

**TORBAY ALCOHOL HARM REDUCTION STRATEGY
2011 – 2013**



WORKING IN PARTNERSHIP

FOREWARD

Working together as Torbay Strategic Partnership we have revised the Bay's multi agency alcohol strategy. This strategy sets out the direction of how all the agencies are going to deal with this issue including the police, the council, health service and the voluntary and community sectors. It provides an agreed framework within which services and plans will be developed to ensure Torbay is a healthier and safer place for everyone.

The impact of alcohol on Families is recognised as an underlying theme throughout the strategy. It crosses all of our priority areas and is influential on health education, young people, older people, crime, anti social behaviour, domestic abuse and treatment services.

This strategy builds on the success of Safer Nights Torbay which was launched in December 2010 with partners involved Torbay Council, Torbay Care Trust, Devon and Cornwall Constabulary, Torbay Street Pastors, Westcountry Ambulance Trust, Torquay Business Improvement District, local taxi and black cab firms and South Devon College.

This strategy is supported by service specific plans which provide the more detailed and comprehensive actions which will lead to the successful achievement of the priority areas.

OUR PRINCIPLE PURPOSE

- Enable coherence and consistency of activity across the different stakeholders working in Torbay
- Deliver activity that is rooted in evidence and targeted at greatest need
- Improve the integration of our information and governance systems to support development and monitor progress.

OUR VISION:

To minimise the harm caused by alcohol to individuals, families and communities in Torbay, whilst creating an environment which supports responsible use of alcohol.

AND

To better influence and manage the positive enjoyment and negative abuse of alcohol across a community which also seeks to be a responsible tourist area.

AIMS:

- Stem the waste of public money spent as a result of irresponsible use of alcohol
- Increase the health and wealth of our community as a result of the responsible use of alcohol
- Give clear guidelines for parents and young people about the effects of alcohol and what is not safe or sensible
- Spell out clearly for everyone, including older people, the health risks of harmful drinking.
- Support and offer treatment for those at risk from their drinking behaviour.
- Support Torbay's tourist and night-time economy by means of partnership working
- Increase understanding of the effects of alcohol on domestic abuse.
- Support Torbay's tourist and night time economy by means of partnership working.
- Achieve measurable success against national comparative health targets

OUR PRIORITIES FOR THE NEXT THREE YEARS:

We will focus activity and effort on

- **Engaging Communities** - *in stopping alcohol from being a problem in the first place by sending out safe drinking messages and targeting binge-drinkers supported by a multi-media communications campaign.*
- **Supporting Torbay's Night Time Economy** - *whilst achieving a balance between a thriving economy and alcohol misuse, taking strong legal and enforcement action to stop under-age drinking, alcohol-related violence and irresponsible drink promotions in pubs and shops*
- **Improving Services for People** –*minimising the harm caused by alcohol to individuals and families.*

1.0 SECTION ONE – NEEDS ASSESSMENT

1.1 What We Know - Regionally

- An estimated three-quarters of a million (728, 530) or 23% of South West residents aged 16-64 are hazardous drinkers (24% national), and a further 118,780 (4%) are dependent drinkers. (8% national).
- Only 1 in 14 of the 'in-need' alcohol dependent population is currently accessing treatment each year.
- More than 500 people aged under 18 are admitted to hospital specifically due to alcohol each year in the South West, with boys and girls equally likely to be admitted.
- In 2004, around a third of admissions to hospital for acute intoxication in the South West were children aged under 16.
- There were 1,615 alcohol specific hospital admissions in people aged over 65 in the South West in 2004.
- There were more than 50,000 domestic violence incidents in the South West in 2005/06. It is estimated that in around 19,600 (40%) of these the perpetrator was under the influence of alcohol.
- Drink-driving is estimated to account for more than 168 serious injuries and around 50 road deaths in the South West each year.
- More than 6,500 people were sentenced for drink-driving or attempting to drive with excess alcohol by South West Magistrates Courts in 2004.
- There were an estimated 97,685 alcohol related ambulance journeys to Accident and Emergency departments in the South West in 2004/05.
- The estimated cost of alcohol related emergency ambulance journeys in the South West during 2004/05 was £23 million.

(Source: Calling Time, SWPHO, 2008)

- The number of alcohol-related deaths in the UK has increased since the early 1990s, rising from the lowest figure of 4,023 (6.7 per 100,000 population) in 1992 to the highest of 9,031 (13.6 per 100,000) in 2008. In 2009 the number of deaths fell to 8,664 (12.8 per 100,000).
- Regionally in the South West rates have also increased over the 10 year period between 1999 and 2009, deaths rates for females increased by 28% and males increased by 24%.

1.2 What We Know - The Cost Of Alcohol

Estimates have been made to the total cost of alcohol misuse in relation to the relevant statutory agencies which include:

- Costs to the health service is estimated to be in the region of £2.7 billion a year, almost twice the equivalent figure in 2001.
- Costs of crime and antisocial behaviour linked to alcohol misuse is £7.3 billion, as annually, 1.2 million violent incidents – around half of all violent crimes; 40% of domestic violence cases and 6% of all road casualties – are linked to alcohol misuse
- The overall annual cost of productivity lost as a result of alcohol misuse is £6.4 billion per annum.
- Alcohol concern estimate that for every £1 invested in specialist alcohol treatments, £5 is saved on health, welfare and crime costs.

(Source: Alcohol Concern: Making Alcohol a health priority, 2011)

Table 1 Estimated cost of underage drinkers to primary health care services 2008/09

	Annual alcohol related incidents	Average cost per incident	Total annual costs
Ambulance call outs	23,254	£198	£4,604,292
Hospital admissions	14,501	£532	£7,714,532
ED attendances	64,750	£100	£6,475,000

Source: Alcohol concern – Making sense of alcohol 2010

1.3 What We Know – Locally

Torbay has significantly higher rates than England and the South West for alcohol attributable hospital admissions. The indicator measures the number of persons admitted to hospital as a direct result of excessive alcohol consumption (e.g. alcoholic, cirrhosis, or acute alcohol intoxication).



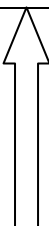
Number of adults estimated to be binge drinking is not significantly different from the England average. (18.6% of adults estimated Torbay as modelled using Health Survey England 2007-2008 compared to 20.2% England Average).

A review of local hospital admissions data found that:

- Over a 3 year period (April 2007-March 2010) the value of alcohol related admissions to hospital was £8.8m.
- £1.04 million (12 % of total spend) was spent on acute alcohol related hospital admissions - (£38,000 (3% of acute spend) was on conditions wholly attributable to alcohol.)
- £7.76 million (88%) was spent on chronic conditions. (*10855 NHS number count) - (£1.3 million (12% of chronic spend) was spent on chronic conditions wholly attributable to alcohol.)

(Source: Torbay Alcohol related hospital admissions 2010, Doug Haines & Dr Louise Wilson)

1.4 Types of Drinking Behaviour

Type of Drinking Behaviour	Description	Prevalence	Trend	
Lower Risk Drinkers	Those who drink over the sensible drinking limits, either regularly or through less frequent sessions of heavy binge drinking, but have so far avoided significant alcohol related problems	7.6 million people	For women the binge drinking rate (twice over the recommended limit once a week) increased from 7% in 1998 to 16% in 2006, similarly in men the proportion rose from 20% to 24% over the same period	 Torbay Equivalent (2010 population) 9,398 females 13,022 males
Increasing Risk Drinkers	Harmful drinkers are usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers. Unlike hazardous drinkers, harmful drinkers show clear evidence of alcohol related harm	2.9 million people	Heavy drinking rose amongst men from 19% in 2005 to 24% in 2007 and from 8% to 15% for women over the same period	 Torbay Equivalent (2010 population) 8,811 females 13,022 males
Higher Risk Drinkers	Those who are likely to have increased tolerance of alcohol, suffer withdrawal symptoms, and have lost some degree of control over their drinking. In severe cases, they may have withdrawal fits and may drink to escape or avoid these symptoms.	1.6 million people	There was a 24% increase in the number of moderate to severely dependent drinkers between 2000 and 2007	

Source: Making alcohol a health priority, Opportunities for reduce alcohol harms and rising costs, Alcohol Concern 2011)

Levels of alcohol misuse is higher in men and those living within the more deprived wards of the Bay. This is an important factor in understanding the health inequalities that exist among communities and supports the 'first and most' approach being taken to tackle and reduce the inequalities gap. The Marmot review identified 'Reducing health inequalities as a matter of fairness and social justice.' The review made a recommendation to focus public health alcohol reduction interventions both population wide and target groups to reduce the social gradient.

The chart below show the various causes in the gap for life expectancy between the most deprived areas in Torbay (most deprived quintile) and the rest of Torbay. The number of years shown represents the number of years for that specific disease – for example , Digestive disease in males accounts for around 0.5 years and around 11.2% of all diseases.

The Inequalities Gap : Life Expectancy Years Gained

Male

All circulatory diseases	15.7% = 0.7 years
All cancers	18% = 0.8 years
Respiratory diseases	9% = 0.4 years
Digestive	11.2% = 0.5 years
Mental and behavioural including suicide	15.7% = 0.7 years
Infectious & parasitic diseases	2.2% = 0.1 years
Deaths under 28 days	1.1% = 0.05 years
Other	27% = 1.2 years

 Infectious & parasitic diseases 2.2% = 0.1 years
 Deaths under 28 days 1.1% = 0.05 years

Female

All circulatory diseases	16.7% = 0.5 years
All cancers	23.3% = 0.7 years
Respiratory diseases	10.0% = 0.3 years
Digestive	13.3% = 0.4 years
Infectious & parasitic diseases	3.3% = 0.1 years
Deaths under 28 days	10% = 0.3 years
Other	16.7% = 0.5 years

 Mental & behavioural including suicide 6.7% = 0.2 years
 Infectious & parasitic diseases 3.3% = 0.1 years

Figures based on the London Health Observatory Health Inequalities Intervention Tool

Chronic cirrhosis of the liver included in the 'Digestive' category is the biggest cause of the gap in life expectancy for men and contributes to a further 11%.

2.0 SECTION TWO - PROGRESS MADE OVER THE PAST THREE YEARS

A number of successful initiatives have been undertaken to impact on the way that alcohol misuse is perceived, addressed and treated.

Reducing Harm caused to the Individual Adults

Training & Screening

- £500k investment in community drug & alcohol services in line with implementing NICE guidance.
- Peer support groups to help people manage their own recovery during & after completing formal treatment
- Access to medicated and non medicated detoxification programmes; residential rehabilitation placements as appropriate.
- Opportunistic screening training for staff in hospital settings; primary care; social care and criminal justice services to identify; advise & support or refer people with 'risky drinking' behaviours.
- 8 GPs completed Royal College of General Practitioners Training Certificate in Mgmt of Alcohol Problems in Primary Care.

Reducing Alcohol Related Crime and the Fear of Crime

Safer Nights Torbay

- Partnership approach to make harbourside a safer one has resulted in reduction in night time assaults and improved perceptions around drunk and rowdy behaviour.
 - Taxi Marshalls operate over peak holiday periods
 - 'The Safe Place' - street pastors vehicle operates 52 weekends between 9pm and 4am Torquay harbourside and Paignton Town
- Intelligence shared between agencies identifies patterns, trends and enables resources to be targeted at community prevention activities (Access to treatment and support for offenders)

Reducing Harm caused to the Individual – Young People

Education

- Age appropriate resources for use in schools
- Peer Education challenging 'social norms'
- Over 20,000 6th form students participated in Learn2Live road safety events
- Alcohol awareness events

Parenting

- Alcohol and sexual health risks covered in parent training
- Parent information and health promotion activities
- Children of parents who misuse drugs & alcohol identified, needs assessed which informs the treatment/support plan.

Targeted Approach

- Test purchasing in 2010 resulted in 0% of sales to <18yrs
- Referral process between A&E and Under 18yrs services.
- Looked After children screened and support for those at greater risk of developing problematic alcohol
- Transition process in place to ensure engagement in treatment

Improving Access and Effectiveness of Treatment Services

Treatment & Support

- Pathways implemented for A&E presentations & admissions to wards; Probation; Job Centre Plus; Drug misusers with concomitant alcohol problems
- Detox support across hospital and community to ensure continuity through transition.
- Preparation work with those who will benefit from residential rehabilitation placement including their aftercare.
- Targeted intensive support for problematic drinkers with concomitant complex needs.
- Recovery support systems developed including transitional support for people informla treatment into mutual support.

SECTION THREE – PRIORITIES

PRIORITY ONE : ENGAGING COMMUNITIES

Objective: Stopping alcohol from being a problem in the first place by providing clear safe drinking messages and targeting heavy drinkers supported by a multi-media communications campaign.

What we know

The report 'Swept under the carpet: Children affected by parental alcohol misuse,' published in October 2010 found that 8 out of 10 adults agreed that heavy drinking among parents is a serious problem for children in the UK. And 84% agreed that a parent who drinks heavily is as harmful to a child as a parent who take drugs.

Drinking habits have changed significantly. Alcohol is now 75% more affordable than in 1980 and alcohol consumption has more than doubled over the past 50 years.

Since its launch in 2005 *Know the Code* presented a recognisable graphic and clear message, but after 5 years it is now felt the message needs to be reinforced and the evidence is undeniable in supporting a clear prevention and communication strategy from stopping alcohol becoming a problem in the first place.

What We will do ...

Communication

- Safer Nights Torbay Social Marketing Campaign - communication plan with new graphics and resources which focus on the effects of alcohol on the body especially as a result of binge drinking and how to adopt safe drinking whilst enjoying nights out.
- Target 16-24 yrs frequenting harbourside and town centre areas; young people drinking within neighbourhoods, streets and licensed premises with materials circulated to local businesses (including pubs and clubs) and viral media.
- Use of national resources to target local advertising campaign which challenges drunken behaviour

Peer Surfers

- Trained peer educators within secondary schools challenging social norms around risk taking behaviours and binge drinking.

Locality Working

- Multi disciplinary teams from across organisations working at a neighbourhood level addressing the priority needs specific to those residents which will influence the make up of the team.

PRIORITY TWO: SUPPORTING TORBAY'S NIGHT TIME ECONOMY

Objective: Achieving a balance between a thriving economy and alcohol misuse taking strong legal and enforcement action to stop under-age drinking, alcohol-related violence and irresponsible drink promotions in pubs and shops

What we know

The alcohol and night time economy agenda is not exclusive to Torbay and is reflected throughout the country. Violent behaviour in public spaces which can be directly associated with the misuse of alcohol not only poses a strain on the resources of the police and the broader criminal justice system, but also has a direct impact on other statutory agencies like the NHS and local authorities.

There are a number of social and physical factors associated with the misuse of alcohol within the setting of the night time economy, which in isolation may not lead to violence, but when combined can aggravate situations, resulting in a higher likelihood of violent behaviour. These include:

- Low cost easily accessible supermarket supplied alcohol
- Large numbers of people within relatively small areas (both inside and external to licensed premises)
- Loud music
- Behaviour/attitude of staff
- Competition for limited transport
- Competition for access to food/refreshment

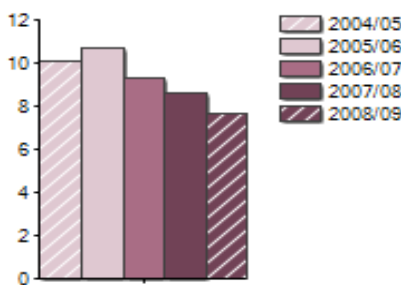
Across the UK, alcohol misuse is a major contributor to crime, disorder, violent and anti social behaviour, with an estimated cost of up to £7.3 billion. However, over 1 million people are employed in pubs, bars, nightclubs and restaurants in the UK and drinking at a responsible level is an enjoyable social pursuit for the vast majority of people.

(Safe, Sensible, Social 2007)

Within Torbay there have been noted reductions in Alcohol Related Crime and Fear of Crime

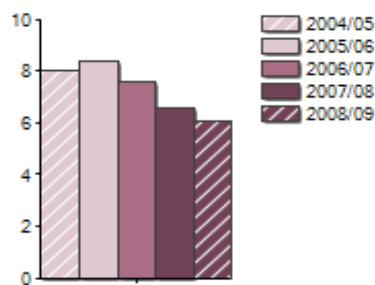
- Night time assaults have fallen by 42% (2005/06 @ 721 to 2009/10 @ 416) (Source: Devon & Cornwall Constabulary)
- Public Perception of drunk rowdy behaviour has reduced from 69% in 2003 to 36% in 2009. (NI41)
- In 2009, 69% of people who visited the Harbourside after 8pm reported feeling safe compared to 65% in 2008 (Source: Place Survey)

Alcohol-related recorded crimes - all



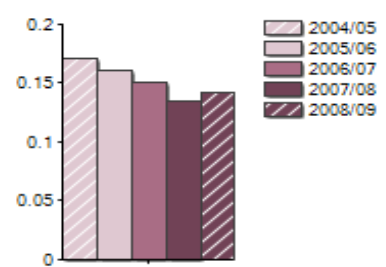
Torbay rate 7.6 per 1,000 is higher than regional at 6.7 per 1,000

Alcohol-related violent crimes



Torbay rate 6.0 per 1,000 is higher than regional at 5.1 per 1,000

Alcohol-related sexual offences



Torbay rate 0.1 per 1,000 is similar to regional at 0.1 per 1,000

What We Will Do ...

- Focus and capacity will continue to be directed at operationally managing the night time economy, whilst also raising awareness about health and community safety messages relating to the alcohol agenda. Key element will be to improve perceptions around drunk and rowdy behaviour, whilst recognising that Torbay's night time economy is an integral element of the local economy and tourism offer. Safer Nights Torbay partnership is working closely with local business and in consultation with the public to continue to create a safe night time environment and experience based on evidence of what works. This work includes:

Safer Nights Torbay

- Use ARID data to enhance intelligence and response to alcohol related assaults. To be used both within Joint Tasking and Licensing Intelligence meetings.
- Promote public safety by challenging attitudes to drunken, irresponsible behaviour
- Apply for Purple Flag (Torquay Town Centre) which will positively influence local perception, attract positive media and raise the quality of town centres at night making them cleaner, safer and offering a diverse choice.

Partnerships

- Taxi Marshalls operate over specific busy periods in agreed town centres regulating specific hotspots for alcohol related crime and disorder.
- Street Pastors and 'Safe Place' vehicle to operate in Torquay and Paignton town centre 52 weekends a year between hours 9pm and 4am providing support and guidance for all vulnerable people.

Working with Licensees

- Ensure all applications are checked and representations made where appropriate to do so to meet the licensing objectives
- Encourage attendance at licensing forums for each of the towns
- Help with applications to give advice when requested and it is felt to be appropriate
- Develop template documents and policies for businesses
- Undertake both advice visits/inspections and to take enforcement action as appropriate
- Continue to undertake proxy buying (including undercover).
- Explore options for consideration as to impact of zero tolerance policy and local initiatives.

PRIORITY THREE: IMPROVING SERVICES FOR PEOPLE
Objective: Minimising the harm caused by alcohol to individuals and families.

WHAT WE KNOW – Minimise the harm caused by alcohol to Adults

Although older people tend to drink less alcohol than younger people still 1 in 6 older men and 1 in 15 older women are drinking enough to harm themselves.

There is little evidence on the effects with older people however research by the North West Public Health Observatory has shown that elderly people have a significantly lower tolerance to alcohol due to natural changes associated with the ageing process. Therefore the impacts of alcohol misuse are more severe for older people. Accidents are a principal cause of death among older people, and alcohol can contribute to mortality and morbidity through its deteriorating effect on stability and judgement. Alcohol is also associated with mental illness, and can contribute to dementia (10% of elderly sufferers have alcohol related brain damage) as well as depression. Furthermore, older people consume more prescribed medicines, the effects of which alcohol can nullify or exacerbate. (*Alcohol – Some sobering Statistics, 2000*).

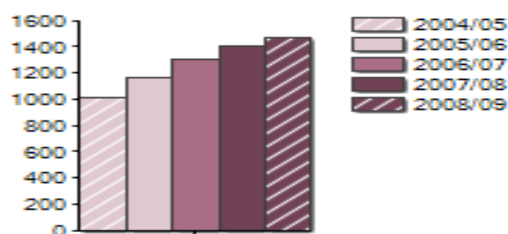
Local analysis of Acute Alcohol Attributable Hospital Admission 2008/09 shows high numbers of older age adults.

Age Group	Count of NHS #		Sum of AF_Cost		Count of NHS #	Total Sum of AF_Cost
	Female	Male	Female	Male	Total	Total
16 to 24	315	230	£ 60,652	£ 66,947	545	£ 127,598
25 to 34	284	170	£ 47,837	£ 51,576	454	£ 99,413
35 to 44	323	193	£ 64,298	£ 65,724	516	£ 130,022
45 to 54	149	185	£ 37,784	£ 60,654	334	£ 98,438
55 to 64	171	153	£ 53,989	£ 85,088	324	£ 139,077
65 to 74	209	132	£ 26,319	£ 46,000	341	£ 72,319
75+	1,292	441	£ 177,032	£ 191,778	1,733	£ 368,809
Total	2,743	1,504	£ 467,912	£ 567,765	4,247	£ 1,035,677

(Source: Torbay Alcohol related hospital admissions 2010, Doug Haines & Dr Louie Wilson)

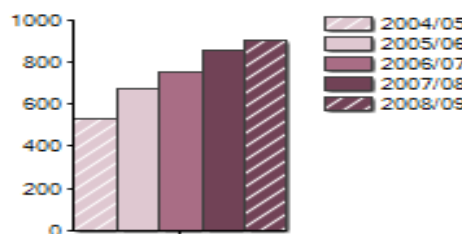
Torbay alcohol-attributable hospital admission rates for males is higher than the regional average although lower than national rates. For females the rate is both higher than regional and national rates. Year on year increases can be seen from the diagrams below. Nationally the rates 1297.8 male and 732.1 females per 100,000

Alcohol-attributable hospital admission males



1,463.7 per 100,000 compared to Regional Avg 1,199.3 per 100,000

Alcohol-attributable hospital admission females



901.4 per 100,000 compared to Regional Avg 690.7 per 100,000

Source: Local Alcohol Profiles, North West Public Health Observatory

Alcohol is a significant factor among families with range of complex issues where there is domestic abuse; parental mental health or substance misuse and in some cases subsequent impact on safeguarding of children.

Domestic Abuse Incidents

-	Total DA incidents	Alcohol/ drugs involved	% Drugs/ Alcohol
2007/08	2929	1518	51.8%
2008/09	3205	1571	49.0%
2009/10	3032	1381	45.5%
2010/11*	2013	910	45.2%

What We Will Do ...

Training Programme

- Training programme with specific courses to enable staff to screen; signpost; offer brief intervention.
- Multi Agency Substance Misuse Screening Tool (MASST) -
- Tailored course specifically developed for those working with older adults to screen and provide intervention.
- Provide RCGP Training Certificate in Mgmt of Alcohol Problems in Primary Care to increase number of practices with GP accredited by 25%.

Screening and Earlier Intervention

- Roll out of routine questioning within adult community services (incl sexual health & carers)
- Promotion of substance misuse screening tool and brief interventions training amongst services working with older adults to include Carers and criminal justice settings.

Working with Families

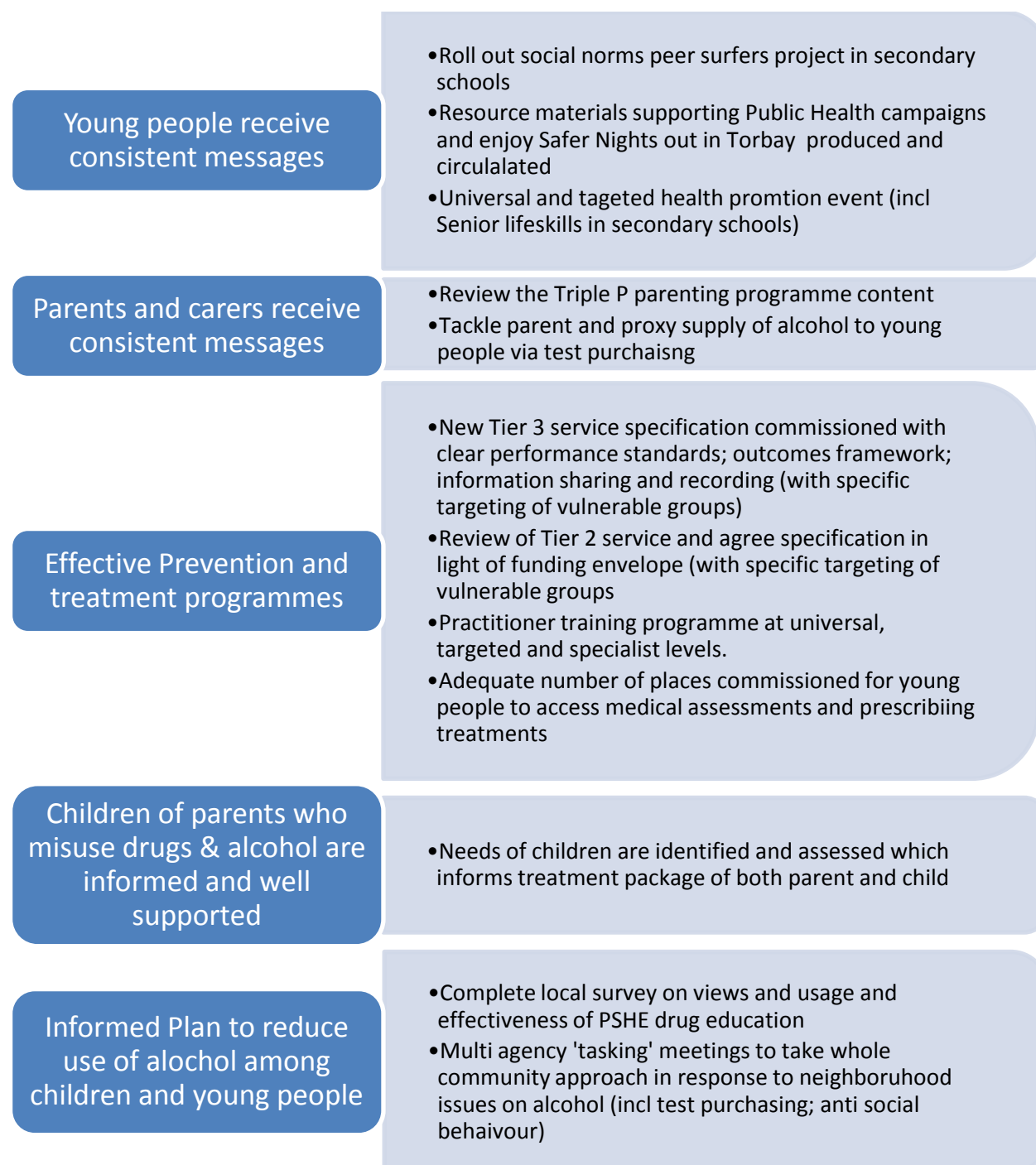
- Locality Tasking in Torquay and Paignton/Brixham to assist in better early identification of hazardous and harmful drinkers within families. Which will improve signposting and referral to appropriate services; improve integration and joint working with partnership agencies including voluntary sector; inform local commissioning arrangements for adults and children services in relation to parental alcohol misuse and alcohol related domestic abuse.

WHAT WE KNOW – Minimise the harm caused by alcohol to young people

Whilst restricting access to alcohol for young people continues to be a key aim of partner agencies there has been a recognition of the need to focus also on 'safe and sensible drinking'. Young people should be helped to make informed choices about their alcohol consumption and the activities they engage in and supported if the choices they make were to impact negatively on their health and well being.

NICE Public health guidance make recommendations for School Based alcohol education and recommendations for screening and brief intervention for young people and adults. Effectiveness of this will need to be supported to national policy changes in pricing, availability and marketing.¹

What We Will Do ...



¹ NICE Guidance PH 7 and 24

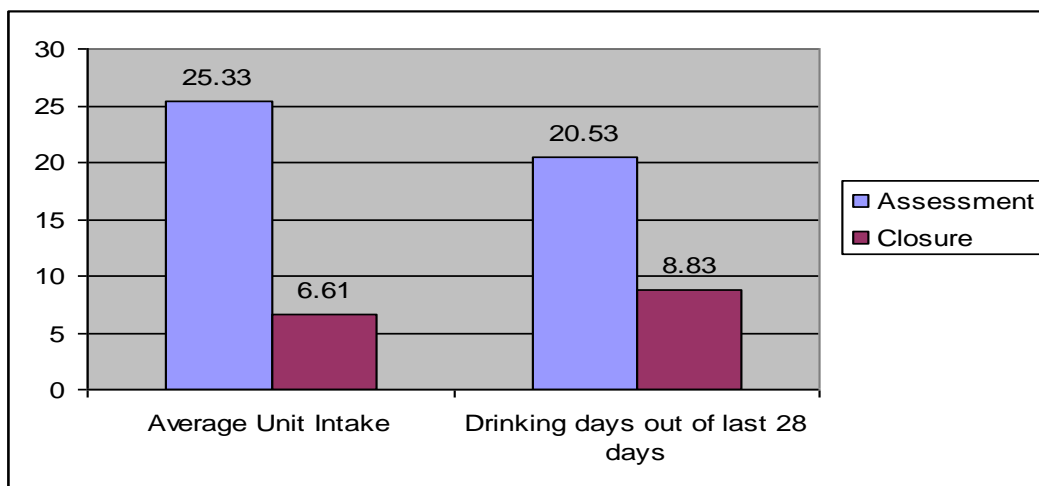
WHAT WE KNOW – Alcohol Treatment and Alcohol Related Hospital Admission.

The primary aim of alcohol treatment and interventions is to “achieve a reduction in alcohol-related harm and improvements in health and social functioning, normally including a reduction in alcohol consumption or changes in patterns of alcohol consumption that contribute to harm, or a significant risks of harm, to the service user or others.” (*Models of Care for Alcohol (NTA, NHS)*).

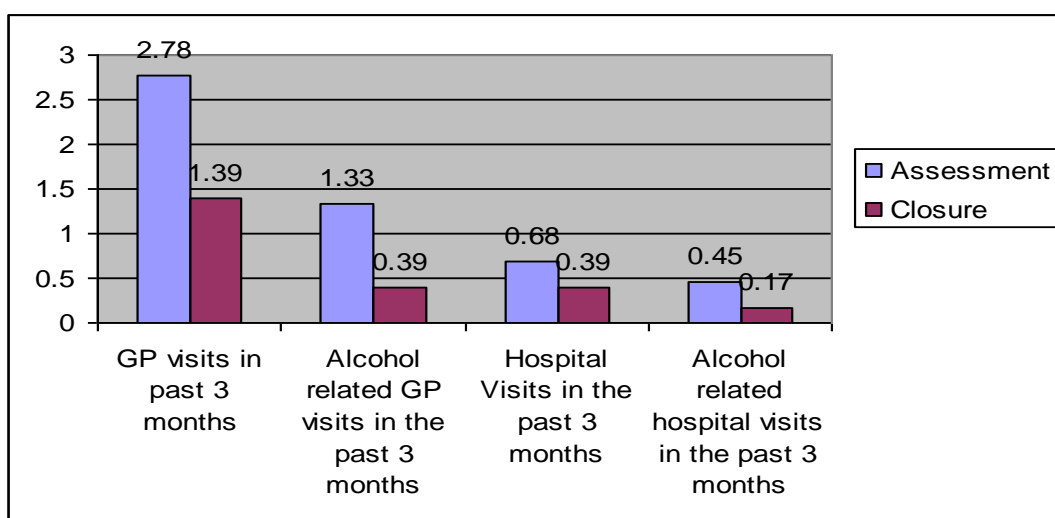
From identifying people early on it is crucial to engage and enable them into treatment services as quickly as possible. Current young people services are in contact with 100% in under 15 days. Adult services are averaging 65% of people being seen in under 3 weeks.

Screening of new and existing patients by GPs within primary care has identified a number of patients being referred for treatment.

People entering the Torbay Primary Care Alcohol Service have a range of need and complex issues, reporting at least 1 in 10 having some sort of housing need. In evaluating the effectiveness of the service a number of measures are reported on with identified numbers of people reducing their alcohol usage. Patient self reported data for a 28 day and 3 month period follows :



- 28 Day Period
- Average unit intake reduced by 70% against a target of 50% reduction.
 - Drinking days reduced by 54% against a target of 50% reduction.



- 3 month period
Non-alcohol & alcohol related visits.
- GP visits reduced by 36% against a target of 50% reduction.
 - Alcohol related GP visits reduced by 68% against a target of 50% reduction.
 - Hospital visits reduced by 65% against a target of 50% reduction.
 - Alcohol related hospital visits reduced by 83% against a target of 50%

What We Will Do

Optimise the capacity to meet demand for community alcohol treatment and models of delivery which will meet the needs of all who require an intervention, including those with high levels of complexity and those who find it difficult to engage in treatment

Pathway & Policy Design & Implementation

- Focus hospital alcohol team on pathway and policy design to support the implementation of screening and brief advice programmes within A&E and wider hospital.
- Develop a system to monitor the equity of service provision
- Build on opportunities that emerge from the development of the Integrated Offender Management for drugs to include alcohol related issues.

Reduce Alcohol Related Admissions

- Engage service users & ex-service users in providing recovery programmes.
- New group work programme 'Recovery Capital' increasing individual responsibility for developing personal recovery plans
- Implement new intervention programme for non-prescribed drug users based on evidence based practice following a 6 x session plan.

Effectiveness of Treatment

- Use of National Alcohol Monitoring System (NAMS) to define activity and performance
- Activity against local measures set including Changes in drinking behaviours; Changes in AUDIT scores; Changes in criminal activity; Changes in GP and hospital presentation; Changes in health and well-being
- Performance and governance monitoring by Torbay Drug & Alcohol Action Team (DAAT)

SECTION FOUR – THE CHALLENGE

This strategy takes a joint multi agency approach to alcohol policy particularly around commissioning. Ever reducing resources pose the greatest challenge to organisations and the impact this has on ability to maintain levels of services.

Whilst progress is made to realise cost effectiveness and measures to address duplication there is the need and support to continue to create an effective environment within which organisations enable commissioners to work together to allocate resources on agreed priority areas equally supporting the areas where de commissioning needs to take place.

Whilst the actions identified in the previous sections are planned and are being progressed within existing budgets it will be crucial to secure resource commitment beyond the short term to realise the outcomes and impact and longer lasting behaviour change anticipated. As well as considering models of effective practice tested elsewhere and transferrable within the local context.

SECTION FIVE – THE FUTURE POSSIBILITIES ... IF ONLY!!!!!!

In working with Qi Results to develop this strategy a number of additional projects have been identified for further consideration and implementation over the next 2 years. This would take a connective approach to a joined up policy on addressing alcohol across the different partners including the new GP commissioners of healthcare.

A road traffic campaign – Promote an intolerance equivalent to use of mobile phone and or wearing of seat belts



“Zero Tolerance of drink-driving”

A restaurant campaign – Encouraging a positive choice and rewarding responsible citizenship



“Nominated Driver Eats Free”

A nightclub campaign - Promoting voluntary checking at the end of the evening administered by Bouncers.



“Breathe. Live”

A consumer Campaign - Engaging consumers and retailers to consider the price of supermarket alcohol



“The Cost of Cheap Booze”

Celebrity Endorsement - Raising the aspirations of young people



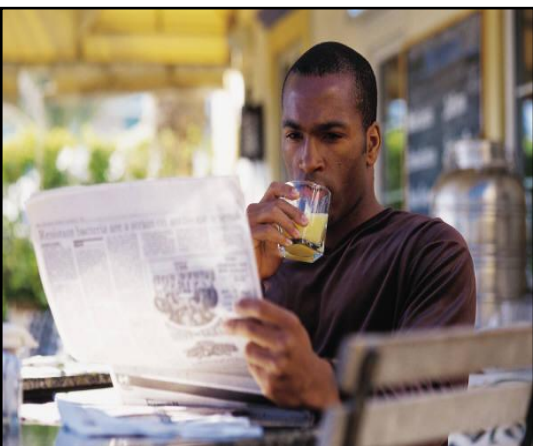
“Born in Torbay”

Focused Outreach - activities that focus on youth groups and link alcohol and sexual health matters



“Girls” “Boys”

Communication Strategy – pro active attracting national recognition



**Engagement of the whole Community
“Torbay ~ Your Bay”**