



Alcohol Harm Reduction Strategy for Ryedale 2008-2011



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INTRODUCTION

This is not an anti-alcohol strategy. It is a strategy to reduce the harm caused by the misuse of alcohol.

The responsible drinking of alcohol is widely accepted in Britain. Some 90% of adults drink alcoholic drinks, and the majority of people use alcohol without any problems for the majority of the time.

The Alcohol Harm Reduction Strategy for England proposes a partnership approach at both national and local level between Government, the drinks industry, health and police services, individuals and communities to tackle alcohol misuse. It has become clear that alcohol misuse is a growing problem, not just to the health of individuals and communities but also as a financial burden to the NHS. The cost of treating alcohol related illnesses and tackling the crime and disorder associated with alcohol misuse is increasing.

The estimated cost of alcohol misuse is thought to be £20bn a year. This takes into account alcohol health related disorders and disease, crime and anti-social behaviour, loss of productivity in the work place, domestic violence and problems for those who misuse alcohol and the impact on their families. In recent years there has been cultural shift in the affordability and availability of alcohol. Whilst most people enjoy drinking moderate amounts of alcohol without causing harm to themselves or others, for others alcohol can be a real problem. There has long been clear evidence of the links between alcohol and long-term physical and mental health risks. Alcohol misuse significantly impacts on diseases such as cancer and coronary heart disease and is a contributory factor in obesity, mental illness, accidents and complications in pregnancy.

Binge drinking and under-age drinking is a key theme mentioned around England, and is cited as a cause of frequent illness and injury. The emergency services are concerned that a lack of knowledge about the dangers of alcohol and heavily targeted marketing, aimed particularly at the young, are exacerbating the problem. It is commonly expressed at focus groups that the problem is getting worse.

The cost of alcohol has risen at a faster rate than general prices but so too has the rate of disposable income available to families and individuals. In real terms this has made alcohol more affordable.

What is less measurable is the cost to families and social networks which have far reaching implications. For some people drinking to get drunk is the definition of a good night out where they take little responsibility for their actions or behaviour. Evidence points to encouraging people to act responsibly and ensure that they understand the potential risks of alcohol misuse with the long-term aim of achieving a change in attitude.

Background – National Policy

In 2004 the Alcohol Harm Reduction Strategy for England outlined the Government's strategy for 'tackling the harms and costs of alcohol misuse in England' and put forward a framework in which this should take place. Four key areas of harm were identified.

- Health harms
- Crime and anti-social behaviour harms
- Loss of productivity and profitability
- Harms to family and society

Which the strategy addressed by actions focussing on the following themes:

- Improved education and communication;
- Better identification and treatment;
- Alcohol related crime and disorder;
- Supply and industry responsibilities.

Nationally these are supported by a timetable of Government actions. The national strategy was followed in 2005 by the National Treatment Agency's guidance on alcohol misuse intervention. The intention is that this should be used by Primary Care Trusts and partner organisations to support the development of local programmes. In addition the National Treatment Agency is carrying out work on Models of Care for Alcohol Misusers in order to set out integrated care pathways for alcohol treatment.

Choosing Health (2004) included encouraging sensible drinking as one of its six priorities. It built on the recommendations in the National Strategy for reducing alcohol-related harm and encouraging sensible drinking through:

- A national information campaign to tackle the problems of binge drinking;
- A social responsibility scheme;
- Training for professionals;
- Piloting screening and brief interventions in primary and secondary health settings, including accident and emergency;
- Similar pilots in criminal justice settings;
- A programme of improvements for treatment services.

There are a number of other important documents and policies which form the context within which any local action plan for reducing alcohol should be seen. These include:

- Crime and Disorder Act 1998 (amended by the Police Reform Act 2002)
- Violent Crime: Tackling Violent Crime in the Night-Time Economy
- Licensing Act 2003
- The Respect Agenda
- The Health Development Agency Evidence Briefing, 2005
- The National Probation Service Alcohol Strategy
- The Prison Service Alcohol Strategy
- Every Child Matters
- Youth Matters – Next Steps

Background – Regional Policy

The North Yorkshire and York Alcohol Harm Reduction Strategy has been developed to address the issues of the National Strategy locally.

This Alcohol Harm Reduction Strategy is being developed in response to the national strategies and to support the implementation of the Local Area Agreements (LAAs) of North Yorkshire and York and the Public Service Agreements (PSAs). In addition, the key organisations in the County (local authorities, police, fire and rescue service, and health) and key partnerships eg Local Strategic Partnerships (LSPs), Crime and Disorder Reduction Partnerships (CDRPs) and Drug and Alcohol Action Teams (DAATs) recognise alcohol as a major priority to be addressed.

Nationally, the Government's Alcohol Harm Reduction Strategy established a 41-point Action Plan which is the first co-ordinated strategy on alcohol misuse in England. The Department of Health and the Home Office are jointly responsible for its implementation.

The four main aims of the Government's Strategy are:

- To improve the information available to individuals and to start the process of change in the culture of drinking to get drunk
- To better identify and treat alcohol misuse
- To prevent and tackle alcohol-related crime and disorder and deliver improved services to victims and witnesses
- To work with the industry in tackling the harms caused by alcohol

The next steps in the National Alcohol Strategy *Safe. Sensible. Social.* builds on the progress made since 2004 and aims to create a clearer national understanding of what is acceptable drinking behaviour, in order to reduce the amount of harm that alcohol causes to individuals, families and communities. The Government recognises and shares the public's concern that current levels of crime and disorder and ill health caused by alcohol are unacceptable and that these need to be tackled further.

Reducing levels of alcohol consumption by those under the age of 18 years, delaying the age at which they start drinking and changing their patterns of drinking and behaviour are also priorities for the Government. *Safe. Sensible. Social.* also states that local communities are best placed to tackle local problems, including alcohol-related disorder.

The Crime and Disorder Act 1989 required CDRPs to develop a three-year rolling plan to tackle crime, disorder and drug misuse. All CDRPs have recognised the part alcohol plays in crime and disorder and have included work to address this within their strategies. Regulation 1830 (August 2007) requires CDRPs to produce a Partnership Plan for the area, which sets out a strategy for the reduction of crime and disorder and combating substance misuse. CDRPs are required to have their first three-year rolling plan in place by April 2008; it will then be reviewed annually.

Regulation and Enforcement

North Yorkshire comprises a county authority, seven district authorities and the City of York Council. Each authority is charged with responsibilities under the Licensing Act 2003, which moves the responsibility for licensing from magistrates to local authorities. Aligned with coterminous boundaries to each authority are CDRPs. Across North Yorkshire the police and local authorities through the CDRPs are working in partnership with the licensing trade and have established local Night Time Economy initiatives to address the above aims.

Aims

- To reduce alcohol-related disorder and anti-social behaviour in towns and cities
- To reduce levels of under-age drinking
- To reduce alcohol-related violent crime (including domestic abuse)
- To reduce accidental fire deaths and injuries
- To reduce drink-driving offences and the incidence of repeat drink-driving

Priorities for Action: 2008/09

Priority	Responsibility
Develop, implement and monitor an action in each District to reduce alcohol related violence, anti-social behaviour and underage drinking in each area/district by April 2008	CDRPs
Develop an inclusive night time economy that focuses on the entertainment available and not purely on excessive or binge drinking in each district/area by 2008	LSPs and CDRPs
Each CDRP/LSP will include within its area plan, actions to design out crime by 2008	LSPs AND CDRPs

Offending, Resettlement and Rehabilitation

Alcohol-related crime includes not only offences that are alcohol-specific, such as being drunk and disorderly, or offences against the licensing laws, but also covers a range of offences which involve alcohol to a greater or lesser degree. Alcohol can be a disinhibitor, can be used as an excuse, or can result in crime because the Individual has a drinking problem.

Young people's alcohol-related offending is captured under the Young People's Joint Commissioning Group Action Plans for North Yorkshire and York.

Aim

In 2006 the Probation Service produced *Working with Alcohol Misusing Offenders - a Strategy for Delivery* with the overarching aims:

- To reduce re-offending and alcohol-related harm
- To improve the advice and information provided to offenders about the risks of alcohol misuse and about help that is available locally
- To increase usage and take-up of Alcohol Treatment Orders issues by the Criminal Justice System.

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Priorities for Action: 2008/09

PRIORITY	RESPONSIBILITY
Consider implementing alcohol arrest referral schemes and explore the effectiveness of diversion schemes.	CDRPs

Within the LAAs alcohol misuse is a cross-cutting theme, therefore reducing the harms associated with alcohol will contribute to meeting the targets. The North Yorkshire LAA contains the following principal outcomes and indicators:

Healthier Communities and Older People Block:

- To reduce harm from alcohol misuse (reduce binge drinking) with an indicator to develop a reliable and consistent data collection system across North Yorkshire to measure harm (REF: HC/7 (a))

Safer and Stronger Communities Block:

- To reduce the number of woundings, common assaults and incidents of criminal damage (SAF/1);
- Increase perception of people who feel informed about what is being done to tackle anti- social behaviour (ASB) and perception of the level of ASB (SAF/2);
- Reduction in road traffic accidents resulting in injury and death (SAF/4);
- Reduction in the fear of crime (SAF/5);
- Increase in the reporting of domestic abuse and reduction in levels of victimisation (SAF/6);
- Reduction in re-offending by adults and young people (SAF/7);
- Reduction in the incidents of violence (SAF/8 – stretch target).

Children and Young People's Block:

- Percentage of half-days missed due to total absence in secondary and primary schools maintained by the local authority (CYP/4);
- Percentage of young offenders supervised by Youth Offending Teams (YOTs) in suitable full-time education, training or employment (CYP/5);
- Average percentage of 16-18 year olds not in education, training or employment (CYP/7 – stretch target)

Safer and Stronger Communities Block:

- Reduce the number of people killed and seriously injured in road accidents. (SAF/4 – stretch target).



Why is Alcohol Harm an Important Issue?

The World Health Organisation separates alcohol use disorders into three categories:

- **Hazardous drinking:** people drinking above 'sensible' levels but not yet experiencing harm.
- **Hazardous drinking:** people drinking above 'sensible levels and experiencing harm.
- **Alcohol dependence:** people drinking above 'sensible' levels and experiencing harm and symptoms of dependence.

These categories can be used when assessing the level of need in a population as well as when assessing the gap between need and the provision of appropriate services. It is also important to consider the various 'social harms' that may be consequences of any of the above categories of alcohol use, including violence, domestic abuse, road accidents incurred from drink-driving and the consequences of unprotected sex, including teenage pregnancy.

There are many reasons for prioritising work on reducing alcohol harm. Choosing Health (2004) summarises these:

- The financial burden of alcohol misuse is around £1.7 billion annually to the NHS and over £10 billion to society as a whole.
- 15,000-22,000 deaths and 150,000 hospital admissions each year are associated with alcohol misuse.
- A quarter of children under 16yrs drink alcohol – on average around 10 units per week.
- Over a million children are affected by parental alcohol problems in the UK.
- Nearly half the victims of violent crime, describes their assailant as being under the influence of alcohol at the time.
- Up to 17 million working days are lost annually due to alcohol related absence.
- About 2 in 10 male prisoners and 1 in 10 female prisoners reported that their drinking had caused injury to self or others in the year before coming into prison.

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Economic Impacts and the Night Time Economy

The value of alcohol related economic activity, including brewing, retail sales and through sales in pubs, clubs and restaurants is considerable. The value of the alcohol drinks industry in the UK is more than £30billion per annum and over 1million people are employed in hotels, pubs, bars, nightclubs and restaurants. (Labour Force Survey 2005/06).

There are approximately 58,000 pubs in the UK (Nov 06) and 80% of these are small businesses run by tenants, lessees and owners. The average pub is estimated to spend over £70, 000 per annum on locally sourced goods and services. (British Beer and Pub Association, 2003).

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Locally, much of the area derives significant economic benefits from tourism. The attractions of licensed premises form an important part of the appeal of the area, whether this is a meal and a drink in a rural pub or the attractions of the pubs and clubs within the town centres. A vibrant and attractive, night time economy is important for the local economy, both in terms of local residents and as a means to attract tourists to the area.

However, as well as the economic benefits, the consumption of alcohol brings associated problems. In terms of alcohol related problems in the town centres, Ryedale shares some of the problems experienced nationally. Whilst many people drink safely and without harm to themselves or those around them, during the evening, particularly at weekends there is visible drunken behaviour and a clustering of crime and disorder, including violent crimes, around the town centre locations.

The knock on effects of excessive alcohol consumption within the night time economy are felt by a range of local businesses and services, including not only the enforcement agencies but also the local hospital, ambulance service, cleansing services and others who deal with the consequences of drunken excess. Damage to property, whether this be to shops and offices in the town centre or to vehicles parked on the street, can be significant and has large costs financially and emotionally. Research consistently shows the peak time for violent offending is weekend nights and the peak location is in and around pubs and clubs. Violence in the night-time economy typically involves young males who do not know each other well (Allen et al, 2003; Hutchinson et al, 1998).

Societies rules may 'excuse' violent behaviour if the perpetrator is intoxicated, making them more likely to offend when they have been drinking (Sumner and Parker, 1994). Factors associated with violence in high-risk pubs and clubs include inconvenient access routes, poor ventilation, overcrowding, and permissive social environments. (Homel et al 2001).

A survey carried out as part of the Drink Aware campaign (YouGov Survey January 2007) found that 41% of males surveyed admitted to urinating in public after drinking too much. The survey also highlighted that 26% of 18-24 year old women surveyed stated that they had put their own safety at risk by walking home alone after a night out, 21% of males in the same age group said they have injured themselves by acting recklessly after drinking. 45% confessed they had been unable to remember all of their actions the morning after the night before and only 30% of those surveyed were confident they could stick to their limit when it comes to alcohol.

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Alcohol Harm in Ryedale

Many people locally, as well as nationally, enjoy alcohol without causing harm to themselves or others. However, alcohol misuse is a serious and growing problem, the effects of which can be devastating for individuals, their families and the community. Like many other parts of the UK, alcohol misuse in the District results in serious, long term health problems, increased crime and disorder and has a serious financial impact on local service providers.

Table 1: Alcohol misuse in North Yorkshire (by gender), estimated based on national figures reported in ANARP (2005)

	Aged 16-64	
	Male	Female
Hazardous/Harmful Drinking		
National %	32%	15%
North Yorkshire	76743	36277
Craven	5162	2454
Hambleton	8597	3995
Harrogate	15535	7264
Richmondshire	5635	2270
Ryedale	4950	2341
Scarborough	10010	4988
Selby	7858	3752
York	18995	9212
Alcohol Dependence		
National %	6%	2%
North Yorkshire	14389	4837
Craven	968	327
Hambleton	1612	533
Harrogate	2913	969
Richmondshire	1057	303
Ryedale	928	312
Scarborough	1877	665
Selby	1473	500
York	3562	1228
Binge Drinking		
National %	21%	9%
North Yorkshire	4605	726
Craven	310	49
Hambleton	516	80
Harrogate	932	145
Richmondshire	338	45
Ryedale	297	47
Scarborough	601	100
Selby	471	75
York	1140	184

Source: North Yorkshire and York PCT and DAAT report on Alcohol Service Mapping Dec 2007. Dr Bharathy Kumaravel.

The table above shows the estimated levels of alcohol misuse for each of the eight local authorities in North Yorkshire, based on national figures reported in ANARP (2005). Hazardous alcohol users include those drinking above the WHO recognised 'sensible' limits but not yet experiencing harm. Harmful alcohol users include those drinking above the WHO recognised 'sensible' limits and experiencing harm. People

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drinking at harmful levels, experiencing harm and symptoms of dependence are said to have alcohol dependence.

Alcohol related morbidity and mortality

Table 2: Hospital admissions (Alcohol Specific)

Local Authority	Male hospital admission for alcohol specific conditions / 100,000 population	Lower 95% confidence limit	Upper 95% confidence limit	Female hospital admission for alcohol specific conditions / 100,000 population	Lower 95% confidence limit	Upper 95% confidence limit
Craven	128.69	83.02	174.36	110.49	68.02	152.95
Hambleton	201.13	157.09	245.17	125.10	91.56	158.65
Harrogate	368.95	324.93	412.97	246.71	209.74	283.68
Richmondshire	328.39	261.46	395.31	139.27	90.52	188.02
Ryedale	202.78	141.60	263.96	85.54	45.89	125.18
Scarborough	459.25	398.57	519.93	226.83	184.04	269.63
Selby	184.97	141.74	228.20	89.06	59.43	118.69
York	242.66	210.56	274.76	143.44	119.32	167.56
Eng	305.81	303.65	307.98	144.62	143.13	146.11
Yorkshire and Humber	310.97	304.05	317.88	137.49	132.90	142.07

Source: NWPFO using HES data and population data from ONS, 2006

Source: North Yorkshire and York PCT and DAAT report on Alcohol Service Mapping Dec 2007. Dr Bharathy Kumaravel.

The table 2 above shows that Scarborough has the highest hospital admissions for males (459.25 per 100,000), followed by Harrogate and Richmondshire. Hospital admissions for Scarborough and Harrogate are significantly higher than the England average (305.81 per 100,000) as well.

Table 3: Alcohol Attributable Crime

Local Authority	All Recorded crime - Number attributable to alcohol	Recorded crime attributable to alcohol / 1,000 pop	Violence against the person - Number attributable to alcohol	Violent crime attributable to alcohol / 1,000 pop	Sexual Offences - Number attributable to alcohol	Sexual Offences attributable to alcohol / 1,000 pop
Craven	311	5.74	250	4.62	4	0.08
Hambleton	410	4.82	313	3.68	5	0.06
Harrogate	812	5.27	653	4.24	14	0.09
Richmondshire	269	5.31	223	4.40	4	0.07
Ryedale	215	4.16	154	2.98	4	0.08
Scarborough	976	9.11	752	7.02	18	0.16
Selby	662	8.58	495	6.42	11	0.15
York	2033	10.99	1411	7.63	23	0.12
England	523666	10.45	367075	7.33	7590	0.15
Yorkshire and The Humber	59627	11.83	41462	8.23	795	0.16

Source: NWPFO using UK Home office data and population data from ONS, 2006

Source: North Yorkshire and York PCT and DAAT report on Alcohol Service Mapping Dec 2007. Dr Bharathy Kumaravel.

Table 3 shows that York has the highest recorded crime attributable to alcohol per 1000 population, while Ryedale has the lowest. With the exception of York (10.99 per 1000 population), all other districts are below the national average (10.45 per 1000 population).

Table 4: Mortality from alcohol related conditions

Local Authority	Male deaths - number attributable to alcohol	Mortality from alcohol related conditions / 100,000 population	Lower 95% confidence limit	Upper 95% confidence limit	Female deaths - number attributable to alcohol	Mortality from alcohol related conditions / 100,000 population	Lower 95% confidence limit	Upper 95% confidence limit
Craven	41	37.51	25.27	49.76	41	23.42	14.83	32.01
Hambleton	66	41.74	31.30	52.18	58	23.03	16.38	29.68
Richmondshire	32	36.82	23.96	49.69	25	19.38	11.14	27.61
Harrogate	122	44.40	36.35	52.46	118	25.54	20.20	30.87
Ryedale	39	38.21	24.60	51.82	37	22.00	13.46	30.54
Selby	52	40.67	29.31	52.03	50	26.80	18.63	34.98
Scarborough	118	58.86	47.50	70.22	101	26.88	20.65	33.11
York	141	45.88	38.14	53.62	128	25.94	20.89	31.00
England	41541	50.17	49.69	50.66	34361	27.99	27.66	28.31
Yorkshire and Humber	4203	50.61	49.05	52.16	3466	27.85	26.82	28.87

Source: NWPFO using HES data and population data from ONS, 2006

Source: North Yorkshire and York PCT and DAAT report on Alcohol Service Mapping Dec 2007. Dr Bharathy Kumaravel.

The table shows that among males, Scarborough has the highest mortality from alcohol related conditions and Richmondshire has the lowest. Scarborough has a rate of 58.86 male deaths per 100,000 populations, attributable to alcohol, which is higher than the national average of 50.17 per 100,000. All other districts have mortality below national average figures.

Existing Local Action through Crime and Disorder Reduction Partnership.

Lock ‘em Inn

Safer Ryedale are inviting those who break the law after drunken nights out, causing criminal damage and nuisance behaviour, to spend the night with them at the “Lock ‘em Inn”.

A new leaflet, written in a light-hearted way, not dissimilar to a hotel brochure describes what the consequences of breaking the law after a big night out can entail – and what the conditions of Police custody are like.

“ The Lock ‘em Inn is conveniently located and is within easy reach of all Ryedale pubs and criminal courts.

The atmosphere is truly unique. The lack of natural light only adds to the ambience.

We never turn anyone away. When demand is high we have other branches throughout North Yorkshire.

The accommodation is “minimalist chic” created for you with economy in mind.”

Safer Ryedale would like people to bear in mind what the consequences of their actions might be after they have consumed alcohol; to watch how much they drink and to moderate how they behave when under the influence.”

Alcohol Test Strips

Local Neighbourhood Police Officers and PCSO's (Police Community Support Officers) carried out a pilot project using alcohol test strips that can be dipped into liquid to identify alcohol. A test sample was `analysed` on the spot using the testing equipment and anyone caught in possession of alcohol in public had the item confiscated and had to face the consequences. This will highlight to underage drinkers that they are breaking the law and that it will not be tolerated. This project may be repeated in the future.

Spikeys

In its drive to help young people stay safe, Safer Ryedale, supplied special anti-drink spiking bottle tops which have been designed to cut the risk of someone adding drugs to a bottle of lager or soft drink while drinkers are chatting or on the dance floor, to pubs and clubs in the area.

The new device simply clips into the neck of a bottle making it virtually impossible for someone to add drugs to a drink without being noticed.

Play the Game

Play the Game is aimed at the section of people that have to go outside premises to smoke. It is to highlight the need for reasonable behaviour in respect of keeping noise and litter down and remembering that the smoking area may not be actually within licensed premises and the drinking of alcohol may not be allowed outside. Relevant premises have been supplied with specially designed posters and beer mats to promote the project.

Ryedale and Pickering Dry Bars

Norton and Pickering dry bars are gathering places along the lines of the old 'youth club'. They offer a place to meet friends and make new acquaintances.

A facility where young people can enjoy art and design projects, seek information on alcohol and drugs awareness and health education and receive training on first aid and health and safety, in a dry pub atmosphere.

Pubwatch

Membership and regular attendance of meetings of a crime reduction group such as Pubwatch can help stop known troublemakers entering licensed premises. As this group and the Police share information, incidents, such as resale of stolen goods, outbreaks of trouble, may be averted.

Pubwatch bans also have repercussions on the social lives of those people affected, eg making them travel much greater distances to frequent licensed premises and as such they cannot socialise with their friends in the same way. As such, up to date Pubwatch signage can act as a deterrent. Pubwatch in Ryedale operates a telephone call up system so that information about incidents actually happening can be quickly spread around all the premises involved into the scheme.

The local police may also be telephoned for assistance or could arrange for town centre CCTV to record any particular activity. Pubwatch membership would be

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considered best practice for many premises located in town centres where the supply of alcohol is an authorised activity.

North Yorkshire Police

One of the daily tasks for the Police, is for officers to enter licensed premises to check that no offences are being committed.

Alcohol Marking: After complaints from the public about youths under the influence of alcohol being involved in anti social behaviour, a project was rolled out in Kirkbymoorside and Helmsley to track the establishments from which the alcohol products were being purchased and by whom. With the help of local supermarkets, bottles and cans were marked with permanent marker and a log of dates and markings kept by the shop, so that when Police confiscated alcohol from young people, they could take it back to the shop of origin and look at the log, review the CCTV footage relative to the dates and markings on the bottles and cans, and identify the purchaser. On a least one occasion, the purchaser was prosecuted for supplying underage persons with alcohol.

Detached Drug and Alcohol Workers

Safer Ryedale fund two 'on the street' youth workers in Pickering, to provide a Detached Drug and Alcohol service.

Drug and alcohol services and youth work practitioners are delivering education to secondary school age young people in relation to the law associated with alcohol and the penalties for committing crimes. More importantly they will focus on the real impact, which they themselves see on a daily basis, that alcohol has on the lives of local young people.

Trading Standards – Alcohol Respect Campaign



Safer Ryedale Partnership in conjunction with Trading Standards and Cambridge Centre have launched the Alcohol Respect Campaign in Ryedale. The activity will compliment the government's national 'Challenge 21' campaign. Challenge 21 is an initiative to reduce the instances of age restricted products being sold to underage people.

During January, February and March 2009, in Malton, Norton and Pickering, on Friday and Saturday nights, Trading Standards officers with Police support, have helped the counter staff in smaller off licences and supermarkets to refuse to sell age restricted products to anyone who appears to be 21 or under and does not have an acceptable form of photo identification.

Only photo ID, passport, PASS accredited 'hologram' cards are acceptable forms of ID.

The Safer Ryedale Partnership and North Yorkshire Trading Standards have provided packs of display information to all licencees who wish to take part in Ryedale, to encourage retailers to use the signage, including posters, shelf signs and staff badges, all reinforcing the 'Challenge 21' and 'No ID No Sale' principles, where, if you appear 21 or under you will have to show ID to purchase alcohol. All

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the major retailers in Ryedale will be issued with the same signs to demonstrate their joint agreement to tackle this issue and raise the profile of 'Challenge 21' with all customers.

Cambridge Centre – Alcohol Repect Campaign

Cambridge Centre and Youth work practitioners will deliver education to secondary school age young people, in relation to the law associated with alcohol and the penalties for committing crimes. More importantly they will focus on the real impact, which they themselves see on a daily basis, that alcohol has on the lives of local young people. These sessions will run in school Citizenship lessons (year 9) across all four secondary schools. Local youth workers will be in delivering the campaign message and carrying out surveys on what young persons perceptions of matters surrounding alcohol actually are, prior to and after the school sessions.

Identification, Education, Treatment and Support:

Education in this context is not just about schools, it is about 'everyone' being educated in responsible alcohol use and its risks. Information and Education must be given in a clear understandable way. There is a need to gather, collate and action accurate multi agency data, for example on best practice, where alcohol related violent crime is happening and new research. All education and information needs to be communicated effectively, ensuring a joined up approach - all agencies/partners sharing information and acting appropriately on it.

The need to get the alcohol message understood poses many challenges and different messages maybe required for different areas of the population; for example carers, young people, parental responsibility, older people etc.

The 'message' itself has become blurred. The governments 'Safe drinking' message was changed in 1995 from a weekly to a daily limit in recognition of the harm of binge drinking. It currently stands at:

- 2-3 units per day for women
- 3-4 units per day for men

With a recommended 48 alcohol free hours following heavy drinking.

The reality of this message is more complex.

What is a unit? How much is a swig? Is 2 drinks ok? For example 2 x 175ml glasses of 12% wine = 4.2units therefore above recommended consumption for a female.

National Alcohol Harm Reduction Survey shows that only 25% of the population know what a 'unit' is.

The 'message' is provided at various outlets but there is an overall lack of a targeted approach and clarity around the key messages provided, plus gaps in the opportunities taken to inform people of the safer drinking message. A consistent public health message on the risks associated with alcohol use including sexual health, obesity plus heightened risk taking needs to be communicated alongside alcohol information.

Statistics show that young people who regularly combine drinking and sexual

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activity are seven times less likely to use a condom– increasing risks of both teenage pregnancy and sexually transmitted infections. Developmental opportunities for informing on safer drinking exist within primary and secondary care settings for example 70% of the population visiting their GP at least once a year.

Older people pose a more hidden issue which needs exploring further in light of an ageing population. Issues relating to falls (both in the home and residential care) and the relevance of alcohol intake is felt to be an issue. Assessing this and providing information to all involved must be considered.

Health Impacts

Government guidelines suggest that women should not regularly exceed 3 units a day and that men should not regularly exceed 4 units a day due to the progressive health risks associated with consumption above these levels.

Regularly drinking above these levels, over an extended period of time, causes risks to health. Nationally alcohol-related deaths and disease have increased. The problem is compounded as many people do not understand or keep check on the number of units they drink and, as the national strategy analysis shows, people underestimate their actual consumption of alcohol and are “drinking more than they think they are” (Safe, Sensible, Social. 2007) Alcohol related deaths have more than doubled since 1979, with more people dying at a younger age. In 1991 alcohol related deaths peaked at around 70 years old but by 2005 the peak age was around 50-55.

Excessive alcohol consumption is associated with between 15, 000 and 22, 000 premature deaths annually and alcohol related deaths are considerably higher for both men and women in areas of high deprivation. (Safe, Sensible, Social. 2007)

There are “massive differences” in the health consequences of alcohol use between richer and poorer local communities. The most deprived fifth of the population suffer:

- two to three times greater loss of life attributable to alcohol;
- three to five times greater mortality due to alcohol specific causes;
- and two to five times more admission to hospital because of alcohol;

than the more affluent areas and men suffer greater inequalities related to alcohol use than women. (Indicators of Public Health in the English Regions, Alcohol). (Executive Summary).

Nationally alcohol related injury or illness accounts for 180, 000 hospital admissions per year and because serious damage has often occurred before symptoms develop, harm to health is often well established before intervention is made. Those at highest risk of being admitted to hospital with a diagnosis linked to alcohol are men aged over 35. Recent divorce significantly increases the likelihood of harmful drinking and half of homeless people are dependant on alcohol. (Safe, Sensible, Social. 2007).

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National research suggests that 40% of A&E attendances, rising to 70% at peak times, are alcohol related. (Alcohol Harm Reduction Strategy for England 2004).

Treatment Data

Identification and treatment of an individual's alcohol problems can prevent and reduce the human and social costs which can arise when serious problems with alcohol develop. The Models of Care for Alcohol Misuse (2006) sets out a national framework for commissioning and providing interventions and treatment for adults affected by alcohol misuse and is structured around four tiers:

Tier 1 – Generic services who work with a range of clients where alcohol may be identified and where brief interventions and referral to specialist services can be applied. This could include, for example, primary care & acute hospital settings, A&E, police, probation, education, homelessness services and social care.

Tier 2 – Specialist open access services and outreach that provide alcohol specific advice and support, extended brief interventions and assessment. Locally the main Tier 2 provider is The Cambridge Centre although mutual aid groups such as Alcoholics Anonymous also come within Tier 2.

Tier 3 – Specialist services providing structured programmes of care. Locally this includes the Cambridge Centre (structured psychosocial interventions and key working), Next Choice (structured day programme) and Addictive Behaviour Service (ABS).

Tier 4 – Structured inpatient services, for patients with a high level of need, including inpatient alcohol detoxification and residential rehabilitation. Locally the DAATs do not commission inpatient detoxification; however, funding is available for client's to be referred out of area.

National Drug Treatment Monitoring System Tier 3 Data (NDTMS)

ND TMS records **tier 3** treatment services only and includes data from the following treatment agencies locally, Compass, Cambridge Centre, Next Choice & the Youth Offending Team (YOT). Data has been combined and duplicate entries removed.

NDTMS shows **500** individuals in the Scarborough, Whitby, Ryedale areas in treatment during 2006/07, where alcohol was the primary or secondary problem substance.

Of those receiving treatment over two thirds (67%) are male. The majority of service users lived in the Scarborough/Filey area (69%), 16% in Ryedale/York area and 12% in the Whitby area (3% unknown).

11% of service users were aged under 18, the majority of service users were aged over 30 (67%).

Total No. of service users 500

Gender

Male 336

Female 164

Area of residence (approx.)

Scarborough/Filey 346

Whitby 61

Ryedale 78

Other/not known 15

Age

Under 18 57

18-30 99

30+ 344

Source DAATs (NDTMS data for 06/07)

Young People

Young people are affected by the alcohol misuse of those around them, as well as by their own alcohol consumption. Up to 1.3 million children nationally are believed to be affected by parental alcohol problems. (Alcohol Harm Reduction Strategy for England 2004).

Nationally, young people are drinking at a young age, well below the legal age for the purchase of alcohol and young people aged 16-24 years were significantly more likely than people in other age groups to have exceeded the recommended daily number of units. High levels of alcohol consumption are associated with a Range of high risk behaviours including unprotected sex and offending. (Safe, Sensible, Social 2007).

In 2006, fewer young people aged 11-15 reported drinking than in 2001, but more young people are drinking than they were in 1988. However, consumption levels are rising and young people who drink are drinking twice as much as they did in 1990. Worryingly, the amount of alcohol consumed by those aged 11-13 continues to rise, whilst older adolescents' consumption levels have stabilised since 2001. (Safe, Sensible, Social. 2007).

The most common reason young people give for consuming alcohol is to help them socialise with their peers and levels of drinking are linked to their parent's drinking and broader parental influences. Patterns of drinking differ according to the age of the young person:

- At age 11, the majority of young people do not drink, and those who do tend to drink at home with their parents.
- At 13, those who drink are as likely to drink with parents as with friends.
- At age 15, almost 90% have tried alcohol, while over a third drinks once a week or more. Drinking is usually with friends, the most common location is at home, or someone else's home but drinking in unsupervised outdoor locations peaks in this age group.
- Half of 16/17 year olds drink once a week, with the most popular location being pubs (although this data precedes recent enforcement

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activity on underage sales). (Safe, Sensible, Social. 2007).
Locally data suggests significant alcohol usage among young people.

The National Department of Health Survey (2004) states: -

- 23% of children aged 11-15 said they had had a drink last week. A quarter of these young people are estimated to have drunk 14 or more units of alcohol in the last week.
- The Department of Health Profiles of Alcohol Related Harm show significantly above average alcohol specific admissions for under 18 males and females (excluding A&E attendances). (NWPFO, Hospital Episode Statistics, 2002-05).

We Aim To:

Make the 'sensible drinking' message easier to understand-ensuring the development of appropriate and effective targeted alcohol education and health promotion including links between risk and alcohol misuse.

Improve the information and data we have about the extent of the alcohol problems in Ryedale and how we share it.

- Provide a targeted response from the information collected
- Have a consistent message about alcohol from all agencies
- Work in partnership with the drinks industry
- Promote alcohol education at every opportunity
- Assess current education provisions, their level and quality of alcohol information
- Safeguard young people

Current Ryedale Strategic and Operational Groups

Safer Ryedale

Safer Ryedale is a statutory partnership bringing together all those working to reduce crime and drug misuse in Ryedale.

Ryedale Alcohol and Drug Advisory Centre in partnership with:

Addictive Behavioural Services - A confidential NHS service which provides a community-based specialist treatment for people with substance misuse problems. Treatment is tailored to service users' needs and follows a full assessment.

Compass - Compass is a non profit, non government organisation, set up in 1986, to provide services to people concerned with the health and social impact of illicit drug use. In our 20 years of operation, we have established a network of agencies across the country, providing a comprehensive range of services spanning health, social and criminal justice care agendas.

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Next Choice - Structured inpatient services, for patients with a high level of need, including inpatient alcohol detoxification and residential rehabilitation.

Cambridge Centre - Services for drug and alcohol users in Ryedale, Sessions delivered in Malton, Pickering & Kirkbymoorside. The service offers free & confidential:

Assessment, One to one support & advice, Referral to substitute prescribing, Harm reduction advice and information, Advocacy, Auricular acupuncture, Education & Awareness

Young Persons Drug and Alcohol Services - **Under 18 years**

Free & confidential advice and support for young people who have concerns about their own or others drug or alcohol use.

Action Plan:

An action plan is seen as one of the first steps in bringing together the various strands of work currently being undertaken to reduce the level of harm caused by alcohol in Ryedale. This can be followed by the drawing up of a revised strategy and action plan, focussing on addressing the identified gaps between unmet need and provision of services.

The following are seen as priorities that any Action Plan should address. They are based on, but build on, the four key themes identified in the 2004 Alcohol Harm Reduction Strategy for England, and taken from Ryedale Partnership Plan 2088-11.

Alcohol Harm Reduction

Aim: To deliver the contents of the Alcohol Harm Reduction Strategy for the Ryedale District

Indicators: NI 41 Perceptions of drunken rowdy behaviour as a problem to 14% NI 115 Substance misuse by young people LI ?	Baselines & Targets b/l 17%, target 3%, 1% per yr County target	30/06/09	30/09/09	31/12/09	31/03/10	
Objective 1: To raise awareness on the consequences of alcohol misuse to minimise harm to both individuals and the community.						
Action	Who	When	30/06/09	30/09/09	31/12/09	31/03/10
Launch strategy	Sandi Clark/ Gail Snowden	May 09				
Maintain the flow of information from partner agencies and other sources to highlight the work that must be addressed by the Alcohol Harm Reduction Group	Alcohol Harm Reduction Group					
Produce a continuation strategy for the Alcohol Respect Campaign to maintain its momentum	Trading Standards/Gail Snowden	May 09				
Prepare a report on the effectiveness of the Alcohol Respect Campaign and publicise	Sandi Clark Gail Snowden	April				
Prepare a report on the education programme delivered via Alcohol Respect Campaign in secondary schools and publicise	Sandi Clark Gail Snowden	April				

Objective 2: To enhance the available information on alcohol misuse and services available in the Ryedale District

Action	Who	When	30/06/09	30/09/09	31/12/09	31/03/10
Prepare a media campaign for the District linking into national campaigns	Gail Snowden					
Link into the Pubwatch meetings	SNT Sergeants					
Deliver awareness raising sessions for parents, one event at each of the secondary schools during 09/10	4 Youth					
Cambridge Centre and PCT to provide information to public on effects of alcohol fuelled violence	Cambridge Centre/PCT					
Improve database of information and analysis on alcohol related incidents from Police and other partners	Alcohol Harm Reduction Group					
Prepare full valuation report on detached youth work in Pickering and explore feasibility to explore to other market towns	Lacey Madueke					

Comments:

Objective 3: To reduce the incidence of alcohol related crime & disorder offences as reported to the Police

Action	Who	When	30/06/09	30/09/09	31/12/09	31/03/10
Identify hot spot areas by monitoring alcohol related litter finds	Town/Parish Council/Street Scene	On-going				
Provide training for Street Scene operatives to deliver Action 1		June 09				

Respond to identified hot spot locations by a system of enforcement, support and education	SNT Sergeants					
Implement test purchasing to monitor the adherence to 'No Id No Sale' Initiative	Trading Standards SNT Sergeants	On-going				
Promote Drink Driving campaigns	Safer Roads Group					
Re-visit the Lock-em Inn Campaign and re-launch with a view to reducing violence/criminal damage	SNT Sergeants					
Support the nationwide Know Your Limits/Drinkaware campaigns through use of media and publicity in key locations ie surgeries, nurseries, libraries etc	Alcohol Harm Reduction Group	On-going				
Comments:						