ANOTHER DRINK DAVE?

WHAT HAVE YOU GOT TO LOSE?

Portsmouth Alcohol Strategy 2009-2013

safer portsmouth partnership

reducing crime and substance misuse

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Executive summary

It is estimated that over 40,000 people in Portsmouth drink at levels that may harm their health. Of these, over 8,000 drink at high risk levels, this is over 35 units per week for women and 50 units per week for men.

This high level of drinking all too often leads to health related problems. Portsmouth has the highest rate of alcohol related hospital admissions in the South East region. In 2007/8 this figure was 1794 per 100,000 of the population. This compares to a national average of 1473 and a South East average of 1161. For 2008/9 it is projected that the rate of admissions will rise to 1916 per 100,000 (a 6.8% increase). Alcohol misuse in Portsmouth is estimated to cost around £74 million per year, with £8 million in health service costs alone. It is the aim of this strategy to address this rise in admissions and tackle the many other alcohol related problems faced by individuals, families and the wider community.

The overarching target for the alcohol strategy is:

Reduce the number of alcohol related hospital admissions to 1804 per 100,000 population[1]

This will be a very challenging target and significant action is required to meet it.

Other data shows the impact alcohol is having on the residents of Portsmouth. Over 40% of our residents perceive that drunk and rowdy behaviour is a problem in the city. Over half of violent crimes in the city may be linked to alcohol and alcohol misuse is linked to much anti-social behaviour.

This strategy outlines a number of targets, objectives and actions. These are under 3 priorities:

Prevent – Improve alcohol education and awareness
- Improve alcohol education and advice for children
- Improve alcohol awareness and support services for families
- Promote sensible drinking

Treat – Increase access to improved treatment and support services
- Provide identification and brief advice (IBA) across a range of health and social care settings
- Increase the capacity of our treatment services to see more people
- Improve our treatment system so that it meets the needs of our residents

Enforce – Tackle alcohol related crime and anti-social behaviour
- Prevent children from obtaining alcohol
- Manage alcohol related crime and anti-social behaviour
- Increase alcohol interventions for victims and offenders of alcohol related crime

We have one further objective:
- Improve delivery of the alcohol strategy

1. National Indicator 39

Introduction

The majority of adults and young people in Portsmouth use alcohol sensibly. Alcohol is used in many social situations both in public and private, used moderately alcohol can provide some benefits to our health and lifestyle. The alcohol industry also provides significant benefits, for example, Portsmouth has a vibrant night-time economy, which has helped regenerate parts of the city and provides many jobs for our residents.

A significant minority of people in Portsmouth drink at levels that increases the likelihood that their health will be negatively affected. In addition there are a small minority of people who commit crime and cause anti-social behaviour when drunk.

Evidence from our alcohol needs assessment suggests alcohol misuse can affect relationships, lead to family breakdown, cause unemployment and lead to poverty. Alcohol misuse is also closely linked to violent crime, criminal damage and noise nuisance. Too many of our residents are impacted negatively by other people's drinking.

The Portsmouth Alcohol Strategy 2009-2013 is a co-ordinated approach to tackling alcohol misuse in the city. The strategy builds on the work done as part of the Alcohol Harm Reduction Strategy for Portsmouth 2006-9. The Safer Portsmouth Partnership (SPP) is taking a lead in co-ordinating the efforts of our partner agencies.

This document is a commitment by our partners to seek new investment and develop new ways of working to encourage our residents to improve their health and social wellbeing.

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Director of Public Health & Wellbeing
Safer Portsmouth Partnership's Drug & Alcohol Theme Champion

For more information about the Safer Portsmouth Partnership visit www.saferportsmouth.org.uk

Background

National context

Since the publication of Portsmouth's previous alcohol strategy, the agenda has increased in profile nationally and locally. The publication of **Safe. Sensible. Social. The next steps in the National Alcohol Strategy**[2] further developed the Government's strategy. This strategy document outlines 4 key activities:

- Better education & communication
- Improving health & treatment services
- Combating alcohol related crime & disorder
- Working with the alcohol industry

These activities would be focused on the drinkers that caused the most harm to themselves, their families and communities, these are:

- Young people under 18 who drink alcohol
- 18-24 year old binge drinkers
- Harmful drinkers

Other key documents driving the national agenda include:

Choosing Health: Making healthy choices easier[3]. This included training for professionals, piloting of screening and brief interventions in a range of health and criminal justice settings and a programme of improvements to treatment services.

Models of Care for Alcohol Misusers (MoCAM). MoCAM [4] outlines a 4 tiered approach to working with problem drinkers. Appendix 2 highlights the 'tiers' of alcohol treatment, the type of interventions and the settings in which they are delivered.

The Licensing Act 2003. This act introduced 3 key changes: Flexible opening hours, Single premises licences and Personal licences.

The Act sets out four licensing objectives which must be taken into account when a local authority carries out its functions. They are: the prevention of crime and disorder; public safety; prevention of public nuisance; the protection of children from harm.

2. Safe. Sensible. Social. The next steps in the National Alcohol Strategy, 2007, DH & HO
3. Choosing Health: Making healthy choices easier, 2004, DH
4. Models of care for alcohol misusers, DH, 2006

Public Service Agreement & National Indicator

The development of PSA 25 - 'Reduce the harm caused by alcohol and drugs' placed the agenda as a priority within government. The development of National Indicator (NI) 39 (also Department of Health Vital Signs Indicator VSC26), 'Rate of Hospital Admissions per 100,000 for Alcohol Related Harm', provided a measure in which to compare alcohol related health problems.

Portsmouth included NI39 within its Local Area Agreement for 2008/9 and retained the measure in 2009/10. A target was agreed to reduce the trend of admissions to 1804 per 100,000 by 2010/11. This is an ambitious target to reduce the trend by over 12%.

High Impact Changes

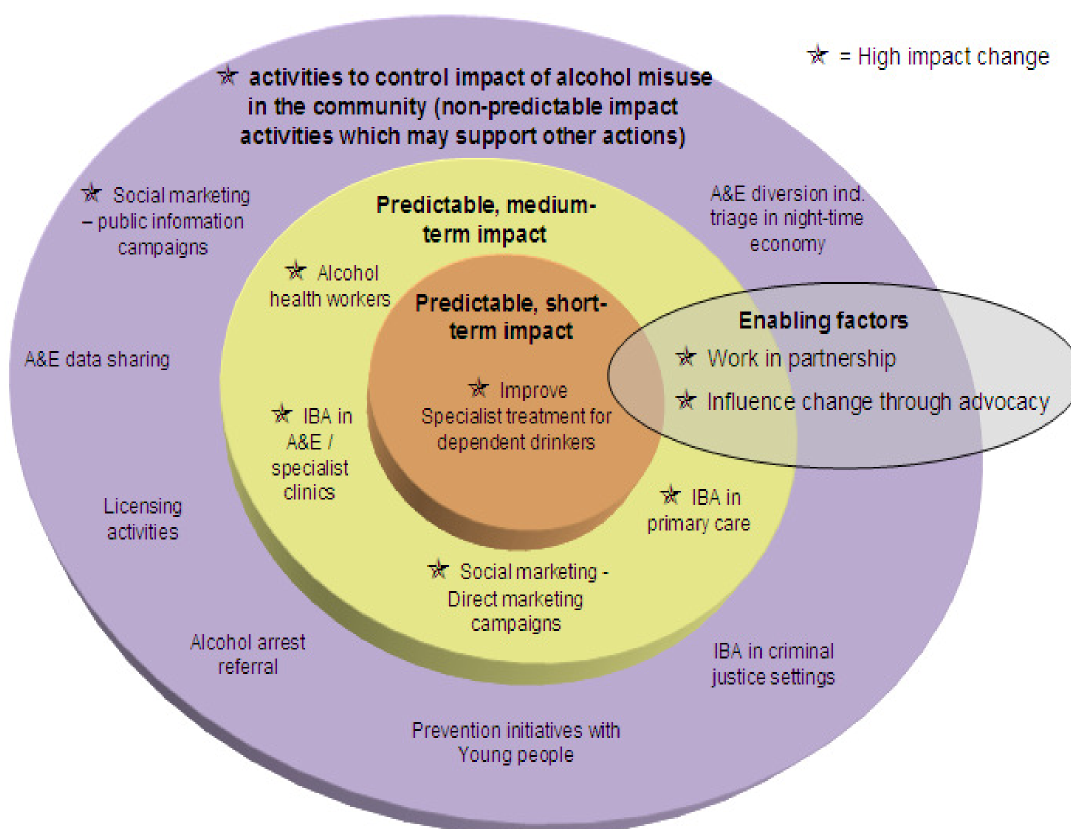
The Department of Health have developed a draft document suggesting 'High Impact Changes' that can reduce the rise in alcohol related hospital admissions[5]. These are evidence based interventions, they are:

1. ***Partnership working*** – Alcohol should be a local priority. Alcohol needs should form part of the Joint Strategic Needs Assessment. Co-ordinated action will improve outcomes.
2. ***Influence change through advocacy*** - High profile champions to provide leadership and focus. Build the case for local investment.
3. ***Improve the effectiveness and capacity of specialist treatment*** – Dependent drinkers are a very high risk group for alcohol related hospital admissions. Trials have shown that over 6 months specialist treatment delivered savings of £1138 per dependent drinker, with 25% with no further alcohol problems and 40% becoming greatly improved.
4. ***Appoint a dedicated Alcohol Health worker*** *(within each hospital)* – A nurse would manage patients with alcohol problems in the hospital, liaise with specialist services, support other hospital staff and deliver brief advice. Some economic analysis suggested the post saved ten times more than it cost by reducing repeat admissions[5].
5. ***Provide more help to encourage people to drink less*** – Provide brief advice in Primary Care, Emergency Departments, Specialist settings (e.g. maxillofacial, fracture, sexual health) and criminal justice settings.
6. ***Develop activities to control alcohol misuse*** – Use existing laws and controls available to partners to minimise alcohol related harm, e.g. manage the night time economy. Use powers under The Licensing Act (2003) and Violent Crime Reduction Act (2006).
7. ***One goal, many messages & many voices –*** Inform the public about alcohol and reach out to higher risk drinkers to reduce their alcohol use. Develop health promotion campaigns, using social marketing techniques.

5. High Impact Changes (draft document), 2009, Department of Health.

These high impact changes have been put into diagrammatical form, along with other suggested activities, by the Department of Health, see Chart 1.

Chart 1



National research has highlighted the increased risks of ill health to high risk drinkers[6]. Table 1 highlights how much the risk is increased.
Table 2 also highlights the percentage of those with chronic conditions that drink at increasing or high risk levels; this could guide us in introducing targeted Identification and Brief Advice (IBA) in primary care:

Table 1: Increased risk of ill health to harmful drinkers

Condition	Men (increased risk)	Women (increased risk)
Hypertension (high blood pressure)	4 times	Double
Stroke	Double	4 times
Coronary Heart Disease (CHD)	1.7 times	1.3 times
Pancreatitis	Triple	Double
Liver disease	13 times	13 times

6. Anderson, P (2007) cited in Commissioning News, March/April 2008

Table 2: Those with chronic conditions who regularly drink above sensible daily guidelines

Condition	Men (%)	Women (%)
Hypertension	42	10
CHD	34	6
Stroke	33	7
Diabetes	35	8
Kidney disease	26	6
Depression	42	16

Local context

Alcohol Harm Reduction Strategy for Portsmouth 2006-2009

Portsmouth launched its first alcohol strategy in 2006. The Alcohol Harm Reduction Strategy for Portsmouth 2006-9 focused on 4 key areas of work:

- The Home
- The Workplace
- Public Places
- Health Service

The strategy outlined a number of commitments to tackle alcohol misuse. During the lifetime of the strategy considerable progress has been made in some areas of work and little progress made in others. The main achievements have been the development of Identification and Brief Advice (IBA) in a range of settings. This included the development of the Alcohol Interventions Team, which works in Primary Care, Probation and A&E.

An Alcohol Arrest Referral service was also developed, providing alcohol advice in police cells. This service also provided alcohol advice as part of Conditional Cautions. The service is joint project run by the Portsmouth Drug Interventions Programme and South Central Ambulance Service's Community Health Practitioner project.

During the lifetime of the strategy the successful and high profile Operation Drink Safe was launched, tackling violence in the night-time economy. Taxi marshals were recruited to ensure the taxi queue in Guildhall Walk was managed on Friday and Saturday nights. A Night Bus service was launched, however after a year the Night Bus Service was withdrawn as it was not commercially viable.

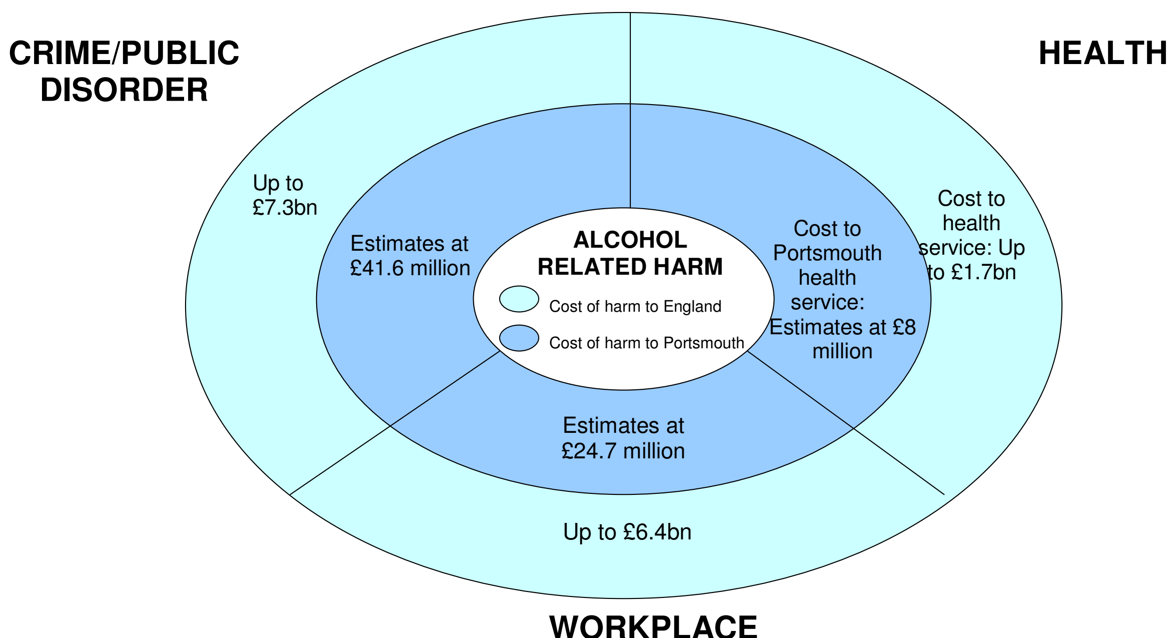
Waiting times for alcohol services, along with those of drug services, have reduced during the course of the strategy, this was primarily due to improvements in delivery by the Portsmouth Community Drug and Alcohol Team. Some alcohol services were re-tendered, which led to the development of a counselling service, run by Portsmouth Counselling Service, which implemented an out of hours referral line.

Progress is still needed to tackle alcohol in the workplace. While some limited progress was made this remains an area for development.

A progress report of the last strategy is available in Appendix 1.

Alcohol Related Harm - How much does it cost, Comparison between England and Portsmouth

Nationally the drinks industry is worth approximately £30 billion per year, with a contribution in of approximately £7bn in Exchequer Revenues. The whole drinks industry, from farming to production and retailing may create around 1 million jobs. Alcohol does also cost society large amounts of money. The diagram below was developed using national research into the costs associated with alcohol. This suggests that alcohol misuse costs Portsmouth approximately £74 million per year. This does not include some of the uncosted problems such as family breakdown. The estimated cost to the Health Service alone of alcohol misuse in Portsmouth is £8 million per annum.



Source: DoH (2001) Leontaridi (2003), Mental Health Foundation, Simmon et al (2002)

Further analysis demonstrates the costs alcohol accounts for within local health services. In 2008/9 Portsmouth residents accounted for 40,772 A&E attendances, at an average cost of £86.83 per attendance. With approximately 40% of A&E attendances alcohol related[7] this would equate to 16309 attendances, at a cost of £1,416,110.

The estimated number of alcohol related hospital admissions for Portsmouth in 2008/9 is 1916 per 100,000, this equates to 3900 admissions. The average cost of an admission is £2,442, therefore the total cost for Portsmouth is £9,523,800. It is projected that, without any additional actions, Portsmouth will have 4257 alcohol related hospital admissions in 2010/11, this would cost £10,395,594. If Portsmouth is able to achieve its target to reduce admissions to 3672 (1804 per 100,000) by 2010/11 this would save £1,428,570. It is estimated that additional expenditure of approximately £500,000 on high impact changes would reduce admissions to this level.

7. Alcohol Harm Reduction Strategy for England, 2004, Prime Minister's Strategy Unit

Portsmouth Alcohol Misuse Needs Assessment [8]

The Portsmouth Alcohol Misuse Needs Assessment, produced by the University of Portsmouth, highlighted a number of key causes of alcohol misuse and suggested recommendations to tackle the issue. This alcohol strategy should be read alongside the full needs assessment, however a brief summary is included below.

The needs assessment concluded that alcohol misuse was higher in Portsmouth than other areas in the South East. Socio-economic factors played an important part in why alcohol misuse was so prevalent.

The report highlighted that alcohol misuse was higher in areas of deprivation, such as the Charles Dickens and Paulsgrove wards. These wards also reported greater social, economic and health inequalities. The report also pointed out that alcohol misuse was not just concentrated in certain areas and did impact the whole city, but to a slightly lesser extent.

Portsmouth has the highest rate of alcohol related hospital admissions in the South East at 1794 per 100,000 of the population (2007/8). This is projected to rise by 6.8% in 2008/9 to 1916. Chart 2 highlights the position of Portsmouth in relation to the rest of the South East.

These statistics are made up of around 60 different diseases which are either wholly attributable to alcohol, such as in the case of Alcoholic Liver Disease, or partly attributable, as in the case of some cancers. These are divided up into 4 main sub-groups: Chronic Conditions (chronic degenerative diseases associated with long term heavy drinking, e.g. alcoholic liver disease, liver cirrhosis and hypertensive diseases); Mental and behavioural conditions (behavioural and psychological consequences of alcohol consumption); Acute conditions (linked to acute intoxication, such as drowning, falls, toxic effects of alcohol, fire injuries, assault and road traffic accidents). Low Alcohol Attributable Fractions (includes many degenerative conditions where alcohol is associated with a relatively modest increase in risk, e.g. certain cancers, strokes). The full list of conditions is available within the needs assessment.

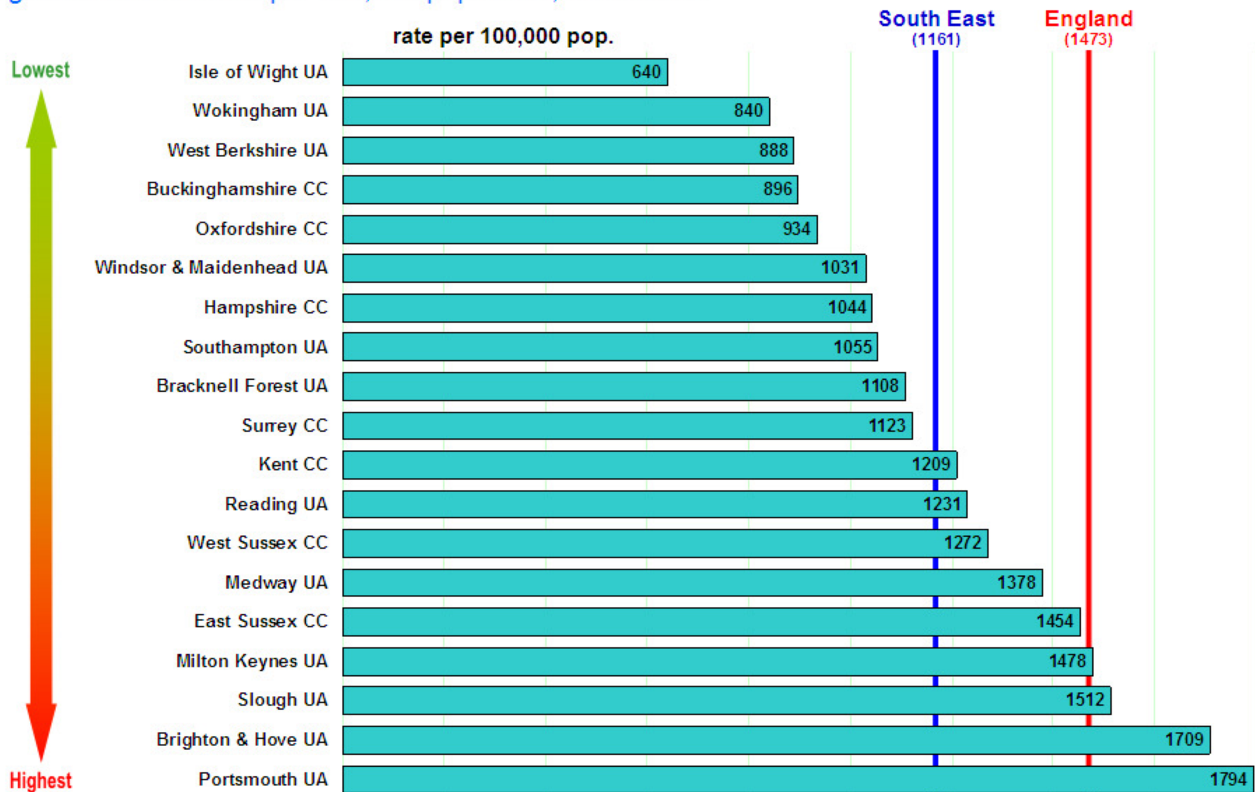
Did you know….

A pint of standard larger (4%) is 2.3 units

A 175ml glass of wine (12%) is 2.1 units

8. Portsmouth Alcohol Misuse Needs Assessment Study Report, T. Dean & S. Pallikadavath, University of Portsmouth, 2009

Chart 2



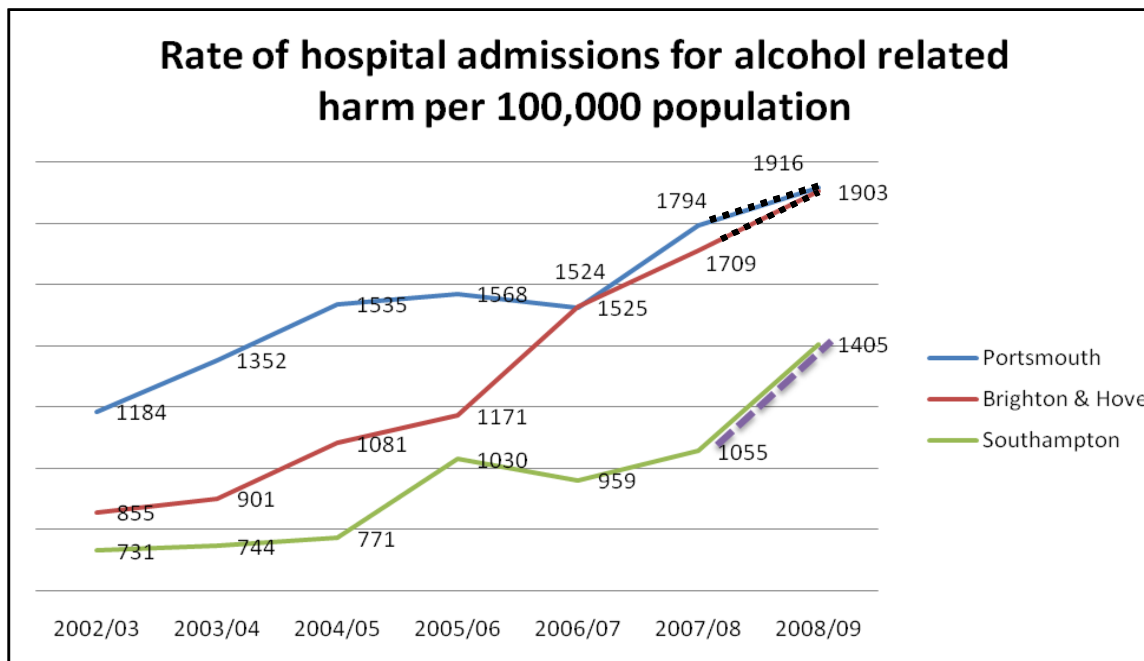
Nationally alcohol related hospital admissions have been increasing. Chart 3 highlights the growing trend of admissions in Portsmouth, as well as comparator authorities in the South East, Brighton & Hove and Southampton. The graph also shows the projected increase in admissions for 2008/9, which for Portsmouth is 6.8%. If these projections are correct Portsmouth will retain its position as having the highest rate in the South East, however, Brighton & Hove and Southampton now have higher growth trends.

Did you know….

The recommended daily limit for females is 2-3 units of alcohol

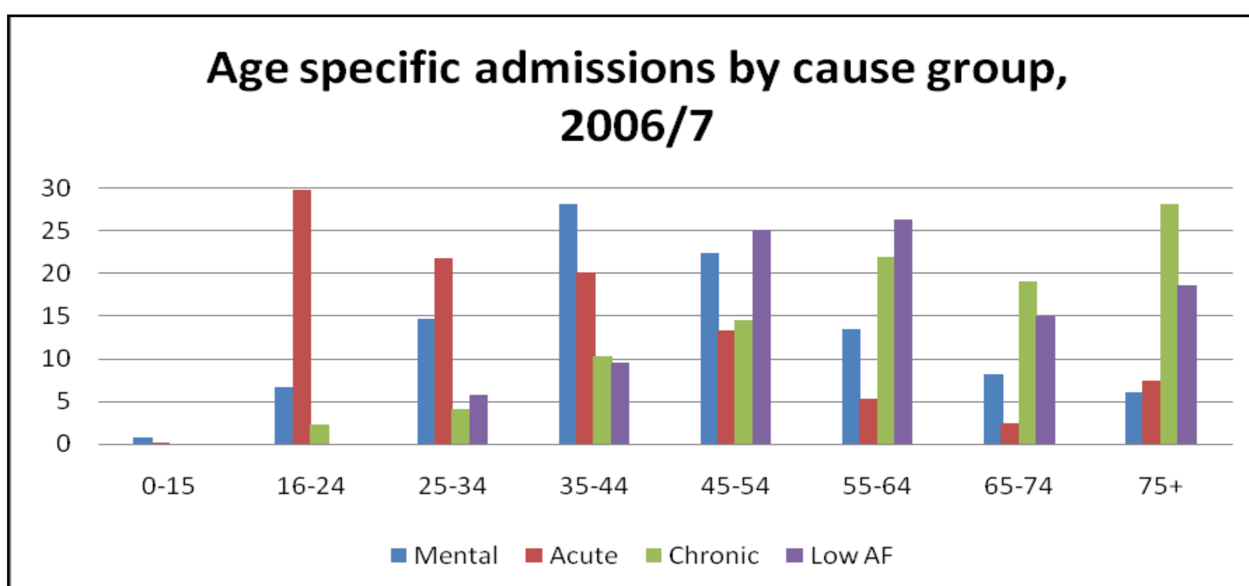
Alcohol should be avoided during pregnancy

Chart 3



Approximately 60% of these admissions are for chronic conditions, 23% related to mental and behavioural conditions and 17% relate to acute conditions. Mental and behavioural conditions are more prevalent in under 16s, whilst acute conditions, often linked to binge drinking, are most common amongst 16-24 year olds. The older the individual the higher the chance of chronic conditions, this is unsurprising as these are usually obtained from long term heavy drinking. Chart 4 demonstrates the different reasons for admissions for different age groups.

Chart 4



The needs assessment highlights that alcohol related deaths amongst men and women are significantly higher than the regional average. Life expectancy is also reduced amongst men and women due to alcohol misuse.

Focus Groups

Through the use of focus groups the needs assessment identified 3 key elements that influence alcohol misuse, these were: *Community/Societal Factors, Family/Household Environment* and *Individual Characteristics*. Each of these was then subdivided into more detailed causal factors. This strategy will give a summary of these factors, but the full list along with more detail is available in the needs assessment.

Community/Societal factors identified included: The presence of high availability of alcohol, ex/Navy population, Drinking culture, Coastal town, Population density, Deprivation and Affluent pockets.

Family/Household factors identified were: Family drinking culture, Parental use, Children in care, Family breakdown and Domestic Violence are amongst the causal factors.

Individual factors identified by the different focus groups included certain age groups, however most age groups seemed to be suggested. The focus groups identified white males as most at risk of alcohol misuse, however they also identified an increasing trend for problem drinking amongst women. Other factors identified included the presence of stress, mental health problems, boredom/loneliness and lack of aspiration. Unemployment and receipt of benefits or the risk of losing their job were also identified as problems that can cause alcohol misuse.

The focus groups also suggested a number of consequences of alcohol misuse, these included: Relationship problems, Domestic violence, Problems in public places, Money/ employment problems, Health problems and Violence/Anti-social behaviour.

The needs assessment reviewed the availability and capacity of alcohol services to meet the needs of Portsmouth's high risk drinking population. The focus groups expressed concern that there was not sufficient identification of alcohol misusers in mainstream, non-specialist services. The groups identified GP surgeries, the Emergency Department and St. Mary's Walk in clinic as services that could do more. The GP/Practice nurse focus group highlighted the difficulty in raising the issue of alcohol misuse as an underlying cause of the illness. They also felt the typical length of time for a consultation constrained their ability to discuss levels of drinking and appropriate referrals.

Did you know…..

The recommended daily limit for males is 3-4 units of alcohol

The secondary data analysis and the focus groups suggested that there is insufficient capacity across our treatment system to meet the needs of Portsmouth residents.

The needs assessment made the following key recommendations:

- Increase Identification & Brief Advice in tier 1 services (GPs, Social Care, Probation)
- Expand the capacity of tier 2/3 (specialist alcohol) services
- Develop an alcohol treatment service at QA
- Expand use of home detoxification
- Reduce waiting times for tier 4 (detoxification & rehabilitation)
- Improve data collection
- Provide ongoing support for the Street Pastors

Young People's Substance Misuse Needs Assessment 2008

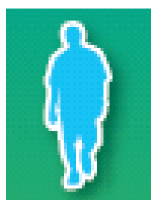
As part of the young people's treatment planning process for 2009/10 a needs assessment was undertaken. This needs assessment identified that alcohol was the most common 'drug of choice' amongst young people (under 18s). 84% of the young people that accessed our young people's treatment service (E's Up) were misusing alcohol. Portsmouth had the highest proportion of alcohol users in treatment in the South East.

A review of hospital data found the two most common reasons for a young person being admitted to hospital was Alcohol Poisoning and Mental & Behavioural Disorders due to use of alcohol. In 2008 a total of 23 under 18s were admitted for these alcohol specific conditions. Considerably more young people would have attended A&E for treatment relating to injuries sustained whilst drunk, however alcohol use is not routinely recorded. In 2008/9 only 3 young people were referred to E's Up via A&E/Hospital.

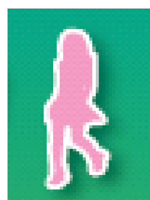
A survey by Wessex Youth Offending Team of 100 violent offences over a 6-month period in 2008 found that 57% were committed by young people under the influence of alcohol.

Did you know…..

Binge drinking is considered to be drinking twice the daily limit in one sitting



= 8+ units for men



= 6+ units for women

The News Readers Survey 2008 [9]

In September 2008 the Portsmouth News, our local daily newspaper, undertook a survey of 1000 readers on a number of issues relating to alcohol. Key findings from the survey included only 25% being able to correctly identify the number of units in a large glass of wine (3 units), 25% able to state the number of units in a pint of 'Stella' (3 units) and 9% stating the correct answer for an alco-pop (1.5 units).

53% of readers thought that public awareness on the dangers of drinking was too low. Readers thought that parents should take more responsibility in tackling under-age drinking. 60% of readers also felt the age at which alcohol can be bought should be raised to 21 (although most respondents are likely to have been over this age – this data was not available).

Binge Drinking and Sexual Behaviour

Local research undertaken at St. Mary's Hospital looked at binge drinking, sexual behaviour and sexually transmitted infection[10]. The report found a close link between binge drinking and unprotected sex. The report stated that patients attending the Department of Genitourinary Medicine (GUM) drank on average 26 units (more then 2 bottles of wine) on a 'heavy' night out. 86% of GUM patients were binge drinkers and 32% thought alcohol played a part in their clinic attendance. Binge drinking was also higher amongst those diagnosed with infections. There was also a link between binge drinking and unwanted pregnancies.

9. Readers Alcohol Survey, The Portsmouth News, September 2008
10. Binge drinking, sexual behaviour and sexually transmitted infection in the UK, Standerwick, Davies, Tucker & Sheron, International Journal of STD & AIDS 2007; 18: 810-813

PREVENT

Priority 1: Improve alcohol education and awareness

Key targets:

1. *Reduce the number of young people misusing substances[11] by 10% (14.2% to 12.8%)*

2. *Increase the number of children that feel the advice and information they receive about alcohol is good enough[12] (57% to 67%)*

Where are we now?

The TellUs 3 schools survey from 2008, asked pupils from years 6, 8 and 10 about their alcohol use. The survey found that children in Portsmouth are more likely to have consumed alcohol and are more likely to get drunk than the national average. In addition children in Portsmouth are less likely to think the information they receive on alcohol is good enough.

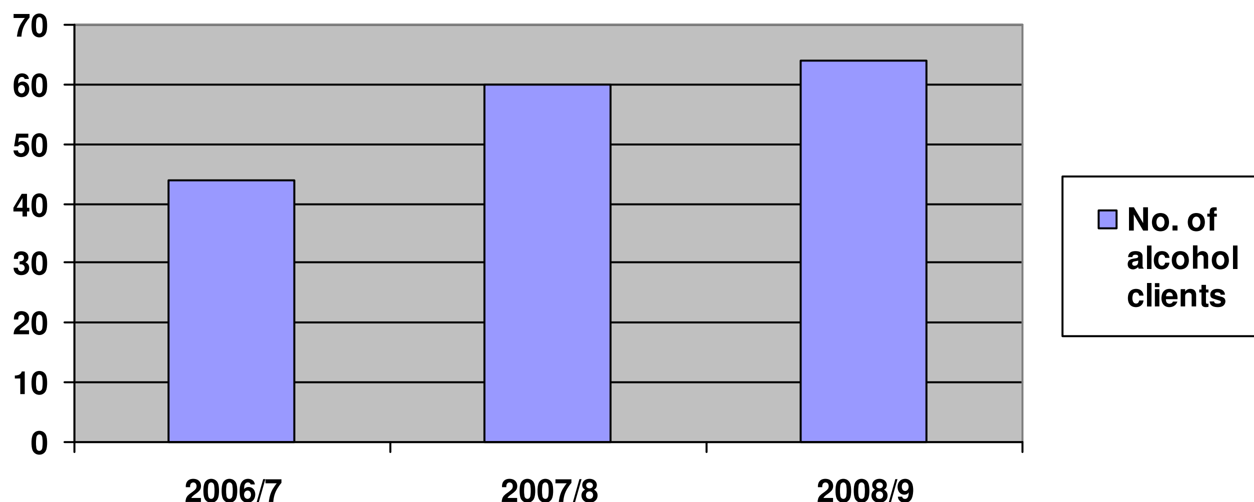
This survey found that 21% of pupils in Portsmouth had never had an alcoholic drink (compared with 25% nationally) and 30% reported never being drunk (35% nationally). 12% of pupils reported being drunk either once or twice in the past 4 weeks (10% nationally) and 8% reported being drunk 3 or more times in the past 4 weeks (6% nationally).

When asked about what they thought about the information and advice they got about alcohol 57% thought this was good enough (67% nationally) and 31% felt they needed better advice and information (25% nationally).

In 2008/9 E's Up, the young people's substance misuse treatment service, worked with 64 under 18s that were misusing alcohol (96% of total clients), this was an increase of 4 on 2007/8 (60 clients) and 20 on 06/07 (44 clients). The rise in alcohol client numbers is demonstrated in Chart 5. This rising trend is a concern, however, the rise mirrors national data that suggests less young people are drinking regularly, but those that do drink are consuming twice as much alcohol as before[2].

11. National Indicator 115
12. Suggested new target

Chart 5: Number of 'E's Up' clients misusing alcohol



In June 2009 the SPP launched its ambitious 'SAVE DAVE' marketing campaign. After market analysis, the campaign was set up to target men aged 35 and over, who make up 60% of alcohol related hospital admissions. The campaign encouraged 'DAVE' to take back control of his life by seeking advice and cutting down on his drinking. The campaign also targeted friends and family, which our research identified as playing a pivotal role in encouraging 'DAVEs' to seek help. For more information on SAVE DAVE visit **www.savedave.info**

There are some suggested links between alcohol and obesity, although the evidence is not conclusive. Whilst alcohol does have high calorie values, this does not necessarily in itself translate to increased weight. It would appear that alcohol misuse is part of a lifestyle choice which may include poor diet and lack of exercise. In line with Choosing Health (DH, 2004) we need to tackle the full range of health issues of alcohol, smoking, healthy eating, physical activity, sexual health and substance misuse. There are strong links between these issues and thus they need to be tackled jointly rather than in isolation if we are to improve health and reduce health inequalities.

What are we going to do?

Objective 1: Improve alcohol education and advice for children
a) Increase the capacity of school nurses to deliver alcohol education and targeted one-to-one advice by seeking to recruit a specialist school nurse
b) Recruit an additional full-time Education Support Worker
c) Provide good quality alcohol education in schools as part of PSHE, in line with NICE guidance
d) Provide education to link alcohol use to risk taking behaviour, such as sexual behaviour, using messages young people will respond to
e) Re-tender the young people's Tier 2/3 substance misuse service providing advice and support for under 16s

Objective 2: Improve alcohol awareness and support services for families
a) Send the Chief Medical Officer's advice on safe drinking levels for children to all parents
b) Review the Pregnancy/Substance Misuse referral meeting (PRAM & SAM – working with substance misusing parents) assessment process and joint working protocol
c) Engage with parents when children are found with alcohol in public places, providing information and offering support
d) Refer children regularly found with alcohol to a multi-agency support panel to access support for the child and family

Objective 3: Promote sensible drinking
a) Adapt national campaign materials to provide advice on units and recommended alcohol intake
b) Use social marketing techniques to target increasing and high risk drinkers to reduce their alcohol use
c) Develop a programme working with employers to address alcohol in the workplace
d) Highlight the risks of developing Foetal Alcohol Syndrome to pregnant mothers who drink and promote sensible drinking post delivery

TREAT

Priority 2: Increase access to improved treatment and support services

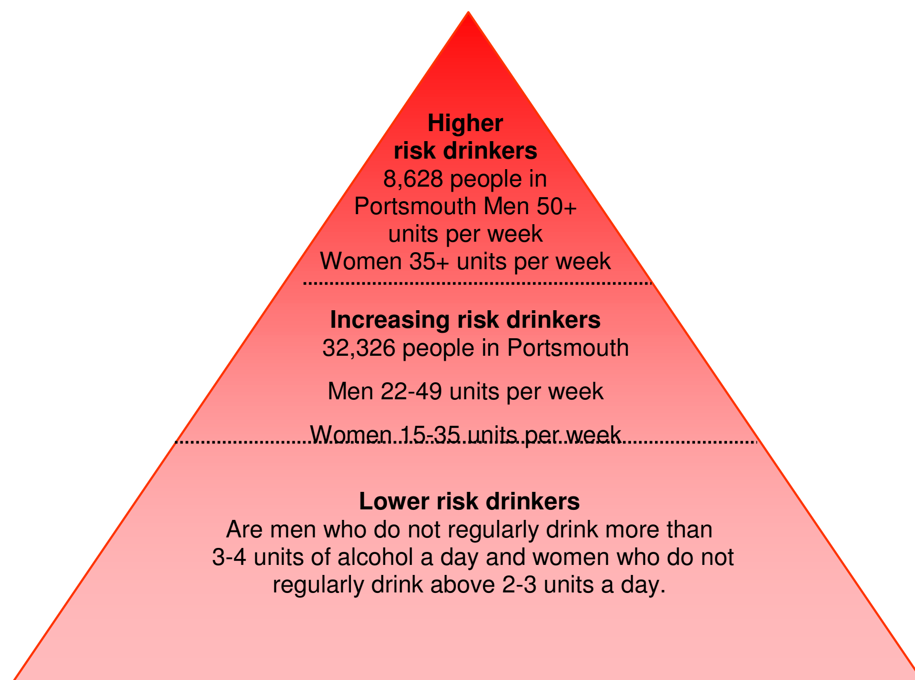
Key targets:

1. *Increase the number of alcohol users who are not drinking/drinking at sensible levels after receiving treatment (baseline to be set)*

2. *Increase the number of people accessing alcohol treatment by 75% (from 604 to 1057)*

Where are we now?

The North West Public Health Observatory (NWPHO) estimates there are 32,326 'Increasing Risk Drinkers' in Portsmouth. These are people that drink above recommended low risk levels (22-49 units p.w. for men, 15-34 units p.w. for women). In addition the NWPHO estimates there are 8628 'Higher Risk Drinkers' (35+ units for women and 50+ units for men). The previous alcohol strategy[13] estimated that 1 in 20 (5%) adults in Portsmouth may have an alcohol dependency, this would equate to over 7,000 people.



13. Alcohol Harm Reduction Strategy for Portsmouth 2006-9

In 2008/9 604 Portsmouth residents accessed alcohol treatment in Portsmouth[14]. This is 8.6% of the estimated number of alcohol dependant persons. Department of Health guidance[15] recommends that treatment capacity should be approximately 15% of dependant persons, in Portsmouth this would equate to 1050 per annum. To meet this figure treatment capacity would need to be increased by 74%.

Research, cited by the National Treatment Agency, suggests that for every £1 spent on alcohol treatment £5 is saved in health, social care and criminal justice costs[16].

During the previous alcohol strategy considerable strides have been made in developing Identification and Brief Advice (IBA – formerly known as screening and brief interventions) in tier 1 and 2 settings. Over 200 staff from a range of health and social care agencies received IBA training. Since April 2009 23 GP practices are offering basic IBA as part of a Directed Enhanced Services (DES) contract.

During the course of the strategy we also developed IBA in a range of settings. This has been enabled by the development of the Alcohol Arrest Referral service (AAR) and the Alcohol Interventions Team (AIT). The AAR visits prisoners in police cells, where alcohol use was related to the offence they committed. In addition offenders are seen as part of a conditional cautioning scheme.

In 2008 the Alcohol Interventions Team set up with staff outreaching to Probation, GP surgeries and other healthcare settings. This expanded in 2009 to include Queen Alexandra Hospital. The AIT provides IBA, extended brief advice, solution-focused therapy or referral to specialist services. They will see clients for up to 6 sessions.

In 2007 Portsmouth Counselling Service (PCS) was awarded a contract to provide alcohol counselling. They set up an out of hours referral line, which has proven to be well used by service users who have not previously attended an alcohol service. PCS provide up to 12 sessions of alcohol counselling.

14. NDTMS, www.ndtms.net, accessed 26/06/09
15. Signs for Improvement (draft), Commissioning interventions to reduce alcohol-related harm, DH, unpublished
16. A Summary of the Reviews of the Effectiveness of Treatment for Alcohol Problems, National Treatment Agency, 2006

Residential Rehabilitation (Rehab) is a proven and effective method of treatment. This involves the service user living on-site within a unit whilst following a therapeutic programme, usually for 3-6 months. Over the past couple of years there has been an increase in demand for alcohol rehab, which is putting pressure on the Care Management Budget. In 2008/9 34 alcohol residential placements were made.

If the planned expansion to other alcohol treatment is achieved, the demand for rehab will increase further. The Care Management budget should at least be maintained at current levels, if not increased. Greater flexibility in how the Care Management budget is used would allow for more cost effective community options to be provided.

A review of our adult substance misuse services found that only 4% of service users were aged 18-24, this was the lowest rate in the South East region. To address this we will seek to develop a 'transition' service for 16-25 year olds, which will be more young people focused and better meet their needs.

What are we going to do?

Objective 4: **Provide identification and brief advice (IBA) across a range of health and social care settings**
a) Train staff in a range of health and social care agencies to deliver IBA
b) Develop an alcohol Local Enhanced Service contract with GPs to expand IBA to target groups (hypertension, depression, anxiety)
c) Provide IBA for under 16s at the Emergency Department in Queen Alexandra Hospital
d) Provide IBA at relevant specialist services, such as maxillofacial, fracture and sexual health clinics
e) Expand the capacity of the Alcohol Interventions Team to work across a wider range of health and social care settings
f) Explore the use of 'tele-health', providing 'lifestyles' follow up calls to high risk patients discharged from hospital

Objective 5: Increase the capacity of our treatment services to see more people
a) Develop a ‘transition’ treatment service for 16-25 year olds
b) Develop an additional structured therapeutic programme, providing some out of hours provision
c) Develop an alcohol treatment team at Queen Alexandra Hospital, based on best practice from other areas
d) Seek to increase the number of alcohol residential rehabilitation placements, at the same time providing flexibility for the Care Management budget to allow spend on community based therapeutic interventions
e) Review the provision of after care services, including housing, to ensure that treatment gains are maintained

Objective 6: Improve our treatment system so that it meets the needs of our residents
a) Implement outcome-based commissioning and outcome monitoring, funding services based on outcomes achieved
b) Review opening times and points of access to treatment services
c) Review local inpatient detoxification services to improve cost effectiveness
d) Review and, where necessary, re-tender our current alcohol services
e) Increase the involvement of alcohol treatment service users in the planning, commissioning, delivery and review of treatment services
f) Increase the involvement of the Carer’s of alcohol treatment service users in the planning, commissioning, delivery and review of treatment services
g) Explore the implementation of personalised budgets
h) Review the needs of alcohol/mental health dual diagnosis service users, to ensure their needs are identified and met

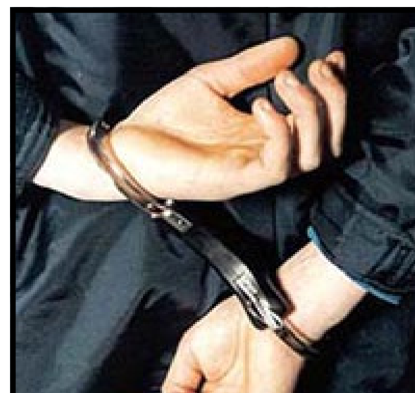
ENFORCE

Priority 3: Tackle alcohol related crime and anti-social behaviour

Key targets:

1. *Reduce the perception of drunk and rowdy behaviour as a problem*[17] *(from 42.3% to 38% - Place Survey data bi-annual)*

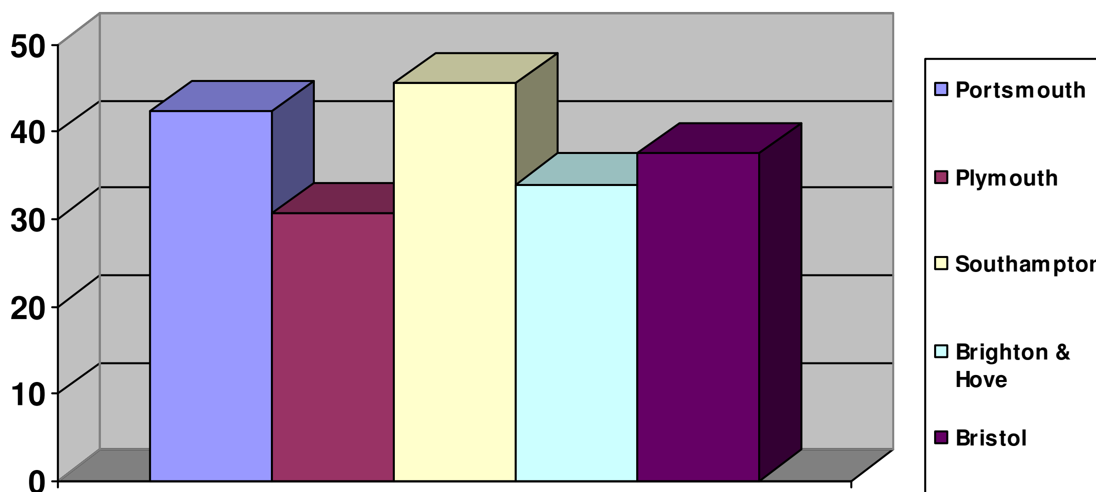
2. *Reduce the number of violent crimes in the night-time economy*[18] *(from 766 to 690)*



Where are we now?

A very significant minority of Portsmouth residents (42.3%) perceive that drunk and rowdy behaviour is a problem in the city. It is not unexpected that a densely populated urban area, with a vibrant night-time economy, will experience a higher than average level of such problems. However Portsmouth does not compare favourably with other comparator areas, with the exception of Southampton. Chart 6 highlights Portsmouth's performance against other comparator areas.

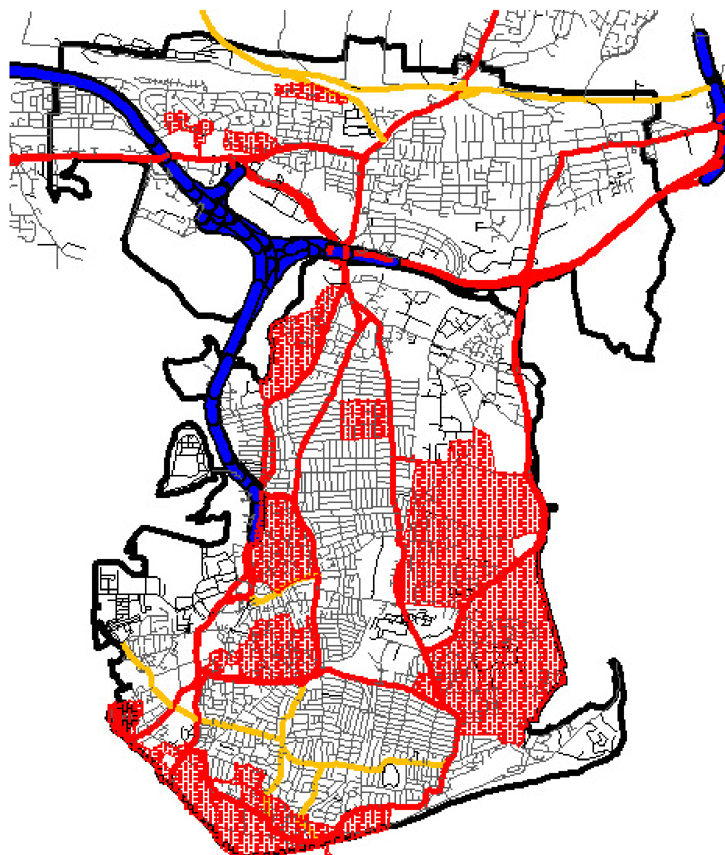
Chart 6: Percentage of residents perceiving drunk and rowdy behaviour as a problem



17. National Indicator 41 – not in Portsmouth Local Area Agreement
18. Local Indicator

A snapshot survey by Portsmouth City Council Public Protection team found that out of the 100 noise abatement notices served this year alcohol was a factor in 40% of the cases.

One of the powers granted to local areas under the Anti-Social Behaviour Act 2003 is the establishment of Dispersal Areas where there is a persistent problem with anti-social behaviour. A Dispersal Area gives the police powers to disperse groups, these powers are put in place for a limited time period, usually no more than 6 months. The first Dispersal Area was agreed in July 2004, over the past 5 years a total of 42 Dispersal areas have been agreed. A review of these areas found that 32 (76%) were related to the misuse of alcohol, predominantly by underage drinkers. The map below shows the dispersal areas that have been agreed across Portsmouth (red shaded areas). Some of these areas have had repeat dispersal areas agreed.



A review of all the Anti-Social Behaviour Orders (ASBOs) made in the city since the legislation was introduced found that out of the 108 ASBOs, 37% were directly related to alcohol misuse. When considering those made for under 18s 41% (18/44) related to alcohol and adults, 34% (22/64) related to alcohol misuse.

In 2008/9 Trading Standards were involved with 82 alcohol test purchases. These resulted in 18 failures, a failure rate of 22%. This is 4.2% above the regional average and 1.2% above the national failure rates. In April 2009 Trading Standards and the police launched a new process whereby a failure would result in staff being offered the opportunity to attend training rather than a fine. A new training programme has been developed by Trading Standards, which encourages responsible retailing, informs staff of their legal responsibilities and empowers them to refuse under age sales.

Hampshire Constabulary recently undertook a snap shot analysis of violent crime during a typical Spring week in Portsmouth. The survey found that 143 occurrences of Rowdy and Inconsiderate behaviour were reported, along with 119 Assaults. Of the violent offences 22% were linked to licensed premises, 37% took place in a private place/ dwelling with the other 41% in other public places. Further analysis of these violent crimes suggested alcohol played a part in 61% of these offences.

The police also found that alcohol impacted the victims and witnesses, making them less likely to co-operate. The analysis reported that in 26% of incidents the victim refused to make a complaint and in 11% the police dealt with unwilling or uncooperative victims and/ or witnesses.

The Safer Portsmouth Partnership's Strategic Assessment for 2008 reported that 71% of Probation clients (425 out of 598) had some sort of alcohol problems identified during their assessment[19]. This highlights a significant correlation between alcohol and offending, but also highlights that this group are also more likely to suffer from alcohol related health problems.

The night-time economy in Portsmouth has seen some significant changes since the last alcohol strategy. At the time of the publication of the last Strategy the area around South Parade Pier had the highest rate of violent crime in the city. In 2007 most of the nightclubs on the seafront closed and relocated to a new large capacity club in the city centre. This shifted a significant amount of demand for alcohol related entertainment to the city centre, along with the problems associated with having these additional people in the vicinity. As a result of the run-down of the clubs in Southsea, and their subsequent relocation, the City Centre became the area with the most reported violent crime. The Police attended 357 violent incidents in the Guildhall Walk during the 12 months to July 2008, this equates to just fewer than 7 violent incidents per week.

COURT: Door steward hurt in drunken incident

Man is jailed after attack in nightclub

by Victoria Taylor and Dan Kerins
The News

A MAN has been jailed after injuring a woman when he had too much to drink.

Christian Smith was jailed for three months after attacking a female door steward outside a Portsmouth night club.

The 34-year-old, of Purbrook Way, Havant, kicked a metal gate into the face of the 20-year-old woman from Copnor.

It happened after she asked him to leave Martha's in Commercial Road.

He was escorted outside because staff believed he was too drunk and were not prepared to serve him any more alcohol.

The door woman was speaking to Smith through a gate. He became abusive and kicked the gate which then swung into her face, injuring her.

At Portsmouth Magistrates' Court Smith admitted assault on at 12.45am on Tuesday, August 7, and was jailed for three months.

He was also banned from all licensed premises in the area for 12 months.

The move comes during Operation Drink Safe, a *News*-backed drive to cut alcohol-fuelled violence.

Sergeant Andy Clinton from Portsmouth Central Police Station is leading the operation.

He said: 'I think this is a prime example of how the partners of Drink Safe are taking the issue very seriously. This level of alcohol abuse is not being accepted any more.

'By seeing this, I hope that people who go out and drink too much and cause trouble will see they risk going to prison, so will think again and drink more responsibly.'

Chief Inspector Derek Stone from Fratton Police Station added: 'This is part of a drive to make the city's entertainment areas safer by getting people who behave violently or disorderly banned from venues.

'This is a huge step in the right direction.'

Young white men on a night out are most likely to be in the thick of a fight than anyone else in Portsmouth.

Detailed police analysis of nearly 8,000 violent attacks in the city over 12 months painted a clear picture of the violence encountered on our streets each night and who is behind it.

Research carried out by Portsmouth police revealed popular drinking stretch Guildhall Walk and the city centre were the place more people were attacked than anywhere else in the city.

They found the majority of attackers were white men aged 26 to 30.

And their victims were mostly while males aged 16 to 20.

And attacks were most common between 1am and 4am.

victoria.taylor@thenews.co.uk

TROUBLEMAKERS BARRED

Operation Drink Safe
Safer Portsmouth Partnership in association with The News

■ Operation Drink Safe is being backed by *The News* and run by Safer Portsmouth Partnership made up of city agencies such as police, the city council, Hampshire Fire Service, the health service, probation service and Youth Offending Team.

■ Anyone convicted of a drink-fuelled offence could be banned from pubs, clubs and bars under the terms of an exclusion order from the courts.

■ And publicans are also barring troublemakers as Portsmouth Business Crime Reduction Partnership looks to ban boozing thugs.

Christian Smith – jailed

Courtesy of The News (Portsmouth)

Domestic Abuse and Alcohol

There are close links between alcohol misuse and domestic abuse and violence, both for perpetrators and survivors. This is not to say that alcohol causes domestic abuse, as perpetrators can commit abuse without the use of alcohol. There is however evidence to suggest that alcohol misuse can increase the frequency and seriousness of injury. Evidence cited by Alcohol Concern found that alcohol was a factor in 62% of offences, and that almost half the offenders were alcohol dependant[20]. Alcohol Concern also highlighted research that showed that between 44-58% of men in treatment had perpetrated physical violence or abuse in the past 6-12 months.

19. Joint Strategic Assessment 2008, Safer Portsmouth Partnership
20. Knowledge Set 1: Domestic Abuse, Alcohol Concern, 2009

Survivors of domestic abuse can also use alcohol to help them cope. Research cited by Alcohol Concern showed that 97% of women survivors of domestic abuse had used alcohol 'to numb the pain', whilst two-thirds of women in alcohol treatment had suffered partner violence in the previous 12 months[20].
Due to the high percentage of perpetrators and survivors within alcohol services, Alcohol Concern have recommended that alcohol services need to be ACES[20].

Aware	of domestic abuse in their work
Committed	to working with their partners in the domestic abuse field to respond effectively
Equipped	with skills and tools including recording, monitoring and evaluation mechanisms
Safe	services which put the safety of victims/survivors, including children, first

For more information about the work in Portsmouth concerning domestic abuse, please refer to the Safer Portsmouth Partnership's Domestic Abuse Strategy 2009-12.

Alcohol and Sexual Violence

There appears to be some link between alcohol and sexual violence, that is not to say that alcohol causes sexual violence, but that it may play some part in the way the offender behaves. The British Crime Survey 2007/8 (BCS) reported that 46% of survivors of 'less serious sexual assault' thought that the offender was under the influence of alcohol. Nearly two-fifths (38%) of survivors of 'serious sexual assault' thought that the offender was under the influence of alcohol.

The BCS also reported that nearly three in ten survivors reported being under the influence of alcohol at the time of the incident (29% of less serious sexual assault and 28% for serious sexual assault). Local data from the Sexual Assault Referral Centre (SARC) found that 55% of the survivors that were asked reported having consumed alcohol. Of those that had consumed alcohol 28% had consumed less than 5 units, 40% had consumed between 6 and 10 units, 17% between 10-15 units and 15% 16+ units. This data highlighted that 60% of survivors, that were asked, had either not consumed alcohol or had consumed less than the level classed as a binge (6+ units for a woman, 8+ units for a man).

A key issue for the partnership is the need to promote the fact that alcohol should not be used as an excuse for sexual violence. Whilst excess alcohol can increase someone's vulnerability, offenders who take advantage of someone's intoxication are still committing a serious offence.

For more information about the work in Portsmouth concerning sexual violence, please refer to the Safer Portsmouth Partnership's Sexual Violence Strategy 2009-12.

20. Knowledge Set 1: Domestic Abuse, Alcohol Concern, 2009

What are we going to do?

Objective 7: Prevent children from obtaining alcohol
a) Work in partnership with licensed premises to train staff and establish systems to prevent under age sales
b) Increase membership of the 'Proxywatch' scheme
c) Continue the multi-agency Operation 'Teen Drink Safe', using appropriate tools and powers to prevent underage sales
d) Continue Operation Born, multi agency patrols on Friday and Saturday nights, confiscating alcohol and providing support for young people
e) Attach Individual Support Orders to ASBOs for young people, when alcohol is a factor in their behaviour
f) Youth Offending Team officers will be in police cells to offer advice when alcohol is identified as a problem

Objective 8: Manage alcohol related crime and anti-social behaviour
a) Maintain Operation Drink Safe, working in partnership with key agencies and the licensing trade.
b) Develop an action plan to reduce violent crime in our night time economy hot spots
c) Develop a campaign to tackle the sale of alcohol to people who are drunk
d) Seek to expand the provision of night time transport to ease the dispersal of revellers from our entertainment areas
e) Seek ongoing funding to support the Street Pastors initiative
f) Use all available tools and powers to reduce crime and anti-social behaviour
g) Develop a multi-agency one-stop resource in the city centre at weekends to provide medical treatment and support services, diverting people away from A&E
h) Evaluate the effectiveness of the Designated Public Places Order, which has been in place since 2005
i) Explore the use of restorative justice to deal with low level offenders
j) Increase the level of enforcement to tackle noise nuisance, but also signpost individuals for support when an alcohol problem is identified
k) Encourage Black & Minority Ethnic community traders in the night time economy to report racist incidents

Objective 9: Increase alcohol interventions for victims and offenders of alcohol related crime
a) Continue to provide alcohol arrest referral in police cells
b) Increase the number of alcohol conditional cautions, which provide a minimum 2 alcohol sessions for offenders
c) Work with the courts to promote alcohol treatment as part of their decisions
d) Ensure alcohol services are responsive to the needs of perpetrators and survivors of domestic abuse by implementing ACES
e) Review and re-tender the Alcohol Treatment Requirement provision funded by Probation
f) Seek new ways of supporting offenders who misuse alcohol to reduce re-offending
g) Ensure the Community Tasking Groups refer street drinkers/homeless people to the Street Culture group for support
h) Run an alcohol and sexual violence communications campaign

How will we deliver the strategy

The Safer Portsmouth Partnership (SPP) is the lead agency for the Alcohol Strategy in the city. The SPP is a merged Drug Action Team (DAT) and Crime & Disorder Reduction Partnership (CDRP). As a former DAT the partnership is used to managing both the health and crime agendas. The SPP has representation from senior officers of key public sector agencies; in addition there is representation from voluntary and community sector groups.

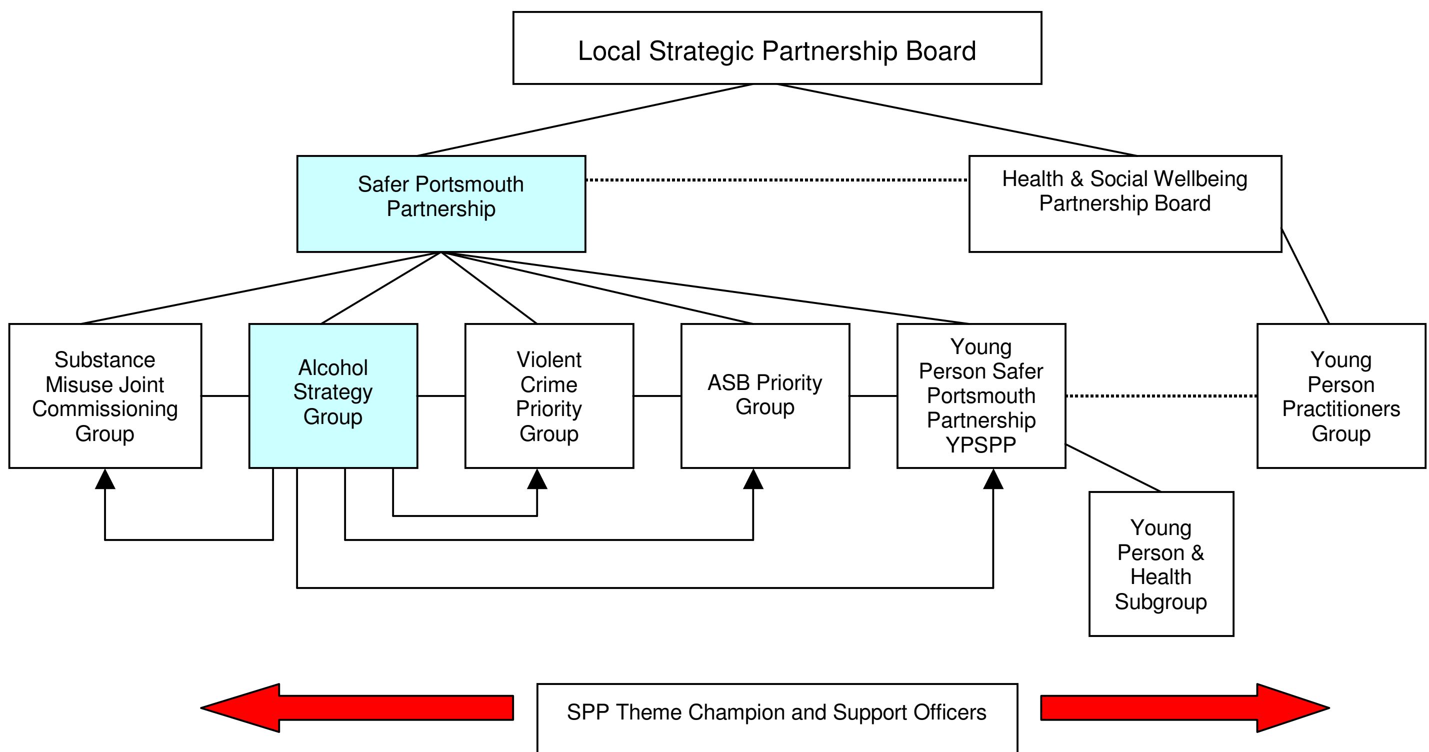
The main lead for the Alcohol Strategy in the City is the Director of Public Health & Wellbeing, a joint Portsmouth City Teaching Primary Care Trust (PCT) and Portsmouth City Council (PCC) appointment. In addition to being the PCT's representative, Dr. Paul Edmondson-Jones sits on the SPP as the Drug & Alcohol Theme Champion. Dr. Edmondson-Jones is also a member of a range of other key partnership bodies, including holding the Chair of the Local Strategic Partnership.

The Safer Portsmouth Partnership has a dedicated Alcohol Strategy Group, which has overseen the Alcohol Needs Assessment and the development of the Alcohol Strategy. The alcohol agenda, being so broad, is also covered by all the SPP's delivery groups, including the Violent Crime Priority Group, the Anti-Social Behaviour Priority group, the Young People's Safer Portsmouth Partnership and the Substance Misuse Joint Commissioning Group. In the light of this new strategy this structure should be reviewed to ensure the strategy is delivered effectively.

In addition there are key links to the Health & Social Wellbeing Partnership Board and its Children and Young People's Health Strategy sub-group. Chart 7 highlights the structure of the Partnerships and delivery groups that help deliver the alcohol strategy.

The Alcohol Strategy is closely linked and will inform other key documents. These include the SPP's Annual Strategic Assessment, which will then feed in to the SPP's Partnership Plan and associated delivery plans. The PCT and PCC's Joint Strategic Needs Assessment will also consider alcohol. The annual Adult Drug Treatment Plan and the Young Persons Substance Misuse Treatment plan also link to this alcohol strategy.

Chart 7 – Structure Chart for the delivery of the Alcohol Strategy



Equalities

It is recognised that experience of alcohol misuse may vary considerably between diverse people within Portsmouth and not all individuals will be able to, or willing to access support on an equal basis. This strategy will seek to ensure fairness and equality of opportunity to access services and for all agencies responsible for its delivery to be proactive when seeking to identify the particular needs of minority groups and make every effort to enable them to access support. This will include identifying gaps in service and tailoring existing services to meet the needs of the individual, when possible.

Agencies delivering services within Portsmouth will strive to ensure that anyone who misuses alcohol will have equality of access to appropriate services irrespective of age, asylum or refugee status, class, colour, sexual orientation, ethnicity, disability, gender, language, marital status, nationality, employment or religion.

Capacity to deliver the strategy

Currently the alcohol strategy is delivered by three key posts. The Safer Portsmouth Partnership's Substance Misuse Co-ordinator, based within Community Safety, Portsmouth City Council. The post is funded by the Area Based Grant. This post is now focused exclusively on the delivery of the alcohol strategy.

The Young Persons Substance Misuse Co-ordinator leads on the development of young people's substance misuse, including drugs and alcohol. This post is based with the Health Improvement & Development Service, Portsmouth City Council. The post is funded by the Area Based Grant.

The Joint Commissioning Manager for Adult Substance Misuse is responsible for the commissioning and performance management of drug and alcohol services for adults. This post is based within Community Safety, but line managed jointly by Social Care (PCC) and the PCT. The post is funded by the Adult Drug Treatment Budget, which comes from the Department of Health, this currently sits outside the Area Based Grant, however may be incorporated in the future. This post's primary commitment is to the drugs strategy.

With the development of a comprehensive alcohol strategy it is proposed that this infrastructure is expanded to include an Alcohol Strategy Officer, in the same way that the drugs strategy is supported by a Drugs Strategy Officer.

Objective 10: Improve delivery of the alcohol strategy
a) Review the SPP's Alcohol Strategy Group and how the alcohol strategy is delivered by the other delivery groups
b) Ensure continued funding for the key strategy officers
c) Appoint an Alcohol Strategy Officer to support delivery across the broad agenda
d) Improve data recording and collection from key partners (hospital, ambulance & police) to allow proper analysis
e) Ensure Alcohol is included in the SPP's Communications Strategy, encouraging co-ordinated action

Appendix 1 – Progress Report on the Alcohol Harm Reduction Strategy for Portsmouth 2006-9

Alcohol in the home

	We Will	Status	Progress so far
1.1	Increase the number of schools involved in the National Healthy Schools Programme to 100% by 2009	Green	100% schools involved 87% schools achieved Healthy Schools Status
1.2	Increase teacher involvement in Personal Health and Social Education (PHSE) certification	Green	Numbers recruited have increased year on year since 2004/05. 32 teachers/ school nurses certificated with a further 16 teaching staff participating this year.
1.3	Incorporate alcohol into the Improve Adolescent Health priority of the Children and Young People's Plan for Portsmouth.	Green	Alcohol is included implicitly under the term substance misuse in the CYP under Priority 1 Improving Health.
1.4	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	Red	Plans for peer education project in St Lukes did not take off as school were unable to commit to a consistent group of young people for the eight-week programme. This will be revisited again when school gains Academy Status in September 09. Primary schools have been keen to develop work with parents around alcohol prevention.
1.5	Introduce support services to families affected by alcohol misuse	Amber	Some progress. Significant development of family services, however not alcohol misuse specific.
1.6	Do more joint working between the Children and Families Team and Substance Misuse Services	Green	Adult Substance Misuse/C&F Co-ordinator is now in post
1.7	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.	Green	Joint working has increased. This led to a 'job swap' between the Early Intervention Project and Drug Intervention Programme. A joint Drug & Alcohol Group and Domestic Violence & Abuse forum was held in February 2009, which incorporated joint training. A series of training sessions have taken place to improve both sectors knowledge of the other.
1.8	Perform a review of supported housing and accommodation for people with alcohol problems	Red	This work has not been undertaken.
1.9	Introduce support services for substance misusing parents and their children, as described in the Adult Treatment Plan 2006/07	Amber	Adult Substance Misuse/C&F Co-ordinator is now in post. Support group for the children affected will be established during 09/10.
1.10	Develop a network of parenting programmes and bank of training facilitators within existing drug and alcohol services	Amber	Staff trained within services, but limited number of programmes delivered to date. This should improve as the Adult Substance Misuse/C&F Co-ordinator and a PUSH member are now accredited to deliver the Triple P parenting programme.
1.11	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.	Green	Alcohol Interventions Team established working in GP surgeries and Probation. The AIT has also recently expanded to include A&E and other parts of QA. Alcohol Arrest referral and conditional cautioning are also in place.

Alcohol in the workplace

	We Will	Status	Progress so far
2.1	Promote effective alcohol policies in public and private sector workplaces, establishing a lead amongst member agencies of the Safer Portsmouth Partnership	Red	Limited progress made. Some support to provided to employers who have signed up for the Work, Health and Well-being Hallmark
2.2	Improve awareness of the issues of drinking in the workplace	Red	As 2.1
2.3	Improve awareness of drinking and driving	Green	Ongoing campaigns run by Police and Portsmouth City Council
2.4	Promote and finance alcohol treatment support services	Amber	Treatment funding has remained stable, without increase.
2.5	Encourage employers to take up the Work, Health and Well-being Hallmark	Green	Ongoing work by the Health Improvement & Development Service

Alcohol in public places

	We will	Status	Progress so far
3.1	Seek funding to expand the proxy sales campaign	Green	Trading Standards are now in to the 3rd year of running 'Proxy Watch'
3.2	Encourage the expansion of night-time transport provision, such as the introduction of a Night Bus Service	Amber	Night Bus service was developed and ran for approximately 2 years, however ceased operating in October 2008, as it was not commercially viable for the bus company. Portsmouth City Council are currently investigating an expansion of key bus routes later in to the night.
3.3	Increase the number of hours of outreach with street drinkers and homeless people	Green	Increase in funding for Central Point to provide street outreach. Funding also secured for PORTAS to provide substance misuse outreach work.
3.4	Investigate the possibility of increasing the number of pedestrianised areas in the city centre	Green	Currently a pilot pedestrianisation area covering Guildhall Walk. Due for review in November 2009.
3.5	Undertake a media campaign to raise awareness that alcohol makes you vulnerable to being a victim of crime	Green	Formed part of the successful 'Operation Drink Safe' communications and enforcement campaign. Also formed part of 'The Weekend Project' aimed at young people in Paulsgrove.
3.6	Support the development of Community Orders from the courts, in the form of an Alcohol Treatment Requirement	Green	Ongoing work commissioned by Hampshire Probation Service
3.7	Improve the collection and analysis of ambulance and Emergency Dept. data which will provide information on where incidents occur	Amber	Ongoing issues relating to this data collection. Recent review by the ED Operations manager has seen an increase in the amount of data collected.
3.8	Promote a planning policy for the night-time economy which will ensure that city centre areas have a mixed economy, through the ELNEP	Red	Limited progress in this area. ELNEP is seeking to develop alternative activities/events that are not alcohol based. Restrictions are now in place within the Guildhall area to limit any new licensed premises.
3.9	Encourage the use of plastic containers, rather than glass, in licensed premises in order to reduce injuries from alcohol-related violence	Amber	These containers have been introduced to some key premises, but use is not uniform in the more problematic locations.
3.10	Introduce a scheme for recognising licensed premises demonstrating best practice	Green	Best Bar None was run in 2006/7 and 2007/8. The scheme is currently under review, but support for the scheme remains amongst partners and premises.

Alcohol and Health Services

	We will	Status	Progress so far
4.1	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.	Green	Role established. CHP role has become an essential part of the alcohol arrest referral and conditional cautioning role.
4.2	Work with licensed premises managers and staff to reduce emergencies	Green	This is part of the CHP role
4.3	Develop brief interventions, similar to the Paddington Alcohol Test, in primary and secondary care using guidance from the Department of Health	Green	See 1.11
4.4	Use "Health Trainers" to make it easier for people to make healthy choices	Green	Health Trainers recruited. Probation Health trainers are being trained to deliver Identification and Brief Advice as part of a pilot project for the Department of Health.
4.5	Improve access to primary care for homeless people with alcohol problems	Amber	Limited services in place, for example good links with Central Point and Mill House, however access problems persist. Access should be greatly improved with the opening of the Portsmouth 'Darzi' Centre
4.6	Continue to develop innovative ways of delivering assessment and treatment services, using static ambulance treatment centres and intermediate care crews at peak times	Amber	Limited development in this area, although CHP (as in 4.1) is based within the City Centre on Friday and Saturday nights to provide rapid response.
4.6	Review and audit the Adult Substance Misuse Service to improve waiting times and quality	Green	Audit and review undertaken. Action plan developed leading to improved service with reduced waiting times.
4.7	Improve the collection and analysis of Emergency Dept. data	Amber	See 3.7
4.8	Work with local GPs and Pharmacists to make services more accessible, for example home detox.	Red	No progress in this area, will need to be a focus of new strategy.
4.9	Support the recruitment of a Gay, Lesbian, Bisexual and Transgender Substance Misuse worker.	Green	GLOW project established and running for 2 years. Funding approved for additional year.

Appendix 2: Tiers of alcohol treatment & support

Tier	Interventions	Example Settings
Tier 1	• Alcohol advice and information • Targeted screening and assessment • Simple brief advice for increasing and high risk drinkers • Referral for specialised treatment • Partnership / Shared care, where treatment can be provided within generic services	• Primary healthcare services, including school nurses • Acute hospitals (e.g. A&E) • Psychiatric services • Social services • Housing / Homelessness services • Police (e.g. Custody cells) • Probation • Education • Occupational health services • Domestic Abuse agencies Delivered by non-alcohol specific services, but by staff that come into contact through there work with people who misuse alcohol
Tier 2	• Alcohol specific advice • Extended brief advice / brief treatment • Triage assessment & referral for specialised treatment • Shared Care • Mutual Aid support (e.g. Alcoholics Anonymous)	• Specialist Alcohol services: Open Access, Outreach • Primary Healthcare • Acute hospitals • Homelessness services • Psychiatric services • Social Services • Prison services • Probation services Delivered by alcohol specific workers
Tier 3	• Comprehensive assessment • Care planning / key working • Prescribing interventions (e.g. Antabuse) • Home detoxification • Psychosocial therapies • Structured day programme / care planned day care • Liaison services	• Specialist Alcohol services • Hospital • Outreach to generic settings • Primary Care
Tier 4	• Comprehensive assessment • Care planning / key working • Prescribing interventions – including withdrawal & relapse prevention • Psychosocial therapies	• Specialist alcohol services – inpatient detoxification & residential rehabilitation • Hospital – with service delivered specialist alcohol liaison support

Appendix 3: Alcohol Treatment Services in Portsmouth (by Tier)

Tier 1

- Social care
- GP
- Practice Nurses
- Midwives
- Health Visitors
- School Nurses
- A & E
- Mental Health Assessment Team
- Supported Housing services
- Community Wardens
- PCSOs
- Children & Young Peoples Services
- Probation
- Other generic services

Tier 2

- Alcohol Intervention Team (AIT)
- Open Access by Portsmouth CDA
- Outreach & Treatment Access Service by Portsmouth CDA
- Education Support Worker
- Alcoholics Anonymous

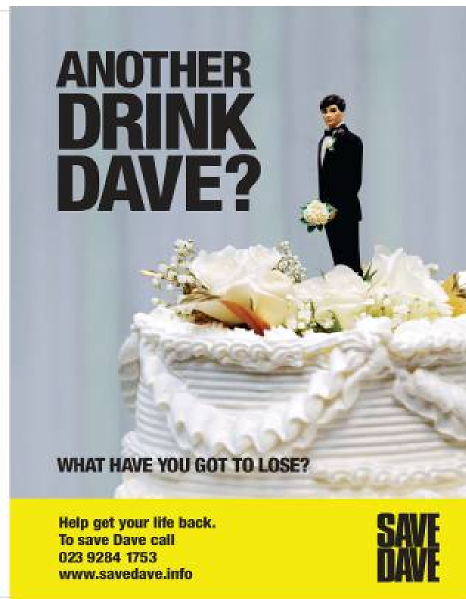
Tier 3

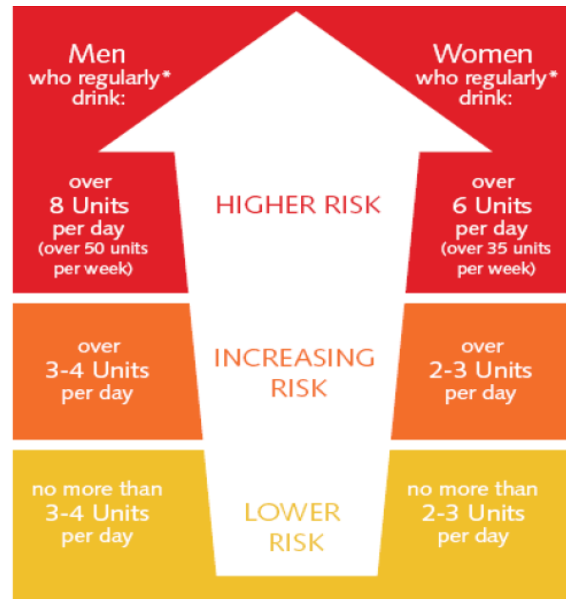
- Community Drug & Alcohol Team (Kingsway House)
- Portsmouth CDA (structured services)
- Structured Counselling by Portsmouth Counselling
- E’s Up Young People’s Service

Tier 4

- Inpatient Detoxification (Baytrees)
- Residential Rehabilitation

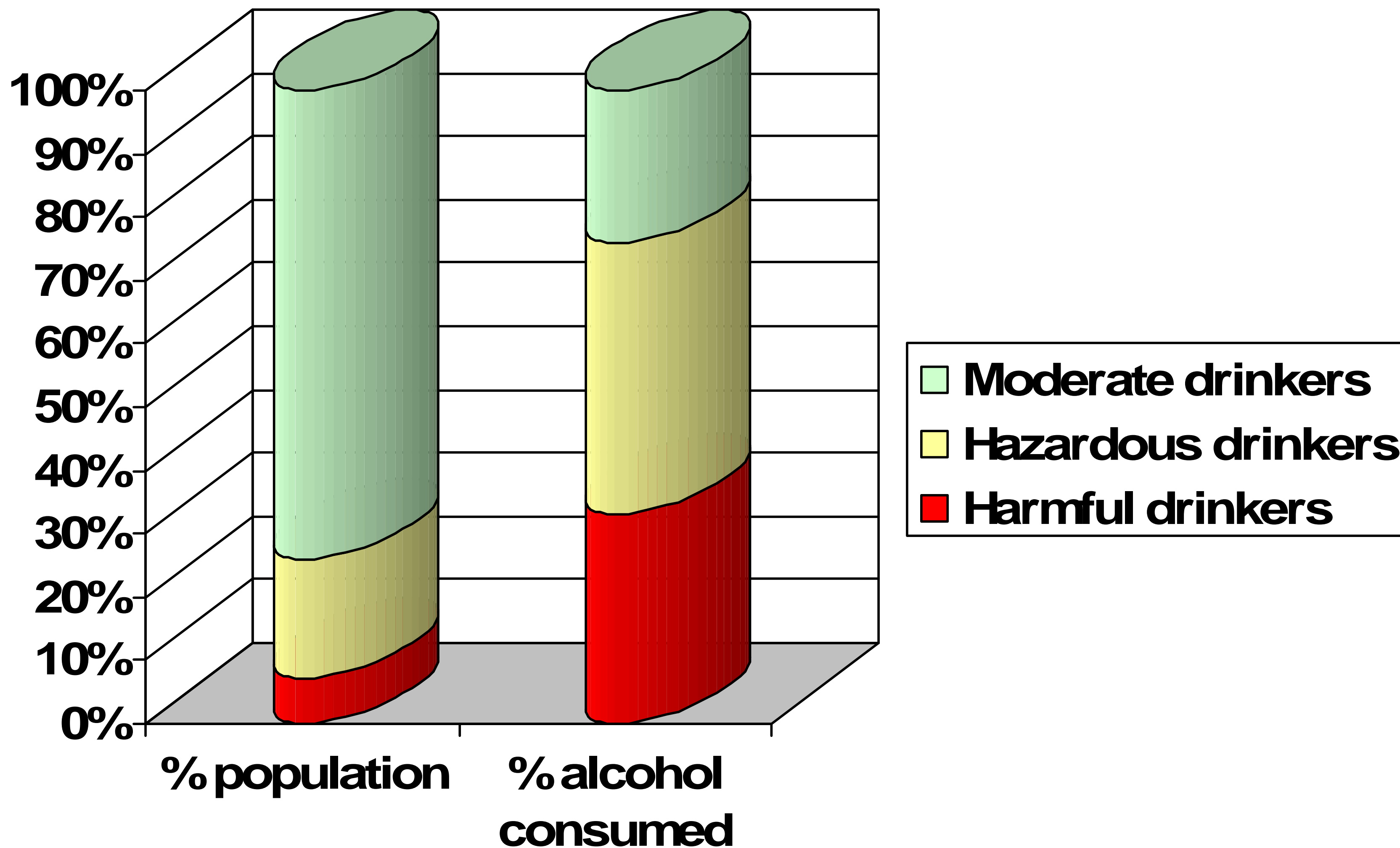
Alcohol Related Hospital Admissions

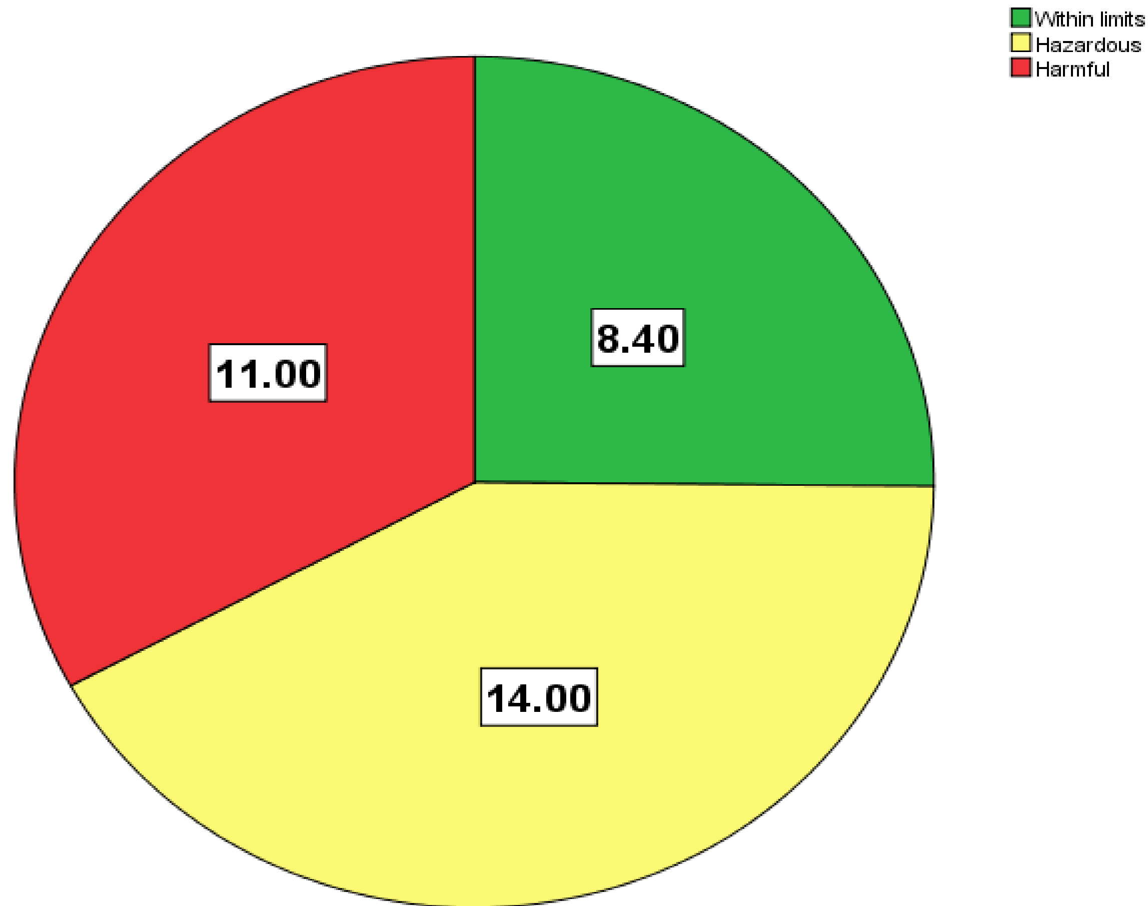




Dr Paul Edmondson-Jones
Joint Director of Public Health

Alcohol use in the United Kingdom


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
% population
% alcohol consumed
Moderate drinkers
Hazardous drinkers
Harmful drinkers



Alcohol market in 2006 = £33.4 billion, of which £25 billion from people who drink too much

Data from IAS and DH

How does alcohol harm your physical health?

People who regularly drink above higher-risk levels are…

… **4.5** times more likely to get **cancer of the mouth, neck and throat**

… **3.5** times more likely to get **liver cancer**

… at **2 – 4** times the risk of **high blood pressure**

… more than **twice** as likely to suffer from an **irregular heartbeat**

… and women are nearly 2.5 times more likely to get **breast cancer**

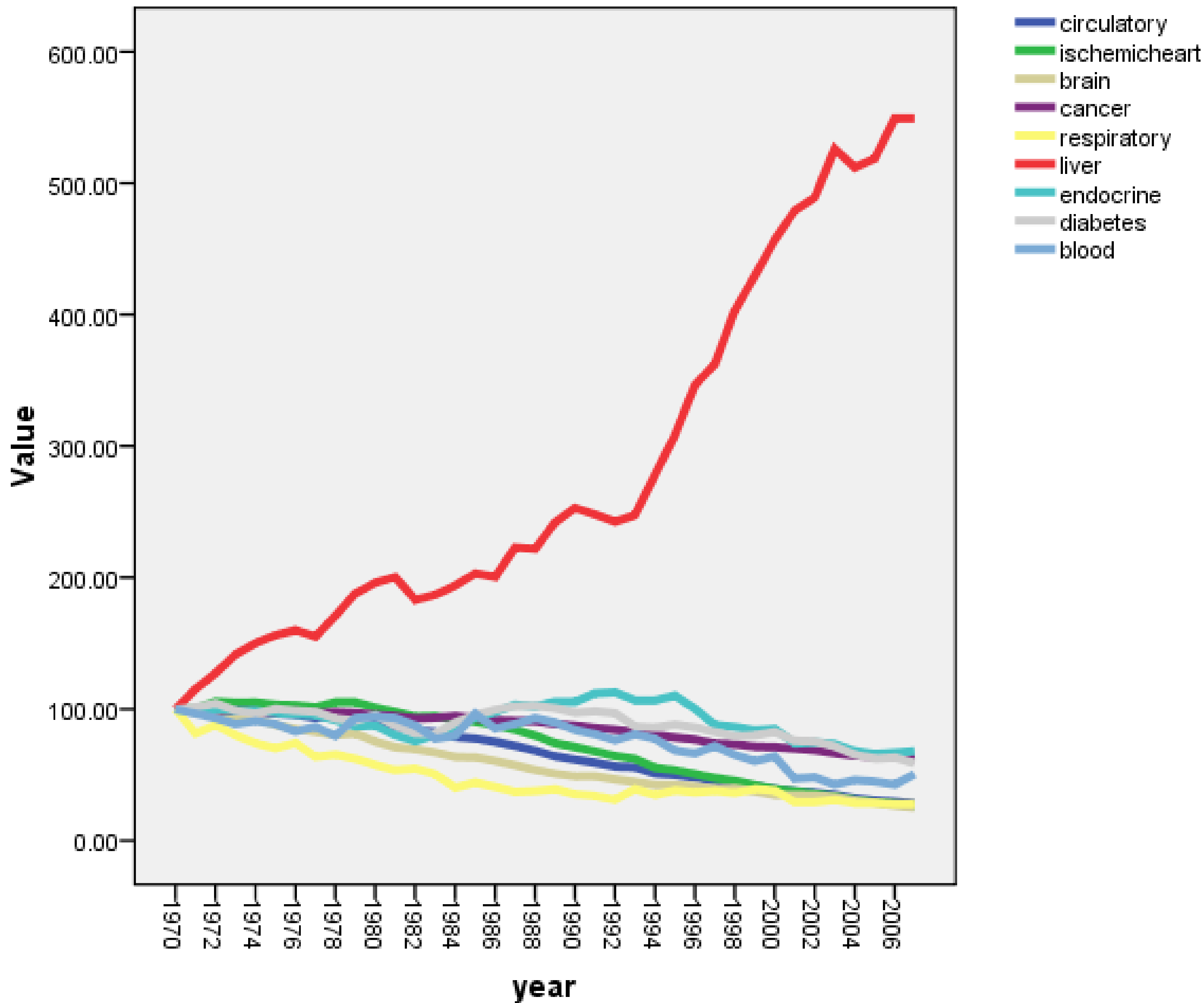
… 13 times more at risk of liver disease

Other risks are **fatigue, depression, weight gain, memory loss, poor sleep** and **sexual difficulties**

How does alcohol harm your well-being

- 50% of all violent assaults are related to alcohol
- 58% of rapists had drunk alcohol immediately prior to rape
- 22% of all accidental deaths are alcohol related
- 30% of suicides are alcohol related
- Alcohol is a key factor in child and elder abuse
- Over 50% domestic violence is alcohol related
- Alcohol abuse is a key underlying reason for incapacity benefit

Deaths under age 65 from major diseases compared with 1970

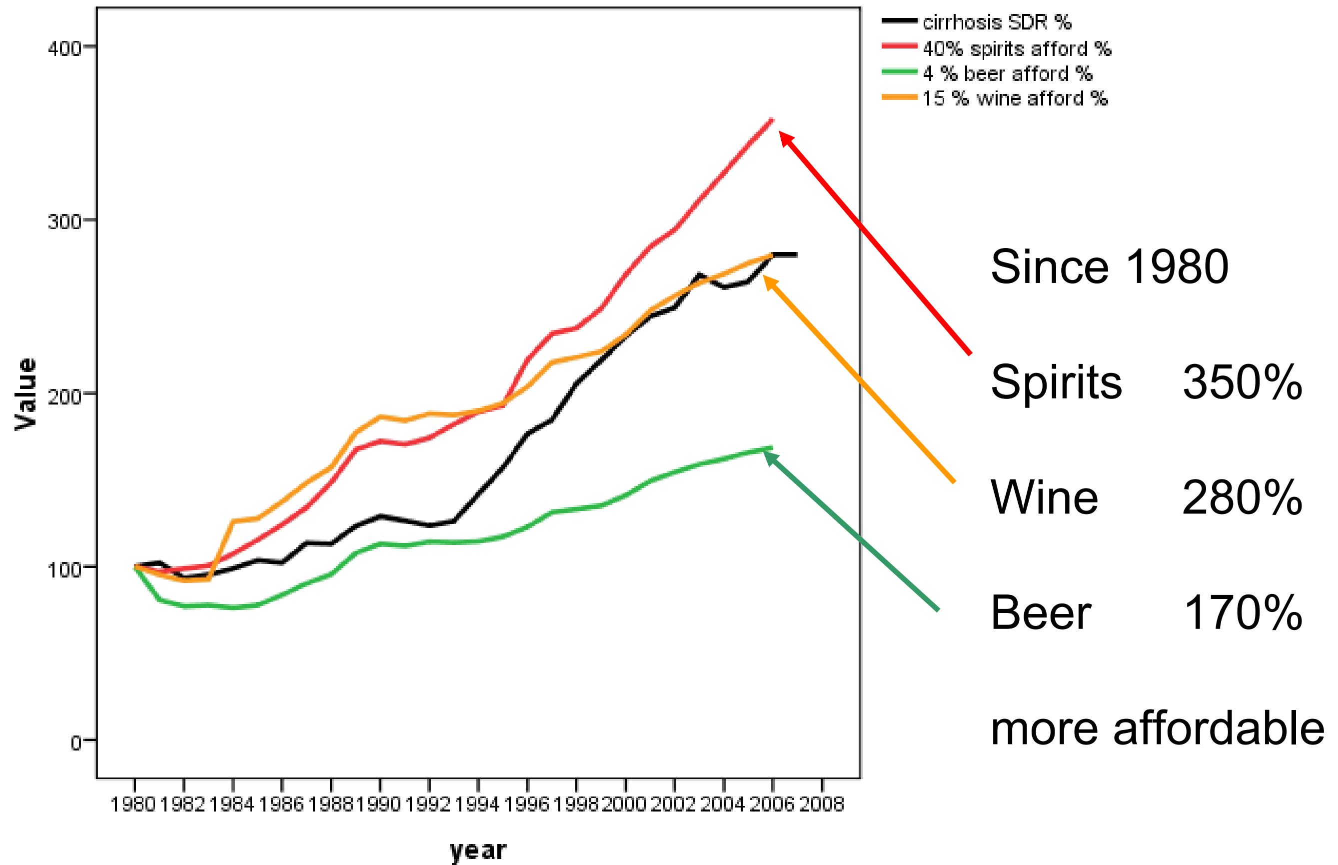


NHS Portsmouth

Table 5. Top three causes of alcohol-attributable deaths by age and sex

Age	Males Condition	n	Females Condition	n
16-24	Road traffic accidents - non pedestrian	185	Intentional self-harm	48
	Intentional self-harm	142	Road traffic accidents - non pedestrian	19
	Pedestrian traffic accidents	34	Epilepsy and Status epilepticus	18
25-34	Intentional self-harm	249	Intentional self-harm	71
	Road traffic accidents - non pedestrian	126	Alcoholic liver disease	41
	Alcoholic liver disease	61	Epilepsy and Status epilepticus	33
35-44	Alcoholic liver disease	382	Alcoholic liver disease	208
	Intentional self-harm	323	Intentional self-harm	95
	Road traffic accidents - non pedestrian	113	Malignant neoplasm of breast	48
45-54	Alcoholic liver disease	827	Alcoholic liver disease	427
	Intentional self-harm	251	Malignant neoplasm of breast	99
	Unspecified liver cirrhosis	131	Intentional self-harm	89
55-64	Alcoholic liver disease	802	Alcoholic liver disease	362
	Malignant neoplasm of oesophagus	278	Malignant neoplasm of breast	154
	Unspecified liver cirrhosis	178	Unspecified liver cirrhosis	69
65-74	Alcoholic liver disease	388	Alcoholic liver disease	167
	Malignant neoplasm of oesophagus	295	Malignant neoplasm of breast	109
	Haemorrhagic stroke	158	Unspecified liver cirrhosis	90
75+	Malignant neoplasm of oesophagus	339	Cardiac arrhythmias	396
	Cardiac arrhythmias	212	Malignant neoplasm of breast	194
	Haemorrhagic stroke	207	Hypertensive diseases	153

Data from 2005

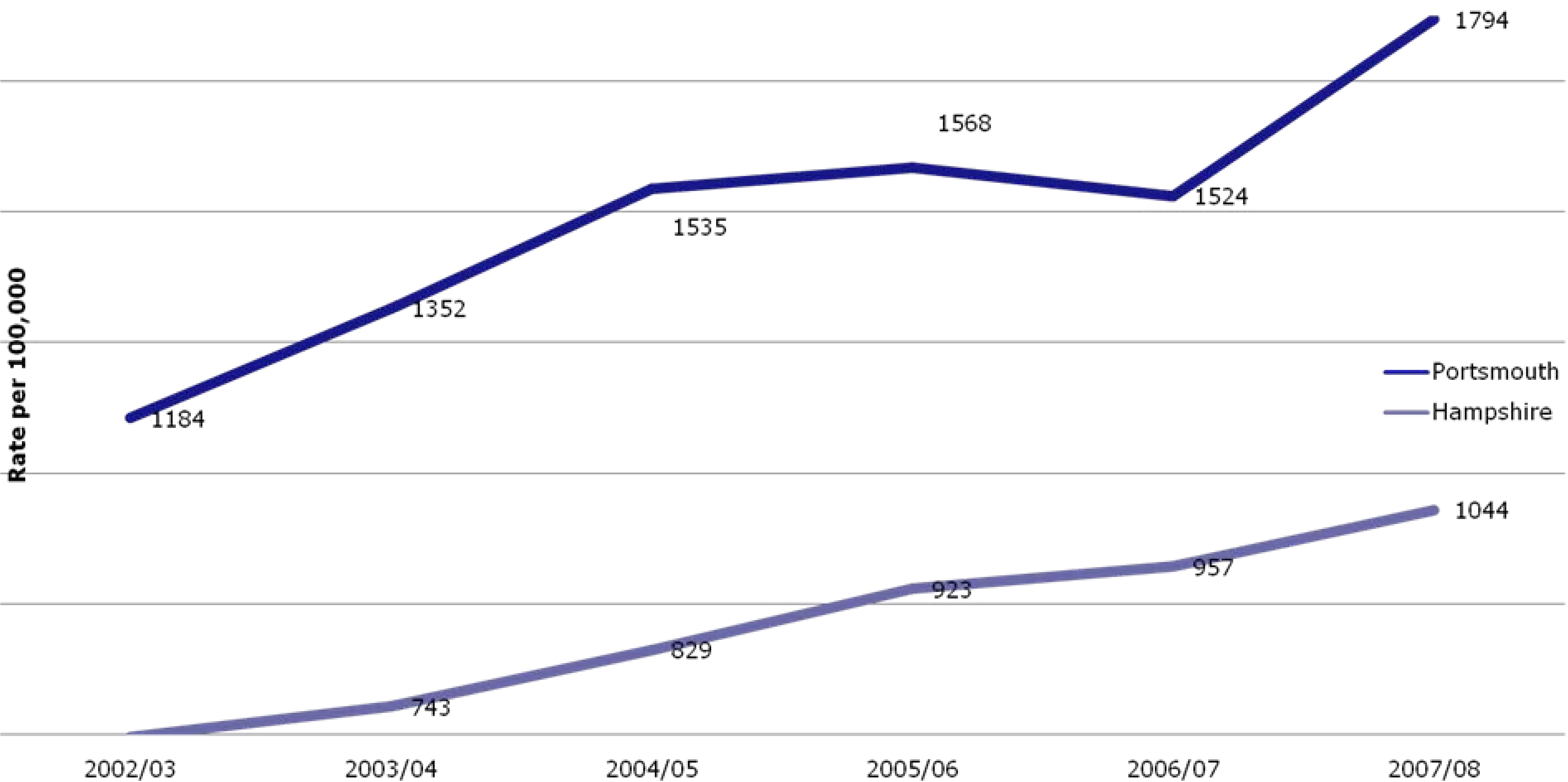


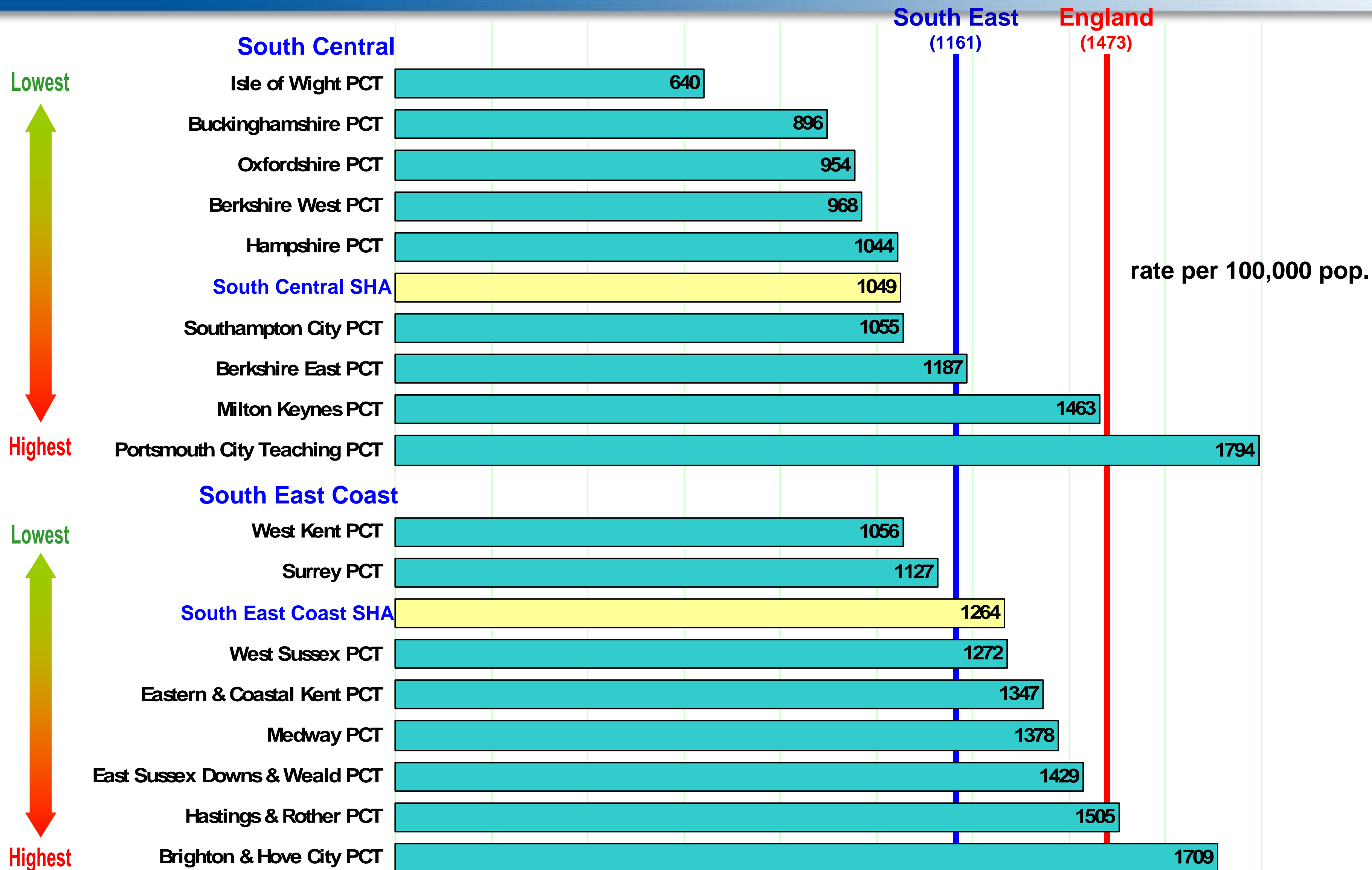
Data from WHO-HFA database and British Beer and Pub Association statistics handbook 2008

How does all that translate into Portsmouth?

- Over 90% of people drink alcohol, most do so sensibly
- An estimated 40,000 Portsmouth residents drink above the recommended guidelines
- 8,000 of these drink at high-risk levels, with about 7,000 likely to have an alcohol dependency
- In 2008/09 604 people accessed alcohol treatment
- The average male in Portsmouth dies 10.2 months early due to alcohol-related illnesses

Rate of hospital admissions for alcohol related harm per 100,000 populaiton





Source: DH / Association of Public Health Observatories, Local Alcohol Profiles for England.

rate per 100,000 pop.

South East (1161)

England (1473)

Area	Rate
Isle of Wight UA	640
Wokingham UA	840
West Berkshire UA	888
Buckinghamshire CC	896
Oxfordshire CC	934
Windsor & Maidenhead UA	1031
Hampshire CC	1044
Southampton UA	1055
Bracknell Forest UA	1108
Surrey CC	1123
Kent CC	1209
Reading UA	1231
West Sussex CC	1272
Medway UA	1378
East Sussex CC	1454
Milton Keynes UA	1478
Slough UA	1512
Brighton & Hove UA	1709
Portsmouth UA	1794

Source: DH / Association of Public Health Observatories, Local Alcohol Profiles for England.

SAVE DAVE

Hospital admissions
in Portsmouth for
ALCOHOL
Related illnesses is

55%

Higher than the average in the
South East of England

SAVE DAVE

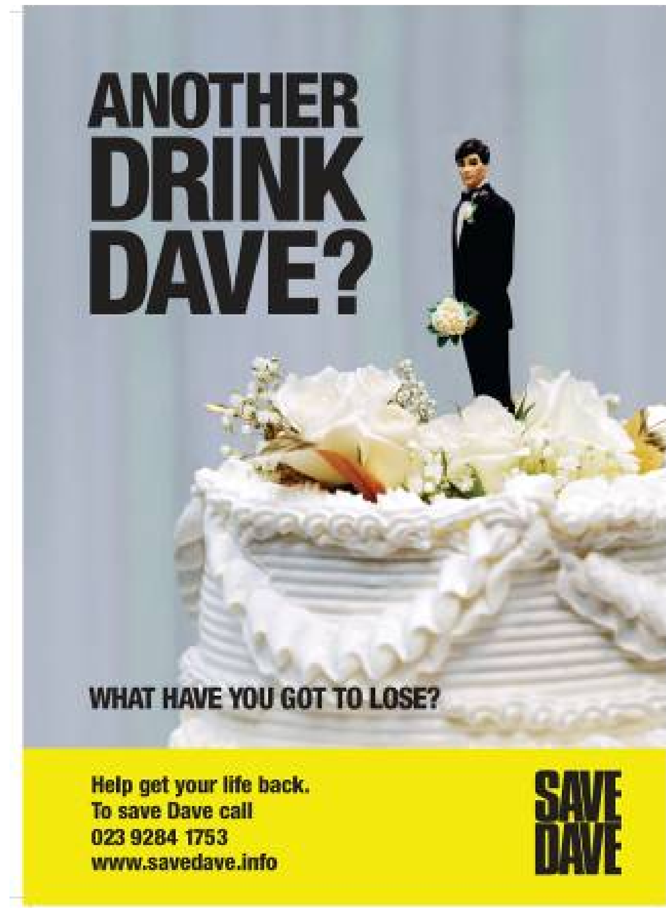
research shows

60%

of
alcohol
related hospital
admissions are for

MEN

35 years+



Prevalence in community served by PHT

	Portsmouth City	Hampshire PCT	Total
Population size	200 000	400 000	600 000
Increased risk drinkers	32 326	68 272	100 598
Binge drinkers	30 440	54 121	84 561
High risk drinkers ± medical problems	8 628	13 340	22 968
Dependent drinkers	4 745	7 337	12 082

4,000 admissions for Portsmouth = 10,000 for PHT overall

16,000 A&E attendances for Portsmouth = 40,000 for PHT overall

Scale of the problem for PHT

120 000 ED attendances

50 000 adult admissions

40,000 attendances in part due to EtoH misuse

10,000 admissions in part due to EtoH misuse

INCREASED RISK DRINKERS

20 000 require brief interventions

HIGH RISK DRINKERS

Male 5000

Female 2000

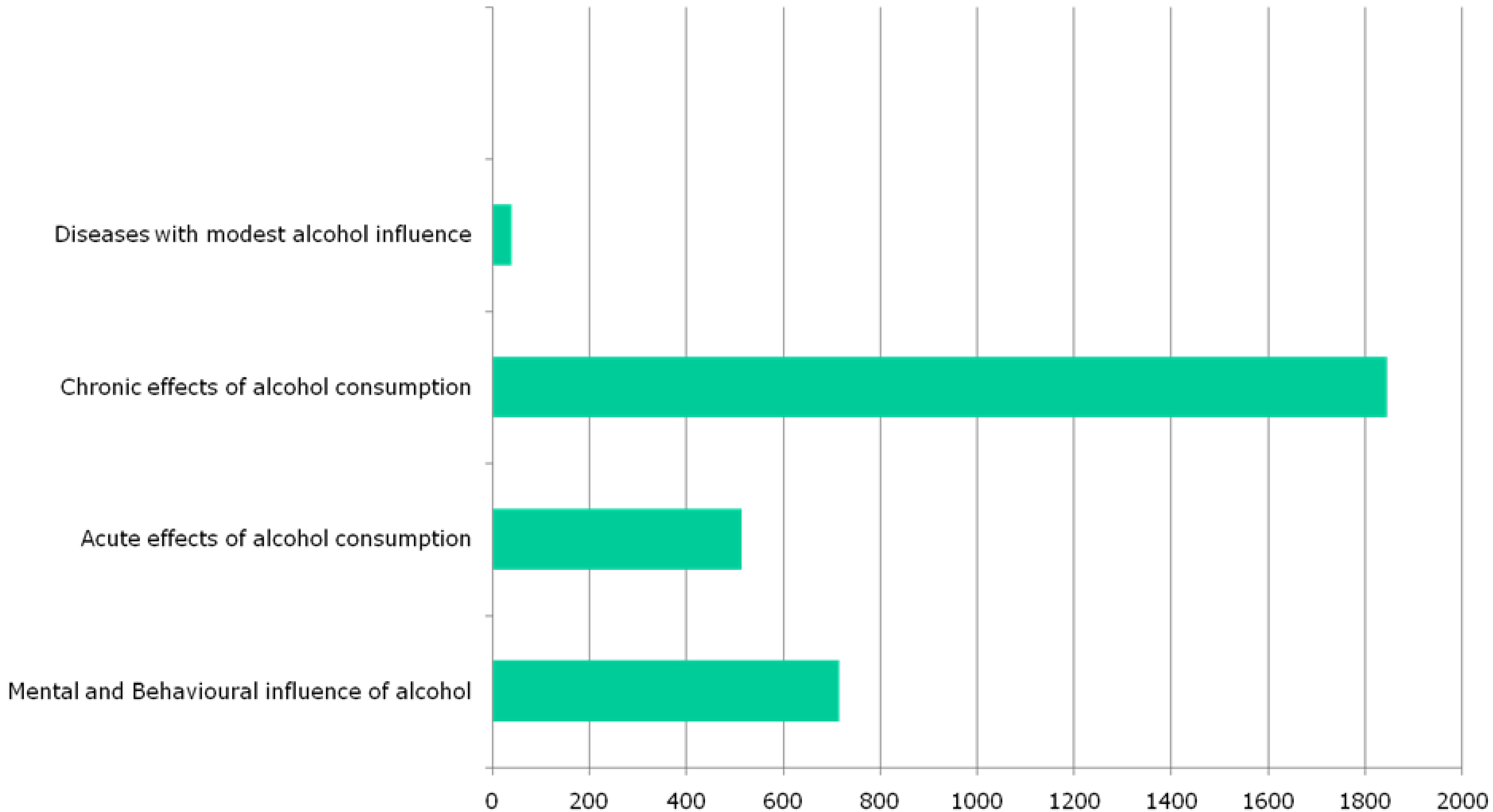
Medical complications of their consumption 3000

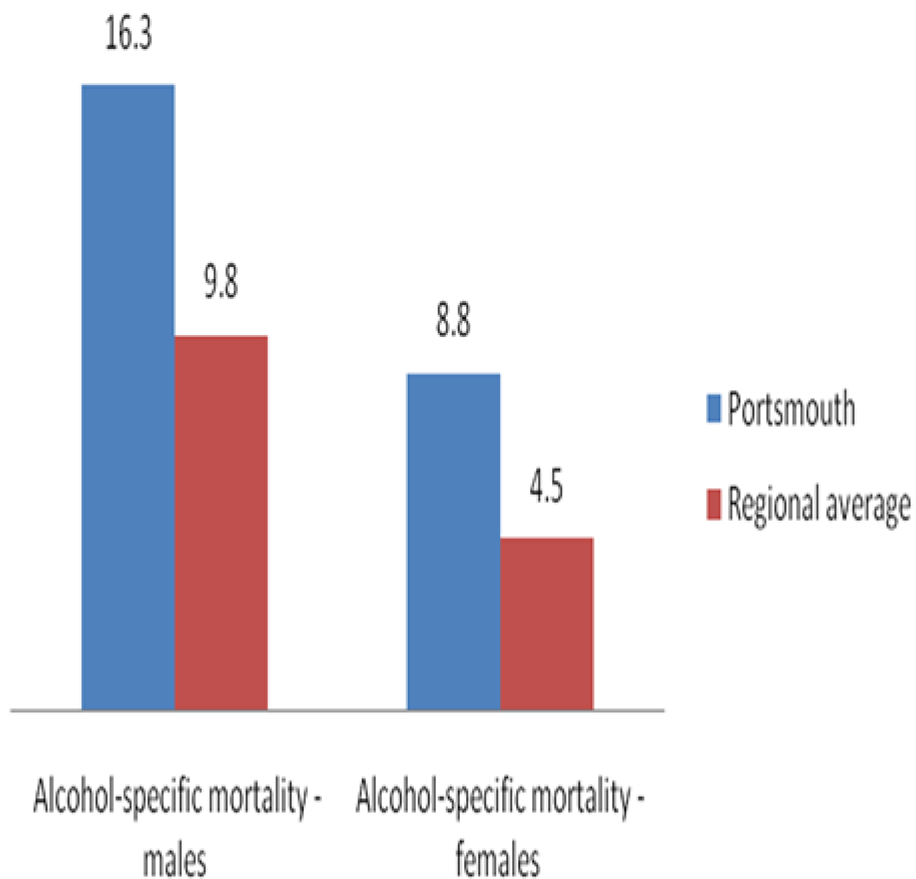
DEPENDENT DRINKERS

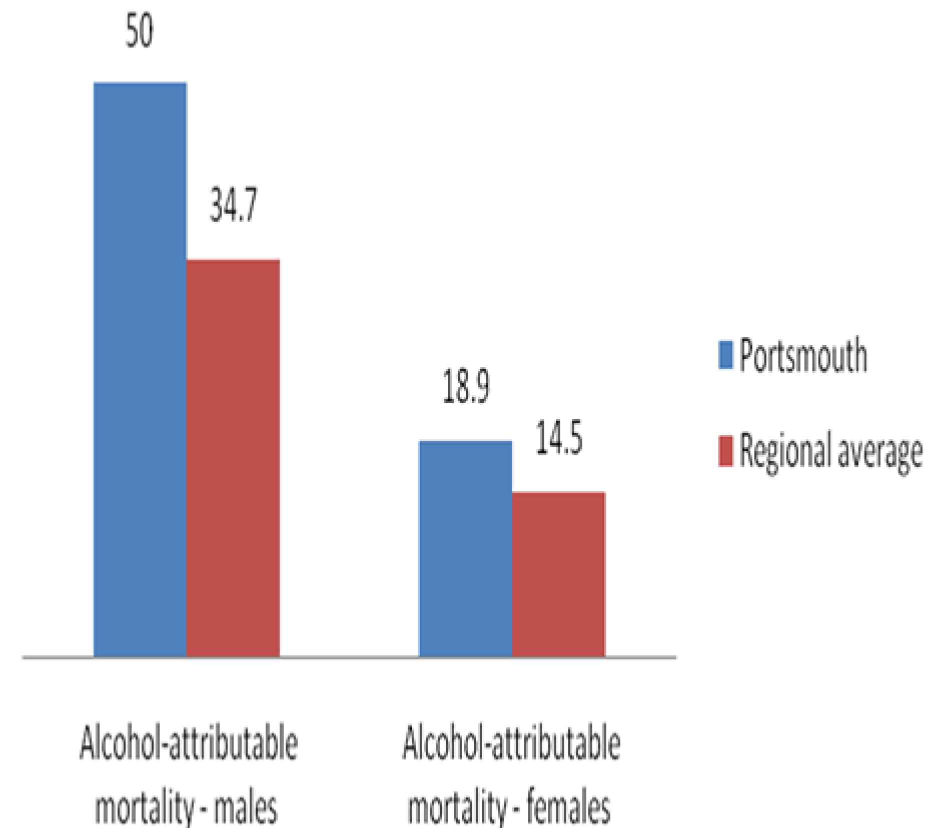
Not stop: **1200** require future adm avoidance intervention

Wants to stop: **800** require detox under medical supervision

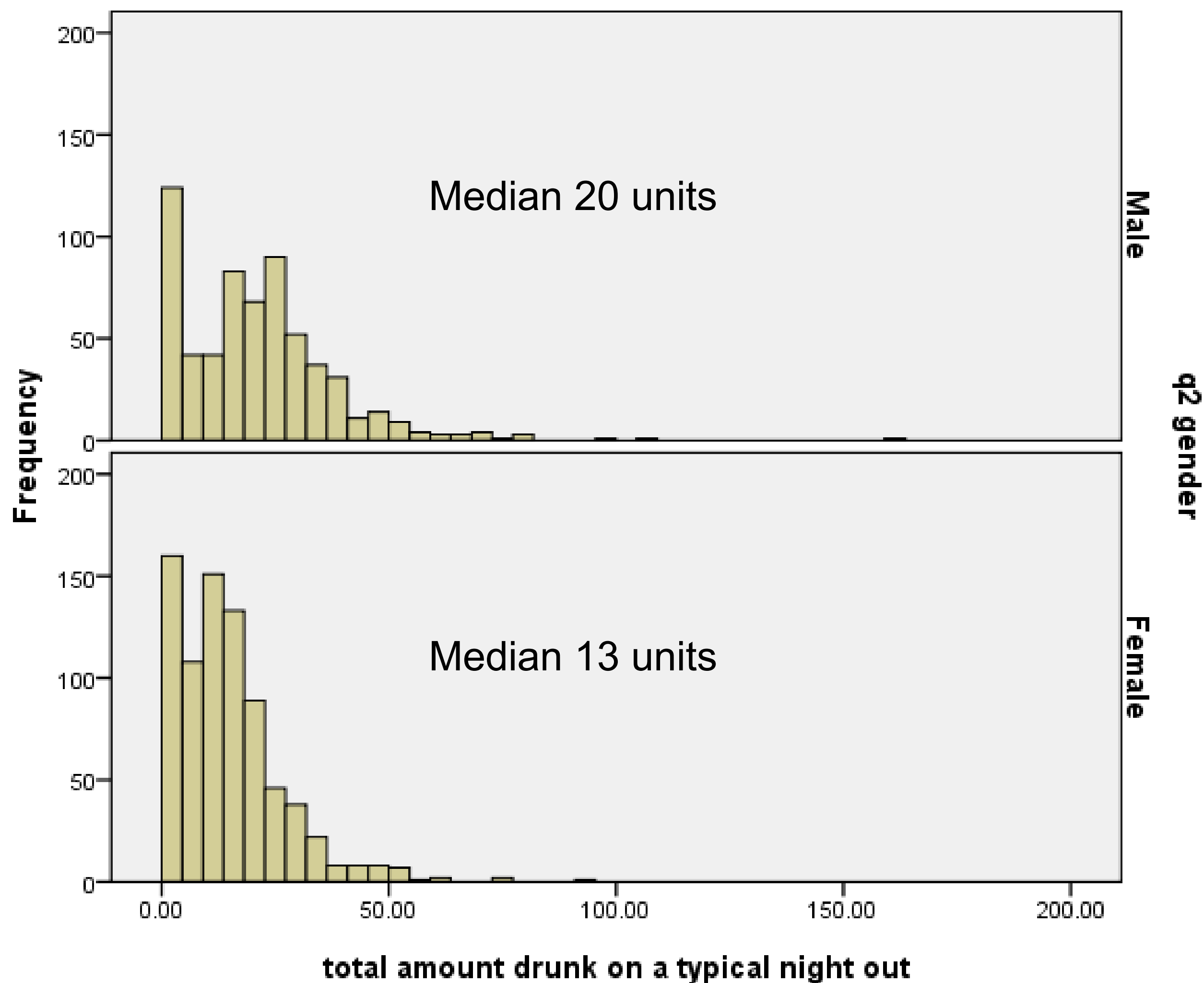
Number of alcohol related hospital admissions, 2006-07



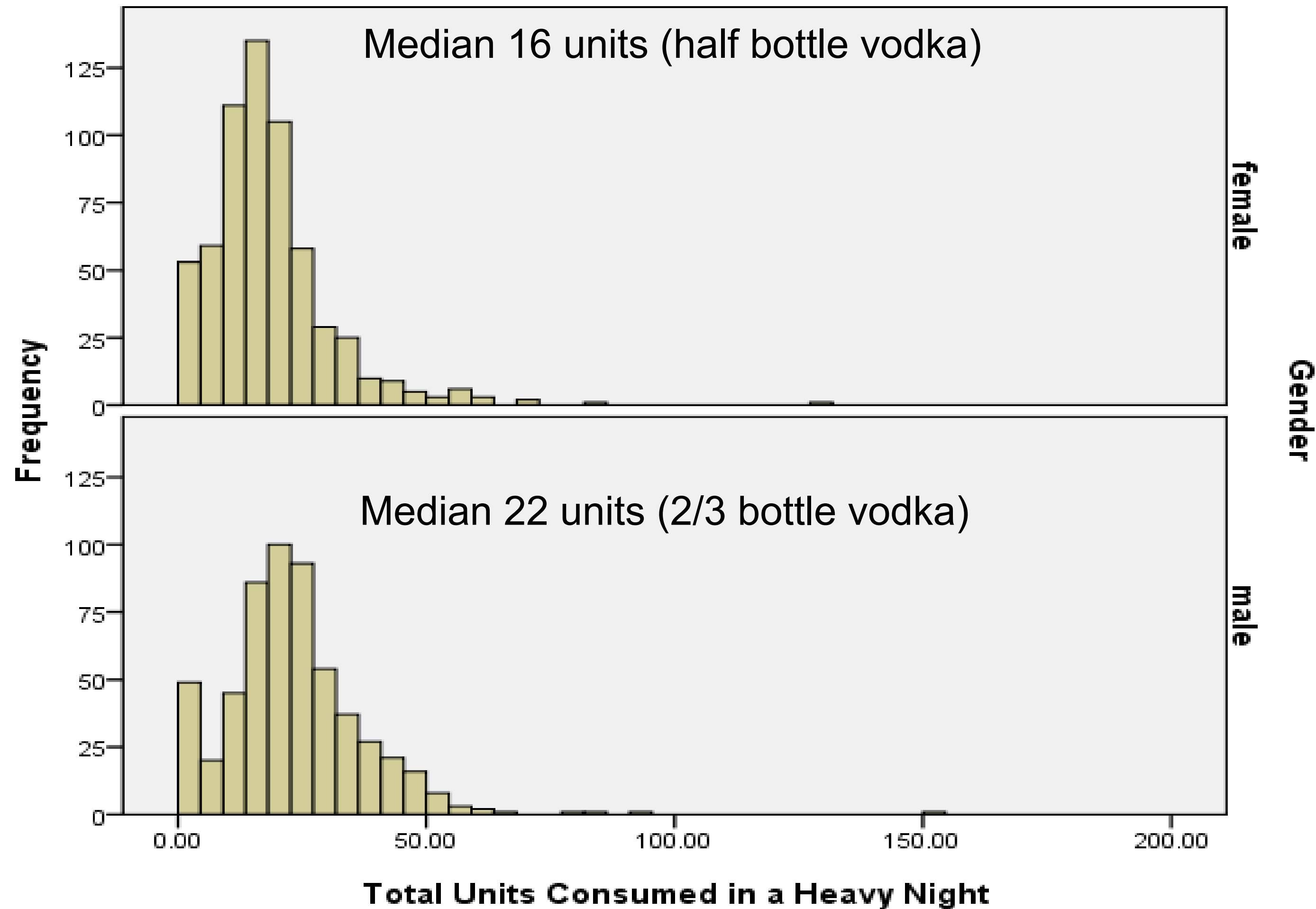

Alcohol Specific Mortality
16.3
9.8
8.8
4.5
Portsmouth
Regional average
Alcohol-specific mortality - males
Alcohol-specific mortality - females


Alcohol-attributable mortality
50
34.7
18.9
14.5
Portsmouth
Regional average
Alcohol-attributable mortality - males
Alcohol-attributable mortality - females

Southampton students on a typical 'average night' out



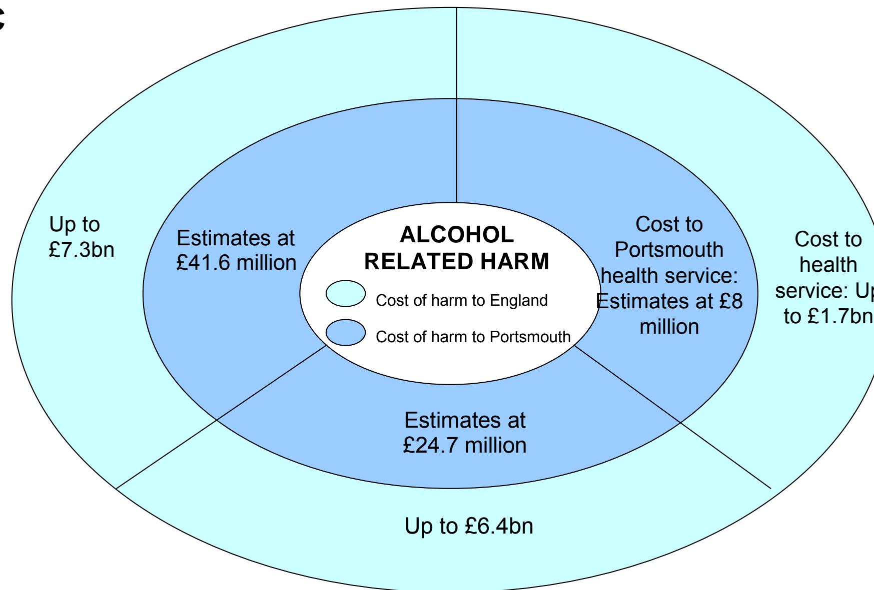
Alcohol intake in a typical 'heavy night' in Portsmouth in 1191 STI clinic attenders



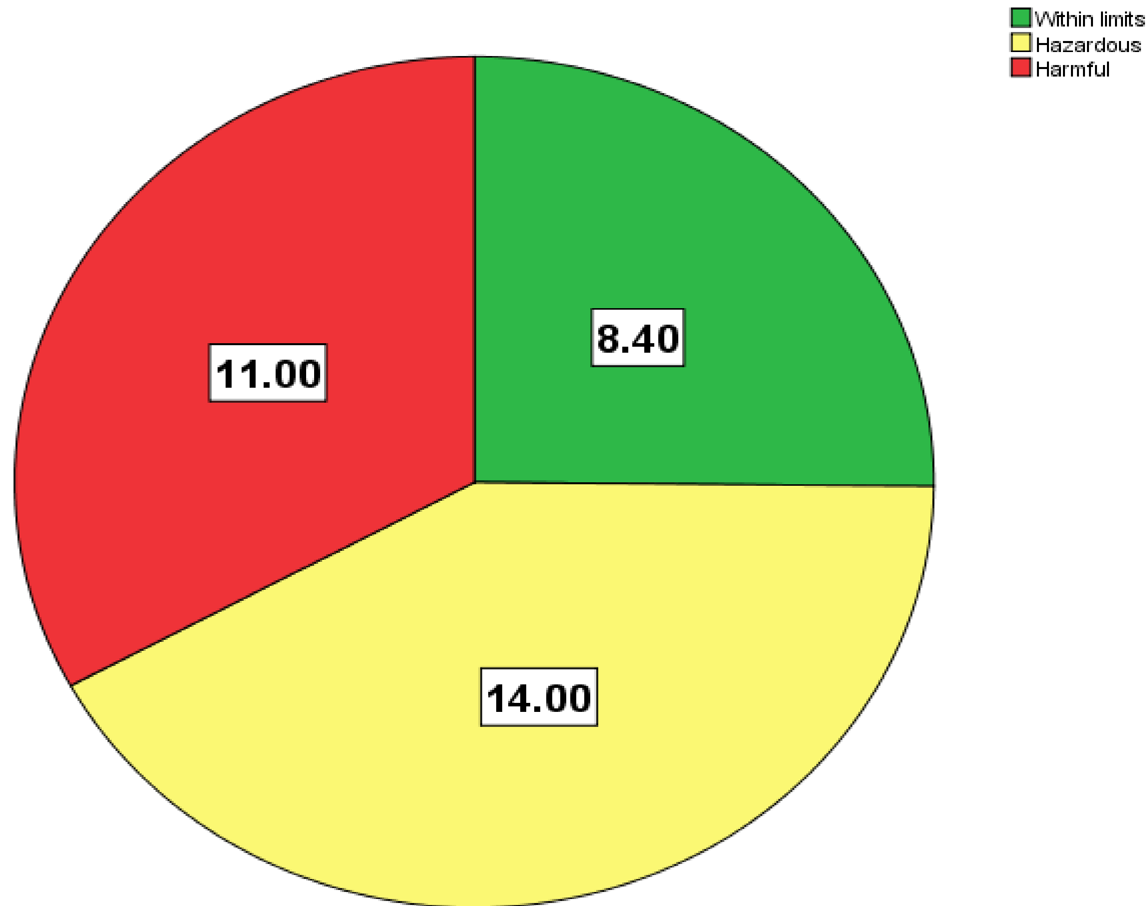
Costs of alcohol misuse

CRIME/PUBLIC DISORDER

HEALTH



WORKPLACE



Alcohol market in 2006 = £33.4 billion, of which £25 billion from people who drink too much

Data from IAS and DH

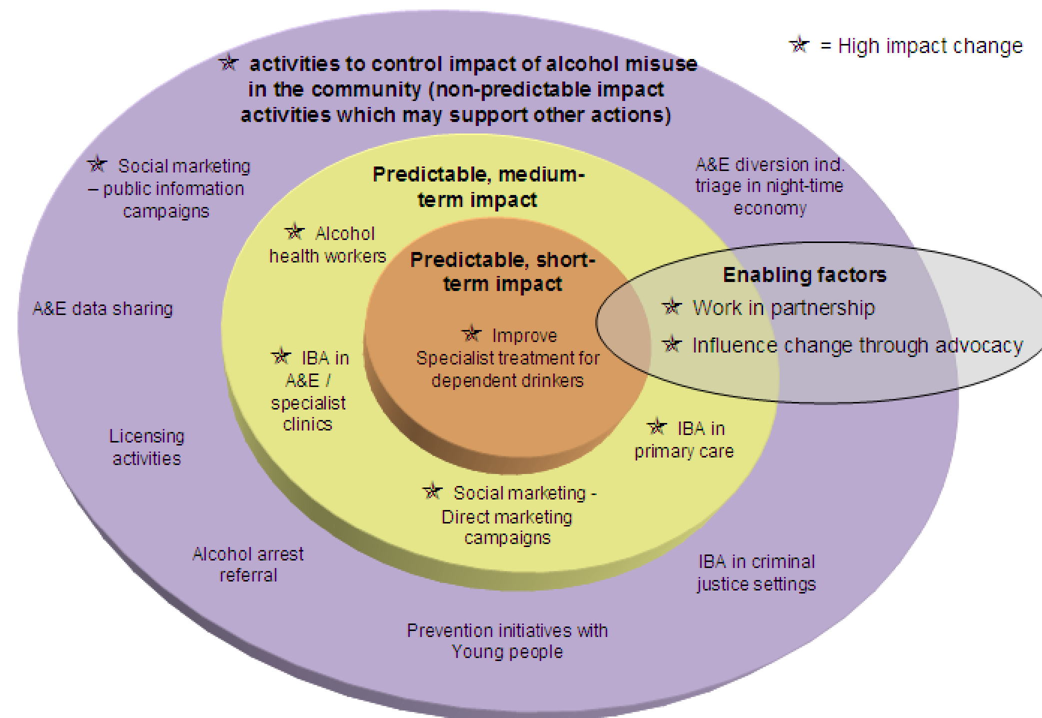
Needs Assessment Findings

- 3 key elements that influence alcohol misuse in Portsmouth:
- *Community / Societal Factors; Family / Household Environment* and *Individual Characteristics*
- Alcohol is linked to many negative outcomes not just health problems, these include: family breakdown, unemployment, violence
- Alcohol misuse is not identified enough in our tier 1 services
- Insufficient capacity within our treatment system to meet the needs of our residents
- Alcohol misuse amongst young people has been increasing

Needs Assessment Recommendations

- Increase IBA in tier 1 services (GPs, Social Care, Probation, A&E)
- Expand the capacity of tier 2/3 (specialist alcohol) services
- Develop an alcohol treatment service at QA
- Expand use of home detox
- Reduce waiting times for tier 4 (detox & rehab)
- Improve data collection
- Provide ongoing support for the Street Pastors

High Impact Changes



PREVENT

Priority 1: Improve alcohol education and awareness

Key targets:

- Reduce substance misuse by young people by 10% (14.2% to 12.8%)
- Increase the number of children that feel the advice and information they receive about alcohol is ‘good enough’ (57% to 67%)

Objectives:

- Improve alcohol education and advice for children
- Improve alcohol awareness and support services for families
- Promote sensible drinking

TREAT

Priority 2: Increase access to improved treatment and support services

Key Targets:

- Increase the number of alcohol users who are not drinking/drinking at sensible levels after receiving treatment (baseline to be set)
- Increase the number of people accessing alcohol treatment by 75% (from 604 to 1057)

Objectives:

- Provide identification and brief advice (IBA) across a range of health and social care settings
- Increase the capacity of our treatment services to see more people
- Improve our treatment system so that it meets the needs of our residents

ENFORCE

Priority 3: Tackle alcohol related crime and anti-social behaviour

Key Targets:

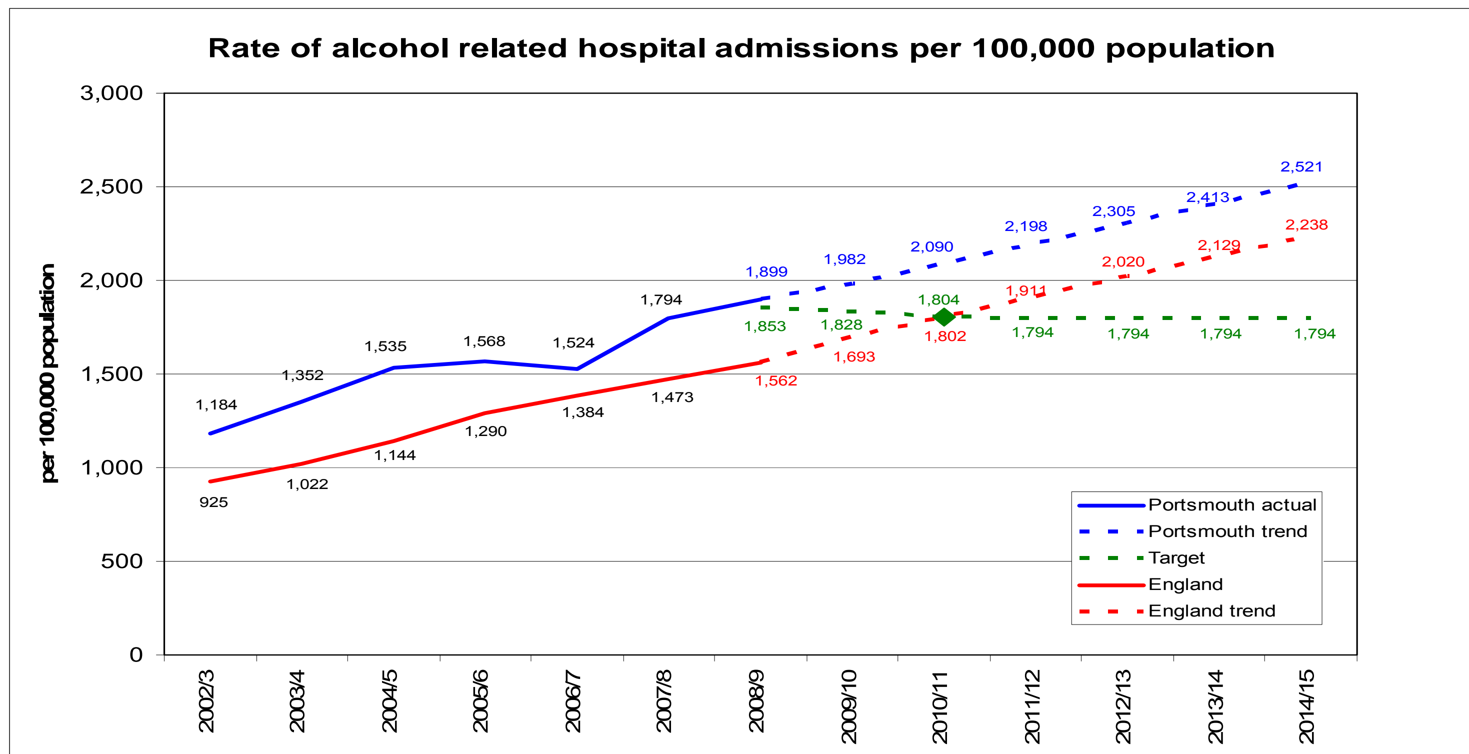
- Reduce the perception of drunk and rowdy behaviour as a problem (from 42.3% to 38% - Place Survey data bi-annual)
- Reduce the number of violent crimes in the night-time economy (from 766 to 690)

Objectives:

- Prevent children from obtaining alcohol
- Manage alcohol related crime and anti-social behaviour
- Increase alcohol interventions for victims and offenders of alcohol related crime

NHS Portsmouth

The Challenge for 2010-2014



What are we currently doing?

- Alcohol Education in schools
- Save Dave Campaign
- Alcohol Interventions Team (brief advice)
- Specialist treatment services (detox, counselling, day programme)
- Alcohol Arrest Referral Service

What more are we going to do this year?

- Alcohol Advisory School Nurse
- Social Marketing Campaign
- Expand Alcohol Interventions Team
- Alcohol Local Enhanced Service
  (Pharmacy based alcohol advice)
- Alcohol Specialist Nurse Service (QA)
- New Alcohol Treatment Service (one to one and group work)
- Night Time Economy One Stop Shop
- Recurrent Support for Street Pastors

QAH
QUEEN ALEXANDRA
Hospital

Portsmouth Hospitals NHS
NHS Trust

Analysis of Alcohol Related Hospital Admissions

Mr Simon Mullett Consultant In Emergency Medicine

Debbie Zimmerman Operational Manager

March 2010

Alcohol & The Emergency Department

An Everyday Tale of…..
Every Day in the
Emergency Department

The Problem

- Portsmouth Emergency Department is BUSY!
- VERY BUSY!

Year	QAH	HATC/ GWMH	Eye cas	PHT
2004-2005	**99238**	16467	15650	131355
2005-2006	**102870**	16771	15557	135198
2006-2007	**93393**	15723	14521	123637
2007-2008	**89112**	12889	13584	115585
2008-2009	**90710**	12451	13475	116636
2009-now	**86548**	12180	12139	110867

The Problem

- This is what we believe we should be doing.
- This is what we want to be doing.

The Size of the Problem?

- We don’t really know! But..

- 25% of all road traffic fatalities have a blood alcohol level >80mg/100ml

- 10% of all RTA’s causing injury are due to driving with excess alcohol in the blood

- Alcohol plays a part in 40% of deaths from fires & 25% of drowning deaths

- One third of accidents in the home are alcohol related.

- 60% of deaths at work are alcohol related.

The Size of the Problem?

- The Royal College of Physicians’ 2001 report “Alcohol – Can the NHS afford it?” recommends each acute hospital trust has…
  - “one or more dedicated alcohol health workers employed by and answerable to the acute trust.”
- Professor Robin Touquet at St Mary’s Hospital, London has found that…
  - “46% of patients who were detected as misusing alcohol returned when offered further help.”
  - They developed the “Paddington Alcohol Test” designed to pick up those at risk.

The Impact of Alcohol – The patients.

- Estimates suggest 50-70% of ED attendances at night at weekends are directly or indirectly as a result of alcohol!
- Victims of assault.
- PAFOs.
- Or just plain drunk and incapable, needing observation, or more!

The Impact of Alcohol – The patients.

Frequent flyers”

Fits – Fights – Falls

Chronic ill health problems

Misuse of ED for Primary Care Problems

Domestic violence and Child abuse

The chronic alcohol user/abuser

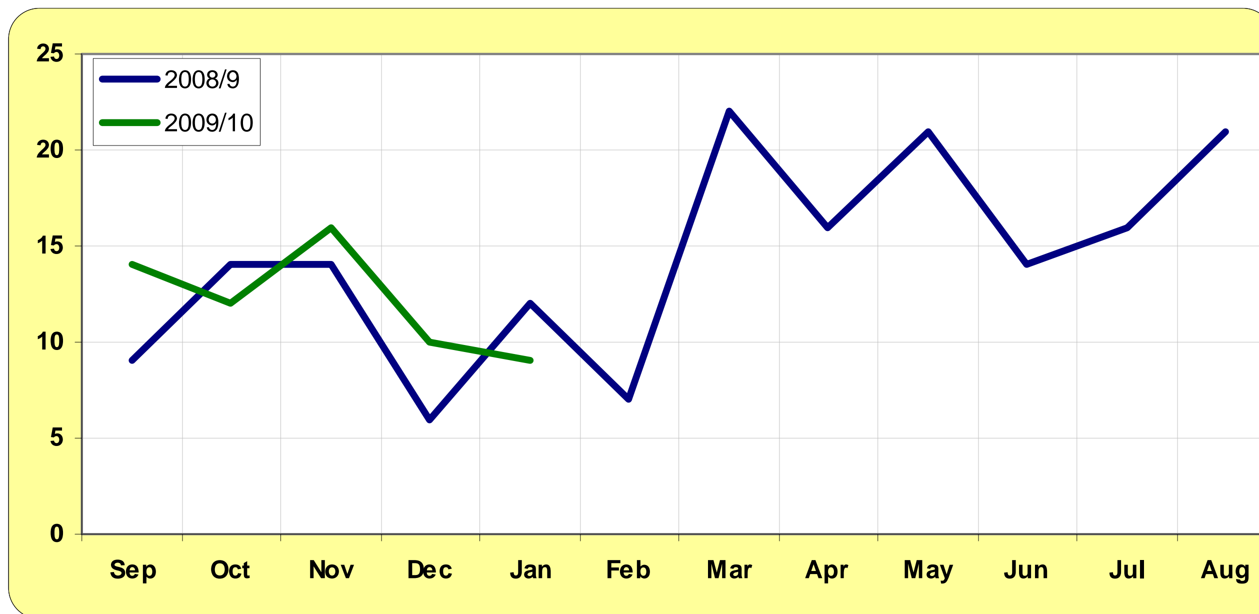
The Impact of Alcohol – The patients

- Mental Health Issues

- Strong links with depression & other mental illness

- Most presentations of DSH by overdose are associated with alcohol consumption & many O.D.s are taken when drunk.

Patients admitted via the ED, following diagnosis within the ED of alcohol excess

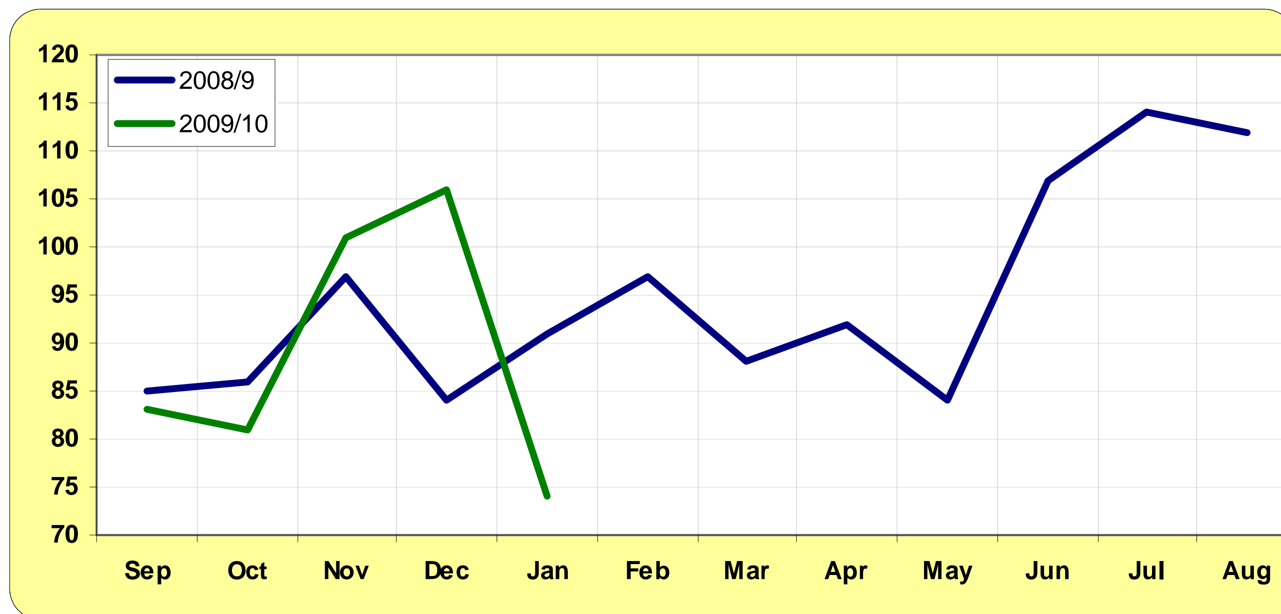


Attendances with alcohol excess collected by ED audit (direct violence)

Month	2008/9	2009/10
Sep	13	34
Oct	26	36
Nov	20	31
Dec	17	34
Jan	27	75
Feb	28	19
Mar	17	*TBC*
Apr	53	*TBC*
May	57	*TBC*
Jun	45	*TBC*
Jul	38	*TBC*
Aug	42	*TBC*

Year Total	**383**	***TBC***
Sep-Feb Total	**131**	**229**

All patients admitted with a diagnosis of Alcohol Excess



Alcohol Excess Classified as the following:

Alcohol induced chronic pancreatitis; Alcoholic liver disease, Alcoholic hepatic failure; Alcoholic cirrhosis of the liver, Alcoholic hepatitis; Alcoholic fibrosis and sclerosis of liver; Chronic Alcoholism

Attendance % proportion by day of the week

	2008/9 (Sep-Aug)		2009/10 (Sep-Feb)	
Mon	18	**4.7%**	4	**2.2%**
Tue	22	**5.7%**	10	**5.5%**
Wed	20	**5.2%**	15	**8.2%**
Thu	36	**9.4%**	13	**7.1%**
Fri	61	**15.9%**	37	**20.3%**
Sat	118	**30.8%**	58	**31.9%**
Sun	108	**28.2%**	45	**24.7%**

The Impact of Alcohol – The Staff

- Frequent verbal abuse
- Physical assault of staff.
- Anti social behaviour.
- Violent behaviour.
- Criminal damage.

Incidents relating to alcohol within the ED - September 08 – August 09

- Abuse to staff and other patients 9
- Calls to Police or Military Police 3
- Abuse to security staff – 2 direct violence, 1 had blood thrown in their face .
- Security staff present all night Friday , Saturday and Sunday- Zero Tolerance

Support ED have in place or need in future

- 2 HCSW auditors
- Security in place and zero tolerance
- MHT-for reviewing patient not intoxicated (1000-2300)
- 3 band 7 alcohol intervention nurses to start in MAU in April (9-5)
- Better IT system to collect information to inform plans for the future
- Future plans to work with PCTs – community support and further audit

WE SUFFER TOO!

Any Questions?

Activity Sheet

Please indicate which work shadowing opportunities you would be interested in and what dates you are available.

Organisation.	What would be involved.	When.
Street Pastor Service. Street Pastors is an inter-denominational Church response to urban problems, engaging with people on the streets to care, listen and dialogue. Street Pastors go out at night and help people who are in difficulty by diffusing aggressive situations, getting young people vulnerable through excessive drinking off the streets and safely home; giving out flip flops and collecting discarded bottles and glasses.	A Panel member and a PCC officer would accompany a team of street pastors when they go out at night in Commercial Road, Guildhall Walk and the area near the students union.	**Friday 12 March** **Saturday 13 March.** **Saturday 20 March.** **Friday 26 March.** **Saturday 27 March.** 21:30 until either 00.00 or until 02:45. Possibly other dates could be made available in June/ July. There is also a **Street Pastors Launch Event** on **27 March 5-6pm** at the Oasis Centre. This is by invitation only so please let me know if you would like to attend.

Organisation.	What would be involved.	When.
Ambulance Service.	A Panel member and a PCC officer would accompany a team on a Friday / Saturday night. This has yet to be confirmed.	Possibly in June/ July.
Police Service.	A Panel member and a PCC officer would accompany two Police Officers on their night shift starting with the pre-briefing at 21:30 and their patrol of the city on foot 22:00 – 02:00.	Friday and Saturday nights mid June – mid July.
The Council's CCTV Control Room.	A Panel member and a PCC officer would observe the staff carry out their duties in the Civic Offices.	Friday/ Saturday night in June.
A&E Department, Queen Alexandra Hospital.	Two or three Panel members and a PCC officer would attend to observe the activity	Friday / Saturday night in June.

Visits.

Organisation.	What would be involved.	When.
Medical Assessment Unit, Queen Alexandra Hospital.	Meet with Sister Susan Atkins and Dr Paul Smitt who are the lead alcohol advisors in the unit.	During the day in June / July.
Drug & Alcohol Stakeholder Meeting.	To be confirmed.	**Friday 30 April.** 09:30 – 12:30 St James' Hospital.
Minor Injuries Unit, Guildhall Square. Due to open in June Friday and Saturday nights from 22:00 – 03:00.	Panel members and PCC officers would observe the organisation of this unit, which deals with minor injuries in order to reduce alcohol-related attendances at QA Hospital.	Friday and Saturday nights in early July from 21:30 – 03:00.
Two Saints Hostel.	Panel members and PCC officers would meet with staff and service users to discuss the treatment services available.	During the day in June/ July.
Alcoholics Anonymous Meeting.	To be confirmed.	June/ July.
Baytrees, St James' Hospital. Baytrees offers a range of clinical and therapeutic interventions for the treatment of alcohol and drug dependency. The treatment programme, which includes medically assisted detoxification, is designed to facilitate self-awareness and the motivation for individuals to take responsibility for effecting ongoing change. http://www.hantsdaatdirectory.org.uk/residential/baytrees.html	Panel members and PCC officers would meet with staff and service users to discuss the treatment services available.	Daytime visit in June/ July.

Hampshire POLICE AUTHORITY for Hampshire & the Isle of Wight

safer portsmouth partnership reducing crime and substance misuse

Operation Drink Safe

STREET PASTORS PORTSMOUTH

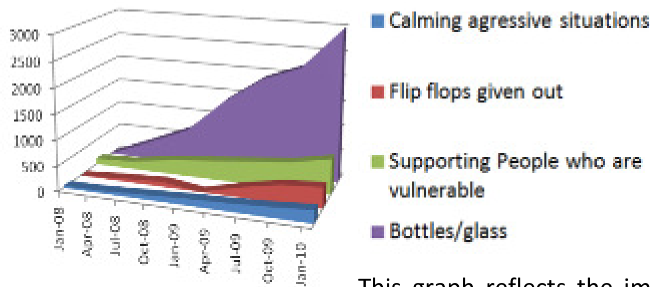
working together to support and care for young people around night-time venues

February 2010 ~ NEWSLETTER No.9

We continue to grow from strength to strength with another 18 in training, and over 50 currently in 8 teams who are out monthly covering every Friday and Saturday night 10-3am. Volunteers come from 40 churches and we have fun offering this invaluable service together - *Elly Mulvany Co-ordinator*

Making a difference – We have now engaged with **9000** people in Portsmouth city centre:

- Calming aggressive situations **255** **(≈9/month)**
- Supporting people who are vulnerable **702 (≈23/month)**
- Flip Flops given out **410** **(≈ 18/month)**
- Bottles/glass **3000** **(≈127/month)**



This graph reflects the impact we have had over the past two years from the statistics recorded in each week's Patrol Report.

"Noddy" Patrol – On 31st October – Halloween - Pete Plowman and his team witnessed a violent incident on patrol. Whilst the team were assisting a young girl, an assault took place across the road. A young lad in fancy dress as 'Noddy' had been helping the team and chased after the person assailant whilst another team member went to fetch the police. Pete, observing the chase finally caught up with Noddy, who was also arrested at the scene. Pete's efforts to explain to the Police that Noddy had not been involved resulted in his release. Nonetheless, in witnessing the whole event Pete was asked to accompany Noddy to the Police station for a statement. Though these things happen quite rarely, it was quite an experience walking with Noddy to the station. Pete has, without his doing, found himself a new nickname!

The 4th Street Pastors Portsmouth Commissioning Saturday 27th March 2010 *Oasis The Venue, 5pm.*

Training – As we enter the fourth round of Street Pastor Training in Portsmouth know, as much as ever it is important that we equip new pastors to deal with situations that they will undoubtedly face on the streets; situations which they would most probably not encounter in everyday life. Terry Shotter, will be facilitating the training alongside Elly and the individual trainers. Over 12 sessions of training from January to March the new recruits will face issues such as

- How best to get young people, vulnerable through excessive drinking off the streets and safely home;
- How to listen and offer unconditional support;
- Recognize through body language when a situation is escalating;
- Work with the Police, Paramedics, Door staff, CCTV
- How and where to refer people in need
- When questioned, to explain just how wonderful it feels to have Jesus in our lives without sounding over zealous or patronizing

"I suppose all the sessions are important, why otherwise would we spend our time and money on them, but I think 'Personal Safety', for obvious reasons, and 'The Good News' are key."

We thank God for sustaining this ministry into its fourth year and pray for continuing our good relationship with the people of Portsmouth, the Council and Police.

Launch of a decade of prayer - 2009 saw the birth of our Street Pastors Prayer Support Programme, which while still in its infancy has achieved some remarkable mile-stones, thanks to our Prayer Co-ordinators Anita Bradnum and Joan Mason.

In August 09 we appealed to churches to participate. A Church Resource Pack was developed to provide church leaders with info. 14 packs have been requested and sent out.

Our first Church Prayer Team praying at Oasis took place 27th November, from Eastney Methodist Church. It was so

exciting they want to do it more often! Thank you Jesus. Church Packs can be obtained from office below.

Alongside this we encourage individual members of Christian congregations to register with us as Prayer Pastors who commit to pray on a regular/monthly basis either at Oasis Centre or at home, while our Street Pastors are out on the streets.

2nd October saw our first **'Lightbearers Meeting'** for ALL who pray for us. 31 people attended from 11 different churches. We had 6 new Prayer Pastors register and enjoyed a great night of worship, exchange and prayer.

1st November we welcomed Prayer Pastors to the fourth Recruitment Evening for those interested in training to be a Street Pastor. During the briefing of Prayer Pastors we registered 6 new hearts on fire to pray.

During December we prepared 32 personalized welcome packs for each of our Home and Oasis Prayer Pastors, with their SP team information, dates etc. These will be mailed in January. Meanwhile the distribution list for our weekly prayer requests has increased from 50 to 150.
Contact **Kevin:** **prayer09@portsmouth09.orangehome.co.uk**

Our vision for 2010 is to grow in numbers and prayer activity. ALL Prayer Pastors will be formally commissioned at our 4th launch on 27th March, and receive their SP pin badge as a thank you for their commitment.

In conclusion I thank each one of our Prayer Pastors for their sincere prayer and support. Our work is undergirded by you and the Lord, and our results so good because of the Light of Christ you bear down from Heaven. Thank you. From your Prayer Co-ordinator team, Kevin, Joan, Anita and Hilary.

Thanks to those Street Pastors who volunteered to do additional duties on Christmas Eve, Boxing Day and New Years Eve. These were expected to be busier nights than normal however overall the team enjoyed a pleasant atmosphere on the streets sharing lots of festive spirit with young people out having a good time and handed out lots of Celebrations chocs!

May God be with you through courage and peace!

Fundraising thanks to several churches and pubs for Christmas donations, and the Safer Portsmouth partnership for a grant.
Support from a small but passionate church – We praise God for Eastney Methodist Church support to Street Pastors. While their registered members are less than 30, almost half of them are now involved in praying for Street Pastors. They made a Christmas Service Offering for Street Pastors. Thank you so much. Their 'Friends and Neighbours' programme are planning a fund raising event in spring dedicated to Street Pastors too.
Please contact us if you or your church can support our charity with any fundraising to sustain our work this year.

Publicity – I would like to take this opportunity to thank all members of the Publicity team who have supported myself and Elly in the 30 presentations we have given since September last year. God has blessed us with people encouraged to share their testimony with others at many Churches, Ladies groups, School Assemblies and of course our very important and successful recruitment event in November.

1st National Street Pastors Conference - held in Westminster in November organised by the Ascension Trust was a very enjoyable and inspiring couple of days. 8 of us attended from Portsmouth and shared good practice with other 200 regions across the UK. Speakers included Boris Johnson, Rt. Rev. Chessun Bishop of Woolwich, and of course the inspirational Les Isaac who founded Street Pastors. There were Senior Police Officers, Councillors and over 500 Street Pastors from across the UK. The next Street Pastors conference will be held in Antigua in June 2010 so sadly may have to give that one a miss!

Several points have been raised by a summary report which is to be considered for the future. One example was the suggestion to increase local support by encouraging more councillors and senior Church leaders out on patrol. If you would like to see the report please ask Elly.

Street Pastors Book – Les Isaac, the CEO of The Ascension Trust and founder of the Street Pastors initiative, has just released a book to outline the story of this mission and how partnership between local government, police and churches has benefitted communities across the UK.

Les comments:

"The Street Pastors scheme has helped many Christians of all ages by showing them a way in which they can earth their faith in a practical and tangible way. They can root it in the ground and see something grow from it, rather than seeing their faith float around on a theological breeze."

Elly kindly gave a copy to every Street Pastor as a Christmas present, but, if you haven't read it yet and would like to get hold of a copy you may buy one for £7.99 from our office below.

James Goodship – Publicity Officer

Observer's Agreement

Thank you for joining us on the street tonight. We hope that you'll have an enjoyable and fulfilling time with us.

The Street Pastors team that you'll be with have received extensive training for work in the night-time urban environment, including training in safety protocols developed with the police. We therefore ask you to observe the following simple rules, for your own safety and that of the team and the public:

1. You are not covered by our insurance and we are not legally responsible for any loss or injury that you may incur, including liability in the case of a claim being made again you by a member of the public.
2. We hope that you feel at ease to interact with us and anybody who we engage with on the streets. However, we ask you to refrain from offering any specific assistance, information or advice to the people that we meet. As an Observer you do not represent Street Pastors or our work.
3. For your own safety, remain with the team at all times, and follow any instructions given to you by the Team Leader – immediately and to the letter.
4. Discretion and confidentiality are vital to the work of Street Pastors. Any information heard or otherwise obtained while you are with us must be treated in the strictest confidence.
   a. If you are a member of the press or media then you must carry your Press Association [or other] ID, and identify yourself to anybody that you speak to.
   b. You must obtain each person's permission prior to anything being quoted, photographed, or otherwise recorded in any form.
   c. Any images or sound recordings may only be used for closed training sessions and must not be distributed to any person or organisation or published by them, including any internet web site, without the express, explicit and signed permission of AscensionTrust Street Pastors.

Thanks again for joining us on the streets. We think you'll have a great time. Please sign below to indicate that you understand these simple rules and will adhere to them.

Print Name: ______________________________

Signature: ______________________________

Date: ______________________________

Hampshire POLICE AUTHORITY
for Hampshire & the Isle of Wight

safer portsmouth partnership
reducing crime and substance misuse

Operation Drink Safe

STREET PASTORS PORTSMOUTH

working together to support and care for young people around night-time venues

OCTOBER 2009 ~ NEWSLETTER No.8

...And the most important piece of clothing you must wear is love. Love is what binds us all together in perfect harmony... Colossians 3 v 12-17

New Street Pastors are now settled into their teams with several trained as "Senior Street Pastors". We are blessed that God has sustained this ministry beyond the initial two year stage and are excited as we really start to see the "fruit" of our work on the streets.

Making a difference – We have engaged with **7186** people in Portsmouth city centre between 10-3am:

- Calming aggressive situations **200**
- Supporting people who are vulnerable **543**
- Flip Flops given out **350**
- Bottles/glass **2200**

Young man wanted to thank us as found unconscious in Guildhall area for help received to get home safely...grateful he did not spend night in Police cell!

We are encouraged by the increasing number of faith conversations each night, in particular with members of the armed forces who are emotionally fraught by the conflict in the Middle East. Referrals have lead to a meeting between the naval base chaplain and Elly to see how we can be better equipped to support military personnel in the Guildhall area.

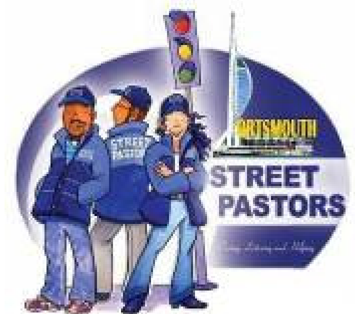
Parent phoned to thank us for helping daughter found on her own after drink spiked.

RECRUITMENT EVENING – We are looking for Prayer and Street Pastors to join our team. Street Pastor Training starts in January for patrol in April. ***Oasis The Venue, Sunday 1st November 7.30 – 9pm.***

Prayer Support Programme – Anita Bradnum & Joan Mason have worked very hard to develop a prayer support programme and have been visiting churches with information. We are keen to encourage church groups to commit just once or twice a year to attend Oasis on a Friday or Saturday night to pray whilst the team is out on Patrol. We pray God calls more people to support our teams and build our prayer network even stronger. We will be hosting a fellowship evening on Friday 2nd October at Oasis from 7 – 9pm.

Publicity – As the new Publicity Officer my focus recently has been preparing for recruitment presentations in and around the City. I am very grateful to the Street Pastors who volunteered and took part in presentation training in order to support Elly and myself in the run up to the recruitment evening on 1st November. We hope to have a more personal approach to recruitment this year and are flexible in how we present our ministry. If you would like to hear more about Portsmouth Street Pastors at your Church or group please do contact me **james.goodship@gmail.com.**

I am also delighted to introduce our new Portsmouth Street Pastor logo with kind thanks to the Spinnaker Tower for allowing us to use the landmark on the logo in all our publicity material and website.



To help meet young people where they socialise online I have set up a Facebook & Twitter profile. On these I have received encouragement from other Street Pastor regions so if you have an account please add us as your friend! To top that videos from Meridian News Spotlight are now on YouTube and the National web page will be updated every quarter.

Street Pastors were filmed again in August as part of "The other side" about binge drinking which will be shown on **ITV Oct 25th 11.15pm.**

Street Pastors Portsmouth, Area Co-ordinator Elly Mulvany
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Mobile: 07809 627770
Email: portsmouth@streetpastors.org.uk
Website: www.streetpastors.org.uk

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Charity No.1120012

Fundraising events will take place in the New Year to coincide with the training of our fourth intake of Street Pastors. I will be running the Gosport Half Marathon in November so if you are able to support my attempt, even just a few pennies per mile, it will contribute to my target of £400 towards the training costs of SP4 next year; **www.justgiving.com/PortsmouthSP**. If you are able to help us by organising a fund raising event please get in touch – contact details below.

National Street Pastors Conference - will be held in Westminster on November 12-14th organised by the Ascension Trust, parent organisation of Street Pastors. Representatives from Portsmouth will be attending to share best practice and learn from other regions. Keynote speakers include the Archbishop of York, Boris Johnson, and the superintendant of Lancashire Police for a dynamic and informative couple of days.

Thanks - On behalf of Portsmouth Street Pastors I would like to thank Chief Inspector Carrie Pither who has been offered a new Job in Winchester so sadly will be leaving us in November after three and half years on the Management Committee. Carrie has helped us to establish firm links at both strategic and operational levels in the City helping our work to be better informed and supported by the police. May this move be fruitful and open new opportunities for you to bring God's love to the Thin Blue Line.

Reports - all teams record activities on dictaphone for Dawn Banting to type the following week. This has significantly lightened the load for "Senior" SPs and we are very grateful appreciative for all the admin work Dawn does to support us with Elly.

Taxi driver stopped and asked for help after seeing "glow of peace" around team

Following week referred to agencies and she and gave her life to Jesus!

Finally. I would like to thank Elly for the hard work that she does on our behalf behind the scenes and at Pubwatch meetings. Her efforts have been productive and earned us a generous grant from Safer Portsmouth Partnership. We all pray that our profile is raised yet further amongst the citywide initiatives and that we continue to impact members of the Police, Council, and Bar managers as well as young people in the City with God's enduring love.

Many Thanks and Blessings for your support!

James Goodship – Publicity Officer

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STREET PASTORS PORTSMOUTH

working together to support and care for young people around night-time venues

JUNE 2009 ~ CELEBRATING 2 YEARS ON THE STREETS!

Teams have gone from strength to strength since our Launch in June 2007. Every Friday and Saturday night, teams are out making a difference by listening, caring and supporting those who are lost or vulnerable. Over the last 2 years we have trained 72 volunteers from over 30 churches to sustain this unique role on the streets. 26 completed their training in March so we can provide larger teams of between 4 to 8, helping to make Guildhall Walk area a "kinder safer place" 10pm-3am.

Making a difference - Over the last 2 years we have engaged with **6186** people in Portsmouth city centre:

- Calming aggressive situations **160**
- Supporting people who are vulnerable **463**
- Cleaning people up with water/wet-wipes **223**
- Picked up bottles/glass **1900**

We have also given out over **200** pairs of Flip Flops to young women who cannot walk in their high heels who are extremely grateful as it prevents them cutting their feet on broken glass – so we are well known for our Flip Flop Ministry! Street Pastors are building relationships with the public all the time and we are welcomed for our positive presence on the streets, reducing the fear of crime and every night people thank us for help received. We work in partnership with the Police, Paramedic, CCTV and Door staff + Pub Managers, and would like to thank them all for the support and co-operation we have had working together in this challenging environment. Consequently offences and violent crime has decreased over last 2 years. Portsmouth Pubwatch is very positive about the way we have developed our presence on the streets which has built the "trust factor". Pubs have regular collections to support us, and members of the Gun wharf Mgt Team along with John our friendly paramedic have raised £800 in a Sponsored Slim!

Standing firm Eph 6:13-19 To sustain our work after a time of huge growth over the last 2 years the Mgt Committee have developed a structured approach based on some of our amazing volunteers also using their gifts to support the above teams. We welcome 2 new members to the Mgt Committee, Mary Wolfe Major of Southsea Salvation Army and Lisa Toon from St Judes. Our aim over the next few years is to "Pray more, do less and do it better" by working more creatively with our larger teams in the city centre, to increase our impact and build on the relationships we have developed. We thank God that the number of spiritual conversations has greatly increased as we listen to and support those in need. We aim to improve the follow up referrals by researching other projects/services and acting as a bridge for those we meet requesting further help. There have been requests for Street Pastors to work in other areas of Portsmouth so we constantly look at our resources to see what needs we could meet.

Prayer Support Programme There are 2 exciting ways we need you or your church to support this ministry: 1.Church Prayer Group come to Oasis 4-6 monthly 2. Individuals come to pray for team monthly at 9.30pm Anita Bradnum co-ordinates this and contact Kevin Sumner for weekly prayer requests sent to 100+ people prayer07@portsmouth07.orangehome.co.uk

Publicity Team James Goodship started as our Publicity Officer after 2 yrs on the streets and will co-ordinate presentations in churches, groups or schools to promote our work. Meridian + BBC Crime watch filmed teams in January and May showing our impact on the streets – ***see Crime watch Friday 26th June BBC1 9.15-10am.***

Fundraising – Thanks to churches for donations and grants from Police, Safer Portsmouth partnership and Seedbed. We still need regular funding, so if you can sponsor a Street Pastor for just £2-10 month do get in touch to help sustain this amazing work. Finally we would like to welcome our new Treasurer Mikey Francis and Dawn Banting providing admin support. **Thanks everyone for your prayers and support!**

Street Pastors Portsmouth, Area Co-ordinator Elly Mulvany
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GLOBAL HEALTH EQUITY GROUP
UCL RESEARCH DEPARTMENT OF EPIDEMIOLOGY AND PUBLIC HEALTH

Strategic Review of Health Inequalities in England Post 2010 (Marmot Review)

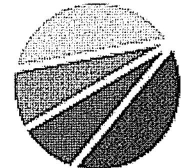
Download *Fair Society, Healthy Lives* - The Marmot Review Final Report (25Mb)

Download *Fair Society, Healthy Lives* - The Marmot Review Executive Summary (8Mb)

Go to the Documents Section for individual chapters, background documents and press documents.

Please visit www.marmot-review.org.uk for information on the Marmot Review Conference.

The Review followed the publication of the global Commission on Social Determinants of Health, also chaired by Sir Michael Marmot and published by the WHO. The CSDH advocated that national governments develop and implement strategies and policies suited to their particular national context aimed at improving health equity. The English review is a response to that recommendation and to the government's commitment to reducing health inequalities in England.



The aim of the Review was to propose an evidence based strategy for reducing health inequalities from 2010. The strategy includes policies and interventions that address the social determinants of health inequalities.

The Review had four tasks:

(i) identify, for the health inequalities challenge facing England, the evidence most relevant to underpinning future policy and action

(ii) show how this evidence could be translated into practice

(iii) advise on possible objectives and measures, building on the experience of the current PSA target on infant mortality and life expectancy

(iv) publish a report of the review's work that will contribute to the development of a post-2010 health inequalities strategy

It is anticipated that the Review will also have relevance for other countries developing strategies aimed at tackling health inequalities, following the recommendations of the CSDH.

You can find further details in the documents section.