Tackling Alcohol in Liverpool
Liverpool Alcohol Harm Reduction Strategy 2007–2010

Produced by Liverpool Primary Care Trust's Design Team 2007
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Acknowledgements

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• Liverpool First
• NHS North West
• Government Office North West
• North West Regional Alcohol Group/Government Office North West
• City Safe Liverpool Crime Reduction Disorder Partnership
• Royal Liverpool Children’s NHS Trust
• Royal Liverpool and Broadgreen University Hospital NHS Trust
• University Hospital Aintree NHS Trust – The Windsor Clinic
• Community Integrated Care Addiction Services
• The Lighthouse Project
• Young Addaction Substance Misuse Service
• Liverpool Culture Company
• Liverpool Community Voluntary Services
• Merseyside Police
• Merseyside Fire and Rescue Service
Foreword

Alcohol has been used for centuries to celebrate key social events such as births, marriages and deaths. It is embedded within British culture. Liverpool is proud of its history as a port and its status as a major city as witnessed by the celebration of its 800th birthday. Liverpool can celebrate making great progress over the past 800 hundred years in bringing about greater wealth and improved health to local residents. However, there is no room for complacency.

Residents and visitors alike are looking forward to the events that will herald Liverpool as European Capital of Culture 2008. Alcohol will feature prominently in enhancing people’s experiences of the city’s gastronomic and entertainment venues. Alcohol is used by many people to help them socialise and relax. However, alcohol brings with it both pleasure and harms. Liverpool’s first alcohol strategy provided a basis to enable people to enjoy the benefits of alcohol, while taking measures to remove the negative consequences of unwise consumption.

This is Liverpool’s second Alcohol Harm Reduction Strategy which has been produced in partnership with a wide range of public, voluntary and private agencies. Our aim is to achieve the vision of Liverpool as a safe, healthy and enjoyable place to live, work, study and visit. We applaud the dedicated efforts of all those who are working toward bringing about a culture that supports the safe and enjoyable use of alcohol among our community.

We hope this strategy will provide an overview of the actions we are taking on your behalf. We look forward to working with you to deliver the positive intentions that have formed the strategy.
Executive summary

Alcohol has a significant place in British culture. The city of Liverpool is a major tourist destination and has a thriving night-time economy, which has played a key part in the city’s regeneration, but has also created challenges to local people and agencies. The burden of alcohol related harm falls heavier on Liverpool than other areas in the north west (Anderson, Hughes, Bellis, 2007).

Liverpool suffers disproportionately higher burdens of alcohol related hospital admissions and crimes. In 2004/05 Liverpool had the highest rate of alcohol related hospital admissions for males and the second highest rate for females across England: 1,548 and 785 per 100,000 population respectively (Hughes, Tocque, Humphrey, Bellis, 2004).

During 2004/05 there were over 4000 assaults related to attendances to the Royal Liverpool Accident and Emergency (A&E) department. One in ten of these assaults occurred in pubs, bars or nightclubs.

The purpose of the Alcohol Strategy Group is to bring together key stakeholder organisations and community members to agree a strategy to promote healthy life styles, encourage self-management of safe drinking and to reduce alcohol related harm within the population of Liverpool. Thereby, reducing the burden of alcohol abuse while harnessing the positive social and economic outcomes of the alcohol industry within a renaissance city. This requires account to be taken of all the key determinants of health.

Liverpool’s first Alcohol Harm Reduction Strategy was produced in response to the National Alcohol Harm Reduction Strategy (2004). The presented strategy builds on this work and takes account of recommendations made by the Government in the latest strategy document Safe. Sensible. Social. The next steps in the National Alcohol Strategy (2007). The presented local multi-agency strategy is consistent with other plans and strategies in the city and sets out key actions and outcomes that will reduce the harm associated with alcohol misuse.

Strategic aims

The Liverpool Alcohol Strategy aims to reduce alcohol-related harm by implementing the National Alcohol Harm Reduction Strategy within a local context. The strategy addresses local needs through partnership working, so that we can improve quality of life for people who live, work and visit our city.

The Liverpool Alcohol Strategy addresses the following key priorities:

- To bring about a change in drinking culture, to support social, sensible consumption of alcohol
- To improve information and communication to people about safe drinking limits, strength of alcoholic drinks and clear labelling of alcohol
- To deliver a pro active and sustainable approach to licensing
- To improve screening, prevention and early intervention programmes
- To protect young people from alcohol related harm through education, early intervention and support in addressing alcohol related problems
- To improve access to and quality of alcohol treatment services
- To tackle health inequalities related to alcohol consumption and reduce the level of health related problems, including injuries and accidents
- To reduce alcohol related crime, disorder and anti-social behaviour (including domestic violence)
- To address the negative impact alcohol has on the productivity and competitiveness of Liverpool as a city
- To inform and include all stakeholders to ensure that we are making an impact where most needed.
**Key Themes**

The key themes of this strategy are:

1. Building information, education and communication, through research and intelligence and using social marketing techniques
2. Improving access to evidence based interventions and treatment within a four tier model of care
3. Managing alcohol through the life span
4. Improving community safety by combating alcohol related crime and disorder and working with the alcohol industry

Each theme is supported by an action plan, which will be implemented over the next three years and will be reviewed and monitored on a quarterly basis by the Alcohol Strategy group.

This strategy will take account of the needs of Liverpool’s diverse population and will undergo a full equity impact assessment.

The performance of the strategy as a whole will be monitored against a Local Area Agreement target. The target is to reduce alcohol related admissions to the Royal Liverpool and Broadgreen University Hospital NHS Trust resulting in a 24-hour hospital stay by 5% within the next three years.

To ensure our strategy achieves the outcomes required Liverpool PCT will invest an additional £10 million over 3 years in alcohol programmes.

**Introduction**

The Alcohol Harm Reduction Strategy for England was published in March 2004, supported by the Licensing Act of 2003 (www.strategy.gov.uk). The national strategy provided local agencies with political levers and direction to tackle the issues related to alcohol.

The strategy was the first cross-government statement on the harm caused by alcohol, which included a shared analysis of the problem and the programme of action to respond. Significant progress has been made but more needs to be done. The new strategy Safe. Sensible. Social. The next steps in the national alcohol strategy (2007) build on the lessons learnt since 2004.

Three key areas for action are identified:

1. Law enforcement and licensing powers are used to protect young people.
2. Interventions are targeted at the minority of drinkers who cause or experience the most harm to themselves, their communities and families.
3. An environment is created to actively promote sensible drinking
Local Strategy Development

The emergence of Alcohol as a major focus for national policy emphasises the need for greater understanding of the impact of alcohol at a local level and greater co-ordination of partnership working.

This has enabled local leaders in Liverpool to use national policy as an effective lever to access and utilise appropriate resources to reduce harms associated with alcohol abuse, while maximising the benefits in terms of environmental regeneration, economic growth and employment.

Key stakeholders in Liverpool have worked in partnership to produce the Liverpool Alcohol Strategy. An eight-step approach has been used to develop the strategy:

1. Convincing people of the impact of alcohol misuse across health, social care and criminal justice systems.
2. Building the evidence – collecting the available evidence on local alcohol-related problems to underpin the case for action
3. Establishing a strategy development team
4. Involving stakeholders
5. Writing the strategy, identify priorities, state objectives and set out an implementation plan
6. Consultation, involving stakeholders and securing support
7. Implementation of action plan
8. Monitoring, evaluation and review.
Themes

Building information, education and communication

At the individual level accurate and accessible information is needed to support people to make informed choices about their drinking. Research based evidence is also required to support civic leaders and decision makers to create an environment that promotes sensible drinking.

Actions taken to tackle alcohol related misuse must be underpinned by an understanding of the impact alcohol has on the health of individuals and communities, and on the social fabric of our City.

A range of research and intelligence informs the work of the Alcohol Strategy Group (ASG). In addition social marketing techniques are used to enhance the communication with citizens, businesses, community services, and agencies.

Research And Intelligence

Liverpool PCT has commissioned the Centre for Public Health John Moore’s University (JMU) to undertake data analysis of a wide range of research evidence. Public health intelligence and service data is reported to the Alcohol Strategy Group. This information is used to commission and performance manage the Liverpool Alcohol Strategy and action plans. This intelligence is also used to monitor progress against the Local Area Agreement (LAA) target.

Locally there are a range of sources of information that can be used to gather local data and information regarding alcohol harms. However these are not easily accessible and there are some gaps. In response the Centre for Public Health at JMU provide quarterly reports to the Alcohol Strategy Group, which provide an overview of available evidence.

In response to the need to make information more accessible to the public and media the Alcohol Strategy Group (ASG) have commissioned the development of a web resource that will highlight key research evidence and information in an accessible format.
This will enable members of the public to make informed choices about their drinking behaviour. The web resource will also provide greater clarity of reported research findings. It is anticipated that local media will be better informed of the issues and impacts by accessing the web resource.

The National Alcohol Harm Reduction Strategy identifies five sources of alcohol related information:

- Public health information and Government campaigns
- Information provided by the alcohol industry
- Education in schools
- The workplace
- Advertising

All of the above sources of information are utilised to support the local alcohol strategy in Liverpool.

A number of actions in the National Alcohol Harm Reduction Strategy centre on having better education, information and communication, including:

- Reviewing safer drinking messages
- Liverpool has a single brand for all alcohol messages and a multi agency social marketing group to review and promote safer drinking messages
- Targeting alcohol information and education at binge and chronic drinkers
- Liverpool social marketing group has delivered award-winning campaigns targeted at binge drinkers. Future campaigns are targeted at working age people and students
- Reviewing the code of practice for television advertising
- Liverpool social marketing group are building closer relationships with the media to tackle alcohol issues. An additional web resource is planned to assist the media to access accurate research and intelligence pertaining to key issues.
- Enhancing alcohol education in schools
- Alcohol education is integrated in to the school curriculum as part of the healthy schools initiative. Inter-active Touch Screen stands providing information have been placed in secondary schools. An educational tool kit has been delivered to 6-11 year olds
- Using venues where alcohol is sold to provide information about alcohol
- Supermarkets in Liverpool are working with the ASG to provide safer drinking messages and responsible marketing of alcohol. Pub quizzes have been used to increase awareness of alcohol issues and to educate people about safe drinking
- Developing policies for alcohol in the workplace
- An independent organisation has been commissioned by ASG to develop workplace policies across the city.
Using Social Marketing Techniques

A single brand has been established in Liverpool to ensure consistency in delivering safe drinking messages and to support social marketing campaigns. This brand has been developed across Liverpool PCT, Liverpool City Council, the Crime and Disorder Partnership – Citysafe (CDRP), the Police, and Merseyside Fire and Rescue Service.

Recent campaigns have been successfully targeted at 18-25 year olds through bars and nightclubs and local radio challenges. These campaigns have won several national awards.

Work is currently underway with local undergraduates to develop a social marketing campaign targeted at students in the city. The objective of the campaign is to educate students through peer-to-peer work.

The heaviest drinkers have been identified as people of working age. In response a social marketing campaign is targeted at employees and employers within the city. This will promote the development of workplace alcohol policies to create a safe and supportive environment.
There’s more to student life than getting...

Pssst!

Pssst! want to win an iPod and have the world see how creative you are?

Enter your video at http://www.967online.co.uk. Make sure it’s includes the line ‘Pssst!’

This is the video that sets the trend, so make sure it’s something unique and creative.

If you are chosen, you will be contacted.

The video will be judged by the panel of judges and the winner will be announced on air.

The top three videos will win £1000, £500 and £100 each.

Terms and conditions apply – check out the ‘Rules’ section on www.pssst.org.uk
Education in schools

Alcohol education is an entitlement of every pupil and is supported by the Education Act 1996. This requires every school including Pupil Referral Units to provide a balanced curriculum. The National Healthy School Standard supports a whole school approach to drugs, alcohol and tobacco education.

To gain recognition as healthy, a school must show that this education is being delivered in line with statutory requirements and other guidelines. There are 149 schools in Liverpool 52.4% of which have achieved the healthy schools standard.

Liverpool ASG has representation from LCC Healthy Schools team. In addition to the work undertaken as part of the healthy schools programme the Positive Communities Project has developed an educational tool kit targeted at 6-11 year olds. A co-ordinator post has also been funded to support schools to deliver the tool kit.

The Positive Communities Project is a multi-factorial project to combat alcohol related harm at neighbourhood level. It is funded by the Neighbourhood Renewal Fund. A range of educational materials aimed at parents and young people have been developed. A myriad of diversionary activities for school age children have also been delivered.

The Workplace

Alcohol misuse has a major impact on the workplace and costs up to £6.4 billion per annum in lost productivity (Strategy Unit, 2003). The workplace provides optimum opportunity to access people in the heavier drinking groups (e.g. 16-24 year olds, employed professional women and people in occupational groups with higher risk of developing alcohol problems). It is also the setting where occupational and professional socialisation takes place.

Liverpool ASG has commissioned an independent organisation, Health at Work to deliver a comprehensive package of interventions to tackle alcohol related harm and smoking in the workplace. Lessons learned from the approach to tackle the SMOKEFREE agenda are being applied where appropriate to alcohol.

Preventative action in the workplace is focused on:

- Developing alcohol policies in the workplace to protect employees from alcohol related harm and to tackle lost productivity resulting from alcohol misuse.
- Training for managers and staff in screening staff and providing brief interventions to tackle alcohol misuse among the workforce.
- Training for trade union representatives in alcohol screening and delivery of brief interventions.
- Access to community and primary care based alcohol treatment services by employers and trade unionists.
- Work based events to educate the workforce about safe drinking and harm reduction techniques.
- Educate parents within the workforce about their influence on drinking among young people and how to manage alcohol issues with their children.
- Guidelines to support sensible drinking within corporate entertainment

Advertising

The advertising regulatory body, Ofcom has implemented tougher and clearer regulations for alcohol advertising as from November 2004. Liverpool PCT is working with NHS North West, Government Office North West, Trading Standards and the business community to ensure that these standards are promoted.

Dialogue is taking place to ensure that many of the pre November 2004 adverts that were designed to appeal to young people and capitalise on youth culture are not replicated.

Local social marketing campaigns have been used to combat advertising to promote alcohol. Innovative techniques that have been used in Liverpool include:

- Talking urinals in bars and clubs, highlighting the negative physiological impacts of excessive alcohol consumption.
- Audio panels and stickers in 20 venues across the city
- 200,000 Beer mats with safe drinking messages
• 30,000 post cards targeted at high risk groups in 30 venues across the city
• Radio City DJ challenge to drink moderately.

Building on the success of our earlier social marketing campaigns and using research from key groups the next steps include reaching people on the high streets as they move from one venue to another.

Data from the police and Trauma Injury Group (TIG) has been used to identify areas with the highest density of drinkers and most incidents involving alcohol.

These areas are to be targeted with various media channels including:
• Street talk (phone kiosks)
• Bus headliners
• Street liners
• Wrapping of famous statues and regeneration site hoardings
• Projections (Art House Square and radio City Tower)

In addition there will be a programme of high profile, celebrity endorsed radio and newspaper campaigns.

The innovative use of a chill house log cabin to provide a chill out zone as an alternative place to sit and spend some time will be targeted at students. Healthy snacks, soft drinks/water, games consoles, hair and beauty therapists and masseuse, music, etc will be available in the chill-out zone.

In support of this 10 night events are planned around the key alcohol/drinking nights of Mondays, Wednesdays and Thursdays. This activity will be underpinned by nightly radio activity on Radio City.
Improving access to evidence based treatment within a four-tier model of care

There has been a substantial increase in the prioritisation of alcohol as a public health issue in recent years (Hughes, Tocque. Humphrey, and Bellis, 2004). There are several types of drinking that are likely to increase the risk of developing health problems. These are:

- Binge drinking (drinking more than double the daily recommended alcohol units or drinking to get drunk).
- Hazardous drinking (drinking above the weekly recommended sensible drinking guidelines on a regular basis).
- Harmful drinking (drinking more than 35 units a week for women and 50 units for men).

Binge drinking and hazardous drinking are both linked to accidents and account for high levels of attendance at A&E departments. During 2004/05 Liverpool had the highest rates of alcohol related hospital admissions for males and the second highest rate for females across England (1,548 and 785 per 100,000 population) (North West Public Health Observatory, 2006).

The weekly sensible drinking guidelines for adults are 21 units for men (3 to 4 units per day) and 14 for women (2 to 3 units per day) but it is not advisable to drink every day.

The impact of alcohol misuse will affect health services in a variety of settings ranging from primary care, Accident and Emergency (A&E) hospital, mental health and sexual health services. It is estimated that alcohol related ill health costs the health service £1.7 billion each year (IAS, 2005, DH 2004).

The Alcohol Needs Assessment Research Project (ANARP) measured the gap between the demand for alcohol treatment services and its provision in England (DH, 2005). ANARP identified and defined three groups of alcohol misusers (table 1 below).

In total, 5.6% of those who are thought to be alcohol dependent are accessing alcohol treatment each year (DH, 2005). There is some regional variation, ranging from 1% in the North East to 8% in the North West. It is important that this gap is met, because in the National Treatment Agencies Review of the effectiveness of treatment for alcohol problems (NTA, 2006) it was suggested that if 10% of the alcohol dependent population were receiving alcohol treatment public sector costs would be reduced by between £109 million and £156 million annually.

Table 1: Categories of alcohol misuse in England and the North West

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Number (England)</th>
<th>Percentage of Population (England)</th>
<th>Number (North West)</th>
<th>Percentage of Population North West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous</td>
<td>Those drinking above the recognised, sensible levels but not experiencing harm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harmful</td>
<td>Those drinking above the recognised sensible levels and experiencing harm</td>
<td>7.1 million</td>
<td>23%</td>
<td>1.3 million</td>
<td>29%</td>
</tr>
<tr>
<td>Alcohol Dependent</td>
<td>Those drinking above the recognised sensible levels who are experiencing harm and dependence symptoms</td>
<td>1.1 million</td>
<td>3.6%</td>
<td>145,000</td>
<td>3% (approx)</td>
</tr>
</tbody>
</table>
The Department of Health and National Treatment Agency have developed guidelines surrounding best practice in commissioning and providing alcohol services. The guidelines recommend a four-tier model of care (table 2).

Table 2: The four-tiered intervention model

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>Alcohol related advice and information, brief interventions, referral and screening. Such interventions can be useful for hazardous and harmful drinkers.</td>
</tr>
<tr>
<td>T2</td>
<td>Alcohol-specific brief intervention, open access, outreach, non-care planned and referral</td>
</tr>
<tr>
<td>T3</td>
<td>Alcohol-specific, community-based, care planned assessment and treatment</td>
</tr>
<tr>
<td>T4</td>
<td>Specialist residential alcohol treatment (which are care planned and include aftercare)</td>
</tr>
</tbody>
</table>

Source DH and NTA 2006

The Models of Care for Alcohol Misuse (MoCAM) outline the principles of commissioning local systems for alcohol treatment. The guidance suggests commissioners should:

- Estimate the numbers of individuals misusing alcohol so that the appropriate level of demand can be identified
- Recognise that individuals may need several treatment episodes
- Be flexible as certain interventions will not be suitable for all alcohol misusers
- Expand the numbers involved in providing treatment
- Include an integrated care pathway

Alcohol treatment services have been commissioned and developed in line with the MoCAM.

Table 3: Liverpool 4 Tier Model of Care

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>Alcohol related advice and information, Social Marketing Campaigns, Workplace brief interventions, referral and screening. Positive Communities Neighbourhood Project, increased education and communication of safe drinking message. Provision of diversionary activities for young people. Provision of parenting tool kits.</td>
</tr>
<tr>
<td>T2</td>
<td>Community based and Primary Care based open access alcohol services. Alcohol-specific brief intervention, open access, outreach, non-care planned</td>
</tr>
<tr>
<td>T4</td>
<td>Specialist residential alcohol treatment (which are care planned and include aftercare)</td>
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</tbody>
</table>

The four tier model of care in Liverpool is supported by a commissioning process that takes account of the variety of organisations involved in commissioning alcohol services. This includes the Local Delivery Plan Of Liverpool PCT, Choosing Health Public Heath Allocation, Drug and Alcohol Action Team (DAAT), pooled treatment budget for substance misuse, Supported Living portfolio LCC, and Neighbourhood Renewal Fund National Team. In addition commissioners have worked in collaboration to access resources from a range of funding streams.

A settings based approach to the delivery of interventions is taken to include: schools, work places, health settings and community. Within each of these settings there are three broad intervention categories:

- Supply and control-measures that control the supply and availability of alcohol
- Demand reduction- measures to encourage the responsible use of alcohol
- Problem limitation- measures that can be used to reduce problems stemming from the use of alcohol

The intervention categories identify alcohol as a cross cutting theme that is beyond the realm of any one agency.
## National and Local Picture

### Table 4: National and Local Picture

<table>
<thead>
<tr>
<th>UK</th>
<th>Liverpool</th>
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<tr>
<td><strong>Health</strong></td>
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<tr>
<td>• Alcohol causes nearly 1 in 10 of all ill health and premature deaths in Europe</td>
<td>• 28% of Liverpool residents are estimated to be binge drinkers</td>
</tr>
<tr>
<td>• Alcohol misuse significantly contributed to cancers of the mouth, larynx, breast, liver, colon and rectum.</td>
<td>• 2004 there were an estimated 851 deaths in Liverpool attributable to alcohol.</td>
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<tr>
<td>• Nationally death rates from liver disease have more than doubled</td>
<td>• 2004 males lost over 13 months of life on average due to excessive alcohol consumption, while females lost over eight and half months.</td>
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<td>• The cost to the NHS of treating the effects of alcohol misuse is up to £1.7billion each year</td>
<td>• 2004/05 Liverpool has the highest rate of alcohol related hospital admissions for males and the second highest rate for females across England</td>
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<td></td>
<td>• 48.6% of Liverpool residents drink once a week, whilst 15.5% drink over four times a week (Kirkcaldy et al. 2003).</td>
</tr>
<tr>
<td><strong>Young People and Schools</strong></td>
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<tr>
<td>• Most under 18s view drinking positively (62%)</td>
<td>• Alder Hey Audit 2005, 253 young people admitted suspected of alcohol ingestion</td>
</tr>
<tr>
<td>• 1000 young people under 15 are estimated to need emergency treatment for alcohol poisoning each year</td>
<td>• Prevalence estimates for Liverpool indicate 9000 11-16 year olds report having drunk alcohol in the previous week</td>
</tr>
<tr>
<td>• 1993, 17 people under the age of 25 died from direct effects of alcohol, 2002 there were 9 deaths</td>
<td>• Estimated 2,500 15-16 year old school children report individual problems (e.g. reduced performance at school) from their own drinking</td>
</tr>
<tr>
<td>• Most 12-17 year olds (84%) have drunk alcohol at some point in their life.</td>
<td>• 2006 Trading Standards report 31% of premises sold alcohol to underage children during test purchasing</td>
</tr>
<tr>
<td>• Of all 12-17 year olds 15% have been involved in some form of anti social behaviour during or after drinking</td>
<td>• 2004/05 55 young people were excluded from school due to alcohol or drugs</td>
</tr>
<tr>
<td>• A higher proportion of offenders aged 12-17 are frequent drinkers (36%) than non offenders (20%)</td>
<td>• 34% of 14 to 17 year olds in Liverpool consume alcohol at least once a week, compared with 44% for the North West as a whole (CI Research 2007).</td>
</tr>
<tr>
<td>• 2004 70% of head teachers believed that drinking by pupils had increased over the previous 5 years</td>
<td></td>
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<td>• 63% of 16-17 year olds reported buying their alcohol themselves</td>
<td></td>
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<tr>
<td>UK</td>
<td>Liverpool</td>
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<tr>
<td><strong>Workplace</strong>&lt;br&gt;• Risky drinking costs the UK up to £6.4bn in lost productivity every year&lt;br&gt;• It is estimated that 17 million working days are lost due to risky drinking.&lt;br&gt;• It is estimated that 58,000 years of work may be lost through alcohol related deaths prior to age 65&lt;br&gt;• In terms of age the heaviest drinkers are concentrated in those of working age</td>
<td>• Data not at city level</td>
</tr>
<tr>
<td><strong>Community Safety</strong>&lt;br&gt;• Risky drinking by some members of the public impacts on the wider community e.g. public intoxication, disorder, noise and violence.&lt;br&gt;• 44% of all violent incidents in England are estimated to be alcohol related&lt;br&gt;• All recorded crime attributable to alcohol, rate per 1,000 of population 2004/05 11.42 (North west)&lt;br&gt;• 2000 Driving over the legal alcohol limit was implicated in 5% of road accidents and 17% of road deaths</td>
<td>• 2004/05 there were 4000 assault related attendances to A&amp;E RLBUH&lt;br&gt;• North Liverpool BCU Dec 2006 648 reports of domestic violence 117 of which were alcohol related&lt;br&gt;• All recorded crime attributable to alcohol, rate per 1,000 of population 2004/05 19.41</td>
</tr>
<tr>
<td><strong>Business and Regeneration</strong>&lt;br&gt;• Nationally the drinks industry generates 1 million jobs&lt;br&gt;• 4.4m visits are made to Northwest pubs each week&lt;br&gt;• Northwest pubs and breweries have an estimated annual turnover of £8bn</td>
<td>• 375 pubs, bars and night clubs in Liverpool, the average pub generates £65,000 to the local economy each year&lt;br&gt;• 1 in 10 of assaults attending A&amp;E RLBUH took place in a bar, pub or night club</td>
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</table>
Liverpool Health impacts of alcohol

In 2004/05, the rate of alcohol-related hospital admission is higher in Liverpool compared with the North West overall at 15.48 per 1,000 for males and 7.85 per 1,000 for females (Figure) (NWPHO 2007). This has increased from 14.71 and 7.69 per thousand respectively in 2003/04 (Morleo et al. 2006).

In 2004, there were an estimated 943 deaths in Liverpool that were attributable to alcohol (NWPHO 2007). In the same year, males lost over 16 months of life on average due to excessive alcohol consumption, whilst females lost nearly ten months. This has increased from 10.00 and 6.49 months lost respectively in 1995 (Morleo et al. 2006).

Young People and Alcohol

Alcohol misuse by young people is associated with health problems caused by severe intoxication and accidents, crime and antisocial behaviour, exclusion from and underachievement in school, unsafe sex and unintended teenage conceptions.

The Government’s recommended sensible drinking message is for adults and should not be generalised to young people. There is no recommended sensible drinking message for young people and the adult limits are not applicable to young people. This presents a challenge when providing health education information and harm minimisation strategies for young people.

Alcohol consumption among young people in the North West is higher than the national average. A study carried out on behalf of the North West Regional Alcohol Harm Reduction Strategic Group (Bellis et al 2006) pointed to a number of key findings:

- Almost 90% of school children (aged 15 and 16) surveyed in the North West drink alcohol at least occasionally.
- Of those that drink, 38% usually binge drink (5+ drinks in one session), 24.4% are frequent drinkers (drinking two or more times a week) and 49.8% drink in public settings (such as bars, clubs, streets and parks).
- Parental provision of alcohol to children is associated with less binge drinking and drinking in public places.
- Binge drinking, frequent drinking and drinking in public places are strongly related to the amount of weekly spending money children have.
- Children who purchase their own alcohol are almost six times more likely to drink in public places, nearly three times more likely to drink frequently and almost twice as likely to binge drink than those who drink but do not buy their own drink.
- Older siblings and friends and adults contacted outside of shops, are frequent sources of alcohol for school children. All such access methods are related to increased binge, frequent and public drinking.

Local Picture Alcohol treatment in Liverpool

Cheshire and Merseyside are one of the few areas in the country to have published data on the number of individuals in contact with alcohol treatment services. Latest published data show that in total 1,691 people were reported as being in contact with alcohol treatment services in 2005/06 who were resident in Liverpool Primary Care Trust (65% male; 35% female; McVeigh et al. 2006).
The authors of the report Patterns of Risky Alcohol Consumption in North West Teenagers and their implications for preventing alcohol related harm made a series of recommendations. The response to these recommendations by Liverpool ASG is presented in table 5.

**Table 5: Recommendations and Actions**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>Advice should be given to parents on how to improve monitoring of their children’s income and spending</td>
<td>Parenting tool kit and workshops implemented through Positive Communities Programme</td>
</tr>
<tr>
<td>Competitively priced alternatives to alcohol must be easily available to children</td>
<td>Message disseminated to local pubs. Beer and pub associations taking this forward. Pssst! campaign free bottles of water disseminated to community events</td>
</tr>
<tr>
<td>Support parents to introduce and discuss alcohol with their children</td>
<td>Working with community groups to look at how this can be implemented. Workshops as part of Positive Communities Project and Workplace initiatives</td>
</tr>
<tr>
<td>Age identity schemes to assist vendors</td>
<td>Challenge 21 rolled out as part of Best Bar None across the city. Adopted by supermarkets across the city</td>
</tr>
<tr>
<td>Licensing regulations should be enforced</td>
<td>Working closely with trading standards and environmental health. Also supporting local tenants and residents groups</td>
</tr>
<tr>
<td>Measure to prevent adults buying alcohol on behalf of young people</td>
<td>Working with police and neighbourhood managers to prevent this. Implemented through trading standards and Respect weeks</td>
</tr>
<tr>
<td>Information available to parents highlighting association between siblings and peers providing alcohol and binge drinking</td>
<td>Included in parenting tool kit, school education programme and community workshops</td>
</tr>
<tr>
<td>More research is needed in to the effects of alcohol consumption within family settings</td>
<td>Working with regional alcohol leads and SHA lead for alcohol to set a research agenda</td>
</tr>
<tr>
<td>The survey should be repeated on a routine basis</td>
<td>A needs analysis has been conducted. Liverpool Children’s service is planning to commission a survey of young people</td>
</tr>
</tbody>
</table>

The Liverpool ASG commissioned an audit of alcohol related admissions at Alder Hey Children’s Hospital. In 2005 it was reported that 253 children were admitted to hospital suspected of alcohol ingestion. The findings of the audit have informed the development of a care pathway. A nurse led brief interventions clinic has been piloted at Alderhey Children’s hospital. In addition children have been able to access specialised services from Young Addaction. Further work is being conducted to develop an integrated care pathway for young people.

In addition the Liverpool Alcohol Strategy Group commissioned a review of published evidence pertaining to alcohol services in paediatric A&E departments. An epidemiological needs assessment around alcohol related harm in school age children in Liverpool was also commissioned. These reports have been used to inform the commissioning process.
Improving community safety by combating alcohol related crime and disorder and working with the alcohol industry

The city of Liverpool has a thriving night-time economy, which has underpinned the city’s regeneration. It has also posed challenges to local agencies. In comparison to other areas of the North West Liverpool experiences a disproportionately high rate of alcohol related hospital admissions and crime (Morleo et al 2006). The Royal Liverpool A&E department reported over 4000 assault attendances in 2004/05, 10% of which occurred in pubs, bars or nightclubs and a third of which took place in the street.

Liverpool Alcohol Strategy Group has worked in partnership to pool resources to reduce alcohol related crime and promote community safety. Representatives from the Police and City Safe Liverpool Crime Reduction Partnership are members of the Alcohol Strategy Group.

Liverpool has an established Pub Watch Scheme that has received national recognition. The scheme supports licensees to instigate higher standards to promote the safety of customers and staff. An example is the use of two-way radios systems between bars to prevent intoxicated persons from being refused alcohol in one venue moving on to another.

Other examples include the use of polycarbonate glasses in hot spots for alcohol related violence and training for door staff. This scheme is resourced by the CRDP and partner organisations including Liverpool PCT.

The Best Bar None scheme also provides a means of demonstrating good practice among the licensed trade. It provides an opportunity for responsible purveyors of alcohol to win a nationally recognised award. Award categories include best bar, club and overall winner.
The Criminal Justice Act 2003 provided for the use of alcohol treatment requirements (ART). This measure enabled magistrates to impose treatment requirements on offenders following assessment of their drinking behaviour. Liverpool DAAT and Probation Service, Merseyside Area jointly commissioned a model of service provision for ATR. This enabled 27 ATRs to be delivered through the Community Justice Centre in North Liverpool.

The service was provided by Light House a third sector organisation. The service proved to be effective with 78% of offenders complying with the order. Evaluation of the service provided essential information which has enabled further developments to be implemented and the linking of ATR provision to the Home Office initiative to provide conditional cautioning for alcohol related offences.

The delivery of ATR in Liverpool has enabled partners to use their resources to increase the impact and effectiveness of services. This service development has helped to build an evidence based approach to the commissioning of mainstream services as part of a 3 year commissioning strategy.

The nighttime economy is an important part of the social fabric of city life. Liverpool is preparing for 2008 and European Capital of Culture status. An essential part of these preparations is ensuring the safety of residents and visitors. Liverpool has already piloted the first initiative to link a city centre NHS walk in centre with police officers as a vehicle to reduce alcohol related crime and attendances at A&E. The pilot provided valuable lessons about the complexity of using services in different ways.

The findings of the study demonstrated that current organisational structures did not lend themselves to meet the desired objectives. Liverpool ASG examined the issues raised and have agreed to invest in a replication of an approach taken in Humberside that has been demonstrated to be effective in reducing pressure on the police, ambulance service and hospital A&E services. This initiative involves teaming up a police officer with a paramedic in a rapid response vehicle placed in the city centre on key dates.

The City centre paramedic initiative is being funded by Liverpool PCT and is being commissioned by the CRDP. This is another demonstration of effective partnership working.

Liverpool ASG has nurtured a positive relationship with the alcohol industry that is based on the principle of a critical friend. The British Beer and Pub Association are represented on the ASG. At a local level the BID Company have been effective in highlighting key issues for business. Working with businesses has had positive results with the launch of Alive After Five late night shopping.

The launch was a high profile event using responsible corporate hospitality to promote alternatives to alcohol. This avenue will continue to be used to promote alternative events and activity in the city centre to encourage families and older people into the city centre following the five o’clock watershed.
Closing Statement

Tackling Alcohol Related Harm in Liverpool: Liverpool Alcohol Harm Reduction Strategy 2007-2010 sets out a comprehensive range of actions and areas for investment.

The strategy demonstrates a commitment to working together across professional and community boundaries to create a safe and thriving environment, where alcohol is used sensibly. We are confident that Liverpool will demonstrate progress in reducing alcohol related crime and ill health over the next three years.

Derek Campbell
Chair of Liverpool First for Health

Colin Hilton
Chief Executive
Liverpool City Council
### Thematic action plans

#### Intelligence and information

<table>
<thead>
<tr>
<th>Action</th>
<th>Outcome</th>
<th>Lead</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect and analyse relevant data</td>
<td>Improved quality of data to performance manage LAA target to reduce alcohol related hospital admissions resulting in 24-hour stay</td>
<td>Centre for Public Health JMU</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Provide performance indicators and supporting data to monitor progress</td>
<td>Improved quality of data to inform commissioning and policy decisions of ASG</td>
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<tr>
<td>against LAA target</td>
<td>Web resource available to patients, public and media re alcohol related research and intelligence</td>
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<tr>
<td>Provide quarterly reports on thematic action plans and LAA target</td>
<td>Better informed population</td>
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<td>Develop and provide web resources</td>
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## Social marketing

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<tr>
<th>Action</th>
<th>Outcome</th>
<th>Lead</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commission effective targeted social marketing campaigns</td>
<td>Increased awareness of alcohol issues among the public</td>
<td>Head of Social Marketing LPCT/Multi agency social marketing group</td>
<td>✔️</td>
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<tr>
<td>Outdoor campaign – street advertising, phone kiosks, bus headlines, street liners, projections on building, wrapping of regeneration site hoarding</td>
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<td>✔️</td>
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<tr>
<td>Student Campaign – Chill Cabin 10 Night Events</td>
<td>Increased use of alternative site by students Increased awareness of alternative activities</td>
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<td>✔️</td>
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<tr>
<td>Workplace Campaign Alcohol Policies in the workplace</td>
<td>Increased awareness and knowledge among employers, trade unions and employees of alcohol issues and workplace policies</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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</table>
## Treatment and care

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<tr>
<th>Action</th>
<th>Outcome</th>
<th>Lead</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to commission effective treatment services within a 4 tier model of care that are accessible to all including, BME groups and physical and learning disabled</td>
<td>Improved outcomes in treatment</td>
<td>Lead Commissioner for Alcohol, Mental and Prisons LPCT/LCC DAAT</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Commission treatment services to meet the needs of all categories of drinkers</td>
<td>Reduced number of alcohol related hospital admissions</td>
<td>Young Persons Joint Commissioning Group</td>
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<tr>
<td>Commission combined alcohol and common mental health service using Stepped Care approach</td>
<td>Increased number of people completing community detoxification</td>
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<tr>
<td>Commission treatment for children and young people with alcohol problems</td>
<td>Increased number of people accessing alcohol and community mental health services</td>
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<tr>
<td>Demonstrate availability of appropriate clinical pathways through commissioned service specifications</td>
<td>Increased number of people receiving brief interventions in community and A&amp;E</td>
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<td></td>
<td>Increased numbers of children receiving brief interventions and accessing follow up through paediatric A&amp;E and children’s services</td>
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## Community safety

<table>
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<tr>
<th>Action</th>
<th>Outcome</th>
<th>Lead</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Liverpool Strategy to reduce violent crime</td>
<td>Reduction in violent crime</td>
<td>Lead for violent crime</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Support development of Merseyside sexual assault referral centre</td>
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<td>Support the Joint Action Groups of CRDP</td>
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<tr>
<td>Provide Positive Communities neighbourhood programme</td>
<td>Increased knowledge and awareness of alcohol safe, sensible drinking targeted at young people and parents.</td>
<td>Alcohol Co-ordinator LCPT</td>
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<td></td>
<td>Increased participation in diversionary activities</td>
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<td></td>
<td>Reduction in antisocial behaviour</td>
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## Workplace

<table>
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<tr>
<th>Action</th>
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<th>Lead</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide support to employers and employees to reduce alcohol related harm in the workplace</td>
<td>Increased awareness of key issues</td>
<td>Health at Work</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Support the development of health promoting workplaces</td>
<td>Increased awareness of available support</td>
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<tr>
<td>Provide workplace events to support activity</td>
<td>Increase access to high risk group i.e. people of working age</td>
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<tr>
<td>Develop workplace alcohol policies</td>
<td>Decrease in lost productivity due to alcohol misuse</td>
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<tr>
<td>Provide businesses with information re the benefits of implementing an alcohol policy. Campaign materials and business guide information</td>
<td>Decrease in absenteeism due to alcohol misuse</td>
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<tr>
<td>Distribute 10,000 information packs</td>
<td>Increase in the number of people returning to work following long term sickness</td>
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<tr>
<td>Provide corporate entertainment guide</td>
<td>Prevention of work related stress</td>
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<tr>
<td>Provide training in conjunction with Trading Standards for staff working in bar and entertainment industry</td>
<td>Improvement in employers ability to manage alcohol related issues in the workplace</td>
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<tr>
<td>Provide training in screening and brief interventions to employers, employees and trade unionists</td>
<td>Increase in awareness of safe drinking limits</td>
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<tr>
<td>Conduct a survey of employers to establish a bench mark for performance monitoring and to support prioritisation.</td>
<td>Shift in drinking behaviour</td>
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</table>
References


