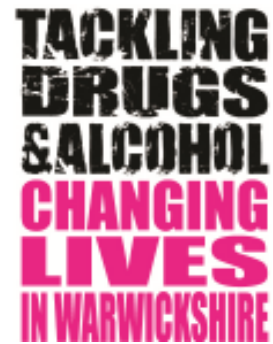


# Warwickshire Alcohol Implementation Plan



**2014 – 2016**

An Equality Impact Assessment on this policy was undertaken in October 2012 and will be reviewed in October 2015.

## Joint Foreword

*“For many people, alcohol can be something they enjoy with friends and family at home, at a local pub or restaurant, or at a social or recreational gathering. As well as contributing to social interaction and life, the alcohol industry plays an important part in enhancing the economy, supporting over 1.8 million jobs.*

*However, some people are not able to enjoy alcohol responsibly and the resulting alcohol-related crime, anti-social behaviour and high risk of chronic diseases are unacceptable and likely to be devastating for individuals, their families and the communities they live in.*

*The statistics around alcohol and violence are stark: in almost half of violent incidents, the victim believed the perpetrator was under the influence of alcohol, and a fifth of all violent incidents took place in or around a pub or club. In almost three quarters of domestic violence incidents the perpetrator had used alcohol prior to committing the offence. This kind of irresponsible and excessive consumption of alcohol imposes a significant and devastating cost on individuals, communities and society.*

*Alcohol-related healthcare costs in Warwickshire were an estimated £30.8m, equating to £70 per adult. We are concerned that harms to individuals and society as a whole may increase unless action is taken. There is strong evidence to show that for every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs.*

*This Alcohol Implementation Plan takes a partnership approach to tackling alcohol related issues from both a health and crime perspective and we encourage and applaud services to do all they can to support this and remain committed to improve the lives of Warwickshire residents who are affected by alcohol related problems.”*



Dr John Linnane,  
Director of Public Health Warwickshire County Council



Mr Ronald Ball,  
Warwickshire's Police and Crime Commissioner

## Introduction

The original comprehensive alcohol implementation plan was agreed by partners in Warwickshire in 2010. This plan was awarded the Alcohol Concern 'kite mark' for good practice. It was then refreshed again in 2012, based on the priorities within the new national alcohol strategy. This current refresh is version 3 of the plan.

In March 2012, the Government launched its new National Alcohol Strategy. This strategy sets out the Government's approach to turning the tide against irresponsible drinking.

Activity within the national strategy sits under three broad themes:

- Challenge and enforcement
- Health, treatment and recovery
- Education and prevention.

Alcohol-related crime is estimated to cost society £11 billion in England and Wales alone. Alcohol misuse also costs the United Kingdom economy an estimated £7.3 billion a year in lost productivity and costs the National Health Service in England an estimated £3.5 billion a year.

In the UK it is estimated that 2.6 million children are living with parents who are drinking at hazardous levels. Parental or carer drug or alcohol use can reduce the capacity for effective parenting. In particular the children of parents or carers who are dependent on drugs or alcohol are more likely to develop behavioural problems, experience low educational attainment, and be vulnerable to developing substance misuse problems themselves. Some children's health or development may be impaired to the extent that they are suffering or likely to suffer significant harm. The aim of all practitioners working with alcohol or drug users who have parental responsibility or children residing with them is to maximise opportunities for families with multiple needs to get timely, appropriate support. This cannot be done in isolation. Drug and alcohol services must work collaboratively with children's services to ensure that children who are affected by parental or others drug or alcohol misuse are kept safe from harm and have the support they need to succeed. Treatment provides a platform for alcohol dependent parents or carers, or those living with children, to stabilise their lives, which can have a positive impact on their families.

Through the Alcohol Strategy, published in March 2012, the Government is promoting proportionate and targeted action to reduce the costs and problems caused to society by irresponsible and excessive drinking without disproportionately affecting responsible drinkers. As the Strategy made clear, reducing the harms caused by alcohol is not only a matter of concern for Government; collective action is required by industry, local agencies and individuals.

Significant progress has been made under the previous plan; however there is still clearly more work to do. The previous strategy aimed to, and achieved, increased access and monitoring of treatment services and the alcohol agenda. However due to the current economic climate, with major restructuring of Public Sector organisations and reductions in funding, the priority of a current, refreshed plan, is to maintain the profile of the agenda and find innovative ways to deliver, protect and tackle alcohol related harm.

Warwickshire's BIG Conversation About Alcohol event was held on Friday 17<sup>th</sup> January 2014 with a variety of people attending, and participating from, the private, public and voluntary sectors and wider communities to review and refresh the Alcohol Implementation Plan. This refreshed implementation plan reflects both the direction of the national strategy and developments locally since the original plan was produced. It shows how agencies in Warwickshire will aim to tackle the harm caused by alcohol, with a focus on activity under each of the three themes above where significant value can be added through effective partnership working.

## **Outcomes**

Warwickshire partners have agreed that the overall success of this plan will be measured through the achievement of a number of high level performance indicators. Systems are already in place to measure the following indicators:

- A reduction in the amount of alcohol-related serious violent crime
- A reduction in the rate of alcohol-related hospital admissions for both adults and under 18s
- An increase in the numbers of adults and young people successfully completing alcohol treatment
- A reduction in the percentage of young people drinking alcohol on most days.

## **Monitoring**

The plan is designed to achieve co-ordination, integration and best value of alcohol harm reduction activities across the private, public and voluntary sectors and the wider communities. The specific detail of the actions within this plan will be monitored through the Drugs and Alcohol Management Group (DAMG). The lead agency (or, in a few cases, agencies) is listed for each action and this agency is responsible for co-ordinating the activity required to develop the strand of work and providing updates to the Drug and Alcohol Action Team (DAAT) in a timely fashion. These structures will ensure the robust monitoring of implementation and delivery of the strategy, enabling the DAMG to evaluate and review the effectiveness of activities. The actual implementation of many of the actions within this plan is likely to involve several partners, and a list of all the partner agencies signed up to the plan can be found at Appendix A.

This is principally a countywide action plan, with a focus on county level actions. Additional actions to be undertaken at a District / Borough level can be found in the Community Safety Partnership (CSP) Partnership Plans and specific action plans, which will be monitored at a local level. Please note that each action within the plan is identified with a letter and number to aid navigation.

## Theme 1: Challenge and Enforcement

Action	Who – Lead Agency	Timescale and Comments	1 <sup>st</sup> Update	2 <sup>nd</sup> Update
A1. Implement intelligence led policing operations to ensure appropriate provision in town centres during peak times for alcohol related violence.	Local Policing – Chief Inspector.  Will link to Observatory who can contribute to analysis.	Ongoing from Summer 2014.  The success of this action will be a reduction in serious violent crime. Early intervention and arrests for lower level violence may prevent more serious harm later in the evening.		
A2. Undertake enforcement activity throughout the year to identify individuals involved in drink driving and take appropriate action against those caught over the limit.	Police – Road Safety	Ongoing from Summer 2014.  Any driver involved in a collision (where Police are aware) is automatically tested for alcohol.		
A3. Manage and target local licensing issues based on intelligence via MALEM meetings. Develop evidence based action plans for the most problematic licensed premises in each area, as identified through multi-agency licensing meetings.	MALEM Partners, Police and Licensing.	Ongoing from Summer 2014.		
A4. Establish a countywide framework to raise awareness of suitable and appropriate court disposals for those guilty of alcohol related offences.	Police and DAMG.	Ongoing from Summer 2014.		
A5. Work with licensed premises	District and	Ongoing from Summer		

to ensure that they are aware of all their responsibilities under the Licensing Act via MALEM groups.	Borough Council Licensing Managers and MALEM Partners.	2014.  Activity required will depend on the premise, but may include training to ensure all staff are aware of their responsibilities. Multi-agency licensing visits should be used to ensure all premises are complying with the conditions of their licence.		
A6. Amend data recording mechanisms to enable intelligence to be gathered about alcohol related attendances at Accident and Emergency departments.	Hospital Trusts	Ongoing from Summer 2014.		
A7. Undertake test purchase operations in on and off-licensed premises, focusing on those receiving a complaint or other intelligence. Target repeat sales.	Trading Standards	Ongoing from Summer 2014.  Fixed Penalty Notices issued to all individuals caught selling alcohol to under 18s. Follow up advice offered to premises to prevent repeat offences.		
A8. Distribute information and	Trading	Ongoing from Summer		

literature about Challenge 25 and the illegality of proxy sales to priority on and off-licensed premises.	Standards	2014.  A condition is also placed on all new premise licences, requiring the premise to display information about age check 25.		
A9. Utilise existing powers to prosecute and sentence those persistently selling alcohol to under 18s.	Trading Standards	Ongoing from Summer 2014.  Problem premises to be targeted for test purchasing activity.		
A10. Undertake work to promote Alcohol Diversion Scheme more widely and increase awareness amongst partners.	Police – Wayne Cooke, Recovery Partnership	Ongoing from Summer 2014.		
A11. Rollout the Alcohol Diversion Scheme to include people arrested in the street and not taken into custody.	Police – Wayne Cooke, Recovery Partnership	Ongoing from Summer 2014.		



<p>A12. Maintain the use of effective Alcohol Treatment Requirements (ATRs), delivered as part of a Community Sentence.</p>	<p>Probation</p>	<p>Ongoing from Summer 2014.</p>		
<p>A13. Provide information about all Drug and Alcohol sentencing options available with a balance of enforcement and support to all Magistrates' via training sessions.</p>	<p>Recovery Partnership and Probation.</p>	<p>Ongoing from Summer 2014.</p>		
<p>A14. Implement and run a number of educational campaigns and promotional activities warning of the dangers of Drink Driving on Warwickshire's roads.</p>	<p>Road Safety Warwickshire.</p>	<p>Summer &amp; Winter</p>		

## Theme 2: Health, Treatment and Recovery

Action	Who – Lead Agency	Timescale and Comments	1 <sup>st</sup> Update	2 <sup>nd</sup> Update
B1. Provide effective and appropriate alcohol treatment, support and recovery services for both adults and young people.	DAAT, Recovery Partnership, Compass	Ongoing from Summer 2014.		
B2. Provide effective alcohol treatment services for young people working with the Youth Justice Service, where this is appropriate.	Youth Justice Service	Ongoing from Summer 2014.		
B3. Provide support, including a peer mentoring service, for alcohol treatment service users and their carers.	ESH Works and Recovery Partnership.	Ongoing from Summer 2014.		
B4. Ensure GPs are appropriately supported to deliver the Identification and Brief Advice (IBA) section of the revised NHS Health Check and are aware of appropriate onward referral mechanisms to specialist alcohol treatment.	Public Health - Consultant in Public Health	Ongoing from Summer 2014.		
B5. Roll out IBA for alcohol to all mainstream services through the 'Making Every Contact Count' (MECC) programme designed to improve unhealthy lifestyles.	Public Health – Consultant in Public Health	Ongoing from Summer 2014.		

<p>B6. Ensure appropriate links are in place between treatment services and the Integrated Offender Management (IOM) scheme, to enable all offenders with alcohol misuse issues to access appropriate treatment.</p>	<p>Recovery Partnership – Criminal Justice Team Leader, IOM Co-ordinator</p>	<p>Ongoing from Summer 2014.</p> <p>Drugs and alcohol has been identified as one of seven pathways required to break the cycle of reoffending in the Warwickshire Reducing Reoffending Strategy.</p> <p>Intensive outreach will be required with some offenders to (re)engage them in treatment.</p>		
<p>B7. Raise awareness of young people's treatment services in schools, academies, colleges, GPs and pharmacies.</p>	<p>DAAT, Compass</p>	<p>Ongoing from Summer 2014.</p> <p>All available opportunities (Alcohol Awareness Week, Alcohol and Pharmacy Week etc) utilised to promote services as widely as possible.</p>		

<p>B8. Extensively promote the adult treatment service to all partners, to ensure practitioners are aware of referral routes for clients requiring specialist support.</p>	<p>DAAT, Recovery Partnership</p>	<p>Ongoing from Summer 2014. All available opportunities utilised to promote services as widely as possible. Services to be promoted to and through agencies that may not previously have received information including; libraries, Children's Centres, cafes and hostels.</p>		
<p>B9. Ensure that all treatment services are offered are in accordance with current NICE guidelines.</p>	<p>Recovery Partnership, DAAT</p>	<p>Ongoing from Summer 2014.  This can be monitored in a number of ways such as constant monitoring and review through Clinical Meetings, Audits and CCQ Inspections.</p>		
<p>B10. Ensure that appropriate care pathways are in place between treatment services and mental health providers for clients with a dual diagnosis.</p>	<p>Recovery Partnership, CWPT and Service User Involvement Agencies.</p>	<p>Ongoing from Summer 2014.</p>		
<p>B11. Ensure that appropriate</p>	<p>Recovery</p>	<p>Ongoing from Summer</p>		

support is made available to families with drug or alcohol problems as identified through the Priority Families initiative.	Partnership, ESH and Priority Families.	2014.		
B12. Identify cases where drug and alcohol use is becoming intergenerational across families and liaise with relevant services to ensure that all family members are appropriately supported.	Recovery Partnership, ESH, Compass and Priority Families.	Ongoing from Summer 2014.  Links with ESH Works and floating support provider for alcohol users, as well as wider family support services, will be crucial to ensuring the successful implementation of this action.		
B13. Ensure that all services commissioned by WCC adhere to local Safeguarding Protocols and must work collaboratively with children's services to ensure that children who are affected by parental or others' drug or alcohol misuse are kept safe from harm and have the support they need to succeed.	DAAT, Recovery Partnership, ESH, Independent Living Service, Compass, Priority Families and Children's Services.	Ongoing from Summer 2014		
B14. Undertake work with siblings of young people who offend, exploring a range of issues including substance misuse with the aim of breaking	Youth Justice Service, Compass and Priority Families.	Ongoing from Summer 2014.		

the cycle of offending.				
B15. Provide arrest referral services in Police custody suites at busy times to ensure individuals requiring alcohol treatment are identified at an early stage within the criminal justice system.	Recovery Partnership – Criminal Justice Lead.	Ongoing from Summer 2014.		
B16. Continue to implement the Substance Misuse and Fire Protocol and monitor delivery to ensure effective two-way referral processes are in place.	Recovery Partnership, Fire and Rescue	Ongoing from Summer 2014.		
B17. Implement regular Employability Workshops to improve and review employment outcomes for drug and alcohol service users.	DAAT and ILS to co-ordinate.	Ongoing from Summer 2014.		

**Theme 3: Education and Prevention**

Action	Who - Lead Agency	Timescale and Comments	1 <sup>st</sup> Update	2 <sup>nd</sup> Update
C1. Develop a rolling programme of alcohol awareness campaigns targeting key groups.	DAAT Support Officer	<p>Ongoing from Summer 2014.</p> <p>Delivery mechanisms appropriate to the target audience for each campaign need to be utilised. Initial campaigns could focus on:</p> <ul style="list-style-type: none"> <li>- Young people (under 18s)</li> <li>- Young adults (18-25)</li> <li>- Pregnant women and those trying to get pregnant</li> <li>- Parents</li> <li>- High risk drinkers</li> <li>- Appropriate migrant communities (information needs to be available in a variety of languages)</li> <li>- Prevention of drink driving (jointly with Road Safety).</li> <li>- Learning from any campaigns proven to work elsewhere to be incorporated into the</li> </ul>		

		Warwickshire information.		
C2. Utilise all available opportunities to highlight the links between alcohol and domestic abuse, using both local and national resources.	Warwickshire County Council, Domestic Abuse Manager	Ongoing from Summer 2014, utilising available local and national materials.		
C3. Promote healthy lifestyle messages locally.	DAAT Support Officer	Ongoing from Summer 2014, utilising available national materials.  Messages to be made relevant to Warwickshire where appropriate and promoted via social media and incorporated into local campaigns.		
C4. Explore and promote opportunities for delivering key messages about alcohol to young people.	DAAT Support Officer and Compass	Ongoing from Summer 2014. Explore and promote opportunities for delivering key messages about alcohol to young people. A variety of events, school health and wellbeing events, Leamington peace festival, colleges fresher's fair, Alcohol Awareness week, etc.		
C5. Circulate information about	DAAT Support	Ongoing from Summer		



alcohol to parents and promote this as appropriate throughout the year.	Officer in partnership with Family Information Service.	2014.		
C6. Increase the total number of young people receiving brief advice on substance misuse.	Compass	Ongoing from Summer 2014.		
C7. Work with universities and further education colleges to raise awareness about the risks of excessive alcohol consumption.	DAAT, Recovery Partnership and Compass	Ongoing from Summer 2014.  Possible methods of engagement include: Freshers' Fairs Recruitment of student 'champions' to promote key messages to their peers Online debates. Engagement with student unions		
C8. Provide alcohol awareness training to targeted professionals from a range of partner agencies, including health trainers and those working with young people.	Recovery Partnership and Compass	Ongoing from Summer 2014. Sessions to be tailored to meet need.  Links into MECC agenda.		
C9. Update and distribute the 'Guidance for practitioners working with young people using the Alcohol Concern alcohol' toolkit.	Compass	December 2014.		

**Actions relating to the implementation plan as a whole**

Action	Who – Lead Agency	Timescale and Comments	1 <sup>st</sup> Update	2 <sup>nd</sup> Update
D1. Regularly report work to reduce alcohol harm to the Health and Well-Being Board, Clinical Commissioning Groups (CCGs), Safer Warwickshire Partnership Board (SWPB) and Police and Crime Commissioner (PCC).	DAAT	Ongoing from Summer 2014.		
D2. Review and consider other nationwide best practice schemes, initiatives and strategies, e.g Ipswich Reducing the Strength Initiative and if a similar need is identified consider adopting/adapting for Warwickshire.	DAAT	Ongoing from Summer 2014.		
D3. Respond to Government consultations when published.	DAAT to coordinate	Responses developed and submitted to meet deadlines for each consultation.		
D4. Share information as appropriate, within the principles of the Warwickshire Information Sharing Charter, to enable effective services to be delivered.	DAAT to coordinate	Ongoing from Summer 2014.  All partners to ensure that the principle of appropriate information sharing is embedded within their organisation.		

## Completed Actions from the Previous Plan

Action	Who – Lead Agency	When	Comments
Undertake an assessment of the extent to which alcohol-related violence and anti-social behaviour occurs in Warwickshire's hospitals.	Warwickshire Observatory	Report presented to DAMG January 2013	
Implement the Alcohol Diversion Scheme in Warwickshire.	Police – Head of Incident Resolution, DAAT and Recovery Partnership	March 2013	
Develop the use of effective Alcohol Treatment Requirements (ATRs), delivered as part of a Community Sentence.	Warwickshire Probation Trust - Assistant Chief Executive (Interventions)	April 2013	
Explore the potential to provide information about ATRs to Magistrates via brief training sessions.	Recovery Partnership – Criminal Justice Team Leader	April 2013	
Develop, approve and implement an alcohol pathway between Warwickshire hospitals, Compass and school nurses.	Compass	September 2013	
Work with children and family services to develop and implement a substance misuse and safeguarding joint working protocol.	DAAT	April 2013	

<p>Re-launch the Substance Misuse and Fire Protocol and monitor delivery to ensure effective two-way referral processes are in place.</p>	<p>Recovery Partnership, Fire and Rescue</p>	<p>Relaunched December 2012</p>	
<p>Develop housing related support provision that enhances recovery and rehabilitation.</p>	<p>Supporting People</p>	<p>The Independent Living Service started on 1st April 2013 and the service is delivered by Swanswell.</p>	

The following agencies have committed to working in partnership to deliver the actions within this implementation plan:

- Warwickshire County Council
- Office of Police and Crime Commissioner for Warwickshire
- Public Health England
- Public Health Warwickshire
- Warwickshire Police
- Warwickshire Probation Trust
- Warwickshire Youth Justice Service
- North Warwickshire Borough Council
- Nuneaton and Bedworth Borough Council
- Rugby Borough Council
- Stratford District Council
- Warwick District Council
- The Recovery Partnership
- COMPASS
- ESH Works
- University Hospitals Coventry and Warwickshire NHS Trust
- South Warwickshire NHS Foundation Trust.
- Blue Sky Centre
- Open Hands Coventry
- Warwickshire Fire and Rescue Service
- Tophill Support Services
- Swanswell
- Alcohol Concern
- SMMGP (Substance Misuse Management in General Practice)
- Coventry Cyrenians Warwickshire Team
- Together
- Fry Housing Trust
- Warwickshire County Council Road Safety

- Warwickshire County Council Trading Standards
- Warwickshire County Council Family Information Service
- Warwickshire Association of Youth Clubs
- West Midlands Ambulance Service
- Chapter 1
- Age UK
- Ubique Partnerships
- Doorway
- Job Centre Plus
- Home Group
- Stratford Street Pastors

## References

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Department of Health written evidence submitted to House of Commons Health Committee Third Report of Session 2012-13:  
Government's Alcohol Strategy Ev73 London: House of Commons, 2012

<http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map>

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Manning, V et al (2009) New estimates of the number of children living with substance misusing parents: results from UK national household surveys BMC Public Health 2009