Manchester Alcohol Strategy
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>04</td>
<td>Foreword</td>
</tr>
<tr>
<td>05</td>
<td>1.0</td>
</tr>
<tr>
<td>11</td>
<td>2.0</td>
</tr>
<tr>
<td>13</td>
<td>2.1</td>
</tr>
<tr>
<td>14</td>
<td>2.2</td>
</tr>
<tr>
<td>15</td>
<td>2.3</td>
</tr>
<tr>
<td>22</td>
<td>2.4</td>
</tr>
<tr>
<td>25</td>
<td>3.0</td>
</tr>
<tr>
<td>29</td>
<td>4.0</td>
</tr>
<tr>
<td>31</td>
<td>4.1</td>
</tr>
<tr>
<td>32</td>
<td>4.2</td>
</tr>
<tr>
<td>36</td>
<td>4.3</td>
</tr>
<tr>
<td>39</td>
<td>4.4</td>
</tr>
<tr>
<td>40</td>
<td>5.0</td>
</tr>
<tr>
<td>45</td>
<td>6.0</td>
</tr>
</tbody>
</table>
Foreword

Alcohol is more affordable and available than at any time in recent history, and while most people who drink do so without causing harm to themselves or others, there is a strong and growing evidence base for the harmful impact that alcohol misuse can have on individuals, families and communities in our city. Levels of alcohol-related health problems are increasing year on year, and particularly affect our most deprived communities and contribute to health inequalities in the city.

Nevertheless, alcohol plays an important role in our culture. It has made a positive contribution to the development of our local economy by providing employment and encouraging visitors to the city. Used in moderation, alcohol can form an enjoyable part of our society and social lives without causing harm to those who use it or those around them.

Balancing the positive and negative impacts of alcohol, and tackling alcohol misuse, will help us support the aspiration Manchester residents have to live longer, be wealthier, healthier, happier, and live in stable and cohesive communities.

This Manchester Alcohol Strategy builds on the foundations and successes of the first two alcohol strategies for the city. It aims to continue many of the approaches and interventions that have resulted in benefits for individuals, families and communities affected by alcohol misuse; it also aims to go further in working with stakeholders in the city to understand our attitudes to alcohol and the root causes of alcohol misuse problems, and to develop a more positive culture and relationship with alcohol.

This strategy is implemented at a time of great challenges for public services, which places an increased focus on the need to work together in partnership to maximise our use of resources, deliver better outcomes for people with alcohol-related problems, and contribute to the vision for the city outlined in Manchester’s Community Strategy.

We give our commitment to working together to deliver this strategy, and to reducing alcohol-related harm in Manchester.
1.0 Executive summary
Alcohol use is widespread in our society, and most people who drink do so responsibly, and without harming themselves or others.

But alcohol has become more available and affordable than at any time in the recent past, and levels of alcohol consumption have doubled over the past half-century.
Introduction

The misuse of alcohol impacts on individuals, families and communities in the city in a range of ways. It can be a barrier to achieving the outcomes we wish for our city in terms of improved economic performance, reduced worklessness, increased aspiration, reduced health inequalities, improved outcomes for children and families, and reduced crime and disorder.

The problems related to alcohol misuse include physical and mental health issues, a range of social issues (complex families, homelessness, and domestic abuse), and can result in unemployment and loss of productivity in the workplace. While crime and violent crime are reducing in the city, links between alcohol and some types of crime continue, and many communities are still affected by alcohol-related crime, disorder and antisocial behaviour.

It is estimated that alcohol misuse costs the economy in England up to £25billion per year\(^1\). Health, social care services, and criminal justice agencies in Manchester all have to invest significant amounts of money in providing services to respond to the effects of alcohol misuse. The cost to our economy of absence from work and lost productivity means that our ability as a city to achieve our economic potential is compromised. These issues affect everyone in Manchester, but our most deprived neighbourhoods are likely to suffer most, and benefit least, from the impact of alcohol on our city.

Where we are now

Manchester has had an alcohol strategy since 2005, when the first local partnership strategy was produced in response to the Alcohol Harm Reduction Strategy for England (DoH, 2004).

A second Manchester Alcohol Strategy was launched in 2008 to outline local responses in line with the second national alcohol strategy, Safe. Sensible. Social (DoH, 2007). This third Manchester Alcohol Strategy is published in advance of the Government’s next alcohol strategy, which is expected to be launched in 2012. It aims to outline a programme of activity that will consolidate and develop the progress made through the delivery of the first two strategies, and take the next steps in addressing the causes of alcohol-related harm in the city and changing our individual and societal relationships with alcohol.
We will work towards a culture of responsible drinking, where individuals make informed choices about their alcohol use and drink less, less often, by promoting and supporting change in attitudes and behaviours.

All sections of the alcohol retail industry will contribute to reducing alcohol-related harm through commitment and action on responsible retailing.

We will improve individuals’ health and wellbeing through access to effective early interventions and recovery-focused treatment and care services for those who need them.

We will protect children, young people and families from alcohol-related harm and support them to achieve better outcomes through early identification and intervention, access to support and treatment, whole-family approaches, and safeguarding vulnerable children.

We will work with local communities to reduce alcohol-related crime, disorder and antisocial behaviour by tackling alcohol-related offending by individuals, and challenging irresponsible alcohol retailing.
Delivery of the strategy is also underpinned by a number of cross-cutting delivery principles:

- Working in partnership
- Using evidence-based interventions
- Improving data and knowledge
- Developing links with other strategic areas
- Working with a wide range of stakeholders, including alcohol retailers and local communities
- Advocating regionally and nationally for change.
How the strategy has been developed

The Manchester Drug and Alcohol Strategy Team has developed this strategy on behalf of the Drug and Alcohol Partnership Board (DAPB), in consultation with a wide range of partners and stakeholders in the city. This includes the agencies and partnerships in the city that will help to deliver and oversee the strategy, and community representatives including service user and carer groups.

How the strategy will be delivered

Implementation plans will be developed to outline the roles of partners and range of actions required to shape the delivery of this strategy. These will give more detail about the progress required against the key aims and objectives for the alcohol strategy, and how these will support the outcomes and targets in other key strategies for the city.

Delivery of the strategy will be overseen by the Drug and Alcohol Partnership Board, which will monitor and manage performance of the strategy against agreed outcomes and targets, address blockages to delivery, and report progress to other boards as appropriate.

We will also ensure that information is shared with local communities about what partners are doing to address alcohol-related harm in the city, including the issues of particular concern to them.

This is a three-year strategy, and we will regularly review the work that is undertaken by partners, as outlined in delivery plans, to ensure that it remains relevant for the duration of the strategy. Where necessary, delivery plans will be reviewed and updated to take into account changes in local delivery structures, national legislation, and national and local policy.

We will promote and support change in attitudes and behaviours
2.0
Alcohol use and misuse in Manchester
The amount of alcohol consumed by individuals in the UK has doubled in the past 60 years, and the UK now has one of the highest levels of alcohol consumption in Europe.

Increased consumption is closely linked to affordability – alcohol is now 50% more affordable than it was 20 years ago.
2.1

**Introduction**
There have also been changes in the way alcohol is bought and sold, with more alcohol being purchased in supermarkets and consumed in the home, changes to licensing laws, and development of the night-time economy.

As alcohol consumption has risen, so have levels of alcohol-related harm to individuals, families and communities. In particular, alcohol-related health problems are now manifesting at an earlier age, and there is a disproportionate impact on those in our most deprived communities. Underlying this is a tension to be acknowledged. Alcohol is strongly embedded in our culture.

It is a popular and socially acceptable drug, and plays an important role in our social lives and the local economy. However, while alcohol brings social and economic benefits to our city and its residents, it also causes significant health, crime and disorder, social and economic harms.

Our challenge is to find a balance that allows us to enjoy the benefits while reducing the harms to our communities.
2.2

How much we drink
Current methods for estimating national levels of alcohol consumption rely on self-report surveys, but recent research\(^2\) suggests these underestimate the amount we drink, and therefore also the size of the population at risk of alcohol-related harms.

Using Revenue and Customs data for alcohol sales, the research identifies that the average adult drinker consumes the equivalent of 11.3 litres of pure alcohol per year in their drinks. This equates to 26 units per adult drinker per week (10 units per week more than estimates of consumption based on self-reported data). If alcohol that is drunk abroad, personally imported or home-brewed is included, this increases to an estimated 30 units per adult per week. Current estimates do not reflect increasing levels of abstinence in the population, meaning that consumption among those who do drink may be even higher.

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lower risk drinking</strong></td>
<td>Men should not regularly drink more than 3–4 units of alcohol per day</td>
</tr>
<tr>
<td><strong>Increasing risk drinking</strong></td>
<td>Men who regularly drink over 3–4 units per day</td>
</tr>
<tr>
<td><strong>Higher risk drinking</strong></td>
<td>Men who regularly drink over 8 units per day (over 50 units per week)</td>
</tr>
</tbody>
</table>

- Regularly means every day or most days of the week (ie. not drinking at these levels once a week)
- If men or women do drink heavily (more than double the lower risk limits on a single occasion), they are advised to avoid alcohol for at least 48 hours
- In pregnancy or when trying to conceive, women should avoid drinking alcohol (no alcohol = no risk of harm to the unborn baby). If choosing to drink, to minimise risk, women should not drink more than 1–2 units once or twice a week.

In line with national trends, alcohol consumption in Manchester has increased significantly in recent years. Recent estimates\(^3\) suggest that approximately 29% of adult drinkers in Manchester drink at increasing or higher risk levels, which is broadly in line with estimated regional and national averages. This equates to around 80,000 adults in Manchester.

The population of abstainers in Manchester is higher than the regional average (20% in Manchester compared to 15% regionally)\(^4\). These statistics mask a more complex picture. In areas of high deprivation, levels of abstinence are higher, but those who do drink are more likely to drink over the lower risk limits.

Additionally, in the most deprived areas, rates of alcohol-related deaths are approximately 45% higher when compared to the least deprived areas (three times higher for women and five times higher for men)\(^5\).

Manchester currently ranks as the fourth most deprived local authority area in England\(^6\). Based on data gathered as part of a national needs assessment process\(^7\), it is estimated that currently there may be approximately 13,000 dependent drinkers in Manchester. Appendix 1 shows projections for the prevalence of alcohol misuse in the city, based on current national estimates.
2.0 | Alcohol use and misuse in Manchester

2.3
The impact of alcohol misuse
While many people who drink alcohol do so without negative consequences for themselves or others, regularly drinking above the recommended lower risk limits can lead to increased risk of a range of health, social and economic harms.

Health harms
Excessive drinking is a major cause of disease and injury in the UK, and accounts for 9.2% of disability-adjusted life years worldwide, with only tobacco smoking and high blood pressure as higher risk factors9. The number of alcohol-related hospital admissions in England has increased by 47% in the five years between 2004 and 2008/09, and the rate of alcohol-related deaths (per 100,000 of the population) in England has more than doubled in the past 18 years9.

Alcohol causes or is linked to a range of serious and preventable diseases10.

It is:

- Causally related to a range of acute and chronic medical conditions, including cancers, cardiovascular disease, and obesity
- A significant cause of morbidity and premature death
- Associated (through heavy drinking by pregnant women) with a range of preventable mental and physical birth defects (collectively known as Foetal Alcohol Spectrum Disorders)
- Implicated in many areas of mental ill health, including depression, anxiety and suicide
- Linked to unintentional injuries and trauma due to violence.

Hospital admissions

- Manchester has one of the highest rates in England for alcohol-attributable hospital admissions, and these have increased significantly over recent years.
- There were 13,783 admissions to Manchester hospitals for alcohol-attributable conditions in 2010/11, approximately a 150% increase since 2002/03.
- Between 2007/08 and 2009/10, 219 young people aged under 18 were admitted to hospital for an alcohol-specific condition.
- In 2010/11, the alcohol-attributable admission episodes rate in Manchester was 3,279 per 100,000 population, compared to 2,429 per 100,000 for the north west and 1,898 per 100,000 for England.
- The most common reasons for alcohol-related admissions in 2008/09 were chronic conditions (58%), and mental and behavioural conditions (28%)11.
- There is a strong link between alcohol-specific hospital admissions and deprivation, with three quarters (73%) being generated by people who live in the most deprived areas of the city (3–4 times the rate of admissions from the least deprived areas of the city)12.
- It is estimated that each alcohol-attributable hospital admission costs the NHS £1,800 on average.
Mortality
Rates of mortality from alcohol-related causes are higher in Manchester than the north west and England averages, particularly among men.

- Between 2007 and 2009, 254 Manchester residents died as a result of alcohol-specific conditions (181 men and 73 women).
- The rate of alcohol-specific mortality for men in Manchester is 33 per 100,000 of the population (2.5 times the rate for England); for women in Manchester it is 13 per 100,000 (twice the national rate).
- For Manchester, it is estimated that alcohol misuse results in an average of 16.6 months of life lost for men, and 7.1 months for women, compared to national averages of 9.1 and 4.2 months respectively.

Accident and Emergency attendances
It is estimated that 35% of attendances at hospital Accident and Emergency Departments (A&Es) are alcohol-related; this can rise to 70% at peak times (between midnight and 5am at weekends)\(^\text{13}\). Between September 2009 and August 2010, it is estimated that there were approximately 89,500 alcohol-related attendances across the three A&Es in Manchester\(^\text{14}\). This includes a number of individuals who have repeat attendances at A&Es. It is estimated that the average cost per A&E attendance with intervention(s) is £127\(^\text{15}\).

Mental health
There are close links between alcohol misuse and mental health problems. People with mental health problems may drink to alleviate their symptoms or cope with their condition, and people with alcohol problems often have co-existing mental health conditions.

A study by the Department of Health suggests that 80% of people with alcohol problems have anxiety and depression, with over 30% having severe depression, and that up to 50% of people with mental health problems may misuse alcohol and/or drugs\(^\text{16}\). It is estimated that between 16% and 40% of suicides could be attributable to alcohol\(^\text{17}\).

Alcohol-related brain damage
Alcohol-related brain damage is usually associated with dependent drinking over a long period of time, and often presents as early onset dementia, with symptoms including neurological damage and memory loss. Alcohol-related dementia can include Wernicke-Korsakoff Syndrome.

Appropriate diagnosis, early intervention and treatment can prevent progression of alcohol-related dementia, but many cases are currently undetected or not detected early enough.

Post-mortem studies suggest that Wernicke-Korsakoff Syndrome occurs in about 2% of the general population and 12.5% of dependent drinkers\(^\text{18}\).

This could equate to approximately 1,500 individuals within Manchester’s estimated dependent drinking population of 13,000.

Combined alcohol and other drug use
Most young people who attend the Eclypse service (specialist young people’s substance misuse service for under 19-year-olds) report using a combination of substances, mainly alcohol and cannabis. Patterns of substance misuse in Manchester are also changing among adults. There is an ageing population of opiate and crack users, and fewer young adults joining that cohort. It is thought there is increasing use of a range of substances in combination, including alcohol, cannabis, and powder cocaine.

In particular, the combination of alcohol and powder cocaine produces a third compound, cocaethylene, which may heighten and prolong the effects of cocaine.

The presence of cocaethylene can also increase the risks of cardiac problems, seizures and liver damage, and it has been linked to some sudden deaths. It has also been linked to an increased propensity to violence and impulsive behaviour\(^\text{19}\).
2.0 | Alcohol use and misuse in Manchester

Crime and disorder

There is a range of crime and disorder problems associated with the excess consumption of alcohol. This includes alcohol-specific crimes, such as being drunk and disorderly in public and drink-driving; offences that take place under the influence of alcohol, such as alcohol-related violence and antisocial behaviour; and less directly related crimes that may take place because the offender has an alcohol misuse problem, such as theft. A large proportion of alcohol-related crime including violence, property damage, arson and low-level antisocial behaviour takes place in town and city centres, particularly on weekend nights.

According to the 2009/10 British Crime Survey (BCS), victims of violent crime believed the offender(s) to be under the influence of alcohol in half (50%) of all incidents; this equates to nearly one million incidents nationally.

Alcohol also impacts in other ways on individuals and communities in Manchester. Being drunk can increase the risk of being a victim of crime; and is identified in some cases as a contributing factor in antisocial behaviour and youth nuisance. There are links between alcohol and sexual violence between people who do not know each other well, as well as links with domestic violence.

Alcohol-related crime

Alcohol-related crime and violent crime are reducing in Manchester, although rates are still higher than other Greater Manchester boroughs, and above the regional and national averages. Data from Greater Manchester Police (GMP) indicates:

- Between 2009/10 and 2010/11 there was an 11% decrease in reports of serious violent crime (from 792 to 705), and a 8% decrease in assaults with less serious injury (from 4,675 to 4,303) over the same period.
- 7% of all offences recorded by GMP during 2010/11 were coded with an ‘influence of alcohol marker’, an increase from 3% in 2008/09 (this may be due to improvements in coding). The overall percentage masks a wide fluctuation in where the marker is used, with it most often being updated for violent crime. In 2010/11 it was included on 30% of serious violent offences and 34% of assaults with less serious injury (up from 15% and 16% respectively in 2008/09). 49% of domestic violence offences (with injury) carried this marker in 2010/11, rising to 51% during the first three months of 2011/12.

Links between the night-time economy and alcohol-related crime

There is a strong correlation between alcohol-related offences and the night-time economy, which brings many Manchester residents and visitors into the city

- In 2010/11 approximately one in eight of all alcohol-related crimes recorded by GMP took place in the A Division (which includes Manchester city centre).
- During 2010/11, 64% of serious violent crimes and 56% of assaults with less serious injury occurred between 8pm and 6am. Incidence of these types of crimes increases at weekends. More than a fifth of all violent crime in Manchester happened between 11pm and 4am, on either Friday into Saturday, or Saturday into Sunday.
- 74% of offenders were linked to a home address within the city of Manchester, while the other Greater Manchester boroughs with the highest counts were Salford and Trafford. 6% of offenders linked to an alcohol-flagged crime report had an address coded as being outside Greater Manchester.
– Manchester’s Strategic Threat Assessment identifies that there are particular locations within the city centre where there are higher levels of serious violent crime; these are all areas where there are high concentrations of licensed premises, in particular bars, pubs and clubs.

– In addition to the well-known city centre hotspots, concentrations of alcohol-related crimes have also been identified in particular areas outside the city centre, including Harpurhey, MRI/University and Withington.

– The Strategic Threat Assessment notes that there is a high density of licensed premises close to each of the identified hotspot locations.

**Accident and emergency attendances**

Work is underway to improve the collection and sharing of data about assault attendances at Greater Manchester Accident and Emergency Departments.

It is anticipated that in time, this will provide additional information about links between alcohol and violence from the victim's perspective, and may also reveal differences in the profile of those individuals attending A&E and those who report assaults to the police.

**Antisocial behaviour**

Data on antisocial behaviour incidents shows that alcohol is recorded as a marker in only a small proportion of these incidents, but surveys of perceptions indicate that alcohol is considered to play a greater role than the data indicates.

– In 2010/11 there were 35,359 recorded incidents of antisocial behaviour, and in 12% of these alcohol was recorded as a contributory factor. There has been a decrease in the number of incidents reported (from 49,835 in 2009/10), and the proportion that record alcohol as a contributory factor has slightly reduced (from 13% of all incidents in 2009/10)22.

– In the same time period, there were 8,460 recorded incidents of antisocial behaviour involving young people in Manchester. 4% of antisocial behaviour incidents coded as having juvenile involvement were also coded as being related to alcohol.

– Data about community perceptions of antisocial behaviour is collected quarterly through Place Surveys conducted by GMP. The 2010/11 data indicates that 23% of Manchester residents perceive drunk and rowdy behaviour to be a problem in their area.

Alcohol can also be a factor in other types of antisocial behaviour, ie. arson-related fires in public places.

**Alcohol misuse among offenders**

Alcohol misuse contributes significantly to crime. It features specifically in some offences, can act as a disinhibitor or be used as an excuse, or is linked to crime committed as a result of a drinking problem.

Research also shows that those who frequently drink to excess are more likely to offend than those who don’t23.

– Between April 2009 and March 2010, the Youth Offending Service (YOS) carried out over 500 assessments on young people. Of these, two in every five young people (40%) were assessed as having substance misuse as a significant risk factor.

– Of the young people referred to specialist substance misuse treatment by the YOS, just over half (53%) reported at assessment that alcohol was one of the substances they used.

– Data from Greater Manchester Probation Trust indicates that 50% of adult offenders in contact with Probation Services have some, or significant problems with alcohol24, and that alcohol was linked to offending in the case of nearly half (48%) of offenders. Data collected between 2008 and 2009 shows that in nearly one third of cases (30%) there was a high risk of reconviction if alcohol misuse was not addressed25.

– Local data for Manchester26 indicates that between April 2010 and March 2011 there were 3,588 individuals commencing orders with the Probation Service; OASys assessments on eligible Probation clients identified 45% of these individuals as having an alcohol-related need. 31% of males identified as having an alcohol-related need are aged between 19 and 25.
2.0 | Alcohol use and misuse in Manchester

- National research suggests that the prevalence of alcohol misuse is much higher in the prison population than in the community; it is estimated that approximately two thirds of the prison population used alcohol at increasing and higher risk levels before being imprisoned, compared to approximately a third of the general population27.

**Alcohol and victims of crime**
Data suggests that drinking may increase vulnerability to crime, especially among young adults. Alcohol can increase the risk of being a victim of sexual assault or rape, and also the risk of being a victim of other types of crime such as assault and mugging. Certain population groups are identified as being particularly at risk from these types of crimes, such as students. Alcohol is often used by victims of domestic abuse as a coping mechanism, but can also increase vulnerability to abuse. In some cases, perpetrators may use a victim's alcohol use to further control and stigmatise them so it is harder for them to seek help.

**Alcohol and preventable accidents**
Alcohol is a factor in one in three domestic fire-related fatalities, and one in five road deaths (including pedestrians under the influence of alcohol).

---

**Harm to children and families**

Alcohol misuse can affect families in a range of ways. Parental alcohol misuse can impact on relationships and family functioning, and can impact on a child's environment in many social, psychological and economic ways. It can also be linked to a variety of mental health problems for family members.

Adults who are considered to be ‘vulnerable’ can be adversely affected either through their own alcohol misuse or because they are at increased risk of abuse and neglect from family members or carers who are misusing alcohol.

An estimated 2.6million children in the UK are living with parents/carers who misuse alcohol, and nearly 750,000 children are living with dependent drinkers28. Substance misuse, mental health problems and domestic abuse are key factors in many child protection and safeguarding cases.

The normalisation of alcohol misuse in some families means that children may be more likely to develop alcohol problems themselves in later life, thus continuing the cycle. Intervening can build greater family resilience, which in turn can lead to better outcomes for children.

**Domestic abuse**
The relationship between alcohol and domestic abuse is complex. While it is not possible to state a direct causal relationship – that alcohol misuse automatically results in domestic abuse – there is evidence that where domestic abuse exists, alcohol is often present, either for the perpetrator or the victim29. Alcohol misuse can increase the severity of violence30.

In 2010/11, 49% of domestic abuse incidents reported to Greater Manchester Police (GMP) were flagged as alcohol-related. There were 16,447 reported incidents of domestic abuse in Manchester in 2010/1131; however, a significant proportion of domestic abuse incidents are not reported to the police.

**Carers**
Alcohol misuse can impact not only on individuals, but also on their families (including children) and friends. It can lead to concerns about physical and mental health, financial impact, family functioning and social networks, for alcohol misusers and/or those around them.
It can often lead to carers experiencing feelings of anxiety, depression, anger and guilt. National research suggests that for every person misusing substances, there are on average two people directly affected or in a caring role. Carers can often feel isolated and excluded from the service interventions that are provided for the individual with the alcohol misuse problem. Some carers may cope with their situation by using alcohol themselves.

However, friends and family can often play a key role in encouraging alcohol misusers to seek and engage with treatment, and can contribute positively to achieving good treatment outcomes.

**Parental substance misuse**

Children whose parents/carers misuse alcohol can suffer a range of poor outcomes, including behavioural and/or psychological problems, poor educational attainment, low self-esteem, offending behaviour, and risk of sexual exploitation.

- Drug and alcohol misuse is a factor in a significant number of children in need and child protection cases. Research suggests alcohol is a factor in at least 33% of child protection cases, and drug and alcohol misuse is a factor in up to 70% of care proceedings\(^{32}\). A local snapshot of children in care proceedings in Manchester found that 78 out of 154 had parental substance misuse as a primary presenting need\(^{33}\).

- A Government review of serious case reviews found evidence of parental substance misuse in 57% of serious case reviews (of serious or fatal child abuse)\(^{34}\); this may be an underestimate as there is currently no routine screening by children and families services for parental alcohol misuse. Local experience is that parental mental-health issues and domestic abuse also commonly feature in SCRs, in many cases concurrently with substance misuse.

- Maternal alcohol misuse in pregnancy can also be linked to Foetal Alcohol Spectrum Disorders (FASD). These are a series of preventable mental and physical birth defects resulting from maternal alcohol consumption during pregnancy. FASD are lifelong conditions that can significantly impact on the life of the individual and those around them.

**Young people’s alcohol misuse**

Young people’s use and/or misuse of alcohol is generally addressed as part of a wider range of responses to substance misuse. Alcohol and cannabis are the substances most commonly used by young people.

Alcohol misuse among children and young people can result in a range of adverse outcomes, including increased risk of unsafe or regretted sex, teenage pregnancy, unintentional injuries, and being a victim or perpetrator of crime or antisocial behaviour.

There are a number of different local and national surveys that aim to establish the prevalence of alcohol use among young people.

- Local surveys indicate that between one in five (20%, from a sample of 11 to 19-year-olds\(^{35}\)) and one in three (29%, from a sample of 14 to 17-year-olds\(^{36}\)) young people are drinking alcohol at least once a week.

- Regular alcohol consumption is more likely in young people who are vulnerable and/or have other needs\(^{37}\); and there is a relationship between substance misuse and other risky behaviours\(^{38}\).

- Local research indicates high levels of parental permissiveness in relation to alcohol use by young people in Manchester\(^{39}\).

Nearly two thirds of young people (60%) report being allowed to drink alcohol at home, and nearly one in ten (8%) said that they lived with a parent who was dependent on drugs or alcohol\(^{40}\).

- 58% of young people in Manchester who are assessed for specialist treatment for substance misuse report alcohol as one of the substances they misuse. 26% of young people report alcohol as their primary substance of misuse at time of assessment\(^{41}\), which compares to 34.5% across the north west\(^{32}\).

- Between 2007/08 and 2009/10, 219 young people aged under 18 were admitted to hospital in Manchester for an alcohol-specific condition. The rate of alcohol-specific hospital admissions for under-18s in Manchester is lower than the regional average (82 per 100,000 population, compared with 109 per 100,000 for the north west). However, it is still above the national average of 64 per 100,000.
Social and economic harms

Worklessness
While the alcohol industry brings benefits to Manchester, alcohol misuse also has a damaging effect on the performance and productivity of our local economy. It can be a barrier to rejoining the labour market for those out of work, and can impact on the workplace through absences and reduced productivity.

- It is estimated nationally that up to 17 million working days are lost each year through alcohol-related absence. Alcohol misuse may also affect productivity of workers in their workplace and may result in shorter working lives43.

- It is estimated that the prevalence of dependent drinking among benefit claimants is twice the rate of prevalence in the general population44.

- Being out of work can put people at increased risk of ill health and premature mortality, and can be linked to increased substance misuse and mental ill health, as well as reduced psychological wellbeing.

- Data on the rate of working-age Incapacity Benefit/Severe Disablement Allowance claims with alcohol dependency as the main medical condition indicates significantly higher than average rates in Manchester – 350 per 100,000 of the population, compared to 173 per 100,000 across the north west45.

- Recent estimates from the Department for Work and Pensions (DWP) indicate there are 673,500 adults of working age in the north west who are in receipt of one of the main DWP benefits, and that 4.7% (n=31,800) of these are estimated to be dependent drinkers. The biggest proportions of these are in the age groups 25–34 and 35–4446.

Homelessness
Links between alcohol misuse and homelessness are well established, both as a cause and a consequence. Alcohol misuse can impact on an individual’s ability to maintain a tenancy; conversely, lack of stable accommodation is considered by many homeless alcohol misusers to be a significant barrier to their recovery. Physical and mental health problems are prevalent among the homeless population, and research suggests that one third of all deaths among the homeless population are a result of drugs or alcohol47.
The cost of alcohol misuse in England is estimated to be up to £25 billion a year. This figure takes into account the impact alcohol has on health and other public services, the cost of alcohol-related crime and disorder, the impact of alcohol misuse on worklessness and lost productivity, and the estimated social costs as a result of alcohol misuse. It includes:

- £2.7 billion a year cost to health services in England\(^48\)
- £7.3 billion a year cost to the UK economy as a result of alcohol-related crime and disorder\(^49\)
- £6.4 billion a year cost as a result of the impact of alcohol on the workplace (including reduced employment and lost productivity)\(^50\)
Current responses to alcohol-related harm in Manchester
Manchester has had a multi-agency alcohol strategy in place since 2005. Effective partnership working has meant that our strategies to tackle alcohol misuse in the city have seen many successes.

This section highlights some of the key achievements of our previous strategies to address alcohol-related harm across a range of topic areas.
Education and prevention

Access to Identification and Brief Advice (IBA) has been increased.
There are now IBA projects running in the Accident and Emergency Departments (A&Es) of all three Manchester hospitals to screen individuals who attend A&E and who have alcohol as a factor in their attendance. In 2010/11, 53,235 individuals were screened by A&E staff; 27% of those individuals screened positive (ie. drinking at increasing or higher risk levels) and were offered further interventions to address their alcohol use.

An Alcohol Arrest Referral Scheme is in place across the city.
Staff in all custody suites can identify people whose offence is related to alcohol use, and refer them for extended brief advice provided by the Community Alcohol Team. Data for the scheme indicates that there are high levels of take-up of interventions; on average three quarters of those referred for brief interventions attend their appointment.

Frontline workers have been trained in the skills needed to identify and respond to alcohol misuse among their clients.
Services that have received this training to date include GPs and pharmacists, Children’s Centre workers, district nurses, health visitors, and Probation staff.

Social marketing campaigns have been carried out to raise awareness about alcohol and its risks.
The Drink Smart campaign was launched by the Public Health Development Service in 2008, and includes self-help materials for people who are concerned about their alcohol use and want to make changes. Targeted campaigns include Drink Safe Over 50, which is aimed at older people who are more likely to drink at home, and Girls on Pop, which provides information and awareness materials aimed at the lesbian and bisexual community.
Manchester’s alcohol treatment system provides a range of services and interventions for people requiring specialist treatment for more severe alcohol misuse problems. Some residential rehabilitation provision in the city has been redeveloped to provide access for female service-users and wheelchair-users. A review of the arrangements for inpatient detoxification has led to greater choice for service users, and is showing improvements in the outcomes for individuals who use the services.

Care Facilitator posts are in place in each of the three hospitals in the city. The aim of the posts is to prevent dependent drinkers being readmitted to hospital by developing care pathways between hospitals and community-based services. This ensures that patients are supported to access treatment and care services following their discharge from hospital, and supports hospital staff to develop procedures and protocols on managing alcohol misuse problems on the wards.

The Manchester Substance Misuse Involvement Network (MSMIN) was launched in January 2009. This was done as part of the DAST’s Service User and Carer Development Project (SUCDP). The Network aims to improve communications between commissioners, service-users and carers through providing opportunities to discuss specific issues, gathering views of service users and carers on planned developments, communicating on developments in services, and providing training for carers and treatment services.
Protecting children and families

The Eclypse Young People’s Specialist Substance Misuse Treatment Service was recommissioned in 2009.

The redesigned service includes an increased focus on families where there are substance misuse issues. The Eclypse Family Team works with families to provide harm reduction information and support to build parenting skills, and structured support for children, including clear, age-appropriate information relating to parental substance misuse. A family therapist also works in the team to support individual family members or whole families with substance misuse issues.

DAST

The DAST has worked with the Manchester Safeguarding Children Board (MSCB) to review and update MSCB guidance on working with parental substance misusers, to identify and address barriers to effective multi-agency working with substance misusing families, and to ensure that all substance misuse services in the city are able to discharge their duty to protect the children of substance misusing parents/carers.

Healthy Schools Service

The Healthy Schools Service has supported the development of drug and alcohol education in schools, and worked with the Eclypse Substance Misuse to deliver a joint pilot programme for young people and their families facing the transition from primary school to high school. The aim of the project was to support children and young people on the edge of the transition to secondary school who may be vulnerable in this period of time. This included alcohol awareness and education for children and parents/carers, targeted support for families, and information and resources for parents/carers.
## Alcohol-related crime and disorder

### Identifying irresponsible retailers
Licensed premises that sell alcohol illegally or irresponsibly continue to be identified by partners through a range of activities, including surveillance, gathering intelligence from local communities and partner agencies, test purchasing, and specific operations carried out at peak times for the night-time economy.

### Reporting concerns about retailers
Community-based staff received information and training on how to report concerns about licensed premises. Information gathered is used to ensure that licensed premises are selling alcohol in accordance with the Licensing Act and the conditions of their licence, and that appropriate action against premises can be taken.

### A range of activities has been developed to support responsible alcohol retailing in the city
These include production of a Responsible Alcohol Service guide for licensed premises, training and materials on a range of issues, including preventing and managing drunkenness and sales to people who are drunk (with materials to support bar staff, ie. refusal cards and customer signage), and promotions to encourage increased take-up of alcohol-free and low-alcohol drinks.

### Manchester has been awarded a Purple Flag
This recognises good management of the night-time economy across a range of areas, including diversity of attractions, the built environment, and transport infrastructure. Other initiatives to promote good practice in the night-time economy include the Best Bar None scheme, which provides accreditation for licensed premises that meet a range of standards for responsible alcohol retailing.

### Interventions to address offenders’ alcohol misuse
Schemes including the Alcohol Arrest Referral Scheme, and Alcohol Treatment Requirements are delivered by Probation and the Community Alcohol Team for dependent drinkers who have been given community sentences for violent offences. An alcohol strategy for HMP Manchester is in place, which includes the creation of new posts within the prison to identify and respond to prisoners who have alcohol misuse issues, and enhanced clinical support for prisoners needing alcohol detoxification.

### Interventions to address domestic abuse and alcohol misuse
Promoted through Manchester's Domestic Abuse Forum, this has included training for practitioners in the identification of and referral to specialist services for alcohol and domestic abuse.
Our vision and strategy
This third Manchester Alcohol Strategy aims to consolidate and build on previous strategies to further develop approaches to reduce the harm alcohol misuse causes to individuals, families and communities in our city, and to initiate a change in our relationship with alcohol.
4.1 Our vision

Throughout the course of this strategy, partners will work towards the following vision, which will also support the delivery of other high-level strategies for Manchester.

- We work towards a culture of responsible drinking, where individuals make informed choices about their alcohol use and drink less, less often.

- All sections of the alcohol retail industry contribute to reducing alcohol-related harm through commitment and action on responsible retailing.

- Individuals’ health and wellbeing is improved through access to effective early interventions and recovery-focused treatment and care services for those who need them.

- Children, young people and families are protected from the harms caused by their own and others’ alcohol misuse, and supported to achieve better outcomes.

- We work with local communities to reduce alcohol-related crime, disorder and antisocial behaviour.
Our strategy

In order to work towards our shared vision of reduced consumption and reduced alcohol-related harm, partners will work towards the following aims and objectives over the course of this strategy.

More detailed implementation plans will be developed for each of the strands of activity, outlining activities and milestones, lead agencies and timescales. These will be regularly reviewed and updated. Progress against the implementation plans will be monitored by the Drug and Alcohol Partnership Board, and reported to other strategic boards as required.

Aims and objectives

1. *Promoting and supporting change in attitudes and behaviours*
   - Work in partnership with stakeholders to assess need, and plan strategies and programmes for changing behaviour and attitudes in relation to alcohol use and misuse
   - Develop and deliver communications and social marketing campaigns that use consistent messages and evidence-based approaches to raise awareness and engage individuals and communities in working towards change
   - Provide information and resources for individuals, to enable them to understand the role of alcohol in their lives so they can develop the skills to change behaviours
   - Promote and support the development and implementation of workplace alcohol policies and interventions to reduce alcohol-related harm in the workplace
   - Ensure that appropriate alcohol education is available for children, young people and parents
   - Develop alcohol awareness and identification skills in the workforce across a range of settings
   - Work in partnership to develop responses to address the availability and affordability of alcohol.

2. *Ensuring alcohol is sold responsibly*
   - Ensure that licensed premises have information about the law, their responsibilities, and good practice in the sale of alcohol
   - Promote and support responsible retailing through initiatives to recognise and reward good practice
   - Raise public awareness of the benefits of responsible retailing and using well-managed premises
   - Ensure implementation of the Manchester Licensing Policy 2011–2014 is closely linked with the Manchester Alcohol Strategy
   - Develop and sustain partnership working between the Licensing Authority, responsible authorities, and local retailers, including data-sharing where appropriate
   - Review the impact of licensed premises in areas with high levels of alcohol-related harm, and explore options for addressing issues
   - Continue to use available tools and powers to address the illegal and irresponsible sale of alcohol by licensed premises
   - Ensure that targeting of enforcement activity is intelligence-led, and based on information from a range of sources, including responsible authorities and local communities.
3. **Improving access to effective early interventions and recovery-focused treatment and care**

- Increase access to identification and brief advice (IBA) for individuals with alcohol misuse issues by providing these across a range of settings in line with priorities agreed by the partnership
- Ensure that there is a consistent approach to the implementation of alcohol IBA across the city
- Ensure that clear referral pathways are in place across a range of settings, to facilitate access to treatment for those who need it
- Carry out an assessment of need for alcohol treatment and interventions across all tiers
- Review the adult alcohol treatment and care system to improve access, capacity, effectiveness and value for money
- Ensure that vulnerable adults and those with complex needs are supported to access primary care and alcohol treatment, maintain appropriate accommodation, and engage in activities to support their recovery
- Reduce alcohol-related preventable accidents
- Strengthen links between delivery of alcohol interventions and other related areas, i.e. health inequalities, mental and physical health and wellbeing, worklessness, and complex families.

4. **Protecting children and families from alcohol-related harm**

- Ensure that effective alcohol education is available for children in school and other education settings
- Ensure that universal and targeted services working with children and young people are able to identify alcohol misuse and respond appropriately
- Increase access to specialist treatment for young people with alcohol misuse issues, including improving referral pathways from universal and targeted services
- Ensure that responses to young people’s alcohol misuse are integrated with other city-wide initiatives to improve outcomes for children and young people
- Develop parents’ understanding of the impact of their own alcohol use on children, and current guidance on young people’s alcohol consumption
- Raise awareness of the impact of parental alcohol misuse and improve identification and co-ordinated responses across agencies
- Ensure alcohol treatment services identify and respond to safeguarding issues for children as part of a co-ordinated ‘whole family’ response
- Ensure that alcohol treatment services identify and support the needs of carers
- Ensure that alcohol misuse issues are identified and responded to appropriately as part of co-ordinated responses to complex families in the city
- Develop co-ordinated responses to alcohol where it features within situations of domestic abuse.
5. Tackling alcohol-related crime, disorder and antisocial behaviour

- Continue to use available tools and powers to address alcohol-related crime in the night-time economy, linked with access to appropriate interventions for individuals to address their alcohol misuse

- Ensure that interventions are in place at all stages of the criminal justice system, to enable offenders to address their alcohol misuse and how this links to their offending behaviour; and ensure that these are linked to strategies and interventions to reduce reoffending

- Strengthen links with communities and neighbourhood teams to identify local needs concerning alcohol-related crime and disorder, work together to develop appropriate responses, and communicate about delivery and outcomes of these

- Ensure that tools and powers used to address alcohol-related nuisance and disorder in neighbourhoods are linked with access to appropriate interventions for individuals to address their alcohol misuse

- Ensure that young people involved in crime, disorder and/or antisocial behaviour are supported to access early interventions and treatment services to address substance misuse

- Provide information for vulnerable groups to highlight the risk of them becoming victims of alcohol-related crime and preventable incidents

- Improve data collection and sharing and use this to inform the development of targeted responses to address groups or areas contributing disproportionately to alcohol-related crime and disorder in the city.

Activities and indicators will be mapped against each of these areas, and integrated into the implementation plans that will be developed to support delivery of the strategy.
High-level outcomes


Delivery of the Manchester Alcohol Strategy will be focused on the following outcome areas. These will also contribute to the delivery of the city’s key strategies for communities, health and wellbeing, crime and disorder, and children and families; they will also link to other national outcome frameworks.

- Increased awareness, and reduced consumption
- Recovery from alcohol dependence
- Safer drinking environments
- Improved outcomes for children, young people and families
- Improved health and social functioning
- Reduced alcohol-related crime and antisocial behaviour.
4.3 Delivering the strategy
Alcohol misuse affects individuals, families and communities across our city, and impacts on every area where we need to improve outcomes for our residents: health and wellbeing, crime and disorder, children and families, neighbourhoods, and work and skills.

Because alcohol-related harm cuts across a wide range of public service priorities, developing a robust partnership approach is essential to ensure a strong, shared response that supports the key outcomes for our residents and the city. In a changing environment and with limited resources, we will need to work together creatively to ensure that we deliver value for money, improve the effectiveness of our interventions, and achieve the best outcomes we can in reducing alcohol-related harm.

In addition to the thematic aims and objectives we have identified for this strategy, delivery will be underpinned by the following cross-cutting principles and actions:

**Working in partnership**
In order to make a sustained impact on alcohol-related harm in Manchester, and contribute to the overall outcomes for the city, we will consolidate and develop our existing partnership responses.

- Co-ordination of the delivery of this strategy is vital in identifying and supporting key delivery partners and agencies, ensuring the best use of resources to achieve our agreed priorities, and reviewing and reporting progress against wider outcomes.

- We will ensure that robust joint commissioning arrangements are in place to support delivery of the strategy, so that commissioned services and interventions meet agreed partnership priorities, they are evidence-based and effective, and are co-ordinated.

- We will develop and maintain partnership working with colleagues across other thematic areas, in order to link strategies and delivery, and identify where joint working can maximise use of resources and/or improve outcomes.

- We will explore new ways of delivering services and activities, eg. through ‘place-based’ approaches and cross-border work with subregional and regional partners.

- We will align delivery of the alcohol strategy with developing approaches to working with complex families in the city.

**Using evidence-based interventions**
In order to maximise the use of limited resources, we will need to ensure that the most effective interventions are commissioned and delivered.

- We will carry out assessments of needs to ensure that we commission the services and interventions that are most beneficial for our communities, and that they are targeted appropriately.

- We will ensure that this strategy is delivered in line with existing and forthcoming national policy and guidance, including the Department of Health’s High Impact Changes for alcohol (see Appendix 2).

- We will use the existing evidence base to inform decisions about implementation of this strategy and commissioning of services.

- We will carry out evaluations of projects and services, particularly where this will add to the evidence base for effective interventions.
Improving data and knowledge

During the course of this strategy, we will develop our understanding of alcohol use and misuse in our city, collect and share information about how this impacts on other key strategies and targets, develop our performance-monitoring arrangements for our activities, and work towards developing robust baseline data that allows us to measure the impact of this strategy and our commissioned interventions.

Supporting key local strategies

As noted previously, alcohol misuse impacts on all the priority areas for our city. Delivery of the Manchester Alcohol Strategy can support the aims, desired outcomes and targets for Manchester’s key high-level partnerships, strategies and implementation plans:

- Manchester Community Strategy
- Health and Wellbeing Strategy
- Crime Strategy
- Joint Strategy for Improving Outcomes for Children and Young People.

We will show how Manchester Alcohol Strategy maps against the priorities and intended outcomes for the key partnership strategies and boards in the city.

The Manchester Alcohol Strategy also links to and supports delivery of a range of other national, local and regional strategies; these are outlined in Appendices 3 and 4.

Agreeing outcome-focused implementation plans

Given the challenging and changing environment in which partners are currently working, we will publish implementation plans as separate documents. The aims and objectives included in this strategy document will remain constant over the course of its delivery; implementation plans will be reviewed and revised annually to take into account emerging national policy and guidance, developments in local strategic planning, and changes in the operating environment of partner agencies.

An outcome framework will be developed that will enable partners to monitor and performance-manage delivery of the alcohol strategy; this will identify how the actions in the implementation plans contribute towards the outcomes for the strategy, and how these link to the development of wider partnership strategies. The framework will be supported by development of a range of key indicators, and the outcomes and indicators will be communicated to stakeholders, including communities. It will enable partners to see more clearly where focus is needed to improve outcomes and close the gaps between Manchester and other areas, and agree the actions and commissioning activities that are needed to address these.
Focusing on prevention and reducing dependency on services

In line with the current programme of public sector reform, and the priorities outlined in the Manchester Community Strategy and other key local strategies, partners recognise the importance of focusing on prevention and early intervention, working towards reducing dependency on high-cost services, and raising aspirations of individuals and communities. While there is a continued need for specialist treatment services for substance misuse, these will focus increasingly on increasing successful treatment completion, and promoting recovery and independence among service users.

Linked to this, we will carry out further work on identifying the financial impact of alcohol misuse in the city, in order to support the evidence base for partnership investment across a range of areas.

Advocating for changes that will benefit our residents

This strategy identifies and outlines a range of actions across a number of delivery areas that aim to reduce the impact of alcohol-related harm on individuals, families and communities in the city. In many cases, these actions tackle the symptoms rather than the causes of alcohol misuse, and local action alone cannot fully resolve the wider drivers of alcohol misuse. During the course of this strategy, we will advocate regionally and nationally for the changes that are needed to significantly reduce alcohol-related harm and improve outcomes for our residents, and work with regional and national partners to achieve these.

Communicating with our communities

Throughout the course of this strategy, we will develop and maintain communication with a range of stakeholders. This will include:

- Communicating with individuals and communities in the city about their views on alcohol, the work we are doing, and the ways they can help us
- Ensuring that service users and carers have the opportunity to tell us their views and experiences and how services can be improved
- Communicating with partners and providers responsible for delivering this strategy, and those in related areas, to ensure that delivery is co-ordinated and mutually beneficial.
4.4 Governance and accountability

The Drug and Alcohol Partnership Board (DAPB) will oversee the delivery and performance management of the Manchester Alcohol Strategy.

The DAPB oversees strategic responses to drug and alcohol for the city, and includes representation from all the key partner agencies responsible for delivery of the strategy and implementation plans – Manchester City Council, NHS Manchester, Greater Manchester Police, Greater Manchester Probation Trust, HMP Manchester, and the voluntary and community sector. The DAPB reports to three strategic partnerships, which include representation from other stakeholders including elected members, GPs and schools:

- Health and Wellbeing Board
- Crime and Disorder Performance Board
- Children’s Board.

The DAPB is supported by a Substance Misuse Joint Commissioning Group, which ensures that partnership priorities for substance misuse are delivered. Other reference and task and finish groups will be developed as appropriate to support and monitor delivery of specific areas of the Alcohol Strategy.

The Drug and Alcohol Strategy Team (DAST) in Public Health Manchester is responsible for co-ordinating delivery of the Manchester Alcohol Strategy on behalf of the DAPB. This includes ensuring that the actions in the implementation plans contribute to the aims of the strategy, monitoring progress against plans, ensuring the alcohol strategy is linked with relevant partnership forums (including the Manchester Safeguarding Children’s Board, Manchester Safeguarding Adults Board, Reducing Reoffending Strategy Group, Domestic Abuse Forum, Clinical Commissioning Groups, and others), and reporting to the DAPB and other relevant boards. The DAST will lead on annual reviews of delivery plans in consultation with partner agencies.
Appendices
Appendix 1:
Projections of prevalence of alcohol misuse in Manchester (2011–2021)

These projections have been made by applying national and local prevalence estimates to Manchester population estimates, to give estimated numbers of people drinking at levels above the recommended lower-risk drinking limits. The projections are intended as a guide to give background information about possible levels of alcohol misuse in the city, but are not intended to be used in place of more robust local needs assessment, which should be carried out prior to commissioning services and interventions.

Table 1: Estimates of prevalence of different types of drinking in Manchester, 2011–2021

<table>
<thead>
<tr>
<th>Year</th>
<th>Increasing/higher risk drinkers (a)</th>
<th>Binge drinkers (b)</th>
<th>Dependent drinkers (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>82,301</td>
<td>53,675</td>
<td>12,882</td>
</tr>
<tr>
<td>2012</td>
<td>83,290</td>
<td>54,320</td>
<td>13,037</td>
</tr>
<tr>
<td>2013</td>
<td>84,116</td>
<td>54,858</td>
<td>13,166</td>
</tr>
<tr>
<td>2014</td>
<td>84,835</td>
<td>55,327</td>
<td>13,279</td>
</tr>
<tr>
<td>2015</td>
<td>85,525</td>
<td>55,777</td>
<td>13,387</td>
</tr>
<tr>
<td>2016</td>
<td>86,147</td>
<td>56,183</td>
<td>13,484</td>
</tr>
<tr>
<td>2017</td>
<td>86,698</td>
<td>56,542</td>
<td>13,570</td>
</tr>
<tr>
<td>2018</td>
<td>87,241</td>
<td>56,896</td>
<td>13,655</td>
</tr>
<tr>
<td>2019</td>
<td>87,747</td>
<td>57,226</td>
<td>13,734</td>
</tr>
<tr>
<td>2020</td>
<td>88,221</td>
<td>57,536</td>
<td>13,809</td>
</tr>
<tr>
<td>2021</td>
<td>88,711</td>
<td>57,855</td>
<td>13,885</td>
</tr>
</tbody>
</table>

(a) Based on Local Alcohol Profiles ‘increasing risk drinking synthetic estimate’ and ‘higher risk drinking synthetic estimate’ for adults aged 16+, applied to Manchester population estimates

(b) As a subset of the increasing/higher risk drinkers group. Based on Local Alcohol Profiles ‘binge drinking synthetic estimate’ for adults aged 16+, applied to Manchester population estimates

(c) Based on estimates of dependent drinking prevalence from Alcohol Needs Assessment Research Project, Department of Health, 2005

Information compiled by Manchester Joint Health Unit, December 2010.

Appendix 2:
High Impact Changes

We will ensure that delivery of the Manchester Alcohol Strategy is consistent with the High Impact Changes outlined by the Department of Health\(^5\), which are those approaches and interventions likely to have the most significant impact on health outcomes in areas where tackling alcohol-related harms has been identified as a priority. The High Impact Changes for alcohol are:

- Work in partnership
- Develop activities to control the impact of alcohol misuse in the community
- Influence change through advocacy
- Improve the effectiveness and capacity of specialist treatment
- Appoint an Alcohol Health Worker in Accident and Emergency Departments
- Provide more help to encourage people to drink less – access to identification and brief advice
- Amplify national social marketing priorities.

Appendix 3:
National legislation, policy and guidance

In addition to outlining the way that we will respond to local need in terms of alcohol, the Manchester Alcohol Strategy outlines how we will deliver national strategies and policy at a local level. It is also set within a wider context of a range of relevant legislation, policy and guidance that need to be taken into consideration when we decide on local approaches to reducing alcohol-related harm. These include:

National substance misuse strategies

- National Alcohol Strategy (HM Government, currently in development)
Other relevant national strategies

- Breaking the cycle: effective punishment, rehabilitation and sentencing of offenders (Ministry of Justice Green Paper, 2011)
- Every Child Matters (2005)
- Improving Health, Supporting Justice (HM Government, 2009)
- New Horizons - a shared vision for mental health (DoH, December 2009)

Legislation

- The Licensing Act 2003
- Selling Alcohol Responsibly: The New Mandatory Licensing Conditions (Home Office, 2010)
- Police Reform and Social Responsibility Bill 2010–11 (amends and supplements the Licensing Act 2003 with the intention of ‘rebalancing’ it in favour of local authorities, the police and local communities)
- The Violent Crime Reduction Act 2006
- The Children Act 2005

Guidance

- Signs for Improvement: commissioning interventions to reduce alcohol-related harm (Department of Health, 2010)
- Local Routes: guidance for developing alcohol treatment pathways (Department of Health, 2009)
- The National Institute of Health and Clinical Excellence (NIHCE) guidance relating to alcohol misuse disorders:
  - Alcohol-use disorders: preventing the development of hazardous and harmful drinking (PH24)
  - Alcohol-use disorders: physical complications (CG100)
  - Alcohol dependence and harmful alcohol use (CG115)
- Models of Care for Alcohol Misusers (National Treatment Agency, 2006)
- Review of Effectiveness of Treatment for Alcohol Problems (National Treatment Agency, 2006)

Appendix 4: Links to local strategies

The Manchester Alcohol Strategy also supports and aligns to a range of other local strategies and delivery plans, including:

Strategies to address health and wellbeing

- NHS Commissioning Strategy
- Manchester Mental Health and Wellbeing Commissioning Strategy 2009–14
- Sexual Health Strategy
- Homelessness Strategy
- Supporting People Strategy
- Valuing Older People Strategy
- Health Inequalities Strategy
- Adult Drug Treatment Plan
- HMP Manchester Alcohol Strategy
- Manchester Carers Strategy

Strategies for children and families

- Young People’s Substance Misuse Strategy
- Improving Outcomes for Children and Young People
- Valuing Young People Plan (in development)
- Teenage Pregnancy Strategy
Appendix 5: Glossary of terms

**Unit:** A unit of alcohol is 10ml (or 8 grammes) of pure alcohol. Most standard drinks contain more than one unit. A unit is the equivalent of a single (25ml) measure of spirits, or half a pint of non-premium (4%) lager, or less than 100ml wine (a standard 175ml glass is 2.3 units).

**Increasing risk drinkers:** Regularly drinking over the recommended limits for lower risk drinking but not regularly drinking at the higher risk levels (men drinking 22–50 units per week, women drinking 15–35 units per week). May not currently be experiencing harm, but at increasing risk of physical and mental health problems, being a victim of crime, injury or falls, unsafe or regretted sex.

**Higher risk drinkers:** Regularly drinking well over the recommended limits (men drinking over 50 units per week, women drinking over 35 units per week). At greater risk of experiencing the problems outlined above, and at these levels alcohol use may be more likely to impact on others around them. At risk of becoming physically or psychologically dependent.

**Binge drinkers:** Binge drinking is defined as drinking with the intention of getting drunk (women drinking more than 6 units or men drinking more than 8 units in a single session). At risk of acute health harms (ie. accidents), and binge drinking can impact on families and communities.

**Alcohol dependence:** A cluster of behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol and difficulties in controlling its use. Someone who is alcohol-dependent may persist in drinking, despite harmful consequences. They will also give alcohol a higher priority than other activities and obligations.

**Disability-adjusted life years:** One DALY can be thought of as one lost year of healthy life. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability.

**Structured brief advice:** A brief intervention that takes only a few minutes to deliver. Based on feedback (on the client’s risk of having alcohol problems), responsibility (change is the client’s responsibility), advice (provision of clear advice when requested), menu (what are the options for change?), empathy (an approach that is warm, reflective and understanding) and self-efficacy (optimism about the behaviour change).

**Extended brief intervention:** This is motivationally based and can take the form of motivational-enhancement therapy or motivational interviewing. The aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change.

**Social marketing:** A new approach to delivering public health campaigns. Rather than focusing on telling people what to do, social marketing aims to understand people’s circumstances and motivations, discovering what influences their behaviour and designing responsive services and programmes.

**Chronic conditions:** A disease or other human health condition that is persistent or longlasting in nature. Examples of chronic conditions related to alcohol misuse include alcoholic heart disease, liver disease, cancers, digestive disorders, hypertensive diseases and stroke.

**Mental and behavioural disorders:** As defined by the World Health Organization (ICD-10) – a wide variety of disorders that differ in severity and clinical form but that are all attributable to the use of one or more psychoactive substances, in this case alcohol. Includes the following conditions: intoxication, harmful use, dependence, withdrawal, psychotic disorders and amnesiac syndrome.
Alcohol-attributable conditions: Alcohol-attributable or related conditions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases of the condition, for example, as for hypertensive diseases, various cancers and falls.

Alcohol-specific conditions: Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol poisoning, alcohol-induced behavioural disorders and alcoholic liver cirrhosis.

Wernicke-Korsakoff Syndrome: A collection of conditions ranging from Wernicke’s encephalopathy to Korsakoff’s psychosis. Wernicke-Korsakoff syndrome results from thiamine deficiency, and is usually found in severely dependent drinkers.

Substance misuse: Substance misuse is defined as intoxication by – or regular excessive consumption of and/or dependence on – psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs (including alcohol when used in combination with other substances).

Alcohol-related crime: This is a popular rather than a legal term. Normally, it is used to refer to two main categories of offences:

- Alcohol-defined offences such as drunkenness offences or driving with excess alcohol.
- Offences in which the consumption of alcohol is thought to have played a role of some kind in the committing of the offence, usually because the offender was under the influence of alcohol at the time – examples include assault, breach of the peace, criminal damage and other public order offences.

Recovery: This is defined as the process characterised by voluntary sustained control over problematic substance use, which maximises health and wellbeing and participation in rights, roles, and responsibilities of society.
1 Safe. Sensible. Social. – consultation on further action impact assessment, Department of Health, 2008
2 Off Measure: How we underestimate the amount we drink, Alcohol Concern, 2009
4 Ibid
5 Safe. Sensible. Social. The next steps in the National Alcohol Strategy, Department of Health, Home Office, Department for Education and Skills, Department for Culture, Media and Sport, 2007
8 Signs for improvement – commissioning interventions to reduce alcohol-related harm, Department of Health, 2009
10 Alcohol misuse: tackling the UK epidemic, BMA Board of Science, 2008
11 NI 39: Number of Hospital Admissions for Alcohol Related Harm by Gender and Age by Condition, North West Public Health Observatory, http://www.lape.org.uk/, accessed December 2011
12 Alcohol Specific Hospital Admissions in Manchester 2009, Manchester Joint Health Unit, 2010
13 Alcohol harm reduction strategy for England, Prime Minister’s Strategy Unit, 2004
14 NHS Manchester, 2010
16 New Horizons – A shared vision for mental health, Department of Health, 2009
17 Interim Analytical Report, Prime Minister’s Strategy Unit, 2003
19 Cocaethylene: Responding to combined alcohol and cocaine use, AERC Alcohol Academy, 2010
20 Unless otherwise stated, all data in this section from City of Manchester Strategic Threat Assessment, MCC/GMAC, 2010
22 The Home Office categorises incidents of antisocial behaviour between partners/ex-partners, involving juveniles and between other adults, as domestic incidents within the antisocial behaviour group.
24 The impact of alcohol in Greater Manchester: report no. 8, North West Public Health Observatory, 2011
25 Ibid.
26 Substance misuse needs assessment, Greater Manchester Probation Trust, December 2011
27 Substance misuse among prisoners in England and Wales, ONS, 1997
29 Grasping the nettle: alcohol and domestic violence, Alcohol Concern, 2010
31 Greater Manchester Police
32 Supporting information for the development of joint local protocols between drug and alcohol partnerships, children and family services, NTA, 2011
33 Safeguarding and Promoting the Welfare of Children and Young People affected by Parental Substance Misuse, MSCB, 2011
35 Children and young people in Manchester: drugs, alcohol and risk behaviour, Research and Data Services Limited, 2007
36 Trading Standards North West Alcohol Survey of Young People, Ci Research, 2009
37 Children and young people in Manchester: drugs, alcohol and risk behaviour, Research and Data Services Limited, 2007
38 Ibid.
39 Ibid.
40 Ibid.
42 Young people in contact with structured treatment in the North West of England, Liverpool JMU: Centre for Public Health, 2010
43 Interim Analytical Report, Prime Minister’s Strategy Unit, 2003
44 Population estimates of alcohol misusers who access DWP benefits, Department for Work and Pensions, 2010
46 Population estimates of alcohol misusers who access DWP benefits, Department for Work and Pensions, 2010
47 Homelessness: a silent killer, Crisis, 2011
48 Signs for improvement – commissioning interventions to reduce alcohol-related harm, Department of Health, 2009
49 Interim Analytical Report, Prime Minister’s Strategy Unit, 2003
50 Ibid.
51 Signs for improvement – commissioning interventions to reduce alcohol-related harm, Department of Health, 2009