

Topic:	Reducing drug and alcohol-related harm – Everyone’s Responsibility Report of the Alcohol and Drug Executive Board (ADEB)
Meeting Date:	10 July 2014
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Introduction

This paper summarises the progress made over the last 12 months by the Alcohol and Drug Executive Board (ADEB) in integrating our strategic response to drug and alcohol problems.

The last year has seen major strides taken in achieving our strategic objectives:

- preventing problems developing in the first place;
- optimising the use of regulatory and law enforcement powers; and
- treating people with the most entrenched problems.

In addition to these three priority areas, a fourth cross-cutting theme has emerged over the last twelve months: the need for all stakeholders to take ‘responsibility’ in combating alcohol and drug issues – see Appendix I. For example, the new treatment services are designed to enable people with drug/alcohol problems to become more resilient and independent. Similarly, licensees have an obligation to ensure that trading is done responsibly, while a whole range of health and social care organisations have a role in play in helping to achieve better drug and alcohol-related outcomes.

In recognition of the progress made with this agenda over the last year a special edition of the Director of Public Health Annual Report has been dedicated to the alcohol strategy and outlines in more detail many of the issues summarised below, not least the issue of responsibility (see <http://www.staffordshire.gov.uk/health/PublicHealth/Annual-Public-Health-Report-2013.pdf> - hard copies of the report will be distributed at the meeting).

Recommendations

The Health and Well-being Board (HWB) is requested to:

- Continue to recognise alcohol and drugs as priorities;
- Comment on the progress made over the last year;
- Support the ongoing development of the ADEB strategy; and
- Where relevant, provide operational support to commissioned services.

Section 1 Alcohol and drug as a Health and Well-being Board priority

Addressing the harm caused to our communities by alcohol and drugs was identified by the shadow Health and Well-being Board partners at the June 2012 meeting as key area for development, while the issues were subsequently adopted as two of the Board’s twelve areas for action, outlined in the five year plan, *Living Well in Staffordshire*.

Reducing alcohol-related harm was also highlighted a key area of focus for 2013/14, not least because of the contribution this issue makes to many of the other 11 areas for action, not least in terms of parenting, school readiness, education, lifestyle and mental wellbeing, dementia and falls prevention. Furthermore, alcohol and drug problems are:

- **Increasing:** alcohol-related hospital admissions more than trebled in the decade between 2002 and 2012;
- **Broad:** over 200,000 Staffordshire residents drink above recommended levels;
- **Diverse:** affecting people from all socio-economic backgrounds and ages: from unborn babies (through foetal alcohol syndrome), children (child protection/ safeguarding issues), young people (hospital admissions due to poisonings), adults (as victims of crimes ranging from domestic violence and burglaries) and older people (premature mortality due to liver disease and cardiovascular problems)
- **Costly:** alcohol alone is estimated to cost over £400m per year to the public purse in Staffordshire.

However, there is a strong evidence base demonstrating that these problems can be effectively combated. The ADEB group was established to lead a transformation in the county's response to issues that are often entrenched parts of culture that are not amenable to quick or simple solutions.

An effective strategy requires a concerted long term plan that systematically addresses not just the symptoms of the problems but also the root causes. The ADEB approach is therefore conceived as a staged plan. The group's initial priorities were to create a robust multi-agency governance structure and to begin to plug some of the clear strategic gaps (such as prevention initiatives) and make better use of resources (treatment services redesign).

These early aspirations have been achieved and the strategy is now moving to the next stage which will broaden its focus from a primary concern with commissioned services to begin to explore how wider issues and resources (homes, jobs and friends etc.) can be better mobilised in order to achieve improved outcomes.

Section 2 Progress made in the last year

The key issues over the last twelve months for the three strategy themes:

2.1 Prevention/ early intervention

Focus on Children and Young People

- Education in schools – the new Staffordshire alcohol prevention curriculum was originally piloted in 28 schools, where it was enthusiastically received by staff and children. This success led to recurrent funding being secured from the Office of the Police and Crime Commissioner that will enable the programme to be rolled out to all secondary schools, while adapted versions will be developed for primaries and colleges.
- Campaigns – two campaigns have been delivered targeting young people. The first, 'Talk Alcohol', was designed to encourage parents to discuss the risks associated with alcohol with their children, while the second (developed by young people) aimed to undermine the 'glamorous' associations of getting drunk by illustrating the negative consequences

Focus on Parents/Families

- Parenting programmes – Families First staff were trained to deliver the evidence-based 'Strengthening Families Programme', which is now a core part of their mainstream service provision, across each of the 19 Local Support Teams.

Focus on Primary Care

- GP brief interventions pilot – the project, developed by South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group, involved screening and basic alcohol advice being included in the regular reviews for people with high blood pressure, thereby foregoing the need for separate appointments. The programme has reached nearly 4,000 thousand people in the first six months.

2.2 Regulation/ enforcement

Various agencies (Trading Standards, Licensing Departments, Police etc.) use regulatory and enforcement powers as part of the day-to-day activities to reduce or prevent drug and alcohol problems. These activities are being enhanced by a range of new or partnership projects:

- Licensing trade event – in October 2013 an event, hosted by the Chief Constable, brought together licensing trade representatives and their public sector counterparts to explore ways of working together to reduce alcohol problems. The event led to over 20 recommendations that are now being implemented, not least including trade representatives on Responsible Bodies Groups to help shape ongoing strategy.
- Staffordshire and Stoke-on-Trent Responsible Bodies Group (SSRBG) – this partnership brings together representatives from the city and eight district licensing departments, trading standards, environmental health, police and public health to develop joint projects and a more consistent approach to licensing across the area.
- Alcohol Diversion Scheme - offers a fixed penalty waiver (much like for other issues such as speeding) where instead of paying a fixed penalty, an educational course is instead offered. Offences that are covered by this scheme include public order type offences where alcohol is an aggravating factor.

The course is delivered by 'Druglink', a commissioned service and after initial set up costs, is self funding from course fees. At the time of the evaluation (December 2013), 20% of offenders eligible to attend the scheme opted for this as opposed to paying the fixed penalty. In June 2014, this figure is now 50%.

- A&E data – information is now collected in each of the three main hospitals in the county when patients report being victims of assault. The data will be used to inform licensing decisions, as well identifying crime hotspots.

2.3 Treatment/ recovery

- Community treatment service redesign and tender – the single largest piece of work over the last year has involved a systematic transformation of treatment services. The three new contracts (North, East and West), which went live on July 1st 2014, represent the consolidation of over 30 agreements thereby removing duplication and fragmentation to create a more efficient system. This efficiency will enable 50% more people to receive treatment for alcohol problems, while also improving quality (for the same level of investment) thereby generating efficiencies of between £1.5m - £2m per year.
- Asset-based community development (ABCD) – a project was conducted in Cannock and Burton that explored the local resources (or 'assets', such as support groups and voluntary associations) that people use to help them recover from drug and alcohol problems. The results will help people who are still struggling with addiction to learn from other people's recovery and help develop support networks, or 'recovery communities'.

- Capital grant – building on the ABCD project, a bid was jointly submitted by Public Health Staffordshire and the Burton Addiction Centre (BAC) to Public Health England for funding to purchase and renovate a supported housing unit in Cannock for people in recovery from drug/alcohol problems. The successful bid was for £550,000 and will help develop the recovery community in the town.

Section 3 Early signs of success and next steps

As outlined above, the initial stages of the strategic transformation have primarily involved plugging clear gaps (such as evidence-based prevention initiatives) and developing a more effective and efficient use of resources (treatment service design). However, despite the developmental nature of this transition period there are early signs that the strategy is starting to be effective:

- **Alcohol-related hospital admissions** – the latest official data show a reduction in the overall rate of admissions, while local hospital figures show reductions for specific conditions, such as ‘acute intoxications’.
- **Access to Treatment** - The number of people accessing structured drug treatment has consistently increased over the last six quarters.
- **Outcomes of treatment** - Similarly, the proportion of people successfully completing drug treatment is also steadily increasing, as is above the national average.
- **Parental awareness** – an evaluation of the alcohol campaigns showed that large numbers of residents had participated in the programme and recognised the message.
- **Incidence of Fires** – the number of alcohol-related fires was lower in 2013/14 than in either of the two previous years.
- **Regulation and Enforcement (Alcohol diversion scheme)** – an evaluation of the programme demonstrated numerous benefits to participants in a range of areas including crime and health.
- **Under age sales** – Trading Standards have found encouraging results in terms of the proportion of traders serving alcohol to under-age young people.

Next steps

The next stages of the strategy will involve a move away from a primary focus on improving specialist services to a broader scope that will seek to integrate the drug and alcohol agenda into wider health and social care strategic plans and operational practices.

Drug and alcohol problems are often linked to the presence of high levels of ‘risk’ factors (such as poor mental well-being, inappropriate housing, offending and skills deficits etc.) or the absence ‘protective’ factors, such as strong social network and stable employment.

These issues are closely linked to the ‘responsibility’ theme addressed earlier and the role that partner organisations can play in improving drug and alcohol outcomes (reciprocally, the new specialist drug/alcohol services should contribute toward partners’ outcomes).

We are also exploring closer working relationships with colleagues in Stoke-on-Trent in order to explore efficiencies and reduce inconsistencies and duplication across the border.

Appendix I: Alcohol and Drug Executive Board strategic priorities

The Four Strategic Priorities

