Promote Responsibility; Minimise Harm.

Plymouth's Alcohol Strategy 2012 – 2017

A separate Operational Plan will follow and will set out how we will deliver the aims set out in this document

Phase 1 of a 10 year drive to reduce alcohol related harm in Plymouth

THIS DOCUMENT IS WORK IN PROGRESS AND IS SUBJECT TO CHANGE THROUGH FURTHER CONSULTATION

Date	Version
August 21st 2012	V5

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1. Overview

In January 2011 the Department of Health Alcohol Harm Reduction National Support Team recommended that, "(Plymouth) build on the commitment of the Local Strategic Partnership Executive to develop a clear strategic approach and focused action plan for taking the alcohol agenda forward".

This Plan is the response to that challenge.

The Plymouth 2020 Partnership have agreed that as a City we must act together to step up our efforts to minimise the harmful impact alcohol has on individuals, families and communities whilst building a responsible environment for alcohol to be sold and used.

There is a difficult tension between the negative and positive contribution alcohol can make to the lives of people and the communities within which we live and work. However the facts are clear.

- We have increasing numbers of people admitted to hospital for alcohol related reasons – between 2002/3 and 2009/10 there was a rise from 3327 to 6194 equating to a 71% increase[1]
- We do not have enough specialist treatment and support services available for those who really need them. The National Institute for Health and Clinical Excellence (NICE) suggest we should be able to treat at least 15% of dependent drinkers. For Plymouth, NICE estimate this equates to around 900 people each year. [2] In 2011/12 we provided treatment to 582.[3]
- There has been a historical under-investment in adult treatment and intervention services
- There are clear relationships linking some types of crime to alcohol use. In Plymouth, violence accounts for 70% of all alcohol related crime. It has also consistently been a recorded feature in more than 40% of domestic offences and incidents.[4]
- The cost of alcohol related harm within Plymouth is estimated at approximately £80million a year.[5]
- Nationally the alcohol industry contributes £28.6 billion in GDP to the UK economy. This is 2.0% of the UK's total output. [6] We do not have a figure for the contribution the alcohol industry makes to the local economy.

Alcohol is a complex issue; it is also deeply embedded within our culture. It is part of people's social and leisure activities, contributes to economic growth, and is also a significant cost in terms of alcohol related harm. These issues all have a relationship to each other and we require

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[1] Alcohol Hospital Admissions in Plymouth (2012). South West Public Health Observatory.

[2] http://www.nice.org.uk/usingguidance/commissioningguides/alcoholservices/AlcoholServices.jsp?domedia=1&mid=04735425-19B9-E0B5-D4649E308E1EBF73

[3] National Drug Treatment Monitoring Service: https://www.ndtms.net/default.aspx

[4] Devon and Cornwall Police Alcohol Harm Profile 2011

[5] Plymouth Alcohol Joint Strategic Needs Assessment (2012): based on data from the Department of Work and Pensions

[6] 'The economic outlook for the UK drinks sector and the impact of the changes to excise duty and VAT announced in the 2008 Budget and Pre-Budget Report' – Oxford Economics, 2009

a coherent and shared response by all key partners in the City in order to 'promote responsibility and minimise harm'.

We need to prevent more problems and so treat or arrest fewer people. Treating people, whilst an important strand of any response to alcohol harm will not address the key reasons to why problems develop. Without addressing the why we will only be dealing with crisis which is often too late and very expensive.

We will never have enough funding to treat all people who require it – the numbers are too high - this is a national issue not one just for Plymouth. We must therefore establish a response that will help people to take more responsibility over their own use of alcohol and how it affects others, facilitate the responsible selling of alcohol by outlets across the City and provide timely and sensitive services to those in need of help.

The Plan's key aims will be:

- A strong, shared City response that will reduce alcohol related harm
- Changing knowledge, skills and attitudes towards alcohol (particularly with at risk groups and with the workforce who will deliver relevant services)
- Providing support for children, young people and parents in need
- Supporting individual need
- Creating safer drinking environments

This is a long term challenge and so the aims in the Plan will need to be delivered over ten years. This should be undertaken in two five years blocks. The second five years (phase 2) should be developed following a major review and refresh conducted in year 5 and be built on the progress and learning achieved.

The Strategic Plan sets out the key aims, objectives and outcomes to support our ambition along with the governance and delivery model.

An Operational Plan will be produced setting out how we will deliver against the strategic aims set out in this document.

The key source for evidence for the Plan is from:

- Plymouth's Joint Strategic Needs Assessment 2012.

Additional evidence and guidance include:

- Alcohol Attributable Hospital Admissions in Plymouth –South West Public Health Observatory 2012
- Findings from the National Alcohol Harm Reduction Support Team Visit 2011
- NICE (National Institute for Health and Clinical Excellence) guidance
- Signs for Improvement – commissioning interventions to reduce alcohol related harm; Department of Health 2009
- Local Routes – guidance for developing alcohol treatment pathways; Department of Health 2009

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2. Our ambition

The City's overarching vision is, 'to be one of Europe's finest most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone'. This Plan will aim to support this through our ambition to:

'Reduce alcohol related harm in Plymouth'

Through achieving this we will have contributed toward Plymouth being a modern 21st century City. Success in delivery of the Plan will mean:

- increasing numbers of people drink responsibly
- alcohol related health harms are reduced
- public and private crime fuelled by alcohol is reduced
- the number of children exposed to significant parental alcohol misuse is reduced
- people socialise and relax in environments that feel safe and are family friendly
- people in need of help can access information, advice or support in a timely and sensitive manner
- the supply of alcohol is undertaken responsibly and is well managed and planned
- people visiting Plymouth, enjoy and feel safe in the evening and night time economy environment and feel motivated to return

3. Key Policy Drivers

There are a number of national policy drivers that provide a framework for local action to address alcohol related harm.

Government Alcohol Strategy: HM Government 2012
The government's Alcohol Strategy published in March 2012 signals a 'radical change' in the way that alcohol issues are addressed and promises to 'turn the tide against irresponsible drinking'. It has a clear focus to reduce binge drinking, drive down alcohol related crime and tackle health issues through sustained local and national action. There is a clear emphasis on personal responsibility and local action. Additionally the 'industry' is highlighted as a critical leader in changing the drinking culture from one of excess to one of responsibility.

Government Drug Strategy: HM Government 2010
This strategy sets out an ambition to support full recovery from addiction including alcohol dependence. This recognises that effective treatment for dependent drinkers will offer the most immediate opportunity to reduce alcohol-related hospital admissions and NHS costs.

Healthy Lives Healthy People – Our strategy for public health in England: Department of Health 2010
This strategy aims to create a new system that is responsive to the specific needs of local areas and communities. This will be characterised by public health being led from local authorities with enhanced local freedoms and accountabilities and a ring fenced budget. Within new

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arrangements local Health and Well Being Boards will be responsible for oversight and leadership of the alcohol agenda. Working alongside Public Health in local authorities new NHS Clinical Commissioning Groups will also contribute to local alcohol misuse programmes through commissioning interventions that are evidenced to provide improved outcomes for individuals and savings for the health economy.

Improving Outcomes and Supporting Transparency; a public health outcomes framework for England 2013 – 2016: Department of Health 2012

This includes a number of indicators relevant to addressing alcohol:

- Improving the wider determinants of health – including sickness absence rate, violent crime and domestic abuse
- Health improvement – including alcohol related admissions to hospital and take up of the NHS Health Check programme
- Healthcare public health and preventing premature mortality – mortality from causes considered preventable, mortality from liver disease, hip fractures in over 65s.

Breaking the Cycle – Effective Punishment, Rehabilitation and Sentencing of Offenders: Ministry of Justice 2010

This sets out the government's new approach to reducing prison numbers, breaking the cycle of crime and tackling the causes of crime. It prioritises alcohol misuse and dependence among offenders and includes a focus on improving community and custody based alcohol interventions including liaison and diversion services in courts and police stations.

Police Reform and Social Responsibility Act: HM Government 2011

This Act has overhauled the Licensing Act 2003 (Rebalancing the Licensing Act) and will give local areas the powers to tackle local problems, including the ability to restrict opening and closing hours, control the density of licensed premises and charge a late-night levy to support policing. The Alcohol Strategy sets out the Government intention to bring into force all the Police and Social Responsibility Act alcohol reforms on April 25th 2012, except for Early Morning Alcohol Restriction Orders, the late night levy, and locally set licensing fees which require complex secondary legislation. These are expected to be enacted by October 2012.

Home Office: Selling Alcohol Responsibly: The New Mandatory Licensing Conditions
The Mandatory Code for Alcohol Retailers England and Wales April 2010

This document explains what the five new mandatory licensing conditions cover and the types of promotions and practices that are either prevented (such as irresponsible promotions) or expected to be implemented in all premises (such as age verification policies). These new mandatory conditions apply to all licensed premises and those with a club premises certificate in England and Wales, so this document will be of interest to those responsible for enforcing the law around licensing, as well as those selling or supply alcohol.

No Health without mental health: a cross-government mental health outcomes strategy for people of all ages 2011 Department of Health 2011

This sets out a framework for achieving better mental health for all and improved chances in life for people with mental health conditions. It highlights the issue of dual diagnosis (co-existing

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mental health and drug and alcohol problems) and stresses the importance of local co-ordination between alcohol and mental health services to achieve fully integrated care.

Building Active, Safer Communities – Strong foundations by local people

This report champions community activism and priorities 'problem drinking' and associated anti-social behaviour as an area for local action. It suggests that agencies, businesses and local people work together to support a new drinking culture.

Early Intervention: The Next Steps – A review of Early Intervention Services: Graham Allen MP 2011

&

The Foundation Years: preventing poor children becoming poor adults – a review of child poverty. Frank Field MP 2010

These reports highlight a correlation between a number of factors with negative outcomes for children and young people including later alcohol and drug misuse. Amongst these factors are parental addiction (including alcohol), violence and mental ill health. Early intervention offers opportunity to intervene before problems escalate and become too expensive to cope with, difficult or impossible to remedy. In 'The Foundation Years' the impact of parental alcohol misuse alongside poverty is noted with a strong recommendation to Government to, 'develop policies and invest in services which support these children'.

The Munro Review of Child Protection: Professor Eileen Munro 2011.

The report recommends that effective early help can prevent abuse or neglect and improve the life chances of children and young people. These interventions are recognised as playing a critical role in child protection. The report includes a number of examples focused on parental alcohol misuse.

'Troubled Families' (Local name: Families with a Future) Agenda

This is focused on families who have multiple-vulnerability and are engaged in crime or anti-social behaviour. The work utilises intensive models of intervention, coordinated through a key worker. The approach provides significant opportunity for early intervention with children and young people in these families. Adults including parents from these families may require access to alcohol interventions to support reduction in amount and frequency of alcohol being used.

4. Understanding local Need

The local priorities and activity for Plymouth are informed by need. The primary source is the:

- The Plymouth Alcohol Joint Strategic Needs Assessment 2012

Additional information on need came from:

- Alcohol Attributable Hospital Admissions in Plymouth 2012: South West Public Health Observatory.
- The findings from the National Alcohol Harm Reduction Support Team visit in 2011

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Key Findings from the Plymouth Alcohol Joint Strategic Needs Assessment 2012

Against a number of key harm indicators, Plymouth performs statistically worse than the England average[7] – these indicators are:

- Alcohol Specific Hospital admissions – under 18s
- Alcohol specific hospital admissions – males/females
- Alcohol attributable hospital admissions – males/females
- Hospital admissions for alcohol related harm
- Binge drinking
- Alcohol related recorded crime
- Alcohol related violent crime
- Alcohol related sexual offences
- Claimants of incapacity benefit – working age

Within Plymouth there are[8]:

- an estimated 46,000 hazardous or harmful drinkers (including dependent drinkers)

This is made up of:

- an estimated 39,200 hazardous and harmful drinkers (excluding dependent drinkers)
- an estimated 6,800 dependent drinkers

(See Glossary on page 29 for definitions of hazardous, harmful and dependent drinking)

- There is a strong association between deprivation and an increased burden of harm linked to alcohol misuse. Compared to those living in the most affluent areas, people in the most deprived fifth of England are three to five times more likely to die of an alcohol-specific cause and two to five times more likely to be admitted to hospital because of an alcohol –use disorder[9]

- Young people in Plymouth are more likely to drink alcohol than national counterparts. They are also more likely to have recently been drunk, compared to national and local counterparts[10]

- Plymouth's Hidden Harm needs assessment estimates that between 3,900 and 6,500 children are affected by parental alcohol misuse.[11]

- Alcohol is persistently the most significant contributor to effect violent crime and it represents 70% of all alcohol related crime. This reflects a strong correlation with binge drinking as opposed to dependant drinking.[12]

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[7] Local Alcohol Profiles for England: http://www.lape.org.uk/LAProfile.aspx?reg=k
[8] Plymouth Public Health Development Unit using the tool from; Alcohol Needs Assessment Research Project (ANARP) 2006
[9] Alcohol Use disorders – preventing the development of hazardous and harmful drinking: NICE guidance and alcohol use disorders : National Institue of Health and Cliical Excellence2010
[10] DCSF. Tellus4 Data.2010.
[11] Plymouth Safeguarding Children Board (2008). Hidden Harm Working Group Analysis of Need
[12] Plymouth Community Safety Partnership Strategic Assessment (Crime and Disorder) 2011/12

- Domestic Violence / Abuse represents 30% of all reported violent crime in Plymouth and alcohol is implicated in a high number of these cases. There is a strong correlation between sexual assault / rape and alcohol use by perpetrator and / or victim.[13]

- Key at risk groups

  - Adults 40 – 64 (peak 40-44 women and 45-49 men)
  - Offenders
  - Single homeless
  - Young Adults (18 -25) including students
  - People with mental health problems
  - Children affected by Parental Alcohol Misuse / Alcohol misusing parents (including pregnant women)

  Other at risk groups

  - Young People (under 18)
  - Older People
  - Service men and women
  - Street drinkers
  - Victims and perpetrators of domestic abuse
  - People involved in risky sexual behaviour
  - Communities at risk – neighbourhoods with high levels of deprivation also have higher levels of dependent drinkers; binge drinkers; alcohol related anti-social behaviour; domestic abuse; child protection.

- There is a gap in our current understanding of alcohol related need with respect to local Black and Minority Ethnic Communities.

- There is emerging evidence of potential significant challenges with respect to older people and their drinking. We need to build more local evidence to inform our planning at this stage

- As of 31st March 2010 Plymouth had 811 Premises licenses and 57 Club premises certificates in force

- The cost of alcohol related harm within Plymouth is estimated at approximately £80million a year[14].

- Alcohol has an approximate cost to the health economy of Plymouth £9,630,000[15].

- Based on police data the estimated annual cost of alcohol related crime in Plymouth is in the region of £27million[16].

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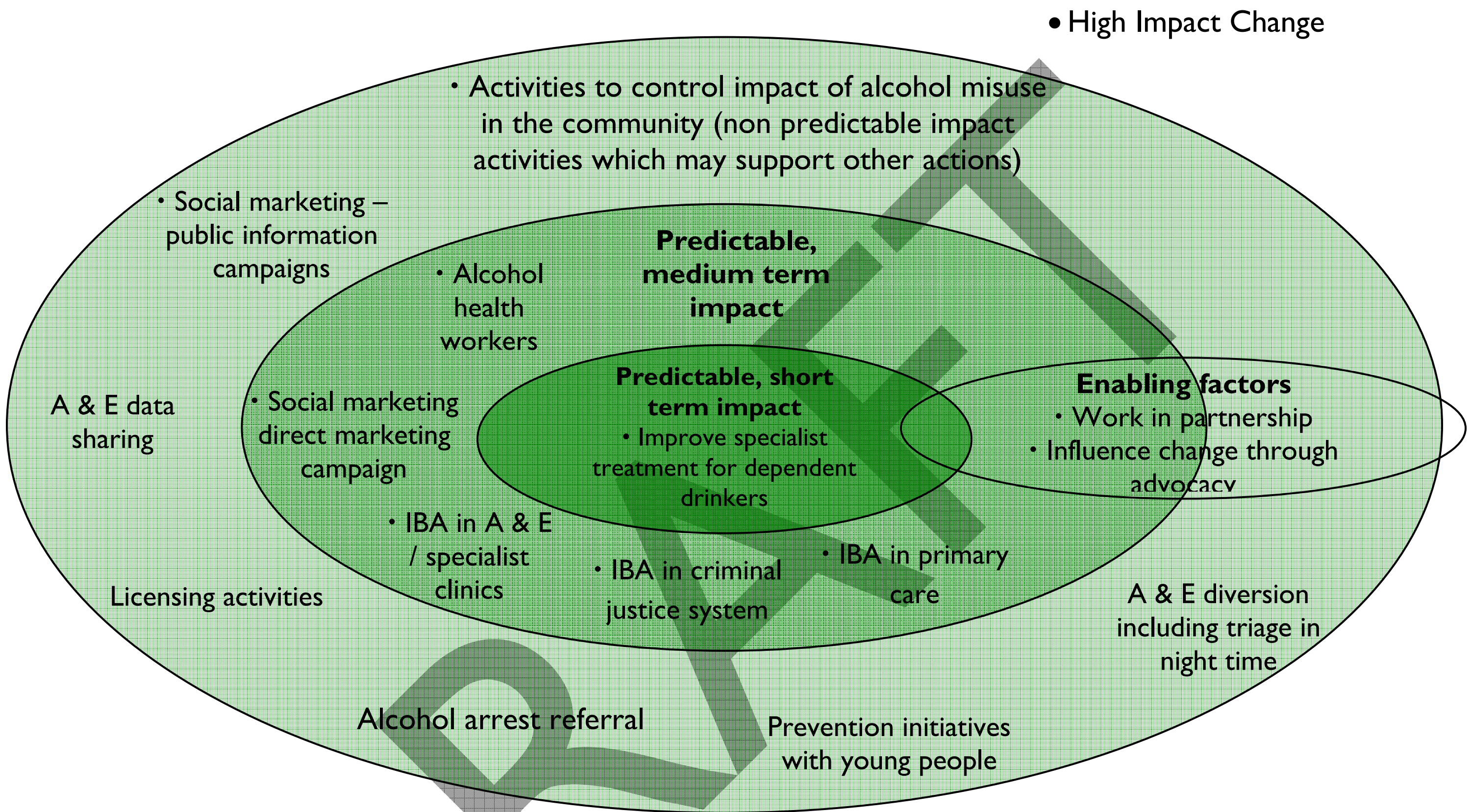
[13] Plymouth Community Safety Partnership Strategic Assessment (Crime and Disorder) 2011/12
[14] Plymouth Alcohol Joint Strategic Needs Assessment (2012): based on data from the Department of Work and Pensions
[15] Department of Health 2007

- Currently it is estimated that between 5% - 8% of dependent drinkers in the City access treatment each year. This range needs to be further understood to achieve a better breakdown between dependent and other harmful drinkers.[17]

5 High Impact Changes for reducing alcohol related hospital admissions



Department of Health (2009) Signs for improvement – commissioning interventions to reduce alcohol-related harm

The 'bulls eye' model above reflects a robust evidence base setting out activity that impacts on reducing hospital related alcohol admissions. This demonstrates the need to have a coherent plan driving out a range of activities many of which inter-relate. Those in the centre and middle ring reflect the most predictable evidence base for impact. Delivery will require a strong partnership approach.

The evidence suggests:

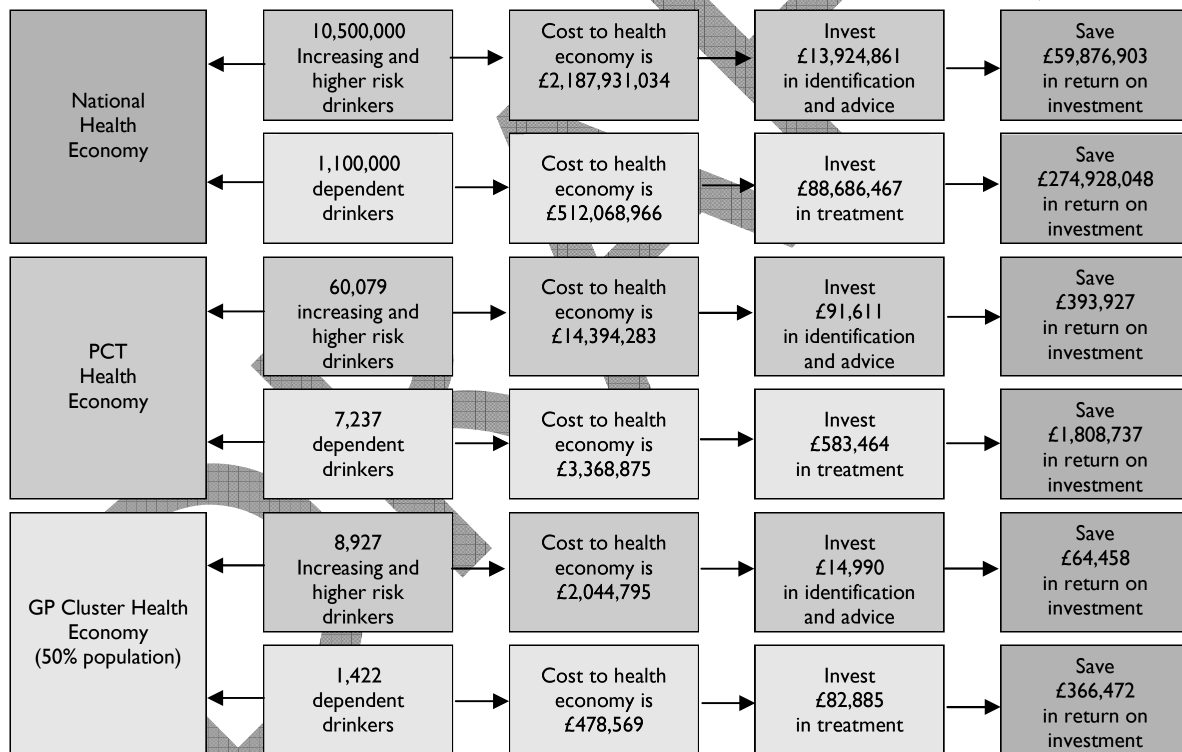
- Interventions available should address the needs of dependent drinkers, harmful and hazardous drinkers.

[16] Plymouth Alcohol Joint Strategic Needs Assessment (2012): based on data from Devon and Cornwall Constabulary
[17] An estimate based on the numbers in treatment from the National Drug Treatment Monitoring Service which includes both dependent and harmful drinkers

- Initiatives aimed at reducing alcohol related harm should be targeted at our key at risk groups and other risk groups[18], delivered in specific settings with specific relevant messages
- Strong Partnership is necessary for success
- Partnerships should have a role in advocating change e.g. supporting tackling the supply of very cheap, strong alcohol
- Outcomes from wider preventative activities are less predictable in the long term but when part of a coherent approach to tackling alcohol misuse are likely to contribute positively to the whole system

6. Return on investment

There is a strong 'invest to save' evidence base for tackling alcohol related harm. For example, the Department of Health illustrates the return on investments for the Health economy (below) made through reducing alcohol related harm for an average PCT population (350,000) or GP cluster (50,000).



The Department of Health (2009) Signs for improvement – commissioning interventions to reduce alcohol related harm.

Applying this evidence for Plymouth:

For a Plymouth population of 258,800[19] it is estimated that there are 46,000 increasing and higher risk drinkers of which 6800 are dependent drinkers

[18] See page 8
[19] ONS Population estimates 2010

- Investment of £70,540 in identification and advice is estimated to produce a return of £303,323
- Investment of £548,456 in treatment is estimated to produce a return of £1,700,213

Other studies show returns against a range of costs linked to health, welfare and crime.

- For every £1 pound spent on treating dependent (adult) drinkers £5 is saved on health, welfare and crime costs[20]
- For every £1 spent on young people's drug and alcohol treatment a benefit of between £4.66 and £8.38 is made[21].

7. Plymouth's key alcohol target within the Plymouth 2020 Performance Framework

The key overarching indicator that this Plan supports is the level 1 indicator reduce inequalities. Within this there is a specific level 2 indicator addressing hospital admissions. However, alcohol is an issue that can impact across all Plymouth 2020 aims.

Plymouth 2020 Aims

Deliver growth:	Raise aspirations:	Reduce inequalities:	Provide value for communities:
Develop Plymouth as a thriving growth regional centre by creating the conditions for investment in quality new homes, jobs and infrastructure	Promote Plymouth and encourage people to aim higher and take pride in the city	Reduce the inequality gap, particularly in health, between communities	Work together to maximise resources to benefit customers and make internal efficiencies

Specifically the alcohol target sits under reduce inequalities.

Level 2 target: Reduce the rate of alcohol-related admissions by 2020 (based on 2019/20 data) to 2010 levels (based on 2009/10 data)

This indicator sits within the new Public Health Outcomes Framework - domain 2: Health Improvement[22]

[20] United Kingdom Alcohol Treatment Trial (UKATT) Research Team (2005) Effectiveness of treatment for alcohol problems: findings of the randomised UK alcohol treatment trial (UKATT)

[21] Department for Education 2011

[22] The Department of Health state (2012): "Alcohol misuse is the third-greatest overall contributor to ill health, after smoking and raised blood pressure. Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Over 1 million hospital admissions related to alcohol in 2009/10. The Government has said that everyone has a role to play in reducing the harmful use of

The crude rate of alcohol-related admissions in Plymouth is projected to rise by 48.9% by 2019-20. To achieve the target (reduce the rate of alcohol-related admissions by 2020 to 2010 levels), it is anticipated that the rate will continue to rise until 2014/15. However from 2015/16 it is anticipated that the rate will drop steadily, reaching 2010 levels by 2020.

This Plan sets out activity that will support reduction in the rate.

Related targets in the 2020 framework

The Plan will also contribute toward a range of Plymouth 2020 targets. These include:

- Reduce the gap in life expectancy by at least 10% between the fifth of areas with the lowest life expectancy and the population as a whole by 2020 (based on 2017-19 data) from the 2010 baseline(based on 2007-2009 data) (Level 1 target)
- Reduce the rates of premature mortality (<75 years) in men from all causes by 40% by 2020 (based on 2019 data) from the 2010 baseline (based on 2009 data). (Level 1 target)
- NI 116 Reduce Child Poverty (Level 1 target)
- Increase in the number of visitors coming to the city (Level 1 target)
- NI 112 Reduce the Under 18 conception rate (Level 2 target)
- Reduce the rate of accidental dwelling fire casualties (per population) (Level 2 target)
- To reduce the rate per 1000 population for violence with injury (Level 2 target)
- Reduce harm from inter-personal violence (domestic violence and sexual violence) (Level 2 target)
- Reduce reported ASB incidents to police (Level 2 target)
- Reduce the gap in vulnerable families by at least 50% between the fifth most and fifth least deprived neighbourhoods by 2020 from the 2010 baseline (Level 2 target)

alcohol – this indicator is one of the key contributions by the Government (and the Department of Health) to promote measurable, evidence based prevention activities at a local level, together with a national ambition to reduce alcohol-related hospital admission."

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8. Plymouth's Impact Areas / Themes supporting delivery of the Plan

Using Impact Areas

We have created 'Impact Areas' to provide structure that supports governance, accountability and delivery of the Plan. There is a risk in creating these, in that we create silos. Individual and population need does not break down into single themes constructed to deliver a Plan. For example prevention will be relevant across a number of Impact Areas. Alcohol is a complex agenda and we will need to develop a mature understanding of how the cross cutting relationships of this approach are best managed. Rather than see the Impact Areas as isolated strands of work we should use them to help provide focus on delivery within an integrated approach.

Governance; Communication and Strategic Partnerships – delivering 'A strong, shared Partnership response that will reduce alcohol related harm'

OVERVIEW – GOVERNANCE; COMMUNICATION AND STRATEGIC PARTNERSHIPS

This Impact Area will ensure that we have strong and clear structures within the City that will deliver change. It will drive forward a shared ownership of delivery, financing and commissioning which is critical to the Plan's success. It will ensure annually that the Plan remains on-track and relevant. This Area will seek to establish links with the Growth Board to determine how we maximise achievement of the Aim's set out in the Plan though agreed and clear relationships to economic development. It will support communication with stakeholders.

WHAT DO WE NEED TO DO? - GOVERNANCE; COMMUNICATION AND STRATEGIC PARTNERSHIPS

We need to establish a strong shared response at the highest level of the City that will provide clear accountability for the delivery of the aims set out in the Plan. This will support tough decision making on investment that will need to be made, provide robust governance ensuring effectiveness and value for money and drive out a modern harm reduction system to tackle alcohol misuse. A business case setting out options on how we resource the system and service design requirements to deliver the Plan will be produced.

We need to facilitate and support communication across key stakeholders including, the people of Plymouth, elected members and partners in the private, community and public sectors. This will seek to engage stakeholders in the change process and to update on progress and challenges. This should be on-going. Influencing other corporate agendas to mainstream tackling alcohol misuse will be an important outcome to support the most efficient use of resource across all Partners.

The evidence is clear that managing the supply side of alcohol to a population is a key component to any alcohol harm reduction ambition. Much of this can be down to national government policy but local planning and decision making has an important part to play. Whilst there is activity set out in the 'Enforce and Control' Impact Area to help address this there is a

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need through this Impact Area to establish a strategic relationship to the 'Growth Board' to ensure there is mutual understanding of the challenges and partnership opportunities to reduce alcohol related harm.

Elected members should have an opportunity to build their understanding of the supply side of alcohol and what measures they have at their control to manage the supply side and so reduce alcohol related harm at both a population and individual level.

An annual review to evaluate, refresh and update the Plan will be undertaken.

PREVENT – delivering 'Changing knowledge, skills and attitudes towards alcohol'

OVERVIEW – PREVENT – *this needs bolstering following consultation*

Preventing problems reduces harm and saves money. This Impact Area will primarily focus on specific alcohol related activity that will support prevention activity to reduce demand. This Area will target our at risk groups including vulnerable adults and seek to ensure education and awareness raising is available to children and young people under 18 years old

Alcohol misuse is a symptom of many factors. It is complex and not straight forward. It is important to note that addressing issues that could lead to alcohol misuse is currently delivered through a range of activity within the City, for example through work tackling child poverty, health inequality, crime and anti-social behaviour, building economic development, meeting health need, delivering education in schools, safeguarding children, youth work, etc. Influencing these areas to support delivery of the Aims in this Plan is important.

Amplifying national initiatives at a local level is important. For example, making alcohol less affordable is one of the most effective ways of preventing alcohol-related harm. This is being led by national policy on minimum pricing. There is evidence that alcohol advertising does affect children and young people and again this is being driven at a national policy level. International evidence suggests that making it less easy to buy alcohol, by reducing the number of outlets selling it in a given area and the days and hours when it can be sold, is another effective way of reducing alcohol-related harm. Locally, delivered under the 'Enforce and Control' Impact Area will help manage the supply of alcohol. It is important that wherever possible national initiatives to reduce alcohol related harm are built on locally.

Activity that sits within 'treat', namely screening and brief interventions have a significant part to play in prevention of problem use. Targeted at our at risk groups we can reduce the number of people requiring treatment by intervening early.

WHAT DO WE NEED TO DO? - PREVENT

We need, through working in partnership with schools across the City, to ensure that all school aged children and young people receive high quality alcohol education. This should be alongside out of school opportunities for under-18s to be able to access information, advice and guidance on alcohol. A partnership with higher education and further education establishments in the City should mirror the offer for school age children and young people

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ensuring that young adults and young people are aware of alcohol related harm and how to reduce this. Clear links between alcohol, sexual vulnerability and also violence (public and private) should be part of this offer.

Commissioned and provided Parenting Programmes need to be targeted toward families where young people aged 10-14 are at significant risk of developing alcohol related problems.

We should strive to establish through the Plymouth 2020 Partnership, awareness raising initiatives linking alcohol misuse and at risk groups, in each partner organisation. The frequency and scale of such events would need to be determined by each organisation but the potential numbers of people reached across the City could be in the tens of thousands.

Key at risk groups should be able to have access to information, advice and support that is meaningful to their specific needs and context. This should be provided by services that come into contact with key risk groups or services directly commissioned or provided to work with them. For example Primary Healthcare, Emergency Department, General Hospital Wards, Sexual Health Services; Psychiatric Services, Social Care (Adults and Children's), Targeted Youth Support Services; Parent and Family Services; Homelessness Services, Police settings (custody), Probation, Education, Employment and Vocational Services, Occupational Health Services.

We need to establish an improved understanding of need of Black and Minority Ethnic communities and also older people. Findings should identify key priorities going forward and inform refreshes of this Plan.

We need a workforce across all key partners that are competent to deliver services that provide information, advice and support particularly where they have contact with at risk groups. This includes competency to deliver interventions under the 'Treat' Impact Area. This requires high quality training being routinely available. This Impact Area should ensure that a workforce development needs assessment is undertaken and that this informs the design and delivery of training that will support the Aims in the Plan.

We must ensure that local prevention messages – where appropriate – amplify national initiatives aiming to prevent alcohol related harm.

EVIDENCE BASE AND TIE UP TO COMMISSIONING PLAN

PROTECT - delivering support for children, young people and parents in need

OVERVIEW - PROTECT

This Impact Area will build on current initiatives to ensure a strong focus on the safeguarding of children and young people affected by parental alcohol misuse. Work by the Hidden Harm Partnership identified that between 3900 and 6500 children are significantly affected by parental alcohol misuse and around 11% of all child protection plans are linked to where parental alcohol misuse is the primary risk factor. This reflects a significant challenge and hence requires a clear focus.

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Graham Allen MP states, "that not intervening early enough and effectively enough with children can lead to every taxpayer paying the cost of, "low educational achievement, poor work aspirations, drink and drug misuse, teenage pregnancy, criminality and unfulfilled lifetimes on benefits. But it is not just about money – important as this is, especially now – it is about social disruption, fractured lives, broken families and sheer human waste".[23]

This Impact Area will have a strong relationship to activity supporting diversion of children from care; the early intervention framework for children and families and initiatives focused on troubled families (Families with a future). This work can have an important part to play in reducing child poverty.

WHAT DO WE NEED TO DO? – PROTECT

We need to build on progress made in tackling parental alcohol misuse and its effects on children. Our newly commissioned services working with parents with a high level of alcohol misuse and also children affected by parental alcohol misuse will begin to have impact across 2012/13. These must be monitored closely with a view to evaluating impact.

We need to raise awareness with Parents the possible negative consequences of their alcohol use on their children. We need to jointly work alongside 'Prevent' to raise awareness with risk parents who irresponsibly buy or supply alcohol to their children.

We need to improve the detection of parental alcohol misuse across all key services working with parents with a specific drive focused on pregnant women and families with children under 5s.

We need to improve the way we identify, engage and support children and young people affected by parental alcohol misuse.

The sharing of information across services where there is concern for a child or young person must continue to be seen as core business, particularly with respect to sharing information across adult and children's services. Examples of key adult services would be substance misuse treatment services, criminal justice services, mental health services and domestic abuse services.

Commissioned and provided Parenting Programmes need to have agreed capacity for parents where alcohol is a factor in the referral.

We need to ensure that organisations delivering services as part of the early intervention framework and work with troubled families (Families with a future) can support the Aims set out in this Plan.

[23] Early Intervention: The Next Steps – A review of Early Intervention Services: Graham Allen MP 2011

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Existing links between substance misuse services and domestic abuse services must be built upon to ensure we maximise our impact on reducing alcohol fuelled domestic violence. Along with activity (in 'Prevent') focused on awareness raising approaches with at risk groups we should build on the excellent work of Operation Encompass to offer support to children and young people they have identified that are affected by both parental alcohol misuse and domestic violence / abuse.

We need to continue to build a competent workforce to safeguard children where alcohol is a factor and ensure that these competencies can be developed across the lifetime of this Plan.

There need to be strong links with the 'Treat' Impact Area to ensure parents can access treatment and interventions in an accessible and swift way.
EVIDENCE BASE AND TIE UP TO COMMISSIONING PLAN

TREAT – delivering support to meet individual needs

OVERVIEW - TREAT

This Impact Area will primarily focus on the treatment and intervention system that provides a range of interventions in line with the tiered model set out in Alcohol Models of Care for Alcohol Misusers (Adults)[24]. Services for young people under 18 will be integrated into this Impact Area in line with specific guidance for them[25]. Models of Care sets out the range of evidence based interventions that work and should be commissioned.

This Impact Area will support activity that identifies persons in the early stages of problem behaviours and attempt to avert the ensuing negative consequences by supporting them to cease their problem behaviour through counselling or treatment (sometimes referred to as secondary prevention). It will also strive to end problem behaviour and / or to ameliorate their negative effects through treatment and rehabilitation. This is most often referred to as treatment but also includes rehabilitation and relapse prevention (sometimes referred to as tertiary prevention).

We need an efficient, sufficient and modern treatment system. Central to our challenge is increasing capacity to meet agreed demand and designing a system that will better meet the needs of our key at risk groups and other at risk groups. This can be addressed though doing things differently but will require additional investment.

WHAT DO WE NEED TO DO? – TREAT

We need a system in place that delivers high quality evidence based interventions within an integrated modern system that covers all 4 tiers of intervention. For those drinking harmfully, including those who are dependent, recovery must be a key outcome from the system. Recovery is described as, 'a person-cantered approach that empowers people to tackle their

[24] Models of Care for Alcohol Misusers. National Treatment Agency. Department of Health. 2006
[25] Guidance on commissioning young people's specialist substance misuse treatment services. National Treatment Agency. NHS

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alcohol misuse within their community, and make permanent changes to their lifestyle that will free them from dependence and enable them to successfully contribute to society'[26].

We need a system that has been designed to meet the needs of at risk groups and interventions should be accessible to them in a variety of settings and delivered in a timely and sensitive manner. Examples of where adult tier 3 treatment should be delivered from include Primary Health Care settings across the City and services operating within the Homelessness pathway. Specialist substance misuse services should continue to provide interventions from their sites as well. Young people should be able to access interventions from specialist alcohol and substance misuse sites as well as some youth settings.

We need a clear pathway of integrated support, clearly understandable by professionals and service users. Alongside setting out support available by specialist alcohol and substance misuse services (covering community; hospital and residential services) the pathway must also include key health, adult social care, criminal justice, housing, children's social care, education, employment and training services. This will support recovery.

We need the treatment and intervention system to be designed to meet clinical need; help addresses offending behaviour and support improved outcomes for children where there is parental alcohol misuse.

We need to establish clarity over how we meet the needs of people with a dual diagnosis in practice and this should be reflected within the pathway. The response should be an integrated response meaning the mental health and alcohol misuse needs are met together and not separately or through dealing with one before the other. This should also cover the Improving Access to Psychological Therapies (IAPT) service.

We need to build a clear structure to enable service users to feedback and influence the planning of services and the monitoring of services. This should be seen as core information to assess quality of provision and be on-going.

We need a system that is efficient with as much resource as possible going toward delivering the key evidence based interventions that the majority of people respond positively to and these interventions should be offered through a mix of both individual and group approaches.

We need to plan on providing provision for the uptake of evidence-based specialist treatment for at least 15% of estimated dependent drinkers in the PCT area within the first 5 years of this Plan[27]. This equates to around 1000 people. By the end of 10 years our ambition should be to achieve capacity for 20%. To achieve 15% will require the current system to have increased its current capacity by between two and three times. Work by the Alcohol Joint Commissioning Group will need to agree if this 15% covers dependent drinkers only or include harmful drinkers. Whatever the decision the target of 15%, based on dependent drinkers, will radically

[26] Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults – Commissioning Guide. National Institute for Health and Clinical Excellence. 2011
[27] Signs for improvement – commissioning intentions to reduce alcohol-related harm: Department of Health 2009

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improve our capability to impact on reducing alcohol related harm and reduce hospital admissions. Increases in capacity need to be particularly focused on community settings including community detoxification services. Hospital services, for example the Liaison Service will need a proportionate increase in capacity to ensure a fully integrated system across community and Hospital can function. It should be noted that Liver Cirrhosis is now the 5th most common cause of death and continues to rise (the four causes above this are falling). Alcohol accounts for 58% of all liver disease. This has implications on the Hepatolgy Department within the Hospital. Consideration should be given to review the Department in meeting the needs of the Plymouth population within a new integrated treatment system.

We need to screen for alcohol misuse amongst key at risk and other risk groups. Delivered in key settings this will provide significant opportunity to intervene earlier before need becomes more pronounced and usually more costly to treat. The National Institute for Health and Clinical Excellence benchmarking tool suggests that we should screen 13,000 people (16 years and above) each year. Of this it is suggested that 2300 will require a brief or extended brief intervention. Further detailed work needs to be undertaken to determine actual numbers we should screen and provide brief interventions to. Primary Health Care settings provide a key gateway to the alcohol harm reduction system and are well placed to spearhead this response.

Key sites where screening should be undertaken include:

- Primary Healthcare
- Emergency Department
- Sexual Health Services
- General Hospital Wards
- Psychiatric Services
- Social Care (Adults and Children's)
- Targeted Youth support services
- Homelessness Services
- Police settings (custody)
- Probation
- Education and Vocational Services
- Occupational Health Services

Key services where brief interventions and extended brief interventions should be delivered from include:

- Specialist alcohol services;
- Primary health care (shared care);
- Hospital Emergency and Liver Units;
- Psychiatric services;
- Homelessness Services
- Domestic abuse services;
- Antenatal clinics;
- Probation services
- Occupational health services

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- University / HE establishments

Current estimates suggest around 90 young people a year requiring specialist alcohol treatment. This need is being met within current capacity. We need to improve the number of referrals for key at risk groups amongst young people. Pathways and support linking work with the emergency department and locality based youth support need to be improved as does identifying earlier the needs of young women and girls. We must ensure a strong focus on linking sexual health services with alcohol interventions and alcohol services.

ENFORCE AND CONTROL – delivering to create safer drinking environments

OVERVIEW - ENFORCE AND CONTROL

This Impact Area will focus on enforcement and control and will focus on making improvements to Plymouths ENTE areas, as we know that alcohol has been sighted as the most significant contributor to violent crime and as a key contributing factor to interpersonal offences including rape, sexual assault and domestic abuse. [28]Localised data for 2011/12 (Police Data and Voluntary Sector Data) identified substance (particularly relating to alcohol or/and alcohol and drug) misuse as a key contributing factor with 30% of Domestic Abuse incidents being alcohol attributable, and 22% of Sexual Assault incidents. We will work cohesively together and plan for an Evening Night Time Economy we wish to see instead of one that has evolved over time. We will need to make stronger links with 'Growth' in order to work together to mitigate any negative impact on growth and find a balance between health harm and the cities potential for growth within our ENTE areas.

We must utilise all relevant legislation to bring stronger control and ensure early intervention is explored as a first option to reduce the need for enforcement action to be taken. This will be achieved by making improvements to practices and protocols across the partnership. E.g. to adopt a Street Drinkers Policy to ensure all agencies respond to the needs of this hard to reach group and understand access to services and support in the city whilst also understanding the criminal justice route that may have to be explored if necessary.

We know that Plymouth has a population of approx 258,000 and that we have evolved into a University town with a large student population totalling approx 33,000. The city is a known destination for a night out in the southwest with revellers travelling from Cornwall and the South Hams on a regular basis. This makes for a city with a larger than average 18 – 24 year old age range to cater for.

Clear evidence from 'The impact of pre-loading alcohol on violence in Plymouth's night time economy'[29] that was carried out in Plymouth clearly identifies that young people (a high proportion of those interviewed were aged 18 – 24) are consuming significant amounts of alcohol before entering the Evening and Night Time Economy (ENTE). It also strives to recognise that alcohol availability and low cost are still two key issues and will need to be

[28] Plymouth Alcohol Needs Assessment 2012
[29] A report that was produced by Adrian Barton and Kerryn Husk, Social and Public Policy Research Group, Plymouth University

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tackled locally utilising national controls, legislation when available in order to reduce pre-loading and restrict quantity of alcohol available.

Plymouths Licensing Policy is being reviewed at the end of the year and this is likely to include new control measures to include proposals to adopt the late night levy and the introduction of Early Morning Restriction Orders (EMRO). The levy is designed to generate additional income to support aspects of Policing in the ENTE areas for businesses operating after midnight[30]. A consultation period will take place on the Levy and it is unlikely that this will be implemented until June 2013. EMRO will allow for Licensing authorities to restrict sales of alcohol in the whole or a part of their areas for any specified period between midnight and 6am. This could aid with any zoning activity the city intends to bring in to support the development of the ENTE Control Plan.

Plymouth currently utilises a range of policing powers in order to reduce alcohol related harm utilising, 'Designated Public Places Orders' and 'Dispersal Orders', for problem areas. For problem individuals 'Drinking Banning Orders' are issued . People who are arrested as a result of being drunk and disorderly are offered the options of attending a short course to help inform them about their drinking habits (Plymouth Alcohol Diversion Scheme) or asked if they would accept a caution under the new Sobriety Scheme (sighted in the National Alcohol Strategy 2012) . Police prefer to issue 'Directions to Leave' as a preferred method of early intervention which reduces the potential for high levels of violence to occur.

WHAT DO WE NEED TO DO?

Enforce can be achieved in many ways and we intend to:

- Work with our worst offenders (who commit acts of alcohol related crime) in order to stop them re-offending and will support them through the Integrated Offender Management Programme (IOM).
- Work with offenders who are perpetrators of domestic abuse we will explore the option of a new programme designed to 'making the change' needed to address this behaviour. We will look work with partners on aspects of early prevention and work with offenders early in the process by making Alcohol Treatment Referrals (ATR's).
- We need to plan for a 'safer drinking environment' by utilising changes to the Licensing Legislative Framework. One of these changes will allow both Health and the Local Authority to act as 'responsible authorities' who will then be able to raise objections if the application impacts on the four licensing objectives[31]
- Offer sobriety schemes where relevant and Intervention and brief advice, issue low level Policing powers to prevent escalation of behaviours

Control can be achieved in many ways and we intend to:

- We propose to develop an Evening Night Time Economy Plan giving clear direction and structure to Plymouths ENTE.

[30] (for exceptions to the levy - see Home Office Doc ISBN: 978-1-84987-789-6)
[31] (see Section 182 Rebalancing the Licensing Act 2003) .

- We will look to work with both 'on' and 'off' sales trade to promote responsible retailing and discourage underage sales.
- Drive up standards by formalising the Best Bar None Scheme (a nationally accredited scheme) and by maintaining strong relationships with local groups, e.g. Pub Watch and Club Watch[32]. 'Purple Flag'[33]
- Activities such as 'Purple Flag'[34] should be considered across the partnership in order for it to be used in a positive way to promote and market our city. We need to work closely with BID Companies and Place Managers to achieve and will look to support any application to employ an ENTE Manager for the city who could act as a conduit for this work.
- Focus on reducing price and supply locally in order to reduce availability this will not be an easy task and will require Member support in order to make the necessary changes.
- Work towards changing our culture in order to reflect a less alcohol fuelled environment focusing on a more diverse mix of entertainment venues/activities in the city to allow for wider choice.
- develop a Street Drinkers Policy for the city

It is clear from the wealth of data we hold locally and the National Data that there are still significant improvements we need to make in order to achieve alcohol harm reduction in the city. We must continue to explore ways of utilise the statutory powers we have wisely ensuring that we are not only using enforcement action but are looking at ways to improve standards, diversify our night time economy and continue to focus on prevention through targeted activities to core client groups.

We need to develop an evening night time economy plan that will act as a point of reference for anyone wanting to work, visit, enjoy and reside in the area. We will need to utilise all our control and enforcement measures to achieve a vibrant well run night time economy.

We must focus on our key groups young people 15 – 25, street drinkers, persistent violent offenders and ensure strong links are made with other thematic areas in the plan particularly around prevent, protect, treat in order to achieve are aim to reduce crime and anti social behaviour and promote a safer Plymouth.

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[32] (Local schemes operated by the on sales trade)

[33] An Association of Town Centre Management (ATCM) accreditation scheme awarded to areas that demonstrate they operate a vibrant evening night time economy between 5pm – 5am for everyone to enjoy safely.

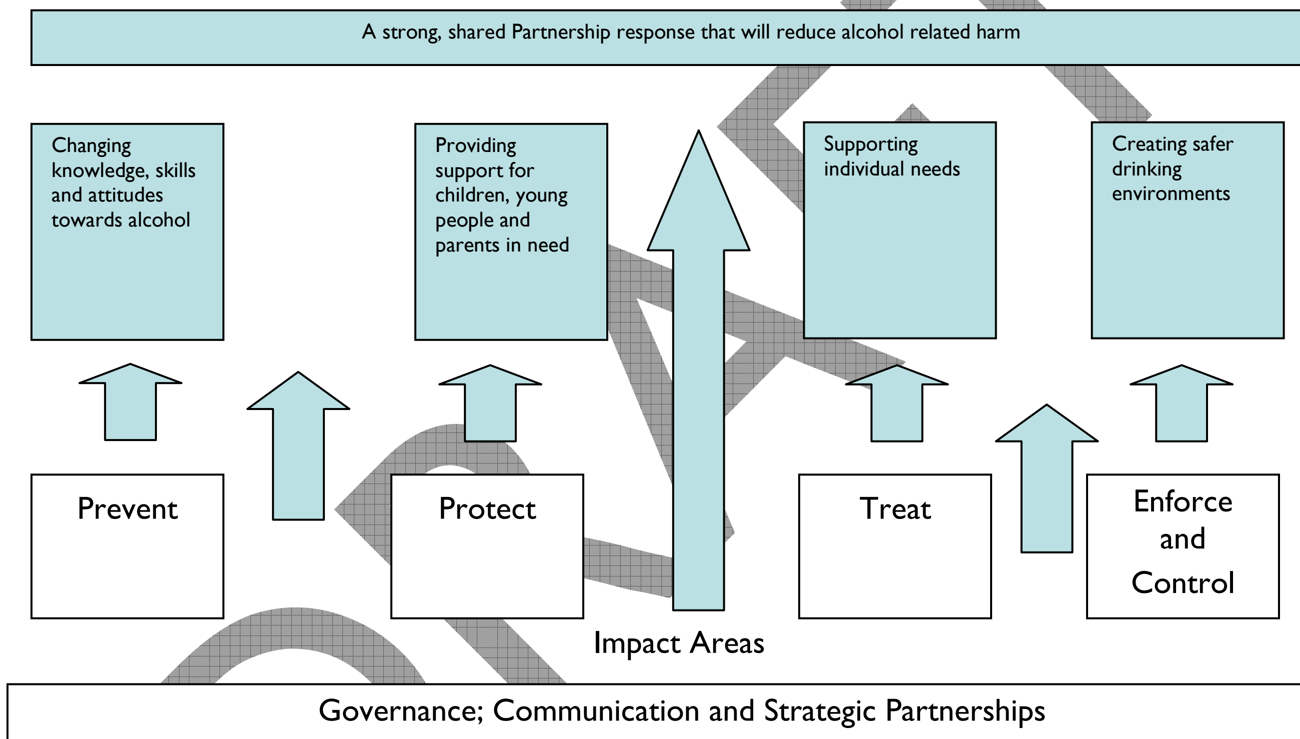
[34] http://www.purpleflag.org.uk/

9. Proposed Framework for delivery of Plan

These are the proposed Aims for the plan:

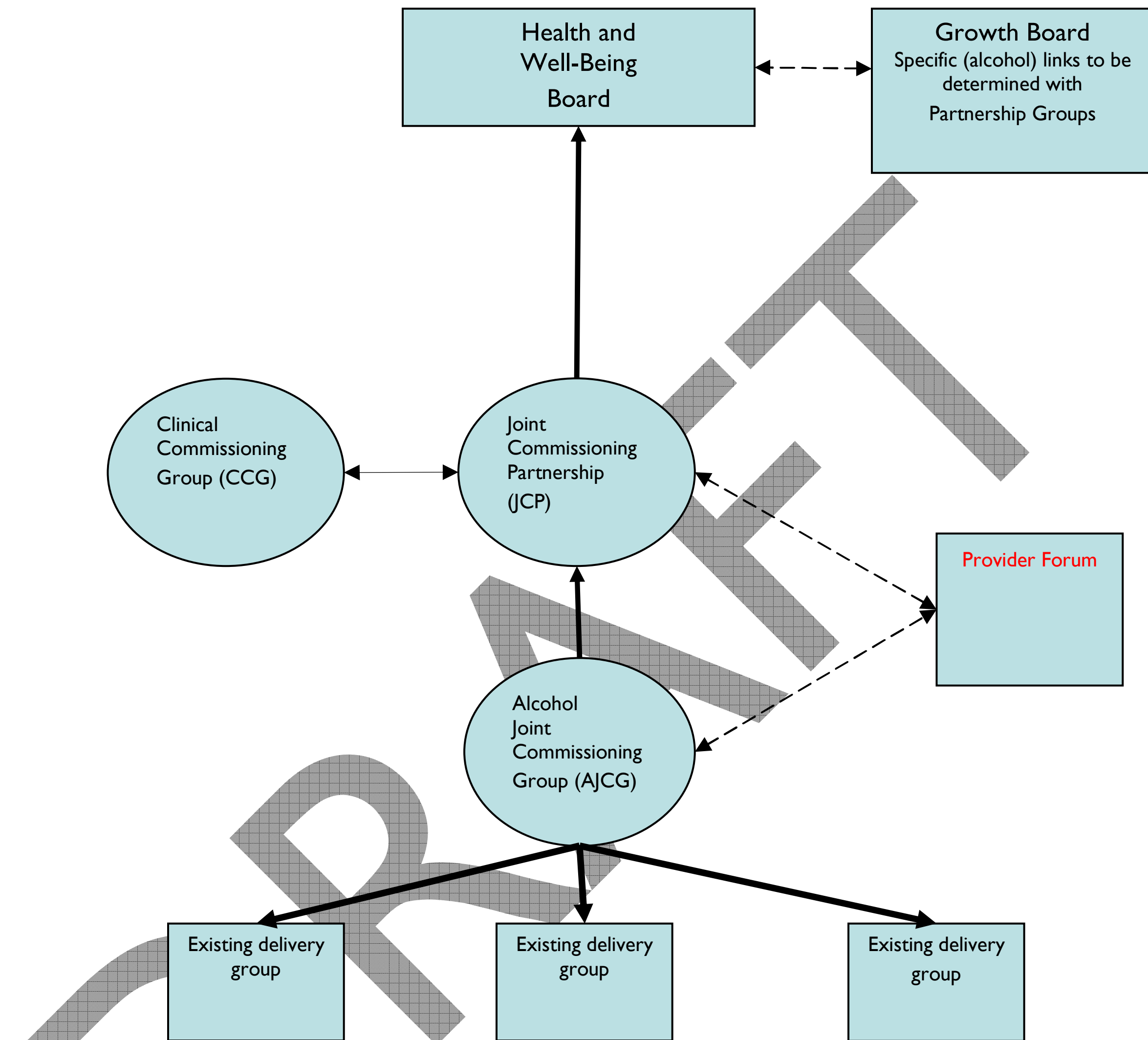
- A strong, shared Partnership response that will reduce alcohol related harm
- Changing knowledge, skills and attitudes towards alcohol
- Providing support for children, young people and parents in need
- Supporting individual needs
- Creating safer drinking environments

The Aims will be achieved through delivery across 5 impact areas. These are, Prevent; Protect; Treat; Enforce and Control, and Governance; Communication and Strategic Partnerships. These will provide a focus and structure to support accountability and governance for delivery. The Impact Areas are set out below along with their relationship to the Aims:



Executive Officers should hold responsibility for delivery against each of these impact areas. They should take reports on progress against milestones to deliver the plan as well as key performance measures reflecting impact. This should take place twice each year and could be undertaken within existing structures e.g. Joint Commissioning Partnership. The Executive Officers should collectively hold responsibility for delivery of the level 2 target, 'Reduce the rate of alcohol-related admissions by 2020 to 2010 levels. The Health and Well Being Board is responsible for oversight and leadership of the alcohol agenda.

Accountability



Thick black line: direct accountability
Thin black line: agreed routine communication / representation between differing forum
Thin dotted line: relationships to be agreed structure

10. Aims / Objectives and Outcome Measures

Governance; Communication and Strategic Partnerships	
AIM 1	Governance; Communication and Strategic Partnerships
Objectives	• Develop and maintain Partnership approach to ensure a strong and shared response • Ensure effective performance management of delivery of Plan • Ensure effective communication with all key stakeholders • Develop strategic relationship with Growth Board
Outcome Measures	Reduction in alcohol related hospital admissions
Key Leads	Joint Commissioning Partnership Alcohol Joint Commissioning Group 2020 Executive Group Executive Officers Alcohol Lead ?

PREVENT	
AIM 2	To change attitudes, knowledge and skills toward alcohol
Objectives	• To raise awareness of the impact of alcohol misuse on health, crime and well-being and promote a culture of safe, sensible drinking • Improve capability to raise awareness and meet need
Outcome Measures	• Change in behaviour so that people think it is not acceptable to drink in ways that cause harm to themselves and others • Reduction in the numbers of adults drinking above the NHS guidelines • Reduction in the numbers of people binge drinking
Key Leads	Joint Commissioning Partnership Alcohol Joint Commissioning Group 2020 Executive Group Executive Officers Alcohol Lead ?

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Prevent

Aim 2 To change knowledge, skills and attitudes towards alcohol

Objectives

1. To raise awareness of the impact of alcohol misuse on health, crime and well-being and promote a culture of safe, sensible drinking
2. Improve capability to raise awareness and meet need

Outcome Measures

- Change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves and others
- Reduction in the number of adults drinking above the NHS guidelines
- Reduction in the number of people binge drinking
- Reduction in the number of alcohol-related deaths
- Reduction in the numbers of 11-15 year olds drinking alcohol and the amounts consumed

(this to be reviewed and others to be determined by AJCG Summer 2012)

Key Leads

- Public Health
- Youth Service
- Health, Wellbeing and Citizenship Service
- Services working with at risk groups

Protect

Aim 3 Support for children, young people and parents with an alcohol related need

Objectives

1. Effective safeguarding of children living in families where there is significant parental alcohol misuse, including where there is a dual diagnosis
2. Improved detection of parental alcohol misuse
3. Improved awareness by parents of the potential negative impact their alcohol use can have on their children and the risks of irresponsible supply to their children
4. Increased sharing of appropriate information between agencies

Outcome Measures

- Change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves and others
- Reduction in the number of adults drinking above the NHS guidelines
- Reduction in the number of people binge drinking
- Reduction in the number of alcohol-related deaths
- Reduction in the numbers of 11-15 year olds drinking alcohol and the amounts consumed

(this to be reviewed and others to be determined by AJCG Summer 2012)

Key Leads

- Hidden Harm Partnership; Public Health; Community Safety Partnership; Families with a Future; Local Authority Commissioning Team

Treat (1)

Aim 4 Supporting individual needs

Objectives

1. To have a modern local treatment system delivering evidence based treatment interventions with capacity to be able to treat 15% of dependent drinkers in place by 2014 (this is subject to more detailed work)
2. To deliver treatment in an integrated system, reflected through agreed pathways of support, with clear relationships between alcohol services and mental health services; adult social care; children's social care; key children's and family services; criminal justice services; housing and employment services
3. To deliver treatment within a system that has a strong focus on recovery such that the number of people returning to treatment within a year is minimised from 2013
4. To deliver tier 2 and 3 treatment interventions from a range of community based sites including Primary Health Care and Homelessness settings
5. To annually screen (agreed number) of individuals at risk of alcohol related harm through developing a more systematic, co-ordinated and effective approach to alcohol screening and brief interventions with Primary Care as a key gateway alongside other key sites identified (2014) (this is subject to more detailed work)
6. To provide brief interventions to around (agreed number) of hazardous and harmful drinkers each year from 2014 (this is subject to more detailed work)

Treat (2)

Aim 4 Supporting individual needs

Outcome Measures

- Reduction in alcohol related hospital admissions (over18s and under 18s)
- Reduced alcohol related injuries, physical and psychological morbidity and mortality
- Individuals in need receive timely, sensitive and appropriate support
- Proportion of people accessing specialist alcohol services who achieve their treatment goals (over18s and under 18s)
- Effective recovery reduces number of people returning to treatment within 12 months of exiting (over18s and under 18s)
- Increased detection and referral of harmful and dependent drinkers
- Increased number of quality brief interventions delivered across NHS and other settings targeting key at risk groups
- Reduction in adults on benefit due to alcohol related incapacity

(this to be reviewed and others to be determined by AJCG Summer 2012)

Key Leads

- Joint Commissioning Partnership; Alcohol Joint Commissioning Group; Young Peoples Substance Misuse Commissioning Group; Sexual Health Commissioning Group

Enforce and Control (1)

Aim 5 Create safer drinking environments

Objectives Enforce

1. Reduce incidents of alcohol related violent crime
2. Reduce incidents of rowdy drunken behaviour that result in anti-social behaviour
3. Reduce the numbers of problem premises in Plymouth by Utilising licensing Powers where necessary
4. Reduce alcohol related A & E Admissions
5. Adopt a partnership approach to 'Street Drinkers'

Objectives Control

1. Produce a Plymouth ENTE Plan to sit within the Plymouth Plan which will inform future licensing decisions regarding (types of establishments granted licences/density/planning and economic growth).
2. Support the Best Bar None Scheme to improve standards in Plymouths licensed venues
3. Ensure all 'responsible authorities' comment on all applications for a license to sell alcohol both off sales and on sales. Local information regarding related health concerns, alcohol-related violence including domestic violence and levels of alcohol-related child protection cases should be considered
4. Agree a consistent and approach across the whole Partnership to street drinking
5. Support the University to deliver the National Healthy Higher Education Programme
6. Gain local political support to engage with 'Super Markets' (off sales) to reduce cut price drink offers/volume

Enforce and Control (2)

Outcome Measures

Enforce
- To achieve a reduction in alcohol related crime and disorder through effective partnership working, policing and implementation of Licensing Legislation

Control
- To enable partners to contribute and produce a citywide ENTE Plan that is designed to provide the controls needed to create a safe, vibrant waterfront city.

(this to be reviewed and others to be determined by AJCG Summer 2012)

Key Leads
- Police; Plymouth City Counsel Licensing; Violence and Crime Delivery Group; Community Safety Partnership; Strategic Housing; Anti-Social Behaviour Champions Group

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13. Glossary

Alcohol misuse	Harmful drinking and alcohol dependence can be collectively referred to as 'alcohol misuse'.
Alcohol related harm	Physical or mental harm caused either entirely or partly by alcohol. If it is entirely as a result of alcohol, it is known as 'alcohol specific'. If it is only partly caused by alcohol it is described as 'alcohol attributable'.
Alcohol use disorders	Alcohol-use disorders cover a wide range of mental health problems as recognised within the international disease classification systems (ICD-10, DSM-IV). These include hazardous and harmful drinking and alcohol dependence. See 'Harmful' and 'Hazardous' drinking and 'Alcohol dependence'.
Brief Intervention	This can comprise either a short session of structured brief advice or a longer, more motivationally based session (that is, an extended brief intervention – see also below). Both aim to help someone reduce their alcohol consumption or abstain, and can be carried out by non-alcohol specialists.
Dependent drinking	Alcohol is both physically and psychologically addictive. Being dependent on alcohol means that a person feels that they are unable to function without alcohol, and the consumption of

	alcohol becomes an important, or sometimes the most important, factor in their life. Depending on their level of dependence, a person can experience withdrawal symptoms if they suddenly stop drinking alcohol. Withdrawal symptoms can be both physical and psychological
Extended brief intervention	This is motivationally based and can take the form of motivational-enhancement therapy or motivational interviewing. The aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change. All motivationally based interventions can be referred to as 'extended brief interventions'.
Harmful Drinking	Harmful drinking is defined as a pattern of alcohol consumption causing health problems directly related to alcohol. This could include psychological problems such as depression, alcohol-related accidents or physical illness such as acute pancreatitis.
Hazardous Drinking	A pattern of alcohol consumption that increases. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others would include the social consequences. The term is currently used by World Health Organisation to describe this pattern of alcohol consumption. It is not a diagnostic term.
Models of Care for alcohol misuers	Best practice guidance for local health organisations and their partners in delivering a planned and integrated local treatment system for adult alcohol misuers.
Motivational Interviewing	Extended brief interventions that aim to motivate people to change their behaviour, by exploring with them why they behave the way they do and identifying positive reasons for making change.
Partnership	Plymouth 2020 Strategic Partnership
Plan	Plymouth's Alcohol Commissioning Plan
Recovery	Recovery is a person-cantered approach that empowers people to tackle their alcohol misuse within their community, and make permanent changes to their lifestyle that will free them from dependence and enable them to successfully contribute to society.
Screening	Screening is used to define the initial process of identifying people who are not seeking treatment for alcohol problems but who may be a hazardous or harmful drinker, or who have alcohol dependence.
Tiers	Models of Care for the treatment of adult drug misusers outlined a four-tiered framework of provision for commissioning drug (and alcohol) treatment, providing a conceptual framework to aid rational and evidence-based commissioning in England. Commissioners need to ensure that all tiers of interventions are commissioned to form a local

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	alcohol treatment system to meet local population needs. The tiers are: Tier 1 interventions: alcohol-related information and advice; screening; simple brief interventions; and referral Tier 2 interventions: open access, non-care-planned, alcohol-specific interventions Tier 3 interventions: community-based, structured, care-planned alcohol treatment Tier 4 interventions: alcohol specialist inpatient treatment and residential rehabilitation
Adapted from NICE guidance	

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The Alcohol Joint Strategic Needs (JSNA) Assessment is available from the Plymouth Public Health Development Unit.

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