DRUG & ALCOHOL ACTION TEAM
Cornwall and Isles of Scilly
Reducing Harm
Promoting Recovery

Action for a SAFER CORNWALL

CORNWALL ALCOHOL STRATEGY 2016-19

"TAKING RESPONSIBILITY FOR ALCOHOL"

3 overall objectives focussing on People, Services, and Communities:

1: ENABLE PEOPLE TO MAKE INFORMED CHOICES ABOUT ALCOHOL

We aim to help people in Cornwall to become better informed about responsible drinking and safe alcohol intake levels, by giving relevant advice, information and support in order to reduce alcohol related harm.

2: IMPROVE SERVICES TO REDUCE THE HARMS ASSOCIATED WITH ALCOHOL

We aim to reduce the risk of alcohol related harms to individuals and families by improving effective alcohol services in the community, in the NHS and hospitals, in the voluntary sector and in the Criminal Justice System, in order to reduce alcohol related hospital admissions and support recovery from problematic alcohol use.

3: PARTNERSHIPS THAT REDUCE ALCOHOL'S NEGATIVE IMPACT ON COMMUNITIES

We aim to work effectively in partnerships to promote best practice around safe alcohol retail, maintaining safe localities and communities, and to have well planned responses to alcohol related issues with the long term goal of reducing disruption to the community.

A 3 year strategy based on the Cornwall DAAT Alcohol Needs Assessment, within both the Safer Cornwall Strategic Assessment and Cornwall Joint Strategic Needs Assessment processes.

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Introduction

This is the updated Alcohol Strategy for Cornwall, in which we set out the priority areas that we will address as we respond to the challenges caused by our alcohol use and its consequences.

This strategy addresses preventative and early intervention issues such as education and advice; covers responsible retail, licensing and enforcement; incorporates health treatment and support; and includes reducing the harmful impact of alcohol on families and communities.

It also outlines our response to the most extreme problems connected to alcohol, whether these are visible problems such as anti-social behaviour and the annually increasing numbers of people hospitalised as a result of alcohol, or hidden problems such as domestic abuse or the large numbers of people drinking at levels that put their own health at increased risk.

We hope to continue to work in all these areas so that people in Cornwall are more able to enjoy alcohol responsibly, and are less likely to suffer from problems all too often associated with it.

					
Geoff Brown Cabinet Member for Communities	**Caroline Court** Acting Director of Public Health for Cornwall Council and the Council for The Isles of Scilly	**Chief Supt. Julie Fielding** Police Commander for Cornwall and the Isles of Scilly	**Jim McKenna** Cabinet Member for Adult Care, Health and Wellbeing, Safeguarding, etc	**Paul Walker** Chief Fire Officer and Director of Community Safety and Protection	**Andrew Wallis** Cabinet Member for Young People

National Context:

This local strategy is set within the context of the national response to alcohol issues. This includes the local authority taking up responsibility for Public Health in addition to its longstanding role in Community Safety. Unfortunately, much of the existing National Alcohol Strategy (2012) was not effectively delivered, while at the same time responsibility for many issues has been passed down to the regions.

In their strategy the Coalition Government aimed to reduce the number of people drinking above health guidelines and to excess, and they intended to reduce alcohol-fuelled violent crime, binge drinking, alcohol-related deaths and underage drinking. These remain good long term goals.

They were unable to progress minimum alcohol unit pricing, and now – along with the rest of the EU – await the European legal ruling on legislation being trialled in Scotland. A voluntary responsibility deal approach to retail offers and advertising seems to have only had limited support and success. Also, a promised national Liver Disease Strategy never materialised, despite hospitals facing an increasing burden from alcohol related admissions, and payment by results treatment models have not proved beneficial.

Local alcohol policies now have greater strategic importance through Health and Wellbeing Boards and Joint Strategic Needs Assessments. These are embedded within the local authority Public Health responsibilities and outcomes framework. Public Health now has more input in Licensing decisions. However, without a national Public Health Licensing Objective in England this is a very limited input, although this may develop.

Criminal Justice policies and funding are now headed by regional Police and Crime Commissioners. Nationally many new alcohol offence sentencing options were proposed, but few were delivered, with more scope being given to regions to develop their own range of interventions.

Promised reviews of education and public messaging were not forthcoming under the Coalition, with the Chief Medical Officer not presenting updated responsible drinking guidelines until January 2016, under the newly elected Conservative Government. Local authorities and regions now need to be more proactive in developing effective public messaging, as the budgets for national campaigns have been reduced.

Early intervention remains a key issue in reducing the burden on health and criminal justice services, ideally identifying people in need of help before alcohol becomes an embedded and complex issue. A key issue will be to improve the pathways between alcohol services and 'Complex Needs' areas such as pregnancy, domestic abuse, criminal justice, housing and mental health.

Taking Responsibility for Alcohol in Cornwall:

This strategy describes the ways in which we will promote a common sense attitude to alcohol in Cornwall. This includes its manufacture and retail; our ability to make sensible choices of how and when to drink alcohol; our planning and responses when our communities could be disrupted by its effects, and how we develop the right services and pathways to help people and families that suffer harm as a result of alcohol problems.

In all these areas **we** need to take responsibility. Alcohol is an inanimate substance. The conditions around its use and the decisions about our responses to the problems it can cause are up to us.

We choose how to make, sell and use it. We need to make decisions to reduce the harm it can cause, and we need to plan how to respond when alcohol does contribute to problems. These choices have to be made at every level; individuals, local communities, as well as organisations and services with a Cornwall-wide reach.

This Strategy outlines the choices Cornwall has made in taking this responsibility seriously as we seek to work together to reduce the harm caused by alcohol, building on our existing range of excellent services.

January 2016

The Alcohol Strategy is arranged in 8 themes:

Each thematic area is arranged in terms of 'What we know', 'What we have done', and 'What we aim to do'.
The 'What we aim to do' sections comprise 61 numbered actions, which will form the outline for the 'Cornwall Alcohol Strategy Action Plan'.

Equity and diversity are key aspects of all 8 of these areas, with implications for equitable service delivery and access, encompassing such issues as gender, sexual orientation, disability, age, isolation, vulnerability, ethnicity, religion and beliefs.

2015 Cornwall Alcohol Needs Assessment Key Findings:

1: Advice and Information

Training for the delivery of Identification and Brief Advice (IBA), a simple intervention aimed at individuals who are at risk through drinking above the guidelines, has been delivered to over 2,000 front line staff in Cornwall in just under three years.

2: Children, young people, parents and families

11% of the young people in treatment for substance use in Cornwall have alcohol as the primary substance. This is consistent with the national treatment population. Additionally, alcohol is involved as either a primary, secondary or tertiary substance (alongside other substances) in 23% of all young people in treatment with YZUP.

In the 12 month period ending December 2014, 17% (414 people) of adults in drug and/or alcohol treatment were recorded as living with a child, predominantly in a parental capacity, and a further 26% (640 people) of drug and/or alcohol users in treatment were parents but not living with their children.

Every service user consulted knew 2-4 people who had substance use problems but did not contact services for help due to the fear of *"having their children taken away"*.

3: Community safety schemes

70% of Night Time Economy Violence, 41% of assaults resulting in injury, and 28% of assaults without injury are alcohol related. Young males are the highest risk group, particularly those aged from 18 to 24 years.

With the exception of Domestic Abuse, improving trends in violent crime, particularly in the Night Time Economy and alcohol-related violence, means that the risk to communities has substantially reduced.

4: Criminal justice interventions

Alcohol is the most prevalent risk factor amongst adult offenders - 56% of adult offenders have an alcohol problem that is linked to risk of serious harm and/or reoffending, and a third of the offender population are assessed as having "significant" or "some" problems with alcohol.

This provides an estimate of 450 offenders with a criminogenic need related to alcohol, but 61% are not in contact with community treatment services.

5: Domestic abuse and sexual violence

9% (211 people) of the structured drug and alcohol treatment population in 2014 had been involved with domestic abuse services between 2008 and 2014. In these cases, alcohol was the major treatment issue.

6: Employment, deprivation and inclusion

Cornwall has a higher proportion of clients that enter treatment unemployed than the national average (46% compared with 40%). This has a negative impact on recovery and the likelihood of successfully completing treatment. Rates of incapacity claimants due to alcohol dependency in Cornwall are significantly above the England average.

7: Health, treatment, aftercare and recovery

Just over a quarter of adults in Cornwall are estimated to drink above the recommended level, and 7% (or 26,700) are drinking at higher risk levels, drinking more than double the recommended levels. An estimated 84,000 (19%) people are binge drinkers, and 4,900 are estimated to be dependent drinkers.

These figures were estimated before the launch of the new alcohol responsibility guidelines, which reduced recommended alcohol intake for men to 14 units per week. This will increase the estimated number defined as 'Increasing Risk' and 'High Risk.'

Cornwall has a higher level of high risk drinkers in our population than the national rate, and a higher proportion of clients entering treatment drinking more than 1,000 units per month, or 33 units per day. This equates to 3 bottles of wine, or 11 Pints of export strength lager, daily.

Cornwall has a higher rate of alcohol specific hospital admissions for females and those under-18 years, than national rates, but a lower overall rate of liver disease. Alcohol-related admissions increased slightly in 2013/14, compared with 2012/13.

Of the estimated 11% of Cornwall's adult population that has a mental health condition, an estimated 20% also have alcohol dependency. This would equate to 2.2% of Cornwall's total adult population with both conditions.

8: Licensing, alcohol retail and the night time economy

Night Time Economy violence continues to fall (for the third successive year) and as a result, whilst still a focus, presents a reduced level of risk to communities.

1. Advice and Information:

Helpful preventative and early intervention activities;
including Identification and Brief Advice, population level messaging and targeted social marketing.

What we know:

Identification and Brief Advice (IBA) is a simple intervention aimed at individuals who are at risk through drinking above the guidelines but not typically seeking help for an alcohol problem. It includes screening for problem drinking using an accredited tool, identification of the risk level of the problem and brief advice to reduce alcohol-related harm (or onward referral for more intensive intervention if required).

The 2007 National Alcohol Strategy stated that early intervention, if consistently implemented across the UK, would result in 250,000 men and 67,500 women reducing their drinking from increasing or higher risk to low risk each year.

Alcohol identification and brief advice services have helped to reduce alcohol related harm and hospital admissions in other areas and countries.

Easily accessed front line staff, working in settings that address alcohol correlated issues, need to be trained in the early identification of alcohol related risk, the consistent use of quality assessment tools, how to offer brief advice, and what other support is available.

What we have done:

We have delivered IBA training to over 2,000 staff in Cornwall in just under three years. In 2014/15, 400 people received IBA training at 41 events. 97% of attendees showed improvement across one or more of the key areas that were evaluated. Training resources are in place, and a number of services have requested future IBA training.

Alcohol assessments and advice are currently provided by some GPs, Surgery Nurses and Pharmacists, and training has also been given for this to be provided within the Criminal Justice System, in police custody and Probation. We have extended this training to reach adult social care, employment services, mental health teams, domestic abuse services, and front line staff in services addressing alcohol correlated issues.

We have also focussed on specialist health services such as cardiac and sexual health.

We have developed a toolkit, training resources and a simple guide book for these services, so that we give consistent advice everywhere it is provided. We will continue to deliver training in different settings to develop a reliable service.

Public messaging is delivered locally through the Safer Cornwall ‘What Will Your Drink Cost?’ campaign and specific messages in the festive season, as well as linking in with national messages provided by Drinkaware, Alcohol Concern and Public Health England.

We are keen to improve the effectiveness of these messages, and are developing academic connections for robust evaluations, as well as appointing a Social Marketing practitioner shared between the Public Health and Communications Departments.

YZUP has also worked with Brook to deliver wider training about risky behaviours.

What we aim to do:

1.01: **Continue to promote and train early intervention, with consistent use of proven screening tools in all relevant settings and services, including Health Checks.**

1.02: **Target services not yet reached** for more IBA training:

- Within front line community and criminal justice settings outside healthcare;
- Within targeted health care settings and services for specified health conditions, as guided by the alcohol related hospital admissions evidence;
- Within any healthcare commissioning, in line with the 2014 framework for all nurses and allied health professionals.

1.03: Deliver ongoing support to **remove any barriers** to IBA delivery;

1.04: **Evaluate findings** from IBA delivery monitoring to target service commissioning, training and delivery, and to focus further intervention training, e.g. Motivational Interviewing;

1.05: **Reassess agencies and services trained** to ensure training is being used and screening is occurring.

1.06: In partnership with Public Health, the Health and Wellbeing Board, and the Safer Cornwall Partnership, create **targeted and population level alcohol social marketing campaigns**, such as 'What Will Your Drink Cost?', pedestrian road safety information, and evaluate how to improve the effectiveness of such messaging.

1.07: Support, engage with, and locally deliver **national Public Health messaging and campaigns**, such as new alcohol messaging after the consultation period ends in April 2016, and the new 'One You' health messaging theme.

1.08: Improved alcohol advice and information for **vulnerable and hard to reach groups**, such as the disabled, hearing impaired and those with learning difficulties.

2. Children, Young People, Parents and Families:

Education, youth, family and household interventions;
Including Together for Families.

What we know:

Young people:
The proportion of young people in treatment for alcohol as a primary substance is 11% of the treatment population, which is consistent with the national treatment population.

A review of the National Drug Treatment Monitoring System data shows that alcohol is actually involved as either a primary, secondary or tertiary substance in 32 cases (23% of young people in YZUP, the young people's specialist service) where the young person was aged under 18. This figure is significantly lower than the previous two years where 54% and 62% of young people had an identified alcohol treatment need respectively. This could therefore indicate that young people with lower complexity issues are less likely to be referred into YZUP.

Substance misuse was identified as a risk factor in reoffending in a greater proportion of young people who were assessed as medium to high risk (of reoffending) than in the previous year.

Parents:
Overall, adults in treatment for alcohol as their primary substance are more likely than drug users to be parents, but a higher proportion does not currently have their children living with them.

In the 12 month period ending December 2014, 17% (414 people) of adults in drug and/or alcohol treatment were recorded as living with a child, predominantly in a parental capacity.

A further 26% (640 people) of drug and/or alcohol users in treatment were parents but not living with their children.

Families:
Every service user consulted knew 2-4 people who had substance use problems, but did not contact services for help due to the fear of *"having their children taken away"*.

A report published by Together for Families in 2014 indicated that substance use/alcohol is a factor for 44% of the 1,404 families, but despite this the referral pathway is not yet being effectively utilised - families from the programme have taken up only 14% of the places commissioned and these were not directly referred within this scheme.

What we have done:

Addaction's young people's service, YZUP, has provided a full start to finish treatment system, as well as delivering outreach, and alcohol awareness and responsibility educational messages in schools.

YZUP is a multi-agency team addressing the issues of substance misuse and connected risk taking behaviours of young people in Cornwall. They have been delivering outreach provision and continuing their link with A&E, with the goal of reducing the number of young people admitted to hospital with alcohol related health problems. In schools and the community they prioritise early interventions in

order to prevent a young person's drinking habits becoming problematic or dangerous, with the aim of reducing violence, victimisation and teenage pregnancy.

Alcohol interventions for young people are commissioned through a multi-agency joint commissioning process, in order to connect services in different settings.

YZUP also provided a substance use and sexual health advisory service at the Boardmasters Festival, and hope to apply the learning into future events in the festival season in Cornwall. YZUP has also worked with Brook to deliver training about risky behaviours.

What we aim to do:

2.01: Develop **effective identification and referral pathways** and ensure **joint working** arrangements are in place between **children and family services** and specialist alcohol treatment where there are safeguarding issues and with local Together for Families provision where alcohol or drug misuse is a factor.

2.02: **Improve referral rates and early identification of drug and alcohol use in the Together for Families programme, via an agreed defined pathway and workforce development.** A protocol for this was developed three years ago but was never fully implemented with children and family services and requires revision in line with developing early help and social work offers.

2.03: **Address the fears of parents with drug and alcohol problems** in approaching services for help at the earliest opportunity.

2.04: Support YZUP in redeveloping the **alcohol themed educational messaging** and interventions in schools and colleges, continue to partner with Brook to deliver training about risky behaviours, and the Health Promotion Service Healthy Schools work,

2.05: Continue to improve the responses to young people's alcohol presentations in A&E and alcohol related hospital admissions, in order to continue to reduce the rate of **under 18 alcohol related hospital admissions** and A&E presentations, and reduce the number of under 18 victims of alcohol related violence, in all A&Es serving Cornwall.

2.06: Continued development of the **alcohol intervention and treatment system for young people** through the Addaction Cornwall YZUP service, with coherent assessment and referral processes between substance misuse and sexual health and screening services.

*7.01: Improve the **complex needs pathways** between alcohol and drug services, DASV, Together for Families, Social Care, Housing, Mental Health, Hospitals, CJS, including referrals via the DV Multi Agency Risk Assessment Conference (MARAC) mechanism between drug/alcohol and DASV services.*

3. Community Safety Schemes:

Reducing the harmful impact of alcohol on Cornish streets; including Anti-Social Behaviour (ASB), and Fire and Rescue.

What we know:

Alcohol-related harm is one of the top two strategic priorities for Safer Cornwall in the next three year period.

The other priority is 'Domestic Abuse and Sexual Violence', which presents the **highest overall risk of harm** for communities in Cornwall. Reported incidence of domestic abuse is believed to be **higher locally** than the average for similar areas elsewhere in the country.

Alcohol is most **strongly associated with Night Time Economy Violence** (70%) and in **assaults resulting in injury** (41% compared with 28% for assaults with no injury).
Young males are the highest risk group, particularly those aged from **18 to 24 years**. This is echoed in the statistics that we receive from the **Emergency Department** at Royal Cornwall Hospital Treliske (Truro) that shows young males as the most **typical attendees for alcohol-related assault**. With the exception of Domestic Abuse, however, **improving trends in violent crime**, particularly in the Night Time Economy and alcohol-related violence, means that the **risk to communities has substantially reduced**.

Hence local evidence supports putting greater emphasis on developing effective **early intervention and prevention** approaches rather than increasing the current array of activity related to the Night Time Economy.

Data from the **'Assault Related Injuries Database' (ARID)** is installed in the Emergency Department in Royal Cornwall Hospital Treliske and is now also being used by 5 Minor Injury Units across Cornwall. 71% of assault presentations in A&E involve alcohol, and the timing of these incidents follows the pattern of the weekend and Night Time Economy, with hotspots for alcohol related violence in specific town centres.

'Pedestrians involved in collisions between 9PM and 3AM involving impairment through alcohol' is an emerging at-risk group for road traffic collisions and fatalities. 49% of pedestrian fatalities involved alcohol, and in nearly half of these the pedestrian was intoxicated. 71% of these fatalities occurred during the weekend.

60% of alcohol-related violence occurs in larger towns, which comprise only 40% of the population. These problems peak at weekends and in the summer months. This can negatively affect local businesses and the way in which residents and visitors use and enjoy our town centres.

What we have done:

Safer Cornwall has continued to work across Cornwall as a partnership including Police, Probation and Community Rehabilitation, Licensing, Health and the Council to address the issue of alcohol related violence in town centres, in order to make visitors and residents and communities safer.

According to national figures, up to 70% of the 44,000 presentations at A&E in Cornwall are alcohol related, costing more than £6 million each year. A large proportion of these cases become complex

and expensive hospital admissions. Through the 'Assault Related Injuries Database' (ARID) we are now gathering better information about these incidents, so that we can address the causes through the Licensing teams, and reduce the burden on A&E, as well as the other services impacted. This is now being delivered in 5 Minor Injury Units as well, and the Safer Cornwall analytical team (Amethyst) are leading a regional best practice evaluation process in order to improve the operational application of the finding of ARID consistently across Devon and Cornwall.

Various towns in Cornwall have partnerships aimed at increasing safety, responding to evidenced local issues. These now include such local community schemes as Safe Spaces, Street Pastors and Streetsafe. Where possible we provide training and support to enable these schemes to run more effectively.

The ASB team continues to deliver the anti-social behaviour scheme, Follow You Home, that follows up incidents caused by young visitors to Cornwall with the relevant authorities in their home area, and their parents. This team also uses a range of legislative approaches to alcohol related ASB, and is being trained to deliver more alcohol IBA.

Safer Cornwall continues to deliver the targeted 'What Will Your Drink Cost?' campaign, and supports the specific messages in the festive season, as well as linking in with national messages provided by Drinkaware.

We are keen to improve the effectiveness of these messages, and are developing academic connections for robust evaluations, as well as appointing a Social Marketing practitioner shared between Cornwall Council's Public Health and Communications Departments.

What we aim to do:

3.01: Continued focus on early intervention and prevention approaches rather than increasing the current array of activity related to the Night Time Economy.

3.02: Closely monitor violence trends to ensure that there is no escalation of risk. In particular, **ensure that the Night Time Economy continues to be managed effectively** and best practice prevails.

3.03: Continue to support the move to a **coherent regional commissioning and delivery approach for the Assault Related Injuries Database (ARID)**, supporting a best practice evaluation, leading to improved opportunities for analysis and application of intelligence in improving safety in licensed premises, and reducing the risk of violence.

3.04: Continue to **improve the design and implementation of evaluation techniques** for community safety interventions. This should build on the initiative group adopted by the Community Safety Service which aims to ensure initiatives are evidence based and robustly evaluated and creates an interventions library of effective initiatives.

3.05: Address **pedestrian safety when drinking alcohol**, including preventative communication.

3.06: Support local community schemes such as the Street Pastors and Streetsafe, in order to make best use of the limited resources available, provide consistent good quality training, help different teams to learn best practice from each other, and continue to make visitors, residents and communities safer while reducing the load on Cornwall's emergency and enforcement services.

3.07: Monitor and apply any changes to legislation addressing alcohol related disorder.

3.08: Continue to develop **referral pathways from ASB** into YZUP for young people, and Criminal justice diversionary interventions and Addaction for adults.

3.09: Continue to **address alcohol related anti-social behaviour offences committed by visitors to Cornwall** through the 'Follow You Home' approach, so that parents and enforcement services in other areas of the country address disorder in Cornwall as seriously as offences committed in their home area.

3.10: Develop a two stage approach for alcohol intervention in **Home Fire Safety Checks**, based on the evidenced alcohol correlated domestic fire risk. This will involve observational conversations in the HFSC, and follow up visits for IBA using the AUDIT toolkit.

*5.02: Align the new Alcohol Strategy with the new **Domestic Abuse and Sexual Violence Strategy** (the top two Community Safety Partnership priorities), particularly in terms of attendance at Multi-Agency Risk Assessment Conferences (MARAC) by treatment providers and IBA training for Domestic Abuse services.*

4. Criminal Justice Interventions:

Appropriate interventions to reduce alcohol related offences; including diversionary and sentencing pathways.

What we know:

Both the percentage of offenders that reoffend, and the rate of reoffences that they commit, are consistently lower than the England and Wales average.

Alcohol is the most prevalent risk factor amongst adult offenders - 56% of adult offenders have an alcohol problem that is linked to risk of serious harm and/or reoffending, and a third of the offender population are assessed as having "significant" or "some" problems with alcohol, which provides an estimate of 450 offenders with a criminogenic need related to alcohol. Changes in legislation extending supervision requirements to all short sentence prisoners may mean managing an additional 110-140 offenders with an alcohol-related need. As of June 2015, however, the anticipated uplift in the number of offenders had not yet been realized, but this will need to be monitored.

Established lifestyles of daily and heavy drinking were found to be more common amongst short sentence prisoners, although only a small proportion wanted help for an alcohol problem. Offender engagement with community treatment services appears low, with 61% of offenders with a criminogenic alcohol need not in contact with community treatment services. Offenders with significant alcohol problems ("High Risk" drinkers) were most likely to be in contact with treatment. This potentially identifies a cohort of "Increasing Risk" drinking offenders with unmet needs, but requires further clarification as to the nature of those needs.

Alcohol and alcohol and non-opiate successful completion rates in the Criminal Justice Team are lower than the wider treatment population: 27% and 25%, compared with 41% and 34%, respectively. The finding is the same for drug users in the criminal justice team and may reflect the additional challenges in engaging offenders successfully.

There is a need for increased use of accredited alcohol identification tools in criminal justice settings, where 69% of offenders contacted in Police custody said that alcohol was a factor in their arrest; in Court, targeted sentences involving alcohol interventions in the community have reduced violence and reoffending by individuals in Cornwall.

What we have done:

We have been delivering an alcohol related Court Requirement (the Alcohol Specified Activity Requirement/Low Intensity Alcohol Programme) aimed at low level violence.

In this scheme, Probation worked with groups of offenders, helping them to understand the consequences of their actions for themselves and other people. This has resulted in a proven track record of reduced violent and other offences.

Another Court Order (the Alcohol Treatment Requirement) has been targeting dependent drinkers. This has taken individuals who have not previously engaged voluntarily with alcohol services, and has provided increased support as they enter alcohol treatment.

The introduction of the new Police and Crime Commissioner has not delivered the regionally co-

ordinated consistent approach that may have been expected, with local areas still responsible for differing ranges of interventions.

In Cornwall, we have had a ladder of different alcohol interventions at different stages of the criminal justice system, with the goal that **enforcement should offer a diversionary intervention wherever possible**. As the legislative framework has been changing, these interventions are in need of review in order to make sure that they are effective at prompting referrals.

What we aim to do:

4.01: **Update and redevelop the ladder of Criminal Justice System Alcohol Diversionary interventions, to ensure that there is no enforcement with a diversionary intervention pathway.**

4.02: Offender manager workforce development based on **specific identified training needs**, whilst reviewing the interventions available to **target problem drinking in offenders**.

4.03: **Improve identification, referral and engagement** into specialist services and to **identify if there are any barriers** (staff or offenders) that we need to address. This is a priority for the new offender management structure under Dorset, Devon and Cornwall Community Rehabilitation Company (CRC) but also applies to the National Probation Service (NPS).

4.04: **Gather good quality local data** (CRC and NPS) to inform our local reoffending needs assessment and inform the development of the packages required to reduce reoffending locally. Management in these services should monitor and share information about performance and outcomes.

4.05: Address the needs of **offenders with complex needs** in an **integrated** way in the community, including family-based interventions, to address the "toxic trio" of domestic abuse, mental health and problem substance use.

4.06: Improve **successful completion rates** for criminal justice clients.

4.07: **Monitor and apply any changes to legislation** addressing alcohol related disorder.

*7.01: Improve the **complex needs pathways** between alcohol and drug services, DASV, Together for Families, Social Care, Housing, Mental Health, Hospitals, CJS, including referrals via the MARAC between drug/alcohol and DASV services.*

5. Domestic Abuse and Sexual Violence:

Good pathways between alcohol, domestic abuse and sexual violence services; including Multi-Agency Risk Assessment Conferences (MARAC) referrals and sentencing pathways.

What we know:

9% (211 people) of the structured drug and alcohol treatment population in 2014 had been involved with domestic abuse services between 2008 and 2014. In these cases, alcohol was the major treatment issue.

32% also had a mental health issue (3% of the total structured drug and alcohol treatment population). These service users were more likely to be in treatment for problematic alcohol use, compared to drugs.

16% (218 families) of families on the Together for Families register had drug and/or alcohol use, domestic abuse and mental health identified as an issue. Over half of these families were not known to drug and alcohol treatment ***and*** domestic abuse services.

What we have done:

Domestic Abuse and Sexual Violence (DASV) services and Alcohol and Substance Misuse services have clients and families in common, and so the commissioning teams are now collocated with the Domestic Abuse service at The REACH Hub. This is hoped to be the start of a closer relationship between the commissioning and delivery of services in these arenas.

Alcohol and Substance Misuse services participate in the Multi Agency Risk Assessment Conferences (**MARACs**) which provide a multi agency forum to share relevant information, in order to draw together a robust and co-ordinated safety and support plan for victims assessed at high risk. Referrals and pathways between the services are still in need of development, in order to allow cases to be addressed in a more coherent way.

Staff in the DASV service have been well represented in the Alcohol Identification and Brief Advice training, allowing them to identify alcohol problems, work with these issues, and refer to appropriate services where necessary. Addaction staff have also attended DASV training.

What we aim to do:

5.01: Implement the new **joint Domestic Abuse and Sexual Violence (DASV) DAAT protocol** and greater joint working would be beneficial to identify the nature of the drug and/or alcohol use and whether treatment would aid the 50% of those identified in domestic abuse services who were not known to drug and alcohol treatment services, whilst also identifying historic DASV as a barrier to alcohol treatment.

5.02: Align the new Alcohol Strategy with the new **Domestic Abuse and Sexual Violence Strategy** (the top two Community Safety Partnership priorities), particularly in terms of attendance at Multi-Agency Risk Assessment Conferences (MARAC) by treatment providers and IBA training for Domestic Abuse services.

5.03: **Improve screening and recording** in drug and alcohol and domestic abuse services to identify complex needs and enable joint working to occur.

5.04: Learn lessons from the national **treatment resistant drinkers** domestic abuse project, and implement locally.

*7.01: Improve the **complex needs pathways** between alcohol and drug services, DASV, Together for Families, Social Care, Housing, Mental Health, Hospitals, CJS, including referrals via the MARAC between drug/alcohol and DASV services.*

6. Employment, Deprivation and Inclusion:

Interventions to reduce alcohol related employment problems; including Social Care, Homelessness and Housing.

What we know:

Cornwall has a higher proportion of clients that enter treatment unemployed, than the national average (46% compared with 40%). This has a negative impact on recovery and the likelihood of successfully completing treatment. Rates of incapacity claimants due to alcohol dependency in Cornwall are significantly above the England average.

In the last 12 months, 22% of people starting alcohol treatment presented with problems with their accommodation. This is a strong negative factor in recovery and successful completions. Also, relapse can often lead to the loss of accommodation, causing problems in maintaining contact with treatment and support.

Alcohol problems can affect people's ability to enter and remain in work, especially if they are disqualified from driving. People in alcohol treatment are more likely than drug users to be in regular employment.

In Cornwall, the primary care 'Health Checks' service found that the health risk factor most commonly identified alongside high risk drinking levels was raised blood pressure, most evident in patients from deprived areas. (Health Checks: http://www.healthcheck.nhs.uk/about_nhs_health_check/
A screening service for adults in England between the ages of 40 and 74, targeting heart disease, stroke, type 2 diabetes and kidney disease.)

In a survey of Migrant Workers in Cornwall it was found that 29% are not registered with a GP. As Primary Care is the main starting point for a range of treatment options and pathways, this acts as a barrier to alcohol treatment pathways. Our knowledge of migrant workers' drinking habits is limited, as 40% declined to answer the survey questions about how often they drank in a week, but very few migrant workers are accessing treatment services, with huge issues such as translation to overcome.

What we have done:

As unemployment can be related to alcohol issues, staff from Job Centre Plus in Cornwall have been prioritised in the Alcohol Identification and Brief Advice training.

This has trained them to use proven IBA tools, giving them confidence in raising the subject in their normal appointments, providing supportive interventions, and where necessary helping them to refer people for help from relevant specialist services.

The Health Promotion team support local employers in training their management and staff in identifying and responding to alcohol issues in their workforce, putting good policies in place to address these issues without endangering employees' careers.

Alcohol Identification and Brief Advice Training is available to local employers, alongside guidance about best practice in employers' alcohol policies and practices, geared towards supporting staff experiencing problems with alcohol.

What we aim to do:

6.01: Continue to promote **IBA in Job Centres and employment services, housing and homelessness services and debt advice services**.

6.02: Ensure the **new housing pathway for clients leaving residential services** is effective in securing accommodation on completion of a rehabilitation programme.

6.03: Continue to work with our complex needs housing providers to ensure they are supported in their provision of **accommodation to clients at all stages in their recovery journey,** with a priority focus on homelessness prevention.

6.04: Ensure the **housing pathway for Prolific and other Priority Offenders** is effective in securing accommodation for those released from prison, who would otherwise be homeless.

6.05: Create more effective links and **referral pathways between alcohol intervention and treatment services, and employment agencies** such as Job Centres and their service providers.

6.06: Continue to develop the Health Promotion team's Healthy Workplace **support to local employers**, in training their management and staff in identifying and responding to alcohol issues in their workforce, and putting good policies in place to address these issues without endangering employees' careers.

6.07: Improve pathways to alcohol services for **Migrant Workers** in Cornwall by addressing GP registrations, interpreter services, agency links to employers, and access to specialist agencies.

*7.01: Improve the **complex needs pathways** between alcohol and drug services, DASV, Together for Families, Social Care, Housing, Mental Health, Hospitals, CJS, including referrals via the MARAC between drug/alcohol and DASV services.*

7. Health, Treatment, Aftercare and Recovery:

Easy access to treatment, and effective care throughout;
including hospital admissions, mental health and the treatment system.

What we know:

Health:

Just over a quarter of adults in Cornwall are estimated to drink above the recommended level, and 7% (or 26,700) are drinking at higher risk levels, drinking more than double the recommended levels. In addition, an estimated 84,000 (19%) people are binge drinkers, and 4,900 are estimated to be dependent drinkers.

Cornwall has a higher level of high risk drinkers in our population than the national rate and a higher proportion of clients entering treatment drinking more than 1,000 units per month, or 33 units per day – which equates to 3 bottles of wine, or 11 Pints of export strength lager daily.

Alcohol Related Hospital Admissions:

Cornwall has a higher rate of alcohol specific hospital admissions for females and those under 18 years and an overall lower rate of liver disease, and Alcohol-related admissions increased slightly in 2013/14, compared with 2012/13.

The health conditions that contribute the most towards alcohol related hospital admissions are blood pressure, mental and behavioural disorders and heart problems.

Alcohol related hospital admissions for different conditions vary with age. Injuries from alcohol related violence are more prevalent in younger adults, whereas injuries from accidents attributed to alcohol are more prevalent over the age of 50. The majority of admissions for blood pressure and heart problems are in the 65+ age group. Admissions for mental and behavioural disorders due to alcohol are mainly in the 30 to 64 year age band.

Mortality:

In 2014, alcohol was detected in 8 of the 16 drug related deaths (DRDs). In 6 of these the alcohol levels were high enough to be part of the cause of the death or enhance the toxic effects of other drugs taken. Alcohol only treatment clients accounted for 3 of these deaths. Poly drug use among treatment clients is problematic: Assumptions should not be made surrounding any client's knowledge, or lack of knowledge, with poly drugs use and/or alcohol.

Specialist Treatment:

22% of dependent drinkers in Cornwall were in specialist structured alcohol treatment in the last full year, compared with 13% nationally. This figure is dropping as the number appropriately in unstructured treatment continues to rise, with the latest figure being 16%. These figures are now expected to stabilize.

Mental Health:

Of the estimated 11% (49,071) of Cornwall's adult population that has a mental health condition, an estimated 20% (9,849 people) also have alcohol dependency. This would equate to 2.2% of Cornwall's total adult population with both a mental health condition and alcohol dependency. 19% of service users in structured alcohol treatment had dual diagnoses. This equates to just 301 people, and although these figures are from different datasets that can't be combined easily, it at least suggests there may be a large unmet alcohol treatment need among those with mental health conditions.

24% of all suicide cases in Cornwall were reported to have taken alcohol at the time of death, which is equivalent to 38% of those for whom the information was provided.

71% of A&E presentations for assault involved alcohol, with patterns confirming a strong link to the weekend and night time economy. A third of these assaults had not been reported to the police.

What we have done:

Along with many other parts of the country, and in order to maximise funding, and generate management, administration, office and staffing efficiencies, Cornwall has recommissioned its Drug and Alcohol treatment system to a single provider model. This service is provided by Addaction.

In the transition from the previous model to this, we have had a rebalancing of service users in medicated, care planned treatment, with more being given brief interventions and non-medical psychosocial support. Despite this, there is still a higher proportion of dependent drinkers in treatment in Cornwall than national or regional rates.

There are multiple pathways and treatment options suitable for most patients, which can be delivered in the patient's home, local surgery, local hospital or in specialist settings, and can start in hospital, surgery, community or criminal justice settings.

In order to make it easier for people to access help, the community substance misuse health treatment services have been developed into area based multi-agency teams. Much of this can be accessed through specialist teams based in local surgeries alongside GPs.

Residential detoxification treatment is available locally in Cornwall at Boswyns near Hayle, with residential rehabilitation available both in Cornwall and out of county. Service users can be referred for Community Hospital Alcohol detoxes from GPs in Cornwall.

We are in the process of establishing an Alcohol Care team to identify alcohol related hospital admission across all key Departments at Treliske, to initiate interventions and refer to the community treatment system where necessary.

We have increased the alcohol early identification services in surgeries and pharmacies, in A&E, as well as in many contact points in the community. We are increasing the use of the alcohol Identification and Brief Advice toolkit in all relevant health services, including Mental Health, Sexual Health, Cardiac services, Health Visitors and Suicide Prevention, in which alcohol is a known factor.

Alongside this, the alcohol Identification and Brief Advice training aims to help front line staff outside the health sector identify alcohol issues earlier, so that in we improve our ability to prevent people from developing complex and embedded treatment needs that form a heavy and expensive caseload for health services.

We continue to cultivate feedback from service users in order to help develop an improving range of relevant services, which continue to provide support after someone leaves treatment, and begins to prepare for recovery from the start of their journey through treatment.

What we aim to do:

7.01: Improve the **complex needs pathways** between alcohol and drug services, DASV, Together for Families, Social Care, Housing, Mental Health, Hospitals, CJS, including referrals via the MARAC between drug/alcohol and DASV services.

7.02: Continue the development of thorough **pathways from hospitals to alcohol treatment services**, train IBA in Hospital departments, monitor and support RCHT to ensure that it is fully embedded, and continue developing the RCHT alcohol multi-disciplinary monthly meetings to analyse and care plan frequent attenders on a monthly basis.

7.03: Projects aimed at public messages about alcohol, treatment interventions, or IBA/preventative schemes need to address the population as a whole, but **should consider catering for specific audiences, such as women and under-18s.**

7.04: **Monitor the balance of people in treatment for alcohol issues in Tiers 2 and 3, such that numbers don't fall below 1,400, with a maximum of 1,000 in Tier 3.**

7.05: Work towards developing a **consistent and effective method of investigating alcohol related deaths** to inform lessons learnt and future practice, review drug related deaths where clients have been in treatment for alcohol problems only, and promote **awareness and education** around the risks of poly drug use.

7.06: **Examine the unmet need for alcohol treatment for those with mental health issues and the potential barriers to treatment, and continue to develop and implement the Dual Diagnosis strategy and action plan to aid development of joint working to improve outcomes for people affected by more than one condition.**
Work with other specialist providers would help to identify if those with mental health issues in domestic abuse and drug and alcohol services are accessing treatment for their mental health condition and what joint working could occur for those with complex needs.
There will be a primary focus on increasing successful completions by:

- Examining and developing the treatment offer for the most complex service users, particularly those who are representations to treatment, to reduce these service users dropping out of treatment again;
- Increasing engagement of those not in contact through outreach and targeted activities, particularly people with children;
- Providing more information for service users about what is available. A comprehensive directory of recovery pathways published and regularly updated;
- Reviewing the treatment offer for people who have been in treatment for 4 years and over to assess the recovery potential and service design for this group;
- Reviewing the options for getting treatment to people who have difficulty with transport costs;
- Including stages of constructive activity and volunteering from the outset of treatment;
- Clarifying the mental health offer within treatment services;
- Increasing the solid network of volunteer drivers and peer mentors.

7.07: Support the Health and Wellbeing Board, Public Health and NHS partners in **delivering the 'Live Well' initiative:**
Alcohol is one of the 5 behaviours, that lead to the 5 diseases, that cause 75% of deaths and preventable disability in Cornwall. As such, this will need the delivery of preventative and social marketing messages, and treatment and support interventions involving Addaction Cornwall.

http://www.cornwall.gov.uk/media/10418204/Public-Health-Annual-Report-2014-FINAL-181214.pdf

8. Licensing, Alcohol Retail and the Night Time Economy:

Promoting and supporting a safe, responsible, successful alcohol trade;
including health input into licensing, best practice schemes and bar staff training.

What we know:

Night Time Economy violence continues to fall for the third successive year, and as a result presents a reduced level of risk to communities, although this will continue to be monitored.

Health now has more input in licensing decisions, which may lead to serious consideration for a Public Health-related Licensing Objective in England if current legislation proves to be insufficient.

In Cornwall the Licensing Policy has recently been updated and two issues are currently more important here than the local Licensing Policy.

- Operational application and swift responsive use of data already being gathered, e.g. through the Assault Related Injuries Database in hospital Emergency Departments and Minor Injuries Units, so that licensing practice is improved.
- Staying engaged with the evolution of Public Health responsibility and legislation in connection with Licensing.

Best results are gained when there is a constructive relationship between the Licensed Trade and local enforcement authorities.
When well run schemes are located in affected areas, both the number of violent incidents and the burden on A&E are reduced, and schemes work at their best when all the Licensed Trade in an area commit to supporting them, so that there is no commercial disadvantage created.

71% of A&E presentations for assault involved alcohol, with patterns of time and day confirming the link to the weekend and night time economy. A third of assaults had not been reported to the police.

What we have done:

Cornwall continues to promote a positive dialogue between the enforcement authorities and the licensed trade through the Cornwall Licensing Forum, aimed at spreading best practice, in order to make alcohol sales responsible and safe. This will be good for the reputation and efficiency of these businesses and for the Cornish economy and tourism.

We have continued with the Cornwall 'Best Bar None' award scheme, which promotes, embeds and rewards good practice in our Pubs and Clubs, also giving awards to various categories of premises, and for quality of training. Funding this scheme remains a challenge, with the need for increased ownership and sponsorship from the alcohol industry.

Cornwall's busier Night Time Economy towns are using the Cumulative Impact Zone system, in order to analyse and control the impact of the Licensed and Off Licensed trades on their local areas.

SMART training for bar staff continues, and enforcement authorities will continue to apply the evolving Licensing Laws to benefit local areas, and in co-operation with responsible alcohol retailers.

Regular inspections and test purchasing schemes will continue throughout Cornwall, and inappropriate activities or breaches of License conditions will be challenged in all types of premises,

including supermarkets.

Proposed national legislation by the last government, to address alcohol pricing and bulk offers, was either not forthcoming or not effective. Regionally we support Police and Crime Commissioner (PCC) attempts to engage in a constructive dialogue with alcohol retailers, especially supermarkets, but this has not yet proved successful.

The PCC still supports other local schemes to address Night Time Economy issues, such as breathalysers on entry, and Drinkaware campaigns aimed at addressing violence and sexual harassment.

What we aim to do:

8.01: **Continue to communicate and lobby strongly for the evidence based policy of connecting the price of alcohol to strength** (either by MUP or by through targeted taxation) in any policy debates and consultations.

8.02: Review and continue to **deliver the SMART training** for bar staff, in order to promote best practice and responsibility in alcohol sales.

8.03: Continue to develop **Cornwall Licensing Forum** as a series of events for dialogue and discussion about best practice, involving both trade and enforcement representatives.

8.04: Support the evolution of **Cornwall Best Bar None** to fit in with the national BII model and timetable, making changes designed to create sustainability by increasing trade commitment to the scheme through sponsorship, and by making the assessment process more efficient.

8.05: Improve support to local schemes such as the **Street Pastors and Streetsafe**, in order to make best use of the limited resources available, provide consistent good quality training, helping different teams to learn best practice from each other, and continue to make visitors, residents and communities more safe while reducing the load on Cornwall's emergency and enforcement services.

8.06: Increase **Public Health engagement with licensing applications** and review processes using current legislation as possible, or if relevant legislation or Licensing Objectives are updated.

8.07: Work with the Office of the Police and Crime Commissioner to engage with **supermarket alcohol retailers**, and to encourage a national dialogue about improving alcohol legislation and enforcement.

8.09: Work with the Police and Office of the Police and Crime Commissioner on **local Night Time Economy schemes and messages**, for example #RU2drunk and the nightclub breathalyzer schemes.

8.10: Continue to work with Community Safety colleagues as they evaluate and refresh the **"What Will Your Drink Cost" campaign**, impacts the Night Time Economy and the wider community.

8.11: **Improve operational usability and impact of data gathered** through **the Assault Related Injuries Database** in Emergency Departments and Minor Injuries Units, in order to improve practice in licensed premises, making customers less vulnerable to violence and health harms.

*4.01: **Redevelop the ladder of Criminal Justice System Alcohol Diversionary interventions** that address alcohol related offences and violence in Cornwall.*

Information Sources and Weblinks:

Local Evidence Sources:

Cornwall Alcohol Needs Assessment 2014-15:
http://safercornwall.co.uk/download/6591/
Safer Cornwall Partnership Strategic Assessment 2015-16:
http://safercornwall.co.uk/download/7166/
Director of Public Health Annual Report 2014:
https://www.cornwall.gov.uk/media/10418204/Public-Health-Annual-Report-2014-FINAL-181214.pdf
Cornwall and Isles of Scilly Drug Treatment Needs Assessment 2014-15:
http://safercornwall.co.uk/download/6604/
Cornwall Alcohol Needs Assessment 2012-13:
http://safercornwall.co.uk/download/1553/
Previous Cornwall Alcohol Strategy 2012-15 'Taking Responsibility for Alcohol':
http://www.cornwall.gov.uk/default.aspx?page=19538

National Evidence and Guidance:

National Alcohol Strategy 2012:
http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf
National Drug Strategy Annual Review 2014-15:
https://www.gov.uk/government/publications/drug-strategy-annual-review-2014-to-2015
National Drug Strategy 2010:
http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/drug-strategy/drug-strategy-2010?view=Binary
Signs for Improvement Department of Health Alcohol Commissioning Guide 2009:
http://www.alcohollearningcentre.org.uk/_library/BACKUP/DH_docs/Alcohol-Signs_For_Improvement1.pdf
National Alcohol Strategy 2007:
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_075219.pdf

International Evidence and Guidance:

W.H.O. Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm
http://www.euro.who.int/__data/assets/pdf_file/0020/43319/E92823.pdf
W.H.O. Handbook for Action to Reduce Alcohol Related Harm
http://www.euro.who.int/__data/assets/pdf_file/0012/43320/E92820.pdf

Local Drug and Alcohol Services:

Addaction Cornwall single point of contact:
http://safercornwall.co.uk/new-single-number-for-alcohol-advice-and-support-in-cornwall/
NHS Choices for GPs:
http://www.nhs.uk/Service-Search/

Glossary of Acronyms:		
A&E: Accident and Emergency (ED)	DRDs: Drug Related Deaths	NTE: Night Time Economy
ARID: Assault Related Injuries Database	DV: Domestic Violence	OPCC: Office of the Police aqnd Crime Commissioner
ASB: Anti-social Behaviour	ED: Emergency Department (A&E)	PCC: Police and Crime Commissioner
AUDIT: Alcohol Use Disorders Identification Test	FRS: Fire and Rescue Service	PHE: Public Health England
BII: British Institute of Innkeepers	HFSC: Home Fire Safety Checks	RCHT: Royal Cornwall Hospitals Trust
CC: Cornwall Council	HWB: Health and Wellbeing Board	REACH: Risk Evaluation And Co-ordination Hub
CIOS: Cornwall and The Isles of Scilly	IBA: Identification and Brief Advice	SCP: Safer Cornwall Partnership
CJS: Criminal Justice System	MARAC: Multi-agency Risk Assessment Conference	SMART: Substance Misuse and Alcohol Retail Training
CRC: Community Rehabilitation Company (Probation)	MI: Motivational Interviewing	T4F: Together for Families
DAAT: Drug and Alcohol Action Team	MUP: Minimum Unit Pricing	WWYDC: What Will Your Drink Cost
DASV: Domestic Abuse and Sexual Violence	NPS: National Probation Service (for higher risk offenders)	YZUP: Addaction Cornwall's Young People's treatment service

Cornwall Alcohol Strategy 2016-19 'Taking Responsibility for Alcohol' compiled on behalf of Cornwall Council, CIOS DAAT and The Safer Cornwall Partnership by Jez Bayes, Alcohol Strategy Lead: jbayes@cornwall.gov.uk