

E-mail:

09 December 2015

Your reference:

Our reference: FOI 2015-0908

Dear

### **FREEDOM OF INFORMATION ACT 2000 - DISCLOSURE**

The council has completed its search relating to your request for information about the work of the Local Authority's Director of Public Health, which was received on 27 October 2015.

The council does hold information within the definition of your request.

#### Question 1

Does the Local Authority's Director of Public Health have an estimate for the number of:

- a) Dependent drinkers within your local authority area?
- b) Hazardous drinkers within your local authority area?

#### Answer 1

We have synthetic estimates of "increasing risk" and "higher risk" drinkers which may be comparable to the definitions of "hazardous" and "harmful"

#### Question 2

Does the Local Authority's Director of Public Health have an estimate for the number of children in your local authority area in;

- a) Families with a dependent drinker(s)
- b) Families with a hazardous drinker(s)

#### Question 3

Can the Local Authority's Director of Public Health provide me with the estimates referenced in request 1 and 2?

#### Answer 2 & 3

Information not held

#### Question 4

Does the Local Authority's Director of Public Health have in place a strategy of support for children of:

- a) Dependent drinkers
- b) Hazardous drinkers

#### Answer 4

No specific strategy but there is a Cumbria Multi Agency Alcohol Harm Reduction Strategy with a specific chapter on reducing harms to children and young people.

#### Question 5

If so can I;

- a) Have a copy of the strategy referenced in request 4 and;
- b) Have an estimate of the budget provision made for this support

Answer 5

- a) A copy of this is attached
- b) The strategy contains no budgetary provision

Question 6

Can the Local Authority's Director of Public Health provide me with an estimate for the number of referrals in your area made for treatments for alcohol misuse in the last year for which data is available?

Answer 6

There were 1337 people in treatment service in Cumbria during 2014-15 however not all will have been referred within that year, some may have been referred in previous years and are still undergoing their treatment

Question 7

Can the Local Authority's Director of Public Health provide me with an estimate for the amount spent on treatments for alcohol misuse in the last year for which data is available?

Answer 7

In Cumbria we commission an integrated substance misuse service which includes drugs and alcohol. There is no ring fence for any particular substance. The total contract value is £4.235 million per annum. Just over half the referrals last year were for alcohol.

Question 8

Can the Local Authority's Director of Public Health provide me with an estimate for the amount your local authority area is forecast to spend on treatments for alcohol misuse in:

- a) 2015/16
- b) 2016/17
- c) 2017/18

Answer 8

£4.235 million per annum until 2019

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Yours sincerely,

Information Governance Team  
Chief Executive's Directorate  
Cumbria County Council

**Cumbria  
Alcohol  
Harm  
Reduction  
Strategy  
2014-17**

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## Foreword

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This second Cumbria alcohol strategy follows *Time to Call Time* (2009) which sought to address locally the challenges set out in the National Alcohol Strategy at the time. This Strategy, whilst enabling a Cumbrian response to the new national strategy is also designed to respond to local need.

Collaborative work to tackle alcohol related harm has been supported and implemented by a number of partners across public, private and voluntary sectors in Cumbria—from those actively involved in the community safety partnerships to health services and from countywide organisations to small locally based support groups. This work has also involved those with a legislative function in the alcohol industry, notably the licensing function and the trade itself.

The Big Drink Debate in 2009 showed the extent of the challenge in changing our cultural acceptance of excessive alcohol consumption, campaigns have since prioritised alcohol alongside healthy weight, smoking cessation and tackling drugs as key themes for health improvement.

Partners in Cumbria, have a long history of working together to address alcohol-related health harms, reduce the impact of alcohol on children and families and tackle alcohol-related crime and disorder so it is very encouraging that this work will continue as this strategy begins to influence actions on the ground and seeks a joined up response to the challenges we face.

Cllr Patricia Bell, Cabinet Member, Public Health and Communities, Cumbria County Council.

Dr Rebecca Wagstaff, Interim Director, Public Health, Cumbria County Council.

Some very important objectives were achieved over the last four years, not least in developing our partnership working, building knowledge and capacity across partner agencies. Training in brief interventions, information and brief advice, was taken up by many practitioners involved in providing services to the public, and conferences and workshops to explore the issues in Cumbria have been well attended and supported.

As well as recognising achievements it is also important to take stock of where we are now and the work now needed to consolidate successes, maximise our joint resources and build plans to take forward during the next three years. Most of the agencies involved in the Cumbria alcohol partnership either have or are presently undergoing change and re-organisation and I am grateful to all for their consistent commitment to this agenda.

We are greatly encouraged that reducing alcohol harm remains a national priority and the new Cumbria alcohol strategy will seek to meet national and local objectives.

Alcohol-related harm affects all of us. It is a major contributory factor in health and social inequalities. It is a major public health concern and tackling it has to remain at the forefront of our health improvement, mental and social wellbeing and community safety programmes.

## 1. Executive Summary

This Alcohol Strategy has been developed by a broad range of partners throughout Cumbria. Action plans will result in individual agencies from the work carried out in putting together this document.

The implementation of this strategy will be done through Cumbria Health and Wellbeing Board. This emphasises that tackling alcohol related harm really is everyone's business and to achieve success it must be done in a coordinated way using a partnership approach. The four priority themes for the strategy are:

### 1.1 Reduce harm to health

- To promote wider wellbeing and address causal factors of alcohol misuse
- To adopt a longer term approach to raising awareness of sensible drinking levels to address harmful and hazardous drinking
- To maintain a clear focus on those individuals experiencing the greatest harm to their health

### 1.2. Reduce alcohol related crime/Anti-Social Behaviour (ASB) and improve community safety

- Reduce alcohol related violent crime, including domestic abuse
- Address the impacts of alcohol related ASB
- Reduce re-offending and the number of first time entrants to the Criminal Justice System
- Utilise new and existing powers to tackle crime and ASB

### 1.3. Protect children and young people

- Reduce the number of children and young people drinking in ways which are damaging to their health and relationships  
Reduce children and young people's access to alcohol, including from parents
- Reduce the harm caused to children and young people by parental alcohol use.

### 1.4. Reduce economic and social harms

- Challenge alcohol related poverty
- Take a pro-active approach to national policies where appropriate
- Promote social responsibility standards in the local alcohol license trade
- Tackle and highlight the risks in relation to excessive alcohol consumption and ill health

This approach allows the right mix of prevention, enforcement, education, treatment and harm reduction across the partners involved. Each theme will be assigned a thematic organisational lead agency and these agencies will convene quarterly, firstly to implement action plans in line with this strategy, subsequently to assess progress and notify the Health and Wellbeing Board, through its working group structure, of any barriers to achievement.

The partners involved in the development of this strategy are drawn from Cumbria County Councils Trading Standards, Safer Communities, Children's Services and Adult and Local Services, Cumbria Constabulary, the Office of the Police and Crime Commissioner, Cumbria Probation Trust NHS Cumbria PCT prior to April 2013 and NHS Cumbria CCG since April 2013.. In addition the following thematic interests are represented: Licensing, Criminal Justice, Community Safety Partnerships and General Practice. This acts as the core strategy group monitoring implementation and actions on behalf of the Health and Wellbeing Board.

Cumbria Alcohol Strategy Group has been chaired by Public Health and vice chaired by Cumbria Constabulary during the strategy's development.

## 2. Introduction

Harmful use of alcohol is considered by the World Health Organisation to be the third leading risk factor for disease and disability in the world (WHO 2010).

Around 90% of adults drink alcohol—it is the most widely used drug. When consumed responsibly and in moderation alcohol is an enjoyable aspect of everyday life which has positive benefits for the wider economy.

The drinks manufacturing industries and licensed premises for on and off sales of alcoholic drinks provide employment for many thousands of people, and contribute to the country's economic wellbeing.

It is acknowledged though that alcohol consumption in the UK has grown to such an extent that alcohol related harm has become a major public health concern. The increasing burden of ill health from liver disease and its complications, some cancers, diabetes and other chronic conditions, overweight, hypertension, accidents, sexually transmitted infections, violence and mental ill health can be attributed in varying degrees to the level of alcohol consumption now prevalent in the UK. The reasons why people drink to unsafe levels are wide ranging and complex.

Alcohol is mostly used when socialising and relaxing, part of the culture and fabric of our social lives. Drinking to unsafe levels and to intoxication on a regular basis is now also a part of the culture of many lives. It can be seen as a 'normal' activity by many; for others, getting drunk brings some relief from the pressures of life, including stress at work or within the family, financial problems or unemployment.

Chronic excessive alcohol consumption however usually has a detrimental effect, adversely affecting the quality of the problem drinker's and many other people's lives. The harms associated with alcohol are complex and wide -ranging and either directly or indirectly affect the majority of the population to some degree.

The dangers inherent in excessive consumption are debilitated health and reduced ability to participate in family life, work and wider society. Damage to relationships with friends and family can lead to social isolation and mental health problems. Alcohol addiction and dependency can cause major health emergencies and premature death.

A problem drinker's crises can escalate rapidly into debt, unemployment, violent crime including domestic abuse, homelessness and social exclusion.



### 3. The national, regional and local context

The Government's recent National Alcohol Strategy outlined the national picture with regard to Alcohol and Crime. This picture is replicated at a Cumbrian level.

Alcohol contributes to too many crimes. Almost a million (44% of the total) violent crimes committed in England and Wales 2010/2011 are alcohol-related, especially in domestic abuse incidents where more than 50% of incidents involve alcohol.

Both nationally and within Cumbria, there is a high prevalence among the offender population of drinking at higher risk levels, both among adults and young offenders. When dealing with individuals, we need to ensure that entry into the criminal justice system punishes offenders but also provides an opportunity to provide support to overcome alcohol problems and prevent further offending.

Prisons are important places for rehabilitation and tackling dependency, work has begun on an alcohol interventions pathway and outcome framework in four prisons, to inform the commissioning of a range of effective interventions in all types of prison.

From April 2013 the NHS England has assumed responsibility for commissioning health services and facilities for those in prisons and other places of prescribed detention. This will support the work at a national and local level to prevent and reduce alcohol related ill health and re-offending in the prison population.

In Cumbria we are providing an integrated approach to drug and alcohol arrest referrals, with joint drug and alcohol workers in the police custody suite assessing the needs of offenders and signposting them to appropriate treatment services.

Through the Government's Troubled Families Program, and the involvement of that program within Cumbria of many different agencies, we recognise that some of the most disadvantaged families in our area have alcohol related problems. We will use some of that investment to ensure that those families receive the interventions they need to turn around their lives.

#### The national alcohol strategy

In March 2012, the government published its alcohol strategy, which aims to:

- tackle the problem of 'binge drinking'
- introduce a minimum unit price for alcohol in England and Wales
- outline a multi-agency response focusing on the role of health, police, local government and voluntary sector in tackling alcohol misuse.

The strategy sets out the government's case for dealing with the problem of binge drinking. It highlights Home Office figures that in 2010/11 there were almost '1 million alcohol related crimes and 1.2 million alcohol-related hospital admissions', and that binge drinking amongst 15–16 year-olds in the UK is significantly worse than in other European countries.

#### What are the national objectives?

The national strategy has set out some proposals for tackling cheap alcohol and binge drinking.

The availability of cheap alcohol has led to an increase in people consuming large quantities of alcohol at home, often before going out, an issue known as 'pre-loading'.

The Government's National Alcohol Strategy 2012 includes a commitment to consult on a minimum unit price for alcohol. Whilst there are no signs of this consultation taking place in the near future partners involved in tackling alcohol related harm recognise that implementation of the same policy is a realistic possibility in Scotland which may have an impact in Cumbria.

A study conducted by Sheffield University in 2008 concluded that alcohol related harm could be tackled through the introduction of a minimum unit price for alcohol. Whilst minimum unit price is not currently part of the National policy agenda, the contribution that can be made by initiatives to tackle cheap alcohol is recognised, especially when backed up by a robust evidence base.

Other future national policies may also include banning multi-buy promotions in shops and off licenses in order to end a multiple bottles or cans being sold cheaper than the multiple of one bottle or can.

Additionally the national strategy has given extra licensing enforcement powers to local authorities. Local authorities, health services and police will be encouraged to tackle binge drinking, by being able to influence licensing for example. A number of local schemes are held up as examples of good practice such as Best Bar None, Purple Flag, Community Alcohol Partnership, and PubWatch. Additional national priorities can be found in the NHS and public health outcomes frameworks.

### **The scale of the problem: cost and impact of alcohol related harm**

As well as the human costs there are social and economic burdens associated with alcohol misuse.

Current estimates nationally put the cost of alcohol misuse at around £22 billion a year to the UK economy.

These costs accumulate from health disorders and disease, crime and anti-social behaviour, loss of productivity in the workplace, and the many social problems associated with problem drinkers and their families.

The largest increase in the rate of admission is among men and women aged 50 or over; the peak age for alcohol-related deaths is now around 55–59 for men and women.

Large-scale action to address unsafe levels of alcohol consumption is therefore necessary to change the culture of drinking to excess and likely to have a positive effect in many areas:

- reducing the incidence of liver disease, hypertension, diabetes and some cancers
- reducing teenage pregnancy and sexually transmitted infections
- reducing crime and anti-social behaviour
- reducing the incidence of violence and domestic abuse
- reducing health, social and economic inequalities.

### **Alcohol related health harm in Cumbria**

Every year 125 people in Cumbria die prematurely as a result of alcohol. This is 7% of all premature deaths. The largest increase in the rate of alcohol related hospital admissions is among men and women aged 50 or more. The peak age for alcohol-related deaths is between 55–59 for men and women.

We know that alcohol is a major contributor to health inequalities. Nationally there are substantial differences in the health consequences of alcohol use between affluent and deprived communities. Our deprived areas suffer higher levels of alcohol-related deaths, hospital admission, crime, truancy, teenage pregnancy and road traffic accidents, which are all linked to greater levels of alcohol consumption. Locally, analysis of alcohol use from the Local Alcohol Profiles for England indicates the following areas where Cumbria fares significantly worse than the English local authority average:

- Hospital admissions for men in Barrow, Carlisle, Copeland
- Hospital admissions for women in Allerdale, Barrow, Carlisle, Copeland
- Admission episodes for alcohol-attributable conditions in Allerdale, Barrow, Carlisle, Copeland
- Hospital admissions in under-18s in Allerdale, Barrow, Carlisle, Copeland
- Deaths from chronic liver disease—Barrow
- Deaths from other alcohol related conditions in Barrow
- Alcohol related violent crimes in Barrow, Carlisle
- Deaths from road traffic accidents in Carlisle, Copeland, Eden

General Practitioners to equip our GPs with specific skills for treating alcohol addiction

- Identification and Brief Advice training for partner agencies
- Local community safety initiatives
- Arrest referral scheme in custody suites with police and probation services identifying alcohol problems early
- Prison-based services
- Information and advice for young people
- A new recovery focussed treatment service.
- Best Bar None/Pub Watch

*source: Local Alcohol profiles for England*

Conversely Eden and South Lakeland tend to do much better than the English average in most of these indicators.

In line with national trends, alcohol-related health harm maps onto the areas of greatest deprivation in the county.

### **Action in Cumbria: What have we achieved?**

Cumbria has a strong tradition of partnership working and working within communities to find local solutions. The previous Alcohol Strategy has achieved some notable successes and our links to local communities, through local strategic partnerships has gained momentum.

In the four years since the first alcohol strategy, Time to Call Time, our partnerships have contributed to some major changes, including:

- the Big Drink Debate, a region-wide survey of drinking behaviour in conjunction with other areas of the North West
- Cumbria's Health Counts, a large scale social marketing campaign
- a programme of large scale change to tackle alcohol harms
- A&E liaison service
- Community-based outreach workers
- GP-led primary care enhanced services to screen and treat problem drinkers
- Training through the Royal College of

## 4. Vision, aims and priorities for Cumbria's alcohol strategy

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### High level aims

This second alcohol strategy for Cumbria seeks to improve a range of outcomes in tackling alcohol related harm building on a solid basis of partnership working. This strategy is designed to influence partners to:

- Challenge the cultural place of alcohol — particularly acceptance of drinking to unsafe levels
- Support individuals, families and communities with information, knowledge and advice in order to change attitudes and behaviour
- Ensure appropriate services are in place for people in need of help to reduce their alcohol consumption
- Give special priority to children, young people and parents to support and encourage alcohol-free environments for children
- Support national objectives to reduce availability of cheap alcohol and maximise local powers of enforcement.

### Multi agency aims

In order to achieve these strategic aims, partners recognise that a multi-agency approach is needed to:

- Change attitudes and promote safer drinking behaviour
- Reduce alcohol-related crime and anti-social behaviour including violence, domestic abuse and serious assault
- Reduce road traffic accidents and injuries
- Prevent harm to children and young people
- Prevent alcohol-related homelessness and exclusion
- Engage local communities to support recovery and address disadvantage
- Ensure an effective, joined up treatment pathway that is easily accessible and well understood by local people

### The high impact changes

High impact changes have been extensively used across the NHS and local government to highlight practical measures that can be implemented at a local level. These are calculated to have the greatest impact on health commissioned outcomes and for tackling alcohol-related harm:

- working in partnership
- developing activities to control the impact of alcohol misuse in the community
- influencing change through advocacy
- improving the effectiveness and capacity of specialist treatment
- appointing alcohol health workers
- Identification and Brief Advice (IBA) providing more help to encourage people to drink less amplifying national social marketing priorities

## 5. Delivering the strategy

### Priority 1: Reduce the harms to health

#### Lead: Cumbria County Council, Public Health

##### What we aim to do

- Promote wider wellbeing and addressing causal factors of alcohol misuse
- Adopt a longer term approach to raising awareness of sensible drinking levels to address harmful and hazardous drinking
- Maintain a clear focus on those individuals experiencing the greatest harm to their health

##### What we know about harms to health

It is estimated that 23% of Cumbrians drink at a level that is increasing their risk of damage to their health, equal to the North West average. However, 68% are drinking at a lower risk within the guidelines, whilst only 8% are drinking at the highest level of risk to their health.

The total cost to healthcare is estimated to be over £32 million a year.

During 2010/11 there were over 92,000 hospital admissions and attendances at hospitals in Cumbria, which is above the North West average of 62,500. This includes the number of attendances at accident and emergency of 46,400.

Most alcohol related admissions into hospital are by males aged between 55 and 74 years.

In Barrow, an Alcohol Inquiry has taken place, which engaged 25 residents. After 9 weeks of investigation their findings highlight that concerns about abusive relationships, job stress, job security and money worries are all barriers to people engaging in positive alcohol use. They also identified the British culture of drinking, the low cost of alcohol and the wide availability of alcohol as further barriers.

##### What we are already doing

Identification and Brief Advice (IBA) training is being delivered across Cumbria with over 200 people attending. Training of trainers has also been delivered and training will now continue to be cascaded within major organisations.

Doctors and other practice staff have received training in delivering both a brief intervention about alcohol use and an extended intervention leading to a reduction in alcohol use. They now routinely discuss alcohol use as part of their contract to deliver NHS Health Checks. All new patients are also routinely asked about their alcohol use and advised appropriately.

NHS dentists are also recording alcohol use with this patients and delivering an intervention as necessary.

The Alcohol Liaison Service provided in A and E departments is working closely with the Unity substance misuse services to reduce admissions by identifying frequent flyers and those accessing hospitals who are willing to access alcohol treatment and supporting the individual in to services in the community.

### Actions to take forward

In Barrow the findings from the Alcohol Inquiry are being progressed with the Health and Wellbeing Forum taking a lead. Actions requiring resourcing will be supported by a fund provided from CCC transition monies. The learning from the Inquiry and subsequent outcomes will be presented across the County and rolled out as appropriate.

The Alcohol Inquiry participants are being supported to continue to meet and to continue their role as advocates for an improved relationship with alcohol.

Some of the actions resulting from the Inquiry launch include: bringing together licensed premises and off-licences to discuss establishing a voluntary local code of practice (to include earlier closing and providing lower alcohol strength drinks); an inquiry for parents to support their learning and understanding of their role in their children's drinking; lobbying government to introduce change on a range of issues; raising awareness within workplaces; encouraging schools to provide alcohol education.

Monitoring of the IB training will continue and support provided for further training within organisations. A network of trainers has been established.

Workplace engagement to ensure appropriate alcohol policies, including guidance on alcohol testing as appropriate.

Engagement with national alcohol awareness campaigns, e.g. Alcohol Awareness Week and Christmas and summer campaigns. Activities include: awareness within workplaces, schools; web chats in partnership with the Police, Ambulance Service.

The Cumbria Alcohol Strategy Group will be closely involved in the impending review of in-patient detox services to improve the rate of hospital admissions and will seek to ensure that the commissioned substance misuse services maintain a strong recovery focus.

### Priority 2: Reduce alcohol related crime/ Anti-Social Behaviour (ASB) improving Community Safety

#### Lead: Cumbria Constabulary

#### What we aim to do

- Focus on reducing alcohol related violent crime, including domestic abuse
- Address the impacts of alcohol related ASB
- Reduce re-offending and the number of first time entrants to the Criminal Justice System
- Utilise new and existing powers to tackle crime and ASB.

#### What we know

In Cumbria the total cost of alcohol harm was estimated at £199 million in the year 2010-2011. This was made up of costs to the NHS, Social Services, the wider economy and £60.4 million was spent on crime and licensing.

(see table 1)

The main areas of concern are violent crime (including domestic abuse) and Anti-Social Behaviour. The national and local data shows that almost 50% of domestic abuse incidents are alcohol related and rates of alcohol related hospital admissions are higher in Cumbria than the national average for both children and adults. These figures are confirmed in Cumbria's Joint Strategic Needs Assessment (JSNA)

### What we are already doing

As a partnership we conduct a variety of initiatives to tackle these problems. The below list are examples and not exhaustive:

Test Purchasing Operations,  
Stay Safe Initiatives (*Targeting risk taking behaviour of young people*),  
Assertive Alcohol Outreach Work, It's Your Choice (*Tiered approach to tackling Youth ASB*), Alcohol Arrest Referral Schemes, utilisation of Restorative Justice, Victim Focus through IDVA (*Independent Domestic Violence Advisors*) and Specialist Crime Prevention Visits, "Risk Taking Behaviour" Education Sessions within County Schools and Colleges.

### What are the gaps

This strategy recognises the scale and range of work undertaken by partners in Cumbria to tackle alcohol related harm, however there is need for greater joining up and improved consistency. To be effective, the Cumbria Alcohol Steering Group needs to play a key part in co-ordinating activity across all themes.

There are areas of new legislation such as Early Morning Restriction Orders (EMRO) and the Late Night Levy. We need to gauge the impact and success of these schemes within other parts of the country, then implement if appropriate in Cumbria.

The strategy seeks to promote the continuation of enforcement initiatives alongside new legislative interventions if appropriate.

Education is a key area that will benefit from a partnership approach and the Cumbria Alcohol Strategy Group play a role in pulling this together and ensuring our children receive appropriate education around risk taking behaviour, in particular alcohol.

### Priority 3: Protect children and young people from alcohol related harm

#### Lead: Cumbria County Council Children's Services

#### What we aim to do

- Work together to reduce the number of children and young people drinking in ways which are damaging to their health and relationships.
- Reduce children and young people's access to alcohol, including from parents.
- Reduce the harm caused to children and young people by parental alcohol use.

#### What we know

Local Alcohol Profiles data identifies that the number of alcohol specific hospital admissions for under 18's is significantly higher across Cumbria than the English and regional average. Intelligence in the JSNA also highlights that children and young people using alcohol is significantly higher in Cumbria than the English average.

The latest Cumbria Health Related Behaviour Questionnaire indicates that 37% of Year 10 pupils have drunk alcohol in the last week, the commonest place to drink was at home or at a friend or relations house. Of these nearly 60% said their parents always or usually knew they were drinking at home.

20% of year 8 boys and 17% of girls had an alcoholic drink in the last week, with majority of these also drinking at home, friends or relations, with nearly 40% doing so with their parent's knowledge. 6% of primary pupils had also had an alcoholic drink in the last week, with 20% of them identifying that their parents always knew.

- Children living with alcohol misuse come to the attention of services later than children with parental drug misuse.
- Young peoples drinking behaviour can be strongly influenced by parental drinking and children with parents who are problem drinkers are more likely to develop alcohol problems (chief medical officer guidance on the consumption of alcohol by children and young people).
- The chief medical officer recommends that an alcohol free childhood is the healthiest and best option.

### What we are already doing

Cumbria County Council employs three full-time Assertive Alcohol Outreach workers covering the six districts of Cumbria. Their remit is to provide swift, short term focused interventions and also signposting for more detailed interventions at the Early Help stage for young people who come to the attention of police and/A&E (and other partners) as a result of alcohol consumption.

Each Youth Offending Service area team contains health professionals addressing issues around alcohol misuse and interventions aimed at addressing the risks associated with alcohol misuse.

Children's Joint Commissioning Board has commissioned a County wide Alcohol Awareness project. The project will deliver a comprehensive package of education, information and support for the parents/carers and young people of Cumbria.

Currently provision for those young people who are in need of specialist support is provided through the Drug, Alcohol and Sexual Health Service (DASH) specialist service.

Cumbria Drug and Alcohol Service (CADAS) are currently providing the STARS (Supporting Teenagers at Risk Service) which offer young people age 11 – 25 years 1–1 therapeutic sessions for those affected by alcohol use.

### What are the future actions

- Undertake an in-depth analysis of current Youth Offending Service caseload to gain better insight into the needs of the hardest to reach/ more disengaged group of young people to inform future commissioning and activities
- Increase the collaborative working opportunities now that we have countywide coverage of the Assertive Alcohol Outreach service
- Jointly commission services based on a thorough local needs assessment linking with the Cumbria Alcohol Strategy Group as a mechanism to regularly bring partner providers together to ensure consistency and identify good practice, gaps and common barriers.
- Mapping of provision to inform future commissioning of services.
- Ensure good quality health, risk and lifestyles education and information is available to young people, appropriate to their age and delivered creatively and positively as part of Personal Social Health and Emotional education in schools, youth provision and through the Youth Offending Service.



- Link with sexual health and teenage pregnancy strategies to ensure a consistent approach around risk taking behaviour
- Agreed pathways between services from universal through to acute provision with clear protocols for information sharing, referrals etc and shared across the whole young people's workforce which will include both 3rd Sector and Statutory services.

#### **Priority 4: Reduce alcohol related economic and social harms**

##### **Lead: Cumbria Alcohol Strategy Group**

##### **What we aim to do**

- Challenging alcohol related poverty
- Taking a proactive approach to the implementation of national policies
- Promoting social responsibility standards in the local alcohol licensed trade
- Tackling and highlighting the risks in relation to excessive alcohol consumption

##### **What we know**

Legislation continues to evolve around alcohol licensing so it is important that the partners involved in this strategy can respond to new initiatives as and when they become developed. Of particular interest is the development of Early Morning Restriction Orders (EMROs) and Late Night Levies which are being progressed through priority 1. However we must also be aware of other external legislation such Minimum Unit Pricing in Scotland which could affect drinking patterns in Cumbria. We recognise the contribution a well regulated

licensed environment can make and we seek to continuously improve standards in all parts of the licensed trade.

Alcohol is often sold too cheaply at below cost price in the off trade sector and is far more widely available than ever before. This theme examines the potential to mitigate the disproportionate levels of harm created by cheap alcohol.

We recognise that alcohol plays a significant role in Cumbrian society and a well run licensed environment can positively contribute to the economy of an area, however all too often the nature of alcohol use can have a detrimental effect. Its impact on individuals, families and communities is wide reaching, affecting economic performance, worklessness, poverty and exacerbating health inequalities .

This can be shown in days lost to sickness, long term incapacity and levels of homelessness where alcohol can be a common factor. This can often mean that problematic drinking, which we know tends to be more prevalent in deprived communities, can become even more problematic where income is most squeezed.

##### **What we are already doing**

Cumbria benefits from a well-managed licensed environment and a systematic approach across the county to deal with emerging issues such as new legislation.

The Cumbria Licensing Officers Group is now represented on the Cumbria Alcohol Group providing an essential link between the themes in this strategy and the changing legislative framework.

There is a strong culture of Multi-Agency Licensing Meetings & PubWatch/BarWatch schemes throughout the county. In addition the Best Bar None scheme in North Cumbria celebrates good practice and recognises achievement in the licensed trade.

### What are the actions

Schemes such as Best Bar None and membership of PubWatch/BarWatch have a strong role to play in ensuring responsible retailing in the on trade sector. The Cumbria Alcohol Strategy Group would recommend actions which would:

- Investigate options for similar recognition and reward schemes with the off trade sector.
- Promote the Best Bar None approach throughout the on trade in Cumbria.
- Develop a strong alcohol related harm element in the Cumbria Health, Work and Wellbeing Charter
- Continue to develop coordinated innovative social marketing campaigns to highlight the dangers of excessive alcohol use

**Table 1: Costs of Alcohol Related Harm in Cumbria**

agency costs in millions

|                       | <b>NHS</b> | <b>Crime and Licensing</b> | <b>Workforce and Wider Economy</b> | <b>Social Services</b> | <b>Total</b> | <b>Actual cost per head in s</b> |
|-----------------------|------------|----------------------------|------------------------------------|------------------------|--------------|----------------------------------|
| <b>Allerdale</b>      | £8.39      | £10.22                     | £13.76                             | £2.33                  | £34.70       | £355                             |
| <b>Barrow</b>         | £6.59      | £9.06                      | £15                                | £1.77                  | £32.42       | £462                             |
| <b>Carlisle</b>       | £10.03     | £14.52                     | £16.94                             | £2.65                  | £44.14       | £405                             |
| <b>Copeland</b>       | £6.48      | £7.36                      | £21.62                             | £1.73                  | £37.19       | £522                             |
| <b>Eden</b>           | £4.34      | £4.27                      | £6.75                              | £1.23                  | £16.59       | £313                             |
| <b>South Lakeland</b> | £8.65      | £9.80                      | £13.79                             | £2.28                  | £34.52       | £329                             |
| <b>Cumbria</b>        | £44.48     | £55.23                     | £87.86                             | £11.99                 | £199.56m     |                                  |

## 6. Performance managing the strategy

Tackling alcohol related harm is not the preserve of one single organisation and the action plan clearly shows where each of the four themes is being led. Cumbria Health and Wellbeing Board has the ultimate sign off for all the actions with the routine management of actions being devolved to The Cumbria Alcohol Strategy Group. This group will ensure that the action plan is performance managed on a quarterly basis with exception reporting to the Board. The Cumbria Alcohol Strategy Group will also ensure that emerging issues are presented to the Health and Wellbeing Board as appropriate through the Boards established Officer Working Group.

The partners involved in the development of this strategy are drawn from Cumbria County Councils Trading Standards, Fire and Rescue Service, Children's Services and Health and Care Services, Cumbria Constabulary, the Office of the Police and Crime Commissioner and Cumbria Probation Trust.

In addition the following thematic interests are represented: Licensing, Criminal Justice, Community Safety Partnerships and General Practice. This acts as the core strategy group monitoring implementation and action on the ground.

Cumbria Alcohol Strategy Group has been chaired by Public Health (Cumbria County Council) and vice chaired by Cumbria Constabulary during the development stage. These chairing arrangements are reviewed on an annual basis.

### Summary of priority theme leads

| Priority   | Theme lead                                  |
|--|---|
| 1 Reduce harms to health   | Cumbria County Council, Public Health       |
| 2. Reduce alcohol related crime and anti-social behaviour and improve community safety | Cumbria Constabulary                        |
| 3. Protect children and young people from alcohol related harm                         | Cumbria County Council, Children's Services |
| 4. Reduce alcohol related social and economic harms                                    | Cumbria Alcohol Strategy Group              |

## Cumbria Alcohol Strategy Summary of Actions

| Theme   | Aim   | Action   | Timescale   | Lead Partner                              |                 |
|---|---|--|---|---|-----------------|
| <b>Priority 1 – Reduce the Harms to Health</b>  | 1.1 Promote wider wellbeing and address causal factors of alcohol misuse  | Grow the network of agencies which deliver Identification and Brief Advice around alcohol misuse                     | By April 2015   | Cumbria County Council Public Health Team |                 |
|   |   | Use the strategy as a focal point to lobby for change on the range of identified issues                              | Throughout life of the strategy   |   |                 |
|   | 1.2 Adopt a longer term approach to raising awareness of sensible drinking levels to address harmful and hazardous drinking | Investigate voluntary local codes of practice to include earlier closing and providing lower alcohol strength drinks | By June 2014  |   |                 |
|   |   | 1.3 Maintain a clear focus on those individuals experiencing the greatest harm to their health                       | Reduce the number (including U18s) of alcohol related hospital admissions         |   | By April 2015   |
|   |   |  | Engage with schools and Children’s Services to provide an alcohol education offer |   | By October 2014 |
| Engage workplaces through the Health Work and Wellbeing Charter to ensure appropriate alcohol policies are in place | Throughout life of the strategy   |  |   |   |                 |

|  |   |  |  |   |
|--|---|--|--|---|
| <p><b>Priority 2 – Reduce alcohol related crime/anti-social behaviour and improve community safety</b></p> | <p>2.1 Focus on reducing alcohol related violent crime, including domestic abuse.</p> <p>2.2 Address the impacts of alcohol related anti-social behaviour</p> <p>2.3 Reduce re-offending and the number of first time entrants to the Criminal Justice System</p> <p>2.4 Encourage the use of new and existing powers to tackle crime and ASB</p> | <p>Reduce re-offending for domestic abuse</p> <p>Increase the number of reported domestic abuse incidents</p> <p>Reduce the number of alcohol related violent crimes (including domestic abuse)</p> <p>Increase the number of alcohol referrals (including U18s) made by the police</p> <p>Reduce the number of alcohol related antisocial behaviour incidents</p> <p>Reduce the number of alcohol related KSIs</p> <p>Increase the number of non-RTC related breath tests conducted</p> | <p>Year on year throughout the life of the strategy</p> <p>Year on year throughout the life of the strategy</p> <p>Year on year throughout the life of the strategy</p> <p>Year on year throughout the life of the strategy</p> <p>By April 2015</p> <p>By April 2015</p> <p>By April 2015</p> | <p>Cumbria Constabulary</p> <p>Cumbria Constabulary</p> <p>Cumbria Constabulary</p> <p>Cumbria Constabulary</p> |
| <p><b>Priority 3 – Protect children and young people from alcohol related harm</b></p>                     | <p>3.1 Work together to reduce the number of children and young people drinking in ways which are damaging to their health and relationship</p>   | <p>Increase the collaborative working opportunities now that we have countywide coverage of the Assertive Alcohol Outreach service</p>   | <p>Throughout life of the strategy</p>   | <p>Cumbria County Council Children's Services</p>   |

|  |  |   |                 |   |
|--|--|---|-----------------|---|
|  |  | Jointly commission services based on a thorough local needs assessment linking with the Cumbria Alcohol Strategy Group as a mechanism to regularly bring partner providers together to ensure consistency and identify good practice, gaps and common barriers  | By April 2014   | Cumbria County Council<br>Children's Services |
|  | 3.2 Reduce children and young people's access to alcohol, including from parents | Ensure good quality health, risk and lifestyles education and information is available to young people as part of Personal Social Health and Emotional education in schools, youth provision and through the Youth Offending Service agreed pathways between services from universal through to acute provision across the whole young people's workforce which | By April 2015   | Cumbria County Council<br>Children's Services |
|  | 3.3 Reduce the harm caused to children and young people by parental alcohol use  | Link with sexual health and teenage pregnancy strategies to ensure a consistent approach around risk taking behaviour   | By October 2014 | Cumbria County Council<br>Children's Services |

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  |   |   |
| <b>Priority 4 – Reduce alcohol related social and economic harms</b>   | 4.1 Challenge alcohol related poverty  | Establish formal links with Welfare Reform work in Cumbria and ensure alcohol is well reflected                                      | April 2014  | Cumbria Alcohol Strategy Group – All        |
|  | 4.2 Take a proactive approach to the implementation of national policies and initiatives | Promote the Best Bar None approach throughout the on trade in Cumbria<br>Lead work with the industry to develop voluntary agreements | Throughout life of the strategy   | Cumbria Licensing Officers and Constabulary |
|  | 4.3 Promote social responsibility standards in the local alcohol licensed trade          | Investigate options for recognition and reward schemes with the off trade sector similar to those which work in the on trade         | By April 2015   | All partners                                |
|  |  | Lobby for the introduction of public health as a licensing objective   | Throughout life of the strategy   | Cumbria County Council Public Health        |
|  | 4.4 Tackle and highlight the risks in relation to excessive alcohol consumption          | Develop a strong alcohol related harm element in the Cumbria Health, Work and Wellbeing Charter                                      | By April 2015   | Cumbria County Council Public Health        |
| Develop coordinated innovative social marketing campaigns to highlight the dangers of excessive alcohol use and proactively engage with national campaigns |  | Throughout life of the strategy  | Communications leads from Cumbria Constabulary, PCC Office and Cumbria County Council |   |