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Greater Manchester Fire and Rescue Service
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Manchester Probation Service
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Manchester is a vibrant city and its regeneration has seen a significant increase in the number of licensed premises and related employment opportunities. Alcohol is the most widely used and socially acceptable drug. The majority of Mancunians drink alcohol and most experience no problems when drinking responsibly and sensibly. However, there are those who do experience problems as a result of either their own or someone else’s drinking. This strategy is not about saying no to alcohol – it is about saying no to drunkenness and its associated problems.

While in relative terms the cost of a pint is cheaper than it was 25 years ago, alcohol misuse costs public services an estimated £20billion per year. Alcohol misuse is associated with a number of health and social problems with large costs being incurred within our communities. These hidden costs are too high for some. Alcohol misuse can result in:

- Health problems, including reduced life expectancy, physical and mental health problems
- Social problems: family breakdown, homelessness and employment issues, including loss of productivity
- Crime and disorder, including violent crime, domestic abuse and antisocial behaviour.

This strategy builds on the foundations and successes of Manchester’s first alcohol strategy in 2005 and has been developed in partnership with communities and key stakeholders. Through continued partnership work we will ensure the delivery of our second strategy. This strategy is based on research and robust evidence, and the actions proposed will make a positive difference to Mancunians. It will develop and evolve to take account of the needs of local communities and changes in legislation and powers.

Together, we will continue to make Manchester a safer and healthier place and this strategy will be one of the key drivers in that improvement.
Who we asked about this strategy: our consultation process

Manchester Drug and Alcohol Strategy Team (DAST) and partners have been working on this Alcohol Strategy since April 2007. We have undertaken a number of pieces of work asking local people and agencies what they think the problems and issues are and what they would hope to see addressed in this strategy. This gave us useful feedback on the current alcohol strategy and ideas on the priorities for this, the next alcohol strategy.

During the consultation process:
• Independent consultants evaluated the effectiveness and delivery of Manchester’s last alcohol strategy (2005–2008) and provided recommendations for this alcohol strategy (2008–2011).
• Through the Safer Neighbourhoods Surveys, the Crime and Disorder Team asked local people what matters to them and what they would like to see in relation to tackling alcohol misuse in their area.
• The Community Network for Manchester Health Inequalities Pool hosted focus groups to discuss Manchester’s Alcohol Strategy 2005–2008, and recommendations for the next strategy and how they could be involved in its delivery.
• Patient and Public Involvement Forums carried out a web-based consultation process.
• The Community Safety Network organised a consultation event for community and voluntary sector agencies with a remit to address crime and disorder in the city.

All comments were taken into consideration in the production of this document.

This strategy will be refreshed each year to ensure it remains relevant and progress will be reported.
Executive summary

Introduction

A total of 90% of adults drink alcohol, and the majority of those who do drink do so with no problems for most of the time. However, 70% of people think the UK would be a ‘healthier and better place to live’ if the amount of alcohol consumed were reduced.

To help people stay safe and healthy, the Department of Health advises ‘sensible drinking guidelines’ (see How much is too much? p8). Drinking above these guidelines, especially when done regularly and over a long period of time, harms health and contributes to crime and disorder. The more alcohol consumed, the greater the risk to health and the increased likelihood of involvement in alcohol-related crime and disorder, both as a victim and as a perpetrator.

This strategy does not aim to promote complete abstinence, but it does aim to address a range of drinking patterns that cause or will cause problems to the individual, their family and the community.

Strategy aims

The main aims of the strategy are:

- To provide information for low-risk, hazardous and harmful drinkers about safer, healthier and lawful consumption of alcohol in a way that will facilitate behaviour change
- To ensure the alcohol treatment system is responsive to the needs of harmful and dependent drinkers, their families and carers
- To improve the outcomes for children and young people where either their own or their families’ alcohol misuse means they are less likely to be healthy, stay safe, enjoy and achieve, make a positive contribution and/or achieve economic wellbeing
- To reduce alcohol-related offending and reoffending.

Alcohol misuse also cuts across lots of other national, regional and local strategies, eg. Manchester’s Community Strategy, the Crime Strategy, Every Child Matters, etc. Addressing alcohol misuse will not only be dependent on this strategy, but also the delivery of other strategies and plans and, in turn, addressing alcohol misuse will help to achieve targets in these strategies and plans (see Links to other key strategies p11).

1 Safe. Sensible. Social. The next steps in the National Alcohol Strategy 2007
2 The Portman Group 2000 Alcohol and society research study conducted MORI
The structure of the strategy

This strategy is set out in sections that highlight the many areas of our lives touched by alcohol misuse. These sections relate to the issues of prevention, treatment, young people and crime and disorder, and each has its own action plan.

Each section identifies:

• Some of our achievements from the 2005–2008 strategy
• What we will do next to address alcohol-related problems
• Local data indicating the impact of alcohol misuse
• National facts on the real cost of alcohol misuse
• An action plan outlining specific tasks to be completed.

A summary of the aims contained in each section is set out below. These are expanded with the associated evidence base and a detailed action plan in each section of the main strategy document.

PREVENT: What we will do to prevent adults experiencing alcohol-related harm (p20)

You don’t need to be a dependent drinker to have alcohol-related problems. Alcohol education and awareness is as relevant to adults as it is to children and young people. We are seeing rising problems in young women, social drinkers and wine drinkers. 80% of people think more should be done to address the level of alcohol misuse.

• We will provide Manchester residents with information about alcohol so they can make informed choices about their alcohol use.
• We will train front-line staff to spot the signs of alcohol misuse and to offer advice to those who need it.
• We will target high-risk health settings, such as primary care, A&E departments, mental health settings, sexual health settings, maternity services and older people’s services.
• We will provide Manchester residents who want or need to reduce their alcohol consumption with self-help guides.
• We will provide local alcohol retail staff with training and resources to support responsible retailing at point of sale.
• We will lobby the Government about pricing and promotions of alcoholic drinks.
TREAT: What we will do to improve treatment for adults experiencing alcohol-related harm (p31)

Rates of alcohol-related illness, brain damage and death can be reduced by investment in effective treatment and support for dependent drinkers. National estimates suggest that for every £1 spent on treatment, £5 is saved from the public purse.

- We will develop a commissioning strategy for alcohol treatment services.
- We will improve our services by making more of our accommodation-based services open to women.
- We will review our alcohol treatment services.
- We will research the impact alcohol-related brain damage is having on dependent drinkers.
- We will develop a system to monitor the effectiveness of our treatment service.
- We will develop a system to monitor the equity of service provision across the city and its population.
- We will develop a strategy for people with drink-related problems and mental illness.

PROTECT: What we will do to protect young people and families from alcohol-related harm (p41)

Children and young people are affected by alcohol as a result of parental or familial misuse, their own misuse, or a combination of both. Alcohol misuse has a significant impact on the health and wellbeing of young people, as it is associated with poor educational attainment, exclusions from schools, crime and antisocial behaviour, and teenage pregnancy, and it can impact significantly on their ability to achieve their full potential.

- We will help parents offer advice and help their children about alcohol misuse.
- We will build on and improve alcohol education provided in schools.
- We will develop the common assessment framework to include alcohol and drug misuse.
- We will further develop alcohol and drug services for young people and their families.
- We will develop a system to monitor the effectiveness of young people’s treatment services.
- We will research the most effective way of reducing the harm substance misuse causes to children, young people and their families.
ENFORCE: What we will do to tackle alcohol-related crime, disorder and antisocial behaviour (p51)

Alcohol misuse is linked to crime, disorder and antisocial behaviour, for adults and young people not only as perpetrators, but also as victims. While the number of reported crimes attributable to alcohol has decreased, the public perception is that there has been an increase in alcohol-related crime5.

• We will ensure that where alcohol misuse is linked to offending, the offenders will be offered treatment for their alcohol misuse.
• We will restrict access to alcohol by under-18s and customers who are already drunk.
• We will work in partnership with the night-time industry and other alcohol retailers to ensure a safe and clean Manchester.
• We will build upon the work undertaken in prison to offer appropriate alcohol education and treatment to reduce reoffending.
• We will work with our colleagues in Greater Manchester to reduce the number of alcohol-related crimes committed in the city.
• We will work to increase public confidence in respect of drunkenness and rowdy behaviour.

How will we know if we have been successful? (p17)

The overall performance of the strategy will be assessed at a number of levels.

Important local and national measures will be reported, such as:

• The rate of alcohol-related hospital admissions
• The percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area
• The rate of alcohol-related presentations to Accident and Emergency services
• The levels of alcohol-related crime.

This information will be analysed locally to identify how our situation is changing and will also be compared to regional and national data to see if we are improving in relation to other parts of the country.

Additionally:

• All the action plans from this strategy will be monitored through a series of multi-agency groups (see How will we make the strategy happen? p16)
• Performance data from services delivering the strategy will be reported on a regular basis.
• We will develop processes for getting better information from people using services, people who care for people with alcohol problems, and from the community as a whole.

All this information will be reflected in an annual update of this three-year strategy.

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How much is too much?

Drinking above sensible drinking guidelines, especially when done regularly and over a long period of time, causes risks to health and contributes to crime and disorder. The more alcohol consumed, the greater these risks.

**Sensible drinking**

Sensible drinking is drinking in a way that is unlikely to cause yourself or others significant risk of harm. It involves a personal assessment of particular risks and responsibilities at the time, eg. if pregnant, before work, before driving or operating machinery, during a period of ill health, and when taking certain medicines.

The Government advises that:

- Women should not regularly drink more than 2–3 units of alcohol a day.
- Men should not regularly drink more than 3–4 units of alcohol a day.
- Women who are pregnant or trying to conceive should avoid drinking alcohol.

And remember, one drink isn’t always one unit.

After an episode of heavy drinking, it is advisable to refrain from drinking alcohol for 48 hours.

**Types of drinking** (these terms are used throughout this strategy).

- **Low-risk drinking** is defined as drinking within Government guidelines and making a personal assessment of particular risks and responsibilities at the time.
- **Hazardous drinking** is defined as drinking more than the sensible drinking guidelines but without having experienced any alcohol-related harms.
- **Harmful drinking** is defined as drinking more than the sensible drinking guidelines and already experiencing some alcohol-related harms (but no dependence).
- **Dependent drinking** is defined as drinking more than the sensible drinking guidelines, experiencing alcohol-related harms and signs of psychological and/or physical dependence.
- **Binge drinking** generally refers to drinking large amounts of alcohol in a limited time period. It is usually defined as more than six units for women and more than eight units for men in one occasion.
One drink isn’t always one unit

- Alcopop 5% ABV 330ml: 1.7 units
- Double Vodka 40% ABV 70ml: 2.8 units
- Pint of Lager 5.2% ABV 568ml: 3.0 units
- Large Wine 14% ABV 250ml: 3.5 units
- Strong Lager 9% ABV 500ml: 4.5 units
- Strong Cider 7.5% ABV 1litre: 7.5 units
- Bottle of Wine 12% ABV 750ml: 9.0 units
- 1/2 Bottle of Whisky 40% ABV 350ml: 14 units
- Bottle of Vodka 40% ABV 700ml: 28 units

How much is too much?

- WOMEN: 2–3 units daily
- MEN: 3–4 units daily

Low risk daily limits

How much is too much?

- Weight Gain
- High Blood Pressure
- Liver Damage
- Dependence
- Unsafe Sex
- Violence
- Depression

In pregnancy, no alcohol = no risk of harm to your baby
Introduction

90% of adults drink alcohol and the majority of those who do drink do so with no problems for most of the time. However, 70% of people think the UK would be a ‘healthier and better place to live’ if the amount of alcohol consumed were reduced. This strategy does not aim to promote complete abstinence but it does aim to address drunkenness and associated problems to the individual, their family and the community.

The main aims of the strategy are:

• To facilitate behaviour change among hazardous and harmful drinkers through responsible retailing and responsible drinking
• To ensure the alcohol treatment system is responsive to the needs of harmful and dependent drinkers, their families and carers
• To improve the outcomes for children and young people where either their own or their family’s alcohol misuse means they are less likely to be healthy, stay safe, enjoy and achieve, make a positive contribution and/or achieve economic wellbeing
• To reduce alcohol-related offending and reoffending.

This strategy is set out in sections that highlight the many areas of our lives touched by alcohol misuse. These sections relate to the issues of prevention, treatment, young people and crime and disorder, and each has its own action plan.

Each section identifies:

• What we will do to address alcohol-related problems
• Some of our achievements from the 2005–2008 strategy
• Key national facts about the impact of alcohol misuse
• Key facts from local data about the impact of alcohol misuse
• Action plan.
Links to other key strategies

Alcohol misuse cuts across national, regional and local strategies. Addressing alcohol misuse will not only be dependent on this strategy but also the delivery of other strategies and plans. Addressing alcohol misuse will help to achieve targets in these strategies and plans.
National legislation, policy and guidance

A number of key national policies and guidance documents have been taken into consideration when deciding what we need to do locally to address alcohol-related problems.

**Safe. Sensible. Social.**

**The next steps in the National Alcohol Strategy 2007**

This is the second national alcohol strategy, which sets out the way forward in addressing alcohol-related problems.

The next steps are:

- Sharpened criminal justice for drunken behaviour
- A review of NHS spending for alcohol treatment
- More help for people who want to drink less
- Toughened enforcement of under age sales
- Trusted guidance for parents and young people
- Public information campaigns to promote a new sensible drinking culture
- Public consultation on alcohol pricing and promotion
- Local alcohol strategies.

The strategy highlights the main problem drinkers as:

- 18 to 24-year-old binge drinkers
- Young people under 18 who drink alcohol
- Harmful adult drinkers, including older drinkers, who don’t necessarily realise their drinking is damaging their physical and mental health.

**The Violent Crime Reduction Act 2006**

The Violent Crime Reduction Act contains a package of measures that give police and local communities further powers to tackle violent crimes. It introduces new powers to address alcohol-related violent crime, including the:

- Introduction of Drinking Banning Orders. These can last for up to two years and can impose restrictions, including bans from licensed premises for those who commit offences under the influence of alcohol.
- Introduction of Alcohol Disorder Zones (ADZ). These are a last resort and give local authorities and police the powers to designate an area affected by serious alcohol-related crime and disorder as an ADZ. Licensed premises within these zones are expected to contribute to the cost of dealing with the disorder.
• Creation of a new power that gives the police and trading standards powers to close licensed premises for up to 48 hours if they persistently sell alcohol to youths.
• Creation of a new power to allow police to ban, from a particular locality for up to 48 hours, those who are at risk of committing an alcohol-related crime or disorder offence.

Every Child Matters

Every Child Matters: Change for Children is a new approach to the wellbeing of children and young people from birth to 19. The Government’s aim is for every child, whatever their background or their circumstances, to have the support they need to:

• Be healthy
• Stay safe
• Enjoy and achieve
• Make a positive contribution
• Achieve economic wellbeing.

This means that the organisations involved with providing services for children – from hospitals and schools, to police and voluntary groups – will be teaming up in new ways, sharing information and working together to protect children and young people from harm, and helping them achieve what they want in life. Children and young people will have far more say about issues that affect them as individuals and collectively.

Every Child Matters aims to make radical improvements in opportunities and outcomes for children by reforming the delivery of children’s services. This systemic change will:

• Support parents and carers
• Develop the workforce, change culture and practice
• Integrate universal and targeted services
• Integrate services across the age range 0–19.

Think family

Increasingly, strategies are developing and services are being commissioned to consider the impact of any health or social care issue or any criminal or antisocial behaviour on the whole family, rather than solely on the person in that family most directly involved. This approach is crucial in managing such problems as the impact of parental alcohol use on children.

The Licensing Act 2003

The Licensing Act 2003 reformed the licensing system for premises that sell alcohol or provide regulated entertainment or late-night refreshment. The Act devolves licensing responsibilities to local authorities to ensure all licensed premises meet the four licensing objectives of:

• Prevention of crime and disorder
• Promoting public safety
• Prevention of public nuisance
• Protection of children from harm.

Local areas are required to develop a local framework to ensure licensed premises in their area meet the above objectives.

The new licensing system enables licensees to propose their own hours and operating policies and unless successfully challenged, these could be granted even where problems are anticipated. However, all responsible authorities (the Police, the Council, the Safeguarding Children Board and the Fire Service) are able to make representations and request reviews of a licence if there are concerns that the four licensing objectives may not be met. Local communities can also make representations about an existing or new licence and can request reviews of current licences.

The aim of this strategy is to reduce reoffending and alcohol-related harm and protect the public by meeting the following objectives:

• To identify alcohol misuse and offending needs at an early stage of contact with the National Probation Service (NPS) and refer offenders to appropriate interventions
• To ensure that staff are fully competent to deliver brief advice and support to alcohol misusing offenders under their supervision
• To improve advice and information provided for offenders about the risk of alcohol misuse and about help that is available locally
• To develop and promote the delivery of evidence-based interventions to meet the needs of the full range of alcohol-misusing offenders
• To increase the consistency of what is delivered across the NPS based upon evidence-based practice.


The strategy recognises the Prison Service’s contribution to reducing the negative impact of alcohol misuse. The strategy aims to:

• Reduce the harm associated with the misuse of alcohol including that related to offending, by offering treatment and support to prisoners
• Prevent the use of alcohol in prisons.

These aims will be achieved by:

• Improving education and communication
• Improving the identification of prisoners who may misuse alcohol
• Improving the capacity and quality of alcohol treatment interventions available for prisoners
• Sharing good practice, thus ensuring greater consistency across the prison estate
• Reducing the use of alcohol by prisoners and the availability of alcohol to prisoners.

Alcohol Needs Assessment Research Project (ANARP) (Department of Health, 2005)

ANARP examined the need for and the availability of alcohol treatment services throughout England. The primary objective of the research was to identify gaps in existing provision. The key findings are:

• The north west region has the highest percentage of people drinking at hazardous/harmful levels but one of the lowest levels of dependent drinking.
• Nationally, clients with more severe alcohol dependence were the largest group to access alcohol treatment services.
• Using a North American model to determine high, medium and low access levels, 1 in 10 (10%) dependent drinkers accessing treatment per annum is considered low, 1 in 7.5 (15%) is considered medium, and 1 in 5 (20%) is considered high.
• There is a large gap between the need for alcohol treatment and actual access to treatment.
• There were low levels of formal identification, treatment and referral of patients with alcohol use disorders by GPs.
• GPs tended to under-identify younger patients with alcohol misuse disorders compared with older patients.
• While those from BME communities have considerably lower prevalence of hazardous/harmful drinking compared with the white population, there is a similar prevalence of dependent drinking.
Alcohol Misuse Interventions: guidance on developing a local programme of improvement (Department of Health, 2005)

This National Treatment Agency for Substance Misuse (NTA) document identified that:

- For every eight hazardous or harmful drinkers who receive brief interventions, one drinker would reduce their drinking to low risk levels. This compares to one in 20 smokers who are offered brief interventions.
- For every £1 spent on evidence-based alcohol treatment services, the public sector (NHS and Local Authority) saved £5.
- There is also evidence that workplace policies are effective in promoting sensible drinking and managing alcohol problems.

Models of Care for Alcohol Misusers (NTA, 2006)

Models of Care for Alcohol Misusers (MoCAM) provides best practice guidance for local health organisations and their partners in delivering a planned and integrated local alcohol treatment system for adult alcohol misusers. The purpose of the guidance is to assist in improving practice in the commissioning and delivery of alcohol treatment, improving the effectiveness of screening and assessment, and developing an integrated local treatment system through a four-tiered framework of provision. The four tiers are:

1. Alcohol-related information and advice, screening, simple brief interventions and referral
2. Open access, non-care planned, alcohol-specific interventions
3. Community-based, structured care-planned alcohol treatment
4. Alcohol-specialist inpatient treatment and residential rehabilitation.

Review of effectiveness of treatment for alcohol problems (NTA, 2006)

This review describes the effectiveness of various interventions and treatments. The purpose of the document is to enable local areas to assess current provision and plan services to meet the needs of local populations. It identifies that the majority of people, including dependent drinkers, change their drinking habits without accessing treatment services. Self-help, family and friends and mutual aid groups, such as Alcoholic Anonymous, often facilitate unassisted or natural recovery.

The review mapped drinking type to treatment interventions:

<table>
<thead>
<tr>
<th>Type of drinking</th>
<th>Treatment interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severely dependent drinking</td>
<td>More intensive specialist treatment</td>
</tr>
<tr>
<td>Moderately dependent drinking</td>
<td>Less intensive specialist treatment in generalist or specialist settings</td>
</tr>
<tr>
<td>Harmful drinking</td>
<td>Extended brief interventions in generalist settings</td>
</tr>
<tr>
<td>Hazardous drinking</td>
<td>Simple brief interventions in generalist settings</td>
</tr>
<tr>
<td>Low-risk drinking</td>
<td>Public health programmes – primary prevention</td>
</tr>
</tbody>
</table>

UK Social Responsibility Standards for the Production and Sale of Alcoholic Drinks 2005 and Responsible Retailing of Alcohol: guidance for the off-trade

These standards have been compiled by the sponsoring organisations in partnership with the Government and other agencies, drawing together existing good practice and advice into a cohesive set of standards. They have been produced in order to assist businesses, individuals and organisations involved in the production and sale of alcohol in promoting the broader social responsibilities that go with the sale of alcohol.
How will we make the strategy happen?

The responsibility for the performance management and delivery of the strategy lies with the Manchester Drug and Alcohol Action Board, which links to the Health and Wellbeing and the Crime and Disorder Reduction Partnerships.

The Drug and Alcohol Action Board is a strategic partnership responsible for implementing the National Drug and Alcohol Strategies at a local level, while the Health and Wellbeing Partnership is a strategic partnership for ensuring improvements in health and wellbeing, and the Crime and Disorder Reduction Partnership has a parallel brief in relation to crime in Manchester.

The Drug and Alcohol Strategy Team will be responsible for co-ordinating and ensuring that the actions in the Manchester Alcohol Strategy are delivered. Reports will be taken to the Drug and Alcohol Action Board and the associated partnerships every six months to monitor progress, and a full review will take place at the end of each year. The action plans will be updated to reflect new or changing priorities.

A number of alcohol working groups will also meet to ensure the operational delivery of the strategy.

The principles of delivery are to:

- Work in collaboration with all partners, including the community and voluntary sector
- Ensure all commissioned activity is based on local need and is delivered on an evidence-based and a value-for-money basis.

An annual statement of progress made in delivering the strategy will be made available for all key stakeholders.
How will we know we have been successful?

Overall performance will be assessed at a number of levels.

The Manchester Local Area Agreement (LAA) is set to include a high level target to measure a decrease in the rate of alcohol-related hospital admissions, which will give an indication of how well we are improving the health of the population of Manchester through the range of actions included in this strategy.

Beneath this is a Public Services Agreement set between the Government and local partnerships, which aims to reduce the harm caused by both alcohol and drug misuse. The indicators of alcohol misuse are:

- A reduction in the rate of alcohol-related hospital admissions (used as the LAA target)
- A reduction in the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area.

These will also be supported by additional information, such as rates of alcohol-related presentation to Accident and Emergency services and alcohol-related crime.

This information will be analysed locally to identify how the situation is changing and will also be compared to regional and national data to see if we are improving in relation to other parts of the country.

Additionally, all the action plans from this strategy will be monitored through a series of multi-agency groups (see How will we make the strategy happen? opposite page) and successes, and any future developments will be reported in an annual refresh of this strategy.

Performance data from services commissioned to deliver the strategy – across all four strands – will be reported on a regular basis through the Alcohol Joint Commissioning Group. This will give us information to assist our understanding of the changing needs of the population, allow us to assess outcomes of the activities planned and the impact these may be having, and help us to ensure that we are getting value for money from the resources going in to the delivery of this strategy.

We will also develop processes for getting better information from people using services, people who care for people with alcohol problems and from the community as a whole, and these opinions will be fed into the annual update of this strategy.
PreVent:

To help people think about their alcohol use, local agencies developed information materials such as these sensible drinking and treatment services information cards in Manchester libraries.
Improving alcohol education and awareness

Introduction

You don’t need to be a dependent drinker to have alcohol-related problems. Alcohol education and awareness are as relevant to adults as they are to children and young people. We are seeing rising problems in young women, social drinkers and wine drinkers.

80% of people think more should be done to address the level of alcohol misuse. 70% think that advertising influences the amount other people drink, while only 10% think it influences the amount they drink.

Research suggests that the more targeted alcohol education and awareness messages are, the more successful they are likely to be.

The purpose of alcohol education and awareness is threefold:

1. To prevent low-risk drinkers from drinking at hazardous or harmful levels
2. To help those drinkers drinking at hazardous or harmful levels to reduce their alcohol consumption to low-risk drinking levels
3. To promote the responsible sale and supply of alcohol by retailers.

These elements are addressed through the action plans in this strategy.

Training front-line workers in the public and voluntary sector to identify alcohol misuse and offer brief advice to service users can promote Government low-risk drinking guidelines and help hazardous and harmful drinkers to reduce their alcohol consumption. One in eight hazardous or harmful drinkers offered brief advice reduces their alcohol consumption to Government low-risk drinking levels. This course of action is often referred to as ‘screening and brief interventions for alcohol misuse’ and the approach is broadly supported by this strategy.

10 Alcohol Misuse Interventions: Guidance on developing a local programme of improvement Department of Health 2005
What we will do to prevent adults experiencing alcohol-related harm

• We will provide Manchester residents with information about alcohol so they can make informed choices about their alcohol use.
• We will train front-line staff to spot the signs of alcohol misuse and to offer advice to those who need it.
• We will target high-risk health settings, such as primary care, A&E departments, mental health settings, sexual health settings, maternity services, and older people’s services.
• We will provide Manchester residents with self-help guides to help those who want or need to reduce their alcohol consumption.
• We will provide local alcohol retail staff with training and resources to support responsible retailing at point of sale.
• We will lobby the Government about pricing and promotions of alcoholic drinks.

Some successes of our last strategy

• The Public Health Development Service and the Community Alcohol Team have delivered a number of training events for front-line workers, which have improved their ability to identify alcohol misuse and to deal with this appropriately, either by offering brief advice or referring onto treatment services.
• A number of agencies have delivered public-health alcohol awareness campaigns, including the Lesbian and Gay Foundation targeting the lesbian, gay, bisexual and transgender communities, the Drugs and Race Unit targeting black and minority ethnic communities, and the Public Health Development Service targeting young binge drinkers and women who are pregnant or thinking about conceiving.
• A number of agencies have developed ways of sharing information and engaging with communities in addressing alcohol-related issues. These include the Drugs and Race Unit’s Reaching Out project, ward co-ordinators as part of ward plans, Manchester City Council’s 100 Days campaigns, the Youth Service youth Outreach project at Urbis, and Pub Watch and Off-Licence Forums adopting responsible retailing standards.
The national picture: key facts

How much we drink
38% of men and 16% of women (aged 16–64) misuse alcohol in England. This equates to approximately 8.2 million people: 7.1 million hazardous or harmful drinkers and 1.1 million dependent drinkers. It is estimated that 21% of men and 9% of women are binge drinkers. Older people are more likely to drink regularly, while younger people are more likely to drink heavily.

Not all harmful and hazardous drinkers will become dependent drinkers. As black and ethnic minority communities (except the Irish) have lower levels of hazardous or harmful drinking, you would expect the levels of dependent drinking to be lower than in the white population; however, this is not the case. In fact with some black and ethnic minority communities, eg. Sikh and Afro-Caribbean men, the prevalence of alcohol dependence is similar to their white counterparts.

Where we drink
There have been changes not only in how much we drink, but also in the way we drink – for example we buy more alcohol from off-licences and drink more at home than we used to.

An Internet-based survey by MySupermarket.co.uk in March 2007 indicated that around half of all Britain's drink sales are made at the six major supermarkets, and off-sales promotions have been shown to increase sales by 25%.

With the increase in accessibility of alcohol and the difference in price between off-licence and on-licence premises, many people 'pre-load' by drinking alcohol before going out for the night. While drinking at home before going out is nothing new, the larger amounts being drunk are of concern.

How much we know about what we drink
Most people (78%) know about the risks of alcohol, but 40% would like to know more.

In 2006 69% of adults across Great Britain reported they had heard of the Government low-risk guidelines, but one third of these did not know what the guidelines were.

Many people are confused about what a unit is and how many units are in standard glass sizes and different strengths of alcoholic drinks, and only 13% of adults keep a track of the number of units they drink. Few people are able to accurately estimate how many units they drink and this has become more difficult as one unit is no longer one drink – alcohol is now served in bigger measures and tends to be stronger.

The national picture: the real cost of alcohol misuse
The cost of alcohol is cheaper now than it was in 1980, but the real costs to individuals and communities are increasing. Research has indicated that increases in the real price of alcohol have been linked to reductions in the frequency of drinking and the quantity of alcohol consumed in a typical drinking session.

Health inequalities
Drinking over the sensible drinking guidelines is more common in areas of higher deprivation. Alcohol-related death rates are about 45% higher in areas of high deprivation. Alcohol-related death rates are three times higher for women and five times higher for men living in the most deprived areas compared to those living in the least deprived areas.

Accident and Emergency attendances
NHS Information Centre figures for the total number of A&E attendances show that around 35% of all A&E attendances are alcohol-related.

11 Alcohol Needs Assessment Research Project. Department of Health 2005
12 Statistics on Alcohol England 2007
13 Alcohol Needs Assessment Research Project. Department of Health 2005
16 Statistics on Alcohol England 2007
19 Alcohol no ordinary commodity, Babor et al 2003
Mental health
There is a well-documented crossover between mental health and alcohol use. A significant number of users of alcohol services also have a mental health problem and alcohol misuse is seen to increase admission rates and length of stay in mental health units. Additionally, alcohol can be a factor in as many as 65% of suicide attempts.

Sexual health
Under the influence of alcohol, people are less likely to practise safer sex. A study of 6 to 24-year-olds by the Health Education Authority (2002) showed that after drinking, one in seven had unsafe sex, one in five had sex that they later regretted, and one in ten was unable to remember whether they had sex the night before. A study of adult men and women suggested that one in five adult men and one in six adult women admitted to having unsafe sex after drinking ‘too much’.

Pregnancy and breastfeeding
When a pregnant woman drinks alcohol, the alcohol passes through the placenta and can affect the baby’s development. This happens throughout the pregnancy, not just in the first few weeks. Harmful drinking can lead to low birth weight and can also affect the physical and mental development of the child. This condition is known as Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). When breastfeeding, alcohol passes to the baby in small amounts through breast milk. The milk will smell different to the baby and may affect their feeding, sleeping or digestion.

Physical health
Regularly drinking above sensible daily guidelines significantly increases the risk of developing a number of chronic physical health conditions. Men drinking more than 50 units a week and women drinking more than 35 units a week are at very high risk of harm.

### Increased risks of ill health to harmful drinkers

<table>
<thead>
<tr>
<th>Condition</th>
<th>Men (increased risk)</th>
<th>Women (increased risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension (high blood pressure)</td>
<td>Four times</td>
<td>Double</td>
</tr>
<tr>
<td>Stroke</td>
<td>Double</td>
<td>Four times</td>
</tr>
<tr>
<td>Coronary heart disease (CHD)</td>
<td>1.7 times</td>
<td>1.3 times</td>
</tr>
<tr>
<td>Pancreatitis (inflammation of the pancreas)</td>
<td>Triple</td>
<td>Double</td>
</tr>
<tr>
<td>Liver disease</td>
<td>13 times</td>
<td>13 times</td>
</tr>
</tbody>
</table>

For those with pre-existing conditions, regularly drinking above sensible daily guidelines increases the risk of ill health.

### Increased risks of ill health to those with chronic conditions who are drinking above sensible daily guidelines

<table>
<thead>
<tr>
<th>Condition</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>42%</td>
<td>10%</td>
</tr>
<tr>
<td>CHD</td>
<td>34%</td>
<td>6%</td>
</tr>
<tr>
<td>Stroke</td>
<td>33%</td>
<td>7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>35%</td>
<td>8%</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>25%</td>
<td>6%</td>
</tr>
<tr>
<td>Depression</td>
<td>42%</td>
<td>16%</td>
</tr>
</tbody>
</table>

A General Practice Research Database study found low levels of formal identification, treatment and referral of patients who misuse alcohol. Despite the links with chronic conditions, only one in 67 male and one in 82 female hazardous or harmful drinkers and one in 28 male and one in 20 female patients who were dependent drinkers were identified by GPs. GPs generally welcomed more training on alcohol issues.
Alcohol and other drug use
The harmful effects of alcohol worsen when mixed with illicit drugs. Mixing alcohol with other depressant drugs such as heroin or tranquillisers puts someone more at risk of falling into a coma and death. Mixing alcohol with stimulant drugs like ecstasy, cocaine or amphetamine puts extra stress on the body, increasing the risk of having a heart attack or stroke. With alcohol and cocaine particularly, a third toxic substance is produced (cocathethylene), which is very harmful to the heart and the liver and increases the likelihood of aggressive and high-risk behaviour.

Employment and productivity
Between 11 and 17 million working days are lost each year due to alcohol-related absence from work. This alcohol-related absenteeism costs the economy between £1.2 and £1.8 billion annually. The overall annual cost of productivity lost as a result of alcohol misuse is estimated to be £6.4 billion per annum. Research suggests workplace alcohol policies and health promotion campaigns are an effective way of promoting sensible alcohol consumption.

Road traffic accidents
In the past 20 years there has been a decrease from 9% to 6% in the number of road traffic accidents where those involved were over the legal levels of alcohol in the bloodstream. This is an example of how targeted campaigning can have an effect on people’s drinking behaviour.

Domestic abuse – victims
(see ENFORCE for information relating to domestic abuse offenders)
Data regarding the prevalence of drug and alcohol misuse among domestic abuse victims is limited; however, a number of surveys have been undertaken.

A sample of women known to domestic abuse agencies in London within a one-week period revealed that 44% of these women reported having problematic substance misuse, and additional research suggests that between 30 and 40% of women using refuge services have substance misuse problems, mainly alcohol.

Invest to save
Costs to the health economy and potential savings in return for investments for hazardous and harmful drinkers.

27 The Prime Minister’s Strategy Unit, Cabinet Office: Alcohol harm reduction strategy for England Strategy Unit (2004)
28 Taking measures: A situational analysis of alcohol in the north west. NW Public Health Observatory 2004
29 The Information Centre – Statistics on Alcohol England 2007
30 Downs, WR. Violence against women: The need for Improved Medical Screening, Identification and Service Provision (1999)
The local picture: key facts

How much we drink
The Manchester Quality of Life Survey reported that in 2004 the average percentage of Manchester residents aged over 18 who drank every day was 5.4%. In some wards this was as high as 12%\(^2\). Using the Office of National Statistics Experimental Ward-Level 2004 Mid-Year Population Estimates and the average of 5.4% for each ward’s population, this would suggest an estimated 18,217 Manchester residents drink alcohol every day.

Drinkers in the north west are more likely to exceed Government low-risk guidelines and binge drink than in other parts of the country\(^3\).

Using Alcohol Needs Assessment Report Project data we can estimate the number of Manchester residents (based on the ONS population estimate for 2006 of 16 to 65-year-olds) who are:
- Alcohol-dependent (12,374)
- Harmful and hazardous drinkers (73,117, including 46,597 binge drinkers)
- Low-risk drinkers (197,000)

Where we drink
While Manchester has a vibrant and developing night-time economy that sees almost 125,000 visitors every Friday and Saturday night, Mancunians also drink at home. Analysis of 8,000 weekly supermarket shopping lists, carried out by mySupermarket.co.uk in March 2007, found that Mancunians spend more on alcohol at the supermarket than any other region. The research suggested that adults spend 20% of their supermarket bill on alcohol\(^4\).

Using the above estimates and population projection up to 2015 for the city, the tables below estimate the projections of different types of drinkers.

Projections of different types of drinkers – all aged 16-65

<table>
<thead>
<tr>
<th>Year</th>
<th>Any Alcohol Disorder</th>
<th>Hazardous/ harmful drinkers</th>
<th>... of which Binge Drinkers</th>
<th>Alcohol Dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>100,000</td>
<td>80,000</td>
<td>60,000</td>
<td>40,000</td>
</tr>
<tr>
<td>2007</td>
<td>95,000</td>
<td>75,000</td>
<td>55,000</td>
<td>35,000</td>
</tr>
<tr>
<td>2008</td>
<td>90,000</td>
<td>70,000</td>
<td>50,000</td>
<td>30,000</td>
</tr>
<tr>
<td>2009</td>
<td>85,000</td>
<td>65,000</td>
<td>45,000</td>
<td>25,000</td>
</tr>
<tr>
<td>2010</td>
<td>80,000</td>
<td>60,000</td>
<td>40,000</td>
<td>20,000</td>
</tr>
<tr>
<td>2011</td>
<td>75,000</td>
<td>55,000</td>
<td>35,000</td>
<td>15,000</td>
</tr>
<tr>
<td>2012</td>
<td>70,000</td>
<td>50,000</td>
<td>30,000</td>
<td>10,000</td>
</tr>
<tr>
<td>2013</td>
<td>65,000</td>
<td>45,000</td>
<td>25,000</td>
<td>5,000</td>
</tr>
<tr>
<td>2014</td>
<td>60,000</td>
<td>40,000</td>
<td>20,000</td>
<td>0</td>
</tr>
</tbody>
</table>

\(^2\) The Manchester Quality of Life Survey 2004
\(^3\) Statistics on Alcohol England 2007
\(^4\) mySupermarket.co.uk web-based survey in March 2007
The local picture: the real cost of alcohol misuse

**Health inequalities**
Reducing health inequalities is one of the main strategic aims for both the Primary Care Trust and Manchester City Council. Health inequalities are strongly linked to levels of deprivation. Based on the Indices of Deprivation 2004, Manchester is ranked as the second most deprived area in the country and just under half of Manchester wards were ranked in the top 100 most deprived wards. Drinking over the sensible drinking guidelines is more common in areas of higher deprivation, as are alcohol-related deaths.

**Accident and Emergency attendances**
Using national data to apportion the total number of A&E attendances into alcohol and non-alcohol-related attendances, the estimate for 2004/05 was 103,000 alcohol-related A&E attendances in hospitals in Manchester (124,000 if minor injury units are included).

**Domestic violence and abuse: victims**
Each year it is estimated that 17,000 women experience domestic abuse. Using national research that suggests a third of women who experience domestic violence also misuse alcohol, we can estimate that approximately 5,500 women in Manchester who experience domestic violence also misuse alcohol; however, this appears to increase with the level of abuse. The Manchester Multi-Agency Risk Assessment Conference (MARAC) is a monthly forum where partner agencies discuss how they can support victims of domestic abuse who are at high risk of repeated violent abuse or death. A snapshot taken of the victims known to the MARAC in September and October 2007 showed that 64% misused alcohol.

**Alcohol misuse and fatal fires**
The risk of dying in a house fire significantly increases for men who live alone and misuse alcohol. Greater Manchester Fire Service estimates that at least one in three of these fire deaths involved the consumption of alcohol, and has prioritised partnership work on awareness-raising and home fire-risk assessments with those at risk from substance misuse-related fire accidents.

**Invest to save**
An estimate of the potential impact that brief interventions could have on health budgets was carried out by Manchester PCT in 2006. This identified potential health cost savings of £579,000 from a projected reduction in the number of hospital bed nights needed.
**PREVENT:**

**Improving alcohol education and prevention action plan**

Aim: to provide information for low-risk, hazardous and harmful drinkers about safer, healthier and lawful consumption of alcohol in a way that will facilitate behaviour change.

<table>
<thead>
<tr>
<th>Why</th>
<th>What</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
</table>
| Promoting responsible alcohol retailing helps alcohol retail staff to sell or supply alcohol legally and responsibly | To increase the number of on and off-licensed premises that adopt the UK Alcohol Social Responsibility Principles, including:  
- Banning irresponsible drinks promotions and/or promoters  
- Operating a ‘Challenge 21’ policy where customers are asked for one of three acceptable forms of ID when they look under the age of 21  
- Staff training in responsible alcohol retailing, including refusing underage sales, refusing adults buying on behalf of under-18s and refusing sales to customers who are already drunk  
- Display of the sensible drinking message, including unit awareness of products on sale or supply | GMP Licensing Officers  
- Manchester City Council  
- Public Health Development Project Worker – Alcohol (PHDS)  
- Manchester Pub Watch members  
- Manchester Off-Licence Forum members | These actions are current and will continue |
| | To increase the number of on and off-licensed premises accredited by Manchester Best Bar None Award scheme  
- Identify and reward responsible operators and share their good practice with others  
- Create consistency of standards throughout the UK with which to underpin the national Alcohol Strategy and the 2003 Licensing Act  
- Raise public awareness of the benefits of choosing to use a well-run licensed premises, thereby increasing public reassurance and the promotion of social inclusion and diversity of use | GMP Licensing Officers  
- Manchester City Council  
- Public Health Development Project Worker – Alcohol (PHDS)  
- Manchester Pub Watch members  
- Manchester Off-Licence Forum members | These actions are current and will continue |
<table>
<thead>
<tr>
<th>Why</th>
<th>What</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most front-line workers within Health, Housing and Social Care identified the need for more training and information around alcohol and treatment services</td>
<td>To collate, review and co-ordinate training available for workers in generic care settings&lt;br&gt;To explore the feasibility of developing a formal training network for substance misuse</td>
<td>• Alcohol Strategy Co-ordinator (Drug and Alcohol Strategy Team – DAST)&lt;br&gt;• Public Health Development Project Worker – Alcohol (PHDS)&lt;br&gt;• Head of Joint Commissioning (DAST)</td>
<td>September 2008</td>
</tr>
<tr>
<td>Screening for alcohol misuse can be done by non-alcohol specialist workers</td>
<td>To ensure that voluntary and community sector agencies that are engaging with people with alcohol problems are linked in to needs assessment and referral pathways in co-ordination with the strategic approach to alcohol commissioning</td>
<td>• Alcohol Strategy Co-ordinator (DAST)&lt;br&gt;• Health Inequalities Pool Co-ordinator (Manchester Alliance for Community Care – MACC)</td>
<td>September 2008</td>
</tr>
<tr>
<td>People would like to know more about the risks associated with alcohol misuse</td>
<td>To use local public settings such as licensed premises, libraries, GP surgeries, health centres, NHS walk-in centres, community pharmacies and hospitals to promote key messages about alcohol use</td>
<td>• Alcohol Strategy Co-ordinator&lt;br&gt;• Drug and Alcohol Strategy Team (DAST)&lt;br&gt;• Public Health Development Project Worker – Alcohol (PHDS)</td>
<td>June 2008</td>
</tr>
<tr>
<td>Targeted campaigns aiming to raise awareness of the risks associated with alcohol misuse are more effective when targeted at specific groups or behaviour</td>
<td>• To undertake alcohol-awareness campaigns targeting home drinkers&lt;br&gt;• To undertake targeted alcohol-awareness campaigns for those more at risk of dying due to alcohol misuse&lt;br&gt;• To develop alcohol health promotion materials that are easily accessible to diverse communities&lt;br&gt;• To update local websites with a new section on risks associated with alcohol misuse, eg. <a href="http://www.makingmanchestersafer.com">www.makingmanchestersafer.com</a> (Drug and Alcohol Strategy Team) and <a href="http://www.manchesterpct.nhs.uk">www.manchesterpct.nhs.uk</a> (Manchester Primary Care Trust)</td>
<td>• Public Health Development Project Worker – Alcohol (PHDS)&lt;br&gt;• Community Alcohol Team Manager Primary Care Trust (PCT)&lt;br&gt;• Domestic Abuse Co-ordinator (Crime and Disorder Team)</td>
<td>September 2009</td>
</tr>
<tr>
<td>Workplaces employing more than five members of staff have a duty to promote health and safety in the workplace</td>
<td>To work with the largest employers in the city to develop workplace policies and health promotion messages</td>
<td>• Public Health Development Project Worker – Alcohol (PHDS)&lt;br&gt;• Alcohol Strategy Co-ordinator (DAST)</td>
<td>April 2009</td>
</tr>
<tr>
<td>Local needs assessment suggests strong links between substance misuse and mental health problems</td>
<td>To closely align developments in the Dual Diagnosis Strategy with the implementation of the Alcohol Strategy</td>
<td>• Alcohol Strategy Co-ordinator (DAST)&lt;br&gt;• Head of Mental Health Commissioning (PCT)&lt;br&gt;• Head of Joint Commissioning (DAST)</td>
<td>July 2009</td>
</tr>
<tr>
<td>35% of A&amp;E attendances are alcohol-related</td>
<td>To develop screening and Brief Intervention programmes in three A&amp;E settings</td>
<td>• Public Health Consultant (PCT)</td>
<td>September 2009</td>
</tr>
<tr>
<td>Why</td>
<td>What</td>
<td>Who</td>
<td>When</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
</tbody>
</table>
| Harmful and hazardous drinkers may benefit from simple brief advice  | To establish the feasibility of including alcohol advice in the training programmes in a range of areas – including domestic abuse, Adult Social Care, GUM services, mental health etc                                                                 | • Alcohol Strategy Co-ordinator (DAST)  
• Public Health Development Manager (PCT)  
• Public Health Training and Development Officer (PCT)  
• Principal Manager Physical Disability (Adult Social Care)  
• Training subgroup of Domestic Abuse Management Group                                                                 | April 2009   |
| given by generic workers in almost any setting                      |                                                                                                                                                                                                     |                                                                                                                                                                                                     |--------------|
| There are links between alcohol misuse and high blood pressure,    | To produce a sensible drinking leaflet targeting patients with chronic conditions linked to alcohol misuse  
To produce Best Practice alcohol guidelines for primary care  
To ensure that the current contract with community pharmacists is being fully utilised to deliver messages about low-risk alcohol consumption | • Public Health Alcohol Adviser (PHDS)  
• Public Health Alcohol Adviser (PHDS)  
• Public Health Consultant (PCT)                                                                 | December 2008 |
| heart disease, stroke, liver disease, pancreatitis and depression   |                                                                                                                                                                                                     |                                                                                                                                                                                                     |--------------|
| General Practice Research Database study found low levels of       | To develop integrated screening and brief interventions in primary care settings                                                                                                                                                                                | • Public Health Consultant (PCT)                                                                 | September 2009|
| formal identification, treatment and referral of patients who       |                                                                                                                                                                                                     |                                                                                                                                                                                                     |--------------|
| misuse alcohol                                                      |                                                                                                                                                                                                     |                                                                                                                                                                                                     |--------------|
| Misusing alcohol increases the risk of a fatality in a fire         | To explore the opportunity to offer home fire-risk assessments to users of alcohol services at all points across the strategy  
To offer, as part of a co-ordinated programme of activities, a range of fire prevention messages targeted at all in danger from alcohol-related fire incidents (including children of parents using alcohol) | • Alcohol Strategy Co-ordinator (DAST)  
• Fire Service Secondee within Crime and Disorder (Fire Service)  
• Fire Service Secondee within Crime and Disorder (Fire Service)                                                                 | September 2008|
|                                                                    |                                                                                                                                                                                                     |                                                                                                                                                                                                     | Ongoing      |
| Research studies have shown that increased alcohol prices and      | Assess elements of the strategy that could be increasingly effective with greater legislative support from the Government, such as:  
• Taxation tariffs based on the strength of alcoholic drinks  
• The issue of the promotion of alcohol  
• The issue of alcohol advertising  
Raise these options for change through appropriate channels and refine the strategy further based on subsequent developments | • Alcohol Strategy Co-ordinator (DAST)  
• Drug and Alcohol Action Team Board  
• Executive Members Group                                                                 | April 2009    |
The Alcohol Specialist Nurse service at the Manchester Royal Infirmary A&E department offers patients brief advice to look at their alcohol use, and information about treatment services.
Improving treatment and care

Introduction

The majority of people, including dependent drinkers, will move in and out of different patterns of drinking without professional treatment. Unassisted or natural recovery is often mediated through family friends and mutual aid groups like Alcoholics Anonymous. However, nationally, 1.1 million dependent drinkers could benefit from alcohol-specialist treatment provided by specialist workers.\(^{35}\)

Investing in alcohol treatment is cost-effective: for every £1 spent on treatment, £5 is saved from the public purse.\(^{36}\)

What we will do to improve treatment for adults experiencing alcohol-related harm

- We will develop a commissioning strategy for alcohol treatment services.
- We will improve our services by making more of our accommodation-based services open to women.
- We will review our alcohol treatment services.
- We will explore the impact alcohol-related brain damage is having on dependent drinkers.
- We will develop a system to monitor the effectiveness of our treatment services.
- We will develop a system to monitor the equity of service provision across the city and its population.
- We will develop a strategy for people with drink-related problems and mental illness.

\(^{36}\) Alcohol Misuse Interventions: Guidance on developing a local programme of improvement. Department of Health – November 2005
**Some successes of our last strategy**

- The DAST and the PCT developed, in partnership with the Manchester Royal Infirmary Accident and Emergency Department, a project that has offered patients increased access to alcohol brief advice and treatment services.
- The DAST and the PCT established a joint commissioning group and developed a commissioning brief, which will be used to inform a commissioning strategy.
- A number of alcohol treatment services have undergone review, and these have resulted in services being more fit for purpose.
- The DAST and the PCT have developed a number of resources for front-line staff and potential users of access treatment services.
- The DAST commissioned training for alcohol services to ensure appropriate responses to carers when supporting service users.
- The DAST and the Supporting People team reinvested supporting people funding to establish an alcohol-specific floating support service.
- Adult Social Care and the PCT have worked successfully with the Police to ensure that perpetrators and victims of domestic abuse are able to access alcohol services quickly where alcohol misuse is an issue.
- The DAST and Adult Social Care established a specific support group for carers who care for someone who misuses alcohol.

**The national picture: the real cost of alcohol misuse**

The cost of alcohol-related harm to health services is estimated to be approximately £1.7 billion each year37.

**Hospital admissions**

Between 1996 and 2006 the number of hospital admissions for those over 16 with a primary or secondary diagnosis related to alcohol has more than doubled to 187,640. 70% of these admissions were men. The most common causes of admission are liver disease and mental and behavioural disorders38.

**Accident and Emergency attendances**

35% of all attendances at Accident and Emergency departments are alcohol-related39.

**Alcohol-related liver disease**

Hospital admissions related to alcohol-related liver disease (1996–2006) has almost tripled to 39,17740.

**Alcohol misuse and mental health**

Hospital admissions related to mental and behavioural disorders due to the use of alcohol have doubled since 199741.

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37 The Interim Analytical Report. The Prime Minister’s Strategy Unit 2004
39 Strategy Unit Alcohol Harm Reduction project. Interim Analytical Report. The Prime Minister’s Strategy Unit September 2003
A number of research studies investigating the problem of drug and alcohol misuse in mental health services showed prevalence rates of this type of dual diagnosis of between 27% and 36%. Other studies investigating the problem of mental health in drug and/or alcohol services found high prevalence rates. Overall, dual diagnosis appears to be of major concern in both substance misuse and mental health services, as prevalence rates reaching up to 83% and 68% respectively were found.

**Alcohol-related brain damage**

Alcohol-related brain damage, also known as Wernicke-Korsakoff syndrome, is usually associated with heavy dependent drinking over a long period. Usually, but not always, Wernicke's encephalopathy precedes a Korsakoff's psychosis. Wernicke's can be treated with high doses of vitamin B (thiamine); however, if left untreated, or if it is not treated in time, brain damage may result and in some cases the person may die.

- 20% of people die
- 70% will develop Korsakoff's psychosis, 50% of whom will require long-term care
- 10% will recover.

The main symptom of Korsakoff's is memory loss, particularly of events arising after the onset of the condition. Other symptoms include:

- Difficulty in acquiring new information or learning new skills
- Lack of insight into the condition
- Inventing events to fill the gaps in memory
- Apathy, in some cases, or talkative and repetitive behaviour in others.

People usually retain skills they acquired before developing the disorder, so they are often able to manage with appropriate support.

Those affected by Korsakoff's tend to be men between the ages of 45 and 65 with a long history of alcohol misuse and dependency, though it is possible to have Korsakoff's at an older or a younger age. Women can also be affected and they tend to develop Korsakoff's at a slightly younger age than men, as they appear to be more vulnerable to the impact of alcohol. It has been suggested that whereas it may take around 20 years for a man to develop Korsakoff's syndrome, it may take about half that time for a woman. Further brain damage as a result of Korsakoff's can be stopped if the person:

- Completely abstains from alcohol
- Adopts a healthy diet with vitamin supplements.

Korsakoff's is likely to continue to progress if the person continues to drink heavily and has poor nutrition.

While Wernicke's can be effectively treated and Korsakoff's effectively managed, the rate of diagnosis is poor. In approximately 27,000 post-mortems in general hospitals, Wernicke-Korsakoff syndrome was indicative in .4% of all cases and rose to 2.5% in dependent drinkers. However, 80% of cases were not diagnosed prior to post-mortem.

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43 Barnes et al, 2006; Strathdee et al, 2002.
44 Serial MRI and 1H-MRS of Wernicke’s encephalopathy: report of a case with remarkable cerebral lesions on MRI Victor et al, 1989
**Alcohol-related deaths**
Deaths caused by alcohol consumption have doubled in the past two decades with more people becoming ill and dying younger. This increase is mainly due to the increase in the number of deaths from alcohol-related liver disease.66

Deaths from liver cirrhosis have increased in the 25 to 34-year-old age group. This is thought to be as a consequence of increases in earlier onset of drinking in young people.47

Excessive alcohol consumption is associated with between 15,000 and 20,000 premature deaths.48

In 2005, 6,567 deaths in England and Wales were directly linked to alcohol misuse. Of these deaths, two thirds were as a result of alcoholic liver disease.49 Between 1999 and 2005 in England and Wales there was a 41% increase in the number of deaths caused by alcohol-related liver disease.50

In 1991 alcohol-related deaths peaked at around 70 years of age for both men and women – by 2005 the peak age was around 55-59 respectively.51

Additionally, 65% of suicides are alcohol-related.52

**Monitoring alcohol treatment services**
The National Treatment Agency for Substance Misuse (NTA) has monitored drug treatment services for some time. The agency has worked with John Moore’s University to develop a monitoring system for alcohol treatment. All treatment services are expected to be compliant by 2008/09.

The NTA’s ‘Review of Effectiveness of Treatment for Alcohol Problems’ states that all treatment services should be monitoring outcomes for all service users. As noted earlier, this will generate activity and performance information that will be fed into the local commissioning system to ensure value and effectiveness of services.

**Invest to save**
The table below is taken from ‘Safe. Sensible. Social. The next steps in the National Alcohol Strategy’ and identifies the costs to the health economy and the potential saving in return on investment for dependent drinkers.

**Costs to the health economy and potential savings in return for investment for dependent drinkers**53.

<table>
<thead>
<tr>
<th>PCT Health Economy</th>
<th>Cost to Health Economy</th>
<th>Invest £434,600 in treatment</th>
<th>Save £717,100 in return on investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>7,000 dependent drinkers</td>
<td>£2,650,000</td>
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</table>

**Carers and the impact of alcohol misuse**
An estimated seven million adults in the UK are affected by someone else’s drug or alcohol misuse. Carers and family members are often a ‘hidden’ group that provides ongoing treatment, often without training, support or financial reward. For some carers, the pressure of caring can result in their poor physical and mental health, including the misuse of alcohol as a coping mechanism.54

It has also been reported that between 780,000 and 1.3 million children nationally are affected by parental alcohol problems.55

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52 Alcohol Concern: Mental health and Alcohol Misuse Project – Briefing 5: Suicide and Alcohol Misuse (2003)
54 Statistics reported from Carers UK
55 Alcohol Harm Reduction Strategy for England – Prime Minister’s Strategy Unit, 15 March 2004
The local picture: the real cost of alcohol misuse

Hospital admissions
During the period 2005 to 2006 the North West Public Health Observatory (NWPHO) reported alcohol-related data for England. Based on this data the number of alcohol-specific hospital admissions in Manchester per 100,000 of the population of adult males was 809, while for adult females it was 346. These figures are more than twice the equivalent national averages, which were 340 for males and 164 for females per 100,000 of the population.\(^{56}\)

The above data also showed that 815 adult females and 1,581 males per 100,000 of the Manchester population were admitted to hospital with a complaint that was attributable to alcohol. These figures are higher than the comparable averages for England, which were 510 for women and 909 for men per 100,000 of the population.\(^{57}\) None of the above figures include attendances at A&E.

A recent study of inpatients (aged 60 years or older) who were referred to the alcohol liaison nurse at the Royal Bolton Hospital, assessed alcohol intake against the primary and secondary reasons for admission. The study found that 90% of men drank more than 2 units weekly and 9% of women drank more than 4 units weekly.

The average weekly alcohol intake was 78.5 units for men and 47 units for women. Acute intoxication, falls, circulatory problems and alcohol-related liver disease were the primary reasons for admission. Neglect or malnutrition, alcohol-related liver disease and hypertension were the secondary reasons. 30% of patients died between 1998 and 2003.\(^{58}\)

Accident and Emergency attendance
Based on national data for A&E presentations, we can estimate that in 2004/05 there were approximately 103,000 alcohol-related attendances at Accident and Emergency departments in Manchester. This figure rises to 124,000 if minor injuries are included.

Alcohol-related liver disease
The NW Public Health Observatory reported 13 male and 7 female adult deaths per 100,000 of the population due to chronic liver disease in England for the period 2005/06. The equivalent figures for Manchester are notably higher at 23 for men and 17 for women.

Alcohol misuse and mental health
A Manchester-based study examined clients with severe mental health problems admitted for inpatient treatment. Of those included in the study, 27% had a dual diagnosis.\(^{59}\) More recent dual diagnosis needs assessment work again found significant overlap between substance use and mental health problems.

Alcohol-related brain damage
There is no robust local data about the prevalence of Korsakoff’s. However, we can estimate the prevalence by using research that estimates 12.5% of dependent drinkers have Wernicke-Korsakoff syndrome, and the estimates for dependent drinkers in Manchester. This would suggest an estimated prevalence of Wernicke-Korsakoff syndrome of 1,572 adults. It is further estimated that 70% of adults who have Wernicke-Korsakoff syndrome will develop Korsakoff’s psychosis. Using this estimate we can propose that around 1,100 adults in Manchester may have a Korsakoff’s psychosis.

\(^{56}\) North West Public Health Observatory ‘Local Alcohol Profiles for England’ 2007
\(^{57}\) North West Public Health Observatory ‘Local Alcohol Profiles for England’ 2007
\(^{59}\) Holland, MA. How substance use affects people with mental illness. Nursing Times (1999) 95 46–48
Alcohol-related deaths
Death rates resulting from alcohol-specific conditions for Manchester in 2005/06 were 25 for men and 12 for women per 100,000 adults, based on NWPHO data. The comparable figures for England were 12 for men and 5 for women\(^{60}\).

In the same period, 76 adult male deaths per 100,000 of the population were from alcohol-attributable conditions in Manchester and those for adult females were 40. By contrast the equivalent figures for England show deaths for men as 47 and those for women as 23\(^{61}\).

Alcohol misuse has a negative impact on life expectancy. It is estimated that, on average in England, men who misuse alcohol can expect to lose 9 months and women 4 months of life. In Manchester the reduction in life expectancy is more marked, with men losing 16 months and women 7 months through alcohol misuse\(^{62}\). Alcohol is now recognised as the largest single factor in the reduction of life expectancy for women in Manchester.

Invest to save
The Manchester Joint Health Unit analysed hospital stays in Manchester during 2004/05 and showed that 3.1% of all hospital stays were due to alcohol-attributable conditions. 7.8% of all spells in hospital for people over 65 were attributable to alcohol. However, the age group with the most hospital stays due to alcohol-attributable conditions was 45–64. The estimated cost of this level of alcohol-attributable spells in hospital is £7.1 million.

Reviewing the needs for treatment services in the city and their capacity to meet need
The Drug and Alcohol Strategy Team and the PCT commissioned a needs and capacity analysis of treatment services in the city. Based on the estimated number of dependent drinkers in the city and the number of presentations to alcohol treatment in 2005, 19% of dependent drinkers were seen by treatment services in 2005.

The key recommendations of this review were:
- To develop interventions for harmful and hazardous drinkers
- To develop open-access services aimed specifically at harmful and hazardous drinkers
- To develop services for female dependent drinkers
- To develop services that open outside office hours
- To encourage providers to enhance and improve the level of service-user consultation in service review and planning
- To develop robust and consistent data collection systems across treatment services
- To develop outcome measurement tools for treatment services
- To update service specifications and include capacity levels, monitoring requirements and value for money for criteria
- To ensure carers’ needs are considered in developing services
- To improve access to services for underrepresented groups, eg. women, people with a disability, and black and minority ethnic communities, the lesbian, gay and transgender community, and older people.

Carers and the impact of alcohol misuse
It is estimated that there are 55,000 adult carers and 11,000 young carers in Manchester. Given the levels of harmful and dependent drinkers in the city, a significant number of these carers will be caring for someone who misuses alcohol.

In 2004, Manchester Carers Forum undertook a piece of work to identify the impact that alcohol misuse had on carers in the city. Of the respondents:
- 27% drank above the Government guidelines
- 15% drank every day
- 16% cared for someone with an alcohol problem.
# TREAT: Improving treatment and care action plan

**Aim:** to ensure the alcohol treatment system is responsive to the needs of harmful and dependent drinkers, their families and carers.

<table>
<thead>
<tr>
<th>Why</th>
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</table>
| There is a lack of accommodation-based services that women can access | To develop provision that enhances privacy and dignity for female service users in specific residential services | • Alcohol Strategy Co-ordinator (DAST)  
• Head of Joint Commissioning (DAST)  
• Lead Officer (Supporting People) | April 2009 |
| Alcohol-related brain damage is likely to be undiagnosed | To undertake research to baseline and project the local incidence of Wernicke-Korsakoff syndrome and identify appropriate local responses | • Public Health Associate (PCT)  
• Team Manager (Alcohol) (Adult Social Care (ASC))  
• Head of Mental Health Commissioning (PCT)  
• Alcohol Strategy Co-ordinator (DAST) | April 2009 |
| The treatment system has the capacity to see 19% of dependent drinkers | To develop a robust alcohol commissioning strategy based on the recommendations in the needs and capacity analysis to maximise the value and effectiveness of commissioned services | • Head of Joint Commissioning (DAST)  
• Specialist Commissioning Manager (PCT)  
• Alcohol Strategy Co-ordinator (DAST) | April 2009 |
| The National Treatment Agency (NTA) will begin monitoring alcohol treatment services in 2008/09 | To ensure that all relevant alcohol services are compliant with the national Alcohol Treatment Monitoring System (ATMS) | • Specialist Commissioning Manager (PCT)  
• Principal Manager Physical Disability (Adult Social Care)  
• Alcohol Strategy Co-ordinator (DAST) | March 2009 |
| The NTA recommends alcohol treatment services should measure outcomes for services users | To ensure that all relevant alcohol services are compliant with the NTA Treatment Outcome Profile (TOP) | • Specialist Commissioning Manager (PCT)  
• Principal Manager Physical Disability (Adult Social Care)  
• Alcohol Strategy Co-ordinator (DAST) | March 2009 |
| Service users and carers need to be involved in developing services | To establish a co-ordinated approach across service user groups (substance misuse) and develop peer support networks, pathways to volunteering, and an involvement strategy | • Head of Joint Commissioning (DAST)  
• Service User Involvement Project (ASC) | September 2008 |
<table>
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<tr>
<th>Why</th>
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</table>
| Self-help, family and friends and mutual aid groups often facilitate unassisted or natural recovery without the need to access treatment services | To develop interventions for carers, including peer support networks, specific support forums, increase in carers’ assessments, information about coping with substance misuse, family interventions etc | • Head of Joint Commissioning (DAST)  
• Family and Carers Development Service (ASC) | April 2009 |
| 27% of carers drink above the Government guideline and 16% cared for someone with an alcohol problem | To ensure service-level agreements for alcohol treatment services recognise the need to identify and offer information and advice to carers | • Specialist Commissioning Manager (PCT)  
• Alcohol Strategy Co-ordinator (DAST)  
• Head of Joint Commissioning (DAST) | April 2009 |
| 64% of cases presented for Multi-Agency Risk Assessment, as victims of domestic abuse misuse alcohol | To explore how alcohol treatment services best assess issues around domestic abuse with service users who may be victims | • Training Subgroup of Domestic Abuse Management Group  
• Team Manager – Organisational Development, Chief Executive’s  
• Alcohol Strategy Co-ordinator (DAST)  
• Head of Joint Commissioning (DAST) | April 2009 |
| 30–40% of women using domestic abuse refuge services had substance misuse problems – mainly alcohol | To emphasise the link between alcohol and domestic abuse in promotion of both strategies | • Alcohol Strategy Co-ordinator (DAST)  
• Communication subgroup of Domestic Abuse Management Group | April 2009 |
| One third of people with a mental health problem also misuse alcohol (dual diagnosis) | To develop a dual diagnosis strategy for the city, based on the recommendations of the Mental Health and Substance Misuse Needs Assessment, which will form part of the Mental Health ten-year Commissioning Strategy and the DAST’s Treatment Planning | • Head of Joint Commissioning (DAST)  
• Head of Mental Health Commissioning (PCT) | September 2008 |
Street dancing was one of a number of diversionary activities that took place in the Manchester Respect pilot areas, alongside help for young people to address antisocial behaviour, alcohol and drug misuse.
Support for young people and their families

Introduction

Children and young people are affected by alcohol as a result of parental or familial misuse, their own misuse, or a combination of both. Alcohol misuse has a significant impact on the health and wellbeing of young people, as it is associated with poor educational attainment, exclusion from school, teenage pregnancy, crime and antisocial behaviour. It can also impact significantly on their ability to achieve their full potential.

Some young people are more vulnerable to the risk of alcohol misuse, including those from the following groups:

• School excludees
• Homeless young people
• Young people not in education, employment or training
• Young people in contact with the criminal justice system
• School truants
• Looked after children
• Young people from families who misuse substances
• Young people with poor mental health
• Lesbian, gay, bisexual and transgender young people.

What we will do to protect young people and families from alcohol-related harm

• We will assist parents to offer advice that helps their children learn about alcohol misuse.
• We will build on and improve alcohol education provided in schools.
• We will develop the common assessment framework to include alcohol and drug misuse.
• We will further develop alcohol and drug services for young people and their families.
• We will develop a system to monitor the effectiveness of the Young People’s Drug and Alcohol Service.
• We will research the most effective way of reducing the harm caused by substance misuse on children, young people and their families.
Some successes of our last strategy

- A new alcohol and drugs prevention service for under-19s in Manchester has been established at Eclypse. This service provides the following:
  i. Individual assessment and support for those children and young people likely to misuse alcohol or drugs
  ii. Group work
  iii. Outreach work for children and young people who are being sexually exploited, involved in prostitution, runaways and/or asylum seekers
  iv. Targeted prevention for children and young people from BME communities.

- The Respect 2 pilots targeted wards where there was an issue with young people drinking and being antisocial. The pilots combined diversionary activity, law enforcement and psychosocial/therapeutic interventions to address both alcohol and drug misuse and antisocial behaviour.

The national picture: key facts

How much young people drink

In 2006, 21% of young people aged 11–15 reported drinking alcohol in the week prior to interview. The average weekly consumption had more than doubled from the levels reported in 1990 to 11.4 units\textsuperscript{6}.

A key turning point in preventing harm is before a young person reaches 13 years of age, as it is at this age when more young people will have tried alcohol than have not\textsuperscript{64}.

Where young people drink

A national survey indicated that most 11 to 15-year-olds who drank did so in their own, or someone else’s home, but that a substantial proportion drank on the street (31%) and at parties with friends (29%). The survey also found that the more young people had drunk, the more likely they were to drink in locations outside their own homes\textsuperscript{65}.

The national picture: the real cost of alcohol misuse

Hospital admissions

There were 5,280 admissions to hospital in 2005/06 for children and young people under 16 years old with either a primary or secondary diagnosis specifically related to alcohol – a figure that has increased by more than one third since 1995/96\textsuperscript{66}.

Of those admitted with a primary diagnosis specifically related to alcohol consumption, 59% were female. The most common causes of admissions were mental and behavioural disorders and alcohol poisoning\textsuperscript{67}.

Alcohol misuse, sexual health and teenage pregnancy

A study carried out in one Greater Manchester borough explored the links between alcohol and sexual health for 14 to 15-year-old pupils.

The relationship between alcohol, sex and risk is complex. Alcohol is seen as playing a positive as well as negative role, with the perceived benefits including ‘having an excuse’, and reducing pain and embarrassment.

\textsuperscript{66} The Information Centre, Lifestyle Statistics, NHS. Statistics on Alcohol: England 2007
\textsuperscript{67} The Information Centre, Lifestyle Statistics, NHS. Statistics on Alcohol, England 2007
The research showed:

- One third of respondents reported sexual activity. Young people in this group were more likely to be white. Females with low educational aspirations were more likely to report binge drinking
- One in five females reported going further sexually than intended because they were drunk
- Around one third of respondents cited confidence as a benefit of drinking alcohol before having sex
- Alcohol was seen as a disinhibitor, encouraging people to make decisions they may not have made when sober
- One third of respondents reported that drinking increases the risk of unprotected sex

In other studies, young people reported that they were less likely to use contraception and were more likely to regret having sex when they had been drinking.

Alcohol misuse and educational attainment
A research study carried out for the Youth Justice Board by MORI found that 14% of pupils excluded from school were excluded for drinking alcohol at school.

Alcohol misuse and dependency
Research shows alcohol can cause significant damage to a vulnerable area of the teenage brain. A study of more than 40,000 adults found that 47% of those who began drinking alcohol before the age of 14 became alcohol dependent – compared with 9% of those who waited until the age of 21 or later. Young drinkers who started drinking in their early teens were more likely to become alcohol-dependent before they were 25 years old.

The impact of parental alcohol misuse on children and young people
The alcohol use of a significant other such as a parent, sibling or grandparent affects many children and young people. It has been estimated that up to 1.3 million children in the UK have been affected by parental alcohol misuse. Both the initial Advisory Council on the Misuse of Drugs document Hidden Harm: Responding to the needs of children of problem drug users and the follow-up document Hidden Harm Three Years On, raised the profile of the harm to young people and children through parental drug misuse. Turning Point’s Bottling it up report, based on focus groups and interviews with children whose parents misused alcohol, identified four areas where parental alcohol misuse had a negative impact: children’s physical and mental health, children’s behaviour, the family as a whole, and a parent’s ability to fulfil their role.

The local picture: key facts
How many young people drink alcohol?
Based on self-reporting from a representative cross-section of Manchester’s young people aged between 11 and 18, 80% of young people had tried alcohol and 60% currently used alcohol. More young people drank alcohol than smoked. Approximately one half (49%) of the group who had drunk alcohol reported that they first tried alcohol between the ages of 12 and 16, and 39% were aged between five and 11. Only 2% of respondents tried alcohol for the first time at 7 years of age. This report concluded that ‘underage drinking is the norm across Manchester; a substantial proportion of the population are exposed to alcohol very early in life.

In a recent survey carried out for Manchester City Council and Trading Standards North West, 73% of young people in Manchester aged 15–16 reported that they drank alcohol.

68 Redgrave, K and Limmer, M. 2005 “It makes you more up for it.” School-aged young people’s perspectives on alcohol and sexual health
70 Youth Justice Board/MORI. Youth Survey 2003. Appendix G
71 Hingson R, Heeren, T and Winter M. Age at Drinking Onset and Alcohol Dependence. Arch Pediatr

72 Turning Point. Bottling it up: The effects of alcohol misuse on children, parents and families. 2006
www.turning-point.co.uk/NI/rdonlyres/33C57B5C-BB5E-49A2-8232-877B8081BDC4/0/Bottlingitup06report.pdf
**How much young people drink**

In a survey of young people in Manchester, 59% reported that they drank between one and five units per week and 15% reported that they drank between six and ten units per week. Nearly one fifth (19%) of respondents said they drank more than the recommended weekly number of units for adults of their gender.

**Access to alcohol**

A study in Manchester indicated that corner shops and off-licences were the most popular locations from which children and young people had attempted to buy alcohol, with the majority of those young people succeeding. Not all alcohol purchases are made directly by the young person, with about one third of young people surveyed reporting that adults purchase alcohol on their behalf.

In a market research survey commissioned by Trading Standards North West, 55% of young people in Manchester identified that they mostly drank at home and that their parents bought them alcohol. However, the same research found that those who binge-drink regularly were more likely to get alcohol from adults outside shops or take it from their parents.

**Where young people drink**

In the RDS research, 50% of young people said they mostly drank at a friend’s house and 47% said they mostly drank in outdoor public places. A significant number, 42%, identified that they were allowed to drink alcohol at home and 19% said they drank alcohol in secret at home. 43% of young people reported that they drank alcohol with their parents.

There is a correlation between networks of peers drinking alcohol and parental permissiveness (defined in the research as being parents who allowed the consumption of alcohol and tobacco products in the home and who were aware of their child’s cannabis use). Those young people who had parents with a high level of permissiveness were more likely to have peers who were regular users of drugs and alcohol (40%). The research also demonstrated that heavy drinkers were statistically more likely to have permissive parents.

In tackling young people's misuse of alcohol, a balance is required between addressing street drinking and antisocial behaviour with parental permissiveness that appears to both support and facilitate underage drinking often behind closed doors.
The local picture: the real cost of alcohol misuse

Alcohol and risky behaviours
Manchester-based research in 2007 found there were statistically significant relationships between alcohol consumption and the likelihood of the following:

• Smoking
• Class A drug use
• Low pro-sociability (increased risks of involvement in criminal activity and antisocial behaviour)
• Prolific offending

In addition it found that:

• Young males and children and young people in specialist education are statistically more likely to drink alcohol alone
• Those children and young people not in education, training or employment are more likely to be ‘heavy drinkers’ (this is defined as drinking more than the recommended number of units of alcohol for adults of their gender)
• Attending school or college is a protective factor against alcohol misuse
• Young females are more likely than young males to approach another adult to purchase alcohol on their behalf.

Another piece of research undertaken in Manchester in 2006 looked at substance misuse among lesbian, gay, bisexual and transgender young people (LGBT). The research showed that young people from LGBT communities were more likely to misuse drugs and alcohol than young people from the general population. One reason cited for this was the nature of the ‘gay scene’ being strongly associated with pubs and clubs based in the ‘gay village’. The research highlighted strong links between high-risk sexual activities and drug and/or alcohol misuse. However, many people surveyed perceived their consumption of drugs or alcohol as ‘normal’ and not ‘problematic’. It was also noted in the research that these young people do not access mainstream services due to real or perceived homophobia, and that young people may not want to be ‘out’ among other peers. Information and advice about drug and alcohol was obtained from the internet, through friends and through information on offer in the ‘gay village’.

Hospital admissions
Based on 2005/06 data, the number of alcohol-specific hospital admissions for under-18s per 100,000 of the population in Manchester was 89. This was lower than the national average of 103 per 100,000 of the population.

82 Research and Data Services Ltd. Children and young people in Manchester: Drugs, alcohol and risk behaviour. Manchester. February 2007, p.91
83 Research and Data Services Ltd. Children and young people in Manchester: Drugs, alcohol and risk behaviour. Manchester. February 2007, pp.87–95
84 Youth 18/Out and About supported by The Centre for Ethnicity and Health, University of Central Lancashire. Report of the community-led research project focusing on drug and alcohol use by the young lesbian, gay, bisexual and transgender community in Manchester’s gay village. January 2006. Manchester
85 North West Public Health Observatory. Liverpool John Moores University. Local Alcohol Profiles for Manchester Local Authority. 2007 www.nwph.net/alcohol/lape/index.htm
Attendances at Accident and Emergency departments
Using data collected by North Manchester General Hospital in July – August 2004 we can estimate that around 2% of all alcohol-related A&E attendances were children aged under 16, and 15% were people aged 16–18 years. If we apply these proportions to the estimate of the number of alcohol-related A&E attendances in hospitals in Manchester, we arrive at a rough figure of 1,900 alcohol-related A&E attendances in children aged under 16, and 15,600 in persons aged 16–18 (2,300 and 18,700 if minor injury units are included).86

Risks of dependent drinking and alcohol-related brain damage
Research has shown that binge drinking under the age of 14 doubles a young person’s risk of becoming a dependent drinker and significantly increases the risk of alcohol-related brain damage.87 This has particular relevance to Manchester given the number of underage and very young people misusing alcohol. Improving our capacity to identify young people presenting to health services with alcohol-related issues would provide an opportunity to intervene earlier in their alcohol misuse and prevent further health damage.

Alcohol misuse, sexual health and teenage pregnancy
Local research has found that less than one half of young people who had intercourse under the influence of alcohol had used contraception.88

Alcohol misuse and educational attainment
Local research highlights the links between poor educational attainment and substance misuse.89 This reflects the national picture.

Impact of parental alcohol misuse on children and young people
Research conducted with a group of young people in care in Manchester highlights the impact of a parent or sibling’s alcohol (and drug) use on children and young people.90

The Manchester responses to both Hidden Harm and Think Family will require an increasing emphasis on delivering services that address the needs of the whole family alongside other partner agencies. Both adult and young people’s services will be required to review their practice as this approach becomes embedded in all local strategies.

Access to specialist treatment services
Eclypse, a specialist drug and alcohol service for young people, has been established in Manchester to ensure that the needs of young people are met in relation to substance misuse. The services offered include targeted intervention programmes and treatment services with access to detoxification if required. For those young people who continue to need a substance misuse service into adulthood, robust systems are being developed to ensure a smooth transition to adult services.

In 2006/07, the Eclypse Young People’s Drug and Alcohol Service reported 218 presentations across their services in the past 12 months as a result of alcohol misuse. The services offered are a targeted prevention and outreach service, and a therapeutic treatment service; 2% of young people accessed the service as a result of their parents’ alcohol misuse.

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86 This was a national data collection exercise, but only one hospital in Manchester submitted the data, so we have to generalise that the pattern of A&E attendances for this two-month period in north Manchester is the same as that elsewhere in the city the whole year round. Information produced by the Health Intelligence Manager, Joint Health Unit, February 2007.
88 Research and Data Services Ltd, Children and young people in Manchester: Drugs, alcohol and risk behaviour. Manchester: February 2007, p.93
89 Research and Data Services Ltd. Children and young people in Manchester: Drugs, alcohol and risk behaviour. February 2007
90 Murphy M and Ingram S, University of Salford. Manchester Highs and Lows Report for Manchester DAST. May 2007
## PROTECT: Support for young people and their families action plan

**Aim:** to improve the outcomes for children and young people where either their own or their family’s alcohol misuse means they are less likely to be healthy, stay safe, enjoy and achieve, make a positive contribution and/or achieve economic wellbeing.

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<th>Why</th>
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<tr>
<td>Approximately one third of alcohol consumed by young people is provided by parents</td>
<td>To undertake alcohol awareness campaigns targeting parents who provide their children with alcohol</td>
<td>• Public Health Development Adviser – Alcohol (PHDS)</td>
<td>May 2008, May 2009, May 2010</td>
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<td></td>
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<td>• Head of Joint Commissioning (DAST)</td>
<td>April 2009</td>
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<td></td>
<td>To ensure Parenting Programmes delivered as a part of the Manchester Parenting Strategy are able to address issues of alcohol misuse in families</td>
<td>• Young People’s Lead (DAST)</td>
<td>April 2010</td>
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<tr>
<td>17% of A&amp;E alcohol-related attendances are for young people under 18 years old</td>
<td>To explore the feasibility of including an alcohol misuse screening tool in A&amp;E paediatric assessments</td>
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<td>To introduce the use of the young persons’ substance misuse screening tool for teachers and school nurses, and to link to the IRIS system (a tool to record teachers’ concerns about pupils’ behaviour and wellbeing) in schools where this programme is available.</td>
<td>• Young People’s Lead (DAST)</td>
<td>March 2010</td>
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<tr>
<td></td>
<td>To ensure activities aimed at reducing alcohol-related street drinking and antisocial behaviour among young people are seamlessly linked with quick and easy access to early intervention and specialist treatment services</td>
<td>• Young People’s Substance Misuse Co-ordinator (DAST)</td>
<td>March 2009</td>
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<tr>
<td></td>
<td>To continue to encourage and resource alcohol and drug education in schools as part of the Healthy Schools Partnership and personal, social and health education delivery</td>
<td>• Young People’s Substance Misuse Co-ordinator (DAST)</td>
<td>March 2009</td>
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<td></td>
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<td>• Healthy Schools Partnership</td>
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<td><strong>Among the most common causes of hospital admissions for young people are mental and behavioural disorders</strong></td>
<td>To develop a care pathway from Children and Adolescent Mental Health Services to specialist substance misuse services</td>
<td>• Young People’s Lead (DAST)</td>
</tr>
<tr>
<td><strong>One objective of Every Child Matters is to develop the workforce, change culture and practice</strong></td>
<td>To continue with the training programme to build capacity in services to implement the young people’s substance misuse screening tool</td>
<td>• Young People’s Lead (DAST)</td>
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<td></td>
<td>To ensure the impact of substance misuse is considered in the development of a district-based commissioning model for children and young people</td>
<td>• Young People’s Lead (DAST)</td>
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<td></td>
<td>Development of a multi-agency training pack for agencies to use within their own organisation</td>
<td>• Public Health Development Adviser – Alcohol (PHDS)</td>
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<tr>
<td><strong>Parental misuse of alcohol results in poor outcomes for children, including increased risk of misusing alcohol</strong></td>
<td>To evaluate the family service based at Eclypse to identify which interventions are the most effective in addressing the negative impact alcohol and drug use has on children, young people and families</td>
<td>• Young People’s Lead (DAST)</td>
</tr>
</tbody>
</table>
|  | To include questions about parental responsibility in alcohol treatment assessment tools | • Commissioning Lead for Alcohol (PCT)  
• Principal Manager Physical Disability (Adult Social Care)  
• Alcohol Strategy Co-ordinator (DAST) | April 2009 |
|  | To align the young persons’ substance misuse screening tool with the Common Assessment framework | • Common Assessment Framework Manager (Children’s Division, Manchester City Council) | April 2009 |
|  | Development of five-point intervention training for agencies working with families of alcohol misusers | • Public Health Development Adviser – Alcohol (PHDS)/Bath University | December 2008 |
|  | Evaluation of Project Samuel – a family intervention project in north Manchester | • Public Health Development Adviser – Alcohol (PHDS)/Christ Church | 2007/2010 |
| **The number of deaths from alcohol-related liver disease is increasing and is apparent in younger age groups** | To develop an outcome-monitoring tool for the young people’s drug and alcohol service that measures improvements in health and wellbeing | • Young People’s Lead (DAST) | April 2009 |
|  | To develop a medical-based service within specialist treatment | • Young People’s Lead (DAST) | June 2008 |
| **Ensuring a smooth transition from young people’s to adult treatment services is essential** | To develop a robust care pathway from the young persons’ substance misuse service to adult treatment services | • Young People’s Lead (DAST)  
• Head of Joint Commissioning (DAST) | March 2009 |
The successful Taxi Marshals scheme ensures orderly queuing so that revellers get home safely after a Friday or Saturday night out in Manchester city centre.
Tackling alcohol-related crime, disorder and antisocial behaviour

Introduction

Alcohol misuse is linked to crime, disorder and antisocial behaviour relating to adults and young people, not only as perpetrators, but also as victims. In 2006/07 the ratio of recorded crimes in England attributable to alcohol was 10.2 per 1,000 of the population. This is a decrease in the rates from 2005/06 and 2004/05. A similar decreasing trend was seen for recorded violent crimes attributable to alcohol. Of these recorded crimes, seven in ten were violent crimes.

However, the public perception is that alcohol-related crime is increasing\(^9\) and, through the Safer Neighbourhood Surveys, Manchester residents identified alcohol-related crime, disorder and antisocial behaviour as significant problems in their area.

Identifying and engaging young people involved in alcohol-related crime requires a combination of interventions, including law enforcement, diversionary activity, and psychosocial and emotional support\(^92\).

What we will do to tackle alcohol-related crime, disorder and antisocial behaviour

• We will ensure that where alcohol misuse is linked to offending, the offenders will be offered treatment for their alcohol misuse.
• We will restrict access to alcohol by under-18s and customers who are already drunk.
• We will work in partnership with the night-time industry and other alcohol retailers to ensure a safe and clean Manchester.
• We will build upon the work undertaken in the prisons to offer appropriate alcohol education and treatment to reduce reoffending.
• We will work with our colleagues in Greater Manchester to reduce the number of alcohol-related crimes committed in the city.
• We will work to increase public confidence in respect of drunkenness and rowdy behaviour.

\(^9\) North West Public Health Observatory. Indications of Public Health in the English Regions. 8: Alcohol p.56
Some successes of our last strategy

• The Police and the Community Alcohol Team have piloted both a Conditional Cautioning Scheme and an Alcohol Arrest Referral pilot through which offenders whose offending is linked to alcohol misuse are directed to attend alcohol treatment. Previous voluntary attempts to encourage offenders into alcohol treatment have had a poor attendance rate. Since the introduction of interventions that have an element of compulsion, the attendance rate for offenders referred has been 90%.
• Significant steps have been taken in Manchester to reduce the illegal sale of alcohol to young people. This has included the revocation of licences where there has been a breach of the licensing laws.
• Local areas where alcohol misuse causes significant problems have been successful in creating alcohol-designated areas. These areas restrict the consumption of alcohol in a public place. Residents in these areas have noticed a real difference in alcohol-related antisocial behaviour since the alcohol-designated areas have been in place.
• The Public Health Development Service has worked with prisoners to offer two levels of alcohol education. These sessions have been targeted at prisoners whose alcohol use was a factor in their offending.

• The Public Health Development Service has also worked with the alcohol industry to deliver accredited responsible alcohol retail training. Of the alcohol retail staff who attended, 93% passed the accreditation process. This work was short-listed for an alcohol industry award for innovative practice in social responsibility.
• As part of a Government initiative, Manchester has delivered a number of successful Alcohol Misuse Enforcement Campaigns. The aims of these campaigns were:
  – To continue to raise the standards of the management of licensed premises
  – To reduce the levels of violent crime through enforcement activity and early intervention
  – To reduce alcohol-related antisocial behaviour and youth nuisance.
The key successes were:
  – In 2006 Trading Standards pioneered, in partnership with the Police, test-purchase operations in on-licence premises. These have reported a significant reduction in the number of failed test purchases, ie. where a licensed premises has sold alcohol to a minor
  – A significant decrease in the number of serious assaults
  – Improved partnership working and information-sharing between key agencies.
The national picture: the real cost of alcohol misuse

The cost associated with alcohol-related crime, disorder and antisocial behaviour is estimated at £7.3 billion each year.91

Crimes associated with the night-time economy
Licensed premises that are crowded, noisy or poorly managed and that tolerate antisocial behaviour are more likely to have incidents of violence in or near the venue.94

In 2005/06 17% of all violent incidents were committed in or around pubs and clubs.

Violent crime
The British Crime Survey has shown a decrease in violent crime since 1995. However, alcohol-related violent crime is still a significant problem.

At least 90% of the assaults occurring in bars involved drinking by the victim, offender, or both in the four hours before the assault. Of assaults on the street, 63% involved alcohol.95

Frequency of drunkenness is more strongly associated with general offending behaviour than frequency of drinking. 18 to 24-year-old binge drinkers were almost three times more likely to have committed an offence than 18 to 24-year-olds who often drank but were infrequently drunk. This difference was particularly marked for fights. Young binge drinkers were five times more likely to admit involvement in a fight.96

44% of violent offenders were perceived to be under the influence of alcohol by their victims. Victims of a violent attack by one or more strangers were the most likely (54%) to believe their attacker(s) were under the influence of alcohol compared with victims of muggings (21%).97

In 45% of homicides, alcohol was implicated.98

Domestic abuse: perpetrators
Research in the USA has estimated that a 1% increase in the price of alcohol will decrease the probability of intimate partner violence towards women by about 5%.

Alcohol misuse among domestic abuse perpetrators may be up to seven times higher than in the general population.99

44% of domestic abuse offenders were under the influence of alcohol and 12% were affected by drugs during the incidents.100

62% of perpetrators had used alcohol prior to the offence, with 48% seen as alcohol-dependent.101
Rapes and sexual assaults
Perpetrators of sexual assault are often under the influence of alcohol at the time of the attack, and many are harmful drinkers\(^{102}\).

Young people and alcohol-related crime
Of offenders known to the prison Counselling Assessment Referral Advice and Throughcare (CARAT) teams, 20.4% of those aged less than 20 years and 12.5% of those aged between 20 and 24 years said that alcohol was their main problem drug\(^ {103}\).

Of all violent offences committed in England and Wales by 0 to 25-year-olds, 8% of the offenders reported being under the influence of alcohol only, and 4% under the influence of drugs and alcohol at the time of the offence. For property offences, 0% of offenders reported being under the influence of alcohol only, and 4% were under the influence of drugs and alcohol. Almost a third (32%) of the young people surveyed reported being under the influence of alcohol at the time of committing criminal damage offences, and over a quarter (27%) were under the influence of drugs and alcohol while being involved in vehicle-related thefts\(^ {104}\).

Of those 10 to 17-year-olds who reported drinking alcohol once a week or more, 14% committed a disproportionate volume of crime, accounting for 37% of all offences reported by the respondents. Those who had never drunk alcohol or had not drunk alcohol in the past year comprised 45% of respondents and only committed 16% of all the offences reported\(^ {105}\).

Public perception
While the number of reported crimes attributable to alcohol has decreased, the public perception is that there has been an increase in alcohol-related crime\(^ {106}\).

Young people who misuse alcohol known to the Youth Offending Services
The relationship between education, health and offending is complex; however, there is clear evidence to suggest that reducing substance misuse will have a positive impact on offending. Youth Offending Services (YOS) undertake a substance-misuse assessment to ensure that each young person receives the most appropriate services. Nationally, 60% of young people screened by substance-misuse workers with Youth Offending Teams (YOTs) are considered to have a substance-misuse problem\(^ {107}\).

Alcohol misusers known to the National Probation Service
In 2005, the National Probation Service analysed assessments carried out by probation officers in 41 areas between April 2004 and March 2005. This indicated that:

- 37% of their clients misused alcohol
- 32% had been violent as a result of their alcohol misuse
- 38% offended as a result of their alcohol misuse\(^ {108}\).

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\(^{102}\) The Interim Analytical Report for the Prime Minister’s Strategy Unit Alcohol Harm Reduction Project (2004)
\(^{103}\) RDS CARATs research (2004/5)
\(^{107}\) The provision of health, education and substance misuse workers working with the YOT. Youth Justice Board 2004
\(^{108}\) The Offender Assessment System (OASys) Data and Analysis Team 2005
Alcohol misusers in prison
63% of sentenced males and 39% of sentenced females were classed as hazardous drinkers. Of those with a main offence of violence, 53% were under the influence of alcohol at the time of the offence\(^9\).

20% of the total prison population are violent offenders\(^10\).

In 2002/03 an estimated 6,400 prisoners undertook alcohol detoxification programmes and an estimated 7,000 more undertook detoxification for combined alcohol and drug misuse\(^11\).

The local picture: the real cost of alcohol misuse
Recording whether a crime was attributable to alcohol misuse is not a mandatory requirement, therefore the information we have is not robust. However, of the recorded crimes in Manchester (2006/07) attributable to alcohol misuse, identified by Greater Manchester Against Crime in 2007:

- 10% of alcohol-related crime was criminal damage
- 76% of alcohol-related crime was serious wounding or less serious wounding
- 27% of alcohol-related crime was related to domestic violence, which is mainly classed as serious wounding or less serious wounding\(^12\).

The 2007 Crime and Disorder Reduction Partnership Strategic Assessment illustrates that a quarter of all reported offences of domestic violence recorded alcohol as a contributory factor.

Crimes associated with the night-time economy
The 2007 Strategic Assessment carried out by Manchester’s Crime and Disorder Partnership (CDRP) demonstrates the link between the night-time economy and violent crime. For example:

- The peak times for common assaults and woundings are in the early hours of Saturday and Sunday mornings between midnight and 4am. These peak times have been consistently the same in previous Strategic Assessments.
- The city centre shows as a hot spot, particularly in those areas where there is a concentration of licensed premises.
- The most common crime location was on the street, followed by nightclub, public house or bar.
- Outside the city centre, one of the other main hot spot areas is Rusholme. This area contains a number of restaurants, take-aways and bus stops that run along a main route out of/into the city centre. Again the peak times are in the early hours of Saturday and Sunday mornings.
- The largest proportion of violent crime offenders were aged between 16 and 24 years.

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\(^9\) Substance misuse among prisoners in England and Wales. ONS 1997
\(^10\) Home Office Statistics 2005/06
\(^11\) Home Office Statistics 2002/03
\(^12\) Data provided by the Greater Manchester Against Crime (GMAC) Partnership Data Hub
Violent crime
In 2006/07, there were 10,500 recorded offences of violence: 3.5% were affray, 40% were less serious wounding, and 3% were serious wounding. 46.4% of these offences occurred on the street. Based on national data we can calculate that approximately half of these will be attributable to alcohol misuse.

In 2006/07 there were 100 fewer offences of serious wounding compared to the number in 2005/06. We are continuing to improve on the rates of serious wounding in the city.

20.8% of all violent crime occurring on the street takes place in the city centre, and eight wards account for almost another 50%.

Greater Manchester Against Crime (GMAC) identified that not all offenders committing violent offences on the street in Manchester – either serious or less serious wounding, and including crimes that may have had no alcohol involvement – were Manchester residents (based on 2006/07 full-year data):

- 70% of offenders committing violent crime on the street in Manchester district lived in Manchester district
- 5.3% lived in Salford
- 3.8% lived in Trafford
- 2.7% lived in Stockport
- 2.3% lived in Tameside
- 1.6% lived in Bury
- 1.5% lived in Oldham
- 1.2% lived in Rochdale
- 0.5% lived in Bolton
- 0.4% lived in Wigan
- 10.7% lived outside Greater Manchester

80% of identified offenders were male and 20% were female. 64% of these offenders were 25 years old or under. Of these, 3% were 12 years old or younger, 37% were aged between 13 and 17, and 60% were aged between 18 and 25.

Detainees in police custody suites
Greater Manchester Police (GMP) Integrated Custody Information System (ICIS) data in June 2007 showed that between 1 January and 31 December 2006 the number of Manchester police custody suite detainees where alcohol was indicated as a marker on police information systems was 6,626. Of these, 2% were related to drink-related offences, 2.5% were related to drugs offences, 8% were criminal damage, 18% were offences relating to assault, 19% were related to driving offences, and 22% were related to public disorder offences.

Data provided by the Greater Manchester Against Crime (GMAC) Partnership Data Hub.
Public perception
The Best Value4 survey asks a series of questions specifically about antisocial behaviour, including people being drunk or rowdy in a public place. In 2007 the percentage of respondents who found this to be a problem was as follows:

- 14% said it was a very big problem
- 21% said it was a fairly big problem
- 47% said it was not a very big problem
- 19% said it was not a problem at all. (Figures have been rounded to whole numbers.)

The Community Safety Network hosted an event that highlighted the need to share information with local residents about what work is going on to address alcohol-related crime and disorder, including better signage relating to alcohol designated areas.

Antisocial behaviour
In 2006/07 there were 75,817 recorded incidents of antisocial behaviour, and in 7.4% of these alcohol is recorded as a contributory factor.

The Home Office categorises incidents of antisocial behaviour between partners/ex-partners, involving juveniles and between other adults, as domestic incidents within the antisocial behaviour group. 30% of those antisocial behaviour incidents with an alcohol-related marker were domestic-related.

Young people and alcohol-related crime and antisocial behaviour
Not all young people utilising public space are causing nuisance or misusing alcohol, nor will their behaviour escalate to become antisocial. However, some young people will misuse alcohol (and other drugs) in public spaces and this can escalate to nuisance and antisocial behaviour, which presents a major cause for concern for the communities of Manchester.

In 2006/07 there were 14,610 recorded incidents of antisocial behaviour involving young people. This behaviour included missile throwing, gathering in large groups, shouting and causing harassment to members of the public. Females are just as likely to behave antisocially as males. In hot spot areas an average of 6% of youth nuisance could be attributable to alcohol-misuse.

28% of teenage respondents have been violent or in a fight while drunk; of these respondents, 61% had been violent or in a fight at least once a week5.

During 2006 and at the beginning of 2007, RESPECT youth nuisance pathfinders were run in five areas in Manchester. These projects tested new approaches to tackling youth nuisance at a local level by use of analysis and enhanced partnership working to find out the true level and nature of youth nuisance.

During these operations, alcohol was shown to be a major issue in four out of the five areas, with numerous alcohol confiscations taking place – 86 bags of alcohol were confiscated by the first three weekends in one of the initiatives. When over forty parents were subsequently interviewed, almost 50% did not know that their child was drinking on the streets and many requested support and help to deal with the problem.

4 Manchester City Council – Best Value General Residents Survey 2006 (January 2007)
5 Trading Standards North West: Alcohol Survey of Young People June 2007, pp.45–46
Young people who misuse alcohol known to the Youth Offending Services
The relationship between education, health and offending is complex; however, there is clear evidence to suggest that reducing substance misuse will have a positive impact on offending. Youth Offending Teams (YOT) undertake a substance-misuse assessment to ensure that each young person receives the most appropriate services.

Safeguarding children
Manchester Safeguarding Children's Board (MSCB) receives notice of every application for a licence and risk assesses these in relation to the section of the licensing act that aims to protect children from harm. The Board can request clarification or ask for conditions to be included in the licence if there are concerns.

MSCB also contributes to reviews of off-licences if there are issues such as underage sales.

The work of the Board will increasingly link to the family-focused approaches in development, where either underage drinking or the alcohol use of adults affects children.

Alcohol misusers known to the Manchester Probation Service
A Greater Manchester Probation, Policy Support and Information Service: Workload Report (April – June 2007) showed that during this period, of those offenders starting a community order supervised by the Manchester Probation Service:

- 17% had some problem with alcohol
- 13% had significant problems with alcohol
- 35% had alcohol misuse linked to their offending

Alcohol misuse in prison population
In June 2004 HMP Manchester screened all new inmates to identify levels of alcohol misuse prior to their custodial sentence. 64% had misused alcohol, which is comparable to national research.

116 NPSGM Quarterly Report – Priti Chauhan-Hall and Chris Gavan
ENFORCE:
Tackling alcohol-related crime and disorder action plan

Aim: to reduce alcohol-related offending, reoffending and antisocial behaviour.

<table>
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<tr>
<th>Why</th>
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<tr>
<td>Alcohol misuse contributes to crime and antisocial behaviour. One in eight harmful drinkers offered brief advice will reduce their alcohol intake</td>
<td>To introduce conditional cautioning across all three police divisions</td>
<td>• Conditional Cautioning Lead (GMP)</td>
<td>April 2008</td>
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<tr>
<td>8,837 of those detained at Manchester police stations in 2006 were under the influence of alcohol</td>
<td>To pilot and evaluate an alcohol arrest referral scheme across the city</td>
<td>• Alcohol Strategy Co-ordinator (DAST) • Community Alcohol Team Manager (PCT) • Drugs Co-ordinator South Division (GMP)</td>
<td>October 2008</td>
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<tr>
<td>Alcohol is a feature in 32% of all incidents of domestic violence</td>
<td>To ensure the voluntary perpetrator programme includes alcohol education</td>
<td>• Domestic Abuse Co-ordinator (Crime and Disorder Team)</td>
<td>April 2009</td>
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<tr>
<td>A significant proportion of all alcohol-related crime is committed by non-Manchester residents</td>
<td>To develop Greater Manchester-wide campaigns targeting 18 to 25-year-olds who go into the city centre</td>
<td>• Alcohol Strategy Co-ordinator (DAST) • Greater Manchester Alcohol Leads working group</td>
<td>April 2009</td>
</tr>
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<td>A significant number of alcohol-related crimes take place at the weekend between 11pm and 3am and most are committed in or around pubs, bars or nightclubs</td>
<td>To develop a coherent response for police officers to recognise and respond to drunkenness in licensed premises</td>
<td>• Inspector City Safe (GMP) • Public Health Development Project Worker Alcohol (PHDS)</td>
<td>April 2008</td>
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<td></td>
<td>To implement the City Safe ‘Bronze’ operation, which uses high-profile patrols to intervene using fixed penalties and directions to leave</td>
<td>• City Safe (GMP)</td>
<td>April 2008</td>
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<td></td>
<td>To establish three licensing forums across the city based on police divisions</td>
<td>• Principal Licensing Officer – Premises (Licensing Team)</td>
<td>June 2008</td>
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<td>Students are more likely to be victims of crime if under the influence of alcohol</td>
<td>To undertake targeted campaigns for students</td>
<td>• Public Health Development Project Worker Alcohol (PHDS)</td>
<td>September 2008</td>
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<td>To expand the use of surveillance equipment at irresponsible licensed premises</td>
<td>Specialist Services Manager Crime and Disorder (Trading Standards)</td>
<td>April 2009</td>
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<td></td>
<td>To explore ways of identifying where young people buy their alcohol, such as Operation Blueberry – City Safe and Trading Standards test purchasing, and through use of intelligence gained from young people when alcohol is confiscated</td>
<td>City Safe (GMP), Trading Standards</td>
<td>September 2009</td>
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<td></td>
<td>To continue to make representation under the Licensing Act 2003 for the Safeguarding Children’s Board</td>
<td>Business and Performance Manager (Safeguarding Children’s Board)</td>
<td>Ongoing</td>
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<td></td>
<td>To use the six District Safeguarding forums to develop local intelligence on issues around off-licences or to support reviews or retailers in their area</td>
<td>Business and Performance Manager (Safeguarding Children's Board)</td>
<td>September 2008</td>
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<td>In 2007 the estimated number of binge drinkers was 46,597 across Manchester</td>
<td>To use the licensing policy to ensure alcohol retail staff are trained in responsible retailing, ie. not selling alcohol to those under 18 or those already drunk, and through use of the ‘Calling Time’ document on responsible practice and visits to licensed premises</td>
<td>• City Safe (GMP)</td>
<td>April 2010</td>
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<td></td>
<td>To develop specific enforcement action in relation to the sale of alcohol to those already drunk</td>
<td>• City Safe (GMP)</td>
<td>September 2008</td>
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<td></td>
<td>To continue to inform Manchester residents how to make comments about licensed premises that are irresponsible retailers</td>
<td>• Communications Manager (Crime and Disorder Team)</td>
<td>September 2008 February 2009 September 2009 February 2010 September 2010 February 2011</td>
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<td></td>
<td>• City Safe (GMP)</td>
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<td>One third of young people have their alcohol bought for them by adults</td>
<td>To undertake targeted campaigns to inform adults who buy alcohol for young people under 18 years of age about the law, and fines such as The ‘Minor Favour, Major Fine’ campaign in addition to education for retailers reinforced through the Off Licence forums</td>
<td>• City Safe (GMP)</td>
<td>April 2009</td>
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<td>• City Safe (GMP)</td>
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<td>35% of residents think drunk and rowdy behaviour is a problem in their area</td>
<td>To measure the impact of the overall strategy through improvements in public perception (in relation to Public Service Agreement 25)</td>
<td>• Safer Neighbourhoods Policy Officer (Crime and Disorder Team)</td>
<td>August 2008</td>
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<td></td>
<td>To evaluate the Super Respect pilots</td>
<td>• Safer Neighbourhoods Policy Officer (Crime and Disorder Team)</td>
<td>August 2008</td>
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<td>Provide information about initiatives to tackle alcohol-related crime, disorder and antisocial behaviour</td>
<td>To communicate more effectively with the public through existing mechanisms, eg. ward newsletters, the Making Manchester Safer website and the Community Safety Network newsletter</td>
<td>• Communication Manager (Crime and Disorder Team)</td>
<td>September 2008 February 2009 September 2009 February 2010 September 2010 February 2011</td>
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<tr>
<td>Irresponsible promotions by licensees encourage excessive drinking</td>
<td>Licensees to be encouraged to refrain from such promotions. Industry regulatory systems and licensing policy to be used if necessary</td>
<td>• TARC Group</td>
<td>By November 2009</td>
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<td>Manchester residents identified alcohol-related crime, disorder and antisocial behaviour as significant problems in their area</td>
<td>Continue to use available tools and powers to address alcohol-related nuisance and disorder across the city, working in active partnership with alcohol retailers</td>
<td>• TARC Group</td>
<td>April 2011</td>
</tr>
<tr>
<td>38% of offenders under probation supervision committed an offence as a result of their alcohol misuse</td>
<td>To develop an evidence-based screening tool to be used in conjunction with the Probation Service’s Offender Assessment System (OASys)</td>
<td>• Senior Probation Officer with responsibility for Community Sentences (Probation Service)</td>
<td>April 2010</td>
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<td></td>
<td>To introduce a training programme for probation staff to enable them to use an evidence-based screening tool and provide appropriate advice about alcohol misuse</td>
<td>• Senior Probation Officer with responsibility for Community Sentences (Probation Service)</td>
<td>April 2010</td>
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<tr>
<td></td>
<td>To develop the use of alcohol treatment requirements as part of a Community Sentence</td>
<td>• Senior Probation Officer with responsibility for Community Sentences (Probation Service) • Alcohol Strategy Co-ordinator (DAST)</td>
<td>April 2011</td>
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<tr>
<td></td>
<td>To develop the care pathways between Probation and alcohol treatment services</td>
<td>• Senior Probation Officer with responsibility for Community Sentences (Probation Service) • Alcohol Strategy Co-ordinator (DAST)</td>
<td>April 2011</td>
</tr>
<tr>
<td>Two-thirds of prisoners have misused alcohol</td>
<td>To update the alcohol policy in HMP Manchester</td>
<td>• Healthy Prisons Co-ordinator (HMP Manchester/PCT)</td>
<td>December 2008</td>
</tr>
<tr>
<td></td>
<td>To deliver a training programme for workers in HMP Styal</td>
<td>• Public Health Development Project Worker Alcohol (PHDS)</td>
<td>April 2009</td>
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<td></td>
<td>To develop alcohol-awareness extended brief interventions and self-help programmes for prisoners</td>
<td>• Public Health Development Project Worker Alcohol (PHDS) • Healthy Prisons Co-ordinator (PHDS)</td>
<td>September 2009</td>
</tr>
<tr>
<td></td>
<td>To develop care pathways from prison into treatment services</td>
<td>• Alcohol Strategy Co-ordinator (DAST)</td>
<td>April 2010</td>
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Find out more

Website addresses for the documents referred to in the strategy


The Violent Crime Reduction Act 2006 www.homeoffice.gov.uk

Every Child Matters www.everychildmatters.gov.uk/publications

The Licensing Act 2003 www.opsi.gov.uk


Alcohol Misuse Interventions: guidance on developing a local programme of improvement (Department of Health 2005) www.dh.gov.uk/publications

Models of Care for Alcohol Misusers (NTA 2006) www.nta.nhs.uk


Where to find out about treatment services

www.manchesterpct.nhs.uk

Self-help programmes

www.howsyourdrink.org.uk

www.drinkaware.co.uk

www.mind.org.uk/index.htm

www.alcohol-drugs.co.uk/themes/mentalhealth.htm