ONE DARLINGTON:
PERFECTLY PLACED
A Vision for Darlington

‘Safer Drinking - Safer Darlington’

Darlington’s Alcohol Harm Reduction Strategy

The Next Steps 2012-2015

Darlington Partnership

Acknowledgement

To John McTrusty, who sadly passed away in 2012, in recognition of his own journey and also for many years of work supporting others by running DAS4U and contributing to the reduction of harm caused by the misuse of alcohol in the Borough.

Contributors

Many thanks to the following people for their contributions:

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Foreword

Safer Drinking - Safer Darlington is Darlington's Alcohol Harm Reduction Strategy and part of the wider Sustainable Community Strategy, One Darlington: Perfectly Placed. Launched in 2008, for an initial 3-year period, the strategy has now been reviewed. This document revisits and updates the Borough's alcohol issues and identified needs; celebrates the achievements and progress made, and sets out the next steps we will take to continue to reduce alcohol-related harm in our community.

During the delivery of the original strategy, many significant changes took place locally and nationally within Government; Legislation and Policy. In 2012, the Government launched an update of their Alcohol Strategy, focusing on alcohol misuse associated with binge drinking and anti-social behaviour. As with Safer Drinking – Safer Darlington 2008-11, this refresh of our local strategy seeks to cover all aspects of alcohol-related harm, including prevention, control and treatment, with a focus on recovery for dependent drinkers.

Balance (North East Alcohol Office) estimates that, in 2010-11 alone, the cost of alcohol misuse to Darlington's workplace, NHS, Criminal Justice, Licencing and Social Services was over £42m. We therefore endorse the next steps in tackling these harms and look forward to further progress in making our community a safer, healthier place to live, work and visit.

Bill Dixon.
Leader Darlington Borough Council and Chair of Darlington Drug & Alcohol Action Team

Alasdair MacConachie.
Chairman, Darlington Strategic Partnership

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1. Executive Summary

1.1 The need for a local alcohol strategy

'*Safer Drinking – Safer Darlington'* (SDSD) was Darlington's Alcohol Harm Reduction Strategy for 2008-2011. This document, *The Next Steps*, builds on the work achieved and outlines commitments for 2012-15. Significant progress has been made under SDSD but, with Balance (North East Alcohol Office) estimating that alcohol still impacts our community by over £42m, there clearly remains much work to do. The previous strategy aimed to, and achieved, increased investment in treatment services and the alcohol agenda. The current economic climate, with major restructuring of Public Sector organisations and reductions in funding, sets the priority for *The Next Steps* - to maintain the profile of the agenda and find innovative ways to deliver, and protect, capacity to tackle alcohol related harm.

The Next Steps is based on a comprehensive process of stakeholder consultation and robust *Needs Assessment*, encompassing partner and service user information including; the PCT and Local Authority *Joint Strategic Needs Assessment* (JSNA); the Durham Constabulary *Strategic Intelligence Assessment*; service user and carer feedback; Balance; North West Public Health Obervatory (NWPHO) and Public Health Intelligence North East (PHINE).

Key messages

The needs analysis picture of alcohol-related harm to health, quality of life and community in Darlington remains concerning. Three key points illustrate the continued need for a focused, local strategy:

- Alcohol related mortality rates in Darlington continue to rise, by **2%** for men and **6%** for women in the last year. The incidence of chronic liver disease also remains high, rising for women by **5**% last year. Men and women in Darlington also have more years of life lost to alcohol than the national average
- Adult alcohol-related hospital admissions: progress has been made over the last three years, with the rate of increase reducing by **90%** from 14% between 2009-10 and 2010-11 to 1.4% between 2010-11 and 2011-12. However, numbers continue to rise and remain significantly higher than the national average
- Community safety and the night time economy remains an issue, with total alcohol-related crime rates in Darlington still higher than the regional average. Although there is evidence of a downward trend in alcohol-related crime over the last three years, a police audit suggests that there has been historic under-recording of alcohol as a factor in crime. Recording practice requires further improvement to increase accuracy. Estimates continue to put Darlington significantly ahead of the national average for binge drinking, at around **28%** of the adult population through the implementation of Safer Drinking - Safer Darlington:

The strategy mirrors the priorities of the Government Drug Strategy 2010 and Alcohol Strategy 2012, addressing prevention, treatment and control.

1.2 Key aims and objectives

The strategy seeks to ensure that Darlington's residents and visitors can enjoy alcohol in a safe and vibrant night time economy without harm to themselves or the community. It promotes increased awareness of hazardous or harmful drinking and drinking at lower risk. This is encapsulated in the overarching strategic aim of:

Making Darlington a safe and healthy place to live by reducing unsafe consumption of alcohol, reducing alcohol related crime and disorder and improving and protecting the health of the people of the Borough

The aim is underpinned by three key objectives which Darlington Partnership commits to through the implementation of Safer Drinking - Safer Darlington:

Prevention

- Raise awareness amongst the community, partner agencies and local businesses (including on/off sales licenced premises) of the harm caused by the misuse of alcohol and promote the responsible sale and consumption of alcohol

Recovery Treatment

- Reducing the harmful impact of alcohol on individuals through the provision of high quality recovery treatment services and ensuring identified priority groups engage with holistic support services

Control

- Continuing to make Darlington a safer place by reducing alcohol related crime and disorder by maximising the use of legislation

1.3 Darlington Partnership Priorities

The local strategic partnership - Darlington Partnership - has delegated Darlington Drug and Alcohol Action Team (DAAT) as the lead to co-ordinate the shaping, implementation and monitoring of the refreshed strategy and the programmes designed to achieve its aims and objectives and key performance indicators.

In addition, *Safer Drinking – Safer Darlington* contributes to several of the Darlington Partneship priority outcomes and remains central to its established, integrated multi-agency working. Darlington Partneship priorities are:

- **People in Darlington are healthy and supported**
- **People in Darlington are educated and skilled**
- **People in Darlington are financially secure**
- **Individuals are not disadvantaged by their family circumstance at birth, nor where they reside**
- **People live in cohesive and resilient communities**
- **People in Darlington live in sustainable neighbourhoods**
- **Our communities are safe and free of crime**
- **Darlington is an ambitious, entrepreneurial place in which businesses thrive and create wealth**

1.4 Implementation plan

The implementation and delivery of the refreshed strategy will be driven by a diverse range of key stakeholders, currently represented on the Alcohol Strategic Implementation Group (ASIG). This group will become the Adult Substance Misuse Planning Group (ASMPG), as the drug and alcohol agendas become more integrated. The group will be responsible for disseminating and performance managing all activities for the indicators outlined in the Performance Management Framework (PMF), coordinated by the Darlington Alcohol Harm Reduction Implementation Plan (DAHRIP).

The plan is designed to achieve co-ordination, integration and best value of alcohol harm reduction activities across the private, public and voluntary sectors and the wider communities. It will complement, rather than replace, other strategic plans where alcohol issues are identified as key indicators, such as Community Safety, DAAT Adult and Young People's Treatment Plans, Older People Strategy, Health & Wellbeing and Children & Young People's Plan.

Governance arrangements around Public Health and the local authority may be subject to change as part of national and local restructures. In the interim, the planning group will report to, and is directly accountable to, the DAAT Board as the lead agency on alcohol. It will also report to Darlington Partnership and associated groups/Boards e.g. the newly-created Health & Wellbeing Board, and ensure appropriate cross-referencing within partnership strategies. These structures will ensure the robust monitoring of implementation and delivery of the strategy, enabling Darlington Partnership to evaluate and review the effectiveness of activities.

2. Background

2.1 Introduction

Lower Risk Drinking

Drinking at a lower risk is drinking in a way that is unlikely to cause yourself or others significant risk of harm (Appendix D). The recommended advice is that:

- Adult men should not regularly drink more that 3-4 units of alcohol daily and should have at least 2 days alcohol free per week
- Adult women should not regularly drink more than 2-3 units of alcohol daily and should have at least 2 days alcohol free per week
- Pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby, they should not drink more than 1 – 2 units of alcohol once or twice a week and should not get drunk
- Guidance from the Chief Medical Officer recommends that children under the age of 15 should not have any alcohol at all and no more than one day per week of drinking, within adult guidelines, for those over 15.

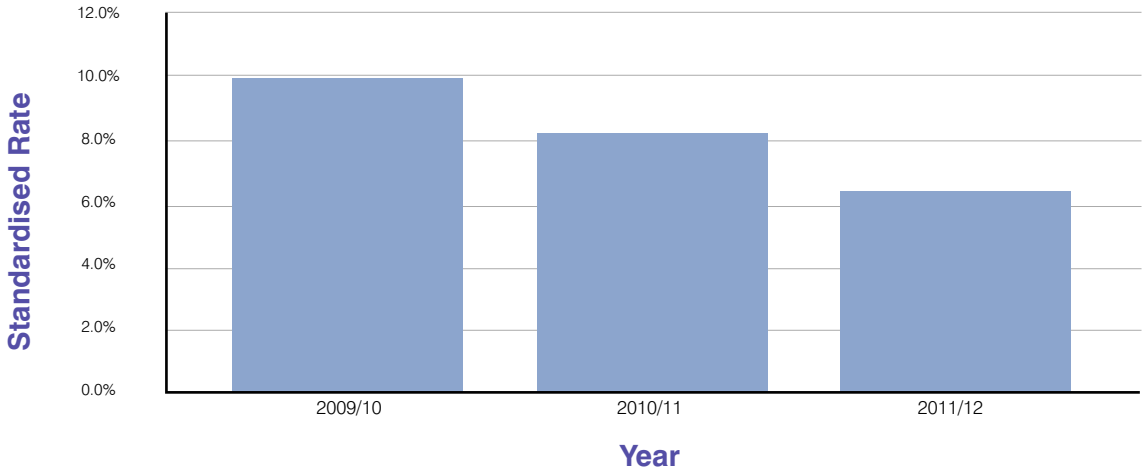
2.2 Achievements of Safer Drinking – Safer Darlington 2008-11

SDSD 2008-11 led to significant improvements in alcohol services in Darlington. Feedback from the National Support Team, who followed local progress during this time, was overwhelmingly positive, with many areas - including the Strategy itself and Social Norms work - flagged as exemplary good practice. The following are headline achievements from 2008-11 and the activities and services that represent current multi-agency responses to alcohol-related harm in Darlington:

Prevention

Evidence shows the most effective prevention approach used throughout this period was the young people's Social Norms Survey, and accompanying education, provided in Darlington's secondary schools. This includes regular schools events, facilitated by the Drug & Alcohol Education Officer, and school and year specific messages, delivered as part of the wider Social Norms approach. Encompassing, not only alcohol, but also questions around drug misuse, smoking, bullying, sexual health, diet and exercise, there is a growing body of evidence, from over 4 years of the survey, demonstrating year on year reductions in reported, and perceived, behaviour amongst over 4,000 young people (see graph opposite):

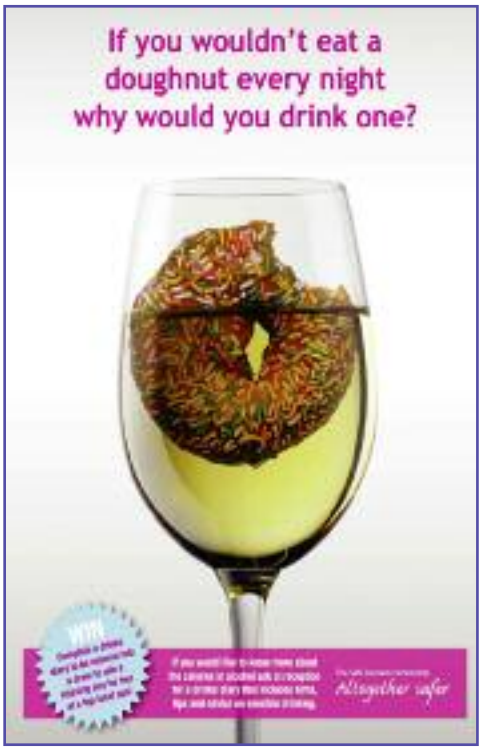
Percentage of Years 7-11 Reporting Being Drunk in the Last Week



This Social Norms approach, promoting positive role modelling messages, has been so successful in secondary schools that it has been rolled out to an older age group in colleges. Darlington Partnership has alcohol as a priority and piloted Social Norms for adults with a workplace survey, in partnership with local employers. This follows work by the DAAT and PCT to promote the implementation of evidence based Drug & Alcohol Workplace Policies.

The DAAT commissioned a training service that has trained over 1500 staff in generic and Children's Services in Identification & Brief Advice, resulting in increased referrals to treatment services and a more diverse range of referring agencies.

Police and partners work together with the community via PACT (Police & Community Together) Meetings to identify and resolve the issues that are of particular concern to local residents. Furthermore the Fire Service have implemented a Fire Death Protocol, with identified contacts in partner agencies, aimed at identifying individuals/households vulnerable to fire e.g. where someone's drinking may result in an accidental fire due to an unattended cigarette or stove.



Continued regional investment in, and work with, Balance (North East Alcohol Office) resulted in a wealth of productive and informative marketing, evaluation and analysis including memorable campaigns such as *See What Sam Sees* against the impact of alcohol advertising on young people. The Borough has participated in annual national Alcohol Awareness Week campaigns, recently themed around parental attitudes to drinking and impacts on young people. This has been enhanced locally by targeted PCT Social Marketing such as a calories campaign aimed at the weight conscious (see photo right):

Recovery Treatment

SDSD 2008-11, committed Darlington Partnership to significant increased investment in alcohol treatment services. This period saw major, recurring investment from the PCT, facilitating development of Darlington's first, dedicated adult Community Alcohol Service (CAS), with its own premises, in 2008. In addition, the development of comprehensive Integrated Care Pathways, for adults and young people, and the implementation of a Hospital Action Plan, ensures individuals with alcohol issues (including those with repeated hospital admissions) are identified, screened, referred and treated appropriately. Following the publication of the Government's 2010 Drug Strategy, further commissioning led to the implementation of a fully integrated, adult drug and alcohol recovery treatment service in 2012 – 'Connected Recovery'. The DAAT worked with the National Treatment Agency (NTA), partners and providers to source capital funding to refurbish suitable town centre premises to house the integrated service.

These developments enabled increased treatment capacity, with around **900** adults accessing services between the launch of CAS, at the end of 2008, and 2011. Planned exits increased steadily throughout the period, reaching **39%** in 2011. Although adult Alcohol Related Hospital Admissions have continued to rise, in line with national trends, Darlington is now seeing a slowing of that rate of increase.

The following is a true case from the adult treatment service:

Chris is 39, a self employed electrician and married with four children. Chris was initially referred to CAS through his GP, but did not attend. In the next two months he attended A&E 4 times and was admitted once as a result of his alcohol misuse. He was referred to CAS following admission to West Park Hospital but only engaged briefly. The following month he was in A&E again and admitted overnight. Chris was in A&E following self-harming but no further appointments were made after referral to the crisis team. On one occasion he was admitted to the mental health unit due to attempted suicide and self-harm. As a result of continued drinking, Chris lost his business, assaulted his wife and the police and social services became involved. He was forced to leave the family home and move into supported accommodation. It was at this point that CAS began intensive support with Chris, offering home detoxification with family support. Chris has been alcohol free for 5 months with continued weekly therapeutic involvement and prescribed medication. He continued to engage with CAS, is working again and rebuilding his relationship with his family.

In 09/10 he cost the Public Sector an estimated £14,373.
The cost of his alcohol treatment was £1984.

In line with the 2010 Drug Strategy, services are recovery orientated, service user centred and provided through a variety of different agencies and funding streams across the private, public and voluntary sector. They incorporate treatment services, from harm reduction to prescribing and in-patient; and

essential wrap round services. These include; work with Job Centre Plus around education, training and employment; Starting Point (mutual aid carer support) and housing initiatives such as those provided by Supporting People and First Stop's Assertive Outreach homelessness prevention and support services for chaotic individuals with multiple needs.

A Local Enhanced Serviced, commissioned by the PCT in 2009 and signed up to by 82% of Darlington GPs, screened almost 7000 patients and delivered over 300 alcohol brief interventions. A further pilot scheme, with Pharmacies, looks at delivering alcohol screening alongside provision of emergency contraception and was recently expanded to cover other key health conditions.

For young people, the multi-agency SWITCH team deliver a full range of specialist treatment services, linking in with Children's Services, Think Family initiatives and Troubled Families and High Impact Household work. Young people's substance misuse services were already integrated and, like adult treatment, also benefited from increased investment and capacity during this period.

As committed to in the initial SDSD Strategy, this included the development of a Dual Diagnosis mental health post, made possible through additional CAMHS investment. PCT investment enabled the addition of a dedicated Alcohol Worker, and a Youth Offending Service Throughcare post was also developed. This continued investment into young people's services has facilitated a greater penetration into the identified need for specialist services, with around **450** young people accessing treatment 2008-11. There has also been an increase in the number of young people leaving treatment in a planned way, with more than twice the number of planned exits in 2011 than were achieved in 2008. This period has also seen a steady reduction in the number of Under 18 Alcohol Related Hospital Admissions, bucking the the local and national adult trends. This is supported by the established Integrated Care Pathways between SWITCH and Darlington Memorial Hospital (County Durham & Darlington NHS Foundation Trust).

Control

As committed to in SDSD 2008-11, partners took a robust approach to alcohol related crime and disorder, facilitated through work with the police, National Offender Management Service (NOMS) and the newly established, multi-agency Offender Management Unit (OMU). The unit, including treatment service Arrest Referral Workers, is managed by Probation and based in the central police station.

Partners followed a 'stepped approach' to alcohol-related offending, matching nature and gravity of offence to appropriate interventions. New alcohol seizure procedures were introduced for consistency around evidence collated for the new offence of under 18's being repeatedly caught in possession of alcohol. There is also the use of police powers around Notice to Quit. Police can issue this to someone drunk, causing a nuisance in the town centre night time economy. The notice lasts for designated periods, such as 24 hours, with return to the area within that time - monitored via police and DBC's comprehensive CCTV system - resulting in a Public Order charge. A Penalty Notice for Disorder (PND) pilot scheme was trialled, giving offenders the option of halving the associated fine by attending an Alcohol Awareness session provided by treatment services.

For slightly more serious offences the police, in partnership with specialist treatment services, use a Conditional Caution, requiring the offender to have their alcohol use assessed. For more serious offences, coupled with identified higher levels of alcohol misuse, an offender may receive an Alcohol Treatment Requirement (ATR) Order imposed by the Courts. Regular reporting to Probation runs alongside a bespoke 12-week programme to address alcohol issues.

During this period a review, of the arrangements around Licensing of premises and improving the links between the police and local authority teams, resulted in the development of a co-located, multi-agency Licensing Alcohol Harm Reduction Unit (AHRU). Other partnership work included the development of profiles of identified High Impact Locations – linking to other Darlington Partnership work on Vulnerability; High Impact Households and Troubled Families.

Another successful initiative has been Stay Safe Operations, run by the police and the Anti-Social Behaviour Team, where young people found drunk in the night time economy are taken to a place of safety. If well enough to go home, their parents are asked to collect them and follow up work around alcohol awareness is carried out with both the young person and their parents, in addition to any treatment referrals, if required.

Lessons Learned

As with all strategies and plans, alongside significant achievements, there were also ideas and initiatives that didn't prove as effective or require further development. Darlington Partnership ran local Best Bar None (BBN) schemes, reflecting the national initiative. Whilst this assisted in raising awareness of good retail practice, and resulted in improvements in some local premises, there was an overall lack of buy-in from the trade. The BBN Board believe this was because the scheme is designed to combat alcohol related crime and disorder in larger, city centre areas, with the onerous accreditation process leaving small, local premises unable to participate.

Darlington Partnership also piloted a Street Paramedic Project, with a converted police crew bus carrying a multi-agency team consisting of police, Regimental Police and a qualified paramedic in the town centre at key times in the night time economy. Although providing excellent feedback from the individuals involved in both operating, and receiving, the service, an independent evaluation concluded that there wasn't sufficiently robust evidence available to warrant further roll out of the scheme.

Local implementation of the national Cardiff data collection model has also been fraught with difficulty. Whilst partners are keen to collate, and appropriately share, anonymised time, date and location information on alcohol-related violence collected at A&E, problems with the I.T. systems have resulted in patchy collection, reliant on a manual process. Despite this, the resulting data has been effectively used to uphold licencing decisions on identified problem premises.

2.3 National Context

Since 2010, the Government has made significant changes to the Public Sector, several of which impact the alcohol agenda, through policy changes/documents and key pieces of Legislation such as the Drug Strategy 2010; the Alcohol Strategy 2012; Police Reform & Social Responsibility Act 2011 and the Health & Social Care Act 2012:

- **NHS restructure:** disbanding of Primary Care Trusts (PCT's) and transfer of the majority of health commissioning responsibilities to newly formed Clinical Commissioning Groups (CCG's), made up of local GPs
- **Health & Wellbeing:** local authorities to develop and lead a statutory Health & Wellbeing Board and Health & Wellbeing Strategy to oversee integration of new health responsibilities
- **Public Health:** transfer of Public Health to local authorities. Drug and alcohol commissioning is now included in Public Health, integrating the associated funding into the new Public Health Grant from 2013
- **National Treatment Agency (NTA):** have moved from being a separate agency to become part of the newly formed Public Health England operational from April 2013 with broader responsibilities for Public Health harms including the facilitation of alcohol prevention and treatment.
- **Drug Strategy 2010:** Integrated drug and alcohol specialist treatment for those with an identified dependency
- **Alcohol Strategy 2012:** the Government committed to working with the alcohol industry to remove 1 billion units from the shelves by promoting lower strength drinks; improving calorie and unit labelling on drinks and restrict advertising. Also, to consult on; the level of Minimum Unit Pricing and banning multi-buy promotions
- **Police Crime Commissioners (PCC):** the introduction of elected PCCs, with responsibility for local crime, policing and community safety, could impact on elements such as Arrest Referral and local approaches to licencing and enforcement of alcohol-related crime
- **Increased Enforcement:** New powers such as a local authority Late Night Levy on premises; Public Health as a Licencing Authority linked to Cumulative Impact Policies and Early Morning Restriction Orders

Locally, it is essential that partners work together to ensure a smooth transfer of the DAAT, with Public Health, into the local authority and continue to keep alcohol on the agenda in the new landscape. This will necessitate key links with the Health & Wellbeing Board; Police Crime Commissioner and Clinical Commissioning Group.

2.4 Balance, North East Alcohol Office

Balance (North East Alcohol Office) was launched in 2009, hosted by the NHS, to address the specific issues the region had in relation to alcohol misuse. The North East had, and still has, the highest rates of alcohol related hospital admissions in England and the highest rate of deaths from alcohol related liver disease. Liver disease amongst 30-34 year olds has grown at particularly alarming rates, of over **400%** in the last eight years. Balance's remit is to lead and drive the regional alcohol agenda; provide information and advice, share emerging good practice and advocate for change. Balance run social marketing campaigns on safe consumption and health messages; and ensure consistency, equity of access to, and delivery of, services. Recent successful campaigns include *See What Sam Sees*, raising awareness of the extent and impact of alcohol advertising on young people and the National NHS *Change 4 Life* campaign.

The three key areas in which they lobby for change are around the strength, price and availability of alcohol. In particular, associated marketing and advertising and the increasing connections made between this and increased consumption – especially in under 18s. Balance welcomes the Government's spotlight on these issues, and commitment to national consultation in the new National Alcohol Strategy, and commits to working with partners in the region to:

- focus on **Minimum Unit Price** to eliminate cheap alcohol
- work with licencing organisations to control **availability** in the community
- galvanise local support for restrictions on alcohol **advertising**

The majority of people in the North East, and 59% in Darlington, already support minimum unit price. Balance plan to harness and increase this support with a targeted campaign during the 2012 Alcohol Awareness Week and throughout the length of the consultation for individuals and organisations to sign up to a minimum level of 50p per unit. This level would not affect prices in pubs and clubs - protecting businesses and employment currently affected by cheap supermarket prices - but, alongside the Government's commitment to consulting on a ban on multi-buy promotions, would affect off-licence prices of white spirits and ciders that are younger drinkers' drink of choice. Government backed research by the University of Sheffield, calculates that, for every year after ten years, this would reduce: alcohol-related deaths by more than a quarter, crimes by 46,000; hospital admissions by 100,000; unemployment by 27,000 and save the country an estimated £1 billion a year.

2.5 Current Darlington alcohol-related harm profile

The DAAT local Alcohol Needs Assessment for 2012 builds on the Alcohol Needs Assessment work of 2007 that informed the initial alcohol strategy, *'Safer Drinking. Safer Darlington' (2008-2011)*. It also informed the alcohol element of the service specification for the new, adult integrated Connected Recovery treatment service.

During 2008-2011 the DAAT, along with other partners, has also contributed to other key pieces of local strategic needs assessment work including; the PCT Alcohol Health Needs Assessment; the annual Joint Strategic Needs Assessment (JSNA) between the PCT and the local authority; Durham Constabulary's Police Strategic Intelligence Assessment (SIA). Alcohol also features in a number of local strategies around

Anti-Social Behaviour; Domestic Abuse; Sexual Violence; Sexual Health and Violent Crime. This facilitates informed decision making for setting the strategy aims, objectives and indicators, and more effective targeting of resources and commissioning.

Further priorities arise from the current political and economic climate and major associated changes, such as the move to sustainable outcomes via Recovery Orientated Treatment and the integration of specialist drug and alcohol services and funding.

Balance estimates that the impact of alcohol on our community is in excess of **£42m**. This incorporates costs to the NHS; the workplace; licencing; criminal justice and social services and represents an overall cost per head of population of **£417** or **£879** to each Tax payer (*see chart below*).

Local Needs Assessment, and partner information, highlights the extent of the burden of alcohol misuse

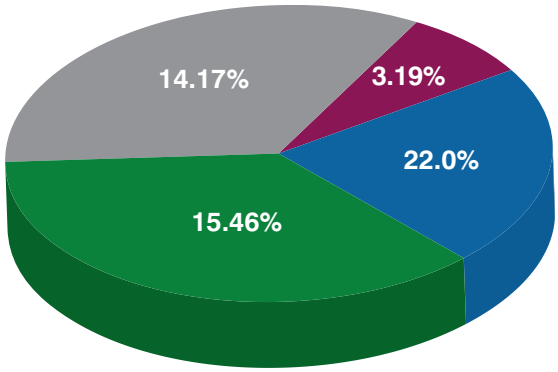
The Cost of Alcohol Harm

Estimated at £42.08 million with a cost per head of population at £417

NHS: £9.26m
Crime & Licensing: £15.46m
Workplace: £14.17m
Social Services: £3.19m

Total Cost: £42.08m

Source: Balance



and related harm in Darlington:

Health & Well Being

- Life expectancy varies within Darlington, with men living up to 14 years, and women up to 10 years longer in the more affluent areas compared to the most deprived
- Deaths as a direct result of alcohol misuse, whilst not significantly different to Regional or National rates, has gone up **2%** for men and **6%** for women, with chronic liver disease for women also up by **5%**
- Men in Darlington have more years of life lost to alcohol-related disease than the national average with the older generation as the highest risk group
- Revised National Drug Treatment Monitoring System (NDTMS) estimates put Darlington's alcohol dependent population at around **3700** individuals. In 2010-11 around **14%** of these were accessing specialist treatment services. Despite having a greater proportion of clients with multiple needs, Darlington is one of the most effective areas regionally at reaching those in need of treatment. This demonstrates the improved treatment capacity but still needs to increase
- Alcohol Consumption: of those entering treatment in 2010-11, **60%** reported consuming levels from

400-1000+ units per month prior to engaging

- Local treatment service data from 2008-12 suggests that treatment is more successful when people remain in treatment between 12 weeks and 12 months. Also, as the majority of those who return to treatment do so after 9 months, a long term follow up relapse prevention programme is required
- Binge drinking rates in Darlington remain higher than national averages, at an estimated **28%** of the adult population, rising to an estimated 26-50% in 'hotspot' areas. Preloading before a night out is also a local cultural issue
- Increasing and higher risk drinkers represent **37%** of the population, with the greatest number aged 25-44 and misuse greater in men than women
- The Social Norms Survey indicates that alcohol is the most problematic substance for young people, with around **1400** (11-16 yrs) requiring targeted education. A further estimated **700** young people require more in-depth work, with around **300** requiring structured treatment and support
- In 2010-11, estimates of alcohol-related hospital admissions costs to Darlington were over **£5.5m**. Adult rates remain higher than regional and national averages and continue to rise. Admission rates for young people, though reducing, are still significantly higher than other parts of the country demonstrating the need for continued focus on targeted health messages for children and young people
- Local Needs Assessment suggests around **20%** of those accessing treatment have housing issues recorded on entering the service. This figure is predicted to rise as a result of social & welfare reforms, such as the introduction of Single Room Rent for those under 34 and lack of this type of accommodation locally. The figures could also reflect the fact that someone who is homeless would be less likely to access treatment and the First Stop Assertive Outreach Project was set up for individuals with multiple needs
- Alcohol has a significant impact on the individual's ability to both obtain, and sustain, employment. Balance estimates this costs Darlington around **£2.7m** a year in sickness absence from work
- An identified priority group is older drinkers, with a rise of over **370%** in alcohol related hospital admissions for the over 65s since 2003
- Also identified as a priority is the Lesbian, Gay, Bi-sexual and Transgender (LGBT) community: based on the Part of the Picture research, and general population data from the *British Crime Survey (2010/11)*, this community is **7** times more likely to use drugs and alcohol; twice as likely to binge drink at least once a week and more likely to become dependent – as high as **25%**. The research makes recommendations on more appropriate and accessible treatment services for this priority group and how to monitor engagement
- Veterans: according to national research, around **13%** of service personnel report alcohol misuse, with the highest levels reported in combat roles, and higher than the general population
- North East Ambulance service (NEAS) data for 2009-10 recorded **322** alcohol related ambulance callouts. However, ongoing issues with accurate recording around alcohol suggests that the reality could be over **3** times this
- During 2011-12, **58** children were subject to a Child Protection Plan where parental alcohol misuse was

identified as a factor

Crime & Control

- Darlington has **318** licenced premises, with bars employing almost **2%** of the population
- Licencing: illicit and counterfeit alcohol bypasses all controls on the sale of alcohol, can contain dangerous levels of products such as methanol, and is often targeted at the young and vulnerable. The AHRU works with partners to identify and remove products and pursue offenders dealing in them
- Total alcohol-related crime rates (**7%** of total crime in Darlington) remain higher than the regional average but close to the national average, with evidence of a clear downward trend over the last three years
- Violent crimes recorded as having alcohol as a contributory factor have risen from 14% in 2007/08 to **29%** in 2011-12. However, this could reflect the employment of an Alcohol Harm Reduction Officer in Durham Constabulary during this period and associated improvements in recording accuracy, rather than an actual rise in alcohol related incidents
- Over 2010-12, overall numbers of reported incidents of anti-social behaviour reduced but the % recorded as having alcohol as a contributory factor remained the same, at **17%**. As above, this could reflect more accurate recording practice
- In 2011-12, **42%** of domestic abuse incidents were recorded by Durham Constabulary as alcohol-related, suggesting this is a significant factor locally
- County Durham & Darlington Fire & Rescue Service data (2009/12), tells us that **10%** of home fires are caused by people suspected to be under the influence of drink or drugs, with **57%** of these having victims (fatality/injury/rescue). In Darlington, in **100%** of fire deaths, the victim had consumed alcohol

3. Local priorities in tackling alcohol-related harm

3.1 Gaps - what local research and analysis tells us

The evidence and information collated from National, Regional and local data (Needs Assessment - see Section 2.5), provides a picture of, not only existing services, but also the gaps and areas requiring additional focus:

Prevention

It is essential to ensure that local investment in alcohol services over the last three years is protected and maintained in light of national changes to Public Sector structures including; the inclusion of alcohol commissioning in the redefined Public Health responsibilities; the Public Health move to local authority; and the associated funding allocation within the new Public Health Grant. This necessitates appropriate links and representation within the new governance frameworks and input into key strategic plans, for example, the Health & Wellbeing Board and Strategy and the emerging Clinical Commissioning Group.

The local Needs Assessment identified the need for further scoping of adult need in relation to alcohol harms. Darlington Partnership has selected alcohol as one of its key priority themes and whilst initial projects include the piloting of Social Norms initiatives in the workplace, further work is required to understand the impact on this setting.

There remains a need to improve data collection, collation and information sharing across the partnership, more effective pooling of resources and closer alignment of strategic plans and targets. In particular, more rigorous recording and monitoring in specific areas, such as criminal justice and police data and the embedding of the Cardiff model in A&E. This work also involves the evaluation of the effectiveness of previous campaigns and initiatives. For example, Balance intends to carry out an evaluation of the national '*Change 4 Life*' campaign in relation to alcohol.

The implementation of training provision to staff in generic services has been very successful (see Section 2.2). However, it has proved extremely difficult to monitor the subsequent delivery in those services and resulting outcomes in terms of numbers of; individuals screened; Brief Interventions delivered; referrals to specialist services. Consequently, the quality assurance and effective monitoring of this delivery remains an area for improvement in both this strategy and also the Children & Young People's Substance Misuse Strategy.

Recovery Treatment

Health inequalities, identified in the JSNA, remain significant - with large differences within the Borough and also compared to the region and nationally. Much work has already been done to commission adult Recovery Treatment Services and review and improve young people's services (see Section 2.2). However, there remains further work to do to; embed the adult service; develop

associated care pathways and create a level of 'visible' recovery in Darlington that will lead to the required improvements in sustainable outcomes.

In addition to the focus on recovery, it is essential not to lose focus on penetrating the need for specialist treatment, as identified in the Needs Assessment, by increasing numbers into treatment. Local and national data suggests there is currently a downward trend to adults accessing treatment.

Again, although much progress has been made locally in relation to reducing Alcohol Related Hospital Admissions, alcohol deaths for both men and women in Darlington are still increasing (see Section 2.5) and therefore this must remain a priority.

There remains a strong commitment to meaningfully involve, obtain and act upon the views and perspective of, service users and carers to shape services at strategic and operational level. The Service Implementation Review highlighted further development work and continued focus to ensure the service is appropriate to meet the needs of the community. This will include targeted Assertive Outreach work in respect of Equality & Diversity and engagement of priority and hard to reach groups. Gaps have been identified by Gay Advice Darlington (GAD), and the Needs Assessment, around the LGBT community. There are planned reviews of; maternity services; information sharing with NOMS around Darlington residents in prison and continued development of local work with Veterans.

Dual Diagnosis remains an area for improvement and pathway development will be taken forward via a newly established countywide group. In addition, the significant national and local changes across the Public Sector and Social Care Reforms (outlined above) require a joined up, multi-agency response in order to mitigate potential negative impacts for the client group. This will include work on the wider determinant factors of recovery such as, education, training and employment and accommodation.

Control

The newly established role of Police & Crime Commissioner diverts elements of funding away from the DAAT and could impact on successful local reducing offending initiatives such as Arrest Referral. Work is therefore required to develop an evidence base to support future Business Cases to the new commissioning structures.

There must also be continued emphasis on, and development of, work to Restrict Supply of illicit and/or counterfeit alcohol and reduce underage and Proxy Sales. This includes; more accurate data recording and information sharing, via forums such as the countywide Disruption Panel and the work of the new, co-located Alcohol Harm Reduction Unit. The Unit will lead co-ordination of a more cohesive approach to tackling disorder, including targeting of Street Drinking, as identified via the Durham Constabulary SIA and liaison with the Pubwatch scheme.

3.2 Priorities

In addition to maintaining progress made, it is important to acknowledge the remaining areas for development and improvement. Drawing on the local Needs Assessment, Harm Profile and above gap analysis, the following headline priority themes have been identified for Darlington:

Prevention

- To protect local investment in the alcohol agenda and mitigate the impact of national and local changes e.g. Social Reform Impact
- To protect investment in Alcohol Arrest Referral through development of data collection/monitoring, providing robust evidence to the Police & Crime Commissioner
- To maintain the profile of the alcohol agenda locally and link into new governance structures and strategies – CCG; Health & Wellbeing
- To develop mechanisms for effective monitoring of identification, screening and brief advice delivery
- To continue expansion of the Social Norms approach across adult and young people's settings
- To participate in Government consultations around alcohol including; Minimum Unit Pricing; ban on multi-buy promotions in the Off Licence Trade; Public Health (PH) as a Licencing Objective linked to Cumulative Impact Policies and a review of the Mandatory Sales Code
- Expand existing multi-agency information sharing and data collection protocols – including work with NOMS re improving communication and services to Darlington residents in prison

Recovery Treatment

- To protect investment into alcohol treatment
- To embed and promote the Connected Recovery treatment service
- To continue meaningful acquisition and utilisation of Service User and Carer perspectives/involvement and take a whole family approach
- To ensure equality of access and service including for priority groups e.g. veterans; LGBT; offenders/prisoners
- To maintain, and seek to expand, current levels of investment in young people's substance misuse services
- To develop/improve pathways to other services (Dual Diagnosis; generic Counselling; Domestic Abuse) and wraparound provision (Education, Training and Employment (ETE), Housing)
- To reduce the number of alcohol-related hospital admissions below the regional average and closer to the national average

Control

- To reduce the level of total alcohol-related crime, in line with the region
- To work with partners via the multi-agency Disruption Panel to restrict supply of illicit and/or counterfeit alcohol through identification and removal
- To ensure rigorous use of powers around problem premises, (multi-agency Alcohol Harm Reduction Unit), alcohol-related crime; and underage/proxy sales
- To develop more accurate recording of information, including improvements to the local Cardiff model and evaluate offender programmes, such as ATRs

4. Implementation, monitoring, evaluation & review of the strategy

4.1 Strategic framework for implementing the alcohol strategy

The DAAT has the lead for alcohol across the partnerships and the development of the 2008-11 strategy. The refresh of the strategy follows the launch of the Government's Alcohol Strategy 2012. SDSD Next Steps incorporates relevant, local targets and local strategic plans in order to develop effective partnership working, ensure coordinated delivery and maximise effective use of resources.

The Alcohol Strategic Implementation Group (to become the Adult Substance Misuse Planning Group, ASMPG) will report to and receive information from the Darlington Partnership thematic groups and Boards (subject to national and local changes, as above), and provide performance progress reports on a quarterly basis via the DAAT Board. The group will drive and coordinate the actions in the implementation plan to obtain outputs/outcomes to meet the indicator targets and achieve the strategy aims and objectives.

4.2 Implementation Planning

The Alcohol Strategic Implementation Group (to become ASMPG) is now well established within Darlington Partnership structures. This is an effective co-ordinated approach, bringing together all key partners, ensuring a dedicated focus on the implementation, delivery and performance management of the strategy. This avoids duplication and omission of key activities and information sharing.

The group will monitor progress by the comprehensive Darlington Alcohol Harm Reduction Implementation Plan (DAHRIP), with actions underpinning the key indicators outlined in the Performance Management Framework (PMF) in Appendix A. The DAHRIP will detail all activities to be carried out, and outcomes or outputs required to achieve the key indicators that will fulfil the strategy's objectives and overall aim. Each activity will have a designated lead agency and responsible officer with agreed timescales for completion. The PMF provides a scorecard to enable effective collation, recording and reporting on the progress of the key indicators through the DAAT Board to the Partnership.

4.3 Monitoring, evaluation and review

The comprehensive performance management framework has been updated to reflect progress made and local and national changes, such as the removal of the National Indicator Set. This will enable continued robust monitoring and evaluation of the effectiveness of the strategy. The framework includes the scorecard (Appendix A) outlining the key performance indicators and targets required to achieve the strategy's objectives around Prevention, Treatment and Control.

The current, detailed implementation plan (DAHRIP) will be reviewed, in line with the refresh, with the range of activities that will underpin the indicators and targets to take the strategy forward. The ASMPG will report progress on a quarterly basis through the DAAT Board to the appropriate Darlington Partnership Boards/Groups, using the Performance Plus rating system against the PMF Scorecard (Appendix A) and the DAHRIP.

A Risk Register will form part of the report, detailing Indicators that are not 'on target' and or at risk of failure. Proposed Remedial Action Plans for these indicators will accompany the Board Report and will require approval and ratification. Progress against the Remedial Action Plans, for all key indicators not achieving target progress, will be reviewed at the next board under the same rating system.

A strategic review will be carried out annually to sign off annual targets, revise or set targets for the following year, where required, and approve any indicators to be removed or added as a result of changes to local, regional or national needs analysis and or policy change.

5. Performance management framework

5.1 Outline of key performance indicators and activities

This section outlines key performance indicators selected to most effectively demonstrate performance against the strategic objectives. These will be under pinned by a wide range of activities, designed to achieve agreed outcomes and/or outputs. The activities will be detailed in full in the DAHRIP and subject to change throughout the strategy through the monitoring and review process (see Section 4.3). Some of the main activities, linked to key priorities are outlined below. As previously stated, they are in line with national and local strategic priorities.

Objective 1: Prevention - Darlington Partnership commits to raising awareness amongst the community, partner agencies and local businesses (including on/off sales licenced premises) of the harm caused by the misuse of alcohol and promote the responsible sale and consumption of alcohol

Darlington Partnership will achieve this with activities including:

- Developing links to CCGs; Health & Wellbeing Board etc; clarifying roles & responsibilities and identifying opportunities for joint commissioning, both locally e.g. with CCG, and also sub-regionally e.g. with other local authorities across Tees Valley
- Sharing resources, linking strategic plans and improving information sharing and data recording
- Supporting schools and colleges to continue to use the Social Norms approach and deliver associated education
- Working with employers to raise awareness of issues relating to the effect of alcohol related harm in the workplace e.g. roll out of Social Norms
- Providing support and training to monitor delivery of Brief and Early Interventions in generic services
- Work with the Local Safeguarding Children's Board (LSCB) on the relationship between alcohol and sexual exploitation
- Using the Borough's Community Partnerships, PACT Meetings and other existing forums to engage and involve residents
- Working with local Business Improvement District and Pubwatch members
- Exploring local potential around the Cumulative Impact Policy
- Involvement in local/national publicity and awareness campaigns/ consultations such as; Minimum Unit Pricing; Alcohol Awareness Week; publicising local achievements; social marketing and promotion of Designated Driver Schemes
- Roll out of the local Fire Death Protocol and staff training for partners

The Partnership will demonstrate this by achieving the following indicators:

- Indicator 1: Reduced substance misuse amongst young people:
- 1.1 % of young people drinking in the last week*:
- Timescale: Baseline in 2011/12: **18.4%** Targets: 2012/13: **17%** 2013/14: **15%** 2014/15: TBC
- 1.2 % of young people drunk in the last week (y7-11)*:
- Timescale: Baseline in 2011/12: **7%;** Targets: 2012/13: **6%**; 2013/14: **5%** 2014/15: TBC

*monitored via the Social Norms Survey

- Indicator 2: Increased number of Alcohol Brief Interventions delivered by trained staff in generic/provider services:
- 2.1 Alcohol BI's delivered:
- Timescale: Baseline in 2011/12: N/A; Targets: 2012/13: **500**; 2013/14:TBC; 2014/15:TBC
- Indicator 3: Increased number of people taking part in the Social Norms work to address alcohol misuse in Darlington:
- 3.1 maintain number of young people taking part (usable responses) in Social Norms work to address alcohol use
- Timescale: Baseline in 2011/12: **4222** (X6 Sec Sch/D'ton College); Targets: 2012/13: **5000**; 2013/14: **Flatline**; 2014/15: **Flatline**
- 3.2 number of adults, working or living in Darlington, taking part in Social Norms work to address alcohol use
- Timescale: Baseline in 2011/12: N/A; Targets: 2012/13: Develop Baseline; 2013/14: Increase year on year; 2014/15: Increase year on year

Objective 2: Recovery Treatment - Darlington Partnership commits to reducing the harmful impact of alcohol on individuals through the provision of high quality recovery treatment services, and ensuring identified priority groups engage with holistic support services

Darlington Partnership will achieve this with activities including:

- Embedding and effectively promoting the open access Connected Recovery Treatment Service
- Enhancing service user and carer involvement through development of; Peer Mentors; Mutual Aid and Peer Support Groups; Volunteer Opportunities; Surveys/feedback mechanisms
- Improving Assertive Outreach; increasing visible recovery by increased Peer Mentor/volunteer development and establishing a Recovery Centre to provide continuing care following treatment
- Reviewing and improving existing referral pathways to treatment - especially in relation to in-patient and Dual Diagnosis services
- Improving support to offenders by developing the stepped approach; training staff re Rehabilitation of Offenders Act; and improving information sharing e.g. with prisons

- Protecting current Alcohol Arrest Referral provision within the Prolific and other Priority Offender (PPO) Offender Management Unit (OMU) in the Custody Suite at Darlington Police Station
- Continuing to protect investment in, and develop education, prevention, treatment and support services for young people, in particular young women and young people in the criminal justice system
- Working with statutory, third sector and service user and carer organisations to ensure access/engagement of hard to reach and vulnerable groups including those with frequent hospital admissions; veterans; older people; LGBT and travelling communities

The Partnership will demonstrate this by achieving the following indicators:

- Indicator 4: Reduced alcohol hospital admissions:
- 4.1 Reduced rate of increase in adult alcohol-related hospital admissions:
- Timescale: Baseline in 2011/12: **2366**; Targets: 2012/13: **2366**; 2013/14: TBC*; 2014/15: TBC*

*New calculation method – TBC

- 4.2 Reduced number of young people's alcohol specific hospital admissions:
- Timescale: Baseline in 2011/12: **26**; Targets: 2012/13: **25**; 2013/14: **24**; 2014/15: TBC
- Indicator 5: Increased numbers of adults accessing recovery treatment services:
- Timescale: Baseline in 2011/12: **444**; Targets: 2012/13: **444**; 2013/14: TBC; 2014/15: TBC
- Indicator 6: Increased sustainable recovery outcomes:
- 6.1 Increased adult Successful Completions (as a % of those in treatment):
- Timescale: Baseline in 2011/12: **30%** (133); Targets: 2012/13: **25%** (-111); 2013/14: TBC; 2014/15: TBC
- 6.2 Increased number of young people's Planned Exits:
- Timescale: Baseline in 2011/12: **74**; Targets: 2012/13: **85**; 2013/14: **100**; 2014/15: TBC

Objective 3: Control - Darlington Partnership commits to continuing to make Darlington a safer place by reducing alcohol related crime and disorder by maximising the use of legislation

Darlington Partnership will achieve this with activities including:

- Working with partners, including the ASB Team, AHRU and BID, to manage the Town Centre and hotspot areas effectively
- Adopting a sustained approach to enforcement, using a range of appropriate measures including: confiscation of alcohol; Dispersal Orders; Designated Public Place Orders (enabling police to move on groups of people causing a nuisance drinking in public); Notice To Quit; Early Morning Restriction Orders; development of a 'Mystery Shop' Scheme for On Licence premises and charging youngsters persistently caught in possession of alcohol

- Building on the Test Purchase programme to reduce the supply of alcohol to young people including; work on reducing, and enforcement against, Proxy Provision – to be led and/or co-ordinated by the Alcohol Harm Reduction Unit
- Exploring local potential around the Cumulative Impact Policy and Late Night Levy
- Research into the total number of hours that alcohol is available locally and the density of licenced premises within the population
- Continued work on profiling of High Impact and Vulnerable Locations

The Partnership will demonstrate this by achieving the following Indicators:

- Indicator 7: Reduced alcohol-related violent crime:
- Timescale: Baseline in 2011/12: **29%**; Targets: 2012/13: Anticipate increase due to improved recording; 2013/14: TBC; 2014/15: TBC
- Indicator 8: Reduced alcohol-related Anti Social Behaviour:
- Timescale: Baseline in 2011/12: **17%**; Targets: 2012/13: Anticipate increase due to improved recording; 2013/14:TBC; 2014/15:TBC

6. Communication of the strategy

A comprehensive Communication Plan is attached (Appendix B), detailing how SDSD Next Steps will be distributed and the contents disseminated to Darlington Partneship internal partner agencies, external agencies and the wider community and media. This will include an executive summary of the strategy, designed by and for young people in an appropriate, accessible format such as a website.

References

Alcohol Harm Reduction Strategy for England 2004

Balance (North East Alcohol Office) Research

British Crime Survey 2010/11

Children & Young People's Substance Misuse Strategy 2011-14 (Darlington)

Choosing Health: Making Healthier Choices Easier 2004

Community Safety Plan – Vulnerability; ASB; High Impact Households; Drugs & Alcohol & Reducing Offending & Re-Offending

County Durham & Darlington Fire & Rescue Service data (2009/12)

DAAT Adult Treatment Plan 2012-13

DAAT Children &Young People's Treatment Strategy 2011-14

Darlington Alcohol Needs Analysis 2011

Darlington Local Area Agreement (LAA)

Drug Strategy 2010

Durham Constabulary

Government Alcohol Strategy 2012

National Indicator Set

Newcastle University Evaluation of Street Paramedic Project

North East Ambulance Service data

North East Alcohol Misuse – statement of priorities

North West Public Health Observatory data

One Darlington: Perfectly Placed – Sustainable Communities Strategy

Part of the Picture – LGBT Research

PCT Strategy

PCT Countywide Alcohol Health Needs Assessment 2012

Public Health Intelligence North East data

Safer Drinking. Safer Darlington 2008-2011 - local alcohol harm reduction strategy

Glossary:

A & E: Accident and Emergency Department

ATP: Adult Treatment Plan

AHRSE: Alcohol Harm Reduction Strategy for England 2004

AHRU: Alcohol Harm Reduction Unit

ASB: Anti-social behaviour

ATR: Alcohol Treatment Requirement Order

BBN: Best Bar None

CAF: Common Assessment Framework

CAMHS: Child & Adolescent Mental Health Services

CAS: Community Alcohol Service

CYPP: Children & Young People's Plan

CSP: Community Safety Partnership

DAAT: Drug & Alcohol Action Team

DAHRIP: Darlington Alcohol Harm Reduction Implementation Plan

DANOS: Drug & Alcohol National Occupation Standards

DBC: Darlington Borough Council

DH: Department of Health

DISC: Voluntary sector organisation providing support services

DP: Darlington Partnership

DPPO: Designated Public Place Order

GAD: Gay Advice Darlington

HIW: Health In Work Programme (PCT)

HO: Home Office

JSNA: Joint Strategic Needs Assessment

KPIs: Key Performance Indicators

LAA: Local Area Agreement

LGBT: Lesbian, Gay, Bi-sexual & Transgender

LSCB: Local Safeguarding Children Board

MoCAM: Models of Care for Alcohol Misuse

NEAS: North East Ambulance Service

NECA: NECA

NERAF: NERAF

NESAB: North East Strategic Alcohol Board

NHS: National Health Service

NTA: National Treatment Agency

NTE: Night Time Economy

NOMS: National Offender Management Service

NWPHO: North West Public Health Observatory

OMU: Offender Management Unit

PACT: Police & Community Together Meeting

PCC: Police & Crime Commissioner

PCT: Primary Care Trust

PHINE: Public Health Intelligence North East

PMF: Performance Management Framework

PND: Penalty Notice for Disorder

PTB: Pooled Treatment Budget

QuADS: Quality Alcohol & Drugs Services

SCS: Sustainable Communities Strategy

SDSD: Safer Drinking - Safer Darlington Alcohol Strategy

SIA: Durham Constabulary Strategic Intelligence Assessment

TEWV: Tees, Esk & Wear Valley NHS Foundation Trust

TVCP: Tackling Violent Crime Programme

YOS: Youth Offending Service

YPTP: Young People's Treatment Plan

Appendix A

Darlington Alcohol Harm Reduction Performance Management Framework

INDICATOR	LEAD AGENCY	BASELINE 2011/2012	TARGET 2012/2013	TARGET 2013/14	TARGET 2014/15
OBJECTIVE 1: Prevention					
Indicator 1: ***Reduced alcohol misuse amongst young people:*** • **1.1% of young people drinking in the last week*.** • **1.2 % of young people drunk in the last week (y7-11)*.** * monitored via the Social Norms Survey	DAAT/ Darlington Borough Council	18.4% 7%	17% 6%	15% 5%	TBC TBC
Indicator 2: ***Increased number of Alcohol Brief Interventions delivered by trained staff in generic/provider services:*** • **2.1 Alcohol BI's delivered.**	DAAT/ Darlington Borough Council N/A	N/A	500	TBC	TBC
Indicator 3: ***Increase number of people taking part in the social norms work to address alcohol misuse in Darlington:*** • **3.1 maintain number of young people taking part (usable responses) in social norms work to address alcohol use.** • **3.2 number of adults working or living in Darlington taking part in social norms work to address alcohol use.**	DAAT DAAT/DSP	4222 (x6Sec Sch/D'ton College) N/A	5000 Develop baseline	Flatline Increase year on year	Flatline Increase year on year
OBJECTIVE 2: Recovery Treatment					
Indicator 4: ***Reduced alcohol hospital admissions:*** • **4.1 Reduced rate of increase in adult alcohol-related hospital admissions.** • **4.2 Reduced number of young people's alcohol specific hospital admissions.**	ALL	2366 26	2366 25	*New calculation method – TBC 24	TBC TBC
Indicator 5: ***Increased numbers of adults accessing recovery treatment service.***	NECA	444	444	TBC	TBC
Indicator 6: ***Increased sustainable recovery outcomes:*** • **6.1 Increased adult Successful Completions (as a % of those in treatment).** • **6.2 Increased number of young people's Planned Exits (inc Drugs).**	DAAT/NECA DAAT/DBC/ TEWVNHSFT	30% (133) 74	25% (-111) 85	TBC 100	TBC TBC
OBJECTIVE 3: Control					
Indicator 7: ***Reduced alcohol-related violent crime.***	Durham Constabulary, Darlington Borough Council	29%	Anticipate increase due to improved recording	TBC	TBC
Indicator 8: ***Reduced alcohol-related Anti Social Behaviour.***	Durham Constabulary, Darlington	17%	Anticipate increase due to improved	TBC	TBC

Appendix B

Safer Drinking - Safer Darlington

The Next Steps 2012-15

Darlington's Alcohol Harm Reduction Strategy

Communications Plan

1.Introduction and background

Safer Drinking – Safer Darlington Alcohol Harm Reduction Strategy 2008-11, made great progress in tackling alcohol-related harm in the Borough but there remains an identified need to increase investment in treatment and support services.

This need is borne out by local data:

- There have been an average of 15 alcohol-related deaths in Darlington each year since 2001, there are increasing numbers of cases of chronic liver disease and men, in particular, are losing more years of life due to such diseases than the national average.
- Hospital admissions linked to alcohol are higher than the regional average, particularly in the younger age groups of up to 24-years-old for men and 19 for women.
- Alcohol-related crimes are above the regional average, while about a quarter of Darlington's adult population binge drink – placing the town well above the national average.

Against this backdrop, the refresh of the Safer Drinking – Safer Darlington (SDSD) strategy, spanning the next three years, has been developed.

Devised by the multi-agency Alcohol Strategic Implementation Group, on behalf of Darlington Partnership, it is a product of extensive consultation and sets challenging targets for the future.

It is viewed as a strategic objective of Darlington Partnership and partners and led by the Drug and Alcohol Action Team (DAAT) who will lead co-ordination of the work.

As a result, a robust communications plan is required to ensure that key messages reach varied audiences in a timely and effective manner.

2. Communications Plan Aims

The communications plan is designed to widely inform on the ambitions, launch, progress and outcomes of the strategy. It will achieve this by:

- Creating an understanding between Darlington Partnership and the public of the strategy's aims;
- Outlining the scope of the strategy;
- Outlining its outputs, outcomes and timescales;
- Outlining and implementing external communication mechanisms to increase public confidence and get across crucial health and community safety messages;
- Outlining and implementing internal communication mechanisms to help ensure effective delivery of the strategy;
- Developing and implementing a comprehensive media relations and publicity campaign, and managing media relations throughout the lifetime of the strategy;
- Enhancing and protecting the Darlington Partnership and partners' reputations;
- Managing potential crises;
- Managing expectations of what can realistically be achieved.

3. Target Audience

- Local employers, retailers and other businesses including owners of pubs, clubs and other licensed premises and off licence/retailers throughout Darlington;
- Target groups over-represented in adverse health statistics;
- Staff and students, plus parents of students, of schools/colleges throughout Darlington;
- Darlington Partnership members;
- Darlington Borough Council members and services;
- Service Users & Carers
- Residents, members of the Public and the Community
- Statutory and Voluntary Sector Organisations and treatment providers
- Balance – North East Alcohol Office
- All local and regional media

4. Key Media and Communication Methods

- Local and regional print media – i.e. The Northern Echo; Darlington and Stockton Times; Darlington Advertiser; Darlington Herald and Post; Evening Gazette; Tees Valley Standard; The Journal;
- Local and regional radio including Star FM/Durham FM; BBC Radio Tees; TFM; Century FM;
- Regional TV, Tyne Tees and Look North;
- Local magazines, Darlington Together;
- Websites/Intranet sites of key agencies involved in delivery of the strategy;
- Local media websites, www.northernecho.co.uk;
- Social networking sites, YouTube;
- School/college magazines and newsletters and reviews

5. Key Messages

- SDSD Next Steps has been launched to continue to combat escalating harm relating to alcohol misuse in Darlington;
- It is a multi-agency approach to tackling serious problems, bringing a wealth of expertise together;
- SDSD Next Steps was developed as a result of stakeholder consultation;
- SDSD Next Steps aims to ensure that Darlington residents and visitors can safely enjoy alcohol in a vibrant night-time economy;
- SDSD Next Steps aims to ensure everyone in the community is protected from harm caused by misuse of alcohol;
- Much has been achieved in tackling alcohol-related harm, but SDSD Next Steps will co-ordinate this work and take it further, faster.

6. Key Milestones

- The Next Steps launch – during Alcohol Awareness Week - November 2012;
- 100 per cent of premises signed up to Pub Watch;
- Reductions in rate of increase/numbers of alcohol-related hospital admissions;
- Further reductions in alcohol related crime rates;
- Darlington's largest employers and schools introducing and implementing drug and alcohol policies;
- Further reductions in alcohol-related anti-social behaviour in Darlington;
- Increase in number of service users accessing Darlington's integrated drug and alcohol recovery treatment services;
- Excellent alcohol education, based on Social Norms work, in all schools;
- Unprecedented numbers of staff in all partner and provider organisations trained and alcohol Brief Interventions delivered and monitored.

7. Communications needs – perceived

- Timetable of activities
- Clear information
- Budget.

8. Communications methods

People receive and take in information in varying ways and, as such, a "one size fits all" approach should not be adopted. A variety of user-friendly communications methods should be used to get consistent key messages across to target audiences.

Method	Background	Why appropriate?
External Comms		
Local press news stories/features, including media launch day	Stories provided for daily and weekly local newspapers	Provide information for a wide audience, keeping the strategy in the public eye
Radio news bulletins	Local/regional radio stations carry hourly and, in some cases, half-hourly news bulletins	Attract a radio listening audience. Potential to attract interest of those who would not benefit from/may not have access to printed information
Promotional DVD explaining strategy	A short DVD outlining the strategy's aspirations and targets, and the benefits to the wider community	Video to be used on partners' and media websites, as well as popular social networking sites such as YouTube
Exhibition(s)	Potential for exhibitions to be staged in local venues, i.e Cornmill Centre, Dr Piper House walk-in centre or Dolphin Centre	Attract passers-by to take in information. Staffed stalls offering information to coincide with the launch and at selected key dates afterwards. LSP/partners seen to be engaging with local community
Websites / Social Networks	Section on DSP website, with links from the DAAT, and partner sites - promoting the strategy and its aspirations and contact details	Provide up-to-date information about the strategy at the touch of a button for a global audience
Darlington Together	Darlington Borough Council & Northern Echo monthly magazine for residents and businesses	Highly effective communications tool as it goes direct to the doorstep of every household and business in the Borough
Radio advertising campaign	Adverts can be developed and run over several weeks on key local and regional radio stations	Attract a radio-listening audience – guaranteed coverage, powerful in getting across key health messages. *Cost permitting*
Bus sides/backs advertising	Adverts can be placed on backs or sides of buses operating throughout the Tees Valley	Prominent and effective method of delivering strategy's health messages in the heart of Darlington. *Cost permitting*
Bus shelter advertising	Adverts can be placed in bus shelters throughout Darlington	Prominent and effective method of delivering strategy's health messages in the heart of Darlington. *Cost permitting*

Exhibitions/talks in schools and colleges	Professionals can give talks on the dangers of alcohol to students	Effective face-to-face way of getting across key messages to young people in particularly important target audiences
Posters/leaflets/post cards/pop-ups	Eye-catching designs can be created in all shapes and sizes, with various messages	Messages can be tailored to suit key audiences, i.e. licensed premises or students, and information distributed in user-friendly formats

Method	Background	Why appropriate?
Internal Comms		
Ensure DBC Communications department informed of any possible milestones or publicity opportunities in timely manner	Briefings for communications team on regular basis, or more frequently if appropriate as project continues	To ensure a free flow of up-to-date information, to anticipate any problems and spot potential good news angles.
Article in partner agencies internal newsletters/intranet	Syndicated article to be used by partner organisations	Consistent messages issued to staff of partner agencies. Utilising existing internal communication methods
Members' only website	Online resource to be accessed by partners involved in the strategy	Provides key information/updates at the touch of a button, with secure access system in place
Regular newsletter or e- newsletter	Short publication providing information and updates	Keeping all partners "in the loop" in a simple, cost-effective way
Regular stakeholder briefings	Meetings of key partners as and when required	Offers opportunity for face-to-face communication of key messages and updates relating to the strategy, and to set agendas for the future

9. Considerations

- Resources - budget available and staff availability for all activities

10. Success measures and targets

- Measuring positive media coverage against negative coverage;
- Number of premises signed up to Pub Watch;
- Level of reductions in rate of increase/numbers of alcohol-related hospital admissions;
- Level of reductions in alcohol-related crime rates;
- Number of employers and schools introducing drug and alcohol policies and taking part in Social Norms Surveys;
- Number of employers gaining new Darlington Health In The Workplace awards;
- Number of schools and colleges with proactive alcohol awareness programmes;
- Level of reductions in perceptions of anti-social behaviour in Darlington;
- Size of increase in number of service users accessing Darlington's integrated drug and alcohol recovery treatment services
- Number of hits to relevant sections on partners' websites;
- Highly dependent on provision of accurate information in advance of events; full timetable of events and sharing of information;
- Highly dependent on the DBC Communications department being informed of all positive and potentially negative issues as/when/before they occur.

11. Spokespeople

Up to the 1st of April 2013, when Public Health responsibilities transfer to the local authority, the existing agreed Media Protocol between Darlington Borough Council and the PCT should be followed and the appropriate communication team briefed, depending on the relevant issue.

Kate Jeffels, DAAT Unit Manager, and Bill Dixon, Chair of DAAT and Leader of Darlington Council, will approve all media and communications releases on behalf of all partners.

Identified spokespeople as contacts:

Ada Burns, Chief Executive, Darlington Borough Council;

Alasdair MacConachie, Chairman, Darlington Partnership;

Councillor Bill Dixon, Chair of DAAT and Leader of Darlington Borough Council;

Chief Supt Andy Reddick, Durham Constabulary

Chris Sivers, Assistant Director Commissioning & Development, Darlington Borough Council

Hazel Willoughby, Director, Durham Tees Valley Probation

Kate Jeffels, DAAT Unit Manager;

Miriam Davidson, Director of Public Health;

Seth Pearson, Darlington Partnership Director;

Appendix C

Alcohol strategy implementation key players:

- Carers – Starting Point & Connected Recovery Family Support Services
- Chamber of Commerce
- Clinical Commissioning Group (CCG)
- County Durham & Darlington Fire & Rescue Service
- County Durham & Darlington NHS Foundation Trust (CDDFT)
- Darlington Borough Council (DBC) including – Public Protection; Trading Standards; Children and Young Peoples Services; Housing and Adult and Community Services
- Darlington Partnership
- Darlington Service User Assembly
- Darlington Youth Offending Service (YOS)
- Durham Constabulary
- Durham Tees Valley Probation Service
- Employers
- Evolution (Voluntary Sector)
- First Stop, Darlington
- Health & Wellbeing Board
- NECA
- NERAF
- NHS Darlington
- North East Ambulance Service (NEAS)
- Pub Watch
- Service Users
- Tees Esk and Wear Valley Trust (TEWV) NHS Foundation Trust

Appendix D

Types of drinking

Lower risk drinking

Drinking at lower risk is drinking in a way that is unlikely to cause yourself or others significant risk of harm

The Government advises:

- Adult women should not regularly drink more than 2 – 3 units of alcohol a day with 2 alcohol free days a week
- Adult men should not regularly drink more than 3 – 4 units a day with 2 slcohol free days a week
- Pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby, they should drink not more than 1 – 2 units a week and should not get drunk.

The risk of harm from drinking above these levels increases the more alcohol that you drink, and the more often you drink over these levels.

Lower risk drinking within these limits does not avoid the need for personal assessment of the particular risks and responsibilities of drinking at the time, for example, it is sensible not to drink when driving or taking certain medications.

Drinking at increased risk

For those drinking above the limits for lower risk drinking but not regularly drinking at higher risk levels (see below), the risk of long term health harm starts to increase progressively the more these limits are exceeded. Men and women who regularly drink above the recommended lower risk levels substantial increase their risk of harm now or in the future, and need to reduce their consumption to reduce this risk.

Problems reported in some of those drinking at these levels include, problems such as lack of energy, low mood or anxiety/stress, insomnia, impotence, injuries and high blood pressure, but many more serious problems can occur if drinking continues at these levels over time

Drinking at higher risk

Drinking at higher risk is drinking at levels that give the highest risk of significant harm to physical and mental health and at levels that may be causing substantial harm to others. Examples include liver damage or cirrhosis, stroke, hypertension, coronary heart disease, dependence on alcohol and substantial stress or aggression in the family.

Women who regularly drink over 6 units a day (or over 35 units a week) and men who regularly drink over 8 units a day (or 50 units a week) are at highest risk of such alcohol - related harms.

Women who drink heavily during pregnancy do put their babies at particular risk of developing Foetal Alcohol Syndrome or Foetal Spectrum Disorder. These disorders lead to lifelong intellectual and behavioural problems for their child.

Binge drinking

Binge drinking is essentially drinking too much alcohol over a short period of time, for example over the course of an evening, and it is typically drinking to get drunk. It has immediate and short term risks to the drinker and to those around them.

People who become drunk are much more likely to be involved in an accident or assault, to be charged for a criminal offence, contract a sexually transmitted disease and, for women, are more likely to have an unplanned pregnancy.

Trends in binge drinking are usually identified in surveys by measuring those drinking over 6 units a day for women or over 8 units a day for men. In practice, many binge drinkers are drinking substantially more than this level, or drink this amount or lower amounts rapidly, which leads to the harms linked to drunkenness.

After an episode of heavy drinking, it is advisable to refrain from drinking for 48 hours to allow tissues to recover.

Tiers 1 - 4 Models of Care for Alcohol

Tier 1 interventions: alcohol-related information and advice; screening; simple brief interventions; and referral

Definition

Tier 1 interventions include provision of: identification of hazardous, harmful and dependent drinkers; information on sensible drinking; simple brief interventions to reduce alcohol-related harm; and referral of those with alcohol dependence or harm for more intensive interventions.

Interventions

Commissioners need to ensure that a range of generic services provide as a minimum the following Tier 1 alcohol interventions:

- alcohol advice and information
- targeted screening and assessment for those drinking in excess of DH guidelines on sensible drinking and for those who may need alcohol treatment
- provision of simple brief interventions for hazardous and harmful drinkers
- referral of those requiring more than simple brief interventions for specialised alcohol treatment
- partnership or 'shared care' with specialised alcohol treatment services, e.g. to provide specific alcohol treatment interventions within the context of their generic services.

Settings

Tier 1 interventions can be delivered by a very wide range of agencies and in a range of settings, the main focus of which is not alcohol treatment. For example: primary healthcare services; acute hospitals, e.g. A&E departments; psychiatric services; social services departments; homelessness services; antenatal clinics; general hospital wards; police settings, e.g. custody cells; probation services; the prison service; educational and vocational services; and occupational health services.

Such interventions can also be provided in highly specialist non-alcohol-specific residential or inpatient services, which have service users with high levels of alcohol-related morbidity who may require care plans and support to facilitate their access to alcohol-specific provision. Examples include: specialist liver disease units, specialist psychiatric wards, forensic units, residential provision for the homeless, and domestic abuse services.

Competency

This is provision that depends on at least minimal skills in alcohol misuse identification, assessment and interventions. Those delivering Tier 1 provision may require the following competences from the Drugs and Alcohol National Occupational Standards (DANOS).

- AA1 Recognise indications of substance misuse and refer individuals to specialists
- AF1 Carry out screening and referral assessment
- AH10 Carry out brief interventions with alcohol users
- AB2 Support individuals who are substance misusers
- AB5 Assess and act upon immediate risk of danger to substance misusers.

Tier 2 interventions: open access, non-care planned, alcohol-specific interventions

Definition

Tier 2 interventions include provision of open access facilities and outreach that provide: alcohol-specific advice, information and support; extended brief interventions to help alcohol misusers reduce alcohol-related harm; and assessment and referral of those with more serious alcohol-related problems for care-planned treatment.

Interventions

Tier 2 interventions include open access facilities and outreach targeting alcohol misusers, which provide:

- alcohol-specific information, advice and support
- extended brief interventions and brief treatment to reduce alcohol-related harm
- alcohol-specific assessment and referral of those requiring more structured alcohol treatment
- partnership or 'shared care' with staff from Tier 3 and Tier 4 provision, or joint care of individuals attending other services providing Tier 1 interventions.
- mutual aid groups, e.g. Alcoholics Anonymous
- triage assessment, which may be provided as part of locally agreed arrangements.

Settings

Tier 2 provision may be delivered by the following agencies, if they have the necessary competence, and in the following settings: specialist alcohol services; primary healthcare services; acute hospitals, e.g. A&E and liver units; psychiatric services; social services; domestic abuse agencies; homelessness services; antenatal clinics; probation services; the prison service; and occupational health services.

Competency

Tier 2 interventions require competent alcohol workers who should have basic competences in line with DANOS., including those required for Tier 1. Competency can also depend on what cluster of services is provided. Front-line staff would normally have competence in motivational approaches and brief interventions.

Those providing interventions at Tier 2 may require the following competences from DANOS:

- AB2 Support individuals who are substance misusers
- AB5 Assess and act upon immediate risk of danger to substance misusers
- AF2 Carry out assessment to identify and prioritise needs
- AG1 Plan and agree service responses which meet individuals' identified needs
- AH10 Carry out brief interventions with alcohol users.

Tier 3 interventions: community-based, structured, care-planned alcohol treatment

Definition

Tier 3 interventions include provision of community-based specialised alcohol misuse assessment, and alcohol treatment that is care co-ordinated and care-planned.

Interventions

Tier 3 interventions include:

- comprehensive substance misuse assessment
- care planning and review for all those in structured treatment, often with regular keyworking sessions as standard practice.
- community care assessment and case management of alcohol misusers
- a range of evidence-based prescribing interventions, in the context of a package of care, including community-based medically assisted alcohol withdrawal (detoxification) and prescribing interventions to reduce risk of relapse
- structured day programmes and care-planned day care (e.g. interventions targeting specific groups)
- liaison services, e.g. for acute medical and psychiatric health services (such as pregnancy, mental health or hepatitis services) and social care services (such as child care and housing services and other generic services as appropriate).

Settings

Tier 3 interventions are normally delivered in specialised alcohol treatment services with their own premises in the community (or sometimes on hospital sites). Other delivery may be by outreach (peripatetic work in generic services or other agencies, or domiciliary or home visits. Tier 3 interventions may be delivered alongside Tier 2 interventions.

Some of the Tier 3 work is based in primary care settings (shared care schemes and GP-led prescribing services), but alcohol specialist-led services are required within the local systems for the provision of care for sever or complex needs and to support primary care.

The work in community settings can be delivered by statutory, voluntary or independent services providing care-planned, structured alcohol treatment.

Competency

Tier 3 services require competent drug and alcohol specialised practitioners who should have competences in line with DANOS. The range of competences required will depend on job specification and remits.

Those delivering Tier 3 interventions may require a wide range of competences from Key Area A in DANOS and many of the competences from Area AH, depending on the type of alcohol treatment provided.

Medical staff (usually addiction psychiatrists and GPs) will require different levels of competence, depending on their role in alcohol treatment systems and the needs of the service user, with each local system requiring a range of doctor competences (from specialist to generalist) in line with joint guidance from the Royal Colleges of General Practitioners and Psychiatrists, *Roles and responsibilities of doctors in the provision of treatment for drug and alcohol misusers*, summarised in the National Treatment Agency for Substance Misuse briefing document *Roles and responsibilities of doctors in the provision for drug and alcohol misusers.*

Tier 4 interventions: alcohol specialist inpatient treatment and residential rehabilitation

Definition

Tier 4 interventions include provision of residential, specialised alcohol treatments which are care-planned and co-ordinated to ensure continuity of care and aftercare.

Interventions

Tier 4 interventions include:

- comprehensive substance misuse assessment, including complex cases when appropriate
- care planning and review for all inpatient and residential structured treatment
- a range of evidence-based prescribing interventions, in the context of a package of care, including medically assisted alcohol withdrawal (detoxification) in inpatient or residential care and prescribing interventions to reduce risk of relapse
- a range of structured evidence-based psychosocial therapies and support to address alcohol misuse
- provision of information, advice and training and 'shared care' to others delivering Tier 1 and Tier 2 and support Tier 3 services as appropriate.

Settings

Specialised statutory, independent or voluntary sector inpatient facilities for medically assisted alcohol withdrawal (detoxification),stabilisation and assessment of complex cases.

Residential rehabilitation units for alcohol misuse

Dedicated specialised inpatient alcohol units are ideal for inpatient alcohol assessment, medically assisted alcohol withdrawal (detoxification) and stabilisation. Inpatient provision in the context of general psychiatric wards may only be ideal for some patients with co-morbid severe mental illness, but many such patients might benefit from a dedicated addiction specialist inpatient unit.

Those with complex alcohol and other needs requiring inpatient interventions may require hospitalisation for their other needs (e.g. pregnancy, liver problems) and this may be best provided for in the context of those hospital services (with specialised alcohol liaison support).

Competency

Inpatient and residential interventions providing medically assisted alcohol withdrawal (detoxification) and specialist assessment and stabilisation would normally require medical staff with specialist competence in substance misuse (rather than generalist GPs). The level of specialised medical staff competence required will depend on the types of service provided and the severity of the service users' problems.

Addiction specialist competences will be needed for inpatient units for severe and complex problems. Suitably competent GPs can provide support to some units for patients with less complex needs. Staff in residential rehabilitation units that are registered care homes will need to meet relevant social care national occupational standards. Hospital-based services will also be required to meet practitioner standards for independent or NHS hospitals.

Those delivering Tier 4 interventions may require a wide range of competences from Key Area A in DANOS, and in particular many of the competences from Area AH 'Deliver healthcare services, depending on the alcohol treatment provided'. All staff working in all residential settings are advised to demonstrate competence against DANOS at both manager and practitioner levels.

Notes

Notes

Comments on the strategy are welcome via the DAAT on: 01325 346837

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An inclusive approach

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