

**Wigan Borough Alcohol Strategy  
2009-2012**

## **Wigan Borough Alcohol Strategy 2009-2012**

### **Editors**

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## Foreword

Our alcohol strategy aims to reduce alcohol-related harm through partnership working, in order to improve the quality of life for Wigan borough residents.

I am pleased to be able to introduce the third alcohol strategy for Wigan which covers the period 2009 – 2012. Many people enjoy alcohol sensibly however there are serious problems associated with misuse of alcohol. These problems fall into two broad categories. Firstly problems such as alcohol related crime, disorder and anti-social behaviour and secondly problems that alcohol causes in relation to people's health.

The cornerstone of the strategy is that we know that many of these problems can be prevented. By working together we can reduce alcohol related violence and anti-social behaviour as well as reducing alcohol related accidents, hospital admissions and other adverse effects on health e.g. liver disease.

Using a strategic approach to tackling alcohol related harms will involve us understanding the problems in our Borough in more detail through research and continuing to talk to people so that we can tackle the causes of the problems. It will also mean drawing on what we know works best. Finally it will mean making sure that we know whether the strategy is working by keeping track of problems to see whether we are having an impact.

A lot of progress has been made so far and I strongly welcome this strategy which helps us to understand alcohol related issues in the Borough and sets out a way forward towards a healthier and safer community.

Alcohol is never an excuse!



**Councillor Peter Smith**  
**Wigan Borough Partnership**

Wigan Borough Partnership brings together representatives from your local public, private, community and voluntary sector organisations.

## **Executive Summary**

### ***Introduction***

Alcohol can play an important and positive role in British culture. Millions of people enjoy drinking alcohol to relax and socialise. The alcohol industry creates thousands of jobs, helping to contribute to the regeneration of many town centres. However, 70% of the population think that the UK would be 'a healthier and better place to live' if the amount of alcohol consumed was reduced. This is because excessive alcohol consumption can have a detrimental effect on health, criminal justice, and social and economic development. In order to reduce the risk of such harms, the Department of Health recommends sensible drinking limits (see 'how much is too much?'). Drinking above these, especially when done regularly and over a long period of time, harms health and contributes to crime and disorder.

### ***Aim***

Our alcohol strategy aims to reduce alcohol-related harm through partnership working, in order to improve the quality of life for Wigan borough residents.

### ***Key themes***

The four key themes of the strategy are:

- Information, education and communication.
- Treatment and care.
- Young people.
- Alcohol-related crime, disorder and anti-social behaviour.

### ***Information, education and communication***

Accurate and balanced information can enable individuals (both adults and young people) to make informed choices about their drinking. Any action taken at a community level to tackle alcohol-related harm must be underpinned by an understanding of the impact of alcohol. We aim to improve information, education and communication in Wigan Borough by:

- Developing robust data collection systems for alcohol-related crime, and accident and emergency presentations.
- Developing efficient ways to share information across all partnership agencies and with communities.
- Providing residents with information about alcohol to allow them to make informed choices about their alcohol use.
- Continuing to support a wide range of alcohol education in schools.
- Developing co-ordinated alcohol education and health promotion for both adults and young people.
- Continuing to support employers to develop and implement alcohol policies.
- Working in partnership with licensees to develop opportunities to provide alcohol-related information and to raise awareness about alcohol-related harm.
- Informing local licenced premises in support of licensing legislation.
- Informing local communities on how they can make the most of licensing legislation.
- Evaluating the initiatives implemented to understand impact and maximise effectiveness.

- Raising awareness of the risk of dwelling fires due to alcohol intake, and the precautions to prevent this from occurring.
- Supporting those affected by alcohol consumption through continued information, education and communication.

### ***Treatment and care***

Alcohol misuse can cause serious harm to a person's health and has been linked to a wide range of health problems. It is estimated that alcohol misuse costs the UK health service £2.7 billion per year. Rates of alcohol-related illness can be reduced through investment in effective treatment and support for those who misuse alcohol. We aim to improve treatment and care for people in Wigan Borough who have been or are at risk of developing alcohol misuse problems by:

- Identifying individuals with an alcohol problem as early as possible.
- Developing a standardised and widespread approach to screening and brief intervention for alcohol disorders.
- Developing alcohol services to ensure they respond to the changing needs of Wigan residents.
- Increasing the capacity of staff who are trained to provide alcohol-related advice.
- Developing treatment services for both victims and perpetrators of alcohol-related domestic abuse.
- Continue to improve on waiting times for treatment.
- Increasing knowledge and understanding of alcohol treatment among service users and the general population.
- Involving service users in the future planning and development of alcohol services.
- Further developing housing-related support services for people with an alcohol problem.
- Developing a system to monitor and evaluate our treatment services.
- Developing alcohol services to support and deliver risk reduction initiatives on behalf of partner agencies.

### ***Young people***

Children and young people are affected by alcohol as a result of parental or family misuse, their own misuse or a combination of both. Alcohol has a significant impact on the health and well being of young people as it is associated with poor educational attainment, exclusion from school, teenage pregnancy, hospital admissions and crime and anti-social behaviour. We aim to protect young people in Wigan Borough from alcohol-related harm by:

- Building and improving alcohol education in schools.
- Using innovative approaches to restrict underage and proxy sales of alcohol.
- Working together with licensees to ensure they are meeting their licensing objective of the protection of children from harm.
- Further identifying and developing diversionary activities.
- Continuing to address the key priorities for the reduction of teenage pregnancy and sexually transmitted infections.

- Continuing to support young people and their families who have a relative with an alcohol misuse problem.
- Further developing treatment and care services for young people.
- Regularly consulting with young people to inform current programmes, information and education.
- Responsible Retailer Award Scheme training for all off-licence staff.

### ***Crime, disorder and anti-social behaviour***

Alcohol is strongly related to crime and disorder. Alcohol-related crime places a significant burden on public resources, particularly accident and emergency departments, the ambulance service, fire and rescue service and the police force. The cost of alcohol-related crime is estimated to be £7.3 billion each year in the UK. We aim to reduce the level of alcohol-related crime, disorder and anti-social behaviour (ASB) in Wigan Borough by:

- Further developing interventions to help reduce alcohol-related violent crime.
- Improving direct access to treatment services for both victims and perpetrators of domestic abuse who may have problems with alcohol.
- Further developing intelligence-led interventions to help reduce alcohol-related anti-social behaviour and utilise anti-social behaviour policies and procedures.
- Providing targeted drink driving campaigns.
- Implementing programmes that are aimed at persistent offenders where alcohol is a factor in their offending.
- Fully utilising the licensing legislation to address alcohol-related crime and disorder.
- Developing partnership working with licensees.
- Responsible Retailer Award Scheme training for all off-licence staff.
- Improving the availability of safer night-time transport.
- Under age sales test purchase exercises.
- Proxy sales education and advice.

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## Introduction

Alcohol can play an important and positive role in British culture. Millions of people throughout the UK enjoy drinking alcohol to socialise and relax, the alcohol industry creates thousands of jobs, and pubs, clubs and restaurants have helped contribute to the regeneration of many town and city centres. However, 70% of the population think that the UK would be 'a healthier and better place to live' if the amount of alcohol consumed was reduced<sup>1</sup>. This is because negative impacts of alcohol misuse include crime and disorder, violence, accidents, risky sexual behaviour, alcohol-related diseases and mortality. Alcohol consumption in Wigan Borough is particularly high and as such experiences high levels of alcohol-related harm.

### *How much is too much?*

Regularly drinking over the recommended sensible drinking guidelines can be linked to a range of harms including alcohol-related violence, accidents and injuries, ill-health and early mortality<sup>1</sup>. The greater the amount of alcohol consumed, the greater the risk of experiencing such harms<sup>2</sup>.

### **Sensible Drinking**

Sensible drinking is drinking in a way which is unlikely to cause yourself or others significant risk of harm. It involves a personal assessment of particular risks and responsibilities, for example accounting for whether the individual is pregnant, unwell or taking medications and whether the consumption would occur before work or before driving or operating machinery<sup>1</sup>.

National guidance recommends that<sup>i</sup>;

- Women should not regularly drink more than two to three units per day<sup>3</sup>.
- Men should not regularly drink more than three to four units per day<sup>3</sup>.
- Pregnant women should avoid alcohol in the first three months of pregnancy, if women choose to drink during pregnancy they should limit their alcohol intake to less than 1.5 units per day<sup>4</sup>.
- Those who have engaged in an episode of heavy drinking should refrain from drinking for 48 hours afterwards to allow the body to recover<sup>3</sup>.
- Children under the age of 15 should refrain from drinking alcohol<sup>5</sup>.
- Those who choose to drink alcohol should have a few days off each week where they do not drink at all<sup>6</sup>

### **Types of drinking (these terms are used throughout the strategy)<sup>2,7</sup>**

- Binge drinking generally refers to drinking double the recommended daily limits in one period usually defined as drinking six or more units in one session for women and eight or more units for males.
- Hazardous drinking (Increasing Risk) is defined as drinking above the recognised sensible levels, but are likely to not yet be experiencing harm. Those who fall into this category are consuming between 22 and 50 units per week for males and between 15 and 35 units per week for females.

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<sup>i</sup> National guidance correct at time of publishing – we support any changes to guidance set nationally.

- Harmful drinking (Higher Risk) is defined as drinking above the recognised sensible levels and likely to be experiencing harm such as an alcohol-related accident or cirrhosis. Those who fall into this category are consuming over 50 units per week for males and over 35 units per week for females.
- Dependent drinking is defined as drinking above recognised sensible levels and experiencing harm and physical and/or psychological symptoms of dependence.

### **Alcohol Consumption in Wigan Borough**

The Big Drink Debate<sup>8</sup> is the biggest survey of its kind. It was completed by more than 30,000 people across the North West, with 891 respondents from Wigan Borough<sup>ii</sup>. Key findings showed that:

- In total, 14% of Wigan Borough respondents stated that they were non-drinkers, the 7<sup>th</sup> highest percentage among all 35 local authorities in the North West.
- The majority (60%) of respondents were classified as sensible drinkers<sup>iii</sup>, similar to both the North West (62%) and Greater Manchester (59%) averages.
- A fifth (20%) of respondents were identified as hazardous drinkers<sup>iii</sup>, comparable to the regional average (20%) and the lowest in Greater Manchester (20%-27%).
- In total, 6% of respondents were categorised as harmful drinkers<sup>iii</sup>, comparable with the North West average (6%) and slightly less than Greater Manchester overall (8%).

Data from the Big Drink Debate provides a current picture of alcohol consumption at a local level however comparisons cannot be made among local authorities outside of the North West.

Nationally the Borough of Wigan is ranked 22nd worst across the country for levels of hazardous drinking and 13th worst for harmful drinking<sup>7</sup>. This data is based on synthetic estimates<sup>iv</sup> and thus may not be as accurate as survey data such as the Big Drink Debate. It is however, the only consumption data which can compare local authorities nationally.

### **How we developed the Strategy**

Wigan Borough's previous Alcohol Harm Reduction Strategy was produced following the National Alcohol Harm Reduction Strategy (2004)<sup>9</sup>. The updated strategy builds on this work and takes into account the recommendations made by the government in the latest strategy document 'Safe. Sensible. Social. The next steps in the National Alcohol Strategy (2007)<sup>1</sup>. The presented local multi-agency strategy is consistent with other plans and strategies in the Borough and sets out key actions and outcomes that will reduce harm associated with alcohol misuse.

In order to inform the updated strategy, two needs assessments were commissioned which investigated alcohol-related harm in the area by drawing on national and local intelligence<sup>10,11</sup> as well as using input from local stakeholders. From these, the following key alcohol-related issues in Wigan Borough were identified:

<sup>ii</sup> The results of the survey were weighted to reflect the demography of each local authority.

<sup>iii</sup> See 'How much is too much?' P8 for drinking definitions.

<sup>iv</sup> Synthetic estimates use a statistical model to provide an expected level of prevalence of a given behaviour based on factors such as the characteristics of the area.

- The rate of alcohol-related hospital admissions for adults and young people.
- The level of underage drinking.
- The incidence of alcohol-related violence including domestic violence.
- The level of alcohol-related anti-social behaviour.
- The rate of re-offending where alcohol is a factor.

Interventions and policies to address these issues can be grouped under four thematic headings, which form the main aims of the presented strategy. The main aims of the strategy are:

- To improve information, education and communication.
- To improve treatment and care.
- To protect young people.
- To combat alcohol-related crime, disorder and anti-social behaviour.

#### ***How will we make the strategy happen?***

The success of this updated strategy will rely on effective joint partnership working among those involved in the four aims described above. However, the responsibility for the performance management and delivery of the strategy lies with the Building Stronger Communities Partnership. The recommendations listed in this strategy will be worked up into action plans which will be delivered by the four partnerships of the Local Strategic Partnership.

The principles of the strategy's delivery are to:

- Work in collaboration with all partners, including the community and voluntary sector.
- Ensure all commissioned activity is based on local need and is delivered based on evidence and value-for-money.

An annual statement of progress made in delivering the strategy will be available for all key stakeholders.

Wigan Borough was awarded Early Implementer (EI) status from the Department of Health which has brought additional funding to increase and improve services. This together with an increased investment in alcohol treatment will ensure the recommendations proposed by this strategy become a reality.

***How will we know if the strategy has been successful?***

Overall performance will be assessed at a number of levels.

There are a number of Local Area Agreements (LAAs)<sup>v</sup> which are either wholly or partially related to alcohol. Many of these have agreed targets for Wigan Borough which can be used in part to monitor the effectiveness of this strategy. For example, the Wigan Borough LAA to reduce drug and alcohol-related harm includes a high level target to measure a decrease in the rate of alcohol-related hospital admissions (National Indicator 39). This will give a direct indication of whether, and to what extent, the health of the Borough of Wigan's population is improving in relation to alcohol.

The LAA target will be supported by additional information, such as rates of alcohol-related presentation to Accident and Emergency and alcohol-related crime. This information will be analysed locally, but will also be monitored against regional and national trends to assess overall impact.

All of the recommendations from this strategy will be monitored through multi-agency groups. These groups will develop in-depth action plans based on the recommendations of this strategy. In addition, successes and future developments will be reported in an annual refresh of this strategy.

Performance data from services commissioned to deliver the strategy will be reported on a regular basis. Furthermore, the effectiveness of interventions for both adults and young people will be monitored through a robust evaluation model for all services responsible for the delivery of interventions across all tiers. This will assist an understanding of the changing needs of the population, allow an assessment of the outcomes planned and their impact, and help to ensure value-for-money from the resources involved in the delivery of this strategy.

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<sup>v</sup> LAAs are three year action plans for achieving better outcomes, developed by councils with their partners in Local Strategic Partnerships. LAAs are the main way for central government and local services to work together (Improvement and Development Agency, 2009).

## Strategic Aim 1: Improving alcohol information, education and communication

Accurate and balanced information can enable individuals (both adults and young people) to make informed choices about their drinking. Any action taken at a community level to tackle alcohol-related harm must be underpinned by an understanding of the impact of alcohol. This can only be achieved by information, education and communication.

### Understanding the impact of alcohol on individuals and communities

A number of government documents provide useful national data in relation to alcohol prevalence, impact and cost of alcohol-related harms<sup>1</sup>. Locally there are a range of sources which can be used to gather local alcohol-related data and information<sup>7,12,13</sup>. Furthermore, in 2008 Wigan Borough Drug and Alcohol Action Team commissioned two in-depth needs assessments investigating alcohol-related harm in Wigan and Leigh for adults and young people. These highlighted a number of local data gaps which include:

- The lack of alcohol prevalence data for young people, people with dual diagnosis<sup>vi</sup> and Black and Minority Ethnic Communities.
- The number of alcohol-related presentations at Accident and Emergency departments.
- The economic impact of alcohol on the local economy such as the burden to local employers.
- The number of alcohol misusers who require treatment services and the number of those in treatment who are accessing services for alcohol misuse problems only (rather than for illegal drugs and alcohol issues combined).
- The number and demographic characteristics of alcohol-related persistent offenders.
- The number of alcohol-related fire incidents.

### Communicating information about alcohol and associated harms

The National Harm Reduction Strategy identifies five ways in which alcohol-related information can reach individuals (examples of these methods are provided below):

- Public health information and Government campaigns.
- Information provided by the alcohol industry.
- Education in schools.
- The workplace.
- Advertising.

A number of the strategy's actions centre on having better education, information and communication, including:

- Reviewing safer drinking messages.
- Targeting alcohol information and education at binge and chronic drinkers.
- Reviewing the code of practice for television advertising.
- Enhancing education in schools.
- Using venues where alcohol is sold to provide information about alcohol.

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<sup>vi</sup> Dual diagnosis refers to the diagnosis of both a mental health disorder and an alcohol or drug disorder.

- Developing alcohol policies and support in the workplace to tackle alcohol-related impacts.

### Examples of communication methods used

#### **Public Health Information and Government campaigns**

**National:** The government has launched a number of campaigns aimed at reducing alcohol-related harm such as 'Know Your Limits' targeting 18-24 year old binge drinkers introduced in 2006 and the 'THINK!' drink driving campaign which is to be further developed to target hard to reach groups<sup>1</sup>.

**Local:** National public health information and campaigns are echoed and supported at a local level. For example, the 'Know Your Limits' campaign is currently being promoted by pharmacies in the Borough. The Building Stronger Communities Partnership also promotes alcohol awareness campaigns to improve the knowledge of alcohol-related harm among Wigan Borough residents.

#### **Information provided by the alcohol industry**

**National:** Messages encouraging responsible drinking disseminated by the industry reach most people who drink because every alcohol consumer is by definition exposed to a product. Thus, a large proportion of alcohol products are now labelled clearly relating to: alcohol content (%ABV); number of units in a standard measure; details of the governments recommended benchmarks and a message about drinking responsibly.

**Local:** The Partnership is continuing to work with licensees to develop opportunities to provide alcohol-related information and to raise awareness about alcohol-related harm such as drink driving and alcohol-related violence.

The Building Stronger Communities Partnership has produced a series of beer mats to be used in pubs and clubs across Wigan and Leigh. The beer mats offer warnings about the penalties for criminal damage and domestic violence, and provide advice about where to get help for alcohol problems. The beer mats are free to licensed premises and have been issued to over 50 licensed premises.

#### **Education in schools**

**National:** Educational establishments have an important role in providing young people with accurate information on alcohol and teaching them the skills to make responsible decisions. Alcohol education is an entitlement of every pupil and is supported by the Education Act 1996.

**Local:** Alcohol education is provided through Personal Social Health Education (PSHE) and Citizenship. Its curriculum supports local schools in developing and delivering education and parenting support. They provide an effective context for alcohol education as they focus on developing skills and exploring attitudes as well as learning about healthy lifestyles.

The National Healthy School Standard (NHSS) supports a whole school approach to drugs, alcohol and tobacco education. To gain recognition as 'healthy', schools must show that this education is being delivered in line with statutory requirements and other guidance. In total, 97% of schools in Wigan Borough have achieved Healthy Schools Status.

School nursing services are increasingly involved in delivering alcohol advice through referrals made through accident and emergency departments.

### ***Initiatives in the workplace***

**National:** Alcohol misuse has a significant impact on the workplace and costs up to £6.4 billion annually in lost productivity<sup>14</sup>. The workplace provides optimum opportunity to access people who are likely to be drinking more heavily (e.g. 16-24 year olds, professional women and occupational groups with higher risk of developing alcohol problems) as well as targeting lighter drinkers.

Implementing comprehensive alcohol policies that address individual needs and promote responsible drinking practices at workplace events are important in developing a healthy workforce and reducing the high costs of alcohol to the economy<sup>15</sup>.

**Local:** A workplace alcohol policy has been developed and is promoted to local businesses to help them deal with alcohol issues in their workplace. The implementation of alcohol workplace policies varies greatly across Wigan Borough and work continues to be conducted in this area to encourage employers to develop and implement alcohol workplace policies, and further highlight risks associated with alcohol.

### ***Advertising***

Research has shown that the way in which alcohol is advertised has an impact on alcohol consumption particularly if it is aimed at young people<sup>16,17</sup>. The alcohol industry is now regulated by a mix of statutory and self-regulation. In 2005, Ofcom the advertising regulatory body introduced tougher and clearer regulations for alcohol advertising. In particular the rules concerning appeal to young people, sexual content and irresponsible and anti-social behaviour were strengthened.

Ofcom and the Advertising Standards Agency conducted interviews with approximately 1,514 young people aged between 11 and 21 years across the UK both before and after the new regulations came into force and found an increase in the number of 11-13 year olds who say they have never had an alcoholic drink following the change in regulations<sup>18</sup>.

### **The Licensing Act 2003**

The Licensing Act 2003 allows premises that sell alcohol, provide entertainment and/or provide late night refreshment, greater flexibility to operate their businesses. It also provides local residents and those involved in businesses who live or work in the vicinity of the premises a greater opportunity to comment on applications, make representations<sup>vii</sup> for premises licenses, club premises certificates or of proposals to alter them (variations). Responsible authorities (Police, Fire, Planning, Weights and Measures and Environmental Protection and other statutory bodies) may also make representations.

We are committed to utilising the Licensing Act to its full potential and value the views of local residents and businesses. A document 'Making Representations, Residents and Businesses' which clearly explains the representation and review process has been developed to provide relevant information to those wishing to make a representation regarding a particular premise.

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<sup>vii</sup> A representation is a statement of information relating to the whole of an application or a part of it. For example, if it was considered that an applicant was not putting enough controls in place to prevent customers disturbing local residents then a representation could be made.

## What we will do to improve information, education and communication

**Information and data:** We will work to gather data and information in order to fully understand the extent of alcohol problems faced by Wigan Borough residents and determine the most effective way of addressing these problems.

**Sharing information about alcohol-related harm:** We will develop and build upon current mechanisms for sharing data and information to better inform planning and monitoring.

**Community engagement:** We will further develop ways of sharing information and engaging with communities regarding key alcohol-related issues. We will target particular groups' e.g. unemployed people.

**Education in schools:** We will continue to encourage and resource a wide range of alcohol education in schools.

**Health promotion:** We will develop co-ordinated alcohol education and health promotion for both adults and young people.

**Workplace policies:** We will continue to support local employers to develop and implement their own workplace alcohol policies.

**Alcohol industry:** We will work with on-licensed premises to develop a local code of good practice. We will continue to work with off licensed premises e.g. The Responsible Retailer Award Scheme training for all off-licence staff.

**Licensing Act:** We will inform local communities about how to make representations under the new licensing legislation.

**Fire Safety Awareness:** We will continue to provide Home Fire Risk Assessments to alcohol service users referred to the fire and rescue service.

**Evaluation:** We will evaluate the wide range of initiatives implemented to help improve information, education and communication to monitor impact and maximise effectiveness.

## Strategic Aim 2: Improving Treatment and Care

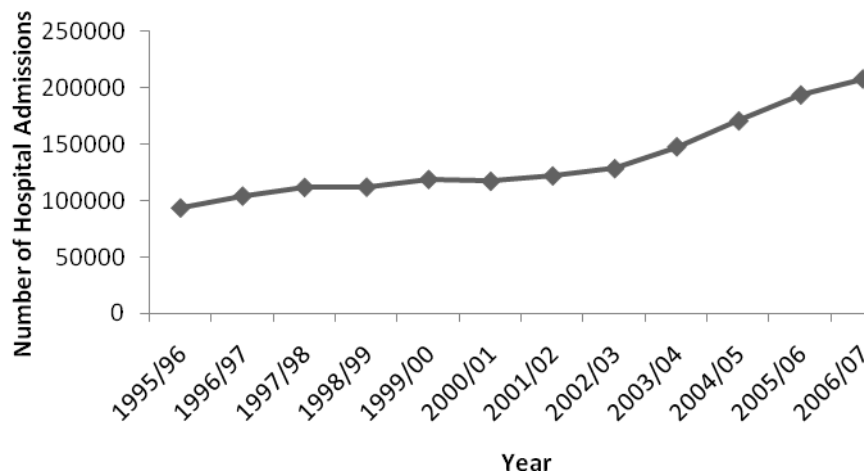
Alcohol misuse can cause serious harm to a person's health and has been linked to a wide range of health problems, both physical and psychological. It is estimated that the cost of alcohol misuse to the health service is in the region of £2.7 billion per year<sup>19</sup>.

The impact of alcohol misuse affects a wide range of health services which include Accident and Emergency Departments (A&E), hospitals, mental health and sexual health services.

### Hospital Admissions - Key Facts

**National:** In 2006/07 there were 207,788 NHS hospital admissions in England with either a primary or secondary diagnosis specifically related to alcohol (see box 1)<sup>20</sup>, more than double that of 1995/96 (93,459) (see figure 1). Over two thirds (69%) were for males. The most common causes of such admissions are alcoholic liver disease and mental and behavioural disorders<sup>20</sup>.

**Figure 1 National Health Service hospital admissions with a primary or secondary diagnosis of diseases specifically related to alcohol in England, 1995/06 to 2006/07**



The NHS Information Centre (2008). Hospital Episode Statistics.

**Local:** In 2006/07, the rate of alcohol-specific hospital admissions per 100,000 of the population for males was 506, 1.4 times higher than the national average, while for females it was 298, 1.7 times higher than the national average. In the same period, 989 females and 1,637 males per 100,000 of the population in Wigan Borough were admitted to hospital with an alcohol-related condition. Nearly half of alcohol-related acute admissions to hospital in Wigan Borough are for mental and behavioural disorders with admission for accidents and injuries being the next most common admission cause<sup>21</sup>.

#### Box 1: Hospital admission definitions<sup>7</sup>

**Alcohol-specific hospital admission** is caused by conditions related wholly to alcohol (for example, alcoholic liver disease or alcohol overdose).

**Alcohol-related hospital admission** is caused by conditions that are wholly related to alcohol or where alcohol is considered a contributory factor (for example, stomach cancer and injury).

In 2007/08 hospital admissions for alcohol-related harm in Wigan Borough were higher than Greater Manchester, North West and England averages (see figure 2). The Borough of Wigan has the fourth highest rate of alcohol-related hospital admissions in Greater Manchester and is ranked 20<sup>th</sup> nationally<sup>7</sup>.

**Box 2: NI39** is one of three alcohol specific national indicators for alcohol-related harm and relates to the reduction of alcohol-related hospital admissions rates. NI39 is a current Local Area Agreement used to monitor the level of alcohol-related harm in Wigan Borough.

**Figure 2 National Indicator 39 Hospital admissions for alcohol-related harm for Wigan Borough\*, Greater Manchester, North West and England, 2007/08**



Source: North West Public Health Observatory (2009).

\*This figure relates to hospital admissions for alcohol-related harm by Wigan Borough residents.

#### **Accident and Emergency Presentations - Key Facts**

**National:** In total, 35% of all presentations at accident and emergency (A&E) departments in the UK are alcohol-related. This increases to 70% between midnight and 5am<sup>22</sup>.

**Local:** Between April 2003 and May 2008 the Ambulance Service in Wigan Borough received an estimated 2,357 assault complaints that were related to alcohol. Over 70% of assault patients were male and nearly a third aged 18-24. The highest numbers of A&E presentations at hospitals in Wigan Borough happen during April to June, between 10am and 4pm, with approximately 8% occurring during the peak times for alcohol-related conditions (10pm-4am)<sup>23</sup>.

#### **Alcohol Misuse and Sexual Health - Key Facts**

**National:** Alcohol is associated with unplanned, unprotected, regretted or abusive sex<sup>24</sup>. In England:

- More than one in five men and one in six women admit to having unsafe sex after drinking too much alcohol<sup>22</sup>.
- After drinking alcohol, one in seven 16-24 year olds have had unprotected sex while one in five had sex that they later regretted, and one in ten were unable to remember if they had sex or not<sup>22</sup>.

**Local:** Approximately 6% of Wigan Borough residents have had a sexually transmitted infection with those aged between 25 and 34 years most likely to have had one<sup>25</sup>. The Borough is in the top 10% in the country for prevalence of Chlamydia<sup>25</sup>. Prevalence and incidence of HIV in Wigan Borough is relatively low: half that of the North West average.

#### ***Alcohol-Related Deaths - Key Facts***

**National:** The number of deaths caused by alcohol consumption has doubled in the past two decades with more people becoming ill and dying younger<sup>1</sup>. This is mainly due to the increase in the number of deaths from alcoholic liver disease, rising by 41% between 1999 and 2005 in England and Wales. Excessive alcohol consumption is associated with between 15,000 and 22,000 premature deaths annually.

The age at which individuals die from alcohol-related causes is decreasing: in 1991, the peak age was around 70 years for both men and women but by 2005 the peak age was approximately 55 and 59 years respectively<sup>1</sup>.

**Local:** Death rates resulting from alcohol-specific conditions in Wigan Borough in 2006 were 1.4 times higher for males than the England average and 1.5 times higher for females<sup>7</sup>. In Wigan Borough the reduction in life expectancy is greater than that of the England average, with men losing 11 months of life and women six months through alcohol misuse (compared with nine and four respectively)<sup>7</sup>.

#### ***Housing and Housing-Related Support***

Those who misuse alcohol are a vulnerable group whose housing needs must be addressed as part of a package of interventions. Providing appropriate housing for those with alcohol-related issues, together with necessary support can have a positive impact on<sup>26</sup>:

- Early intervention
- Preventing tenancy breakdown.
- Physical and mental health.
- Preventing acquisitive crime and anti-social behaviour.
- Access to services and treatment.
- Financial problems, including debt and arrears.
- Legal problems and contact with the criminal justice system.
- Relationship and family problems.
- Re-offending.
- Employment, educational and social issues.

For some, access to appropriate accommodation may be a catalyst to stabilising their alcohol use or entering treatment and can sustain clients prior to, in between, or following treatment through offering a safe environment. For others, housing related support or supported accommodation, depending on their needs, can maximise the benefits of alcohol misuse treatment or reduce relapse. Housing is an essential part of the package of support designed to reduce alcohol misuse and prevent re-offending. Housing support is critical to sustaining tenancies and maximising the long term effect of other interventions for clients with multiple needs<sup>26</sup>.

Box 3 highlights local examples of good practice aimed at improving treatment and care for Wigan Borough residents.

### Box 3: Local Examples of Good Practice

- A process has been developed whereby Drug and Alcohol Services in Wigan Borough refer clients to the Fire and Rescue Service for the Home Fire Risk Assessment Initiative. During 2008-09, 35 clients were referred to the Fire and Rescue Service.
- The Alcohol Hospital Nursing Team within Wrightington, Wigan and Leigh NHS Foundation Trust is to be extended, which has the potential to avert 884 A&E attendances and 516 hospital admissions with a cost benefit of £436,000 in the first year.
- An assertive outreach function targeted at specific groups based on partnership intelligence is in place. The service supports those identified as hazardous, harmful and dependent drinkers into treatment and assists in maintaining them in treatment.

### What we will do to improve treatment and care

**Early intervention:** We will further develop ways to identify individuals with alcohol-related problems earlier in primary health care, secondary health care, criminal justice, housing and social care settings. In addition, we will further develop a standardised and widespread approach to screening and brief interventions for patients with alcohol disorders.

**Service provision:** We will work with service providers to plan and review current alcohol services to ensure they are consistent with the need of Wigan Borough residents. Furthermore, we will increase the capacity of staff that are trained to provide alcohol-related advice particularly in A&E departments.

**Information about alcohol treatment services:** We will increase knowledge and understanding of alcohol-related treatment among service users and the general population.

**Domestic abuse:** We will develop treatment services around alcohol-related domestic abuse.

**Consultation:** We will involve service users and their carers in future planning and development of alcohol services.

**Aftercare:** We will further develop aftercare services to ensure those who are completing an alcohol detoxification programme receive appropriate aftercare and access the Employment, Education and Training programme and local support groups. We will improve the way we measure whether treatment achieves the goals set out and for how long.

**Housing and housing-related support:** We will continue to provide appropriate housing-related support services for people with an alcohol problem.

**Evaluation:** We will develop a system to monitor treatment provision and maximise effectiveness.

### Strategic Aim 3: Protecting Young People

Children and young people are affected by alcohol as a result of parental or family misuse, their own misuse or a combination of both. Alcohol misuse has a significant impact on the health and wellbeing of young people, as it is associated with poor educational attainment, exclusion from school, teenage pregnancy, and crime and anti-social behaviour<sup>25, 27, 28</sup>.

The national strategy highlights the need to focus efforts on the significant minority of drinkers who are at greatest risk of harming themselves or others, one such group are young people under 18<sup>1</sup>. In particular those aged between 11 and 15 years, the age when most young people start to drink alcohol<sup>29</sup>.

#### Alcohol Consumption – Key Facts

**National:** Preventing underage drinking is a public health priority<sup>1, 30</sup>. Alcohol misuse in adolescence, during a developmentally sensitive period, poses a particular danger to young people and has been linked to a wide range of adverse physiological consequences<sup>31</sup>. Teenage drinking levels in the UK are amongst the highest in Europe: nearly half (46%) of 15-16 year olds in the UK have been drunk at least once in the last month compared with a European average of 32%. A survey of English 11-15 year olds in 2007 found that<sup>25</sup>.

- A fifth (20%) of 11 year olds, and most (81%) 15 year olds had drunk alcohol;
- Two fifths (41%) of 15 year olds drink alcohol at least once a week;
- In 2007, 11-13 year olds were drinking similar levels to 15 year olds in 1994;
- From 1990 to 2007, alcohol use more than doubled from 5.3 to 12.7 units;
- Over a third (38%) of 15 year olds drank 14 units or more a week.

**Local:** In 2009, Trading Standards North West (TSNW) conducted a survey<sup>32</sup> of 13,902 young people (14-17 year olds) living in the North West. In Wigan Borough, 958 14-17 year olds took part. Key results include:

- 39% of 15-16 year olds claim to drink regularly (once a week or more). This has fallen from 58% in 2005.
- The proportion of 15-16 year olds claiming to binge drink has remained fairly stable (73% in 2007 and 75% in 2009). However the percentage binge drinking regularly has fallen by 7% (from 33% in 2007 to 26% in 2009).
- Young females in Wigan Borough are more likely to binge drink and binge drink regularly than young males.
- Wigan Borough has one of the highest levels of 15-16 year olds drinking in pubs or clubs (33%) compared with other local authorities in the North West.
- Over a quarter (28%) of those 15-16 year olds in Wigan Borough who drink alcohol claim to buy it themselves (1% lower than in 2007).

Underage test purchasing shows that the 12% of outlets targeted in Wigan Borough sold alcohol to underage people, slightly fewer than nationally (13%). Figures from 2008/09 show a significant improvement with a failure rate of 6%<sup>33</sup>.

### **Hospital Admissions – Key Facts**

**National:** In 2006/07 there were 4,888 under 18 admissions to NHS hospitals with a primary diagnosis of a condition specifically related to alcohol consumption. The number of young people under 16 years admitted with either a primary or secondary diagnosis specifically related to alcohol has increased by more than one third since 1995/96<sup>20</sup>.

**Local:** Following a national trend alcohol-specific hospital admission in young people (those aged under 18) is higher for females than males. The rate of alcohol-specific hospital admission is higher in Wigan Borough than both the North West and England averages. In 2006/07, the rate in Wigan Borough was 1.6 times higher than the national average<sup>2</sup>.

### **Sexual Health and Teenage Pregnancy – Key Facts**

**National:** Young people in particular are more likely to have risky sex when they are under the influence of alcohol.

- Among sexually active 13 and 14 year olds living in the UK, 40% say they were drunk or 'stoned' at first intercourse<sup>34</sup>.
- Over ten per cent of 15-16 year olds in England say that after drinking alcohol, they have had regretted sex and 8.5% have engaged in unprotected sex<sup>27</sup>.
- Adolescents with alcohol misuse disorders have been found to be more sexually active than other adolescent drinkers, to have greater numbers of sexual partners and to have sex at a younger age<sup>35</sup>.

The consequences of risky sexual behaviour can include sexually transmitted infections (STIs), teenage pregnancy and abortion. There have been dramatic rises in STIs across the UK: for example, diagnosis of Chlamydia increased by 30% from 2002 to 2006<sup>36</sup>. The UK has among the highest levels of teenage pregnancy in Europe.

**Local:** Wigan Borough experiences particularly high rates of teenage pregnancy compared with both the North West and England, with the eighth highest rate in the North West. In 1999, the Government set a target of a 50% reduction of teenage pregnancy by 2010. Wigan Borough has achieved only a 1% reduction since 1998, compared with regional (13%) and national (13%) reductions.

In total, 18% of the Borough's girls aged 11-16 years live in the 10% most deprived areas in Wigan Borough and account for 35% of school pregnancies in the area<sup>37</sup>. However, in Wigan Borough, fewer than 10% of second births are to teenage mothers, half the national average. Nationally, the Borough has the lowest (joint first) under-19 repeat abortion rate at 5%<sup>38</sup>.

### **Educational Attainment – Key Facts**

**National:** Alcohol consumption can affect educational performance with 11% of boys and 13% of girls in the UK reporting poor school performance as a result of alcohol<sup>27</sup>. Alcohol is also a factor in school exclusions and suspensions: 14% of school exclusions are due to drinking alcohol at school<sup>39</sup>.

**Local:** Educational attainment at GCSE level is higher across the Borough than the North West average and has been increasing since 2005/06. However, in 2005/06 and 2006/07 Wigan Borough had higher rates of school exclusions than the North West and England<sup>12</sup>.

### ***Impact of Parental Alcohol Misuse – Key Facts***

**National:** The alcohol use of a significant other such as parent, sibling or grandparent affects many children and young people. It has been estimated that up to 1.3 million children in the UK have been affected by parental alcohol misuse<sup>9</sup>.

Box 4 highlights local examples of good practice aimed at the protection of all young people in Wigan Borough.

#### **Box 4: Local Examples of Good Practice**

- *'Who's got the bottle?'* Trading Standards worked with the Young Persons Drug and Alcohol Action Team and Greater Manchester Police on a project which aimed to help and encourage young people (14-15 years of age) to investigate and understand the dangers associated with drinking alcohol. Through part of the drama curriculum in school, young people developed a performance highlighting these dangers.
- CCTV Central Watch has been successfully utilised to prosecute adults illegally supplying alcohol to children. In Norley Hall seven adults were prosecuted as a result of joint multi-agency working between Trading Standards, Greater Manchester Police, Wigan and Leigh Housing and Neighbourhood Teams.
- Trading Standards have launched a Responsible Retailers Award Scheme (RRAS) which aims to remind off-licence owners and their staff of their legal responsibilities, promote a responsible sales attitude, discourage young people from buying or attempting to buy alcohol and to inform adults who buy or attempt to buy alcohol for or on behalf of under 18's of their legal responsibilities. When all staff at an off-licence have received the free training and they agree to comply with the schemes Code of Practice an award will be presented to the off-licence.
- Youth workers have been trained to deliver 'harm reduction' education which is targeted as geographical hotspots. For those young people who repeatedly drink excessively there is a programme based in schools that delivers key messages to encourage change and provide opportunities to develop skills as a diversion and to develop alternative paths; this is delivered through a multi-agency approach.
- Citizen cards have been introduced which identify whether an individual is over 18 year of age. These are available for £6 to those living in Wigan Borough. Using Citizen cards at the point of sale can enable retailers and licensees to verify the age of a customer and staff can be confident that they are selling alcohol legally. ([www.citizencard.com](http://www.citizencard.com))

## What we will do to protect young people

**Universal education in schools:** We will continue to monitor alcohol education in schools through the percentage of those achieving the National Healthy Schools standard. In addition, we will work to further develop the level of provision of alcohol education in local schools.

**Underage drinking:** We will continue to use a range of innovative approaches to restrict underage and proxy purchases of alcohol e.g. The Responsible Retailers Award Scheme (RRAS).

**Treatment and care:** We will further develop treatment and care services for young people who misuse alcohol.

**Access to alcohol and working with licensees:** We will work with both off and on-licensed premises to ensure they are meeting the licensing objective of protecting children from harm.

**Young people and their families:** We will continue to work with and support young people and their families who have a relative with an alcohol misuse problem.

**Diversions activities:** We will continue to provide alternative activities for young people where there is limited provision for young people and where alcohol is a particular issue for their communities.

**Improving sexual health:** We will work together with a range of services to improve the sexual health of young people.

**Consultation with young people:** We will consult with young people to ensure current programmes are meeting their needs and develop future programmes as a result of consultation with young people. Furthermore, we will consult with young people regarding alcohol information and educational materials.

**Fire Safety Awareness:** We will refer families who have a relative with an alcohol misuse problem to the Fire and Rescue Service for a Home Fire Risk Assessment.

## Strategic Aim 4: Combating alcohol-related crime, disorder and anti-social behaviour

### Alcohol-Related Crime – Key Facts

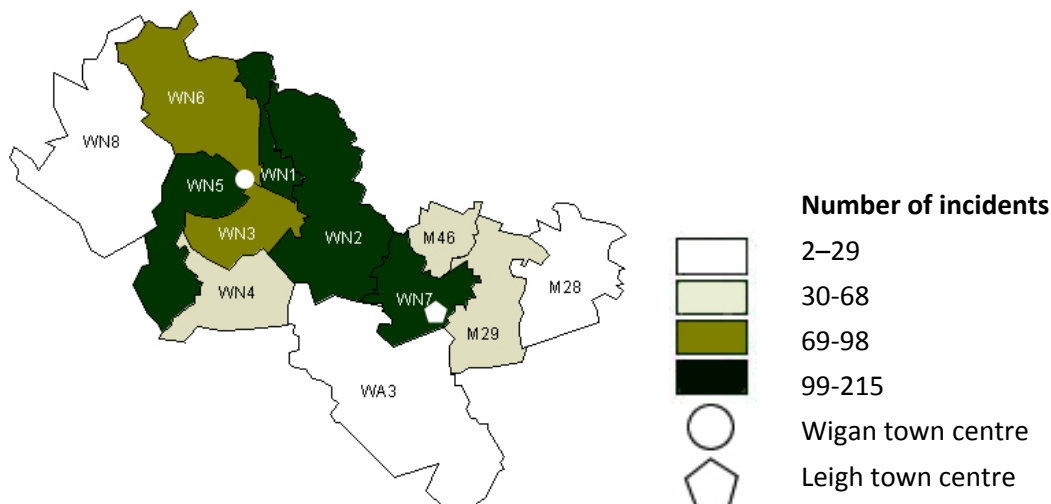
**National:** Alcohol is strongly related to crime and disorder. Alcohol-related crime places a significant burden on public resources, particularly A&E departments, the ambulance service the police force and the fire and rescue service. The cost of alcohol-related crime is estimated to be £7.3 billion each year (with additional human and social costs of £4.7 billion)<sup>14</sup>.

Alcohol-related crime includes not only those offences that are alcohol-specific such as drink-driving, but also those crimes committed whilst under the influence of alcohol. In particular, alcohol misuse is linked to anti-social behaviour (ASB) and public disorder, violence including domestic violence, sexual assault and road traffic accidents<sup>1, 28, 40, 41, 42</sup>.

**Local:** Levels of alcohol-related crime in Wigan Borough are below the regional average; however rates have been increasing since 2006/07<sup>7</sup>. Of crimes recorded by police in the Borough between May 2007 and May 2008<sup>43</sup>:

- Nearly a fifth (17%) of crime committed at the weekend was alcohol-related.
- Half (52%) occurred on a Saturday and Sunday and the largest proportion were committed at night (60% between 9pm and 3am).
- The majority of crimes occurred in postcode WN2 (18%; see figure 3).
- The most common alcohol-related offence was less serious wounding (76%), followed by criminal damage (14%).
- The majority of alcohol-related crime occurred either on the street (41%) or in a residential house (39%).

Figure 3 Number of alcohol-related incidents reported to Wigan Borough police from May 2007 to May 2008



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Source: Greater Manchester Police (2008).

- Alcohol-related incidents recorded by Greater Manchester Police show that between April and December 2008, Wigan Borough consistently saw the highest number of incidents in Greater Manchester, with a peak of 350 in July and September.
- In the same period, the Borough saw the highest number of alcohol confiscations by police in Greater Manchester.

### **Violent Crime – Key Facts**

**National:** In recent years the level of recorded alcohol-related violence<sup>viii</sup> has decreased<sup>7, 28</sup>. However, alcohol-related violent crime remains a significant problem<sup>28</sup>. The British Crime Survey reports that 45% of violent offenders were perceived to be under the influence of alcohol by their victims<sup>28</sup>. Half of all violent incidents take place at the weekend, the majority of which occur at night between midnight and 6am.

Details of recorded crime show that a fifth of all violent incidents occur in or around pubs and clubs and 80% of assaults in nightlife areas are related to alcohol<sup>44</sup>.

Risk factors for becoming a victim of alcohol-related violence are<sup>22</sup>:

- Being male aged 16 to 29.
- Being single.
- Visiting a pub or nightclub frequently.
- Drinking on average three to four times a week.

**Local:** Levels of alcohol-related violent offences in Wigan Borough are below the regional average however rates have increased since 2006/07<sup>7</sup>. Of the alcohol-related crimes recorded by police in the Borough between 2007 and 2008, a quarter were categorised as violent crime<sup>43</sup>.

### **Domestic Abuse – Key Facts**

**National:** A third of domestic abuse incidents are committed when the perpetrator is under the influence of alcohol<sup>40</sup>. The rate of alcohol misuse and dependence among perpetrators is estimated to be up to seven times higher than the general population in the UK<sup>22</sup>. Studies from the USA have estimated that a 1% price increase in alcohol will decrease the probability of intimate partner violence by 5%<sup>45</sup>.

**Local:** A third of alcohol-related violent crimes (33%) and a third of criminal damage (31%) in the Borough were categorised as involving domestic abuse in 2006/07. In May 2008, there were 667 domestic abuse incidents reported of which over half involved alcohol<sup>43</sup>.

### **Sexual Assault – Key Facts**

**National:** Incidents of sexual violence often involve alcohol consumption by both the perpetrators<sup>46,47</sup> and the victim<sup>48,49</sup>. Alcohol use is more likely in incidents of sexual violence between people who do not know each other well, and the presence of alcohol has implications for the increasing severity of sexual violence<sup>48, 50</sup>.

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<sup>viii</sup> National figures for alcohol-related crime are calculated using Home Office Crime Statistics and Office for National Statistics mid-year population estimates. Alcohol-Attributable Fractions for each crime category are applied, based on survey data of arrestees who tested positive for alcohol by the Strategy Unit. Local figures relate to actual number of crimes marked as alcohol-related by police.

**Local:** Alcohol-related sexual offences in the Borough are below the regional average; however rates have shown slight increases since 2006/07<sup>7</sup>. In Wigan Borough, two in five of recorded sexual assault offences are against victims under the age of 16<sup>51</sup>.

#### ***Drink Driving – Key Facts***

**National:** In the UK, alcohol was linked with 14,480 road casualties (6% of all road traffic collisions), 1,760 serious injuries and 460 deaths (16% of all road fatalities) in 2007<sup>41</sup>.

**Local:** In 2007, there were 22 fatalities, six serious casualties and five slight casualties with a positive breath test for alcohol in the Borough<sup>52</sup>. In collisions where the driver consuming alcohol was a contributory factor, over half (54%) of those involved were males aged under 30 years. A total of 53% of drink driving collisions occurred between 10pm and 4.30am<sup>53</sup>.

#### ***Young People and Alcohol-Related Crime, Disorder and Anti-Social Behaviour– Key Facts***

**National:** National survey data show that of all violent offences committed in England and Wales by 10 to 25 year olds, 18% reported being under the influence of alcohol and a further 3% under the influence of both drugs and alcohol at the time of offence<sup>54</sup>. Of those 10 to 17 year olds who reported drinking alcohol once a week or more, 14% committed a disproportionate volume of crime, accounting for 37% of all offences reported by the respondents. Those who had never drunk alcohol or had not drunk in the past year committed only 16% of all offences but comprised 45% of respondents<sup>42</sup>.

**Local:** Between 2006/07 and 2007/08, the Youth Offending Team completed 791 assessments of young offenders aged 16 to 18 years. Of these, over half highlighted recent alcohol use<sup>55</sup>.

Young people consuming alcohol in public places can often result in ASB. Information collected relating to young persons involved in anti-social behaviour shows that the highest prevalence of ASB is in Leigh East (12.5 per 1,000). This is over three times higher than those areas experiencing the lowest levels such as Golborne and Lowton West (3.6 per 1,000)<sup>55</sup>. In 2008, there were 1,865 incidents of ASB across the Borough. In 588 incidents, alcohol was seized<sup>56</sup>.

#### ***Public Perception– Key Facts***

**National:** Although the rate of reported crimes attributable to alcohol has decreased<sup>7</sup>, those who perceive alcohol to be one of the major causes of crime have increased<sup>28</sup>. National perceptions of anti-social behaviour show that<sup>28</sup>:

- A quarter (25%) of individuals think that people being drunk and rowdy in public is a problem.
- A third (31%) feel that teenagers hanging around on the street are a problem.

**Local:** The Wigan Borough Lifestyle Survey found that:

- A fifth (20%) of Wigan residents think people being drunk and rowdy in public is a problem.
- Over a third (36%) feel that teenagers hanging around on the street are a problem.

### ***Alcohol Misuse and the Probation Service – Key Facts***

**National:** The National Probation Service analysed assessments carried out by probation officers in 41 areas in 2004/05. This indicated that<sup>57</sup>:

- In total, 37% of their clients misused alcohol.
- Over a third (38%) offended as a result of their alcohol misuse.

**Local:** Figures for Wigan Borough show:

- The number of offenders with an alcohol problem increased by 72% between 2005 and 2007 (from 1,282 to 2,202). Although it is unknown as to whether this was linked with improved identification procedures.
- In 2007/08, alcohol use was linked to offending in 39% of cases in Wigan Borough, the fourth highest in Greater Manchester.
- Probation clients whose offence is linked with alcohol are most likely to be male and in the 18-24 year old age group<sup>58</sup>.

Box 5 highlights local examples of good practice aimed at combating alcohol-related crime, disorder and ASB in Wigan Borough.

### **Box 5: Local Examples of Good Practice**

#### **Town Centre disorder**

- A wide range of initiatives are being utilised to reduce incidences of alcohol-fuelled disturbance and violence. Partners are working closely to provide a co-ordinated approach to licensing, police and transport. Such initiatives include measures both to ensure personal safety and to allow people to leave the town in an orderly manner. This includes fully commercial night bus routes which are strategically positioned in the town centre, taxi wardens, licensing interventions, knife detectors in nightclubs, and 92 CCTV cameras staffed with police during weekends. These measures combine with the use of preventative policing who are encouraged to engage with the public positively and proactively. This approach is yielding clear success with wounding in the town centre down by 31%<sup>13</sup>.
- Wigan and Leigh both have a PubWatch scheme. PubWatch creates links between licensees allowing information to be shared such as the identity of individuals who have caused disorder in venues. This is particularly strong in Wigan where there are 52 members. PubWatch has been found to play a part in alcohol-related crime reduction and to be a valuable tool against anti-social behaviour<sup>59,60</sup>.

#### **Anti-social behaviour**

- The Contact Card System co-ordinated by Neighbourhood Teams has been successful in providing intelligence, alerting parents, guardians and practitioners about problems, and facilitating tracking of individuals and 'hot spot' locations for anti-social behaviours. Contact Cards are issued by Police Officers and Police Community Support Officers to young persons who are behaving in an anti-social way. Details of the young person are recorded and information about local sport and leisure activities are provided. Parents or carers also receive a warning letter to ensure they are aware of their child's behaviour. More warning letters are sent if the child's details are taken again. Anti-social behaviour has reduced by 82% between the first and second letter.
- The Fire Fighter Awareness Course provided by Greater Manchester Fire and Rescue Service has shown to be successful in helping to combat anti-social behaviour. Young people referred by neighbourhood teams are required to attend a one day course at a fire station which consists of both classroom and physical activities. The course has been running for over 18 months in which time there has only been one case of re-offending.

## What we will do to combat alcohol-related crime, disorder and anti-social behaviour

**Violent crime:** We will develop and fully utilise available violent crime data. In addition, we will work together to further develop interventions to help to reduce alcohol-related violent crime.

**Domestic Abuse:** We will improve direct access to appropriate alcohol treatment services for both victims and perpetrators of domestic abuse who may have an alcohol problem.

**Anti-social behaviour:** We will further develop intelligence led interventions to help to reduce alcohol-related anti-social behaviour in line with current ASB policy and procedure.

**Drink driving:** We will provide targeted campaigns to those most at risk of drink driving as well as distributing drink drive material to a wide range of localities.

**Persistent offenders:** We have recently developed intervention programmes aimed at persistent offenders where alcohol is involved which we will continue to monitor.

**Licensing Act (2003):** We will fully utilise the Licensing Act to combat alcohol-related crime and disorder.

**Working with licensees:** We will further develop partnership working with licensees including, establishing and developing a Licensing Forum with licensees.

**Safe night-time transport:** We will further develop and extend the level of safe night-time transport.

**Alcohol bans in designated areas:** We will extend the use of alcohol bans in those areas where alcohol-related crime and disorder is a problem.

**Improving community confidence:** We will work together to improve community perceptions of alcohol-related crime, disorder and ASB in their area.

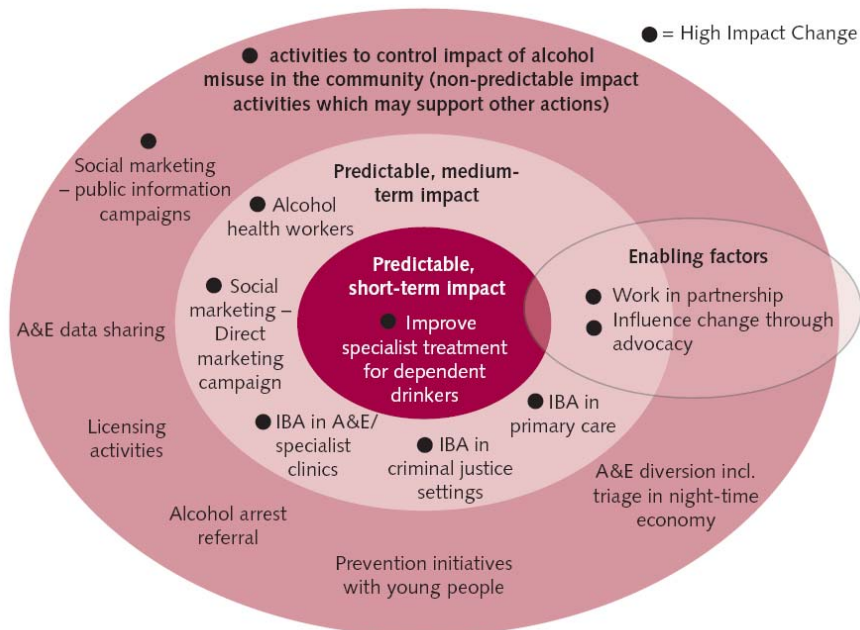
## HIGH IMPACT CHANGES

The Department of Health has identified a number of High Impact Changes which are calculated to be the most effective actions for local areas such as the Borough of Wigan that have priorities for the reduction in alcohol-related harm<sup>61</sup>:

1. **Working in partnership.**
2. **Developing activities to control the impact of alcohol misuse in the community.**
3. **Influencing change through advocacy.**
4. **Improving the effectiveness and capacity of specialist treatment.**
5. **Appointing an Alcohol Health Worker.**
6. **IBA (Identification and Brief Advice) – Providing more help to encourage people to drink less.**
7. **Amplifying national social marketing priorities.**

The first three High Impact Changes are necessary enabling actions that set the scene for success. The latter four changes are services and activities that can be commissioned that are calculated to impact most effectively on alcohol-related harm and reduce the rate of rise in alcohol-related hospital admissions. The figure below shows the relative impact of high impact changes on alcohol-related admissions<sup>61</sup>.

**Figure 4 Local actions: relative impact on alcohol-related hospital admissions**



Source: Department of Health (2009).

Wigan Borough has achieved the targets set so far for the implementation of high impact changes. We endeavour to continue to implement high impact changes across the Borough to reduce not only alcohol-related hospital admissions but to improve information, education and communication, to improve treatment and care and to reduce alcohol-related crime, disorder and ASB.

## Recommendations

### Improving information, education and communication recommendations

*Aim: to increase the knowledge and awareness of alcohol misuse and alcohol-related harm*

<b>Theme</b>	<b>Recommendation</b>
<b>Information and data</b>	To develop a data collection system regarding the number of alcohol-related attendances at A&E.
	To undertake analysis of alcohol-specific hospital admissions to identify any patients who are repeatedly admitted for such conditions to ensure targeted interventions and support can be offered to this group.
	To undertake analysis of hospital attendances of those accessing specialist treatment to help determine the contribution of existing Tier 3 interventions.
	To develop a robust data collection system in relation to alcohol-related crime.
	To expand the use of data collected as part of national monitoring systems.
	To strengthen links between organisations such as the police, probation, the fire and rescue service, and treatment and mental health services to provide for continuing treatment and care services.
<b>Information sharing</b>	To continue to develop data collection systems to better inform performance monitoring of commissioned services in the Borough.
	To develop and build upon current mechanisms for sharing data and information to better inform planning and monitoring.
<b>Public Health campaigns</b>	To undertake co-ordinated alcohol-awareness campaigns aimed at vulnerable groups and/or localities identified as being in need.
	To promote information on sensible limits to the general public and to young people and their parents and encourage personal responsibility.
	To support and complement any national public health campaigns at a local level such as 'Know your limits' which need to be delivered on a sustained basis over a period of time.
	To link basic education and advice about alcohol with all health training offered across the Borough.
	To provide regular communication to residents, and all service providers and contributing organisations regarding how and from where help is available in relation to alcohol harms.
	To develop and communicate a collective vision regarding the reduction of alcohol-related harm across the Borough.

<b>Theme</b>	<b>Recommendations</b>
<b>Education in schools</b>	To continue to meet the Healthy Schools Target and provide alcohol education to all school children.
	To continue to encourage and resource alcohol and drug education in schools.
	To review the use of the young persons' substance misuse screening tool to be implemented by teachers and school nurses.
	To implement the lesson plan developed by Trading Standards highlighting risky drinking in all PHSE lessons.
	To roll out the 'Who's got the bottle?' initiative to include a wider range of high schools.
<b>Employment</b>	To monitor the new Employment and Employability Service to assess its capacity.
<b>Workplace policies</b>	To work with employers to help develop workplace policies and health promotion messages to reduce the impact of alcohol.
<b>Licensing Act</b>	To continue to provide clear and in-depth information for all interested parties, including the general public, on how to trigger the review process for licences.
<b>Working with off-licence premises</b>	To encourage participation in the Responsible Alcohol Retailer Scheme to help reduce underage and proxy sales through in-depth training for retail staff at all levels.
	To encourage active co-operation from brewers, leisure corporations and venues in highlighting the importance of sensible drinking.
<b>Fire fatalities</b>	To explore opportunities to offer home-fire-risk assessments to users of alcohol treatment services at all points across the strategy.
	To continue to offer, as part of a co-ordinated programme of activities, a range of fire prevention messages and programmes targeted at all those in danger from alcohol-related fire incidents.
<b>Community engagement</b>	To continue to develop the Partners and Communities Together (PACT) approach to further respond to local community issues.
	To further develop initiatives to engage with a wide variety of different communities.
<b>Evaluation</b>	To evaluate the range of initiatives which have been implemented to help improve information, education and communication of alcohol-related issues to ensure they are effective.

## Improving treatment and care recommendations

*Aim: to ensure the alcohol treatment system is responsive to the needs of harmful and dependent drinkers, their families and carers*

<b>Theme</b>	<b>Recommendations</b>
<b>Prevention</b>	To ensure all partners understand NI39 and how they can contribute to a reduction in alcohol-related hospital admissions in the Borough.
	To develop initiatives surrounding NI39 to gain a better understanding of frequent attendees to hospital and A&E departments to identify what groups and interventions need to be prioritised.
<b>Early Intervention</b>	To ensure a standardised approach to screening and brief intervention across the Borough and to utilise the Alcohol Use Disorders Identification Tool (AUDIT) as a standardised screening tool.
	To equip non-alcohol specialist staff from partners with skills on how to screen, provide simple brief interventions for hazardous/harmful drinkers or refer to specialist services.
	To continue to develop integrated screening and simple brief advice in primary care and related services.
	To increase the knowledge and understanding among the general population of tier one services available.
	To further develop a shared care approach across all health care services.
<b>Services</b>	To increase the capacity of hospital based staff such as alcohol health workers in A&E to address alcohol misuse.
	To increase the capacity of hospital-based staff to work with patients who are admitted and who are experiencing alcohol-related problems.
	To develop transitional arrangements for individuals who may have had problems with alcohol particularly young people, the homeless and drinkers with mental health problems.
	To grow and maintain a volunteer base, offering voluntary employment to those living in the Borough.
	To commission the delivery of an extended brief intervention service to hazardous and harmful drinkers.
	To review the delivery of screening and brief intervention at single point of contact to target not just those with alcohol problems.
	To explore the feasibility of assessing the link between cocaine and alcohol misuse through mandatory drug testing.
	To review the numbers of patients successfully completing centre based detoxification and their subsequent patterns of abstinence or controlled drinking.
	To develop suitable alcohol interventions and treatment which are available at each stage in the criminal justice service.
	To continue to provide an Enhanced Treatment Service to meet the need of the local community.
To continue to progress in the process of ensuring equality of access to treatment services across the Borough.	

<b>Theme</b>	<b>Recommendations</b>
<b>Domestic abuse</b>	To explore how alcohol treatment services best assess issues around domestic abuse with service users who may be victims.
	To capacity build within domestic violence agencies to address alcohol-related issues.
<b>Consultation</b>	To develop mechanisms to effectively consult with users of services, their family members and carers.
<b>Aftercare</b>	To review the delivery and capacity of the pathway to Employment and Employability Programme for those recovering from alcohol misuse.
	To review the provision of psychological therapies.
	To continue to develop the provision of services for those completing an alcohol detoxification programme.
<b>Supported housing</b>	To continue to provide appropriate housing support services for people with alcohol-related problems.
	To commission housing support for people with alcohol-related problems through Supported People catering for both those who wish to continue drinking within their accommodation and those who wish to live in an alcohol-free environment.
<b>Evaluation</b>	To monitor and review the number of individuals entering residential rehabilitation.
	To develop a system to monitor the capacity and effectiveness of our treatment service at each Tier and to provide regular performance feedback to treatment services.
	To consider the views of current and potential service users as part of the treatment system review.
	To attach Service Level Agreements to all commissioned services which will be routinely monitored and evaluated to assess quality and outcomes.

## Protecting young people recommendations

*Aim: to protect young people from the negative impact of alcohol misuse*

<b>Theme</b>	<b>Recommendations</b>
<b>Universal education</b>	To develop a consistent and coherent message regarding children and young people's alcohol use agreed across all young people's services.
	To actively pursue local initiatives responding to national guidance to engage young people, parents and the wider community in alcohol awareness.
	To embrace the priorities of national guidance and directives such as the Youth Alcohol Action Plan and the current Chief Medical Officers guidance.
	To support and amplify any national public health campaigns aimed at the reduction of alcohol-related harm in young people.
	To extend and develop creative and committed targeted alcohol interventions and positive activities in outreach settings.
<b>Underage drinking</b>	To continue to use a range of innovative approaches such as surveillance equipment to reduce underage and proxy sales.
	To undertake targeted campaigns to inform adults who buy alcohol for young people under 18 years of age about the law and fines.
	To issue Citizen ID cards as proof of age to Wigan Borough residents at a reduced cost.
	To continue to use underage volunteers to carry out test purchase exercises at off-licence premises.
<b>Access to alcohol and working with licensees</b>	To fully utilise the Licensing Act 2003 in relation to the protection of children from harm.
	To actively promote the Responsible Alcohol Retailer Award to licensees and to explore the feasibility of extending and adapting the scheme for on-licensed premises.
	To continue to encourage local businesses to establish the Under 21's policy.
<b>Divisionary activities</b>	To continue to provide alternative activities for young people such as X zones particularly in areas where anti-social behaviour has been found to be a problem.
<b>Sexual health</b>	To continue with the wide range of local actions to address the key priorities for the reduction of teenage pregnancy and STI's in Wigan Borough.
	To identify young people who are repeat attendees at sexual health clinics whose attendance may be linked to alcohol.
	To fully utilise the local Sexual Health Strategy to improve the sexual health of young people specifically where alcohol is an issue.
<b>Families</b>	To continue to work with families who have a parent/sibling with an alcohol problem.

<b>Theme</b>	<b>Recommendations</b>
<b>Treatment</b>	To develop transitional arrangements for young people moving between the young persons' substance misuse services and the adult treatment service.
	To undertake an audit of data collection, systems and content across all young people's services at all tiers to review quality, consistency and comparability of data.
	To develop plans for a more robust screening and interventions model to be introduced and rolled out across primary care services for children and young people in Wigan Borough.
	To improve referral criteria and pathways for young people entering treatment services for alcohol-related issues.
<b>Consultation</b>	To develop a consistent and regular consultation process with young people to ensure programmes are meeting their needs.
<b>Evaluation</b>	To improve data collection and monitoring across all young people's services to obtain an evidence base for effective interventions and to ensure the effective and appropriate commissioning of alcohol services.

## Tackling alcohol-related crime, disorder and anti-social behaviour recommendations

*Aim: to reduce alcohol-related offending, alcohol-related re-offending and anti-social behaviour*

<b>Theme</b>	<b>Recommendations</b>
<b>Arrest referral</b>	To research the effectiveness of the Alcohol Arrest Referral scheme interventions in Magistrates' Courts and custody suites for both adults and young people.
	To fully utilise the AUDIT training provided to custody staff to enable alcohol intervention delivery through the use of Police bail conditions to encourage engagement.
<b>Violent crime</b>	To develop a long term data set for most serious violent crime.
	To fully utilise the forthcoming Trauma and Injury Intelligence Group data regarding A&E presentations and violent crime.
	To extend and develop the existing PubWatch scheme.
	To continue to introduce polycarbonate replacement glasses to high risk premises to reduce injuries through glassing.
<b>Domestic abuse</b>	To utilise and implement initiatives related to alcohol-related domestic abuse as proposed by the local Domestic Abuse Strategy.
	To develop direct access for victims of domestic abuse who may have problems with alcohol.
	To develop direct access for perpetrators of domestic abuse who may have problems with alcohol.
<b>Anti-social behaviour</b>	To continue to issue contact cards to inform intelligence regarding hotspot areas for anti-social behaviour.
	To explore the feasibility of issuing a fixed penalty notice to parents who are persistently found to be providing children with alcohol.
	To explore the feasibility of Neighbourhood Support Officers providing brief intervention advice during home visits.
	To continue to refer young people to the Fire and Rescue Service for the Fire fighter Awareness Course.
	To utilise the ASB policy and procedure to reduce and resolve anti-social behaviour relating to alcohol within Wigan Borough.
<b>Drink driving – male drivers under 30 – after work and late night drinking</b>	To provide specific washroom campaigns at 20 pubs for 4 weeks – 2 x Summer and 2 x Christmas/ new year period.
	The provision of 20,000 beer mats at 80 pubs and clubs.
	Advertising in sporting programmes and venues targeting key games against North West opponents.

<b>Theme</b>	<b>Recommendations</b>
<b>Offenders/ Criminal Justice</b>	To build capacity within the criminal justice system to enable better identification of offenders who may have an alcohol problem.
	To continue to monitor the percentage of cases at risk of re-offending due to alcohol as part of performance monitoring through the Offending Assessment System (OASYS).
	To introduce a new accredited programme for offenders whose offending is linked to impulsive behaviour as a result of their alcohol use (COVAID).
	The Low Intensity Alcohol Programme in which offenders can be made subject to an Alcohol Treatment Requirement will continue for dependent drinkers.
	A short duration alcohol programme aimed at providing brief interventions to convicted offenders who are binge drinkers will be introduced.
	To explore the feasibility of introducing a brief intervention for combined cocaine and alcohol misuse.
<b>Working with licensees</b>	To fully utilise the Licensing Act (2003) to combat alcohol-related crime and disorder.
	To encourage licensees to refrain from irresponsible drinks promotions to reduce alcohol-related crime, disorder and injury. Licensing policy to be used if necessary.
	To establish and develop a Licensing Forum with licensees.
	To develop training for bar servers to reduce sales to underage and intoxicated individuals.
	To introduce the Best Bar None scheme for licensed premises to assist in the delivery of a safer night time environment.
	To further develop the relationship between enforcement agencies and licensed premises.
<b>Transport</b>	To extend and further develop the taxi-marshal scheme.
	To continue to provide a NTE bus service across the Borough during weekends.
<b>Alcohol bans in designated areas</b>	To extend the use of alcohol bans in those areas where alcohol-related crime and disorder is a problem.
<b>Improving Community Confidence</b>	To measure the impact of the overall strategy through improvements in public perception (in relation to PSA 25).

<b><i>Theme</i></b>	<b><i>Recommendations</i></b>
<b>Public perception</b>	To undertake periodic surveys assessing resident's perceptions and concerns regarding alcohol-related crime and anti-social behaviour.
<b>Evaluation</b>	To evaluate and assess the introduction of a Clinical Nurse Substance Misuse post at HMP Hindley on young people's health, wellbeing and offending.
	To develop a process to evaluate the effectiveness of initiatives which aim to reduce the local impact of alcohol-related crime, disorder and anti-social behaviour.

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