ANOTHER DRINK DAVE?

WHAT HAVE YOU GOT TO LOSE?

Portsmouth Alcohol Strategy
2009-2013
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Executive summary

It is estimated that over 40,000 people in Portsmouth drink at levels that may harm their health. Of these, over 8,000 drink at high risk levels, this is over 35 units per week for women and 50 units per week for men.

This high level of drinking all too often leads to health related problems. Portsmouth has the highest rate of alcohol related hospital admissions in the South East region. In 2007/8 this figure was 1794 per 100,000 of the population. This compares to a national average of 1473 and a South East average of 1161. For 2008/9 it is projected that the rate of admissions will rise to 1916 per 100,000 (a 6.8% increase). Alcohol misuse in Portsmouth is estimated to cost around £74 million per year, with £8 million in health service costs alone. It is the aim of this strategy to address this rise in admissions and tackle the many other alcohol related problems faced by individuals, families and the wider community.

The overarching target for the alcohol strategy is:

*Reduce the number of alcohol related hospital admissions to 1804 per 100,000 population*

This will be a very challenging target and significant action is required to meet it.

Other data shows the impact alcohol is having on the residents of Portsmouth. Over 40% of our residents perceive that drunk and rowdy behaviour is a problem in the city. Over half of violent crimes in the city may be linked to alcohol and alcohol misuse is linked to much anti-social behaviour.

This strategy outlines a number of targets, objectives and actions. These are under 3 priorities:

**Prevent** – Improve alcohol education and awareness
- Improve alcohol education and advice for children
- Improve alcohol awareness and support services for families
- Promote sensible drinking

**Treat** – Increase access to improved treatment and support services
- Provide identification and brief advice (IBA) across a range of health and social care settings
- Increase the capacity of our treatment services to see more people
- Improve our treatment system so that it meets the needs of our residents

**Enforce** – Tackle alcohol related crime and anti-social behaviour
- Prevent children from obtaining alcohol
- Manage alcohol related crime and anti-social behaviour
- Increase alcohol interventions for victims and offenders of alcohol related crime

We have one further objective:
- Improve delivery of the alcohol strategy
Introduction

The majority of adults and young people in Portsmouth use alcohol sensibly. Alcohol is used in many social situations both in public and private, used moderately alcohol can provide some benefits to our health and lifestyle. The alcohol industry also provides significant benefits, for example, Portsmouth has a vibrant night-time economy, which has helped regenerate parts of the city and provides many jobs for our residents.

A significant minority of people in Portsmouth drink at levels that increases the likelihood that their health will be negatively affected. In addition there are a small minority of people who commit crime and cause anti-social behaviour when drunk.

Evidence from our alcohol needs assessment suggests alcohol misuse can affect relationships, lead to family breakdown, cause unemployment and lead to poverty. Alcohol misuse is also closely linked to violent crime, criminal damage and noise nuisance. Too many of our residents are impacted negatively by other people’s drinking.

The Portsmouth Alcohol Strategy 2009-2013 is a co-ordinated approach to tackling alcohol misuse in the city. The strategy builds on the work done as part of the Alcohol Harm Reduction Strategy for Portsmouth 2006-9. The Safer Portsmouth Partnership (SPP) is taking a lead in co-ordinating the efforts of our partner agencies.

This document is a commitment by our partners to seek new investment and develop new ways of working to encourage our residents to improve their health and social wellbeing.

Dr. Paul Edmondson-Jones
Director of Public Health & Wellbeing
Safer Portsmouth Partnership’s Drug & Alcohol Theme Champion

For more information about the Safer Portsmouth Partnership visit www.saferportsmouth.org.uk
Background

National context

Since the publication of Portsmouth’s previous alcohol strategy, the agenda has increased in profile nationally and locally. The publication of Safe. Sensible. Social. The next steps in the National Alcohol Strategy further developed the Government’s strategy. This strategy document outlines 4 key activities:

- Better education & communication
- Improving health & treatment services
- Combating alcohol related crime & disorder
- Working with the alcohol industry

These activities would be focused on the drinkers that caused the most harm to themselves, their families and communities, these are:

- Young people under 18 who drink alcohol
- 18-24 year old binge drinkers
- Harmful drinkers

Other key documents driving the national agenda include:

Choosing Health: Making healthy choices easier. This included training for professionals, piloting of screening and brief interventions in a range of health and criminal justice settings and a programme of improvements to treatment services.

Models of Care for Alcohol Misusers (MoCAM). MoCAM outlines a 4 tiered approach to working with problem drinkers. Appendix 2 highlights the ‘tiers’ of alcohol treatment, the type of interventions and the settings in which they are delivered.

The Licensing Act 2003. This act introduced 3 key changes: Flexible opening hours, Single premises licences and Personal licences.

The Act sets out four licensing objectives which must be taken into account when a local authority carries out its functions. They are: the prevention of crime and disorder; public safety; prevention of public nuisance; the protection of children from harm.

3. Choosing Health: Making healthy choices easier, 2004, DH
Public Service Agreement & National Indicator

The development of PSA 25 - ‘Reduce the harm caused by alcohol and drugs’ placed the agenda as a priority within government. The development of National Indicator (NI) 39 (also Department of Health Vital Signs Indicator VSC26), ‘Rate of Hospital Admissions per 100,000 for Alcohol Related Harm’, provided a measure in which to compare alcohol related health problems.

Portsmouth included NI39 within its Local Area Agreement for 2008/9 and retained the measure in 2009/10. A target was agreed to reduce the trend of admissions to 1804 per 100,000 by 2010/11. This is an ambitious target to reduce the trend by over 12%.

High Impact Changes

The Department of Health have developed a draft document suggesting ‘High Impact Changes’ that can reduce the rise in alcohol related hospital admissions. These are evidence based interventions, they are:

1. **Partnership working** – Alcohol should be a local priority. Alcohol needs should form part of the Joint Strategic Needs Assessment. Co-ordinated action will improve outcomes.

2. **Influence change through advocacy** – High profile champions to provide leadership and focus. Build the case for local investment.

3. **Improve the effectiveness and capacity of specialist treatment** – Dependent drinkers are a very high risk group for alcohol related hospital admissions. Trials have shown that over 6 months specialist treatment delivered savings of £1138 per dependent drinker, with 25% with no further alcohol problems and 40% becoming greatly improved.

4. **Appoint a dedicated Alcohol Health worker (within each hospital)** – A nurse would manage patients with alcohol problems in the hospital, liaise with specialist services, support other hospital staff and deliver brief advice. Some economic analysis suggested the post saved ten times more than it cost by reducing repeat admissions.

5. **Provide more help to encourage people to drink less** – Provide brief advice in Primary Care, Emergency Departments, Specialist settings (e.g. maxillofacial, fracture, sexual health) and criminal justice settings.

6. **Develop activities to control alcohol misuse** – Use existing laws and controls available to partners to minimise alcohol related harm, e.g. manage the night time economy. Use powers under The Licensing Act (2003) and Violent Crime Reduction Act (2006).

7. **One goal, many messages & many voices** – Inform the public about alcohol and reach out to higher risk drinkers to reduce their alcohol use. Develop health promotion campaigns, using social marketing techniques.

These high impact changes have been put into diagrammatical form, along with other suggested activities, by the Department of Health, see Chart 1.

Chart 1

Local actions: relative impact on alcohol-related hospital admissions

National research has highlighted the increased risks of ill health to high risk drinkers\(^6\). Table 1 highlights how much the risk is increased. Table 2 also highlights the percentage of those with chronic conditions that drink at increasing or high risk levels; this could guide us in introducing targeted Identification and Brief Advice (IBA) in primary care:

Table 1: Increased risk of ill health to harmful drinkers

<table>
<thead>
<tr>
<th>Condition</th>
<th>Men (increased risk)</th>
<th>Women (increased risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension (high blood pressure)</td>
<td>4 times</td>
<td>Double</td>
</tr>
<tr>
<td>Stroke</td>
<td>Double</td>
<td>4 times</td>
</tr>
<tr>
<td>Coronary Heart Disease (CHD)</td>
<td>1.7 times</td>
<td>1.3 times</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>Triple</td>
<td>Double</td>
</tr>
<tr>
<td>Liver disease</td>
<td>13 times</td>
<td>13 times</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>Men (%)</th>
<th>Women (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>42</td>
<td>10</td>
</tr>
<tr>
<td>CHD</td>
<td>34</td>
<td>6</td>
</tr>
<tr>
<td>Stroke</td>
<td>33</td>
<td>7</td>
</tr>
<tr>
<td>Diabetes</td>
<td>35</td>
<td>8</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>26</td>
<td>6</td>
</tr>
<tr>
<td>Depression</td>
<td>42</td>
<td>16</td>
</tr>
</tbody>
</table>

Table 2: Those with chronic conditions who regularly drink above sensible daily guidelines

Local context

Alcohol Harm Reduction Strategy for Portsmouth 2006-2009

Portsmouth launched its first alcohol strategy in 2006. The Alcohol Harm Reduction Strategy for Portsmouth 2006-9 focused on 4 key areas of work:

- The Home
- The Workplace
- Public Places
- Health Service

The strategy outlined a number of commitments to tackle alcohol misuse. During the lifetime of the strategy considerable progress has been made in some areas of work and little progress made in others. The main achievements have been the development of Identification and Brief Advice (IBA) in a range of settings. This included the development of the Alcohol Interventions Team, which works in Primary Care, Probation and A&E.

An Alcohol Arrest Referral service was also developed, providing alcohol advice in police cells. This service also provided alcohol advice as part of Conditional Cautions. The service is joint project run by the Portsmouth Drug Interventions Programme and South Central Ambulance Service’s Community Health Practitioner project.

During the lifetime of the strategy the successful and high profile Operation Drink Safe was launched, tackling violence in the night-time economy. Taxi marshals were recruited to ensure the taxi queue in Guildhall Walk was managed on Friday and Saturday nights. A Night Bus service was launched, however after a year the Night Bus Service was withdrawn as it was not commercially viable.

Waiting times for alcohol services, along with those of drug services, have reduced during the course of the strategy, this was primarily due to improvements in delivery by the Portsmouth Community Drug and Alcohol Team. Some alcohol services were re-tendered, which led to the development of a counselling service, run by Portsmouth Counselling Service, which implemented an out of hours referral line.
Progress is still needed to tackle alcohol in the workplace. While some limited progress was made this remains an area for development.

A progress report of the last strategy is available in Appendix 1.

**Alcohol Related Harm - How much does it cost, Comparison between England and Portsmouth**

Nationally the drinks industry is worth approximately £30 billion per year, with a contribution in of approximately £7bn in Exchequer Revenues. The whole drinks industry, from farming to production and retailing may create around 1 million jobs. Alcohol does also cost society large amounts of money. The diagram below was developed using national research into the costs associated with alcohol. This suggests that alcohol misuse costs Portsmouth approximately £74 million per year. This does not include some of the uncosted problems such as family breakdown. The estimated cost to the Health Service alone of alcohol misuse in Portsmouth is £8 million per annum.

Further analysis demonstrates the costs alcohol accounts for within local health services. In 2008/9 Portsmouth residents accounted for 40,772 A&E attendances, at an average cost of £86.83 per attendance. With approximately 40% of A&E attendances alcohol related this would equate to 16309 attendances, at a cost of £1,416,110.

The estimated number of alcohol related hospital admissions for Portsmouth in 2008/9 is 1916 per 100,000, this equates to 3900 admissions. The average cost of an admission is £2,442, therefore the total cost for Portsmouth is £9,523,800. It is projected that, without any additional actions, Portsmouth will have 4257 alcohol related hospital admissions in 2010/11, this would cost £10,395,594. If Portsmouth is able to achieve its target to reduce admissions to 3672 (1804 per 100,000) by 2010/11 this would save £1,428,570. It is estimated that additional expenditure of approximately £500,000 on high impact changes would reduce admissions to this level.

Portsmouth Alcohol Misuse Needs Assessment 8

The Portsmouth Alcohol Misuse Needs Assessment, produced by the University of Portsmouth, highlighted a number of key causes of alcohol misuse and suggested recommendations to tackle the issue. This alcohol strategy should be read alongside the full needs assessment, however a brief summary is included below.

The needs assessment concluded that alcohol misuse was higher in Portsmouth than other areas in the South East. Socio-economic factors played an important part in why alcohol misuse was so prevalent.

The report highlighted that alcohol misuse was higher in areas of deprivation, such as the Charles Dickens and Paulsgrove wards. These wards also reported greater social, economic and health inequalities. The report also pointed out that alcohol misuse was not just concentrated in certain areas and did impact the whole city, but to a slightly lesser extent.

Portsmouth has the highest rate of alcohol related hospital admissions in the South East at 1794 per 100,000 of the population (2007/8). This is projected to rise by 6.8% in 2008/9 to 1916. Chart 2 highlights the position of Portsmouth in relation to the rest of the South East.

These statistics are made up of around 60 different diseases which are either wholly attributable to alcohol, such as in the case of Alcoholic Liver Disease, or partly attributable, as in the case of some cancers. These are divided up into 4 main sub-groups: Chronic Conditions (chronic degenerative diseases associated with long term heavy drinking, e.g. alcoholic liver disease, liver cirrhosis and hypertensive diseases); Mental and behavioural conditions (behavioural and psychological consequences of alcohol consumption); Acute conditions (linked to acute intoxication, such as drowning, falls, toxic effects of alcohol, fire injuries, assault and road traffic accidents). Low Alcohol Attributable Fractions (includes many degenerative conditions where alcohol is associated with a relatively modest increase in risk, e.g. certain cancers, strokes). The full list of conditions is available within the needs assessment.

Did you know....

A pint of standard larger (4%) is 2.3 units

A 175ml glass of wine (12%) is 2.1 units
Nationally alcohol related hospital admissions have been increasing. Chart 3 highlights the growing trend of admissions in Portsmouth, as well as comparator authorities in the South East, Brighton & Hove and Southampton. The graph also shows the projected increase in admissions for 2008/9, which for Portsmouth is 6.8%. If these projections are correct Portsmouth will retain its position as having the highest rate in the South East, however, Brighton & Hove and Southampton now have higher growth trends.

Did you know….  

The recommended daily limit for females is 2-3 units of alcohol

Alcohol should be avoided during pregnancy
Approximately 60% of these admissions are for chronic conditions, 23% related to mental and behavioural conditions and 17% relate to acute conditions. Mental and behavioural conditions are more prevalent in under 16s, whilst acute conditions, often linked to binge drinking, are most common amongst 16-24 year olds. The older the individual the higher the chance of chronic conditions, this is unsurprising as these are usually obtained from long term heavy drinking. Chart 4 demonstrates the different reasons for admissions for different age groups.
The needs assessment highlights that alcohol related deaths amongst men and women are significantly higher than the regional average. Life expectancy is also reduced amongst men and women due to alcohol misuse.

Focus Groups

Through the use of focus groups the needs assessment identified 3 key elements that influence alcohol misuse, these were: Community/Societal Factors, Family/Household Environment and Individual Characteristics. Each of these was then subdivided into more detailed causal factors. This strategy will give a summary of these factors, but the full list along with more detail is available in the needs assessment.

*Community/Societal factors* identified included: The presence of high availability of alcohol, ex/Navy population, Drinking culture, Coastal town, Population density, Deprivation and Affluent pockets.

*Family/Household factors* identified were: Family drinking culture, Parental use, Children in care, Family breakdown and Domestic Violence are amongst the causal factors.

*Individual factors* identified by the different focus groups included certain age groups, however most age groups seemed to be suggested. The focus groups identified white males as most at risk of alcohol misuse, however they also identified an increasing trend for problem drinking amongst women. Other factors identified included the presence of stress, mental health problems, boredom/loneliness and lack of aspiration. Unemployment and receipt of benefits or the risk of losing their job were also identified as problems that can cause alcohol misuse.

The focus groups also suggested a number of consequences of alcohol misuse, these included: Relationship problems, Domestic violence, Problems in public places, Money/employment problems, Health problems and Violence/Anti-social behaviour.

The needs assessment reviewed the availability and capacity of alcohol services to meet the needs of Portsmouth’s high risk drinking population. The focus groups expressed concern that there was not sufficient identification of alcohol misusers in mainstream, non-specialist services. The groups identified GP surgeries, the Emergency Department and St. Mary’s Walk in clinic as services that could do more. The GP/Practice nurse focus group highlighted the difficulty in raising the issue of alcohol misuse as an underlying cause of the illness. They also felt the typical length of time for a consultation constrained their ability to discuss levels of drinking and appropriate referrals.

**Did you know…..**

The recommended daily limit for males is 3-4 units of alcohol
The secondary data analysis and the focus groups suggested that there is insufficient capacity across our treatment system to meet the needs of Portsmouth residents.

The needs assessment made the following key recommendations:
- Increase Identification & Brief Advice in tier 1 services (GPs, Social Care, Probation)
- Expand the capacity of tier 2/3 (specialist alcohol) services
- Develop an alcohol treatment service at QA
- Expand use of home detoxification
- Reduce waiting times for tier 4 (detoxification & rehabilitation)
- Improve data collection
- Provide ongoing support for the Street Pastors

Young People’s Substance Misuse Needs Assessment 2008

As part of the young people’s treatment planning process for 2009/10 a needs assessment was undertaken. This needs assessment identified that alcohol was the most common ‘drug of choice’ amongst young people (under 18s). 84% of the young people that accessed our young people’s treatment service (E’s Up) were misusing alcohol. Portsmouth had the highest proportion of alcohol users in treatment in the South East.

A review of hospital data found the two most common reasons for a young person being admitted to hospital was Alcohol Poisoning and Mental & Behavioural Disorders due to use of alcohol. In 2008 a total of 23 under 18s were admitted for these alcohol specific conditions. Considerably more young people would have attended A&E for treatment relating to injuries sustained whilst drunk, however alcohol use is not routinely recorded. In 2008/9 only 3 young people were referred to E’s Up via A&E/Hospital.

A survey by Wessex Youth Offending Team of 100 violent offences over a 6-month period in 2008 found that 57% were committed by young people under the influence of alcohol.

Did you know.....

Binge drinking is considered to be drinking twice the daily limit in one sitting

= 8+ units for men  = 6+ units for women
The News Readers Survey 2008

In September 2008 the Portsmouth News, our local daily newspaper, undertook a survey of 1000 readers on a number of issues relating to alcohol. Key findings from the survey included only 25% being able to correctly identify the number of units in a large glass of wine (3 units), 25% able to state the number of units in a pint of ‘Stella’ (3 units) and 9% stating the correct answer for an alco-pop (1.5 units).

53% of readers thought that public awareness on the dangers of drinking was too low. Readers thought that parents should take more responsibility in tackling under-age drinking. 60% of readers also felt the age at which alcohol can be bought should be raised to 21 (although most respondents are likely to have been over this age – this data was not available).

Binge Drinking and Sexual Behaviour

Local research undertaken at St. Mary’s Hospital looked at binge drinking, sexual behaviour and sexually transmitted infection. The report found a close link between binge drinking and unprotected sex. The report stated that patients attending the Department of Genitourinary Medicine (GUM) drank on average 26 units (more than 2 bottles of wine) on a ‘heavy’ night out. 86% of GUM patients were binge drinkers and 32% thought alcohol played a part in their clinic attendance. Binge drinking was also higher amongst those diagnosed with infections. There was also a link between binge drinking and unwanted pregnancies.

Key targets:

1. Reduce the number of young people misusing substances\textsuperscript{11} by 10\% (14.2\% to 12.8\%)

2. Increase the number of children that feel the advice and information they receive about alcohol is good enough\textsuperscript{12} (57\% to 67\%)

Where are we now?

The TellUs 3 schools survey from 2008, asked pupils from years 6, 8 and 10 about their alcohol use. The survey found that children in Portsmouth are more likely to have consumed alcohol and are more likely to get drunk than the national average. In addition children in Portsmouth are less likely to think the information they receive on alcohol is good enough.

This survey found that 21\% of pupils in Portsmouth had never had an alcoholic drink (compared with 25\% nationally) and 30\% reported never being drunk (35\% nationally). 12\% of pupils reported being drunk either once or twice in the past 4 weeks (10\% nationally) and 8\% reported being drunk 3 or more times in the past 4 weeks (6\% nationally).

When asked about what they thought about the information and advice they got about alcohol 57\% thought this was good enough (67\% nationally) and 31\% felt they needed better advice and information (25\% nationally).

In 2008/9 E’s Up, the young people’s substance misuse treatment service, worked with 64 under 18s that were misusing alcohol (96\% of total clients), this was an increase of 4 on 2007/8 (60 clients) and 20 on 06/07 (44 clients). The rise in alcohol client numbers is demonstrated in Chart 5. This rising trend is a concern, however, the rise mirrors national data that suggests less young people are drinking regularly, but those that do drink are consuming twice as much alcohol as before\textsuperscript{2}.

\textsuperscript{11} National Indicator 115
\textsuperscript{12} Suggested new target
There are some suggested links between alcohol and obesity, although the evidence is not conclusive. Whilst alcohol does have high calorie values, this does not necessarily in itself translate to increased weight. It would appear that alcohol misuse is part of a lifestyle choice which may include poor diet and lack of exercise. In line with Choosing Health (DH, 2004) we need to tackle the full range of health issues of alcohol, smoking, healthy eating, physical activity, sexual health and substance misuse. There are strong links between these issues and thus they need to be tackled jointly rather than in isolation if we are to improve health and reduce health inequalities.

In June 2009 the SPP launched its ambitious ‘SAVE DAVE’ marketing campaign. After market analysis, the campaign was set up to target men aged 35 and over, who make up 60% of alcohol related hospital admissions. The campaign encouraged ‘DAVE’ to take back control of his life by seeking advice and cutting down on his drinking. The campaign also targeted friends and family, which our research identified as playing a pivotal role in encouraging ‘DAVEs’ to seek help. For more information on SAVE DAVE visit www.savedave.info
What are we going to do?

**Objective 1: Improve alcohol education and advice for children**

a) Increase the capacity of school nurses to deliver alcohol education and targeted one-to-one advice by seeking to recruit a specialist school nurse

b) Recruit an additional full-time Education Support Worker

c) Provide good quality alcohol education in schools as part of PSHE, in line with NICE guidance

d) Provide education to link alcohol use to risk taking behaviour, such as sexual behaviour, using messages young people will respond to

e) Re-tender the young people’s Tier 2/3 substance misuse service providing advice and support for under 16s

**Objective 2: Improve alcohol awareness and support services for families**

a) Send the Chief Medical Officer’s advice on safe drinking levels for children to all parents

b) Review the Pregnancy/Substance Misuse referral meeting (PRAM & SAM – working with substance misusing parents) assessment process and joint working protocol

c) Engage with parents when children are found with alcohol in public places, providing information and offering support

d) Refer children regularly found with alcohol to a multi-agency support panel to access support for the child and family

**Objective 3: Promote sensible drinking**

a) Adapt national campaign materials to provide advice on units and recommended alcohol intake

b) Use social marketing techniques to target increasing and high risk drinkers to reduce their alcohol use

c) Develop a programme working with employers to address alcohol in the workplace

d) Highlight the risks of developing Foetal Alcohol Syndrome to pregnant mothers who drink and promote sensible drinking post delivery
TREAT

Priority 2: Increase access to improved treatment and support services

Key targets:

1. **Increase the number of alcohol users who are not drinking/drinking at sensible levels after receiving treatment** (baseline to be set)

2. **Increase the number of people accessing alcohol treatment by 75%** (from 604 to 1057)

Where are we now?

The North West Public Health Observatory (NWPHO) estimates there are 32,326 'Increasing Risk Drinkers' in Portsmouth. These are people that drink above recommended low risk levels (22-49 units p.w. for men, 15-34 units p.w. for women). In addition the NWPHO estimates there are 8628 'Higher Risk Drinkers' (35+ units for women and 50+ units for men). The previous alcohol strategy estimated that 1 in 20 (5%) adults in Portsmouth may have an alcohol dependency, this would equate to over 7,000 people.

Lower risk drinkers
Are men who do not regularly drink more than 3-4 units of alcohol a day and women who do not regularly drink above 2-3 units a day.

Higher risk drinkers
8,628 people in Portsmouth
Men 50+ units per week
Women 35+ units per week

Increasing risk drinkers
32,326 people in Portsmouth
Men 22-49 units per week
Women 15-35 units per week


In 2008/9 604 Portsmouth residents accessed alcohol treatment in Portsmouth\textsuperscript{14}. This is 8.6\% of the estimated number of alcohol dependant persons. Department of Health guidance\textsuperscript{15} recommends that treatment capacity should be approximately 15\% of dependant persons, in Portsmouth this would equate to 1050 per annum. To meet this figure treatment capacity would need to be increased by 74\%.

Research, cited by the National Treatment Agency, suggests that for every £1 spent on alcohol treatment £5 is saved in health, social care and criminal justice costs\textsuperscript{16}.

During the previous alcohol strategy considerable strides have been made in developing Identification and Brief Advice (IBA – formerly known as screening and brief interventions) in tier 1 and 2 settings. Over 200 staff from a range of health and social care agencies received IBA training. Since April 2009 23 GP practices are offering basic IBA as part of a Directed Enhanced Services (DES) contract.

During the course of the strategy we also developed IBA in a range of settings. This has been enabled by the development of the Alcohol Arrest Referral service (AAR) and the Alcohol Interventions Team (AIT). The AAR visits prisoners in police cells, where alcohol use was related to the offence they committed. In addition offenders are seen as part of a conditional cautioning scheme.

In 2008 the Alcohol Interventions Team set up with staff outreaching to Probation, GP surgeries and other healthcare settings. This expanded in 2009 to include Queen Alexandra Hospital. The AIT provides IBA, extended brief advice, solution-focused therapy or referral to specialist services. They will see clients for up to 6 sessions.

In 2007 Portsmouth Counselling Service (PCS) was awarded a contract to provide alcohol counselling. They set up an out of hours referral line, which has proven to be well used by service users who have not previously attended an alcohol service. PCS provide up to 12 sessions of alcohol counselling.
Residential Rehabilitation (Rehab) is a proven and effective method of treatment. This involves the service user living on-site within a unit whilst following a therapeutic programme, usually for 3-6 months. Over the past couple of years there has been an increase in demand for alcohol rehab, which is putting pressure on the Care Management Budget. In 2008/9 34 alcohol residential placements were made.

If the planned expansion to other alcohol treatment is achieved, the demand for rehab will increase further. The Care Management budget should at least be maintained at current levels, if not increased. Greater flexibility in how the Care Management budget is used would allow for more cost effective community options to be provided.

A review of our adult substance misuse services found that only 4% of service users were aged 18-24, this was the lowest rate in the South East region. To address this we will seek to develop a ‘transition’ service for 16-25 year olds, which will be more young people focused and better meet their needs.

What are we going to do?

<table>
<thead>
<tr>
<th>Objective 4: Provide identification and brief advice (IBA) across a range of health and social care settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Train staff in a range of health and social care agencies to deliver IBA</td>
</tr>
<tr>
<td>b) Develop an alcohol Local Enhanced Service contract with GPs to expand IBA to target groups (hypertension, depression, anxiety)</td>
</tr>
<tr>
<td>c) Provide IBA for under 16s at the Emergency Department in Queen Alexandra Hospital</td>
</tr>
<tr>
<td>d) Provide IBA at relevant specialist services, such as maxillofacial, fracture and sexual health clinics</td>
</tr>
<tr>
<td>e) Expand the capacity of the Alcohol Interventions Team to work across a wider range of health and social care settings</td>
</tr>
<tr>
<td>f) Explore the use of ‘tele-health’, providing ‘lifestyles’ follow up calls to high risk patients discharged from hospital</td>
</tr>
</tbody>
</table>
### Objective 5: Increase the capacity of our treatment services to see more people

| a) Develop a ‘transition’ treatment service for 16-25 year olds |
| b) Develop an additional structured therapeutic programme, providing some out of hours provision |
| c) Develop an alcohol treatment team at Queen Alexandra Hospital, based on best practice from other areas |
| d) Seek to increase the number of alcohol residential rehabilitation placements, at the same time providing flexibility for the Care Management budget to allow spend on community based therapeutic interventions |
| e) Review the provision of after care services, including housing, to ensure that treatment gains are maintained |

### Objective 6: Improve our treatment system so that it meets the needs of our residents

| a) Implement outcome-based commissioning and outcome monitoring, funding services based on outcomes achieved |
| b) Review opening times and points of access to treatment services |
| c) Review local inpatient detoxification services to improve cost effectiveness |
| d) Review and, where necessary, re-tender our current alcohol services |
| e) Increase the involvement of alcohol treatment service users in the planning, commissioning, delivery and review of treatment services |
| f) Increase the involvement of the Carer’s of alcohol treatment service users in the planning, commissioning, delivery and review of treatment services |
| g) Explore the implementation of personalised budgets |
| h) Review the needs of alcohol/mental health dual diagnosis service users, to ensure their needs are identified and met |
ENFORCE

Priority 3: Tackle alcohol related crime and anti-social behaviour

Key targets:

1. Reduce the perception of drunk and rowdy behaviour as a problem\textsuperscript{17} (from 42.3% to 38% - Place Survey data bi-annual)

2. Reduce the number of violent crimes in the night-time economy\textsuperscript{18} (from 766 to 690)

Where are we now?

A very significant minority of Portsmouth residents (42.3%) perceive that drunk and rowdy behaviour is a problem in the city. It is not unexpected that a densely populated urban area, with a vibrant night-time economy, will experience a higher than average level of such problems. However Portsmouth does not compare favourably with other comparator areas, with the exception of Southampton. Chart 6 highlights Portsmouth’s performance against other comparator areas.

Chart 6: Percentage of residents perceiving drunk and rowdy behaviour as a problem
A snapshot survey by Portsmouth City Council Public Protection team found that out of the 100 noise abatement notices served this year alcohol was a factor in 40% of the cases.

One of the powers granted to local areas under the Anti-Social Behaviour Act 2003 is the establishment of Dispersal Areas where there is a persistent problem with anti-social behaviour. A Dispersal Area gives the police powers to disperse groups, these powers are put in place for a limited time period, usually no more than 6 months. The first Dispersal Area was agreed in July 2004, over the past 5 years a total of 42 Dispersal areas have been agreed. A review of these areas found that 32 (76%) were related to the misuse of alcohol, predominantly by underage drinkers. The map below shows the dispersal areas that have been agreed across Portsmouth (red shaded areas). Some of these areas have had repeat dispersal areas agreed.

A review of all the Anti-Social Behaviour Orders (ASBOs) made in the city since the legislation was introduced found that out of the 108 ASBOs, 37% were directly related to alcohol misuse. When considering those made for under 18s 41% (18/44) related to alcohol and adults, 34% (22/64) related to alcohol misuse.

In 2008/9 Trading Standards were involved with 82 alcohol test purchases. These resulted in 18 failures, a failure rate of 22%. This is 4.2% above the regional average and 1.2% above the national failure rates. In April 2009 Trading Standards and the police launched a new process whereby a failure would result in staff being offered the opportunity to attend training rather than a fine. A new training programme has been developed by Trading Standards, which encourages responsible retailing, informs staff of their legal responsibilities and empowers them to refuse under age sales.
Hampshire Constabulary recently undertook a snap shot analysis of violent crime during a typical Spring week in Portsmouth. The survey found that 143 occurrences of Rowdy and Inconsiderate behaviour were reported, along with 119 Assaults. Of the violent offences 22% were linked to licensed premises, 37% took place in a private place/dwelling with the other 41% in other public places. Further analysis of these violent crimes suggested alcohol played a part in 61% of these offences.

The police also found that alcohol impacted the victims and witnesses, making them less likely to co-operate. The analysis reported that in 26% of incidents the victim refused to make a complaint and in 11% the police dealt with unwilling or uncooperative victims and/or witnesses.

The Safer Portsmouth Partnership’s Strategic Assessment for 2008 reported that 71% of Probation clients (425 out of 598) had some sort of alcohol problems identified during their assessment\(^\text{19}\). This highlights a significant correlation between alcohol and offending, but also highlights that this group are also more likely to suffer from alcohol related health problems.

The night-time economy in Portsmouth has seen some significant changes since the last alcohol strategy. At the time of the publication of the last Strategy the area around South Parade Pier had the highest rate of violent crime in the city. In 2007 most of the nightclubs on the seafront closed and relocated to a new large capacity club in the city centre. This shifted a significant amount of demand for alcohol related entertainment to the city centre, along with the problems associated with having these additional people in the vicinity. As a result of the run-down of the clubs in Southsea, and their subsequent relocation, the City Centre became the area with the most reported violent crime. The Police attended 357 violent incidents in the Guildhall Walk during the 12 months to July 2008, this equates to just fewer than 7 violent incidents per week.

**Domestic Abuse and Alcohol**

There are close links between alcohol misuse and domestic abuse and violence, both for perpetrators and survivors. This is not to say that alcohol causes domestic abuse, as perpetrators can commit abuse without the use of alcohol. There is however evidence to suggest that alcohol misuse can increase the frequency and seriousness of injury. Evidence cited by Alcohol Concern found that alcohol was a factor in 62% of offences, and that almost half the offenders were alcohol dependent\(^\text{20}\). Alcohol Concern also highlighted research that showed that between 44-58% of men in treatment had perpetrated physical violence or abuse in the past 6-12 months.

\(^{19}\) Joint Strategic Assessment 2008, Safer Portsmouth Partnership  
\(^{20}\) Knowledge Set 1: Domestic Abuse, Alcohol Concern, 2009
Survivors of domestic abuse can also use alcohol to help them cope. Research cited by Alcohol Concern showed that 97% of women survivors of domestic abuse had used alcohol ‘to numb the pain’, whilst two-thirds of women in alcohol treatment had suffered partner violence in the previous 12 months\textsuperscript{20}. Due to the high percentage of perpetrators and survivors within alcohol services, Alcohol Concern have recommended that alcohol services need to be ACES\textsuperscript{20}.

<table>
<thead>
<tr>
<th>Aware</th>
<th>of domestic abuse in their work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committed</td>
<td>to working with their partners in the domestic abuse field to respond effectively</td>
</tr>
<tr>
<td>Equipped</td>
<td>with skills and tools including recording, monitoring and evaluation mechanisms</td>
</tr>
<tr>
<td>Safe</td>
<td>services which put the safety of victims/survivors, including children, first</td>
</tr>
</tbody>
</table>

For more information about the work in Portsmouth concerning domestic abuse, please refer to the Safer Portsmouth Partnership’s Domestic Abuse Strategy 2009-12.

**Alcohol and Sexual Violence**

There appears to be some link between alcohol and sexual violence, that is not to say that alcohol causes sexual violence, but that it may play some part in the way the offender behaves. The British Crime Survey 2007/8 (BCS) reported that 46% of survivors of ‘less serious sexual assault’ thought that the offender was under the influence of alcohol. Nearly two-fifths (38%) of survivors of ‘serious sexual assault’ thought that the offender was under the influence of alcohol.

The BCS also reported that nearly three in ten survivors reported being under the influence of alcohol at the time of the incident (29% of less serious sexual assault and 28% for serious sexual assault). Local data from the Sexual Assault Referral Centre (SARC) found that 55% of the survivors that were asked reported having consumed alcohol. Of those that had consumed alcohol 28% had consumed less than 5 units, 40% had consumed between 6 and 10 units, 17% between 10-15 units and 15% 16+ units. This data highlighted that 60% of survivors, that were asked, had either not consumed alcohol or had consumed less than the level classed as a binge (6+ units for a woman, 8+ units for a man).

A key issue for the partnership is the need to promote the fact that alcohol should not be used as an excuse for sexual violence. Whilst excess alcohol can increase someone’s vulnerability, offenders who take advantage of someone’s intoxication are still committing a serious offence.

For more information about the work in Portsmouth concerning sexual violence, please refer to the Safer Portsmouth Partnership’s Sexual Violence Strategy 2009-12.
What are we going to do?

**Objective 7: Prevent children from obtaining alcohol**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a)</td>
<td>Work in partnership with licensed premises to train staff and establish systems to prevent under age sales</td>
</tr>
<tr>
<td>b)</td>
<td>Increase membership of the ‘Proxywatch’ scheme</td>
</tr>
<tr>
<td>c)</td>
<td>Continue the multi-agency Operation ‘Teen Drink Safe’, using appropriate tools and powers to prevent underage sales</td>
</tr>
<tr>
<td>d)</td>
<td>Continue Operation Born, multi agency patrols on Friday and Saturday nights, confiscating alcohol and providing support for young people</td>
</tr>
<tr>
<td>e)</td>
<td>Attach Individual Support Orders to ASBOs for young people, when alcohol is a factor in their behaviour</td>
</tr>
<tr>
<td>f)</td>
<td>Youth Offending Team officers will be in police cells to offer advice when alcohol is identified as a problem</td>
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</tbody>
</table>

**Objective 8: Manage alcohol related crime and anti-social behaviour**

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>a)</td>
<td>Maintain Operation Drink Safe, working in partnership with key agencies and the licensing trade.</td>
</tr>
<tr>
<td>b)</td>
<td>Develop an action plan to reduce violent crime in our night time economy hot spots</td>
</tr>
<tr>
<td>c)</td>
<td>Develop a campaign to tackle the sale of alcohol to people who are drunk</td>
</tr>
<tr>
<td>d)</td>
<td>Seek to expand the provision of night time transport to ease the dispersal of revellers from our entertainment areas</td>
</tr>
<tr>
<td>e)</td>
<td>Seek ongoing funding to support the Street Pastors initiative</td>
</tr>
<tr>
<td>f)</td>
<td>Use all available tools and powers to reduce crime and anti-social behaviour</td>
</tr>
<tr>
<td>g)</td>
<td>Develop a multi-agency one-stop resource in the city centre at weekends to provide medical treatment and support services, diverting people away from A&amp;E</td>
</tr>
<tr>
<td>h)</td>
<td>Evaluate the effectiveness of the Designated Public Places Order, which has been in place since 2005</td>
</tr>
<tr>
<td>i)</td>
<td>Explore the use of restorative justice to deal with low level offenders</td>
</tr>
<tr>
<td>j)</td>
<td>Increase the level of enforcement to tackle noise nuisance, but also signpost individuals for support when an alcohol problem is identified</td>
</tr>
<tr>
<td>k)</td>
<td>Encourage Black &amp; Minority Ethnic community traders in the night time economy to report racist incidents</td>
</tr>
</tbody>
</table>
The Safer Portsmouth Partnership (SPP) is the lead agency for the Alcohol Strategy in the city. The SPP is a merged Drug Action Team (DAT) and Crime & Disorder Reduction Partnership (CDRP). As a former DAT the partnership is used to managing both the health and crime agendas. The SPP has representation from senior officers of key public sector agencies; in addition there is representation from voluntary and community sector groups.

The main lead for the Alcohol Strategy in the City is the Director of Public Health & Wellbeing, a joint Portsmouth City Teaching Primary Care Trust (PCT) and Portsmouth City Council (PCC) appointment. In addition to being the PCT’s representative, Dr. Paul Edmondson-Jones sits on the SPP as the Drug & Alcohol Theme Champion. Dr. Edmondson-Jones is also a member of a range of other key partnership bodies, including holding the Chair of the Local Strategic Partnership.

The Safer Portsmouth Partnership has a dedicated Alcohol Strategy Group, which has overseen the Alcohol Needs Assessment and the development of the Alcohol Strategy. The alcohol agenda, being so broad, is also covered by all the SPP’s delivery groups, including the Violent Crime Priority Group, the Anti-Social Behaviour Priority group, the Young People’s Safer Portsmouth Partnership and the Substance Misuse Joint Commissioning Group. In the light of this new strategy this structure should be reviewed to ensure the strategy is delivered effectively.

**Objective 9: Increase alcohol interventions for victims and offenders of alcohol related crime**

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>a) Continue to provide alcohol arrest referral in police cells</td>
</tr>
<tr>
<td>b) Increase the number of alcohol conditional cautions, which provide a minimum 2 alcohol sessions for offenders</td>
</tr>
<tr>
<td>c) Work with the courts to promote alcohol treatment as part of their decisions</td>
</tr>
<tr>
<td>d) Ensure alcohol services are responsive to the needs of perpetrators and survivors of domestic abuse by implementing ACES</td>
</tr>
<tr>
<td>e) Review and re-tender the Alcohol Treatment Requirement provision funded by Probation</td>
</tr>
<tr>
<td>f) Seek new ways of supporting offenders who misuse alcohol to reduce re-offending</td>
</tr>
<tr>
<td>g) Ensure the Community Tasking Groups refer street drinkers/homeless people to the Street Culture group for support</td>
</tr>
<tr>
<td>h) Run an alcohol and sexual violence communications campaign</td>
</tr>
</tbody>
</table>

**How will we deliver the strategy**
In addition there are key links to the Health & Social Wellbeing Partnership Board and its Children and Young People’s Health Strategy sub-group. Chart 7 highlights the structure of the Partnerships and delivery groups that help deliver the alcohol strategy.

The Alcohol Strategy is closely linked and will inform other key documents. These include the SPP’s Annual Strategic Assessment, which will then feed in to the SPP’s Partnership Plan and associated delivery plans. The PCT and PCC’s Joint Strategic Needs Assessment will also consider alcohol. The annual Adult Drug Treatment Plan and the Young Persons Substance Misuse Treatment plan also link to this alcohol strategy.

**Chart 7 – Structure Chart for the delivery of the Alcohol Strategy**

**Equalities**

It is recognised that experience of alcohol misuse may vary considerably between diverse people within Portsmouth and not all individuals will be able to, or willing to access support on an equal basis. This strategy will seek to ensure fairness and equality of opportunity to access services and for all agencies responsible for its delivery to be proactive when seeking to identify the particular needs of minority groups and make every effort to enable them to access support. This will include identifying gaps in service and tailoring existing services to meet the needs of the individual, when possible.

Agencies delivering services within Portsmouth will strive to ensure that anyone who misuses alcohol will have equality of access to appropriate services irrespective of age, asylum or refugee status, class, colour, sexual orientation, ethnicity, disability, gender, language, marital status, nationality, employment or religion.
Capacity to deliver the strategy

Currently the alcohol strategy is delivered by three key posts. The Safer Portsmouth Partnership’s Substance Misuse Co-ordinator, based within Community Safety, Portsmouth City Council. The post is funded by the Area Based Grant. This post is now focused exclusively on the delivery of the alcohol strategy.

The Young Persons Substance Misuse Co-ordinator leads on the development of young people’s substance misuse, including drugs and alcohol. This post is based with the Health Improvement & Development Service, Portsmouth City Council. The post is funded by the Area Based Grant.

The Joint Commissioning Manager for Adult Substance Misuse is responsible for the commissioning and performance management of drug and alcohol services for adults. This post is based within Community Safety, but line managed jointly by Social Care (PCC) and the PCT. The post is funded by the Adult Drug Treatment Budget, which comes from the Department of Health, this currently sits outside the Area Based Grant, however may be incorporated in the future. This post’s primary commitment is to the drugs strategy.

With the development of a comprehensive alcohol strategy it is proposed that this infrastructure is expanded to include an Alcohol Strategy Officer, in the same way that the drugs strategy is supported by a Drugs Strategy Officer.

<table>
<thead>
<tr>
<th>Objective 10: Improve delivery of the alcohol strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Review the SPP’s Alcohol Strategy Group and how the alcohol strategy is delivered by the other delivery groups</td>
</tr>
<tr>
<td>b) Ensure continued funding for the key strategy officers</td>
</tr>
<tr>
<td>c) Appoint an Alcohol Strategy Officer to support delivery across the broad agenda</td>
</tr>
<tr>
<td>d) Improve data recording and collection from key partners (hospital, ambulance &amp; police) to allow proper analysis</td>
</tr>
<tr>
<td>e) Ensure Alcohol is included in the SPP’s Communications Strategy, encouraging co-ordinated action</td>
</tr>
</tbody>
</table>
### Appendix 1 – Progress Report on the Alcohol Harm Reduction Strategy for Portsmouth 2006-9

## Alcohol in the home

<table>
<thead>
<tr>
<th>We Will</th>
<th>Status</th>
<th>Progress so far</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1</strong> Increase the number of schools involved in the National Healthy Schools Programme to 100% by 2009</td>
<td><strong>Green</strong></td>
<td>100% schools involved 87% schools achieved Healthy Schools Status</td>
</tr>
<tr>
<td><strong>1.2</strong> Increase teacher involvement in Personal Health and Social Education (PHSE) certification</td>
<td><strong>Green</strong></td>
<td>Numbers recruited have increased year on year since 2004/05. 32 teachers/school nurses certificated with a further 16 teaching staff participating this year.</td>
</tr>
<tr>
<td><strong>1.3</strong> Incorporate alcohol into the Improve Adolescent Health priority of the Children and Young People’s Plan for Portsmouth.</td>
<td><strong>Green</strong></td>
<td>Alcohol is included implicitly under the term substance misuse in the CYP under Priority 1 Improving Health.</td>
</tr>
<tr>
<td><strong>1.4</strong> Develop an innovative approach to alcohol misuse working with young people, young parents and children: local groups and young people with little access to usual settings, through peer-led work</td>
<td><strong>Red</strong></td>
<td>Plans for peer education project in St Lukes did not take off as school were unable to commit to a consistent group of young people for the eight-week programme. This will be revisited again when school gains Academy Status in September 09. Primary schools have been keen to develop work with parents around alcohol prevention.</td>
</tr>
<tr>
<td><strong>1.5</strong> Introduce support services to families affected by alcohol misuse</td>
<td><strong>Amber</strong></td>
<td>Some progress. Significant development of family services, however not alcohol misuse specific.</td>
</tr>
<tr>
<td><strong>1.6</strong> Do more joint working between the Children and Families Team and Substance Misuse Services</td>
<td><strong>Green</strong></td>
<td>Adult Substance Misuse/C&amp;F Co-ordinator is now in post</td>
</tr>
<tr>
<td><strong>1.7</strong> Improve support for victims of domestic and sexual abuse by increased joint working between domestic violence and substance misuse services; we will also develop links with the new Sexual Assault Referral Centre.</td>
<td><strong>Green</strong></td>
<td>Joint working has increased. This led to a ‘job swap’ between the Early Intervention Project and Drug Intervention Programme. A joint Drug &amp; Alcohol Group and Domestic Violence &amp; Abuse forum was held in February 2009, which incorporated joint training. A series of training sessions have taken place to improve both sectors knowledge of the other.</td>
</tr>
<tr>
<td><strong>1.8</strong> Perform a review of supported housing and accommodation for people with alcohol problems</td>
<td><strong>Red</strong></td>
<td>This work has not been undertaken.</td>
</tr>
<tr>
<td><strong>1.9</strong> Introduce support services for substance misusing parents and their children, as described in the Adult Treatment Plan 2006/07</td>
<td><strong>Amber</strong></td>
<td>Adult Substance Misuse/C&amp;F Co-ordinator is now in post. Support group for the children affected will be established during 09/10.</td>
</tr>
<tr>
<td><strong>1.10</strong> Develop a network of parenting programmes and bank of training facilitators within existing drug and alcohol services</td>
<td><strong>Amber</strong></td>
<td>Staff trained within services, but limited number of programmes delivered to date. This should improve as the Adult Substance Misuse/C&amp;F Co-ordinator and a PUSH member are now accredited to deliver the Triple P parenting programme.</td>
</tr>
<tr>
<td><strong>1.11</strong> Develop a brief interventions programme – providing accessible short-term information, advice and support to problem drinkers in primary care, A &amp; E or criminal justice settings.</td>
<td><strong>Green</strong></td>
<td>Alcohol Interventions Team established working in GP surgeries and Probation. The AIT has also recently expanded to include A&amp;E and other parts of QA. Alcohol Arrest referral and conditional cautioning are also in place.</td>
</tr>
<tr>
<td>We Will</td>
<td>Status</td>
<td>Progress so far</td>
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<tr>
<td>------------------------------------------------------------------------</td>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Promote effective alcohol policies in public and private sector workplaces, establishing a lead amongst member agencies of the Safer Portsmouth Partnership</td>
<td>Red</td>
<td>Limited progress made. Some support to provided to employers who have signed up for the Work, Health and Well-being Hallmark</td>
</tr>
<tr>
<td>Improve awareness of the issues of drinking in the workplace</td>
<td>Red</td>
<td>As 2.1</td>
</tr>
<tr>
<td>Improve awareness of drinking and driving</td>
<td>Green</td>
<td>Ongoing campaigns run by Police and Portsmouth City Council</td>
</tr>
<tr>
<td>Promote and finance alcohol treatment support services</td>
<td>Amber</td>
<td>Treatment funding has remained stable, without increase.</td>
</tr>
<tr>
<td>Encourage employers to take up the Work, Health and Well-being Hallmark</td>
<td>Green</td>
<td>Ongoing work by the Health Improvement &amp; Development Service</td>
</tr>
</tbody>
</table>
### We will

<table>
<thead>
<tr>
<th></th>
<th>Status</th>
<th>Progress so far</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Seek funding to expand the proxy sales campaign</td>
<td>Green</td>
</tr>
<tr>
<td>3.2</td>
<td>Encourage the expansion of night-time transport provision, such as the introduction of a Night Bus Service</td>
<td>Amber</td>
</tr>
<tr>
<td>3.3</td>
<td>Increase the number of hours of outreach with street drinkers and homeless people</td>
<td>Green</td>
</tr>
<tr>
<td>3.4</td>
<td>Investigate the possibility of increasing the number of pedestrianised areas in the city centre</td>
<td>Green</td>
</tr>
<tr>
<td>3.5</td>
<td>Undertake a media campaign to raise awareness that alcohol makes you vulnerable to being a victim of crime</td>
<td>Green</td>
</tr>
<tr>
<td>3.6</td>
<td>Support the development of Community Orders from the courts, in the form of an Alcohol Treatment Requirement</td>
<td>Green</td>
</tr>
<tr>
<td>3.7</td>
<td>Improve the collection and analysis of ambulance and Emergency Dept. data which will provide information on where incidents occur</td>
<td>Amber</td>
</tr>
<tr>
<td>3.8</td>
<td>Promote a planning policy for the night-time economy which will ensure that city centre areas have a mixed economy, through the ELNEP</td>
<td>Red</td>
</tr>
<tr>
<td>3.9</td>
<td>Encourage the use of plastic containers, rather than glass, in licensed premises in order to reduce injuries from alcohol-related violence</td>
<td>Amber</td>
</tr>
<tr>
<td>3.10</td>
<td>Introduce a scheme for recognising licensed premises demonstrating best practice</td>
<td>Green</td>
</tr>
<tr>
<td><strong>We will</strong></td>
<td><strong>Status</strong></td>
<td><strong>Progress so far</strong></td>
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<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>4.1 Seek to develop a Community Health Paramedic role to deliver credible alcohol education for all ages (supporting existing provision) and a specific night time emergency response.</td>
<td>Green</td>
<td>Role established. CHP role has become an essential part of the alcohol arrest referral and conditional cautioning role.</td>
</tr>
<tr>
<td>4.2 Work with licensed premises managers and staff to reduce emergencies</td>
<td>Green</td>
<td>This is part of the CHP role</td>
</tr>
<tr>
<td>4.3 Develop brief interventions, similar to the Paddington Alcohol Test, in primary and secondary care using guidance from the Department of Health</td>
<td>Green</td>
<td>See 1.11</td>
</tr>
<tr>
<td>4.4 Use “Health Trainers” to make it easier for people to make healthy choices</td>
<td>Green</td>
<td>Health Trainers recruited. Probation Health trainers are being trained to deliver Identification and Brief Advice as part of a pilot project for the Department of Health.</td>
</tr>
<tr>
<td>4.5 Improve access to primary care for homeless people with alcohol problems</td>
<td>Amber</td>
<td>Limited services in place, for example good links with Central Point and Mill House, however access problems persist. Access should be greatly improved with the opening of the Portsmouth ‘Darzi’ Centre</td>
</tr>
<tr>
<td>4.6 Continue to develop innovative ways of delivering assessment and treatment services, using static ambulance treatment centres and intermediate care crews at peak times</td>
<td>Amber</td>
<td>Limited development in this area, although CHP (as in 4.1) is based within the City Centre on Friday and Saturday nights to provide rapid response.</td>
</tr>
<tr>
<td>4.7 Review and audit the Adult Substance Misuse Service to improve waiting times and quality</td>
<td>Green</td>
<td>Audit and review undertaken. Action plan developed leading to improved service with reduced waiting times.</td>
</tr>
<tr>
<td>4.8 Work with local GPs and Pharmacists to make services more accessible, for example home detox.</td>
<td>Amber</td>
<td>See 3.7</td>
</tr>
<tr>
<td>4.9 Support the recruitment of a Gay, Lesbian, Bisexual and Transgender Substance Misuse worker.</td>
<td>Green</td>
<td>GLOW project established and running for 2 years. Funding approved for additional year.</td>
</tr>
</tbody>
</table>
## Appendix 2: Tiers of alcohol treatment & support

<table>
<thead>
<tr>
<th>Tier</th>
<th>Interventions</th>
<th>Example Settings</th>
</tr>
</thead>
</table>
| Tier 1 | • Alcohol advice and information  
• Targeted screening and assessment  
• Simple brief advice for increasing and high risk drinkers  
• Referral for specialised treatment  
• Partnership / Shared care, where treatment can be provided within generic services | • Primary healthcare services, including school nurses  
• Acute hospitals (e.g. A&E)  
• Psychiatric services  
• Social services  
• Housing / Homelessness services  
• Police (e.g. Custody cells)  
• Probation  
• Education  
• Occupational health services  
• Domestic Abuse agencies  
Delivered by non-alcohol specific services, but by staff that come into contact through their work with people who misuse alcohol |
| Tier 2 | • Alcohol specific advice  
• Extended brief advice / brief treatment  
• Triage assessment & referral for specialised treatment  
• Shared Care  
• Mutual Aid support (e.g. Alcoholics Anonymous) | • Specialist Alcohol services: Open Access, Outreach  
• Primary Healthcare  
• Acute hospitals  
• Homelessness services  
• Psychiatric services  
• Social Services  
• Prison services  
• Probation services  
Delivered by alcohol specific workers |
| Tier 3 | • Comprehensive assessment  
• Care planning / key working  
• Prescribing interventions (e.g. Antabuse)  
• Home detoxification  
• Psychosocial therapies  
• Structured day programme / care planned day care  
• Liaison services | • Specialist Alcohol services  
• Hospital  
• Outreach to generic settings  
• Primary Care |
| Tier 4 | • Comprehensive assessment  
• Care planning / key working  
• Prescribing interventions – including withdrawal & relapse prevention  
• Psychosocial therapies | • Specialist alcohol services – inpatient detoxification & residential rehabilitation  
• Hospital – with service delivered specialist alcohol liaison support |
Appendix 3: Alcohol Treatment Services in Portsmouth (by Tier)

**Tier 1**
- Social care
- GP
- Practice Nurses
- Midwives
- Health Visitors
- School Nurses
- A & E
- Mental Health Assessment Team
- Supported Housing services
- Community Wardens
- PCSOs
- Children & Young Peoples Services
- Probation
- Other generic services

**Tier 2**
- Alcohol Intervention Team (AIT)
  - Open Access by Portsmouth CDA
  - Outreach & Treatment Access Service by Portsmouth CDA
  - Education Support Worker
  - Alcoholics Anonymous

**Tier 3**
- Community Drug & Alcohol Team (Kingsway House)
  - Portsmouth CDA (structured services)
  - Structured Counselling by Portsmouth Counselling
  - E’s Up Young People’s Service

**Tier 4**
- Inpatient Detoxification (Baytrees)
- Residential Rehabilitation