Alcohol Harm Reduction Strategy for Portsmouth 2006-2009
The Crime and Disorder Act 1998 required local authorities and the police to produce a crime reduction strategy every three years. In 2002, this requirement was changed to include the local Primary Care Trust (PCT) by the Police Reform Act, which also imposed a duty to work more closely with Drug Action Teams. In Portsmouth the former Crime and Disorder Strategic Partnership merged with the Drug Action Team in April 2004 to form The Safer Portsmouth Partnership.

The new Partnership was responsible for producing the Community Safety Strategy for 2005-2008 which, at Objective 1, entailed contributing to the development of an alcohol strategy for Portsmouth.

The Safer Portsmouth Partnership comprises representatives from statutory, voluntary and community organisations that work in active partnership to reduce crime, disorder and substance misuse in the City of Portsmouth. The Safer Portsmouth Partnership is accountable to the Local Strategic Partnership (LSP).

The Safer Portsmouth Partnership has adopted the following core values:

- **Forging constructive partnerships.** No one agency can tackle crime and influence change alone. Inter and intra agency working is recognised as the best way to tackle complex issues. Partnership working is crucial to our work.

- **Consulting and reflecting on local priorities.** Local concerns must underpin the crime and disorder strategy. Additional efforts will be made to consult vulnerable groups to ensure social inclusion. Fear of crime continues to have a major impact on people’s quality of life and more needs to be done with local communities to positively address this issue.

- **Developing appropriate data collection mechanisms.** This includes undertaking research to further the development of the strategy and ensure crime reduction measures respond to changing needs.

- **Developing considered responses to crime prevention.** This entails building on current community safety activity and developing new crime prevention initiatives where needed. We will only develop actions that are evidence based and outcome focused.

- **Monitoring, evaluating and reviewing the strategy and action plan in line with findings.**

- **Equality of opportunity.** The Partnership will make no assumptions about the causes of crime and disorder in our city and ensure that services are accessible and responsive to the wide range of needs reflected in the city.

- **Sharing information.** This includes working to the agreed local protocols for information sharing and ensuring an effective internal and external communication strategy.

- **Continuous improvement.** A commitment to continually review service delivery, develop and respond to consultation, benchmarking against partner areas and demonstrating improvement to services.
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A local alcohol strategy is needed in Portsmouth in order to improve our residents' health and social well-being. Alcohol has become a problem in the United Kingdom in terms of crime and health, but Portsmouth has a particular problem with alcohol that needs to be addressed. On the other hand, alcohol has provided benefits to Portsmouth in terms of the economy. Regeneration of parts of the city, such as Gunwharf Quays, as well as an expansion of the evening and late night economy through attendance at restaurants, bars and clubs, has provided Portsmouth with a thriving economy.

This strategy therefore sets out how the various partners will work together to achieve the following vision:

“To improve Portsmouth's residents health and social well-being by reducing the problems associated with alcohol misuse”

This vision will be reached by tackling the following key objectives:

- to improve the health of the residents of Portsmouth
- to improve the social well-being of the residents of Portsmouth
- to reduce alcohol-related crime in Portsmouth

This strategy is split into four main situations where alcohol has an impact:

- the Home
- the Workplace
- Public Places
- Health Services

**Alcohol is a problem in the home.** Around a quarter of Portsmouth residents regularly binge drink and a third drink large amounts of alcohol at home. The current problems associated with alcohol misuse in the home include accidents, domestic violence, sexual assault, unwanted pregnancy, sexually-transmitted diseases, mental illness, financial difficulties, relationship issues and suicide.

**Alcohol is also an increasing problem in the workplace.** Drinking alcohol either within sensible limits or in an excessive nature can lead to problems in the workplace. Some of the problems include loss of productivity, lateness and absenteeism, safety concerns, effect on team morale and employee relations, bad behaviour or poor discipline and adverse effects on company image and customer relations. In Portsmouth, around 40,000 working days are lost each year due to alcohol misuse.

**Alcohol brings both benefits and problems in public places.** Portsmouth's evening and late night economy has grown in recent years. This has brought economic benefits. However, current problems of alcohol misuse in public places include drink driving, accidents, anti-social behaviour, litter, the fear of crime, criminal damage, fighting, homelessness, street drinking and sexual assault.
Alcohol has an adverse effect on health and health services in Portsmouth. Alcohol misuse is a particular health problem in Portsmouth resulting in around 30 deaths each year. Current problems include binge drinking, long-term alcohol misuse, excessive attendance at Emergency Departments, logistical problems with ambulances, and violence towards health service staff.

The Safer Portsmouth Partnership will now:
- devise an action plan by July 2006
- ensure the action plan is implemented and linked to related strategies and plans
- incorporate the action plan into the annual review of the Community Safety Strategy
- monitor progress and report back to the Local Strategic Partnership (LSP)
Background
Alcohol misuse is associated with health and social problems for the individual, family, and wider community level. In the UK, the extent of these problems is staggering and well known, and the evidence for this is described throughout the document. There is a strong case for local action on alcohol-related harm.

Historically, there have been no priorities or targets for alcohol at national level and so local responses have been limited. However, the Government has published a number of documents, such as the National Harm Reduction Strategy for England, in order to tackle alcohol-related harm.

Aim
The aim of the alcohol strategy is to ensure that the principles and objectives of the National Harm Reduction Strategy for England are applied in an appropriate and relevant way to the particular local situation in Portsmouth in order to make our city a safer and healthier place to live.

National context
The majority of the population drink responsibly. However, an increasing minority (currently 8 million people) are drinking above recommended limits. The prevalence of alcohol dependence overall is 3.6%, or 1 in 28, of the adult population, equating to 1.1 million people. Between 15,000 and 22,000 deaths each year are associated with alcohol misuse, mainly resulting from stroke, cancer, liver disease, accidental injury or suicide (Strategy Unit Alcohol Harm Reduction Project: interim Analytical Report, 2003).

Crime
Alcohol is a recurring theme through the National Community Safety Plan 2006-2009, which was published in December 2005. The consumption of excessive levels of alcohol, including binge drinking, is related to violence and anti-social behaviour.

Alcohol-related violence impacts on physical, mental and sexual health:
- Half of all violent crimes are alcohol-related (Strategy Unit Alcohol Harm Reduction Project, 2003)
- Alcohol-related violence costs around £7.3 billion each year (Alcohol Harm Reduction Strategy for England, 2004).
- Around 360,000 incidents of domestic violence are linked to alcohol misuse, accounting for a third of all domestic violence (Choosing Health, 2004).
- Self-directed violence and suicide are also additional problems associated with alcohol misuse (Alcohol and violence, FPH).
Effective crime and disorder strategies could impact on a range of national and local NHS priorities. In 2004, PCTs in England became responsible authorities within crime and disorder partnerships under section 5(1) of the Crime and Disorder Act 1998, as amended by the Police Reform Act 2002. The new status formalises the role PCTs have in participating in Crime and Disorder Reduction Partnerships (CDRP’s). The Act places a duty on PCTs to participate in audits of crime and disorder, anti-social behaviour and drug misuse, as well as contribute to the development of local strategies that effectively deal with the issues which are identified.
Health

Recommended daily alcohol limits are up to four units per day for men, and up to three units per day for women. This is more commonly expressed as a weekly limit of 21 units for men and 14 units for women. One unit is equal to:

- half a pint of normal strength (3-4% ABV) beer, lager or cider
- a small glass of wine (9% ABV)
- a pub measure of spirits

However, many beers and wines are stronger than the drinker is aware. Furthermore, many wine glasses are larger than a standard 125ml glass. These two factors may unknowingly increase an individuals alcohol unit intake.

Alcohol misuse is associated with 150,000 hospital admissions each year and costs the NHS around £1.6 billion a year. A recent study by the Home Office (Richardson A and Budd T, 2003) found that 39% of 18-24 year olds were classified as ‘binge drinkers’. Men were more likely to drink than women. It was also found that binge drinkers were more likely to offend than other young adults. Also, around 25% of children aged between 11 and 15 years consume alcohol, consume an average of 10 units per week (Choosing Health, 2004).

Alcohol-related deaths are now much more common for males than females. In 2003 males accounted for almost two thirds of the total number of deaths. The male death rate, at 15.8 deaths per 100,000 population, was twice the rate for females (7.6 deaths per 100,000 population) (National Statistics).
Economy

Alcohol is a significant component of the evening and late night economy in the UK. However, the consumption of alcohol has both positive and negative effects on the economy (Strategy Unit Alcohol Harm Reduction Project, 2003):

- The total value of the alcoholic drinks market in the UK exceeds £30 billion (around 6% of all consumer expenditure)
- Britons spend £17 billion in pubs each year
- In 2002, the nightclub market was worth £1.7 billion
- In 2000-2001, excise duties and VAT on alcoholic drinks raised over £12 billion (equivalent to 4.3% of all Government tax revenue)
- For England and Wales, the costs of some but not all adverse consequences of alcohol consumption is in the region of £20 billion
- 17 million working days are lost each year due to alcohol misuse
- The cost of alcohol misuse to UK industry is an estimated £2 billion
- For every £1 spent on alcohol treatment services, £5 is saved from NHS and criminal justice service budgets and social costs
- Up to £156 million could be saved if 10% of dependent alcohol abusers were treated

National Picture

The National Alcohol Harm Reduction Strategy for England. This was published in March 2004 and highlighted increasing concerns from around the country relating to the misuse of alcohol. The aim of the strategy is to prevent any further increase in alcohol-related harms in England. This will be measured using the following indicators:

- Reducing the harms to health
- Reducing the harms caused by crime and disorder
- Reducing the harms to productivity through alcohol-related absenteeism, unemployment and reduced efficiency

The Licensing Act 2003. This came into force in November 2005 and established a single integrated scheme for licensed premises that better reflects the modern and vibrant evening and late night economy. The legislation highlighted the need for modernisation and reform of existing licensing law. Specifically, the Act aims to:

- prevent crime and disorder
- increase public safety
- prevent public nuisance
- protect children from harm
The Act strengthens the powers of the police and the courts to deal with those who fail to comply with licensing law, including the power to close a premises for 24 hours.

The Government’s White Paper “Choosing Health”. Alcohol is one of the main health issues covered in this paper. Its aim is to bring about a shift in NHS culture from treating chronic disease to that of preventing ill health, and alcohol is included alongside other determinants of ill health. The need for alcohol treatment is acknowledged, with implicit recognition that this will require further investment.

The Alcohol Needs Assessment Research Project (ANARP). This project came out of the Alcohol Harm Reduction Strategy and Choosing Health white paper, and assessed the levels of alcohol misuse and the availability of treatment throughout England. Some of the key findings are as follows:

- There was a decline in all alcohol use disorders with age.
- GPs tended to under identify younger patients with alcohol use disorders compared with older patients.
- The largest proportion of referrals to alcohol agencies are self referrals (36%) followed by GP/primary care referrals (24%).
- The estimated annual spend on specialist alcohol treatment is £217 million.
- Although there are 1.1 million alcohol dependent individuals, the number accessing treatment per annum is estimated to be only 63,000.

The latest White Paper from the Government, “Our health, our care, our say” also cites the problems associated with alcohol misuse. In addition, the National Service Frameworks for cancer, mental health, coronary heart disease, older people, children, and diabetes, all cite alcohol misuse as a risk factor.

Local Picture

Local partnerships between PCT’s, local authorities, the police, and other organisations have led to the establishment of LSP’s and CDRP’s. In Portsmouth City, these partnerships have produced the:

- Community Strategy 2004-2009
- Community Safety Strategy 2005-2008

A number of measures are described in these strategies in order to address Portsmouth’s local alcohol-related issues:

- controlling the use of alcohol
- tackling the problems associated with alcohol misuse
- dealing with the problem of alcohol-related crime and disorder

This alcohol strategy will therefore be supported by the strategies and partnerships described above. Importantly, this alcohol strategy also supports the Evening and Late Night Economy Strategy 2006-2009, which is currently being developed by the Evening and Late Night Economy Partnership. Both strategies will have some overlapping actions on which the partnerships can clearly work together.
Background

The consumption of alcohol is a social pleasure undertaken by a clear majority of the population. However, alcohol is also a potent drug and excessive consumption, including binge drinking, can lead to numerous problems:

- Nationally, around 30% of the population drink above the Government’s recommended daily guidelines on some occasions (Choosing Health).
- The Portsmouth Residents Drug and Alcohol Survey was completed by MORI in 2003 and found that 26% of residents admitted regular binge drinking (more than six drinks on one occasion) while 10% of those living in the Heart of Portsmouth drank more than 51 units per week.
- In Portsmouth, 40% of residents drink above the Government’s recommended daily guidelines; in some areas of the city it can be as high as 50%.
- The MORI survey found that 34% of people drink large amounts of alcohol at home. According to the Residential Alcohol Service in Portsmouth, there were 308 admissions for detoxification treatment in 2003/04 and 353 in 2004/05.

In Portsmouth, around 3,800 children live in families where one or both parents misuse alcohol. Sadly, around 1400 incidents of domestic violence in Portsmouth, a third of the total, are linked to alcohol misuse. Domestic violence can have a damaging effect on children’s health, educational attainment and emotional well-being.

Accidents in the home are also linked to the misuse of alcohol. It is estimated that, in Portsmouth, alcohol accounts for:

- Around 60 accidents in the home each year
- Up to 37% of non-fatal falls
- Up to 86% of burn deaths
- 40% of fire deaths

The Health Improvement and Development Service of Portsmouth City Council and Portsmouth City PCT undertakes various services that are relevant to alcohol:

- Young People and Substance Misuse Services
- Hillside Young Persons Project (Healthy Lifestyles)
- Homecheck: crime prevention security work
- Harassment and domestic violence services
- Accident prevention

Case Study

Windsor and Maidenhead Drug & Alcohol Action Team. To coincide with the launch of the DAAT, a poster competition for school children was launched. Pupils in years six, seven and eight were invited to produce an A4 colour poster warning of the dangers of alcohol. An information pack was sent to each school with the competition details including the FRANK information sheet on alcohol, a lesson plan that had been produced for the Berkshire Healthy Schools Newsletter and a list of useful websites. Over 70 entries were received and the winners and their posters were featured in local newspapers. A selection of the posters are now being displayed on the ‘health’ notice boards in all of the borough’s secondary schools.
Current problems
Excessive alcohol consumption increases the risk of the following:
- accidents including fires
- domestic violence (including sexual and child abuse)
- sexual assault/date rape
- unwanted pregnancy
- sexually-transmitted diseases (STD’s)
- mental illness
- financial difficulties
- relationship issues
- family issues e.g., implications for children.
- suicide

We will continue ...
- Our media campaign in relation to alcohol-related sexual assault, unwanted pregnancy and STD’s
- To provide services via the Self Harm Team at the Queen Alexandra Hospital
- To provide generic family support services and increase specific support for families affected by alcohol misuse
- To provide dual diagnosis (substance misuse and mental health) through our Community Mental Health Teams

We will ...
- Increase the number of schools involved in the National Healthy Schools Programme to 100% by 2009
- Increase teacher involvement in Personal Health and Social Education (PHSE) certification
- Incorporate alcohol into the Improve Adolescent Health priority of the Children and Young People’s Plan for Portsmouth.
- Develop an innovative approach to alcohol misuse working with young people, young parents and children; local groups and young people with little access to usual settings, through peer-led work
- Introduce support services to families affected by alcohol misuse
- Do more joint working between the Children and Families Team and Substance Misuse Services
- Improve support for victims of domestic and sexual abuse by increased joint working between domestic violence and substance misuse services; we will also develop links with the new Sexual Assault Referral Centre.
Effects of High-Risk Drinking

- Perform a review of supported housing and accommodation for people with alcohol problems
- Introduce support services for substance misusing parents and their children, as described in the Adult Treatment Plan 2006/07
- Develop a network of parenting programmes and bank of training facilitators within existing drug and alcohol services
- Develop a brief interventions programme – providing accessible short-term information, advice and support to problem drinkers in primary care, A & E or criminal justice settings.

**AUDIT, the Alcohol Use Disorders Identification Test**

Developed by the World Health Organisation, this can be used to identify persons with hazardous and harmful patterns of alcohol consumption. It is a simple method of screening for excessive drinking and to assist in brief assessment. It can help in identifying excessive drinking as the cause of the presenting illness. It also provides a framework for intervention to help hazardous and harmful drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking.


**Effects of High-Risk Drinking**

- Aggressive, irrational behaviour.
- Arguments. Violence.
- Depression. Nervousness.
- Cancer of throat and mouth.
- Frequent colds. Reduced resistance to infection. Increased risk of pneumonia.
- Liver damage.
- Ulcer.
- Impaired sensation leading to falls.
- Numb, tingling toes. Painful nerves.
- Alcohol dependence.
- Memory loss.
- Premature aging. Drinker’s nose.
- Inflammation of the pancreas.
- In men: Impaired sexual performance.
- In women: Risk of giving birth to deformed, retarded babies or low birth weight babies.

High-risk drinking may lead to social, legal, medical, domestic, job and financial problems. It may also cut your lifespan and lead to accidents and death from drunken driving.
Section 3

Background

Drinking alcohol either within sensible limits or in an excessive way can lead to problems in the workplace. According to the Health and Safety Executive, the main issues are as follows:

- loss of productivity
- lateness and absenteeism
- safety concerns
- effect on team morale and employee relations
- bad behaviour or poor discipline
- adverse effects on company image and customer relations

Government guidance on sensible drinking (Department of Health, 1996) has listed the following as examples of working situations where the best advice is not to drink at all:

- before or during driving
- before using machinery, electrical equipment or ladders
- before working or in the workplace when appropriate functioning would be adversely affected by alcohol

Even low blood alcohol levels reduce physical co-ordination and reaction speeds. It also affects thinking, judgement and mood, all of which are important in the workplace. Therefore, in practice, people should not:

- drink alcohol during working hours
- drink alcohol during breaks or before coming on shift
- drink heavily and regularly outside of working hours

Any of the above could highlight a problem for the employee and/or the employer.

Contrary to popular belief, most of those with an alcohol-related problem are employed. Alcohol is a depressant which impairs concentration, judgement and co-ordination. It can affect the drinker as well as those around them. Alcohol misuse therefore has a startling impact on the workplace and industry:

- Alcohol is estimated to cause 3-5% of all absences from work
- In Portsmouth, around 40,000 working days are lost due to alcohol misuse
- Employees who misuse alcohol are 2-3 times more likely to be involved in a workplace accident
- Employees under the influence of alcohol or drugs will achieve only 67% of their work potential (Home Office, 2004).
Employees and/or employers have various legal responsibilities:
- Health and Safety at Work Act 1974
- Road Traffic Act 1988
- Transport and Works Act 1992
- Management of Health at Safety at Work Regulations 1992

The Safer Portsmouth Partnership therefore wishes to promote good practice in local business and, in 2005, distributed 200 "Substance misuse and the workplace" packs to local businesses.

**Current problems**
- alcohol misuse
- absenteeism/lost working days
- accidents
- loss of productivity
- lateness and absenteeism
- safety concerns
- effect on team morale and employee relations

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**Death rates from alcohol-related causes, by occupation – MEN**
(proportional mortality ratio, average = 100)

<table>
<thead>
<tr>
<th>JOB GROUP</th>
<th>CAUSES OF DEATH</th>
<th>Liver cirrhosis</th>
<th>Liver cancer</th>
<th>Falls on stairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicans and bar staff</td>
<td></td>
<td>383</td>
<td>184</td>
<td>194</td>
</tr>
<tr>
<td>Doctors</td>
<td></td>
<td>341</td>
<td>286</td>
<td>197</td>
</tr>
<tr>
<td>Seafarers</td>
<td></td>
<td>265</td>
<td>154</td>
<td>132</td>
</tr>
<tr>
<td>Lawyers</td>
<td></td>
<td>233</td>
<td>324</td>
<td>79</td>
</tr>
<tr>
<td>Literary and Artistic occupations</td>
<td></td>
<td>198</td>
<td>155</td>
<td>118</td>
</tr>
<tr>
<td>Armed Forces</td>
<td></td>
<td>182</td>
<td>118</td>
<td>183</td>
</tr>
<tr>
<td>Fishing and related workers</td>
<td></td>
<td>172</td>
<td>120</td>
<td>153</td>
</tr>
<tr>
<td>Caterers</td>
<td></td>
<td>171</td>
<td>194</td>
<td>125</td>
</tr>
<tr>
<td>Cooks and kitchen porters</td>
<td></td>
<td>140</td>
<td>254</td>
<td>169</td>
</tr>
</tbody>
</table>

**Death rates from alcohol-related causes, by occupation – WOMEN**
(proportional mortality ratio, average = 100)

<table>
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<th>JOB GROUP</th>
<th>CAUSES OF DEATH</th>
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<th>Liver cancer</th>
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</thead>
<tbody>
<tr>
<td>Literary and Artistic occupations</td>
<td></td>
<td>215</td>
<td>129</td>
<td>166</td>
</tr>
<tr>
<td>Publicans and bar staff</td>
<td></td>
<td>378</td>
<td>94</td>
<td>173</td>
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<tr>
<td>Hairdressers</td>
<td></td>
<td>211</td>
<td>85</td>
<td>145</td>
</tr>
</tbody>
</table>

This table indicates the causes of death in various occupations.

- bad behaviour or poor discipline
- adverse effects on company image and customer relations

We will continue ...
- to maintain alcohol policies amongst members of the Safer Portsmouth Partnership
- to encourage alcohol policies in workplaces where the roles of employees are particularly sensitive to the alcohol consumption, e.g. train drivers

We will ...
- Promote effective alcohol policies in public and private sector workplaces, establishing a lead amongst member agencies of the Safer Portsmouth Partnership
- Improve awareness of the issues of drinking in the workplace
- Improve awareness of drinking and driving
- Promote and finance alcohol treatment support services
- Encourage employers to take up the Work, Health and Well-being Hallmark
Section 4

Background
Portsmouth's evening and late night economy has grown in recent years. Inner city regeneration, such as that at Gunwharf Quays, has played a major part and has led to the creation of employment opportunities. However, the evening economy could be expanded.

The expansion of the local economy and the liberalisation of alcohol and entertainment laws has led to alcohol being a significant component of the local economy. However, the consumption of alcohol can have negative effects on the local economy:

- 10% of Portsmouth residents avoid certain parts of the city because of street drinking/drunks (Community Safety Strategy 2005-2008)
- During 2004, there were 7,799 crimes overall, a large proportion of which are thought to be due to alcohol misuse (Hampshire Constabulary).
- Around 1,000 incidents took place inside or outside clubs and 2,635 took place in the street (Hampshire Constabulary).
- Only 4% of locations accounted for 45% of all violent crime in Portsmouth (Hampshire Constabulary).

There have been particular problems in Guildhall Walk and Southsea seafront (South Parade), both of which are key entertainment areas within Portsmouth. Most crime takes place between 11pm and 3am on Friday to Monday nights:

- South Parade had the highest rate of violent crime in Portsmouth in 2004. The street consists of nightclubs and late night take-away premises. Crime mostly involved people who were drunk, either as victims of offenders, but most assaults took place inside clubs. The 2003 MORI survey found that 25% of visitors to South Parade area consumed more than six drinks on average.
- Guildhall Walk has the second highest rate of violent crime in Portsmouth. It is characterised by a high concentration of licensed premises of the type described as High Volume Vertical Drinking Establishments (HVVDE's).
Most assaults took place on the street. The 2003 MORI survey found that over 40% of visitors to the Guildhall Walk area consumed more than six drinks on average.

Reducing alcohol-related violence is therefore a key part of the Community Safety Strategy for the city of Portsmouth 2005-2008 and the Safer Portsmouth Partnership has worked hard to achieve the targets set out within the document. Various measures are already in place to combat street drinking and alcohol-related crime and violence:

- The Designated Public Places Order (DPPO) allows police to deal with problems of anti-social behaviour and crime that are a direct result of alcohol consumption in public places
- Exclusion orders give police the power to exclude an individual from any premises or area where there is violence or the threat of violence, or risk of harm
- Dispersal orders give police the power to disperse groups of young people and forcibly take under-16s home
- Acceptable behaviour contracts (ABC’s) are used as a voluntary deterrent against an individual to stop further anti-social behaviour. The total number of ABC’s in Portsmouth is 114, 4 of which were alcohol-related (Hampshire Constabulary)
- Anti-social behaviour orders (ASBO’s) are a statutory order used against an individual where there is a pattern of anti-social behaviour. Around 27 alcohol-related ASBO’s have been issued in Portsmouth (Hampshire Constabulary)
- Fixed penalty notices are given for offences such as public disorder. For example, offenders are often drunk.
Over the last year, the number of assaults in Portsmouth has decreased. There has also been up to a 50% reduction in violent crime associated with licensed premises in the entertainment areas, including Guildhall Walk and South Parade (Hampshire Constabulary). It is thought that much of the previous increase in recorded crime is due to an increased responsiveness to public disorder and changes to the crime recording system. The city has also made advances in reducing the occurrence of proxy sales (purchasing alcohol on behalf of a minor)(see case study), an activity which significantly contributes to alcohol misuse.

Alcohol-related accidents are also common place. Although a large proportion of these are directly associated with the evening and late night economy, many are not. It is estimated that:

- 21-47% of drownings are alcohol-related
- In Portsmouth there are at least 36,000 alcohol-related accidents in the workplace each year
- Most alcohol-related accidents are falls
- 14% of all road accident deaths are alcohol-related
- Around one-third of accidents involving pedestrians are alcohol-related and around one-third of pedestrians killed on the roads are under the influence of alcohol.

Current problems

- drink driving
- accidents
- anti-social behaviour
- street fouling
- fear of crime
- criminal damage
- assaults and public disorder
- homelessness
- street drinkers
- sexual assault/date rape

We will continue ...

- To monitor alcohol sales to young people under 18 (Alcohol Sales Enforcement Officer) including poster campaigns in shops and off licences, test purchasing operations with police
- To work with the alcohol retail industry via the Evening and Late Night Economy Partnership
- To use the powers available, such as ABC's and ASBO's, to reduce crime and disorder in public places

CASE STUDY
Buckland Alcohol Partnership. Antisocial behaviour was noted as a problem in the Buckland area and was thought to be due to alcohol misuse by local youths. Proxy sales were identified as a main source of alcohol for the youths. The Buckland Alcohol Partnership, consisting of Portsmouth City Council, Hampshire Constabulary and Co-Op supermarkets was formed. Training and education was provided to Co-Op staff and leaflets were distributed to local residents warning of the dangers of proxy sales. This was accompanied by a media launch. The campaign led to a subsequent decrease in anti-social behaviour in the Buckland area.
To use field impairment tests (FIT's) to reduce the prevalence of driving while under the influence of alcohol or drugs. Hampshire Constabulary is leading in the use of this test.

Use Alcohol Misuse Enforcement Campaigns (AMEC's) to tackle alcohol related disorder by targeting those misusing alcohol and rogue licensees.

To enforce licensing laws and perform test purchasing.

Where necessary, implement powers available under the Licensing Act 2003, to seek reviews of licenses by the Licensing Committee, designed to impose special conditions or even revocation.

Enhanced cleaning of entertainment areas.

Supporting the "I’ll be Des" campaign, which has the simple message of "always designate a non-drinking driver when you’re out drinking".

To maintain Portsmouth’s level of closed circuit television (CCTV).

CASE STUDY

On 18th October 2005, Bar Me in Guildhall Walk, was closed by police for 24 hours after a number of fights took place at the venue. Portsmouth magistrates extended the ban, to November 10th, after hearing there had been 52 reported incidents since April 2005. Since Bar Me was closed, the incidence of fighting has fallen, probably in response to this closure, and there has been an increased willingness by all licensees and operators to engage with the authorities and act more responsibly.

Police close city bar after several late-night brawls

 Courtesy of The News (Portsmouth)
We will …

- Seek funding to expand the proxy sales campaign
- Encourage the expansion of night-time transport provision, such as the introduction of a Night Bus Service
- Increase the number of hours of outreach with street drinkers and homeless people
- Investigate the possibility of increasing the number of pedestrianised areas in the city centre
- Undertake a media campaign to raise awareness that alcohol makes you vulnerable to being a victim of crime
- Support the development of Community Orders from the courts, in the form of an Alcohol Treatment Requirement
- Improve the collection and analysis of ambulance and Emergency Dept. data which will provide information on where incidents occur
- Promote a planning policy for the night-time economy which will ensure that city centre areas have a mixed economy, through the ELNEP
- Encourage the use of plastic containers, rather than glass, in licensed premises in order to reduce injuries from alcohol-related violence
- Introduce a scheme for recognising licensed premises demonstrating best practice

CASE STUDY

"Even the optimists will be surprised by crime statistics for the first six weeks of Britain’s 24-hour drinking laws. National figures, showing an 11 per cent drop in violent crime compared with the same Christmas period last year, are remarkable enough. But try these for Portsmouth’s main entertainment areas: in Guildhall Walk, Gunwharf and South Parade, assaults fell by 63 per cent.

As a senior police officer says “The change in licensing laws has made the management of venues far more focused on trying to prevent people being intoxicated and being a nuisance.”

It was understandable that many people feared an explosion in crime when the new laws were introduced, but it is equally right that people should be given greater freedom to enjoy themselves when it suits them.

If the law-abiding majority can do that, and the anti-social minority can be reduced through the efforts of police and licensees, Britain will be a better place.”

Courtesy of The News (Portsmouth)
CASE STUDY

The ‘Best Bar None’ Accreditation Scheme. This was initiated by the Greater Manchester Police in 2003 as part of their strategy for promoting responsible licensed trade management and reducing alcohol-related crime and disorder in the city centre. The scheme establishes a benchmark of good practice in both ‘off’ and ‘on’ licensed premises and has been proven to raise awareness of well run licensed premises, improve public reassurance and confidence and has increased profitability for the businesses involved. It encourages all sectors of the nighttime economy to work together in partnership to improve the attractiveness and economic vitality of the city centre. The scheme is increasingly being recognised by the Home Office, police and licensing authorities nationally as a prestigious standard to which the licensed trade should aspire. Numerous other towns and cities are now taking up Manchester’s example.
Background

Alcohol misuse is a particular health problem in Portsmouth:

- The alcohol-related death rate in Portsmouth is 15.5 per 100,000 people, compared to 9.5 per 100,000 for the region.
- The alcohol-related death rate in males is more than four times higher than in females.
- An estimated 100 deaths each year in Portsmouth are associated with alcohol misuse, mainly resulting from stroke, cancer, liver disease, accidental injury or suicide.
- There are around 550 alcohol-related attendances at the Emergency Department (A&E) each year.
- Alcohol related attendance at Emergency Departments is round 40% but can be as high as 70% at peak times (Choosing Health, 2004).

Ambulance demand data for Portsmouth on the number of callouts to alcohol-related incidents or the actual number of Emergency Department admissions is difficult to quantify. Although such data is available, thousands of emergency incidents which classify as falls, road traffic accidents, assaults, breathing problems, fitting, unconsciousness etc., have an underlying route cause of alcohol. As described in previous sections, many accidents in the home and in public places are linked to alcohol misuse.

Various alcohol treatment services and interventions are available in Portsmouth and data shows that referrals are increasing whilst other localities in Hampshire remain fairly static (see graph). It is clear that the provision of alcohol services could be improved to enable greater access and choice.

Alcohol referrals to specialist alcohol treatment services in Portsmouth, East Hants and Fareham/Gosport
CASE STUDY

Paddington Alcohol Test.
A test developed at St Mary's Hospital in London to reduce the number of alcohol-related Emergency Dept. admissions was flagged up in the Government's public health white paper "Choosing Health". The 1-minute Paddington Alcohol Test (PAT), developed by Emergency Dept. Consultant Professor Robin Touquet identifies and helps problem drinkers, through a short screening questionnaire within St Mary's Emergency Department. From assessing PAT results and screening patients with the conditions associated with alcohol misuse the department has drastically increased the rate of detecting patients with alcohol problems. Patients are then offered an appointment with an Alcohol Health Worker with more than 65 per cent attending, providing it is within 24 hours of their Emergency Dept. attendance. A trial examining the effects of the referral also showed that those offered an appointment drank less alcohol during the following year than patients who were not. People offered an appointment were also less likely to return to an Emergency Dept.

Current problems
- Acute (binge) alcohol misuse
- Chronic (continuing) alcohol misuse
- High levels of attendance at Emergency Departments
- Emergency departments are unpleasant places to attend
- Ambulance – inappropriate use, excessive peak demand
- Violence towards health service staff
- Lack of Emergency Department data
We will continue …
• To improve waiting times for alcohol treatment
• The provision of the Adult Substance Misuse Service which is a specialist alcohol treatment service including detoxification
• To provide structured day care including group and 1:1 support sessions
• To provide drop-in services for informal support
• The provision of the Alcohol Advisory Service
• Outreach work with street drinkers
• Our acknowledgement of the important work done by Alcoholics Anonymous
• Our commitment to “Choosing Health”, the Government White Paper which aims to make healthy choices easier
• Investigate the possibility of using ambulance rapid response car for attendance at alcohol-related incidents, to high demand night time economy areas of the city

We will …
• Seek to develop a Community Health Paramedic role to deliver credible alcohol education for all ages (supporting existing provision) and a specific night time emergency response.
• Work with licensed premises managers and staff to reduce emergencies
• Develop brief interventions, similar to the Paddington Alcohol Test, in primary and secondary care using guidance from the Department of Health
• Use “Health Trainers” to make it easier for people to make healthy choices
• Improve access to primary care for homeless people with alcohol problems
• Continue to develop innovative ways of delivering assessment and treatment services, using static ambulance treatment centres and intermediate care crews at peak times
• Review and audit the Adult Substance Misuse Service to improve waiting times and quality
• Improve the collection and analysis of Emergency Dept. data
• Work with local GPs and Pharmacists to make services more accessible, for example home detox.
• Support the recruitment of a Gay, Lesbian, Bisexual and Transgender Substance Misuse worker.
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The Safer Portsmouth Partnership identified the need for an Alcohol Strategy in its Community Safety Strategy 2005-2008. The link between violent crime and alcohol was also recognised within the strategy. The Community Safety Strategy 2005-2008 contained two key objectives relating to alcohol and alcohol-related violence:

**Objective 1:**
Contribute to the development of an Alcohol Strategy for Portsmouth

**Objective 2:**
Reduce violence linked to licensed premises

The development of an Alcohol Strategy for Portsmouth will, however, also help address some of the other objectives with the Community Safety Strategy 2005-2008, such as reducing the levels of domestic abuse, youth crime and anti-social behaviour.

In order to inform the development of the Alcohol Strategy and the Violent Crime Strategy the Safer Portsmouth Partnership hosted a stakeholder conference, titled 'Alcohol Strategy and Violent Crime Stakeholder Conference'.

The event took place on Thursday 20th October 2005 at the Portsmouth Guildhall. Approximately 70 delegates from a wide range of agencies and groups attended the event. The agencies represented included Portsmouth City Council, Hampshire Constabulary, Portsmouth City Primary Care Trust, Portsmouth Hospitals NHS Trust, Hampshire Ambulance Service, Voluntary sector agencies, Pub & Club licensees, Drinks manufacturers and community representatives.

The conference included presentations and workshops. The following presentations were delivered:

- National Alcohol Harm Reduction Strategy and developing a local strategy – Dr. Paul Edmondson-Jones, Director of Improving Health & Quality, Portsmouth City Primary Care Trust
- Violent Crime in Portsmouth – Chief Superintendent John Campbell, Hampshire Constabulary
- The Licensing Act 2003 – Jon Snook, Licensing Inspector, Hampshire Constabulary
- The impact on our local Accident & Emergency Dept. – Simon Mullet, Emergency Dept. Consultant, Portsmouth Hospital NHS Trust

The event also included a number of workshops covering violent crime, binge drinking, treatment, young people, supply of alcohol and domestic violence & abuse. Feedback from this conference, particularly the workshops, has been fed into this Alcohol Strategy.
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Members of The Safer Portsmouth Partnership

The Safer Portsmouth Partnership work together to tackle crime, disorder and substance misuse and aim to create a city where people live, work and visit, free from the fear of crime:

- Children and Young People's Strategic Partnership
- Community Network
- Cranstoun Drug Services (Voluntary Sector)
- Hampshire Constabulary
- Hampshire Fire and Rescue Service
- Hampshire Fire Authority
- Hampshire Police Authority
- Hampshire Probation Service
- Joint Commissioning Group (Drug Treatment)
- Local Strategic Partnership
- Motiv8 (Voluntary Sector)
- Portsmouth City Council
- Portsmouth City Teaching Primary Care Trust
- Wessex Youth Offending Team