



# Oxfordshire Alcohol Strategy 2008-2011



## Safer Oxfordshire

*Working together to reduce crime, antisocial behaviour and the fear of crime*

## Foreword

There are often mixed feelings when we talk about alcohol. Many people enjoy the social aspects of drinking as it is associated with relaxation, time with family and friends, being at leisure. We know that there is a safe and enjoyable way to enjoy alcohol and it is perfectly legal and socially acceptable to do so.

But on the other hand, everyone has views on the potential for trouble. This is shown in our City and Town centres as the police and other agencies have to respond to binge drinking and the associated crime and anti-social behaviour. The effect on the health service – particularly Accident and Emergency Departments and the Ambulance Service – is also profound. Violent crime, including domestic abuse, is often linked to alcohol use. Our concerns also include the culture of drinking among young people, seemingly starting at ever younger ages and drinking more. And we mustn't forget the long term effects in the general population of drinking more than the recommended amounts. We have rightly concentrated our attention at providing treatment services for those at greatest risk of harm – either to themselves or others. But there is growing evidence that the tendency to open a bottle of wine each evening or to “unwind” with a few drinks every day is causing a rise in a range of alcohol related diseases.

This Alcohol Strategy for Oxfordshire aims to restore and maintain balance. It is both proactive and reactive. It covers broad policy areas, such as licensing policy to maintain city and town centres with something for everyone to enjoy, and awareness raising to enable people to take responsibility for their own drinking. It puts an emphasis on prevention, with a range of actions involving children and young people and targeted campaigns to inform other age groups in the population. It also includes response to the crime and anti-social behaviour associated with alcohol use.

This work cannot be implemented by one organisation or even one partnership. The priorities have been agreed by a range of partnerships at the highest level and it is our aim to get relevant actions into the plans of each partner organisation as well as the Children's Trust, Health and Well-Being Partnership and the Drugs and Alcohol Action Team. There is lots more to be done, but I believe this strategy, building on important and successful work across the Community Safety Partnerships in the City and Districts of Oxfordshire, is a sign of progress. Let's get on with it!

**Jackie Wilderspin,**  
*Chair, Alcohol Tactical Business Group*



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## Executive Summary

Alcohol can play a positive role in British culture as part of social and family life through sensible drinking. However excessive alcohol consumption among some groups in society is a cause of serious concern and is reflected by both the Government and the general public. People drink to relax and socialise and for the majority who drink within sensible limits there is no lasting damage to themselves or others. Nevertheless many people in Oxfordshire suffer because of the negative effects of alcohol and this strategy looks to bring together all the agencies involved in setting out key messages and actions to tackle alcohol misuse.

The Oxfordshire Alcohol Strategy aims to **minimise the negative effects associated with alcohol on individuals, families, local communities and public services in Oxfordshire, whilst ensuring that people are able to enjoy alcohol safely and responsibly.**

In order to achieve this aim the following priorities have been agreed with individual action plans:

- **Reduce alcohol related disorder**  
*Lower the levels of disorder, including perceived levels, associated with irresponsible alcohol consumption.*
- **Increase the consistency and quality of alcohol awareness for all ages**  
*Create a cultural change through promoting knowledge and safe drinking concepts.*
- **Develop key health initiatives and commission alcohol treatment services**  
*Provide a robust model of care for those affected by alcohol misuse and promote healthy lifestyles to the general public.*
- **Develop a balanced sustainable leisure economy for the benefit of all ages**  
*Establish a safe and vibrant environment for the responsible consumption of alcohol and its alternatives.*
- **Reduce young people's demand for and supply of alcohol and its associated harms**  
*Cross cutting theme across the four other priorities. Provide relevant accessible information, support and diversionary activities.*

If agencies dealing with alcohol and its effects in Oxfordshire can commit to achieving these outcomes and the promotion of key messages, a more coherent and effective approach to alcohol misuse can be accomplished to the benefit of all.



## Alcohol: A Strategic Approach for Oxfordshire

This Strategy has been developed in order to identify and clarify the issues surrounding alcohol and the harm it can have on individuals and the wider community. This document is intended to have a strategic overview of the issues and sets out how the Oxfordshire Safer Communities Partnership envisages tackling the harms caused by alcohol misuse between April 2008 and March 2011. This strategy also links to the Oxfordshire Sustainable Communities Strategy and the three year Community Safety Plans drawn up by the five Crime and Disorder Reduction Partnerships (CDRP's) for Oxfordshire (Cherwell, West, Oxford City, South and Vale of White Horse).

This Strategy will be reviewed at the end of each year and the delivery action plans updated. It will be a working strategy and will be revised as appropriate with the development of other policies in support of the overarching vision for Oxfordshire during the three years of the plan. The development of the Strategy has been based on the national policy framework and local information gathering and consultation and builds on the original Oxfordshire Alcohol Harm Reduction Strategy 2006-2009. It is drawn up under 'Community Safety' but it is immediately acknowledged that the Strategy cuts across many other areas of responsibility, most obviously Health and Young People.

### National Policy Framework

This Strategy has been developed within the context of national policy drivers covering a wide range of alcohol related negative effects.

### *Choosing Health (2004)*

The Public Health white paper 'Choosing Health' was published at the end of 2004. The document highlights the need to address alcohol consumption in respect of the nation's health.

### *Alcohol Harm Reduction Strategy for England (2004)*

In 2004 the Government introduced a national Alcohol Harm Reduction Strategy. The strategy focused on preventing, minimising and managing the harms caused by alcohol misuse. It set out four harms caused by alcohol, namely harms to health, public order, productivity and profitability and families and society. The strategy set out a cross-government approach, which relied on forging partnerships both nationally and locally. The headline aims within the strategy were better education and communication, improving health and treatment services, combating alcohol-related crime and disorder and working with the alcohol industry.

In response to the publication of the national strategy the Oxfordshire Alcohol Harm Reduction Strategy 2006-2009 was developed in a multi agency forum and was based on the national model. At the time, the strategy was recognised as good practice by the Government Office of the South East (GOSE) and many of the objectives have been achieved. However, there was no clear ownership or monitoring of progress and no dedicated alcohol funding to support the strategy.

### *Alcohol Needs Assessment Research Project (ANARP) (2005)*

This provided a national picture of the level of need for alcohol treatment and the availability of provision. This document was designed to support the commissioning of local services for alcohol treatment and rehabilitation.



### *Models of Care of Alcohol Misusers (MoCAM) (2006)*

This was produced by the Department of Health in conjunction with the National Treatment Agency (NTA) and provides a framework for the commissioning and provision of treatment for hazardous, harmful and dependent drinkers. It sets out provisions for all types of people including vulnerable groups such as those with mental illness, homeless people and drug users who also misuse alcohol. MoCAM outlines that there are a number of key factors that need to be taken into consideration when assessing the treatment needs of an individual in relation to alcohol misuse. These include the level of consumption, the context in which alcohol is used, seriousness of the alcohol-related problems and the severity of the dependence on alcohol. Alongside the publication of MoCAM, the NTA issued **Review of the Effectiveness of Treatment for Alcohol Problems (2006)**. This set out the important research findings to assist commissioners in setting priorities for investment in alcohol services. It focused on ways the development in which harms associated with alcohol use can be helped by a wide variety of organisations.

### *'Safe, Sensible, Social – the next steps in the National Alcohol Strategy' (2007)*

Built on the foundations laid by the 2004 Strategy, it focused on the delivery of three priorities:

- To ensure that the **laws and licensing powers** that have been introduced to tackle alcohol-fuelled crime and disorder, protect young people and bear down on irresponsible managed premises are being used widely and effectively.
- To focus on the minority of **drinkers who cause or experience the most harm** to themselves, their communities and their families. These are young people under 18 who drink alcohol, 18-24 year old binge drinkers and harmful drinkers.

- To shape an environment that actively promotes sensible drinking, through investment in better information and communications, and by drawing on the skills and commitment of all those already working together to reduce the harm alcohol can cause, including the police, local authorities, prison and probation staff, the NHS, voluntary organisations, the alcohol industry, the wider business community, the media and, of course, the local communities.

### *Public Service Agreement – PSA 25 'Reduce the harm caused by alcohol and drugs' (2007)*

A new alcohol and drugs Public Service Agreement has been published and took effect from April 2008. The PSA 25 has three main strands, reducing the harms caused to the:

- development, achievement and well-being of young people and families
- health and well-being of drug users and those using alcohol in harmful ways
- community as a result of associated crime, disorder and antisocial behaviour

### *Choosing Health in the South East: Alcohol (2007)*

This report makes some key points about the harm caused by alcohol in the South East. The report recommended a number of priorities including binge drinking in young people, workplace alcohol policies, high risk and vulnerable groups, additional treatment services should be commissioned and public health professionals should work together with local partners to tackle crime and disorder.



## Local Context

### *Oxfordshire Sustainable Communities Strategy (2030)*

The vision for Oxfordshire 2030 has four objectives, a world class economy, healthy and thriving communities, environment and climate change and reducing inequalities and breaking the cycle of deprivation. Within the strategy there is a delivery plan which has a number of pledges and actions over three years and longer term goals linked to reducing alcohol misuse in the healthy and thriving communities objective under the Safer Communities; Children, Young People and Families; Adults and Older People sub priorities. This is the definitive overarching vision for the future of Oxfordshire.

### *Director of Public Health for Oxfordshire Annual Report*

An independent report is issued annually by the Director of Public Health for Oxfordshire which makes recommendations regarding the health of the population. Recommendations include a greater emphasis being placed on reducing alcohol problems in order to contribute to breaking the cycle of deprivation. The Public Health Strategy 2007-2012 describes in further detail how these outcomes will be achieved.

### *CDRP – Community Safety Plans (2008-2011)*

Each CDRP has to produce a 'Community Safety Plan' which lasts for three years, this Strategy looks to support and compliment the final versions of the CDRP plans for 2008-2011. The individual CDRP plans sets out the priorities for that particular geographical area but they have a number of common themes which can be linked to alcohol misuse such as:

- Violent crime and/or domestic abuse
- Antisocial behaviour and environmental concerns
- Fear of crime and/or neighbourhood priorities
- Alcohol and drug misuse direct
- Vulnerable groups of people including young people

The CDRP's are responsible for local delivery and accountability of their plans. However in July 2007, the Oxfordshire Safer Communities Partnership (OSCP) agreed to set five priority areas for countywide joint working through 'Tactical Business Groups' (TBG); namely Domestic Violence, Priority and Prolific Offenders, Drugs, Young People and Alcohol in recognition of common issues featured in the Community Safety Plans. TBG's co-ordinate activities, identify best practice, avoid duplication, seek opportunities for joint working and ensure a seamless link with other directorates and organisations engaged in delivering the Sustainable Communities Strategy as a whole.

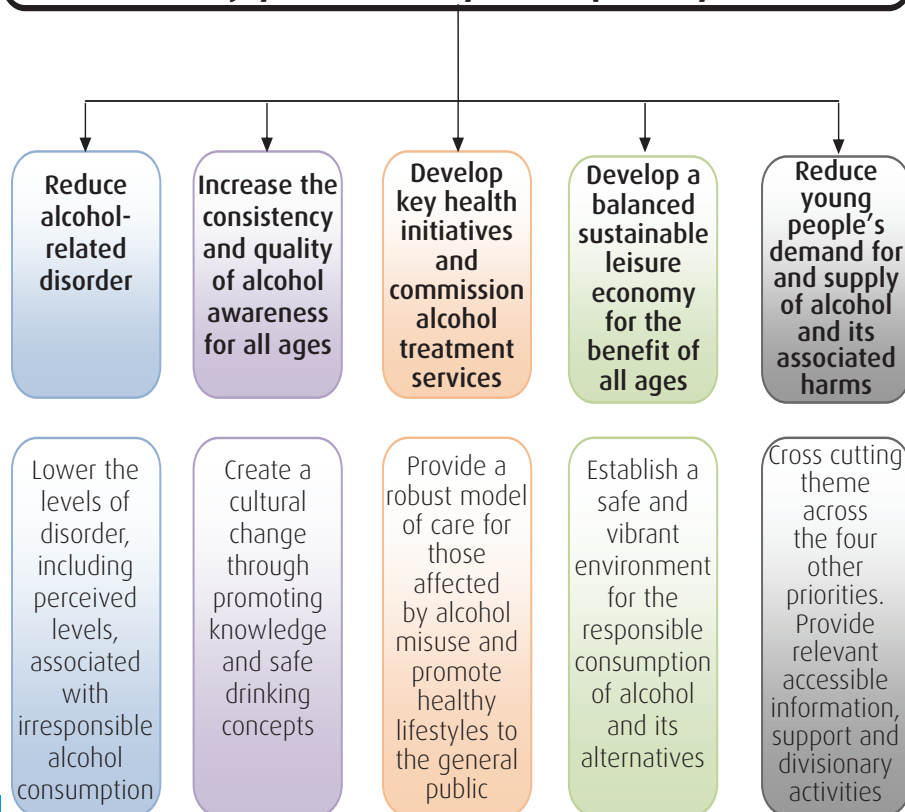
### *Strategic Intelligence Assessment (SIA) for Oxfordshire (updated annually)*

Each year a SIA for Oxfordshire is produced with input from a range of partners including CDRP's, Police, TBG's, Oxfordshire Drug and Alcohol Action Team and County Council. The SIA covers a variety of subjects including alcohol which has a separate dedicated chapter covering countywide issues as well as being represented in the district sections. The five priorities of this strategy will influence the SIA's for the next 3 years and use the information in the final versions to inform actions for the delivery plans in the following year. The SIA's will be normally published in the autumn of each year.

## Strategic Aims & Objectives

The Strategy looks to reduce the impact of alcohol countywide through effective partnership working across the public, private and voluntary sectors. Within the Strategy there are five strategic priorities or themes, with each one designed to address specific identified needs across Oxfordshire. Inevitably the five priorities have cross cutting agendas with each other and some other local strategies and policies.

**Minimise the negative effects associated with alcohol on individuals, families, local communities and public services in Oxfordshire, whilst ensuring that people are able to enjoy alcohol safely and responsibly.**



## Summary of Delivery Action Plans

Each of the five identified priorities for this Strategy has a comprehensive individual action delivery plan for the whole of Oxfordshire which is reviewed quarterly and performance monitored and managed. Brief overviews of the actions for each priority are outlined below.

### Reduce Alcohol Related Disorder

Overall crime being recorded by police in Oxfordshire fell between 1st April 2007 and 31st March 2008 and built on the downward trend of the previous 3 years.

Through the introduction of Neighbourhood Action Groups (NAG's), local communities are able to set their own priorities in partnership with local authorities and the police. In Oxfordshire there are approximately 35 NAG's covering 77 neighbourhood areas with the majority identifying anti-social behaviour including drunkenness, underage drinking and groups of youths as one of their top three priorities.

Reflected by the NAG's, alcohol related disorder appears as a priority in some form on all five of the districts CDRP Community Plans, which may have developed their own actions (plans) as part of their Community Safety Plans relating to their own specific problem profiles. This strategy looks to support local plans, however there are two main areas that the Alcohol Tactical Business Group considered would benefit from a countywide coordinated approach:

### *Underage drinking and anti-social behaviour*

Underage drinking and drinking by young adults is perceived as a real problem by the public. There are strong links between high levels of youth alcohol consumption and other risk factors such as youth offending, teenage pregnancy and exclusion from school, but the exact nature of this relationship is not fully understood. A targeted, consistent and synchronised programme of test purchasing, including follow up actions for premises which fail, across Oxfordshire is required.

Local Authorities, Police and Trading Standards all have key parts to play in developing a clear process for reducing the supply of alcohol to young people and tackling underage drinking and the associated anti-social behaviour.

### ***Nightsafe and managing the Night Time Economy***

Nightsafe currently operates across the county in various forms. There are Nightsafe initiatives in Oxford City Centre and East Oxford ([www.nightsafe-oxford.org.uk](http://www.nightsafe-oxford.org.uk)), Witney, Chipping Norton, Carterton, Abingdon, Faringdon, Wantage, Henley, Banbury and Kidlington. There are plans to expand the scheme to Didcot, Wallingford, Thame and Bicester.

However there are wide ranging inconsistencies across the various schemes with varying accessibility to funding and means of monitoring and communicating with the licensed trade. The action of Nightsafe in the short term is aimed at reducing the number of alcohol related disorder incidents taking place in the street, many of which are linked to alcohol and occur late at night. The longer term aim is to change the drinking culture through raising awareness through the local media, forums and education of the consequences of drinking too much alcohol. The four key components to Nightsafe are Media Campaigns, Targeting of Offenders, Licensing Enforcement and High Visibility (Hi Vis) Policing.

Longer term the aim of the three years will also look to ensure a coordinated approach to alcohol across the wider criminal justice system linking into anti-social behaviour officers, police, probation, prisons and the Youth Offending Service as well as other CDRP partners such as local authorities.



### **Increase the consistency and quality of alcohol awareness for all ages**

Education and information relating to alcohol misuse identification, prevention and intervention is broad, covering a wide range of ages and settings, many of which are linked and cut across other key themes in this strategy. There are plenty of opportunities for the delivery of alcohol misuse information within adult, young people and community settings which are the main areas of focus for this section but health, local authority and criminal justice settings provide other possible avenues to explore. Whilst it would be unrealistic to attempt to deliver actions around all possible settings in a single year, over the course of the three years it is anticipated, through targeted campaigns, a high proportion of groups will be engaged.

**Adult Settings** - There are a number of criminal justice and primary care environments where alcohol information can be targeted at the four categories of alcohol drinker (hazardous, harmful, moderately dependent and severely dependent). These are dealt with by other priorities in the Strategy. This section looks at alternative targeted settings to engage with adults such as parents and carers who misuse alcohol, parents of young people who have problematic drinking habits, those with mental health issues, the homeless and older people drinking over the recommended limits. Another key theme will be to support employers in developing work place policies on alcohol. The South East is one of four regions nationally with the highest percentage of benefit claimants due to 'alcoholism'. The annual national cost of productivity lost due to alcohol misuse is £6.4 billion, the equivalent to 17 million working days lost to alcohol misuse (Choosing Health in the South East: Alcohol 2007).

**Young People** - In relation to education for young people, there is not a consistent approach in the provisions and standards of alcohol education in secondary schools across Oxfordshire, with individual schools choosing how to deliver it. Within Oxfordshire there are different



types of secondary school including County Council, Academies, Special Schools, Public Schools and a Pupil Referral Unit. There are currently schools who embrace it holistically within a wide range of subjects and there are others that only teach the bare minimum.

Engagement with young people can also take place in a number of other settings such as when they are carers of family members or have friends who misuse alcohol, through diversionary activities or as new drivers when passing their driving test. Certain groups of young people can be harder to interact with than others. Fringe groups, such as those with mental health concerns or in social care require innovative methods to deliver the key messages around alcohol and this is one of the main challenges, there is also a direct link to the Young People priority.

**Community Settings** - This covers a broader range of opportunities to disseminate information to the general public. As well as working with the alcohol retail industry (off licences, pubs and clubs, trade association bodies and alcohol producers), other outlets such as colleges, community events, libraries, public transport and cinemas could be used. A key area will be increasing awareness in terms of safe drinking limits in line with government guidance under the headings of 'binge drinking' and 'alcoholic units'. Relevant national campaigns will form part of the annual action plans.

### **Develop key health initiatives and commission alcohol treatment services**

Harmful drinking is a major cause of disease, injury, disability, violence, social problems and premature death. It is associated with an increased risk of a wide range of health problems including brain damage, cancer, liver disease, heart disease and mental and behavioural disorders.

The Public Health White Paper - Choosing Health: Making Healthier Choices Easier recognises the problems associated with excessive

alcohol consumption and identifies Local Strategic Partnerships and Local Area Agreements as vehicles to promote joint working and to make the best use of available funding in order to improve health.

### ***Drinking in the South East***

- there were over 3,500 alcohol-attributable deaths in the region in 2004
- in 2004 there were over 600 deaths from stroke where alcohol was a contributory factor
- women in the south east have higher than the national average alcohol-attributable mortality rate
- recent trends show that alcohol-attributable death rates for men in the region have increased substantially between 1996-2004
- between 1998/9-2002/3 there were almost 17,500 hospital admissions in which alcohol was recorded as a contributory factor.

### ***Tackling Alcohol Misuse***

The effectiveness of treatment in reducing alcohol consumption and alcohol-related harm is determined by many factors, including individual need and motivation, and the type and suitability of treatment.

**Brief advice/interventions** were created as a method of tackling alcohol misuse in the early stages by encouraging excessive/hazardous drinkers to reduce consumption. Brief advice consists of 5-10 minutes of information whereas brief interventions are delivered in up to 4 sessions to excessive drinkers in the form of motivational interviewing. Research has shown both to be very successful forms of alcohol intervention. There is evidence that drinkers may reduce their consumption by as much as 20% as a result of a brief intervention (Strategy Unit, 2003). Brief advice/ interventions are well suited to many different settings where individuals with alcohol problems may be ready to engage.

These successful early interventions are reliant on screening to identify hazardous drinkers who often show no signs or symptoms of alcohol misuse. These can usefully be offered at a number of access points to the NHS and social support services such as:

- Primary care – GP surgeries, health clinics;
- Accident and emergency departments in hospitals;
- Hospitals – both in-patient and out-patient services where patients can present with alcohol related problems;
- Mental health care services – up to a third of mental health service users have substance misuse problems;
- Antenatal clinics;
- Social Services
- Housing Providers;
- Occupational Health services via employment.

Nationally in A&E departments, approximately 70% of those attending on Friday and Saturday nights are present due to alcohol. Information collected by emergency departments is useful as many alcohol-related assaults are not reported to the police but the injuries sustained in those assaults are often treated by hospitals. The information collected by emergency departments combined with police information can provide a clearer picture of alcohol related crime and disorder in an area. There is evidence to show that the sharing of information between agencies can reduce assaults, thereby also reducing alcohol related injury admissions to emergency departments. Data sharing from the John Radcliffe and Horton Hospitals A&E departments has been in place for awhile and is seen as best practice in the South East Region.



Alcohol is also a contributory factor in Coronary Vascular Disease (CVD). There is evidence that the provision of direct alcohol interventions plays a role in attempts to reduce the risk of CVD, in conjunction with other lifestyle changes (weight, smoking, medication). This in turn will contribute towards the goal of reducing health inequalities as measured by differences in mortality rates across the population.

In terms of specific alcohol treatment services in Oxfordshire, there are a number of services currently available commissioned by the Oxfordshire Drug and Alcohol Action Team (DAAT):

**Alcohol Referral Service (ARS)** is a countywide tier 2 service (non-care-planned, alcohol specific brief interventions). Referrals from a range of agencies including criminal justice. Initial 2 year pilot until Nov 2009.

**Community Based Dedicated Alcohol Service** is a tier 3 service (community based, structured, care-planned alcohol treatment) operating throughout Oxfordshire.

**Evolve** is Oxfordshire's Young Person's Drug and Alcohol Treatment Service providing specialist community support to 10-18 year olds through structured and care-planned treatment.

Due to the complex nature of individuals and their substance misuse; various other services often engage with alcohol misusers such as the Probation Service through the Offenders Substance Abuse Programme (OSAP) or the Women's Service but which do not cater solely for those with alcohol issues. Other means of referring individuals into treatment will also be explored such as 'brief advice' at the emergency

departments at the John Radcliffe and Horton Hospitals and alcohol treatment requirements on court orders for community based sentences. There are also services that provide support to families and carers of alcohol misusers. People often access a range of agencies, sometimes during the same period, depending on the service provided and treatment required.

This strategy will look to support additional pilot treatment services commissioned by both the Primary Care Trust (PCT) and DAAT. Alongside funding constraints, the challenge will be to provide a coherent approach to alcohol treatment regardless of the service provider for hazardous, harmful and dependent drinkers across the county.

### **Develop a balanced sustainable leisure economy for the benefit of all ages**

Urban and rural areas should have genuine functional diversity and broad demographic appeal. Local planning policies should encourage a wide range of complementary activities for the evening and night time economy (NTE) that attract different social groups to reduce the potential of youth domination in town centres. This could include cinemas, shops, museums, theatres and other cultural attractions being encouraged to remain open longer and promote a 'cafe culture'. The distinction between pubs, cafe bars, bars and nightclubs have become blurred. The Licensing Act 2003 has allowed extended hours of operation and, with the expansion of a youth orientated dance culture, premises are becoming larger with increased capacities.

Local planning strategies and licensing policies need to complement each other and provide a consistent approach to development. Through effective partnership working, including representatives of the licensed industry - and proactive use of current planning systems, a combination of directed urban growth and intervention can be successfully achieved. Minimum standards should be obtained such as those set out in Secured

by Design (SBD) and projects achieving these promoted to the public. Where areas are identified as problematic or where there is a public perception of alcohol related issues, some social groups are deterred from making full use of the area and this should be addressed.

Under various pieces of legislation introduced in the last few years, police and local authorities have been given greater responsibilities to local communities but not necessarily increased powers to carry out these duties. Across the county there are a number of drinking zone restrictions in place and Oxford City has a special saturation policy which is used very effectively when appropriate. Additional policies such as proactive use of on the spot fines through penalty notices for disorder by police and the pedestrianisation of streets in the evening could be considered if suitable to the local area in question. Consideration should also be made to where 'street cafe licences' are issued.

Another area that can play an important part in the effectiveness of leisure activities is transport and accessibility to the leisure facilities. The cost of transport and its availability can have a detrimental effect on the leisure industry and can affect all ages. The issue of transport needs to be considered including private and public forms as well as primary and secondary access routes for pedestrians. Across the county there are varying degrees of bus services (including night buses), car park access and availability of taxis.

Encouraging responsible drink promotions and pricing in line with Government and industry standards is also a key theme. There are various documents outlining acceptable practices such as the Governments 'Review of Social Responsibility Standards for Production and Sale of Alcoholic Drinks' (2005). This alcohol strategy supports national concerns over the producers of alcohol and major national chains advertising and pricing alcohol in what could be considered an irresponsible manner; but acknowledges that this is not an issue that

can be tackled at a regional level. Locally, where appropriate and in partnership, individual premises that do not conform to the acceptable standards will be addressed.

### **Reduce young people's demand for and supply of alcohol and its associated harms**

The concern over young people and alcohol is well documented with a wide range of national and local partners taking a direct interest in the welfare of this group from a variety of viewpoints. This priority cuts across the other four aims of this strategy and is pivotal to its long term success.

The recently published study *Statistics on Alcohol: England 2008* produced by NHS Information Centre showed the number of school pupils reporting to have never consumed alcohol had risen between 2001 and 2006. However, in contrast the level of consumption by pupils in 2006 that did drink alcohol had also increased with 11.4 units a week the average being consumed. This was the highest level recorded in the survey's history. The paper also outlined that older pupils were more likely to consume alcohol and weekends were the most popular time for drinking. The proportion of boys and girls reporting to consume alcohol was similar however boys reported drinking more.

The Young People delivery action plans attached to this Strategy will focus on the following themes:

**Youth Taskforce Action Plan** - In 2007 the Youth Taskforce was created from the Respect Task Force and the Targeted Youth Support Team. It focuses on improving opportunities for young people to give and get respect in their communities. The accompanying Youth Taskforce Action Plan



was published in 2008 and sets out a combination of tough enforcement, non-negotiable support and better prevention measures for the minority of young people who need this type of intervention.

**Youth Alcohol Action Plan** - The Youth Alcohol Action Plan (2008) looks to address the unacceptable practice of unsupervised young people consuming alcohol in public places, supporting parents with clear guidelines and strengthening the standards across the industry in relation to reducing the availability of alcohol to under 18's and encouraging responsible advertising. This plan refers to existing strategies and policies such as *Aiming High for Young People* and *Targeted Youth Support*.

**Aiming High for Young People (Every Child Matters)** - Through the Government's ten year plan 'Aiming High for Young People', local authorities are tackling the root causes of problems that may lead young people to consume alcohol. Increasing high quality diversionary activities outside of school hours is central to reducing these risks. It is imperative that the activities are what young people want and that they are available for all at the times they need them. This theme also looks to provide support and routes into other agencies.

**Targeted Youth Support** - Through a continued shift towards multi-agency work to support young people with a wide range of needs which can include those with alcohol misuse problems or those who are at risk of developing them, local Targeted Youth Support services have been developed. This service ensures that vulnerable young people receive appropriate help from a range of partners.

It is also important to acknowledge that this area is not just focused on young people who consume alcohol but also looks to increase general awareness of the negative effects of alcohol in relation to all young people in Oxfordshire. Another key area will be supporting young people who have alcohol misusing family members or carers.

## Monitoring and Evaluation

Responsibility for delivery on the various elements of the strategy is quite complex. Whilst some strands such as Education and Health would appear to be rather obvious, those relating to Disorder, Young People and Environment have a number of different agencies engaged in the delivery action plans. Given that this strategy is primarily driven by community safety, and is in support of local plans to deal with alcohol related concerns, CDRPs should be responsible for ensuring delivery of all the elements contained in the strategy in their area. CDRPs may, of course, choose to delegate some strands to other organisations e.g. the Education strand is likely to be best delivered by the relevant department within the county council. Such delegated arrangements are in keeping with other parts of CDRP plans.

## Partnership Structure

The Partnership delivery structure for this strategy is via the Oxfordshire Safer Communities Partnership (OSCP), the strategic body for community safety in Oxfordshire, which is ultimately responsible for ensuring delivery of all parts of the community safety element contained within the Sustainable Communities Strategy. Monitoring performance against alcohol targets will feature as a standing agenda item alongside a basket of performance indicators, national and local. The multi agency Alcohol TBG will review the progress of the delivery action plans quarterly and provide reports to the OSCP Officer Group. The overall Strategy will be evaluated annually and updated to reflect the advancement of the action plans.

## Performance Management

This Strategy supports the local delivery of PSA 25: to reduce the harm caused by alcohol and drugs. The five priorities each have individual delivery action plans which are clearly set out with identifiable agency leads for each action and take into consideration the Local Area

Agreement Targets for 2008-2011 but reflect local needs to deliver the national indicators.

There are 198 national Local Area Agreement (LAA) indicators; of these over forty have primary or secondary implications for alcohol misuse. In March 2008 the Public Service Board agreed 35 LAA indicators for the Oxfordshire Partnership for 2008-2011. The LAA targets provide all partners in Oxfordshire with a clear vision to work towards. In relation to alcohol misuse, there are a number of indicators within the main 35 targets that alcohol will contribute to and will be reflected in this Alcohol Strategy:

- NI 110 Young people's participation in positive activities (PSA 14) NEW INDICATOR
- NI 111 First time entrants to the Youth Justice System aged 10 – 17 (PSA 14)
- NI 20 Assault with injury crime rate (PSA 25) NEW INDICATOR
- NI 21 Dealing with local concerns about antisocial behaviour and crime by the local council and police (PSA 23) SURVEY BASED
- NI 32 Repeat incidents of domestic violence (PSA 23) NEW INDICATOR
- NI 40 Drug users in effective treatment (PSA 25) NEW INDICATOR
- NI 120 All-age all cause mortality rate (PSA 18)



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For information on Alcohol Units:  
[www.nhs.uk/units](http://www.nhs.uk/units)

For information on Local Alcohol Profiles for England:  
[www.nwp.net/alcohol/lape/](http://www.nwp.net/alcohol/lape/)



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