draft

ROtherham alcohol harm reduction strategy

April 2007
THE VISION

To eliminate the harm caused by alcohol in Rotherham-reducing impact on health, crime, families and businesses.

This strategy has been developed by the Alcohol task group. Lead by the recommendations from the Alcohol Harm Reduction Strategy for England (NAHRS - 2004)

It’s purpose is to present a cohesive approach to alcohol harm minimisation, building on Rotherham’s existing resources, highlighting the gaps and researching options and best practice. It’s aims are to prevent harm through alcohol misuse and to effectively help those who are currently affected by it.

Throughout the strategy and the subsequent action plans Service User consultation and Public consultation is fundamental to it’s success. This is also a recommendation of The Models of Care for Alcohol Misusers. (MoCAM)

Locally other strategies have cross cutting issues that this strategy will contribute to

They include-

- Domestic Violence Strategy
- Public Health Strategy
- Community Safety Strategy

The Need for a Local Strategy

Around 90% of adults drink, for most it is a positive experience. However. around 23% of the population (16-64) drink hazaradously or harmfully this costs the UK around £20bn a year. The 2005 Rotherham lifestyle survey showed that, of the respondents, 16% were 'Tee Total'. 23% had drank more than the recommended units of alcohol in the previous week, 14% often or occasionally felt ashamed or guilty about their drinking and 15% felt they should cut down. The 2006 Rotherham Young People's lifestyle survey showed that 41% of year 10 (age 14) boys drank on a regular basis and 47% of year 10 girls, of the girls 60% drank 10-20 units weekly. The most common type of drink for young people was alcopops, closely followed by spirits then lager. Alcohol related hospital admission costs in Rotherham for 2005/2006 was £ 356,220.

Much of the harm caused by alcohol is preventable-it’s estimated that for every £1 spent on treatment £5 is saved from public expenditure (UK Alcohol Treatment Trial 2005). The annual ‘cost’ of the UK’s alcohol misuse problem is calculated to be up to £20 billion per year, equivalent to £800 for each resident in Rotherham. NAHRS refers to the patterns of drinking most likely to cause 'harm' and so 'cost' as Binge and Chronic drinking.

The 'cost' includes-

- 1.2m violent crimes.
- 360,000 incidents of domestic violence
- Increased anti social behaviour and fear of crime
- £95m on specialist alcohol treatment
- 300,000 hospital admissions for alcohol dependency syndrome
- 22,000 premature deaths
- Up to 70% of all admissions to A&E departments
- Up to 1000 suicides
- 17m working days lost
- 700,000 - 1.3m children affected by parental alcohol problems.
- Marriages twice as likely to end in divorce
As a result of the costs and complex issues around alcohol misuse and the need to reduce harm from it the National Strategy highlights 4 key areas to tackle.

- Better Education and communication
- Improving health and treatment services
- Combating alcohol-related crime and disorder
- Working with the alcohol industry.

The action plans show the 'real' measures that by partnership working will be put in place for the success of the strategy. At a local level it was agreed that a separate pillar for 'children and young people' should not be added as the issue ran through each of the pillars, but, a separate action plan considering safeguarding both from the use of alcohol themselves and by their parents/carers has been added. This area presents different needs and challenges plus different agencies and approaches.

"Individuals make choices about how much and how often they drink" NAHRS. We want to ensure that in Rotherham individuals have sufficient accurate, easy to understand information to make informed choices about their drinking and so can they act more responsible.

The 4 Main Pillars of Rotherham's Alcohol Harm Reduction Strategy

1. Education, Communication and Information

Education in this context is not just about schools, it is about 'everyone' being educated in responsible alcohol use and its risks. Information and Education must be given in a clear understandable way. There is a need to gather, collate and action accurate multi agency data, for example on best practice, where alcohol related violent crime is happening and new research. All education and information needs to be communicated effectively, ensuring a joined up approach: all agencies/partners sharing information and acting appropriately on it.

The need to get the alcohol message understood poses many challenges.

The 'message' itself has become blurred. The governments 'Safe drinking' message was changed in 1995 from a weekly to a daily limit in recognition of the harm of binge drinking. It currently stands at

- 2-3 units per day for women
- 3-4 units per day for men

With a recommended 48 alcohol free hours following heavy drinking.

The reality of this message is more complex. What is a unit? How much is a swig? Is 2 drinks ok?

For example 2 x 175ml glasses of 12% wine = 4.2 units therefore above recommended consumption for a female. NAHRS shows that only 25% of the population know what a 'unit' is.

The 'message' is provided at various outlets but there is an overall lack of a targeted approach and clarity around the key messages provided, plus gaps in the opportunities taken to inform people of the message and safer drinking. We know for example that there is a greater pattern of risk taking within our deprived communities yet interventions do not reflect this phenomenon. A consistent public health message on the risks associated with alcohol use including sexual health, obesity plus heightened risk taking needs to be communicated alongside alcohol information. Statistics show that young people who regularly combine drinking and sexual activity are seven times less likely to use a condom- increasing risks of both teenage pregnancy and sexual disease. Developmental opportunities for informing on safer drinking exist within primary and secondary care settings with 70% of the population visiting their GP at least once a year. Add to this appointment’s with, for example Genito-urinary medicine clinics (GUM), Midwifery, Drug Services and Practice Nurses and the scope increases.
Young People, Schools and Colleges.

By April 08 the ‘Youth Offer’ scheme will be actively offering Information, advice and guidance positive activities and targeted support to every young person in Rotherham. There are many current alcohol education tools in place for young people, for example ‘Crucial Crew and Personal, Social and Health Education (PSHE) programmes; the ‘alcohol message’ is getting through but may need a more enhanced approach. It also follows that alcohol misuse by the pupil or their family can reduce productivity and increase days lost in education.

Rotherham’s Public Health Strategy has an aim to increase the level of 16-18 year olds in education, this, increasing the scope of education based alcohol campaigns.

The Department of Health and Home Office have a current ‘Know Your Limits’ campaign aimed at 18-24 year olds—encouraging responsible drinking and showing the consequences of excessive alcohol use.

The education of anyone who works with or has contact with young people is on a more ad hoc basis and is not always a mandatory requirement. Part of the Single Regeneration Budget (SRB) 6 bid highlights the need for teachers to be trained in alcohol education as well as highlighting work to be done within schools on under-age drinking. Courses are to be run for teachers later this year delivered by the Healthy Schools Team and are as a result of one-off monies—so will not have a long term dedicated approach.

Pupil Referral Unit’s and excluded pupils are included in the PHSE programme. The National Institute for Clinical Excellence (NICE) Guidelines are soon to be published and evaluation of the effectiveness and best practice of school based work will be a requirement.

It is estimated that there are up to 1.3 million children of alcohol misusing parents/carers. ‘Free To Be Me’ is a local service that supports the needs of young people living with the effects of substance misuse (drugs and alcohol) – it’s provision is unlikely to mirror the numbers locally of young people with needs. In recognising the need of a young person living with alcohol misuse the impact on them and their lives has the opportunity to be minimised. Nationally there are contact points for young people such as ‘Alateen’ and National Association for Children of Alcoholics (NACOA) but sign posting to these resources is required.

The publication of Hidden Harm—responding to the needs of children of problem drug users) has led to the formation of Rotherham’s Multi Agency Hidden Harm group, it is currently considering among many other issues, the need for adult services to be accurately and routinely recording responsibility for children. The Youth Offending Service as part of the initial assessment asks if the young person is living with substance misusing parents/carers.

There is little evidence around the effectiveness in stopping substance misuse by the provision of diversionary activities for young people. Rotherham Lifestyle survey showed 71% of respondents were unhappy with teenagers hanging around on the streets and 42% of respondents felt activities for teenagers needed improving. A ‘catalogue’ of young person’s activities is to be collated by RMBC.

The message of responsible alcohol consumption is shown to be more effective when consistent throughout every aspect of a young persons life—in the home setting (from parents/carers) schools, primary through to further/higher education as well as in any other service or provision of young person’s activities.

Hidden Harm, Every child matters, Every youth matters, Safeguarding Children etc give their own messages in working with young people and this strategy aims to compliment them.

The Industry
The alcohol industry has the ability to play a key role in educating and reducing harm. Studies show that in educating front line staff there can be a reduction in intoxication and Drink Drive incidents.

It is also an outlet to display information, Alcohol Concern go as far as to recommend having mandatory ‘point of sale’ information on safer drinking. At a national level it is hoped that alcohol units will be displayed on all packaging, but, at a local level with such schemes as License Watch, Responsible Retailer and the proposed Best Bar None (see industry pillar) the local alcohol industry local can be pivotal in disseminating information.

Workplace.

11-17m days of work are lost due to alcohol related sickness. There are also increases in related ‘risk’ of accidents at work plus loss of productivity (from the wider family as well as the ‘misuser’). Advice and support that have previously been offered to local employers in creating Workplace Alcohol Policies lacked co-ordination and investment. Such policies are recommended by Alcohol concern, Tackling Drugs Changing Lives and the Health and Safety Executive- They can give businesses, for example; the Ability to recognise a problem, Provide a greater awareness of the effects, Help businesses deal fairly with any problems, Have trained managers or key staff with the skills to deal with problems plus protects both employees and the business.

Information/Data on the effects of alcohol misuse is currently gathered by many organisations for example Accident and Emergency (A+E), Ambulance Service and the Fire Service but is often neither shared nor co-ordinated. This prevents an informed overview of the ‘real’ effects of local alcohol misuse. There are highlighted gaps in collection of information, for example alcohol related litter. Improved communication between these services will inform future action plans, enable effective prevention, provide intervention earlier on in the cycle and prevent further harm from alcohol misuse on communities, adults the elderly and young people.

We aim to

- Make the ‘sensible drinking’ message easier to understand-ensuring the development of appropriate and effective programmes of universal and targeted alcohol education and health promotion including links between risk and alcohol misuse.
- Improve the information and data we have about the extent of the alcohol problems in Rotherham and how we share it.
- Provide a targeted response from the information collected.
- Have a consistent message about alcohol from all agencies.
- Offer advice and support to local employers
- Work in partnership with the drinks industry
- Promote alcohol education at every opportunity.
- Assess current provisions, their level and quality of alcohol information.
- Safeguard young people.

Also See Action Plan.

2. Identification and Treatment

The numbers currently accessing adult specialist treatment represent the population of the most serious and problematic alcohol users, but at the time of writing there are no structured public health intervention programmes that comprehensively identify and tackle alcohol problems before they reach this problematic stage. Numbers using the consultant psychiatrist-led specialist alcohol service have tended to be around 500 per year, with the majority of these people seeking help themselves rather than being referred. This has often meant that by the time people have approached services for treatment, their levels of alcohol consumption have been very high and the physical health damage already substantial. By this point they have probably already been
heavy users of the rest of the NHS and other statutory services and are frequently already known to the police. Many of these clients are within a category described as “street drinkers” with concurrent problems related to housing. The number of problematic alcohol users within the borough is estimated at just under 2,000, a public health model would tend to suggest that there are at least three to four times more people than that i.e., 6-8,000 drinking “hazardously” within the borough. Yorkshire and Humber has the third-highest number of people identified as being hazardous/harmful alcohol users plus has one of the highest percentages of people with alcohol dependence of any region in England (5.2 per cent, compared to the England average of 3.6 per cent). Of the young people accessing the young person substance misuse service provision (as of December 2006) the main presenting substance was alcohol (131). The draft of the Young Persons Substance Misuse plan is currently being consulted upon, but recommends the implementation of a substance misuse screening tool and enhancement of care pathways both into the young persons services and for the transition onto adult services.

Whilst additional funding has been put in to develop drug services, linked to the national strategy around crime and disorder, no additional funding has been made available for alcohol for over ten years. During this time, as can be seen elsewhere within the strategy, the number of licensed outlets on and off licenses has increased dramatically and it is generally accepted that the levels of alcohol consumption have increased in line with elsewhere in the country.

In line with the body of evidence available nationally and in particular through the Models of Care for Alcohol Services document, Rotherham needs to urgently develop and re-structure its alcohol treatment provision at a number of different levels, referred to within the NHS as Tiers of Treatment. On average the population visit their GP 4 times a year and this provides us with an ideal opportunity for rapidly screening individuals to get an assessment of their alcohol intake and the likely harm that it may be causing. Interventions if necessary can then be provided for the individual, and collectively this information can be pulled together to give an overall picture of levels of consumption across the borough, highlighting geographical hotspots which are likely to be linked to pockets of deprivation, and also highlighting other groups which may be at risk, e.g. particular employment groups. Making people aware of the potential harm they may be doing, via a structured approach which can be delivered in the primary care setting. Screening and brief interventions in Primary care have shown to have good outcomes in reducing peoples drinking –up to 34% reduction in consumption. For those who are identified as having higher levels of risk, other interventions can be provided within a primary care setting and where necessary, GPs can refer quickly into specialist services which are geographically placed across the borough. Individuals presenting at their GP rarely do so directly with an alcohol problem, but do so with a number of other physical complaints which may be exacerbated by alcohol consumption. It is for this range of conditions that GPs need to be routinely screening people’s alcohol intake and making that link earlier rather than later.

In Rotherham there were 841 hospital admissions in 05/06 for mental and behavioural disorders due to the use of alcohol and 359 for alcoholic liver disease. It is thought that up to 70% of A+E admissions at peak times are due to alcohol equating to £1 in every £3 spent. There is a gap in the sharing of data regarding alcohol related A+E admissions and for the referral routes into alcohol treatment from A+E. Some areas have substance misuse specialist nurses that would deal with these sort of cases and ensure pertinent advice, brief interventions, information, sign posting and referrals on were done. Rotherham does not have this at this time. Further work may need to be done into the provision of treatment of poly drug users, vulnerable groups and diverse communities. ‘Saf Dil’ currently provides an alcohol service for minority groups in Rotherham.

How We Aim to Improve

- Introduction of widespread screening and collection of information within the primary care.
- Introduction of brief interventions in primary care.
- Introduce some elements of treatment where appropriate within a primary care setting.
• Re-tender Tier 2 provision to deliver an open access drop in service, screening, assessment and brief interventions, plus swift referral to specialist services.
• Identify funding for a third specialist worker to be placed alongside the existing drug services and sector teams across the borough—
• To increase year on year the number of people receiving interventions at all three tiers of treatment from an initial baseline of 500 per year in level three.
• Introduce outcome measurement tools in Tiers 2 and 3
• Review inpatient provision in line with new national guidance.
• Development and dissemination of clear support and treatment pathways throughout Rotherham.
• Ensure access to services for ‘all’.

Also See Action Plan.

3. **Alcohol Related Crime and Disorder.**

The misuse of alcohol has a detrimental effect on Rotherham’s resident’s visitors and businesses. Some offending has a specific link to alcohol misuse, e.g. drink driving, drunk and disorderly, yet some offences; Domestic Violence, Criminal Damage, Anti-social behaviour, have a less obvious, but a ‘non the less’ there, link. Although much is being done, the level of alcohol related crime and disorder is still felt to be unsatisfactory. The Rotherham lifestyle survey showed that 54% of respondents say the level of crime needs improving, nationally the figure sits at 61%. Locally the greatest problems in Anti-Social behavior are reported as: Teenagers hanging around on the streets (66% say this is a very or fairly big problem) and Vandalism, graffiti and deliberate damage (63%)

Many partners have schemes both running and in development. There are existing targets in place relating to; ‘violence’ offences committed on licensed premises, membership of License Watch, Domestic Violence and Anti-Social Behaviour, all of which are monitored utilising robust performance management frameworks. Information in relation to all offending is collated by the Community Information Unit; the introduction of the ‘Joint Strategic Agreement’ will encourage a more strategic approach to this information if shared and co-ordinated. The alcohol and violent crime group—a multi agency group, have programs in development, for example metal detectors, ID card schemes. The Community Safety Strategy and The Domestic Violence Strategy both have cross cutting issues within this pillar.

Prevention of alcohol related crime, particularly in the town centre has been scrutinised and dedicated public order patrols were put in place. The view being communicated from both the Neighbourhood Action Groups (NAG’s) and the Area Assemblies is that alcohol related disorder is happening and causing concern in out of town locations. There remains a need for a multi agency preventative approach and best practice information (for example around transport arrangements needs).

Enforcement of breaches in licensing laws and of offending behaviour requires regular reviewing: The continued scrutiny of Licensees around their best practices and intelligence around problematic premises would give opportunity to create a culture of responsible retailing if actioned in a multi agency response. Incidents that Police attend in licensed premises are often tagged for the attention of the Licensing Officer within South Yorkshire Police but there is no joint multi agency platform for discussion of current or future issues specific to licensing. The Joint Responsible Authority Meeting is not currently running but did provide such a forum. The violent crime reduction act 2006 will begin it’s roll out of recommendations later this year, this will include License reviews, Drinking banning orders and disorder zones.

For individual perpetrators of alcohol related crime NAHRS recommends the consideration of conditional cautioning to deal with alcohol related offenders e.g. keeping away from local pubs for 3 months and to seek treatment, this is currently not used in Rotherham. For Youth Nuisance and Anti-Social Behaviour, Anti Social Behaviour Orders (ASBO’s) and Acceptable Behaviour Contracts (ABC’s) are both used.
The Drug Intervention Programme engage with trigger crime (mainly acquisitive and class A possession) arrestees testing positive for heroin or cocaine and identify any alcohol use, this is only a minimal number of offenders through custody. There is currently no other provision to provide alcohol screening or interventions in Rotherham police custody setting; this is an area of work that has previously been provided by Rotherham Community Alcohol Service (RCAS). Judgement of the success of such schemes is not conclusive.

The Magistrate’s and Crown courts have a variety of group work programmes available as sentencing options for alcohol related offending. These include Alcohol Treatment requirements (ATR’s), Addressing Substance Related Offending Order’s (ASRO’s) and the Drink Impaired Drivers group work programme (DID’s) In addition to these is the Integrated Domestic Abuse Programme (IDAP), many of those that attend have alcohol related offending issues. The National Alcohol Strategy states that ‘in terms of criminal justice interventions it is crucial that-as part of existing regular updates - sentencers are made aware of the treatment that is available as part of a sentence.’

The National Probation Service in Rotherham provides the supervision of many offenders of alcohol related crime including the supervision of ATR’s and ASRO’s. Plus delivery of the Integrated Domestic Abuse Programme (IDAP) and Drink Impaired Drivers (DID’s) group work programmes. Levels of ‘success’ of the programmes are measured via Psychometric testing pre and post outcomes and via overall assessment of probation supervision (OASY’s). Sharing ‘outcomes’ information with other agencies (not currently on place) may assist in a wider picture of local need.

The Probation Service can play a key role in the identification of alcohol misuse in relation to Offenders under supervision. The levels of alcohol use and the impact of inappropriate alcohol use on offending behaviour is currently screened by the probation service as part of an individuals overall risk assessment using the National Probation Service risk assessment tool (OASYs). This information could provide a further angle to the overall picture of alcohol use locally if available. The focus of the Probation Service intervention mainly addresses the needs of offenders who present as a ‘medium’ or ‘high’ risk of re offending and harm to others. For those assessed as ‘low’ risk of harm or re-offending there is a need for a referral route within the community to address their alcohol issues. Adequate resources as well as adequate referral routes/care pathways need to be in place for all offenders in order to reduce the repercussions of re offending.

There maybe requirements for further training of Police, Probation Staff and Magistrates in the wider issues of problematic alcohol misuse and the range of offending that this covers as well as the use of screening methods.

The Youth Offending Service screen offenders by scoring their substance misuse, and if relevant referring on to their own substance misuse workers. Work is being done to create a programme for any young offender, alcohol to be included as a core module. Aftercare of substance misusers following an order may be insufficient and housing needs were highlighted as a problem area.

Prisons have their own alcohol strategies but links from the work done in prison through into the community need a more formal, established ‘after care’ pathway. This can be improved by the Tier 2 service

Underage drinking statistics show that in ages 11-14 the majority of alcohol is gained from friends/relatives, but from age 15 the majority is bought from off-licenses. Underage sales and proxy sales are an area for improvement, projects like Licence Watch and Responsible Retailer in conjunction with Licensing Authority, Licensing Officers and Trading Standards encourage compliance and enforce the law in this area.

The knock on effects of underage sales are noted as, amongst others, disorder, anti social behaviour and arson, all of which use up resources. There is a gap in information from communities, around reporting underage sales and groups of people (both adults and young people) drinking. Arrangements are in place for a continuous 2 way cycle between communities
the Safer Neighbourhood Teams the Neighbourhood Action Groups however the importance is that information is then collated, shared, acted upon and fed back to the community.

‘Smoke Free England Campaign’ is introduced from 1st July 2007 and has the propensity to impact negatively on night-time disorder. Consideration should be taken to pre-empt this, particularly in exclusion zones. There are groups set up looking into the impacts and count down of events that will lead up to 1st July. There is also specific work that may be done on raising awareness e.g. of leaving drinks unattended, potential drink spiking.

We would aim to

- Reduce alcohol related offending and re-offending
- Improve community perception of alcohol related crime
- Increase reporting of alcohol related criminal activity.
- Use evidence to target problem areas/premises with a multi agency action plan.
- Increasing the identification of alcohol use in offenders (adults and young people)
- Compliment other strategies.
- Create a multi agency forum where issues can be raised and actioned.

4. **Working with the Local Alcohol Drinks Industry**

The Government believes that the alcohol Industry needs to be at the heart of preventing and tackling alcohol misuse. The industry’s role needs to go beyond complying with its statutory responsibilities, to setting high standards of social responsible practise by building on the good practice of existing initiatives at both national and local levels. NAHRS references analysis that was done showing that solutions implemented with the industry were highly effective and reached large numbers of people (this is further evidenced by AQUIRE). The alcohol drinks market generates over £30bn annually provides around 1 million jobs and plays an important role in maintaining a dynamic leisure and hospitality sector. Within Rotherham we have 794 on and off license premises (including late night refreshment houses)

With funding from the Single Regeneration Budget the Rotherham Chamber and partners set up several local schemes;

**Rotherham License Watch** a voluntary scheme

- Was viewed as ‘good practice’ by all statutory bodies involved in the licensing process.
- Is a forum through which licensees can communicate with statutory bodies providing a 2 way street with support and guidance. The current take up is 44%
- Provides a pack containing information on best practice guidelines, up to date advice and support on issues such as Public Order, details of persons excluded, safeguarding children.

**Responsible Retailer Standard** -for the off license trade.

- Helps licensees deal with red tape by ensuring they are fully aware of their responsibilities and understanding the licensing regulations.

‘**Cab Watch**’ has received funding and will establish in April 2007.

- It will directly support 52 cab owners by paying a third towards ‘in car’ CCTV systems.
- It will ensure that alcohol related incidents are reduced,
- Will positively impact on the safety of drivers, passengers and the night time economy.
- Offenders will appear in a ‘wall of shame’ sent to cab watch and license watch members making it more difficult for them to get served alcohol or secure a cab.

**Conflict management courses**
• have been successfully run for 100 licensed premises employees
• Enabled staff to deal with difficult customers.

The current initiatives are successful and this needs to be built upon. The soon to be developed Responsible Retailer Scheme deals with off licenses but the gap for a scheme for on license premises has been noted and the ‘Best Bar None’ initiative is now being considered as a way forward. All pubs, bars or nightclubs that apply for Best Bar None Accreditation are assessed against a national standard. They are assessed on many different aspects of their business which have an impact on the safety, comfort and enjoyment of their customers.

The Ethos of all the schemes cannot be enforced, but a ‘buy in’ to the whole approach rather than it being used as a ‘token’ of intention has been suggested. A culture of best practice and responsible alcohol sales needs to be the ‘norm’. The Joseph Rowntree foundation suggests industry initiatives in areas such as harm reduction, training and education. It also recommends further research including an examination of the ‘facilitators and barriers’ to socially responsible practice within the industry, and a comprehensive review of partnership working at local level. ‘Front line’ training is highlighted by research (alcohol concern) as a way to reduce both intoxication and the drink drive rate.

The majority of under age sales to over 15’s are at off licenses, projects like License watch, Responsible Retailer and ‘Best Bar none’ in conjunction with licensing and Trading standards (Rotherham Metropolitan Borough Council and Police) encourage compliance and enforce the law in under age and proxy sales. By involving communities further information can be gained (cross reference with crime and disorder). There are current mechanisms in place for test purchasing these could be utilised for not just the scrutiny of underage sales but also for responsible retailing in such things as rigorous glass and bottle collection. A joint approach by the Licensing Authority, SYP and Trading Standards plus a multi agency approach to any subsequent action plan would greatly increase effectiveness. There are plans for a training package of ‘test purchasing standards’ to be delivered by SYP.

Part of the budget from cab watch will also be used to develop the ‘compliance’ web site. This activity is a discreet piece of work that compliments the ethos of responsible compliant working practices and makes the vital connection with License Watch.

‘Taxi Marshalling’ proposals are being considered but further research into other options may be needed to ensure the right actions are taken.

Aims
• To create a culture of Responsible Licensees (both off and on premises) including the use harm reduction mechanisms and well informed, educated frontline staff.
• Reduce underage sales.
• Take a Multi agency approach to compliance and enforcement.
• Pro-actively seek out harm reduction initiatives

This is the proposed strategy, with action plans, to begin the work towards ‘the vision’ and is by no means a ‘means to an end’.

It is intended to be a ‘living’ document and as such will be open to new initiatives and actions proposed by partner agencies, communities as well as government led initiatives.
HOW DOES THIS FIT IN WITH SAFE, ALIVE, PROUD, ACHIEVING LEARNING?

**ROtherham Alcohol Harm Reduction Strategy**

**Achieving – Lead Agency**
Chamber of Commerce
- Business and Economy will improve due to increased productivity and less working days lost (as a result of improved sensible drinking and access to interventions).
- Improved health status will lead to improved employment status.

The Chamber, with such schemes as Cab Watch, License Watch and Responsible Retailer, will continue to achieve to take the lead on ‘Achieving’.

**Safe – South Yorkshire Police**
- Reduce alcohol related crime and disorder.
- Reduce drinking driving incidents.
- Attain work place alcohol policies to improve occupational health.
- Aim to reduce domestic violence incidents.

**Proud – Local Strategic Partnerships**
- In making Rotherham a safer place to be by reducing alcohol related incidents and improving community perception.

**Learning – RMBC**
- Educating everyone in Rotherham around alcohol and its related harm and sensible drinking.
- Improved access to alcohol information.
- Improved results in education, by increased productivity.

**Alive – Primary Care Trust**
- Reduce the instances of alcohol associated problems and risk taking, including improved sexual health.
- Encourage sensible drinking.