

**Alcohol Integrated Needs Assessment  
Report on the Quantitative Review of  
Current Service Provision in Herefordshire**

# 1. Introduction

## 1.1 Background

Alcohol plays a key role in social lives of many societies. The vast majority of people drinking alcohol do so without any problems. Drinking within safe limits has many advantages. It can be enjoyable and help relax. However, regularly drinking over the limit can lead to many problems for the drinker and others<sup>1</sup>.

In UK, as well as playing a key role in society, alcohol makes a significant contribution to the economy. The total value of UK alcohol drinks market exceeds £30 billion per year and is responsible for more than 1 million jobs<sup>2</sup>.

Alcohol consumption has doubled in the UK since 1950s<sup>1</sup>. In 2009, UK consumption of alcohol was 8.4 litres per head<sup>1</sup>. Based on the respondents of the General Lifestyle Survey (GLS) 2008, 71% of men and 56% of women reported drinking an alcoholic drink at least one day in the week prior to interview<sup>3</sup>.

## 1.2 Alcohol Misuse: National Perspective

The Alcohol Needs Assessment Research Project (ANARP) 2004 England revealed that 38% men and 16% of women (26% overall) have an alcohol use disorder. This equated to 8.2 million people in England<sup>4</sup>. Misuse of alcohol can present with myriad of problems. It can lead to social problems impacting work and family life. It is responsible for significant proportion of increase in crime, domestic violence and anti-social behaviour. 2.6 million children in UK are estimated to be living with parents who are drinking at hazardous level. Alcohol is thought to be associated with 25-33% of known cases of child abuse<sup>1</sup>.

In addition, it has significant health implications both acute and chronic. Acute effects include alcohol poisoning and intoxication resulting immediately from drinking well above the sensible limits. Chronic misuse of alcohol can lead to many ill effects such as liver problems and increased risk of heart disease<sup>1</sup>. The number of alcohol-related deaths and hospital admissions is rising. Alcohol-related deaths in UK have risen from around 4000 in 1992 (lowest) to 9000 in 2008 (highest)<sup>1</sup>.

Alcohol misuse has significant economic implications. The total cost of alcohol misuse is estimated to be between £17 and £25 billion a year. From this, the direct health related cost to the NHS accounts for £2.7 billion a year. Alcohol related crime and disorder is thought to cost the taxpayer between £8 and £13 billion a year<sup>1</sup>.

## 1.3 Alcohol Misuse Definitions

The Department of Health has set out guideline for **sensible drinking**; adult men should not regularly drink more than 3-4 units of alcohol a day, adult women should not regularly drink

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1. Investing in Alcohol Treatment - Reducing Costs and Improving Lives (May 2010), Alcohol Concern.
  2. Economic Costs and Benefits, Institute of Alcohol Studies, IAS Factsheet, 2008.
  3. General Lifestyle Survey, 2008. Office of National Statistics.
  4. The Alcohol Needs Assessment Research Project (ANARP) (2005) Dept. of Health.

more than 2-3 units of alcohol a day, and pregnant women or women trying to conceive should avoid drinking alcohol<sup>5</sup>.

**Hazardous Drinking** is defined as consumption of between 22 and 50 units of alcohol per week for men and between 15 to 35 units of alcohol per week for women.

**Harmful Drinking** is defined as consumption of more than 50 units of alcohol per week for men and more than 35 units of alcohol per week for women.

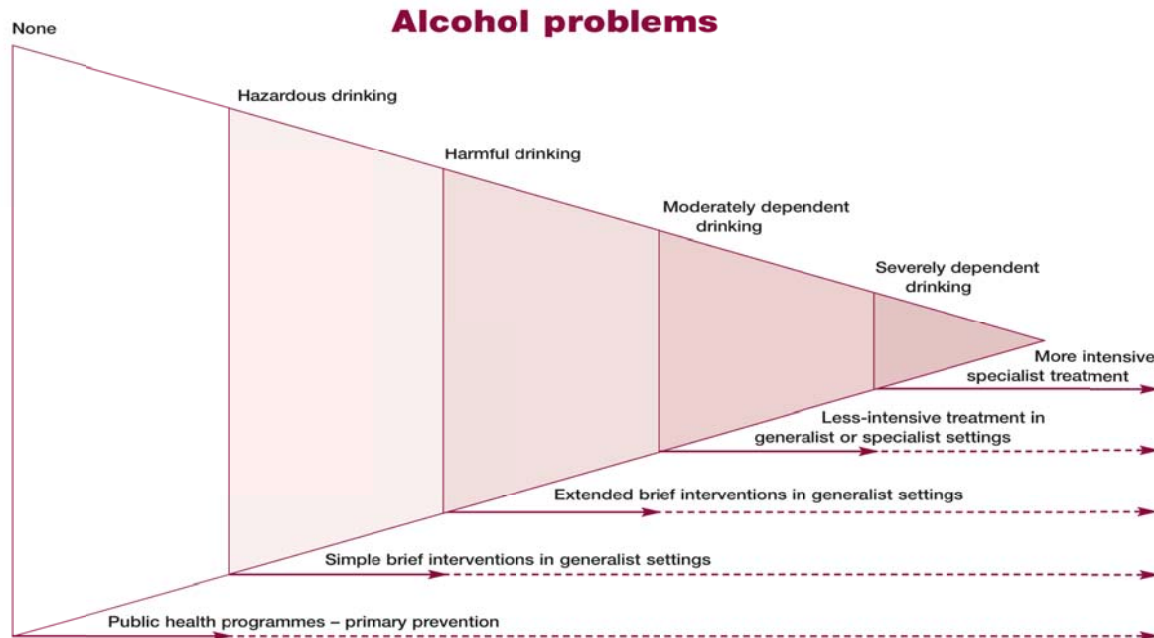
**Binge Drinking** is defined as consumption of at least twice the daily recommended amount of alcohol in a single drinking session (i.e. 8 or more units for men and 6 more units for women)

#### 1.4 Stepped care model for alcohol misuse problem

National Treatment Agency<sup>6</sup> proposes a stepped care model with a spectrum of responses to alcohol problems (Figure 1.1). The basic principle of stepped care is that alcohol misusers are initially offered the least intrusive and least expensive intervention that is likely to be effective. Only if this first line of treatment fails is a more intensive intervention offered. If that fails, an even more intensive intervention is offered, and so on, along a scale of increasing intensity of treatment until service users show improvement.

In principle, this model represents a cost-effective implementation of treatment services and offers a rational approach to developing an integrated service model.

**Figure 1.1 Stepped Care Model for Alcohol Misuse**



#### 1.5 Tiered model for Alcohol misuse treatment service

5. Safe. Sensible. Social. The next steps in the National Alcohol Strategy (2007), Dept. of Health.

<sup>6</sup> Review of effectiveness of the treatment for alcohol problems, National Treatment Agency for Substance Misuse

DH published a framework<sup>7</sup> for commissioning alcohol misuse treatment services; it identifies a range of intervention for four tiers of the proposed model. A brief account of each tier is as follows:

### **1.5.1 Tier 1 interventions**

It includes provision of identification of hazardous, harmful and dependent drinkers; information on sensible drinking; simple brief interventions to reduce alcohol-related harm; and referral of those with alcohol dependence or harm for more intensive interventions.

### **1.5.2 Tier 2 interventions**

It includes provision of open access facilities and outreach that provide: alcohol-specific advice, information and support; extended brief interventions to help alcohol misusers reduce alcohol-related harm; and assessment and referral of those with more serious alcohol-related problems for care-planned treatment.

### **1.5.3 Tier 3 interventions**

It includes provision of community-based specialised alcohol misuse assessment, and alcohol treatment that is care co-ordinated and care planned.

### **1.5.4 Tier 4 interventions**

It includes provision of residential, specialised alcohol treatments which are care planned and co-ordinated to ensure continuity of care

## **2. Integrated Needs Assessment**

### **2.1 Definition**

A “need” exists when a benefit can be achieved from an intervention and a measurable improvement can occur as a result, and a needs assessment is the systematic analysis of the health, social care, wellbeing or wider societal needs of a defined population and the identification of the changes and resources required meeting those needs.

### **2.2 Methodology**

There are three approaches to undertaking a health needs assessment

1. Epidemiological approach
2. Comparative approach
3. Corporate approach#

The methodology used in these reports involves collecting and interpreting data within three areas in order to describe:

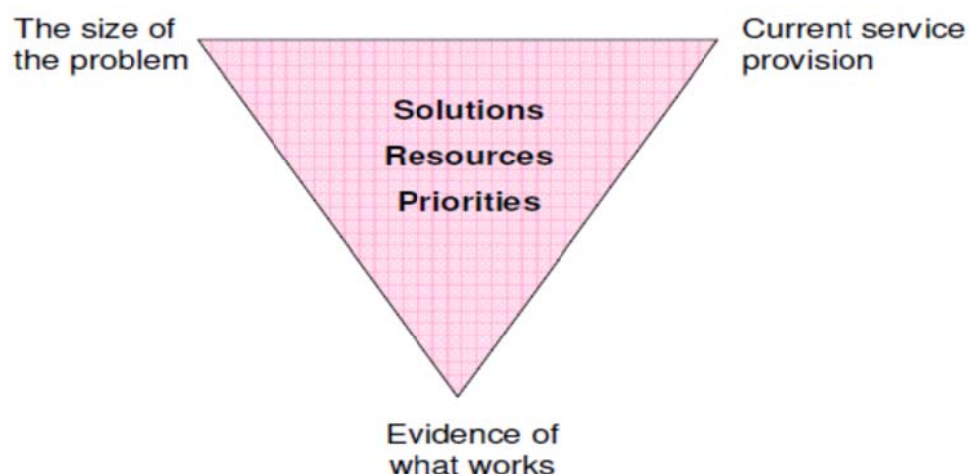
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<sup>7</sup> Model of care for Alcohol misusers; DH (2006)

1. The size of the problem
2. The current services available
3. Evidence of what works

This information is then triangulated to identify a preferred solution, as well as the resources required to implement them and the priority areas for immediate action (Figure 1.2).

**Figure 1.2 Integrated Needs Assessment Model**



This report focuses on the describing the current service provision for alcohol problem in Herefordshire.

### **3. Current Service Provision**

#### **3.1 Ladder of Intervention**

Ladder of intervention is an approach deduced by the Nuffield Council on Bioethics (2007), which is used to promote positive lifestyle changes. The ladder has 8 rungs each representing options available to instigate positive lifestyle changes. These options can vary from least intrusive options such as just giving information and monitoring (bottom of the ladder) to most intrusive options where the choice is eliminated altogether (top of the ladder).

This report will use this model to map the services in Herefordshire at each rung of the ladder of intervention.

#### **3.2 Monitor the situation**

There are several means of monitoring alcohol misuse prevalence and alcohol related harm caused in Herefordshire.

##### Regional Lifestyle Survey

Regional Lifestyle Survey (RLS) is a one off survey conducted in spring 2005. It was undertaken in partnership with West Midlands Regional Observatory and West Midlands Public Health Observatory to explore adult's resident's attitudes towards lifestyle, environmental and wider quality of life issues. The survey was supported and funded by

wide range of partners including Herefordshire council and Herefordshire PCT. Amongst many lifestyle issues, the survey explored Herefordshire residents drinking habits thus enabling to gauge the level of alcohol misuse in Herefordshire.

#### Health and Wellbeing survey

Health and Wellbeing survey is a similar survey to RLS intended to provide up to date information about lifestyle issues in Herefordshire. The National Centre for Social Research (NatCen), one of Britain's leading centres for independent social research, is running the Survey on behalf of NHS Herefordshire. The initial survey ran from November 2010 to March 2011, and the results published in autumn 2011. A second phase ran from April 2011 to September 2011, with the results from this phase expected to be published in spring 2012. The topics covered include various lifestyle issues and alcohol consumption in Herefordshire.

#### Health Profile

Health Profiles are produced annually by the Public Health Observatories in England working in partnership and are commissioned by the Department of Health. It provides comprehensive health information about the residents of Herefordshire, which include the level of alcohol consumption and the prevalence of binge drinking in Herefordshire.

#### Local Alcohol Profile

The local alcohol profile for England (LAPE) is produced by the North-West Public Health Observatory, which takes a leading role in alcohol intelligence. The NWPHO has produced and published LAPE for each locality, including Herefordshire, on an annual basis since 2006. The latest update, LAPE 2011, was released on August 25th 2011. The profiles contain 25 alcohol-related indicators, which includes estimates of alcohol misuse prevalence and data on alcohol related harm such as alcohol related hospital admissions and crime in Herefordshire.

### **3.3 Provide Information**

There are many methods of providing information about harms associated with alcohol misuse available for Herefordshire residents.

#### National "Know Your Limit" Campaign

The national Know Your Limits (KYL) alcohol campaign was launched in 2006, followed by the launch of a further campaign in 2008 involving adverts on TV, radio, billboards and in the press. Using hard-hitting images of body scans, it showed the unseen damage that alcohol can cause such as cancer of the mouth, breast cancer, high blood pressure and stroke. It was aimed at raising the awareness of alcohol related harm and making people think about their alcohol consumption and reducing it.

#### Bottle Top Project

This is a well-established local initiative. The project is developed with 16-18 year old students from the 3 colleges in Hereford. Produced by young people for young people, the Bottle-top initiative is focused upon a website that provides un-biased and relevant advice in the words of young people about the risks involved in drinking and how to be safe. This project has been supported by the Bulmer Foundation and now extended with the support of Safer Herefordshire.

### Alcohol Awareness Campaign

This was a one off local campaign. In the winter of 2010, in a bid to reduce alcohol-related disorder across the county, Safer Herefordshire in conjunction with Bottletop produced an alcohol awareness campaign aimed at 18–25 year olds. It challenged young people to consider their drinking behaviour by asking one simple question “How will your night end”?

With the help of students from Hereford College of Arts, five different hard hitting posters were developed which look at ways in which your night could end, if too much alcohol is involved. The posters were distributed to local pubs, clubs and colleges and due to this publicity telephone calls were received from other agencies requesting further posters.

### Schools Initiative – Crucial Crew

This is an educational programme delivered annually to year 7 pupils (10 to 11 years old). They are delivered by crucial crew members which include police, fire officers, road safety and trading standards. The sessions are delivered in 8 days a year with attendance of approximately 200 children per day from different schools. Topics covered include home and road safety, healthy eating, alcohol use awareness, under age sales and many more. There has been a 93% uptake from the schools in Herefordshire and the feedback has been positive.

### Zig Zag

A countywide Young Person's Substance Misuse Service, this service works on a one-to-one basis with 13-19 year olds offering structured interventions such as, targeted education, harm reduction advice, information and support around drugs and alcohol. This service also supports those living with or affected young people who use drugs or alcohol.

Individuals can self-refer and can be referred by their GP and school nurse. In 2010/11 there were 113 referrals to Zig Zag services with some level of alcohol abuse. Those attended Zig Zag service with Primary, Secondary and Tertiary alcohol abuse were as follows.

Cases	Level of substance abuse
45	Primary
24	Secondary
6	Tertiary
113	Total

### 3.4 Enable Choice

This rung of the ladder concerns with enabling people to change their existing adverse behaviour. The alcohol treatment service would help those with existing alcohol misuse problem to change their behaviour. Currently, the Community Alcohol Service (CAS) solely delivers alcohol treatment in Herefordshire.

#### Community Alcohol Service

Community Alcohol Service (CAS) is currently the only service dedicated to working with alcohol misuse clients in Herefordshire. The service is provided by 3.5 whole time equivalent (WTE) staff from Hereford city, Bromyard, Ledbury, Ross-on-wye and Leominster, which covers all four current adult health and social care locality teams. CAS is not designed for IBA and therefore has no direct access. Clients are usually referred from their GP. CAS is designed to provide community based care, planned treatments, counselling individual and family, community supervised withdrawal and assessment for residential rehabilitation. This intends to cover mainly tier 3 and 4 with some tier 2 work. There is input from a psychiatrist providing 2 sessions per week for community withdrawal service (tier 3) based in Hereford City. There is no such psychiatrist input from other localities.

In 2010/11, 584 clients were referred to CAS. Majority of these work comprised of IBA, which amounted to tier 1 and 2 work. Also, one community supervised withdrawal is undertaken per month (tier 3) and three residential supervised withdrawal is undertaken per year (tier 4), which is below the current need, given the prevalence of alcohol misuse in Herefordshire.

#### Directly Enhanced Service (DES)

There is currently a DES in place, which involves GP practices screening and identifying, and providing brief intervention where necessary to new registrants. This provision is not available for current registrants.

#### Alcohol Liaison Nurse

An Alcohol Liaison Nurse (ALN) for the county hospital sees clients in A&E, admissions and on the wards to undertake screening and offer brief interventions and thereby support medical and nursing staff. On interviewing the ALN it was revealed that more than 90% of patients seen by her received no more than simple brief advice, which amounted to tier 1 work. The following are the numbers referred to ALN and screened

- 2008
  - Referred – 102
  - Screened – 66
- 2009
  - Referred – 78
  - Screened – 57
- 2010
  - Referred – 164
  - Screened – 66



Numbers screened in 2010 had risen significantly due to 110 referrals from A+E, however only 15 of them were screened.

### Night-Shift

The Herefordshire Baptist Church has been running a programme called “Night Shift”, which operates on a Saturday evening from 12 midnight to about 3 o’clock on Sunday morning. During this time the front entrance area of the church is opened up for those out in pubs and clubs that surround the church area, allowing them to come into a safe, friendly environment where they can finish their evening with a sobering cup of coffee free of charge. A small team of volunteers are on duty each Saturday evening to provide a welcome for anyone attending the church at this time.

### **3.5 Guide choice through changing the default behaviour**

This involves changing the default unhealthy behaviour of an individual or society through preferable healthy alternatives. Currently the default option in Herefordshire is to engage on hazardous or binge drinking on a night out. There are very few measures in Herefordshire that offer healthy alternatives. Environmental Health and Trading Standards focused on the importance of preventative and local legislative measures. The measures that are currently put in place include providing cool fresh water within night clubs, hence providing a healthy alternative to having a drink.

### **3.6 Guide choice through incentives**

This is where an individual behaviour is influenced to take up healthy lifestyle choices through financial or other incentives. As a result the individual will move away from unhealthy behaviours such as excessive alcohol consumption. There are currently no known incentive schemes in Herefordshire that would avert individuals from drinking hazardously.

### **3.7 Guide choice through disincentives**

This would involve disincentivising or penalising individuals engaging in unhealthy behaviours such as excessive alcohol consumption. A useful disincentive would be to make alcohol less affordable by introducing minimum pricing scheme, which would ensure the price of alcohol not falling beyond a certain level, thereby preventing cheap selling of alcohol. There are, currently, no such initiatives in Herefordshire.

### Police Interventions

Police can provide intrusive interventions to problem individual and premises. These include bails conditions to include bans from licensed premises, exclusion orders from the court and civil drinking banning orders. In 2010 and 2011, 185 and 345 banning orders (S27s) were issued, respectively.

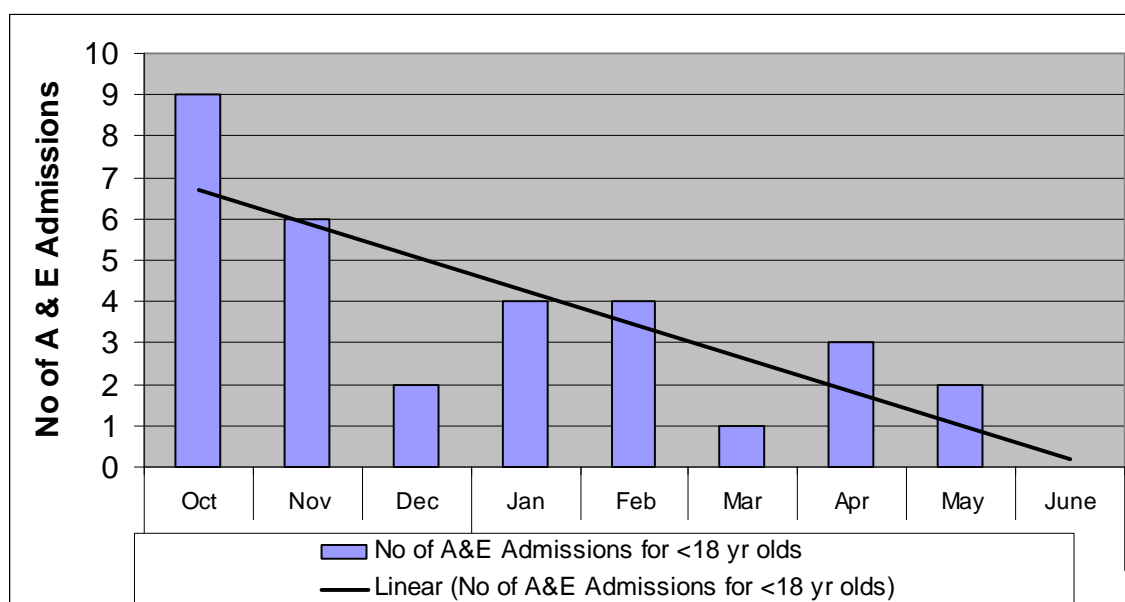
### **3.8 Restrict Choice**

This rung of the ladder focuses on restricting individual's ability to engage in unhealthy behaviour. Such measures put in place to stop alcohol misuse in Herefordshire would include the following:

### Covert Underage Test Purchases

Herefordshire Public Services in partnership with other law enforcement agencies continue to undertake campaigns of covert underage test purchases for both off-sales and on-sales and takes regulatory action against proprietors found guilty of selling. This discourages future underage sales and was demonstrated to be effective. The following graph was produced to explore whether or not underage sales have reduced since the implementation of Trading Standards/Licensing covert underage sales operations and the Licensing Team's interventions at committee where hotspots were found. It appears there could be a very significant correlation.

**Figure 1.3: Number of A+ E admissions (2010/11) for under 18 year olds.**



### Cumulative Impact Zones

The Council recognises that the cumulative effect of licensed premises may result in adverse effects on the licensing objectives and amenity and this in turn may have a number of undesirable consequences, for example:

- An increase in crime against both property and persons;
- An increase in noise and disturbance to residents;
- Traffic congestion and/or parking difficulties;
- Littering and fouling.

Where the Council recognise there is such a cumulative effect it will consider adopting a specific Cumulative Impact Policy for an area, which could include refusal of licenses for new premises or undertaking variation applications for existing licensed premises within the area.

The Council has designated the following areas within Herefordshire as being subject to a special Cumulative Impact Policy:

- The full length of Commercial Road from its junction with Blueschool Street to its junction with Aylestone Hill.
- 100 metres of Blueschool Street, West from its junction with Commercial Road.
- 50 metres of Bath Street, East from its junction with Commercial Square.
- 50 metres of Commercial Street, South from its junction with Commercial Square.
- 50 metres of Union Street, South from its junction with Commercial Square.

### **Illicit alcohol**

Herefordshire Council's Environmental Health & Trading Standards Service undertakes enforcement activity by targeting those premises where intelligence has been received concerning the possession or supply of illicit alcohol and tobacco. This will include products which have been smuggled into the country and are 'non-duty' paid, products which are counterfeit and those which are mis-described.

Over the last two years, the following quantities of product seized and detained are listed as follows:-

#### **In 2010:**

**Business Premises** - 339466 cigarettes and 41.25kg of hand rolled tobacco (HRT), 1437 cans of lager, 45.2 litres of vodka;

**Residential** - 22.53kg (HRT), 94.5 litres of wine, 774 cans of lager; and

#### **In 2011:**

**Business Premises** - 31640 cigarettes and 18.35kg (HRT), 1 van was seized (and later released when the tax evaded was paid @ £946);

**Residential** - 62.2kg (HRT), 37.5 litres of wine.

These cheap products that are being sold by unscrupulous suppliers may also cause a health risk to consumers. Tests carried out on Drop Vodka, Activ Vodka and on counterfeit Stolichnaya Vodka by other authorities have found constituents such as, Chloroform, Isopropanol, Methyl Ethyl Ketone, Methyl Iso Butyl and Dichloromethane.

Enforcement action to remove these potentially harmful products from the supply chain help to protect the health & wellbeing of the local community especially those who may be vulnerable or come from deprived areas and are more likely to be the potential buyers.

There is a legal requirement for all businesses to keep records and invoices of who their suppliers are, both for tax purposes and to assist the authorities to trace the supplier of unsafe or unsatisfactory products. As well as being liable for the supply of an unsafe or misdescribed product, where a trader is unable to provide traceability information they may commit additional offences in breach of the provisions of the Licensing Act 2003 which could lead to the trader's premises licence for selling alcohol being revoked.

### **3.9 Eliminate Choice**

This final rung of the ladder will involve complete removal of the choice to engage in the unhealthy behaviour. This is considered to be the most intrusive option to the individual's freedom. Such interventions are brought about through legislative measures implemented locally or nationally.

In Herefordshire, such measures are very rare. One possible measure would be the taxi driver conditions implemented locally. Herefordshire Public Services has reviewed its taxi driver conditions so that they include a condition to prohibit taxi drivers from any alcoholic drink whilst on duty. This measure is currently implemented and enforced by the Herefordshire council.

## **4. Recommendation**

The recommendations from the alcohol INA are summarised within the framework of the "ladder of interventions".

### **Step one – do nothing or simply monitor the current situation**

- Coordinated data collection and monitoring of alcohol-related risk and harm in Herefordshire across the lifecourse and including:
  - existing routinely available data supplemented by non-routinely available data from e.g. schools, 3<sup>rd</sup> sector, NHS treatment services
  - continued collection of data on alcohol-related A&E attendances through the A&E database
  - continued long-term funding for A&E database
- Further refinement of the A&E alcohol database
- Carry out further analysis to better understand the link between domestic violence and alcohol in Herefordshire.

### **Step two – provide information**

Run social marketing campaigns as part of an overall multi-component strategic approach:

- for 11-16 year olds and families on wider lifestyle risk factors including alcohol, addressing social norms and supporting the development of social interaction skills
- for 15-24 year olds and families focusing on social norms and binge drinking:
  - building on existing good practice including the Bottletop programme and the willingness of the Further Education Colleges to address alcohol-related harm

- to encourage sensible drinking at home
- to discourage parental support of “pre-loading”
- to reach out particularly to young people from deprived communities (to address the 12-fold gap in alcohol-specific admissions in u18s).

### **Step three – enable choice and support people to change their behaviour**

- Develop clear commissioning intentions for alcohol services from tier 1 to tier 4 and ensure a choice of services is available from tier 1 to tier 4 as part of an integrated care pathway (Appendix A) including:
  - identification and support for people who are at risk of alcohol-related harm to their health because of hazardous or harmful drinking using IBA provided in a wide range of health and non-health settings across the county
  - release of specialist capacity within CAS to concentrate on the provision of specialist services rather than tier 1 or 2 services, thereby increasing capacity and choice of specialist care
- Healthy Lifestyle Trainer Service to undertake targeted work with post-16 providers to support 16-17 year olds at highest risk with healthy lifestyle choices.

### **Step four - guide choice through changing the default choice**

- Free fresh drinking water should be available in pubs and clubs to provide an alternative to alcohol. This is currently a licensing requirement and there is scope to explore the role of the licensing team in enforcing this.
- Ensure that pubs, clubs, restaurants are making customers aware of the availability of smaller measures as required by law (e.g. when serving wine or spirits).

### **Step five - guide choice through incentives**

- Support and evaluate initiatives that incentivise licensed premises to prevent under-age drinking. For example, initiatives which incentivise door and/or bar staff to report fake/fraudulent ID and proxy sales.
- Work with Herefordshire Against Night-time Disorder (HAND) to encourage the development of incentives for licensed premises – linking with existing inspection work.

### **Step six - guide choice through disincentives**

- Local use of fixed penalty fines in relation to under-age sales.
- Strengthen joint planning of enforcement activity/penalty notices with Police.
- Continue to use Expedited License Reviews for those licensed premises associated with serious crime and/or disorder (as described in the Licensing Act 2003 as amended by the Violent Crime Reduction Act 2006).

### **Step seven - restrict choice**

- Explore working with local/national retailers to encourage sensible in-store placement of alcohol in order to discourage hazardous, harmful and binge drinking. The Public Health Responsibility Deal provides a possible mechanism for this.
- Intelligence-led local enforcement, including spot checks, for under-age sales at off-licence and on-licence premises – moving towards regular, frequent and comprehensive inspections.

- Undertake surveillance of licensed premises in relation to sales to intoxicated customers and where appropriate request that the Police undertake a licensing review.
- Promote a sensible drinking culture in Herefordshire through the use of Cumulative Impact Zone powers including review of existing requirements regarding density of outlets and proximity of outlets to key settings (e.g. schools, fast food outlets).

### **Step eight - eliminate choice**

- Increase use of Section 27 Dispersal Orders as part of a regular programme.
- Subject to anticipated changes to the Licensing Act (2003), to explore opportunities to restrict opening times by bringing the “terminal hour” (closing time) forwards to 2am (this is currently 3.30am in 2 clubs and 2.30-3am in others). This would reduce the time available for people to drink at licensed premises and would increase the time for people to sober up before the following morning (thereby reducing the risk of them being involved in accidents on the road or at work the following morning).

## Appendix A: Herefordshire Integrated Care Pathway for Alcohol Misuse Service

