

North Yorkshire and York
Alcohol Harm Reduction Strategy
2008 – 2011

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Executive Summary

1. Introduction

This Alcohol Harm Reduction Strategy is key to linking at a countywide level, cross-cutting issues, including harms to health and well-being, anti-social behaviour, violent crime, road accidents, social harms and the harms caused to the development, achievement and well-being of young people and families.

The Strategy provides the opportunity for embedding the delivery of an integrated Alcohol Harm Reduction Strategy into the Local Area Agreements (LAAs) for York and North Yorkshire.

2. Key Issues for North Yorkshire and York

The following table illustrates where areas of North Yorkshire County and the City of York are worse than the England average:

Rates of Alcohol-related occurrences compared to English average (Local Alcohol Profiles for England, North West Public Health Observatory)							
	Harrogate	York	Scarborough	Craven	Hambleton	Richmondshire	Selby
Crime		Higher					
Violent crime		Higher					
Criminal damage		Higher	Higher				
Binge drinking	Higher	Higher		Higher	Higher	Higher	Higher
Hospital admissions	Higher(M) Higher(F)		Higher(M) Higher(F)		Higher(F)	Higher(M) Higher(F)	
Hazardous drinking	Higher	Higher	Higher	Higher	Higher	Higher	Higher
Harmful drinking		Higher	Higher				
Mortality from chronic liver disease			Higher (M)				

Note: Ryedale district is not shown because it is below the national average in all areas

3. Benefits of a Countywide Alcohol Harm Reduction Strategy

Reducing the harm caused by alcohol will impact on many aspects of life

- Reduce the harm caused by alcohol and drugs (PSA25)
- Promote better health and well-being for all (PSA18)
- Make communities safer by reducing levels of serious violent crimes, reducing re-offending and reducing anti-social behaviour (PSA 23)

- Reduce repeat incidents of domestic violence (PSA23)
- Reduce road traffic accidents (PSA23)
- Improve health and well-being of children and young people (PSA12)
- Increase number of children and young people on the path to success (PSA14)

The above will significantly reduce the burden placed on health, police, probation and local authority services.

4. Added Value of a North Yorkshire and York Alcohol Harm Reduction Strategy

- Adopting a countywide approach to initiatives that have been proven at a local level
- Building on the opportunity of revitalised Drug and Alcohol Action Team (DAAT) partnerships and the supporting management team
- Mapping the work onto the structure of the Local Strategic Partnerships (LSPs) and sub-groups
- Further developing the partnership-working between health, police, probation, fire and rescue and local authorities

5. Specific Outcomes to be Delivered by Implementing this Strategy

- A reduction in chronic and acute ill health caused by alcohol misuse to be measured by an annual 1% reduction in the trend for hospital admissions per 100,000 for alcohol-related harm
- Increased numbers of alcohol misusers being treated in primary care and the Third Sector
- A reduction in the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area, from 2007/8 baseline
- A reduction in the test purchase failure rate for underage sales of alcohol
- A reduction in violent crime, woundings and common assaults
- A reduction in road traffic collision deaths from 39 in 2006/7 to 33 in 2009/10
- A reduction in road traffic collision injuries from 559 in 2006/7 to 477 in 2009/10
- A reduction in the number of deaths and injuries from accidental fires in the home from 80 in 2006/7 to 69 in 2009/10
- Ninety Alcohol Treatment Requirements introduced by the Probation Service across the County in 2008/9 rising to 190 in 2009/10 and annually 11 of the Probation Service's accredited group work programmes (Drink Impaired Drivers and Low Intensity Alcohol Modality) delivered across the County
- By 2009 a reduction in the proportion of the population aged 16 years and over who engage in hazardous drinking; consumption of between 22 and 50 units of alcohol per week for males and between 15 and 35 units of alcohol per week for females
- By 2009 the main public sector organisations in North Yorkshire (eg health, police, probation, fire and rescue and local authorities) will have introduced/ revised their alcohol workplace policies

6. Resources

- 6.1** It is acknowledged that there is no new money within mainstream budgets or the overall LAA to implement this strategy. Delivery will rely on individual statutory organisations at county, unitary and district level working in partnership with the alcohol industry and Third Sector to develop innovative and creative collaborative action plans, and pooling resources to ensure successful implantation of multi-agency initiatives to reduce the harm caused by alcohol misuse.
- 6.2** The violent crime stretched target pump priming money of £100,000 has been allocated to Scarborough and Selby Crime and Disorder Reduction Partnerships (CDRPs) for the delivery of alcohol interventions that will impact positively on reducing violent crime. In Scarborough an alcohol arrest referral scheme will be introduced and evaluated by York University.
- 6.3** There is work in hand to identify the various treatment budgets to ensure a co-ordinated approach. In year one of the Strategy it has been identified that there is a need for an additional investment of £65,000 to fund the following:
- 6.3.1** Joint communication campaign, based on the Stockton model - £20,000
 - 6.3.2** Promotion and expansion of Pubwatch and Best Bar None, based on the Doncaster model - £15,000
 - 6.3.3** Supporting the Third Sector in commissioning innovative approaches – £30,000

NORTH YORKSHIRE AND YORK

ALCOHOL HARM REDUCTION STRATEGY 2008 - 2011

1. Introduction

This Alcohol Harm Reduction Strategy is being developed in response to the national strategies and to support the implementation of the Local Area Agreements (LAAs) of North Yorkshire and York and the Public Service Agreements (PSAs). In addition, the key organisations in the County (local authorities, police, fire and rescue service, and health) and key partnerships eg Local Strategic Partnerships (LSPs), Crime and Disorder Reduction Partnerships (CDRPs) and Drug and Alcohol Action Teams (DAATs) recognise alcohol as a major priority to be addressed.

Nationally (Appendix 1), the Government's Alcohol Harm Reduction Strategy¹ established a 41-point Action Plan which is the first co-ordinated strategy on alcohol misuse in England. The Department of Health and the Home Office are jointly responsible for its implementation.

The four main aims of the Government's Strategy are:

- To improve the information available to individuals and to start the process of change in the culture of drinking to get drunk
- To better identify and treat alcohol misuse
- To prevent and tackle alcohol-related crime and disorder and deliver improved services to victims and witnesses
- To work with the industry in tackling the harms caused by alcohol

The next steps in the national Alcohol Strategy *Safe. Sensible. Social.*² builds on the progress made since 2004 and aims to create a clearer national understanding of what is acceptable drinking behaviour, in order to reduce the amount of harm that alcohol causes to individuals, families and communities. The Government recognises and shares the public's concern that current levels of crime and disorder and ill health caused by alcohol are unacceptable and that these need to be tackled further. Reducing levels of alcohol consumption by those under the age of 18 years, delaying the age at which they start drinking and changing their patterns of drinking and behaviour are also priorities for the Government (Appendix 2). *Safe. Sensible. Social.* also states that local communities are best placed to tackle local problems, including alcohol-related disorder.

The Crime and Disorder Act 1998 required CDRPs to develop a three-year rolling plan to tackle crime, disorder and drug misuse. All CDRPs have recognised the part alcohol plays in crime and disorder and have included work to address this within their strategies. Regulation 1830³ (August 2007) requires CDRPs to produce a Partnership

Plan for the area, which sets out a strategy for the reduction of crime and disorder and combating substance misuse. CDRPs are required to have their first three-year rolling plan in place by April 2008; it will then be reviewed annually.

Within the LAAs alcohol misuse is a cross-cutting theme, therefore reducing the harms associated with alcohol will contribute to meeting the targets. The North Yorkshire LAA contains the following principal outcomes and indicators:

- Healthier Communities and Older People Block: To reduce harm from alcohol misuse (reduce binge drinking) with an indicator to develop a reliable and consistent data collection system across North Yorkshire to measure harm (REF: HC/7 (a))
- Safer and Stronger Communities Block: To reduce the number of woundings, common assaults and incidents of criminal damage (SAF/1); increase perception of people who feel informed about what is being done to tackle anti- social behaviour (ASB) and perception of the level of ASB (SAF/2); reduction in road traffic accidents resulting in injury and death (SAF/4); reduction in the fear of crime (SAF/5); increase in the reporting of domestic abuse and reduction in levels of victimisation (SAF/6); reduction in re-offending by adults and young people (SAF/7); and reduction in the incidents of violence (SAF/8 – stretch target).
- Children and Young People’s Block: Percentage of half-days missed due to total absence in secondary and primary schools maintained by the local authority (CYP/4); percentage of young offenders supervised by Youth Offending Teams (YOTs) in suitable full-time education, training or employment (CYP/5); average percentage of 16-18 year olds not in education, training or employment (CYP/7 – stretch target)
- Safer and Stronger Communities Block: Reduce the number of people killed and seriously injured in road accidents. (SAF/4 – stretch target).

The York LAA contains the following principal outcomes and indicators:

- Healthier Communities and Older People Block: To reduce the proportion of people binge drinking (HCOP5.1) and the proportion of adults drinking above sensible drinking levels (HCOP5.2)
- Safer and Stronger Communities Block: to reduce violent crime, common assault and woundings, (SSC1.8); to reduce common assault, including that on a police constable (SSC1.9); to reduce woundings (SSC1.10); to reduce the number of repeat incidents of domestic violence offending for those under statutory supervision and subject to the Integrated Domestic Abuse Programme (IDAP) accredited programme (SSC1.16); and to reduce the number of people killed or seriously injured (KSI) in road traffic incidents on York's roads (SSC4.1).
- To provide good advice and strong education programmes to enable people to live a healthy life (CYP4); number of schools where Personal Social Health and Citizenship Education (PSHCE) drug and alcohol education, policies and practices are in line with the National Standards. (CYP4.4); % of looked-after children missing 25 days school per year or more (CYP8.6); % of young people age 16-18

who are not in employment or training (CYP16.1); % of young people supervised by YOT who re-offend within 12 months (CYP15.1)

The LAAs for both North Yorkshire and City of York will be refreshed in April 2008, therefore new targets may be introduced and existing ones dropped. However, the existing LAA stretch targets will remain in place until 2010/11.

Reducing the harm caused by alcohol will also impact on many aspects of life as set out in the following Public Service Agreements (PSAs):

- Reduce the harm caused by alcohol and drugs (PSA25)
- Promote better health and well-being for all (PSA18)
- Reduce road traffic accidents (PSA 23)
- Improve health and well-being of children and young people (PSA12)
- Increase number of children and young people on the path to success (PSA14)
- Make communities safer by reducing levels of serious violent crimes, reducing re-offending and reducing anti-social behaviour (PSA23)
- Reduce repeat incidents of domestic violence (PSA23)

Accountability

In terms of implementing the Alcohol Harm Reduction Strategy for England at a local level, the Government sees DAATs/CDRPs as the key strategic groups to meet the four aims of the strategy. Therefore, the co-ordination and performance monitoring of this strategy is the responsibility of the North Yorkshire and York CDRPs/LSPs and the North Yorkshire DAAT/Safer York Partnership Board. The Alcohol Working Group will continue to monitor performance and will provide regular reports to the York and North Yorkshire Safer Communities Forum of the North Yorkshire Strategic Partnership and Without Walls (York LSP). There is a need to agree reporting mechanisms regarding children and young people with the North Yorkshire Children and Young People's Strategy Board and the YorOK Board. (Appendix 3).

2. Local Context

While alcohol plays a key role in the leisure and tourist industry, the national Alcohol Harm Reduction Strategy¹ states that although over 90% of the adult population drink, and does so with no problems the majority of the time, there are harms associated with the misuse of alcohol. These harms include:

- Harms to health
- Crime and anti-social behaviour
- Loss of productivity in the workplace
- Social harms, such as family breakdown

To have a sustainable impact in reducing harm there is a need to identify and engage with the Third Sector in identifying new and innovative initiatives.

2.1 The Economy and Benefits

Yorkshire and the Humber benefit from the night-time economy and brewing industry, with almost 11,000 pubs and clubs and over 4000 off-licences, the industry therefore is central to the economy. The brewing industry is particularly important in Masham and Tadcaster, which are just two of the many tourist attractions in North Yorkshire and its rural areas. Bed and breakfasts, hotels, and country pubs are important facets underpinning tourism to these rural areas, while the night-time economy in York, Scarborough and Harrogate offer clubbing packages for tourists and local residents alike.

Throughout this strategy the intention is to work with the industry including:

- The British Institute of Inn Keepers
- The British Beer and Pub Association
- The Licensed Victuallers

on shared issues and problems to maintain economic benefits whilst reducing or eliminating the adverse effects of problem or harmful drinking throughout North Yorkshire and the City of York.

2.2 Alcohol Misuse in North Yorkshire and York

In the UK, average weekly alcohol consumption has almost doubled between 1990 (5.3 units) and 2000 (10.4 units), fluctuating around this level since then⁴. Drinking above the recommended daily levels is defined as drinking three or more units for women or four or more units for men. Binge drinking is defined as drinking six or more units for women or eight or more units for men in one session⁵.

The expected prevalence rates for binge drinking for North Yorkshire were made by the National Centre for Social Research based on the Health Survey for England 2000-2002 (Figure 1). Unfortunately there is currently no data at a local level of actual prevalence of binge drinking for the York area; however, synthetic estimates are shown in Figure 1.

Figure 1: Expected proportion of population aged 16 and over binge drinking, 2000-2002



Source: National Centre for Social Research (synthetic estimates based on Health Survey for England 2002-02 – except County and England which are direct estimates from HSE)

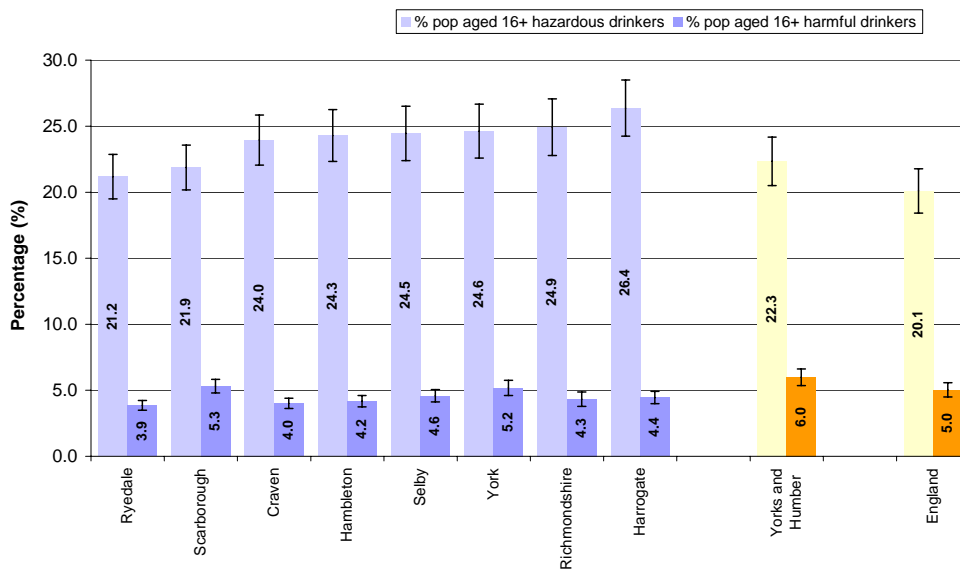
Craven, Hambleton, Richmondshire, Selby, Harrogate and York all have prevalence rates that are above the national average, with York having the highest expected binge drinking prevalence in the County, although York's rate is a synthetic estimate.

2.3 Hazardous and Harmful Drinkers

Using national estimates, in North Yorkshire there are 110,956 (aged 16-64) hazardous/harmful drinkers (people drinking above the recognised “sensible” levels but not yet experiencing harm) and 18,460 (aged 16-64) dependent drinkers (people drinking above “sensible” levels and experiencing harm and symptoms of dependence) (Appendix 4). In North Yorkshire, all the Districts and the City of York have levels of hazardous drinking above the national average and Scarborough and York have levels of harmful drinking above the national average (see Figure 2).

Figure 2:

Mid 2005 synthetic estimates of hazardous and harmful drinking in the population aged 16+



Source: NWPHO Local Alcohol Profiles for England, 2007

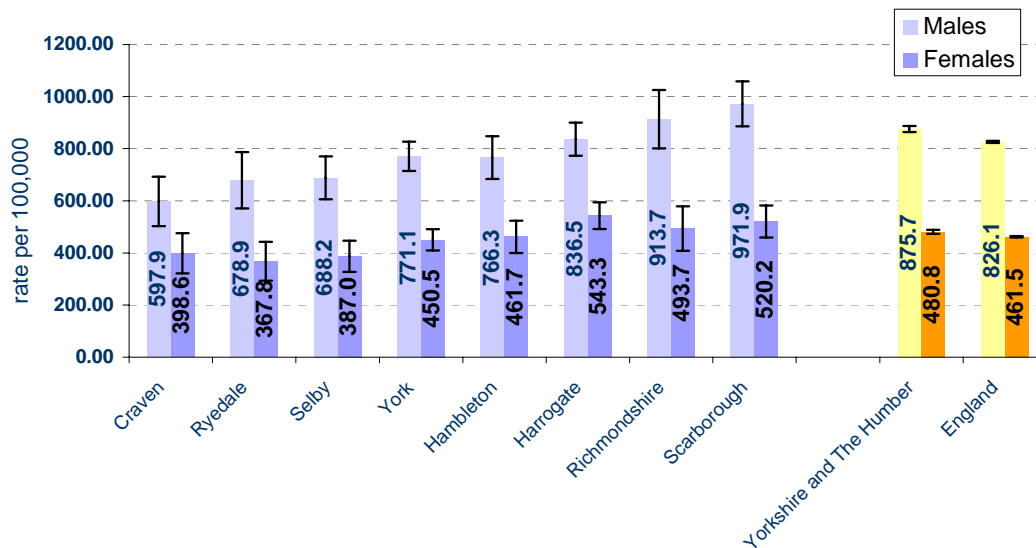
Hazardous drinking = consuming between 22 and 50 units per week
Harmful drinking = consuming above 50 units per week

2.4 Inpatient Activity Related to Alcohol Misuse

There are a number of ways of measuring hospital activity resulting from alcohol misuse. Figure 3 below includes directly alcohol-related admissions and also a proportion of admissions for diseases partly associated with alcohol misuse eg chronic liver disease, cancer, accidents etc apportioned using the Strategy Units attributable fractions - a way of estimating the number of alcohol-related diseases.

Figure 3:

Admissions directly and indirectly related to alcohol, directly standardised rates per 100,000 population, 2004/05



Source: HES, 2004/05, ONS mid year estimate population 2004

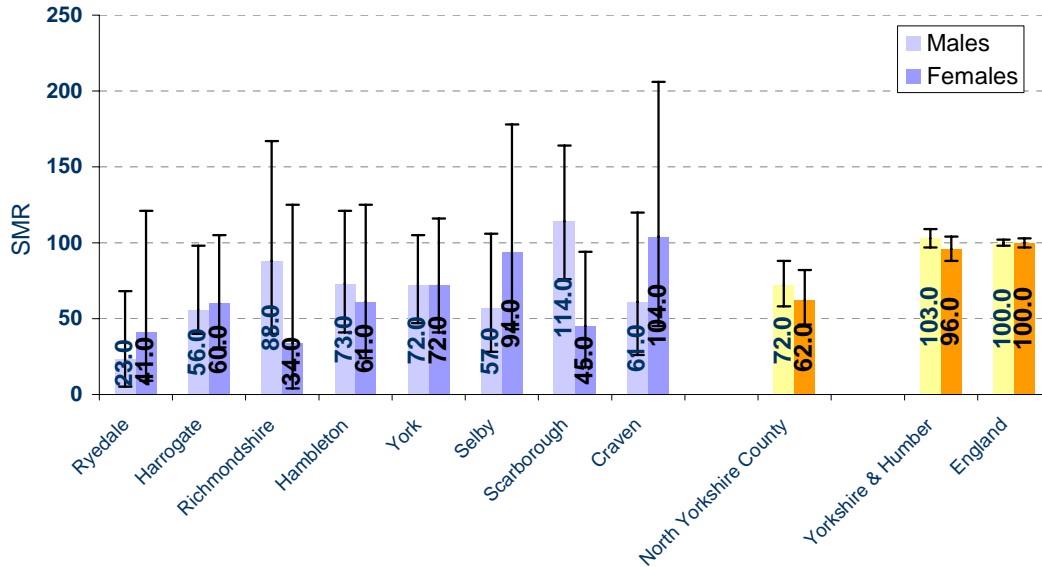
Alcohol-related admissions are more common in men than women. Within North Yorkshire and York, admission rates directly and indirectly related to alcohol are higher than the national average in Scarborough, Harrogate and Richmondshire for males and in Harrogate, Hambleton, Richmondshire and Scarborough for females. The remainder of districts in the area have admission rates that are below the national average.

2.5 Mortality Related to Alcohol Misuse

Chronic liver disease is strongly associated with alcohol misuse and although the majority of districts within North Yorkshire and York have rates that are well below the national average (Figure 4), mortality rates from chronic liver disease are increasing across the Yorkshire and Humber region.

Figure 4:

Mortality from chronic liver disease, Indirectly standardised (to England) mortality ratios (SMR), ICD10 codes K70, K73-K74), 2003-05



Source: NCHOD compendium of clinical and health indicators

Although the majority of districts within North Yorkshire and York have rates that are well below the national average, males in Scarborough and females in Craven are both above the national average.

2.6 Patterns of Young People's use of Alcohol

There are strong links between high levels of youth alcohol consumption and other risk factors such as youth offending, teenage pregnancy, truancy, exclusion and illegal drug misuse, but the precise nature of this relationship is not fully understood. Children's level of drinking is linked with peer influence, their parents' drinking and broader parental influences including parenting styles and family structures and the availability of alcohol².

People who go on to become dependent on alcohol in later life often start drinking before the age of 14. Risk factors for youth alcohol consumption mirror those of other risky behaviours such as²:

- Early involvement in problem behaviour
- Parental alcohol misuse; and
- Harsh and inconsistent parental supervision

Locally, information from the 2006 Health-Related Behaviour Survey for North Yorkshire commissioned by the North Yorkshire Children and Young People's Service shows:

9-11 year olds

- 19% of boys and 12% of girls said they had had at least one alcoholic drink in the last week.
- 5% of pupils reported that they drink alcohol without their parents knowing at least sometimes.

12-15 year olds

- 36% had at least one alcoholic drink in the week before the survey.
- 16% of drinkers drank over the advised weekly limit for adult females of 14 units.
- 4% of pupils bought alcohol from an off license.

2.7 Healthy Schools

In order to achieve National Healthy School Status (HSS) schools must demonstrate impact against a set of criteria, one of which is to deliver the requirements of the national curriculum, particularly in relation to drug education, including alcohol.

In July 2007 55% of schools had achieved Healthy Schools Status in North Yorkshire, with a target of 85% of schools to achieve HSS by 2009.

In July 2007 64% of schools in the City of York had achieved HSS, with a target of 97% to have achieved HSS by 2009.

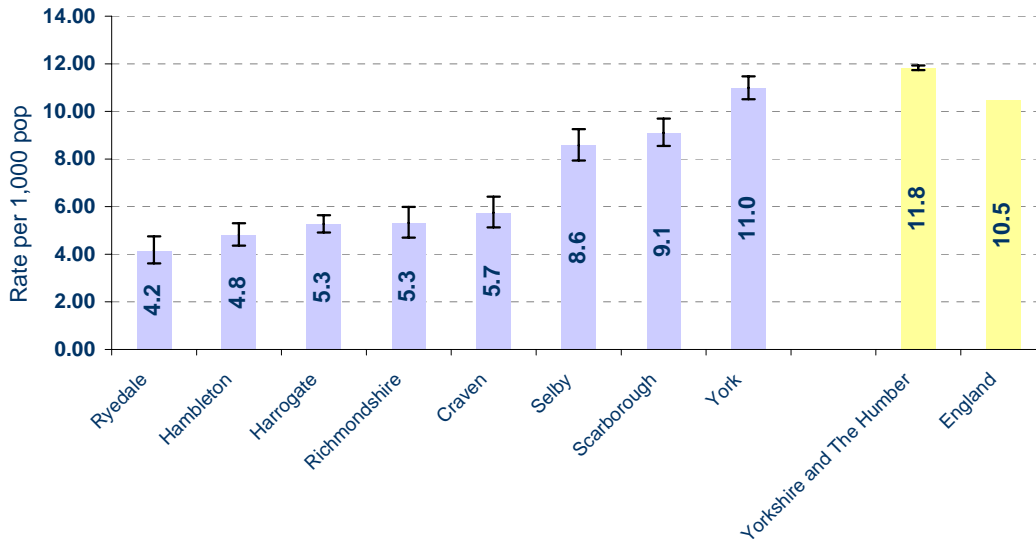
2.8 Alcohol-related Crime

Drinking to excess, particularly binge drinking, increases the risk of aggressive behaviour and violence but also of being a victim of violence. Alcohol use is associated with⁶ 60-70% of murders, 70% of stabbings, 70% of beatings and 50% of fights or assaults in the home.

Figure 5 indicates recorded crime attributable to alcohol is, on the whole, below the national average in the County, although York is slightly higher. The rates range between 4.2 per 1000 people in Ryedale and 11 per 1000 people in York.

Figure 5

Recorded crime attributable to alcohol / 1,000 population, 2005/06

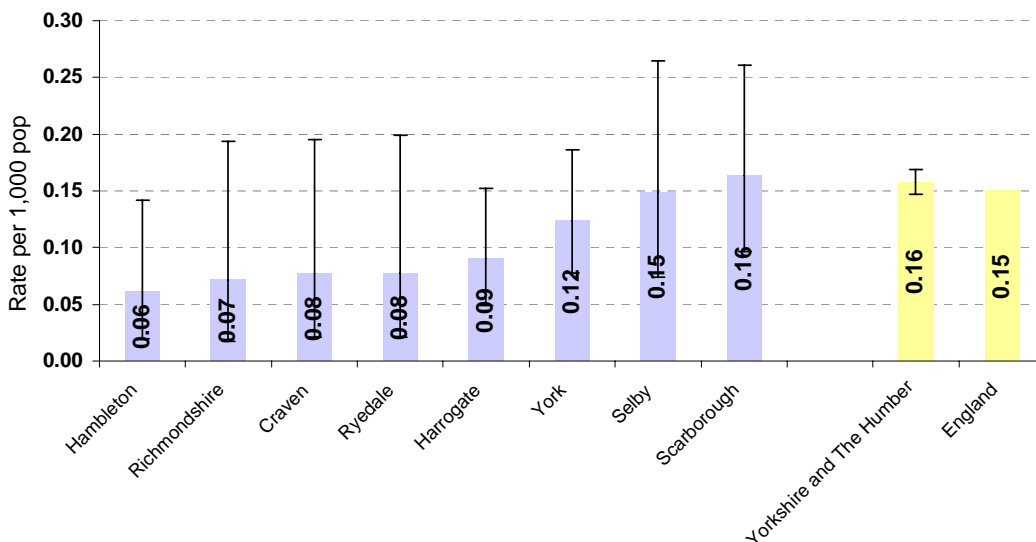


Source: NWPHO using data from UK Home Office (www.homeoffice.gov.uk/), and population data from Office for National Statistics (www.statistics.gov.uk).

Figure 6 indicates sexual offences attributable to alcohol are below the national average across the county with the exception of Selby, which is the same, and Scarborough, which is slightly higher, but this is not statistically significant.

Figure 6

Sexual offences attributable to alcohol / 1,000 population, 2005/06

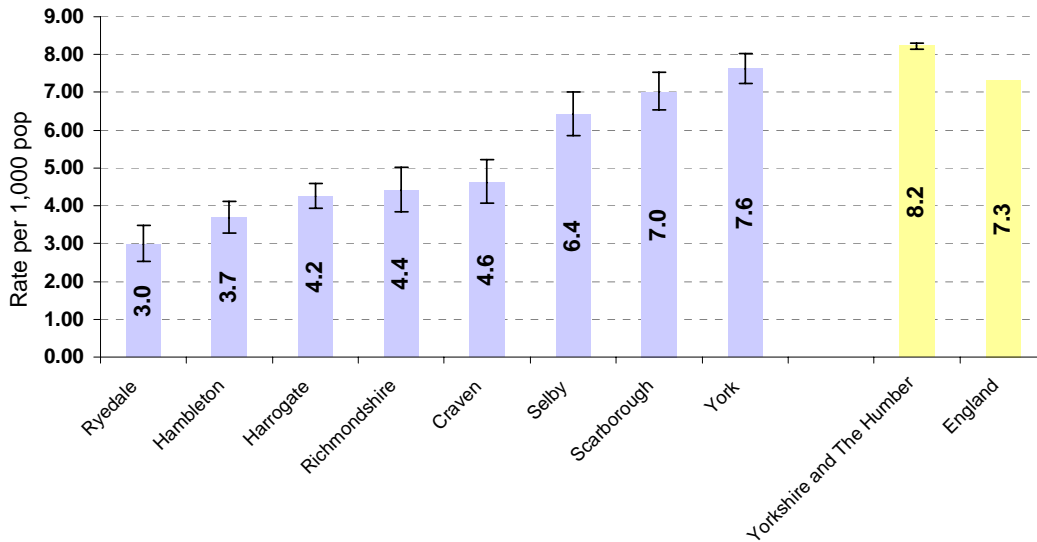


Source: NWPHO using data from UK Home Office (www.homeoffice.gov.uk/), and population data from Office for National Statistics (www.statistics.gov.uk).

Figure 7 indicates violent crime attributable to alcohol is below the national average except in York which is slightly higher.

Figure 7

Violent crime attributable to alcohol / 1,000 population, 2005/06

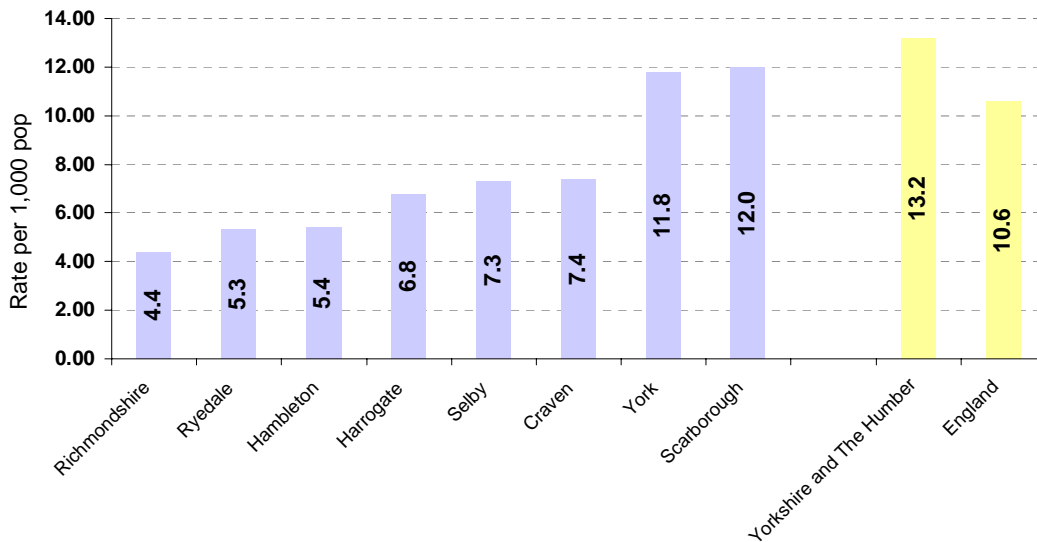


Source: NWPFO using data from UK Home Office (www.homeoffice.gov.uk), and population data from Office for National Statistics (www.statistics.gov.uk).

Figure 8 shows that Scarborough and York are above the national average for criminal damage attributable to alcohol, whilst all other districts are below.

Figure 8

Criminal damage attributable to alcohol / 1,000 population, 2005/06



Source: UK Home Office (www.homeoffice.gov.uk), and population data from Office for National Statistics (www.statistics.gov.uk).

Major contributors to road accidents are excessive speed and alcohol. Over the years there have been many campaigns to discourage drink-driving and the numbers of casualties from road accidents involving illegal alcohol levels in the UK fell sharply between the mid-1980s and mid-1990s, although with some increases in the numbers more recently.

With regard to drink-driving, from January to December 2006 there were a total of 10,129 breath tests taken, of these 1,283 were positive (Table 1).

Nationally, the Department of Transport reported that 18% of all road deaths involved a driver over the drink-drive limit (7% of all accidents)⁷

Table 1: Breath Test Data

North Yorkshire and York Road Safety Breath Tests for Alcohol Consumption				
	2003 Jan-Dec	2004 Jan-Dec	2005 Jan-Dec	2006 Jan-Dec
Total number of breath tests	6644	8589	9358	10,129
Total number of positive breath tests	1169	1362	1432	1283
Percentage of positive breath tests	17.59%	15.85%	15.30%	12.66%

The relationship between alcohol and fires that cause death and injury is well documented and studies have shown the fire fatality risk ratio for an alcohol-impaired person is more than double that of a sober person living without a smoke detector. Research has also shown that about half of all adults killed in fires are under the influence of alcohol. The overwhelming majority of these fire fatalities perish as a result of smoke inhalation as opposed to burn injuries. Evidence shows that alcohol not only impedes the ability to smell or detect smoke, but also helps facilitate its passage into the body.

With regard to domestic abuse, the links between domestic abuse and alcohol use are well documented. Offenders were thought to be under the influence of alcohol in nearly half of incidents of domestic violence (46%). Not all who drink heavily assault their partners, and some men who abuse their partners don't drink. Research shows that at any one time one in nine women are experiencing domestic violence of sufficient severity to require medical attention and that over a lifetime the figure rises to one in four.

In one year 2006/07 there were 5183 incidents of domestic violence in York and North Yorkshire with at least 2384 directly linked to alcohol misuse.

Table 2: Number of Domestic Violence Incidents Recorded between 20 March 2006 and 19 March 2007

	Number of incidents
York	1750
Selby	521
Hambleton	382
Scarborough	1033
Ryedale	205
Harrogate	837
Craven	218
Richmondshire	237
Total	5183

3. Interventions and Priorities for Action

3.1 Education and Communication

Individuals make choices about how much and how often they drink and are responsible for these choices, therefore accurate information is needed if individuals are to make informed choices about alcohol. Anyone who drinks alcohol needs to understand how sensible drinking guidelines apply to the kind of drinks they consume. Those who may be experiencing problems, along with their families and friends, also need to know where to get help and advice¹.

In addition to communicating these messages concerning sensible drinking, efforts also need to be focused on the significant minority of drinkers who are at greatest risk of harming themselves or others. Analysis suggests that these fall into three main groups²:

- Young people under 18 and in particular between 11 and 15 years. This is the age when most young people start to drink alcohol
- Young adults or victims of crime, especially 18–24 year-old binge drinkers, who are responsible for a disproportionate amount of crime and disorder; and
- Harmful drinkers, whose patterns of drinking damage their physical or mental health and who may be causing substantial harm to others. Women who drink over 35 units a week (or who regularly drink over six units a day) and men who drink over 50 units a week (or who regularly drink over eight units a day) are at high risk of such harm. Too many people drink in this way without realising the harmful consequences.

Aims

- To enable individuals to make informed choice about alcohol use by promoting sensible and responsible drinking to reduce the harm caused by alcohol
- To raise awareness within the local community about the health and social consequences of alcohol use

- To change the culture and attitude towards alcohol misuse
- To reduce the percentage of adults who binge drink (binge drinking is defined as having consumed eight or more units of alcohol on the heaviest drinking day in the previous seven days for men and six or more units of alcohol for women).
- To secure funding to undertake a lifestyle survey to establish a baseline to measure the impact of this strategy by mid-2009
- To raise awareness of where to get help for alcohol misuse problems

Outcomes

- Most people will be able to estimate their own alcohol consumption in units
- Most people will be able to recall the Government's sensible drinking guidelines and know the personal risks associated with regularly drinking above sensible limits
- Most people will be able to recognise what constitutes their own or others' harmful drinking and know where to go for advice or support
- Initially focusing on public sector organisations in North Yorkshire, by 2009 the major public sector organisations in North Yorkshire County and City of York (eg health, local authority, police, probation) will have introduced/revised their alcohol workplace policies
- Ensure that information, advice and guidance (IAG) on drugs and alcohol is accessible to parents/carers and that it meets the (anticipated) national IAG standards
- Provide children and young people with knowledge, skills and support to empower them to make responsible, healthier informed choices about the role of drugs (including tobacco and alcohol)

(NOTE: In the absence of local data and the failure to obtain funding for a lifestyle survey, progress will be measured through monitoring the delivery of action plans and local perception studies)

Summary

- 86% of drinkers have heard of measuring alcohol consumption in units and 69% are aware of the daily benchmarks, but only 13% keep a check on the number of units they drink²
- Drinkers have a right to clear, accurate information on which to make choices about their alcohol consumption¹
- Target campaigns at those most at risk: including binge and chronic drinkers; messages should be focused on the consequences of alcohol misuse rather than on alcohol consumption or intake, and should encourage drinkers to identify with the risk and outcomes associated with alcohol misuse¹
- Provide more support and advice for employers. The Department of Health and the Health and Safety Executive recommend that employers should have an alcohol policy setting out signs to look for and procedures to follow¹
- There is little evidence that school programmes that impart information are effective in changing drinking behaviour, therefore alcohol education in schools should be provided that can change attitudes and behaviour, as well as raise awareness of

alcohol use. There is some suggestion that peer-led prevention programmes can enhance teacher-led programmes and that interactive programmes to develop interpersonal skills can be effective in changing behaviour¹

Priorities for Action: 2008/09

	Priority	Responsibility
3.1.a	To produce a communications strategy, including a programme of annual campaigns and media publicity linked to national campaigns	Tactical Group
3.1.b	To work with significant employers to develop or review alcohol workplace policies using appropriate materials from the Health and Safety Executive.	North Yorkshire and York Primary Care Trust
3.1.c	Produce educational literature in tandem with alcohol services for use by workers in generic settings eg community programmes, public forums, medical settings, Third Sector groups and criminal justice systems	North Yorkshire and York Primary Care Trust for use by the Third Sector
3.1.d	Produce advice and information for a variety of settings on mixing alcohol with other drugs - illicit, over-the-counter and prescribed	DAAT
3.1.e	To conduct a lifestyle survey	North Yorkshire Strategic Partnership

3.2 Health and Treatment Services

Identification and treatment of an individual's alcohol problems can prevent and reduce the human and social costs, which can arise where serious problems with alcohol develop. Effective treatment requires that¹ those with alcohol problems are identified and referred to the appropriate services; appropriate treatment is available; and treatment for vulnerable groups covers all their related needs and problems, and adequate aftercare is available.

Definitions of alcohol misuse⁸

- Hazardous drinking: people drinking above recognised "sensible" levels but not yet experiencing harm
- Harmful drinking: people drinking above "sensible" levels and experiencing harm
- Alcohol dependence: people drinking above "sensible" levels and experiencing harm and symptoms of dependence

The Models of Care for Alcohol Misusers⁹ (MoCAM) defines a national framework for the commissioning of adult treatment for alcohol misusers comprising four tiers:

- Tier 1** generic services which work with a wide range of clients. As a minimum they should be able to screen and refer individuals to local specialist services
- Tier 2** specialist but low threshold services which are easy to access
- Tier 3** services provided solely for drug and alcohol misusers in structured programmes of care
- Tier 4** structured services which are aimed at individuals with a high level of presenting need, including inpatient drug and alcohol detoxification and residential rehabilitation units

Aims

- To better identify and treat alcohol misuse by having in place a planned and integrated local treatment system for alcohol misusers, which will provide a range of evidence-based treatment interventions, based on the MoCAM
- To increase access to effective treatment services for alcohol problems, particularly in primary care and the Third Sector.
- To continue the development of alcohol services and ensure an effective and competent alcohol service workforce
- To increase the number of people drinking within the Government's sensible drinking guidelines

Outcomes

- By 2009 there will be a planned treatment system for alcohol misusers, providing a range of evidence-based treatment interventions
- A reduction in chronic and acute ill health caused by alcohol, to be measured by an annual 1% point reduction in the trend for hospital admissions per 100,000 for alcohol-related harm from the baseline to be provided by the Department of Health in December 2007 (PSA 25)
- A reduction in the proportion of the population aged 16 years and over who engage in hazardous drinking: between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females
- A reduction in the proportion of the population aged 16 years and over who report engaging in harmful drinking: consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females
- Increased numbers of alcohol misusers being treated in primary care and the Third Sector. Baseline to be set in 2008/09 by the National Drug Treatment Monitoring System

(NOTE: In the absence of local data, progress will be measured through monitoring the delivery of action plans)

Summary

- One in four acute male admissions to hospital is alcohol-related¹⁰
- Alcohol-related diseases account for one in eight NHS bed days and one in 80 NHS day cases¹¹ and 70% of attendances at A&E departments between midnight and 5am are alcohol-related
- 20% of patients presenting to primary care are likely to be excessive drinkers and problem drinkers are known to consult their GPs twice as often as the average patient - the most common complaints are gastrointestinal, psychiatric and accidents¹²
- Alcohol-related death rates have more than doubled since 1979, with more people dying at a younger age. For women living in the most deprived areas, alcohol-related death rates are three times higher than for those living in the least deprived areas and for men five times higher²
- The provision of alcohol treatment to 10% of the dependent drinking population within the UK would reduce public sector resource costs by between £109 million and £156 million each year and that for every £1 spent on alcohol treatment, the public sector saves £5¹³
- Evidence suggests that hazardous and harmful drinkers receiving brief interventions were twice as likely to moderate their drinking six to 12 months after an intervention when compared to drinkers receiving no intervention¹⁴. Brief intervention trials can reduce weekly drinking by between 13% and 34%, resulting in 2.9 to 8.7 fewer mean drinks per week with a significant effect on recommended or safe alcohol use
- Brief interventions are effective in a variety of settings, including medical settings such as primary care and A&E and in generic non-specialist services eg social services, homelessness services, probation services, police settings and occupational health services. Patients who received a brief intervention following visits to a London A&E department had made on average 0.5 fewer repeat visits in the following 12 months compared to those in a control group

Priorities for Action: 2008/09

	Priority	Responsibility
3.2.a	To continue with the multi-agency, countywide alcohol treatment task group (reporting to the County Treatment Monitoring Group, which reports to the North Yorkshire DAAT and Safer York Partnership) to develop, implement and monitor an alcohol treatment action plan by March 2008	North Yorkshire and York Primary Care Trust
3.2.b	Agree local arrangements for the planning, commissioning and monitoring of alcohol services designed to support the implementation of screening, brief interventions and specialist service provision, including accessing additional funding and assessing local need, current provision and levels of investment for screening, brief interventions and alcohol treatment services across the local health and social care economy, using the Models of Care for Alcohol	DAAT

	Misusers framework. Review present provision in light of the findings, identify and address gaps in provision	
3.2.c	Ensure young people's alcohol misuse treatment services are included in the Children and Young People's Needs Assessment and Treatment Plans for York and North Yorkshire.	North Yorkshire Children and Young People's Board/YorOK Board

3.2.1 Young People's Alcohol Misuse

The responsibility for delivering the agenda for Young People's alcohol misuse treatment is held and owned by the Young People's Joint Commissioning Groups. Young People's alcohol misuse is included in the Children and Young People's Plans 2007-10 and in the Young People's Substance Misuse Plans for North Yorkshire County Council and the City of York.

Objectives from North Yorkshire's Young People's Drug and Alcohol Joint Commissioning Group Action Plan:

- Reforming delivery and strengthening accountability to ensure close links between the Updated National Drug Strategy and Every Child Matters: Change for Children, underpinned by the North Yorkshire Children's and Young People's Plan overseen by the Children and Young People's Strategic Partnership Board
- Ensuring provision is built around the needs of vulnerable children and young people: more focus on prevention and intervention by all agencies providing services for children
- Developing a range of universal, targeted and specialist provision to meet local needs and ensure delivery of workforce training to support it, building workforce service capacity

Priorities from City of York Young People's Substance Misuse Plan

- Identify vulnerable children and young people who are likely to be affected by substance misuse as part of the City's preventative strategy and ensure that appropriate and proportionate intervention is available in young people's settings
- Invest in the children and young people's workforce through training and access to expert knowledge and advice from specialist services so that the substance misuse agenda is commonly understood and applied across services, and to ensure that young people can receive timely advice and support without repeated referrals to other services.
- To continue to ensure all young people who require and request treatment have open access in young people's settings to the services they need

3.3 Regulation and Enforcement

North Yorkshire comprises a county authority, seven district authorities and the City of York Council. Each authority is charged with responsibilities under the Licensing Act 2003, which moves the responsibility for licensing from magistrates to local authorities. Aligned with coterminous boundaries to each authority are CDRPs.

Across North Yorkshire the police and local authorities through the CDRPs are working in partnership with the licensing trade and have established local Night Time Economy initiatives to address the above aims.

The Night Time Economy initiatives in each of the seven districts will form part of this Alcohol Strategy.

Aims

- To reduce alcohol-related disorder and anti-social behaviour in towns and cities
- To reduce levels of under-age drinking
- To reduce alcohol-related violent crime (including domestic abuse)
- To reduce accidental fire deaths and injuries
- To reduce drink-driving offences and the incidence of repeat drink-driving

Outcomes

Baseline for the following data to be 2007/8

- A reduction in the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area to be developed following baseline available July 2008 (PSA25)
- A reduction in alcohol-related attendances to A&E to be developed following baseline available April 2008 (PSA 25)
- A reduction in violent crime, woundings and common assaults – a 6% reduction by 2009/10 in relation to all violent crime. 180 fewer crimes over the period in relation to common assault and wounding offences only (LAA SAF/8/A)
- A reduction in the incidence of domestic violence
- To reduce the number of deaths and injuries from accidental fires in the home from 80 in 2006/07 to 69 in 2009/10 (125 Alive Target)
- To reduce road traffic collision deaths from 39 in 2006/07 to 33 in 2009/10 (125 Alive Target)
- To reduce road traffic collision injuries from 559 in 2006/07 to 477 in 2009/10 (125 Alive Target).

Summary and Interventions

- There are an estimated 1.2m incidents nationally of alcohol-related violence each year¹
- Over half of alcohol-related violence between strangers and acquaintances occurs in or around pubs, clubs or discos; 70% of these incidents take place on weekend evenings²
- At peak times between midnight and 5pm over weekends, 70% of A&E attendances are alcohol-related, with violent assault being the most common reason for attendance¹⁰
- The vast majority of violence occurs between young males, either outside licensed premises or in transit between¹⁵
- Heavy drinking raises the risk of sexual assault: one UK study found that 58% of rapists reported drinking beforehand. Many victims of alcohol-related violence may also have been drinking¹⁰
- The decision to get drunk is fuelled by a wide range of factors eg price, availability, accepted social norms, fashion and perception of risk. This has led to the “binge drinking culture”²
- Nationally, the Department of Transport reported that 18% of all road deaths involved a driver over the drink-drive limit (7% of all accidents)¹⁶

Priorities for Action: 2008/09

	Priority	Responsibility
3.3.a	Develop, implement and monitor an action plan in each district to reduce alcohol-related violence, anti-social behaviour and underage drinking in each area/district by April 2008	CRDPs
3.3.b	Co-ordinate activity between all CDRPs to deliver value for money and share best practice by April 2008	Tactical Group
3.3.c	Develop an inclusive night time economy that focuses on the entertainment available and not purely on excessive or binge drinking in each district/area by 2008	LSPs and CRDPs
3.3.d	Develop a shared communication programme as part of the overall Communication Strategy by mid-2008	Tactical Group
3.3.e	Each CDRP/LSP will include within its area plan actions to design out crime by 2008	LSPs and CDRPs
3.3.f	Develop data collection and the sharing of information by responsible authorities through the Crime and Disorder (Prescribed Information) Regulations 2007.	Data and Intelligence Joint Co-ordinating Group

3.4 Offending, Resettlement and Rehabilitation

Alcohol-related crime includes not only offences that are alcohol-specific, such as being drunk and disorderly, or offences against the licensing laws, but also covers a range of offences which involve alcohol to a greater or lesser degree. Alcohol can be a disinhibitor, can be used as an excuse, or can result in crime because the individual has a drinking problem.

Young people's alcohol-related offending is captured under the Young People's Joint Commissioning Group Action Plans for North Yorkshire and York (see section 3.2.3.)

Aim

In 2006 the Probation Service produced *Working with Alcohol Misusing Offenders - a Strategy for Delivery*¹⁷ with the overarching aims:

- To reduce re-offending and alcohol-related harm
- To improve the advice and information provided to offenders about the risks of alcohol misuse and about help that is available locally
- To increase usage and take-up of Alcohol Treatment Orders issues by the Criminal Justice System.

Outcomes

- Alcohol Treatment Requirements introduced by the Probation Service across the County, with a target of 2008/9 – 90; 2009/10 – 190.
- Annually 11 of the Probation Service's accredited group-work programmes (Drink Impaired Drivers and Low Intensity Alcohol Module) will be delivered across the County.
- To reduce by 11% over an 18-month period the number of repeat incidents of domestic violence offending for those under statutory supervision and subject to the IDAP accredited programme.

All identified Prolific and Persistent Offenders (PPO) will be prioritised in relation to access to probation service interventions (in line with the PPO Premium Service).

Summary¹⁸

- Around a half of all violent crime and 46% of domestic violence is linked to alcohol misuse
- 37% of offenders under probation supervision had a current problem with alcohol use and a similar proportion (37%) with binge drinking. 32% had violent behaviour related to their alcohol use
- Around 20% of alcohol-related arrestees have four or more previous convictions
- In convicted domestic violent offenders, alcohol had been consumed prior to the offence in 73% of cases

- In 2000, driving over the legal limit accounted for 5% of all road accidents and 17% of all road deaths (about 500 per year).
- Between 1993 and 2001 the total number of casualties from road accidents rose by one-fifth. (Research identified young men, particularly those who were unemployed or in manual work.)
- Amongst men aged 18-25, heavy or problem drinkers were at six times greater risk of being involved in an accident than moderate drinkers
- Approximately one-third of sexual assaults take place when the victim has consumed alcohol, with perpetrators taking advantage of vulnerability caused by excessive drinking. Many perpetrators of sexual violence and abuse also drink alcohol prior to the incident and/or have drinking problems.

Priorities for Action: 2008/09

	Priority	Responsibility
3.4.a	Implement and monitor the <i>Working with Alcohol Misuse Offenders</i> ¹⁹ which includes; delivery of services in Tiers One and Two of Models of Care for Alcohol Misusers; offending behaviour programmes and resettlement/lifestyle assistance	Probation Service/YOTs
3.4.b	To work with DAATs/CDRPs to ensure a comprehensive assessment of local need is available and the services to meet these needs are commissioned	Probation Service/YOTs
3.4.c	To improve the collection of data on alcohol-related domestic violence	Data and Intelligence Joint Co-ordinating Group
3.4.d	To continue to promote the use of rehabilitation courses for drink-driving offenders	Probation Service
3.4.e	Consider implementing alcohol arrest-referral schemes and explore the effectiveness of diversion schemes	CDRPs

4. Governance Arrangements and Performance Management

4.1 North Yorkshire and York Strategic Links and Accountability Framework

This North Yorkshire and York Alcohol Harm Reduction Strategy links to a number of local and countywide partnerships for implementation, monitoring and review, as indicated in Table 3.

Strategic responsibility and performance management for North Yorkshire County Council's administrative area lies with the North Yorkshire Strategic Partnership (NYSP), in particular with the York and North Yorkshire Safer Communities Forum (Y&NYSCF) and North Yorkshire's Children's and Young People's Strategic Board. Strategic responsibility and performance management for the City of York lies with Without Walls (York LSP), the Y&NYSCF and the Children's and Young People's Strategic Board for City of York (YorOK). The North Yorkshire DAAT will co-ordinate activity at a county level, with the eight CDRPs for York and North Yorkshire implementing and monitoring the local action plans.

The co-ordination and performance monitoring of this strategy is the responsibility of the North Yorkshire CDRPs, the North Yorkshire Drug and Alcohol Action Team/Safer York Partnership Board. The Alcohol Working Group will continue to monitor performance and will provide regular reports to the York and North Yorkshire Safer Communities Forum of the North Yorkshire Strategic Partnership and Without Walls (York LSP). There is a need to agree reporting mechanisms regarding children and young people with the North Yorkshire Children and Young People's Strategy Board and the YorOK Board (Appendix 3).

Table 3: Partnership and Agency Responsibilities

Strategic Partnership	Responsibility
CDRPs in North Yorkshire and Safer York Partnership for City of York and LSPs for the seven North Yorkshire districts.	Local partners working to agreed strategies to reduce crime and disorder, and promote public safety.
North Yorkshire DAAT	Co-ordinates and implements substance misuse strategies (including alcohol) to reduce harm in North Yorkshire

Strategic Partnership	Responsibility
Safer York Partnership (a combined CDRP and DAAT)	Co-ordinates and implements substance misuse strategies (including alcohol) to reduce harm in the City of York
York & North Yorkshire Safer Communities Forum	Countywide Forum, jointly leading on the development of the alcohol countywide strategy with the DAAT
North Yorkshire Strategic Partnership (NYSP)	Comprises a number of thematic partnerships. It has a role in promoting the economic, social, environment and wellbeing of North Yorkshire's communities
Without Walls	The LSP for the City of York and has a number of thematic partnerships. It has a role in promoting the economic, social, environment and wellbeing of the City
North Yorkshire Children and Young People's Strategic Partnership	Set up under the requirements of the Children Act 2004 and represents all the agencies working with Children and Young People across the county. The Children and Young People's Strategic Partnership unites all partners providing services for children and young people at both a strategic and local level
YorOK Board	Set up under the requirements of the Children Act 2004 and represents all the agencies working with Children and Young People on the City Of York. YorOK unites all partners providing services for children and young people at both a strategic and local level
Domestic Abuse Joint Co-ordinating Group (Y&NYSCF)	The Domestic Abuse Joint Co-ordinating Group reports to the York and North Yorkshire Safer Communities Forum. The purpose of the Joint Co-ordinating Group is to promote the development of effective services for anyone affected by domestic abuse - especially those which encourage the reporting of domestic abuse - and which serve to reduce the incidence of repeat victimisation partnership working
Road Safety: The York and North Yorkshire Road Safety Partnership	The partnership is also referred to as <i>95 Alive</i> after the aim to save 95 lives by the end of 2010 by improving overall safety on the roads of York and North Yorkshire
Agencies	Responsibility
North Yorkshire and York Primary Care Trust	Commissions local primary and secondary care health services to meet community needs, including those related to alcohol services.
NHS Acute Trusts and Hospitals	Provides treatment, including emergency treatment for alcohol-related injuries, accidents and disease
National Treatment Agency	Special Health Authority, to increase the availability, capacity and effectiveness of drug treatment in England, produced the Models of Care for alcohol misusers

Strategic Partnership	Responsibility
North Yorkshire Probation Service	Manages alcohol-misusing offenders subject to statutory supervision
North Yorkshire Police	Leads enforcement activity
North Yorkshire Fire Authority	Ensures public safety on licensed premises; engaged in road safety and youth programmes
Licensed Trade	Complies with legislation and conditions of licence
Licensing Authorities	Licenses people and premises in accordance with licensing objectives. Undertakes reviews of licences
North Yorkshire County Council	
Education	NYCC's Children and Young People's Directorate provides life skills and citizenship lessons and alcohol education as part of personal, social and health education.
Trading Standards (North Yorkshire County Council and City of York)	Protects children from harm by tackling illegal sales of alcohol to minors.
City Of York	Education and Trading Standards as above

Source: Local interpretation of Safe. Sensible. Social²

5. REFERENCES

- 1 Cabinet Office, Prime Minister's Strategy Unit (2004), Alcohol Harm Reduction Strategy for England
- 2 Department of Health (2007) Safe. Sensible. Social. The next steps in the National Alcohol Strategy
- 3 The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 No. 1830
- 4 National Centre for Social Research, *The Health Survey for England* [online] [cited 21/11/06] London: Economic and Social Data Services, published annually. Available from: <http://www.esdcs.ac.uk/government/hse/> and <http://www.dh.gov.uk/PublicationsAndStatistics/PublishedSurvey/HealthSurveyForEngland/fs/en>
- 5 Strategy Unit, 2003, *Alcohol Harm Reduction Strategy: Interim Analytical Report* London: Strategy Unit
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- 8 Department of Health (2005) Alcohol Needs Assessment Research Project (ANARP)
- 9 Department of Health, National Treatment Agency for Substance Misuse (2005) Models of Care for Alcohol Misusers
- 10 The Prime Minister's Strategy Unit (2003) Interim Analytical Report
- 11 Hillborn 1998
- 12 Kaner & Heather 1999
- 13 National Treatment Agency (2006) Review of the Effectiveness of Treatment for Alcohol Problems
- 14 Department of Health/National Treatment Agency (2005), Alcohol Misuse Interventions, Guidance on developing a local programme of improvement
- 15 Hobbs 2003
- 16 Department of Transport (2005)
- 17 National Probation Service (2006) Working with Alcohol Misusing Offenders – A Strategy for Substance Misuse
- 18 National Probation Service (2006) Working with Alcohol Misusing Offenders – A Strategy for Substance Misuse
- 19 National Probation Service (2006) Working with Alcohol Misusing Offenders – A Strategy for Substance Misuse

Appendix 1

National Context

Alcohol is a legal drug, embedded in English culture, and is thought of by many as a primary recreational activity, as stated in the introduction of the Alcohol Harm Reduction Strategy¹. However, alcohol remains the most widely misused drug, legal or illegal, in England, and can lead to serious consequences on people's lives, both directly and indirectly.

National statistics¹ on the prevalence and consequences of alcohol use show that:

- Around one million children live in families where one or both parents misuse alcohol.
- Since 2001, the number of young people aged 11-15 who drink alcohol appears to have reduced. However, overall those who do consume alcohol are drinking more and more often, with higher levels of alcohol consumption being associated with a range of high-risk behaviours including unprotected sex and offending (40% of 13-14 year olds were drunk when they first had sexual intercourse). Around 25% of children aged 11-15 drink alcohol and they drink an average of around 10 units per week.
- Up to 17 million days absent from work are alcohol-related.
- Alcohol misuse is associated with 150,000 hospital admissions each year. "Around 70% of A&E attendances between midnight and 5am on weekend nights are alcohol-related."
- Although there has been a huge reduction in the annual number of drink-driving deaths in Great Britain, from more than 1600 at the end of the 1970s to 560 in 2005, during the past 10 years the rate of decline in all drink-driving casualties has slowed significantly. Estimates for 2005 suggest that 6% of road casualties and 17% of all road deaths occurred when someone was driving while over the legal limit for alcohol.

In addition to the publication of the National Alcohol Harm Reduction Strategies for England^{1,2} a number of important legislative changes are affecting work to reduce alcohol-related harm, particularly at a community level. These include the Violent Crime Reduction Act 2006 and the Licensing Act 2003.

The Violent Crime Reduction Act 2006 makes provision for reducing and dealing with the abuse of alcohol including the following:

- Drinking Banning Orders
- Alcohol Disorder Zones
- Licence Reviews
- Persistently Selling Alcohol to Children
- Alcohol-related Disorder in Public Places

The Licensing Act 2003 introduced significant changes to the licensing system in England and Wales and moves the responsibility for licensing from magistrates to local authorities. It has four fundamental objectives:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

The new licensing system will create greater opportunities for local agencies to ensure licensees provide drinking environments conducive to sensible drinking and safety.

The Department of Health also recognises alcohol misuse as a priority and in the Public Health White Paper *Choosing Health*¹ 2004 identifies developing a programme of improvement for alcohol treatment services as a priority.

¹ Department of Health (2004) *Choosing Health – Making Healthier Choices Easier*

Appendix 2

TYPES OF DRINKING

Sensible Drinking

Sensible drinking is drinking in a way that is unlikely to cause yourself or others significant risk of harm.

The Government advises that:

- Adult women should not regularly drink more than two-three units of alcohol a day;
- Adult men should not regularly drink more than three-four units of alcohol a day; and
- Pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby they should not drink more than one-two units of alcohol once or twice a week and should not get drunk.

The risk of harm from drinking above sensible levels increases the more alcohol that you drink, and the more often you drink over these levels.

Sensible drinking also involves a personal assessment of the particular risks and responsibilities of drinking at the time, eg it is sensible not to drink when driving or when taking certain medications.

Harmful Drinking

Harmful drinking is drinking at levels that lead to significant harm to physical and mental health and at levels that may be causing substantial harm to others. Examples include liver damage or cirrhosis, dependence on alcohol and substantial stress or aggression in the family.

Women who regularly drink over six units a day (or over 35 units a week) and men who regularly drink eight units a day (or 50 units a week) are at highest risk of such alcohol-related harm.

Women who drink heavily during pregnancy put their babies at particular risk of development of fetal alcohol syndrome or fetal alcohol spectrum disorder. These disorders lead to lifelong intellectual and behavioural problems for their child.

Binge Drinking

Binge drinking is essentially drinking too much alcohol over a short period of time, eg over the course of an evening, and it is typically drinking that leads to drunkenness. It has immediate and short-term risks to the drinker and to those around them.

People who become drunk are much more likely to be involved in an accident or assault, be charged with a criminal offence, contract a sexually transmitted disease or, for women, are more likely to have an unplanned pregnancy.

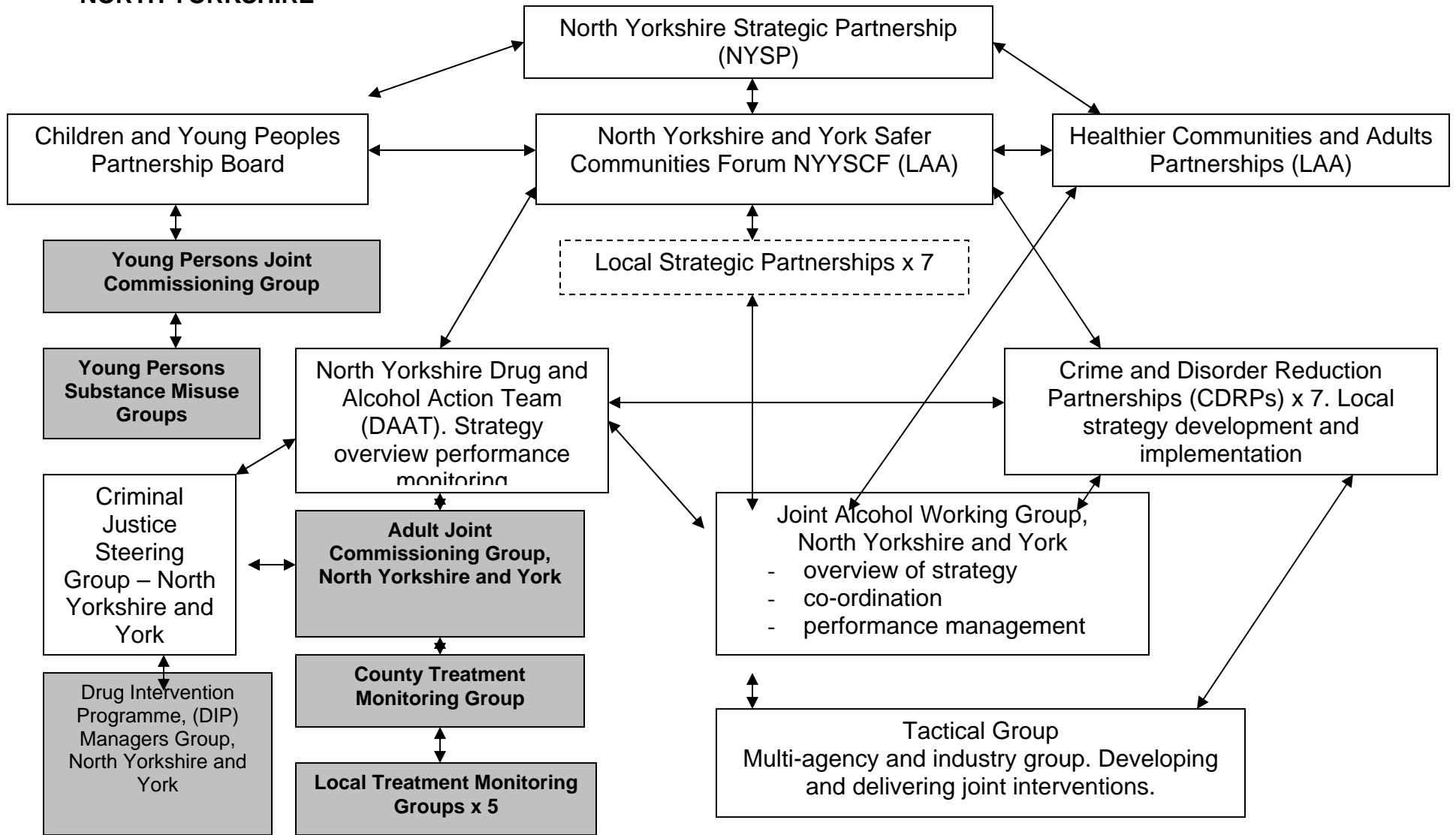
Trends in binge drinking are usually identified in surveys by measuring those drinking over six units a day for women or over eight units a day for men. In practice, many binge drinkers are drinking substantially more than this level, or drink this amount rapidly, which leads to the harm linked to drunkenness.

After an episode of heavy drinking, it is advisable to refrain from drinking for 48 hours to allow your body to recover¹.

¹ Department of Health (2007) Safe. Sensible. Social. The next steps in the National Alcohol Strategy

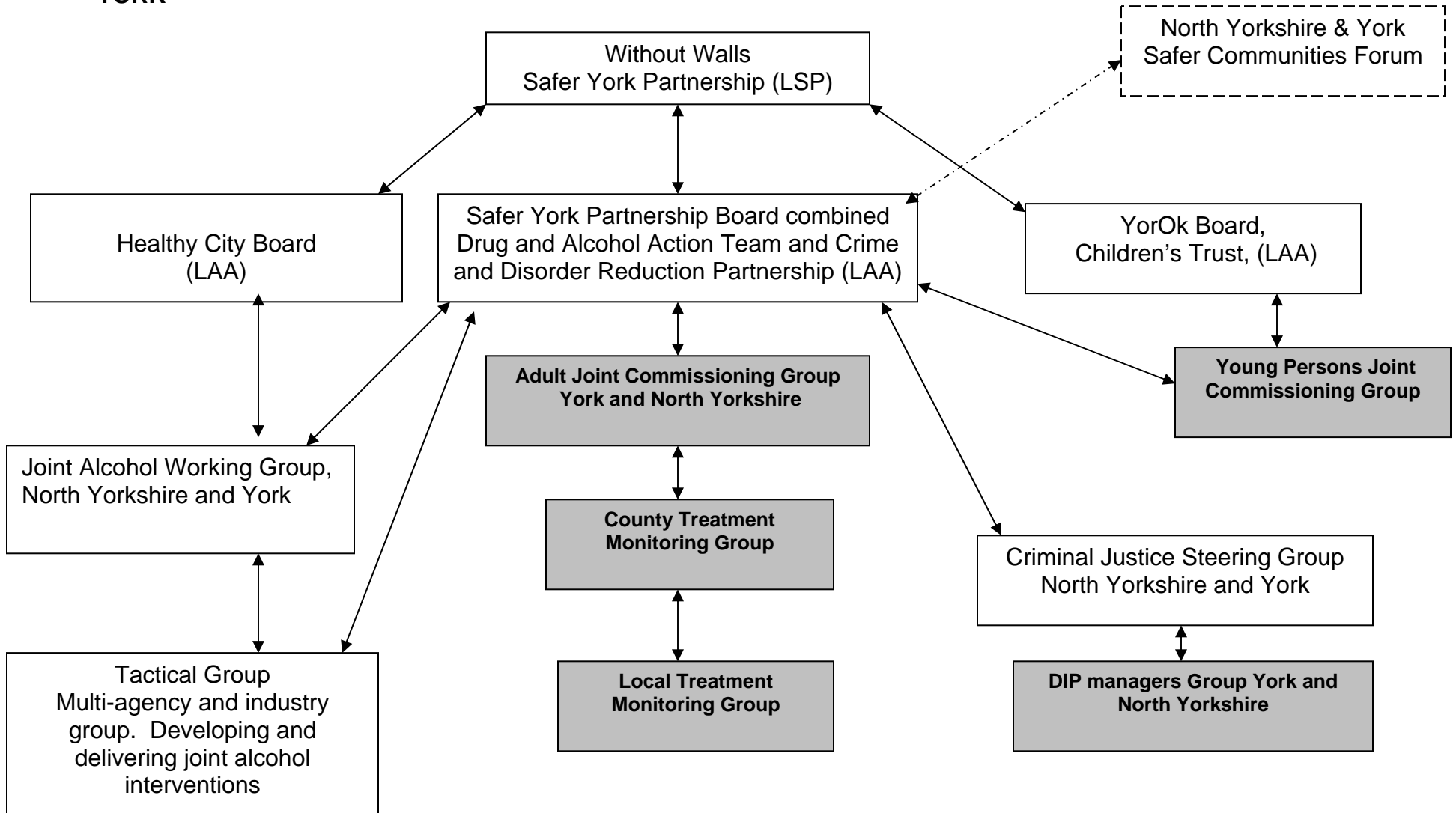
Appendix 3(a)

The Co-ordination and Performance Monitoring of the North Yorkshire and York Alcohol Harm Reduction Strategy - NORTH YORKSHIRE



Appendix 3 (b)

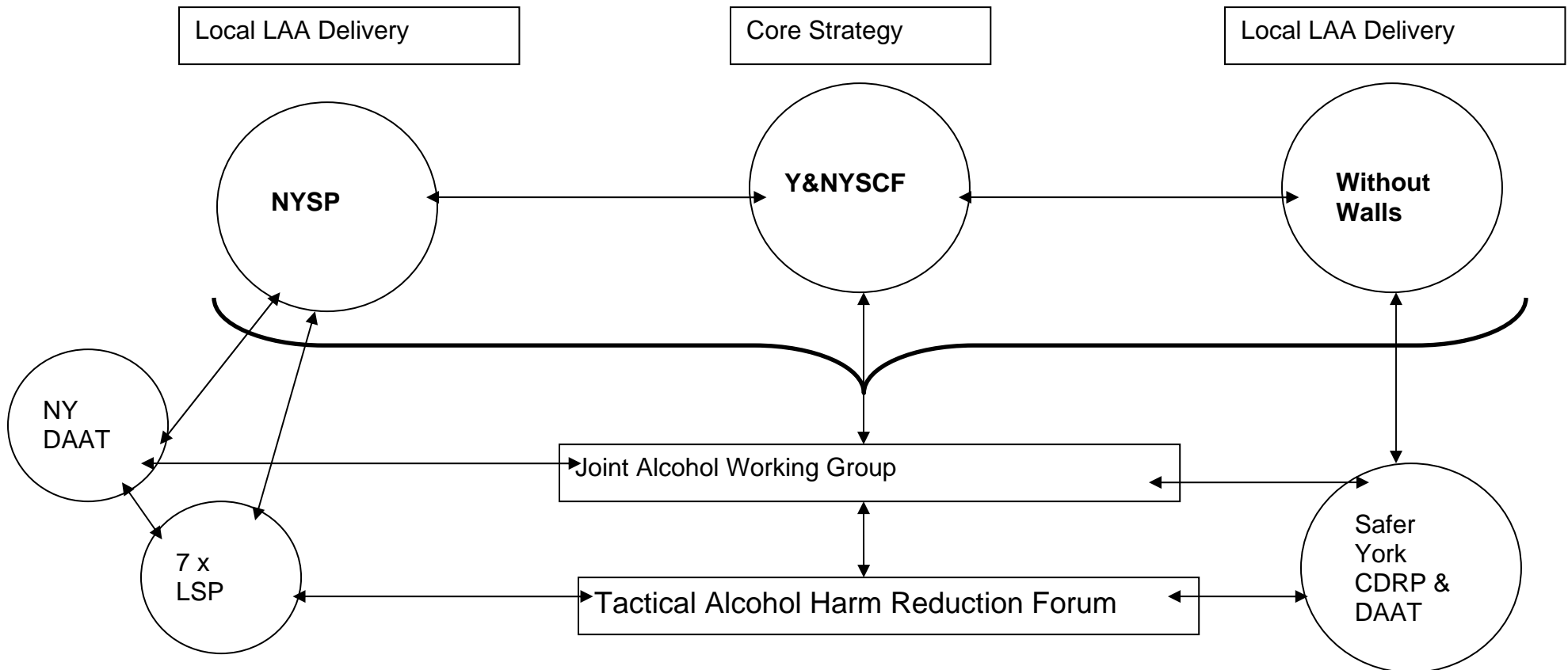
The Co-ordination and Performance Monitoring of the North Yorkshire and York Alcohol Harm Reduction Strategy – YORK



Appendix 3 (c)

Joint Alcohol Working Group – Alcohol Strategy – Service Delivery Schematic

NYSP	North Yorkshire Strategic Partnership
Y&NYSCF	York & North Yorkshire Safer Communities Forum
Without Walls	York Local Strategic partnership
CDRP	Crime & Disorder Reduction Partnership
LSP	Local Strategic Partnership
DAAT	Drugs & Alcohol Action Team
LAA	Local Area Agreement



Appendix 4

Hazardous and Harmful Drinkers

	Age Group				
	16-24	25-34	35-44	45-54	55-64
Populations *					
North Yorkshire	82175	86535	113565	102216	97176
Craven	4451	5025	7764	7758	7494
Hambleton	7694	8433	13257	12252	11865
Harrogate	15337	17895	24180	20562	19002
Richmondshire	6894	6726	7113	6066	5946
Ryedale	4192	4794	7383	7236	7470
Scarborough	10176	10170	14454	14472	15264
Selby	7084	8850	12882	11109	9645
York	26348	24642	26532	22761	20490
Hazardous/Harmful Drinking					
National %	32%	26%	23%	21%	15%
North Yorkshire	26296	22499	26120	21465	14576
Craven	1424	1307	1786	1629	1124
Hambleton	2462	2193	3049	2573	1780
Harrogate	4908	4653	5561	4318	2850
Richmondshire	2206	1749	1636	1274	892
Ryedale	1342	1246	1698	1520	1121
Scarborough	3256	2644	3324	3039	2290
Selby	2267	2301	2963	2333	1447
York	8431	6407	6102	4780	3074
Alcohol Dependence					
National %	8%	5%	4%	2%	1%
North Yorkshire	6574	4327	4543	2044	972
Craven	356	251	311	155	75
Hambleton	616	422	530	245	119
Harrogate	1227	895	967	411	190
Richmondshire	552	336	285	121	59
Ryedale	335	240	295	145	75
Scarborough	814	509	578	289	153
Selby	567	443	515	222	96
York	2108	1232	1061	455	205

* estimate for aged 16-24 calculated based on population aged 15-19