

DEPARTMENT OF ENVIRONMENT HOUSING AND NEIGHBOURHOODS**ORIGINATING SECTION: PUBLIC PROTECTION SERVICE****REPORT TO: LICENSING COMMITTEE****07:01:14****TITLE : CONSULTATION ON BLACKBURN WITH DARWEN'S DRAFT ALCOHOL STRATEGY****1. PURPOSE**

To inform members of the Licensing committee of the progress of Blackburn with Darwen's Multi agency draft alcohol strategy.

2. RECOMMENDATIONS

For members to note the report

3. KEY ISSUES

Given the significant negative impact alcohol has on Blackburn with Darwen, and the reach it has for all agencies a multi-agency Alcohol Strategy has been drafted, it is anticipated that there will be a launch date during Dry January 2014

The four key aims of the strategy are:

1. To ensure all sections of the alcohol trade promote sensible retailing that supports a reduction in alcohol related harm
2. To ensure a "health and wellbeing" focussed treatment and recovery support is employed to address the needs of persons and their families experiencing alcohol related misuse.
3. To ensure that a co-ordinated "whole family" approach is taken for initiatives.
4. To mitigate the role of alcohol in fuelling crime, anti- social behaviour, violence and domestic abuse.

The strategies that have emerged from the consultation are: Challenge 25, Dry January, Impact of Pre- Loading, Drinking for Social Isolation reasons; Drinking Awareness for all ages and Minimum Unit Price. (Please see appendix 1)

4. RATIONALE

A local multiagency group has been established, this is chaired by Public Health, this group shares good practice and brings together ideas to develop the strategy

5. POLICY IMPLICATIONS

The Alcohol Strategy will support the delivery of Public health outcomes

6. FINANCIAL IMPLICATIONS

There is a financial commitment within the public health budget

7. LEGAL IMPLICATIONS

There are no known legal implications

8. RESOURCE IMPLICATIONS

These are outlined in the strategy

9. CONSULTATIONS

With the Licensing Committees' expertise in this area, they form part of the consultation, the draft strategy has been developed through various consultation processes, including stakeholders engagement events, Citizen's Jury, Engagement with Young People and, using published strategies and evidenced based initiatives including NICE guidance

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Alcohol is taken for granted in the UK today. It is easy to get hold of, increasingly affordable, advertised everywhere and accepted by many as an integral part of daily life.

Health First: an evidence-based alcohol strategy for the UK. March 2013.

Foreword/Executive Summary

Nationally, alcohol is consumed by more and more people and in greater volume than at any time in recent history. While the majority of people who drink, do so without causing harm to themselves or others, unfortunately this is not the case for all. Figures, both nationally and locally reveal the increasing levels of harm that is being caused by this increase in alcohol consumption over the last 50 years. The misuse of alcohol impacts affects us all as individuals, families and communities, and in a wide range of ways. In particular, it affects those who are living in the most disadvantaged areas further exaggerating health inequalities across the borough.

Drinking is not universal – there are many people who choose not to drink. Public Health England figures suggest that Blackburn with Darwen has the highest proportion of non-drinkers in the North West at 22%, compared with 15% for the region. Of particular concern in Blackburn with Darwen is that despite having the highest percentage of non-drinkers in the North West and below national average alcohol consumption rates, the harm caused by alcohol is significantly high. Blackburn with Darwen is ranked 30th worst out of 211 CCGs for all liver disease in under 75s with 22 per 100,000 compared to 15 per 100,000 nationally (CCG Outcome Indicator Set, 2012). Alarming, hospital admissions due to alcoholic liver disease have risen by 200% since 2002 in the Blackburn with Darwen and 85% in the North West (LAPE, 2012).

There is hope however. There is good research evidence of interventions which work and are cost-effective, many of which are being employed successfully in the borough to reduce the harm associated with alcohol consumption. Many of these have been commissioned since the development of the borough's last Alcohol Strategy in 2008, i.e. the Hospital Alcohol Liaison Team, Recovery Assets Programme, social marketing to name but a few. However, there is more that can be done. Successful delivery of this strategy and the resulting action plans in the midst of austerity highlights the need to focus thinking and practice, encourage joint working, effectively engaging with the people of Blackburn with Darwen and those currently accessing services.

Given the significant negative impact alcohol has on Blackburn with Darwen, and the reach it has for all agencies, this multi-agency Alcohol Strategy has been developed. The strategy takes a whole system, life course approach considering primary, secondary and tertiary prevention for individuals, families and communities. It is outcome focused, with communication and engagement at the heart of its development and implementation.

The four key strategic priorities are:

- **Licensing and trade responsibility**
To ensure all sections of the alcohol trade promote responsible retailing that supports a reduction in alcohol-related harm.
- **Health and Wellbeing Services**
To ensure a 'health and wellbeing' focussed treatment and recovery support is employed to address the needs of persons and their families experiencing alcohol related misuse.
- **Prevention across the life course**
To ensure that a coordinated 'whole family' approach is taken for initiatives that work with children, young people, families and communities, protecting those most affected by alcohol.
- **Protection for the Community**
To mitigate the role of alcohol in fuelling Crime, Anti-Social Behaviour, Violence and Domestic Abuse.

It is evident that a national policy is needed to address several determinants of alcohol related harm, for example, pricing, availability, marketing and retail. However, this strategy highlights what can be done locally to improve the health, safety and wellbeing of our population, as well as continuing our commitment to lobby government on these issues.

All these measures are needed. Together, they provide a template for an integrated and comprehensive strategy to tackle harm from alcohol in Blackburn with Darwen.

This draft strategy has been underpinned by extensive consultation with a wide range of key stakeholders. In its draft form it is currently being shared with partner agencies, service users groups, and local residents.

1 Introduction

The consumption of alcohol is an established part of life in the UK today. For the majority of adults in the UK, alcohol is accepted and enjoyed both in the routines of daily life and in the events that mark out the broader pattern of life: birthdays, weddings and celebrations of all kinds. Figures report that the nation's levels of consumption have doubled over the past 50 years, the UK now having one of the highest levels of alcohol consumption in Europe.

Alcohol can, and does, cause harm to individuals, families and to society as a whole, especially in relation to violence, crime, ill health and anti-social behaviour and often at lower levels of alcohol consumption than many people realise.

The evidence base is growing:

- **For individuals**, regular drinking risks a future burdened by illnesses including cancer, liver cirrhosis and heart disease, and a taste for alcohol can turn all too easily into dependence.
- **For families**, alcohol dependence can lead to relationship breakdown, domestic violence and impoverishment.
- **For communities**, alcohol can fuel crime and disorder and transform town centres into no-go areas.
- **For society** as a whole, the costs of alcohol consumption include both the direct costs to public services and the substantial impact of alcohol-related absenteeism on productivity and earnings. Indeed, it can be a barrier to achieving the outcomes we wish for our local community.

Alcohol is legal, however, it should be remembered that it is a drug and needs to be treated with respect. The negative impact of alcohol is a significant public health issue. The Chief Medical Officer report (2012) states that alcohol is the second biggest lifestyle health risk factor (second only to tobacco). Alcohol is the number one risk factor for ill health and premature death among males aged 15-59 years and leads to health inequalities. Alcohol is the second biggest cause of cancer for people aged over 35 after smoking. Regularly drinking more than the recommended government limits increases the risk of a range of chronic diseases, being linked to more than 60 health conditions including liver disease, diabetes, cardiovascular disease, and cancers of the breast and gastrointestinal tract. High risk drinking also increases the risk of psychological ill-health. However, the impact from alcohol is not restricted to health alone.

Alcohol is more affordable and more available than at any time in recent history. While the majority of people who drink do so without causing harm to themselves or others.

The personal, social and economic cost of alcohol is staggering; estimated to be up to **£55bn** for England and **£68 million** in Blackburn with Darwen (2011)

2:1 Cost of Alcohol-related harm to ...

... Health

In the UK

£3.5 billion a year in NHS costs in England

- Over 10 million adults currently drink more than recommended guidelines; 2.6 million drink more than twice that.
- 2 people are admitted to hospital every minute as a result of alcohol. In total, 70% of night admissions and 40% of daytime admissions to UK hospital emergency departments are caused by alcohol.
- Preventable alcohol related illness or injury accounted for 1.1 million hospital admissions.
- Alcohol misuse costs England £22.1 billion a year. That's £416 for every man, woman and child and rising to £715 in the worse affected areas.

In Blackburn with Darwen

£14.11 million in costs to NHS

- There were 4,475 alcohol related admissions in Blackburn with Darwen in 2010/11.
- £22.93 million in crime and licensing; £24.7 million in workforce.
- The average costs from alcohol for each man, woman and child in Blackburn with Darwen is £486, higher than the national cost.
- Alcoholic liver disease admissions in Blackburn with Darwen have risen by 200% between 2002 and 2012.
- Road Traffic Accidents (RTAs) are a significant concern for Blackburn with Darwen; of the local RTAs in 2011/12, 35.3% were due to high levels of alcohol consumption, in the north west

...Crime and Disorder

£11 billion a year, estimated cost

- Around half of all crime is alcohol related,
- Alcohol is linked to 40% of domestic violence cases.
- The national bill for alcohol costs caused by crime and licensing is £7.6 billion.

£22.93 million in crime and licensing

- There are 1,110 alcohol related crimes in Blackburn with Darwen Borough Council area.
- Above average rates for violent crime. 6.1 per 1,000 compared with national average of 4.9 per 1,000)

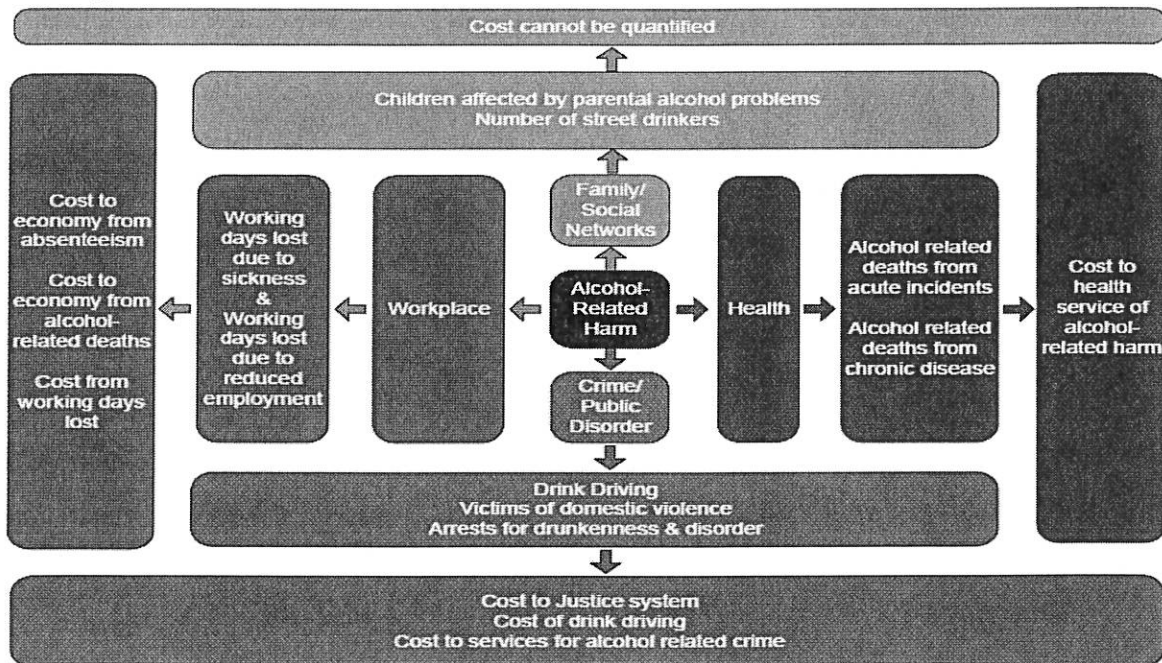
... to society

- Up to 17 working days are lost annually through absences caused by drinking alcohol.
- There are approximately 2.6 million children in the UK living with parents who are drinking hazardously and over 700,000 are living with dependent drinkers.

£24.7 million in workforce

- Blackburn with Darwen has the 4th highest rate of those claiming Employment Support Allowance by reason of alcohol in the country.

Figure 1 below demonstrates the range, scale and multi-dimensional nature of the harms that can result from alcohol misuse; affecting those around them referred to as 'Passive Drinking'.



3 How much we drink?

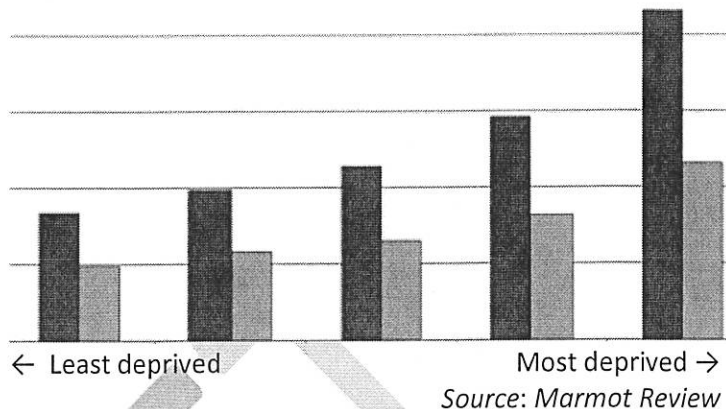
The local picture in Blackburn with Darwen is complex. The borough has varying levels of alcohol consumption. Public Health England figures suggest that Blackburn with Darwen has the highest proportion of non-drinkers in the North West at 22%, but that 20% of adults are regularly drinking beyond the recommended levels. This high proportion of abstainers, i.e. those people who do not drink alcohol includes people who have never consumed alcohol and those people who used to consume very high levels of alcohol and are now in recovery and are abstinent. It is worth noting that the recovery emphasis to treatment has been thriving in Blackburn with Darwen for many years. The positive outcomes for alcohol users exiting treatment and, anecdotally, it is widely recognised that there has been a strong foundation of mutual aid supporting those in recovery, many of whom are abstaining from alcohol. This in turn has the potential to raise awareness in communities and strengthen peer support, increasing the number of abstainers. There is more that still needs to be done.

However, levels of alcohol-related health problems are increasing year on year and the harms associated from alcohol misuse are very high. Excessive drinking is having a detrimental effect on the lives of many people across Blackburn with Darwen, not just those who misuse alcohol but also their relatives, friends and others who all suffer as a result. It is essential to assess the impact on children and young people, who often are the silent voices and the silent carers of parents who drink.

4:1 Who is at risk?

The opposite picture emerges when we look at the *harm* arising from alcohol use. Figure 2, adapted from the Marmot Review³⁰, shows how hospital admission rates due to alcohol increase with deprivation:

Figure 2 - Alcohol-attributable hospital admissions (age standardised rate, 2006-07) by small area deprivation quintile in England



Alcohol-related mortality rates have also been found to be more than twice as high in the most deprived quintile of wards than in the least deprived, and in the Routine & Manual occupational group as compared with Higher & Managerial. These inequalities are particularly sharp in the North West.

The complicated relationship between alcohol and deprivation is summed up by Marmot as follows:

“there is a social gradient in the harms from alcohol consumption but not in alcohol consumption itself”.

This means that alcohol causes more harm to those in lower socio-economic groups. This can clearly be seen in the figures for Blackburn with Darwen. The reasons for this are still unclear, but probably has something to do with confounding factors such as diet, other health behaviours and access to medical services. This reinforces the need for this strategy to be linked with other strategies and priorities via the Health and Wellbeing Strategy.

4:2 Alcohol and Young People // Alcohol, Children, Young People and Families

“The drinking behaviours of our children are some of the worst in Europe, the health consequences are alarming and this is a situation that must change.”

Chief Medical Officer, 2012 (36)

It is estimated nationally that:

- 40% of 13 year olds and 58% of 15 year olds, who have drunk alcohol, have had a negative experience including taking drugs and having unprotected sex
- 40% of child protection cases; 74% of child mistreatment cases are alcohol related (UK).
- In 2009, 8,799 under 18s accessed specialist treatment for tackling alcohol problems.
- Young people, 18-24, who binge drink are more likely to admit to criminal or disorderly behaviour during or after drinking than other regular drinkers of the same age group.
- UK has one of the highest percentages of 15-16 year olds who have engaged in unprotected sex as a result of alcohol use.
- Alcohol damages young people’s brain development.

- Drinking alcohol is linked to lower GCSE scores; not being in education, employment or training.

The structure of the borough's population is younger than the national average, with 29% of residents aged 0-19 compared with 24% nationally. National guidance recommends that no alcohol at all should be consumed before the age of 15 (39 – ISNA). Drinking at age 15-17 should be confined to no more than one day a week and strictly supervised, as binge drinking at this age may lead to violent behaviour, risky sexual activity, low educational attainment and a drift into crime and drugs.

The issue of parental responsibility also needs to be addressed, with evidence suggesting that most young people do not buy alcohol illegally; they get it from their parents and /or older siblings, often within the home and sometimes without their parents realising.

In Blackburn with Darwen the **Too Much Too Young** study undertaken in 2011 where they recruited 100 young substance misusers aged 18-25 years and found that alcohol was the most common substance used, cited by 97% of the sample and 63% had been regular drinkers by age 14. Average weekly intake, spread over an average of 3.7 days was 122 units per week – vastly in excess of recommended limits. However, only 27% saw their alcohol use as a problem. The main issues arising from it were violence and aggression, as well as financial consequences, and an inability to engage with work and keep appointments.

Alcohol and Families

Children and young people are susceptible not only to the consequences of their own drinking, but to the harmful effects of alcohol misuse by the adults around them. Across the UK, it is estimated that 2.6 million children are living with parents who drink hazardously, and 705,000 with dependent drinkers. This presents a number of potential and often 'hidden' harms.

Drinking during pregnancy can cause premature birth, low birth weight, damage to the central nervous system, physical abnormalities and the difficult to diagnose condition Foetal Alcohol Spectrum Disorder (FASD). Nationally, it is estimated that only 7% of babies with this condition are diagnosed at birth, the average age of diagnosis being 3.3 years. Earlier diagnosis would help prevent this condition in future siblings. Each of these conditions are implicated in the subsequent development of a number of diseases in adult life.

Children of drinking parents may suffer a lack of supportive and consistent parenting, and even be thrust into the role of carer themselves. Growing up amid the conflict and disharmony associated with alcohol misuse can result in:

- Anti-social behaviour – e.g. aggression, hyperactivity
- Emotional problems – e.g. bed-wetting, depression
- Problems at school – e.g. learning difficulties, truancy

Many people who drink become addicted as children/young people. Children and young people are particularly negatively impacted by alcohol if their parents are drinkers as they become the carers for their parents, and often their younger siblings. Hospital admissions due to alcohol in children are increasing for Blackburn with Darwen.

The Blackburn with Darwen Adverse Childhood Experience (ACE) study found that people who had increased childhood adversity were more likely to display risk taking behaviours when adults, had poorer health and, continue the cycle into the next generation compared with those people who had no childhood adversity. Living with a parent / carer who is an alcoholic is one of the adverse childhood experiences. The life-course must be tackled to stop the negative impact of alcohol on children and link with other strategies and developments in addition to alcohol alone.

It is well recognised in Blackburn with Darwen that issues such as alcohol misuse affect the whole family, and are likely to be accompanied by multiple other problems. It is key therefore, that interventions are multi-agency and take a whole-family approach. The relationship between universal and specialist services, adult/child and family services, and drug/alcohol treatment services are crucial. Caution must be taken not to solely focus on vulnerable or 'at risk' families, recognising that alcohol is likely to impact on a far greater group. The Silent Voices report, 2012 states that "there is a need to continue research to enhance our understanding of protective factors and processes and their evidence of resilience for children living with or affected by parental alcohol misuse.

4:3 Alcohol and Older People

As we get older the negative impact of alcohol on physical and mental health increases. Ageing slows down the body's ability to break down alcohol and so alcohol remains in the system for longer, where the older person reacts more slowly and tends to lose balance more easily. It can also cause serious complications with any medications the individuals may be taking.

About a third of older people with alcohol problems develop them for the first time in later life. Bereavement, physical ill-health, becoming a carer, loneliness, difficulty in getting around, unhappiness and depression can all lead to increased alcohol consumption. Social isolation can result from a loss of contact with family members, loss of partners, loss of mobility, less contact with friends and less involvement with and action in their communities.

- The number of alcohol related hospital admissions in the over 65s has more than doubled in the recent years (197,000 in 2002 to 461,000 in 2010) NHS Information Centre, 2011.
- 1 in 5 older men and 1 in 10 older women are drinking enough to harm themselves, this is a 40% increase for men and 100% increase for women in the last 20 years.
- Most older people drink at home (Omnibus Survey, 2008).

The Community Mental Health Survey (2011) found that older adults are the group least likely to be asked about their alcohol use – especially older women. Increased alcohol intake is often hidden in the older population and not always identified because:

- Older people do not talk about it, possibly because of the perception of shame, stigma or embarrassment
- Alcohol problem can be mistaken for physical or mental health problem
- Assumed not to be a problem for this population group.
- Older people have a poor awareness of safe drinking limits.

Action needs to be taken to address this increasingly significant issue.

Crime and Disorder

Alcohol misuse places a profound burden on the social fabric of the UK. In addition to the extensive healthcare costs, lost productivity and premature deaths, there are a range of crime and disorder problems associated with the excess consumption of alcohol. This includes alcohol-specific crime such as being drunk and disorderly in public and drink-driving. Many other offences can take place under the influence of alcohol, such as alcohol related violence and anti-social behaviour, domestic violence, property damage and arson. In addition to this, being drunk can increase the risk of being a victim of crime.

In its report "Alcohol misuse: tackling the UK epidemic," the British Medical Association outlined the extent and impact of alcohol-related crimes and behaviors in the UK:

- Among victims of violent crimes, 44% in England and Wales perceived the offender as under the influence of alcohol at the time of the crime.
- Alcohol consumption is strongly associated with anti-social behavior such as nuisance and rowdy behaviour, noise disturbance, littering, and harassment.
- Nearly half of domestic violence offenders were under the influence of alcohol at the time of their offence, and alcohol-fueled domestic violence is more likely to result in victim injury and the need for medical care.

Domestic abuse is viewed as a priority for the borough as the number of reported incidents of domestic had increased to 3,300 per year and accounted for a third of all violent crime in Blackburn with Darwen. Domestic abuse was linked to almost 70% of all child protection cases and victims of domestic abuse are 15 times more likely to abuse alcohol.

Given the correlation between alcohol misuse and crime programmes are being developed in the borough founded on the evidence that monitored abstinence can help reduce re-offence.

Licensing

In April 2012, Public Health was added to the list of 'responsible authorities' invited to comment upon licensing applications. The Alcohol Strategy proposes to go one step further, by making 'public health' one of the statutory grounds upon which a 'Cumulative Impact Policy' can be declared, allowing the authority to control the density of licensed premises in a specified area. Listed below are the recommendations for licensing devised by Public Health England.

- Use local crime and related trauma data to map the extent of alcohol-related problems before developing or reviewing a licensing policy. If an area is saturated with licensed premises and the evidence suggests that additional premises may affect the licensing objectives, adopt a 'cumulative impact' policy. If necessary, limit the number of new licensed premises in a given area.
- Ensure sufficient resources are available to prevent under-age sales, sales to people who are intoxicated, proxy sales (that is, illegal purchases for someone who is under-

age or intoxicated), non-compliance with any other alcohol licence condition and illegal imports of alcohol.

- Work in partnership with the appropriate authorities to identify and take action against premises that regularly sell alcohol to people who are under-age, intoxicated or making illegal purchases for others.
- Undertake test purchases (using 'mystery' shoppers) to ensure compliance with the law on under-age sales. Test purchases should also be used to identify and take action against premises where sales are made to people who are intoxicated or to those illegally purchasing alcohol for others.
- Ensure sanctions are fully applied to businesses that break the law on under-age sales, sales to those who are intoxicated and proxy purchases. This includes fixed penalty and closure notices (the latter should be applied to establishments that persistently sell alcohol to children and young people).

Blackburn with Darwen Borough Council has endorsed a number of key strategies to tackle alcohol related problems in direct response to policy, the evidence base and issues raised by residents, businesses, police and other partners. For example, proactive test-purchasing, endorsement of the Challenge 21 scheme and supporting the minimum unit price (MUP). The borough's statement of Licensing Policy (2010) stipulates a number of conditions and tactics to be employed to regulate and influence alcohol related problems.

5:1 What can be done: National Response

Increased consumption is closely linked to increased affordability – alcohol is now 50% more affordable than it was 20 years ago.

The most effective way to reduce the harm from alcohol is to reduce the affordability, availability and attractiveness of alcohol produces (Health First 2013).

The diagram below summarises the latest NICE guidance on preventing harmful drinking. It spans both policy and practice, arguing that they need to work in tandem to reinforce each other. It contains policy information directed at government as well as advice on practical interventions for local agencies. The figure below also identifies where each of these recommendations are addressed within our local strategy.

Overview of NICE guidance:

P O L I C Y P R A C T I C E	1. Price	<ul style="list-style-type: none"> • What - Consider introducing a minimum price for alcohol • Why - Making alcohol less affordable is the most effective way of reducing alcohol-related harm 	Priority 1
	2. Availability	<ul style="list-style-type: none"> • What - Give health bodies a say in licensing decisions / make public health a licensing objective • Why - Making it less easy to buy alcohol is another effective way of reducing alcohol-related harm 	Priority 1
	3. Marketing	<ul style="list-style-type: none"> • What - Consider review of advertising codes to protect children/young people • Why - Evidence that alcohol advertising does affect children/young people 	Priority 3
	4. Licensing	<ul style="list-style-type: none"> • What <ul style="list-style-type: none"> • Use crime and trauma data to inform licensing decisions • Act to prevent under-age sales / sales to people who are intoxicated - e.g. test purchasing 	Priority 1
	5. Resources for screening & brief interventions	<ul style="list-style-type: none"> • What <ul style="list-style-type: none"> • Prioritise alcohol harm reduction as an 'invest to save' measure • Ensure adequate resources & training for alcohol screening, interventions and treatment 	Priorities 1-4
	6. Supporting children/young people (10-15)	<ul style="list-style-type: none"> • What <ul style="list-style-type: none"> • Guidelines for those with a safeguarding responsibility for young people thought to be at risk from their use of alcohol 	Priority 3
	7. to 12. Screening, brief interventions & referral	<ul style="list-style-type: none"> • What <ul style="list-style-type: none"> • Community interventions for young people (16-17) and adults, and when to refer for more specialist treatment. 	Priority 2 and 3

Minimum Unit Pricing (MUP)

There is a clear relationship between affordability and how much people drink. The most effective way to reduce costs of alcohol harm is to control price and availability of alcohol. Minimum Unit Pricing (MUP) policies are effective in reducing alcohol consumption, reducing alcohol-related harms (including alcohol-attributable deaths, hospitalisations, crimes and workplace absences) and reducing the costs associated with these harms. Countries that have introduced MUP have found it to have a real effect on alcohol assumption and the harm associated from alcohol.

By setting a MUP of 50p per unit of alcohol, there would be a massive reduction in hospital admissions of about 98,000 and will save 3000 lives a year and cut crime by over 40,000 a year. MP is a highly targeted intervention focussing on those who suffer the greatest harms from alcohol as it makes it very difficult for heavy drinkers to maintain their drinking levels without increasing the costs. . The health gains are greatest for the these heavier drinkers and there are also considerable gains in the well-being of people exposed to the heavy drinking of others. This in turn would also have a positive impact on reducing health inequalities

However, all people who drink alcohol will see health benefits from MUP although the biggest health benefits would be for young people, and for those people who are ill, particular if they have cardiovascular disease, including heart attack, angina and stroke. A 50p MUP is likely to reduce rates of high blood pressure, diabetes and heart disease as well as liver damage and a range of cancers. It will also prevent 1,000s of trips to A&E by dangerously drunk people.

5:2 How we will deliver: Local Response

The Blackburn with Darwen Alcohol Action Group purpose is:

- To provide a strategic oversight and ensure a collaborative approach across Blackburn with Darwen and to reduce levels of alcohol related harm.
- To develop and implement a local evidence based strategy and action plan for alcohol based on local need and to reduce inequalities between the most advantaged and least advantaged in Blackburn with Darwen.

Partners involved

Running throughout this strategy is the commitment to ensure that all partners are able to identify those people most in need of support and ensure a whole family and whole system response, as alcohol misuse and its impact on individuals, families and communities is complex and multifactorial. The workforce, third sector, carers, those in therapy and the wider community are important assets in engaging with and communicating consistent health messages, and we will ensure that they are equipped with the skills and knowledge to do so. We will ensure safeguarding and access to treatment and support is available for vulnerable people, their family or carers.

We will ensure that on-going recovery network developments consider the causal factors of problematic alcohol misuse and behaviours to encourage a system of provision which aspires to improve outcomes for all including children, families and carers.

5:3 Blackburn with Darwen's Strategic Response

How has the strategy been developed?

The cross-cutting nature of this strategy means that responsibility for its development and delivery cannot sit with one single organisation. Hence, an effective partnership with strategic representation from partner organisations has been established. This work is led by the Alcohol Prevention Strategy Group. This revised/new Blackburn with Darwen Alcohol Strategy is informed by the National Alcohol Strategy (2012), the Health First Report and builds on the foundations of the previous (2008-2011) borough-wide strategy. This strategy has been undergone a wide and thorough consultation process to ensure the views of both partner agencies, services users and the residents of Blackburn with Darwen are incorporated into this strategy and that it is embedded within the practice of all partners.

The priorities and resulting action plans have been agreed, underpinned by the evidence and needs outlined in the Joint Strategic Needs assessment.

How will the strategy be delivered, monitored and reviewed?

Action plans have and will continue to be developed with a range of actions required to shape the delivery of this strategy. These give more details of the progress required against the key aims and objectives for this alcohol strategy. Delivery of this strategy will be overseen by the Alcohol Prevention Strategy Group. The action plans will be regularly reviewed to ensure that the work is undertaken, that it continues to be informed by the needs assessments undertaken in the borough and actions are evidence based. It will also be updated to reflect changes in local delivery structures, national legislation and national and local policy.

We will ensure that information is shared with local communities about what partners are doing to address the alcohol-related harm in the borough.

Links to other Strategic Priorities and Monitoring Structures

Public Health Goals

- Reduce overall consumption in the population
- Reduce the incidence of alcohol related illness, injuries and deaths
- Reduce the incidence of alcohol-related disorder, anti-social behaviour, violence and crime

Public Health Outcomes Framework

Key outcome indicators

Domain 2: Health improvement

- (i). Alcohol-related admissions to hospital.
- (ii). People entering prison with substance dependence issues who are previously not known to community treatment.
- (iii). Take up of the NHS Health Check programme – by those eligible

Domain 4: Healthcare public health and preventing premature mortality

- (i). Mortality from liver disease.

Blackburn with Darwen's Strategic Priorities:

- **Licensing and trade responsibility**
To ensure all sections of the alcohol trade promote responsible retailing that supports a reduction in alcohol-related harm.
- **Health and Wellbeing Services**
To ensure a 'health and wellbeing' focussed treatment and recovery support is employed to address the needs of persons and their families experiencing alcohol related misuse.
- **Prevention across the life course**
To ensure that a coordinated 'whole family' approach is taken for initiatives that work with children, young people, families and communities, protecting those most affected by alcohol.
- **Protection for the Community**
To mitigate the role of alcohol in fuelling Crime, Anti-Social Behaviour, Violence and Domestic Abuse.

Priority Number 1: Licensing and trade responsibility

Aim

To ensure all sections of the alcohol trade promote responsible retailing that supports a reduction in alcohol-related harm

What do we know?

What are the challenges for Blackburn with Darwen?

One of the biggest challenges that we face is the availability of the 'off trade'¹ sales, i.e. the low cost sales within local supermarkets/local shops which can be open 24 hours a day, as opposed to more controlled purchases through 'on-trade'² sales, i.e. pubs/clubs. Because alcohol is so cheaply available off-trade, and that the strength of alcohol has increased over time, people are frequently drinking more units of alcohol at home, often without realising it. The numbers of people drinking at home is increasing, this includes those who are pre-loading (where a person drinks large amounts of alcohol before going out for the evening).

In Blackburn with Darwen there are 326 premises that are licensed to sell alcohol, of which 13.5% (n=44) sold alcohol to people under 18 years of age through the local programme (2012/13). The Trading Standards North West Survey: Young Peoples' Attitudes and Behaviours to Alcohol and Tobacco (2013) revealed that of those aged 14-17 in Blackburn with Darwen who took part in the survey:

- About a quarter (26%) said they drink alcohol at least once a week, of which 18% was in pubs/clubs and 19% in parks and streets.
- Nearly two-thirds (62%) said that they got alcohol from family or friends over the age of 18.
- 16% said that they bought it themselves; higher than the local programme described above.

It is clear that young people often obtain alcohol from their home / friend's homes but also, a significant proportion also are able to purchase alcohol from licensed premises.

What works?

Controls on price and availability have been identified by the World Health Organization (World Health Organization Europe 2011) as the most effective measures that governments can implement to reduce the harm caused by alcohol. Minimum unit price (MUP) is considered the most effective approach to reduce the levels of very low cost alcohol. Other initiatives have also been found to have a positive impact on reducing the harm affected by low cost, high alcohol content drinks, i.e. retailers not selling such drinks.

Public Health has sought to include in the Borough's Statement of Licensing Policy controls on licensed premises where sales of low cost and/or super strength beers, lagers and ciders (for the purposes of this strategy super strength is 6% by volume alcohol or above) have led to concerns that the Licensing Objectives are not being promoted.

These controls may include restricting the sale of super strength beer, lager and

¹ Off Sales refers to alcohol purchased in supermarkets or shops

² On Sales refers to alcohol purchased in pubs or clubs

ciders at licensed premises, the requirement to charge a minimum unit price or a minimum cost per drink as part of a package of measures to deal with concerns and problems.

Any such controls considered necessary would be agreed with the license holder and would constitute a mutually approved condition attached to their license to retail alcohol. There are initiatives that can be implemented which reduce the opportunity for under age sales, such as 'Challenge 25'.

What we will do.

1. We will ensure that there is a commitment to address the very cheap and high alcohol content drink and ensure that availability is restricted in areas of most need by:
 - a) Supporting and lobbying for a minimum unit price (MUP) for alcohol.
 - b) Reducing availability of super-strength alcohol that is on sale in the Borough, focusing on the off-trade licensees.
 - c) Reinforcing 'Challenge 25' and proxy sales messages.

2. We will ensure that we continue to develop and implement robust systems and procedures are in place to support a positive and responsible alcohol trade by:
 - a) Supporting the use of 'Challenge 25' policies.
 - b) Support all alcohol retailers to engage in the community alcohol network (CAN).
 - c) Ensure robust licensing procedures are in place to support, in particular focussing on health data to reduce the impact of health related harm for the public.

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Priority Number 2: Health and Wellbeing Services

Aim

To ensure a 'health and wellbeing' focussed treatment and recovery support is employed to address the needs of persons and their families experiencing alcohol related misuse

What do we know?

What are the challenges for Blackburn with Darwen?

To successfully address the challenges associated with alcohol a whole system approach is required. It is acknowledged that people with alcohol abuse related problems cause a number of significant pressures on our public service provision, their own family life and on-going ability to function positively within society. The often complex and problematic behaviours associated with alcohol impact negatively on the lives of others as well as a range of provisions. These include: demands faced by our accident and emergency departments, hospitals and other emergency services, families and wider communities. Local Authorities, Clinical Commissioning Groups, Police, the wider NHS and the Third Sector must work together to address the local needs that are identified within the Alcohol Integrated Strategic Needs Assessment (Appendix A).

What works?

By promoting and enabling the delivery of effective specialised treatment and recovery services we will improve the public health and social outcomes. We will encourage involvement for people who are able to contribute to the growth of innovative recovery focussed projects that are developed and underpinned by volunteer advocates. This will ensure positive influence and role model opportunities to contribute to the on-going support needs of others, many of whom place high demands on their families, communities, hospitals, the criminal justice system and other universal services.

Recovery networks of community support will be promoted based on an asset based approach which goes beyond addressing the medical or mental health complexities that are sometimes associated with alcohol related behaviours. By reinforcing responsibility and resilience among recovery focussed networks we aim to promote awareness, information and advice within communities to ensure improved outcomes for all.

What we will do.

1. To ensure that we have high quality services for individuals and families, developed in partnership, including service user representative and volunteer advocates, for example the hospital alcohol liaison service (HALS) and consider on-going opportunities to enhance outcomes;
2. Improve opportunities to deliver training packages which include identification and brief advice (IBA) across communities in line with an assets based community development recovery system of support.
3. Support and promote the development of knowledgeable Health and Wellbeing services that promote and deliver prevention, sensible drinking and abstinence as their core business as appropriate.

Priority Number 3: Prevention across the life course

Aim

To ensure that a coordinated 'whole family' approach is taken for initiatives that work with children, young people, families and communities, protecting those most affected by alcohol

What do we know?

What are the challenges for Blackburn with Darwen?

A life course approach, from pre- and early pregnancy right through to older ages, must be taken to address the health and social consequences of alcohol use and misuse. Alcohol misuse can be a barrier to children having the best start in life, impacting upon parenting capacity and family functioning. Children living with one or more parents living with alcohol misuse are more likely to face social and economic hardship, do less well at school, and have poorer emotional health and mental wellbeing. Approximately 2.6 million children nationally are living with parents who drink hazardously; 705,000 with dependent drinkers. The consequences of growing up with alcohol misuse and other risk taking behaviours reach far into adulthood. Research carried out in Blackburn with Darwen shows that children who are exposed to four or more adverse childhood experiences (ACE³) before reaching the age of 18 years are twice as likely to become heavy drinkers in adulthood.

What works?

Advertising, the availability of cheap alcohol, peer pressure and parental influences all have a part to play in levels of consumption amongst young people. We will continue to pledge our support to evidence based initiatives that will create safer and healthier environments for young people to grow up in. This includes continuing efforts to limit underage sales to children and young people, lobbying around alcohol pricing and supporting licensing activities, i.e. 'Challenge 25'. We will ensure that accurate and age-appropriate health messages are given to young people so that they can make safer choices around alcohol use.

Our approach will include identifying vulnerable individuals / groups who can be adversely affected by their own or others alcohol use. Evidence suggests that older people are drinking more alcohol than in the past; the Royal College of Psychiatrists highlights the extent of alcohol problems among older people, often in response to psychosocial factors such as bereavement, boredom and loneliness. Alcohol misuse is also a contributing factor to increased risk of falls and accidents in the home. We will continue to work towards understanding issues around alcohol and an ageing population.

What we will do

The aims of the pledges

1. To shift the focus of policy and practice to recognition that children and young people need to be safeguarded from the harms caused by alcohol.

³ ACE includes a person growing up in a household with someone who is mentally ill, misusing alcohol, having served time in prison, experiencing parental separation/divorce, sexually abused, or witnessing/ victim of domestic violence.

2. To encourage all services that come into contact with children and young people to recognise that they have a role in safeguarding them from the harm caused by alcohol.
3. To provide a mandate and expectation that all staff who are in contact with children, young people and parents will do all that they can to address alcohol related harm.
4. To provide consistency, structure and a basis to monitor local performance.

We will ensure that there is a continued commitment to the roll out of the Children and Young Peoples Pledges Action Plan and ensure that the objectives are a priority for all:

- 1). Actively seek your views, work to better understand your needs and strive to deliver the services that we know you want to see.
 - 2). Ensure you have the opportunity to develop the skills, knowledge and confidence to keep yourself safe and reduce the potential harm you experience from you own and others' drinking.
 - 3). Ensure that all services do their best to protect you from alcohol related harm from your earliest years through to adulthood.
 - 4). Ensure that your parents are equipped with the skills, knowledge and confidence to protect you from alcohol-related harm as you grow to adulthood.
 - 5). Do all we can to make sure you grow up in an environment where you are not put under pressure to drink by advertising, the availability of cheap alcohol or illegal sales.
3. A whole population approach will address the needs and issues relating to older people and alcohol misuse. Vulnerable individuals and groups will be offered help and support through a targeted approach by.
- a) Focusing on older people living in isolation.
 - b) Supporting local people to understand the true long term health impact of alcohol.
 - c) Empowering local people to understand the impact of alcohol towards mental health and wellbeing.

Priority Number 4: Protection for the Community

Aim:

To mitigate the role of alcohol in fuelling Crime, Anti-Social Behaviour, Violence and Domestic Abuse.

What do we know?

What are the challenges for Blackburn with Darwen?

Whilst drinking levels of alcohol tend to be lower in the more disadvantaged areas, the negative impact and the harm associated from alcohol is higher in such areas. As a Borough, we have a higher proportion compared with regional levels of abstainers (i.e. have never drunk or, were hazardous drinkers and no longer drink). However, we do have a higher than regional average of people who drink to hazardous levels. Such high levels of alcohol consumption across the Borough results in high attendance to local A&E departments; high levels of alcohol related crime and disorder and high levels of alcohol related health conditions, such as liver disease, cardiovascular disease, stroke and cancer.

Alcohol misuse⁴ is a risk factor for many types of violence including child abuse, violence in public settings, youth violence, sexual violence, intimate partner violence and elder abuse. In England and Wales, alcohol is thought to play a part in approximately 1.2 million violent incidents; almost half of all violent crimes, with devastating health consequences for victims, their family, friends and the wider community. While health, police and other public services deal with the consequences of alcohol-related violence, such staff are also victims, for example, 116,000 NHS staff are assaulted each year, primarily by patients and relatives.

Individuals who start drinking at an earlier age, who drink frequently and who drink in greater quantities, are at increased risk of involvement in violence as both victims and perpetrators. At least 1 in 5 crimes in Blackburn with Darwen are alcohol related, which rises to 1 in 3 for violent crime. Within the Borough, we have significantly higher alcohol related recorded crimes (ranked 253/326 local authorities); alcohol related violent crimes (ranked 256/326 local authorities) and alcohol related sexual offences (ranked 282/326 local authorities; data not significantly different).

What works?

The relationship between alcohol use and violence is multifaceted and complex, involving broad social and economic forces, settings in which people obtain/consume alcohol, in addition to the biological processes. These factors interact and may extend back from an intermediate triggering event, such as an argument to long-term predisposing processes that begin in childhood, in particular adverse childhood experiences. It is vital that a whole system approach is taken to address the community element of alcohol misuse, addressing the root causes, focusing on those who are most at risk of being a victim or perpetrator of crime, violence and / or anti-social behaviour. We will endorse evidence based initiatives that support individuals and families to address their alcohol consumption, rehabilitation

⁴ Alcohol misuse refers to a range of drinking behaviours including binge-drinking; high weekly average consumption; drinking in inappropriate contexts (e.g.. driving/at work) and dependent drinking.

and integration within local communities, e.g. bespoke support for those wishing to engage with treatment through assertive outreach.

What we will do.

Our approach will include preventative work within our neighbourhoods to intervene early with individuals who are at risk of causing harm fuelled by alcohol. This includes within the home; with families seeking support where alcohol consumption is a cause for concern and, within our neighbourhoods where alcohol is particular risk factor for ASB and violence. By intervening early we can prevent escalation and more serious harm at a later date which becomes increasingly difficult to resolve successfully.

1. To implement a robust approach to problem drinkers combining assertive outreach with bespoke innovative long term support options and, where necessary, enforcement.
2. To employ interventions that target those in most need, both within the home and our

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