

# Alcohol Harm Reduction

Newsletter **Issue 2**

East of England

## The big drink debate

The Big Drink Debate survey carried out by the East of England Public Health and Social Care Directorate earlier this year received nearly 7,000 responses from across the Region.

The aim was to gather information on people's attitudes and behaviour surrounding alcohol, especially in relation to

- Drinking behaviour and levels of consumption
- Impact of drinking on health and well being
- The packaging, marketing and sale of alcohol
- Societal impact of alcohol

And to raise awareness and encourage public engagement on the issue of alcohol and health.

### How many people drink in the east of England?

Nine in ten people (93%) in the east of England drink alcohol at least once or twice a year and nearly six in ten (59%) drink alcohol every week, with one in ten (10%) drinking every day of the week.

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## The Big Drink Debate

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### How much are people drinking in the east of England?

The recommended daily limits are 2-3 units per day for women and 3-4 per day for men, and not exceeding 14 units per week for women and 21 units per week for men.

Our survey of nearly 7,000 people showed that nearly a quarter of people in the east of England exceed the recommended limits.

One in four men (27%) and one in five women (21%) are exceeding the weekly limits. With 7% of men and 4% of women drinking at high risk levels, that is over 50 units a week for men and 35 units per week for women.

### Are people aware of how much they are drinking?

Nearly three quarters of people (74%) considered themselves to be very light (24%), light (25%) or moderate drinkers (35%). Only one in twenty (5%) considered themselves a heavy drinker and just one in a hundred (1%) said they were a very heavy drinker. This suggests that people are unaware that they are drinking at levels that can put their health at risk.

### Are people worried about how much they, their friends or family are drinking?

Only nine percent of people were concerned about the impact alcohol was having on their health. They were most worried about developing alcohol related health problems, putting on weight and spending too much money.

In contrast four in ten (41%) were concerned about the amount friends and family were drinking.

### Are people concerned about drunken behaviour?

Eight in ten people (82%) said that alcohol related violence worried them, however only a third (34%) agreed that drunken behaviour was a problem in their local area. The majority of people (65%) agreed that drunken behaviour is more of a problem in young people. Over three quarters (78%) agreed that the police should be given more powers to tackle drunken behaviour. Support for increasing police powers increased with age with 67% of 18-24 year olds agreeing compared to 89% of 75 years plus.

### What do people think about drinking in public places or on public transport?

Seventy percent of people agreed that people should not be allowed to drink in the street or public places such as parks and nearly three quarters (74%) agreed that people should not be allowed to drink on public transport such as trains and buses.

### What do people think about drink driving?

Seventy percent of people who drive said they agreed that it was difficult to know if you are over the legal drink drive limit. And seventy two percent of all people surveyed agreed that people should not be allowed to drink at all before driving.

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## What will we do with this information?

The results show us that we need to do more to help people understand how much they are drinking and what the health risks are along with the benefits of not drinking as much.

We also asked people questions about why they drink; young people in particular are more likely to drink because of peer pressure, so we can use this information to help us design campaigns and messages for young people.

We will also be working with local Primary Care Trusts to develop regional and local campaigns promoting sensible drinking in a targeted way, such as how reducing the amount you drink can help you lose weight.

The findings around drink driving and drinking in public places will also be used to inform government policy makers about the level of support for policy change.

The detailed report has now been published and disseminated widely across the region. It can also be found on the Alcohol Learning Centre website under the east of England regional pages.

[www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk)

The Regional Public Health team will be working with colleagues to help make best use of the data to inform social marketing and other work aimed at reducing the harm caused by alcohol.

Contact: [simon.how@dh.gsi.gov.uk](mailto:simon.how@dh.gsi.gov.uk)



# The Alcohol Improvement Programme in the region

The Regional Alcohol Steering Group oversees the action plan and its members are senior officers drawn from key partner agencies including Primary Care Trusts, Acute Trusts, the Police, the Ambulance Trust, Government Office, National Offender Management Service, and the trade. The group is co chaired by Dr Paul Cosford, Regional Director of Public Health and Ian Martin, the Regional Deputy Director for Safer and Stronger communities.

There are 5 task groups, one for each of the priority areas and these are chaired by the following people:

## Treatment

Simon How

## Awareness

Hazel Thomson

## Young People

Rick Andrews

## Crime and Justice

Tim Hedges

## Information

Hannah Walford

There are two members of staff who work full time on the programme. Melvin Hartley who is the Regional Alcohol Programme Manager and Karen Mole the Information Analyst for Alcohol.

## The Alcohol Academy

The Academy was set up in 2009 with a grant from the Alcohol Education and Research Council. Its aim is to promote excellence in local alcohol harm reduction, by training and supporting local alcohol coordinators and strategic leads for alcohol.

Alongside its work with local alcohol coordinators, including seminars, networking and briefings, the Academy also provides a range of training and alcohol awareness sessions.

The team from the Academy are working with the Regional team to provide 2 half day seminars on subjects tailored to local priorities in the coming year. We are currently deciding what these will be and details of the events will be circulated soon.

In the meantime if you are an alcohol coordinator, sign up to the academy to join their forum, get news updates and share ideas with colleagues working in similar roles across the country.

The academy can be accessed via their website:

[www.alcoholacademy.net/](http://www.alcoholacademy.net/)



The AERC Alcohol Academy

# Reducing alcohol-related harm across the region

Alcohol can play an important and positive role in society. It can also cause moderate to severe health problems and dependency, as well as contributing to antisocial behaviour, crime and disorder.

The national alcohol strategy, 'Safe. Sensible. Social' (June 2007) sets out areas for government action on legislation; problematic drinkers and promoting sensible drinking.

It is the role of the regional tier of government to ensure a comprehensive approach to reducing alcohol harm across its population, particularly in 'hotspot' localities and amongst communities and groups experiencing the greatest problems. The alcohol work plan for the east of England sets out a framework to advise the Regional Alcohol Steering Group (RASG) on some clear, key priorities. The overall aim of the work plan is to

'Minimise the health harms, violence and antisocial behaviour associated with alcohol while ensuring that people are able to enjoy alcohol safely and responsibly'

The 2009-2011 action plan identifies 6 key areas of work and there are task groups working to deliver the actions contained in the plan.



## PRIORITY 1

### Strategy

Delivering a clear coherent regional alcohol programme.

### Key Actions

Carry out regional review in all PCT areas using agreed checklist. Prepare report based on best practice, identified gaps and next steps. Also identify which High Impact Changes (HIC) are in place and which are planned.

Review Governance, structure and reporting arrangements of the Regional Alcohol Programme.

Encourage each local authority area to develop and implement local alcohol strategies (top and 2nd tier).

Maintain links to other public health programmes - obesity, tobacco, physical activity to enable cross cutting initiatives.

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## PRIORITY 2

### Treatment

Reducing the harm to health caused by alcohol misuse.

### Key Actions

Facilitate the development of treatment services so they are provided across the range of tiers with clearly defined pathways between them in each PCT area.

Encourage the development of Identification and Brief Advice (IBA) across services in primary care, hospitals and in the community including Improving Access to Physiological Therapies (IAPT).

Provide tools and training for effective commissioning of alcohol services in line with DH guidance and World Class Commissioning.

Provide and encourage the provision of training in IBA and Train the trainer courses.

## PRIORITY 3

### Awareness

Increasing awareness of the harms of alcohol misuse.

### Key Actions

Develop and implement an internal (NHS & statutory partners) communications strategy that will promote and raise awareness of the alcohol improvement programme including 2010 Conference, newsletter and website.

Share results of The Big Drink Debate at Regional, PCT and LA level with a view to the development of targeted campaigns based on the findings that will influence public behaviour and attitudes about alcohol including Know Your Limits, Units, and other nationally led social marketing initiatives.

Work with employers, including the NHS, to develop workplace policies that encourage sensible drinking, help with legal issues, treatment services and alcohol related issues.

'Alcohol Champions' and lead commissioners for alcohol misuse services identified in each local area and PCT respectively.

## PRIORITY 4

### Young People

Reducing under age drinking and alcohol related harm among young people.

### Key Actions

Treatment services for young people are provided with targeted screening and early intervention, especially with vulnerable young people.

Promote the practice of partnership working to tackle under age drinking and illegal sales to under 18s.

Ensure Tier 1 universal education on alcohol via healthy schools, curriculum based alcohol education.

Run workshop(s) for education - best practice, tools and techniques for raising awareness of alcohol misuse and so provide clear accessible information for young people.

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## PRIORITY 5

### Crime & Justice

Reducing the impact of alcohol misuse on the community.

### Key Actions

Develop IBA in criminal justice settings including police, prison and probation.

Drink driving - i) gather data on alcohol related accidents and ii) target action accordingly.

Co-ordinated strategies to tackle and reduce alcohol related violent crime in public places e.g. Night Time Economy (NTE) in identified Crime & Disorder Reduction Partnerships (CDRP) areas.

Engage with the Domestic Violence Forums via regional meetings to ensure programmes include alcohol related responses.

## PRIORITY 6

### Information

Using information to intelligently help reduce the harm caused by alcohol misuse.

### Key Actions

Relevant training opportunities be made to service providers including a workshop on data sharing.

Gather data on the extent of alcohol related incidents and encourage the undertaking of coordinated action.

Documented routine sharing of assault data between Accident and Emergency departments and CDRPs as per the Cardiff model. Partnerships actively using the data to target problems.

Employ an Information Analyst for the alcohol programme - provision of data analysis, interpretation and presentation, develop dashboard and assist in the creation of alcohol service needs assessment tool for commissioners.



# High impact changes

The Department of Health has identified a number of High Impact Changes which are calculated to be the most effective actions for those local areas that have prioritised the reduction in alcohol-related harm.

High Impact Changes have been extensively used across the NHS and local government to highlight practical measures that can be implemented at a local level:

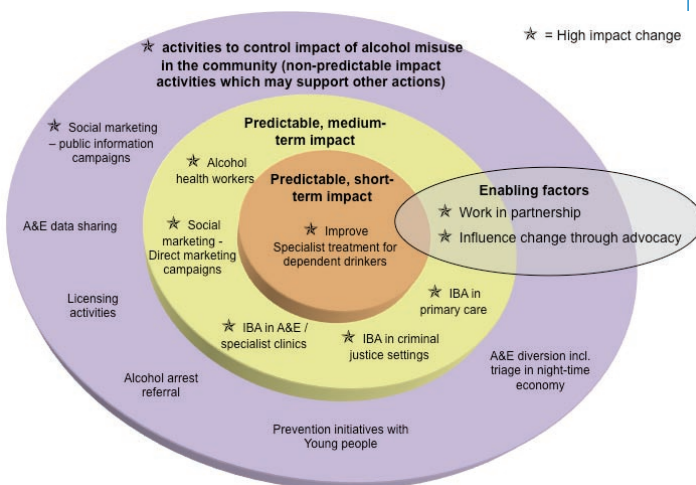
1. Work in partnership
2. Develop activities to control the impact of alcohol misuse in the community
3. Influence change through advocacy

4. Improve the effectiveness and capacity of specialist treatment
5. Appoint an Alcohol Health Worker
6. IBA - Provide more help to encourage people to drink less
7. Amplify national social marketing priorities

The information provided here identifies those changes which are calculated to have the greatest impact on health commissioned outcomes and suggests some actions which are calculated as being likely to have the best impact for areas where tackling alcohol-related harm has been identified as a priority.

The High Impact Change guidance can be found in the DH commissioning guidance in 'Signs for improvement - commissioning interventions to reduce alcohol related harm'

Gateway reference 11753.



**Left:**  
Local actions: relative impact on alcohol-related hospital admissions

# Alcohol Learning Centre

## Who are we?

Take a look, or Google us at:

[www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk)

Commissioned by the DH as part of the 3 year Alcohol Improvement Programme, and just under a year old, the Alcohol Learning Centre is developing fast to provide alcohol professionals with a one stop shop of online resources to support the delivery of Identification and Brief Advice (IBA) and the high impact changes for alcohol. The ALC team works closely with the DH alcohol policy team, regional alcohol managers, the national support team AHR, and the early implementer PCTs to develop and share learning and to reduce hospital admissions. In our recent 6 monthly online evaluation most site visitors said that they were satisfied with the resources we offered and that they found our site useful and straightforward to navigate. You can read more about the survey results at:

[www.alcohollearningcentre.org.uk/About/EvalResults/](http://www.alcohollearningcentre.org.uk/About/EvalResults/)

## What do we offer?

Resources on our site are organised by topic with hot topics and key resources shown on the home page. Our dedicated search engine searches not only ALC content, but also our sister site managed by Alcohol Concern, HubCAPP (Hub of Commissioned Alcohol Projects and Policies). Put simply, HubCAPP has the strategies and projects and ALC everything else! Recent ALC site additions include the social marketing guidance for England with case study examples and the direct

marketing artwork, AHR commissioning guidance and High Impact Change guidance with examples of local projects, the popular IBA toolkit which includes tools and multimedia training resources such as downloadable IBA role play videos, train the trainer workbook and training commissioning guidance, and a variety of data planning tools. We offer a free, self paced eLearning course in IBA Primary Care which is endorsed by the RCN, RCP and RCGP and is included in the soon to be launched RCGP post grad alcohol certificate. The popularity of the eLearning has led us to commission two further care pathways in Hospitals and Pharmacy settings and these will be coming very soon.

We also have an events section where you can browse and book events, a variety of discussion forums for debate and problem solving and a news section informing you of topical developments in the AHR arena.

We are focusing our energies currently on developing additional resources to support the HICs including care pathways, alcohol health work, outcomes measurement, workforce development including job profiles and standards and pretty much anything else you tell us you need. You can also register for our ebulletins which will give you site updates direct to your inbox - we welcome your feedback and want to know what we can do to support you.

Email: [info@alcohollearningcentre.org.uk](mailto:info@alcohollearningcentre.org.uk)

Register: [www.alcohollearningcentre.org.uk/useraccount/](http://www.alcohollearningcentre.org.uk/useraccount/)

Contact: [helen.young@nmhdu.org.uk](mailto:helen.young@nmhdu.org.uk)



# The 2nd east of England Regional Alcohol Conference

Held at Newmarket Racecourse on 23 April 2009, the 2009 Conference proved extremely popular, attracting 174 delegates from across the region and beyond.

Health, criminal justice, licensing, voluntary sector and local & central government were all represented.

The main aims of the conference were:

- Share the headline results of The Big Drink Debate
- Disseminate best practice through headline speakers and workshops
- Share ideas and learning on alcohol harm reduction
- Encourage networking and meet other professionals in the field

The conference was jointly opened by Ian Martin and Dr. Paul Cosford, who announced the successful projects to be funded by the Regional Alcohol Development Fund.

The first speaker was Dan Wellings of Ipsos Mori who presented the

headline findings of the Regional Big Drink Debate which concluded at the end of March 2009.

Other keynote speeches covered social marketing, pre loading, families and alcohol and corporate social responsibility. The afternoon offered 6 ideas workshops led by local and national practitioners and the day concluded with a lively question and answer session facilitated by Ben Page, Managing Director of Ipsos Mori.

The conference report and presentations can be found on the regional pages of the Alcohol learning centre website.



## Announcing the 3rd east of England Regional Alcohol Conference 2010

Advance notice that the 2010 conference will be held on Wednesday 19th May 2010.

The chosen venue is going to be in the south of the region for the first time. The location is the Best Western Stoke by Nayland Hotel, Golf and Spa (pictured below, left). This modern luxury country hotel in 300 acres of undulating 'Constable Country' within a designated 'Area of Outstanding Natural Beauty' on the Suffolk/Essex border just 8 miles from Colchester.

Registration and more information in the New Year.

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[melvin.hartley@dh.gsi.gov.uk](mailto:melvin.hartley@dh.gsi.gov.uk)

# The Regional Alcohol Development Fund 2009

The funding was made available to support local implementation of the High Impact Changes identified by the Department of Health.

We were delighted to receive 17 applications totalling over £737,000 which demonstrated a keen interest across the region in developing new and interesting alcohol work. Sadly only £210,000 was available and so only 7 projects could be selected for funding. These projects cover a wide range of different areas of work and they will share learning at the 2010 Regional Alcohol Conference.

The 7 successful projects are as follows:

1. Bedfordshire - multi agency project covering research, train the trainer in IBA, staff and public awareness campaigns
2. Cambridgeshire - supporting the work of the new county alcohol harm reduction co-ordinator

3. South East Essex - project focusing on train the trainer IBA and interventions with a targeted 18-24 year old age group
4. Peterborough - project undertaking work in the criminal justice and A&E settings
5. Suffolk - employing a specialist alcohol nurse in the acute trust focusing on dependant drinkers.
6. Cambridgeshire - providing evaluation and development for the St Neots Community Alcohol Partnership
7. Mid Essex and Norfolk PCTS - Offender health trainers (see article in this newsletter)

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Alcohol  
Awareness Week

19-26 October 2009

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Alcohol Awareness Week



## Offender Health

Following the Health Needs Assessment undertaken by Public Health colleagues, we are working on developing Offender Health in Bedfordshire, with the specific focus on offenders with learning disabilities and mental health issues.



This work is also supported by Lord Bradley's Report that has made over 80 recommendations to develop services which will divert offenders with Mental Health or Learning Disabilities into appropriate services.

An Offender Health Development Group has been established and is a multi-agency steering group, to facilitate the development of offender health pathways locally.

The group will report to the Criminal Justice Board, Offender Management sub group and through to NHS Bedfordshire's Board, and both Crime Disorder Reduction Partnerships (CDRP).

The Offender Health Development Group has already undertaken the process of mapping and auditing what good healthcare services could look like in, Police custody, probation, and courts.

In support of this work Hilary Laughton, Head of Partnership Commissioning, Adults and Older People, has been seconded to work with the Regional HSCCJ ( Health and Social Care in Criminal Justice) team to map what is currently happening and to identify what good practice would look like across the region in, Police custody, courts, and probation.

**Contact:**

[shaney-ann.brandy@bedfordshire.nhs.uk](mailto:shaney-ann.brandy@bedfordshire.nhs.uk)

## Reducing Alcohol Related Harm in Bedfordshire

The Alcohol Commissioner for NHS Bedfordshire, Shaney-Ann Brandy is currently working on a project of implementing Alcohol Identification and Brief advice across Bedfordshire.

Research shows that identification and providing brief advice to increasing-risk and higher-risk drinkers can reduce alcohol consumption by an average of 24% and that the effect can be sustained for up to four years.

The project will involve;

- Direct training for GPs, practice nurses and Health Care Assistants on IBA for immediate delivery through the Alcohol DES.
- Train the Trainers course (with an IBA focus) to be delivered to primary care professionals, A&E, Health Visitors, and non-traditional health care organisations i.e. Police custody, prison, colleges, and Local Authority.

This cohort of trained professionals will then be able to cascade training further across organisations on Alcohol IBA, to ensure that it is sustainable.

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# New tools and support for social marketing

The Department of Health plans to provide the NHS with new alcohol social marketing evaluation and segmentation tools by the end of the year.

With alcohol-related hospital admissions increasing at a rate of around 70,000 per year, delivering a fall against trend each year until 2010/11 is an important indicator of success (PSA 25, Indicator 2, which 99 PCTs have included in their Local Area Agreements). The new tools will help PCTs across the country to deliver activity against the indicator.

The Department's alcohol social marketing strategy is designed to support PCTs, DAATs and other key stakeholders in developing social marketing programmes to tackle higher and increasing risk drinkers - a priority focus for the Department.

The segmentation tool will help PCTs to target communications to higher risk drinkers and will include maps for all PCTs to highlight where the priority segments live. The segmentation will also be used for the development of national campaign activity, the next phase of which is due to launch in early 2010.

The evaluation tool is being designed to assist alcohol social marketers in the NHS with what is often the most challenging aspect of their work - how to measure their activities in a way that will provide meaningful results, and justify further investment.

Further details of these tools will be announced in the next 'Alcohol Social Marketing in Action' newsletter, later in the year. If you don't already receive this, sign up by sending an email to:

[socialmarketing@alcohollearningcentre.org.uk](mailto:socialmarketing@alcohollearningcentre.org.uk).

Please note that if you already receive communications from the Know Your Limits campaign you will be sent the newsletter automatically.

[More information on DH alcohol social marketing activity is available at: www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk)



# Prison IBA

HMP Chelmsford has recently introduced a pilot peer led Alcohol Misuse, Identification and Brief Advice initiative delivered by Prisoner Health Trainer Champions.

Prisoner Health Trainer Champions have been trained to screen prisoners using the Alcohol Use Disorder Identification Test (AUDIT). They provide written information and AUDIT test results to all participants. Additionally, brief verbal advice is delivered to those prisoners scoring 8 or more on the AUDIT test. The original AUDIT test is concerned with current drinking behaviours and therefore unsuitable without modification for use in a prison environment. For purposes of relevance the AUDIT test was amended to ask about prisoners' drinking behaviours for the 12 months prior to their incarceration. Prisoner Health Trainer Champions have also been trained to refer prisoners onto more specialist services (e.g. Alcoholics Anonymous) if their scores are greater than 20 (possible indicator of a 'dependent drinker' in need of more structured help).

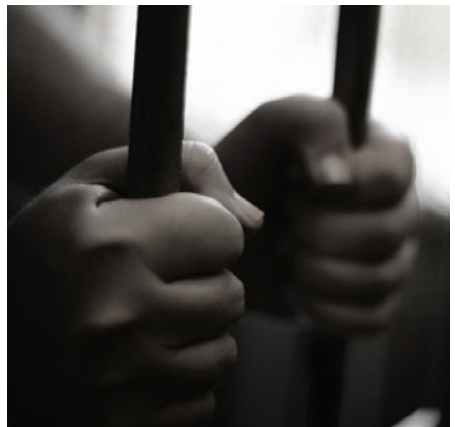
An important element to the initiative has been to provide an appropriate venue and forum to enable the Health Trainer Champions to work and deliver the IBA intervention to their peers. Within Chelmsford prison we have a Resettlement Centre where all new prisoners attend to be inducted.

The IBA pilot initiative has been incorporated to form part of the 'carousel' process that provides new prisoners with an opportunity to meet representatives from a variety of prison agencies including Health Trainer Champions.

Although the IBA initiative is still at the pilot stage early indications suggest the viability of the project in successfully increasing self awareness among prisoners and the help that is available to them is positive.

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# A&E data sharing

One of the region wide projects underway is to encourage the collection and sharing of assault data between A&E departments and their CDRP colleague.



The best practice model is based around the work in Cardiff, led by Professor Jonathan Shepherd, where through the partnership violent crime in the city centre reduced by 45% over a 5 year period.

At present about half of the hospital in the region are collecting and sharing this data and most importantly partners are using the data to target their prevention activity as a result.

The Regional Alcohol Manager is working with partners and hospitals, and can help with shaping the process of collection and sharing, with access to national IT solutions. A best practice seminar is being organised and will be held in the next few months.

Dr Adrian Boyle, Consultant in Emergency medicine at Addenbrookes has co-written the new guidance on data sharing and is leading the work with clinical colleagues across the region.

The College of Emergency Medicine has published a guideline about information sharing from hospital emergency departments to reduce alcohol related community violence. The College advocates that data about the location of assault, time and date of incident and the type of weapon used should be collected by hospital receptionists and shared each month in anonymous form with the local police crime analysts. This process can lead to impressive reductions in the number of people requiring emergency department treatment following assault.

The guidance is notable in that it advocates that there is no need for an information sharing protocol between hospitals and the police. The guideline is available on the College of Emergency Medicine website at:

[www.collemergencymed.ac.uk/CEM/Clinical%20Effectiveness%20Committee/Guidelines/Clinical%20Guidelines/default.asp](http://www.collemergencymed.ac.uk/CEM/Clinical%20Effectiveness%20Committee/Guidelines/Clinical%20Guidelines/default.asp)

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