

The Safe Durham Partnership

Altogether safer

**Alcohol Harm Reduction
Strategy
2012-2015**

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Foreword

Welcome to the County Durham Alcohol Harm Reduction Strategy



Nationally and locally we have witnessed the increasing harm caused by alcohol to individuals, families and communities. Whilst alcohol can be used for enjoyment and relaxation it is also associated with a wide range of problems including anti-social behaviour, family breakdown, violence, worklessness, ill health and early death.

We know that access to cheap alcohol is a major problem and we are delighted the Government has made the commitment to introduce a minimum unit price for alcohol. We know that the current economic climate may have an impact on families and individuals may turn to alcohol as a coping mechanism.

At the same time we have and will continue to have significant reductions in public sector spending in the County and therefore we need to work efficiently to ensure our local demand is met. Early investment in prevention services is critical to prevent costly, long term provision.

The County Durham Alcohol Harm Reduction Strategy brings together agencies from across the County to coordinate activities and avoid duplication. The strategy has been developed with a range of partners following an event held on May 25th 2012 and builds upon the excellent achievements of our previous strategy. We are delighted that County Durham has been recognised as a case study nationally for our strategic approach to tackling alcohol. We would like to thank all those that have been involved to date and encourage more of you to become involved in the work in implementing this strategy over the next three years.

It is our intention through the Safe Durham Partnership and the Health and Wellbeing Board to work together to make a real difference to the lives of people in County Durham. By working together we will maximise our opportunity to reduce alcohol related harm and improve the quality of life for people in County Durham. It is for this reason that we commend this strategy to all of our partners.

Handwritten signature of Rachael Shimmin in cursive.

Rachael Shimmin
Chair of the Safe Durham Partnership

Handwritten signature of Lucy Hovvels in cursive.

Councillor Lucy Hovvels
Portfolio Holder for Safer and Healthier Communities, Durham County Council

1. Objectives of the Strategy

Vision

Our overall vision for this strategy is:

To reduce the harm caused by alcohol to individuals, families and communities in County Durham while ensuring that people are able to enjoy alcohol responsibly.

Key Objectives

In order to achieve the vision we have set eight key objectives under three themes.

Prevention

1. To use targeted approaches to raise public awareness in County Durham of the harm caused by alcohol by promoting consistent messages about drinking.
2. Provide specific targeted training and education to support individuals, professionals, communities and local businesses to address the harm caused by alcohol.
3. Engage with children and young people to develop age and gender specific information, activities, services and education to prevent alcohol related harm.

Control

4. Increase the gathering, sharing and use of intelligence to reduce the number of alcohol related incidents and alcohol related offending impacting upon communities.
5. Engage with licensees and target licensed premises where necessary to ensure that licensed premises are managed responsibly.
6. Ensure a coordinated approach to policy development, planning and adoption of legislation.

Recovery Treatment

7. Commission and deliver effective treatment and recovery services in line with national guidance and undertake work to identify the needs of particular groups where the data is limited e.g. pregnant women.
8. Involve and support young people, families and carers (including young carers) living with alcohol related issues in order to break the cycle of alcohol misuse.

Key Performance Indicators

To measure our overall performance towards meeting these objectives we have set 20 key performance indicators (Appendix 2). These include

- Increase the number of schools that undertake social norms work.

- Reduce the rate for alcohol related hospital admissions.
- Increase the number of people in treatment (adults and young people).
- Reduce the perception of people, including youths, drinking which causes nuisance / intimidation / racial abuse.
- Reduce the percentage of alcohol related violent crime.
- Reduce the percentage of alcohol related anti-social behaviour incidents.

2. Definitions

The Department of Health defines alcohol misuse into three categories:

Hazardous drinking (also known as increasing risk) - these people are drinking above recognised sensible levels but not yet experiencing harm. Increasing risk limits are defined by the Department of Health as drinking more than 3-4 units a day for men and more than 2-3 units a day for women on a regular basis.

Harmful drinking (also known as higher risk drinking) - this group are drinking above recommended levels for sensible drinking and experiencing physical and/or mental harm. Higher risk drinking is classified as the regular consumption of more than 8 units a day for a man (more than 50 units a week) or more than 6 units per day for a woman (more than 35 units a week). Individuals categorised as higher risk drinkers are not dependent on alcohol.

Dependent drinkers - this group are drinking above recommended levels, experiencing an increased drive to use alcohol and feel it is difficult to function without alcohol. Dependent drinking can be sub-divided into two categories; moderate dependence and severe dependence, traditionally known as chronic alcoholism.

In addition binge drinking is defined as drinking at least twice the daily recommended amount of alcohol in a single drinking session (8 or more units for men and 6 or more units for women). Binge drinking usually refers to people drinking a lot of alcohol in a short space of time or drinking to get drunk.

Lower risk drinking is defined as men drinking no more than 3-4 units a day and women drinking no more than 2-3 units a day on a regular basis.

Units of Alcohol

One unit of alcohol equates to 10ml of pure alcohol. This means that alcoholic drinks contain different units due to their type, strength and size. Examples of unit contents are below.



Following the launch of the National Alcohol Strategy in March 2012 the Government has asked the Chief Medical Officer to oversee a review of alcohol guidelines for adults to include separate advice on the amount of alcohol to be drunk on one occasion and for people over 65 years.

3. Policy Drivers

3.1 National

The **Government's Alcohol Strategy** was published in 2012 and aims to:

- tackle the availability of cheap alcohol by the introduction of minimum unit price, consulting on multi-buy promotions in the off-trade and targeting problems of irresponsible drinks promotions in pubs and clubs,
- work with the alcohol industry and regulators on advertising standards,
- give a range of tools and powers to enable local agencies to work more effectively with the licensed trade. This will include measures to close premises, restrict alcohol sales late at night, introduction of a late night levy to fund community policing, control the density of premises licensed to sell alcohol and trial sobriety schemes,
- secure the alcohol industry's support to change individual drinking behaviour by building on the Responsibility Deal, and
- support individuals to make informed choices about health and responsible drinking by reviewing alcohol guidelines for adults, including alcohol screening in NHS health checks, investing in social marketing and provide evidence for local investment in alcohol interventions and treatment services for offenders.

The **Government's Drug Strategy Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life** was published in 2010 and focused on the dependence of all drugs, including alcohol. It has five key themes:

- reducing demand,
- restricting supply,
- building recovery in communities,
- reducing illicit and other harmful drugs, and
- increasing the numbers of people recovering from dependence.

The **Police Reform and Social Responsibility Act 2011** will introduce:

- a Police and Crime Commissioner in each police force area,
- a Late Night Levy,
- Early Morning Restriction Orders,
- Public Health as a responsible authority in licensing decisions,
- the possibility of health becoming a fifth licensing objective to aid in the creation of Cumulative Impact Policies,
- a reduced evidential burden on Licensing Authorities from current arrangements where the authority needs to demonstrate that no fewer steps would suffice for the promotion of the licensing objectives to the licensing authority now being required to demonstrate that the actions are suitable for the particular condition, occasion or place, and
- tackling underage sales by increasing the fine for persistently selling to children and the length of closure.

Working Together to Safeguard Children 2010 sets out how practitioners and frontline managers should work together to safeguard and promote the welfare of children and in particular is directed to:

- organisations that are responsible for commissioning or providing services to children and adults who are parents/carers, and
- organisations that have a particular responsibility for safeguarding and promoting the welfare of children.

The **Health and Social Care Act 2012** strengthens Health and Wellbeing Boards to provide local democratic legitimacy by bringing together locally elected and accountable councillors, directors of adult social services, children's services, public health, Clinical Commissioning Groups (CCGs). Patients' views will be obtained by the establishment of Health Watch.

The Act also gives responsibility for the commissioning of drug and alcohol services to local authorities from April 2013.

The green paper **Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders** was published on 7 December 2010 and was followed by a 12 week consultation period that ended on 4 March 2011. The Government response to the paper sets out how the Government intend to take forward plans to reform the Criminal Justice System, to deliver more effective punishment of offenders, greater reparation to victims and break the cycle of crime. The main actions described in the response relevant to the alcohol harm reduction agenda are:

For offenders in custody:

- move to a system focused on recovery which does not maintain heroin users on prescription alternatives such as methadone, unless absolutely necessary,
- pilot drug recovery wings providing short-sentenced, drug-dependent prisoners with continuity of treatment between prison and the community, and
- increase security measures to reduce the supply of drugs and alcohol into prison and promote drug free environments.

For offenders on non-custodial sentences:

- explore options for intensive drug and alcohol treatment based accommodation,
- continue to work with the eight local areas already announced as pilots for a payment by results approach for drugs and alcohol recovery,
- work with the Department of Health and the Home Office to pilot and roll out liaison services for adults in police custody and at courts by 2014,
- for young people six pilots have been in operation for the last two years. Create a further 30 sites, with the long term aim being to roll this approach out nationally, and
- offenders with severe mental health problems require a different approach and further details will be published later this year.

The **Licensing Act 2003** created a single process for licensing premises which are used for sale or supply of alcohol, providing regulated entertainment or late night refreshment. At the same time the responsibility of licensing transferred to unitary and upper-tier authorities. All licensing authorities, in their decision making, must promote the four licensing objectives: prevention of crime and disorder, prevention of public nuisance, public safety and the protection of children from harm. Licensing authorities must issue a Licensing Policy Statement.

3.2 Regional

As a region, the North East continues to consume too much alcohol. As a result, we suffer some of the worst alcohol-related health harms in England. Despite small reductions in sales of alcohol in the last few years nationally, we drink twice as much as we did in the 1950s, with the average intake per person rising from 5 litres to almost 11 litres a year of pure alcohol a year and those that do drink, drink more.

Balance, the regional alcohol office for the North East, carried out a public opinion survey across the North East where almost half of men and a third of women admitted to drinking over the recommended limits.

The consequences of those levels of consumption are predictable. In the North East we have:

- the highest rate of alcohol related hospital admissions in England,
- the highest rate of deaths from alcoholic liver disease, with cases of alcohol related liver disease increasing at alarming rates amongst 30-34 year olds – over 400% in just eight years¹, and
- the highest rate of under 18s in treatment for alcohol problems.

Nationally, whilst we have the lowest alcohol related crime rates in England, around 50% of all violent crime is estimated to be alcohol related². 96% of people from the North East associate drink with anti-social behaviour.

The majority of people in the North East already support minimum unit price, with 57% of people in Durham supporting its introduction. Public support for restrictions on advertising is even higher. Three quarters of adults in Durham want to see greater protection for their children with the introduction of a ban on alcohol advertising on television before the 9pm watershed. Balance will work with its partners to build on that public support to ensure that the North East begins to turn back the tide of alcohol harm³.

At Balance, the priorities are to focus on those measures which independent international evidence informs will change the pro-alcohol environment and lead to reduced consumption. In the next three years Balance will:

¹ Hospital Episodes Statistics Data, Balance

² British Crime Survey 2009/10

³ Balance Public Perceptions Survey 2011

- focus on minimum unit price, working with partners across the North East and beyond to get rid of cheap alcohol which is damaging our children's future,
- work with local authorities and the police to control the increasing availability of alcohol in our communities, and
- galvanise the region to call for restrictions on alcohol advertising and marketing, particularly as it impacts on our children.

The North East Public Protection Partnership comprises senior management representation from regulatory or public protection services (namely the regulatory services of Environmental Health, Trading Standards and Licensing) from all twelve local authorities (LAs) in the North East region of England. The partnership acts as a regional forum offering the strategic lead that informs/influences greater collaboration between local authority public protection services throughout the North East of England. It will utilise regional co-ordination activities to help meet its vision, aims and objectives. Its aims are to ensure that the region's public protection services are delivered consistently, effectively and efficiently

3.3 Local

The Alcohol Harm Reduction Strategy 2009-12 was the beginning of our attempts as a partnership to reduce the harm caused by alcohol in County Durham. Despite the significant progress made, alcohol and its impacts on children and young people, crime and disorder, health, economic prosperity and our environment still remain a challenge.

The Joint Strategic Needs Assessment (JSNA) 2012, the Safe Durham Partnership Plan 2011-14 and the draft Joint Health and Wellbeing Strategy (JHWS) have all identified alcohol as a priority. The Children and Young People's Plan identifies risk taking behaviour as a priority, of which alcohol is a significant factor.

This Strategy will support the vision and engage with the challenges outlined in the County Durham Plan and the Sustainable Communities Strategy. Plans to develop the retail and leisure sectors will be closely linked with appropriate licensing decisions and the safe coordination of night time economies. The shared vision to develop thriving communities coming together to meet economic and social needs will undoubtedly include enjoying alcohol responsibly. Work which is being developed through this alcohol strategy to reduce harm caused by alcohol to individuals, families and communities support the goals and will contribute to local provision.

The County Durham Joint Health and Wellbeing Strategy (JHWS) highlights the harmful effects of alcohol. There is a strong correlation with the alcohol strategy specifically in reducing the availability of alcohol to young people and reducing the number of people who misuse alcohol.

4. Key Messages

The County Durham Alcohol Harm Reduction Group has developed some key messages on alcohol. These are:

- people who choose to drink alcohol should not exceed the Government's recommended limits,
- you do not need to be dependent on alcohol to have a drink problem,
- an alcohol-free childhood is the healthiest and best option,
- alcohol is not an excuse for domestic abuse,
- drinking alcohol to excess is not an excuse for committing crime; most people when they drink act in a responsible manner,
- drinking alcohol is not an excuse for behaving anti-socially; most people when they drink do not behave in an anti-social manner,
- drinking alcohol can increase your risk of becoming a victim of crime or an offender of crime,
- there are no safe drinking limits if you are driving, and
- the safest option during pregnancy or when planning to become pregnant is to not drink alcohol at all.

5. Alcohol Profile in County Durham

5.1 Alcohol Consumption

In County Durham the estimated number of people over 15 years of age engaged in each of the categories of alcohol misuse are as follows:

- increasing risk drinking ranges between 69,660 - 95,825
- higher risk between 16,112 - 23,744,
- binge drinking between 62,880 -132,712 and
- dependant drinkers between 15,264 - 25,016.

This equates to between 38% and 65% of the over 15 population of County Durham drinking alcohol at levels that cause harm. Young adults are more likely to binge drink. The greatest number of increasing risk and higher risk drinkers can be found in the 25-44 year age group. Alcohol misuse is greater amongst men than women⁴.

Evidence from the Big Drink Debate found that the preferred drinking location for County Durham residents is at home.

A recent survey conducted by Balance, identified off-licensed premises within County Durham selling the cheapest alcoholic drinks in the region at 15 pence per unit of alcohol.

5.2 The Cost of Alcohol Harm in County Durham

Balance has calculated that nationally alcohol misuse is estimated to cost society around £22.1 billion each year. In the North East region the overall estimated cost is around £1.1 billion with a cost to the NHS of £264 million, cost caused by crime and licensing of £316 million, cost to the workplace/wider economy of £404 million and cost to social services £107 million.

The estimated cost in County Durham is £189.73 million with a cost per head of population at £371. The split by NHS, crime, workplace and social services is highlighted below⁵.

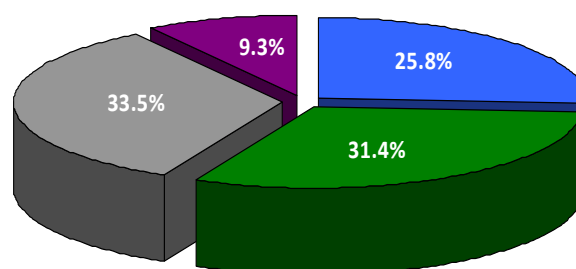
The estimated cost of alcohol related hospital admissions in County Durham for 20010/11 (inpatients and day visits) is just over **£30million**.

⁴ Source: County Durham & Darlington Alcohol Health Needs Assessment, 2011

⁵ Balance

COUNTY DURHAM COST BREAKDOWN

NHS:	£48.94m
Crime and Licensing:	£59.63m
Workplace:	£63.61m
Social Services:	£17.55m
Total cost:	£189.73m



5.3 Alcohol and the Local Economy

Alcohol plays a key role within the leisure and tourism industry. The national value of the alcoholic drinks market is more than £30 billion a year. In County Durham there are 1,690 licensed premises (both on and off trade) with 1.91% (3,228 people) of the population employed in bars⁶.

5.4 Harms to Health

Alcohol is one of the three biggest lifestyle risk factors for disease and death in the UK after smoking and obesity. Health harms to individuals from drinking can be acute (immediate) or chronic (long term). The main health consequences of alcohol misuse are liver disease, cancers (liver, oral, oesophageal, gastric, colon, breast), hypertension, stroke, acute intoxication and deaths from injuries. Additionally there are psychiatric consequences such as depression and self-harm as well as impact on the foetus.

5.5 Alcohol Related Ambulance Callouts

Data collected by the North East Ambulance Service (NEAS) provides the opportunity to identify recorded levels of alcohol-related ambulance call outs across the North East. Balance has worked with NEAS to extract 10,063 alcohol-related records during the period 1st April 2009 and 31st March 2010. County Durham had the third highest proportion (15.4%) of call outs during that period which were alcohol-related. The peak time for alcohol related call-outs is between midnight and 2am at weekends⁷.

5.6 Alcohol Related Hospital Admissions⁸

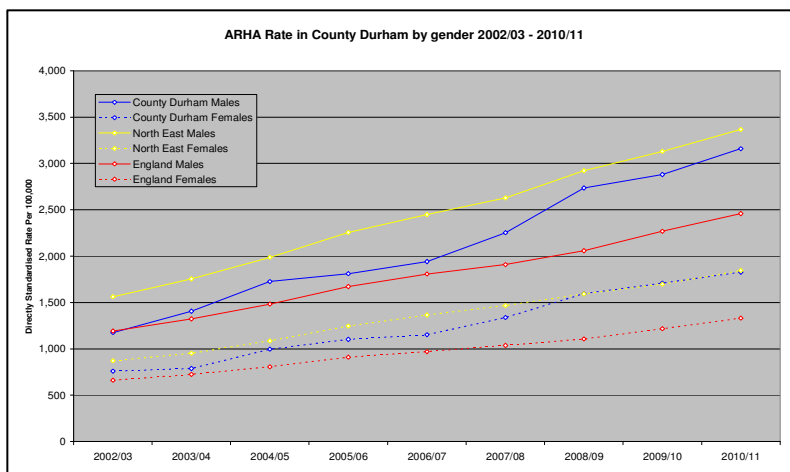
Alcohol related hospital admissions data published in the Local Alcohol Profiles for England (LAPE) are produced on an annual basis using Hospital Episode Statistics from the Department of Health. Locally, Balance has undertaken some work on the same dataset to break the admission figures down further by age, gender and reason for admission. As a result there may be small discrepancies between the data provided by Balance and that published in the LAPE.

⁶ DCMS 2010

⁷ North East Ambulance Service

⁸ Balance NEPHO

The Alcohol Related Hospital Admission (ARHA) rate has been steadily rising over the last ten years. The rate of admissions is 157.9% higher in 2010/11 when compared to 2002/03. As of 2011/12 the County Durham overall ARHA rate stood at 2522 admissions per 100,000 population. This represents an increase of 1.5% on the 2010/11 figures and is less than the 4.1% increase experienced by the North East⁹.



Alcohol specific hospital admissions for those aged under 18 years of age ranks County Durham 13th worst out of 326 local authorities. The rate and the number have been reducing since 2005/6. Although it's not acceptable for any young person to be admitted to hospital the performance in 2010/11 equates to just under 10 young people per month being admitted to hospital as a result of alcohol. These figures do not include attendances at emergency departments.

5.7 Alcohol Deaths

Male and female alcohol specific mortality rates, those deaths that are wholly attributable to the excessive consumption of alcohol, in County Durham are not significantly different to England or the North East. In the period 2007-09 114 men and 75 women died from alcohol specific causes.

Male and female alcohol specific mortality rates have been rising slowly over time in County Durham. Male specific mortality rates rose by 3% between 2003-05 and 2007-09. This is in comparison to a rise of specific mortality rates of 16% in the North East and 8% in England. In the same period female specific mortality rates in County Durham rose by 12% compared to 18% in the North East and 12% in England.

5.8 Social Impacts of Alcohol

Relationship breakdown - the World Health Organisation has indicated that as many as one in three divorce petitions in the UK cite excessive drinking by a partner as a contributory factor.

Poor Parenting - From February 2009, data has been collected regarding common risk factors that are known to impact negatively upon parenting and

⁹ North West Public Health Observatory

have therefore led to the children of the family becoming subjects of Initial Child Protection Conferences (ICPCs). During 2011/12 33% of ICPCs in County Durham identified parental alcohol misuse as a factor leading to the conference.

Sexual health and teenage pregnancies - the relationship between alcohol and sex is complex. Alcohol can be used to increase confidence, increase sexual arousal, reduce inhibition, impair sexual decision making and promote sexual behaviour. It can also be used as an excuse for socially unacceptable behaviour even if the behaviour is intentional in order to reduce the aspect of shame. The drink rather than the drinker may be blamed for the untoward behaviour. Alcohol is associated with an increased number of sexual partners, having unprotected sex leading to higher levels of sexually transmitted infections (STIs) and having more sex that is later regretted.

Worklessness – alcohol can impair the ability to work both in terms of sickness absence and unemployment.

In County Durham:

- in August 2010 330 people were incapacity claimants for alcoholism,
- in one year 11,691 sick days were lost due to alcohol at a cost of £10,289,329, and
- in one year 111,282 days were wasted due to alcohol at a cost of £10,251,659¹⁰.

5.9 High Impact Households

An analysis of high impact households within Durham Constabulary and by academic research by Northumbria University has identified that problematic alcohol use is a strong theme within these households. This includes excessive alcohol use, alcohol use by under-18s and parents under the influence of alcohol whilst caring for children; which in turn is linked to anti-social behaviour.

5.10 Alcohol Related Crime

Alcohol is strongly linked to crime and anti-social behaviour. There are issues around how alcohol related crimes are recorded and the figures are believed to be an under-representation of the problem.

Reported crime in County Durham continues to fall year on year, however the percentage of alcohol related crime has risen slightly from 2536 (8.5%) in 2010/11 to 2,600 (9.5%) in 2011/12.

Work commissioned by the Safe Durham Partnership has identified 12 high impact localities where the incidence of crime and anti-social behaviour was paralleled with levels of deprivation. Alcohol misuse was a feature in all of the 12 localities.

¹⁰ Balance

Recent perception data captured through the police confidence survey shows that 15.4% of residents within County Durham perceive drunken rowdy behaviour as a problem.

Over the past three years alcohol related anti-social behaviour reported to Durham Constabulary accounted for approximately 16% of all recorded anti-social behaviour. The number of anti-social behaviour incidents is reducing but the percentage of alcohol related anti-social behaviour is increasing. It is likely that as data quality on alcohol related improves these figures will continue to increase. The highest number of alcohol related anti-social behaviour incidents over the three year period were in Durham City and Peterlee.

5.11 Violent Crime

Nationally alcohol is believed to contribute 45% of violent crime. Locally, the percentage of alcohol related violent crime reported in 2011/12 has risen by 4% from 2010/11.

Nationally alcohol is reported as a factor in approximately 37% of domestic violence cases. In 2011/12, 44% of domestic offences in County Durham were recorded as alcohol related, compared to 35% in the recording period 2010/11.

5.12 Alcohol Seizures

In July 2011 the Safe Durham Partnership adopted an alcohol seizure policy. The policy aimed to provide a consistent approach to dealing with the confiscation of alcohol from under 18 year olds. It also aligns the Anti-Social Behaviour Escalation Procedure with the offence of someone under the age of 18 years being persistently in possession of alcohol. Between July 2011 – March 2012 there were 860 individuals recorded as having either alcohol taken from them or had been part of a group where alcohol was seized. The most common age bracket was between 13-15year olds.

Data captured when alcohol is seized shows that the majority of alcohol consumed by young people, under-18 years, is not purchased by themselves but by proxy, namely friends and family over the age of 18. From the incidents where alcohol is seized from young people, anti-social behaviour caused by young people drinking in public spaces is low – as they tend to be found in isolated spots away from residential areas, this does however raise safeguarding issues.

Between July 2011 and June 2012 the Police and Street Wardens referred 960 under-18s to 4Real, the young people's substance misuse service in County Durham.

5.13 Test Purchases

Test purchase operations are used to tackle the sale of alcohol to people under 18 years of age; it is used by both Police and Local Authority Trading Standards and is intelligence led. Underage volunteers are used to test premises use of proof of age policies and robustness in implementing such

schemes as Challenge 25. If a sale is made the seller can be given an £80 penalty notice. If the seller is the Designated Premises Supervisor (DPS) they can be summoned to Magistrates' Court.

Results of test purchase operations are used when preparing evidence to the review a premises licence. Between April 2010- March 2012, 596 test purchases were carried out by the Police Licensing Team and 19% failed. Prosecution is usually seen as a final option. Education and training is carried out with staff of premises on underage sales in order to increase confidence of staff to challenge those underage attempting to buy alcohol.

5.14 Drunk and Disorderly Offences

A common offence for which individuals are arrested during the policing of the night time economy across County Durham is being drunk and disorderly.

When comparing data from the last three years the number of arrests for drunk and disorderly has been reducing from around 1500 during 2009/10 to around 1100 during 2011/12.

5.15 Sexual Violence

There continues to be a strong link between alcohol and certain forms of sexual assaults and exploitation. It is difficult to identify the proportion of sexual assaults where alcohol was a factor due to under reporting and due to limitations in data recording. Analysis of serious sexual offences reported to Durham Constabulary has identified the following themes:

- At social events - in cases reported within County Durham and Darlington, victims (who are mostly female and often under the age of 21) have met their offender when socialising at parties and public houses where alcohol is consumed,
- Alcohol and consent - a victim may at the time of the assault, been heavily intoxicated and unable to consent to sexual activity. It is acknowledged that alcohol and drugs can remove the capacity for a victim to consent. Work is ongoing within the sexual violence strategy to promote knowledge of consent; that being drunk is not a crime, but rape is,
- Sexual violence in relationships - in domestic violent and sexual violent relationships the victims and/or perpetrator often have complex needs including the misuse of alcohol and other substances, and
- Child sexual exploitation and alcohol - recent analysis about forms of child sexual exploitation in County Durham identified a strong link with alcohol and child sexual exploitation. The most common age of victims was between 14 – 17years old and it was common for alcohol to be involved including:-
 - the victim's capacity to consent due to excessive alcohol consumption
 - in some cases whereby alcohol or the purchase of alcohol was exchanged for sexual activity
 - exploitation has taken place at parties where alcohol is consumed.

5.16 Drink Driving

Over the last three years the number of breath tests conducted across County Durham has increased.

It is promising to note however, that despite the increase in the number of roadside breath tests, there have been consecutive reductions in the percentage of positive breath tests during the last three years.

5.17 Road Traffic Collisions

The total number road traffic collisions recorded across County Durham during 2011/12 was 2,768.

- 69 people received slight injuries as a result of alcohol related road accident collisions,
- 16 people were seriously injured, and
- 20% of the alcohol related road traffic collisions resulted in the arrest of the driver failing a roadside breath test.

5.18 Alcohol Related Youth Offending

Most alcohol related offences in 2010/11 in County Durham were committed by adults (over 18 years) (74%). Young people (under 18 years) were, however, responsible for over a quarter (26%) of all alcohol related offences. In 2010/11 302 young people committed 655 alcohol related offences. Public order offences (150), violence against the person (141) and criminal damage (104) made up the majority of alcohol offences committed by young people. However, when we look at this as a percentage of all offences public order, vehicle theft and racially aggravated offences are more likely to occur when young people have had a drink with 58%, 44% and 40% of those offences being alcohol related. Theft and handling stolen goods was the top offence committed (523 offences), however only 13% of these were alcohol related.

Whilst 27% of all offences were alcohol related, there are, as expected, differences when this is broken down by age group. 39% of all offences committed by young people aged 16 or over were alcohol related, compared to 18% and 6% for 14-15 years and 10-13 years respectively.

The largest numbers of alcohol-related offences are committed by those people who are aged 16 years and above.

6. Priority Groups

6.1 Older people over 65 years

By 2029 it is projected that 28.9% of the population in County Durham will be over the (current) pensionable age.

The percentage of people who regularly drink above recommended levels decreases from the age of 45 years onwards however the chronic health damage from prolonged alcohol misuse is more likely to manifest as we get older.

In County Durham over the last nine years there has been a 290.2% increase in over 65s alcohol related hospital admissions. The rate increase for men over the age of 65 has been slightly higher at 301.2% whilst being slightly lower for women who are over 65 years of age at 273.5 (*Source Balance*).

In County Durham the percentage of people aged over 65 referred to the Community Alcohol Service (CAS) was 4% of the total.

Alcohol misuse among older people is associated with increased risk of poor nutrition, falls, hypothermia, anxiety and depression.

6.2 Children and Young People

It is important to recognise that the majority of young people do not drink alcohol. However a social norms survey conducted in five schools in County Durham revealed that young people perceive that their peers are drinking more frequently than they actually are.

The Picture This event which took place in April 2011 identified that young people are concerned about drinking alcohol and this was often related to a perceived lack of leisure opportunities in County Durham.

The Smoking, Drinking, Drug Use Amongst Young People Survey 2011 published by the NHS Information Centre indicates the North East still remains the region with the highest proportion of young people who have ever drunk alcohol; the highest proportion of young people who drank alcohol in the last week; and the highest average weekly unit consumption amongst those who do drink.

Whilst the above indicators have shown reductions in recent years those who do drink are consuming nearly twice the number of units as young people did when the survey was first published back in 1990.

Research shows that young people who may be at greatest risk of alcohol dependency are those whose parents are alcohol dependent. During 2011/12 46% of new clients accessing the Community Alcohol Service had children under the age of 18 years either living with them or where they had regular contact. Other identified vulnerable groups include those involved in offending, looked-after children and those excluded from schools.

In 2010/11 6.7% of permanent school exclusions in County Durham were thought to be specifically due to alcohol.

Of those young people who access services through 4Real, the young persons substance misuse service, 133 (44%) of were presenting with a primary problem of alcohol. 86 (59%) of those presenting with a primary drug problem also reported a secondary problem with alcohol.

6.3 Ethnic groups

County Durham has a Black and Minority Ethnic (BME) population of 2.32% (11,600 out of 500,700). People from Black or Minority Ethnic groups are more likely to live in the Durham/Chester-le-Street area (56.2%), with 12.4% living in east Durham, and 11.8% in the Durham Dales and Sedgefield.

The Joseph Rowntree Foundation reported in 2010 that higher levels of abstinence and lower levels of drinking alcohol were associated with people from minority ethnic groups. However Muslim men who choose to drink are more likely to drink heavily than other minority and ethnic groups as are those from mixed minority ethnic backgrounds.

6.4 Veterans

The County Durham Joint Strategic Needs Assessment (JSNA) suggests that there may be a population of approximately one million or more ex-service personnel living in the North East. National research suggests that 13% of service personnel report alcohol misuse and this is highest in those undertaking a combat role. The JSNA suggests that most ex-service personnel in the North East are likely to be from the Infantry. The research noted that when taking into account the predominance of young men in the armed forces, the level of alcohol misuse remained higher than the general population.

6.5 Lesbian, Gay, Bisexual and Trans Communities

Part of the Picture is a national research project investigating the impact of drug and alcohol misuse amongst lesbian, gay, bisexual and trans – Community (LGBT) adults. Their findings suggest that there are high levels of alcohol misuse by LGBT people and that levels of concern about these behaviours were low indicating that there may be an element of hidden harm amongst these groups. The research indicated 23% of LGBT people regularly binge drink; 10% of whom estimated they were binge drinking 4-5 times a week or daily/almost daily. The data suggested that up to 25% of LGBT people may have a dependency upon substances including alcohol.

6.6 Homeless

During 2011/12 Housing Solutions in County Durham recorded that 114 people who presented as homeless or on the brink of homelessness also had issues with alcohol. A further 84 people who presented for advice and assistance around their housing need (not necessarily homeless) also had issues with alcohol. It is thought that this could be an under representation.

6.7 Dual Diagnosis

Alcohol misuse is said to occur with dual diagnosis when it occurs together with substance misuse or mental health problems. In County Durham, 15% of those in drug treatment also had problematic drinking patterns and 17% of those in alcohol treatment also used drugs.

The odds of having a psychiatric problem in an alcohol dependent person are twice that of a person who does not have any drinking problems.

6.8 Pregnant Women

There is no routinely reported data at a local level on the number of women drinking alcohol during their pregnancy nor the amount of alcohol consumed. National surveys suggest that numbers of women giving up alcohol during pregnancy has increased.

Foetal Alcohol Spectrum Disorder (FASD) is a series of birth defects caused entirely by a woman drinking alcohol in her pregnancy. It is the leading cause of non-genetic learning disability in the UK. The conservative estimates are that 1% of the whole population is affected by FASD. Some local authorities estimate that around 70% of the children needing adoptive families have drug/alcohol misuse in their background or have been exposed during pregnancy. It costs an estimated £2.9 million to raise a child with FASD across their lifespan. FASD is entirely preventable¹¹.

6.9 Offenders and Reoffenders

The Ministry of Justice consultation, Breaking the Cycle 2011 identified that 44% of offenders assessed in 2008 had problems with alcohol misuse which may have required treatment.

Prisoners have extremely high rates of harmful and hazardous drinking. Nationally, it was reported that 63% of sentenced and 58% of remanded males; and 39% of sentenced and 36% of females are hazardous or harmful drinkers. Alcohol misuse is also associated with nearly a third of suicides that occur in prisons.

A local study of alcohol and offending indicated that 35% of young offenders in custody were identified as possibly dependent¹².

Durham Tees Valley Probation Trust undertook a survey in August 2012. The results found that with the exception of the South Durham Integrated Offender Management team all other areas demonstrated that more than 50% of their caseload had alcohol problems, the highest of these being in the east where there were 339 cases. These figures are higher than those reported nationally.

¹¹ Source Tees Valley FASD Network

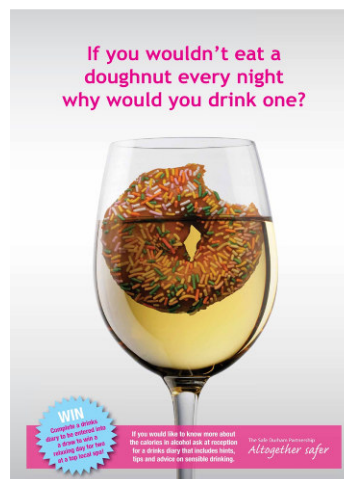
¹² Source Alcohol Health Needs Assessment 2011

7. Achievements 2009-12

7.1 Prevention

- Between April 2009-March 2012, 3591 frontline staff were trained in alcohol screening and delivery of brief advice.
- Investment into Balance - the regional alcohol office to support with marketing, data analysis, evaluations and coordination of work across the region.

- A social marketing plan was developed to target specific segments of society with tailored interventions. It has been a shift away from taking a blanket approach which may fail to reach large sections of society. One of the campaigns was targeted at females aged 25-44 years who are concerned with weight and calories in relation to alcohol.



- The national segmentation tool has enabled us to identify the areas that have high proportion of certain types of drinkers. An initiative was developed looking at those habitually drinking at home, normally wine. This aimed to address the development of a culture where alcohol is used for social reasons - relaxation, stress release and as an accompaniment to meals leading to significant levels of consumption over a period of time. This activity was carried out through a direct mail campaign which was targeted at this specific segment most notably within the Teesdale area.
- Alcohol Awareness Week is a national annual event led by Alcohol Concern. Over the last two years County Durham worked with Balance to increase the regional campaigns addressing the impact of parental attitudes on drinking and the impact on young people. In 2010/11 the Safe Durham Partnership launched a campaign called what's the message in your bottle. The campaign aimed to inform the workforce of the facts surrounding alcohol, and challenge their perspectives of the harm caused by alcohol.
- In November 2011 County Durham supported Balance's campaign See What Sam Sees which highlighted the dangerous impact that exposure to alcohol is having on children, especially through marketing and advertising.
- Social norms work has commenced in six secondary schools. This looks at perceptions and behaviour of alcohol consumption and links with other risk taking behaviours such as sex, relationships and smoking. The social norms approach gathers data from a target population before feeding back the truth about actual behaviour.

- The Fire Death Protocol has resulted in the Community Alcohol Service making referrals direct to County Durham and Darlington Fire & Rescue Service, for those identified at risk.
- The ID4U proof of age scheme has gone live and is currently being implemented across the County to further reduce under 18s access to alcohol. The scheme is proving to be very popular with young people and their parents.
- Durham University was commissioned to undertake ethnographic research with young people on their relationship with alcohol. Alcohol narratives was published in late 2011 and has been used to inform how services work with young people locally.



- A Don't Pass it On marketing campaign was undertaken aimed at 18-24 year olds who pass on alcohol to friends and relatives who are under 18 years of age. The campaign was highlighted by the former Department of Children, Schools and Families as innovative practice and through work with Crimestoppers has cascaded to other areas including into Scotland.

7.2 Treatment

- In 2011 an Alcohol Health Needs Assessment was undertaken to identify the health needs of people living in County Durham in relation to alcohol misuse.
- Alcohol treatment pathways have been developed across all four tiers within County Durham from early identification through to in-patient detoxification.
- 88% of GP practices within County Durham participated in the locally enhanced service. Since 2008/9 GP's have screened 26507 patients and delivered 2911 brief interventions.



- A pilot is underway to assess the feasibility and effectiveness of delivering alcohol screening for women and girls accessing pharmacies for emergency contraception. The pilot is being evaluated by Durham University

- The young people's substance misuse service is called 4REAL and is an integrated provision that delivers a multi-agency approach to the identification, assessment, referral and treatment of children and young people under 18 years who are at risk of substance misuse related harm. The service delivers to all young people resident in County Durham including those assessed as children in need, on the edge of care and looked after children. It provides a holistic recovery based approach to addressing drug and alcohol misuse with focus being on early intervention, treatment, aftercare and support. The wider family unit is offered dedicated support with information and advice on where to receive on-going help. During 2011/12 the service had 303 young people accessing for structure treatment specifically for a substance misuse.



- A referral pathway for any young person being admitted to hospital or attending A&E as a result of alcohol has been developed with the County Durham and Darlington Foundation Trust in response to the numbers of under 18 hospital admissions.



- The Community Alcohol Service (CAS) offers tier 2 and tier 3 services and has been reviewed to ensure it is working effectively meeting the needs identified within the alcohol health needs assessment and able to respond to the national recovery agenda. The service is an integrated model and includes organisations from statutory and third sector organisations. The service operates a hub and spoke delivery model. It places recovery at the heart of the care and support offered to clients and their families and offers a person-centred journey through treatment to recovery that meets the individuals' needs. Within CAS there is a dedicated hospital liaison team and a dedicated criminal justice team.
- Since the launch of the last strategy in 2009, 1478 adults have successfully completed treatment in the Community Alcohol Service.

- By the end of 2011-12 an estimated 10% of dependent drinkers in County Durham had accessed specialist treatment services for alcohol. This was compared to 6.2% in the North East and 6.8% nationally. In County Durham the actual number of clients accessing specialist treatment was 1887.
- Durham Recovery and Wellbeing Centre (DRAW) opened in September 2011. It promotes wellbeing and supports people to stay in recovery; the centre offers a community drop in facility that promotes mutual aid and further development of the new social networks people have accessed through their treatment journey. The main emphasis is to support people to move on in their lives, to help people maintain recovery offer assistance for people wishing to gain employment, volunteering, education and training and to make a positive contribution to their families and communities.
- An alcohol treatment scheme was implemented for those subject to Alcohol Treatment Requirement Orders required by a court. The aim is to divert people from custody to an alcohol structured programme delivered jointly by Durham Tees Valley Probation Trust and the North East Council on Addictions (NECA) This scheme received national recognition from the Butler Trust.
- The Alcohol Education Team based in HMP Durham and HMP Low Newton offers alcohol specific information regarding risks to health, offending and family breakdown. This intervention helps to reduce alcohol related harm and subsequent relapse. A six month pilot offering family advice (including to children) has been commissioned to offer support, and guidance on alcohol misuse to prevent relapse.
- A hospital based alcohol action plan has been developed, this includes the need to identify those patients who have repeat admissions into hospital as a result of alcohol.

7.3 Control

- The 'Cardiff' model involves the collection and sharing of anonymised data between emergency departments (EDs) and community safety partnerships (CSPs). It is used to target policing and aims to reduce alcohol-related street violence, violent incidents in licensed premises and reduce overall violence related attendances at Emergency Departments. Since 1st April 2009 anonymised data showing time, date and location of alcohol related violence has been shared in Durham. Data has been used effectively by the licensing department as proof of a licensed premise failing to protect their customers and be socially responsible.
- A new alcohol seizures procedure was introduced in July 2011 to provide a cohesive approach across County Durham. The policy aligns both the ASB escalation procedure and the offence of someone under the age of 18 years being persistently in possession of alcohol.
- A Community Alcohol Partnership (CAP) is currently being piloted in the Stanley area. It aims to tackle harm caused by alcohol through co-

operation between alcohol retailers and local stakeholders, such as trading standards, police, local authority licensing teams, schools and health networks. An evaluation of the project is underway.

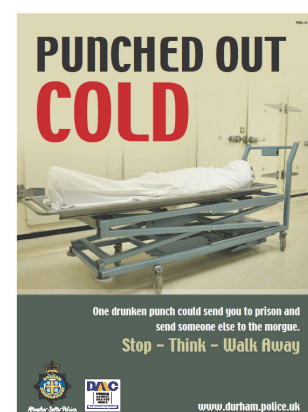
- Alcohol arrest referral work for those in custody has been running as a pilot in County Durham. To date 227 people have been screened and receiving brief interventions. Pathways are now developed with the Community Alcohol Service.
- The new co-located Alcohol Harm Reduction Unit (Trading Standards, Durham County Council Licensing Services (Licensing Administration and Licensing Enforcement) and Police Licensing and Environmental Health) will focus on reducing the harms caused by alcohol. It will use intelligence to identify problem premises and set up action plans.
- Best Bar None is a national award scheme aimed at promoting responsible management and operation of alcohol licensed premises. It aims to reduce alcohol related crime and disorder in a town centre by building positive relationships across the licensed trade, police and local authorities.
- Licensed premises are encouraged to use polycarbonate glasses, especially during peak times to prevent serious injury should a glass break or used as a weapon, The Best Bar None scheme has assisted with funding in order to purchase polycarbonate glasses.

- Drink driving leaflets have been developed by the partnership and distributed throughout the Christmas period by traffic police to individuals found to be below the legal limit but still with alcohol in their system.



- In January 2011 a scheme was introduced in custody suites across the County whereby anyone arrested for an alcohol related offence, such as drunk and disorderly or a minor public order offence were given the option of a conditional Penalty Notice for Disorder (PND) which attracted a £40 fine and then attended an alcohol awareness course. The scheme was evaluated and found not to be viable.

- Operation StaySafe is operated across the County by neighbourhood policing teams together with partners. These operations are used to target young people who may be vulnerable due to taking alcohol/drugs. A young person is taken to a place of safety and their parent/carer is contacted to collect them, they also receive brief intervention advice from 4Real.



- In December 2011 a campaign was launched across the County to highlight the impact that one

drunken punch can have on both the victim and offender. The impact that one punch can have can be devastating with a punch leading to the victim falling to the ground and hitting their head and receiving a fatal injury, it also impacts on the offender who can receive a lengthy prison sentence. 'Punched Out Cold' was launched in Bishop Auckland in the lead up to Christmas and was expanded to cover the rest of County Durham in early 2012.

8. Delivering the strategy

The performance management framework aligns to the priorities identified by the Safe Durham Partnership. Each of the priorities is supported by a thematic group with responsibility for delivering improvements. The Alcohol Harm Reduction (AHR) group is a sub group of the Safe Durham Partnership. It also reports on a six monthly basis to the Children and Families Trust and progress of the strategy will also be reported to the Health and Wellbeing Board.

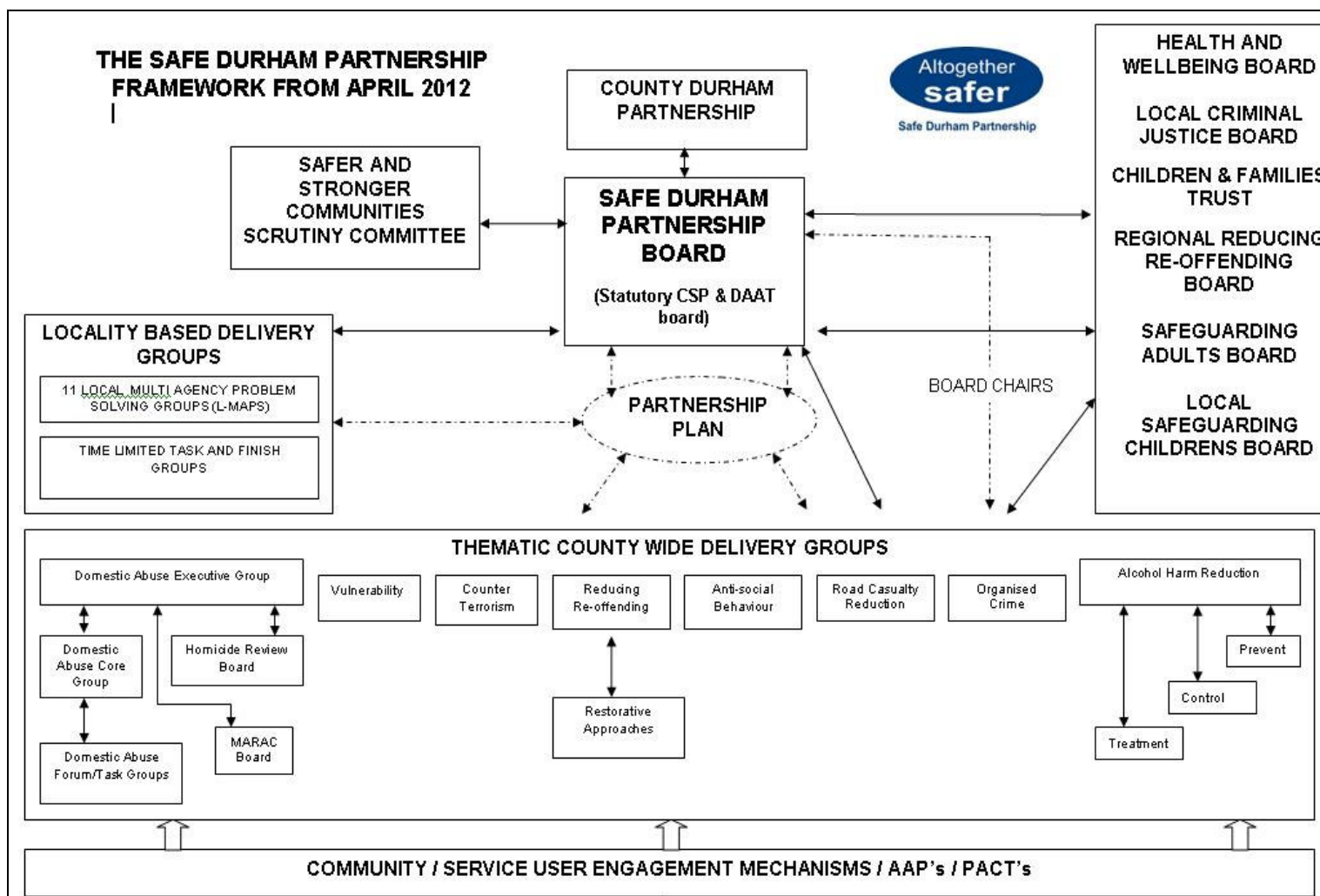
The Alcohol Harm Reduction Group considers a quarterly performance report which contains a range of indicators (Appendix 2). The Alcohol Harm Reduction Group maintains an action plan appropriate to the issues raised from the performance report. Any key issues are escalated to the Safe Durham Partnership Board. Further information is provided within the alcohol harm reduction performance framework and actions plan which is available separately.

Linked local strategies

Strategies and plans are in place within County Durham which can be linked to the Alcohol Harm Reduction Strategy. These are:

- County Durham Joint Health and Wellbeing Strategy 2012-17
- County Durham Sustainable Community Strategy 2010-30
- County Durham and Darlington Sexual Violence Strategy 2011-14
- County Durham Domestic Abuse Strategy 2012-15
- Safe Durham Partnership Anti Social Behaviour Strategy 2011-14
- Safe Durham Partnership Reducing Re-offending Strategy 2011-14
- County Durham Children and Young Peoples Plan 2009-12
- County Durham Think Family Strategy 2012
- County Durham Hate Crime Action Plan 2010
- County Durham High Impact Household Guidance 2012
- County Durham & Darlington Sexual Health Strategy 2009-14
- County Durham & Darlington Teenage Pregnancy Strategy 2009 -12
- County Durham Local Safeguarding Children's Board annual business plan
- Licensing Act 2003 statement of licensing policy published by Durham County Council 2011-14

Governance framework of the Safe Durham Partnership



9. Summary of Action Plan 2012 - 2015

9.1 Prevention

What we will do:

- utilise social marketing techniques to raise awareness about the harms of alcohol and instigate behaviour change amongst priority groups
- support the 3 Towns Area Action Partnership (rural communities) to implement the community action plan to address anti-social behaviour linked to underage drinking funded nationally by Baroness Newlove
- work with Durham's Local Safeguarding Children's Board to deliver work on the relationship between alcohol and sexual exploitation
- implement a social norms approach to change perceptions and behaviour related to alcohol and reduce demand for alcohol amongst children and young people
- work with schools and families to promote awareness of the risks associated with alcohol use by young people
- support Health Networks and the Voluntary and Community Sector to implement local alcohol related activities
- ensure that activities for young people are developed and/or sustained to divert young people from drinking alcohol
- develop plans to address the issue of proxy sales based on local research
- support workplaces to address alcohol use amongst their workforce

9.2 Control

What we will do:

- improve the quality of data capture to understand the full impact of alcohol on anti-social behaviour, crime, offending and re-offending, including in accident and emergency settings
- use intelligence led approaches to inform effective multi-agency based problem solving around people, premises and places
- make effective and appropriate use of enforcement powers
- carry out a co-ordinated and targeted approach to the "policing" of the night time economy
- improve the flow of intelligence between treatment services and the Alcohol Harm Reduction Unit
- Commission an alcohol diversion scheme for binge drinkers who are arrested with an eligible alcohol related offence
- continue to develop Best Bar None
- support the Police to implement their action plan on alcohol to improve Durham Constabulary's response to alcohol related crimes and incidents including the development of alcohol champions across the Constabulary and acting as a national pilot for the development of alcohol tactical advisors
- further develop the understanding on the links between alcohol and child sexual exploitation

- ensure that we target premises where irresponsible drinks promotions are taking place
- develop a multi agency policy and operating procedures for dealing with under 18 events in licensed premises
- manage process required to implement new legislation including Early Morning Restriction Orders, the Late Night Levy and cumulative impact policies
- Work with the Police and Crime Commissioner to ensure that funding is allocated to reduce alcohol related crime and anti-social behaviour

9.3 Recovery Treatment

What we will do:

- target service development towards priority groups to improve access to treatment including males within the 25-44 age group
- undertake further work to understand alcohol misuse in particular groups such as older people, gypsies and travellers, homeless, pregnant women, those with dual diagnosis, LGBT and veterans
- improve the quality of data recording in all settings including the recording of attendances for alcohol misuse in accident and emergency departments
- increase the number of adults and young people accessing and successfully completing treatment
- ensure a seamless transfer of the commissioning of alcohol services into Durham County Council and seize opportunities for alignment with drugs services
- listen to the views of users and carers to continually improve the quality of services
- support County Durham and Darlington Foundation Trust to implement the hospital based alcohol action plan
- evaluate projects including alcohol screening and delivery of brief advice in primary care and pharmacy settings and the Durham Recovery and Wellbeing Centre (DRAW)
- work with Clinical Commissioning Groups to raise the profile of alcohol and provide increased support for those individuals who are repeatedly admitted to hospital as a result of alcohol
- Further develop the work on recovery including recruiting, training and supporting peer mentors
- undertake work to understand the transition of young people to adult treatment services

Appendices

Appendix 1: Glossary of Terms

A&E or ED	Accident and Emergency Department or Emergency Department of a hospital
AHNA	Alcohol Health Needs Assessment is a document collating alcohol related health information which helps to support and inform strategy and policy development and the commissioning of services.
Alcohol dependency	Feeling unable to function without alcohol
Alcohol misuse	Drinking at increasing or higher risk levels which contribute to a wide range of health, crime and economic harms
Alcohol mortality	Cause of death wholly attributable to alcohol consumption
Anti-social behaviour	Behaviour which causes or is likely to cause harassment, alarm or distress to one or more people not of the same household.
Anti-Social Behaviour Escalation Procedure	This is a tiered approach to implementing interventions to deal with the perpetrators of 'confirmed incidents of ASB'
Alcohol attributable conditions	Health conditions where there is a proven causal link with the consumption of alcohol in some cases
Alcohol specific conditions	Health conditions that are 100% attributable to the consumption of alcohol
ABV	Alcohol By Volume. The percentage of alcohol in a drink
Balance	The alcohol office for the North East
Big Drink Debate	A high profile campaign - supported by television and poster advertising and public relations (PR) – to get people in the North East talking about alcohol and its place in the community. As part of the debate, North East residents were invited to have their say on a range of topics linked to alcohol by taking part in a short survey.
Binge drinking	Drinking at least twice the daily recommended amount of alcohol in a single drinking session (8 or more units for men and 6 or more units for women). Binge drinking usually refers to people drinking a lot of alcohol in a short space of time or drinking to get drunk.
CAF	Common Assessment Framework – a framework to make sure that different services work together to support children and young people
CAS	Community Alcohol Service
Clinical Commissioning Groups (CCGs)	Groups of GP practices, including other health professionals who will commission the great majority of NHS services for their patients
Cumulative Impact Policy	Cumulative Impact Policies were introduced as a tool for licensing authorities to limit the growth of licensed premises in a problem area. This is set out in the statutory guidance issued under section 182 of the Licensing Act 2003.
DCC	Durham County Council the local authority for the County Durham area
Designated Premises Supervisor	A designated premises supervisor (DPS) is the person who has day-to-day responsibility for the running of the business.
Domestic	Any incident of threatening behaviour, violence or abuse

abuse/violence	(psychological, physical, sexual, financial or emotional) between adults, aged 18 or over, who are or have been intimate partners or family members, regardless of gender and sexuality
Dual diagnosis	People who have mental illness as well as substance misuse problems
GP	General practitioner also known as family doctors who provide primary care
Health Network	The 5 areas into which County Durham is divided i.e. Derwentside, Durham & Chester-le-Street, Durham Dales, East Durham and Sedgfield
Higher risk drinking	Drinkers who have a high risk of alcohol related illness
High Impact Households	Those families that have a disproportionate impact on communities, children, families or partner agencies as either perpetrators or victims of crime/ anti-social behaviour. They tend to experience complex health, social economic and behavioural problems which pass from generation to generation despite extensive and prolonged interventions from a range of agencies. Typically a HIH will have either failed to engage with services or demonstrated low motivation to engage.
Hospital Episode Statistics	HES is a data warehouse containing details of all admissions to NHS hospitals in England
Illicit alcohol	Illicit alcohol is either smuggled, bootlegged or counterfeit alcohol. Smuggled alcohol is generally legitimately manufactured alcohol which has evaded payment of tax by being illegally transported, distributed and sold. Bootlegged: refers to alcohol which is purchased in a country with a low level of taxation and illegally brought into the UK, evading payment of tax. Counterfeit refers to illegally manufactured alcohol which is often made abroad, but sometimes in the UK. It is sold cheaply and tax free and vast profits are made throughout the supply chain.
Initial Child Protection Conference (ICPC)	An initial child protection conference must be convened when it is believed that a child may be suffering or likely to suffer significant harm. It brings together family members (and the child where appropriate), supporters/advocates and those professionals most involved with the child and family
Increasing risk drinking	Drinkers who are at an increased risk of alcohol related illness (would also include binge drinking)
Joint Health and Wellbeing Strategy (JHWS)	The Health and Social Care Act 2012 places a duty on local authorities and CCGs to develop a Joint Health & Wellbeing Strategy to meet the needs identified in the local Joint Strategic Needs Assessment (JSNA)
Joint Strategic Needs Assessment (JSNA)	Health and Social Care Act 2012 states the purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages
Local Alcohol Profiles for England (LAPE)	A report produced by the North West Public Health Observatory (NWPHO) on an annual basis which includes 25 alcohol-related indicators for every Local Authority in England. The indicators measure the impact of alcohol on local communities

LGBT	Lesbian, Gay, Bisexual, Trans
Licensing Authority	Licensing authorities can issue premises licences, club premises certificates, temporary event notices in their area, as well as personal licences for residents and renewals of personal licences for those who had previously applied for a personal licence while resident in the licensing authority's area.
Lower risk drinking	Men drinking no more than 3-4 units per day on a regular basis and women drinking no more than 2-3 units of a regular basis
Minimum Unit Price (MUP)	A definitive price, determined by the number of units in an alcoholic drink, under which alcohol could not be sold.
NHS	National Health Service
Penalty Notice for Disorder (PND)	A penalty notice/fine can be issued by the Police where they have reason to believe that a person has committed one of the offences in the schedule
Persistent Possession of Alcohol	Where a person who is under 18 years of age is caught in possession of alcohol on 3 or more occasions within a period of 12 consecutive months
PCT	Primary Care Trust
Police Alcohol Seizure	Confiscation of alcohol from someone under the age of 18 or over the age of 18 where there are concerns it will be passed on to under-18s
Premises license	Granted under the Licensing Act 2003 a premises license authorises a premises for the sale of alcohol by retail, this may be for consumption on the premises, off the premises or both
Regularly drinking	Drinking every day or most days of the week
Responsible Authority	Responsible authorities for the purpose of licensing are: police, fire and rescue, primary care trust (PCT) or local health board (LHB), the relevant licensing authority, local enforcement agency for the Health and Safety at Work etc Act 1974, environmental health authority, planning authority, body responsible for the protection of children from harm, local trading standards , any other licensing authority in whose area part of the premises is situated
Safe Durham Partnership	The Community Safety Partnership for County Durham
Sexual Exploitation	Exploitative situations, contexts and relationships where young people (or a third person or persons) receive "something" (e.g. food, accommodation, drugs, alcohol, cigarettes, affection , gifts , money) as a result of them performing, and/or another or others performing on them, sexual activities.
STIs	Sexually Transmitted Infections
Trans	Transgender. An umbrella term for people whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth, including but not limited to transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people
Unit of alcohol	Units are a simple way of expressing the quantity of pure alcohol in a drink. One unit equals 10ml or 8g of pure alcohol,

	which is around the amount of alcohol the average adult can process in an hour.
Veteran	A person who has served in the military services
Violent crime	Robbery, sexual offences, and a group of violence against the person offences ranging from assault without injury, through wounding, to homicide.
4Real	Children and Young People's Substance Misuse Service in County Durham

Appendix 2: Performance Indicators

INDICATOR DESCRIPTION	LATEST PERFORMANCE AS AT 2011/12 Q4 (unless stated)	TARGET 2012/13
Prevention Number of secondary schools that have undertaken social norms work	tbc	23
Prevention Percentage of children becoming the subject of an Initial Child Protection Plan (ICPC) as a result of parental substance misuse; i) alcohol; ii) drugs	alcohol 33% substance 29%	Tracker
Prevention Percentage of children becoming the subject of a Review Child Protection Plan (RCPC) as a result of parental substance misuse; i) alcohol; ii) drugs	alcohol 28% substance 31%	Tracker
Prevention Number of Community Alcohol Service clients with children	553	Tracker
Treatment alcohol related hospital admissions per 100,000 population	2486 2010/11	Tracker
Treatment Number of people in Tier 3 treatment in CAS	1758	1895
Treatment Number of patients in Tier 3 treatment as an estimated dependent drinking population	9.3%	9 -10%
Treatment Percentage of exits from treatment with CAS that are planned discharges	64%	64%
Treatment Reduce re-presentations to the CAS	42%	less than 41%
Treatment Reduce Re-presentations to treatment services (young people)	tbc	17%

Treatment Number of young people in treatment	303	254
Treatment Compliance for completions of Treatment Outcome Profile (TOP) for young people at treatment start, review and exit	start - 100% review - 85% exit - 100%	start - 90% review - 90% exit – 90%
Treatment Percentage of all exits from young persons treatment which are care planned	77%	78%
Treatment Number of pharmacies signed up to offer screening for alcohol (general reasons - not contraceptive pill)	0	30
Control Perception of people, including youths, drinking which causes nuisance / intimidation / racial abuse (Police Confidence Survey)	40.6% (Q3)	Tracker
Control Perception of underage drinking and sale of alcohol to youths (Police Confidence Survey)	41.2% (Q3)	Tracker
Control Percentage of alcohol related Anti Social Behaviour incidents	16.4%	Tracker
Control Percentage of alcohol related police incidents	10.2%	Tracker
Control Percentage of alcohol related violent crime	33.0%	Tracker
Control Percentage of alcohol related domestic violence	43.3%	Tracker

Appendix 3: Membership of the Alcohol Harm Reduction Group and subgroups

4Real

Balance

Community Alcohol Service

County Durham and Darlington Fire and Rescue Service

County Durham and Darlington Foundation Trust

Drug and Alcohol Commissioning Team

Durham and Tees Valley Probation Trust

Durham Constabulary

Durham County Council including representatives from:-

- Healthier Communities
- Licensing
- Marketing
- Safer Communities
- Trading Standards
- Best Bar None/Durham City Manager

Durham Youth Offending Service

Liberty From Addiction

LINKs

Durham Tees Valley Probation Trust

NHS County Durham

North East Ambulance Service

One Point Service

Primary Care

Tees, Esk and Wear Valleys Foundation Trust