

- Multi-agency Licensing Act enforcement protocol in place.
- Monthly multi-agency meetings to identify high risk licensed premises and those causing problems.
- Scarborough Borough Council routine inspection of license premises including compliance with licence conditions.
- Joint council and police and multi-agency inspections of licensed premises and temporary events on a risk rated basis or following complaints, including evenings and weekends.
- Review of licenses where problems are so serious or issues have not been dealt with through advice.
- Support to members of the public in initiating a review of licensed premises.
- Advice and support to Councillors
- Prosecution of license holders where necessary.
- Liaison between the Council's Licensing and Planning departments to ensure compliance with conditions through use of Section 19 closure powers where necessary.
- Work with the Courts to take appropriate action in criminal cases when the offender is a personal license holder.

- Joint agency checks on door supervisors to ensure they are SIA registered.
- Use of Anti-social Behaviour Orders to manage nuisance street drinkers.
- Designated Public Places Order in place in parts of the Borough – power of arrest if alcohol is being drunk anti-socially and is not handed over at the request of a police officer.

Environment:

- SBC Licensing Policy – reviewed every three years
- SBC Cumulative impact policy
- Street Angels
- Youth Angels
- Night Marshals
- Increased policing in ‘hotspot’ areas at peak times

Young People

- Support to young people using drugs/alcohol including one to one support, early intervention, family work and advice and information.
- Training to support practitioners (including teachers and school nurses) in delivering key messages to young people around drug and alcohol misuse.
- Training to support practitioners (including teachers and school nurses) in screening, brief interventions and referral to specialist services for young people who are misusing alcohol.
- Targeted work with young people around drugs and alcohol in youth clubs and other settings, including:
 - Detached and outreach work
 - Engaging young people in activities that do not involve alcohol e.g. Arts, dance and music projects, Friday night football.
 - Multi agency work with the police to target young people who are most vulnerable
 - Awareness raising activities e.g. poster design to highlight the risks of pre-loading.
- Schools applying for Healthy Schools Status have to demonstrate that they have policies in place and good practice around drugs and alcohol education
- Teaching and learning exemplar resources to support teachers to deliver effective lessons around drugs, alcohol and other risky behaviour
- Test purchasing
- Under 21 Campaign
- Proxy sales campaign
- Parental awareness raising initiatives
- Street Safe
- Aftermath project
- Restorative practice

- Diversionary activities
- Police enforcement operations in hotspot areas (sales and consumption)

7. Invest to Save

*“The evidence is clear that investing in alcohol services for all problem drinkers saves money and improves health outcomes. Indeed for every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs”.*²⁴

There is clear evidence to support increased national investment in alcohol, as a major national public health priority. Local commissioners too have a key role in prioritising alcohol and matching the scale of the problem with a range of provision to address need.

Current local commissioning arrangements are not considered to be integrated or co-ordinated and too many alcohol harm reduction interventions are reliant on short term, grant funding. Evidence shows that interventions work and that properly targeted investment will save money but this is a long term problem.

Based on national indicators and length of stay costs²⁵:

- On average an alcohol related admission costs a PCT £1824
- On average an alcohol related A&E attendance costs a PCT £80
- On average each avoided admission will save a provider £300

Figure 7 PCT Areas – Estimated Return on Investment in evidence based alcohol interventions for North Yorkshire and York PCT.²⁶

% rise in ARHA from 09/10 to 11/12	Current projected No. of ARHA 11/12	% of total PCT budget needed for additional investment in alcohol	Additional investment required to invest in what works to meet need	No. of A&E visits averted	Projected reduction in number of ARHA 11/12	Projected ARHA 11/12 with investment	Total savings for NHS	Return on investment
11%	14, 521	0.08	£905, 740	2, 838	2, 213	12, 308	£2.6m	3.0

ARHA – Alcohol Related Hospital Admissions.

The table above shows the number of alcohol related hospital admissions for the North Yorkshire and York PCT and shows the estimated level of additional investment required in alcohol treatment/interventions to avert a significant number of A&E admissions and alcohol related hospital admissions. In turn reduced admissions will generate savings in excess of the initial investment.

²⁴ Alcohol Concern: making alcohol a health priority, January 2011.

²⁵ NHS Evidence - Alcohol Care Teams: to reduce acute hospital admissions and improve quality of care (published February 2011)

²⁶ Department for Health 2010 Alcohol Ready Reckoner v 5.1. Quoted from Alcohol Concern: Making Alcohol a Health Priority (2011).

Evidence from the Public Health Observatory²⁷ shows that:

- A full time alcohol worker in an acute trust will produce a net saving of £85, 000
- Treating an additional 2% of dependent drinkers will generate net savings of between £39, 000 and £167, 000 depending on the size of the PCT.
- Screening and brief interventions in general practice will save £58, 000 for every 1000 patients screened.

8. Priorities and Recommendations

Local priorities, based on clear evidence about the most effective interventions are identified as:

1. Leadership and Co-ordination

- 1.1. There should be clear local leadership. We would expect to see the proposed statutory Health and Well Being Board in North Yorkshire taking a lead role in reducing alcohol harm, based on a thorough understanding of the scale of the problem and the needs in the respective areas of the County.
- 1.2. There needs to be a systematic, co-ordinated approach to alcohol harm reduction and commissioning of alcohol services. This means a raft of interventions will be necessary to address the complex issues associated with prevention, personal and social harm reduction and treatment at all levels. An approach which encourages public sector funders and commissioners to further pool resources and to tackle the issue as a whole, rather than as specific agency responsibilities is needed.

Currently there is no comprehensive adults needs assessment in relation to alcohol for North Yorkshire, however, one is currently being undertaken (July 2011) and this should help to inform commissioning plans and a revised Alcohol Harm Reduction Strategy for North Yorkshire.

2. Treatment and Interventions

A focus on the specific needs of female drinkers is required to address the rising levels of mortality and hospital admissions in relation to women. Implementation of the recommendation in this section should therefore give consideration to the different approaches that may be required for men and women

²⁷ ERPHO (2011) Updated Commissioner investment in public health – medium term strategies. Quoted from Making Alcohol a Health Priority: Alcohol Concern (2010)

- 2.1 Increase treatment capacity for dependant drinkers to the recommended 15%. Current levels in North Yorkshire are around 3%. This includes adequate provision for residential detoxification where required. Existing services in the Borough are at (and beyond) capacity with a current waiting list for tier 3 services. Without additional investment in treatment any additional interventions “downstream” e.g. brief interventions risk identifying needs which cannot be met within current resources. New services (e.g. DIP Pilot, A&E worker) are likely to improve information about levels of need and increase pathways into treatment, we need to ensure capacity is there to meet such identified demand.
- 2.2. Early Interventions, including improved screening and brief interventions in a range of settings, including local hospitals, to support increasing, higher risk and binge drinkers to reduce their drinking to below harmful levels. This will require commitment from a range of organisations and training and support for staff. Capacity also needs to be available at tier 2/3 level to ensure any identified needs can be met.
- 2.3. Undertake targeted work with offenders to break the link between alcohol, crime and reoffending. This includes brief interventions work and access to treatment for dependent drinkers, where identified. Specific approaches are required to meet the differing needs of men and women. A holistic approach which focuses on the person and not just the offending behaviour is required and the Women’s Community Project offers a nationally recognised model for this.

The ATR pilot (both statutory and non statutory) has been evaluated as effective and yet has ceased locally for men in terms of statutory provision. An immediate priority is to develop a multi agency response to commissioning this service.

- 2.4. Specific work is required for perpetrators and victims of domestic abuse.
- 2.5 Support is required for carers and those affected by the alcohol use of others. This includes practical and emotional support.

3. Young People

- 3.1. Improved screening and targeted interventions for young people who are drinking consistently above the recommended limits. Interventions need to be available across the tiers, enabling young people to access the level of support required. This includes:
 - o Develop mechanisms to improve alcohol screening and referral for services for young people via A&E/hospital admissions, schools and Common Assessment Framework (CAF).

- Revised contracts with commissioned services to ensure targeted work with vulnerable groups is prioritised. In particular looked after children.
 - Continuing to provide specialist services for young people whose drinking behaviour is of concern and ensuring sufficient capacity and easy access to such services.
 - Agree pathways and protocols into tier four services for young people. (Pharmacological and residential)
- 3.2. Awareness raising for all young people, including work in primary and secondary schools (and with those outside of the school system) and parents to focus on reducing risky behaviour and raising awareness of consequences. This work requires co-ordination, consistency in approach and appropriate training to ensure an evidence based model is used to raise awareness, discourage harmful behaviours and refer into services where required.

4. Management of the Town Centres and the Night Time Economy

- 4.1. Ongoing and effective management of town centres and the night time economy. This includes wider strategic development work to encourage a diverse range of activities and entertainment in the towns, for a variety of ages, including families
- 4.2. Prevention and responsive work to reassure and “mop up” the impact of excessive drinking to ensure harm is minimised. This approach focuses on four related areas and includes continuation of the Night Marshalls and Street Angels initiatives:
- Responsible drinking
 - Responsible retailing
 - Enforcement
 - Environment

Initial Priorities for Action

The above recommendations form a comprehensive package of recommendations for action over the lifetime of the strategy. The following areas have been prioritised as requiring immediate work during the first year of the strategy.

- 2.1. Increase treatment capacity for **dependent drinkers** in the Borough, informed by the needs assessment work commenced in summer 2011.
- 2.2. Informed by the needs assessment work (adults and young people), develop an integrated **brief interventions** approach, based on identified good practice (to include young people, NHS settings and offenders).

- 2.3 Re-commission **statutory ATR provision for men** and women on a sustainable basis.
- 3.1 Improve **alcohol screening and referral for services for young people** via A&E, schools and CAF (Comprehensive Assessment Framework).
- 4.2 Identify a sustainable model for the **Night Marshall** role.

Appendix One Definitions of Drinking Behaviour

Local Alcohol Profile Definitions²⁸

Binge Drinking	Adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is 8 or more units for men and 6 or more units for women)
Increasing Risk Drinking	Consumption of between 22-50 units of alcohol per week for males and between 15-35 units of alcohol per week for females. Often referred to as "hazardous drinking"
Higher Risk Drinking	Consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females. Often referred to as 'harmful' drinking.

Alcohol Concern Definitions²⁹

Type of drinking behaviour	Description	Prevalence (England)	Trend
Hazardous Drinkers	Those who drink over the sensible drinking limits, either regularly or through less frequent sessions of heavy binge drinking, but have so far avoided significant alcohol related problems.	7.6 million people	For women the binge drinking rate increased from 7% in 1998 to 16% in 2006. For men the rise was from 20% to 24% in the same period.
Harmful Drinkers	Usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers. Unlike hazardous drinkers, harmful drinkers show clear evidence of some alcohol related harm.	2.9 million people	Heavy drinking rose amongst men from 19% in 2005 to 24% in 2007 and from 8% to 15% for women over the same period.
Dependant Drinkers	Those who are likely to have increased tolerance of alcohol, suffer withdrawal symptoms, and have lost some degree of control over their drinking. In severe cases they may have withdrawal fits and may drink to escape from or avoid these symptoms.	1.6 million people	There was a 24% increase in the number of moderate to severely dependent drinkers between 2000 and 2007.

²⁸ Local Alcohol Profiles, published by the North West Public Health Observatory.

www.nwph.net/alcohol/lape

²⁹ Quoted from Alcohol Concern: Making Alcohol a health priority (2011).

Appendix Two

Alcohol Treatment Tiers

Identification and treatment of an individual's alcohol problems can prevent and reduce the human and social costs which can arise when serious problems with alcohol develop. The Models of Care for Alcohol Misuse (2006) sets out a national framework for commissioning and providing interventions and treatment for adults affected by alcohol misuse and is structured around four tiers:

Tier 1 – Generic services who work with a range of clients where alcohol may be identified and where brief interventions and referral to specialist services can be applied. This could include, for example, primary care & acute hospital settings, A&E, police, probation, education, homelessness services and social care.

Tier 2 – Specialist open access services and outreach that provide alcohol specific advice and support, extended brief interventions and assessment. Locally the main Tier 2 provider is The Cambridge Centre although mutual aid groups such as Alcoholics Anonymous also come within Tier 2.

Tier 3 – Specialist services providing structured programmes of care. Locally this includes the Cambridge Centre (structured psychosocial interventions and key working), Next Choice (structured day programme) and Addictive Behaviour Service (ABS).

Tier 4 – Structured inpatient services, for patients with a high level of need, including inpatient alcohol detoxification and residential rehabilitation. Locally inpatient detoxification is not commissioned within the Borough; however, funding is available for client's to be referred out of area. There is also a local inpatient residential rehabilitation service provided by Ark House.