



ALCOHOL HARM REDUCTION STRATEGY 2006 - 2008

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Executive summary

The Suffolk Alcohol Harm Reduction Strategy 2006 has been document developed by the Suffolk Drug and Alcohol Action Team and partners, we have devised a clear strategic plan to tackle the issue of Alcohol misuse in Suffolk.

Alcohol is a significant part of British culture, the industry contributes greatly to the local economy, in moderate doses alcohol can be beneficial to health and for the vast majority of people forms the basis of normal social activity. However current trends in alcohol misuse appear to be upward, with greater availability the numbers of problem drinkers in Suffolk has increased year on year. Eastern Region Public Health Observatory commissioned a study of Alcohol use in the East of England Iyer, S *et al* ERPHO (2006) shows that the amounts of alcohol consumed by men and women has increased year on year resulting in figures from 2004/05 showing 30% of men and 20% of women regularly consuming more than the stated safe limit of alcohol in a week, and with the 16-24 year old age group regularly drinking over the safe limit in greater numbers than any other age group. We have every reason to surmise that these figures will have increased further since the end of this study. It is with these figures in mind that we must act in partnership to reduce the harm that alcohol misuse can cause.

The aim of this strategy is to reduce the harm that excessive use of alcohol can and does cause to individuals, families and the wider community.

This document is designed to establish the baselines for future work, a foundation on which to build a comprehensive system of education, treatment and crime reduction.

The main aims of the current document are:

1. Establishing a comprehensive system of education accessible to the whole community to reduce alcohol related harms.
2. Consistently protect the community from alcohol related anti social behaviour and crime.
3. Establish a coherent and joined up local treatment system, ensuring it is suitable to meet the needs of the local population.
4. Establish positive and ongoing working relationships between all partners including health, criminal justice, Crime and Disorder Reduction Partnerships, licensees and Adult Care at strategic and operational levels.

We have set a timescale of up to two years to deliver the initial strategic aims. The document is designed to be developed, linking in with local initiatives, for example the Ipswich Borough Council Alcohol Strategy. To be reviewed and added to as time passes, enabling a responsive strategy that moves with developments, stays relevant, focussed on the main issues and meets the needs of the wider Suffolk community.

To oversee the implementation of the objectives within the plan a County Alcohol Advisory Group has been established. This forum is responsible for ensuring the strategic objectives are met and provides clear working guidance through the partners. This partnership group will also develop as the strategy progresses. It is

anticipated that it will form the basis of a partnership implementation forum to enable continued development of the strategy.

Strategic aims and objectives

Overall strategic aim

To establish a comprehensive system of treatment, harm reduction and education in Suffolk to tackle the consequences of alcohol misuse in the county.

This will be achieved by:

- Establishing a comprehensive system of education accessible to the whole community to reduce alcohol related harms.
- Consistently protect the community from alcohol related anti social behaviour and crime.
- Establish a coherent and joined up local treatment system, ensuring it is suitable to meet the needs of the local population.
- Establish positive and ongoing working relationships between all partners including health, criminal justice, Crime and Disorder Reduction Partnerships, licensees and adult care at strategic and operational levels.

This document is set out to form the foundation for these objectives. In achieving this we shall be able to further develop the types of treatment, education and crime reduction that will ensure the ongoing reduction of harm caused by alcohol in the community, to young people and in the home.

The Government's Alcohol harm reduction Strategy for England 2004 (AHRSE) has several key objectives;

- Improved tackling of alcohol related crime and disorder
- Better and targeted education and communication
- Improved identification of problematic alcohol misusers and treatment
- Greater partnership work with the industry and greater responsibility.

In delivering the basis of work for these objectives Suffolk will be able to sustain improvements across the range of interventions and continue to deliver services to the areas of most need.

The challenge for Suffolk is to develop high impact solutions that reflect best practice and do not require significant external funding.

National picture

The National Alcohol Harm Reduction Strategy states that alcohol misuse in England now costs approximately £20 billion per year. The impact on the nation's health, the

and suspension or revocation of the license. Reviews can be called by responsible authorities comprising police, fire, environmental protection, trading standards etc or interested parties such as residents living or businesses operating in the vicinity of the licensed premises, but must relate to one or more of the four licensing objectives in the Act.

The four objectives of the Act are: -

- The Prevention of Crime and Disorder
- Public Safety
- The Prevention of Public Nuisance
- The Protection of Children from Harm

Partnership working between the licensing authority and responsible authorities can make a real impact on tackling crime, disorder and anti social behaviour. The intention in Suffolk is to use the act to protect and promote public health wherever possible by working closely with our partners

Alcohol Harm Reduction Strategy for England (AHRSE)

In March 2004 the Government published a national strategy to tackle alcohol related harm in England. The strategy is the first attempt by any British government to address in a coordinated manner the main areas of alcohol related harm, which it identifies as health and crime.

It identifies four key ways to tackle alcohol related harm, through:

- Improved, and better-targeted, education and communication
- Better identification and treatment of alcohol problems
- Better co-ordination and enforcement of existing powers against crime and disorder
- Encouraging the industry to continue promoting responsible drinking and to continue to take a role in reducing alcohol-related harm

At a local level, Drug and Alcohol Action Teams and Crime and Disorder Reduction Partnerships are the key strategic groups to implement the strategy. Their work involves:

- Providing a forum for agreeing a strategic framework on alcohol misuse which reflects local priorities, ensures complementary objectives and sits within existing strategies where appropriate.
- Ensuring that organisations share information and good practice.
- Providing a forum for agreeing how organisations will work together.

Public Health White Paper - Choosing Health

The Government's White Paper Choosing Health was published in November 2004.

It sets out how the Government will make it easier for people to make healthier choices by offering them practical help to adopt healthier lifestyles.

In order to help people make healthier choices Choosing Health states that support and services for local people need to be provided at a local level. It highlights action over six key priorities for delivery, one of which is reducing harm and encouraging sensible drinking. Under this key priority it commits itself to the following actions:

- Providing clear and accessible information about sensible drinking, including reminders about responsible drinking on alcohol advertisements.
- Raising awareness: national communications campaign to reduce binge drinking; providing information for the public in healthcare and non-healthcare settings.
- Local Authority enforcement: for example checking retailer's identity and refusing to sell alcohol to under 18s.
- Increase access to and effectiveness of alcohol treatment: using the national audit of alcohol services and the Models of Care guidance (2005) to develop local services; training professionals to identify and target support at harmful and dependent drinkers; establishing referral protocols between primary and secondary health care settings and specialist alcohol services.
- Screening and brief interventions: piloting interventions in primary care and Accident and Emergency departments, identifying ways to reduce alcohol intake in high-risk groups, linked to similar initiatives within criminal justice settings.
- Planning local responses: involving local authorities, Primary Care Trusts, the police, licensing trade and other local statutory partners.

(Source: *Delivering Choosing Health: Making Healthier Choices Easier, 2004*)

Linked to Choosing Health is Choosing Health Through Pharmacy, which was published in 2005 for pharmaceutical public health and highlights the contribution that pharmacists, their staff and the premises in which they work can make to improve health and reduce health inequalities. One of the health priority actions in the document is the reduction of harm from alcohol, which highlights two action points for pharmacists and their staff to consider:

- Pharmacists should consider training to identify and support people with alcohol problems.
- Pharmacy-based interventions for people with alcohol problems could be piloted and evaluated.

Models of Care for Alcohol Misuse (MoCAM)

Following the publication of the AHRSE the National Treatment Agency for Substance Misuse (NTA) has been tasked to develop a service framework for commissioning and delivering treatment nationally - Models of care for Alcohol Misuse (MoCAM). A systems approach to developing local alcohol interventions and

treatment, including a four-tiered model originally developed for drugs, was modified through consultation during 2004-05.

Tier 1 services: Identification, information, brief advice, referral, shared care.

- ◆ Targeted screening
- ◆ Information and brief advice to hazardous drinkers
- ◆ Referral
- ◆ 'Shared care' with those providing higher tiers

Provided by mainstream services.

Tier 2 services: Open access support, assessment and referral on:

- ◆ Alcohol specific assessment
- ◆ Shared care with those providing higher tiers
- ◆ Mutual aid e.g. Alcoholics Anonymous

Provided by those with defined competency in alcohol misuse treatment. These could be trained mainstream services or alcohol specialists.

Tier 3 services: Community based specialised alcohol misuse assessment, care-planned and coordinated treatment:

- ◆ Comprehensive assessment
- ◆ Care planning and co-ordination
- ◆ Range of psycho-social therapies and support within a care plan
- ◆ Range of interventions for assisted withdrawal (detox) and other drug based interventions.
- ◆ shared care services and training for Tier 1 and 2 providers

Provided by those with specialist alcohol competencies.

Tier 4a services: Alcohol treatment in a residential or in-patient setting:

- ◆ Comprehensive assessment
- ◆ Care planning and co-ordination
- ◆ Range of psycho-social therapies and support within a care plan
- ◆ Range of interventions for assisted withdrawal (detox) and pharmacotherapies
- ◆ shared care and training for Tier 1 and 2 providers

Provided by those with specialist alcohol competencies.

For Suffolk it is clear the linking of these documents and the implementation of the recommendations of the County Alcohol Advisory Group will form the main drivers for change and progress in the county.

Local picture

Suffolk benefits from having a very good local profile of services and long established partnership groups. Utilising these areas of strength we plan to develop the foundation created by this strategy, into a comprehensive system to tackle the alcohol related harm currently affecting the county.

One of the most significant areas of weakness in Suffolk is the lack of recorded data available to services and strategic bodies, this has a significant impact on the ability to plan for the future. An analysis of various research documents yields some startling figures with the number of moderate and severely dependant drinkers ranging from approximately 3200 people – the same as the number of potential dependant drug user's countywide, to over 10000 people or nearly three times the number of drug misuser's. It is clear from such varied data that a robust analysis of need is urgently required. Our primary aim is to deliver this data to the partners at the earliest opportunity. The key area for the first part of the Alcohol Strategy for Suffolk is the establishment of robust data collection and audit system so that the partners can plan effective and timely interventions across the community, including vulnerable groups such as Gypsies and Traveller's, emerging communities and people seeking asylum.

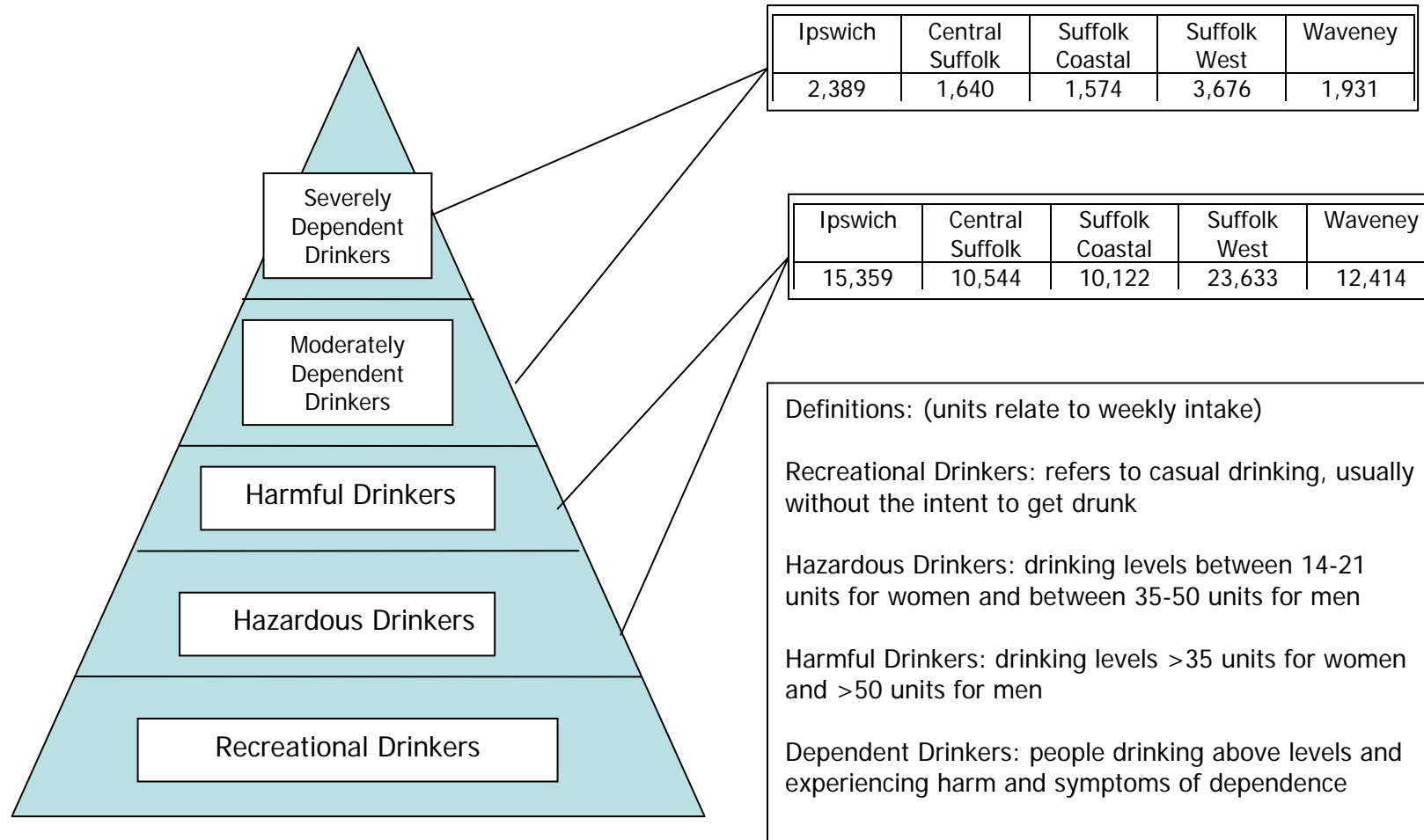
Suffolk currently has 6.8 crimes per 1000 population attributable to alcohol, although less than the English average (10.5) and low for the eastern region (7.9) it does vary from 12.2 to 3.7 depending upon locality. Locally we have had several highly successful initiatives from the AMEC (Alcohol Misuse Enforcement Campaign) these have been staged regularly during the past few years, to the Nightsafe 'Safe' magazines designed to bring the message about safer drinking and reducing personal vulnerability, to a younger audience in a relevant and informative way. The Strategy seeks to support these.

Treatment in Suffolk, although not funded by dedicated finances varies from individual case workers based in the Community Drug Team to counsellors and day treatment programs. According to the East of England study 825 individuals received treatment for alcohol related disorders in Suffolk in 2005. The treatments varied from hospitalisation for serious physical conditions to individualised counselling. The treatments equated to a cost of £17 million for the East of England and when factoring in the bed days attributable to alcohol the costs increase to £63 million, taking this as a mean average Suffolk's health services spend approximately £6.3 million on alcohol related conditions.

HMP Warren Hill operates a very comprehensive alcohol screening, treatment and education system. Based on the National Specification for Substance Misuse for Juveniles in Custody, working with 15-18 yr olds. HMP Warren Hill aims to provide the interventions, education and support required by prisoners to tackle the issue of alcohol misuse. Staff on the scheme are forming working relationships with local treatment services to move towards a seamless service from prison to community, the aim to reduce re-offending.

In addition to this the NORCAS youth team members seconded into the Youth Offending Service work with any young person who commits a drug and alcohol related crime.

Based on the ANARP research below is a breakdown of the highest estimates for problematic alcohol use in the county.



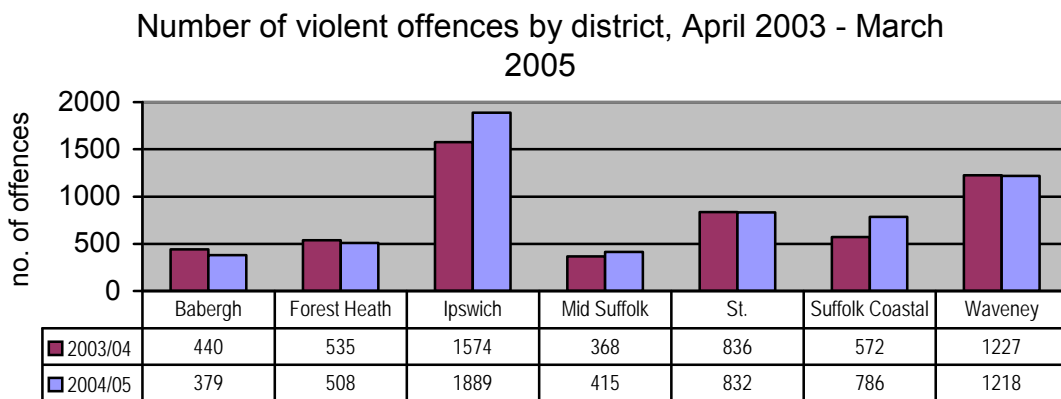
The Pyramid of Alcohol Drinkers and Their Estimated Numbers in Suffolk
 (Source: ANARP Regional Data)

Local Initiatives

Tackling Crime, disorder and anti social behaviour

Suffolk currently benefits from having 5 active CDRPs in the county. These partnership groups ensure that robust and positive action is taken to tackle the issues of anti social behaviour, crime and alcohol related disorder across the county. CDRP involvement has included funding and supporting training initiatives such as the door staff training schemes, supporting the County Nightsafe initiative – recently praised for it's work in highlighting the risks for females of binge drinking, support to the Town Pastor initiative, ensuring close links are developed with treatment and education through the provision of Drug and Alcohol trainers and the Substance Misuse Officers employed by the CDRP's. Suffolk has also had several successful Alcohol Misuse Enforcement Campaigns and in conjunction with partners the Police have been able to target key times of the year and key social events, with the aim of reducing alcohol related crime.

Suffolk, like every county has a growing problem of alcohol related offences. Below is a graph of Night Time recorded violence by district.



Reducing alcohol related domestic abuse is a key target for the County. Identified as a Local Area Agreement target we are working with our partners – Domestic Violence team, police and CDRPs in targeting vulnerable people, raising awareness and ensuring robust responses to this type of alcohol related crime.

The reduction of violence in a public place as a consequence of alcohol misuse is also a local area agreement target. The CDRPs and Police are at the forefront of delivering strategic responses to this issue.

Trading standards operates a very successful test purchasing system that helps reduce the level and frequency of under age sales. This is a long term program that features education and training for vendors, the establishment of the 'Explore' card as a valid proof of age identification and a poster campaign to help reinforce the messages around underage sales and the purchase of alcohol for minors. The CDRPs working with local entertainment outlets and public houses have developed a training scheme for door staff enabling early intervention in alcohol related violence, ensuring vulnerable people are assisted and underage clients do not gain entry to clubs and pubs.

Young People and education

Through the Local Authority Inclusive School Improvement Service, ISIS, the Personal and Social development, PSD and Suffolk Healthy Schools Programme, (SHSP) teams, along with Primary Care Trusts, schools are supported to develop alcohol awareness as part of drug education usually through the Personal Social Health Education and Citizenship. QCA as well as the Suffolk PSD team have written schemes of work addressing the key issues as part of all pupils' planned entitlement. The Drug and Alcohol Action Team, supported by CDRP partners employ public educators to provide training to both young people in and out of school, professionals and the wider public. In addition the Police Education Partnership officers provide alcohol education sessions in their lessons across Suffolk, delivering key messages to years 4 – 9.

The Local Authority ISIS, PSD and SHSP teams continue to increase the training and support provision to schools in the development of Drug education policies and practice

With the establishment of local cluster groups the NORCAS Youth Team are able to link in and support vulnerable young people at an early stage. The DAAT Commissioning Manager, through the Young Persons Substance Misuse Joint Commissioning and Implementation Groups is able to target resources effectively and deliver the support where it has greatest impact.

A key part of the strategy is the development of prevention work and this strategy will link in with the new LA drug and alcohol plan to ensure a greater degree of joined up working able to deliver results. Long term work with young people on the links between alcohol use and unsafe sexual practice to tackle the issues of teenage pregnancy and sexually transmitted infections.

Schemes such as Positive Futures very successfully deliver diversionary opportunities for young people who are at risk of offending.

The establishment of cluster groups for the county will enable greater cooperation amongst services and better targeting of resources to the appropriate groups.

Treatment services

Suffolk currently has several treatment options for adults. One based within the Suffolk Mental Health Trust operates out of the Community Drug Team in Ipswich and the West Suffolk Drug Service in Bury St. Edmunds. These services offer assessment, home detoxification and on going support to clients. FOCUS 12, The Icen and The Junction projects all offer day treatment options for clients both in and out of the Criminal Justice system, NORCAS offers assessment, counselling and ongoing support to clients in the Ipswich area and NORCAS Lowestoft also assesses and provides treatment for clients in the Lowestoft area. In addition to this the Probation service works extensively with offenders in reducing recidivism by linking with alcohol treatment providers

These services provide a wide variety of interventions for clients in Suffolk. All services offer access to out of county rehabilitation should the client require. Young People access treatment and support through the NORCAS Youth Service, a countywide team that works closely with the newly formed cluster groups, Youth Offending Teams and Positive Futures. It is these organisations that require ongoing

support and development to enable them to meet the needs of this growing client group.

The NHS has a long history of treating alcohol related conditions that vary from accidents and injuries to increased risk of liver disease, cancer and strokes. The increasing consumption of alcohol has seen an increasing demand for many NHS services. A recent local audit has suggested that excess intake of alcohol is the main cause for 10% of emergency calls for an ambulance, alcohol is a major contributing factor for a high proportion of those attending Accident and Emergency services at night and increasing levels of alcohol related illnesses, such as liver cirrhosis, impact on NHS primary care, inpatient and outpatient services.

Broader Harm Reduction services are the responsibility of other agencies as well as the NHS. Evidence suggests that hazardous and harmful drinkers receiving brief harm reduction interventions were twice as likely to moderate their drinking when compared to drinkers receiving no intervention. Health care professionals such as GPs and nurses, together with those working in other agencies can offer these interventions if adequately trained and supported.

Priority areas of development are:

- The development of links and support between alcohol services and Accident and Emergency departments.
- Links developed to support those with long term conditions such as alcohol related liver disease
- Develop plans and identify funding for a comprehensive model of care, including early intervention and treatment programmes for those who drink excessively before they have damaged their health

These long term plans will only come about if we succeed in developing a secure foundation of service provision and delivery on which to build upon. Joining up the wide variety of services, initiatives and schemes will provide Suffolk with a comprehensive response to alcohol related harms, a key area of service develop is the involvement of service users in the development of services. This new strategy offers a real opportunity to incorporate the views and suggestions of service users from the outset.

Local Priorities

The strategy has two sets of targets. Local priorities are listed as the key short term goals of the strategy, achievable within two years and form the foundation on which further work will build.

Information and Communication and Advice

This will be a two way process by which information is collated to enable partners to understand the extent of alcohol misuse and it's impact on the County, and then action taken to effectively communicate harm reduction advice and education to a targeted audience. Education programmes should be evidence based and evaluated.

The gathering of local information is of great importance and is an essential tool to identify emerging issues, target hot-spots, and assist the prioritisation of resources and actions. The

information must be set within the National picture and there will be a requirement for availability of up to date knowledge on Government policy and recommended best practice. Communication or education is not a single agency responsibility but must be shared between partners with the assurance that messages are consistent, accurate and relevant.

No	Priority	Lead Partner	By When
1	The appointment of a Research & Information Officer within the DAAT	DAAT	Jan 07
2	Deliver a programme of Tier 1 Alcohol Harm Reduction education to targeted groups of people within local communities	DAAT Trading Standards LA	To begin by Mar 07
3	Deliver an ongoing Countywide Alcohol Awareness publicity campaign	DAAT Nightsafe CDRP	Dec 06
4	Jointly work with young people to increase understanding of the links between alcohol use, unsafe sex, teenage pregnancy and sexually transmitted infections.	LSPs PCTs CC	June 07
5	Establish data systems to accurately provide detailed baseline analysis of the nature and extent of alcohol misuse across Suffolk.	DAAT PCT's SCC	July 07
6	Clarify who is delivering what level of Alcohol Harm Reduction Education and to whom within Suffolk.	DAAT LA	Jan 07 ongoing
7	Engage with local media representatives and Chair of Nightsafe and together plan and deliver an effective Alcohol Awareness Campaign for 07 – 08.	DAAT CDRPs SCC Community Safety Unit Police	March 2007

Treatment

There are no National targets in respect of the treatment of people with alcohol dependency problems however the recently published DoH Models of Care for Alcohol Misusers (MOCAM) outline evidence based treatments and pathways. The County Alcohol Advisory Group needs to ensure a strength of partnership with PCT's to be ensure that commissioning and practiced based commissioning takes account of evidence based practice. To improve the limited data relating to local need and services it is recommended that the MOCAM treatment pathway be adopted as a tool to research what is currently available across the County and to identify gaps/priorities for both short and long term service provision.

No	Priority	Lead Partner	By When
1	Research the impact on organisations within the County who come into contact with people who have alcohol related problems (includes health services, criminal justice services, LA's, social care, and housing service providers).	DAAT	Jan 08
2	Adopt the MOCAM Treatment Pathway to plan for provision of services across the County	DAAT NORCAS SMHPT ICENI FOCUS 12 PCT's	March 07
3	Devise a clear and coherent commissioning system for alcohol treatment. Maintain engagement with PCT's and assist in the development of GP lead practice based commissioning processes.	DAAT PCT	March 08
4.	Review the DAAT Training Strategy to include the provision of Alcohol & Brief Intervention Training for frontline staff.	DAAT	April 07
5	Ensure frontline staff (identified from implementation of Treatment Priority 1) have access to information on what treatment services are available locally and where appropriate, establish a referral route.	DAAT NORCAS ICENI SMHPT FOCUS 12	July 07

Young People

The DAAT has a Young People's Substance Misuse Plan, which incorporates alcohol throughout the Tiers (1-4). This is reviewed annually. Therefore all DAAT commissioned services to Young People integrate alcohol into service provision and delivery.

We aim to build upon the research into Young People and alcohol use conducted in 2000 to develop a clear picture of the extent and characteristics of current use. Previous needs analyses have covered substance misuse in general terms. Therefore priorities are also based upon national recommendations/guidelines and building on what is already being provided across the County. Many partners are involved in the delivery of alcohol harm reduction messages to young people both in the formal Education setting and within local communities (see Crime & Disorder section). Much more work also needs to be done in educating their parents/carers, and also the retail industry regarding the sale of alcohol to young people. Whatever action is taken will be done with the aim of developing knowledge, skills, attitudes and behaviour to help young people keep themselves and others, healthy and safe. The Advisory Council on the Misuse of Drugs Report: Pathways to Problems (Sept 2006) recommends that "*more should be done to ensure that young people are aware of the real hazards of...alcohol....using a variety of routes including the media, the school system and higher education*" and "*that there should be more investment in protecting the most disadvantaged and vulnerable children and young people ...*"

230 schools across the County are engaged in the Healthy Schools Programme and in order to achieve Healthy schools status, schools must have a planned PSHE programme and up to date Drug Education Policies. This program is supported by the DAAT.

No	Priority	Lead Partner(s)	By When
1	Ensure that effective Alcohol Education is embedded within Drug Education PSHE programmes in all schools education in Suffolk achieving healthy schools status.	ISIS PCT Police LA	Dec 2007
2	When developing Treatment Pathways, the needs of, and specialist service provision for young people must be included.	DAAT	March 2007
3	Engage with parents/carers and promote safe drinking. Eg through the new NORCAS youth team posts.	DAAT NORCAS	April 2007
4	Engage young people in diversionary activities so as to develop healthy and safe lifestyles.	YP services CDRPs Positive Futures	Dec 06 Ongoing
5	Expand work with licensees to ensure they are protecting young people from harm and are complying with the Restricted Sale of Alcohol policy.	LA CDRPs Trading Standards	Dec 06 Ongoing
6	Review current alcohol education in schools	DAAT LA	March 08
7	Undertake needs analysis of Young People and alcohol in Suffolk	DAAT	April 2007
8	Review treatment provision to ensure alcohol interventions are in place and effective.	NORCAS DAAT	June 2007

Crime and Disorder

The reduction of anti social behaviour, domestic violence and violent crime linked to alcohol are key targets for the DAAT and our partners. Suffolk enjoys being one of the safest counties in the Country, to maintain this position we must work closely in partnership continuing to educate the general population and deliver innovative approaches to crime reduction.

No	Priority	Lead partner	By when
1	Ongoing partnership work to reduce violent crime attributable to alcohol	Suffolk Constabulary CDRPs DAAT Criminal Justice	Jan 07 and ongoing

		Agencies LSP	
2	Ongoing partnership work to reduce domestic abuse linked to alcohol	Suffolk Constabulary SCC Community Safety Unit CDRPs DAAT	Jan 07 and ongoing
3	Ongoing partnership work to reduce anti social behaviour linked to alcohol misuse	Suffolk Constabulary SCC Community Safety unit CDRPs DAAT Criminal Justice Agencies	Jan 07 and ongoing

APPENDIX 1

The Strategic Action Plan

The strategic action plan provides a full description of the priorities for partners and provides the actions required to meet the locally determined priorities.

ACTION PLANS

Information & Communication

No	ACTION	IMPACT/OUTCOME	Lead Partner(s)	Time-scale
1	Establish central point of information on National guidelines, policy and best practice	Access to information on National perspectives at a local level	DAAT	March 07
3	Provide regular updates to CAAG on nature and extent of alcohol misuse in Suffolk.	Enable decision making process on effective targeting of hotspots and matters of concern.	DAAT	Dec 06 Ongoing
5	From outcome of 4, agree target groups to receive Tier 1 alcohol education and agree who is responsible for delivery.	Cohesive programme of sessions, resourced and targeted.	CAAG	Jan 07

Treatment

No	ACTION	IMPACT/OUTCOME	Lead Partner(s)	Time-scale
2	Establish clear pathways for referral in to specialist services. Linked to Priority 2 for treatment.	Care pathway to be devised and developed in conjunction with all partners	DAAT Treatment service providers	March 07
3	Promote use of community and service user networks and initiatives.	Greater involvement of service users will enhance service delivery. Making services focussed on need.	DAAT Treatment service providers	Jan 07 ongoing
4	Review DAAT Training programme and include alcohol training (brief intervention) for frontline staff.	Review training to improve the content and delivery of training and awareness sessions to the community.	DAAT	Feb 07

Young People

No	ACTION	IMPACT/OUTCOME	Lead Partner(s)	By When
2	Benchmarking and promoting good quality alcohol education in schools.	Supporting schools in delivering PSHE/Healthy Schools programme.	LA Police	Dec 2007
4	Undertake pilot project with parents/carers in order to promote safer drinking	Supporting parents to talk to their young person about alcohol	NORCAS/ DAAT	Sept 2007
5	Develop care pathway for young people admitted to A&E for alcohol overdose.	Resources targeted. Protocol developed.	DAAT	Oct 2007
6	Improve service links with Prison Healthcare	Develop service links with HMP Warren Hill to improve joined up working.	NORCAS Warren Hill DAAT	July 2007

Crime and Disorder

No	ACTION	IMPACT/OUTCOME	Lead Partner(s)	By When
1	<i>VIAPP Education and Prevention initiatives support Police activity to reduce incidents of Violence In A Public Place</i>	LAA target. Reduce violence in public place related to alcohol.	Police CDRPs Probation	March 2008
2	<i>Support domestic abuse Forums, to encourage victims to come forward and obtain the help and support they need.</i>	Reduce domestic abuse linked to alcohol misuse	SCC CSU Police DAAT CDRPs	March 2008
3	<i>Agencies to target alcohol related ASB hotspot areas</i>	Reduce anti social behaviour linked to alcohol misuse	CDRPs Police	March 2008
4	<i>Undertake YP Diversionary Lowbiza events to engage with young people</i>	Social events for young people designed to deliver safer alcohol message in accessible way.	DAAT CYP NORCAS	Ongoing
5	<i>Test Purchasing of alcohol to be undertaken by Trading Standards</i>	Ongoing campaign to discourage the sale of alcohol to underage young people.	Trading Standards	Current and ongoing
6	<i>Licensing and Clubwatch/Pub watch, Banned from one initiative to prevent disruptive individuals from entering all premises in a given area.</i>	Campaign to reduce violence in a public place.	CDRPs SCC CSU Probation	Current and ongoing
7	<i>Bar/Door Staff Training funded by CDRPs to improve the skills and knowledge of staff dealing with difficult customers.</i>	Training scheme to improve the quality of door staff, providing recognised standards of behaviour.	CDRPs SCC CSU Police	Current and ongoing
8	<i>Designated Alcohol Free Zones to be undertaken and evaluated in trail areas in the county</i>	Designed to reduce areas of specific anti social behaviour linked to alcohol misuse.	CDRPs Borough Councils.	Current and ongoing
9	<i>County Nightsafe group. To primarily undertake communications campaigns to promote sensible drinking, staying safe and</i>	The initiatives include bus and poster campaigns, 'Safe' magazine editions for men and women	CDRPs DAAT Police PCTs	Current and ongoing objectives.

	<i>reducing VIAPP</i>			
10	<i>Substance Misuse Intervention TS</i>	Utilise these forums to ensure the operational feedback on work undertaken. Support the members in delivering on specified actions	CDRPs DAAT	Current and ongoing
11	<i>Reduction in serious sexual assaults</i>	Awareness and education campaign to reduce serious sexual assaults linked to women making themselves vulnerable through excessive alcohol use.	Police CDRPs PCT DAAT	March 07
12	<i>Application for review of licence. (Licensing Act 2003)</i>	Address cause of alcohol related crime and disorder/under age drinking.	Police Trading standards Licensing Authorities	Current and ongoing

ABBREVIATIONS

AHRSE	Alcohol Harm Reduction Strategy for England
AMEC	Alcohol Misuse Enforcement Campaign
ASB	Anti Social Behaviour
CAAG	County Alcohol Advisory Group
CDRP	Crime and Disorder Reduction Partnership
CSU	Community Safety Unit
CYP	Children and Young Peoples Directorate
DAAT	Drug and Alcohol Action Team
DoH	Department of Health
DV	Domestic Violence
ISIS	
LA	Local Authority
LAA	Local Area Agreement
LEA	Local Education Authority
MOCAM	Models Of Care for Alcohol Misuse
NHS	National Health Service
NTA	National Treatment Agency
PCT	Primary Care Trust
PSHE	Personal Social and Health Education
SCC	Suffolk County Council
SHSP	Suffolk healthy Schools Programme
SMIT	Substance Misuse Intervention Team
SMO	Substance Misuse Officer
SMHPT	Suffolk Mental Health Partnership Trust
VIAPP	Violence In A Public Place
YP	Young People

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