

# Blackpool Alcohol Strategy 2016-2019


Blackpool Council



**Contents****Page No**

<b>1</b>	<b>Introduction</b>	<b>2</b>
<b>2</b>	<b>The Blackpool Alcohol Strategy 2016-2019</b>	<b>3</b>
<b>3</b>	<b>Alcohol related harm</b>	<b>3</b>
<b>4</b>	<b>Alcohol related harm in Blackpool</b>	<b>9</b>
<b>5</b>	<b>Policy context</b>	<b>13</b>
<b>6</b>	<b>Evidence base: what works to reduce alcohol related harm</b>	<b>15</b>
<b>7</b>	<b>Achievements so far</b>	<b>17</b>
	<b>Action plan</b>	<b>19</b>
	<b>References</b>	<b>29</b>

<b>Figures</b>		
<b>1</b>	<b>Patterns of alcohol consumption</b>	<b>4</b>
<b>2</b>	<b>Percentage of adult population who binge drink</b>	<b>5</b>
<b>3</b>	<b>Alcohol and mortality</b>	<b>6</b>
<b>4</b>	<b>Alcohol related hospital admissions – broad definition – ward map</b>	<b>7</b>
<b>5</b>	<b>Alcohol related hospital admissions – narrow definition trend</b>	<b>8</b>



## 1. Introduction

There can be no doubt that tackling alcohol-related harm is currently a priority both nationally and locally. Alcohol misuse in the northwest region of England is the worst in the UK, and Blackpool has high levels of alcohol related harm (health, disorder, violence) for the size of the population.

The health of people in Blackpool is generally worse than the England average and there are marked inequalities both between Blackpool and the national average and within the town itself. Life expectancy for men in Blackpool is the lowest in the country at 73.6 years and third lowest in the country for females at 79.4 years (England averages of 78.6 for men and 82.6 for women). There is considerable variation within Blackpool where life expectancy is 12.8 years lower for men and 8.1 years lower for women in the most deprived areas than the least deprived areas of the town. Although the overall trend shows life expectancy to be improving, it is not improving as fast in Blackpool as it is elsewhere and the gap between Blackpool and the national average is widening. Not only do people in Blackpool live shorter lives, but they also spend a smaller proportion of their lifespan in good health and without disability and in the most deprived areas of the town disability-free life expectancy is around 50 years. One of the main causes of shorter life expectancy in Blackpool is alcohol related diseases.

This Strategy has been developed, to build on the achievement of the previous Blackpool Alcohol Strategy 2013-2016, in collaboration with partners from the Blackpool Alcohol Strategy group, agreeing the vision, outcomes, objectives and actions.

The partners involved in drafting this strategy are listed below:

- Lancashire Constabulary
- Lancashire Fire and Rescue
- North West Ambulance
- Blackpool Bid
- Blackpool Pubwatch
- NSPCC
- Blackpool and the Fylde College
- Blackpool Teaching Hospitals NHS Foundation Trust
- Public Health England
- Horizon Substance Misuse Treatment service
- Blackpool Council Licensing Authority
- Blackpool Council Public Health
- Blackpool Council Partnerships and Business Development
- Blackpool Council Organisation and Workforce Development
- Blackpool Council Trading Standards

## 2. The Blackpool Alcohol Strategy 2016-2019

Blackpool has developed this strategy to deal specifically with the very unique problems faced by the town.

The importance of alcohol misuse as a public health issue has been highlighted in a number of key policy and strategy papers both locally and nationally. Addressing the harm caused by alcohol has been a Blackpool priority for many years. Indeed, significant investment has been made to tackle alcohol related problems and although progress has been made, alcohol harm indicators in Blackpool remain amongst the highest in the country.

The Blackpool Alcohol Strategy group has developed this Alcohol Strategy 2016-2019, as a continuation of the work achieved through the previous Alcohol Strategy 2013-2016, on behalf of the Blackpool Health and Wellbeing Board.

The strategy sets out the strategic priorities for local partners in tackling alcohol-related harm in Blackpool over the next three years. A robust action plan will support delivery of the strategy by setting out how partners will take responsibility for making it happen.

### 2.1 Developing healthy attitudes to alcohol across the life course

The strategy outlines the actions being taken locally to reduce alcohol-related harm across the life course. Actions will focus on:

- Starting well: Reducing alcohol related harm during preconception, pregnancy and the early years
- Growing well: Reducing alcohol related harm among school age children in Blackpool
- Living well: Reducing alcohol related harm in working age adults
- Aging well: Reducing alcohol related harm in older adults
- Keeping our local communities safe from alcohol-related harm

### 2.2 Changing the environment and promoting responsible retailing

The strategy aims to ensure alcohol is sold responsibly by developing programmes of work, which support the use of existing laws, regulations and controls available to all the local partners, to minimise alcohol related harm.

### 2.3 Early identification and support for alcohol issues

We recognise the need for efficient methods to effectively screen, identify and offer support to individuals to reduce alcohol consumption and ensure appropriate referral pathways are in place to effective treatment services. Effective early intervention can save lives. This strategy aims to ensure that the most effective provision is in place to ensure individuals, identified as having an alcohol misuse problem, can access effective alcohol treatment services and recovery support.

In implementing decisive alcohol reduction policies, Blackpool Council and our partners must show leadership in responding to the direction of travel set out in this Strategy. Communities themselves also have a role to play. Whole population approaches such as regulation and investment in services must be supported by interventions which are driven by, and meet the needs of, local communities. We all need to consider, as individuals and communities, what we can do to support each other to make alcohol harm a thing of the past and improve not only our own health but also the health of our local areas. We are confident that by working in partnership we will be able to reduce the harm caused by alcohol misuse, improve the quality of life of the people of Blackpool and make Blackpool an even safer place to live, work and visit.

It will concentrate its efforts on three priority themes as they believe these to be the areas of greatest opportunity where the greatest differences can be made.

### 2.4 Vision

**A Blackpool where there is no alcohol related harm**

### 2.5 Strategic Aim

**To prevent and reduce alcohol related problems in Blackpool**

### 2.6 Key priorities

- Developing healthy attitudes to alcohol across the life course
- Promoting responsible retailing
- Early identification and support for alcohol issues

### **3 Alcohol related harm**

#### **3.1 Health related alcohol harm**

Alcohol is a major cause of ill health; it causes and contributes to a wide range of serious health problems, accidents and deaths. Alcohol causes and contributes to numerous health problems including liver and kidney disease; cancers of the mouth and throat, liver, larynx, colon and breast; acute and chronic pancreatitis; heart disease; high blood pressure; depression; stroke and alcohol exposed pregnancies. In most cases, the relationship between alcohol and disease is 'dose-dependent' - that is the more alcohol consumed, the greater the risk of disease.

#### **3.2 Crime and disorder related alcohol harm**

Alcohol misuse also has a detrimental effect on families and society; 40% of domestic violence cases result from alcohol misuse and every week on average more than 100 children call Childline upset about their parents' alcohol and/or drug use. There were almost 1 million alcohol-related violent crimes in England and Wales in 2010/11. According to the 2013/14 Crime Survey for England and Wales, 19 per cent of people thought that people being drunk or rowdy in public places was a very big or fairly big problem in their area. It is estimated that the cost of alcohol-related harm to society is £21 billion.

### **4 Alcohol related harm in Blackpool**

#### **4.1 Alcohol consumption in Blackpool**

##### *4.1.1 Patterns of alcohol consumption in Blackpool*

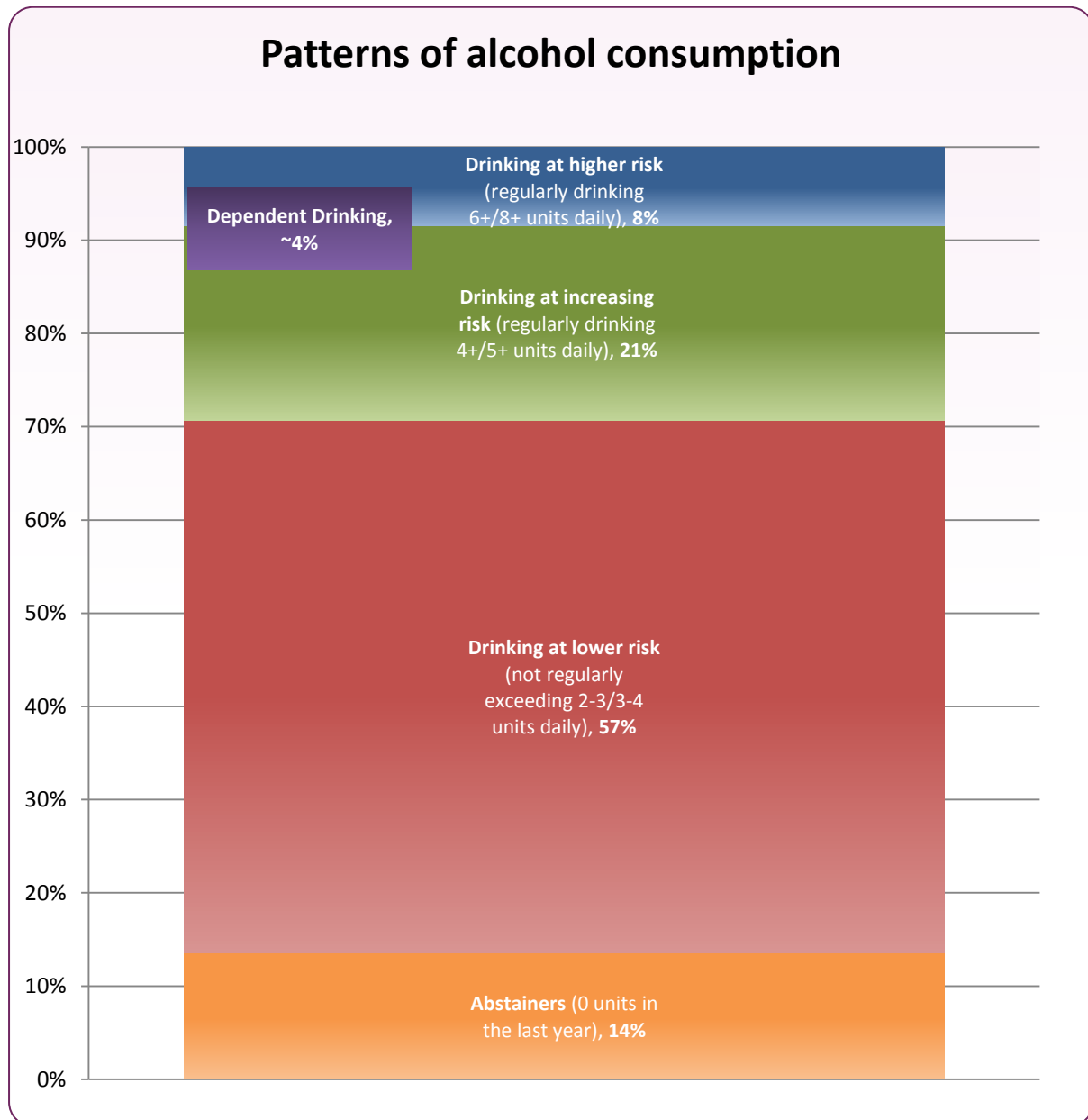
Figure 1 demonstrates how alcohol drinking behaviour is classified. The more units regularly consumed per day increases the risk factor, whilst binge drinkers could drink at any level normally with an occasional binge. Dependent drinkers are predominantly a subset of either increasing risk or high risk drinkers, however recovering drinkers could be abstinent but remain dependent.

Low-risk drinking is defined as drinking within Government guidelines and making a personal assessment of particular risks and responsibilities at the time. Increasing risk drinking is defined as drinking more than the sensible drinking guidelines but without having experienced any alcohol-related harms. Higher risk drinking is defined as drinking more than the low risk drinking guidelines and already experiencing some alcohol-related harms (but no dependence). Dependent drinking is defined as (normally) drinking more than the low risk drinking guidelines, experiencing alcohol-related harms and signs of psychological and/or physical dependence. Binge drinking generally refers



to drinking large amounts of alcohol in a limited time period. It is usually defined as more than six units for women and more than eight units for men in one occasion; however binge drinkers may sit in any of the drinking risk groups.

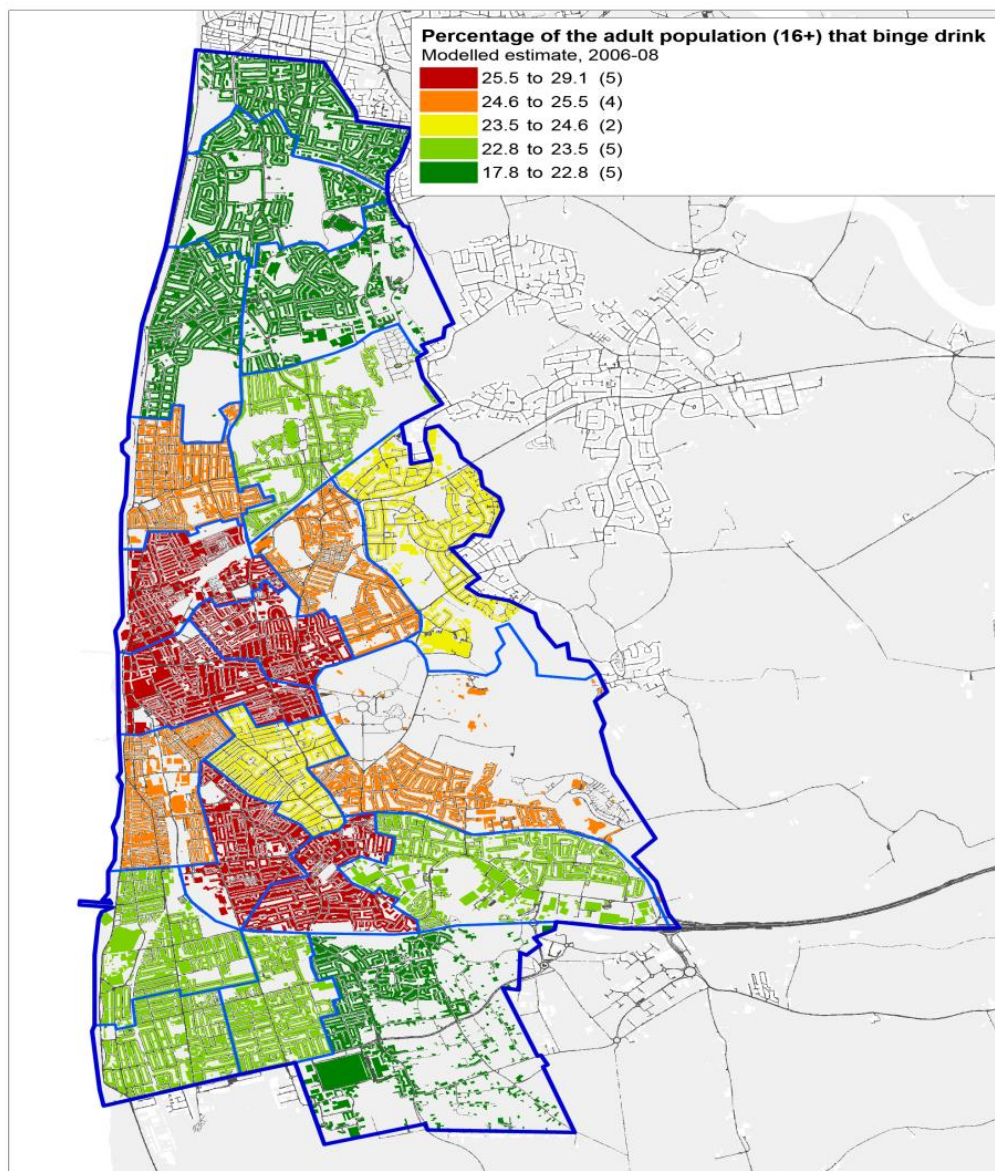
**Figure 1: Patterns of alcohol consumption**



#### 4.12 Geographical variations in consumption in Blackpool

Alcohol consumption varies, in levels, between different wards across Blackpool. Figure 2 shows a map of binge drinking expressed as the percentage by ward in Blackpool. Also, greater deprivation is associated with higher rates of alcohol dependency.

Figure 2: Percentage of adult population who binge drink



## 4.2 Health related alcohol harm in Blackpool

### 4.2.1 Mortality

Figure 3 shows that Blackpool is worse than the England average on all alcohol mortality indicators, with some indicators being the worst in the country, including alcohol-specific mortality for males, mortality for chronic liver disease for all persons and mortality for chronic liver disease for males.



**Figure 3: Alcohol and Mortality**

## Mortality

	Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
1	1.01 - Months of life lost due to alcohol (Male)	2011 - 13	28.0	12.0	6.1	28.0
2	1.01 - Months of life lost due to alcohol (Female)	2011 - 13	10.2	5.6	13.5	2.8
3	2.01 - Alcohol-specific mortality (Persons)	2011 - 13	30.5	11.9	31.2	3.4
4	2.01 - Alcohol-specific mortality (Male)	2011 - 13	44.5	16.6	44.5	3.6
5	2.01 - Alcohol-specific mortality (Female)	2011 - 13	17.0	7.5	29.9	1.6
6	3.01 - Mortality from chronic liver disease (Persons)	2011 - 13	31.7	11.7	31.7	3.3
7	3.01 - Mortality from chronic liver disease (Male)	2011 - 13	44.8	15.5	44.8	2.4
8	3.01 - Mortality from chronic liver disease (Female)	2011 - 13	19.1	8.2	23.7	0.0
9	4.01 - Alcohol-related mortality (Persons)	2013	79.5	45.3	83.6	27.9
10	4.01 - Alcohol-related mortality (Male)	2013	113.6	65.4	117.3	38.5
11	4.01 - Alcohol-related mortality (Female)	2013	49.8	28.4	68.7	14.8

Source: Local Alcohol Profiles

### 4.2.2 Alcohol related mortality

Definition: Mortality from alcohol-related conditions, directly age-standardised rate, all ages, per 100,000 per population. Includes; conditions wholly-attributable and partially-attributable to alcohol.

Alcohol related mortality for males in Blackpool is significantly higher than the national average. In 2013, there were 75 alcohol-related deaths of Blackpool residents.

Alcohol related mortality for females in Blackpool, although the rate had seen a decrease, reaching similar rates to the England average in 2011/2012, by 2013 the rate began to rise again. In 2013, there were 37 alcohol-related deaths of Blackpool resident females.

### 4.2.3 Hospital admissions due to alcohol

Alcohol-related hospital admissions can be a result of regular alcohol use above lower-risk levels and are most likely to be found in increasing-risk drinkers, higher-risk drinkers, dependent drinkers and binge drinkers. Health conditions in which alcohol plays a causative role can be classified as either 'alcohol-specific' or 'alcohol-related'.

### 4.2.4 Alcohol related hospital admissions

Alcohol related admissions include all alcohol-specific conditions plus those where alcohol is causally implicated in some but not all cases, for example high blood pressure, various cancers and falls.

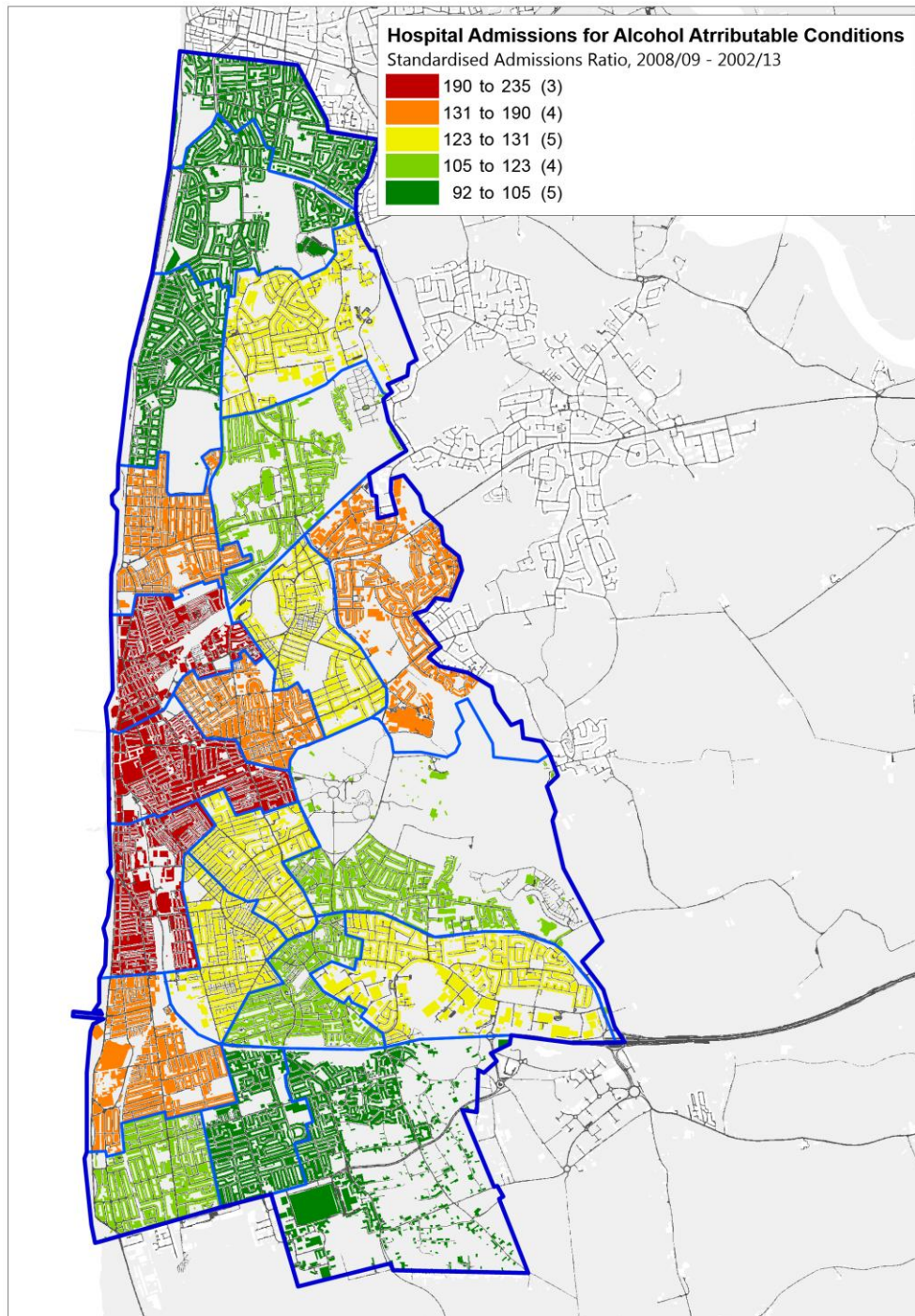
Alcohol related hospital admissions are split into two types of measure; broad and narrow.

The broad measure is an indication of the totality of alcohol health harm in the local adult population.

The rate of alcohol related hospital admissions has risen both locally and nationally.

Figure 4 shows how the highest rates of alcohol related hospital admissions are concentrated in Blackpool's most disadvantage communities, in the centre of the town.

**Figure 4: Alcohol Related Hospital Admissions - Broad Definition – Ward Map**

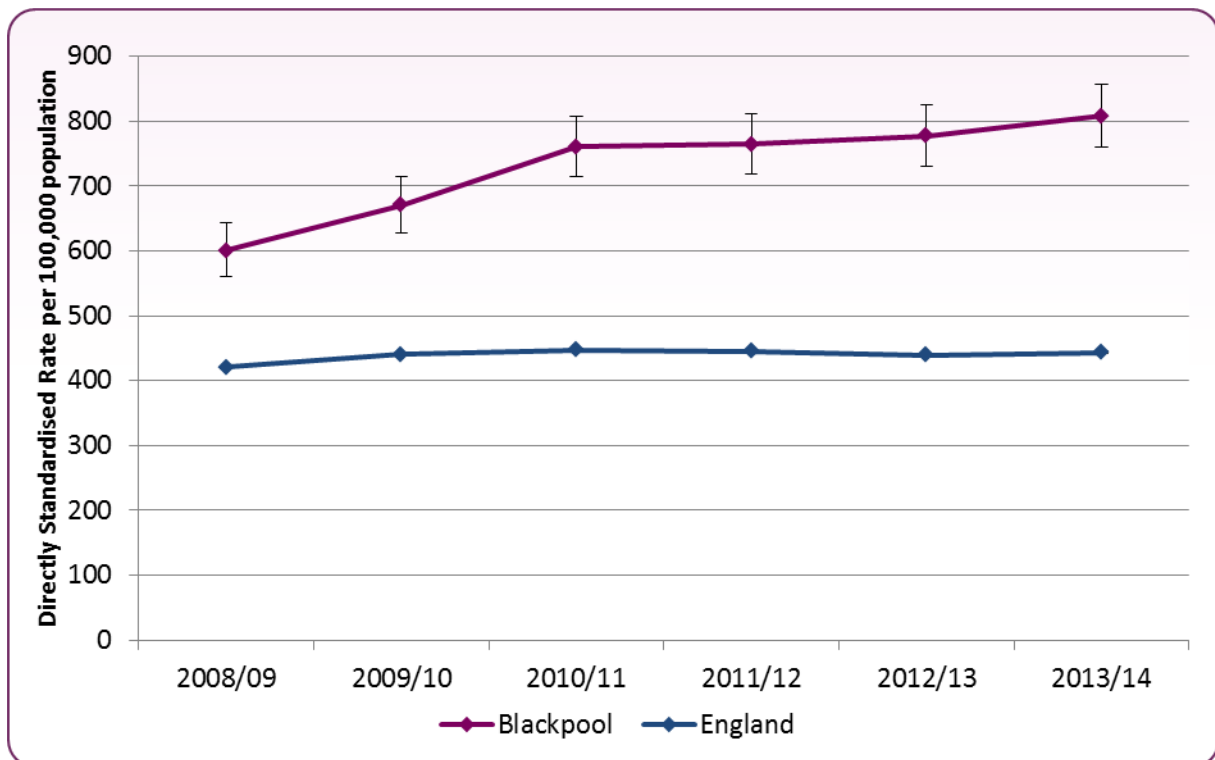


Source: Local Health

The narrow measure shows the number of admissions where an alcohol-related illness was the main reason for admission or was identified as an external cause. This definition is more responsive to change resulting from local action on alcohol and is included as an indicator in the Public Health Outcomes Framework.

Figure 5 shows the trend in alcohol related hospital admissions between 2008/2009 to 2013/2014 using the narrow measure.

**Figure 5: Alcohol Related Hospital Admissions - Narrow Definition Trend**



Source: Local Alcohol Profiles

Blackpool has the highest rate of alcohol related hospital admissions, using the narrow definition, of any local authority in England.

#### 4.3 Crime and disorder alcohol related harm in Blackpool

Alcohol is too often a precursor and catalyst for crime and disorder in Blackpool in addition to creating health and safety issues in the wider community. There is a correlation between Blackpool's areas of deprivation and hotspots for violent crime, domestic abuse, and criminal damage, all associated with alcohol abuse to some degree.

Visitors to Blackpool swell the local population significantly during summer months, and although they make a huge contribution to the local economy, including a substantial 'night-time economy', they also contribute to the local crime statistics as victims or offenders. This 'tourism effect' does have negative impact on crime and disorder statistics.

'Alcohol-related' incidents are defined as those incidents where the victim perceived the offender(s) to be under the influence of alcohol at the time of the incident.

Although the number of cases each year is small, Blackpool residents are significantly more likely to be victims of alcohol-related sexual crime than England as a whole. There were 41 cases of alcohol-related sexual crime in 2012/13 experienced by Blackpool residents.

The Blackpool reported rate of alcohol-related violent crimes is more than double the England and North West rate.

Between 2011/2012 and 2013/2014, there were 1,109 assault related injury emergency attendances at Blackpool Victoria Hospital which occurred in the home. Almost three-quarters (73%) resided in Blackpool unitary authority.

## 5 Policy context

Reducing the harm caused by alcohol is both a national and local priority.

### 5.1 National policy context

In March 2012, **The Government's Alcohol Strategy** was launched. This strategy sets out the Government's approach to turning the tide against irresponsible drinking. The alcohol strategy set out proposals to crackdown on the 'binge drinking' culture, curb alcohol fuelled violence and disorder that blights too many of our communities, and reduce the number of people drinking to damaging levels. The alcohol strategy built upon the Government's Drug Strategy 2012, which set out the ambition to increase effective treatment and support full recovery for those suffering from addictions, including alcohol.

**Health first: An evidence based alcohol strategy for the UK** was written by an independent group of experts and calls upon the UK government to go further in order to reduce alcohol harm. Health First sets out evidence-based actions with the aim of changing society's relationship with alcohol for the better. The top ten recommendations included in the Health First strategy are:

1. A minimum price of at least 50p per unit of alcohol should be introduced for all alcohol sales, together with a mechanism to regularly review and revise this price.
2. At least one third of every alcohol product label should be given over to an evidence-based health warning specified by an independent regulatory body.

3. The sale of alcohol in shops should be restricted to specific times of the day and designated areas. No alcohol promotion should occur outside these areas.
4. The tax on every alcohol product should be proportionate to the volume of alcohol it contains. To incentivise the development and sale of lower strength products, the rate of taxation should increase with product strength.
5. Licensing legislation should be comprehensively reviewed. Licensing authorities must be empowered to tackle alcohol-related harm by controlling the total availability of alcohol in their jurisdiction.
6. All alcohol advertising and sponsorship should be prohibited. In the short term, alcohol advertising should only be permitted in newspapers and other adult press. Its content should be limited to factual information about brand, provenance and product strength.
7. An independent body should be established to regulate alcohol promotion, including product and packaging design, in the interests of public health and community safety.
8. The legal limit for blood alcohol concentration for drivers should be reduced to 50mg/100ml.
9. All health and social care professionals should be trained to routinely provide early identification and brief alcohol advice to their clients.
10. People who need support for alcohol problems should be routinely referred to specialist alcohol services for comprehensive assessment and appropriate treatment.

**The Licensing Act 2003** and its regulations set out the law on alcohol licensing. It provides a framework within which licensing authorities process and determine applications and exercise other licensing functions.

Under the Licensing Act 2003, local licensable authorities regulate 4 'licensable activities'. These are the:

- sale of alcohol
- supply of alcohol (for example, in a members' club)
- provision of regulated entertainment
- provision of late-night refreshment (after 11pm)

Licensing authorities must promote the 4 statutory licensing objectives of:

- preventing crime and disorder
- preventing public nuisance
- public safety



- protecting children from harm.

In 2010 the Government set out an aim to overhaul alcohol licensing to address rebalancing the Licensing Act 2003 in favour of local communities in order to reduce crime and disorder and the health and social harms caused by alcohol.

Amended guidance issued under **section 182 of the Licensing Act 2003** has recently been made available which calls on licensing authorities to be bold and innovative in their approach to alcohol licensing in order to protect the public from alcohol-related harms. The amended guidance provides new powers for the police and licensing authorities to close down problem premises and deal with alcohol-fuelled crime and disorder, and enables tougher action on irresponsible promotions in pubs and clubs. It also includes guidance for local authorities on the process of adopting early morning restriction orders (EMROs), late night levies (LNLs) and introducing Cumulative Impact Policies (CIP).

In addition the **Police Reform and Social Responsibility Act 2011** provides new powers to reduce alcohol-related crime and disorder and reduce underage sales. The act includes:

- doubling the fine for persistent underage sales to £20,000
- introducing a LNL to help cover the cost of policing the late-night economy
- increasing the flexibility of early morning alcohol restriction orders
- reducing the evidential requirement placed upon licensing authorities when making their decisions
- removing the vicinity test for licensing representations to allow more people to comment on alcohol licences
- reforming the system of temporary event notices
- suspension of premises licences if annual fees aren't paid

The National Planning Policy Framework, 2012 sets out the government priorities for town and country planning in England. The framework emphasises the role planning has in shaping physical environments to enable people to make healthier choices, which would include healthier choices around alcohol.

This framework has a section on promoting healthy communities, and within that there are actions which link with preventing alcohol related harm. For example, it is stated that planning policies and decisions should achieve places which: promote safe and accessible environments where crime and

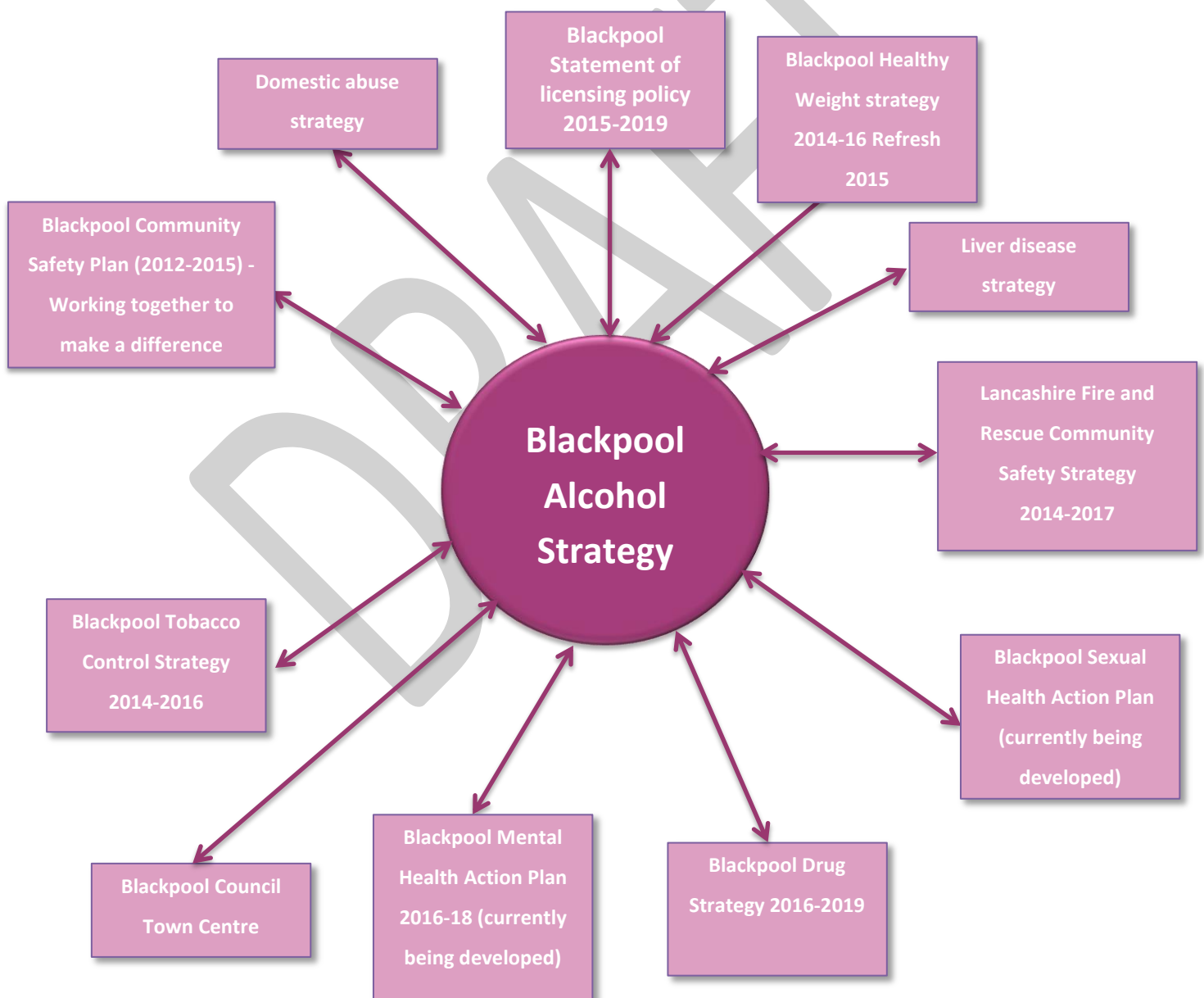
disorder, and the fear of crime, do not undermine quality of life or community cohesion; and plan positively for the provision and use of shared space, community facilities (such as local shops, meeting places, sports venues, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments.

## 5.2 Local policy context

The harmful impacts of alcohol described above have been recognised by partners in Blackpool and reducing alcohol related harm has been identified as a priority by the Health and Wellbeing Board, Community Safety Partnership and Blackpool Children’s Safeguarding Board.

Many local strategies link to and influence local actions to reduce alcohol-related harm in Blackpool.

Key local strategies which have influenced the strategy development are outlined below:



## 6 Evidence base: what works to reduce alcohol –related harm?

In order to reduce alcohol-related harm in Blackpool it will be vital we take an evidence-based approach. There has been extensive research and guidance published around reducing alcohol related harm, a brief summary is provided below.

### 6.1 Prevention

Information and education are necessary components of a comprehensive approach to reducing the harm from alcohol. Interventions such as media campaigns and school education programmes are important both in increasing knowledge and in changing attitudes to alcohol. NICE recommends that alcohol education should be an integral part of the school curriculum and should be tailored for different age groups and different learning needs (NICE, 2007).

However the evidence suggests that information and education initiatives are unlikely, on their own, to deliver sustained changes in drinking behaviour (World Health Organization, 2009). They will only help to change behaviour if they are supported by actions in the areas outlined below.

### 6.2 Early identification

There is strong evidence that opportunistic early identification and brief advice (alcohol IBA) is effective in reducing alcohol consumption and related problems. NICE has recommended widespread implementation of early identification and brief advice in a range of health and social care settings (NICE, 2010).

### 6.3 Treatment

NICE has published detailed guidelines on the identification, assessment and management of harmful drinking and alcohol dependence. These guidelines recommend improved access to effective interventions delivered by specialist services. These include psychological interventions and community-based assisted withdrawal programmes (NICE, 2011).

The Royal College of Physicians recommend that every acute hospital have an Alcohol Liaison Nurse to manage patients with alcohol problems within the hospital and liaise with community services (Royal College of Physicians, 2001).

#### 6.4 Price of alcohol

Making alcohol less affordable is the most effective way of reducing alcohol-related harm. There is overwhelming evidence that increasing the price of alcohol through taxation reduces alcohol intake. There is also clear evidence that reductions in alcohol consumption achieved through price increases translate into reductions in alcohol-related harm. Increases in the price of alcohol are associated with reductions in alcohol-related deaths and illness, traffic crash fatalities and drink driving, incidence of risky sexual behaviour and sexually transmitted infections, other drug use, violence and crime. The reverse is also true: price cuts increase harm (University of Stirling, 2013).

An important study from the University of Sheffield has worked out that setting a minimum cost of 50p per unit of alcohol means that nationally each year there would be 98,000 fewer hospital admissions, 3,000 lives will be saved and there will be 40,000 fewer crimes (Holmes et al, 2014).

#### 6.5 Availability of alcohol

International evidence suggests that making it less easy to buy alcohol, by reducing the number of outlets selling it in a given area and the days and hours when it can be sold, is an effective way of reducing alcohol-related harm. Based upon this evidence, NICE have recommended that legislation on licensing should be revised to include 'protection of the public's health' as the 5<sup>th</sup> licensing objective (NICE Public Health Guideline, 2010).

#### 6.6 Promotion of alcohol

There is evidence that alcohol advertising does affect children and young people. It shows that exposure to alcohol advertising is associated with the onset of drinking among young people and increased consumption among those who already drink. All of the evidence suggests that children and young people should be protected as much as is possible by strengthening the current regulations. See:- [S:\Substance Misuse\Alcohol\Drinkwise\Lets look again at alcohol\Lets Look Again At Alcohol Report.pdf](#)

#### 6.7 Reducing alcohol-related crime and disorder and promoting a vibrant and diverse night time economy

Policy tools that can reduce the problems associated with alcohol, crime and disorder and the night time economy include:

- Alcohol pricing
- Licensing

- Premise design and operations
- Public realm (e.g. CCTV, street lighting)
- Policing
- Transport (covering buses and taxis)
- Public education campaigns and engagement

## 6.8 Planning

A recent study by the Joseph Rowntree Foundation identified the scope to develop planning policies to discourage excessive alcohol consumption – this included ensuring land is clearly allocated for non-alcohol –related youth leisure facilities, and separated from alcohol-based leisure. Wider planning policy changes in relation to the night-time economy may also reduce alcohol related harm. For example street lighting can increase surveillance and so help reduce violence and fear (Ramsey et al, 1991).

## 7 Achievements so far

The previous strategy was structured around four key objectives. Highlighted below are just some of the achievements from each of these four areas;

### 7.1 Reduce alcohol related ill-health:

- ✓ Over 4200 staff working within the NHS and community sector workforce have received Identification and Brief Advice Training
- ✓ Successful provision of a Night Safe Haven delivered, with NWS as lead provider from 2015, and agreement from Blackpool CCG and Fylde and Wyre CCG to fund service for a further 12 months from April 2016.
- ✓ Partnership with Better Start has enabled key focus on Alcohol Exposed Pregnancies
- ✓ ‘Supported house’ established providing community detox service to Blackpool residents (Horizon as provider)
- ✓ Funding received to implement a ‘recovery housing model’ – properties currently being purchased

### 7.2 Reduce alcohol related anti-social behaviour and crime:

- ✓ Alcohol awareness courses introduced as an alternative to fixed penalty notices
- ✓ Training courses delivered to magistrates to promote Alcohol Treatment Requirement awareness
- ✓ Public Space Protection Order, including the prohibition of the consumption of alcohol in a public place, came into force 1<sup>st</sup> November 2015



- ✓ Responsible authorities group established
- ✓ Stronger working relationships between Public Health and other Responsible Authorities developed in relation to alcohol licensing activity

7.3 Improve Blackpool's cultural attitude to alcohol, providing a safe, enjoyable and sustainable environment for visitors and residents to improve the town's economy:

- ✓ A number of alcohol harm reduction campaigns have been delivered with partners (including Alcohol Awareness Week linking to the Safer Sleep campaign, the BSafe facemat safety campaign and an Alcohol Units campaign within Blackpool Teaching Hospitals NHS Foundation Trust)
- ✓ 343 individuals from the licensed trade attended Award in Responsible Alcohol Retailing training
- ✓ The roll out of Selective Licensing in Claremont was initiated
- ✓ Work continues to advocate for MUP - a senior managers event has been held with Global Expert to explore the introduction of local level legislation
- ✓ Restrictions on advertising and sponsorship from the alcohol industry introduced at some Blackpool based events, where there were no alcohol related advertisements or sponsorship at these events
- ✓ The number and variety of establishments in the twilight time economy has increased – including the introduction of family friendly restaurateurs and the introduction, by BID, of an early evening events calendar
- ✓ Our Life were commissioned to deliver 'Talking Drink: Taking Action – The Blackpool Alcohol Inquiry' with participants being recruited from the area of Grange Park. The Inquiry ran for ten weeks from January to April 2014

7.4 Provide a safe alcohol-free environment for children and empower young people to make informed decisions in relation to alcohol

- ✓ PHSE programme now being delivered in all secondary schools across Blackpool which includes alcohol awareness in the Drugs and Alcohol Scheme of Work (including a FASD lesson plan)
- ✓ Alcohol exposed pregnancy awareness training included within health professionals Brief Intervention training courses by BTH
- ✓ An 'alcohol harm awareness' campaign was developed and delivered by young people from Mereside Youth Club – broadcast during Dry January 2015 on Rock FM. The campaign linked in with the Families in Recovery group.

## Action plan

### *Developing healthy attitudes to alcohol across the life course*

ACTION	HOW	WHEN	BY WHOM
Develop and deliver a targeted alcohol awareness campaign to influence behaviour change amongst working age adults	1 campaign	Jan 2017	Public Health Communications
To ensure that 'alcohol harm-reduction' is considered in the delivery of any actions resulting from the Public Health Service engagement with men report 2015.	Explore actions within report  Ensure actions are consistent with outcomes of report  Share relevant findings with relevant service delivery partners	2019	Public Health
To receive feedback from the police on the outcomes of zero tolerance drink driving campaigns	2 feedback sessions per year	ongoing	Police

### **Actions linked to other strategies**

ACTION	HOW	WHEN	BY WHOM	LINKED STRATEGY
Use co-developed participatory action research to develop and then deliver a campaign	Identify key stakeholders  Submit ethics application for research (Study 1 late April	July 2016 (Study 1)  September (Study 2)	NSPCC (CECD) Better Start	Blackpool Better Start Strategy

	<p>2016) Study 1: Understanding the different ways the Blackpool community can help prevent babies and young children from being harmed by alcohol.</p> <p>Submit ethics application for research (Study 2, late June 2016) Study 2: Developing and assessing the perceived effectiveness of a mass media intervention for the prevention of alcohol-exposed pregnancy, in socioeconomically disadvantaged populations.</p> <p>Tender for data collection</p>			
To deliver alcohol education unit within schools PSHE programme	<p>Unit is delivered in all schools including Academies</p> <p>A minimum of 2500 students per year (year 7, 8 and 9) to complete Drugs and Alcohol PSHE unit or suitably approved alternative</p>	March 2019	The Hub/WISH	
Increase awareness of the harms of alcohol and the safe care of young children when adults are under the influence	Develop and deliver a communications plan	March 2017	<p>Blackpool Children's Safeguarding Board</p> <p>Blackpool Council communications team</p> <p>Public Health</p>	Blackpool Children's Safeguarding Board Communications plan 2016
To tackle alcohol related violent crime in the night time economy	To develop a delivery plan for alcohol related violent crime	March 2017	Community Safety Tactical Tasking group	Blackpool Community Safety plan 2016-2019

*Changing the environment and promoting responsible retailing*

ACTION	HOW	WHEN	BY WHOM
Ensure the 'promotions and advertising code of practice' continues to be implemented through planning, licensing, marketing, media and working with the wider industry.	Lobby MPs to advocate for national legislation	March 2019	Dr Arif Rajpura Philip Welsh Blackpool BID
Explore the possibility of introducing a by-law banning the advertising of alcohol in Blackpool	Explore with the legal team the possibility of introducing the by-law  Present a report to Alcohol Steering Group on the options explored including recommendations for possible action	March 2018	Public Health
Continue to advocate for Minimum Unit Pricing (MUP) through legislation across the North West	Lobby MPs to advocate for national legislation	March 2019	PHE  Public Health – Dr Arif Rajpura  Blackpool Alcohol Strategy Steering group
Continue to advocate for a 5 <sup>th</sup> Licensing objective relating to public health	Lobby MPs to advocate for national legislation	March 2019	PHE  Public Health – Dr Arif Rajpura

			Blackpool Alcohol Strategy Steering group
Pilot the re-introduction of the ALTN8 campaign	<p>Explore funding options to re-introduce campaign</p> <p>Explore pilot venues</p> <p>Gain commitment from pilot venues and implement pilot</p> <p>Evaluate pilot and produce report to Alcohol steering group including recommendations</p> <p>Include campaign messages within the criteria for the licensed premises accreditation scheme, when developed.</p>	March 2018	<p>Public Health</p> <p>Communications</p> <p>Pub Watch</p> <p>Night time Economy Working group</p>
Change the nature of alcohol displays in off-license premises so alcohol is not in direct view of children	<p>To develop pilot scheme in 2 identified 'problem' wards</p> <p>Evaluate pilot</p> <p>Produce report to Alcohol Steering group including recommendations for roll out across Blackpool</p>	March 2018	<p>Mark Marshall</p> <p>Public Health</p>
To explore how 'community protections warnings' can be used to influence individuals to consider alcohol treatment (focus on influencing behaviour	Key managers to meet and agree how this will be implemented, including	March 2017	Dominic Blackburn/ Matthew Dougall



<p>change not criminalising)</p>	<p>types of requirements</p> <p>Begin to issue community protection warnings with positive requirements</p> <p>Identify how treatment services can deliver sessions to encourage individuals, referred through use of 'new tools and powers', into treatment</p>		<p>Alcohol Treatment Services</p> <p>Public Health</p>
<p>To improve public awareness, bar server compliance and police enforcement of Section 141 and 142 of the Licensing Act 2003 (Knowingly selling alcohol to, or purchase alcohol for, a drunk person).</p>	<p>Engage relevant stakeholders to jointly develop and deliver a pilot intervention aimed at increasing awareness of legislation amongst public &amp; licensed premises staff</p> <p>Evaluate pilot to consider roll out of intervention across Blackpool</p>	<p>March 2019</p>	<p>Enforcement/ Licensing</p> <p>Police</p> <p>Public Health</p> <p>Other identified stakeholders</p>
<p>To explore ways to reduce the harm caused by alcohol as a result of 'drinking tourism'</p>	<p>Gather and exchange good practice, knowledge and experience in relation to 'drinking tourism' with partner organisations across Europe</p>	<p>March 2019</p>	<p>Public Health</p> <p>Philip Welsh – Visitor Economy</p> <p>Night time economy working group</p>

	Work with local partners to pilot relevant best-practice interventions		
--	------------------------------------------------------------------------	--	--

### Actions linked to other strategies

ACTION	HOW	WHEN	BY WHOM	LINKED STRATEGY
To develop an accreditation scheme based on the Licensing Manual	Agree stakeholders to develop the scheme (including 1 member from the industry)  Develop scheme and begin roll out	March 2017	Night Time Economy Working Group	Night Time Economy Working Group action plan
Continue to provide 'safer taxi scheme'	Community safety team to continue to commission safer taxi scheme	March 2017	Dominic Blackburn	Blackpool Community Safety Plan 2016-2019
Continue to provide taxi marshal scheme	Community safety team to continue to commission taxi marshal scheme	March 2017	Dominic Blackburn	Blackpool Community Safety Plan 2016-2019
Continue to improve the early evening economy	Support the delivery of the Night Time Economy working group action plan	March 2019	Partners of Alcohol Steering group	Night Time Economy working group action plan

*Early identification and support for alcohol issues*

<b>ACTION</b>	<b>HOW</b>	<b>WHEN</b>	<b>BY WHOM</b>
Ensure the early identification and support of school age children drinking alcohol	Ensure the Children's Services Social Work team have access to IBA delivered by the Hub/WISH.	March 2018	Children's services Social work team  Hub/WISH
Ensure school age children identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	To promote awareness of pathways to key partners	March 2017	Alcohol Treatment Services
Ensure individuals identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	Complete review of treatment services and produce recommendations for action  Redesign of treatment services in line with recommendations	September 2016	Public Health – Nina Carter/Rachel Swindells  Blackpool CCG

	<p>Develop links between neighbourhood Integrated Area model and treatment services</p> <p>Improve links between Blackpool Teaching Hospital's Alcohol Liaison Nurse Service and treatment services (consider recommendations following 'Liaison services' review).</p> <p>Develop links with Parents Under Pressure programme</p>		
Support clients achieving and maintaining recovery through meaningful activity and support them to integrate into the community and strengthen their resilience.	To continue to commission 'positive steps' programme to support clients to gain access to employment, education and training	September 2016	Public Health
Continue the 'Night safe haven' provision	NWAS to continue to deliver NSH as lead provider and update Alcohol Steering group on activity	Quarterly up to March 2017	Multi agency partnership - Blackpool CCG Fylde and Wyre CCG NWAS
Explore the possibility of external funding to economically evaluate the Night Safe Haven	Explore funding options via NIHR Research Design Service	March 2017	Public Health - Tamasin Knight

<p>To increase awareness of adult and young people's alcohol treatment services</p>	<p>Alcohol treatment services to develop and deliver a communication plan specifically targeting GP practices with support from Healthwatch</p> <p>Healthwatch to provide a signposting service to alcohol treatment services through community engagement events</p> <p>Healthwatch to promote services through social media</p> <p>To explore opportunities to incorporate Alcohol Identification and Brief Advice training into fire service 'Safe and Well' checks</p>	<p>September 2016</p>	<p>Alcohol Treatment Services</p> <p>Healthwatch</p> <p>Lancashire Fire Service</p>
<p>Explore the possibility of introducing a 'recovery centre' in the town centre</p>	<p>Explore evidence base for 'recovery centres'</p> <p>Produce evidence base including recommendations</p>	<p>March 2018</p>	<p>Public Health</p>
<p>Explore the evidence base for introducing a 'wet garden' to manage street drinking in the town centre</p>	<p>Explore evidence base for 'wet garden' interventions</p> <p>Produce evidence base including recommendations</p>	<p>March 2018</p>	<p>Public Health</p>



**Actions linked to other strategies**

ACTION	HOW	WHEN	BY WHOM	LINKED STRATEGY
Ensure all health professionals and health care staff use consistent 'no alcohol during pregnancy' message	Commission a qualitative research study to understand health professionals and health care staff understanding of the message and the barriers of facilitating/implementing it	2019	NSPCC (CECD) Better Start	Blackpool Better Start Strategy

	Use results of research to develop intervention/resources			
In association with OWD, roll out 'Making Every Contact Count (MECC)' training programme to Blackpool Council staff	Develop programme in association with OWD  Identify trainers  Rollout to all BC departmental staff	Developed by March 2017  Training ongoing up to March 2019	Public Health  OWD within Blackpool Council	Public Health Business Plan

DRAFT

## References

Holmes, J., Meng, Y., Meier P., Brennan, A., Angus, C., Campbell-Burton, A., Guo, Y., Hill-McManus, D & Purshouse, R., (2014). Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study. Vol. 383. P 1655–1664.

NICE (2007). Public Health Guideline; Alcohol: School based interventions. NICE

NICE (2010). Public Health Guideline PH24; Alcohol-use disorders: prevention. NICE

NICE (2011). Clinical guideline 115: Diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE

Royal College of Physicians (2001) Alcohol: can the NHS afford it?. Royal College of Physicians

University of Stirling (2013). Health First: An evidence based alcohol strategy for the UK. University of Stirling

World Health Organization (2009). Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm). WHO

DRAFT