

# Strategy for reducing alcohol related harm



Department of Health,  
Social Services and Public Safety  
September 2000

Reducing the harm that can be done by alcohol is one of the greatest public health challenges facing the European Region of WHO. Ways of taking up this challenge are well known. What is needed now is to exercise political will, to mobilise civil society and carry out systematic programmes in every Member State.

***European Alcohol Action Plan 2000-2005,  
World Health Organisation,  
Regional Committee for Europe***

# **Strategy for reducing alcohol related harm**

**Department of Health,  
Social Services and Public Safety  
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## RÉAMHRÁ

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Is rómhaith atá a fhios againn go mbíonn cuid mhór fadhbanna ann de dheasca mhí-úsáid an alcóil. Tá aithne phearsanta ag cuid againn ar dhaoine ar cuireadh isteach ar shaol s'acu ag an alcól nó ar milleadh go hiomlán é aige. Bíonn taithí againn uilig, luath nó mall, ar iompar frithshóisialta nó ar choir éigin a chuirtear síos don alcól ina chraos. Mar chuid de phobal, bíonn muid uilig thíos go minic leis an dochar a chuirtear síos don alcól. Tuigtear fosta gur maith leis an chuid is mó den phobal bheith ag ól agus gur go freagarthach neamhurchóideach a dhéanann siad é.

Sin an fáth a rachaidh Straitéis Laghadú Dhochar an Alcóil i ngleic leis na fadhbanna go réalaióch praiticiúil. Thangthas ar chuspóirí na Straitéise i ndiaidh thréimhse fhada chomhairle agus is iad :

- Dea-úsáid an alcóil a spreagadh trí fhorbairt chlár sláinte agus oideachais a chuireann béim ar leith ar na grúpaí sin is mó baol.
- Cuidiú a thabhairt do sheirbhísí léighis agus tacaíochta, ag cinntiú go bhfuil siad foirfe, go bhfuil teacht orthu go measartha furast agus go riarann siad go héifeachtach do riachtanais an phobail.
- Cosaint a chur ar fáil do na hindibhidigh, na teaghlaigh agus an pobal a bhíonn thíos le mí-úsáid an alcóil chomh maith leis an iompar frithshóisialta agus na coireanna a thagann leis go minic.

Cé go bhfuil ról lárnach ag Seirbhísí Sóisialta agus Sláinte i laghadú dhochar an alcóil, ní Roinn s'agam amháin is cóir bheith ag plé leis an fhadhb. Má tá le héirí linn ar chor ar bith, bíodh baint ag iomlán an phobail san obair atá le déanamh. Is bunghnéithe iad an comhoibriú agus an pháirtíocht den Straitéis agus d'ainmnigh muid, nuair a bhí muid ag forbairt phlean gníomhaithe s'againn, na dreamanna is mian linn bheith ag obair leo.

Beidh Roinn s'agam freagarthach as bainistíocht agus cur i bhfeidhm na Straitéise. Cuirfidh muid áiseanna breise ar fáil de réir mar a chuirtear an Straitéis i bhfeidhm agus cinnteoidh muid go mbaintear úsáid chuí, cheart, chothrom as na háiseanna sin. Tabharfaidh muid iomlán tacaíochta do ghrúpaí a bheidh ag cur obair agus cuspóirí na Straitéise i bhfeidhm.

Tá mé ag fáiltiú roimh chur i bhfeidhm foirfe na Straitéise sna blianta atá le teacht agus dearcaim ar an rud mar chuid nua tábhachtach i gclár fheabhsú aire sláinte agus sóisialta na Roinne.

## BAIRBRE DE BRÚN

An tAire Sláinte, Seirbhísí Sóisialta agus Sábháiltacteachta Poiblí

We are all too aware of the problems arising from the misuse of alcohol. Some of us will have personal knowledge of individuals whose lives have been marred and sometimes ruined in this way. Most of us, at some time or another, will have had unpleasant experiences of anti-social or criminal behaviour where excessive alcohol consumption has been a factor. And, as members of society, we all share the cost of dealing with alcohol-related harm on a day-to-day basis. But we must also recognise that the majority of people in our society choose to drink, and they do so responsibly, with little harm to themselves or others.

That is why the Strategy of Reducing Alcohol Related Harm aims to tackle these issues in a practical and realistic manner. Its objectives, which were developed and agreed through an extensive consultative exercise, are:

- To encourage the responsible use of alcohol through health promotion and education programmes, which will have particular emphasis for those groups identified as being most at risk;
- To promote and improve treatment and support services, ensuring that they are effective, adequate to the real level of need in the community, and fairly available, and
- To protect individuals, families and communities from the anti-social and often criminal consequences of alcohol misuse

Although Health and Social Services have a significant role to play, reducing alcohol related harm is not and cannot be an issue for my Department alone. Any meaningful attempt to tackle this problem must be based on a community-wide effort. Collaboration and partnership lies at the heart of this Strategy and, in developing our action plan, we have spelt out those with whom we intend to work during its implementation.

My Department will take responsibility for managing the implementation of this Strategy. We will make available additional resources as the Strategy is implemented and ensure that all resources are used accountably, effectively and fairly. We will encourage and support local implementation groups and work together with them in achieving the Strategy's objectives.

I look forward to the successful implementation of this Strategy over the next few years and regard it as a significant addition to the Department's programme for improving health and social wellbeing.



BAIRBRE DE BRÚN

Minister of Health, Social Services and Public Safety

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## 1. Why do we need this Strategy?



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## THE PROBLEM

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### 1. Why do we need this Strategy?

- 1.1 Alcohol, used responsibly and in moderation, is a normal and enjoyable aspect of everyday life for most people. Everyone is familiar with the wide variety of social settings in which it is consumed, ranging from casual enjoyment or relaxation to celebratory and ceremonial occasions. This widespread use of alcohol means that the manufacture and retailing of alcohol products, and its distribution through bars, clubs, restaurants and off-licences involves an estimated 32,000 jobs<sup>1</sup>, both full and part time. The economic significance of this to society here is obvious.
- 1.2 Equally familiar, however, is the harm that can arise from alcohol misuse<sup>2</sup>. This harm begins with the health and social wellbeing of the individual drinker but can and often will affect family and friends, colleagues, employers and strangers. At its worst, alcohol misuse kills more people directly than illegal drug use, is directly linked to violence and crime and contributes to mental illness. It is also a factor in many accidents, on the roads, at work and in the home. Society carries the costs of illness, accidents, violence and premature death and these costs are very significant. One recent study<sup>3</sup> of the social costs of alcohol misuse here during the 1997/98 financial year estimated the direct costs of alcohol related harm, for example, from occupied hospital beds and alcohol related crime, to be £34 million. In the same study, indirect costs such as those from premature death and road traffic accidents was estimated at £743 million. This gave a total estimated figure of £777 million for the year<sup>4</sup>. Although such calculations cannot be exact, the scale of alcohol related harm is indisputable.
- 1.3 What we know with more certainty, however, is that the incidence of alcohol misuse is high and continues to increase<sup>5</sup>. This is particularly true for younger people and especially young women. Children who drink, especially in their early teens, are a particular cause of concern. For this age group there are clear and worrying connections between excessive alcohol consumption and other social problems, for example teenage pregnancy and anti-social and criminal behaviour.
- 1.4 Societies and individuals use and misuse alcohol for a number of reasons and the issues involved are complex and very often controversial. A substantial body of research already exists about the best approaches to health education and promotion and the efficacy of alternative treatment regimes. Where opinion is divided as to causes, different explanations are likely to result in different solutions being proposed. In addition, beliefs about how society should respond to alcohol related harm and alcohol use generally, necessarily reflects diverse moral, political and religious attitudes.
- 1.5 The Department of Health, Social Services and Public Safety is committed to reducing all types of alcohol related harm. To succeed in this aim we need a strategy which is practical, sensible and, most importantly, achievable. We need to counter the harm already being caused, and protect those for whom, without proper guidance and education, alcohol misuse may come to pose a serious threat to their health and wellbeing in the future.



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- 1.6 Many different groups are involved, in a variety of ways, in either trying to reduce the occurrence of alcohol-related harm or dealing with its effects. Central Government is involved, through the health and social services, health promotion, road safety education, law enforcement and customs and excise control. Local government also has a direct concern and responsibility in many aspects of environmental control. Voluntary and community organisations are involved in the treatment, counselling, rehabilitation or support of people harmed by alcohol misuse, either directly or through the actions of others. We need this Strategy to help develop closer working partnerships between all these groups and, by using a common message and approach, to co-ordinate all our efforts to better effect. The drinks industry also plays a significant role and has worked effectively with Government on shared concerns in the past. Finally, when implementing this strategy we need to set ourselves realistic and measurable targets to demonstrate the progress made in reducing this problem.
- 1.7 As a first step towards the development of this new Strategy, the then Department of Health and Social Services commissioned a multi-disciplinary Project Team to review the effectiveness of the current health promotion activity and alcohol addiction services and to make practical recommendations for tackling alcohol misuse. A wide consultative process took place. The existing evidence was reviewed and, where required, additional research was commissioned. The team reported its conclusions in June 1999.
- 1.8 The Project Team's wide ranging and detailed report and its recommendations have been used as a working basis for the development of this Strategy. A Steering Group from the Department of Health and Social Services was asked to consider how the report could be developed into a practical and balanced programme that could achieve the cross-sectoral support essential for a successful outcome. The scope for effective and realistic action was discussed with other government departments, both in GB and Ireland, and a draft of the Strategy was issued for a wide consultation exercise throughout the statutory, voluntary and community sectors. The responses from that consultation were carefully considered and have been reflected in the final version of the Strategy, in the planned actions and targets and in the partnerships through which they will be achieved.
- 1.9 In developing this Strategy we have accepted that the use of alcohol is widespread in our society and is now a part of the social fabric, even if its use is rejected by many. It is also clear that many types of harm are linked to the consumption of alcohol. We recognise that addiction to alcohol causes great harm to individuals, their families and society at large. However, we also know that for most people its responsible use carries no significant risk and that for some groups it has identified medical benefits. Alcohol is a legal substance, and although its consumption has always been legally circumscribed in one way or another, we believe a prohibitionist attitude would be neither acceptable, workable nor desirable.
- 1.10 This Strategy is therefore essentially pragmatic and practical. We intend to work with others to reduce alcohol harm where we have the necessary knowledge and confidence that we can succeed in doing so. We wish to work in ways that are likely, on past evidence, to succeed and we intend to build on these past successes. Where new and innovative methods or approaches are suggested we will pilot them to gauge their effects before deciding on the next steps. Finally, we will work with anybody who shares the aims and objectives laid out in this Strategy. Indeed, we believe that it is only through such partnerships that we are likely to make significant headway in reducing the harm that the misuse of alcohol causes.



## 2. What this Strategy aims to achieve



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## THE PROBLEM

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### 2. What this Strategy aims to achieve.

2.1 Our aim is to reduce the harm caused to individuals and society by the misuse of alcohol.

Our main objectives are to:

#### (a) Encourage a responsible approach to drinking

We want to encourage a responsible and moderate approach to drinking, by informing individuals of the risks involved and allowing them to make informed choices, one of which may be the decision not to drink. A key outcome for the Strategy will be a reduction in the proportion of individuals drinking above recommended sensible drinking guidelines<sup>6</sup>. These guidelines will be of prime importance as health promotion targets. As well as universal health messages, we will develop programmes to encourage awareness and acceptance of these guidelines targeted at identified at-risk groups. These programmes will also be designed to change those drinking behaviours and attitudes most likely to lead to harm.

#### (b) Promote effective treatment services

We want to promote services of proven effectiveness, to help people to overcome their alcohol misuse problems. We need to ensure that, where need exists, an appropriate level of service is readily available and accessible and that all treatment and support services demonstrate best practice, provide an efficient use of resources and meet the Department's Equality obligations.

#### (c) Protect individuals and communities from alcohol related harm.

We want to protect the community from the anti-social and criminal behaviour connected with excessive or illegal alcohol consumption and we will co-operate with others working in the field to achieve this. We recognise that these quality of life issues are some of the core problems of alcohol misuse and that we must therefore empower individuals, families and local communities to take effective action to deal with them.

#### (d) Develop a research and information programme

It is clear that drinking behaviours generally and the patterns, nature and venues of alcohol consumption are changing rapidly. However, much of our information about these changes is either anecdotal or outdated. We need to develop an information and research programme that will give us detailed and up-to-date knowledge of local drinking patterns and behaviours. This programme will enable the effective targeting of health promotion and education, the development of valid and reliable performance indicators<sup>7</sup>, and the identification and correction of any inequalities in treatment service provision.



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**(e) Implement and manage the Strategy effectively**

To ensure the effectiveness of this Strategy, we will put in place a management structure responsible for implementing, monitoring and reporting on the Strategy and for developing it, on a rolling basis, through a regular and systematic review process. Local implementation groups will be set up and encouraged, to support community involvement and a multi-disciplinary approach.

2.2 The Strategy comprises a number of proposals for action, grouped under five Action Areas:

**(a) Encouraging Sensible Drinking**

**(b) Providing and Improving Treatment Services**

**(c) Protecting the Community**

**(d) Developing an Information and Research Programme**

**(e) Implementing and Managing the Strategy**

2.3 For each action area we describe the actions to be taken, set the initial target(s) and when they are to be achieved, and, where appropriate, identify the main partnerships to take the work forward.



### 3. Encouraging Responsible Drinking



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### **3. Encouraging Responsible Drinking**

The Department of Health, Social Services and Public Safety will sponsor a health promotion and education programme to encourage people who drink to do so responsibly, in line with current medical advice, in order to avoid alcohol-related problems. We will:

#### **IMPLEMENT...**

...a health promotion programme that includes initiatives developed for specifically targeted at-risk groups, is based on local conditions, and which draws on local experience and expertise.

#### **WORK...**

...closely with other health promotion organisations within a North/South, East/West and European context. We will consider and, if appropriate, implement any relevant best-practice initiatives developed by other organisations and regions.

#### **WORK...**

...collaboratively with the Health Promotion Agency, other Government Departments and Agencies, health promotion workers throughout the statutory, private, voluntary and community development sectors and the Drinks Industry.



### 3. Encouraging Responsible Drinking

Proposed Actions	Targets
<p><b>3.1 Health Promotion and Education Programme</b></p> <p>Develop and implement, through consultation with key stakeholders, a co-ordinated and integrated Health Promotion and Education Programme that emphasises the potential harm to people's health and wellbeing arising from high-risk drinking patterns and levels of consumption.</p> <p>The Programme will comprise both universal messages, relevant to the whole population and targeted messages, aimed at specific groups and focused on specific settings.</p> <p><b>The new Programme will:</b></p> <ul style="list-style-type: none"><li>• Promote the recommended daily benchmarks;</li><li>• Highlight the positive aspects of moderate consumption (for specific groups) and abstinence;</li><li>• Provide practical guidelines for responsible drinking and strongly discourage drinking in specific situations including driving, using machinery, participation in watersports etc.</li></ul>	<p>By <b>September 2001</b> to have agreed:</p> <ul style="list-style-type: none"><li>• The central themes of the Programme.</li><li>• The detailed Programme content for the whole population and targeted groups.</li><li>• A phased 3-year implementation plan.</li></ul>

### 3. Encouraging Responsible Drinking

Proposed Actions	Targets
<p><b>3.2 Primary School Children (5-11)</b> <b>Secondary School Children (12-18)</b></p> <p>Ensure that responsible drinking and health risk messages are integrated into school and college health promotion programmes, in ways that are suitable and relevant to the different age groups concerned.</p>	<p><b>By December 2001,</b> to have agreed, with the <b>Education Departments</b> and the <b>Education and Library Boards:</b></p> <ul style="list-style-type: none"> <li>• A responsible drinking component for health promotion programmes in schools.</li> <li>• The training required for teachers and other educators and youth workers.</li> </ul>
<p><b>3.3 Teenagers and Young Adults (16-25)</b></p> <p>Develop a realistic and non-judgemental programme of Health Education, targeted at teenagers and young adults. It will be centred on the communication of risk and self-harm and raising awareness of the dangers of misusing alcohol, including that of drinking large amounts of alcohol in a single session, so-called "binge drinking". It will also raise awareness of the associated risks to young people of over-indulgence in alcohol, such as unprotected sex, unsafe driving, accidents and crime.</p>	<p><b>By December 2001,</b> to have agreed with <b>health service providers, youth workers, voluntary and community organisations</b> and <b>third level education institutions</b>, including <b>universities</b>, and initiated:</p> <ul style="list-style-type: none"> <li>• A Health Promotion and Education Programme targeted at teenagers and young adults.</li> </ul>

### 3. Encouraging Responsible Drinking

Proposed Actions	Targets
<b>3.4 Women</b>  Develop an awareness programme directed at the particular issues of alcohol misuse amongst women. The programme will be developed in conjunction with relevant health service providers and voluntary and community organisations.	<b>By December 2001</b> , to have agreed with <b>key stakeholders in women's health promotion</b> and initiated: <ul style="list-style-type: none"><li>A Health Promotion and education programme targeted at women.</li></ul>
<b>3.5 Older People</b>  Develop an alcohol awareness programme directed towards the particular issues of alcohol misuse amongst older people. This programme will be developed in conjunction with relevant health service providers and voluntary and community organisations.	<b>By December 2001</b> , to have agreed with <b>key stakeholders in elderly care</b> and initiated: <ul style="list-style-type: none"><li>A Health Promotion and Education Programme targeted at older people.</li></ul>

### 3. Encouraging Responsible Drinking

Proposed Actions	Targets
<h4>3.6 Domestic Violence</h4> <p>Contribute to the awareness of the role of alcohol misuse in domestic violence and abuse.</p>	<p><b>By December 2001</b>, to have discussed with <b>stakeholders in family wellbeing</b> the programmes already in place and agreed:</p> <ul style="list-style-type: none"> <li>The contribution the Strategy's health education programme can make to reducing domestic violence and abuse within the home.</li> </ul>
<h4>3.7 Workforce Policies on Alcohol</h4> <p>Encourage employers to develop and implement workplace policies on alcohol misuse which treat alcohol problems as a health matter.</p> <p>Encourage employers to support treatment, and employees to seek treatment.</p>	<p><b>By March 2002</b>, to have agreed with the <b>Health and Safety Executive, Department of Finance and Personnel, Employer Organisations</b> in the private, public and voluntary sectors, and <b>Trade Unions</b>:</p> <ul style="list-style-type: none"> <li>Guidelines for the development of alcohol misuse policies for the workplace.</li> <li>A strategy to promote their widespread adoption and support.</li> </ul>



### 3. Encouraging Responsible Drinking

Proposed Actions	Targets
<h4>3.8 Leisure and Sport</h4> <p>Develop an alcohol awareness programme, in collaboration with the leisure and sports sector, including school sports, which is consistent with their health-promoting ethos. The programme will be developed in conjunction with leisure interests and sports clubs, sports governing bodies, and the Drinks Industry.</p>	<p><b>By March 2002</b>, to have secured agreement with the <b>Education Departments, Sports Council</b>, other <b>key stakeholders in the sport and leisure sectors</b> and the <b>Drinks Industry</b> on:</p> <ul style="list-style-type: none"><li>• A responsible drinking programme targeted through leisure and sport.</li><li>• Guidelines for the involvement of the Drinks Industry in sport and leisure.</li></ul>
<h4>3.9 Co-operation with Drinks Industry</h4> <p>Work together with the Drinks Industry to address areas of common concern. These include the development of agreed policies for product marketing and policies for distribution which promote safer drinking environments.</p>	<p><b>By September 2001</b>, to have agreed with the <b>Drinks Industry</b> and put in place:</p> <ul style="list-style-type: none"><li>• A working group that will facilitate a common approach to the implementation of the Strategy's recommendations.</li></ul>



## 4. Promoting and Improving Treatment Services



#### **4. Promoting and Improving Treatment Services**

The Department of Health, Social Services and Public Safety will initiate action to ensure that the level of services currently provided meets the need in the community, that all treatment supported by government can be demonstrated to be effective, and that access to treatment services is equitable. We will:

##### **REVIEW...**

...current service provision through consultation with key stakeholders, including service users and local communities, report on the quality and availability of current treatment services and make recommendations for improvement to ensure all assessed need is met equitably.

##### **ESTABLISH...**

...an agreed, meaningful and open system to measure performance of treatment and support services, and to use this information system to inform decisions on future service provision.

##### **PROMOTE...**

...awareness and uptake of current treatment and support services by developing a comprehensive directory and publicising their availability.

##### **ENCOURAGE...**

...and support new clinical and addiction support initiatives, where these can be clearly demonstrated to be effective and worthwhile.



#### 4. Promoting and Improving Treatment Services

Proposed Actions	Targets
<b>4.1 Review of Treatment Service Provision</b>  Ensure that the provision of treatment services (understood as embracing the health services, community and voluntary treatment and support groups, the social services, and the criminal justice system) is adequate to the population's assessed needs, and delivered in ways that are effective, flexible, accessible, equitable and accountable.	<b>By June 2001</b> , to have: <ul style="list-style-type: none"><li>• Developed and circulated widely a central Directory of Services.</li><li>• Set up procedures for its regular updating and distribution.</li></ul> <b>By March 2002</b> , to have: <ul style="list-style-type: none"><li>• Conducted a Review of Current Service Provision including a comprehensive Needs Assessment exercise.</li></ul> <b>By September 2002</b> , to have: <ul style="list-style-type: none"><li>• Developed an action plan to ensure that levels of services recommended by the Review and Needs Assessment exercise are provided on an adequate and equitable basis for all those who require them.</li></ul> <b>By March 2003</b> , to have: <ul style="list-style-type: none"><li>• Produced a report on treatment trends and performance with guidelines on good practice and recommendations for service improvement.</li></ul>

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## 4. Promoting and Improving Treatment Services

Proposed Actions	Targets
<p><b>4.2 Ensuring Effective Service Provision</b></p> <p>Agree on standard method(s) to be adopted for measuring the effectiveness of treatment and support services.</p> <p>Develop a system that will enable meaningful and relevant comparisons (on a like-with-like basis) to be made between all existing treatment and support services and which could be used to inform central funding decisions.</p> <p><b>4.3 Service Continuity</b></p> <p>Ensure that alcohol treatment services are comprehensive, coherent and complete i.e., providing assessment, detoxification, appropriate treatment, relapse prevention, social services and after-care in an integrated fashion.</p>	<p><b>By June 2003</b>, to have developed, in partnership with <b>service providers</b>:</p> <ul style="list-style-type: none"> <li>A treatment service management system, based on agreed standards of outcome measurement, that will enable meaningful comparisons between different treatment and support regimes.</li> </ul> <p><b>By September 2002</b>, following on from the Review and Needs Assessment exercise, to have:</p> <ul style="list-style-type: none"> <li>Assessed the current service provision and identified any gaps in service continuity.</li> <li>Made recommendations for bridging the gaps in service provision by working with other agencies and organisations to establish procedures that will provide co-ordinated care.</li> </ul>

#### 4. Promoting and Improving Treatment Services

Proposed Actions	Targets
<b>4.4 Intervention Training</b>  Ensure that, where and when it is known to be a useful and effective approach, brief treatment interventions can be applied by personnel trained and authorised to do so.	<b>By September 2002</b> , following on from the Review and Needs Assessment exercise, to have: <ul style="list-style-type: none"><li>Identified where and by whom brief interventions could effectively be used.</li></ul> <b>By December 2002</b> to have: <ul style="list-style-type: none"><li>Developed an action plan to ensure that the necessary training in brief intervention techniques is available to those who could effectively employ them.</li></ul>
<b>4.5 Innovative Approaches</b>  Assess the potential for using innovative approaches, such as 24-hour crisis-response services or specialised accommodation, and assess the feasibility of implementing such services in a local context.	<b>By September 2002</b> , following from the Review and Needs Assessment exercise, to have: <ul style="list-style-type: none"><li>Critically appraised the likely effectiveness of proposed innovative approaches and made recommendations on the feasibility of their introduction in a local context.</li></ul>



## 5. Protecting the Community



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## **5. Protecting the Community**

The Department of Health, Social Services and Public Safety will take action to protect individuals and communities from anti-social and criminal behaviour arising from alcohol misuse. We will:

### **WORK...**

...to make improvements in public safety through agreement and persuasion, with other Government Departments, local justice agencies, local authorities, the community and the Drinks Industry.

### **LOOK...**

...at the existing legal framework to ensure that it is being applied consistently and is working effectively. Where appropriate, we will recommend that the legislation be reviewed.

## 5. Protecting the Community

Proposed Actions	Targets
<b>5.1 Reducing Anti-Social and Criminal Behaviour</b>  Reduce drinking-related anti-social and criminal behaviours, by developing and implementing an effective Health Education and Promotion campaign.	<b>By September 2001</b> , to have agreed with the <b>Northern Ireland Office</b> and <b>other concerned organisations</b> : <ul style="list-style-type: none"><li>Joint strategies to reduce anti-social and criminal behaviours resulting from alcohol misuse.</li></ul>
<b>5.2 Alcohol Consumption by Road Users</b>  Contribute, through the implementation of this Strategy, to further reductions in the number of alcohol-related casualties among road users.	To review annually with the <b>Department of Environment</b> and <b>other concerned organisations</b> : <ul style="list-style-type: none"><li>The contribution that this Strategy makes to the on-going campaign to reduce alcohol-related casualties among road users.</li></ul>
<b>5.3 Licensing Options</b>  Investigate licensing options, including variations in opening hours and on-street controls.	<b>By September 2001</b> , to have: <ul style="list-style-type: none"><li>Completed a review of licensing options and produced recommendations for legislative changes, where appropriate.</li></ul>

## THE STRATEGY

## 5. Protecting the Community

Proposed Actions	Targets
<p><b>5.4 Drinks Industry Server and Door Staff Training</b></p> <p>Build on existing good practice and initiatives to support and promote training for all serving and door staff in the Drinks Industry.</p>	<p><b>By June 2001</b>, to have agreed with <b>District Councils, Departments and Agencies</b>, the <b>Drinks Industry</b> and <b>other concerned organisations</b>:</p> <ul style="list-style-type: none"> <li>A policy for the systematic implementation of accredited training for staff.</li> </ul>
<p><b>5.5 Promoting Responsible Trading</b></p> <p>Work with a range of interested organisations to develop measures that encourage and support responsible trading practices.</p>	<p><b>By June 2002</b>, to have reviewed the issue of responsible trading with the <b>Drinks Industry, Local Strategy Implementation Groups</b> and <b>other concerned bodies</b> and agreed:</p> <ul style="list-style-type: none"> <li>Joint policies for enhancing responsible trading.</li> </ul>
<p><b>5.6 Underage Drinking</b></p> <p>Reduce access to alcohol by underage drinkers.</p>	<p><b>By September 2001</b>, in conjunction with the <b>Northern Ireland Office</b>, the <b>Drinks Industry</b> and <b>other concerned organisations</b> to have:</p> <ul style="list-style-type: none"> <li>Reviewed the options for enforcing the controls on underage drinking and agreed effective actions to be taken.</li> </ul>

## 5. Protecting the Community

Proposed Actions	Targets
<b>5.7 Sentenced Offenders with Alcohol Dependency</b>  Contribute to the development of treatment opportunities for sentenced offenders with alcohol dependency.	<p><b>By June 2002</b>, to have assessed, in conjunction with the <b>Northern Ireland Office, Local Justice Agencies</b> and <b>other key stakeholders</b> and reported on:</p> <ul style="list-style-type: none"><li>• The effectiveness of current models of offender referral schemes.</li><li>• Recommendations for developing opportunities for sentenced offenders to receive timely, appropriate and effective treatment.</li></ul>





## 6. Developing an information and Research Programme



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## **6. Developing an Information and Research Programme**

The Department of Health, Social Services and Public Safety will support the Strategy with a new information and research programme. This will be designed to give us the detailed knowledge of the drinking patterns and behaviours that we need to effectively target our actions. We will:

### **USE...**

...this programme to help identify significant features and patterns of alcohol consumption that can be used as relevant performance indicators to monitor the outcomes of the Strategy.

### **USE...**

...this programme to identify and monitor any inequalities in the provision of, or access to, treatment services.

## 6. Developing an Information and Research Programme

Proposed Actions	Targets
<b>6.1 Baseline Report</b>  Specify and commission a Baseline Research Report to provide an analysis of drinking patterns, attitudes and behaviours, designed to support the Strategy's objectives, and which identifies areas where information is currently unavailable.	<b>By March 2001</b> , to have produced a report that: <ul style="list-style-type: none"><li>Reviews our current knowledge against the information needs arising from the Strategy and specifies the additional information required.</li></ul>
<b>6.2 Research Programme</b>  Using the information requirements, identified in the Baseline Research Report, Develop an on-going Information and Research Programme that will effectively support the developing Strategy.	<b>By September 2001</b> , to have proposed and outlined: <ul style="list-style-type: none"><li>The scope, objectives and structures of a Strategy Information and Research Programme.</li></ul>
<b>6.3 Identification of Indicators</b>  Agree and publish the performance indicators that will be used to monitor progress within each action area of the Strategy.	<b>By September 2001</b> , to have published baseline key performance indicators for Encouraging Responsible Drinking and Protecting the Community and by <b>June 2002</b> those for Promoting and Improving Treatment Services.





## 7. Implementing and Managing the Strategy



7



## **7. Implementing and Managing the Strategy**

The Department of Health, Social Services and Public Safety will ensure that a co-ordination and management structure is in place to oversee the development and implementation of the Strategy. We will:

### **WORK...**

...with local groups to initiate and support community involvement and responsibility for the implementation of the Strategy at the ground level.

### **ENSURE...**

...that there is a co-ordinated approach with allied public health strategies and initiatives, in particular tobacco, drugs, road safety, domestic violence, teenage pregnancy and domestic accidents and, where it would be feasible and effective, to explore opportunities for joint working.

## 7. Implementing and Managing the Strategy

Proposed Actions	Targets
<b>7.1 Central (Departmental) Structure</b>  Determine a structure for managing and monitoring the development and implementation of the Strategy and for reporting progress to the Minister.	<b>By December 2000</b> , to have agreed and put in place: <ul style="list-style-type: none"><li>An Alcohol Strategy Management Group to oversee the implementation of the Strategy.</li></ul>
<b>7.2 Local Structures</b>  Facilitate the setting up of local community groups and support and work with them to implement the strategy at ground level.	<b>By March 2001</b> , working with representatives from <b>District Councils, Local Community, Voluntary and Youth Workers, Health Actions Zones, Boards and Trusts, Education and Library Boards</b> , the <b>Drinks Industry</b> and <b>other concerned organisations</b> or individuals, to have in place within each Board area: <ul style="list-style-type: none"><li>A Local Strategy Implementation Group.</li></ul> <b>By June 2001</b> , working with the Local Implementation Groups, to have: <ul style="list-style-type: none"><li>Developed and agreed the formal working relationship between the Local Implementation Groups and the Alcohol Strategy Management Group.</li><li>Developed and agreed local action plans.</li></ul>

## THE STRATEGY

## 7. Implementing and Managing the Strategy

Proposed Actions	Targets
<p><b>7.3 Reviewing and Reporting on the Strategy</b></p> <p>Continuously monitor the progress of the strategy against its targets, through periodic reports to the Strategy management group and through regular public reports.</p> <p>Complete a full evaluation of the Strategy at the end of a 5-year period</p>	<p><b>By March 2001</b>, the Alcohol Strategy Management Group to have published:</p> <ul style="list-style-type: none"> <li>• A Regional Implementation Plan</li> </ul> <p><b>By March 2001</b>, the Alcohol Strategy Management Group to have published:</p> <ul style="list-style-type: none"> <li>• An interim progress report on the Strategy's implementation</li> </ul> <p><b>By September 2001</b>, the Alcohol Strategy Management Group to have published:</p> <ul style="list-style-type: none"> <li>• The First Annual Report on progress on the Strategy's implementation.</li> </ul> <p><b>By December 2006</b>, the Alcohol Strategy Management Group to have published:</p> <ul style="list-style-type: none"> <li>• A full impact evaluation of the Strategy.</li> </ul>

- 1     **Employment Survey Summary.** Prepared for the Northern Ireland Drinks Industry Group by Market Research Northern Ireland, 1997.
- 2     Drinking above the recommended medical guidelines or in ways likely to result in harm, for the individual or society. See **Reducing Alcohol Related Harm in Northern Ireland: A Report to DHSS by the Project Team** (June 1999). Additional copies available from DHSS & PS Policy Development and Review Unit, Castle Buildings (Room C4.8), Stormont Estate, Belfast BT4 3SG.
- 3     See **Reducing Alcohol Related Harm in Northern Ireland (Full Report). (Annexes Vol. 1), Annexe 1**, 'The Social Costs of Alcohol Related Harm in Northern Ireland', (August 1999). Copies available as above.
- 4     See above. A detailed breakdown and explanation of the methodology used is given in Annexe 1.
- 5     See **Reducing Alcohol Related Harm in Northern Ireland: A Report to DHSS by the Project Team** (June 1999)
- 6     Between 3 and 4 units per day for men and between 2 and 3 units per day for women; see **Sensible Drinking: The Report of an Inter-Departmental Working Group**, Department of Health, (1995).
- 7     Meaningful indicators will be developed and refined but baseline indicators will be derived from: overall and target group consumption figures and alcohol related: hospital bed days; deaths; crimes; injuries; accidents; lost working days.