

WIRRAL **ALCOHOL** **STRATEGY**

THE WIRRAL PARTNERSHIP

CONTENTS

FOREWORD	04
A SNAPSHOT OF THE IMPACT OF ALCOHOL IN WIRRAL	05
INTRODUCTION	06
STRATEGIC PRIORITIES	10
1. Encouraging a responsible relationship with alcohol	11
2. Supporting those who need help with alcohol misuse	12
3. Protecting children, young people and their families	14
4. Creating safe environments	15
DELIVERING THIS STRATEGY	18
DELIVERY PLAN	20
REFERENCES	24



FOREWORD

Councillor Chris Jones

Cabinet Member for Social Care and Health

The consumption of alcohol is an established part of life for many adults in the UK and drinking alcohol to relax or at social and celebratory events is often accepted as the 'norm'.

A 2015 Health Survey for England found that 83% of adults had drunk alcohol in the last 12 months.

As well as the impact on our wider communities, it is well known that drinking excess alcohol is a habit that is all too easy to acquire and brings many challenges to both the individual and their families.

Regularly drinking above the recommended levels can increase the risk of alcohol related illnesses such as cancer, liver cirrhosis and heart disease and can also have a knock on effect in families, including relationship breakdown, domestic abuse and impoverishment.

Through this strategy we want to reduce the impact of alcohol-related health harms to individuals, reduce alcohol-related crime, domestic abuse and anti-social behaviour in our local communities and establish a diverse, vibrant and safe night time economy in Wirral.

We want to raise awareness of the health and social implications of alcohol misuse and ensure that individuals are informed and supported to get help.

This strategy outlines our ambition to work with local partners to improve the alcohol environment that surrounds us, by rebalancing the place that alcohol has in our communities and supporting people of all ages to have a healthier understanding of the role that they want alcohol to have in their lives.




**Councillor
Chris Jones**

A SNAPSHOT OF ALCOHOL FACTS IN WIRRAL




9,272
ALCOHOL-RELATED
HOSPITAL ADMISSIONS
APPROX ONE HOSPITAL WARD PER DAY
(2014-2015)

826
LICENSED PREMISES
IN WIRRAL IN 2016
(UP FROM 799 IN 2015)



193
ALCOHOL-RELATED DEATHS
IN WIRRAL IN 2015

1,619
YEARS OF LIFE LOST
DUE TO ALCOHOL-RELATED
CONDITIONS IN WIRRAL MEN
(2015)







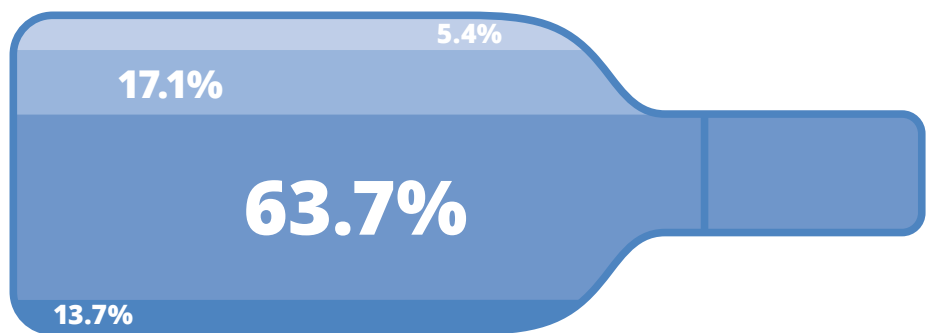
912
YEARS OF LIFE LOST
DUE TO ALCOHOL-RELATED
CONDITIONS
IN WIRRAL WOMEN (2015)



ALCOHOL COSTS
THE WIRRAL
HEALTHCARE SYSTEM
£25M
PER YEAR

ESTIMATED PROPORTION OF ADULT POPULATION WHO ARE:

-  HIGH RISK
(4.5% OF WHOM ARE DEPENDENT)
-  INCREASING RISK
-  LOW RISK
-  NON-DRINKERS



ALCOHOL PROBLEMS
COST WIRRAL
£131M
PER YEAR

1 IN 9
CRIMES IN WIRRAL
ARE ALCOHOL-RELATED



40%
INCREASE IN DEATHS
WITH AN UNDERLYING
CAUSE OF LIVER DISEASE
(FROM 7,841 TO 10,948
IN ENGLAND 2001-2012)

Drink less

INTRODUCTION

In July 2015, Wirral Council, with its partners, committed to working together over the next five years and beyond to achieve real outcomes on a set of twenty pledges, one of which is for local people to live healthier lives.

Alcohol has an impact on our social, economic and cultural life, with many people enjoying a drink to relax at the end of a long day, or to celebrate and socialise. In recent years alcohol consumption has increased dramatically and it is now estimated that 85% of adults drink alcohol. Although many people drink sensibly, it is judged that probably 1 in 5 people drink too much. According to the World Health Organisation (WHO)², harmful consumption of alcohol results in 2.5 million deaths around the world annually. Alcohol misuse is now the third biggest risk factor to health behind tobacco and high blood pressure. Long term drinking has been linked directly to seven forms of cancer and there are also acute harms caused by binge drinking.

Our vision is for Wirral to be a place that promotes a responsible attitude towards alcohol and minimises the risks, harms and costs of alcohol misuse to allow individuals, families and communities to lead healthier and safer lives.

Our ambition is to support Wirral to have a healthier relationship with alcohol by intervening as early as possible - we want to:

- Reduce alcohol-related health harms
- Reduce alcohol-related crime, anti-social behaviour and domestic abuse
- Establish diverse, vibrant and safe day time high streets and night time economy

Alcohol misuse* impacts across a wide range of policy and service priorities, such as accidents, sexual health and safeguarding, and highlights the need for joint-working, as many of the targets held at an organisational level can rise or fall depending on the outcomes from effective partnership activities. We want to continue to build upon our established partnership working and achieve a co-ordinated approach to the delivery of this strategy that maximises resources and avoids unnecessary duplication of effort. In doing this we will ensure that the goals set out within this strategy are linked to other thematic areas and strategies.

It is expected for example that implementation of the strategy will complement the work of a range of other borough wide strategic plans. These include:

- Healthy Wirral Programme
- Children, Young People and Families Strategy
- Community Safety Plan
- The Growth Plan

The partnerships we develop however will also need to extend to sub-regional and regional alliances where collective approaches to address complex issues or achieve policy change are required e.g. action on minimum unit pricing, legislation on licensing, advertising and marketing standards.

We do know that when someone is supported to change their dependency on alcohol it can be life changing as illustrated in our case study below.

*Alcohol misuse means drinking excessively – more than the lower-risk limits of alcohol consumption

A DRINKER'S STORY: A LIFE AFFECTED BY ALCOHOL

John* had always enjoyed a drink but he went from drinking a couple of times a week with his friends, to an alcohol dependant street drinker, consuming alcohol every day.

When John's drinking deteriorated his behaviour became chaotic – he would often fall over and call an ambulance, he was barred from his local pub and his relationship of 20 years ended.

John started drinking on the street, meeting up with other street drinkers. His new 'friends' wrecked his home, stole his money and left him with no heat or light when they took the keys to his gas and electric. John eventually lost the home he'd had with a Registered Social Landlord for 18 years.

John had to sleep on the streets and was dependent on food from soup kitchens and drop in services. His deteriorating health from falls, assaults and alcohol withdrawal saw him go to A&E 61 times in 3 years, being admitted to hospital on 17 occasions.

While drinking excessively, John had 2 convictions of assault and served a prison sentence for common assault and ABH. He also had a number of Public Order fines for being drunk and disorderly.

A 4 month stay in a local inpatient detox facility, at a cost of £15,000 had limited effect because after John left the unit he went back to the same environment and subsequently relapsed.

John's situation started to change when after being assaulted, and not seeking treatment, he lost the sight in one eye. His visual impairment and now general poor mobility meant he kept falling down stairs, ending up in hospital again.

Support was put in place by the outreach team and the hospital discharge worker to help get John into more suitable accommodation. He was assessed by the alcohol related brain injury (ARBI) team and found to have cognitive problems around decision making. A referral was made to a local residential home. They offered him accommodation and helped him manage his money as this is something he'd struggled with.

John was advised about how to deal with the people who had previously caused him problems with his accommodation, and supported to create some separation between them and his home.

John has managed to remain alcohol free, he's not been back to hospital and there have been no further offences. He is happy in his placement, has made new friends and says he doesn't feel lonely anymore.

**John isn't his real name*

Alcohol Inquiry

In developing this Strategy we felt it was important that local people were able to have their say about the ways in which alcohol has impacted on them, and what they would like to see happening to reduce that impact. We took an innovative approach and undertook an Alcohol Inquiry.

The Alcohol Inquiry was conducted between October 2015 and March 2016 by the community engagement specialists, Shared Future (a social enterprise). The aim of the project was to bring together a diverse group of residents to deliberate and discuss, over 9 sessions, the question, "What can we all do to make it easier for people to have a healthier relationship with Alcohol?"

The Inquiry was loosely based on the model of a "Citizens' Jury" with residents representative of the diversity of the borough. 20 Citizens of Wirral were recruited from the four constituency areas and listened to presentations from various expert witnesses over a nine week period. From the wide range of experience, knowledge and perspective presented, the group, reflected then discussed and debated what the issues meant to them, their peers, and those in their respective neighbourhoods. From this they produced their own set of recommendations and actions to make it easier for people of Wirral to have a healthier relationship with alcohol. These recommendations included the following, and will now inform the action plan for the Strategy;

Inquiry Recommendations

- Limit the number of licensed premises and make it easier for the public to object to licensing applications; educate the public so they can have a say on local licensing; explore how we can make it easier for the public to have their say on local licensing.

- Community projects for young people and adults which provide alternatives to drinking alcohol; keep people together and offer new ways to make friends, and gain life, social and work skills.
- Fifth licensing objective "to protect health and reduce anti-social behaviour and domestic violence"
- Publicise the wider cost of alcohol to the people of the Wirral (A & E, Police, Fire Service, Social Services, Mental Health) and ask "what could we buy with this money otherwise?"
- Make the whole of Wirral a 'no street drinking' zone including beaches and parks.
- Create a social media campaign with local images so that the community of Wirral 'takes a step back and reflects on their own relationship with alcohol'.
- Instigate a Young People's Alcohol Inquiry.
- More help for people with both mental health and alcohol problems.
- Reduce impulse-buying of alcohol in supermarkets by having special sales areas for alcohol, separated from other goods and away from the check outs.
- Publish Alcohol Inquiry recommendations to create a public conversation across Wirral about how people can have a healthier relationship with alcohol e.g. social media, vintage radio etc.
- More interactive education for young people. Education that allows young people to discover for themselves what's involved and to then make their own decisions.

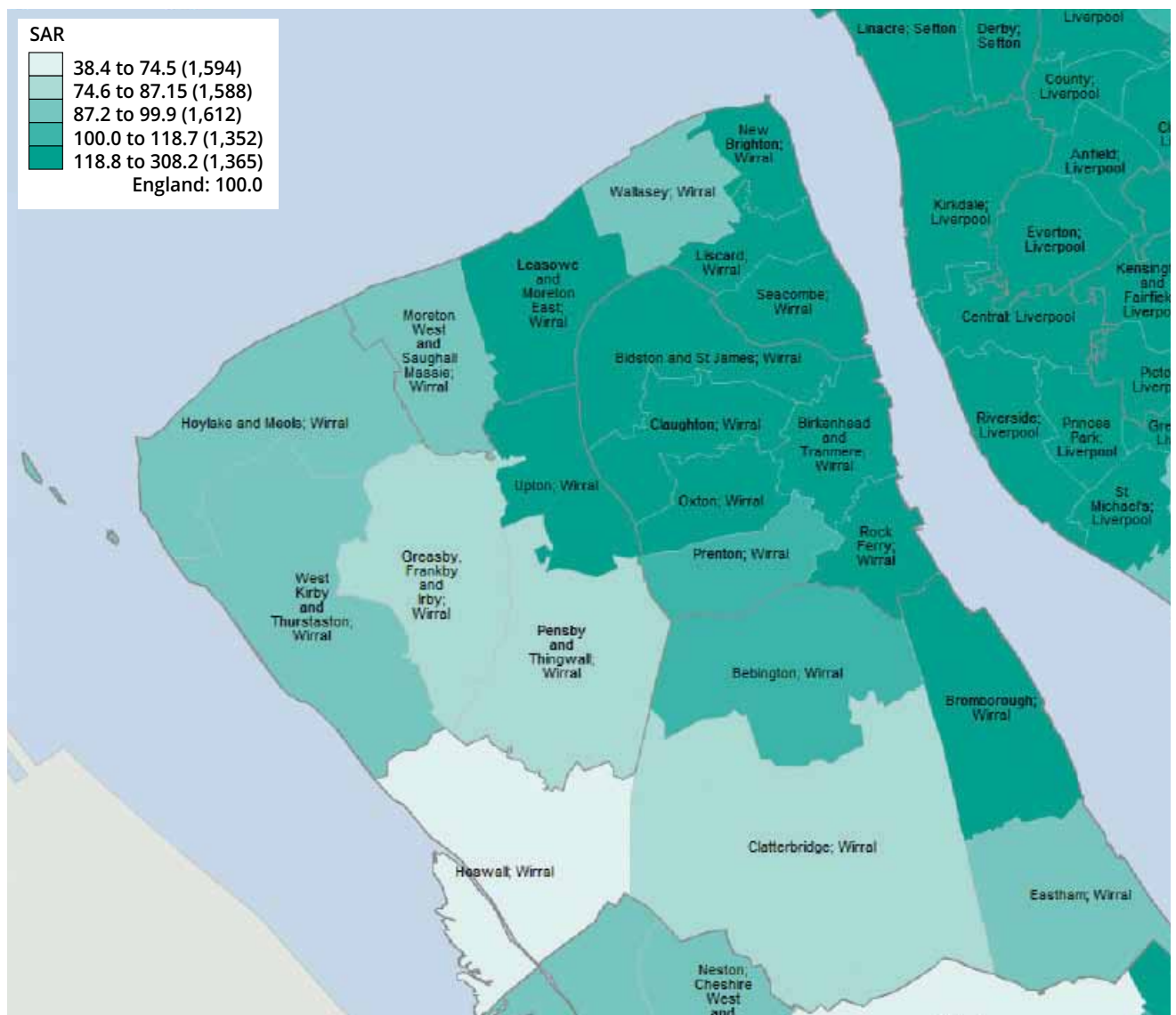
There will be a continued commitment through the lifetime of this Strategy, to sustaining this open dialogue with the community of Wirral through projects such as this one, and through other channels and regular practices that will be developed.

STRATEGIC PRIORITIES

1. ENCOURAGING A RESPONSIBLE RELATIONSHIP WITH ALCOHOL

What do we know?

Life expectancy varies by over 10 years between wards in Wirral, with alcohol misuse being a major contributor to the difference. The map below illustrates admissions to hospital for conditions attributable to alcohol misuse. It shows that higher levels of admission relate to our areas of high socio-economic deprivation.



Hospital admissions for alcohol attributable conditions 2010/11 to 2014/15

Estimates show Wirral has a higher proportion of dependent drinkers and increasing risk drinkers than the national figures but a slightly lower proportion of higher risk patients. The borough also has a lower proportion of non-drinkers than the North West and England.

Research has shown that women who regularly drink more than 28 units/week and men more than 35 units/week, for 5 years or longer, are likely to experience some changes to their mental function and intellect, even though they may not be aware of it.

How will we get there?

Information and education are necessary components of a comprehensive approach to reducing the harm from alcohol. Interventions such as media campaigns and school education programmes are important both in increasing knowledge and in changing attitudes towards alcohol. The National Institute for Health and Care Excellence (NICE) recommends that alcohol education should be an integral part of the school curriculum and should be tailored for different age groups and learning needs⁴.

However evidence suggests that information and education initiatives on their own are unlikely to deliver sustained changes in drinking behaviour. They will only help to change behaviour if they are supported by actions against all our strategic priorities.

There is strong evidence that opportunistic early identification and brief advice is effective

in reducing alcohol consumption and related problems. NICE has recommended widespread implementation of early identification and brief advice in a range of health and social care settings⁵. This strategy will aim to engage the widest partnership in adopting this approach.

How will we measure if we're getting it right?

To ensure local action is having an impact on local people we will:

- Evaluate the impact of local marketing campaigns highlighting the risks of drinking to excess on local people
- Monitor the uptake of early identification and brief advice training by frontline public sector staff
- Monitor the referral to appropriate services by local health care providers for people with alcohol problems

What is already happening on Wirral?

From April 2017 Merseyside Fire and Rescue Service will be offering Information and Brief Advice to people at risk of alcohol harm, followed by the offer of a referral to specialist services where necessary during their new "Safe and Well" home visits.

Work is taking place with local NHS Providers for the introduction of a scheme in 2018-19 to ensure patients with alcohol problems receive advice and appropriate referral to local services.

2. SUPPORTING THOSE WHO NEED HELP WITH ALCOHOL MISUSE

What do we know?

We estimate that 5.4% of the Wirral population are high risk drinkers, and of these 4.5% are dependent drinkers. This produces an estimated incidence of some level of alcohol-related brain damage affecting between 14,400 and 17,280 people. If they are not offered the most appropriate response then their ability to respond positively to the treatment and support offered will be significantly compromised. As a result of this not only will their individual prognosis be poorer but the future demands they make on the health and social care system will consequently be greater.

There has been a 40% increase in deaths with an underlying cause of liver disease (7,841 to 10,948) in England between 2001-2012.

In Wirral between 2012-2014 the average number of years of life lost in those aged under 75 from liver disease is 29 per 10,000 persons this compares to rates of 28 per 10,000 for breast cancer and 20 per 10,000 for stroke⁶.

In Wirral the rate of premature mortality from liver disease between 2013-2015 was significantly higher than the England average for females (22.7 per 100,000 population) and males (30.4 per 100,000 population). In 2014/15 there were 162 hospital admissions in Wirral (all persons) for alcoholic liver disease condition⁷.

Estimates of the alcohol dependent population for Local Authority areas, commissioned by PHE and published in April 2017, estimates that Wirral has 4,891 dependent drinkers. (Reference: Pryce et al (2017) Estimates of Alcohol Dependence in England based on APMS 2014, including Estimates of Children Living in a Household with an Adult with Alcohol Dependence: Prevalence, Trends and Amenity to Treatment. Report prepared for Public Health England.)

How will we get there?

NICE has published detailed guidance on the identification, assessment and management of harmful drinking and alcohol dependence. These guidelines recommend improved access to effective interventions delivered by specialist services. These include psychological

interventions and community based assisted withdrawal programmes⁸. Alcohol treatment has been shown to be highly cost effective; for every £1 spent in treatment the public sector saves £5⁹.

The Royal College of Physicians recommend that every acute hospital has an Alcohol Liaison Nurse Service to manage patients with alcohol problems within the hospital and liaise with community services¹⁰.

Studies in the UK have demonstrated that there are significant levels of mental health problems amongst people with alcohol problems (both in and out of treatment). In addition between a quarter and a third of people with serious long-term mental health problems are drinking at harmful or dependent levels. Evidence shows outcomes are improved if mental health and substance misuse services offer "integrated treatment" for both alcohol and mental health problems and work jointly for the most complex cases.

How will we measure if we're getting it right?

We will see a reduction in:

- Alcohol-specific hospital admissions (Working age adults 18-64)
- Alcohol-specific hospital admissions (older adults 65+)

What is already happening in Wirral?

Wirral University Teaching Hospital NHS Foundation Trust has a team of Substance Misuse Specialist Nurses who are available 7 days a week. Since April 2015 when the team began it has seen almost 6,000 patients with alcohol as a contributor to their admission, in all wards and departments across two sites, (Arrowe Park and Clatterbridge Hospitals). This is a developing service which offers support, assessment, interventions and referral to community alcohol services.

Cheshire and Wirral Partnership NHS Foundation Trust and Wirral Ways to Recovery specialist substance misuse service, have worked together to develop a Dual Diagnosis protocol and pathway.

3. PROTECTING CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES

What do we know?

Alcohol use in young people has significantly declined over the past decade¹¹. Anecdotally, this trend has also been reported in Wirral. However, Wirral experiences a higher rate of hospital admissions for young people for both alcohol-specific conditions and substance misuse (15-24 year olds) than both the regional and England average¹².

A 2016 report by the Children's Commissioner¹³ recommended that the issue of parental alcohol misuse should be addressed in local area's planning and commissioning of services, using the Joint Strategic Needs Assessment, both for children in need of support and those in need of protection.

Drinking alcohol at any stage during pregnancy can cause harm to the baby. The UK Chief Medical Officer's alcohol unit guideline advice to pregnant women is that the safest approach is to not drink alcohol at all during pregnancy. Foetal Alcohol Syndrome (FAS) affects the way a baby's brain develops. How serious the condition is depends on how much alcohol a mother drinks during pregnancy. Miscarriage, stillbirth, premature birth, small birth weight, and Foetal Alcohol Spectrum Disorder (FASD) are all associated with a mother's drinking.

National (and local) data on the prevalence of Foetal Alcohol Spectrum Disorder is unavailable, but emerging international research indicates clearly that some populations are more at risk, such as those experiencing high levels of deprivation and poverty. Incidence of Foetal Alcohol Spectrum Disorder in Western countries in general is estimated to be 9 per 1,000 live births.

There is good evidence that alcohol advertising affects children and young people and that exposure to alcohol advertising is associated with the onset of drinking amongst young people and increased consumption among those who already drink. All of the evidence suggests that children and young people should be protected as much as possible by strengthening current regulations.

An article in the Journal, Alcohol and Alcoholism (2009)¹⁴ reported – "In the UK the rise in the affordability of alcohol by 65% between 1980-2006, the extension of hours of sale for both on premise and off-premise outlets in 2003, combined with extensive advertising and the promotion of alcohol, have been linked with an increase in consumption and drinking related damage".

How will we get there?

Work is currently underway to review the offer for children and young people around substance misuse to ensure that an integrated programme is available, informed by consultation with children, young people and key stakeholders. Evidence suggests that wider programmes delivered in schools which target multiple risk behaviours, help build self-esteem and life skills are more likely to be effective in preventing substance misuse. This will be a key focus of the work going forward.

The issue of parental alcohol misuse and its impact upon children and young people locally will be explored to ensure that their needs are being met. This is particularly pertinent with regard to children who are looked after or who are in care. A significant proportion of children in the borough are subject to a child protection plan to protect them from the impact of their parents' or carers' alcohol misuse.

How will we measure if we're getting it right?

We will see a reduction in alcohol-specific admissions for young people

What is already happening in Wirral?

There is a range of support available for children and young people both in school and community settings dependent upon the level of need. These include health promotion/ education, Health Service in Schools, Response and Specialist Substance Misuse Treatment. Pathways have been developed between the various levels.

Response – deliver interventions for young people where substance misuse has been identified as a significant factor. Young people who are referred to services are screened for substance misuse concerns, and are then referred to specialist workers within the team who will deliver appropriate interventions. These workers also link up with relevant agencies to ensure that the young person is supported in accessing wider support or more specialist treatment.

4. CREATING SAFE ENVIRONMENTS

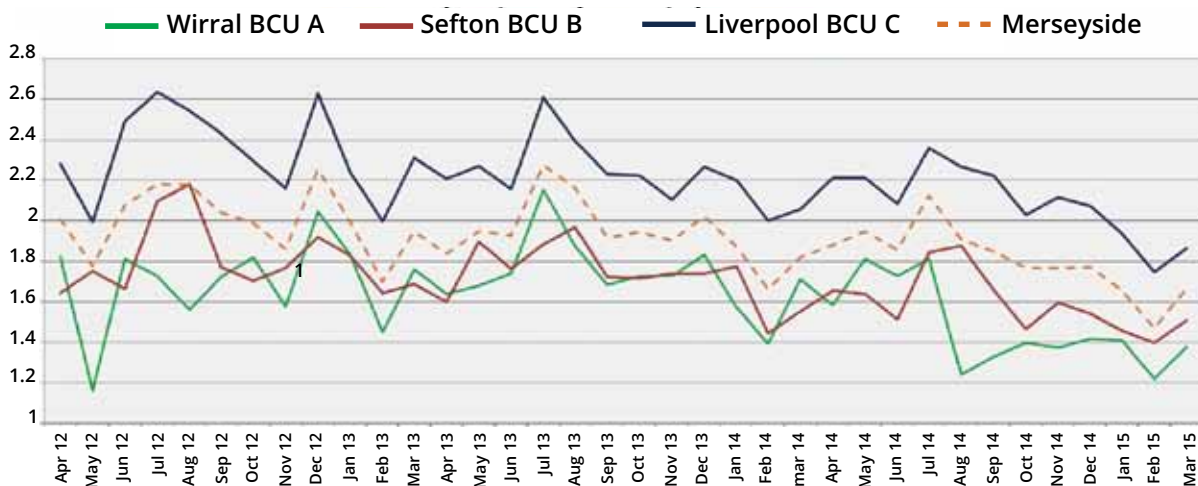
What do we know?

Work produced by Public Health England shows the estimated economic cost to the local economy arising from alcohol problems to be considerable. The estimated figure for Wirral is £131 million per year, comprising of costs to the health and social care systems, criminal justice costs and lost productivity. Alcohol is thought to cost the Wirral health care system £25 million each year (this may be a greater cost than tobacco), and 1 in 9 crimes in Wirral are alcohol-related.

In July 2016 there were 826 licensed premises in Wirral (2.50 per 1,000 population), with more licenced premises per head of population in more deprived areas.

The peaks in the number of domestic abuse incidents reported are quite strongly associated with periods of increased alcohol consumption within the general population. These include notable footballing events, summer and Christmas. While alcohol consumption does not necessarily lead to domestic abuse in most cases, the data suggests that it can be a trigger for some individuals who are already predisposed to abusive behaviours, as illustrated in the graph below:

DVA INCIDENTS PER 1,000 POPULATION, APRIL 2012 - MARCH 2015



Source: Wirral Domestic Abuse Needs Assessment

Price of alcohol

Making alcohol less affordable is the most effective way of reducing alcohol-related harm.

- There is overwhelming evidence that increasing the price of alcohol through taxation reduces alcohol intake.
- There is also clear evidence that reductions in alcohol consumption achieved through price increases translate into reductions in alcohol-related harm.
- Increases in the price of alcohol are associated with reductions in alcohol-related deaths and illness, traffic crash fatalities and drink driving, incidences of risky sexual behaviour and sexually transmitted infections, other drug use, violence and crime.
- The reverse is also true: price cuts increase harm¹⁵.

Availability of alcohol

International evidence suggests that making it less easy to buy alcohol by reducing the outlets selling it in a given area and the days and hours when it can be sold, is an effective way of reducing alcohol-related harm. Based upon this evidence expert bodies including the Northern Institute Clinical Research (NICR) have recommended that legislation on licensing should be revised to include protection of the public's health as one of its objectives¹⁶. The Organisation for Economic Co-operation and Development has drawn together research that reports on the strong link between the affordability and availability of alcohol and the incidence of harmful drinking¹⁷.

A 2011 report from Alcohol Concern found a statistically significant relationship between the density of off-licensed premises and hospital admissions in young people under 18 relating to alcohol misuse¹⁸.

An important study from the University of Sheffield has calculated that setting a minimum unit cost of 50p per unit of alcohol means that nationally each year there could be 98,000 fewer hospital admissions, 3,000 lives saved and 40,000 fewer crimes¹⁹.

How will we get there?

We know that there are a wide range of policy tools that can reduce problems associated with alcohol, crime and disorder and the night time economy²⁰. These include:

- Alcohol pricing:
- Licensing
 - Outlet density and mix
 - Monitoring and enforcement
 - Licensing hours
- Premise design and operations
 - Glassware management within premises
 - Manager and staff training
 - Accreditation and awards
 - Environment within the premise (covering capacity, layout, seating, games, food and general atmosphere)
- Public realm design
 - CCTV
 - Street lighting
 - Active frontages
 - Glassware management outside premises
 - General layout
- Policing (covering targeted policing, street policing, third party policing, transport policing, anti-social behaviour/drink banning orders and alcohol arrest referral schemes) Transport (covering buses, taxis and parking)
- Public education campaigns and community engagement

Wirral has recently been granted Local Alcohol Action Area status by the Home Office and Public Health England to improve the collection, sharing and use of data between accident and emergency departments, the council and police. A recent project to understand patient pathways for high risk and dependent drinkers through the local health and social care system highlighted significant gaps in data sharing between organisations.

Our priority is to create routine information flows between organisations to allow timely access to information for all partners and optimise patient outcomes.

This work will support the sharing of aggregate data on alcohol harm across agencies and lead to consistency of information available for licensing and planning decisions and treatment for people who misuse alcohol.

The Council's Licensing Committee plays an important role in regulating the availability of alcohol in the borough. A cumulative impact policy for Birkenhead is currently being explored as part of the Statement of Licensing Policy.

We will also look to work with local retailers to investigate local adoption of industry schemes to reduce alcohol related crime e.g. Pubwatch, Proof of Age schemes.

How will we measure if we're getting it right?

We will see a reduction in:

- Alcohol-related recorded crime
- Alcohol-related violent crime
- Alcohol-related sexual crime
- Improved public perceptions of town centres at night

What is already happening in Wirral?

Birkenhead Town Centre Group was set up in 2016 to respond to issues related to street drinking. The Group has discussed many issues relating to Birkenhead Town Centre with positive actions being taken to deter the public from giving money to beggars and to give to charity / services instead; increase in intelligence sharing and knowledge for all and practical support for street drinkers to access services.

A programme of action on licensing has been agreed by Liverpool City Region to include: training for people involved in the licensing process, people employed in alcohol retail and the residents and communities where licensed activities take place. The training will range from:

- enabling greater enforcement of the law around providing alcohol to people who are already drunk
- recruiting and training interested community champions on the effects of alcohol on their communities
- signing local retailers up to voluntary agreements
- producing guidance and training on the available evidence and its interpretation within the current licensing process

'Reducing the Strength' is an initiative designed to tackle problems associated with street drinking by removing from sale low price high-strength alcohol products through voluntary agreements with local retailers. It is a voluntary scheme which encourages local retailers to voluntarily cease sales of cheap super-strength alcohol, to limit the supply to problem drinkers.

DELIVERING THIS STRATEGY

The delivery of this Strategy will be in partnership with local residents and public, private and voluntary sector organisations.

We will deliver the ambitions outlined within this pledge through the following action plan and other key strategies and plans which focus on housing, education, regeneration and promoting the health and wellbeing of local people.

The agreed actions will be delivered over the lifetime of this pledge with detailed project plans to be developed to ensure there is regular review and monitoring of the actions. There will also be further engagement and consultation with residents, partner organisations and other stakeholders as we develop more detailed action plans.

DELIVERY PLAN

1. ENCOURAGING A RESPONSIBLE RELATIONSHIP WITH ALCOHOL

Action	By When	Lead Organisation
<p>Reduce the number of adults drinking above NHS guidance through:</p> <ul style="list-style-type: none"> • Hard hitting, locally planned and delivered marketing and communications campaigns that focus on: <ul style="list-style-type: none"> – the risks of drinking in pregnancy – the dangers of drinking and driving – the importance of having alcohol free days • Cross partnership promotion of non-alcoholic alternatives at events • An increase in the provision of information and brief advice to drinkers identified as being at greater risk 	<p>December 2017</p> <p>Ongoing</p> <p>Year on year increase</p>	<p>Wirral Council</p> <p>Wirral Partnership</p> <p>Wirral Partnership</p>
Expand the coverage of the Reducing the Strength Scheme	Ongoing	Wirral Council
Support the development of workplace policies and initiatives to reduce alcohol-related harm	Ongoing	Wirral Chamber of Commerce

2. SUPPORTING THOSE WHO NEED HELP WITH ALCOHOL MISUSE

Action	By When	Lead Organisation
Achieve effective engagement and treatment of alcohol related attendance at hospital and ensure that patients maintain necessary engagement with community treatment services after discharge.	September 2017	Wirral University Teaching Hospital NHS Foundation Trust/ Drug and alcohol treatment and recovery service
Increase the number of people who complete treatment and recover from harmful and dependent drinking.	Year on year increase	Drug and alcohol treatment and recovery service
Ensure access to effective support to get service users back into education, training and/or employment.	Year on year increase	Drug and alcohol treatment and recovery service
Ensure access to appropriate housing, and associated support, is available for local service users, particularly those who are homeless.	Year on year increase	Drug and alcohol treatment and recovery service/ Council Housing

3. PROTECTING CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES		
Action	By When	Lead Organisation
Deliver clear information to local people and services about the risks of foetal alcohol spectrum disorder.	March 2018	Wirral Council
Deliver alcohol harm prevention work e.g. through schools, that is embedded in work to build self-esteem, develop life skills and promote healthy development and well-being,	Ongoing	Wirral Council Cheshire and Wirral Partnership NHS Foundation Trust Wirral University Teaching Hospital NHS Foundation Trust
Ensure effective early identification of young people at risk of developing alcohol-related problems through: <ul style="list-style-type: none"> • Renewed guidance for schools • Continuing training for professionals working with children and young people, including health visitors, midwives, school nurses Programmes of information, guidance and support for parents, addressing the risks arising from their own drinking behaviour, and that of their children.	Ongoing	Wirral Council Cheshire and Wirral Partnership NHS Foundation Trust Wirral University Teaching Hospital NHS Foundation Trust
Provide targeted alcohol interventions to young people misusing alcohol. Ensure good communication, effective links and appropriate transition arrangements between young people's and adult's alcohol services.	Ongoing	Wirral Council Cheshire and Wirral Partnership NHS Foundation Trust Wirral University Teaching Hospital NHS Foundation Trust

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To find out more:



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