

# East Lancashire Alcohol Harm Reduction Strategy 2008 to 2011

Tackling alcohol in partnership across East Lancashire



Rossendale  
COMMUNITY SAFETY PARTNERSHIP



East Lancashire **NHS**  
Primary Care Trust

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## 1 Foreword

The misuse of alcohol contributes to ill-health, poor quality of life, social deprivation and is a major factor in the cause of crime and anti-social behaviour. The effects of alcohol misuse are felt by individuals, families and communities and result in missed opportunities and social exclusion for many people.

Research shows that the most deprived communities feel the effects of alcohol misuse disproportionately and these effects blight many areas stifling regeneration and economic recovery. East Lancashire has been identified as having some of the most deprived areas in the UK. We are aware of the significant challenges faced by our local communities and of the task ahead of us in addressing the harmful effects of alcohol. Partners in East Lancashire have agreed that taking action to reduce the harm caused by alcohol should be a priority, as part of a wider health inequalities plan. The aim of the plan is to “save a million years of life” by 2011.

The driving force behind the development of this combined strategy is a growing acceptance that across the 5 Boroughs which make-up East Lancashire the majority of problems we face in relation to alcohol and the actions and priorities we have set to tackle these are broadly similar.

Against this backdrop, our shared experiences and approaches can be effectively combined to shape real change for the future of our area. It is clear that each area may well be at different stages in addressing the challenges they face, however, this strategy will provide a framework against which we can collectively drive forward progress and raise standards.

Significant progress has already been made through local investment and partnership working and we must continue this progress, building on what we have achieved and working more closely to maximise the use of the resources available to us.

The East Lancashire Alcohol Harm Reduction Strategy is the first step towards developing a co-ordinated, collaborative and sustained response to preventing, reducing and addressing a range of harms associated with the misuse of alcohol.

The strategy will enable us to set agreed aims and objectives, and to develop shared action plans which take account of subtle differences in each area whilst ensuring our approaches are both consistent and effective.

Our long-term commitment is needed to bring about many of the changes and improvements needed to tackle the issues, particularly in relation to changing cultural views of alcohol which affect the way people drink. The ‘Guiding Principles’ upon which this strategy is based are key to the successful implementation and sustainability of our actions.

Our overall aim is to deliver measurable and sustainable improvements in health, crime and social and economic regeneration and to integrate the work across our partner agencies.

We will continue to drive forward our plans to achieve this aim and will update the strategy in light of experience and emerging guidance.



**Carolyn Wilkins**  
Chief Executive  
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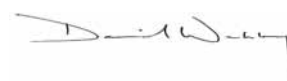
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## 2 Executive summary

### Introduction

The East Lancashire Alcohol Harm Reduction Strategy has been developed through collaboration between statutory, voluntary and private sector agencies across the five Boroughs of Burnley, Pendle, Rossendale, Hyndburn and the Ribble Valley. It spans three years from 2008 to 2011 and incorporates existing national, regional and local plans and strategies, translating these into co-ordinated and sustainable action to deliver measurable benefits for local people and local communities.

The driving force behind this development is an acceptance that the majority of alcohol-related problems experienced across East Lancashire and the actions required to tackle these effectively are broadly similar. Against this backdrop partners recognise that pooling of effort and resources is likely to have a greater impact than addressing these issues in isolation.

The strategy focuses on four themes;

1. Education and Communication
2. Health and Treatment Services
3. Tackling Alcohol Related Crime and Disorder
4. Working with the industry

### The local context

The effects of alcohol on health are felt acutely across East Lancashire. Research from the Public Health Observatory and other sources show that 3 of the 5 local authorities involved in the development of the strategy have amongst the highest rates of alcohol related deaths for men in England, 2 out of 5 have amongst the highest deaths for women and 4 out of 5 had amongst the highest estimates of binge drinking between 2002 – 2004.

### Aim and objectives

The aim of the East Lancashire Alcohol Harm Reduction Strategy is to work in partnership to;

*'minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely'*

Safe, Sensible, Social; the next steps in the National Alcohol Strategy

The East Lancashire Alcohol Harm Reduction Strategy objectives are linked directly to the document, *Safe, Sensible, Social; the next steps in the National Alcohol Strategy*, and are;

- To ensure that the laws and licensing powers introduced to tackle alcohol-fuelled crime and disorder, protect young people and bear down on irresponsibly managed premises are being used widely and effectively.
- To focus on the minority of drinkers who cause or experience the most harm to themselves, their communities and their families, including young people under 18 who drink alcohol; 18-24 year old binge drinkers; and harmful drinkers and provide more help for people who want to drink less.
- To develop a partnership approach to shape an environment that actively promotes sensible drinking, through investment in better information and communications.
- To challenge and change the culture and environment in which people drink to excess whilst recognising the positive role that alcohol plays in people's lives and the local economy.

### **Key principles**

Partners across the 5 boroughs will work to agreed principles to ensure successful co-ordination and delivery of the strategy. These are to;

- review and develop local delivery structures which are 'fit for purpose' and whose responsibility and accountability is clearly defined, agreed and endorsed at the appropriate level/s.
- ensure the strategy is firmly embedded where appropriate into local, regional, county level and national plans to support integration of related agenda's.
- take a strategic approach to the development of responses based on evidence of good practice, locally identified needs and agreed priorities.
- take steps to identify and actively reduce unhelpful duplication of effort and/or competition for available resources.
- actively collaborate to ensure the long-term success of the strategy and the achievement of shared objectives.
- implement a proactive partnership to attract sustainable funding and so facilitate the development of effective services and approaches.
- take a continuous improvement approach through systematic and consistently applied performance monitoring, management and review.
- ensure factual, fair, frank and frequent feedback and information sharing amongst partner agencies as a welcome and necessary element of quality assurance and improvement.
- share 'best practice' in order to deliver effective interventions.

### **Local delivery and monitoring arrangements**

The East Lancashire Alcohol Harm Reduction Strategy will be delivered through local structures which take account of different needs and priorities in each area.

The effectiveness of the local delivery of the strategy will be monitored through;

1. Strategy Action Plans – which provide a breakdown of detailed co-ordinated action across East Lancashire, translated into local activity.
2. Performance Monitoring Frameworks – allied to achievement of agreed national and local targets and priorities.
3. Agreed reporting mechanisms – integration into existing (as well as emerging) structures to ensure the strategy is embedded into local developments.

### 3 Introduction

The East Lancashire Alcohol Harm Reduction Strategy has been developed through a collaborative partnership approach between statutory, voluntary and private sector agencies across the five Boroughs of Burnley, Pendle, Rossendale, Hyndburn and the Ribble Valley. Extensive consultation with stakeholders during the development phases identified four main themes upon which this strategy is based. These are;

1. Education and Communication
2. Health and Treatment Services
3. Tackling Alcohol Related Crime and Disorder
4. Working with the industry

This strategy covers the three years from 2008 to 2011 and incorporates a number of existing documents and strategies, translating these into co-ordinated and sustainable action to deliver measurable benefits for local people and local communities. An overview of the key local and national documents and plans on which this strategy is based can be found in the Appendix.

The strategy is underpinned within the 5 Boroughs by detailed Action Plans linked to the four themes, which build on existing local strategies, priorities, projects and areas of work. The East Lancashire Alcohol Harm Reduction Strategy will be delivered through local structures incorporating partner agencies who will work to agreed and common principles which are essential to successful implementation (see Section 7).

In particular this strategy will enable the partner agencies across East Lancashire to evidence our commitment to integration with and delivery of the cross cutting themes and outcomes contained within the Lancashire Local Area Agreement.

The ongoing development of the East Lancashire Alcohol Harm Reduction Strategy will be informed by emerging national, regional and local guidance to ensure it keeps pace with good practice, changes in legislation and the needs of our local communities.

## 4 Alcohol use – the national picture



Alcohol plays an important part in society in the United Kingdom. The alcohol industry generates thousands of jobs which makes a significant contribution to the national economy whilst millions of people enjoy drinking alcohol as part of their social lives and to relax. Harmful alcohol use, however, is a public health and social issue which has a significant impact on society as a whole, but disproportionately affects the most deprived communities and the most vulnerable individuals.

### **A growing problem**

The Public Health White Paper Choosing Health 2004<sup>1</sup> highlighted alcohol as a growing area for public health concern. Estimates state that over 90% of adults drink alcohol regularly and highlight a rise in alcohol consumption over the last decade. In Britain women in particular are drinking more and young women have doubled their consumption between 1992 -2002. People in higher socio-economic groups are more likely to drink on 5 or more days per week but less likely to binge drink than people in less affluent groups.

### **Health costs**

The effects of excess drinking include accidents, violence, and overdose, self-harm and frequently risky sexual behaviour. Alcohol related diseases, deaths and crime contributes to inequality in health and social development. Alcohol use reduces people's life expectancy, creates anti-social behaviour and causes fear and concern in local communities, especially among vulnerable groups such as the elderly and minority communities.

### **Costs to society**

The national costs of alcohol use are estimated to be around £20bn per year in England and Wales. This includes £1.7bn for health concerns, £6.4bn in lost production and £7.3bn in crime and disorder.

### **Crime and disorder**

The British Crime Survey reports that 47% of all victims of violent crime describe their assailant as being under the influence of alcohol. Over 50% of alcohol-related violence occurs in or around pubs and clubs and 70% takes place at weekends. A total of 33% of incidents of domestic violence are also reported to be alcohol related

### **The positive health benefits of alcohol**

It is worthy of note that reports highlight the positive health benefits that moderate alcohol consumption can have by lowering the risk of coronary heart disease and stroke. Through this protective effect alcohol is estimated to prevent a similar number of deaths as those caused by alcohol misuse<sup>2</sup>.

<sup>1</sup> Department of Health 2004 Choosing Health Making Healthy choices easier

<sup>2</sup> Health Development Agency 2005 Prevention and reduction of alcohol misuse Evidence briefing Department of Health

## 5 East Lancashire – the local picture

### East Lancashire Area Map



East Lancashire is made up of the 5 Local Authority Boroughs of Burnley, Pendle, Rossendale, Hyndburn, and the Ribble Valley.

The area is served by a single Primary Care Trust (East Lancashire Teaching PCT) and by the two Basic Command Units of Pennine Division and Eastern Division of Lancashire Constabulary.

### Health

The burden of disease is disproportionately high in the Northwest which has among the highest levels of alcohol consumption in the country and correspondingly amongst the highest rates of alcohol related deaths<sup>3</sup>.

The analysis below has been carried out to provide the local context for alcohol interventions<sup>4</sup>.

	Alcohol related months of life lost <sup>a</sup> Males 2002 - 2004	Alcohol related months of life lost Males 2002 – 2004 Rank <sup>b</sup>	Alcohol related months of life lost <sup>a</sup> Females 2002 - 2004	Alcohol related months of life lost Females 2002 – 2004 Rank <sup>b</sup>	Synthetic estimate of % people binge drinking <sup>c</sup>	Synthetic estimate of % people binge drinking Rank <sup>b</sup>
Burnley	13.8	<b>339</b>	8	<b>337</b>	21%	<b>288</b>
Hyndburn	11	<b>276</b>	5.3	232	21%	<b>282</b>
Pendle	8.5	157	4.4	132	19%	259
Ribble Valley	10.7	<b>265</b>	3.4	48	21%	<b>286</b>
Rossendale	10.6	261	6.8	<b>312</b>	22%	<b>297</b>

The ranks highlighted in red are in the bottom quartile in the country. This shows that 3 of the 5 local authorities have the highest rates of alcohol related deaths for men in England, 2 out of 5 have the highest deaths for women and 4 out of 5 have the highest estimates of binge drinking in 2002 – 2004.

<sup>3</sup> North West Public Health Strategy Group 2004 Taking Measures a situational analysis of alcohol in the north west Liverpool John Moores University

<sup>4</sup> Local Alcohol Profiles for England NW Public Health Observatory 2007

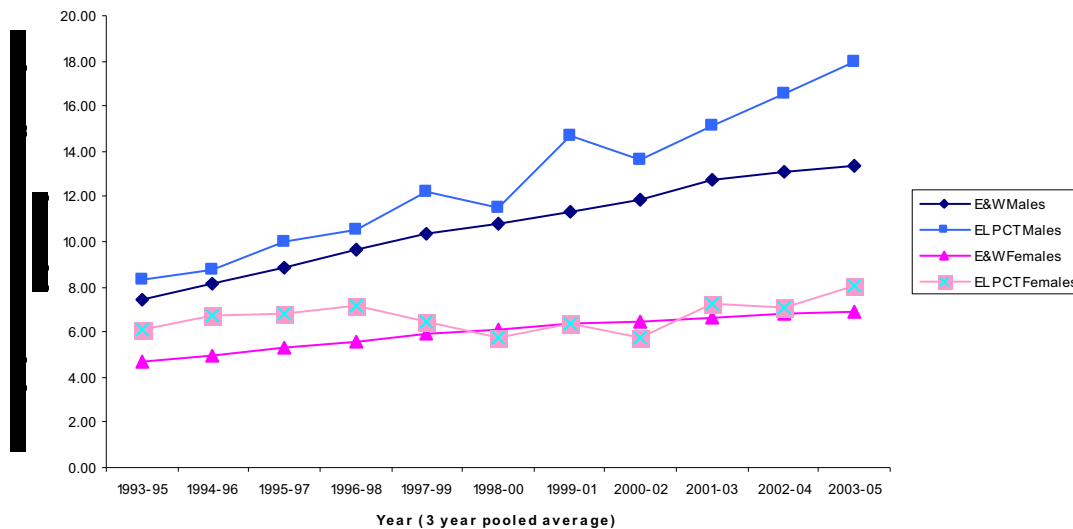
Taken from Local Alcohol Profiles for England NW Public Health Observatory 2007

- Alcohol related months of life lost – conditions in which alcohol consumption is a contributory factor for varying proportions of cases e.g., stomach cancer and unintentional injury also includes alcohol specific conditions, e.g., alcoholic liver disease
- Rank of the indicator measure out of 354 local authorities in England, 1 is the authority with the smallest impact and 354 the one with the largest impact
- Synthetic estimates defined as adults who consume double the daily recommended maximum levels or more in a single drinking session

**Alcohol related deaths**

Locally and nationally there is a rising trend of people dying from alcohol specific causes. The chart shows the higher mortality rates for men in East Lancashire with a similar picture to the national for women.

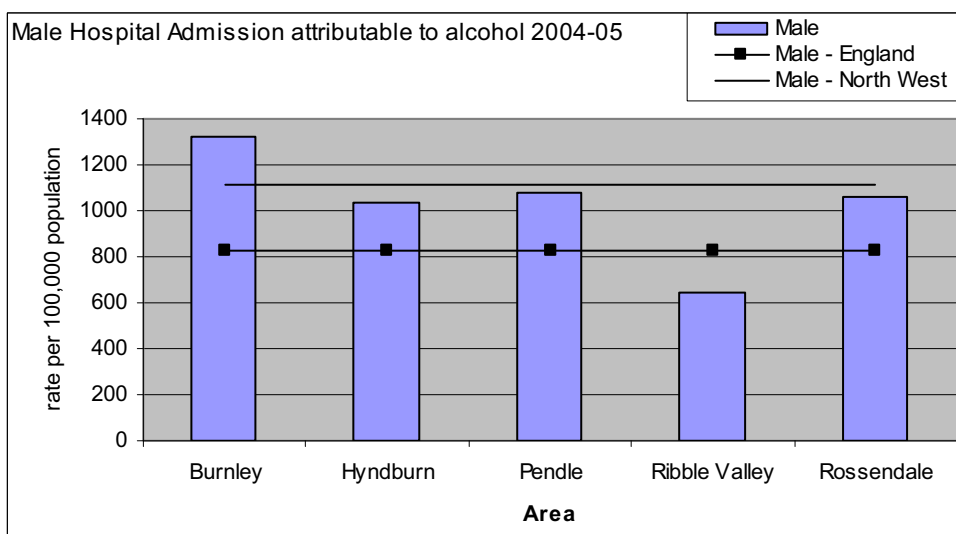
**Trend in mortality from chronic liver disease, 1993 to 2005;  
East Lancashire compared to England and Wales**



People living in more disadvantaged circumstances are more likely to be admitted to hospital for alcohol specific conditions than those in more affluent areas. There is notable variation between small areas in East Lancashire: one area in the Ribble Valley has 80% less alcohol specific admissions than expected whereas one area in Burnley has almost 300% more than expected.

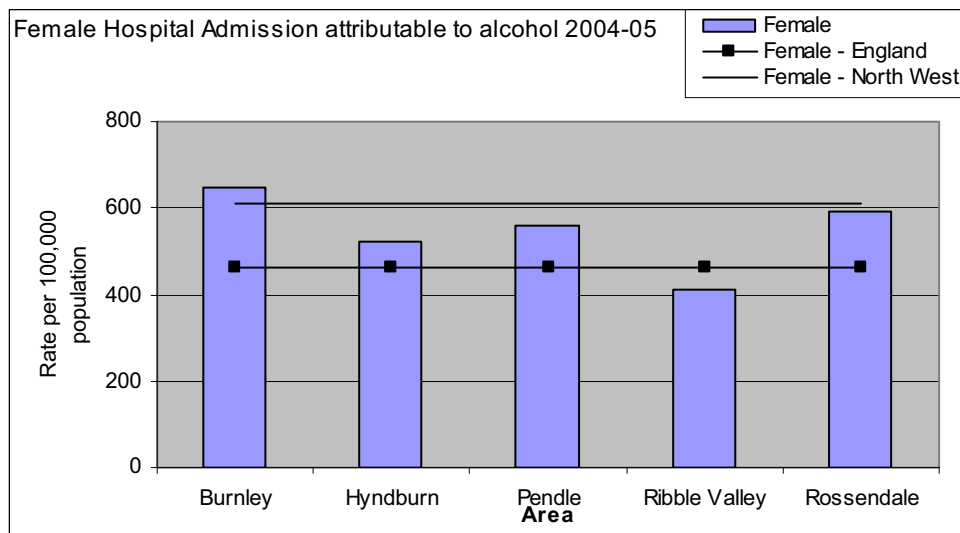
**Alcohol attributable hospital admissions**

The graph below provides a district level picture of hospital admissions for men. Four out of the five East Lancashire districts have higher admissions than the rest of England. Burnley has a rate higher than the North West.



## East Lancashire Alcohol Harm Reduction Strategy 2008 to 2011 – The local picture

The graph below shows hospital admissions for women at a district level. The rate is noticeably lower than found for men. However, again four out of the five districts have admissions above the national levels. Burnley has a rate higher than the North West.



### Need for treatment services

A national needs assessment identified overall prevalence of the need for alcohol treatment. This can be applied to the East Lancashire Primary Care Trust population and is shown below:-

East Lancashire Teaching PCT population	Male	Female	Total
Hazardous and harmful drinkers	39,136 (32%)	18,500 (15%)	57,636
Dependant drinkers	7,338 (6%)	4,906 (2%)	12,244

Local prevalence across the five districts may be different to the figures shown, but is unlikely to be lower based on the identified harms outlined (in previous reports) above.

### Lifestyle

A lifestyle survey of adults was carried out in East Lancashire in 2006. This asked people questions about their consumption of alcohol. This estimated that 23% of males and 9% of females drink alcohol at levels above the recommended safe limit. Compared to a national estimate from the Health Survey for England (2002), this is low. 30% of males and 18% of females in England are estimated to drink above recommended safe limits. It seems likely that in the East Lancashire survey, respondents have tended to notably underestimate their alcohol consumption levels.

There is conflicting data on consumption<sup>5</sup>. Her Majesties Customs and Excise data on “duty paid” for the UK suggests that the average adult purchases twice as much alcohol over the year than is revealed in the General Household survey which is based on people’s memory of their drinking over a previous week. There is a level of certainty that people underestimate or under report their actual consumption.

The East Lancashire survey included a series of six statements designed to identify potential problem drinkers. Agreeing with two or more of these statements may indicate problem drinking. Overall, across East Lancashire Teaching PCT, 4% of adults agreed with 2 or more

<sup>5</sup> H M Government 2007 Safe, Sensible, Social The next steps in the National Alcohol Strategy

of the statements The proportion agreeing with 2 or more statements was higher in males compared to females (5.4% and 2.6% respectively), and for males and females was highest in the younger (18-39) age group. There was also a relationship between the proportion agreeing with 2 or more statements and how people felt they were managing financially: 2.2% of people who were living comfortably reported 2 or more statements, compared to 15% of people who were finding it very difficult to manage financially.

### **Ethnicity**

With respect to ethnic group, the vast majority of south Asian respondents reported that they never drank alcoholic drinks (96%, compared to 15% of white respondents). It is worthy of note that the majority of business owners from minority communities who were interviewed during the development of the strategy reported being involved in the sale of alcohol and had experienced alcohol-related crime and disorder through this.

## Burnley

### Burnley Area Map



The borough of Burnley covers almost 50 square miles with approximately 8 square miles of urban and residential land in the two principle towns of Burnley and Padiham. The surrounding area consists of expansive countryside and high moor land containing a number of individual villages. The main towns contain distinct areas which are buoyant and affluent, whilst the inner core of the towns face a number of challenges including deprivation, social exclusion and poor health.

Burnley has a population of 89,542 with just over 8% from Black and Minority Ethnic (BME) communities.

In 2007, Burnley was ranked the 21<sup>st</sup> most deprived of local authority districts (the Index of Multiple Deprivation (DCLG) published December 2007).

In 2007 Burnley's Community Safety Partnership commissioned a Violent Crime Problem Profile. This clearly identified Alcohol as a factor in 15% of all violent crime committed within the borough and featured three main strands; the night time economy, young people and domestic violence / abuse. Alcohol is also an instrumental factor in a wide range of other offences including criminal damage, public disorder and anti-social behaviour.

The hotspot areas for crime and disorder mirror the areas of premature death. In many of Burnley's health issues alcohol is a significant factor which impacts on high levels of alcohol related adult hospital admissions, premature mortality rates of males in the age range of 30 – 45 and other social issues including teenage pregnancy and sexual health.

### Partnership Action

During the lifetime of the 2005 - 2008 strategy the Burnley Community Safety Partnership has gone from strength to strength, building up its network of partners through effectively working together in the new multi-agency problem solving environment. Partnership initiatives include;

- Burnley Against Nighttime Disorder (BAND) and local Pubwatch schemes and Best Bar None accreditation scheme.
- Close working with Burnley Borough Council Licensing team, Police and the licensing trade concentrating on; Test Purchasing, Enforcement of SIA Door Supervisor and general Licensing Legislation through joint visits to premises.
- Multi-agency problem solving approach (MAPS) dedicated Anti-social Behaviour (ASB) Team that encourages reportage identifies 'hotspots' areas and trends.
- Use of preventative initiatives to provide facilities advice, support and counselling, for example, the Youth Bus project, Retreat and Recover Centre, Multi-Agency Alcohol Support Team (MAST), Early Break, Respect Parenting Projects, GRIP, 'On the Pop' interactive software.
- Use of anti-social behaviour powers and 'enforcement' tools, for example Youth Referrals, multi-agency patrols, Fixed Penalty Notices (FPN's), Acceptable Behaviour Contracts, Anti-social Behaviour Orders (ASBO's) and Alcohol Control and Dispersal Orders.
- The use of CCTV and covert surveillance capabilities.

## Pendle

### Pendle Area Map



Pendle is a multicultural borough covering 65 square miles on the Lancashire / Yorkshire border and is made up of a number of former textile towns and small rural villages. Its population is currently estimated at 90,100. Over 15% of residents are of black and minority ethnic backgrounds, the overwhelming majority of which are of Pakistani heritage (13.4%).

The area is one of contrast, with areas of affluence sitting alongside areas of deprivation - Pendle was ranked 44 of 354 local authority districts in the Indices of Multiple Deprivation 2007 (IMD 2007).

The Pendle Community Safety Partnership recognises alcohol as a major contributor to crime and anti social behaviour including public nuisance and criminal damage. There are strong links to violent behaviour – for example suspects of domestic violence were under the influence of alcohol in 6 out of 10 cases in 2006.<sup>6</sup>

Alcohol has a negative impact on health within the Borough. In a National Ranking of 354 Local Authorities in relation to alcohol specific admissions to hospital for males under 18 years old, Pendle was ranked 322 (where 1 is the Authority experiencing the smallest problem). In relation to females under 18 years old, Pendle was ranked 313. The ranking for adults similarly admitted to hospital showed Pendle to be 293 for males and 286 for females.

### Partnership Action

The Partnership has an alcohol action plan covering enforcement, prevention and education which has resulted in;

- Appointment by the Borough Council of a Licensing Enforcement Officer in May 2007 which has increased joint enforcement operations with Police, Security Industry Authority, Pendle Council's Environmental Health Department and Trading Standards.
- Increased enforcement of off licence sales and confiscation of alcohol from under age drinkers by the Police during Operation Summer Nights.
- Promotion of pub-watch schemes in Nelson, Colne and Barnoldswick and the 'Best Bar None' scheme to encourage excellence within the licensed trade.
- Initiatives such as 'Inn at the Nick' and 'Safety in Numbers' specifically aim to reduce violence in and outside public houses.
- Work with young people in a range of settings including Early Break, outreach youth work and the development of an interactive education programme for young people - 'On the Pop' - to increase awareness and responsibility towards alcohol piloted to all Year 8 pupils.
- Work with East Lancashire Teaching Primary Care Trust to improve alcohol harm reduction opportunities and access to services. These include a needs analysis to highlight areas for development and the funding of a Harm Reduction Post.

<sup>6</sup> Violent Crime and Criminal Damage in Pendle C Winnard, November 2006

## Rossendale

### Rossendale Area Map



Rossendale is in southeast Lancashire and covers approximately 140 square kilometres. It has a population of 66,700 which has increased by just 0.5% since 1991 compared with a Lancashire wide increase of 3%.

3.5% of the population are from a black and minority ethnic background with 2.9% of those being from a Muslim faith background.

The Index of Multiple Deprivation 2004 ranks Rossendale 92<sup>nd</sup> out of 354 authorities. It has 2 areas in the worst 10% in the country and 11 areas in the worst 25%. The total population covered within these 13 areas is 18,580 meaning that Rossendale has 28.3% of its population living in areas considered to be within the worst 25% of the United Kingdom.

Rossendale ranks within the bottom quartile for the highest alcohol related deaths for women. At 21.5% the prevalence of binge drinking is 3.3% greater than the UK national average. Similarly, the number of hospital stays due to alcohol is significantly worse than the national average. This has an impact both on community safety issues around alcohol related crime and the demand on local health resources.

Violent crime accounts for 18% of all crime in Rossendale's although there has been a steady decrease in this over the last three years.

The volume crime within the violent crime category is Other Wounding and accounts for 48% of all violent incidents. This again has seen a steady decrease. Worsley, Longholme and Greensclough wards register as the 'hot spots' within this category, which is unsurprising as two of the wards cover the town centre areas of Rawtenstall and Haslingden.

### Partnership Action

The Partnership has continued to build on work to reduce violent crime, particularly in relation to alcohol through a number of initiatives, such as;

- Promoting and extending the 'Pubwatch' scheme across the borough to include the town centre radio scheme.
- Working with the council's licensing unit, police and trading standards to extend test purchasing operations to reduce under-age sales.
- Bringing added-value through transfer of licensing functions from Courts to the Local Authority.
- Use of covert and overt Closed Circuit Television (CCTV) and town centre radio schemes.
- Promoting the use of plastic/shatterproof glasses within licensed premises.
- Targeting problem licensed premises to promote and support the Best Bar None accreditation scheme.
- Working with the Primary Care Trust to improve access to, and quality of local services.

## Hyndburn

### Hyndburn Area Map



The 2001 Census indicated that Hyndburn has a resident population of 81,496, a rise of 4% since 1991. Data also shows that 25% of the local population (20,795) are young people under the age of 18. In the decade from 1991 and 2001 there was a 6.9% increase in the local population who are aged 10 to 19 years. Hyndburn has a thriving Asian heritage population which makes up 7.4% of local residents.

Hyndburn has been identified as the 59th 'most deprived' out of 354 areas nationally, with some wards being in the top 20% 'most deprived' areas. The Borough also has a few smaller areas which are in the 10% 'most deprived' in the Country.

Violent crime accounts for 22% of all Hyndburn's crime, although there is a significant downward trend for this category with estimates predicting that Hyndburn will meet the required -18% reduction on the 2003/04 baseline by March 2008.

Violent crime has close links with alcohol, domestic abuse and anti-social behaviour. Alcohol is believed to be a contributory factor in up to 40% of violent crimes, and involves both victims and offenders. Over a quarter of all violent crimes are domestic related.

Patterns of offending surrounding violent crime have changed little in the last three years. Accrington town centre experiences higher levels of violent crimes than many of the outlying wards. Our local 'hotspots' for violent crime have been identified as the wards of Peel, Barnfield and Central, which converge on Accrington's central area. Other areas of concern include Rishton ward, the central area of Great Harwood and St Andrews ward.

### Partnership Action

The Community Safety Partnership has continued to progress action across a number of priority areas in line with our local 'audit.' These include;

- Support and development of Pubwatch Schemes and promoting personal safety and sensible drinking. Currently 80% of licensed premises are members of the Pubwatch Scheme.
- Work with Hyndburn Borough Council's Licensing Department to ensure that Community Safety issues are considered when issuing licences.
- Work with the local alcohol industry to promote and display sensible drinking messages to the public.
- Continued support for the 'Proof of Age' Scheme.
- Close working relationships with partners to tackle underage alcohol sales.
- Targeting off licences who flout the law through the Campaign against Alcohol Proxy Sales (CAPS) combined with a radio and press media campaign.

## Ribble Valley

### Ribble Valley Area Map



The Borough of Ribble Valley is situated in North East Lancashire and with an area of 585 square kilometres is the largest district in the County.

The borough has a total population of around 46,900 with Clitheroe, the main administrative centre having 13,200 inhabitants. Clitheroe lies at the heart of the borough whilst Longridge, the other main town, lies in the West. Longridge has a population of approximately 7,500. The remainder of the area is mainly rural with a number of villages ranging in size from large villages such as Whalley, Sabden and Chatburn through to small hamlets such as Great Mitton and Paythorne.

Ribble Valley has one of the lowest unemployment rates at 0.7% and over 90% of residents consider their health to be good or fairly good.

Overall Ribble Valley is ranked 302<sup>nd</sup> out of 354 most deprived areas nationally, however one area is within the top 33% most deprived.

The main crime categories in the Ribble Valley are violent crime, criminal damage, travelling criminals and theft. It is in these areas where resources are targeted to provide the reductions in volume crime demanded by the Home Office.

### Partnership Action

The Partnership has engaged in a number of activity areas including;

- Enforcement of off licence and supermarket alcohol sales through the CAPS campaign. This approach, targeting over 30 off-licences and supermarkets has been backed up with a media campaign targeting parents about responsible purchasing and safe storage of alcohol on the run up to Christmas. Subject to receiving a positive evaluation the initiative may run again in summer 2008.
- Improved awareness of drug and alcohol issues through the use of Drugs Education Workers currently working in all 6 Ribble Valley secondary schools and with Youth Centres on Ribble Valley on the Road and via outreach.
- Active support for the two Pubwatch scheme in Ribble Valley; Clitheroe & District and Longridge & District. Both schemes have 100% membership and are very effective.
- Work with Ribble Valley Borough Council Licensing, Police and Trading Standards to extend test purchasing operations to reduce under age sales.

## 6 A combined approach – the driving force

The driving force behind the development of this combined Strategy is a growing acceptance and weight of evidence gathered through consultation and research, that the majority of problems we face in relation to alcohol and the actions and priorities we have set to tackle these across the 5 Boroughs are broadly similar.

Against this backdrop it makes sense, both economically and politically to combine our shared experiences and approaches to begin to shape real change for the future of our area.

It is no longer defensible or desirable to work in isolation when we are presented with such overwhelming imperatives to pool our knowledge and resources.

Our accountability and responsibility to local people make it essential that we take necessary steps to derive maximum benefit from available funding streams. Collectively we know that a co-ordinated approach is most likely to achieve real outcomes, rather than competing for scant resources to support short-term responses which raise expectations but which in the main are unsustainable.

### Aim

The aim of the East Lancashire Alcohol Harm Reduction Strategy is to work in partnership to;

*'minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely'*

Safe, Sensible, Social; the next steps in the National Alcohol Strategy

### Objectives

Our objectives are taken from Safe, Sensible, Social; the next steps in the National Alcohol Strategy, and are;

To ensure that the laws and licensing powers introduced to tackle alcohol-fuelled crime and disorder, protect young people and bear down on irresponsibly managed premises are being used widely and effectively.

To focus on the **minority** of drinkers who cause or experience the most harm to themselves, their communities and their families, including young people under 18 who drink alcohol; 18-24 year old binge drinkers; and harmful drinkers and provide more help for people who want to drink less.

To develop a partnership approach to shape an environment that actively promotes sensible drinking, through investment in better information and communications.

To challenge and change the culture and environment in which people drink to excess whilst recognising the positive role that alcohol plays in people's lives and the local economy.

## 7 Guiding principles

Whilst each area may well be at different stages in addressing the challenges they face this Strategy sets out an agreed framework against which we will collectively drive forward progress and raise standards.

The critical factor in achieving our aim is in ensuring the sustainability of the Strategy across East Lancashire over the next three years and beyond. To this end, we have identified guiding principles which underpin the Strategy. These principles will guide partners in their thinking and serve to remind all those concerned of the need to work in active partnership.

To support delivery and sustainability of the East Lancashire Alcohol Harm Reduction Strategy we will;

- review and develop local delivery structures which are 'fit for purpose' and whose responsibility and accountability is clearly defined, agreed and endorsed at the appropriate level/s.
- ensure the Strategy is firmly embedded where appropriate into local, regional, county level and national plans to support integration of related agenda's.
- take a strategic approach to the development of responses based on evidence of good practice, locally identified needs and agreed priorities.
- take steps to identify and actively reduce unhelpful duplication of effort and/or competition for available resources.
- actively collaborate to ensure the long-term success of the Strategy and the achievement of shared objectives.
- implement a proactive partnership to attract sustainable funding and so facilitate the development of effective services and approaches.
- take a continuous improvement approach through systematic and consistently applied performance monitoring, management and review.
- ensure factual, fair, frank and frequent feedback and information sharing amongst partner agencies as a welcome and necessary element of quality assurance and improvement.
- share 'best practice' in order to deliver effective interventions.

It is recognised that whilst the specific objectives and detailed Action Plans of the Strategy may change over time in accordance with needs, etc., it is unlikely that these principles will alter significantly.

## 8 Delivering the strategy locally

The local government White Paper *Strong and Prosperous Communities* sets out a new framework delivering better outcomes for local people by reinforcing the importance of the strengthened role of Local Area Agreements (LAAs) which, from 2008, will be based on locally owned priorities rather than national targets. This strengthened role of LAAs is supported by duties placed on local partners that will facilitate closer working across health and social care.

### **The Lancashire Local Area Agreement**

The Lancashire Local Area Agreement 2006 – 2009 outlines three cross cutting themes;

- Alcohol
- Environmental Wellbeing
- Prevention and Support

Outcomes and performance measures relating to alcohol appear in 3 of the 4 ‘blocks.’ These are;

- Safer and Stronger Communities
- Children and Young People
- Healthier Communities and Older People (HC&OP)

This Strategy and Action Plans are aligned closely to the Lancashire Local Area Agreement to ensure that the activity undertaken delivers on agreed targets and outcomes and ensures maximum effectiveness across our partner agencies and for our local communities.

The suitability, responsibility and accountability of local delivery structures and their relationship to strategic bodies are critical to the success of the East Lancashire Alcohol Harm Reduction Strategy.

Being able to commit resources (both financial and human) to the delivery of the strategy (through reconfiguration or reallocation where necessary) is a key element where partners will need to contribute.

### **The effectiveness of the local delivery of this strategy will be monitored in the following ways;**

1. **Strategy Action Plans.** These contain the detailed actions required to implement the strategy itself and also to deliver the overall aims and objectives at a local level. This includes (where available) targets and milestones to be achieved. A detailed action plan for Year 1 is supported by outline actions for Year 2 and indicative actions for Year 3. These will be updated and amended by the partners as progress is made.
2. **Performance Monitoring Schedule.** This outlines the measures (qualitative and quantitative) used to determine the effectiveness of the actions taken and an outline of how performance will be monitored at a local level.
3. **Agreed reporting mechanisms.** Reporting progress will happen routinely via the action plans produced. Reporting to partners and stakeholders will be closely allied to the Local Area Agreement and any funding requirements and other established mechanisms.

## 9 Education and communication

Moderate alcohol consumption can have some health benefits by lowering the risk of coronary heart disease and stroke. Through this protective effect alcohol is estimated to prevent a similar number of deaths as those caused by alcohol misuse. These apparent beneficial effects complicate the messages that the strategy seeks to communicate regarding the reduction of alcohol related harm. It is, therefore, vital that all partners in this strategy are clear about the key messages that we need to give to local people and communities.

The World Health Organisation specifies three categories of problem drinking;

- hazardous drinking – people drinking above recognised sensible levels but not yet experiencing harm.
- harmful drinking – people drinking above sensible levels and experiencing harm.
- alcohol dependence – people drinking above sensible levels and experiencing harm and symptoms of alcohol dependence.

For men drinking between 3 and 4 units a day or less indicates little significant health risks and for women between 2 and 3 units a day. A pattern of daily drinking without alcohol free days is not encouraged for both men and women. If a woman is drinking more than 35 units a week and a man more than 50 units per week they are likely to develop physical and/or mental problems and have a higher risk of becoming alcohol dependent.

Government recommended guidelines state;

Men should consume no more than 21 units a week and no more than 3-4 units per day
Women should drink no more than 14 units per week and no more than 2-3 units per day
A unit is equivalent to half a pint of 3.5% beer/lager/cider, one small glass of wine at 5% or 1 measure of spirits

Reports suggest that many people remain unaware of the current guidelines and are confused by what they see as conflicting research and inconsistent messages about the relative harms (or benefits) of alcohol. The majority of people when questioned underestimate the level and frequency of their drinking and this compounds the issue of effectively translating messages into positive action.

This theme of the strategy will focus on providing consistent messages to local people (including young people) and undertaking sustained and targeted information, education and advice and brief interventions to those who are likely to benefit most from these approaches.

Key theme	Strategic Aim
Education and communication	To develop a partnership approach to shape an environment that actively promotes sensible drinking, through investment in better information and communications
<b>What we will do to achieve our aim</b>	
<ul style="list-style-type: none"> <li>• Consult with stakeholders including service users to ensure our education and communication approaches are appropriate and effective.</li> <li>• Develop and distribute consistent publicity through effective social marketing activities and agree key health education / harm reduction / prevention approaches and messages for adults and young people in line with national guidance.</li> <li>• Agree priority groups and work in partnership with related agencies to develop appropriate educational materials and training packages.</li> <li>• Develop and target sustained education and communication at those who are most vulnerable and ‘at risk’ of alcohol-related harm.</li> <li>• Undertake analysis and provide training for the local workforce to support development and sustainability of the strategy.</li> <li>• Deliver programmes of brief interventions in non-NHS settings for people who are at risk as a result of their drinking.</li> </ul>	
<b>Examples of local practice</b>	
<ul style="list-style-type: none"> <li>• Lancashire Fire &amp; Rescue Service have produced a signposting leaflet which they can use when visiting the homes of vulnerable people to provide information on the help available from a range of services, for example, smoking cessation, alcohol treatment, etc.</li> <li>• A health education campaign to target key groups around alcohol consumption has been developed and is to be fully implemented.</li> <li>• An Innovative programme - ‘On the Pop’ aiming to increase awareness and responsibility has been piloted with all Year 8 and Year 10 pupils in Pendle Borough.</li> </ul>	

## 10 Health and treatment

Recent studies indicate that alcohol treatment has both short and long term savings suggesting that for every £1 spent on treatment the public sector saves £5<sup>7</sup>.

A recent World Health Organisation (WHO) study estimated that the cost effectiveness of brief interventions for hazardous and harmful drinkers is approximately £1,300 per year of ill health or premature death averted. This is near to the cost effectiveness of smoking cessation interventions. The number needed to be treated for one person to reduce their drinking to low risk levels is 8 compared to 20 for smoking cessation and 10 if Nicotine Replacement Therapy is included.

### **Access to treatment**

A needs assessment of the availability of alcohol services nationally found that women were more likely to seek treatment than men, that there were great variations in the availability of services regardless of needs and that more than twice as many people were referred to services compared to those who access treatment.

### **Inequalities**

Drinking in excess of sensible drinking guidance is more common in areas of high deprivation<sup>8</sup>. Department of Health analysis indicates that alcohol related deaths and hospital admissions are about 45% higher in areas of high deprivation.

- For women living in the most deprived areas alcohol related deaths are three times higher than those in more affluent areas.
- For men, alcohol related deaths are even worse with a five times higher rate in the most disadvantaged areas than those in the least deprived.
- Alcohol related illness or injury accounts for 180,000 hospital admissions per year. Those at high risk of being admitted are men aged over 35 years working in an unskilled or manual field or who are unemployed.
- Half of homeless people are dependent on alcohol.

The overall aim in this theme will be to improve the commissioning, delivery, access to, uptake, outcomes and monitoring of treatment services across the range of providers. Resources will be targeted at those most at risk of sustaining or suffering ill health as a result of their own or other's drinking and in providing reliable and timely data and information to support future developments in services.

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<sup>7</sup> National Treatment Agency for Substance Misuse 2005 Alcohol misuse interventions Guidance on developing a local programme of improvement

<sup>8</sup> H M Government 2007 Safe, Sensible, Social The next steps in the National Alcohol Strategy

Key theme	Strategic Aim
<b>Health and Treatment</b>	To focus on the <b>minority</b> of drinkers who cause or experience the most harm to themselves, their communities and their families, including young people under 18 who drink alcohol; 18-24 year old binge drinkers; and harmful drinkers.
<b>What we will do to achieve our aim</b>	<ul style="list-style-type: none"> <li>• Equitably increase access to local treatment services for people who can benefit from support.</li> <li>• Develop and publish detailed care pathways to clarify and improve service user's access into local treatment services.</li> <li>• Implement clear service specifications and contracts for alcohol services (and explore opportunities for collaborative commissioning of alcohol services across East Lancashire).</li> <li>• Commission (within available resources) the full range of alcohol services (across Tiers 2 – 4) for adults and young people.</li> <li>• Build on links between related services through the development of agreed referral protocols (e.g., sexual health, teenage pregnancy, criminal justice system and people admitted to hospital, etc.).</li> <li>• Further develop data collection, handling capacity, reporting and collation to better inform performance monitoring and management</li> <li>• Increase access to peer support, voluntary sector services and self-help materials.</li> <li>• Undertake further analysis, research and consultation to ensure local services reflect local needs and priorities.</li> </ul>
<b>Examples of local practice</b>	<ul style="list-style-type: none"> <li>• A comprehensive commissioning and performance management framework for alcohol treatment services has been developed via the Cumbria and Lancashire Alcohol Network (CLAN) and is to be fully implemented. This framework will facilitate consistency in how local alcohol services are developed, contracted and monitored.</li> <li>• A Trauma and Injury Intelligence post is being established to improve data quality from A &amp; E department systems in all Lancashire Hospital Trusts. This will support the gathering of relevant and timely data to inform local needs and priorities and provide a more accurate picture of the situation.</li> </ul>

## 11 Tackling alcohol related crime and disorder

The link between alcohol and a variety of criminal and antisocial acts is well established and beyond question. In spite of progress made, more work is needed to utilise the full range of new legislation and powers now available to partner agencies to protect young people, tackle related crime and disorder and to deal with irresponsibly managed premises. To this end, this theme will pursue the delivery of a comprehensive programme of activities intended to protect and reassure the public.

Enforcement activity will need to be appropriately integrated with other themes to ensure maximum impact, particularly with treatment and education services where those who have expressed a wish to reduce or stop drinking can be supported to do so.

Key theme	Strategic Aim
Tackling alcohol related crime and disorder	To ensure that the laws and licensing powers introduced to tackle alcohol-fuelled crime and disorder, protect young people and bear down on irresponsibly managed premises are being used widely and effectively.
<b>What we will do to achieve our aim</b>	
<ul style="list-style-type: none"> <li>• Protect vulnerable people and tackle alcohol-related violence (including victims of domestic violence, older people and young people).</li> <li>• Reassure the public, reducing the fear of crime.</li> <li>• Develop a range of interventions aimed at 'tackling problem drinkers' through the use of (for example, Penalty Notices for Disorder (PND's, etc.).</li> <li>• Integrate enforcement activity with treatment and support interventions and education and training strategies to ensure maximum impact.</li> <li>• Use of preventative initiatives to provide advice, support and counselling, for example, the Youth Bus project, Retreat and Recover Centre, Multi-Agency Alcohol Support Team (MAST), Early Break, Respect Parenting Projects, GRIP, 'On the Pop' interactive software.</li> </ul>	
<b>Examples of local practice</b>	
<ul style="list-style-type: none"> <li>• Work to reduce the percentage of repeat victims of domestic abuse and increase the number of reported domestic violence incidents through raising public awareness of the issues, supporting the Domestic Abuse Forum and providing home security improvements for victims.</li> <li>• Increasing support for children in violent homes and working with offenders to facilitate rehabilitation and reduce re-offending.</li> <li>• Multi-agency problem solving approach (MAPS) Team to encourage reporting and identify 'hotspots' areas and trends.</li> </ul>	

## 12 Working with the industry

It is vital that local activity and responsibility for solutions to some of the challenges we face are shared with our partners who work in the alcohol industry.

Effecting changes in the ‘culture’ of harmful and hazardous drinking and moving people towards safer and more acceptable drinking behaviour can only be achieved if everyone plays a part.

Challenging establishments who encourage or promote binge or excessive drinking need to be effectively and robustly tackled in line with existing powers, whilst encouraging those who support good practice and trade initiatives aimed at reducing dangerous drinking behaviour.

Key theme	Strategic Aim
Working with the alcohol industry	To challenge and change the culture and environment in which people drink to excess whilst recognising the positive role that alcohol plays in people’s lives and the local economy.
<b>What we will do to achieve our aim</b>	
<ul style="list-style-type: none"> <li>• Undertake positive enforcement activity with partner agencies (for example Trading Standards and Licensing bodies).</li> <li>• Using provisions within the Licensing Act 2003 to identify ‘problem premises’ and take appropriate action to reduce or remove their impact on individuals and communities.</li> <li>• Build on existing enforcement operations (such as Summer Nights and Operation Shepherd).</li> <li>• Encourage licensed premises to become actively involved in the promotion of safer drinking.</li> <li>• Roll-out successful initiatives to promote good practice within the licensed trade (e.g. Best Bar None).</li> <li>• Develop management of the night time economy linked to the review of planning guidance on alcohol within the Local Area Agreement (LAA).</li> </ul>	
<b>Examples of local practice</b>	
<ul style="list-style-type: none"> <li>• Support and development of Pubwatch Schemes to promote personal safety and sensible drinking practices.</li> <li>• Research into the implementation of licensing powers.</li> <li>• Production of a good practice guide for Planning Officers to set quality standards around licensed premises.</li> </ul>	

## 13 Appendix

The focus and content of the East Lancashire Alcohol Harm Reduction Strategy has been informed by number of key documents, strategies and plans which originate from national, regional, county level and from each of the 5 Boroughs.

The Strategy has been developed with specific reference to, and is underpinned by the following;

Document name	Date of publication	Originator	Strategic level
PSA Delivery Agreement 25: Reduce the harm caused by Alcohol and Drugs	October 2007	HMSO Treasury Department	National
Safe, Sensible, Social; The next steps in the National Alcohol Strategy	June 2007	Department of Health, Home Office, Department for Education and Skills and Department for Culture, Media and Sport	National
Alcohol Harm Reduction Strategy for England	March 2004	Cabinet Office	National
Choosing Health	March 2004	Department of Health	National
Crime & Disorder Act	July 1998	Home Office	National
Licensing Act 2003	July 2003	Home Office	National
Respect Agenda and action plans	Jan 2006	Cross Government Action Plans	National
LAA Refresh Document	January 2007	Lancashire Partnership	County
LAA Reward Targets Business Case	August 2006	Chorley and South Ribble Primary Care Trust	County
Lancashire Local Area Agreement (LAA)	March 2006	Lancashire Partnership Lancashire County Council	County
Lancashire Constabulary Alcohol Harm Reduction Strategy	May 2006	Lancashire Constabulary	County
Young Person's Alcohol Project Plan	November 2006	Lancashire County Council	County
Hyndburn and Ribble Valley Alcohol Action Plan	August 2006	Hyndburn and Ribble Valley Local Strategic Partnerships East Lancashire Primary Care Trust	Local
CDRP Plans and strategies	Various	Burnley, Pendle, Rossendale, Hyndburn, Ribble Valley	Local

## 14 Acknowledgements

The development of the East Lancashire Alcohol Harm Reduction Strategy has been overseen and guided by a steering group of representatives of the Local Authority Crime and Disorder Partnerships, Lancashire Constabulary, treatment service providers and East Lancashire Teaching Primary Care Trust.

Work to produce the strategy was undertaken over a range of phases including;

- Collection, collation and analysis of existing documents, strategies and action plans
- Semi-structured interviews, questionnaires and focus groups with key agencies and staff.
- Planning, preparation and facilitation of a multi-agency alcohol conference.
- Production of the draft and final strategy document.
- Production of strategy action plans to drive delivery of the objectives across the 4 themes.
- Production of an overall implementation strategy to support delivery of the strategy as a whole across East Lancashire.

The steering group and consultancy support team, gratefully acknowledge the contribution of the following agencies and partnerships;

<b>Crime and Disorder Partnerships</b>	Burnley Pendle Rossendale Hyndburn Ribble Valley
<b>Lancashire County Council and Education Department</b>	Lancashire Local Education Authority Lancashire Youth and Community Services
<b>Local Authorities</b>	Licensing Departments Environmental Health Local Councillors
<b>Police and criminal justice services</b>	Lancashire Constabulary National Offender Management Service (Probation)
<b>Primary Care Trust (PCT)</b>	East Lancashire Teaching Primary Care Trust Public Health Consultant Addiction Dependency Solutions (ADS) Substance Misuse Commissioners
<b>Treatment services</b>	Lancashire Care NHS Trust Alcohol and Drug Services Early Break Young People's Service
<b>Drug and Alcohol Action Team</b>	Lancashire DAAT
<b>Fire and rescue services</b>	Lancashire Fire and Rescue Services
<b>Other agencies</b>	Government Office North West East Lancashire Chamber of Commerce

In addition a wide range of agencies were also consulted, including those who represent minority groups and communities, victims of domestic violence, local businesses, and the alcohol industry.

The development of the final strategy document could not have been achieved without their valuable contribution.

## 15 Glossary

ALTN8	-	Alternate. An alcohol awareness campaign originated in Blackpool
ABC	-	Acceptable Behaviour Contract
ASBO	-	Anti-social Behaviour Order Court imposed restrictions on what individuals do (activities or behaviour) and/or where they can go. Breach of an ASBO can result in arrest.
ASBT	-	Anti-social Behaviour Team
BAND	-	Burnley Against Nighttime Disorder
BBN	-	Best Bar None National licensed premises accreditation scheme
CAPS	-	Campaign Against Proxy Sales
DAAT (LDAT)	-	Drug and Alcohol Action Team (Lancashire Drug Action Team)
FPNs (PNDs)	-	Fixed Penalty Notices (Penalty Notices for Disorder) On-the-spot fines issued for low-level public disorder and antisocial behaviour, for example, being drunk and disorderly, urinating in a public place, littering, etc.
LAA	-	Local Area Agreements
IMD	-	Indices of Multiple Deprivation
MAPS	-	Multi-Agency Problem Solving
MAST	-	Multi-Agency Alcohol Support Team
PCT (ELPCT)	-	Primary Care Trust (East Lancashire Teaching Primary Care Trust)
SOAs /LSOAs	-	Super Output Areas /Lower Super Output Areas

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