GLASGOW CITY JOINT ALCOHOL POLICY STATEMENT

Recommendation:

The Board is asked to:

• endorse the attached Joint Alcohol Policy Statement and the development of this approach with other Local Authority Partners.

A. BACKGROUND

1.1 The effects of excessive alcohol consumption are creating a major public health problem which this NHS Board has a central and critical role in tackling. This paper presents for approval our first comprehensive Joint Alcohol Policy Statement developed in partnership with the City Council and Strathclyde Police. The statement commits partners to a challenging range of actions to tackle the problem of alcohol, in the way we deliver services, as an employer, working with our suppliers and partners and in wider public policy.

B. JOINT ALCOHOL POLICY STATEMENT

2.1 In recent years Glasgow has been experiencing increasing rates in consumption of alcohol across the population with associated increased levels of binge and harmful drinking. The increase in alcohol consumption and harmful drinking is now at a level where the issues caused by alcohol problems are among the most serious public health problems facing the City. There are increasing levels of alcohol related harm to Glasgow citizens, both young and old. The indicators illustrated throughout this document show there is real cause for concern. We are also seriously concerned by the impact of alcohol related behaviour on our City. Excessive alcohol consumption leads directly to crime and feeds a sense of insecurity for individuals and communities.

2.2 This increase in harm is caused by factors which include:

• alcohol becoming cheaper in real terms over the last 50 years;
• increased availability of alcohol, for example, outlet density and extended opening of licensed premises, in terms of days and hours of sale;
• rising levels of alcohol consumption across the whole population exacerbated by and linked to deprivation.
2.3 Tackling alcohol problems across the City and reversing these trends requires planning and action on all levels - nationally, across the City and in local communities. Alcohol problems can take up to 40 years to develop therefore early identification and intervention must be a top priority. This alcohol policy for the Glasgow City area seeks to strengthen our collective effort and take fresh steps to reverse the social and health related problems our population experience as a result of alcohol. Alcohol is a major contributor to ill health and premature death, violence, abuse of women and children and fear and dysfunction in our communities.

2.4 The Scottish Executive estimated in the 2002 Plan for Action on Alcohol Problems costs of £1 billion for NHS Scotland, social work services, criminal justice and alcohol related deaths. Based on the proportion (20.7%) of alcohol related hospital admissions in the City area the cost to the City would be in the region of £207 million each year.

2.5 The policy statement also recognises the need for a wider approach by national and local policy makers and partners to deal with the wider “protective” factors such as employment, nutrition, education, developing resilience, life skills, housing, environmental infrastructure and poverty. This joint policy confirms that we cannot try to tackle alcohol problems in isolation and that partners will need to make significant and sustained financial and policy commitments.

2.6 The policy statement commits the partners to work together in setting and delivering on challenging local action to reduce ill health and alcohol related harm under five key priorities:

1. Reducing alcohol related death and hospital admissions through the continuous improvement of alcohol services.

2. Reducing alcohol consumption levels in the whole population and in specific target groups who binge or drink harmfully.


4. Reducing harm to children affected by alcohol problems in the family.

5. Promoting responsible alcohol consumption among our employees and raising awareness of alcohol related harm in our role as an employer, as partners with a wide range of organisations and as procurer of services.

2.7 The partners are also committing to use our wider leadership roles particularly in relation to Community Planning to:

- identify and exploit further opportunities for action to contribute to our strategic priorities;
- proactively engage a wider group of individuals, organisations and communities to join us in tackling the harm caused by alcohol.
C. CONCLUSION

3.1 The Board is asked to discuss and support this joint policy statement and the development of a similar approach with other Local Authorities.

Publication: The content of this Paper may be published following the meeting

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GLASGOW CITY

JOINT ALCOHOL
POLICY STATEMENT

JUNE 2007
JOINT STATEMENT

In recent years Glasgow has been experiencing increasing rates in consumption of alcohol across the population with associated increased levels of binge and harmful drinking. The increase in alcohol consumption and harmful drinking is now at a level where the issues caused by alcohol problems are among the most serious public health problems facing the City. There are increasing levels of alcohol related harm to Glasgow citizens, both young and old. The indicators illustrated throughout this document show there is real cause for concern. We are also seriously concerned by the impact of alcohol related behaviour on our City. Excessive alcohol consumption leads directly to crime and feeds a sense of insecurity for individuals and communities.

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- increased availability of alcohol, for example, outlet density and extended opening of licensed premises, in terms of days and hours of sale;
- rising levels of alcohol consumption across the whole population exacerbated by and linked to deprivation.

Tackling alcohol problems across the City and reversing these trends requires planning and action on all levels -nationally, across the City and in local communities. Alcohol problems can take up to 40 years to develop therefore early identification and intervention must be a top priority. This alcohol policy for the Glasgow City area seeks to strengthen our collective effort and take fresh steps to reverse the social and health related problems our population experience as a result of alcohol. Alcohol is a major contributor to ill health and premature death, violence, abuse of women and children and fear and dysfunction in our communities.

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There is also a need for a wider approach by national and local policy makers and partners to deal with the wider “protective” factors such as employment, nutrition, education, developing resilience, life skills, housing, environmental infrastructure and poverty. We cannot try to tackle alcohol problems in isolation. Again, we recognise that this will need significant and sustained financial and policy commitments.

We can no longer shy away from the fact that the levels of death, disease and wider harm from alcohol problems are at record and unacceptable levels in the City.

In launching this policy statement we are committing ourselves to work together in setting and delivering on challenging local action to reduce ill health and alcohol related harm under five key priorities:

1. Reducing alcohol related death and hospital admissions through the continuous improvement of alcohol services.

2. Reducing alcohol consumption levels in the whole population and in specific target groups who binge or drink harmfully.

4. Reducing harm to children affected by alcohol problems in the family.

5. Promoting responsible alcohol consumption among our employees and raising awareness of alcohol related harm in our role as an employer, as partners with a wide range of organisations and as procurer of services.

We are also committing ourselves to use our wider leadership roles particularly in relation to Community Planning to:

- identify and exploit further opportunities for action to contribute to our strategic priorities;
- proactively engage a wider group of individuals, organisations and communities to join us in tackling the harm caused by alcohol.

Councillor James Coleman, Chair, Member and Officer Group on Addiction, Deputy Leader of the Council

Professor Sir John Arbuthnot, Chair, Greater Glasgow and Clyde NHS Board

Tom Divers, Chief Executive, Greater Glasgow and Clyde NHS Board

Catriona Renfrew, Chair - Greater Glasgow and Clyde Alcohol Action Team

William Rae QPM, Chief Constable, Strathclyde Police
A. INTRODUCTION

This policy statement establishes five strategic objectives and sets out for each of those strategic objectives the:

- scale of the problem;
- rationale for that objective;
- areas for action.

Of critical importance in making this joint statement is that we intend to ensure we deliver the ambitious actions which we are setting out and can demonstrate through regular reporting that these are being achieved.

B. STRATEGIC OBJECTIVES

1. REDUCING ALCOHOL RELATED DEATH AND HOSPITAL ADMISSIONS THROUGH THE CONTINUOUS IMPROVEMENT OF ALCOHOL SERVICES

Scale of the Problem: Alcohol Deaths and Ill Health

- In the City of Glasgow in 2005/06, there were 6136 hospital admissions for alcohol related issues. Of these 986 were for alcohol related liver disease, 4879 for acute intoxication and harmful use of alcohol or alcohol psychoses.
- In 2005 the alcohol related mortality rate in Glasgow City was 46 per 100,000 almost double that of Scotland.
- Alcohol related deaths in Glasgow City dropped by 10.5% for males and increased by 6.5% for females between 2001 and 2005.
- 501 deaths in Greater Glasgow in 2003 were recorded with alcohol as the underlying cause; this is however widely recognised to be an underestimate.
- In 2005/06 there were 6136 alcohol related acute discharges for Glasgow City residents, and increase of 11% from 2001/02.
- The highest rate of admissions are for individuals aged 45 to 64.
- In 2001-02 there were 947 psychiatric discharges with alcohol related diagnosis in Greater Glasgow.
- 50% of A&E attendances of people who self-harm are alcohol related.
- The number of alcohol related deaths has steadily increased over recent years in Glasgow.
- A study of 65 cases of alcohol related death in 2003 has indicated that:
  - a significant proportion of the people who died had been in contact with routine services (but not specialist addiction services);
  - non-compliance with medical and social care interventions is widespread and further strategies will need to be developed in order to have an impact on the rising deaths rates;
there was limited evidence of screening and any formal drinking category given or that brief interventions were being used. There appears to be gender differences in referral patterns and compliance to treatment.

- People who live in the most deprived areas are far more likely to be admitted to hospital for alcohol related illness than those from less deprived areas: 75% of all alcohol related admissions in 2005/06 were for patients who resided in the 15% most deprived datazones as defined by the Scottish Index of Multiple Deprivation.

**Rationale for this Objective**

The previous paragraph described the dramatic scale of the problem caused by misuse of alcohol. Improving alcohol services across our organisations will contribute to addressing reducing the scale of harm caused by offering early intervention, services in a wider range of settings, better access and a comprehensive range of specialist services. In areas for action under this objective we have also included a range of actions to address worklessness. We know that getting training and employment is a major factor in helping people to successfully address their addiction problem.

Using the Scottish Executive’s estimate from the 2002 Plan for Action of £449 million direct costs to health, social work and criminal justice systems, then based on a proportion of alcohol related hospital admission the cost to the City area would be:

- 20.7% of all hospital admissions in Scotland are from the City and are therefore direct;
- the costs to health, social work and criminal justice would be 20.7% of £449 million, ie, £93 million.

**Areas for Action**

**Action Area 1: Develop Earlier Intervention Work for Alcohol Problems in General Health and Social Care Services**

- Develop and deliver a comprehensive training and support programme for community based staff.
- Support the implementation of standardised alcohol screening across primary care and community health and social care settings.
- Promote and implement opportunistic brief interventions, as part of managing patients with hazardous or harmful drinking patterns.
- Implement strategies for the early identification of Alcohol Related Brain Damage.
- Provision of harm reduction advice and services to young people.
- Implement Keep Well projects providing generic alcohol counselling in the North and East CHCP areas.
Action Area 2: Secondary Care - Acute Sector

- To develop and implement standardised alcohol screening across the Acute Division.
- Supporting acute hospital staff to introduce screening and brief interventions/signposting to services.
- Implement inclusion of pre-admission substance misuse questions in acute settings.
- Standardise the Greater Glasgow guidance on the management of alcohol withdrawals and vitamin supplementation in hospitals.
- Ensure that comprehensive referral and care pathways information on the full range of addiction services is available to all acute staff.
- Ensure that good practice on harm reduction measures is implemented in relation to hazardous and harmful drinking and alcohol related brain damage across the Acute Division.

Action Area 3: Community Addictions Teams (CATs)

- Reduce waiting times for access to alcohol treatment and care.
- Continue to improve direct access to alcohol treatment and care in local areas
- Further develop referral activity between CATs and GPs for individuals with serious alcohol problems.
- Ensure individuals who require residential and community based rehabilitation have access to it.
- Expand and support the work of Community Alcohol Support Services to assist individuals to live independently.

Action Area 4: Secondary Care - Specialist Services

- Deliver new shared care arrangements to treat more effectively individuals with complex alcohol problems, where there may already be a co-existing physical or psychiatric comorbidity.
- Offer intensive interventions to promote abstinence, including the initialisation of aversive therapies such as disulfiram to promote and sustain abstinence
- Provide specialist advice to clinicians involved in treatment of alcohol related liver disease as part of an overall clinical management programme
- Deliver specialist functional assessments for individuals leaving hospital in order to avoid serious and ongoing risks/hazards that may accompany relapse such as fire, falls, accidents, etc.
- Ensure effective throughcare by discharging service users to the ongoing care of the CATs and the Community Alcohol Support Services.
- Support the universal adoption of good practice on management of alcohol withdrawals within primary care and Community Mental Health Teams.

Action Area 5: Development of Services for Young People with Addiction Issues

- Identify opportunities for earlier interventions through agreed joint working protocols with CHCP children’s services and schools.
- Develop co-location opportunities within children/youth services within CHCPs.
- Improve assessment and care planning within the youth addiction services.
- Provide support and intervention to vulnerable young people at risk as a result of their alcohol problems.
- Pilot new approaches based on family therapy.
- Increase the level of groupwork and group based interventions with young people.
- Work to scope and develop, with other agencies in local areas, managed networks to identify and intervene with the most vulnerable young people.

**Action Area 6: Care and Treatment of Drunk and Incapable People**

- The care of drunk and incapable people in Glasgow City remains a significant concern. We will continue to promote our proposals for a system of services to target this group.

**Action Area 7: Joint Working on Alcohol with Homelessness and Offenders**

- Improve support and services to people with alcohol problems in these settings.
- Improve throughcare and consistency of treatment approach and assertive follow up of clients through joint protocols and training with SPS.
- Extend the successful Arrest and Referral Pilot which has accessed significant numbers of people drinking harmfully who were not previously in touch with services.
- Implement the persistent offenders project with Strathclyde Police, targeting the most serious alcohol and drug related offenders within the City centre.

**Action Area 8: Ensuring that Services Meet the Needs of Equality Groups and Comply to Legislation Requirements on Gender, Disability and Race**

- We know that patterns of alcohol consumption and impact are different for men and women, for different age groups and different socio-economic circumstances. Our organisation and delivery of services will reflect that.
- Increase uptake of services by equality groups and communities through improved promotion and accessibility of services and ensuring at services are sensitive to needs learning from the Inequalities Sensitive Practice Initiative.

**Action Area 9: Developing the Addictions and Worklessness Agendas**

- Increasing programme activity across Glasgow by increasing the long term, sustainable staffing level within Local Economic Development companies to promote work with individuals in recovery.
- Establish Link/Advocacy workers who will be based and managed by the community rehabilitation managers, and employed by the voluntary sector but who will have a very distinct and different role. They will familiarise themselves with all the training and employment initiatives on offer and operating in their local area. These posts will broker and negotiate for clients to ensure that access to the most appropriate training or employment is achieved to ensure minimum dropout.
• Link these developments into the local CATs, via care managers who will access the services of this advocacy role, even for clients that do not want to attend community rehabilitation but want to go onto training/employment.
• Continue the Addiction Workers Training Project run by the Scottish Drug Forum currently funded through the New Opportunities Fund.
• Establish a Glasgow Addictions Training and Group to enhance links with other networks/structures within the field of employability at a City-wide and national level
• Inform via the AAT and DAT the wider addiction strategies around employability issues
• Influence the local and national policy developments regarding pathways into employment for people recovering from substance misuse.
• Support within the field of employability an overall balance of opportunity and support which enables people to move on from problem substance misuse

Action Area 10: Continuous Improvement of Commissioning and Performance Management of Addiction Services

• Implement new service specifications for CATs and review performance and service delivery against key standards.
• Ensuring that the National Quality Standards for Addiction Services are implemented across all services.
• Contract manage all commissioned services using the revised contract management framework.
• Ensure continuous improvement of services within an effective and comprehensive performance management framework.

2. REDUCING ALCOHOL CONSUMPTION LEVELS IN THE WHOLE POPULATION AND IN SPECIFIC TARGET GROUPS WHO BINGE OR DRINK HARMFULLY

Scale of the Problem: Young People and Adults

• Young people:
  - of those who reported drinking in Glasgow City around a third of 13 year olds and almost a half of 15 year olds have binged in the previous week;
  - the average consumption of 15 year olds was 13 units for boys and 11 units for girls;
  - of those young people who reported having consumed alcohol before, 54% of 13 year olds and 75% of 15 year olds reported being drunk at least once (SALSUS2002);
  - of those who reported drinking 37% of 13 year olds and 53% of 15 year olds reported bring drinking on at least four occasions in the previous month (SALSUS2002);
  - the Scottish Schools Adolescent Lifestyle Survey (SALSUS 2004) reported that in Scotland, 13 year old boys reported drinking an average of 10 units and girls an average of 8 units per week;
  - binge drinking is defined as drinking an excessive amount on any one occasion. In Greater Glasgow, of those young people who reported
having consumed alcohol, 34% of 13 year olds and 53% of 15 year olds reported binge drinking in the last week;
- in Greater Glasgow 8% of 13 year olds and 15% of 15 year olds reported binge drinking on at least four occasions in the past 30 days;
- in 2002/03 there were 642 alcohol related acute hospital discharges of people under 24 years resident in Greater Glasgow. 87% of these were aged 16-24 years and the majority were male. There were 83 alcohol related acute hospital discharges of people aged 0-15 the majority of which involved acute intoxication. (NAIR, 2004).

- Adults:
  - traditionally men have been more prone to drinking harmfully than women and about a third of men are exceeding recommended limits - while the male consumption above healthy limits levels appear to be decreasing over all, statistics show almost a half of men exceed daily limits (binge) in the week;
  - almost a fifth of women are exceeding recommended limits - women’s consumption over recommended limits is still increasing in the overall population, from 15% in 1998 to 17% in 2003. Statistics show a third of women exceed daily limits (binge) in the week;
  - there is increasing evidence of older people drinking hazardously.

**Rationale for this Objective**

The paragraph above illustrates the importance of changing the culture of harmful drinking in specific groups across Glasgow City. We need to move people away from drinking to become intoxicated or drunk and also shift the attitude of the general population away from increasing levels of consumption of alcohol.

International studies have shown that global alcohol policy measures such as higher taxation of alcohol, complete ban on advertising and reducing outlet density (availability) can have a positive impact on public health. A recent review of evidence in Europe points to the fact that the UK has already comparatively high taxation levels on alcohol compared to other EU countries. Nevertheless, the review authors suggest that the price of specific drinks and action against deep discounting of alcohol or irresponsible promotions can still be effective.

We need to give particular priority to changing the behaviour of young people to achieve the longer-term culture shift which is essential to break the cycle of excess consumption and its harm. It is recognised that more generic approaches which seek to emphasis positive parenting, encourage mentoring opportunities, develop the health promoting school ethos and support a skills based approaches to foster a greater confidence among young people can reduce the risk of harmful or binge drinking patterns developing. We will consider how comprehensive and effective education can be achieved.

One challenge is how we reach the most “at risk communities” with education and prevention activities and ensure links to regeneration. Alcohol related harm is complex and, while we see the extremely high correlation between hospital admissions for alcohol and deprivation, this is because of the many other social inclusion issues people living deprived areas face. Harm from hazardous or excessive drinking also affects all groups in the City.
Media campaigns can only be expected to begin to “challenge” the public’s attitude to harmful and hazardous drinking and improve knowledge of safe alcohol use - it is well evidenced that such work will not, in itself, result in major consumption level reductions across the whole population. Nevertheless, there is a need to continue to challenge the current binge drinking cultures in certain groups in Glasgow by ongoing and sustained safer drinking messages, which challenge attitudes supporting heavy drinking.

Areas for Action

Action Area 1: Increasing and Building Capacity of Drug and Alcohol Education Prevention Activity in Communities

- Increase development and capacity of community forums to take on alcohol related work at very local level and engage local communities in:
  - reducing alcohol consumption;
  - challenging harmful drinking patterns
  - promoting local supporting agencies and services;
  - developing wider community based alcohol prevention activities;
  - development of localised Action Plans.
- Ensure there is equity of coverage in community based alcohol prevention and education services across the City. Further investment in developing community based alcohol prevention activity and mainstreaming effective community prevention services on short term funding regimes is a priority.

Action Area 2: Improving Local Communication Work on Alcohol Issues Aimed at Supporting Culture Change

- Further develop local alcohol communications strategy building on the “Play Safe in Glasgow” City Centre campaign working in harmony with the national campaigns.

Action Area 3: Lobbying for Effective National and Local Policy on Alcohol Issues

- Develop a comprehensive approach to sustained lobbying on areas where national policies are not conducive to reducing alcohol related harm. These include pricing, labelling, advertising and relationships with the alcohol industry.
- We will lobby for legislative change to enable Trading Standards to take a role in enforcing the law on under age drinking.

Action Area 4: Implementation of Licensing (Scotland) Act 2005

- Support effective implementation of the Act - particularly those measures which have been shown to reduce alcohol related harm, including addressing overprovision and mandatory server training.
- Develop detailed actions to ensure the enforcement of the restrictions in the Bill aimed at days and hours of sale and underage sales.
3. REDUCING ALCOHOL RELATED CRIME, VIOLENCE AND DISORDER

Scale of the Problem: Crime, Violence and Disorder

Glasgow City Council’s area has the highest number of crimes recorded by the police per 10,000 persons, standing at 1,318 compared to the Scottish Average of 819. (“Recorded Crime in Scotland” Scottish Executive, Statistical Bulletin Criminal Justice Series 2003)

The Scottish Executive Criminal Justice statistics for Glasgow City, 2004 report:

- 2026 drunkenness offences;
- 1649 drink driving offences;
- 7540 offences of consumption of alcohol in a designated place.

The Violent Crime figures for Glasgow City September 2005 - September 2006 demonstrate the extent of the problem in Glasgow City:

<table>
<thead>
<tr>
<th>Crime Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>32</td>
</tr>
<tr>
<td>Attempted Murder</td>
<td>206</td>
</tr>
<tr>
<td>Serious Assault</td>
<td>1784</td>
</tr>
<tr>
<td>Simple/Petty Assault</td>
<td>12518</td>
</tr>
</tbody>
</table>

Rationale for this Objective

There is strong evidence that alcohol is a significant factor across a range of criminal activity and is a major factor in violent crime. In addition to the direct impact of crime, alcohol is also a major factor in creating a sense of insecurity and fear in communities across Glasgow.

It is widely recognised that many violent crimes are alcohol related. The Police Violence Reduction Unit estimate the entire average cost of violent crime per incident as:

<table>
<thead>
<tr>
<th>Crime Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>£1,300,000</td>
</tr>
<tr>
<td>Attempted Murder</td>
<td>£750,000</td>
</tr>
<tr>
<td>Serious Assault</td>
<td>£23,000</td>
</tr>
<tr>
<td>Simple Assault</td>
<td>£2,000</td>
</tr>
</tbody>
</table>

This makes the overall estimated potential cost of violent crime in Glasgow City many of which are alcohol related as:

<table>
<thead>
<tr>
<th>Crime Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>£41.6 million</td>
</tr>
<tr>
<td>Attempted Murder</td>
<td>£154.5 million</td>
</tr>
<tr>
<td>Serious Assault</td>
<td>£41.0 million</td>
</tr>
<tr>
<td>Simple Assault</td>
<td>£25.0 million</td>
</tr>
<tr>
<td>Total</td>
<td>£262.1 million</td>
</tr>
</tbody>
</table>
Areas for Action

Action Area 1: Continue Provision of Robust Community Supervision to Address Offending Behaviour and Reduce Contributory Factors to Offending

- Continued development of the Persistent Offenders Project offering a treatment and support package to substance using offenders.
- Further development of statutory supervision where it is identified that alcohol use has been a contributing factor in offending behaviour and perceived to increase the risk of further offending. This service includes group-work programmes (ACE) specifically designed to address alcohol misuse and the consequences.
- Establishment of the “Change” programme for perpetrators of domestic violence. Alcohol misuse is a contributing factor in a very high percentage of these offences.
- Roll out and development of the Arrest and Referral Scheme providing assessment and referral at the point of arrest for those identified with addiction problems to local addiction services and other relevant specialist services.
- Roll out of Custody Card Scheme across all custody suites in the City area, a credit card sized information booklet, containing alcohol information and support services.
- Increase the focus on alcohol misuse by the Drug Court Supervision and Treatment Team in order to reduce levels of re-offending for offenders with addiction issues and makes use of interventions to address alcohol problems.
- Support the continued development of the Restorative Justice Programme.

Action Area 2: Improve Prison Interventions, Education and Links to Community Services

- Continue to develop the Throughcare Addiction Service improving the interface between prisons and community-based services for short-term vulnerable offenders.
- Develop alcohol education/prevention and awareness programmes for delivery to all prisoners with alcohol related offending and/or misuse.

Action Area 3: Active Police Involvement in Tackling Alcohol Related Harm and Crime

- Deliver the roll out of Strathclyde Police Youth Alcohol Strategy.
- Work with the licensed trade to maintain standards of sale and management including test-purchase initiatives when and where appropriate.
- Create, implement and monitor activity on violence reduction that will integrate violence prevention into social and educational policies, promote primary prevention responses and support and strengthen victim support services.
- Increase collaborative activity and information sharing.
- Engage in research to establish the causes, consequences and economic costs of alcohol related violence.
- Develop innovative criminal justice processes to deal effectively with violent offenders.
- Develop new ways to address disorder.
Action Area 4: Community Safety

- Extend City centre evening economy environmental and transport initiatives to reduce alcohol related crime and fear of crime.
- Ensure the Community Safety Partnership has a focus on alcohol and its effects.
- Support strong and active local forums in promoting community based responses to the problems caused by alcohol.

4. REDUCING HARM TO CHILDREN AFFECTED BY ALCOHOL PROBLEMS IN THE FAMILY

Scale of the Problem: Children Affected by Alcohol

- There is a lack of any robust and accurate data regarding the prevalence of problem alcohol use in Glasgow and therefore also on the prevalence of children affected. Estimates of the number of “problem alcohol users” within Glasgow City have been calculated as part of a report on children affected carried out by the Centre for Drugs Misuse at Glasgow University. The study calculates that in Glasgow there are at least 13,500 problem alcohol users and 9,940 children who have a father with problem alcohol use and 3,640 have a mother with alcohol misuse problems. It is accepted that these figures are likely to be a substantial underestimate of the problem.
- Given that within the City problem alcohol use is strongly correlated with inequality and deprivation, attempts to address the issues experienced by children and young people affected by parental alcohol use cannot easily be separated from wider support to children living in disadvantaged and deprived areas.
- Recent research has reinforced the fact the children in alcohol misusing families suffer the same ill effects as those in drug misusing families. The nature of the impact on children ranges from the early, pre-school years to mid-adolescence. Within this the effects of parental alcohol use can be both acute, as the experience of physical neglect and abuse, and long-term, including the impact of low school attendance and emotional parental ambivalence. Acute effects on children can pose significant risk of immediate harm. Longer term effects may only exhibit themselves as children develop socially and emotionally. Parental alcohol misuse can have a significant impact on dependent children in relation to long-term development and social inclusion and also in terms of the increased likelihood of public service intervention being required to ensure welfare and protection.
- Research suggests that children living in alcohol using households are more vulnerable to poor attendance at school, under achievement academically, lower levels of involvement in the social life of the school and lower levels of involvement in extra curricular activities such as sport and arts.
- Children who live in alcohol misusing households are more vulnerable to experiencing a range of both psychological and emotional difficulties in childhood, adolescence and adulthood. The emotional and psychological effects of parental alcohol use range from growing up in a household of uncertainty and anxiety about the future, to the experience of acute trauma and feelings of loss, as well as the possible alcohol related ill health or death.
of a parent. These children will often suffer from low self esteem and low self worth, have little social confidence or skills and will struggle to form positive relationships with peers and other adults.

**Rationale for this Objective**

The section above graphically illustrates the impact of potential alcohol misuse on children and the reason we have prioritised action in this area - not just for the benefit of individual children but to break the inter-generational cycle of this impact in communities across Glasgow City.

**Areas for Action**

**Action Area 1: Defining and Understanding the Level of Need of Children Affected by Parental Alcohol Problems in Glasgow City.** A cross-cutting theme on our areas for action will be developing a coherent approach to early intervention.

- Refining the prevalence estimate of children affected by problematic alcohol use to allow the establishment of a robust system of identification and support.

**Action Area 2: Enhance the Provision of Locally Based Support and Recreational Activities**

- Increase support for children who are acting as carers for an adult with an alcohol problem.
- Increase availability of support/specialist counselling to children experiencing significant emotional/psychological problems including those affected by alcohol related death or long term illness.
- Increase general support available such as befriending and mentoring schemes
- Develop strong links to child protection structures

**Action Area 3: Improve the Health of Children Affected**

- Improve identification of at risk or in need children to ensure the targeting of appropriate health intervention and prevention programmes.

**Action Area 4: Supporting Children Educationally**

- Expand provision of support and help linked to schools.
- Regular review of personal and social education programmes which include alcohol education to enable young people to understand the effects on behaviour of people influenced by alcohol.
- Ensure an integrated service approach, to comply with duty to identify and address the needs of children affected, through support and learning plans.
- Increase transitional support to pre school and pre secondary children whose parents have alcohol problems.
Action Area 5: Looked After and Accommodated Children

- Extend the range of available responses.
- Develop local initiatives to address the needs of children affected who are accommodated.
- Expand the provision of respite initiatives for carers and children who cared for by extended families.

Action Area 6: Extend Support to Vulnerable Families with Babies and Very Young Children

- Implementation of pregnancy and substance use protocols to ensure provision of appropriate specialised care for all women with alcohol misuse problems.
- Initiate work to assess the extent of Foetal Alcohol Syndrome.
- Further development of the Parenting Support Service that supports parents with newborn children to return home where it is safe to do so.
- The introduction of specialist nurseries for children of problematic substance using parents to increase the uptake of nursery places by this group.
- Develop parenting skills training for young parents not targeted by statutory parenting orders.

5. REDUCING THE ALCOHOL CONSUMPTION OF OUR EMPLOYEES AND RAISING AWARENESS OF ALCOHOL RELATED HARM IN OUR ROLE AS AN EMPLOYER AND PROCURER OF SERVICES

Scale of the Problem

- We employ nearly 100,000 staff and spend £5 billion on services each year.
- Alcohol misuse is a major and direct cause of poor performance, absence and ill health among our employees.

Rationale for this Objective

Promoting responsible drinking and raising awareness of alcohol related harm will improve the health of our staff, increase their productivity and reduce absence. A focus on our role as major employers also gives us direct contact with a large number of Glaswegians and through them with their family and friends. Similarly, as the most major procurer of goods and services in the West of Scotland we can exert a positive influence on other employers.

Supportive workplace alcohol policies re-enforce culture change away from harmful drinking and also offer good opportunities to identify alcohol problems earlier, providing support, brief interventions, counselling and wider health improvement measures to employees. This maximises the chance of the person remaining in work and increases the chance of identification and intervention before things develop to more serious levels. They also are good settings to support people take wider health improvement measures that are key protective factors for health - such as diet and exercise.
Areas for Action

Action Area 1: Develop a Comprehensive Approach to Information and Awareness Raising for our Staff

- We will make a major and sustained effort to change the attitudes and behaviours of our staff in relation to their own alcohol use and the wider impact of alcohol on their families and communities.

Action Area 2: Ensure we are Model Employers in Supporting Staff with Alcohol Problems to Proactively Address those Problems.

- We will develop and implement comprehensive and consistent policies to support staff with alcohol problems.

Action Area 3: Actively Promote a Similar Approach Across Employers in the City

- We will aim to promote the development and implementation of alcohol policies in all employers and we will provide support in the development and implementation of those policies.

Action Area 4: Procurement of goods and services

- We will review our policy with regard to acceptance sponsorship by alcohol manufacturers and the consumption or advertising of alcohol on our premises.
- We will work with our suppliers to ensure they have alcohol policies which promote a sensible drinking culture among their employees and we will provide support in the development and implementation of those policies.