

Gloucestershire

Alcohol Strategy 2006-2009

SUMMARY

Co-Sponsored by Gloucestershire Safer and Stronger
Community Partnership (GSSCP)
& Gloucestershire Healthy Living Partnership (GHLP)

That drinking alcohol is a pleasurable activity for the majority of the adult population is not in question. Alcohol use plays a part in the lives of the whole community, even amongst people and communities who choose not to drink. In most circumstances the consumption of alcohol causes no problems. In a minority of cases the misuse of alcohol causes problems for the person who drinks and their families. Increasingly the consumption of alcohol is having an impact on the wider communities with the problems associated with binge drinking.

The aim of the Gloucestershire Alcohol Strategy is to serve and support local people and communities to deal with alcohol misuse. It will do this by targeting joint benefits to health, social care, District & County Councils, housing, criminal justice partners as well as local neighbourhood and voluntary sector bodies. It fits into the framework of many of the national and local strategies that drive service delivery locally. It is cross cutting for local area agreements.

Why do we need to act locally?

- According to national research, 69,000 adults in the county are drinking at levels hazardous to their health.
- Gloucester has the highest rate of chronic liver disease mortality in the region.
- 43% of offenders are identified as having a criminogenic need as a result of their alcohol use, compared to 22% of offenders who misuse drugs. The recent Inspectorate report identified the chronic lack of alcohol responses for offenders who misuse alcohol.
- There are increasing alcohol related attendances at Emergency Departments (ED) in the county – 16% increase in Gloucester Royal Hospital between 03/04 – 05/06 with a projected 21% rise in 05/06.
 - Admissions following attendance at ED are set to rise by 17% in 05/06.
- Trends indicate that long term health, housing, crime and disorder problems are all set to increase as a consequence of changes in drinking behaviour.
- The cost to the community is estimated at a minimum of £2 million.

On the facing page is an Action Plan containing objectives, milestones, timetables and lead responsibility. An alcohol action group will be formed to oversee its delivery and monitoring.

OBJECTIVES	PRIORITY	TIME SCALE	LEAD AGENCY(S)
1. Strategic			
a. Identify Alcohol Strategic Lead for county	High	1 year	Glos PCT
b. Agree commissioning structure and identify lead for alcohol treatment services	High	1 year	Glos PCT
c. Continue to bring pressure to reduce alcohol related crime in line with local Strategies	Medium	2 years	CDRP
d. Identify sources of funding to support the delivery of the Strategy	High	Ongoing	GSSCP, GHLP
e. Integrate Strategy into other county Strategies	Medium	Ongoing	All
2. Promotion			
a. Raise awareness within the local population about alcohol and services through a range of sources	Medium	Ongoing	SAGs; LAA
b. Develop a marketing programme to support the delivery of the Strategy	Medium	Ongoing	GSSCP; GHLP
3. Prevention			
a. Target preventative activities at key and high risk groups	High	2 years	Alcohol Action Group
b. To work with Licensing Authorities, retailers, Publicans, Breweries to develop a co-ordinated response to the promotion of sensible drinking behaviour and reduction of binge drinking	Medium	3 years	GSSCP; GHLP; CDRPs; SAGs
4. Models of Care			
a. Deliver a choice in service provision across the County in line with Models of Care (MOCAM)	Medium	2 years	Glos PCT
b. Deliver a range of client pathways & service provision across the County in line with Models of Care (MOCAM)	High	1 year	Glos PCT; Providers
5. Treatment & Intervention			
a. Target treatment activities at key or high risk groups including Probation and Prison	High	2 years	Alcohol Action Group
b. Establish interventions in Emergency Departments across the county	High	1 year	Glos PCT; GHT
6. Support & Training			
a. Develop and support Alcohol Service User and/or Carer involvement and consultation	High	2 years	Formal support of all agencies
b. Develop and support Alcohol Service User and/or Carer involvement and consultation	High	2 years	Formal support of all agencies
c. Establish the need for alcohol related housing in partnership including PPOs	Medium	3 years	Supporting People; Housing
d. Partners to sign up to inter agency alcohol awareness & training based on MOCAM	Medium	3 years	GSSCP/GHLP
7. Monitoring & Review			
a. Establish the effective local monitoring of alcohol misuse in the area	High	2 years	Public Health
b. Monitor & review the effectiveness of the delivery of Strategy via Alcohol Action Group	High	Ongoing	GSSCP; GHLP

Local Alcohol Services

Alcoholics Anonymous

www.alcoholics-anonymous.org.uk

Countywide Specialist Substance Misuse Services (CSSMS)

www.partnershiptrust.org.uk/content/services/services71962.html

GDAS Alcohol Service

www.gdas.co.uk

Nelson Trust

www.nelsontrust.com

Other Information

Gloucestershire DAAT

www.glospct.nhs.uk

Government's FRANK campaign

www.talktofrank.com

Drinkline

0800 9178282

A full copy of this report can be downloaded at www.gdas.co.uk

For more detailed information about the strategy, please contact the Chair of the County Alcohol Strategy Group on 01452 552801.

Thanks are extended to the County Alcohol Strategy Group for the preparation of this Strategy, and to Peter Steel for its oversight and drafting. The Group has multi-agency, User and Carer representation. In developing the Strategy a consultation was undertaken that established the views of interested parties across the county. Thanks are also extended to Neil Bebbington and Julie Spokes for the document's design and production.

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