

Alcohol Event 14th November 2011

Prevention		
Stop.....	Go	Continue
<ul style="list-style-type: none"> ○ Stop signposting and start care co-ordination ○ Stop separating addictions ○ Only focusing on young people ○ Alcohol Advertising ○ Stop marketing/using the City Centre as a licensed area for drunken behaviour.... Why throw up at M & S front door when you couldn't your own ○ Targets that detract from issues e.g. Chlamydia = huge financial penalties ○ Rigidity of curriculum in schools ○ Confusing messages re measures/units ○ "Sexing" up alcohol on adverts and alcohol sponsoring ○ Individual campaigns and over arching strategy/approach across the City and year ○ Stop focus on one group only (reduce not stop) ○ Advertising around national events – football etc. 	<ul style="list-style-type: none"> ○ Target older population (including education) ○ IBA promoted as tool in workplace - health@work ○ Identify who to target and those as risk ○ Identify needs of the "family unit" ○ Public health messages and advertising ○ Parental alcohol awareness ○ IBA training for more staff ○ Availability for staff training ○ Segment prevention: different drinkers (binge v. regular v. student v. middle class, by age e.g. NEETs ○ Key focus for H & WB boards, then join together to go for a North East by law ○ Better information on bottles/in pubs ○ Prevention of model ○ Promoting Newcastle as a destination city – huge cultural offer. ○ Look at all age range 	<ul style="list-style-type: none"> ○ Campaign for ban on alcohol advertising ○ Maintain and perfect IBA strategy ○ Educating young people ○ IBA training for all services ○ Continue with a strategy – but co-ordinate better and deliver better. ○ Work in schools ○ Work in workplaces ○ Learn from outcomes, street pastors pilot ○ IBA training ○ Family approach (PROPS) ○ Continue to offer IBA training to GP's ○ Continue to look at evidence base – for impact. 3 dimensional. (Value in future)

	<ul style="list-style-type: none">○ Social marketing approach to messages○ Understand “outcomes” of IBA use○ Workplace interventions (not just policy)○ Lobbying○ Universal approach – consistent message○ Target key employers leading by example and learning (work place lead)○ Training ACUTE nurses IBA○ Occupational Health IBA NHT○ IBA training roll out of pilot in GP’s○ Target wider prevention (not just younger age group)○ Learn for other pilots/projects on social marketing eg Durham recycling	
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Treatment		
Stop	Go	Continue
<ul style="list-style-type: none"> ○ Nothing in the current climate – we need to build on what we’ve got ○ Medical model of care and treatment ○ Thinking treatment is an a outcome - - emphasis more on NICE- de-normalise alcohol (Tier 1) ○ Disassociate drink and drugs @ Tier 3 as they are mainly 2 different populations ○ De-medicalise treatment so we treat a geography and/a pass an say cost of PTS or police time ○ Postcode lottery ○ Services being inflexible re pathways referral routes ○ Developing a range of routes adhoc – services popping up fill gaps ○ Using jargon ○ Doing things in isolation 	<ul style="list-style-type: none"> ○ Ensure what’s going on fits with the “big picture” and is fit for purpose ○ Extend community detox (availability/facility) ○ Promote a menu of choices ○ Effective partnership (joined up) working ○ “Clearance Centre” similar to previous work at Guildhall – could link to work of Street Pastors ○ Ensure that DNA’s don’t just get discharged – need the follow ups! ○ Menu of choice for treatment options ○ Personalisation ○ CRAFT (Community + CRA Reinforcement + Family Therapy) ○ Awareness among other professionals ○ Stronger evidence base, impact and effectiveness of holistic approaches ○ All GP’s to be aware of all treatment options and use IBA ○ Strengthen all activity at Tier 2:where most help is needed/get targeted 	<ul style="list-style-type: none"> ○ Social involvement – active promotion of “Social capital” ○ Extend family provision ○ Integration of service users/carers – peer support ○ Sharing good practice ○ Investment – financial staff etc. ○ Expand and build on work with wider family/support network ○ Recovery model ○ Wraparound services ○ Reinforcing mandatory training e.g. carers count (PROPS) ○ SLA’s ○ Focus an integration but deliver better (e.g. youth justice) ○ Alcohol pathways (strengthen) ○ Strength on VCS ○ Mental aid ○ AA (hidden doing great job) ○ Evaluating what doing and doing it right ○ Family support visa PROPS ○ Newcastle’s user forum

	<ul style="list-style-type: none"> ○ Work with taxi trade to take home referrals from pastors. Police etc. ○ Work out how we “treated” the problems of smoking – graduation ○ Making services very easy to access – (where access, appointment reminders) ○ Routes to treatment in all target segments e.g. students, older people ○ Back to drawing board what would be a good system for high quality services “need” ○ More options for detox, specifically “community detox” ○ More nurse prescribers ○ Quicker routes for referral currently 12 weeks for SW assessment waiting list. More staff ○ Safe place for detox – in particular people such as homeless treatment then back on sheets ○ Quicker pathways and access to care. GAP before plumber. ○ Increase knowledge base of alcohol with all professionals ○ Comprehensive system of support ○ Sharing information between services (open process) ○ People stick to pathways – more robust monitoring as impact on user. 	<ul style="list-style-type: none"> ○ Peer support work ○ ACTs ○ Seamless working ○ Working together
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	<ul style="list-style-type: none">○ Young people's pathways development○ Partnership work, health and social care○ Develop alcohol treatment groups○ Listen to those in treatment	
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Law and Policy Enforcement		
Stop	Go	Continue
<ul style="list-style-type: none"> ○ Nothing – working within government policy – need to continue to build on this work ○ Seeing alcohol as an excuse for poor safeguarding - mums not drinking with daughters under 18 ○ Thinking we shouldn't enforce ourself/selves e.g. there must be a way of stopping "carnage" – we did so for "last man standing" ○ Review licences for off-licence via police ○ Using "disaster" end to frame policy – enforce sensible norm ○ Advertising of alcohol ○ Drinks promotions ○ Drinks-on wheels ○ Selling alcohol in so many places (off-licenses and pubs only) ○ Flyers promoting cheap drinks and outlets ○ Stop cheap alcohol ○ Targeted advertising ○ Sponsorship of events by drinks 	<ul style="list-style-type: none"> ○ Build on the ongoing work – keep channels of communication open and extend if necessary ○ Enforce law around non sale to drunks (bar and highway) ○ Link IBA/s30 and train police to actually take name and address ○ Campaign for change in C+YP Act 33 to give booze to say Under 16's, under 10's ○ Speak ASAP to sales where we know there's a problem – off-licenses. Use information in the system ○ Assess types and degree field tools are deployed – co-ordinate response ○ Readiness for new bill ○ Campaigning for the "stops" ○ Campaign clearer unit labelling ○ Investigate work with off-licenses on adult drinking behaviour (responsible retailer) ○ Incentives for good licensing (pubs putting in good measures) ○ Minimum pricing 	<ul style="list-style-type: none"> ○ Further progress the work around the "Cardiff" model ○ Pressure on government to change policy – unit price etc. ○ Ongoing work to promote responsible drinking in the city ○ Focus on tier 1 + 2 to raise awareness ... but extend to patients to change behaviour ○ Enforce ○ Encourage food condition ahead of vertical drinking pubs ○ With current health promotion ○ Taxi marshalls ○ Alive after 5 ○ Joint meetings (local authority and police) ○ Pub watch, shop watch ○ Proactive work with licenses ○ Liaise with outlets ○ Test purchase programmes ○ Best Bar None ○ Operation Ginger ○ Regular police and LA meetings

<p>companies</p> <ul style="list-style-type: none"> ○ Stop increasing drinking capacity of the city 	<ul style="list-style-type: none"> ○ Units and calories on all alcoholic drinks ○ Publicans to police their own establishment ○ Public health data/objectives into policy objectives ○ Link other areas that are re prevention into policy 	<ul style="list-style-type: none"> ○ Street Pastors ○ Proxy sales
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