

The Shropshire Alcohol Strategy 2013-2016

A working document – review date May 2014

1. Background

Alcohol plays a significant role in our society with many positive aspects including providing employment and community cohesion. The Beer & Pub Associations Regional Impact Study shows that in 2010/2011 Shropshire had 461pubs which employed 3357 people (1091 full time and 2266 part time), as well as 15 breweries based in the county.

However, it is also evident that the misuse of alcohol can have a detrimental impact, contributing to individual, social and economic harm. Alcohol is one of the biggest lifestyle risk factors for disease and death in the UK after smoking and obesity. It impacts on individuals, families and communities across Shropshire in a range of ways including economic performance, worklessness, health inequalities, poor outcomes for children and families, reduced quality of life, anti- social behaviour and crime and disorder.

It is estimated that alcohol misuse costs the economy in England up to £25 billion per year¹. The problems related to alcohol misuse can be complex and may involve a range of organisations from police and fire, to health and local authority services having to manage and provide interventions to tackle the issues associated with misuse.

This is the third Alcohol Strategy for Shropshire and builds on the partnership work and co-operation that has already been developed by organisations since 2003. The aim of the strategy in 2008 was to work in partnership to reduce the harmful effects of alcohol experienced by individuals, families and local communities. Initially the delivery of the strategy formed part of the Local Area Agreement. Following the demise of this government initiative the strategy was monitored through the DAAT Joint Commissioning Group and Safer Stronger Communities Board. The National Indicators NI39 and NI20 were used to track the progress of the strategy (table 1). Data shows that over the last three years rate of alcohol related alcohol admissions and assaults were below the NI targets.

Table 1: National Indicators NI39 and NI20 – Shropshire

NI39: Rate of hospital admissions per 100,00 of the population for alcohol related harm						
2007/2008	2008/2009		2009/2010		2010/2011	
Baseline	Target	Actual	Target	Actual	Target	Actual
1,200	1,423	1,228	1,499	1,166	1,536	1,376
NI20: Assault with less serious injury rate per 1000 of population						
2007/2008	2008/2009		2009/2010		2010/2011	
Baseline	Target	Actual	Target	Actual	Target	Actual
5.38	5.32	3.8	5.27	4.0	5.22	3.8

Whilst Shropshire has continued to make considerable progress in developing responses to alcohol related harm, it is recognised that there is still further work to do. Effective partnership work is vital in order to continue to reduce alcohol related harm and reverse the rising trends in alcohol related harm. This strategy is not just about how organisations will work together to reduce alcohol related harm but how people need to change their relationship with alcohol and understand the long-term effects on health and well-being and to stem the culture of binge drinking.

2. Shropshire Alcohol Profileⁱⁱ

Synthetic estimates produced by the Public Health England Local Alcohol Profile shows that the levels of low, increasing and higher risk drinking in Shropshire is similar to national and regional estimates (table 2)

Table 2: Local Alcohol Profile 2012 – Synthetic Estimates of Low, Increasing and Higher Risk Drinking

Drinking Type	Shropshire (%)	West Midlands (%)	England (%)
Abstainer (aged 16 years and over)	13.8%	17.9%	16.5%
Total Drinking Population (aged 16 years and over)	86.2%	82.1%	83.5%
Lower Risk Drinkers (% of total drinkers aged 16 years and over)	72.3%	73.9%	73.2%
Increasing Risk Drinkers (% of total drinkers aged 16 years and over)	20.8%	19.6%	20.0%
Higher Risk Drinkers (% of total drinkers aged 16 years and over)	6.8%	6.5%	7.1%
Binge Drinkers (aged 16 years and over)	20.0%	18.8%	20.1%

- Estimates show that a significant proportion, around 68%, of individuals who are Higher Risk Drinkers have some degree of alcohol dependence (NWPHEO 2011). In Shropshire, this would equate to 7500 individuals.
- There were 110 deaths in Shropshire which were attributable to alcohol, of which 66% were male and 34% female. The mortality rates for both males and females are higher than national and regional rates in 2010 (not statistically significant).
- Nationally and locally there is an increase in alcohol related and alcohol specific admissions over the last five year; however the proportional increase in admissions locally is smaller than national figures. The latest available local rates of admissions are significantly lower than national and regional rates.
- The rates of recorded crime attributable to alcohol are falling in Shropshire; from 5.42 crimes per 1000 population in 2007/08 to 4.27 in 2011/12. The rates are significantly lower than the regional and national rates.
- There were 27 sexual crimes attributable to alcohol in 2011/12. The rates of sexual crimes per 1000 population have remained steady over the last 5 years. The local rates are lower than the national and regional rates.
- Specific alcohol hospital admissions for under 18's in the county have decreased to 50.4 admissions per 100,000 of the population a reduction of 4.2 per 100,000 population from the previous year. This is lower than the regional average of 58.2 per 100,000 population.
- When exploring mortality rates from land transport accidents where alcohol is a contributing factor, Shropshire (2.4 deaths per 100,000 of the population) is significantly worse than the regional (1.5) and national (1.3) rates (2008 -2010)

Please refer to Appendix B for Charts. Further data is provided in Section 6.

3. Policy Context and Strategic Links

Since 2004 successive governments have introduced alcohol policies to co-ordinate local activity to tackle the increasing burden the misuse and excessive consumption of alcohol causes individuals, families and communities.

In December 2010 the coalition government published their national drug strategyⁱⁱⁱ. Hailed as a step change in policy, with a greater emphasis on recovery, the treatment of alcohol dependency alongside prescription and illicit drug use was included in the strategy for the first time.

This was followed in 2012 by the publication of the 'The Governments Alcohol Strategy'^{iv} which sets out their ambition to reduce the number of people who drink excessively and to deliver the following outcomes:

- A change in behaviour so that people think it is not acceptable to drink in ways that cause harm to themselves or others.
- A reduction in the amount of alcohol fuelled violent crime.
- A reduction in the number of adults drinking above the NHS guidelines.
- A reduction in the number of alcohol related deaths.
- A sustained reduction in the number of 11-15 year olds drinking alcohol and the amounts consumed.

A further key strategic link is with the Public Health Outcomes Framework 'Healthy Lives, Healthy People: Improving Outcomes and Supporting Transparency'^v which sets out the desired outcomes for public health, concentrating upon two high level outcomes:

- Increased healthy life expectancy.
- Reduced differences in life expectancy and healthy life expectancy between communities.

Addressing alcohol related issues, i.e., alcohol use amongst young people will be a key element to achieving the outcomes of the framework.

The Shropshire Alcohol Strategy also links strategically to the Police and Crime Plan, specifically:

Objective 3: Reduce the volume of violent crime with an emphasis on addressing the harm caused by alcohol through partnership working.

4. Shropshire Alcohol Strategy 2013 – 16

4.1 Strategy Development

A multi-agency working group was established to oversee the development of the strategy.



Agencies identified a range of priority issues to be addressed within the strategy including, improved data collection, communication plans, joint working, tackling health related harms, alcohol related sexual assaults, alcohol related violence against the person, exploring the role of alcohol in river deaths and addressing accidental alcohol related fires.

The Alcohol Strategy Working Group met on a regular basis throughout 2012 in order to develop the aims and thematic areas of the strategy.

The strategy development process also involved holding a series of individual implementation group meetings to develop the Alcohol Strategy Implementation Plans under 4 thematic areas. These meetings involved engagement with wider partners and aimed to ensure that the implementation plans were able to fully achieve the identified objectives for each theme of the strategy.





SHROPSHIRE ALCOHOL STRATEGY 2013 – 2016

Aim: ‘To reduce the harmful effects of alcohol experienced by individuals, families and local communities’

The Shropshire Alcohol Strategy 2013-2016 is split into four thematic areas, each with a number of objectives. There are two overarching objectives for the 4 themes

OVERARCHING OBJECTIVES:

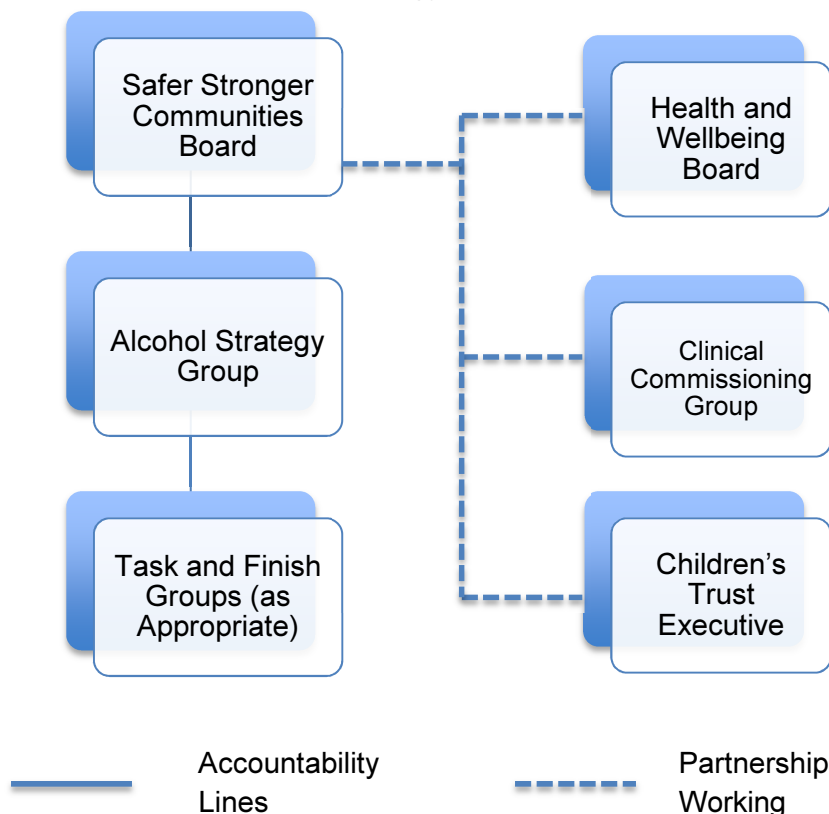
- Strengthening of data collection, sharing and utilisation across stakeholders to support the development of future plans
- Develop an on-going stakeholder engagement plan (including stakeholder and community) to promote key messages and consult on issues related to the thematic areas

			
<p>THEME 1:</p> <p>PROMOTING SAFER COMMUNITIES</p> <p>Objectives</p> <ul style="list-style-type: none"> • Reduce the incidence of alcohol related crime and anti-social behaviour • Improve the management and planning of the night time economy. • Extend the support for alcohol misusing offenders so they can receive the treatment they need to reduce their offending behaviour 	<p>THEME 2:</p> <p>IMPROVING THE HEALTH AND WELLBEING OF THOSE AFFECTED BY ALCOHOL MISUSE</p> <p>Objectives</p> <ul style="list-style-type: none"> • Reduce alcohol related hospital admissions. • Prevent further increases in levels of chronic and acute ill health caused by alcohol. • ‘Make Every Contact Count’ through the skilling of the workforce in brief interventions 	<p>THEME 3:</p> <p>PROMOTE SENSIBLE DRINKING</p> <p>Objectives</p> <ul style="list-style-type: none"> • Tackle personal safety issues in relation to alcohol use. • Promote a safe night out targeting vulnerable and at risk groups using a range of media and communication tools 	<p>THEME 4:</p> <p>PROTECTING CHILDREN AND YOUNG PEOPLE FROM ALCOHOL RELATED HARM</p> <p>Objectives</p> <ul style="list-style-type: none"> • Reduce alcohol related harm among children and young people • Support and protect children and young people affected by parental alcohol substance misuse

4.2 Delivery of the Strategy

- As with previous strategies, these ambitions will require a multifaceted approach and whilst this strategy sets out a framework for action, delivery can only be strengthened through close links with other partnerships. Working together will strengthen resource efficiencies and reduce duplication within the system through key strategic links.
- The Safer Stronger Communities Board, accountable to the Health and Well Being Board, will provide the strategic overview of the implementation of the action plan and make the strategic links across the partnerships. The governance structure is illustrated below (Figure 1).

Figure 1: Shropshire Alcohol Strategy Governance Structure:



- The coordination of the strategy implementation will be carried out by the Alcohol Strategy Group. The group will meet bi-annually. The strategy will be reviewed yearly to monitor the progress and agree priorities for the following year. The group will provide a yearly report to the Safer Stronger Communities Board (and other relevant Partnership Boards as requested).
- Commissioning decisions to support treatment improvements and preventative services will be decided through the Substance Misuse Commissioning Group.

6. Shropshire Alcohol Strategy 2013 – 16 Thematic Areas

THEME 1: PROMOTING SAFER COMMUNITIES	
<p>Objectives</p> <p>1A. Reduce the incidence of alcohol related crime and anti-social behaviour</p> <p>1B. Improve the management and planning of the night time economy.</p> <p>1C. Extend the support for alcohol misusing offenders so they can receive the treatment they need to reduce their offending behaviour.</p>	
<p>There is a range of crime and disorder problems associated with the excess consumption of alcohol. This includes alcohol-specific crimes, such as being drunk and disorderly in public; to offences that take place under the influence of alcohol, such as violent crime, sexual assaults, domestic abuse and antisocial behaviour.</p> <p>According to the 2009-2010 British Crime Survey (BCS), 50% of victims to violent crime incidents believed the offender(s) to be under the influence of alcohol; this equates to nearly one million incidents nationally. Excessive alcohol consumption can also impact on individuals and communities in other ways. Being drunk can increase the risk of being a victim of crime, a perpetrator of crime or being involved in an accident</p>	
<p>FACTS: What we know</p> <ul style="list-style-type: none"> • 13% of all recorded offences by West Mercia Police in the county had an alcohol marker. An alcohol marker was identified in 45% of crimes categorised as 'violence against the person', 34% of 'other offences' 20% of 'robberies' and 17% of all reported sexual offences (2011). • The rates of recorded crime attributable to alcohol are falling in Shropshire; from 5.42 crimes per 1000 population in 2007/08 to 4.27 in 2011/12. The rates are significantly lower than the regional and national rates. • Information collected from the local A&E departments on injuries sustained through alcohol related assaults shows that 59% of assaults are not reported to the police and 48% of assaults are committed by someone known to the victim. The majority of these presentations occur on a Saturday and Sunday between 11.00pm – 3.00am. • When exploring mortality rates from land transport accidents where alcohol is a contributing factor, Shropshire (2.4 deaths per 100,000 of the population) is significantly worse than the regional (1.5) and national (1.3) rates (2008 -2010). • Between April 2011 and March 2012 a total of 400 individuals were arrested in Shropshire for alcohol related driving matters. These figures relate to the number of persons arrested and do not take into account persons who have been admitted and/or detained in hospital as a result of a road traffic collision and have provided blood for analysis. 	<p>What we are doing already</p> <ul style="list-style-type: none"> • Proactive policing of known alcohol hotspots. • Establishment of Designated Public Protection Orders in areas of need. • Establishment of Community Alcohol Partnerships. • Development of the LINX Alcohol Assault Database. • Delivery of Alcohol Treatment Requirements (ATRs) as part of a community sentence. • Taxi Marshal Schemes. • Supporting Best Bar None and Pubwatch schemes. • Street Pastor Scheme in Shrewsbury. <p>Next steps</p> <ul style="list-style-type: none"> • Undertake campaigns to increase awareness of key crimes, i.e., sexual assault, amongst potential victims. • Develop designated driver schemes to reduce drink driving offences. • Improve the management of the night time economy in our towns, through the implementation of appropriate actions, i.e., taxi marshalling schemes, with the aim of improving the night-time experience. • Ensure that all available existing tools and powers are fully utilised • Improve information sharing amongst key partners and services to improve the targeting of resources. • Develop work to address the links between domestic violence and alcohol

THEME 2: IMPROVING THE HEALTH AND WELLBEING OF THOSE AFFECTED BY ALCOHOL MISUSE:	
Strategy Objectives	
<p>IA. Reduce alcohol related hospital admissions.</p> <p>1B. Prevent further increases in levels of chronic and acute ill health caused by alcohol.</p> <p>1C. 'Make Every Contact Count' through the skilling of the workforce in brief interventions</p>	
<p>Excessive drinking is a major cause of disease and injury in the UK, and accounts for 9.2% of disability-adjusted life years worldwide, with only tobacco smoking and high blood pressure as higher risk factors^{vi}.</p> <p>The number of alcohol-related hospital admissions in England has increased by 47% in the five years between 2004 and 2008/09, and the rate of alcohol-related deaths (per 100,000 of the population) in England has more than doubled in the past 18 years^{vii}.</p> <p>Alcohol is linked to a range of serious and preventable diseases including cancers, cardiovascular disease, and obesity. It is a significant cause of morbidity and premature death and is linked to many areas of mental health, including depression, anxiety and suicide. Drinking during pregnancy can have long term effects on the developing foetus resulting in a range of preventable mental and physical birth defects (collectively known as Foetal Alcohol Spectrum Disorders)</p>	
Facts: What we know	What we are doing already
<ul style="list-style-type: none"> • Shropshire has an ageing population; there is currently 21% of the population of retirement age and above predicted to rise to 27% of the population by the year 2020. • A recent report^{viii} states that nationally, 20% of men and 10% of women aged 65 and over exceed recommended drinking guidelines and 3% of men and 0.6% of women aged 65-74 are alcohol dependent. • In 2010 there were a total of 110 deaths in Shropshire that were wholly attributable to alcohol, of which 66% were male and 34% female. Alcohol attributable deaths in males and females are higher than national and regional rates • The increase in the number of women suffering alcohol related illness and mortality is more concerning. Trends indicate that there has been a steady increase in the number of women requiring hospital treatment for both alcohol specific and attributable conditions; a rise from 578.67 admissions per 100,000 of the population in 2006/07 to 661.19 in 2010/11 for alcohol attributable conditions and 144.70 to 160.81 for alcohol specific over the same time period. 	<ul style="list-style-type: none"> • Providing brief interventions within general practice surgeries for those identified as higher risk drinkers. • Supporting the acute services through delivery of brief interventions in A& E and key medical wards of the Royal Shrewsbury Hospital via the alcohol hospital liaison service. • Community based general and specialist alcohol support and treatment services a • Home and inpatient detoxification services as part of a treatment recovery plan. <p>Next steps</p> <ul style="list-style-type: none"> • Develop a culture of every contact counts within all services through workforce development. • Improve pathways within the acute setting to ensure that frequent attenders are treated appropriately for their alcohol dependence. • Explore female drinking patterns and develop a meaningful response. • Target resources to those areas where higher risky levels are more prevalent, ensuring there is a range of services to meet local needs. • Increase public awareness of safe drinking levels using a range of information campaigns. • Improve capacity within alcohol treatment services • Explore older peoples drinking levels and respond to need appropriately • Explore A&E diversionary measures to ensure those with alcohol related issues are assisted in the most appropriate way for their needs and that the effect on acute health services is minimised.

Theme 3: PROMOTING SENSIBLE DRINKING	
<p>Strategy Objectives</p> <p>1A. Tackle personal safety issues in relation to alcohol use.</p> <p>1B. Promote a safe night out targeting vulnerable and at risk groups using a range of media and communication tools</p>	
<p>The use and misuse of alcohol is a contributing factor in range of accidents including accidental fires, land transport accidents, river accidents and deaths.</p>	
<p>Facts: What we Know:</p> <ul style="list-style-type: none"> • Alcohol is recognised as a significant factor in a high percentage of fires, road traffic collisions and other incidents attended by the fire service. Actual numbers are difficult to determine because fire service personnel are not trained to identify persons under the influence of alcohol and records only refer to incidents where it has been identified e.g. by the Police at road traffic collisions or by health professionals following the incident. As an example of this the Shropshire Fire and Rescue Service have identified 40 incidents where a person under the influence of alcohol has been significant factor in the cause of the fire or actions as a result of the fire since 2009. • Additionally, between April 2005 and August 2011, Shropshire has suffered 17 accidental fire deaths; alcohol was a contributory factor in (53%) of these deaths. • Over a period of 3 years (July 2009 – June 2012) there were 62 incidents involving individuals either entering or threatening to enter the River Severn, resulting in a total of 7 river deaths. Alcohol was a contributory factor in 24 (39%) of these cases. 	<p>What we are doing already</p> <ul style="list-style-type: none"> • Continued focus upon vulnerable groups in order to reduce alcohol related accidental fires. • Development of alcohol social marketing for the county. • Local action around national events, i.e., National Alcohol Awareness Week. • Re-site CCTV cameras in the Shrewsbury area to improve safety. • Supporting the work of the street pastors in Shrewsbury Town Centre to ensure people get home safely. <p>Next Steps</p> <ul style="list-style-type: none"> • Address alcohol related accidental fires through joint working opportunities between the Fire and Rescue Service and housing providers, as well as alcohol treatment providers, including home visits and provision of fire safety information and equipment. • Address river safety through information campaigns and the partnership work with the night time economy. • Support the establishment of street pastor schemes in other areas of the county where needed. • Work with the licensed trade to ensure that people get home safely. • Evaluate schemes that provide a first point of contact response to alcohol related incidents in our town centres and build on the positive elements.

THEME 4: PROTECTING CHILDREN AND YOUNG PEOPLE FROM ALCOHOL RELATED HARM	
Strategy Objectives	
1A. Reduce alcohol related harm among children and young people.	
1B. Support and protect children and young people affected by parental alcohol substance misuse	
<p>Facts: What we know:</p> <ul style="list-style-type: none"> • The national ‘Smoking, drinking and drug use survey in England for 2011 found: <ul style="list-style-type: none"> ○ 45% of pupils had drunk alcohol at least once. This is at the same level as in 2010, and maintains the downward trend since 2001, when 61% of pupils reported drinking alcohol. ○ Boys and girls were equally likely to have drunk alcohol, with the proportion of those who had drunk once increase with age. ○ 12% of pupils had drunk in the last week; this continues a decline from 25% in 2001 and at a similar level to 2010. ○ The reported frequency of drinking continues to decline. In 2011 only 7% of pupils reported they usually drank once a week compared to 20% in 2001. ○ More than 1:5 who had drunk in the last week, drank 15 units or more. Boys were more likely than girls to report drinking at this level (25% of boys compared to 18% of girls). ○ Drinking alcohol in the last week is associated with age, ethnicity and other risky behaviours (truancy, smoking and drug taking). • Locally 35% of young people aged 18 and under presenting to the Young People’s Substance Misuse Service did so for primary alcohol misuse. • Specific alcohol hospital admissions for under 18’s in the county have decreased to 50.4 admissions per 100,000 of the population a reduction of 4.2 per 100,000 population from the previous year. This is lower than the regional average of 58.2 per 100,000 population. • At least 42% of the adults accessing alcohol treatment services are either living with children or have regular contact with their children. 	<p>What we are doing already</p> <ul style="list-style-type: none"> • Established Community Alcohol Partnerships. • Improving capacity to address issues around alcohol and young people through funds made available via Bronze Level Tasking in areas with an identified need. • Implementing the tiered approach for dealing with young people drinking alcohol underage in public places • Work to address public perceptions through Community Alcohol Partnerships. • Implementing the Shropshire Safeguarding Children’s Board Joint Working Protocol between adult treatment services and children and young people’s services to ensure the needs of children affected by parents alcohol use are met^{ix}. • Robust programme of PSHE in all Shropshire schools which includes Alcohol Education through resources developed by Shropshire teachers, substance misuse workers and young people. • Harm reduction alcohol education for targeted groups in all Secondary Schools <p>Next Steps</p> <ul style="list-style-type: none"> • Improved referral routes and access to treatment services and support for young people from key services, particularly the acute sector. • Encourage schools, colleges and youth centres to provide alcohol education and awareness. • Improve the skill base of young people’s workers in the provision of brief interventions and advice following NICE guidelines. • Promote Chief Medical Officers guidelines for young people’s alcohol consumption. • Improve identification and brief advice within universal family settings. • Ensure young people affected by parental alcohol misuse receive appropriate support.

APPENDIX A

SHROPSHIRE ALCOHOL STRATEGY 2013 – 16: IMPLEMENTATION PLAN

OVERARCHING OBJECTIVES						
Activity	Outputs	Outcomes	Lead	Resources	Deliverable Date	Progress Check
Strengthening of data collection, sharing and utilisation across stakeholders for all thematic areas, to support the development of future plans	Mapping existing data collection.	Robust multi-agency data availability to inform future service provision	Gavin Hogarth, DAAT	Core Business	Dec 2014	
	Establishing a template for collection of all alcohol related data	Improved performance monitoring and reporting			Dec 2014	
Reports (frequency to be agreed) to be disseminated to all partners						
Develop an on-going stakeholder engagement plan (including stakeholders and community) to promote key messages and consult on issues related to the thematic areas	Reports (frequency to be agreed) highlighting key local concerns by area.	Increased public awareness Identification of future actions and priorities.	Gavin Hogarth, DAAT	Core Business	Dec 2014	

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THEME 1: PROMOTING SAFER COMMUNITIES						
<i>Objective 1A: Reduce the incidence of alcohol related crime and anti-social behaviour (including violent and sexual crimes)</i>						
Activity	Outputs	Outcomes	Lead	Resources	Deliverable Date	Progress Check
Review the utilisation of existing laws and enforcement powers in Shropshire	Mapping of current utilisation of tools and powers.	Improved partnership understanding of gaps, weaknesses and individual agency delivery mechanisms.	Gavin Hogarth – DAAT Andrew Gough – Safer Stronger Communities	Core Business	September 2013.	Andrew Gough has initiated the process of reviewing use of DPPO's across Shropshire
Develop a designated driver scheme in Shropshire	County-wide scheme promoting and encouraging designated drivers.	Reduction in drink driving and mortality rates from land transport accidents.	Gavin Hogarth – DAAT / Road Safety? – West Mercia Police.	Core Business	December 2013	
Review treatment service policies in relation to Domestic Violence (DV)	Revised treatment service policies	Clearer issue awareness and referral pathways between alcohol and DV services	Jo Berry (DV Co-ordinator) - Shropshire Council	Core Business	?	
<i>Objective 1B: Management and planning of the night time economy.</i>						
Activity	Outputs	Outcomes	Lead	Resources	Deliverable Date	Progress Check
Develop night-time economy action plans in areas of need	Identification of key developments / actions appropriate to each locality.	Extended partnership working and coordination of a key national priority locally	?		April 2014	

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Objective 1C: Extend the support for alcohol misusing offenders so they can receive the treatment they need to reduce their offending behaviour						
Activity	Outputs	Outcomes	Lead	Resources	Deliverable Date	Progress Check
Improve capacity for criminal justice clients within the treatment service.	Commission additional capacity within the treatment service to provide more ATRs locally	Offenders are able to access advice and structured specialist support	Tom Currie - Probation Service / Jayne Randall - Shropshire Council	Core Business	w/e 1.4.13	Completed. DAAT contract installed with new provider (Aquarius) Performance managed. Quarterly reporting to JCG
Review referral pathways between probation services and alcohol treatment services	Awareness of alcohol treatment services and referral pathways.	Individuals are identified and referred to alcohol treatment services as appropriate.	Tom Currie - Probation Service / Gavin Hogarth – DAAT	Core Business	August 2013.	Undertaken as part of DAAT contract review. To be refreshed annually.
Explore the use of IBA within a criminal justice setting.	Criminal justice services trained to deliver alcohol IBA.	Identification of 'increasing risk' drinkers and provision of appropriate advice.	Tom Currie – probation Service / Gavin Hogarth – DAAT	Core Business	December 2013	Most Offender Managers have been trained; need to identify gaps and respond via training needs analysis.

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THEME 2: IMPROVING THE HEALTH AND WELLBEING OF THOSE AFFECTED BY ALCOHOL MISUSE						
Objective 2A: Reduce alcohol related hospital admissions						
Activity	Outputs	Outcomes	Lead	Resources	Deliverable Date	Progress Check
Review links (including partnership working opportunities and referral pathways) between partners. (including A &E, WM Ambulance Service, RAID etc.)	Mapping of links between groups	Improved clarity concerning partnership responsibility and strategic management Decrease in repeat and frequent A&E presentations.	Gavin Hogarth – DAAT Dodiy Herman – RSH Barry McKinnon -WM Ambulance Service	Core business	December 2013	
Explore evidence base to support individuals attending frequently A&E	Identification of potential future actions to achieve this strategy objective	Decrease in repeat and frequent A&E presentations.	Dodiy Herman - RSH / Gavin Hogarth –DAAT		September 2013	
Objective 2B: Prevent further increases in levels of chronic and acute ill health caused by alcohol.						
Activity	Outputs	Outcomes	Lead	Resources	Deliverable Date	Progress Check
Review evidence base to address alcohol use among vulnerable groups e.g. older people, females, prisons	Greater understanding of service area and appropriate responses	Reduction in alcohol related harm.	Gavin Hogarth - DAAT / Karin Dawson – Shropshire PCT.		December 2013	
Ensure work undertaken to improve wrap around holistic services (education, training and employment opportunities for service users)	Mapping of current processes.	Identification of gaps in service area	Gavin Hogarth - DAAT		December 2013	

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Review opportunities for alcohol health promotion in the workplace.	Provision of work based alcohol IBA and health promotion opportunities	Reduction in Alcohol Related Harm	Gavin Hogarth - DAAT		November 2013	
Review links between rurality and access to treatment services.	Review of evidence base and local mapping exercise / service user consultation	Identification of and addressing barriers to treatment in rural communities	Gavin Hogarth - DAAT		April 2014	
Review alcohol projects and interventions delivered primarily in areas of greatest need	Effective services and provision located in key geographical areas.	Reduction in alcohol related harm in vulnerable communities	Gavin Hogarth - DAAT		December 2013	
Objective 2C: 'Make Every Contact Count' through the skilling of the workforce in brief interventions.						
Activity	Outputs	Outcomes	Lead	Resources	Deliverable Date	Progress Check
Establish links between the 'MECC' Action Plan and Alcohol Strategy	Effective alcohol content to MECC	Effective provision of alcohol information and advices and signposting to treatment services	Miranda Ashwell – Shropshire PCT / Gavin Hogarth - DAAT		On-going	
Review potential for developing Alcohol IBA in a range of settings and services	Comprehensive provision of alcohol IBA	Reduction in 'increasing risk' drinking and appropriate referral onto treatment services	Gavin Hogarth - DAAT		August 2013	

THEME 3: PROMOTING SENSIBLE DRINKING IMPLEMENTATION PLAN						
<i>Objective 3A: Tackle personal safety issues in relation to alcohol use.</i>						
Activity	Outputs	Outcomes	Lead	Resources	Deliverable Date	Progress Check
Monitor alcohol related action identified by Safety groups e.g. River Severn Safety Group	Alcohol related issues represented	Response to alcohol related safety issues	Gavin Hogarth – DAAT		On-going	Gavin Hogarth attends River Safety Group which meets on a bi-annual basis.
Refer to SFRS vulnerable person's officers and/or appropriate partners persons involved in suspected alcohol related fires		Provision of immediate support and to identify at an early stage those at risk.	Guy Williams Rabinder Dhami - Shropshire Fire & Rescue Service.		April 2013 First quarter data	
<i>Objective 3B: Promote a safe night out targeting vulnerable and at risk groups using a range of media and communication tools</i>						
Activity	Outputs	Outcomes	Lead	Resources	Deliverable Date	Progress Check
Work with partners and licenced premises to deliver appropriate messages.	Provision of effective information campaigns	Reduction in individuals placing themselves in vulnerable situations.	Gavin Hogarth - DAAT /? West Mercia Police / Andrew Gough – Safer Stronger Communities		On-going	Regular campaigns are run on a seasonal basis linked with particular times of year, i.e., Christmas, summer.

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THEME 4: PROTECTING CHILDREN AND YOUNG PEOPLE FROM ALCOHOL RELATED HARM						
Objective 4A: Reduce alcohol related harm among children and young people						
Activity	Outputs	Outcomes	Lead	Resources	Deliverable Date	Progress Check
Continue to explore local funding opportunities to increase capacity within the local treatment system.	Effective treatment services for young people	Sustainability of work to address alcohol use amongst young people.	Jayne Randall – Shropshire Council	Core Business	On- going	
Review the use of YPSMT screening tool across key services.	Comprehensive use of screening tool.	Targeted harm reduction work with vulnerable young people.	Sonya Jones – YPSMT / Gavin Hogarth – Shropshire DAAT	Core Business	September 2013.	YPSMT is currently engaging with services county wide to promote and train on use of the screening tool.
Targeted delivery of harm reduction workshops in supported housing projects	Delivery of alcohol harm reduction workshops	Targeted harm reduction work with vulnerable young people	Sonya Jones - YPSMT	Core Business	On-going.	YPSMT has a named worker for each supported housing project in the county – work in these settings on a regular basis.
Explore, monitor progress and review the on-going development of Community Alcohol Partnerships and sustainability of project following	Effective multi agency response to underage drinking.	Reduction in alcohol related harm with young people.	Gavin Hogarth - Shropshire DAAT	Alcohol Fund	June 2014	Currently five CAPs operational Oswestry, Ludlow Whitchurch, Minsterley/ Pontesbury and Bridgnorth.

Shropshire Alcohol Strategy 2013 - 2016

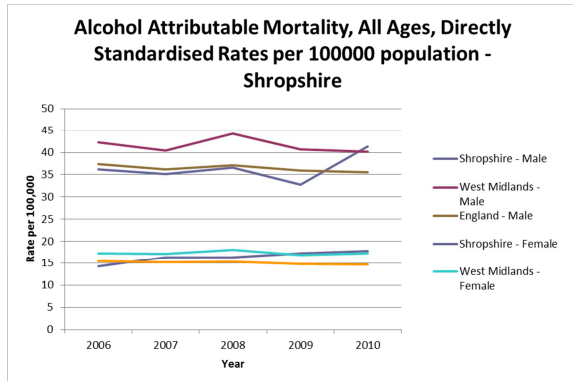
end of project funding in June 2014						
Review Alcohol IBA opportunities for staff working with young people.	Review of evidence base and mapping of current services	Reduction in alcohol related harm with young people	Gavin Hogarth - Shropshire DAAT		December 2013.	
Review provision of family support for parents including development of a web based resource for parents.	Mapping of current provision Information Website	Provision of support for families where young people misuse alcohol Increased parental alcohol awareness,	Sonya Jones – YPSMT / Gavin Hogarth –DAAT Gavin Hogarth – DAAT		October 2013.	
Work with secondary schools to adopt evidence based alcohol PHSE resources / programs.	Provision of effective alcohol PHSE lessons	Reduction in alcohol related harm for young people	Mansel Davies - Education Improvement / Gavin Hogarth – DAAT		September 2013	'Talk About Alcohol' Resource promoted in 5 CAP area secondary schools and training provided. Remaining Schools to be contacted in next phase.
Review referral pathways between RSH A&E and YPSMT Conduct audit of under 18 A&E attendees at RSH	Mapping of current pathway Mapping of young people attending A&E through alcohol misuse	Effective care pathway for young people presenting at A&E. Increased understanding of hotspot areas and issues	Teresa Tanner - RSH / Gavin Hogarth - DAAT / Sonya Jones - YPSMT		July 2013	

Shropshire Alcohol Strategy 2013 - 2016

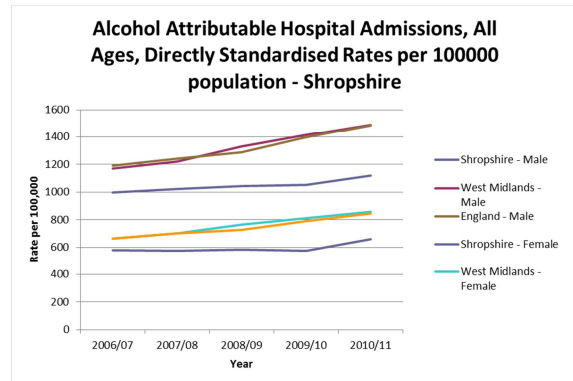
Objective 4B: Support and protect children and young people affected by parental alcohol substance misuse						
Activity	Outputs	Outcomes	Lead	Resources	Deliverable Date	Progress Check
Implement the SSCB Joint Working Protocol between Adult and Children Substance Misuse Services -	Effective implementation of protocol	Early identification and help for children and young people affected by parental substance misuse	Steve Ladd – Shropshire’s Safeguarding Children Board / Gavin Hogarth – Shropshire DAAT		On-going	

APPENDIX A

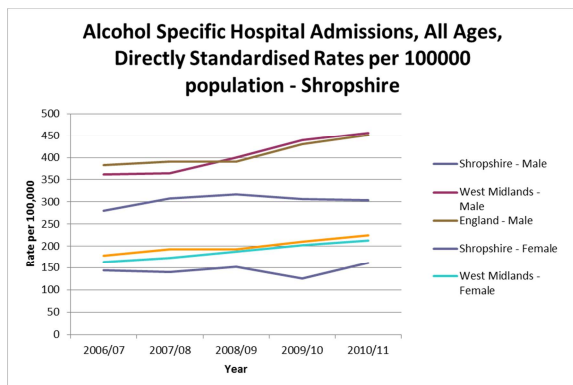
ALCHOL ATTRIBUTABLE MORTALITY



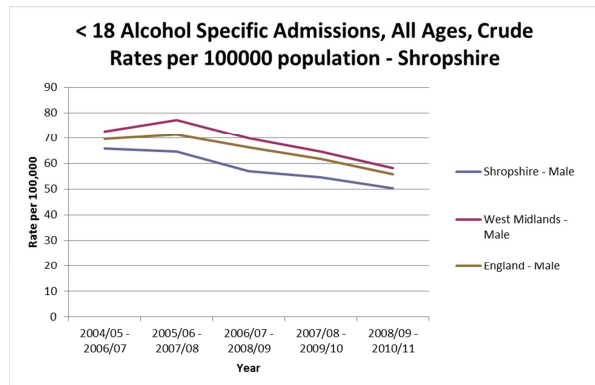
ALCHOL ATTRIBUTABLE HOSPITAL ADMISSIONS



ALCHOL SPECIFIC HOSPITAL ADMISSIONS



<18 ALCHOL SPECIFIC HOSPITAL ADMISSIONS



References

Alcohol-specific	Conditions that are wholly related to alcohol (e.g. alcoholic liver disease or alcohol overdose). A list of alcohol-specific conditions with their ICD-10 codes and associated attributable fractions can be found at: http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf
Alcohol-attributable	Alcohol-specific conditions plus conditions that are caused by alcohol in some, but not all, cases (e.g. stomach cancer and unintentional injury). For these latter conditions, different attributable fractions are used to determine the proportion related to alcohol for males and females. A list of alcohol-attributable conditions with their ICD-10 codes can be found at: http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf
Lower Risk drinking	consumption of less than 22 units of alcohol per week for males, and less than 15 units of alcohol per week for females
Increasing Risk drinking	consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females
Binge drinking	Consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females.

ⁱ Department of Health, 2008, *Safe. Sensible. Social.* – Consultation on Further Action Impact Assessment

ⁱⁱ Public Health England. *Local Alcohol Profiles for London 2012.*

<http://www.lape.org.uk/LAProfile.aspx?reg=f>

ⁱⁱⁱ HM Government, 2010, *Drug strategy 2010, Reducing Demand, Restricting, Supply, Building Recovery Supporting People to Live a Drug Free Live.*

^{iv} HM Government, 2012, *Government's Alcohol Strategy.*

^v Department of Health, 2012, *The Public Health Outcomes Framework for England 2013- 2016.*

^{vi} Department of Health, 2009, *Signs for Improvement – Commissioning Interventions to Reduce Alcohol-Related Harm.*

^{vii} Office for National Statistics, 2011, *Alcohol-related deaths in the United Kingdom, 2000–2009.*

^{viii} Wadd, S et al, 2011, 'Working with Older Drinkers'. *Alcohol Insight Report.*

^{ix} Shropshire's Safeguarding Children Board.

<http://www.safeguardingshropshireschildren.org.uk/scb/index.html>