

**Strategic Assessment  
of  
Alcohol Harm  
in  
WILTSHIRE  
  
2008-2011**



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## **1. INTRODUCTION AND PURPOSE**

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### **1.1 The Strategic Assessment of Alcohol Harm in Wiltshire**

The Strategic Assessment of Alcohol Harm in Wiltshire provides clear information about the impact of alcohol misuse across the County. The assessment will directly inform the development of the Wiltshire-wide Alcohol Strategy which will play a key role in co-ordinating the resources and activities of public services in Wiltshire to ensure alcohol related harm is tackled appropriately and effectively.

The Strategic Assessment of Alcohol Harm in Wiltshire has been developed in accordance with the guidelines provided by the Government in the *Safe. Sensible. Social. Alcohol Strategy Local Implementation Toolkit*<sup>1</sup>

The assessment has been written in order to address the following key areas:

- the national context in relation to alcohol
- the local profile for Wiltshire
- alcohol related work currently underway in Wiltshire
- identification of gaps in Wiltshire in relation to alcohol related work
- identification of priorities for future action

### **1.2 Alcohol related harm**

Alcohol misuse is a major concern. It impacts on the quality of people's lives, their health and well being and is a huge drain on the public purse. Nationally, the cost of alcohol misuse is estimated to be around £20 billion a year.<sup>2</sup>

In England, 38% of men and 16% of women aged 16 - 64; approximately 8.2 million people misuse alcohol. There are 7.1 million hazardous or harmful drinkers and 1.1 million dependant drinkers. 29% of men and 9% of women binge drink.<sup>3</sup>

Hazardous drinking is defined as drinking more than the sensible drinking levels but without having experienced any alcohol-related harms.

Harmful drinking is drinking more than the sensible drinking levels and having already experienced some alcohol-related harms. Binge drinking is defined as drinking large amounts of alcohol in a relatively short space of time with the purpose of getting drunk.<sup>4</sup>

Alcohol misuse is linked with offending and anti-social behaviour. The British Crime Survey 2007 found that In nearly half (46%) of all violent incidents, victims believed offenders to be under the influence of alcohol. 39% of domestic violence cases involved alcohol.

The number of alcohol-related violent offences has decreased every year since 1995 according to the British Crime Survey. However, the British Crime Survey also tells us that people are increasingly likely to think that alcohol-related disorder is a problem. In

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<sup>1</sup> Safe. Sensible. Social. Alcohol Strategy Local Implementation Toolkit. Alcohol Concern/DOH Jan 08

<sup>2</sup> Safe Sensible Social – Next Steps in National Alcohol Strategy Department of Health 2007

<sup>3</sup> Alcohol Needs Assessment Research Project Department of Health 2005

<sup>4</sup> Safe Sensible Social – Next Steps in National Alcohol Strategy Department of Health 2007

the 2003 survey, 20% identified alcohol related disorder as a concern. This rose to 25% in the year ending December 2006. Concerns in Wiltshire reflect the national picture, with 13.1% of Wiltshire's residents believing that there was an increase in people being drunk or rowdy in public places.<sup>5</sup>

Young people in Wiltshire were also concerned, with 34.87% of them believing that underage drinking puts the public's safety at risk and a further 39.32% believing that underage drinking puts young people at risk.<sup>6</sup>

There is additionally a range of "hidden harms" which are linked to the misuse of alcohol significantly, the impact on partners, children and carers of those involved in a cycle of alcohol dependency. Additionally there are impacts on the economy of days missed at work as a result of excessive alcohol consumption.

### **1.3 Impact on public services**

The impact of alcohol related harm is a key concern for public services in Wiltshire. For many years the focus on addressing alcohol related harms has been over shadowed by work to tackle drugs misuse. Funding streams, public perception, local, regional and national targets have all focused agencies energies and resources on reducing drugs related harms. Yet alcohol misuse is equally, if not more so, linked to a plethora of key agency concerns. This is reflected in public opinion with 78% of people perceiving alcohol to be more damaging to health than illegal drugs<sup>7</sup>

A summary of alcohol related harms being addressed by the public and voluntary sector services in Wiltshire include:

- Violent crime and anti social behaviour
- Domestic violence
- Drugs misuse
- Fear of crime
- Sexual offences
- Criminal damage
- Road traffic accidents
- Health harms
- Hidden harms
- Family break downs
- Homelessness
- Accidental fires and arson

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<sup>5</sup> Wiltshire Peoples Voice Wiltshire County Council 2007

<sup>6</sup> Tomorrows Voice Panel Wiltshire County Council 2004

<sup>7</sup> YOU GOV Poll – The Telegraph 2006

## **2. Strategic Framework**

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### **2.1 Governance**

The development of the Wiltshire Alcohol Strategy was originally commissioned by the Wiltshire Strategic Board, since replaced by the Wiltshire Assembly following a review of partnerships in 2008. Within the new Local Strategic Partnership structure the responsibility for the delivery of the Alcohol Strategy will be delegated to the Wiltshire Community Safety Partnership, one of the thematic delivery partnerships, with particular responsibility led by the Champion for Drugs and Alcohol.

A diagram of these governance arrangements is attached at Appendix A and Appendix F.

### **2.2 Related local strategies and action plans**

Alcohol is a cross cutting issue and this strategy therefore has close links with a number of other key strategies and action plans across Wiltshire including:

- A Sustainable Community Strategy for Wiltshire “Working together to create stronger and more sustainable communities” 2007-2016
- Wiltshire Joint Strategic Needs Assessment
- Wiltshire Local Area Agreement / Local Agreement Wiltshire
- Wiltshire Community Safety Plan (forthcoming)
- Wiltshire Drug Treatment Plan
- Updated Domestic Violence Strategy (forthcoming)
- Youth Justice Plan
- Partnership Strategic Assessment (forthcoming)
- Wiltshire Children and Young People’s Plan
- Wiltshire Children and Young People’s Services Partnership Preventive Strategy
- Wiltshire Teenage Pregnancy Strategy
- Suicide Prevention Plan (forthcoming)
- District Council Homelessness Strategies
- Wiltshire Healthy Schools Annual Plan
- Schools Branch Strategic Plan 2008-2011
- Anti Social Behaviour Strategy (forthcoming)

### 3. LEGISLATION AND POLICY DRIVERS

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#### 3.1 National Alcohol Strategy

In 2004, the Government published its first national alcohol harm reduction strategy. This strategy contained four key aims:

- To improve the information available to individuals to start the process of change in the culture of drinking to get drunk
- To better identify and treat alcohol misuse
- To prevent and tackle alcohol-related crime and disorder and deliver improved services to victims and witnesses
- To work with the industry in tackling the harms caused by alcohol

In June 2007, the Government published *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*. It detailed the long term goal of the Government to minimise the health harm, violence, crime and anti-social behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.

The three overarching goals of *Safe Sensible Social* are:

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

*Safe. Sensible. Social.* sets out the steps the Government will take to achieve these goals. They include:

- Sharpening the criminal justice system for drunken behaviour, providing enhanced support and toughened penalties for those whose unsafe drinking leads to criminal behaviour
- Reviewing health service spending to ensure that appropriate and costs effective preventions and treatments are delivered
- Helping those who want to drink less by making information and support widely available
- Toughening enforcement of underage sales by ensuring local authorities and police use their powers to clamp down on those who sell alcohol to children
- Providing credible guidance for parents and young people to help them make informed decisions about their drinking
- Rolling out public information campaigns to promote a culture of sensible drinking by highlighting the impact of alcohol misuse
- Consulting the public on the way alcohol should be promoted and its cost
- Ensuring that every local area has developed an alcohol strategy setting out how it will address the harms related to the misuse of alcohol



### **3.2 Youth Alcohol Action Plan**

On the 2<sup>nd</sup> June 2008, the Government published the Youth Alcohol Action Plan. The plan was developed in response to growing public concern about how much alcohol young people drink in their teenage years. The evidence set out in this Action Plan, which was promised in the Children's Plan, shows the extent of the problem.

Young people who drink too much put their own health at risk, and are more likely to get involved in anti-social behavior and contribute to crime. To tackle these problems, we need to work closely with parents, schools, health services and the police.

This Action Plan sets out the Government's five priorities:

1. Stepping up enforcement activity to address young people drinking in public places.
2. Taking action with industry on young people and alcohol.
3. Developing a national consensus on young people and drinking.
4. Establishing a new partnership with parents on teenage drinking.
5. Supporting young people to make sensible decisions about alcohol.

### **3.3 Performance monitoring**

From April 2008 there will be three national indicators which specifically focus on alcohol, through which the Government will measure local progress in reducing alcohol-related harm. These are:

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

In addition, reducing alcohol-related harm can make an important contribution to other national indicators, for example those relating to crime and community safety:

PSA 23	Make communities safer
PSA 25	Reduce the harm caused by alcohol and drugs

And to improving the life chances of children and young people:

PSA 14	Increase the number of children and young people on the path to success
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### **3.4 Legislation**

The Licensing Act 2003 came into force on 24th November 2005. The Act includes four licensing objectives, which all licensed premises are now required to meet:

- Prevention of crime and disorder
- Promotion of public safety
- Prevention of public nuisance

- Protection of children from harm

The Act devolved licensing responsibilities to Local Authorities, made provision for flexible opening hours and set up a system of personal and premises licenses under the scrutiny of seven Responsible Authorities including Police, Trading Standards, Fire and Rescue Service and Local Safeguarding Children Boards.

The Violent Crime Reduction Act 2006 provides additional powers to tackle alcohol-related violence in the Night-time Economy, including Drinking Banning Orders, under which restrictions can be imposed on individuals who commit alcohol-related offences, and Alcohol Disorder Zones, so that, in areas affected by significant alcohol-related crime and disorder, licensed premises can be required to contribute to the costs of managing the night time economy.

### 3.5 Policy and guidance

The Department of Health and the National Treatment Agency for Substance Misuse have published a number of key documents to guide the commissioning of alcohol treatment services.

*Models of Care for Alcohol Misusers* (MoCAM), provides a framework for commissioning alcohol treatment services, and advises that a local treatment system should comprise four tiers of intervention:

- Tier 1: Alcohol-related information and advice, screening, simple brief interventions and referral, provided by a range of generic services
- Tier 2: Open access, non-care planned, alcohol-specific interventions
- Tier 3: Community-based, structured, care-planned alcohol treatment
- Tier 4: Alcohol specialist inpatient treatment and residential rehabilitation

The Alcohol Needs Assessment Research Project (ANARP) 2005<sup>8</sup> measured the gap between the demand for and provision of specialist alcohol treatment services at a national and regional level. This identified that for every twelve people requiring alcohol treatment in the North West of England only one person is able to access it. This is regarded as a low level of access.

*Alcohol Misuse Interventions: Guidance on developing a local programme of improvement*<sup>9</sup>, provides guidance on developing and implementing local programmes to improve the care of hazardous, harmful and dependent drinkers and identified £15 million of Government investment to improve the commissioning and delivery of alcohol treatment services.

The Public Health White Paper *Choosing Health*<sup>10</sup> outlined plans to pilot alcohol screening and brief interventions in primary care, Accident and Emergency and the Criminal Justice System. Working with the alcohol industry to develop an information

<sup>8</sup> DOH (2005) Alcohol Needs Assessment Research Project (ANARP)

<sup>9</sup> DOH, National Treatment Agency for Substance Misuse (2005) Alcohol Misuse Interventions: Guidance on developing a local programme of improvement.

<sup>10</sup> Department of Health (2004) *Choosing Health: Making Health Choices Easier*. London: Department of Health

campaign to reduce binge drinking and a voluntary social responsibility scheme for alcohol producers and retailers was also proposed.

*Every Child Matters: Change for Children*<sup>11</sup> is the Government's vision for ensuring that agencies work together to protect and promote the well-being of children and young people. The Government's aim is for every child, whatever their background or circumstances, to have the support they need to:

- Be healthy
- Stay Safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

### **3.6 Local Performance Management**

In October 2007, the Government announced a new performance framework for local authorities. It detailed a list of 198 national indicators that encapsulates the Government's national priorities. Whilst performance against all these priority areas is important, Wiltshire has identified a number of particularly significant priorities that are set out in the Local Agreement Wiltshire (LAW) (incorporating the Local Area Agreement). The National Indicators within the LAW that link to reducing alcohol related harms include:

- NI 20 Assault with injury crime rate
- NI 39 Rate of hospital admissions per 100,000 for alcohol related harms
- NI 41 Perception of drunk and rowdy behaviour as a problem
- NI 115 Substance misuse by young people

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<sup>11</sup> Department for Education and Skills (2003) *Every Child Matters*. Norwich: The Stationary Office

## 4 PREVENTION

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### 4.1 National Context

#### Adults

The majority of adults in England drink alcohol. Whilst most adults are aware they should measure alcohol consumption by counting units, there is still considerable confusion about what a unit actually is and how the quantity of alcohol and strength of the drink might affect the number of units a drink contains. Research has found:

- 78% of people knew about the risks of alcohol but 40% said they would like to know more<sup>12</sup>
- Only 13% of adults said they kept track of how many units they drank<sup>13</sup>

The fact that the majority of adult drinkers are not accessing or correctly interpreting information about sensible drinking is a concern.

#### Older People

A recent government health survey found that 1 to 5% of older people who drank more than occasionally were 'problem drinkers' reporting significant psychological and /or physical dependence on alcohol.<sup>14</sup>

Tolerance to alcohol is significantly lowered in older people due to a range of physiological factors including reduced ratio of body water to fat, decreased hepatic blood flow and inefficiency of the liver enzymes meaning alcohol is not broken down as efficiently. Alcohol can also affect digestion making it more difficult to absorb vitamins and minerals.

Alcohol depresses the brain function to a greater extent in older people, impairing co-ordination and memory, which can lead to falls and general confusion. Older car drivers are three times more likely to be involved in a motoring accident after consuming even a small amount of alcohol than they would be if they had a zero level of alcohol consumption<sup>15</sup>. Alcohol misuse might also lead to incontinence, hypothermia and self-neglect.

#### Children and Young People

It is also important for children and young people to access appropriate information about the safe consumption of alcohol, as it is between the ages of 11 and 15 years when the majority of young people begin to drink and may establish harmful drinking patterns. Guidelines for the safe consumption of alcohol by children and young people do not currently exist. Recent findings relating to young people and alcohol include:

- 35% of young people between the ages of 10 -19 did not know the correct measure for a unit of alcohol<sup>16</sup>
- By the age of 13, the proportion of those who drink exceeds the proportion of teenagers who do not drink<sup>17</sup>

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<sup>12</sup> Mori Research – Portman Group 2000

<sup>13</sup> ONS (2006) Drinking: Adults Behaviour and Knowledge

<sup>14</sup> Alcohol and the Elderly Institute of Alcohol Studies Fact Sheet – April 2007

<sup>15</sup> Alcohol and the Elderly – (as above)

<sup>16</sup> Binge drinking: young peoples attitudes and behaviour – Positive Futures Feb 2008

- Young adults between the ages of 18 and 24 who binge drink are responsible for a disproportionate amount of crime and disorder<sup>18</sup>

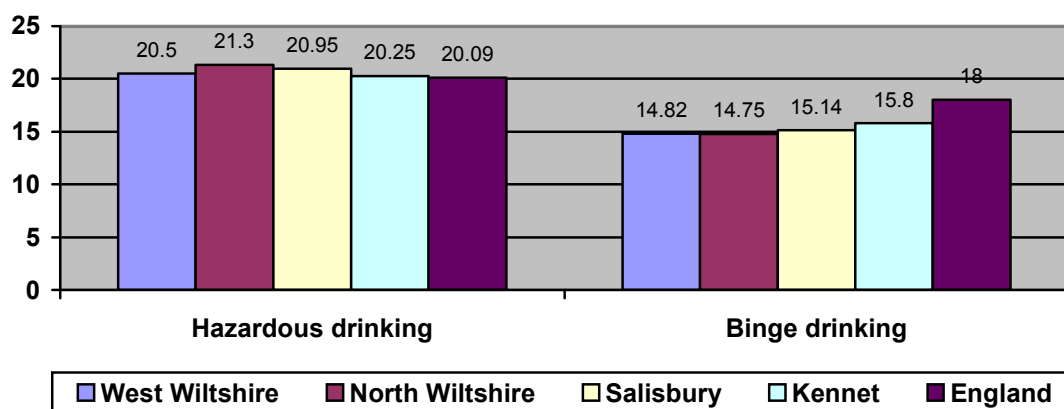
There are links between alcohol use and sexual activity, particularly risky sexual activity which may leave young people vulnerable to unwanted pregnancy and sexually transmitted diseases. Between 1995 and 2000, new cases of Chlamydia and Gonorrhoea in the general population rose by over 100%. The rise has been most significant among young people, for example 41% of females with gonorrhoea are under 20 years old.<sup>19</sup>

Alcohol is a factor in many school exclusions and suspensions. A study by the Youth Justice Board in 2003<sup>20</sup> found that 14% of pupils excluded from school were suspended for drinking alcohol at school.

## 4.2 Local Profile

### Adults

In October 2007 the Department of Health published *The Indications of Public Health in the English Regions Report*. Accompanying this report were local alcohol profiles for England which look at data at local authority level. Using mid 2005 synthetic estimates, the local profiles show<sup>21</sup>:



The data from each of the District Council areas across Wiltshire shows that the hazardous drinking levels in Wiltshire are slightly higher than the national average, but that binge drinking is lower.

<sup>17</sup> Alcohol Concern Nov 2005

<sup>18</sup> Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy

<sup>19</sup> Public Health Laboratory Service

<sup>20</sup> Youth Justice Board (2003) *Youth survey 2003: Research study conducted for the Youth Justice Board, January to March 2003*, MORI Social Research, London.

<sup>21</sup> Synthetic estimate NWPHE Health Survey for England

### **Children and young people**

Local agencies recognise the importance of providing a comprehensive and effective preventative programme for children and young people. The availability of appropriate information and support for young people and their parents, at the right time, may reduce the numbers of young people and ultimately adults requiring more intensive interventions at a later date. Across Wiltshire:

- 11% of primary school children aged 9 -11years and 32% of secondary school children have at least one alcohol drink a week<sup>22</sup>
- 14% of 10 to 15 year olds had got drunk once or twice in the last month<sup>23</sup>
- 2653 young people aged between 15 and 16 were engaging in binge drinking three times or more a month<sup>24</sup>
- 43% of students at further education colleges in Wiltshire have got into a fight or been aggressive when drinking<sup>25</sup>
- 27% of students say they, or a close friend had got into trouble with the police as a result of drinking<sup>26</sup>
- 46% of students were concerned about having unprotected sex as a result of drinking<sup>27</sup> with 23% actually experiencing it
- 58% of students had experienced a hangover<sup>28</sup>
- 59% of students were concerned about long term health problems<sup>29</sup>
- 39% of students had regretted or been embarrassed by their behaviour whilst drunk<sup>30</sup>

### **Vulnerable young people**

Looked after children; young offenders; young homeless; truants and excludees; teenage parents, and children with substance misusing parents can be defined as 'vulnerable'. Many vulnerable young people can fall into more than one category of vulnerability. It is thought that multiple vulnerabilities may increase the risk of substance misuse.

- 51% of permanent excludees from school used alcohol in the last month in comparison with 43% of the general school population<sup>31</sup>
- Only 56 out of the 3180 of under 18's arrested in Policing Division A and C in 2006/7 indicated they would like to see an Arrest Referral Worker<sup>32</sup>

## **4.3 Services in Wiltshire**

There is a wide range of preventative activity taking place across Wiltshire to both raise awareness amongst the adult population of the harms that can result from alcohol

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<sup>22</sup> Wiltshire Health Related Behaviour Survey 2006

<sup>23</sup> Offsted TellUs2 questionnaire – November 2007

<sup>24</sup> Young People Drugs and Alcohol Needs Assessment – Dec 07

<sup>25</sup> Fresher's Fayre Survey, Wiltshire College 2007

<sup>26</sup> Fresher's Fayre Survey, Wiltshire College 2007

<sup>27</sup> Fresher's Fayre Survey, Wiltshire College 2007

<sup>28</sup> Fresher's Fayre Survey, Wiltshire College 2007

<sup>29</sup> Fresher's Fayre Survey, Wiltshire College 2007

<sup>30</sup> Fresher's Fayre Survey, Wiltshire College 2007

<sup>31</sup> Estimated prevalence data based on the DFES data (2005) and the Youth Survey carried out by Youth Justice Board and Mori in 2004

<sup>32</sup> Young Peoples Substance Misuse Assessment – Wiltshire – December 2007

misuse, in tandem with work aimed at preventing young people from developing unhealthy patterns of drinking at a young age.

The Safer Wiltshire Partnership commissions the delivery of drug and alcohol training in Wiltshire. In 2007/08, the following alcohol related courses took place:

	2006/07		2007/08	
	No of courses	Number attending	No of courses	Number attending (as of 06/03/08)
Basic Alcohol Awareness	5	82	4	57
Families and Substance Use	1	18	1	12
Working with Problem Drinkers and Drug Users	2	38	2	31
Young People's Substance Use Screening Tool	2	28	5	109
Young People & Drugs			3	31

A Wiltshire specific alcohol campaign has been developed that aims to raise awareness of alcohol related issues. The campaign was developed in a Wiltshire 'style' with the strap line 'What does alcohol do for you?' The campaign graphics included separate designs for younger women, younger men, older women and older men. These were reproduced as posters, stickers and wallet cards. In addition, banners were produced which have been displayed in receptions of large employers in Wiltshire. Working with a Polish translator alcohol campaign posters were also printed in Polish and launched with the Spark Plugs Polish group in Trowbridge.

Schools in Wiltshire are encouraged and supported to take part in the National Healthy Schools Programme, an initiative that helps young people and their schools to be healthy. Healthy Schools help children and young people to reach their potential by building on a solid foundation of health to do better in learning and in life. Alcohol is part of the Personal, Social and Health Education scheme of work, all of which contributes to the five national outcomes described on page 11, and provides children and young people with the knowledge, understanding, skills and attitudes to make informed decisions about their lives

In addition to Healthy Schools, work continues with schools to ensure that they are appropriately implementing national and local guidance on young people and alcohol. Training is provided for teachers, and other adults connected with schools to support them in their work to provide appropriate advice and guidance to school age pupils about alcohol related harm. Support is also offered in relation to policy development on substances, including alcohol.

The local authorities and their partners within Wiltshire provide a range of diversionary activities for young people and the benefits of this are twofold; firstly these activities provide positive alternatives to drinking for young people when making choices about how to use their leisure time and secondly the activities can act as a vehicle to deliver information about the consequences of alcohol related harm. In addition, the Safer Wiltshire Partnership commissions a wide range of interventions that relate to alcohol harm reduction.

The licensing authority provides advice and guidance to licensees to ensure that they are able to provide a safe environment for drinkers. They dealt with 1560 licensing

applications in 2006/7. The licensing authority supports twenty-one Pub Watch schemes. It carries out joint inspections and has developed a responsible licensee scheme.

The involvement of “on” licence and “off licence” traders is vital in a co-ordinated approach to reducing underage drinking and ensuring responsible sales of alcohol is standard practice across the County.

A scheme to encourage the responsible retailing of alcohol has been developed in Wiltshire. There are also a number of Pub Watch schemes across the County. However the success of such schemes is dependant on the comprehensive participation of I traders. More work should be done to promote greater engagement in responsible retailing schemes.

#### **4.4 Gaps**

A number of gaps exist in relation to the prevention of alcohol misuse across Wiltshire:

- Current information provided to adult drinkers is uncoordinated. A coherent plan for the communication of messages to key target audiences, including older people does not exist.
- Information on the drinking patterns of young people not in mainstream education does not exist in Wiltshire
- Young people in Wiltshire would like to know more about units of alcohol and the recommended daily intake. 44.6% of those taking part in the Fresher’s Fayre survey requested more information about units of alcohol and recommended daily amounts. 46.4% wanted to know more about the long term health dangers of binge drinking and 51.3% wanted practical information about staying safe when drinking<sup>33</sup>.

#### **4.5 Priorities**

To prevent alcohol related harm to adults we will:

- Develop a coherent communication plan in order to provide the Wiltshire population, including key target audiences, with straightforward, accessible information relating to alcohol use
- Ensure that future campaigns that are developed to inform adults about alcohol related harms are evidenced based
- Train front line staff to recognise the signs of alcohol harm in order that they can offer brief intervention and / or signpost to appropriate support
- Support licensees to sell alcohol responsibly by encourage greater participation by “on license” and “off licence” traders in responsible retailing and Pub Watch schemes
- Ensure that licensees understand the importance of using trained and accredited door staff

To prevent alcohol related harm to children and young people we will:

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<sup>33</sup> Fresher’s Fayre Survey. Wiltshire County Council 2007



- Ensure that relevant and accessible information about staying safe when drinking is available to all young people in Wiltshire
- Undertake research into patterns of alcohol use by young people not in mainstream education
- Ensure participation in prevention programmes by those at risk of exclusion, school excludees, young people in contact with Youth Offending Teams, children looked after by County Council and other groups of young people at particular risk
- Ensure the availability of appropriate diversionary activities for young people across the County
- Ensure that activities being delivered for young people across the County act as vehicles for the provision of information about alcohol related health harms where appropriate
- Develop local evidence based campaigns which provide information about alcohol related harms in specific towns across Wiltshire

## **5. INTERVENTION**

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### **5.1 National context**

The cost of alcohol misuse to health services is estimated to be approximately £1.7 billion a year.<sup>34</sup> The points below describe some of the reason for this cost:

- 35% of all attendances at Accident and Emergency are alcohol related<sup>35</sup>
- More than 40% of all Accident and Emergency admissions are alcohol related and this can go up to 70% at peak periods such as between midnight and 5.00am at the weekend<sup>36</sup>
- In 2005, 4160 people died from alcoholic liver disease<sup>37</sup>
- Deaths from liver cirrhosis have increased in the 25-34 age groups. This may be as a consequence of drinking starting at an earlier age<sup>38</sup>
- 65% of suicides are alcohol related<sup>39</sup>

The review into the effectiveness of treatment for alcohol problems published by the National Treatment Agency in 2006 found that 1.1 million dependant drinkers would benefit from specialist alcohol treatment.<sup>40</sup>

The Department of Health guidance on developing a local programme of improvement for alcohol misuse interventions found that alcohol treatment is cost effective – for every £1.00 spent on treatment £5 is saved from the public purse.<sup>41</sup>

The Indications of Public Health in the English Regions Report published in October 2007, identified that across nearly all the indicators analysed, including months of life lost, rates of mortality, admission to hospital, binge, hazardous and harmful drinking, higher levels were observed in the more deprived regions of England compared to the more affluent.

### **5.2 Local profile**

Wiltshire is an affluent county. There are 281 local super output areas (LSOAs) in Wiltshire, split between the county's four districts. According to the 2007 Index of Multiple Deprivation (IMD), only 3 of these LSOAs are within the most deprived 20% nationally, the same number as in 2004. They are home to just over 5,000 people. Two of these three areas are in Trowbridge (West Wiltshire) and the other is in Salisbury.

The most deprived Wiltshire LSOA is in John of Gaunt ward, Trowbridge. It is ranked 5033rd in England and is, thus, outside the most deprived 15% nationally. See Appendix B.

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<sup>34</sup> The Interim Analytical Report PMDU 2004

<sup>35</sup> National Harm Reduction Strategy PMDU 2003

<sup>36</sup> National Harm Reduction Strategy PMDU 2003

<sup>37</sup> Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy

<sup>38</sup> Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy

<sup>39</sup> Alcohol Concern 2005

<sup>40</sup> Review of Effectiveness of Treatment for Alcohol Problems NTA 2006

<sup>41</sup> Alcohol Misuse Interventions: Guidance on developing a local programme of improvement – DOH 2005

In 2007, the North West Public Health Authority published *Indications of Public Health in the English Regions*. When comparing the district council areas within Wiltshire against other local authorities across the sixteen health indicators within this document, the councils within Wiltshire only appeared in the bottom quartile (the worst performing quarter of all local authorities in England) quartile three times. See Appendix C (Figures 1-4)

**1. Alcohol Specific Hospital Admissions for Women (Figure 1)**

West Wiltshire exceeds the regional and England average and is ranked 281 out of 354 for alcohol-specific hospital admissions for women. Interestingly the remaining three districts council areas rank in the 3<sup>rd</sup> quartile but are all less than the regional average

**2. Alcohol Specific Hospital Admissions for Men (Figure 2)**

Salisbury exceeds the regional and England average and is ranked 266 out of 354 (just inside the bottom quartile) for alcohol attributable hospital admissions for males. North Wilts exceeds the regional and England average and is ranked 274 out of 354 for mortality from chronic liver disease for women.

**3. Female mortality from chronic liver disease (Figure 3)**

North Wiltshire exceeds the regional and England average and is ranked 274 out of 354 for female mortality from chronic liver disease. Kennet has the lowest rate in the country Salisbury and West Wiltshire was additionally ranked in the first quartile (best performing) in this indicator.

**4. Alcohol specific hospital admissions for the under 18s (Figure 4)**

Salisbury, Kennet, and West Wiltshire all exceed the regional and England average for alcohol specific hospital admissions for the under 18s – all three are ranked in the 3<sup>rd</sup> quartile.

In addition to the above, it is worth noting that:

- 202 people in Wiltshire die each year from alcohol specific mortalities<sup>42</sup>
- 253 people die in Wiltshire due to chronic liver disease each year<sup>43</sup>

### 5.3 Services in Wiltshire

#### Services for adults

Intervention services for adults in Wiltshire are provided by agencies whose primary function is to provide drugs information, advice and treatment. Other intervention will come from GPs.

- 144 adults received one to one counselling from the Swindon and Wiltshire Alcohol and Drugs Service (SWADS) from January 2007 to December 2007
- 20 people were on waiting list for treatment at SWADS as at February 2008
- 361 referrals for alcohol treatment were received by the Bath Area Drugs Advisory Service<sup>44</sup> from October 2007 to December 2007
- There are currently approximately 30 admissions for inpatient dettox per annum in Wiltshire

<sup>42</sup> Deaths from alcohol specific conditions – standardised – 2003/5 NWPHO ONS stats

<sup>43</sup> Deaths from chronic liver disease – standardised – 2003/5 NWPHO ONS stats

<sup>44</sup> BADAS provides single point of entry to treatment services but does not provide alcohol services directly

In 2007/8 the Specialist Drug and Alcohol Services in Wiltshire provided:

- 90 community detoxification places across Wiltshire
- 140 controlled drinking places
- 112 structured psycho-social interventions
- Full time alcohol worker meeting the Alcohol Treatment Requirement (Probation funded)
- 1 bed for In – patient detox – 80% of place is allocated for alcohol use

Other organisations are additionally engaged in providing services to adults who are affected by alcohol harm include:

- Revival Support Services - providing a 1 to 1 counselling service
- Action on Addiction - providing a range of services including residential treatment
- Reach Out - providing referral into treatment options.

More information about services provided across the County to adults and young people seeking support to address problem drinking can be found in the Wiltshire Directory of Drug and Alcohol Services<sup>45</sup>. This resource additionally provides information about support available to relatives and carers of those affected by alcohol harms who may themselves be victims of the hidden harms.

The Alcohol Arrest Referral Programme for Offenders and Victims (ARPOV) has been operating from Salisbury since May 2005 and Melksham from December 2006. The scheme was developed to tackle the links between excess or damaging alcohol consumption, and crime and anti-social behaviour.

ARPOV is aimed at people who are not yet harmful drinkers or have not yet developed a level of dependency for whom attendance may bring about changes in drinking behaviour in the short and medium term. 720 individuals completed ARPOV. Alcohol related re-offending rates have decreased by 23% across Wiltshire since April 2005.

Multi Agency Risk Assessment Conferences (MARAC) have been developed to provide a forum for sharing information and taking action that will reduce harm to very high risk victims of domestic violence and their children

### **Services for children and young people**

Intervention services for children and young people are provided by a range of agencies in Wiltshire including:

FLUX is the county wide drug and alcohol service provider for young people under 18. It provides a range of treatment for young people who misuse substances, including 1 -1 support, psychosocial intervention, and pharmacological services. The service also provides support for youth orientated services including screening and early identification, advice, harm reduction guidance and referral.

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<sup>45</sup> Wiltshire Directory of Drugs and Alcohol Services – Safer Wiltshire – January 2008

The Child and Family Therapy Service see a limited number of children and young people specifically for drug and alcohol misuse. Substances are addressed as a secondary problem, preceded by emotional problems.

The Community Child Health Service and / or Community Paediatrician will work with children and young people where there has been deliberate or accidental overdose. This may include alcohol.

The Youth Offending Service (YOS) may identify drug and alcohol misuse as part of a YOS assessment of young offenders. Substance Misuse Workers within the Team actively engage with these young people to address drug and alcohol misuse. Attendance at Drug Awareness Groups might be offered to young offenders at risk of drug and alcohol abuse.

The Young People's Support Service (YPSS) will have some service users who are involved in drugs and alcohol misuse. There is a full-time substance misuse worker to educate young people within the YPSS on drugs and alcohol issues.

## **5.4 Gaps**

### **Intervention gaps for adults**

The focus on drugs misuse as a government led priority has led to a plethora of data being available about treatment needs of adults. Funding streams to support adult treatment programmes have resulted in coherent data being available giving a break down of the service using client group. This is not, however, replicated in such a coherent manner for adults receiving services related to alcohol harm.

The agencies in Wiltshire providing interventions for alcohol service users have done so in spite of the main focus on drugs treatment. Where funding for drugs treatment is available, a strong performance management framework is in place with monitored mechanisms for regular reporting. As there is no significant funding for interventions to address alcohol related harms, there is a less robust framework in place for monitoring and performance management. Some data is sent to Department of Health Observatory and the National Drug Treatment Monitoring System on clients receiving modalities of treatment.

The agencies providing alcohol treatment services in Wiltshire have indicated that there are severe shortages in resources enabling them to provide adequate adult alcohol intervention services.

Data relating to alcohol related admissions to Accident and Emergency departments is not routinely available to public services within Wiltshire.

### **Intervention gaps for children and young people**

There is a perceived gap about the level of information available to service providers around treatment for children and young people at risk of alcohol related harms. This is essential if we want to target resources for young people and their families at most at risk of alcohol related harm.

The information gathered by the Health Related Behavioural Study (HRBS) is taken from mainstream schools, and does not include those children and young people not in

education. Surveys of children and young people who have been excluded from school or who are involved in non mainstream education provision may yield informative results.

## **5.5 Priorities**

In order to meet the needs identified by the intervention gaps for adults, young people and children we will:

- Reduce the risk of children coming into care as a result of adult carers addiction and/or misuse of alcohol
- Increase the provision of treatment services to problem drinkers, their families and carers
- Deliver a choice in service provision across the county in line with Models of Care (MOCAM)
- Provide front line training to staff to enable them to recognise the signs of alcohol misuse so they can signpost to appropriate support
- Explore the usefulness of extrapolated data which exists from research carried out in A&E departments and develop an effective system which enables Accident and Emergency data to be collected, collated and monitored and used to inform prevention, intervention, enforcement and resettlement priorities
- Explore the feasibility for developing a brief intervention service delivered at Accident and Emergency Departments

To improve treatment for adults experiencing alcohol related harm we will:

- Review the current alcohol treatment service available across the County
- Undertake research to identify the profile of alcohol service users across the County
- Develop a system to monitor the effectiveness of what is being delivered
- Ensure there is a greater collaboration with Mental Health services to ensure a comprehensive service is available for clients with dual diagnosis
- Explore the way that brief interventions can be delivered by front line agencies to address alcohol related harms earlier and reduce the need for more intensive treatment care
- Deliver a range of client pathways and service provision across the County in line with Models of Care (MOCAM)
- Undertake an evaluation of the MARAC process to ensure that is robust
- Secure sustained funding for the ARPOV scheme

To improve treatment for children and young people experiencing alcohol related harm we will:

- Ensure the Common Assessment Framework (CAF) is an integral part of the intervention process
- Ensure youth development staff and other front line staff are trained to use the substance misuse screening tool (SUST)
- Ensure young offenders are screened for substance misuse and are assessed within 5 working days
- To increase participation of under 18s in treatment programmes
- Ensure that individual assessments and support are available to all those children and young people who are likely to misuse alcohol

- Provide integrated programmes of treatment, care and support for all young people identified as having a substance misuse problem
- Develop a system to monitor the effectiveness of the treatment services currently being delivered

## 6. ENFORCEMENT

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### 6.1 National context

Public concern about alcohol fuelled crime and violence is growing:

- 80% of people think that more should be done to tackle the level of alcohol abuse in society<sup>46</sup>
- 7 in 10 people think the UK would be a better place to live if the amount of alcohol consumed was reduced<sup>47</sup>
- Alcohol related crime and anti-social behaviour costs the country about £7.3 billion a year<sup>48</sup>
- The availability of cheap alcohol is recognised as a key factor in the increase of alcohol related harms

The British Crime Survey 2007 found:

- In nearly half (46%) of all violent incidents, victims believed offenders to be under the influence of alcohol
- This figure rose to 58% in cases of attacks by people they did not know
- 39% of domestic violence cases involve alcohol
- in more than a million violent attacks the aggressors were believed to be drunk
- The offender was least likely to be perceived to be under the influence of alcohol in the case of muggings (17%)
- In 2005/6, 17% of all violent incidents were committed in or around pubs and clubs.<sup>49</sup> It is also known that licensed premises that are poorly managed, and that tolerate anti-social behaviour are more likely to have incidents of violence in or near to the venue.<sup>50</sup>

Underage drinking and drinking by young adults is a major public concern. Over half those who reported witnessing drunken or rowdy behaviour said it was due to young people drinking in the streets and other public places.<sup>51</sup> Nearly 50% of 10-17 year olds who drink once a week or more admitted to some sort of criminal or disorderly behaviour.<sup>52</sup>

Young people are obtaining alcohol from a number of sources including from their parents and friends. A worrying finding is that that 84% of underage drinkers had successfully purchased their alcohol from licensed premises.<sup>53</sup>

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<sup>46</sup> Mori Research – Portman Group 2000

<sup>47</sup> Mori Research – Portman Group 2000

<sup>48</sup> National Harm Reduction Strategy PMDU 2003

<sup>49</sup> Crime in England and Wales – Home Office A Walker 2005/6

<sup>50</sup> The Interim Analytical Report PMDU 2004

<sup>51</sup> Safe, Sensible, Social. The Next Steps in the National Alcohol Strategy

<sup>52</sup> Health and Social Care Report – Smoking, drinking and drug use among young people in England in 2004 - Fuller

<sup>53</sup> Underage Drinking: Crime and Youth Justice Survey – Home Office 2004



## 6.2 Local profile

In Wiltshire, there is similar picture of concern. Surveys carried out asking local people about their personal safety found:

- 13.1% of Wiltshire residents believe that there has been an increase in people being drunk or rowdy in public places<sup>54</sup>.
- 20% of Wiltshire residents worry frequently (a few times a month or more) about anti-social behaviour<sup>55</sup>
- 14% of over 50s do not feel safe after dark in their immediate neighbourhood<sup>56</sup>
- 26% of the over 50s are affected by anti-social behaviour in their neighbourhood<sup>57</sup>

### Alcohol related disorder

In Wiltshire from January to December 2007 there were 21,081 incidents of alcohol related disorder.

Appendix D illustrates the geographic mapping of alcohol related disorder data in Wiltshire. This highlights that the highest prevalence of alcohol related anti-social behaviour is in the town centres of Chippenham, Trowbridge and Salisbury. The town centres of Devizes, Warminster and Amesbury also show incidents of alcohol related anti-social behaviour but with a lower rate of incidents.

Violent crime in Wiltshire has remained stable from 2006 to 2007. From the available data that maps incidents of alcohol related violent crime, the town centre of Salisbury is identified as the most likely location for alcohol related violence, with town centres of Trowbridge and Chippenham showing prevalence but with less intensity. See Appendix E.

### Domestic Violence

It is well documented that there is a greater risk of domestic violence occurring when the perpetrator or victim uses drugs or misuses alcohol, due to their disinhibiting properties. Alcohol may be a factor in triggering violent incidents in the home but it is not the cause.

On Thursday 22<sup>nd</sup> March 2007, a 24 hour snapshot into Domestic Abuse took place across Wiltshire. From the forty one responses received, five identified that 'alcohol' was an area of vulnerability.

Home Office figures reported that in 2000, 44% of domestic violence victims said that their attacker was under the influence of alcohol, compared with 33% in 1998. Although there is considerable variation in these figures, some reports suggest that between 60-70% of men who assault their partners do so whilst under the influence of alcohol.

Applying these approximations to Wiltshire's domestic violence incidents would suggest that in 2006/07 the number of alcohol related domestic violence could be as high as 2,617.

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<sup>54</sup> Wiltshire Peoples Voice – November 2007

<sup>55</sup> Wiltshire Peoples Voice – November 2007

<sup>56</sup> Beyond the Immediate – Over 50's Needs Assessment October 2006

<sup>57</sup> Beyond the Immediate – Over 50's Needs Assessment October 2006

### **Drink driving**

Nationally, there has been a large reduction in the numbers of drink driving deaths from the 1970s to current times. The reductions in drink driving related deaths nationally are now slowing down.

Data from Wiltshire continues to show a fall in the number of drivers providing positive breath tests. There were 524 positive breath tests from April to December 2006, which fell to 375 from April to December 2007.

### **6.3 Services in Wiltshire**

The Police are working closely with the County and District Councils and other partners across Wiltshire to tackle alcohol related crime and disorder. A number of initiatives have been developed, these include:

- A specialist Police Licensing Support Team (LST) has been established to gather evidence on premises identified through the National Intelligence Model (NIM) process as problematic. This is achieved through proactive operations that are agreed through the tasking process, the team pro-actively focuses on licensing offences through operations, including sale of alcohol to a person under 18 years old, sale of alcohol to a drunk.
- The sale of alcohol to those under age and to those that are drunk continues to be a priority; Wiltshire Police have carried out a number of proactive operations to tackle these issues and will continue to do so whilst intelligence supports the activity. Wiltshire Police proactively support national campaigns.
- Campaigns such as Tackling Underage Sales of Alcohol (TUSAC), Confiscation of Alcohol (CA2) and Alcohol Misuse Enforcement Campaigns (AMEC) have been rolled out across Wiltshire.
- Fixed penalty notices for disorder are used as an early intervention tool in town centres. Setting the scene early in the evening as to the standard of behaviour expected by all using the town centre.
- Designated public place orders and alcohol exclusion zones are in place in areas identified as problematic. These options will be considered in other areas as and when appropriate.
- Where the NIM process identifies a problem premises Wiltshire Police are increasingly utilising existing powers under the Licensing Act 2003 and where appropriate review premises to seek either punitive measures and/or to apply conditions to resolve problems. Those found to be breaching their licensing conditions are warned in the first instance, repeat offences result in prosecution by Police or partner agencies.
- Closure orders are considered as a tactical option where disorder has occurred. Police licensing staff monitor all applications to assess their impact upon the licensing objectives and make formal representation to licensing committees if objectives are undermined.

- The Neighbourhood Policing Teams (NPT's) are now well established. NPT priorities are set in consultation with the communities that they serve. This allows robust enforcement, as well preventative measures, in support of priorities, including those relating to alcohol fuelled crime and disorder.
- Taxi Marshalls have been employed by the Community Safety Partnership and used to manage the safe dispersal of customers involved in the night time economy. Anecdotal evidence suggests that this trial has helped to reduce the fear of crime amongst users of the night time economy. The impact against actual crime and antisocial behaviour is being assessed.
- The County Division of Wiltshire Police has two Ion Track machines which allow for persons, property and premises to be analysed for traces of illegal drugs as well as explosives. The machines are pro-actively deployed into known licensed premises where intelligence has highlighted a particular drug related problem requiring further attention.
- The 'Pubwatch' scheme is well represented in the County and provides a good level of support to the night time economy. It also embraces information sharing which allows local Police and the key licensing staff the ability to ensure those individuals that are intent on causing disorder and harm are prevented from doing so. A trial scheme allowing the Salisbury Pub watch to utilise their own internet site is soon to go live and will provide valuable information to those within the scheme and to the public at large.

## 6.4 Gaps

This strategy has detailed the range of activity underway to tackle disorderly drinking, underage drinking and to take action against on licence and off license premises who sell alcohol to those people who are drunk or who are underage.

Whilst there is a wide range of work taking place, a protocol for licensing enforcement action has not been fully developed. Such a protocol would describe a process through the National Intelligence Model (NIM) by which problem premises can be identified and prioritised.

Licensing plays a key role in enforcement and preventative issues and it would be appropriate for profile of its role to be raised within the BCU.

Whilst it is recognised that the Police and other partners are increasingly using the media to promote and publicise “good news” stories fear of crime can be compounded by a focus on negative stories in the local press. So it is essential that positive activities to reduce crime and disorder are publicised in a co-ordinated and targeted way to maximise the impact of good news stories across Wiltshire.

## 6.5 Priorities

The priority should be to link co-ordinated enforcement action and to target areas of highest concern. The hot spot areas identified by mapping of crime data highlights the town centres across Wiltshire as the most prevalent places where alcohol related disorder and sometimes violent crime is taking place. This is where the taxi marshals<sup>58</sup> should be stationed, the early evening PND in full operations should be taking place.

The premises in these areas should be subject to test purchasing and these are the areas where Designated Public Places Orders (DPPOS) should be rolled out. Wiltshire has access to a wide range of enforcement options which it should be using in an informed way.

When Wiltshire's Unitary Authority is established, it will be crucial for responsibility to be owned and activity to take place within Community Areas with the emphasis at neighbourhood level.

Priorities for enforcement should be to:

- Raise the profile and importance of Licensing amongst Partners at neighbourhood level within the Wiltshire Community Area Partnerships
- Raise the profile of the role that Licensing plays in enforcement within the BCU
- Consider the development of a dedicated multi-agency violent crime strategic group to co-ordinate action against alcohol related violent crime
- That this group would make use of the National Intelligence model in the tasking process, prioritising resources and activities where and when licensed premises and/or alcohol are affecting communities
- Take action against premises that repeatedly sell to those underage or to people who are drunk
- Publicise actions taken against irresponsible traders
- Develop a Wiltshire wide Partnership media strategy to promote positive news and manage negative headlines

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<sup>58</sup> The Taxi Marshall scheme has been introduced in Wiltshire on a trial basis. The scheme will be subject to review.

## **7. REHABILITATION**

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### **7.1 National context**

There are negative consequences of misusing alcohol for both drinkers and their families and carers. When developing a strategy to minimise alcohol related harm it is essential to include the development of appropriate services to enable drinkers to recover from alcohol related harms, and to ensure the needs of their families and carers are additionally met.

The Alcohol Harm Reduction Strategy estimates that between 780,000 and 1,300,000 children are affected by parental alcohol problems.<sup>59</sup> These children along with partners, relatives and friends can be victims of the “hidden harms” of alcohol misuse and be in need of support.

Nationally there is evidence to suggest that providing people with appropriate support, advice and intervention around their drinking promises good results in breaking the link between alcohol and harmful outcomes.

While the majority of binge drinkers may not necessarily be alcohol dependent and require specialist treatment, there is evidence to suggest the use of brief interventions, have been shown to be effective in tackling problematic alcohol consumption patterns for those binge-drinkers who come into contact with the police.

The national rate for alcohol related re-offending is 40%. The Government has a target of reducing the re-offending rate by 10 per cent by 2010. There is the need to focus on problem-drinkers who come through the criminal justice system to ensure they are able to access to the support they need to drink less problematically. Mental health problems are common among offenders with an alcohol use disorder.

Offenders with an alcohol misuse need are less likely to have this need addressed in their sentence plan or to receive a relevant intervention than offenders with a drug misuse.

### **7.2 Local profile**

Between 7,921 and 12,874 young people under the age of 18 in Wiltshire are affected by parental alcohol problem drinking.<sup>60</sup>

It is estimated that the alcohol related reoffending in Wiltshire reflects the national rate at 40%. The South West has a higher than average proportion of offenders with an alcohol misuse need than nationally.<sup>61</sup>

- About three-quarters of offenders aged 16-19 years have an alcohol use disorder

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<sup>59</sup> The Alcohol Harm Reduction Strategy for England (2004)

<sup>60</sup> Alcohol Harm Reduction Strategy (2004) estimates and ONS Census data 2001 (Tamlyn 2007)

<sup>61</sup> Needs Assessment of Alcohol Treatment Services for Offenders in the South West Criminal Justice System – GOSW Alice Walsh 2007

- 62% of offenders with an alcohol use disorder are unemployed and 23% are homeless
- 650 to 700 of the 2,250 male prisoners released from South West prisons into the South West community annually without post custody supervision will be alcohol dependent.

### **7.3 Services in Wiltshire**

A number of services in Wiltshire provide support to those affected by alcohol harm and their families, in moving away from patterns of harmful alcohol consumption. These include:

- Wiltshire Rural Support Groups – Support groups for those recovering from drug and alcohol addiction
- Action on Addiction – offering a range of treatment for those over the age of 18 recovering from alcohol and/or drug dependence but requiring ongoing support. Support is also available for families and partners affected by the drug use of others. Services include after care, cognitive therapy, working recovery and Continuing Care
- Help Counselling Service – providing one to one counselling for anyone with personal or family problems aged 13 upwards
- The Step Aside Consultancy – offering a range of support including after care, individual therapy and returning to employment/training support
- Wiltshire Structured Day Care Service – offering a range of aftercare services including, aftercare and resettlement advice, relapse prevention support. Support is also available for family members partners and friends.
- Carer Support North Wilts, Carer Support West Wilts, Carer Support Salisbury District and Kennet Carers Association offer confidential information, advice and support to people looking after relatives or friends who have an alcohol addiction

### **7.4 Gaps**

There is evidence that brief interventions such as ARPOV remain effective for about a year and that further interventions and / or support would enhance the impact of the original treatment.

The shortage of specialist services for offenders with alcohol treatment needs is highlighted. Particular problems in accessing alcohol services were identified for the following key groups of offenders:

- Offenders who also have mental health problems
- Sex offenders
- Offenders living in rural parts of the South West
- Offenders for whom English is not their first language
- Offenders in prison who have an alcohol use disorder but do not misuse illicit drugs.
- Offenders serving sentences of under 12 months

## **7.5 Rehabilitation: Priorities**

In order to meet the needs identified by the rehabilitation gaps we will:

- Review the current availability and accessibility of support to those affected by alcohol harm and their families, in moving away from patterns of harmful alcohol consumption
- Ensure a consistency in provision of resources and services for those affected by alcohol harm and their families, in moving away from patterns of harmful alcohol consumption, is widely available
- Ensure that information about pathways to resources and services for those affected by alcohol harm and their families, in moving away from patterns of harmful alcohol consumption is promoted appropriately
- Ensure that a systematic and stepped approach to alcohol treatment service provision for offenders is developed regionally, in accordance with *Models of Care for Alcohol Misuse (MoCAM) guidance* (DOH 2006)

## **8. CONSULTATION PROCESS**

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### **8.1 Aims of consultation**

The draft Strategic Assessment of Alcohol Harm in Wiltshire was formally launched on March 11<sup>th</sup> 2008 at the Alcohol - The Cost Conference. This marked the start of a three month consultation period. The aims of the consultation were:

- To raise awareness about alcohol related harm across Wiltshire
- To inform statutory, voluntary and community sector stakeholders about the draft strategy and to seek their input
- To identify any gaps or inaccuracies in the assessment
- To identify any gaps in current service provision
- To identify any agreed priorities for service provision across Wiltshire

The consultation period ended on June 11<sup>th</sup> 2008

### **8.2 Consultation methods**

Information about the consultation process was publicised and promoted widely. A number of methods were used to both inform and engage stakeholders in the consultation process to inform the development of a Wiltshire wide Alcohol Strategy including:

- The Alcohol – The Cost Conference
- Internal email bulletins within partner organisations
- Direct mail outs
- Newspaper/newsletter articles
- Presentations
- Face to face meetings
- Focus groups

The draft alcohol assessment was made available to stakeholders both electronically or as a hard copy. A consultation questionnaire was developed to capture views. A dedicated email address was created to enable people to email any responses. Consultees were additionally able to complete this form on line or print off as a hard copy document which could be posted back to an identified address.

### **8.3 Stakeholders**

A full list of stakeholders contacted is attached at Appendix F. Stakeholders engaged in the consultation included:

- Partnership stakeholders
- Local authority stakeholders
- Schools
- Drugs and Alcohol services
- Health



- Housing and homelessness stakeholders
- Voluntary and Community sector organisations
- Children and young people
- Local residents
- Alcohol service users
- BME/travellers/migrant workers
- Older people

#### **8.4 Web based consultation**

28 responses were received electronically. The responses could be categorised into four main categories; comments about strategy format and accuracy; gaps in current service provision; additional information which could be added to the strategy and general comments about the strategy. Gaps identified included:

- The role of positive activities for young people as a protective factor in reducing the risks for young people to drink harmfully
- Concern about cheap alcohol for sale in supermarkets and the need to tackle irresponsible retailers
- The needs of alcohol service users with mental health issues
- The role and needs of those caring for people with alcohol dependency
- The need for support for victims of alcohol related violence

#### **8.5 Qualitative consultation**

It was agreed that a more qualitative process would be undertaken with 3 key stakeholder groups for whom the strategy was both particularly significant and who were least likely to be engaged in the more traditional methods of consultation. These were:

- Young people
- Alcohol service users
- Licensees

Communication with these groups would be undertaken using a combination of focus groups and face to face meetings.

#### **8.6 Summary of issues from consultation with young people**

- Unit information provided in strategy relates to adult consumption and is not the same for young people
- The experiences of looked after children should be incorporated into strategy
- Generic promotional materials did not have an impact on the young people involved in the focus groups – they felt local information about violence, unwanted pregnancy, sexually transmitted diseases would be more impactful
- Young people would prefer to receive information about alcohol harms from independent sources where teachers are not sitting in on the sessions as this inhibits honest dialogue and information seeking

- General feeling that no health promotional materials will stop young people from drinking but some may make them think about how much they drink

### **8.7 Summary of issues from consultation with alcohol service users**

- The length of time that service users wait to access alcohol treatment is long
- There is no information available about when alcohol treatment services will be available – if people knew it would be 3 months or 6 months this would assist them in coping but currently access to treatment varies and information about timescales is non-existent
- That people can access alcohol treatment quicker if they access it through the criminal justice system
- There is an over-use of the assessment process –
- The alcohol treatment available is not joined up – the detox programme is designed to deal with physical symptoms of alcohol withdrawal, but this needs to be managed in tandem with emotional and lifestyle support
- Concern over funding for support groups – the small amount of funding allocated is constantly under threat
- These groups provide key support to vulnerable people and should be expanded to different localities across the county to enable easier access
- GPs should access training to enable them to be more aware about the needs of people with alcohol addiction

### **8.8 Summary of issues from consultation with licensing stakeholders**

- Debate exists about which responsible licensee scheme should be adopted?
  - Concern about how campaigns get rolled out across the county
  - Concern about affect on trade/tourism if the strategy publicises alcohol hot spots or even suggests the need for Pub Watch
  - Need to focus on 'off license' as well as 'on license' premises
  - Availability of cheap drinks in supermarkets which people consume before they go out
  - Consider that unacceptable/rowdy behaviour can be the result of poor parenting as well as availability of alcohol parenting
  - Concern about lack of credibility of taxi marshals and PCSO's in managing alcohol related asb and violence
  - Value of Pub Watch in increasing communication between licensees and statutory partners
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## **9. IMPLEMENTATION PLAN**

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### **9.1 The Implementation Plan**

In Summer 2008, an Implementation Plan will be developed which will capture the key priorities for Wiltshire in relation to alcohol for the next three years. The plan will detail what actions are to be taken by partner agencies, it will identify resources available to deliver activities, it will identify the lead and secondary agencies in taking forward actions and will provide information about how progress will be measured and monitored.

The format for the Implementation Plan has been developed from the recommended template provided in the Government's *Safe. Sensible. Social Alcohol Strategy Local Implementation Toolkit*.

### **9.2 Monitoring, evaluation and review of the Wiltshire Alcohol Strategy**

The monitoring of progress against the Alcohol Strategy will be led by the Community Safety Partnership Champion for Drugs and Alcohol. The Joint Commissioning Group for Drugs and Alcohol will monitor activity in relation to the Alcohol Strategy Implementation Plan on a quarterly basis reporting through to the Wiltshire Community Safety and Partnership as the delegated Thematic Delivery Partnership of the Wiltshire Assembly.

A diagram of the governance arrangements for Community Safety in Wiltshire is provided in Appendix F.

## 10 GLOSSARY

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### **Unit of alcohol**

A UK unit of alcohol is 10ml or 8g of pure alcohol. The numbers of units in a drink depends upon the drink – what you are drinking, how strong it is and how much there is of it. Half a pint of 3.5% beer/lager/cider is 1 unit. 1 small glass of wine (125ml) at 9% is 1 unit.

### **Sensible drinking**

Drinking in a way that is unlikely to cause yourself or others significant risk. The Government advises that:

- Adult women should not regularly drink more than 2-3 units a day
- Adult men should not regularly drink more than 3-4 units a day
- Pregnant women or women trying to conceive should not drink more than 1-2 units once or twice a week

### **Hazardous drinking**

Consumption of 15 -35 units per week for women and 22 to 50 units per week for men

### **Harmful drinking**

Drinking at levels that lead to significant harm to physical and mental health and at levels that may be causing substantial harm to others. Highest risk of harmful drinking are:

- Women who drink over 6 units a day or over 35 units a week
- Men that drink over 8 units a day or 50 units a week
- Women who drink heavily during pregnancy put their baby at risk of developing fetal alcohol syndrome or fetal alcohol spectrum disorder

### **Binge drinking**

Drinking too much alcohol over a short period of time. This type of drinking typically leads to drunkenness and has immediate and short term risks to drinker and those around them. Trends in binge drinking are identified by measuring those drinking over 6 units a day (women) and 8 units a day (men). In practice binge drinkers usually drink significantly more than this, or drink this amount quickly which leads to harm linked to drunkenness.

### **Community Detox**

Detoxification is the process of rapidly (within 5 - 10 days) achieving an alcohol (or drug) free state and involves the prescribing of medication to minimise withdrawal symptoms. Community detoxification is delivered at home and involves daily visits from a nurse trained in the assessment, planning and delivery of community detoxification programmes.

### **Controlled Drinking Interventions**

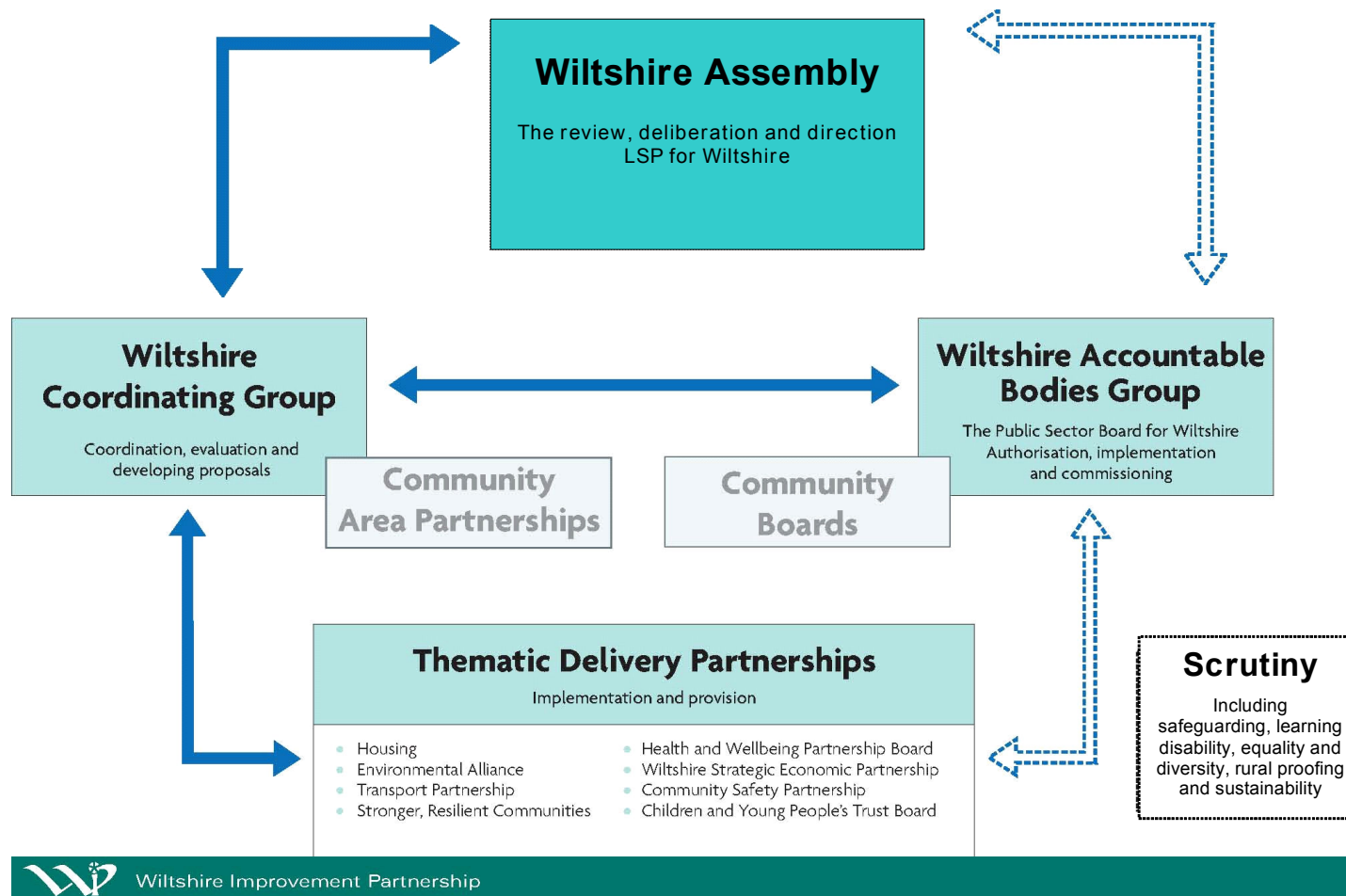
This is an extended brief intervention comprising of up to 7 sessions. The intervention is aimed at harmful and hazardous drinkers who want assistance in reducing their drinking to safer levels. The intervention is a form of behavioural self control training.

### **Structured Psycho-social interventions**

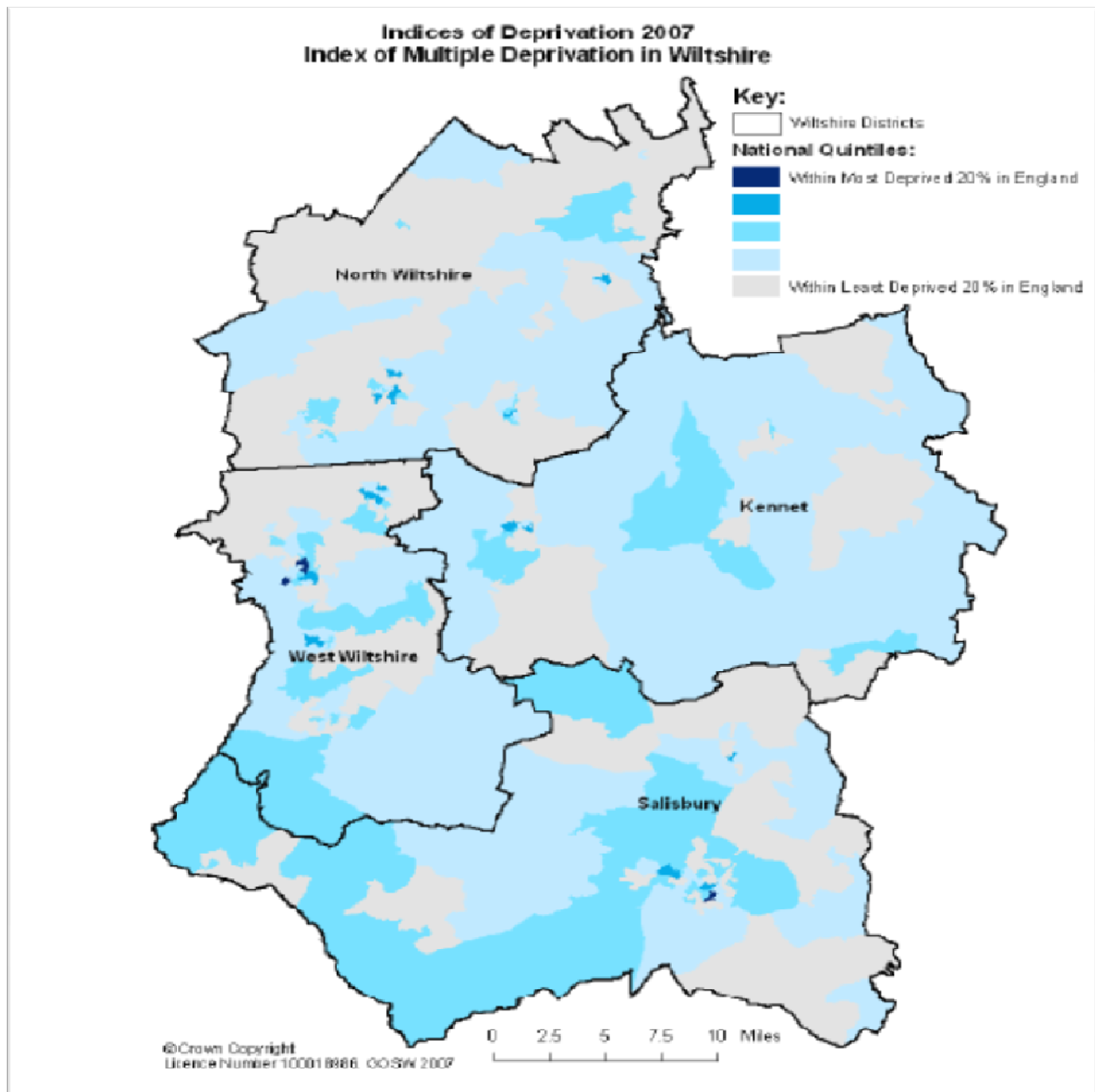
These are clearly defined, evidence based psychosocial interventions, delivered as part of a clients care plan, which assist the client to make changes in their drug and alcohol using behaviour. These interventions are normally time limited and can be delivered in individual or group settings by practitioners who have appropriate training and supervision.

## 11. APPENDICES

### Appendix A Wiltshire Family of Partnerships / Community Safety Governance Structures



## Appendix B      Index of multiple deprivation in Wiltshire



## Appendix C      Alcohol related health indicators in Wiltshire

Fig 1.

Indicator	Salisbury	Kennet	North Wilts	West Wilts	Regional Average	England Average	National Ranking 1-354 1=best	
Alcohol specific hospital admission (females)	153.09	147.24	167.51	210.77	176.26	164.05	Salisbury Kennet North Wilts West Wilts	196 188 220 <b>281</b>

Fig 2.

Indicator	Salisbury	Kennet	North Wilts	West Wilts	Regional Average	England Average	National Ranking 1-354 1=best	
Alcohol attributable hospital admissions (males)	1004.33	680.33	741.34	8.6.20	902.06	908.95	Salisbury Kennet North Wilts West Wilts	<b>266</b> 67 121 172

Fig 3.

Indicator	Salisbury	Kennet	North Wilts	West Wilts	Regional Average	England Average	National Ranking 1-354 1=best	
Mortality from chronic liver diseases (females)	1.48	0.00	8.87	3.57	5.25	6.78	Salisbury Kennet North Wilts West Wilts	29 <b>1</b> <b>274</b> 81

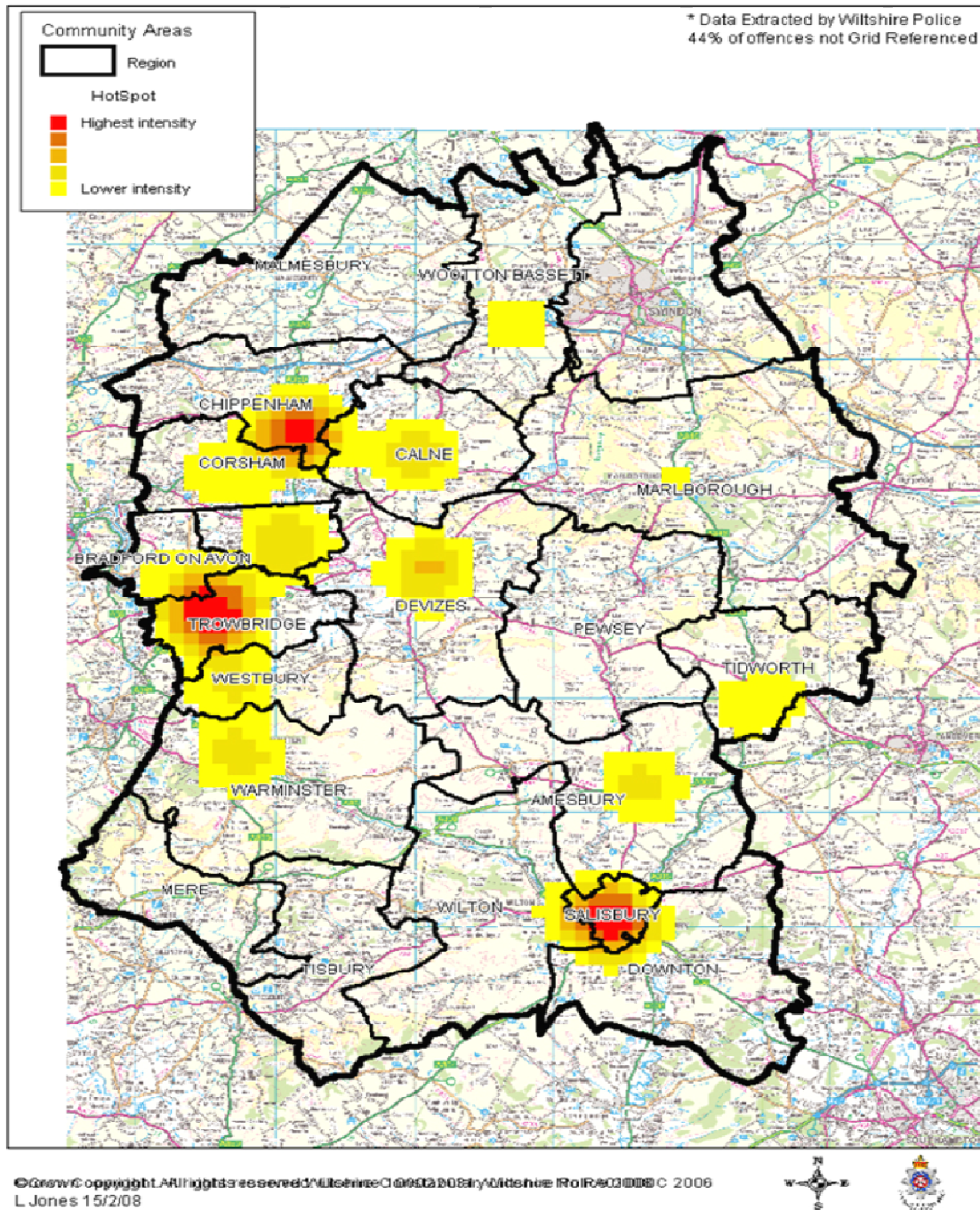
Fig 4.

Indicator	Salisbury	Kennet	North Wilts	West Wilts	Regional Average	England Average	National Ranking 1-354 1=best	
Alcohol specific hospital admissions (under 18s)	79.19	72.08	51.93	73.32	64.47	60.61	Salisbury Kennet North Wilts West Wilts	<b>259</b> <b>239</b> 163 <b>245</b>

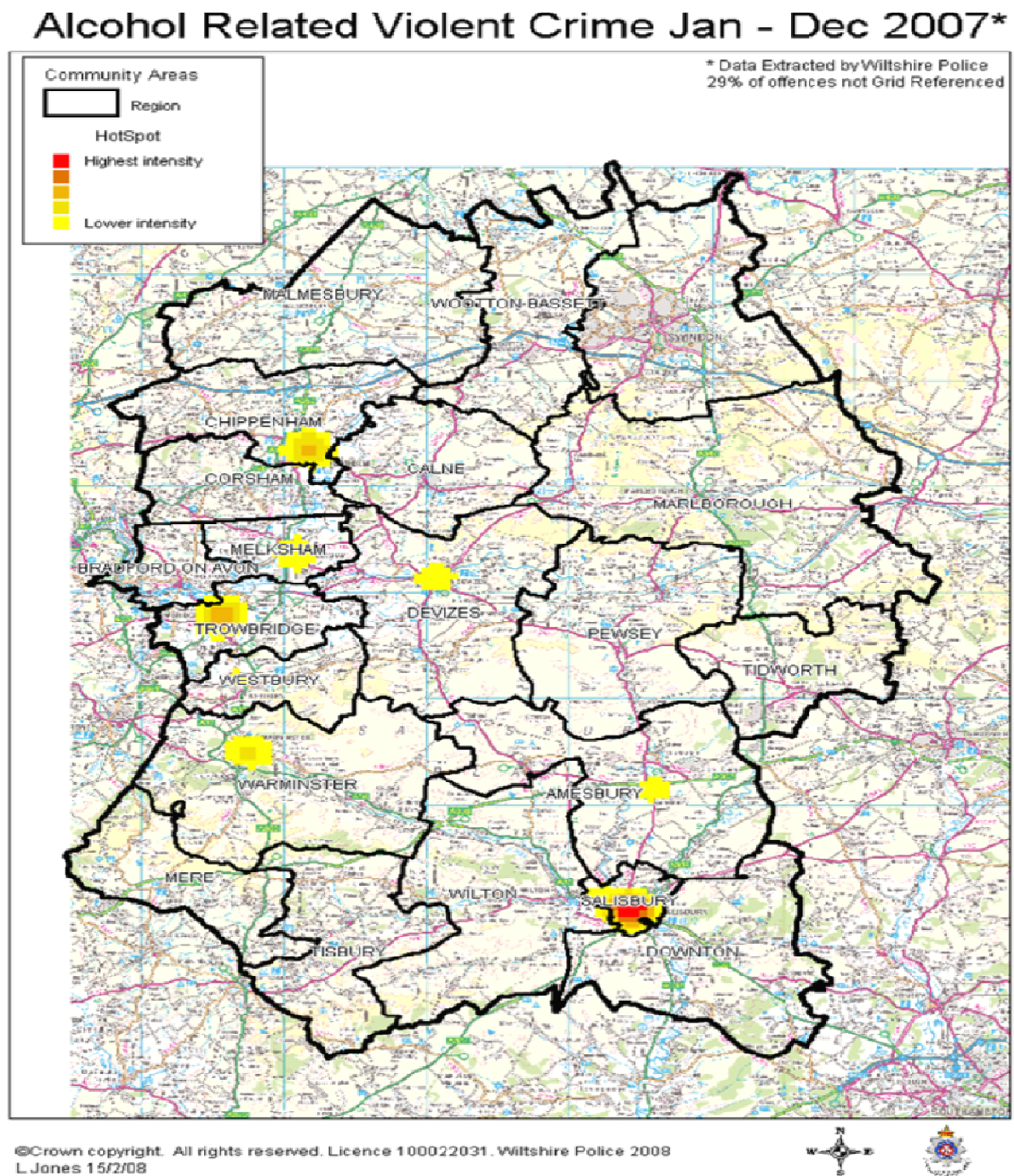


## Appendix D      Prevalence of Alcohol Related Anti Social Behaviour in Wiltshire

Alcohol Related Anti-Social Behaviour Jan - Dec 2007

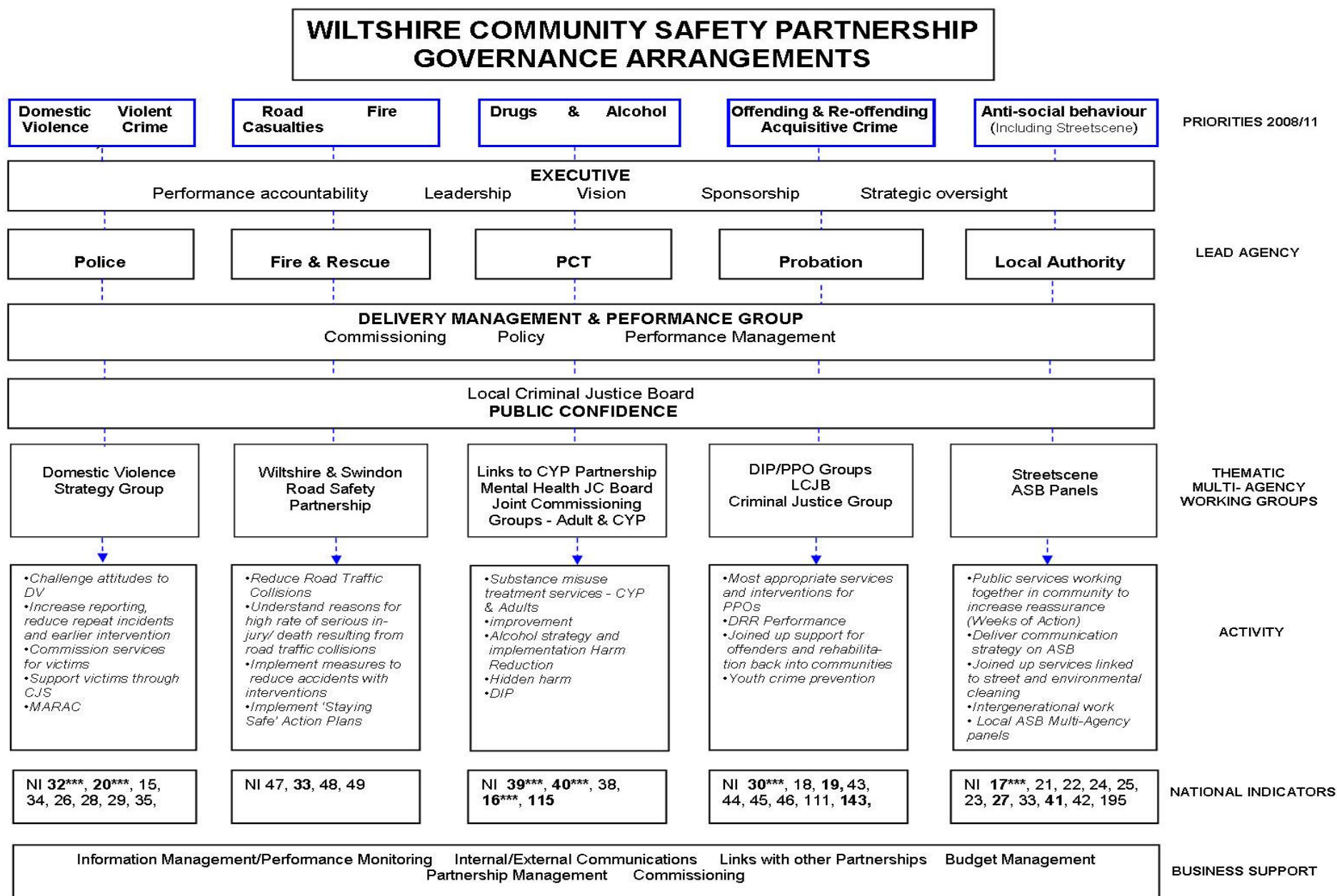


## Appendix E      Prevalence of Alcohol Related Violent Crime in Wiltshire





## APPENDIX F COMMUNITY SAFETY PARTNERSHIP



## **Appendix G: List of stakeholders invited to participate in consultation process**

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Statutory Partners  
Wiltshire County Council  
Wiltshire Constabulary  
Wiltshire Primary Care Trust  
Kennet District Council  
West Wiltshire District Council  
Salisbury District Council  
North Wiltshire District Council  
Wiltshire Fire Service  
Wiltshire Probation Service

### **Community Safety Officers and Licensing Officers**

Kennet District Council  
West Wiltshire District Council  
Salisbury District Council  
North Wiltshire District Council  
Wiltshire Fire Service

### **Parish Councils**

#### **Voluntary Sector Organisations:**

Voluntary Action Kennet  
Salisbury Council for Voluntary Service  
Voluntary Action West Wiltshire  
CVS North Wiltshire  
Wiltshire Racial equality Council  
Age Concern Wiltshire  
Citizens Advice Bureau  
Victim Support Wiltshire

#### **Housing Providers**

Sarsen Housing Association  
James Butcher Housing  
Salisbury Housing Department  
Sanctuary Housing  
Swaythling Housing  
Raglan Housing  
Salisbury Tenants Panel  
Selwood Housing (formerly West Wilts Housing Association)  
Westlea Housing Association  
Knightstone Housing  
Jephson Housing Association

#### **General Public**

#### **Community Planning Officers**

Calne

Chippenham  
Corsham  
Malmesbury  
Wootton Bassett  
Cricklade and Purton

**Drug and Alcohol Services:**

Wiltshire Rural Support Groups  
Action on Addiction (previously Clouds)  
Action on Addiction Families Plus  
Alabare  
Bath Area Drugs Advisory Service  
Drugs and Homeless Initiative  
Flux  
Help Counselling Service  
Off the Record  
Reach Out  
Swindon and Wiltshire Alcohol and Drugs Service  
Wiltshire and Swindon Users Network  
Carers Support North Wilts  
Carers Support West Wilts  
Carers Support Salisbury District  
Kennet Carers Association

**Other**

Jacqui Gallimore	Police Licensing Manager
Glynn Hookings	BME community/travellers/migrant workers
Davis Whewell	Young people
Lauraine Jones	Young People
Ian Langley	Young People
Andrew Davidson	Alcohol Service Users
Aaron Gibbings	Alcohol Service Users
David Brewer	Courts Services
Farzana Saker	BME communities
Rex Webb	Wiltshire Community Compact
John Galbally	Diversity groups

## **12. ACKNOWLEDGEMENTS**

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The strategy was drafted by Miriam Minty, Director of Miriam Minty Consulting, with advice and direction from Nicola Cretney, Assistant Director of Public Health at Wiltshire Primary Care Trust and Pippa McVeigh, the Community Safety and Drugs Supply Reduction Manager

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**Liddy Davidson**

Director, Age Concern Wiltshire

**Patsy Davies**

Manager, Swindon and Wiltshire Drugs Advisory Service

**Peter Fanshawe**

Manager, Wiltshire Children & Young People's Services Partnership

**Jacqui Gallimore**

Divisional Licensing Officer, Wiltshire Constabulary

**Lynn Gaskin**

Head of Crime Reduction / Community Protection, Wiltshire County Council

**Anthony Hewitt**

Acting Manager, Bath Area Drugs Advisory Service

**Rhian Hills**

Partnership Joint Commissioning Manager

**Andrew Jack**

Wiltshire County Council

**Lorraine Jones**

Community Safety/DAAT Analyst, Wiltshire Police

**Lauraine Jones**

Young Persons Crime and Substance Misuse Prevention Manager, Wiltshire County Council

**Dave Keech**

Clinical Nurse Specialist / Team Manager, Salisbury ADAS

**Hilary Marsh**

Community Safety Manager, Kennet District Council

**Hayley Mortimer**

Wiltshire Domestic Violence Reduction Co-ordinator, Wiltshire County Council

**Kate Phipps**

Partnership Development Manager, Wiltshire Constabulary

**Mark Rippon**

Community Safety Officer, North Wilts District Council

**Sian Shepherd**

Performance Review Analyst, Wiltshire Constabulary

**Mick Soper**

Manager Wiltshire Substance Misuse Service

**Aimee Stimpson**

Wiltshire Constabulary

**Eleanor Stirling**

Public Health Manager, Wiltshire Primary Care Trust

**Ishti Turner**

Community Safety Manager, West Wiltshire District Council

**Margaret Winskill**

Health Promotion Specialist, Wiltshire Primary Care Trust

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*The Violent Crime Reduction Act* (2006) [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

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<http://www.jrf.org.uk/bookshop/ebooks/1859352499.pdf>



## **Local Sources**

### **Wiltshire Health Related Behaviour Survey 2006**

The survey involved 3857 pupils from 44 Wiltshire primary schools and 9 secondary schools. WCC Youth Development Service coordinated the survey with input from the LEA Health Team, Safer Wiltshire & the Primary Care Trusts

Wiltshire data have been compared with a compilation of survey areas that have completed similar versions of the questionnaire

The survey was last undertaken in Wiltshire in 2002, which also enables the measurement of local trends.

### **Fresher's Fayre Survey – September 2007**

224 students took part – they were mainly in 16 – 17 years of age. The questionnaire aimed to establishing student concerns and fears about alcohol and binge drinking, the information that they would appreciate and method of receiving information.

### **Young Peoples Drug and Alcohol Needs Assessment – Wiltshire**

December 2007- Janet Branding University of Bath

### **Peoples Voice – November 2007**

A total of 2205 Wiltshire residents responded to this survey.

### **Tomorrows' Voice – July 2004**

A total of 1159 young people aged 10 -23 responded to this survey.

### **Beyond the Immediate**

An over 50's needs assessment carried out in October 2006 by Age Concern Wiltshire and a number of local partner agencies - 1,052 participants

### **A Needs Assessment of Alcohol Treatment Services for Offenders in the South West Criminal Justice System**

Alice Walsh -October 2007. Government Office South West

### **Indices of Deprivation 2007 – Wiltshire Summary**

### **Wiltshire Directory of Drugs and Alcohol Services – January 08 – Safer Wiltshire**

**Calling Time – Reducing alcohol harm in the South West** – South West Public Health Observatory - April 2008 [www.swpho.nhs.uk](http://www.swpho.nhs.uk)