

ALCOHOL STRATEGY
2009 - 2012



Acknowledgements

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ADS (Addiction Dependency Solutions)
RMBC
British Beer and Pub Association
Community Drugs Outreach Team
Community Drugs Team (Pennine Trust)
Courts Services
Domestic Violence Forum
Early Break
Drug Education Consultant
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Children, Schools & Families Services

NHS Heywood, Middleton and Rochdale
Petrus
GM Probation Service
Pub and Club Watch
Salvation Army
Town Centre Management
Turning Point
Rochdale Boroughwide Housing
Greater Manchester Fire & Rescue Service



Contents

- Acknowledgements2
- Foreword4
- The consultation process5
- Introduction6
- Aims and objectives7
- Links to key strategies8
- Different levels of drinking9
- Self screening tool10
- Prevention and education12
- Health and treatment17
- Crime and disorder25
- Children and young people34
- References41
- Useful links42
- National Indicator Appendix43



Foreword

In 2005 Rochdale Safer Communities Partnership together with Rochdale Health Partnership developed the first local Alcohol Strategy.

3 years on we have made major progress and on a number of key priorities including:

- Increasing the numbers of problem drinkers receiving treatment
- Developing initiatives to tackle alcohol related crime and disorder
- Improving the knowledge of our young people in relation to the risks associated with alcohol

However, as a partnership we are conscious that alcohol can still have a negative impact on our residents and communities which is why we have committed further resources and time to ensure that not only those individuals who are currently experiencing problems with alcohol receive adequate treatment and support, but also that prevention strategies are developed to reduce the numbers of people who go on to develop alcohol related problems in the future. We also want to ensure that communities that experience alcohol related crime and disorder have initiatives that are responsive, appropriate and timely and our young people continue to receive effective education to ensure that the next generation are able to develop a responsible and knowledge based attitude to alcohol.

We are aware that alcohol can and does play a role in the lives of many of our residents without any adverse effects and that the success of the night time economy is inextricably linked with alcohol.

This new 3 year alcohol strategy aims to encourage those who choose to drink to do so 'safely, sensibly and socially', helping to promote Rochdale as a safe, vibrant and better place to visit, live, work and do business in whilst at the same time ensuring that those who choose to cause damage are dealt with swiftly and with the full weight of the law.

Roger Ellis



Chief Executive
Rochdale Borough
Council

John O'Hare



Divisional Commander
Greater Manchester
Police Rochdale Division

Trevor Purt



Chief Executive
NHS Heywood, Middleton
and Rochdale



The crowds turn out for the Feel Good Festival in Rochdale Town Centre



The consultation process

Rochdale Drug and Alcohol Action Team (DAAT) and partners developed an alcohol strategy in 2005 which covered a 3 year period.

This new strategy follows on from the previous strategy, but due to the higher recognition given to the harms caused by alcohol the consultation process has required greater input and ownership from a wider range of partners and agencies, than has happened in previous years.

As the strategy will touch on the lives of the majority of people living in the borough either directly or indirectly it was therefore important to obtain the views, opinions and information about all sections of the community. In order to obtain the widest possible consultation the following process was used:

- A full alcohol needs assessment was commissioned. The first of its kind in the borough.
- Individual interviews were held with each of the key stakeholders (these interviews were planned allowing each stakeholder time to gain views from relevant client/service user groups).
- Priorities from PACT (Partners And Communities Together) panels were incorporated into the research.
- The Health Related Behaviour Survey (a questionnaire that gained the opinions of all year 6 and year 10 children in the Borough).
- Alcohol, self esteem and aspiration. Exploring the context of young people's sexual health risk taking study (teenage pregnancy).
- Information obtained via the Citizens Panel.
- LAA Baseline Survey.
- PCT Lifestyle Survey.

Delivery of this strategy will be monitored at the Alcohol Strategy Group and the actions refreshed on an annual basis.



Introduction

The Alcohol Strategy is the second of the Rochdale Safer Communities Partnership's (RSCP) three year strategic documents, the first having been published in 2005. The 2009 strategy builds upon the strong partnership working that exists within Rochdale Borough between a number of key stakeholders including Rochdale Metropolitan Borough Council, NHS Heywood, Middleton and Rochdale, Greater Manchester Police, Greater Manchester Probation Service, Greater Manchester Fire and Rescue Service, and many other agencies from within the community and voluntary sector. Extending the RSCPs previous progress and achievements we have worked together to develop a multi-agency framework. This framework demonstrates commitment from the wide range of partners who collectively face the challenge of reducing alcohol related harms in the borough and address the gaps in current provision. Alcohol is part of our culture in the UK, often playing a recreational role in leisure, relaxation, socialisation, at celebrations and social occasions. The majority of adults, up to 90%¹ drink alcohol sensibly and alcohol is consumed and enjoyed during many social occasions with no problems. However there are both adults and young people in the population who drink alcohol in excess of the recommended limits, misuse alcohol or become dependent upon alcohol. The risks and harms associated with alcohol are wide ranging, with the potential to cause trouble and misery for individuals, families, communities, and to society as a whole.

Excessive drinking can lead to a wide range of alcohol related harms. These include increased risk of physical harms, risk of accidents and injuries, associated violence, risk of physical and mental health problems, unwanted pregnancy, increased crime and disorder, fear of crime, antisocial behaviour, relationship and family breakdowns, job loss, impact on education, and dependency. It is therefore essential that an effective strategy to reduce alcohol related harm includes integrated effort from a wide range of partners and organisations.

Nationally 80% of people think that more should be done to tackle the level of alcohol abuse in society² and 74% of people from Rochdale were concerned about people drinking in the streets³.

¹Safe. Sensible. Social. The next steps in the National Alcohol Strategy. HM Government 2007

²Safe Sensible Social. The next steps in the National Alcohol Strategy. HM Government 2007

³LAA Baseline Survey



Drinking alcohol on the street is not permitted in Rochdale borough



Aims and objectives

This strategy aims to reduce alcohol related harm in Rochdale borough by:

1. Promoting safe, sensible and social drinking
2. Reducing alcohol-related ill health
3. Ensuring provision of appropriate, high quality treatment and support services that are accessible and responsive to the needs of clients who are alcohol dependent or who have alcohol-related problems
4. Reducing alcohol related crime and disorder and protecting communities
5. Protecting children and young people from alcohol-related risks and harms

To ensure that the outcomes of this strategy are measurable, each of the four objectives will be addressed separately in its own section, along with its own action plan.

The four key sections of the strategy are therefore:

- 1. Prevention and Education**
- 2. Health and Treatment**
- 3. Crime and Disorder**
- 4. Children and Young People**

Each section will contain:

- An update on the objectives set in the previous strategy.
- The national picture including key facts and data.
- The local picture including key facts and data.
- A comprehensive action plan that will deliver achievement against national Indicators and local priorities.



Links to key strategies

Alcohol misuse is a cross cutting theme impacting on all areas of life. This in turn can have an impact on the success of national, regional and local strategies; to ensure that this and other local strategies are successful clear links have been made with the following strategies:

NATIONAL STRATEGIES

Safe. Sensible. Social
Choosing Health White Paper
Respect Action Plan
Every Child Matters
World Class Commissioning
Youth Alcohol Action Plan
Targeted Youth Support
Health Inequalities Strategy
Youth Crime Action Plan
Safeguarding
National Health
Licensing
Aiming High for Young People
Service Frameworks

LOCAL STRATEGIES

Pride of Place
Local Area Agreement
Local Alcohol Strategy

Prevention and Education
Healthy Schools
Rochdale Borough Healthy Lifestyles Strategy
Supporting People Strategy
Mental Health Promotion Strategy
Borough Community Cohesion Strategy

Health and Treatment
NHS Heywood, Middleton and Rochdale's Strategic Commissioning Plan
Rochdale Borough Council Health Strategy
Strategy for Older People
Mental Health Strategy
Joint Commissioning Strategy
Housing Strategy

Crime and Disorder
Safer Communities Strategy
Reduce Re-Offending Strategy
Respect Agenda
The Violent Crime Action Plan
Domestic Violence Strategy
Licensing Plan

Children and Young People
Young People Substance Misuse Plan
Children and Young People Plan.
Rochdale Council Learners and Young People Plan
Rochdale Council Children's Social Care Plan
Rochdale Council Schools Service Plan
Teenage Pregnancy Strategy



Different levels of drinking

Alcohol misuse is a general term that can mean any level of risk, ranging from hazardous drinking to alcohol dependence. ⁴

The 5 definitions for different drinking styles identified by the Department of Health are as follows: ⁵

Low risk/Sensible drinking

Low risk use of alcohol refers to drinking within legal and medical guidelines, which is not likely to result in alcohol related problems to yourself or others.

Hazardous drinking

Hazardous drinking is consumption at a level or in such a pattern that increases an individual's risk of physical or psychological consequences. Physical consequences of hazardous drinking could include injuries caused by impaired judgment after drinking alcohol, while psychological effects could relate to mood disturbance, which may affect personal or social interactions.

Harmful drinking

Harmful drinking is defined by the presence of adverse consequences related to alcohol. Adverse consequences can be physical (such as liver cirrhosis) or psychological (such as depression), and can also lead to dependence on alcohol and substantial stress or aggression in the family.

Women who drink heavily during pregnancy put their babies at particular risk of development of foetal alcohol syndrome or foetal alcohol spectrum disorder. These disorders lead to lifelong intellectual and behavioural problems for their child.

Alcohol Dependence/Dependant Drinking

Alcohol dependence (syndrome) is a psychobiological condition characterised by an inner drive to consume alcohol, continued drinking despite harm, and commonly a withdrawal state on stopping drinking.

Binge drinking

Binge drinking refers to high intensity drinking during a single session. It is strongly associated with intoxication or drunkenness. Binge drinking was defined in the 1995 UK government report as drinking twice the daily limit for alcohol consumption (that is, eight or more units for men or six or more units for women) in one day.

These definitions are based on the daily and weekly recommended maximum number of alcohol units which are outlined in Table 1

Table 1 Daily and Weekly recommended maximum consumption of alcohol for men and women

Category	Alcohol consumption in men	Alcohol consumption in women
Low risk or "sensible"	21 units/week or up to 4 units/day	14 units/week or up to 3 units/day
Increasing risk or "hazardous"	22-50 units/week	15-35 units/week
High risk or "harmful"	>50 units/week	>35 units/week

We want more people to be aware of the amounts of alcohol they are consuming and to consider the effects it could be having on their health. We launched a marketing campaign over the festive season to warn drinkers to be mindful that one drink isn't always one unit. Some of the marketing materials are included on the following pages.

OUR KEY MESSAGE: ONE DRINK ISN'T ALWAYS ONE UNIT

Table 2. How many people are hazardous, harmful, binge or dependent drinkers in Rochdale borough?

Some local estimates

Category	National %	Rochdale %	How Many People in Rochdale Borough? Estimates:
Hazardous drinkers (age 16+)	20	22	35,723
Harmful drinkers (age 16+)	5	7	11,366
Binge Drinkers (age 16+)	18	22	35,723
Alcohol dependent (18+)	4	4% (national estimate ⁶)	5854

Proportions estimated from NWPHO 2008 unless stated otherwise
Based on ONS Population Estimates 2006

⁴ <http://healthintelligence.bmj.com/hi/do/public-health/topics/content/alcohol-misuse/definition.html#d12e420-10>

⁵ Safe, Sensible, Social. The next steps in the National Alcohol Strategy. HM Government 2007

⁶ Alcohol Needs Assessment Research Project (ANARP), DoH 2004

Self screening tool

One drink isn't always one unit

Are you drinking too much this Christmas?

Don't get carried away with the festive spirit or else your health could be at risk.

A large glass of wine is 3.3 units

For more information about safe and responsible drinking visit www.units.nhs.uk

Is your health at risk?

How much is "too much" on a night out - or when staying in? Test your limits!

How often do you have 8 or more drinks in 1 session?

Never Monthly Weekly Daily

Drinking more than 8 drinks in 1 session could be putting your health at risk.

Know your limits this Christmas. Drink responsibly!

Call now in confidence:

- Addiction Dependency Solutions on 01706 860 033
- Drinkline on 0800 917 8282



One drink isn't always one unit

Are you drinking too much this Christmas?

Don't get carried away with the festive spirit or else your health could be at risk.

A pint of lager is 3 units

For more information about safe and responsible drinking visit www.units.nhs.uk

Is your health at risk?

How much is "too much" on a night out - or when staying in? Test your limits!

Has a friend or relative ever commented on your drinking and suggested you cut down?

No Yes, but not in the last year Yes, during the last year

If people are showing concern about the amount you are drinking this Christmas you could be putting your health at risk.

Know your limits this Christmas. Drink responsibly!

Call now in confidence:

- Addiction Dependency Solutions on 01706 860 033
- Drinkline on 0800 917 8282



One drink isn't always one unit

Are you drinking too much this Christmas?

Don't get carried away with the festive spirit or else your health could be at risk.

An alcopop is 1.7 units

For more information about safe and responsible drinking visit www.units.nhs.uk



Is your health at risk?

How much is "too much" on a night out - or when stopping in? Test your limits!

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never Monthly Weekly Daily

Your memory loss could be the result of excessive drinking. Your health could be at risk.

Know your limits this Christmas. Drink responsibly!

Call now in confidence:

- Addiction Dependency Solutions on 01706 860 033
- Drinkline on 0800 917 8282



One drink isn't always one unit

Are you drinking too much this Christmas?

Don't get carried away with the festive spirit or else your health could be at risk.

A double vodka is 2.8 units

For more information about safe and responsible drinking visit www.units.nhs.uk



Is your health at risk?

How much is "too much" on a night out - or when staying in? Test your limits!

How often have you failed to do what is normally expected of you because of your drinking?

Never Monthly Weekly Daily

If alcohol is stopping you from carrying out your day to day duties you could be drinking too much. Your health could be at risk.

Know your limits this Christmas. Drink responsibly!

Call now in confidence:

- Addiction Dependency Solutions on 01706 860 033
- Drinkline on 0800 917 8282



Prevention and education

Introduction

Prevention of alcohol misuse and alcohol related problems is the key to reducing the harm caused to many of our residents and communities. This section aims to concentrate on raising awareness of alcohol problems and the general knowledge of both adults and children in relation to alcohol.

There is currently a major national campaign, Know Your Limits, which raises awareness around the recommended safe levels of alcohol consumption. Unfortunately in 2007, only 69% of people reported that they had heard of the government guidelines on alcohol consumption. Of these people, 40% said that they did not know what the recommendations were.⁷

For young people (under 18) there are no safe recommended alcohol limits so campaigns can be more confusing, however the Chief Medical Advisor, Sir Liam Donaldson, has now issued guidance which advises an alcohol-free childhood as the healthiest option, further recommending no alcohol for under 15's and those children aged 15 to 17 years should never exceed adult recommended daily maximums. As a general guide, children aged 15 and 16 years should not usually drink on more than one day a week. Children aged 17 should drink on no more than two days a week.

Relevant education and awareness raising messages that are targeted at different groups at key times in the year will help to ensure that the majority of people are able to make informed decisions regarding their alcohol consumption leading to greater personal responsibility.

How do we plan to improve prevention and education?

Alcohol education has been identified as a priority in the Rochdale Safer Communities Plan 2008 – 2011, the Children and Young Peoples Plan 2006 – 2010 and within the Alcohol Health Outcome Area of the PCT World Class Commissioning.

Plans to reduce alcohol related harm should include a programme aimed at preventing harmful drinking and delivery of education on safe drinking and risk awareness. Locally, we intend to implement a "one message, many voices" approach to develop local harm prevention and awareness initiatives to disseminate and amplify the existing key messages of the national social marketing campaigns (e.g. Know Your Limits). Mass media campaigns have been shown to have limited effectiveness unless they are delivered as part of a package of initiatives (e.g. combined with restriction of sales or enforcement of legislation), than relying on social marketing campaigns alone to change the drinking culture and behaviour of individuals. Our campaigns will therefore be complemented by the national local initiatives to tackle alcohol and sit within the wider, multi-agency strategy to reduce alcohol related harm.

This section will identify how this key priority will be tackled ensuring that all agencies work together for the benefit of all residents and visitors to Rochdale:

This will include:

- Continuation of all schools delivering alcohol misuse education within PSHCE (Personal, Social, Health, Citizenship, Education)
- Continuation of the Health Bytes Campaign within the colleges
- Seasonal public awareness and social marketing campaigns to communicate the harms, increase awareness of alcohol units, promote safe drinking and minimise harm
- Development and promotion of a non invasive self screening tool
- Targeted training for professionals in relation to alcohol awareness

⁷ Statistics on Alcohol: England 2008, the Information Centre 2008

The national picture

Drinking limits and units

In England, 90% of people drink alcohol⁸, and in 2007 69 % of people had heard of units of alcohol and the sensible drinking message. Of these people, 40 per cent said that they did not know what the recommendations were.

In May 2008 the Government launched the “Know Your Limits” advertising campaign on alcohol and health. Research had shown that the majority of drinkers were unclear about the alcoholic content of common drinks. The campaign sought to inform and educate people about units of alcohol and the recommended limits for safe consumption.

In 2008 the Home Office also launched “a hard-hitting national advertising campaign to drive home the serious consequences of binge drinking to 18 to 24 year olds”. The campaign included television, print and online adverts. It was aimed at 18-24 year old binge drinkers to encourage them to drink sensibly and to highlight the consequences of drunken anti-social behaviour.

Many people are confused about what a unit is and about the relationship between units, glass sizes and drink strengths. This is further compounded by the trend of larger glasses and stronger drinks meaning that one drink is no longer one unit.

Drink driving

Estimates for 2005 suggest that 6% of road casualties and 17% of all road deaths occurred when someone was driving over the legal limit for alcohol⁹. Although there has been a huge reduction in the number of drink driving deaths in Great Britain over the last 30 years, from 1,600 at the end of the 1970's to 560 in 2005 the rate of decline has slowed significantly during the past 10 years¹⁰.

The Department for Transport has been active in developing anti – drink - driving publicity campaigns under the ‘THINK!’ banner and will continue to monitor the effectiveness and develop new campaigns.

Alcohol and pregnancy

In May 2007, guidelines on drinking during pregnancy were revised. These guidelines recommend that women who are pregnant or trying to conceive should avoid drinking alcohol altogether. If they do choose to drink, to protect the baby, they should not drink more than 1 to 2 units of alcohol once or twice a week and should not get drunk¹¹. Information on drinking during pregnancy is collected as part of the Infant Feeding Survey. This survey is carried out in the United Kingdom every five years. In 2005, 83% of mothers in England, who had recently given birth reported drinking alcohol before they were pregnant and 55% said they drank alcohol while they were pregnant. Of the women who drank before pregnancy, 33% gave up while they were pregnant and 62% said they drank less during their pregnancy¹².

Older women are more likely to report drinking alcohol during pregnancy, with 61% of mothers aged 35 and over in the UK reporting this compared to 47% aged under 20. The proportion who gave up drinking during pregnancy decreased with age while the proportion reporting they drank less increased with age¹³.

Education for Children and young people

PSHCE lessons have now become mandatory for all pupils within state schools. The Government sees education as key to supporting young people to avoid teenage pregnancy, STIs, drug misuse and alcohol misuse. There is still the recognition that parents must take the lead in instilling values in their children, but that schools must help in equipping pupils with information and the emotional and social skills to make safe and healthy choices¹⁴.



⁸ Safe sensible social. The next steps in the National Alcohol Strategy. HM Government 2007

⁹ Safe sensible social. The next steps in the National Alcohol Strategy. HM Government 2007

¹⁰ Department for Transport, Scottish Executive, National Assembly for Wales (2006) Road Casualties Great Britain 2005: Annual Report: the Stationary Office: London

¹¹ Safe sensible social. The next steps in the National Alcohol Strategy. HM Government 2007

¹² Infant Feeding Survey 2005. NHS. The Information Centre for Health and Social Care

¹³ Statistics on alcohol 2008. NHS. The Information Centre for Health and Social Care

¹⁴ DCSF press release: 23 October 2008: All Pupils to get Healthy Lifestyle Lessons

The local picture

Alcohol education is currently delivered routinely to young people, mainly via schools. However, other local health promotion programmes relating to alcohol are currently run on an ad hoc basis. There is a particular need to reduce levels of hazardous and harmful drinking in the borough and improve public knowledge of sensible drinking levels and the number of recommended units.

In line with national campaigns Know Your Limits and THINK! the aim is to develop local health promotion and targeted social marketing and media campaigns that will cover a range of issues including drink driving, pregnancy and alcohol, units awareness and improve the general knowledge of the borough's residents in relation to the potential risks associated with alcohol. This will include the development and promotion of a self screening tool (based upon AUDIT) for adults and young people to enable them to identify whether their own drinking behaviour is hazardous or harmful. The tool includes information on who to contact for support and will be promoted via a number of settings and media.

To ensure that the public are aware of the dangers of drink driving the council's Impact team will attend shows and fetes throughout the year supporting the Department for Transport's Think! Don't Drink and Drive Campaign. The team will carry out demonstrations allowing the public to pour their own measures and then they will calculate the number of units of alcohol contained within the glass. This simple experiment demonstrates that one drink isn't always one unit, and that we tend to pour ourselves larger measures so we are inadvertently drinking more than we think. Most people think that after a morning sleep even when they feel groggy, they will be OK to drive. Again, this experiment will allow the public to see how many alcoholic units they have drunk and also how long it will be before they are able to drive safely again.

The campaigns will be delivered at key times through the year focussing on relevant alcohol related messages.

Drink driving

Raising the awareness and reducing the numbers of drink driving incidents in the borough was a target of the 2005 Alcohol Strategy. There will have been difficulty in measuring this target as those arrested in the borough for drink driving do not necessarily always reside in the area, and a number of the borough's drink drivers may be prosecuted outside the force area.

Consequently, for the Needs Assessment GMP force arrest data for 2006/2007 and 2007/2008 was used.

In 2006/2007 Rochdale division had 410 arrests for drink driving, while 2007/2008 saw this reduced to 345, a fall of 15%. The total for GMP also fell, by 7.6%. Rochdale borough residents accounted for 7% (329) of all GMP's arrests for drink driving in 2007/2008, which is about average when compared to the other divisions of Greater Manchester.

Alcohol and pregnancy

Alcohol and pregnancy within Rochdale borough is an intelligence gap which requires further research.

Education for children and young people

Alcohol education will continue to be delivered through PSHCE lessons within the school environment with the focus on improving the quality of the lessons by introducing training for PSHCE Coordinators to develop their teaching and learning skills in order to better deliver alcohol educations due to improved knowledge and understanding of alcohol misuse and its consequences.

Additional education will be provided via specialist treatment agencies and through targeted youth support ensuring that the most disengaged children and young people receive quality and effective information and guidance.

Education for college students

Rochdale Borough Council's Drug and Alcohol Action Team (DAAT) currently commission an online service that provides information and education for all students at Hopwood Hall College in relation to alcohol, drugs and sexual health. This provides local and national information in a non invasive environment enabling all students to seek confidential advice.



Prevention and Education Action Plan

Objective	timescale	lead	Measure	Outcome	National Indicator
Train PSHCE Coordinators to develop their knowledge, understanding, teaching and learning skills in the delivery of PSHCE including alcohol education.	2012	Healthy Schools	PSHCE Coordinators knowledge, understanding and teaching and learning skills in the delivery of PSHE including alcohol education have improved	70% (60% in 09/10, 65% in 10/11)of schools have at least one staff member who have successfully completed the PSHE CPD	Programme NI 50 NI 115
Audit the quality of provision of alcohol education in high schools	Annually	Healthy Schools	Audit tool in place and used with a minimum of two high schools per academic term. To have completed 10% of Quality Assurance visits to schools with regard to National Healthy Schools Status.	2 high schools audited per academic term. To have completed 10% of Quality Assurance visits to schools with regard to National Healthy Schools Status.	NI 50 NI 115
Provide up to date information/resources for schools in relation to alcohol education	Annually	Healthy Schools	All schools and school staff have access to the most relevant alcohol information.	Minimum of 25 schools represented at these events with a minimum of 50 school staff receiving training at these events.	NI 115
			All schools invited to training events. Minimum of two governor training sessions are made available to governors.	Minimum of 15 governors to receive training at these events.	
	April 2010		Review and update local Authority Guidance document 'Talking Drugs	Distribute to all schools.	
To provide appropriate education on the dangers of drink driving to school age children	Annually	Impact Team	All year 10 pupils receive at least 1 hour of educational input on the negative relationship of alcohol and driving a vehicle. This message is also re-enforced in Y11 as part of the Pre-Drive session	All pupils have an improved knowledge of the risk associated with drink driving	NI 39 NI 47 NI 115

Objective	timescale	lead	Measure	Outcome	National Indicator
To provide appropriate education on the dangers of drink driving to college students	Annually	Impact team	All students have the opportunity to attend sessions on the dangers of drink driving with the opportunity for open debate.	All students will have a greater knowledge of the risk associated with drink driving leading to a reduction in the numbers of young people involved in alcohol related vehicle accidents. Evaluations from the sessions will measure the students increased knowledge	NI 39 NI 47
To work in partnership with other agencies such as the Youth Service and Teenage Pregnancy Strategy to develop training packages for teachers with regard to alcohol and sexual health	Annually	Healthy schools Teenage Pregnancy Youth Service	Hold an alcohol and sexual health training event for schools and youth workers. Minimum of 7 high schools represented at this event.	An improved knowledge and confidence of teachers to provide effective education to school children.	N1 111 N1 112 NI 115
Develop an annual social marketing and media campaign to promote the responsible drinking message incorporating the self screening tool	Annually	DAAT Alcohol Lead Communications Teams	Development of a programme of alcohol health promotion and social marketing aimed at reducing harm, increasing awareness of alcohol units and potential harms, promote safe drinking and minimise harm.	An increase in the numbers of people accessing information. Reduction hazardous drinking, binge drinking and alcohol-related harm. Minimum 3 campaigns.	N1 39 NI 41 NI 115 N1 119
To deliver a sustained program of shows and fetes supporting the Department for Transport's Think! Don't Drink and Drive Campaign.	annually	Impact team	The Impact team will deliver shows to the general public at key times throughout the year. In December a crash car scenario will be set up in each of the 4 Townships, using actors to show injuries sustained and unit information given out to members of the public.	The campaigns will improve the public's knowledge in relation to Alcohol Units and also how long it will be before they are able to drive safely again. Each campaign will be evaluated and this evaluation used to inform future campaigns	N1 39 NI 41 Ni 47 NI 115 N1 119
Make information around responsible drinking available via key websites	Sept 2010	Communications team	Develop council and PCT website page	Increase in numbers of people accessing web pages	N1 39 NI 41 NI 115 N1 119



Health and treatment

Introduction

Alcohol will continue to play a part in the lives of the majority of the adult population nationally and in the borough, whether this is to enhance a social gathering, celebration or even as part of a religious ceremony, with no real problems.

However some people are unable to control their levels of alcohol consumption and this requires specialist alcohol treatment intervention to ensure that damage to health is limited.

Total healthcare costs relating to alcohol misuse are estimated to cost £1.6 billion. It is estimated that evidence-based alcohol treatment in the UK could result in net savings in the ratio of £5 saved for every £5 spent.¹⁵

As well as risk to the health and wellbeing of the drinker, alcohol also impacts upon family, friends, communities and society by contributing to problems such as crime, anti-social behaviour and loss of productivity in the workplace. The direct impacts that alcohol has on health include increasing blood pressure, contributing to mental ill-health, accidental injury, violence, liver and digestive diseases and increasing risk of sexually transmitted infections.

The immediate health effects of alcohol on the body such as slowed reactions and loss of inhibitions are felt very quickly. The human body treats alcohol as a potential poison and detoxifies it in the liver. The speed at which this happens depends on a variety of factors including age, sex, height and weight.

Acute or immediate health effects of alcohol include alcohol-related accidents and injuries and it is estimated that 70% of admissions to accident and emergency departments at peak times are alcohol-related. Acute alcohol harm is more common in younger people.

Chronic or longer term conditions caused by alcohol misuse include liver cirrhosis, the death rate from which has more than quadrupled in the UK in the past 40 years and there is evidence to suggest that the UK is seeing an increasing number of younger people with cirrhosis compared with previous years. Digestive diseases caused by alcohol misuse in more deprived socio-economic groups can worsen existing inequalities gap in life expectancy. Other chronic conditions relating to alcohol misuse include obesity, high blood pressure, coronary heart disease, pancreatitis, mental health problems such as depression, and alcohol dependency.

Alcohol also increases the risk of developing certain cancers including cancers of the liver, mouth, oesophagus, pharynx, breast and bowel and colorectal cancer.

A high proportion of people who regularly drink over the recommended limits are classed as hazardous or harmful drinkers, but do not need specialist alcohol treatment. We know that 29% of our local population (about 47,000 people) are estimated to be hazardous or harmful drinkers¹⁶. There is a large body of evidence to suggest that identifying these people early, and giving them brief targeted advice on both consumption levels and the risk of harm can be reduced in a cost effective way.

Department of Health recommendations for an effective local alcohol strategy¹⁷ suggest that hazardous and harmful drinkers should be identified and given brief advice across a number of settings. These settings include A&E, general practice, community settings such as pharmacy or workplaces, specialist settings such as fracture clinics, and the criminal justice system.

How do we plan to improve our treatment system for adults?

The Pride of Place Community Strategy has identified drugs and alcohol as a key priority within the Improving Community Safety and Improving Health and Wellbeing sections. This section will identify how this key priority will be tackled ensuring that all agencies work together for the benefit of those adults who require treatment:

This will include:

- A review of current treatment services.
- Adopting a commissioning strategy for all alcohol and drug treatment services.
- Developing more alcohol specific housing related support services.
- Increasing the numbers of people accessing effective alcohol treatment services.
- Reducing the numbers of alcohol related hospital admissions through a range of initiatives.
- Developing local enhanced services within GP surgeries.
- Developing Screening and Brief Interventions in Rochdale's A&E Department, primary care and community settings, criminal justice settings, and specialist settings.

¹⁵ Alcohol Misuse Interventions: Guidance on developing a local program of improvement. Department of Health – November 2005

¹⁶ North West Public Health Observatory (2008) Alcohol Profiles

¹⁷ HM Government (2008) Safe. Sensible. Social. Alcohol strategy local implementation toolkit.

Success and progress from previous strategy.

Objective 1

Ensure all people with alcohol related problems have access to appropriate treatment services

Performance indicator

Increase by 27% the number of active clients at the alcohol service

Achieved – this is now a LAA stretch target with the new target of 980 by 2010

Objective 2

Ensure all problem drinkers have access to services which will enhance their lifestyles (e.g. housing, education, training)

Performance indicators

Increase by 100% the number of problem drinkers in stable housing (to be reviewed once baseline has been established)

Increase by 100% the number of problem drinkers in employment and or education (to be reviewed once baseline has been established)

Both PI's have been reviewed to reflect current good practice this has included a strategic review of homelessness services, ensuring that alcohol clients are a priority within Supporting People and a review of EASE (the education and training service provision)

The national picture

Hospital admissions

Alcohol related illness or injury accounts for 180,000 hospital admissions per year. In 2004/5, 4,160 people in England and Wales died from alcoholic liver disease.¹⁸

In 2006/07, there were 57,142 NHS hospital admissions with a primary diagnosis specifically related to alcohol. This number has risen by 52% since 1995/96 (of these admissions, 4,888 (9%) involved patients under 18 years of age).¹⁹

¹⁸ Safe. Sensible. Social. The next steps in the National Alcohol Strategy

¹⁹ Statistics on Alcohol: England 2008, the Information Centre 2008

²⁰ Strategy Unit Alcohol Related Harm Project. Interim Analytical Report. The Prime Ministers Strategy Unit September 2003

²¹ Alcohol Misuse Interventions: Guidance on developing a local program of improvement. Department of Health – November 2005

²² Alcohol Attributable Fractions for England: alcohol attributable mortality and hospital admissions. NWPCHO 2008

²³ Safe. Sensible. Social. The next steps in the National Alcohol Strategy

²⁴ Safe. Sensible. Social. The next steps in the National Alcohol Strategy

²⁵ Alcohol Concern: Mental Health and Alcohol Misuse project; Briefing paper 5: suicide and alcohol misuse 2003

Accident and emergency (A&E) admissions

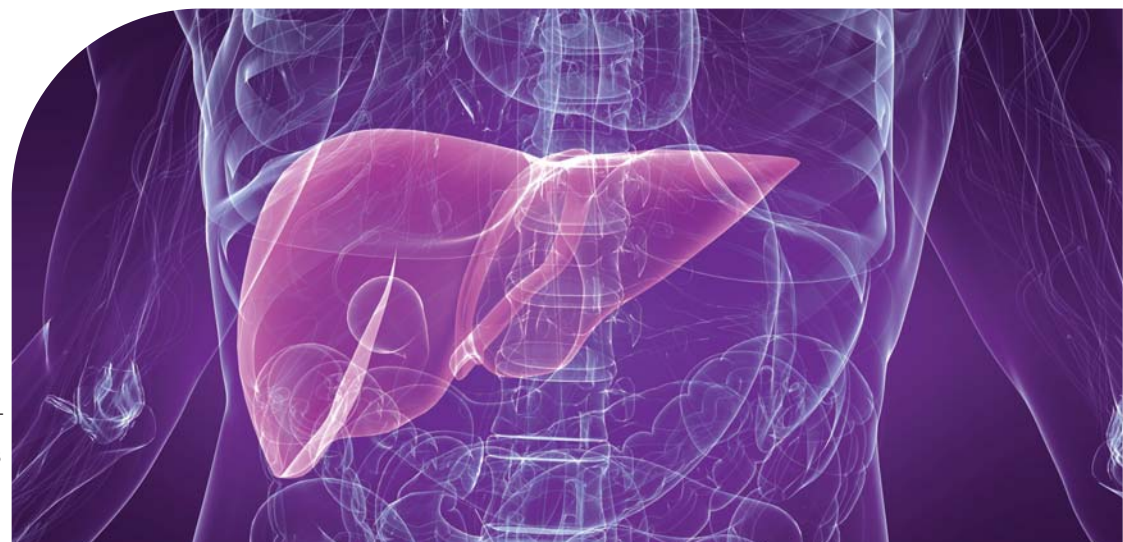
35% of all attendances at A&E departments are alcohol related and it is estimated that 70% of admissions to A&E at peak times are alcohol-related.²⁰

Alcohol related health harm

Because drinking is socially acceptable and problems such as liver disease and high blood pressure may not show any symptoms until serious damage has occurred, the harm to health is often well established before interventions are implemented or even considered. People with alcohol dependence are heavy consumers of health services, but are often not identified as having alcohol dependence.²¹

Alcohol related deaths

Based on the alcohol attributable factors (AAF) (These were calculated for 47 conditions, of which 13 were by definition wholly attributable to alcohol consumption and 34 partially attributable to alcohol consumption) 14,982 deaths were estimated to be attributable to alcohol consumption, representing 3.1% of all deaths in England in 2005.²²



Alcohol related deaths have almost doubled since 1979, with more people dying at a younger age. In 1991, alcohol related deaths peaked at a round age 70 for both men and women, but by 2005 the peak age was around 55 – 59 for men and women.²³

The Department of Health analysis of ONS data indicates that alcohol related death rates are about 45% higher in areas of high deprivation.²⁴

People who are alcohol dependant or problem drinkers are more likely to commit suicide than those who are not. Alcohol is also frequently consumed by non dependant drinkers prior to suicide. Alcohol is estimated to be a potential factor in as many as 65% of suicides.²⁵

Alcohol and housing

About half of all homeless people are dependent on alcohol. Alcohol misuse also contributes to tenancy breakdown and the additional risks of job loss leading to the inability to sustain mortgage payments.

Monitoring of treatment services

The National Treatment Agency (NTA) for substance misuse monitors drug treatment services. The Department of Health has also decided that alcohol services will be subject to national monitoring. From 1 April 2008 all providers of specialist alcohol treatment will be asked to submit data to the National Drug Treatment Monitoring System (NDTMS) on clients receiving specialist treatment for their alcohol misuse. The data collection will support the Government's National Alcohol Strategy.

In the early stages there will not be a requirement to complete the Treatment Outcomes Profile (TOP) for alcohol clients (the TOP is a simple and short set of questions with accompanying data fields to be used at regular intervals to plot a client's journey through treatment).

The local picture

The health of people living in the borough is generally worse than the England average. Hospital stays related to alcohol and life expectancy for males and females are also below the nation average.²⁷ As a result Rochdale borough is a 'Spearhead' area.

Rochdale Borough's Alcohol Profile (2008) indicated that this borough is significantly worse than the national average for:

- Alcohol-related hospital admissions for males, females and the under 18s
- Alcohol-related crime
- Claimants of incapacity benefits relating to alcoholism
- Harmful drinking (consumption of over 50 units a week for men and 39 for women)
- Binge drinking

Hospital admissions

The North West Public Health Observatory research shows that Rochdale borough has significantly worse levels of health across a number of relevant indicators around alcohol specific and alcohol attributable hospital admissions when compared to the national average. This disparity also exists when compared to the North West region where Rochdale borough is among the areas that rank highly for alcohol-related measures.

Of 152 Primary Care Trusts (PCT), NHS Heywood, Middleton and Rochdale (formerly Heywood, Middleton and Rochdale PCT) ranks 14th worst in the country for hospital admissions for alcohol related harm, with admission rates for 2006/07 of 2082 per 100,000 (compared with the worst, Liverpool with 2683 and the best, Milton Keynes with 545 per 100,000). Two thirds of those admitted were men and highest rates were seen in the over 65s.

High and rising rates of hospital admissions have the potential to result in increasing rates of alcohol-related deaths and health inequalities unless swift action is taken to tackle the issue. We need to take action to reduce alcohol-related disease, harmful drinking and binge drinking to avoid future problems.

Rochdale borough has acknowledged this issue as a priority with the inclusion of National Indicator 39 within the LAA and as a vital sign for World Class Commissioning as NHS Heywood, Middleton and Rochdale committed to supporting the delivery of a number of initiatives to reduce alcohol related harm, and ultimately alcohol –related hospital admissions in its Strategic Commissioning Plan.

Accident and emergency (A&E) admissions

Currently there is no local data set available for A&E presentations. However, it is accepted that alcohol causes a strain on the A&E services and that this is a key intelligence gap.

Alcohol related health harm

Rochdale has a major problem with alcohol related harm but there is also an underlying problem of those who do not recognise that they are at risk of developing a future problem.

It is accepted and recognised that there are alcohol related problems in the most deprived areas of the borough and whilst it is necessary to continue to target these areas recognition must also be afforded to the emerging themes in relation to alcohol related harm, which is to develop services and interventions aimed at those who believe that they are drinking within socially acceptable and health conscious limits.

This will help achieve a reduction in future hospital admissions, a reduction in the economic cost of alcohol-related health harm and encourage safe, sensible and social drinking within the recommended limits.

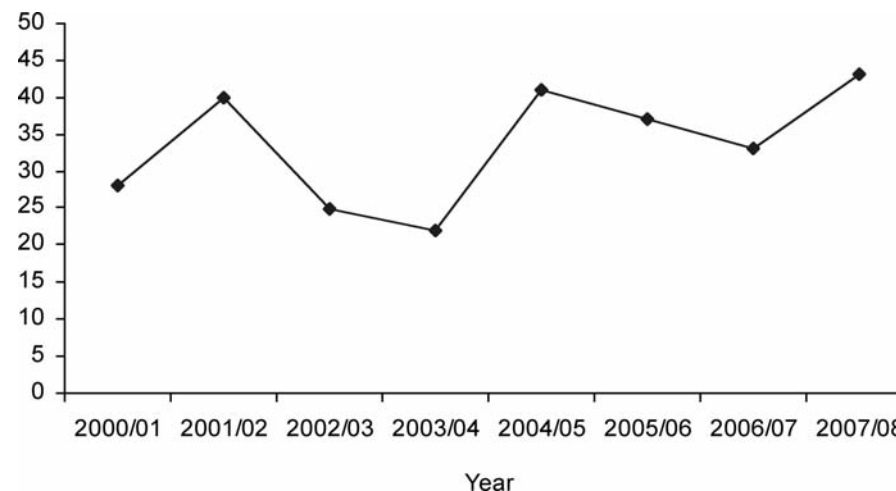
Alcohol related deaths

Rochdale borough is currently not significantly worse than the national average for recorded alcohol specific related deaths.²⁸

15 men and 4 women died from alcohol specific conditions according to the borough's death rates during 2005/2006 (this data does not include alcohol attributable conditions). These figures do not take into account suicide, accidental fires, road traffic accidents so the figure for alcohol attributable deaths will be much higher. Nationally more males die for reasons relating to alcohol but published figures in 2005 show an increase year on year for females deaths relating to alcohol in the borough.²⁹

The latest indices of deprivation (2007) shows that Rochdale borough remains one of the most deprived boroughs in England and is ranked between 10th and 44th most deprived using any of the six district level measures. This will have a major impact on the life expectancy of some of the population, though not recorded as alcohol specific there will definitely be alcohol attributable deaths.

Figure 1: The percentage of fire related deaths in Greater Manchester where alcohol was consumed, 2000 to 2008.³⁰



²⁷ The Association of Public Health observatories: Rochdale Health Profile 2008

Alcohol related fires

In 2007/08 Greater Manchester Fire and Rescue Service recorded that there were 23 deaths resulting from fire. Four in ten (43%) of these victims had consumed alcohol. Whilst the proportion of alcohol-related fire deaths has fluctuated, this is the highest percentage recorded since 2000/01 (figure 1). Shows data illustrating the number of fire related deaths where alcohol was consumed between April 2007, to March 2008. Greater Manchester Fire and Rescue Service state that most alcohol-related deaths share several contributory factors such as smoking, living alone, and disability.

Fire investigations have identified that a substantial proportion of fire victims in Greater Manchester have perished in a room where a fire has started, possibly unaware of its existence as a result of other contributory factors such as disability, drugs and alcohol. Certain groups of people are more at risk than other members of the population, those being: single middle aged people, who smoke and drink at home; single parents; very elderly; disabled and impaired; and young people (16-24) including students.

Alcohol and housing

Alcohol has a direct impact on the numbers of homeless people in the borough. The stereotypical rough sleepers can be found in the town centres, and helping and supporting these people off the streets has been identified as local priorities within the PACT (Police And Communities Together) meetings and through the Homelessness Strategic Review. A complex needs group has been established to look at these issues and has been recognised as good practice as identified by Homeless Link (national homeless charity) in their 10 point manifesto to end Homelessness.³¹

There are also the hidden aspects of alcohol misuse that drive families into temporary accommodation and hostels. The number of new clients entering Supporting People Services within the borough (during the period 2006/2007) stating alcohol as a problem was 306 – with 81 stating it as the primary cause for the need for supported housing and 208 as a secondary problem. As a total count this is higher than any other area in Greater Manchester other than Manchester city itself.³²

²⁸ NWPFO: Local Alcohol Profiles 2008

²⁹ NWPFO: Local Alcohol Profiles 2008

³⁰ The Impact of Alcohol in Greater Manchester: Fourth Quarter – May 09

Monitoring of treatment services

All alcohol treatment providers now have to provide statistical data to the National Treatment Agency, local providers also submit qualitative data in the form of the TOPs data (although this is not nationally required).

In addition to this Rochdale's Drug and Alcohol Action Team (DAAT) have adopted a 3 year commissioning strategy which includes a review of all services to ensure that the treatment provided is the most effective both in cost and quality. This will enable the DAAT and the joint commissioning group to review the service specification and contracting requirements to meet the needs of the identified problem within Rochdale borough and adapt the service as necessary.



Greater Manchester Fire and Rescue Service will install smoke alarms for FREE as part of their Home Fire Risk Assessments

Health and Treatment Action Plan

Objective	timescale	lead	Measure	Outcome	National Indicator
Adopt a commissioning strategy for all alcohol and drug treatment services	March 09	DAAT commissioning lead Drug and Alcohol Joint Commissioning Group	A 3 year commissioning strategy has been developed.	Strategy Adopted	NI 39 NI 40 NI 115
A review of current treatment services	March 10	DAAT Joint Commissioning Group	A full review of ADS has been completed. New service specification written and agreed. Tender exercise competed	Effective alcohol treatment service commissioned	NI 39 NI 115
Developing more alcohol specific housing related support services	September 09	DAAT alcohol Lead Supporting People	Research into the housing needs of people with alcohol problems. Identified as a Key priority within the SP strategy Service Specification developed Tender exercise completed	Effective service operational 90% of Service users who have moved on in a planned way from temporary living arrangements	NI 39 NI 141 NI 142
Provide fire risk assessments in the home for those vulnerable sections of the community	July 09	Greater Manchester Fire and Rescue DAAT Alcohol Lead	Develop a Service Level Agreement for Greater Manchester Fire and Rescue and DAAT	Increase in numbers of fire risk assessments completed (baseline to be advised)	NI 49
Increasing the numbers of people accessing effective alcohol treatment services	March 10	DAAT Alcohol Lead Alcohol Treatment Provider	Increase in the number of people receiving effective alcohol treatment 2010 = 980 in treatment	(2010 March) = 980 in treatment	N1 39
Reducing the rate numbers of alcohol related hospital admissions	March 11	Health Partnership DAAT Alcohol Lead	Year on year reduction on the predicted increase of numbers of alcohol related hospital admissions	Baseline 2082 08/09 – 2411 09/10 – 2496 10/11 - 2522	NI 39

³¹ Ending Homelessness: from Vision to Action 2008 www.endhomelessness.org.uk/manifesto/tenpoints/8

³² Rochdale Supporting People 5 year Strategy 2005 - 2010



Objective	timescale	lead	Measure	Outcome	National Indicator
Developing local enhanced services. Screening and Brief Interventions in Primary Care and Community Settings	March 09 - 11	Health Partnership DAAT alcohol Lead Alcohol Treatment Providers	Service specification developed Training developed for identified agencies/professionals	Alcohol screening/brief intervention delivered by non alcohol professionals (baseline to be advised)	NI 39
Screening and Brief Interventions in Rochdale A&E Department	September 09 September 2010	A&E brief intervention steering group	The screening of all adults attending A&E, by A&E staff at the triage assessment. . The service will be developed in line with forthcoming research evidence from the NHS Trailblazer trials Develop a process for monitoring alcohol-related attendances. The service is evaluated	Those people whose drinking behaviour is identified as being hazardous or harmful will be offered a brief intervention appointment. An increase in dependant drinkers referred to appropriate specialist services. Independent evaluation completed	NI 39
Screening and Brief Interventions in Criminal justice settings	March 09	DAAT DIP Lead	Screening and brief intervention services delivered to those in the criminal justice system where alcohol has been identified as a factor in their criminal activity. Clear links made with the ABS scheme.	Services implemented in criminal justice system Staff in criminal justice settings trained and active Increase in number of hazardous and harmful drinkers identified and given brief advice Increase in numbers of dependant drinkers into specialist services Reduction in repeat offences where alcohol is a factor. Targets to be set once operational	NI 15 NI 20 NI 21 NI 30 NI 32 NI 39

Objective	timescale	lead	Measure	Outcome	National Indicator
Screening and Brief Interventions in work place settings	March 2010	DAAT Alcohol Lead Healthy Lifestyles Program Manager	Local businesses, who request it, are provided with guidance on developing an effective substance misuse policy.	100% of businesses requesting guidance on developing a policy receive it.	NI 182
	Annually		Brief Interventions are delivered to the workforce as and when required.	Identified workers are trained and active Targets to be set once operational	NI 39
Developing directed enhanced services	March 09 - 11	Health Partnership DAAT alcohol Lead Alcohol Treatment Providers	Service Specification developed GP's identified	GP's signed up screening/brief interventions completed Increase in number of referrals made to Specialist Alcohol Treatment Providers Targets to be set once operational	NI 39
Develop an integrated service in primary care for those with mental health and alcohol problems by provision of reciprocal training to mental health and alcohol workers and development of integrated management protocols	March 2010	Health DAAT Alcohol Lead	Convene a steering group to research the scope of identified need.	Management protocols developed staff trained Improved joint working including referrals to specialists services Targets to be set once operational	NI 119 NI 124 NI 137 NI 140 NI 149 NI 150

Crime and disorder

Introduction

Alcohol consumption is a significant contributory factor in relation to a wide range of crime, disorder and anti-social behaviour for adults and young people, both as perpetrators and as victims.

Although statistically violent crime has reduced, the perception of the general public is that people are increasingly likely to think that alcohol related disorder is a problem (this perception increased from 20% in 2003 to 25% in 2006)³³. This was highlighted in the local LAA Baseline Survey where the people of Rochdale have expressed their concern and fear of crime, and alcohol was a significant factor in driving this perception.

Around half of all violent incidents take place at the weekend, with the majority between 12 midnight and 6 am³⁴. This can have a major negative impact on the night time economy and the general appeal of town centres as social meeting places.

Anti social behaviour related to alcohol also has a negative impact on the desirability of neighbourhoods and a multi agency approach must be implemented to look at the wider issues rather than finding solutions to these problems being the sole responsibility of a single agency.

How we intend to reduce alcohol-related crime and improve public perception:

- Continue to educate police officers and crime recorders in appropriate use of Alcohol Related (L15) Markers
- Maintain and develop further the level of partnership work to manage alcohol related disorder within the town centres during the evenings
- To develop the Embrace pilot scheme for working with domestic abuse where alcohol is a factor
- To evaluate and develop the responsible retailer scheme and further reduce underage sales
- To develop effective campaigns to reduce drink driving
- To develop services for those adults and young people whose alcohol use brings them to the attention of the criminal justice services
- To further improve the public perception of alcohol related crime



These are Falinge's responsible retailers from Bargain Booze, Booze n Basics, Coop and Somerfield who are helping to reduce underage sales of alcohol

³³ Home Office. British Crime Survey

³⁴ Safe. Sensible. Social. The next steps in the National Alcohol Strategy. HM Government 2007

Success and progress from our previous strategy

Objective 1

To increase the number of alcohol related offenders accessing treatment programmes.

Performance Indicators

- Increase to 25% the number of offenders receiving a treatment service for their alcohol problem (to be reviewed once baseline established).

A new alcohol arrest referral service is being developed which will target offenders.

- Decrease by 10% the alcohol related crime

Crimes involving alcohol have increased. This is due in part to better use of the alcohol marker on crime recoding. The alcohol marker is used to capture the characteristics and motivating factors around an incident where the consumption and effects of alcohol are more than merely incidental.

- Increase to 25% the number of prisoners on release to the Rochdale borough receiving a treatment service for their alcohol problem (to be reviewed once baseline established).

Achieved: All prisoners at Buckley Hall are offered prison in reach if required with an automatic referral to Community Drugs Outreach Team.

- Increase by 100% offenders referred from probation to alcohol and drug services where offending is linked to alcohol use in line with the Probation Partnership Scheme.

Achieved

Objective 2

Reduce youth nuisance

Performance Indicator

- Decrease youth nuisance reports by 25%

The numbers of youth related ASB incidents with alcohol has increased year on year. Part of this rise is attributable to changes in awareness and tolerance, by both the public and the police resulting in more incidents being reported.

Objective 3

Reduce Public drunkenness, including ensuring licensed premises support the safe and appropriate use of alcohol.

Performance Indicator

- Decrease by 10% the number of alcohol related injuries reported at A&E (to be reviewed once baseline established)

Baseline has not been established, there is a national initiative to collect this data.

- Decrease by 10% the number of alcohol related crime and disorder offences

Crimes involving alcohol have increased. This is due in part to better use of the alcohol marker on crime recoding. The alcohol marker is used to capture the characteristics and motivating factors around an incident where the consumption and effects of alcohol are more than merely incidental.

Objective 4

Reduce the number of alcohol related violent crimes

Performance Indicator

- Decrease by 10% the number of alcohol-related violent crimes
- Decrease by 10% the number of domestic violence indicators where alcohol is a factor

The use of the domestic violence marker will vary as awareness, understanding and experience of the issue are enhanced. Incidents that involved both alcohol and domestic violence have increased with 82 reports in 2006-2007 compared with just 186 reports in 2007-2008 (although the target has not been achieved this could be due to the difference in reporting as there was potentially a major issue of under reporting).

Objective 5

Reduce the number of drink driving offences

Performance Indicator

- Decrease by 10% the number of drink driving offences.
Achieved an overall reduction of 14%

Objective 6

Implement alcohol related workplace initiatives

Performance Indicator

- Increase by 50% the number of organisations with policies (to be reviewed once baseline established)

Baseline not established but all public sector and educational establishments have effective policies.

Objective 7

Performance Indicator

- Trading Standards 100% response rate to alcohol related consumer complaints.
Achieved
- 100% of licensed traders inspected by Trading Standards.
Achieved
- Trading Standards to reinforce legal requirements to 100% of licensed premises by educational program. This is a target that requires additional work and a new post has recently been established to work with traders
- Trading Standards to increase the take up of proof of age scheme to 450 by 2008.
Achieved
- Reduce failure rate of sales to young people to 30 %.
Achieved
- Trading Standards to continue to provide specific advice to traders who seek it. Maintain 100% response rate.
Achieved



Licensing and police officers patrol the streets at weekend to catch adults that buy alcohol for children with an aim to prosecute them.

The national picture

Violent crime and disorder

The British Crime Survey (BCS) suggests that with the exception of 2003/04 the number of alcohol related violent offences has decreased every year since 1995. This does not allow for complacency as alcohol related violent crime still poses a significant risk and alcohol consumption is most likely to be associated with violence committed by strangers and with incidents that result in wounding.³⁵

Around half of all violent incidents take place at the weekend, with the majority between 12midnight and 6am, this also has a major impact on the emergency health services and hospitals.

The majority of violent alcohol related crime (over 80%) is committed by the 18 – 35 age group. Those aged 18 – 24, who binge drink accounted for a quarter of all violent crime but only represented 6% of the sample.³⁶

Crime and disorder associated with the night time economy

In 2005/06 about a fifth of all violent incidents were committed in or around pubs or clubs. This information must not be analysed on its own as currently there are over 1 million people³⁷ employed within the night time economy and it is the development of this industry that is driven by drinking alcohol as a leisure activity.

Alcohol, criminal damage and anti-social behaviour

Criminal damage and anti-social behaviour are linked very strongly with young people and alcohol. The Offending Crime and Justice Survey asked offenders about their motivations to commit a range of crimes. For criminal damage, 32% of offenders reported that they were under the influence of alcohol at the time of the offence, higher than the 18% of offenders who reported alcohol use at the time of committing offences of violence (OCJS 2005).

Underage drinking is perceived as a real problem by the public, this is backed by research that confirms the harmful consequences of drinking among the under 18s:

- Nearly half of all 10 – 17 year olds who drank once a week or more, admitted to some sort of criminal or disorderly behaviour
- A fifth of all 10 – 17 year olds who drank once a week or more, stated that they had been involved in a fight during or after drinking alcohol
- Those who drink alcohol once a week or more committed a disproportionate volume of crime, accounting for 37% of all offences reported by 10 – 17 year olds but only 14% of respondents. Those who had never drank alcohol or had not drunk alcohol in the past year committed 16% of all offences but comprised 45% of respondents.³⁸

Alcohol and domestic abuse

Domestic abuse is present throughout all cultures and societal groups and is a major public health and criminal justice problem. Research and statistics prove that in many cases alcohol plays a part in incidents.

Offenders were thought to be under the influence of alcohol in nearly half of all incidents of domestic violence.³⁹ Numerous studies have indicated a substantial proportion of perpetrators had drunk alcohol just before the incident.⁴⁰ Even though an abusive person is likely to be abusive with or without alcohol, levels of consumption relate to the likelihood and severity of violence and appears to be important in escalating existing conflict.⁴¹ Research recommends that attempts to address alcohol use without addressing the underlying dynamics inherent to domestic violence will not be sufficient to promote the safety of survivors and their children⁴² resulting in a need for a multi-agency approach to tackle the problem.

³⁵ Safe. Sensible. Social. The next steps in the National Alcohol Strategy. HM Government 2007

³⁶ Mathews S. And Richardson A. (2005). The 2003 Offending Crime and Justice Survey: alcohol related crime and disorder. Home Office Research Findings 261

³⁷ Labour Force Survey 2005. The Office for National Statistics.

³⁸ Underage Drinking: Findings from the 2004 Offending, Crime and Justice Survey. Home Office Research Findings 277.

³⁹ Safe. Sensible. Social. The next steps in the National Alcohol Strategy. HM Government 2007

⁴⁰ Home office Findings 216: Alcohol and intimate partner violence: key findings from the research

⁴¹ Home office Findings 216: Alcohol and intimate partner violence: key findings from the research

⁴² Stella Project. Innovative Responses 2008. Helen Sturgess and Karen Bailey

Alcohol and the probation service

In 2005, an analysis was completed by the National Probation Service on assessments completed in 41 areas over a 12 month period starting April 2004-2005. Key findings included:

- 37% of their clients misused alcohol
- 32% had been violent as a result of their alcohol misuse
- 38% offended as a result of their alcohol misuse ⁴³

Public perception

Most people think that people being drunk or rowdy in a public place is a significant problem. This perception increased from 20% in 2003 to 25% in 2006.⁴⁴

(Drink driving and responsible retailing will be covered in the prevention section)

The local picture

Crimes involving alcohol have increased. This is due in part to better use of the alcohol marker on crime recoding. The alcohol marker is used to capture the characteristics and motivating factors around an incident where the consumption and effects of alcohol are more than merely incidental it is therefore highly probable that the full extent of alcohol crime is under reported (the statistics used for the local picture cover the previous 3 years).

Violent Crime and disorder

Within the borough of Rochdale the most common alcohol related crime is 'less serious wounding'. Last year it accounted for 71% (478) of this type of crime (with an alcohol marker). The most common type of crime is Assault (ABH) with 44% (214).

Due to its larger night time economy and high public concentration, Rochdale Town Centre has the highest intensity of alcohol related crimes. Away from Rochdale Town Centre, Heywood Town Centre has remained the secondary concentrated hot spot. There has been an emerging hotspot in the Falinge area and Balderstone and Kirkholt has become the most likely neighbourhood away from town centres, to have alcohol related wounding incidents.

These figures must be looked at in a wider context as serious wounding only accounts for a small number of the total number of wounding crimes, with a total of 7 in 2007/2008. There have been slight increases in the total numbers of wounding because of alcohol (however this may be because there has been under reporting in previous years since the alcohol crime marker was only introduced in the borough in 2005/06).

Compared to other areas in Greater Manchester, Rochdale borough does not display a particular problem with alcohol related wounding; however this may be a problem with the recording of the crime.

A Violent Crime Action Plan will be developed in 2009/10 and this plan will guide future initiatives in relation to reducing the levels of violent crime including those with an alcohol marker.

Alcohol, criminal damage and anti-social behaviour

The next most common crime in Rochdale borough is Criminal Damage accounting for 12% of crimes making this a high volume crime. The most acts of criminal damage, is damage to dwelling accounting for 26%. The type of incidents related to alcohol are wide ranging, but the most common closing code is 'rowdy or inconsiderate behaviour' which equates to 37.5% (2490) of all incidents.

Middleton, while displaying less alcohol related crime, has Borough level 'hotspots' for young people and ASB/street drinking. One of the initiatives to tackle this hotspot and anti-social behaviour has been the introduction of the Responsible Retailer Scheme.

Outside the town centre areas there is a perception that residential neighbourhoods are more likely to face ASB as a result of youth drinking on the street or in local open spaces. However, some under reporting is still expected as identifying perpetrators of ASB, is difficult unless a police 'stop and account' record is established. The numbers of youth related ASB incidents with an alcohol marker has increased year on year. Part of this rise will be accountable by changes in awareness and tolerance by both the public and the police resulting in more incidents being reported.

⁴³ Manchester Alcohol Strategy 2008 - 2011

⁴⁴ Home Office British Crime Survey

Crime and disorder associated with the night time economy

The hotspot is Rochdale Town Centre, on streets where prominent nightclubs and pubs are located - and although the actual streets and licensed premises have changed each year - this concentrated area remains as the most likely location for trouble.

There are initiatives currently operating across the borough to improve the town centres for those wishing to enjoy a night out. One such initiative to tackle alcohol related problems in the town centre is achieved through the enforcement of the Acceptable Behaviour Scheme,

Rochdale borough's Pub, Club and Bar Watch's Acceptable Behaviour Scheme is a process from which offenders who persistently undertake violent, disorderly or anti-social behaviour can be banned from entering all the participating pubs or bars. Exclusions can be made for 3 months to 2 years.

There is also a high profile policing initiative that covers Friday and Saturday nights which involves officers patrolling the hot spot areas of Rochdale Town Centre providing a high visibility presence.

Alcohol and domestic abuse

An accurate local picture of domestic abuse and alcohol is not available due to a number of reasons. The full picture of both abuser and victim are not gained as under reporting of the problem will be common.

Many of the clients seen by the domestic violence unit in Rochdale borough will not be known to the police, and a full assessment of alcohol issues with this group is not systematically carried out.

A Domestic Violence Marker is placed against a clearly identifiable crime or incident that has occurred and this qualifier is to be used to ensure that any characteristics of domestic abuse around the incident are captured.⁴⁵

⁴⁵ The ACPO definition of domestic abuse is "any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 or over, who are or have been intimate partners or family members regardless of gender"

As with the general alcohol qualifier with crimes, the use of the domestic violence marker will vary as awareness, understanding and experience of the issue are enhanced.

Of the 179 crimes in 2007-2008 that were marked as both domestic violence and alcohol related, 87% (157) were for 'less serious wounding'.

In 2007-2008, domestic violence reports to the police were predominantly female victims, white and under 40. 85% (596) of recorded victims were female, 75% (510) aged under 40 and 83% are white. 8% (55) of victims were Asian, with 50% (28) of this group, aged 20 to 29. However, none of the Asian victims had an alcohol marker attached to the crime.

Domestic abuse offenders where recorded in 2007-2008, tended to be male, white and aged under 45. 89% (619) offenders were male, 86% (598) were aged under 45, 81% (564) were from a white ethnic background. 8% (56) of the offenders were from an Asian background, but only one of these offenders was linked to an alcohol related incidence of domestic violence.

Alcohol and the probation service

There are a range of existing contracted alcohol services available in Rochdale borough that can be accessed by adults subject to statutory supervision via a community order, suspended sentence order or post-custodial release licence as a part of their sentence plan.

New arrest referral arrangements and statutory sentencing options are due to become available in Rochdale borough which will include:

- Alcohol Treatment Requirements (ATRs) for dependent drinking,
- Alcohol Specified Activity with:
- Alcohol Extended Brief Intervention for Harmful drinking
- Alcohol Brief Intervention for Hazardous drinking

This expanded range of enforceable options available will need to be mapped into existing provisions.



Jayne Warcaba, proprietor of Bar 5 and Best Bar None runner up (a scheme that rewards licensees who discourage binge drinking and prevent alcohol related crime.

Crime and Disorder Action Plan

Objective	timescale	lead	Measure	Outcome	National Indicator
To develop and implement the Violent Crime Action Plan	2009	GMP	A robust action plan is developed to look at all aspects of violent crime	Violent crime with an alcohol marker is reduced (using 2008 as a baseline)	NI 15 NI 20 NI 28 NI 32 NI 41
Continue to educate Police Officers and crime recorders in appropriate use of Alcohol Related (L15) Markers	2009/12	GMP	All police officers and crime recorders have received training/information/education in the appropriate use of Alcohol Related Markers	A more robust recording system of alcohol related crime (which will include a predicted initial increase in alcohol related crime). A more thorough and accurate baseline for future initiatives A 5% improvement year on year (using 2008 as a baseline)	NI 15 NI 18 NI 19 NI 20 NI 28 NI 30 NI 34
Maintain and develop further the level of partnership work to manage alcohol related disorder within the town centres during the evenings	2009/12	GMP DAAT Alcohol Lead Town Centre Management Community Safety	To continue with the high visibility policing (formerly Taxi Marshall Scheme) within Rochdale Town Centre Police to provide quarterly reports to Alcohol Strategy Group.	A total of 30 fixed penalty notices to be issued per month (on street notices) 5% year on year annual Reduction in more serious assault/wounding (section 18/20 assault) (targets to be set using 2008 as a baseline)	NI 15 NI 18 NI 19 NI 20 NI 21 NI 27 NI 28 NI 30 NI 32 NI 41
			To continue the Rochdale Town Centre Best Bar None initiative and investigate the feasibility of rolling out to other Townships	Funding secured for award ceremony Year on year increase in numbers of venues taking part 10 Best Bar None inspection visits competed annually (within Rochdale Town Centre initially)	
			Promote the pub and club watch schemes (including the use of ABS scheme)	10% Increase in venues attending the meetings year on year, Borough wide.	

Objective	timescale	lead	Measure	Outcome	National Indicator
Develop a Multi Agency Licensing Forum	2009/12	Trading Standards	Regular multi agency meetings to review data and intelligence regarding alcohol related premises	To address 6 problem off-licenses a year in respect to alleged underage sales of alcohol and anti social behaviour issues. To undertake 3 joint initiatives a year as agreed by the forum To actively respond to or conduct 3 Licensing Reviews a year	
To evaluate and develop the responsible retailer scheme and further reduce under age sales	September 09	Trading Standards	Promote an ethos of responsible retailing across off-licenses in the borough leading to a reduction in underage sales and related anti social behaviour	All premises re-visited to check for compliance with the Scheme annually Annual newsletter developed and delivered 50 new validate cards administered per Middleton High Schools (annually) Evaluation of the Middleton scheme	NI 21 NI27
To develop the Embrace pilot scheme for working with domestic abuse where alcohol is a factor	September 09	Embrace steering group DV Coordinator	To develop Embrace service for those victims and perpetrators of domestic Abuse where Alcohol is a factor. Alcohol marker to be added to all victims of Domestic Abuse. Monitored at Alcohol Strategy group	20 victims to receive a service annually 20 perpetrators to receive a service annually All specialist alcohol workers receive training in relation to DV and alcohol Better intelligence for future initiatives	NI 32 NI 34



Objective	timescale	lead	Measure	Outcome	National Indicator
to develop services for those adults whose alcohol use brings them to the attention of the criminal justice services	April 09	DAAT DIP Lead GMP	Implement an alcohol arrest referral scheme.	Number of Brief interventions delivered Reduction in ABS bans Reduction in repeat offences where alcohol is a factor (baseline to be established)	NI 19 NI 20 NI 22 NI 30 NI 32 NI 41 NI 111
	April 10	Probation / ADS / DAAT Alcohol	Map and implement full range of Alcohol interventions including: Alcohol Specified Activity (ASA) – Alcohol Brief Interventions (ABI) Alcohol Extended Brief Intervention (AEBI) Alcohol Treatment Requirement (ATR)	Number of ATRs and ASAs commenced Reduction in Dependent drinkers not in effective treatment Reduction in Harmful and Hazardous drinking linked to offences	
to further improve the public perception of alcohol related crime	annually	Community Safety Manager	To promote the initiatives described above through local media campaigns	Reduction in percentage of people who perceive drunk or rowdy behaviour to be a problem in their area	NI 41

Children and young people

Introduction

It is recognised that alcohol misuse can have a major negative impact on a child or young person's life, whether this is a result of parental, familial or a child's own misuse of alcohol.

A young person's alcohol misuse not only has a harmful effect on the young person's health, there are also strong links between alcohol consumption and youth offending, teenage pregnancy, truancy and/or exclusion from school. Alcohol misuse during childhood is also a predictive factor in many adult dependant drinkers.

The majority of young people will experiment with alcohol and risky behaviour at some point in their lives, but certain groups are more vulnerable to alcohol misuse, these groups include:

- Looked after children
- Homeless young people
- Young offenders
- Those with familial substance misuse
- Excludes/truants

How do we plan to help advice and support our children and young people?

Rochdale Borough Children's Trust set a key priority to limit the impact alcohol has on the lives of children and young people within its children's plan of 'children and young people suffer less harm from tobacco, alcohol and drug misuse'. This section will identify how this key priority will be tackled ensuring that all agencies work together for the benefit of our children and young people.

This will include:

- Providing age appropriate advice for children and their families.
- High quality education in a variety of settings.
- A thorough annual needs assessment and treatment plan completed.
- Early identification of those at risk of alcohol misuse.
- High quality and effective treatment for those with alcohol misuse problems.
- A commitment to providing universal/diversionary activities for those at risk of alcohol misuse.
- A commitment to the use of the Common Assessment Framework.
- Effective support and advice for those at risk from parental alcohol misuse.

Success and progress from our previous strategy

Objective 1

To ensure that all young people receive alcohol misuse education

Performance indicator:

To ensure that 100% of schools continue to deliver alcohol misuse education by 31 March 2008

To review alcohol misuse incident policies in 100% of schools by 31 March 2009

Achieved



Young lady enjoying the Feel Good Festival 2009 in Rochdale Town Centre

Objective 2

To ensure that parent/carers receive appropriate information on alcohol and on local services

Performance Indicator

Increase to 100% the number of community venues providing information to parents and carers by 31 March 2008

Difficult to measure as new venues are opened – information available and distributed

Objective 3

To ensure young people identified as being vulnerable will receive appropriate education, advice, information and alcohol misuse support

Performance indicator

Increase to 100% the number of at risk young people receiving information by 31 March 2008.

Achieved as identified in 05/08 strategy

Objective 4

To ensure young people identified as having problems with alcohol misuse will receive an appropriate intervention or care package, with support for parents/carers and all young people assessed as being in need will be referred to appropriate treatment programmes and facilities

Performance indicator

Increase by 27% the number of young people receiving an intervention/care package by 31 March 2008.

Achieved – 200% increase from 06/07 to 07/08

The national picture

While the proportion of young people who are drinking has declined in recent years, those who do drink are consuming more alcohol, more often. A high level of alcohol consumption is associated with a range of high risk behaviours.⁴⁶

Why do young people drink alcohol?

Many young people see alcohol as more acceptable than smoking cannabis or cigarettes, it is the most common reason given to help young people socialise with peers⁴⁷. Children's levels of drinking can also be closely linked with their parents' drinking habits and broader parental influences including parenting styles and family structures.

Where and how much alcohol do young people drink?

The amount of alcohol drunk in the most likely location by children and young people varies with age:

- At age 11 the majority of children do not drink and those that do, tend to do so at home.
- At age 13 those who do drink are as likely to drink with friends as with their parents.
- At age 15 almost 90% have tried alcohol, while over a third drink alcohol once a week or more, with the most common location being within their own home or a friend's home (however this age group is more likely to drink outdoors increasing the risks to their safety).
- At age 16 – 17 about half drink at least once a week, mainly within pubs.⁴⁸



Pupils at Falinge Park High School show off their new ID cards that are designed to help the council and police curb underage sales of alcohol

Alcohol crime and anti social behaviour

Underage drinking is perceived as a real problem by the public, this is backed by research that confirms the harmful consequences of drinking among under 18s led to:

- Nearly half of all 10 – 17 year olds who drank once a week or more admitted to some sort of criminal or disorderly behaviour
- A fifth of all 10 – 17 year olds who drank once a week or more stated that they had been involved in a fight during or after drinking alcohol
- Those who drink alcohol once a week or more committed a disproportionate volume of crime accounting for 37% of all offences reported by 10 – 17 year olds but only 14% of respondents. Those who had never drunk alcohol or had not drunk alcohol in the past year committed 16% of all offences but comprised 45% of respondents.⁴⁹

Alcohol, hospital admissions and young people

In 2006/07, there were 52,147 NHS hospital admissions in England with a primary diagnosis specifically related to alcohol, this number has risen by 52% since 1995/96. Of these admissions 4,888 (9%) involved patients under 18 years of age.⁵⁰

Alcohol, teenage pregnancy and sexual health

Research carried out by Alcohol Concern found that regular smoking, drinking and experimenting with drugs increased the risk of having underage sex (i.e. before 16 years old) for both young men and women. Other studies have found teenagers who report having sex under the influence of alcohol are less likely to use contraception and more likely to regret the experience.⁵¹ Further research found sexual activity and problematic alcohol use are clearly linked to young people's aspirations. Those with the lowest aspirations are more likely to have had sexual intercourse and to have been drunk more than once in the last month.⁵²

Alcohol and hidden harm

Parental alcohol misuse has a major negative effect on the lives of children, yet it is still an area that remains hidden, in 2003 the Advisory Council on the Misuse of Drugs published a document called *Hidden Harm: responding to the needs of children of problem drug users* and a follow up document *Hidden Harm Three Years On*. These documents highlighted the issues and problems faced by children and families of drug users but failed to recognise the impact that alcohol could have on families and also the fact that alcohol can remain hidden for longer. Alcohol misuse can and does span all social classes and the impact on children can be devastating beginning pre birth, (caused by drinking during pregnancy,) and leading to sustained neglect throughout childhood.

Key facts:

- Up to 1.3 million children in the UK are affected by parental alcohol misuse.
- 5 times as many children could be affected by parental alcohol problems as by parental drug misuse.
- Alcohol misuse by parents was identified as a factor in over 50 percent of child protection cases.
- Between 50% and 90% of families on social workers caseloads have parent(s) with drug, alcohol or mental health problems.

⁴⁸ Fuller E. (2007) Drug use, smoking and drinking among young people in England: Headline figures. Health and Social Care Information Centre.

The local picture

Why do young people drink alcohol?

The majority of young people will experiment with alcohol at some point in their lives.

Within Rochdale borough there have been 2 major consultations with our young people; the Health Related Behaviour Questionnaire and the Teenage Pregnancy Survey which looked into the attitudes and perceptions of young people and alcohol.

The key findings were that the main cohorts of young problematic drinkers were likely to be white, female, have lower aspirations, describe their lives in negative terms, commit crime and be temporarily excluded from school.

Where and how much do our young people tend to drink?

In line with the national picture a lot of young people drink within the family home or friends' homes, but year 10 girls are more at risk of drinking higher levels and drinking outside. The areas identified as high risk for drinking outside were Littleborough Lakeside and Balderstone and Kirkholt Wards.⁵⁴

There has been an improvement in alcohol knowledge amongst young people resulting in youngsters drinking less and getting drunk less often, however there remains a solid core and at risk group of young people that misuse alcohol, which is contributing to increasing numbers of young people accessing alcohol treatment, again with the most likely age being 15 – 16 with an equal split of male and female.

Alcohol hospital admissions and young people

In Rochdale borough the standardised figures for under 18 hospital admissions are also significantly higher than regional national averages. The national ranking is 330 (out of 354). Rochdale borough also has the worst levels of alcohol-related deaths for young people in Greater Manchester. Currently there is no standard referral pathway for children presenting at A&E, which means there is no consistent approach to these children and they are identified as a priority.

Alcohol Crime and anti social behaviour (ASB)

The numbers of youth related ASB incidents with alcohol has increased year on year. The hotspot areas in Rochdale for young people with ASB and alcohol are away from the town centres, the areas emerging with most risk for this kind of behaviour are Castleton and East Middleton.

There is also a recognition of the links between alcohol, anti-social behaviour and arson and GM Fire & Rescue Service within Rochdale borough has a number of initiatives aimed directly at young people designed to divert them from such behaviour which will help drive down the number of deliberate fires as a result of alcohol-related anti-social behaviour.

Young people's alcohol treatment

There has been a 200% increase in the number of young people presenting at the young person's treatment agency with alcohol as the primary substance. In 2006/07 there were 30 presentations rising to 95 in 2007/08. There are an equal split in males and females, with the major referral source coming from a related form of treatment or intervention activity followed by referrals from educational organisations. A smaller percentage of young people within the youth offending team are assessed as having an alcohol problem, but a number of young people come to the attention of the police without moving into the criminal justice system or to the Youth Offending Team (YOT), these children are identified as a priority.

⁴⁹ Underage Drinking: Findings from the 2004 Offending, Crime and Justice Survey. Home Office Research Findings 277.

⁵⁰ The Information Centre, Lifestyle Statistics, NHS, Statistics on Alcohol 2008

⁵¹ Alcohol Concern (2002). Alcohol and teenage pregnancy. London. Alcohol Concern

⁵² Limmer M and Redgrave K (2005) 'It makes you more up for it' School aged young people perspective on alcohol and sexual health⁵⁴ Rochdale Alcohol Needs Assessment 2008

Accommodation for young people

Within Rochdale borough there is no specific accommodation for 'older' young people with a substance misuse problem. There is supported accommodation for 16 – 18 year olds but this is generic homeless accommodation in the form of a hostel. Specific housing is required for 'older' young people where there is specialist help in overcoming alcohol or drug issues.

Alcohol and hidden harm

The true picture of harm caused to children through familial or parental alcohol misuse is not currently available. Parental status is now part of the NDTMS alcohol subset and this will allow for the collection of data, detailing how many children have a parental figure with an alcohol misuse issue.

Although there is not a full picture, the evidence gathered in the needs assessment is sufficient to show the considerable impact that alcohol misuse has on children within Rochdale borough.

Additional data gathered from the Safeguarding Unit confirms the risk of parental alcohol misuse with a third of all child protection cases involving parental alcohol use.



Children and Young people Action Plan

Objective	timescale	lead	Measure	Outcome	National Indicator
Early identification of those at risk of alcohol misuse	Annually	DAAT Young Persons Lead Specialist Treatment Provider	All universal children's services receive effective Tier 1 training enabling the early identification of problems	A minimum of 12 sessions delivered annually to strategically identified agencies Non specialist providers able to provide effective Tier 1 and 2 interventions	NI 115
A review of current treatment services	2009	DAAT Young Persons Lead Joint Commissioning Group	A full review of current provision. New service specification written and agreed. Tender exercise completed High quality and effective treatment for those with alcohol misuse problems	Effective substance misuse treatment service commissioned	NI 39 NI 40 NI 115
A thorough annual needs assessment and treatment plan completed	Annually	DAAT Young Persons Lead Police Drug and Alcohol Analyst	Annual assessment of need and affective treatment plan completed	Treatment services are specific to identified needs.	NI 50 NI 115
Effective support and advice for those at risk from parental alcohol misuse	April 09	Safeguarding Board	Research into the Hidden Harm caused to families through familial drug and alcohol misuse. Initiative developed to address the risks	All agencies identified children at risk. Regular monitoring of children where drug and alcohol misuse is an issue	NI 22 NI 50 NI 59 NI 64 NI 70 NI 126
Develop specialist supported housing provision for young people with substance misuse issues	Sept 09	Supporting People DAAT young people lead	5 units of specialist accommodation to be provided for young people with substance misuse issues	90% of Service users who have moved on in a planned way from temporary living arrangements	NI 115 NI 141 NI 142

Objective	timescale	lead	Measure	Outcome	National Indicator
Develop a service aimed at those young people coming to the attention of A&E or criminal justice	Sept 10	DAAT Young People Lead Youth Service	Secure additional funding to develop a service to work with young people and their families not known to services but at risk of alcohol misuse	Service developed Training provided to A&E and criminal justice staff Protocols written and in place 30 young people targeted	NI 115
Develop and deliver initiatives to tackle alcohol related anti social behaviour	Annually	Greater Manchester Fire and Rescue Anti Social Behaviour Lead	A range of initiatives to tackle alcohol related anti social behaviour.	A reduction in the number of deliberate fires as a result of Alcohol related Anti Social Behaviour	NI 17 NI 33 NI 41 NI 49 NI 111



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- Home Office (2007) Safe. Sensible. Social. The next steps in the National Alcohol Strategy.
- Home Office (2008) Safe. Sensible. Social. Alcohol strategy local implementation toolkit.
- Home office Findings 216: Alcohol and intimate partner violence: key findings from the research
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- The Information Centre 2008. Statistics on Alcohol 2008
- The Information Centre 2005. Infant Feeding Survey
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- Manchester Alcohol Strategy 2008 – 2011
- Mathews S. And Richardson A. (2005). The 2003 Offending Crime and Justice Survey: alcohol related crime and disorder. Home Office Research Findings 261
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- Rochdale Alcohol Needs Assessment 2008
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Useful links

British Medical Journal

www.bmj.com

Dept for Children, Schools & Families

www.dfes.gov.uk

Dept for Communities & Local Government

www.communities.gov.uk

Dept of Health. National Treatment Agency

www.nta.nhs.uk

Drug Intervention Programme

www.drugs.gov.uk/drug-interventions-programme

Greater Manchester Fire & Rescue Service

www.manchesterfire.gov.uk

Greater Manchester Police

www.gmp.police.uk

Greater Manchester Police Authority

www.gmpa.gov.uk

Greater Manchester Probation Service

www.gm-probation.org.uk

Heywood, Middleton & Rochdale PCT

www.hmrpct.nhs.uk

Home Office

www.homeoffice.gov.uk

Know Your Limits

units.nhs.uk

National Community Safety Network

www.community-safety.net

Northwest Public Health Observatory

www.nwph.net/nwpho

Respect Task Force

www.respect.gov.uk

Rochdale Centre of Diversity

www.rcd.org.uk

Rochdale Inter-Agency Domestic Violence Forum

www.riadvf.org.uk

Rochdale Council

www.rochdale.gov.uk

The Information Centre

www.ic.nhs.uk

Victim Support & Witness Service

www.victimsupport-rochdale.co.uk



National Indicator Appendix

NI 15	Serious violent crime rate PSA 23	NI 70	Hospital admissions caused by unintentional and deliberate injuries to children and young people DCSF DSO
NI 17	Perceptions of anti-social behaviour PSA 23	"NI 111 LAA"	First time entrants to the Youth Justice System aged 10 – 17 PSA 14
NI 20	Assault with injury crime rate PSA 25	NI 112	Under 18 conception rate PSA 14
"NI 21 LAA"	Dealing with local concerns about anti-social behaviour and crime by the local council and police PSA 23	NI 115	Substance misuse by young people PSA 14
NI 22	Perceptions of parents taking responsibility for the behaviour of their children in the area HO DSO	NI 119	Self-reported measure of people's overall health and wellbeing DH DSO
NI 28	Serious knife crime rate HO DSO	"NI 120 LAA"	All-age all cause mortality rate PSA 18
NI 30	Re-offending rate of prolific and priority offenders HO DSO	"NI 124 LAA"	People with a long-term condition supported to be independent and in control of their condition DH DSO
"NI 32 Delayed"	Repeat incidents of domestic violence PSA 23 (STRETCH)	NI 137	Healthy life expectancy at age 65 PSA 17
"NI 33 LAA"	Arson incidents HO DSO	NI 140	Fair treatment by local services PSA 15
"NI 39 LAA"	Alcohol-harm related hospital admission rates PSA 25	"NI 141 LAA"	Number of vulnerable people achieving independent living CLG DSO
"NI 40 LAA"	Drug users in effective treatment PSA 25	"NI 142 LAA"	Number of vulnerable people who are supported to maintain independent living PSA 17
NI 41	Perceptions of drunk or rowdy behaviour as a problem PSA 25	NI 149	Adults in contact with secondary mental health services in settled accommodation PSA 16
NI 47	People killed or seriously injured in road traffic accidents DfT DSO	NI 150	Adults in contact with secondary mental health services in employment PSA 16
NI 48	Children killed or seriously injured in road traffic accidents DfT DSO	"NI 151 LAA"	Overall employment rate PSA 8
NI 49	Number of primary fires and related fatalities and non-fatal casualties, excluding precautionary checks CLG DSO	NI 182	Satisfaction of businesses with local authority regulation services BERR DSO
NI 50	Emotional health of children PSA 12		
NI 59	Initial assessments for children's social care carried out within 7 working days of referral DCSF DSO		
NI 64	Child protection plans lasting 2 years or more DCSF DSO		



Everyone is Safe and feels Safe

ALCOHOL STRATEGY 2009 - 2012

FURTHER INFORMATION

For information about any aspect of this strategy or to request further copies of the strategy, in hard copy or electronic form, please contact the DAAT office on 01706 924901.