

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2011

# Alcohol and its impact on our community

July 2012



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Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

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Front cover photos: courtesy of South Wales Police and Age Cymru.

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## Foreword

This year I have chosen to highlight the impact of alcohol on the health of our community. This is because alcohol is now one of the biggest and growing concerns for the health of the public. Alcohol consumption is rising and people are drinking more at an earlier age. Today the effects of alcohol on health are evident in those in their 20s where as 10 years ago this was rarely seen.

With this increase in consumption not only is there an increasingly harmful effect on health but also harm more broadly within our families and communities. Alcohol consumption is directly associated with violence and aggression (including domestic abuse).

Of course alcohol consumption is an individual choice. However I would argue that choice should always be informed. So it is important that we give everyone the opportunity to know about and understand the harm that alcohol can cause them, their families and their communities.

Our partners in local government and the Police have key roles to play in supporting sensible levels of alcohol consumption, particularly through regulation and licensing. These partners along with the third sector run many schemes to minimise the impact of alcohol.

Finally the role of government in determining the pricing of alcohol is critical and it is this which has the biggest impact on how much we all consume.

As you read through the report please consider how you can contribute to 'action on harmful alcohol consumption'. It is so important for the future health of our communities that we decrease and reverse the trend in how much we drink.

Many people have contributed to the content of this report and I am grateful to all. In particular I would like to thank Mrs Fiona Kinghorn and Ms Linda Davies.



**Dr Sharon Hopkins**  
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## Chapter 1: Introduction – alcohol and its impact on health and our local communities

Alcohol has played a key role in the cultural, social and economic life of the UK including Wales for the past 4000 years<sup>1</sup> and continues to do so. Whilst many people drink sensibly<sup>2</sup>, a culture of overuse has developed<sup>1</sup>.

Today alcohol misuse is one of our most serious public health challenges<sup>3</sup>. Its impact on health and social outcomes is significant. It is estimated to be the third most important risk factor for ill health in Europe, after tobacco and high blood pressure<sup>4</sup>.

This report sets out the level of alcohol misuse in our community and the challenge it presents. It then focuses on what works to positively change the drinking culture of the population<sup>5</sup>. This includes actions that affect the whole population, such as the price of alcohol and how available it is in our local communities. The report also looks at the challenges and opportunities within the 'night time economy', and a range of actions to reduce harm from alcohol misuse for individuals and communities. Finally the report discusses the opportunities we have to change attitudes towards drinking alcohol in Wales.

### ***The pattern of alcohol misuse and its impact on health***

In Cardiff and Vale almost half (47%) of adults report drinking above the recommended alcohol limits in the previous week, and more than a quarter (28%) report binge drinking<sup>6</sup> (drinking too much alcohol in a short period of time)<sup>4</sup>. One in ten teenagers report drinking one or more drinks weekly, and around the same number report having been drunk at least four times in their lifetime<sup>7</sup>. Boys drink slightly more than girls<sup>7</sup>.

In those over 65, one-third of men (36%) and nearly one-fifth of women (17%) drink above the recommended limits<sup>6</sup>.

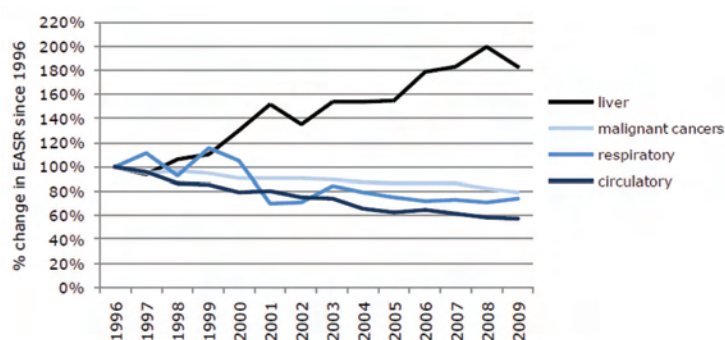
Excessive drinking contributes to a range of medical conditions, including malignant cancers, cardiovascular diseases, diabetes



mellitus, gastro intestinal diseases (including liver disease), neuropsychiatric disorders, unintentional injury (such as accidents and falls) and intentional injury (such as self-inflicted injuries)<sup>2</sup>. Alcohol is a key cause of liver disease and deaths from liver disease are rising at a time when deaths from the other big causes of death in the Welsh population are decreasing or standing still (figure 1.1).

**Figure 1.1 Under 65 European age standardised mortality rates, Wales percentage change from 1996 baseline**

Produced by Public Health Wales Observatory, using ADDE/MYE (ONS)

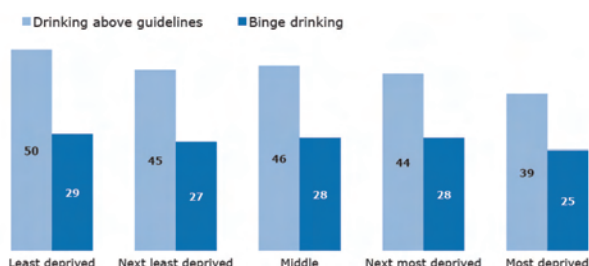


Inequalities, or variation, in health between socio-economic groups are very apparent for alcohol and its associated health outcomes<sup>8</sup>. Whilst excessive drinking is higher in higher socio-economic groups in Wales (figure 1.2), there is still a wide gap in death rates due to alcohol between the most and least deprived in the population. Death rates are highest in the most deprived communities, and are higher in males than in females (figures 1.3 and 1.4)<sup>8</sup>.



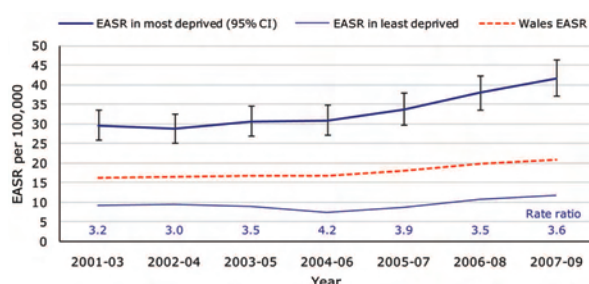
**Figure 1.2 Self-reported alcohol consumption, age-standardised percentage by deprivation fifth, persons aged 16 and over, Wales, 2009**

Produced by PHW Observatory, using WHS/WIMD 2008 (WG)



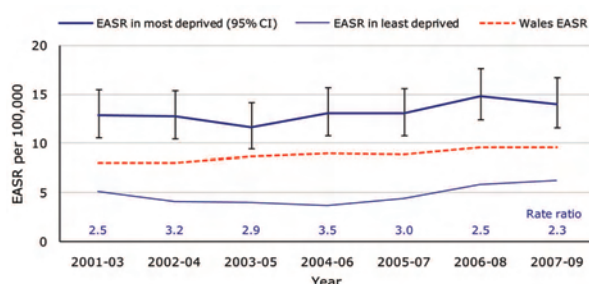
**Figure 1.3 Alcohol-related mortality, males, European age-standardised rate (EASR) per 100,000, Wales, 2001-09**

Produced by PHW Observatory, using ADDE/MYE (ONS), WIMD 2008 (WG)



**Figure 1.4 Alcohol-related mortality, females, European age-standardised rate (EASR) per 100,000, Wales, 2001-09**

Produced by PHW Observatory, using ADDE/MYE (ONS), WIMD 2008 (WG)



### Social impacts of alcohol

Alcohol plays a part in causing wider harm in our local communities. The Annual Report 2010<sup>9</sup> highlighted the impact of

parental alcohol misuse on children and families. There is a link between alcohol and physical violence particularly for domestic abuse<sup>10</sup>. Alcohol contributes to levels of crime, particularly violent crime<sup>11</sup>. There were around 18,000 incidents of violent crime attributable to alcohol in Wales in 2007 – 08<sup>4</sup>.

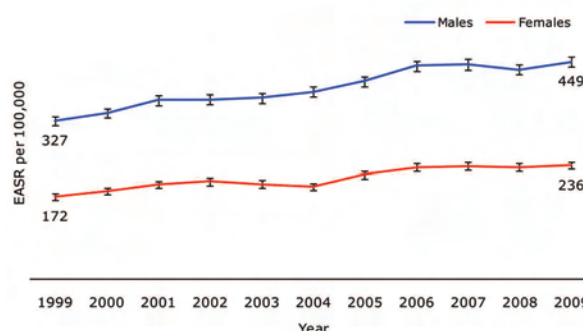
### Impact of alcohol misuse on health services

Estimates show that the National Health Service (NHS) in Wales spends about £70 - £85 million per year on treating alcohol-related health problems<sup>12</sup>. Nearly 3000 people attended the Emergency Unit in Cardiff and Vale with an alcohol-related issue in 2010 – 11. Numbers attending are higher at weekends.

There has been a gradual rise in hospital admissions (planned and unplanned) entirely due to alcohol in Wales in the past ten years (figure 1.5). Across the 22 unitary authority areas of Wales, hospital admissions 'entirely or partly' due to alcohol in 2007 – 09 were 3rd highest in Cardiff and 10th highest in the Vale of Glamorgan for males (figure 1.6) and 5th highest in Cardiff and 7th highest in the Vale of Glamorgan for females (figure 1.7).

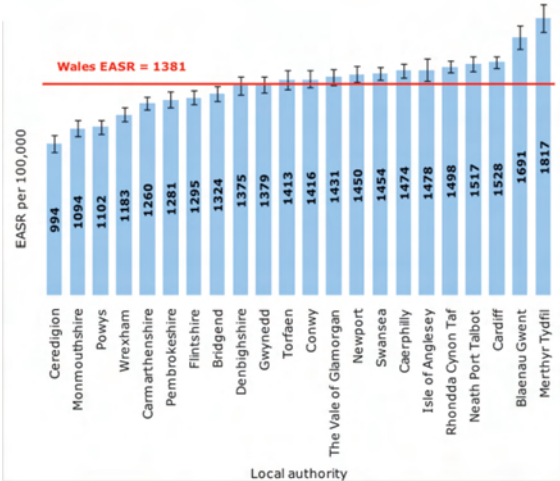
**Figure 1.5 Alcohol-specific hospital admissions (person-based), Wales residents, European age-standardised rate (EASR) per 100,000, 1999-2009**

Produced by PHW Observatory, using PEDW (NWIS), MYE (ONS). definition (NWPFO)



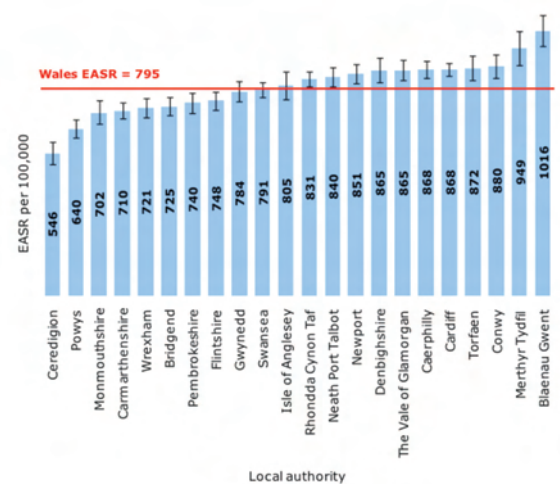
**Figure 1.6 Alcohol-attributable hospital admissions (person-based), European age-standardised rate (EASR) per 100,000, ranked Local Authorities, males, 2007-09**

Produced by PHW Observatory, using PEDW (NWIS), MYE (ONS), attr.fractions (NWPHO)



**Figure 1.7 Alcohol-attributable hospital admissions (person-based), European age-standardised rate (EASR) per 100,000, ranked Local Authorities, females, 2007-09**

Produced by PHW Observatory, using PEDW (NWIS), MYE (ONS), attr.fractions (NWPHO)



Fifty-three percent of referrals (15,314 people) to substance misuse services in Wales in 2010-11 were due to alcohol<sup>13</sup>. Table 1.1 provides details of the numbers of referrals in Cardiff and the Vale of Glamorgan for alcohol to substance misuse treatment services from 2008-09 to 2010-11.

**Table 1.1 Numbers of referrals for alcohol and substance misuse treatment services from 2008-09 to 2010-2011**

Community Safety Partnership	2008 - 2009	2009-2010	2010-2011
	Referrals with main problem alcohol	Referrals with main problem alcohol	Referrals with main problem alcohol
Cardiff	1,740	1,252	1,482
Vale of Glamorgan	611	469	536
Total Wales	16,173	14,545	15,314

**The policy context for tackling alcohol misuse**

Welsh Government and UK policies are in place to address the issue of alcohol misuse and its impact on our local communities. The Substance Misuse Strategy for Wales outlines the national ten-year strategic approach to tackling the harms associated with alcohol, drugs and other substances<sup>14</sup>. The strategy has four priorities of preventing harm, supporting substance misusers, supporting families and tackling availability and protecting individuals and communities. It outlines a series of alcohol-specific actions in its implementation plan. These include wider public health action for those drinking above safe limits and to protect local communities<sup>15</sup>.

Stopping the growth in harm from alcohol and drugs is one of the priorities in the Welsh Government framework for public health *Our Healthy Future*<sup>16</sup>. In response Cardiff and Vale University Health Board, together with partners, have prepared a Local Public Health Strategic Framework with an annual action plan.

The recent UK government’s alcohol strategy<sup>17</sup>, which applies to England, with parts applying to Wales and Scotland, includes a range of action to tackle the harms associated with alcohol including pricing, changes to the law with regard to alcohol availability, working with the alcohol industry, and supporting behaviour change.

## Mechanism for delivery

In Cardiff and Vale of Glamorgan there is a single Substance Misuse Area Planning Board (APB) responsible for the delivery of action to tackle substance misuse, including alcohol. The APB includes representatives from the local authorities, health, the Police, probation and third sector organisations, and links to Cardiff Partnership Board, the Vale of Glamorgan Local Service Board and Welsh Government.

## Key messages

- Alcohol misuse is one of our most serious public health challenges in Wales, affecting individual health outcomes and local communities, through its effect on families and wider issues such as crime
- People living in disadvantage have poorer alcohol-related health outcomes, highlighting a health inequality that needs to be tackled
- Alcohol misuse has an impact on use of health services
- There is a clear policy focus in Wales on tackling the health and wider harms associated with alcohol misuse

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## Chapter 2: Availability and consumption of alcohol

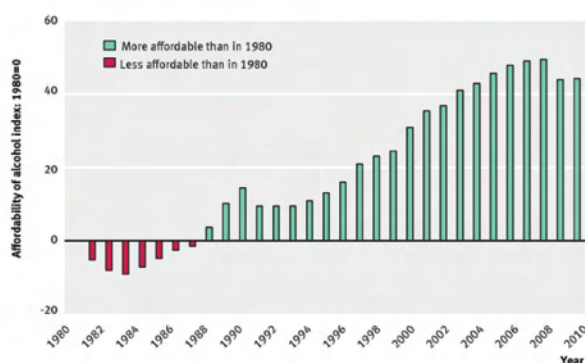
Reducing harm from alcohol requires a range of different approaches to create the conditions where people are supported to drink sensibly. There are several measures which have a strong influence on the pattern of alcohol consumption in the population<sup>1</sup>. These include price control (making alcohol less affordable) and regulation enforcement (controlling how readily available alcohol is).

### Making alcohol less affordable

#### Why this matters

The UK public spent £42.1 billion on alcohol in 2010, which is equal to around one-third of UK spend on the National Health Service<sup>2</sup>. The two most important factors determining demand for alcohol are the price of alcohol and peoples' disposable income. These are used to calculate an alcohol affordability index. Figure 2.1 highlights that alcohol is much more affordable now than thirty years ago<sup>2</sup>.

**Figure 2.1 Alcohol affordability index 1980 – 2010<sup>2</sup>**



Not only has alcohol become more affordable, it has also become more available. Changes in licensing laws mean that it is sold in more places for longer hours. In the past 28 years in England and Wales the number of premises licensed to sell alcohol have increased by over a quarter<sup>3</sup>. The effects of this policy change are described later in this chapter.

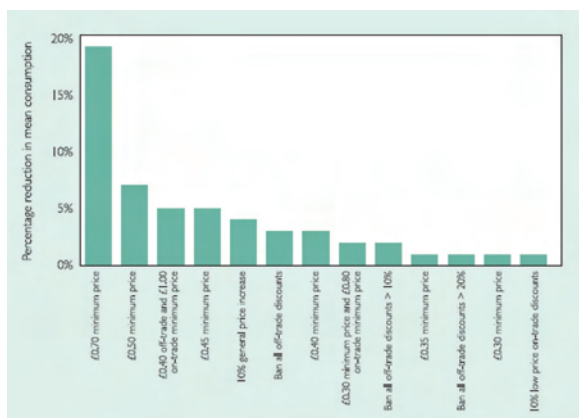
Interest in alcohol price control has increased, particularly as supermarkets' practice of discounting, promotions and selling alcohol products as 'loss leaders' (sold at below cost price to draw new customers in) makes alcohol very cheap. Research shows that taxation on alcohol and general pricing of alcohol are strongly associated with alcohol consumption and related illness and deaths, violence, road traffic accident deaths and drunk driving, rates of sexually transmitted diseases and risky sexual behaviour, other drug use and crime<sup>1</sup>. Increasing the price of, or tax on, alcohol decreases alcohol consumption and alcohol-related harm<sup>4</sup>, although it is argued that changes to taxation can be absorbed by supermarkets and therefore do not lead to a reduction in the real price of alcoholic drinks<sup>5</sup>.

Modelling work to assess the impact of alcohol pricing and promotion explored the effects of introducing different minimum prices, from 20p to 70p per unit of alcohol, on health behaviour, health outcomes, crime and employment<sup>6</sup>. It found that if a minimum price was set at 40p, it would have the following effects in England:

- Overall weekly alcohol consumption would reduce by 2.6%, or an average of 22 units of alcohol per person per year
- Illness would decrease by around 1,500 for acute illnesses and 2,900 for chronic illnesses in the first year of introducing the policy
- Hospital admissions would decrease by 6,300 in that first year, and by 40,800 after 10 years (the full modelling period)
- Deaths would reduce by 157 in year one and 1381 after 20 years
- Changes in alcohol consumption would be greatest for harmful drinkers (see glossary), and population groups would be affected differently, with for example a 4% reduction in consumption by 11 – 18 year olds
- The reduction in alcohol related crime was estimated at 16,000 per annum

This work also found that the greater the minimum price, the greater the effect on outcomes. Figure 2.2 shows that a minimum price of 50p would double the reduction in alcohol consumption to that of 40p.

**Figure 2.2 Estimated effects of interventions on alcohol consumption<sup>7</sup>**



### The situation in Cardiff and Vale

There has been no minimum price per unit of alcohol in the UK, although Scotland has recently passed a new law introducing one. UK government policy on alcohol price control applies across England and Wales – Wales cannot currently determine its own policy.

### How improvement will happen

The UK Government's new alcohol strategy<sup>8</sup> acknowledges the strong and consistent evidence that raising the price of alcohol will reduce the demand for alcohol which in turn will impact on levels of harm. The strategy highlights action the government has already taken with regard to alcohol taxation, for example:

- Raising alcohol duty by 2% above retail inflation each year until 2014-15
- The introduction of a new higher rate of duty for high strength beer over 7.5%

It plans to introduce a minimum unit price (MUP) for alcohol in England and Wales, where alcohol will no longer be able to be sold below a certain defined price.

A consultation is planned on the price per unit, with legislation to follow, but it is anticipated that the price will be 40p per unit of alcohol.

Whilst the news of a planned MUP is to be welcomed, there is a body of opinion that the MUP should be 50p given the doubling of effect on alcohol consumption compared with a 40p MUP<sup>3,9,10</sup>. Scotland has recently introduced legislation enabling a MUP of 50p, and Northern Ireland is considering a MUP of up to 70p. Welsh Government has been consistently supportive of introducing a MUP, and should consider calling on the UK Government to set the MUP at 50p.

### Key messages

- Alcohol is much more affordable now than thirty years ago and it has also become more available – it is sold in more places for longer hours
- Price control and regulation enforcement are two of the strongest measures which influence the pattern of alcohol consumption in the population, and hence associated alcohol-related harm
- The UK Government has already put in place measures to increase alcohol taxation
- The UK Government's new alcohol strategy plans to introduce a minimum unit price, anticipated to be 40p per unit of alcohol
- Welsh Government has been consistently supportive of a MUP, and should consider calling on UK Government to set the MUP at 50p, given the increased effect on decreasing alcohol consumption



Photo: courtesy of Age Cymru

## Controlling how readily available alcohol is

### Role of licensing

### Why this matters



Photo: courtesy of Cardiff Council

There are a range of legislative powers and sanctions which can be applied to both consumers and suppliers of alcohol. This report will focus on the application of the Licensing Act 2003.

The Licensing Act 2003 provides for the regulation of activities around both the sale and supply of alcohol and the provision of late night refreshment, called 'licensable activities'<sup>11</sup>. Two of the key aims of the act include reducing alcohol misuse and reducing crime and disorder.

Each Council, as 'Licensing Authority' considers applications for licenses that permit the sale and supply of alcohol from a range of premises, including pubs and private members clubs. Applications can also be received for specific one-off events. Councils can impose conditions on the license controlling these activities and limit the times that the premises can operate. Conditions can include ensuring the provision of free tap water or that alcoholic drinks are available in smaller measures and customers know this.

Councils must also produce a 'statement of licensing policy' setting out how they will deal with licensing applications, providing guidance and dealing with other related matters such as 'cumulative impact policies', which limit the number of licensed premises allowed in a specific location.

At the heart of the licensing regime, there are four 'licensing objectives' against which applications are considered:

- *The prevention of crime and disorder*
- *Public safety*
- *The prevention of public nuisance, and*
- *The protection of children from harm*

A number of named organisations and services, called 'responsible authorities', can make declarations or 'representations' about new license applications and can call for license reviews. These are South Wales Police, the Fire Authority, Council services (Trading Standards, Environmental Health, Children's Services and Planning) and now Health Boards.

There is evidence that increasing rigour of enforcement of existing legislation can have an impact on drinking behaviour and failure to enforce legislation leads to higher levels of consumption in the population considered<sup>1</sup>. A strong partnership approach to licensing policy and practice is important.

### The situation in Cardiff and Vale

Both Cardiff and the Vale of Glamorgan Councils Statements of Licensing policy are available to the public<sup>12,13</sup>.

The licensing process is designed to give communities in Cardiff and Vale more control over licensed premises in their areas. Local residents, like 'responsible authorities', have the opportunity to 'make representations' and apply for a review of a premises licence. The Licensing Act also gives the Councils power to make special policies because of crime, disorder and nuisance in an area as a result of the 'cumulative impact' of licensed premises.

Licensing Enforcement Officers in Cardiff and Vale undertake annual inspections of licensed premises to ensure they are complying with the requirements of their license. Officers also investigate complaints. It is an offence under the Act to break any conditions of licence and enforcement action may be taken if a licensed premises has not complied.

Planned enforcement operations of 'problem areas' are undertaken when complaints or non-compliance figures suggest this is necessary. This can include education of licensed premises and subsequent inspection or 'covert' enforcement operations.

Table 2.1 outlines the number of new license applications in Cardiff and Vale in 2011-12 considered by the two licensing committees, the number of reviews completed and how many were withdrawn. A licensing review case study is highlighted in box 2.1.

**Table 2.1 Licensing review process in action 2011-12, Cardiff and Vale of Glamorgan**

Source: Cardiff and Vale of Glamorgan Councils 2012

	Cardiff	Vale of Glamorgan
<b>No. of licensed premises</b>	1301	543
<b>No. license applications considered by committee</b>	89	6
<b>No. license reviews completed</b>	7	0
<b>No. of licenses withdrawn</b>	2	0

### Box 2.1 Case study

In September 2011 a convenience store in the Grangetown area of Cardiff had its premises license reviewed by the Licensing Sub-Committee, following an application for review by Cardiff Council's Trading Standards team.

The review application followed two alcohol test purchase failures (see p.12 for details) that were six weeks apart. The volunteer test purchasers used by Trading Standards were 15 and 16 year old girls. The premises also had previous history of selling other age-restricted products to people under the legal age.

The Sub-Committee decided that the history demonstrated a habit of offending against the requirements of the law, and that the licence holder was not promoting the licensing objectives of 'protection of children from harm' and 'prevention of crime and disorder'. The decision was made to withdraw the premises licence, which stopped the sale of alcohol from this store.

### How improvement will happen

Both Cardiff and Vale of Glamorgan local authorities continuously work closely with the licensed trade to promote good management practices and ensure that they operate within the law. The Police Reform and Social Responsibility Act 2010, which received Royal Assent in September 2011 and which is included in the new UK Government Alcohol Strategy, will make changes to the Licensing Act 2003 and aims to:

- Give local communities a stronger voice
- Simplify the licensing regime
- Tackle problem premises, but not at the expense of responsible operators
- Enable stronger action against those who sell alcohol to children<sup>14</sup>

The new Act includes changes such as:

- Local Health Boards and Licensing Authorities becoming 'responsible authorities'
- Increasing fines for persistently selling alcohol to children from £10,000 to £20,000
- Introduction of Early Morning Restriction Orders
- Introducing a late night levy

The recent UK Government alcohol strategy also proposes that 'public health' becomes a fifth licensing objective.

### Key messages

- Effective licensing enforcement has an impact on drinking behaviour and failure to enforce the law leads to higher levels of alcohol consumption in the population
- The Police Reform and Social Responsibility reforms introduce a range of changes to the Licensing Act 2003 and can be used to reduce harm from alcohol-related crime and alcohol misuse
- Local Health Boards and Licensing Authorities as new 'responsible authorities' must make best use of their ability to influence licensing applications and reviews



## Age restriction and alcohol

### Why this matters

Enforcement and compliance with laws in England and Wales (Licensing Act 2003) on the legal supply of age restricted products are an important part of alcohol control. Those that relate to alcohol and young people include:

- Selling alcohol to someone under 18
- For an adult to buy or attempt to buy alcohol on behalf of someone under 18
- For someone under 18 to buy alcohol, attempt to buy alcohol or to be sold alcohol in any circumstances<sup>15</sup>

Each Council's Trading Standards service takes enforcement action to tackle the underage sale of alcohol from licensed premises, usually with the assistance of the Police. Trading Standards teams provide advice and information during routine inspection programmes, guidance on staff training systems, undertake 'test purchasing' operations, encourage the use of proof of age schemes such as 'Challenge 21' (often a licensing condition) and raise awareness through press and public information<sup>16</sup>.

### The situation in Cardiff and Vale

#### Use of test purchasing

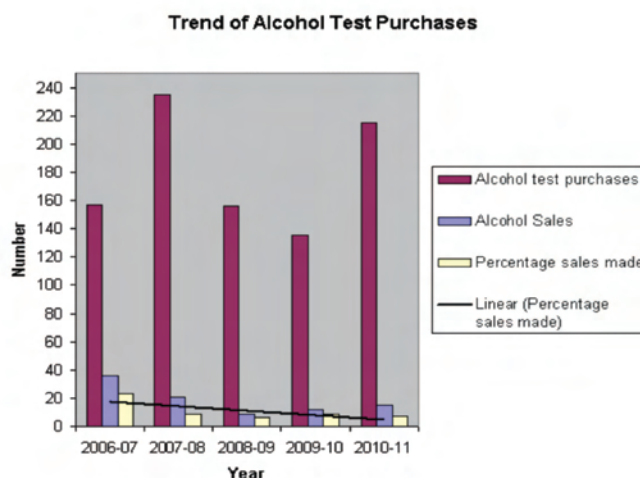
Test purchase operations are a covert enforcement technique using volunteers under 18 years of age in controlled, supervised conditions to test the systems in place in licensed premises to prevent the underage sale of alcohol<sup>16</sup>.

Cardiff Trading Standards team has seen a gradual decline in the percentage of sales made ('failed' test purchases) to under age young people in the past five years during alcohol sales test purchase operations (Figure 2.3). In the Vale of Glamorgan the trend is also downward, with some variation year on year (figure 2.4).

In Cardiff there are further problems with alcohol being supplied to children by way of proxy sales (adults purchasing alcohol for children) and unlicensed sales from vehicles.

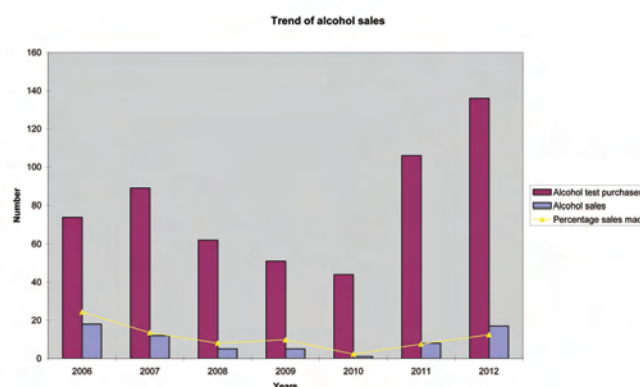
**Figure 2.3 Trading Standards alcohol test purchasing in Cardiff 2006 - 2011**

Source: Cardiff Council 2012



**Figure 2.4 Trading Standards alcohol test purchasing in Vale of Glamorgan 2006 - 2012**

Source: Vale of Glamorgan Council 2012



#### How improvement will happen

Test purchasing has the effect of dealing with non-complying premises, and of reinforcing the importance of compliance to other surrounding licensed premises. Maintaining sufficient alcohol test purchasing each year is an important way of decreasing unlawful access of alcohol to young people by reinforcing messages about under age sales of alcohol. The doubling of the maximum fine for persistently selling alcohol to children from £10,000 to £20,000 will support this element of the enforcement agenda.

In addition, the period of voluntary closure that can be issued by the Police or Trading Standards officers as an alternative to prosecution is to be increased to a



minimum period of 48 hours and maximum closure period of two weeks. Such severe penalties highlight the seriousness of the impact under-age drinking can have on local communities.

Cardiff Council has plans to take action on proxy sales and in new areas of alcohol supply, such as late night and twenty-four hour supply businesses. Both Cardiff and Vale of Glamorgan Councils plan to continue to educate and work with businesses to address instances of under-age or proxy sales of alcohol to young persons.

## Key messages

There is a need for the two local authorities and Police basic command units to:

- Maintain current test-purchasing operations whilst broadening regulation into different supply sectors such as late night and twenty-four hour supply businesses
- Alongside the Home Office work on alcohol-sales, to use the penalties available for persistently selling alcohol to children
- Provide education and training to the licensed trade about the changes in the Licensing Act

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## Chapter 3: Developing a safe and sustainable night time economy

### Why is this important?

Since the early 1990s the night-time economy (NTE), primarily consisting of bars, pubs, nightclubs and fast-food outlets, has become the focus of alcohol-related crime and disorder<sup>1</sup>. Town and city centres are often dominated by young drinkers and drinking alcohol is the key social activity. A range of public services are required to support the NTE such as enforcement, policing, transport and street cleansing<sup>2</sup>. The NTE raises numerous crime and public health issues, much of which is related to alcohol consumption including:

- Violence
- Accidental injury
- Emergency healthcare
- Unintended unsafe sex
- Sexual assault
- Transport and road safety (box 3.1)<sup>3</sup>

The NTE is a key focus of licensing activity and the harms profiled in this chapter must be balanced with the benefits of a thriving and popular part of social and community life.

#### Box 3.1

##### Harm within the Night time Economy<sup>1</sup>

- The peak time for violent offending is weekend nights and the peak location is in and around pubs and clubs
- Violence in the night-time economy typically involves young males who do not know each other well
- Resulting injuries are often facial, some of which are 'glassings'
- Most incidents involve drinking by the offender, victim or both
- Factors associated with violence in high-risk pubs and clubs include inconvenient access routes, poor ventilation, overcrowding, and permissive social environments
- Violence outside venues may be associated with large numbers of intoxicated people congregating and competing for limited food and transport facilities



Photo: courtesy of South Wales Police

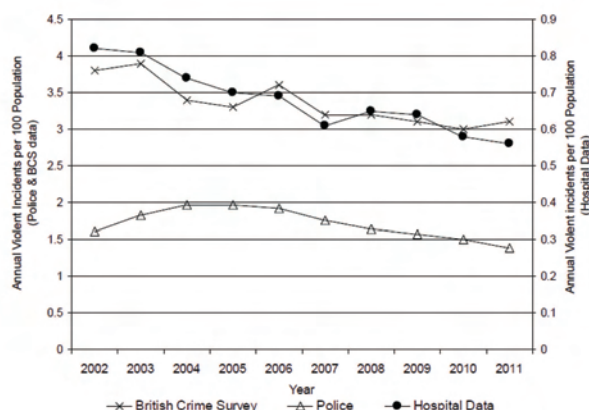
Those drinking in the NTE consume more than the national average and more than average for their age group<sup>3</sup>. 'Pre-loading' (drinking at home or in a public place before going out) is one element of drinking practice that leads to increased drunkenness. Those who pre-load are at higher risk of crime and being victimised. Pre-loading places a higher burden on the police, licensed premises and emergency services<sup>3</sup>.

Binge drinking (men consuming at least eight, and women at least six, standard units of alcohol in a single day) is commonplace across Europe but the amount consumed on each drinking occasion is highest in the UK and Northern Europe<sup>5</sup>. The UK has a pub-centred pattern of binge drinking and in young people this has been enhanced by a culture of drunkenness<sup>5</sup>.

There are difficulties in directly linking alcohol consumption within the NTE with data on violence and crime, but data on violent incidents, including those where a person attends accident and emergency as a consequence, are used as a way to measure alcohol-related harm within the NTE<sup>3</sup>.

Figure 3.1, using British Crime Survey, police and hospital data, highlights trends in violence in England and Wales between 2002 and 2011. The trend for all 3 sets of data is generally downward.

**Figure 3.1: Trends in violent incidents in England and Wales 2002 – 2011<sup>6</sup>**



### The situation in Cardiff and the Vale of Glamorgan

In 2008, the Welsh Government in partnership with the Home Office Crime Team, the Welsh Local Government Association and the Welsh Association of Chief Police Officers produced a framework for local authorities, police and partners to help them develop strategies to tackle alcohol related crime, disorder and anti-social behaviour<sup>7</sup>. The framework covers both regulation / legislation and harm reduction activities and is structured around the three areas of effective co-ordination, provision of appropriate facilities and creating a safe environment.

More recently local partners have been asked by the Association of Chief Police Officers (ACPO) Cymru, South Wales Police and Welsh Government to detail all the activity taking place locally to help ensure a safe night time economy, called a 'due diligence exercise'<sup>8</sup>. This will help provide a clear picture of delivery across Wales and identification of additional work that needs to be completed.

Local partners are asked to provide details against 13 action areas, some with higher priority than others. These action areas include partnership working; data and information sharing; licensed premises; policing strategies; capable guardians and street welfare; closed-circuit television; lighting; underage drinking; transport; offenders and victims; visual clues in the town centre; fast food outlets and access routes and space allocation.

This report cannot cover the breadth of management of the NTE as a whole, which is large and complex, but instead will focus on several positive examples of proactive management in Cardiff and the Vale of Glamorgan.

The Vale of Glamorgan currently has 543 licensed premises, compared with 1301 in Cardiff, almost a two and a half-fold difference. Whilst there are some disorder issues within the NTE in the Vale, the scale is much smaller than in some other areas in Wales and no particular hotspots of concern have been identified<sup>9</sup>.

Table 3.1 provides a picture of the numbers of incidents of 'most serious violence' (including woundings and serious assault) and 'assault with less serious injury' that occurred in the Vale of Glamorgan between 2010-11 and 2011-12 and the percentage difference between them. Numbers in both categories decreased slightly during this time period.

**Table 3.1 Changes in levels of violent crime/less serious injury 2009 – 2012 Vale of Glamorgan**

Source: South Wales Police performance data 2012

(Data not available for 2009-10 as police boundaries had changed during the period)

Offence category	2010-2011	2011-2012	Difference	% change
Most serious violence	86	85	-1	-1%
Assault with less serious injury	546	539	-7	-1%

Focusing on the particular data of 'violent incidents / incidents of public order' in licensed premises over the Christmas period in the Vale of Glamorgan for 2010-11 and 2011-12, figure 3.2 highlights that the numbers are relatively small. The majority of these incidents occurred in Barry and Penarth.

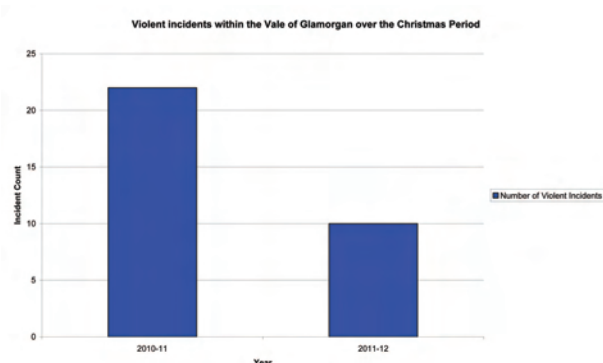


Photo: courtesy of South Wales Police



**Figure 3.2 Violent incidents / incidents of public order in licensed premises over the Christmas periods 2010-11 and 2011-12 Vale of Glamorgan**

Source: South Wales police data 2012



The NTE in Cardiff brings a strong contribution to the local economy, with more licensing capacity per square metre in a city centre than in any other location in the UK<sup>10</sup>. However such size also presents a challenge. Figure 3.3 provides a picture of the notional night time economy zones for Cardiff city centre. Several of these geographical areas are the focus of targeted action.

**Figure 3.3 Notional areas of Cardiff's night time economy<sup>2</sup>**



Table 3.2 provides details of the same data for Cardiff as that provided for the Vale of Glamorgan around serious violence and assault with less serious injury. Whilst serious violence increased by 6% between 2009-10 and 2010-11, it decreased by almost one-fifth between 2010-11 and 2011-12. Assault with less serious injury has seen a decrease for each two-year period.

**Table 3.2 Changes in levels of violent crime/less serious injury 2009 – 2012 Cardiff**

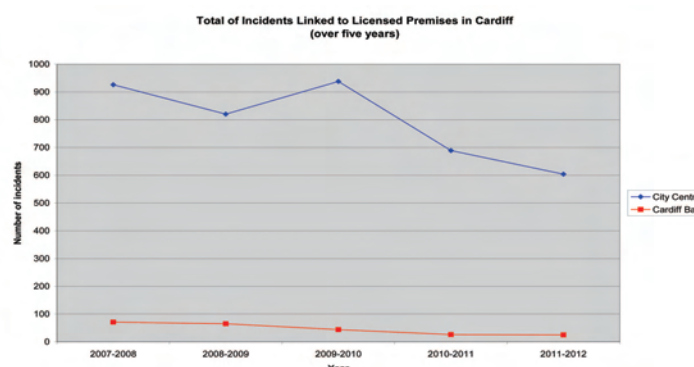
Source: South Wales Police performance data 2012

Offence category	2009-2010	2010-2011	Difference	% change	2010-2011	2011-2012	Difference	% change
Most serious violence	423	447	+24	+5.7%	447	369	-78	-17.4%
Assault with less serious injury	2450	2312	-138	-5.6%	2312	2009	-303	-13.1%

Whilst Cardiff Bay also forms part of the NTE, it does not require the same level of focused preventative action to other areas. This can be seen in the low levels of police-reported 'total incidents' related to licensed premises in the city centre and Bay (figure 3.4). These data show a downward trend over a five-year period.

**Figure 3.4 Total incidents linked to licensed premises in Cardiff city centre and Cardiff Bay 2007-08 to 2011-12**

Source: South Wales Police data 2012



### **Proactive approaches in the Vale of Glamorgan**

In the Vale of Glamorgan a key approach to managing the NTE is a cooperative scheme, Pub Watch, in which all license holders are invited to participate. Pub Watch is a UK scheme led locally. It is a multi agency approach to dealing with alcohol related anti social behaviour, violent crime and disorder in the NTE. The scheme brings together licensees, the Police, trading standards and environmental health in order to promote and share best practice in the NTE. There are 9 individual Pub Watch Schemes in the Vale. There is also a Club Watch scheme which brings together licensees who operate premises open beyond 11.30pm.

Local professionals involved see this scheme as an important factor influencing the decrease in crime statistics linked to licensed premises in the Vale of Glamorgan over the years.

Other initiatives in the Vale of Glamorgan have included:

- A multi media, Bluetooth campaign, which provides messages to customers in bars, pubs and at events to advise on excess alcohol consumption via mobile phone technology has been delivered since 2010. This campaign is ongoing
- In 2010/11 Safer Vale rolled out an Award in Responsible Alcohol Retail, a qualification supporting the retail of alcohol responsibly on licensed premises. There were 150 participants from the licensed trade
- Local police teams have been proactive in building relationships with licensees through increasing visibility of uniformed police in licensed settings

### ***Cardiff violence prevention programme***

A multi-agency violence prevention group (including representatives from police, local government, health, transport, education, the ambulance service and local licensees) chaired by a Professor of Maxillo-Facial surgery, was set up in 1997 to use data sharing as a means of implementing targeted action to prevent violence-related injury, supported by the Home Office.

Where patients reported a violence-related incident to accident and emergency, electronic data capture included location of incident, time and day and type of weapon. Accident and emergency data were then combined with police data to create violence hotspot maps, as well as summaries of violence type and weapons use, and this data were then used to target preventative action in the city centre and Cardiff Bay. Action included:

- Targeting of problematic licensed premises by local authority licensing departments and police licensing officers (Cardiff Police uses a points-based traffic light scheme to categorise

licensed premises according to seriousness of offences they are linked with then helps those causing concern to take action to improve)<sup>11</sup>

- Adjusting police patrol routes and movement of police resources to target hotspot areas
- Use of plastic glassware in certain licensed premises, creation of pedestrianised areas where bars and clubs were concentrated and increasing the frequency of late night public transport services

Research comparing Cardiff, the 'intervention city' where these actions had been undertaken, with 14 'most similar' cities in the UK found that the programme 'had significant and sustained effects on total assaults and assaults causing wounding recorded by the police, as well as hospital admissions after violence.' <sup>12</sup>, p.6 This work has influenced UK government policy over the years.

### ***Licensing – Cumulative Impact Policies (Saturation zones)***

Cumulative impact policies, or saturation zones, are a way of limiting the number of licensed premises in an area where this factor is contributing to harm. New licensing applicants must persuade the licensing authority (the Council) that their new premises will not worsen the existing problems and what they will do to prevent this from happening.

There is evidence that restricting the availability of alcohol through limiting the density of alcohol outlets is an effective way of preventing harm related to alcohol<sup>13</sup>.

The Vale of Glamorgan currently has no saturation zones, but considers potential problems that might be caused by adding new premises to an area<sup>9</sup>.

Cardiff currently has 3 saturation zones – St Mary Street, City Road and Crwys Road, and City centre East (Greyfriars Road and Churchill Way)<sup>14</sup>. These areas are included because of persistent problems around alcohol-related crime, disorder and nuisance, and the policies are regularly reviewed to ensure that they are still appropriate and include all necessary actions to improve matters.



A range of action, targeted in particular within the 3 saturation zones, is highlighted within Cardiff violence prevention programme. Additional partnership action has included:

- Strong positive dialogue and action between the Police, the local authority licensing team and licensees (through Cardiff Licensees Forum)
- Introduction of door staff training to improve standards and compliance with licensing conditions
- Publicising the problem of alcohol-related violence

There is a move to enhance data collection to include location of last drink for accident and emergency patients who present in a drunken state.

There is some consensus that saturation policies should have statutory status (must be complied with) rather than act as guidance only, as is the case now.

### How improvement will happen

The actions highlighted here and in chapter 4 demonstrate the extent to which Community Safety partners in both Cardiff and the Vale of Glamorgan have taken measures to reduce the potential harm from alcohol. However, in view of the ongoing development of Cardiff, the capital city of Wales, the ongoing need to monitor and manage the night time economy will continue and the partnership action highlighted in this section will continue. Changes to the Licensing Act will add weight to this work, for example the opportunity for health to formally present evidence in supermarket appeal hearings on saturation zones.

The Economy and Culture Scrutiny Committee of Cardiff Council recently considered and reported on Cardiff's NTE. They looked at the costs and benefits of the NTE, the resources allocated to it, the impact of alcohol misuse on these resources and whether the Council had a sufficiently joined up approach to its management<sup>2</sup>. Fifteen recommendations, approved by the Council's Executive Business Team in January 2012, were made

spanning a range of issues for example strategic management, planning, licensing, transport and health.

A snapshot of these recommendations which can be driven forward with partners in the Police, University Health Board, Cardiff University, licensees and others are captured in box 3.2.

#### Box 3.2

##### **Selected recommendations from Cardiff Council Economy and Culture Scrutiny Committee on the night time economy**

- **Strategic management (R1):** Develop a night time economy strategy that sets out a clear vision for the future and creates a firm platform for improved partnership working, securing funding and actions for improvement for the various night time economy locations in the city centre
- **Planning (R3):** Review the supplementary Planning Guidance affecting the night time economy to ensure that it is aligned with the night time economy strategy and supports the diversification agenda
- **Licensing:** review the current Saturation Policy in light of the need to support diversity, growth of the night time economy in other areas of the city and the need for regeneration
- **Health (R8):** Develop, in partnership with the Local Service Board, an approach to improving safer retailing practices as to the sale of alcohol and examine the potential of the Liverpool 'Safer Alcohol Officer' model
- **Enforcement (R10):** Develop a robust, cost effective approach to primary enforcement in the city centre at night by authorising and providing appropriate enforcement training to a wider range of Council Officers who already work within the city at night
- **Improving Quality and Diversity (R14):** Implement, in partnership with key stakeholders, specific measures to improve the quality, and diversity of the night time economy, including enhanced bar staff training; non alcohol led events programmes such as the light night initiative and the opening of public buildings in the evening

Participation of local partnerships in the national work to capture all the activity taking place locally to help ensure a safe night time economy (the 'due diligence' exercise) will provide a useful baseline against which future prioritised delivery can be developed.

The Police Reform and Social Responsibility Act mentions provision of Early Morning Restriction Orders (EMRO). It is proposed that local authorities will be able to use EMROs to limit the sale or supply of alcohol between midnight and 6am. The order can specify the days, times, or parts of the authority's areas to which it applies, and may be on a temporary basis. It is anticipated that the UK government will introduce this measure in October 2012.

In addition, licensing authorities will have the opportunity to introduce a 'late night levy' linked to the supply of alcohol between midnight and 6am, which is intended to cover the costs of policing and other services which work to reduce or prevent crime and disorder. Where applied such a levy would need to be applied to the whole licensing area.

### Key messages

- In both Cardiff and the Vale of Glamorgan the local authorities, Police, health, licensees and other partners have established effective measures to control and reduce the potential harm from alcohol in the night time economy, but there is more to do
- In Cardiff further progress can be made by implementing recommendations from the Council's Economy and Culture Scrutiny Committee report<sup>2</sup>
- Participation of Cardiff and Vale partnerships in the national work to capture all the activity taking place locally to help ensure a safe night time economy (the 'due diligence' exercise) will provide a useful baseline against which future prioritised delivery can be developed
- Implementing additional powers in the Police Reform and Social Responsibility Act will enhance the ability to proactively manage the local night time economies across Cardiff and the Vale of Glamorgan

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## Chapter 4: Harm reduction

Harm reduction is about approaches intended to limit the amount of damage caused by alcohol use, both to the individual and wider society. It includes:

- Screening people for potentially harmful alcohol use and offering a brief intervention
- Initiatives to protect and reduce the risk of harm to people already under the influence of alcohol, particularly in the night time economy
- The prevention of drink driving
- Alcohol policies in the workplace
- Alcohol health education and personal skills development programmes for children and young people

### Screening and brief interventions

Screening assesses how much an individual is drinking along with associated risks to their health and wellbeing. A brief intervention is a structured conversation intended to enable the individual to understand those risks, gain insight into their drinking behaviour and take steps to bring it under control. There are different terms for this process, but in Wales, Public Health Wales (PHW) has adopted the abbreviation ABI (Alcohol Brief Interventions).

### Why this matters

The number of people consuming alcohol above the guidelines and the associated harms described in Chapter 1, underline the need for effective action that will help people control their drinking. There is strong evidence that screening and brief interventions are effective in reducing alcohol consumption, which in turn has a positive impact on health and social outcomes. They are also easy and quick to deliver<sup>1</sup>.

Screening and brief interventions for alcohol within primary care and Accident and Emergency (A & E) units have been shown to be cost-effective and cost saving.



Analysis suggests that health and social service savings of £124.3 million in England may be realised over a 30 year time horizon<sup>2</sup>.

Guidance from the National Institute for Health and Clinical Excellence (NICE) recommends that NHS professionals should routinely carry out alcohol screening as an integral part of practice, followed by brief advice and/or referral to a specialist service as appropriate<sup>3</sup>.

The evidence of effectiveness of ABI comes mainly from interventions with adults in primary care, but NICE recommends that ABI should be carried out by all staff in social care, criminal justice, and the community and voluntary sectors who regularly come into contact with people who may be at risk of harm from the amount of alcohol they drink. This includes young people aged 16-17. However, the main opportunities for action lie with health professionals in both primary and secondary care settings. Where routine screening is not possible NICE recommends that NHS staff focus on patient groups at increased risk such as those with relevant physical or mental conditions; who regularly experience accidents or minor traumas; have been assaulted; and regularly attend genitourinary medicine clinics or repeatedly seek emergency contraception.



## The situation in Cardiff and the Vale of Glamorgan

At present the delivery of alcohol screening and brief interventions in Cardiff and Vale Health Board is limited across both primary and secondary care.

In primary care 68 general practitioners have now attended the 2-day Royal College of General Practitioners Wales, (RCGP) 'Alcohol Management in Primary Care' course. However, with no agreed system of recording any interventions provided, it is not possible to assess the impact of the training.

In secondary care:

- All nursing staff in maxillofacial (face, neck, mouth and jaw) clinics have been trained to offer a brief intervention. This is because alcohol related violence very often results in injuries to these areas. However, interventions are not currently routinely recorded
- The Nurse Education Team offers a one-day training course in ABI. This has been available since October 2010, and to date four courses have run with a total of 79 staff booked onto the training. Releasing staff for training remains a challenge
- The University Health Board (UHB) employs one Hospital Substance Misuse Liaison Nurse, who receives substance misuse referrals from across hospital services. Over a period of four years (2008-2011), there were 1795 referrals of which 82 percent were for alcohol. Around one fifth of patients' referred for alcohol were able to be offered brief advice or an extended brief intervention, (motivational interviewing) but the majority were patients with more severe alcohol issues, who required specialist support

If these patients could be identified and offered support at an earlier point in their drinking career, for example in primary care, it could help prevent their health deteriorating further, the impact on families, and the use of hospital resources.

## How improvement will happen

ABI is effective, and should become a routine part of healthcare practice, along with a robust system to monitor activity and outcomes.

At national level, the Welsh Government is separately funding PHW and Cardiff University to develop 2 training programmes to support local ABI skills training. These are being developed in collaboration to ensure a consistent approach.

PHW has developed a 4 hour generalist ABI training course which has been accredited by Agored Cymru. The course will be piloted in Cardiff and Vale in early summer 2012.

In Cardiff University, a Knowledge Transfer Partnership (KTP) has been set up to develop a sustainable ABI programme that will become part of routine clinical practice in secondary care. In recognition of the difficulties of releasing hospital staff for lengthy training, a 1.5 hour ABI training course (also accredited by Agored Cymru) is being piloted with health board staff, and will eventually be rolled out to maxillofacial and trauma clinics across Wales.

The RCGP Alcohol Management in Primary Care course continues to be offered. A mini collaborative project with the 1,000 Lives programme in Betsi Cadwalader UHB is working to identify the barriers to implementation of this training in general practice.



The Home Office has chosen Cardiff as one of five locations in the UK in which to trial a police-led sobriety conditional cautioning pilot. This will offer alcohol-related offenders (without a substantive offending history) the option of a caution, with a condition that they are tested for blood alcohol content over a period of one month.

This offers a window of opportunity for the provision of ABI and the option to refer people to additional support services, rather than simply a punitive measure.

Later in this chapter, the section on *Health education and personal skills development programmes for children and young people* describes a range of programmes for young people in schools, further and higher education. As these develop, it is envisaged that some programmes will make available an adapted version of ABI suitable for young people.

### Key messages

- Alcohol screening and brief interventions are effective, quick to deliver, and can help people take control of their drinking at an early stage before serious health harm occurs
- The new ABI training courses must be delivered to key staff across Cardiff and the Vale of Glamorgan. The training is free and can be delivered in as little as 1.5 hours
- A simple but robust system for recording and monitoring the outcome of routine alcohol interventions must be developed and implemented

### Action to reduce harm to individuals drinking to excess in the Cardiff night time economy

The measures put in place to manage the night time economy are described in Chapter 3. This section describes some of the additional harm reduction schemes which complement those measures and provide protection for the public.

#### City Centre Ambassadors

Our Ambassadors work on St Mary's Street and Greyfriars Road, the busiest areas of the city centre at night.

They provide a 'taxi marshalling' service to create an orderly queuing system, reducing the risk of arguments over taxis which could escalate into violence. They also advise, assist and reassure members of the public, and support service providers such as taxi drivers, door supervisors and CCTV operators.

#### Street Pastors

The Cardiff Street Pastors have 40 volunteer members from local churches. They support people who have drunk too much to be able to look after their own safety, providing bottled water and flip-flops for women unable to walk in their high heels. They also clear the streets of broken glasses and bottles which could be used as weapons.

#### NHS Triage Service (Mobile Medical Response Unit)

The service receives referrals and treats minor injuries on the spot in the centre of Cardiff, thus helping reduce the burden on the Ambulance Service and Emergency Unit. On busy nights the triage can deal with around 40 cases, ranging from trips and falls to more serious injuries. Staff are deployed in an ambulance in the city centre from 8pm to 4am on Friday and Saturday nights, with expert back up on hand if needed.

#### StaySafe Scheme

Operation StaySafe allows the police to help vulnerable young people out on the street late at night by taking them to a place of safety. They then make contact with parents and other additional services if necessary. The scheme uses existing child protection powers under the 1989 Children Act and is run by South Wales Police and the Youth Offending Service. The project operates in areas where there are reported incidents of youth anti-social behaviour, alcohol consumption, assault, sexual assault or rape incidents, youth crime or young people as victims of crime. Between April–December 2011 StaySafe worked with 600 young people. Sixty-two were taken to a place of safety. The majority of these (40) were brought in because of alcohol. A case study is included in box 4.1



Photo: courtesy of Cardiff StaySafe



#### Box 4.1 StaySafe case study

Ben was a young man aged 16 from the Gwent area. He came to Cardiff city centre regularly to hang around with young people from all over the locality who identified themselves as 'Emos'. This group wear distinctive clothes (normally black) and feel strong emotional attachment to one another. They regularly drink in the city centre parks and there are many recorded instances where some of them have been hospitalised through drink or arrested for possession of cannabis. StaySafe targets this area as there have been occurrences of crime and exploitation, and young people under the influence of alcohol are at greater risk of coming to harm.

Ben was drinking a bottle of brandy with his friends when police intervened. He was told that the police wanted him to come to the place of safety to prevent him from coming to harm. Ben had a two hour session with a StaySafe worker who talked about alcohol use and the harm it can cause. The discussion focused on the physical and mental consequences for Ben, and the link with anti social behaviour and the consequences for the community. Ben told his worker about self harm and an issue he had with his girlfriend and the worker explained how alcohol could make his low mood even worse.

Ben's parents were called and informed of the situation. They were reassured that Ben was not being arrested and that the police and StaySafe were preventing him from coming to harm. They were given guidance on how to restrict Ben's access to alcohol and also how to best talk to him about taking care of himself.

Ben's parents reported that they were happy with the intervention and that they didn't require any further support at that time.

### How improvement will happen

Working with Community Safety partners, the UHB is assessing the feasibility of an alcohol recovery centre (ARC) in the centre of Cardiff. This would respond to the excess numbers of drunken members of the public in the city, particularly following big sporting events or other occasions. The centre would be deployed as needed, and together with the Mobile Medical Response Unit, would look after people on the spot, only using ambulance services and the Emergency Unit when necessary. The ARC would also be working with clients to try and prevent further incidents through providing an alcohol intervention once clients are sober enough to leave.

### Key messages

- A number of effective schemes are in place to reduce the risk of harm to those who misuse alcohol in the night time economy
- The University Health Board must support the setting up of an alcohol recovery centre in the centre of Cardiff
- In view of the high number of children brought in by StaySafe because of alcohol, StaySafe staff must be trained to deliver alcohol brief interventions

## Drink Driving



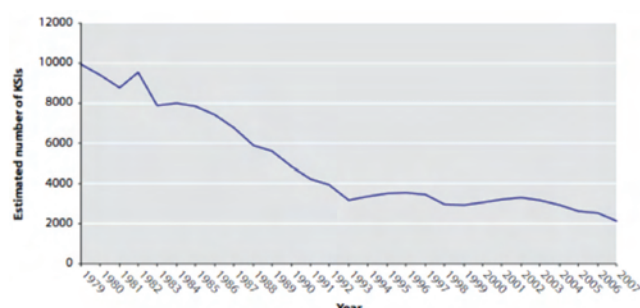
### Why this matters

Alcohol slows down reaction time by 10 to 30 percent and affects vision. At the same time it creates a false sense of confidence. As young people are even more susceptible to the effects of alcohol, their risk of accidents increases after just one drink; after two it doubles and after five it can increase ten fold<sup>4</sup>.

In 1967, nearly a quarter (22.4%) of fatal road accidents in Great Britain were associated with drink driving<sup>5</sup>; that is 1640 out of a total of 7319. In the same year the Road Traffic Act set a legal drink drive limit of 80 milligrammes of alcohol in 100 millilitres of blood (80mg%), and the roadside breathalyzer was introduced. Over forty years later in 2008, the proportion of drink drive fatalities had fallen to approximately a sixth (17%); 430 out of a total of 2538 road fatalities. In the same year 6.3% of all serious road injuries were estimated to be caused by drink driving. Figure 4.1 shows the downward trend in both drink drive deaths and serious injuries in Great Britain between 1979 – 2007<sup>5</sup>.

**Figure 4.1 Estimated Killed and Serious Injury (KSI) casualties in reported road accidents involving drivers and riders over the legal limit: GB 1979-2007**

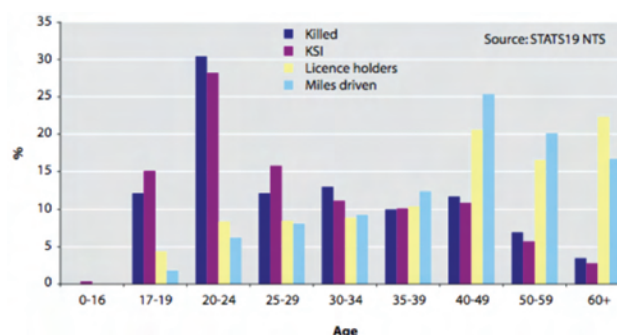
Source: DfT Road Safety Statistics 2010



Department for Transport figures from 2007 showed that 84% of car driver fatalities who were over the limit were male. Women were much less likely to be involved in drink drive incidents as drivers, although the difference reduced slightly as men and women get older. Young people, particularly the 20–24 age group, were a high proportion of those killed and seriously injured through drink-related injuries<sup>5</sup> (figure 4.2).

**Figure 4.2 Reported casualties from accidents involving a driver in each known driver age group as a proportion of total casualties from accidents involving a car drink driver, GB 2007**

Source: DfT Road Safety Statistics 2010



Although the UK allows a blood alcohol limit of 80mg%, most of the European Union member states have lower limits than this. Whilst evidence suggests that lower limits do reduce alcohol related road deaths<sup>6</sup> there is also a strong argument that because of individuals' different reactions to alcohol, the limit should be zero.

Other initiatives have been tried in order to reduce drink driving. These include incentivised designated driver schemes, ignition interlocks and education programmes. None of these have been shown to be effective over the long term<sup>7</sup>.

### The situation in Cardiff and the Vale

Department for Transport statistics from 2009 indicate that the proportion of drink driving accidents in Wales was slightly higher than in Great Britain as a whole. Overall, around 10 per cent (110 of 1,061) of killed and serious injury accidents in Wales involved drivers over the blood alcohol limit compared to 8.5% (2057 of 24,054) in Great Britain<sup>8</sup> (table 4.1).

**Table 4.1 Accidents which involved motor vehicle drivers or riders with illegal blood alcohol levels, by severity of accident and severity of casualties, Wales and GB 2009<sup>8</sup>**

	Numbers and percentage			
	Numbers of accidents and casualties by type of accident, or type of casualty:			
	Fatal	Serious	Slight	Total
<b>Wales</b>				
Estimates of alcohol-related <sup>(a)(b)</sup> :				
Accidents	30	80	370	470
Casualties	30	110	580	720
Numbers of all road traffic:				
Accidents	116	945	6,065	7,126
Casualties	126	1,095	9,133	10,354
Alcohol-related as proportion of all <sup>(b)</sup> :				
Accidents	26%	8%	6%	7%
Casualties	24%	10%	6%	7%
<b>Great Britain</b>				
Estimates of alcohol-related <sup>(a)(b)</sup> :				
Accidents	340	1,180	6,530	8,050
Casualties	380	1,490	10,150	12,030
Numbers of all road traffic:				
Accidents	2,057	21,997	139,500	163,554
Casualties	2,222	24,690	195,234	222,146
Alcohol-related as proportion of all <sup>(b)</sup> :				
Accidents	17%	5%	5%	5%
Casualties	17%	6%	5%	5%

Source: Department for Transport: Based on a combination of data from road accident statistics and coroners court

(a) Current drink drive limit is 80mg per 100ml of blood

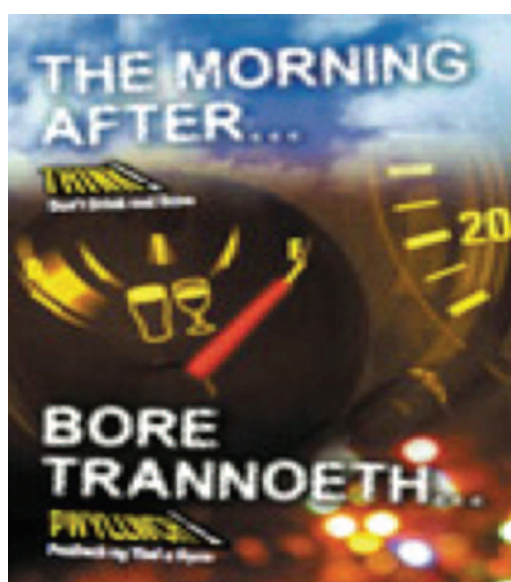
(b) Estimated numbers, adjusted for under-reporting. As these are estimated figures, they are here rounded to nearest "10". As a result, the corresponding percentage figures are less precise.

Table 4.2 shows the percentage of drivers in Welsh local authorities who tested positive for drink driving following an accident, between 1994-2010. The all Wales average in 2010 was 3.3%. The numbers involved are small, but it can be seen that Cardiff was 3.7% and the Vale of Glamorgan 2.4%.

**Table 4.2 Percentage of drivers in accidents testing positive for alcohol by Local Authority. 94-98 average, 2009 and 2010<sup>8</sup>**

	94-98			2009			2010		
	Positive	Negative	% Positive	Positive	Negative	% Positive	Positive	Negative	% Positive
Isle of Anglesey	10	208	4.8	15	155	8.8	9	142	6.0
Gwynedd	15	417	3.5	15	415	3.5	4	403	1.0
Conwy	11	351	3.0	12	342	3.4	7	287	2.4
Denbighshire	14	318	4.2	13	298	4.2	4	292	1.4
Flintshire	16	389	4.0	10	428	2.3	13	380	3.3
Wrexham	12	300	3.8	14	361	3.7	12	276	4.2
Powys	21	445	4.6	15	427	3.4	10	371	2.6
Ceredigion	11	247	4.1	8	264	2.9	6	244	2.4
Pembrokeshire	12	400	3.0	15	456	3.2	15	369	3.9
Carmarthenshire	29	638	4.4	16	578	2.7	17	492	3.3
Swansea	37	996	3.6	30	677	4.2	24	715	3.2
Neath Port Talbot	18	465	3.6	20	380	5.0	20	291	6.4
Bridgend	18	488	3.6	10	336	2.9	17	224	7.1
Vale of Glamorgan	14	300	4.5	9	212	4.1	4	167	2.3
Cardiff	41	925	4.2	23	773	2.9	26	683	3.7
Rhondda Cynon Taf	29	631	4.4	31	466	6.2	20	459	4.2
Merthyr Tydfil	8	183	4.2	4	112	3.4	8	120	6.3
Caerphilly	15	394	3.7	5	207	2.4	5	178	2.7
Blaenau Gwent	5	118	4.1	5	103	4.6	3	132	2.2
Torfaen	6	146	3.9	2	114	1.7	3	130	2.3
Monmouthshire	9	240	3.6	6	136	4.2	2	135	1.5
Newport	17	440	3.7	7	335	2.0	4	292	1.4
Wales	369	9,039	3.9	285	7,575	3.6	233	6,782	3.3

Every summer and Christmas, South Wales Police run month long anti drinking/drugs and driving campaigns. The drive to change attitudes, increase road safety and catch offenders continues all year round.



Magistrates may refer drivers convicted of an offence to the Wales Probation Trust *Drink Impaired Drivers Programme*, or for those disqualified from driving for a period of at least 12 months, to the Department of Transport *Drink Drive Rehabilitation Scheme*, (DDRS) which is currently provided

in South East Wales by Ogwr D.A.S.H. (Drugs and Alcohol Self Help). If an offender satisfactorily completes the latter course, their period of disqualification will be reduced by up to one quarter. Reconviction rates of drink drivers who attend this course have been found to be lower than for those who did not<sup>5</sup>.

### How improvement will happen

A reduction in the legal limit for drinking and driving, preferably to zero, would be the most effective way to bring further improvements. In the meantime education and campaign work drawing attention to the dangers of drinking and driving should continue.

### Key messages

- The decline in road deaths and accidents from drink driving is a powerful demonstration of the impact of legislation combined with public awareness campaigns
- Welsh Government should lobby the UK Government to reduce the legal blood alcohol limit for driving to 50mg in the short term, with a longer-term goal of reducing the limit to zero



## Alcohol policies in the workplace



### Why this matters

Alcohol misuse has a major impact in the workplace. It has been estimated to cost the UK economy up to £6.4 billion per year - double the cost to the NHS. Around one in four employees are drinking at a level that is likely to contribute to such costs, caused by absenteeism, lost productivity and lost working days. For an average size organisation with 200 employees, this equates to around £37,634 per annum<sup>9</sup>.

Alcohol policies in the workplace therefore provide an important opportunity for helping people with alcohol problems. The evidence for their effectiveness is not extensive, but suggests that a commitment to joint negotiation, strict confidentiality and provision for referring drinkers to counselling and treatment are essential components which can influence alcohol consumption and reduce problems<sup>10</sup>. More recent research has shown that ABI can be effectively delivered in workplace settings by staff from occupational health, employee support or union representation<sup>9,11</sup>.

The Welsh Government Corporate Health Standard (CHS), an award scheme for employers based on the quality of health and wellbeing promotion in the workplace, includes specific standards for alcohol at both bronze and gold levels<sup>12</sup>. The scheme is incremental from bronze to platinum level, so that the criteria for Bronze Award must be in place as a basis for the Silver Award and so on (box 4.2). The Small Workplace Health Award is a similar scheme for organisations employing less than 50 people.

Alcohol can be included as one of a number of lifestyle topics employers can choose to address at bronze, silver or gold standard level, but all lifestyle topics must have been covered at some stage in order to achieve the gold standard<sup>13</sup>.

### Box 4.2 Welsh Government Corporate Health Standards for alcohol and substance misuse at bronze and gold levels<sup>12</sup>

#### Alcohol and substance misuse – Bronze

Assessors will look for evidence that the alcohol and substance misuse policy:

- Clearly outlines how the organisation expects employees to control their drinking, how problem drinking will be recognised and how help will be offered
- Clearly outlines at what point and in what circumstances employers will treat an employee's drinking as a matter for discipline rather than a health problem
- Is supportive to those suffering from substance misuse problems, but clearly outlines that possession or dealing in drugs at work will be reported to the police
- Clearly defines the duty of care towards any employee presenting themselves under the influence of alcohol or substance misuse
- Identifies clear levels of support
- Indicates the support and training available for managers in the identification of issues relating to alcohol or substance misuse
- States soft drinks are available at corporate functions

Assessors will also want to see evidence in the workplace of raising awareness and sign-posting to local or national helplines or support groups.

#### Alcohol and substance misuse – Silver

- There are no additional actions at Silver level, but the actions for Bronze must have been implemented.

#### Alcohol and substance misuse – Gold

- At this level the alcohol and substance misuse policy must clearly prohibit the consumption of alcohol for all staff at any time during the working day.



## The situation in Cardiff and the Vale of Glamorgan

Table 4.3 shows the organisations in Cardiff and Vale that have achieved either the Corporate Health Standard Award, or Small Workplace Health Award. This represents around 29,000 staff who can benefit from the scheme.

**Table 4.3 Cardiff and Vale Organisations with Corporate Health Standard Awards, or Small Workplace Health Awards, 2012**

Corporate Health Standard Award		
Bronze	Silver	Gold
Estyn	The Wallich	Velindre NHS Trust
Sport Wales	Companies House	Cardiff and Vale UHB
The Admiral Group	Welsh National Opera	Vale of Glamorgan Council
		Cardiff Metropolitan University
		Dow Corning
Corporate Health Standard Award		
Absolute Care	Higher Education Funding Council for Wales	
Keep Wales Tidy	Home Instead	
Cardiff Medicentre	First Choice Housing	
Advantage Care (Cymru) Ltd.		
Fix Training Ltd.		
Older People's Commissioner for Wales		
ThinkBuzan		
Vale Centre for Voluntary Services		
Rank Hovis		

The UHB has achieved CHS gold level standard and is working towards platinum. This requires a demonstrable commitment to support other local organisations. A local Employers' Network has been set up and the UHB is supporting members with workplace health initiatives.

## How improvement will happen

Increasing the number of organisations that have an alcohol policy which includes ABI or referral for help would increase the numbers of heavy drinkers who are identified and offered help at an early stage before their situation deteriorates.

## Key messages

- Alcohol misuse damages health at work and productivity, impacting on the UK economy
- The Welsh Government Corporate Health Standard and Small Workplace Health Award provide a framework for workplace health improvement, including addressing alcohol misuse
- The local Employers' Network should prioritise implementation of alcohol policies in line with Welsh Government and Health and Safety Executive<sup>14</sup> guidance, and introduce alcohol brief intervention training for occupational health, employee support and trades union staff
- All public employers within Cardiff and the Vale should participate in the Corporate Health Standard including adoption of an alcohol policy in line with best practice

## Health education and personal skills development programmes for children and young people

### Why this matters

Children under the age of 15 should not drink alcohol at all, as there is clear evidence that alcohol can harm the developing brain and bones<sup>15</sup>. The potential harms of drinking in early adolescence include developmental problems, risky behaviours, and an increased risk of binge drinking and alcohol dependence in young adulthood<sup>15</sup>.

The provision of information and education on alcohol is important to raise awareness and impart knowledge to children and young people.

However, in an environment in which there are many competing messages in the form of marketing and social norms supporting drinking, and in which alcohol is easily available, education alone cannot lead to sustained changes in behaviour. Many research studies have concluded that education is not an effective intervention to reduce alcohol-related harm in the long term<sup>16</sup>. However, education can develop young people's attitudes and values towards drugs, increase knowledge and understanding and develop skills in order to reduce or resist substance misuse<sup>17</sup>.

The National Institute for Health and Clinical Excellence therefore recommends that alcohol education should be an integral part of the national science and personal, social, and health education (PSHE) curricula in all schools. Alcohol education should be tailored for different age groups and should focus on increasing knowledge; providing the opportunity to explore attitudes; and developing self esteem, assertiveness and decision making skills. It should also look at how the media, advertisements, role models and the views of parents, peers and society can affect alcohol consumption<sup>17</sup>.

The Welsh Government also provides guidance for those delivering substance misuse education for children and young people<sup>18,19</sup>, including alcohol prevention and education in higher and further education establishments.

### **The situation in Cardiff and the Vale**

There is much local activity in Wales. The Welsh Government Network of Healthy School Schemes (WNHSS) is the national framework for the development of 'health promoting schools which actively promote, protect and embed the physical, mental and social health and wellbeing of its community through positive action'.

The scheme takes a holistic approach involving school policies, the school environment and the wider neighbourhood as well as curriculum activity<sup>20</sup>. One-hundred and twenty-nine of 130 schools in Cardiff, and all 63 schools in the Vale of Glamorgan participate in the local Healthy Schools Network.

The police led All Wales School Liaison Core Programme (AWSLCP) is a complementary scheme developed in recognition of the role that schools can play in tackling anti-social behaviour, substance misuse and problems associated with personal safety. The programme is delivered by uniformed police (School Community Police Officers) in formal lessons. A questionnaire distributed to 2,105 pupils in 2011 and completed by 1543 (an overall response rate of 77%) found that almost all of primary pupils and around three quarters of secondary pupils said that the AWSLCP provided them with new knowledge, which was sustained at different and consecutive key stages<sup>21</sup>. All Cardiff and Vale schools participate in the AWSLCP.

A Substance Misuse Education and Advice Service was established in 2009 to provide support for teachers and youth workers in Cardiff. During 2010-11 the service developed a comprehensive substance misuse toolkit for schools, a substance misuse incident management protocol for youth centres, and delivered training for 180 staff. Altogether the service has now engaged with 19 out of 20 local authority secondary schools, three special schools, the Pupil Referral Unit and a sixth form college. More recently the service has begun work on a pilot scheme with primary schools.

In 2011 the Community Safety Partnership provided additional funding for a School Nurse Substance Misuse Service. Initial work has focused on training all school nurses in basic substance misuse awareness, and developing referral links with the Emergency Unit in relation to school aged children taken there with substance misuse issues.



Photo: courtesy of Cowbridge Comprehensive School

In the Vale of Glamorgan an external substance misuse agency has provided specialist expertise and input to schools and the youth service. There are also a number of other agencies in Cardiff and the Vale that include education and advice as part of their broader remit with both adults and young people.

Cardiff was the first area in Wales to introduce the North American Strengthening Families Programme (SFP). This seven-week programme works to strengthen factors within the family which help protect young people against substance misuse, including communication, parenting skills, and strategies to enable young people to deal with stress and peer pressure. As a result of a positive evaluation of the Cardiff scheme in 2007, a major evaluation of the programme is taking place across Wales. Children will be monitored for two years after families enter the programme, to examine its success in reducing drinking, smoking and drug use, as well as assessing mental health status and success at school. The results of the research will be available in 2014.

Cardiff SFP is ongoing although currently with reduced, short term funding from Cardiff Council. In 2011/12, three courses were run, at Glyn Derw, Rumney and Cardiff High Schools. Twenty-nine families, (37 parents and 43 children) joined the programme for a variety of reasons, including wanting to improve communication and relationships, and to equip children with the tools to handle peer pressure and deal with stress. At the end of the programme the families all reported good results in the areas they wanted to improve.

It is important to stress that, although the long-term public health goals of the programme are to reduce the likelihood of substance misuse in young people, the goals for family members are the more immediate ones described previously. Indeed, families may be less likely to join if the programme is labelled as substance misuse.

A new service delivery model, the Schools Health Improvement Programme (SHIP) is being piloted in Cardiff South and East,

and Vale localities. It brings together the Healthy Schools network, the AWSLCP, the Substance Misuse Education and Advice Service, the Strengthening Families Programme, and many other health related services. SHIP aims to align health improvement in schools with local health needs, and locality profiles have been developed to make teachers more aware of local health issues, including alcohol.

Finally, a research project is taking place in four Welsh Universities, testing methods of reducing the amount that students drink. This includes educational approaches. The results will be reported later in 2012 and if successful, the programme materials will be available for implementation across Wales.

### **How improvement will happen**

The remit of the Substance Misuse Education and Advice Service and School Nurse Substance Misuse Service will be reviewed along with that of other agencies that include education and advice in their programme of work. This will enable better co-ordination and increased service availability and impact across both counties.

Dependent on the outcome of research, the SFP and Universities programme will be taken forward.

### **Key messages**

- There is health improvement activity in most schools across Cardiff and the Vale, but there are varying levels of substance misuse support to schools
- Substance misuse education and advice services should be reviewed and extended across both counties
- The Strengthening Families Programme and Universities programme should be taken forward if they are shown to be effective

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## Chapter 5: Changing Attitudes

This chapter examines approaches to influencing public attitudes towards alcohol through:

- Regulation of alcohol advertising and sponsorship
- Mass media public campaigns

### Regulation of alcohol advertising and sponsorship

#### Why this matters

There has been a great deal of research into the impact of alcohol advertising and promotion on consumption. There is now clear evidence that alcohol advertising and promotion can influence consumption more than first thought. Alcohol advertising is almost solely designed to attract new groups of customers and to increase sales in groups that are already heavy consumers. In particular, alcohol advertising and promotion can increase the uptake of drinking amongst young people and increase the amount they drink<sup>1</sup>.

Even primary school children are aware of alcohol brands, with 95 percent recognising Fosters and Stella Artois, 80 percent recognising WKD, and 79 percent recognising Carlsberg and Smirnoff as brands of alcohol<sup>2</sup>.

*The promotion of alcohol is an enormously well-funded, ingenious and persuasive aspect of modern life, trying to recruit new generations of drinkers, and speaking for pro-drinking attitudes, and heavy alcohol consumption. Self-regulation of alcohol advertising and marketing has been shown to be fragile and largely ineffective<sup>3</sup>.*

Alcohol marketing is currently governed by a combination of statutory legislation and self-regulation within the drinks industry.



The industry argues that advertising is concerned with promoting sales of individual brands rather than recruiting new drinkers and there is no evidence of a causal link between advertising and the overall level of alcohol consumption or the amount of alcohol-related harm<sup>4</sup>. However, in view of the very large amounts of money spent on alcohol promotion, this argument is not convincing.

The industry currently spends around £800 million annually on alcohol promotion<sup>5</sup>. Of this, around £200m is spent on alcoholic drinks advertising on television, the radio, in the press, outdoors and in cinemas. A further £600-800m is spent on marketing communications, including sponsorships, product tie-ins and placements, contests, sweepstakes and special promotions.

The sponsorship of sport and cultural events has become a key promotional vehicle for alcohol. Alcohol advertising on television during sporting competitions potentially increases the likelihood of children associating alcohol consumption with sporting success. For example, during an England World Cup football match in June 2010, 1.6 million children aged 4-15 years saw the alcohol adverts aired in the commercial breaks<sup>6</sup>. Box 5.1 shows the extent to which alcohol industry sponsorship deals are commonplace in Wales<sup>7</sup>.

### Box 5.1 Examples of alcohol industry sponsorship deals in Wales

Brand	Sponsorship deal
<b>Brains</b>	Sponsor of Welsh Rugby Union (2004 onwards); Football Association of Wales, 'official beer of Welsh football' (2005 onwards); 'official ale' of the Millennium Stadium, Cardiff; sponsor of Glamorgan Cricket Club (2001 onwards) including 'official beer'
<b>Carling</b>	'Official beer' of Swansea City Football Club (ongoing). Also sponsor of the 2011 Home Nations football tournament, the Carling Nations Cup
<b>Carlsberg</b>	Sponsor of Llanelli AFC
<b>Diageo</b>	Sponsor of the Celtic Manor Wales Open golf tournament, Newport (2010)
<b>Diageo (Guinness)</b>	Sponsorship of autumn rugby internationals series, in association with English, Scottish and Welsh Rugby Unions (2010)
<b>Fuller Smith &amp; Turner plc</b>	Fullers Organic Honey Dew beer, sponsor of the Hay Literary Festival, Powys (2010)
<b>Heineken</b>	Sponsors of Heineken European Cup Final, Millennium Stadium, Cardiff (2011)
<b>Jägermeister</b>	Partner of Wakestock, Europe's largest wakeboard music festival, Llŷn Peninsula, north Wales (2010)
<b>Magners Irish Cider</b>	Sponsor of Magners League, rugby union (2006 onwards)
<b>Rhymney Brewery</b>	Sponsor of Abertillery Blues Festival (2010)
<b>Tuborg</b>	Friend of Beach Break Live student festival, Pembrey, Carmarthenshire (2010)
<b>Worthington's</b>	'Official beer' of Ospreys rugby (ongoing)

## The situation in Cardiff and the Vale of Glamorgan

The number of cinemas, sports arenas and stadiums in Cardiff provide many opportunities for alcohol advertising and promotion which has the potential to reach thousands of young people.

### How improvement will happen

There are a number of options for increasing restrictions on alcohol promotion, ranging from a review of the voluntary code to a total ban on all advertising and promotion. The Alcohol Health Alliance and Alcohol Concern Cymru favour a UK version of the French law 'Loi Evin' (named after the French Health Minister Evin)<sup>7,1</sup>. This includes a ban on sponsorship of all cultural and sporting events (box 5.2).

#### Box 5.2 The 'Loi Evin' restrictions on alcohol advertising and sponsorship in France

- No advertising to be targeted at young people
- No sponsorship of cultural or sports events is permitted
- No advertising is allowed on television or in cinemas
- Advertising is permitted only in the press for adults, on radio channels (under precise conditions) and at special events such as wine fairs
- Where advertising is permitted, a health message must be included on each advertisement, stating that alcohol abuse is dangerous for health

If an advert is considered to breach the advertising standards, complaints can be made to the Advertising Standards Authority about alcohol advertising on television and radio, posters, newspapers, magazines and cinema adverts. The standards state that advertising must not be designed to appeal to the under 18s; must not focus on the alcoholic strength of the product being promoted; and must not imply that refusing a drink is a sign of

weakness. However, with the increasing sophistication of advertising, a case is hard to prove. More radical restrictions, such as the Loi Evin are needed, but the power to introduce them lies with the UK Government.

### Key messages

- Alcohol advertising and promotion is a multi-million pound industry which influences the drinking behaviour of adults and young people
- Cardiff and Vale partnerships should join together to actively lobby the Welsh and UK Governments for action to restrict alcohol advertising and promotion

## Mass media public campaigns

### Why this matters

Recent national surveys have shown low levels of knowledge of alcohol units and the recommended guidelines amongst the general public<sup>8,9</sup>.

Mass media campaigns are widely used to raise awareness of health messages and reach large numbers of people through use of media such as television, radio, and newspapers. Exposure to such messages is generally passive and in competition with well funded product marketing and social norms of behaviour. A recent review of mass media campaigns, including those focused on lifestyle behaviours found campaigns could be effective, but suggested there are a number of key factors necessary for success<sup>10</sup>. Some of these are listed in box 5.3.

### Box 5.3 Recommendations for mass media campaigns<sup>10</sup>

Mass media campaigns should be included as key components of comprehensive approaches to improving population health behaviours.

Sufficient funding must be secured to enable frequent and widespread exposure to campaign messages continuously over time, especially for ongoing behaviours.

There must be adequate access to promoted services and products.

Changes in health behaviour might be maximised by complementary policy decisions that support opportunities to change.

Campaign messages should be based on sound research of the target group and should be tested during campaign development.

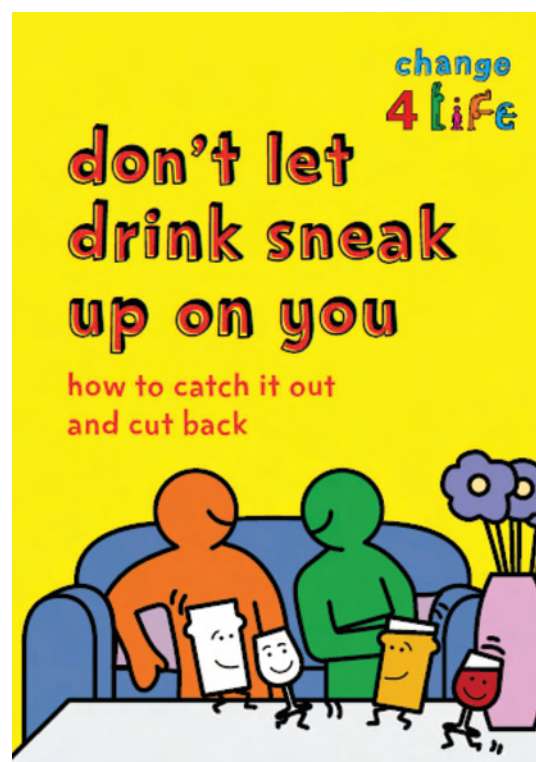
The Welsh Government is participating in the UK Government *Change4Life* social marketing programme, which will become the main vehicle for national diet, exercise and alcohol campaigns aimed at families and middle aged adults<sup>11</sup>. The Department of Health evaluation of its first *Change4Life* obesity campaign showed that brand recognition was high and over 1 million mothers claimed to have made changes to their children's behaviours as a direct result of *Change4Life*<sup>12</sup>.

The *Change4Life* alcohol campaign *Don't let drink sneak up on you* was launched in February 2012 and is aimed at middle aged home drinkers, in the habit of drinking to relax (figure 5.1). Messages are simple and clear, for example:

*'Most people who have alcohol related health problems aren't addicted to alcohol. They're simply people who have regularly drunk more than the guidelines for some years.'*

A new campaign programme, image and approach will be developed for targeting young people, and will aim to influence risk taking behaviours including binge drinking.

Figure 5.1 *Change4Life: Don't let drink sneak up on you*



### The situation in Cardiff and the Vale of Glamorgan

An Alcohol Awareness Campaign for Health Board staff and patients was run in 2010-11 and 2011-12, to coincide with Alcohol Concern National Alcohol Awareness Week in the Autumn. There was further publicity at Christmas/New Year and during the Six Nations Rugby Tournament in February. The campaigns have focused on raising awareness of alcohol units and the recommended safe limits, with additional information fed in at various points. For example during the Six Nations tournament, the campaign drew attention to the links between alcohol, spectator sport and domestic violence.

The Health Board Media Resources Centre developed specific alcohol posters for the campaigns, which are shown at the beginning of this chapter and below (figure 5.2). These were shared with Cardiff and Vale Local Authorities.



## How improvement will happen

In line with the recommendations in box 5.3 and the national commitment to *Change4Life* branding and materials, the Health Board alcohol awareness campaign should be reviewed and aligned with the national programme in order to maximize its impact.

## Key messages

- Mass media campaigns have a role to play as part of a wider, comprehensive approach to a particular health issue
- Cardiff and Vale University Health Board should revise its alcohol campaign programme in line with the national approach
- Cardiff and Vale of Glamorgan local authorities and members of the Employers' Network should also support the national campaign

**Figure 5.2 Example of Cardiff and Vale UHB alcohol campaign poster\***



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## Glossary

### Definitions of drinking patterns<sup>1</sup>, p. 7

- Sensible drinking is consuming alcohol in a way that is unlikely to cause oneself or others significant risk of harm (it is recommended that men should not regularly drink more than 3 – 4 units per day and women not more than 2 – 3 units per day)
- Hazardous drinking is a pattern of alcohol use that increases the risk of harmful consequences for the individual
- Harmful drinking is a pattern of alcohol use that causes harm to physical and / or mental health and commonly, but not always, has adverse social consequences
- Binge drinking usually refers to drinking too much alcohol over a short period of time

### 1,000 Lives collaborative project

The 1,000 Lives Campaign is a national programme that seeks to improve patient safety and reduce avoidable harm across NHS Wales. The programme works collaboratively with a number of organisations to support them in implementing new areas of work<sup>2</sup>.

### Advertising Standards Authority

The Advertising Standards Agency is the UK's independent regulator of advertising across all media, now including marketing on websites<sup>3</sup>.

### Ignition interlock

An ignition interlock is a mechanism installed in cars which requires the driver to breathe into a device that analyses blood alcohol levels, and will only allow the ignition to be started if the level is below a pre-set value<sup>4</sup>.

### Incentivised designated driver schemes

A scheme which rewards an individual (commonly through payment) to stay sober and drive friends/colleagues home after a night out drinking<sup>4</sup>.

### Knowledge Transfer Partnership

A Knowledge Transfer Partnership is a partnership, usually between business and an academic institution, which enables the business to access skills and expertise to help it develop. The knowledge sought is embedded into the business from the knowledge base through a project, or projects, undertaken by a recently qualified person known as the Associate, recruited to specifically work on that project<sup>5</sup>.

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## Appendix: Update in progress in implementation of 2010 Director of Public Health Report

### Introduction

The Annual Report of the Director of Public Health 2010 provided an overview of the health of families and children in Cardiff and the Vale of Glamorgan and made the case for prioritisation of the early years of life by the University Health Board (UHB) and its partners. The Director of Public Health highlighted three key priorities for the year ahead; targeted action to address inequalities, taking account of children and families in all decision making and establishing a systematic partnership with the third sector.

Each chapter of the Report considered a different aspect of the health of children and families and identified key messages. This chapter details some of the notable work that has taken place in addressing these priority areas since the report was published.

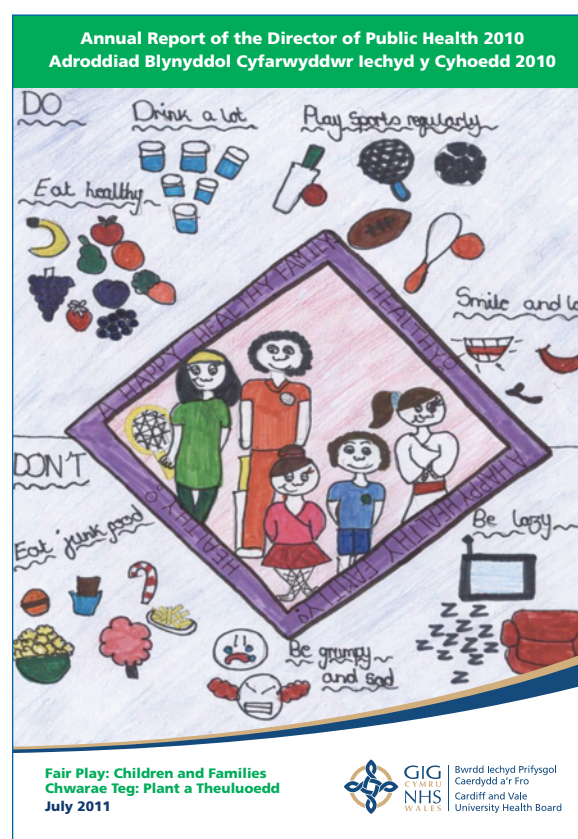
### Progress

#### Giving every child the best start in life

The Annual Report highlighted that all agencies and partners should actively support smoking cessation, particularly in pregnant women, and smoke free environments, especially where children can be exposed. In addition it identified that healthy eating, physical activity and breastfeeding need to be encouraged and parenting supported.

#### Smoking

In 2010-2011, 1696 contacts were made to smoking cessation services from Cardiff and Vale of Glamorgan residents. Of these, 372 reported they had quit smoking at 4 weeks. At 12 weeks, pregnant women who smoke are referred to Stop Smoking Wales unless they chose to opt out.



#### Neighbourhood Management and Area working

Joint working has been established with the Neighbourhood Management Teams in Cardiff and the Area Teams in the Vale. Work on actions to address the Local Public Health Service Framework priorities is underway, particularly targeting smoking, alcohol, food, physical activity and immunisation. The targeting of disadvantaged areas, with a mixture of effective approaches to protect and improve the health of children and young people, is a key development objective for neighbourhood and locality partnership approaches in Cardiff and Vale of Glamorgan.

## **Families**

The Families First Programme is well established in both Cardiff and the Vale of Glamorgan and aims to improve outcomes for families in a number of ways. These include ensuring that working age people in low income families gain and progress within employment; that children, young people and families, in or at risk of poverty, achieve their potential and are healthy, safe and enjoy well-being; and that families are confident, nurturing, and resilient.

As part of Families First developments, Team Around the Family (TAF) pilot projects are being established in the Vale of Glamorgan, based at Cadoxton House in Barry and in Cardiff East and West. The TAF pilot projects will be:

- Family-focused, taking a whole family approach to improving outcomes
- Bespoke, tailoring help to individual family circumstances
- Integrated, with effective co-ordination of planning and service provision across organisations
- Pro-active, seeking early identification and appropriate intervention for families
- Intensive, with a vigorous approach and relentless focus, adapting to families' changing circumstances
- Local, identifying the needs of local communities and developing appropriate service delivery to fit those needs

Work is underway to develop and agree referral criteria and a Joint Assessment Framework to determine which families will access the TAF.

The Cardiff and Vale of Glamorgan Integrated Family Support Service was launched in February and will receive referrals from case-management child care social workers for alcohol or drug dependent parents (or prospective parents) of children in need or children at risk of significant harm.

Flying Start programmes in Cardiff and the Vale of Glamorgan have submitted plans to Welsh Government which outline the approach they will take to expand the programme.

## **Enabling children and families to maximise their capabilities and have control over their lives**

The Report highlighted education and employment as key determinants of health for both children and their families, and a particular focus for addressing inequalities.

## **Schools Health Improvement Programme**

The Schools Health Improvement Programme (SHIP) is being rolled out in the Cardiff South East and City locality and the Vale locality through coordinators employed by the School Health Nursing Service and the Vale Education Service respectively. The programme aims to contribute to improvements in a range of health issues for children and young people, as is demonstrated by its draft indicators:

- Increase the proportion of children who eat fruit and vegetables every day
- Reduce dental caries levels amongst five years olds
- Increase the percentage of children aged 11-16 who exercise for an hour or more on at least five days of the week
- Reduce the teenage conception rates in 13-15 years olds



- Reduce the percentage of 11-16 year olds in Cardiff and the Vale reporting smoking weekly
- Reduce the proportion of young people aged 15 years who drink any alcoholic drink weekly
- Increase childhood immunisation uptake to the national target of 95%

It has been agreed that Cardiff Education Service will identify the locality coordinator for Cardiff North, West and South West. The School Health Nurse functions have been agreed, and young people's health drop-in sessions are now being consistently provided in all secondary schools. SHIP briefing sessions have been delivered for all Head Teachers in Cardiff and the Vale.

A partnership has been established between SHIP and Cardiff University, and this has resulted in a Medical Research Council proposal for a Schools Health Research Network.

### ***Healthy Schools and the Healthy and Sustainable and Pre-school scheme (HaSPSS)***

One-hundred and twenty-nine out of 130 schools in Cardiff, and all 63 schools in the Vale of Glamorgan, participate in the Healthy Schools Networks. Three schools have successfully secured the prestigious Healthy Schools Quality award; they are Herbert Thompson Primary School in Ely, Barry Island Primary School and Gladstone Primary School in the Vale of Glamorgan. This award is recognition of achieving the highest standards in promoting health and wellbeing. In March the Vale of Glamorgan Healthy Schools Network held a successful celebration event in recognition of the achievements of all the schools in Healthy Schools Network. The celebration event motivates schools to work towards achieving the Quality award.

The Healthy Schools and the Healthy and Sustainable and Pre-school scheme (HaSPSS) has been launched in Cardiff and the Vale of Glamorgan, with 20 pre-school settings recently recruited. Healthy eating, physical activity and immunisations will be a particular focus for these settings.

## **The role of healthy and sustainable communities**

Improving the physical environment improves health and wellbeing and helps address inequalities. The Annual report highlighted the role of Local Development Plans and Regeneration in achieving this and promoted a focus on healthy urban planning within Cardiff Healthy City and Vale Healthy Communities.

### ***Healthy Urban Planning***

In Cardiff, the finalisation of the Preferred Strategy of the Cardiff Local Development Plan (LDP) has been delayed by one year to allow transport modelling and further assessment of the options. A health impact assessment of this strategy will take place during summer 2012, prior to consideration of the Preferred Strategy by the Council in Autumn 2012.

In the Vale of Glamorgan, the LDP went on deposit in January 2012. The document seeks the proper planning of the area and the supportive documents cover aspects of health and welfare that the planning system can impact upon.

### ***Regeneration***

In Cardiff there are three particular schemes to highlight: Cemaes Park is a new community park which includes new play areas, a multi-use games area and seating; funding from the Council's neighbourhood renewal scheme programme has allowed a complete overhaul of Shelley Gardens, an inner city open space, including a multi-use games area, a toddlers' play area, an upgraded walkway with CCTV and space for a community garden (run by volunteers in a community group), reflecting priorities identified through local consultations; new play facilities have been provided through neighbourhood renewal at Hillview, Pentreban, which was identified as a priority by local councillors and the community. A range of equipment has been installed to meet the needs of different age groups, following a process of consultation with young people.

The Barry Regeneration Board actively supports initiatives which impact on young people across the whole range of their development. Three particular projects have been completed: a youth pod at Bendrick Road (an interactive resource to allow young people to plug into a bluetooth receiver to play music and surf web sites); refurbishment and re-development of play areas at Iolo Park and Basset Park including a five-a-side and basketball pitch at Basset Park; and Porthkerry Playground.

### **Preventing ill health in children and families**

In the Annual Report, parental action was identified as a significant influence on the health of children and families. The influence of domestic violence, alcohol use and immunisation were specifically discussed.

### **Alcohol**

In the last year, notable local initiatives to address the harm caused by alcohol have targeted staff in both health and education.

The second annual Cardiff and Vale UHB staff alcohol awareness campaign commenced in November 2011, with messages disseminated to staff on the hidden harms caused by alcohol. This included the effects on children and families. In addition, 68 GPs in Cardiff and the Vale attended the Royal College of General Practitioners (Wales) training course on alcohol screening and brief interventions, thereby increasing the availability of early local help for people with alcohol problems.

In the education sector, two specialist school nurses have been appointed for a 3-year period to organise training for school nurses and health visitors in alcohol issues, and develop expertise in providing screening and support for children and young people with lower level alcohol problems who do not require more specialist interventions. As a result, all school nurses have now received substance misuse training, which will, increase skills in

dealing with children and young people with substance misuse issues.

In addition, as part of ongoing work by the Substance Misuse Education and Advice Service during 2011-12, 174 practitioners from eight schools received training on substance misuse and alcohol awareness and education. This enables them to effectively incorporate substance misuse education into the curriculum, and develop school protocols for dealing with incidents of substance misuse. An alcohol drama workshop for key stage 3 was developed with Theatr Iolo. Following delivery of the workshop to 145 pupils aged 12-15 in three schools, evaluation demonstrated that the majority of children enjoyed the workshop, and 85% stated that their knowledge and understanding of alcohol had increased. The workshop will now be offered to other schools.

Alcohol awareness training was commissioned for volunteers and care workers working on a one to one basis with older people. Twenty participants attended the training, the majority of whom reported an increase in their knowledge, skills and confidence. Public Health Wales has also developed two Alcohol Brief Interventions training courses; one for hospital and one for community settings. The training will enable healthcare and other relevant staff to help non dependent problem drinkers reduce and control their drinking. The courses will be piloted in Cardiff and the Vale in May/June 2012. Finally at a strategic level, Cardiff and Vale of Glamorgan Alcohol Action Programme is being implemented and the impact of the actions will be monitored by the Substance Misuse Area Planning Board.

## **Immunisations**

In general, routine childhood vaccination uptake has improved markedly over the past two reporting years in Cardiff and the Vale of Glamorgan, with the 5 in 1 and Meningitis C vaccinations regularly achieving the Annual Quality Framework uptake target of 95% for routine childhood immunisations. However, uptake of some other vaccinations remains significantly below this, particularly in older children.

A recent drop in reported uptake in the one year age group has been of concern, but additional analysis suggests this has been caused by a discrepancy in data, rather than a significant drop in clinical uptake.

A detailed action plan is maintained and implemented by the UHB Immunisation Group in order to address the identified issues. In particular immunisation training and updating, in line with the national minimum standards, is now be rolled out across the UHB. An important element of this training identifies ways of improving uptake. Practice visits have proved very successful in improving partnership working and identifying areas where specific work and support is required. They will continue. Finally, the Child Health computer system is now linked to the Exeter Computer System, which will support improvements in data accuracy.

essential. In particular, the development of effective relationships with third sector organisations is essential

- For this reason, the impact and effect of the actions recommended in the 2010 annual report will need to be monitored over time for its full effect to be assessed

## **Key messages**

- There is clear and strong evidence of partnership working in Cardiff and the Vale of Glamorgan, reflecting the fact that social determinants of health and disease are best tackled together with all other partners and agencies. Action is being targeted to address inequalities and it is apparent that children and families are viewed as a priority by partner organisations
- Despite this good start, further work will be necessary to address all the key areas and deliver significant improvement in population health. It is imperative that leadership and focus are sustained over the coming years. Continuing strong partnership is