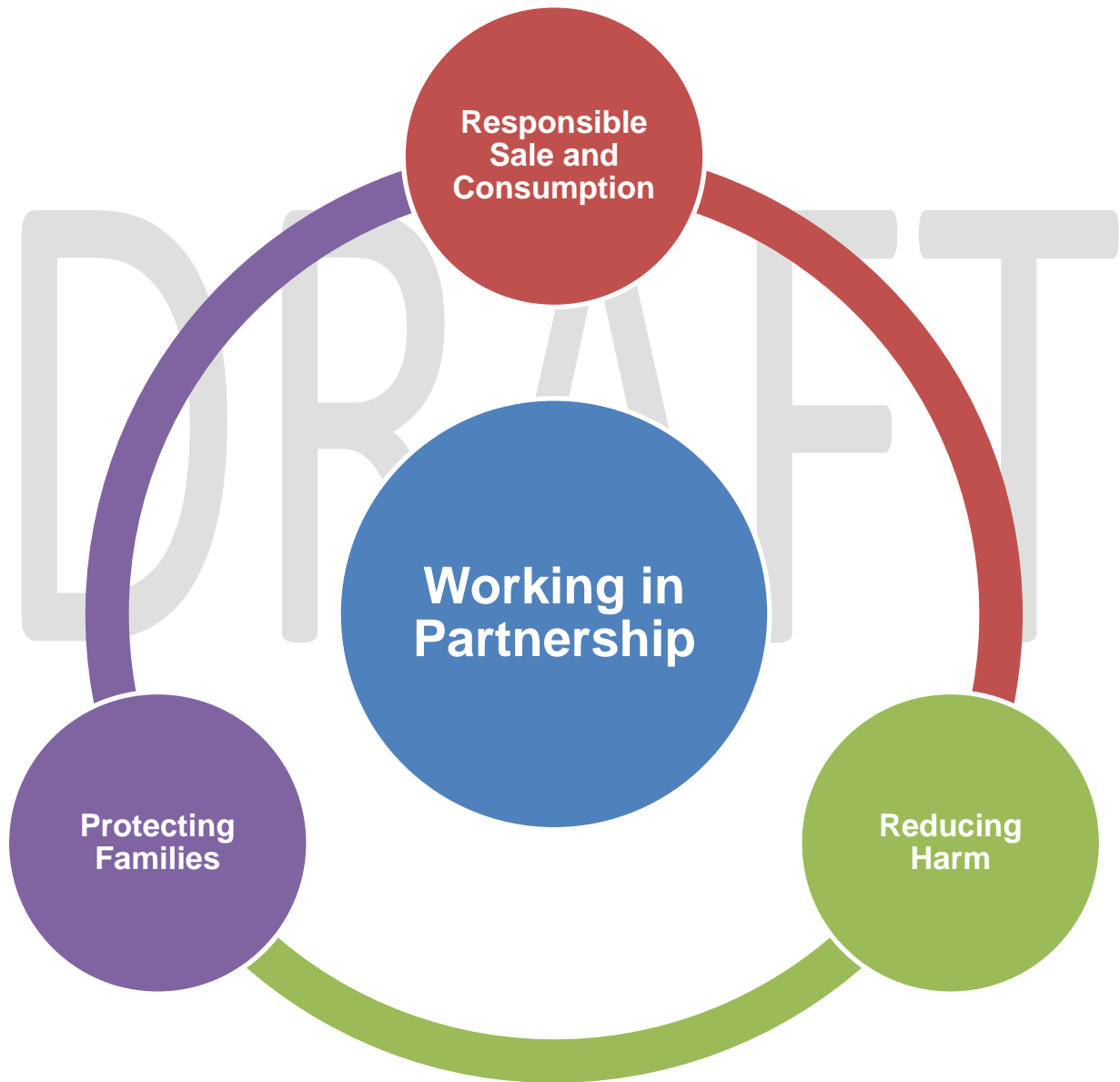


SLOUGH ALCOHOL STRATEGY 2015-2019



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INTRODUCTION

Slough Borough Council is committed to reducing the negative effects of alcohol whilst supporting a vibrant and diverse economy. This strategy has been developed to provide the strategic overview and priorities for tackling the alcohol challenges within Slough. This builds on Slough's Joint Wellbeing Strategy for 2013-2016 and is based on contemporary data and information derived from the Slough Alcohol Needs Assessment and Joint Strategic Needs Assessment.

The government has highlighted its dedication to tackling alcohol related issues in its 2013 Alcohol Strategy.¹ This includes a commitment to reduce the problems caused by the over-provision of cheap alcohol, whether they are individual, familial or social in nature. Partnership working is put forward as a key tool for driving change, through information sharing and joint working. The government acknowledges the role of the alcohol industry and its responsibility to help reduce these harms and the involvement of retailers, as well as the wider community, is crucial to addressing many of the issues with alcohol misuse in Slough.

In 2015 Slough Borough Council released its Five Year Plan document which replaced the corporate plan and consisted of 8 aims under three themes.² The alcohol strategy has been written with reference to the 5 Year Plan, aligning with its key objectives around creating a vibrant, safe and cohesive place for people to live and work. There is a significant focus on young people in the strategy, aiming for a more preventative and proactive approach to reducing harmful alcohol use early on in life and maintaining that through to adulthood. Indeed, prevention is a key focus of the strategy alongside enabling individuals to take control of their alcohol consumption. All of these points must be considered against the wider economic context of Slough, where a vibrant, diverse and responsible economy can be a positive attribute to the area as a whole.

VISION

- Empowering people to make informed decisions about their alcohol consumption
- Working with local communities to prevent alcohol related crime and disorder
- Enabling a diverse and responsible local economy
- Protecting families from alcohol-related harms
- Improving the health of those who struggle with alcohol misuse

WHAT IS ALCOHOL MIS-USE?

Alcohol has been an important element of many cultures since pre-history. Despite this, its harmful effects have long been recognised and society continues to face many problems attributable to its misuse. These issues range from being individual in nature through to pervasive familial and social effects. Recommendations provided by the government give guidance on what levels of consumption are considered safe. However, it should be recognised that there is no level of consumption which is entirely free from risk and that this risk increases at levels of consumption which fall below those set out by government recommendations.

Drinking behaviour can be broadly divided into two forms: Long term (chronic), heavy drinking, which contributes towards longer term health issues such as liver damage and cardiomyopathy, and short term, binge/episodic drinking which can cause a wide range of issues ranging from alcohol poisoning to violent behaviour.

The links between alcohol and domestic violence are clear. The Crime Survey for England and Wales states that 7.3% of women and 5% of men experienced domestic abuse in 2011/2012.³ Considering that between 25% and 50% of perpetrators of domestic violence are under the influence of alcohol at the time of assault suggests that a significant proportion of the population are affected by alcohol

related domestic violence.⁴ The risk of rape is also affected by alcohol, with this risk being doubled when the perpetrators of violence have been drinking.⁴

The economic impact of alcohol on the health service is also of concern. This cost has been estimated at £3.5 billion per year in England, equating to £120 per taxpayer.⁵ On top of this, alcohol-related crime is posited to cost £11 billion per year.⁶ Finally, in terms of lost productivity, the UK as a whole faces costs of around £7.3 billion per year.⁶

A 2008 report by the Office of National Statistics reported that nationally 20% of pupils aged 11 to 15 had drunk alcohol in the last seven days.⁷ Although the proportion of pupils who have never consumed alcohol has risen recently, the volume of alcohol being consumed by some individuals is a cause of concern. Of the pupils who did drink within the last 7 days, the average number of units consumed was 12.7. This amount is especially concerning when compared to weekly recommendations of 21 units for adult men and 14 for adult women, representing a worrying pattern of alcohol consumption.

Young people can also be negatively affected by parental alcohol consumption, 55% of people accessing Turning Point alcohol services stated that their children faced high levels of stress and anxiety as a result of their drinking.⁸ Up to 2.6 million children are believed to be living with parents who are hazardous drinkers.⁹ The intergeneration cycle of hazardous drinking is highlighted by a report from the Joseph Rowntree Foundation which found that children who experience drunken parents are twice as likely to get drunk themselves.¹⁰

“Children of parents who drink heavily often feel confused about their role within the family, are isolated from their relatives or other family members and are seriously affected by family conflict, domestic violence, parental separation and divorce.”⁸

Nationwide, 4% (4,028) of callers to ChildLine report a problem relating to parental alcohol misuse. Of these, 35% stated that physical abuse was the main problem they were concerned about. This was followed by family relationship problems (20%) and sexual abuse (10%).¹¹

“Having to deal with a parent’s alcohol or drug misuse can create impossible pressures for a child. Home life can become unpredictable and chaotic, there may be violent rows and a child or young person may be fearful or ashamed of bringing friends home. Children in this situation can become extremely isolated.”¹¹

DRIVERS OF THE STRATEGY

NATIONAL

- The Government’s Alcohol Strategy¹
- The Licensing Act 2003¹²
- Anti-social Behaviour, Crime and Policing Act 2014¹³
- Public Health and Alcohol Licensing in England¹⁴

LOCAL

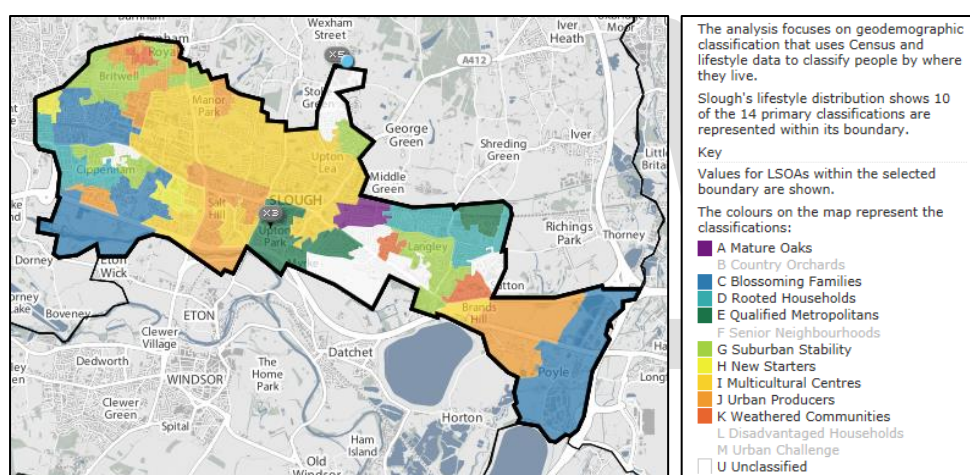
- Slough Joint Wellbeing Strategy 2013-2016¹⁵
- Slough Statement of Licensing Policy¹⁶
- Slough Joint Strategic Needs Assessment¹⁷
- Slough Five Year Plan 2015-2019²
- Safer Slough Partnership Strategic Assessment

ALCOHOL ISSUES IN SLOUGH

Slough is home to a highly diverse resident population of 140,205 persons, split evenly between male and female.¹⁸ There is a greater proportion of young children and young adults than is observed in the national population, this being suggestive of Slough being home to many young families. The population of Slough has increased in recent years due to birth rates outweighing death rates and also because of international migration into the area.¹⁷ Slough is a diverse area, with an ethnic profile far different from the country as a whole.¹⁹

Slough's population exhibits a broad spectrum of different socio-economic backgrounds. Out of 326 local authority districts, Slough is the 93rd most deprived based on the 2010 Indices of Multiple Deprivation.¹⁷ A map of Slough's geodemographic classification can be seen in *Figure 1*. This illustrates the wide range in age, deprivation and ethnicity found across the borough.²⁰ Further information relating to alcohol and socioeconomic deprivation can be found in *Appendix 3: Alcohol and Socioeconomic Deprivation*.

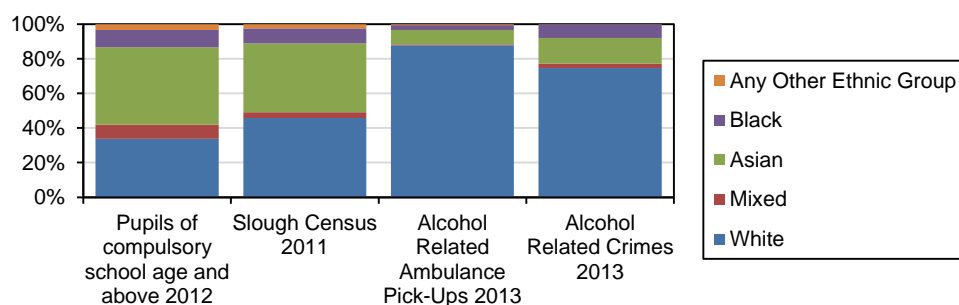
Figure 1: Geodemographic classification of Slough



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Alcohol misuse is disproportionately associated with different subsets of the Slough population. *Figure 2* shows the different ethnicity profiles of the general population and of those individuals dealt with by police and ambulance services for alcohol related issues. This broadly matches referral patterns observed by Slough's Drug And Alcohol Team (DAAT), where 70% of referrals in quarter 4 of 2012/13 were white British. However this will not be fully representative of other forms of alcohol consumption which are less likely to result in police or health interventions. Home drinking, taking place in various communities across the area, is an area of particular concern.

Figure 2: Ethnic category of Slough Compared to Alcohol Related Ambulance Pick-Ups and Crime

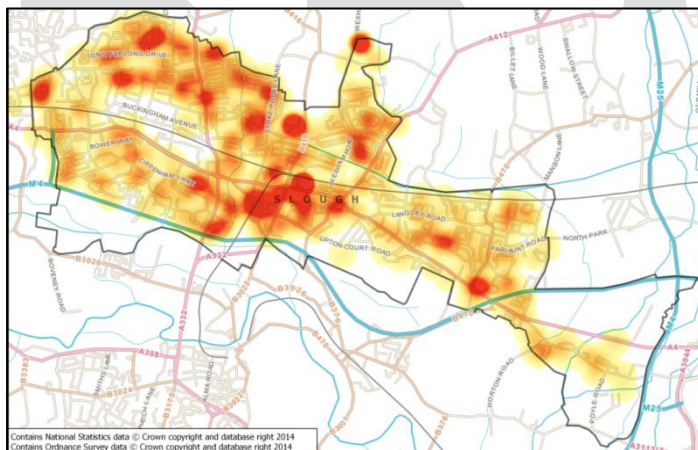


Local alcohol profiles produced by Public Health England allow the impact of alcohol on Slough to be measured quantitatively.²¹ Slough performs significantly below average for alcohol-related hospital admissions but performs comparatively well with regards to some other health related indicators such as binge drinking and alcohol-specific hospital admissions for under 18 year olds. See *Appendix 1: LAPE Summary Statistics* for further details.

The Safer Slough Partnership Strategic Assessment 2013/14 states that alcohol is related to instances of littering as well as being associated with drug use. In 2012 1,918 alcohol bottles and 1,412 alcohol cans were recovered and 40% of drug tests completed in local custody centre over a 6 month period showed evidence of alcohol misuse.²²

Alcohol related crime and anti-social behaviour is a cause of concern within Slough. *Figure 3* shows the concentration of alcohol-related crime across the borough. Data such as this allows for a targeted and evidence based approach to addressing issues faced by the borough. As well as the more obvious issues faced along the high-street, this highlights the issues faced within the healthcare system, with a cluster of alcohol related crime taking place in the immediate vicinity of Wexham Park Hospital.

Figure 3: Heat-Map of Alcohol Related Crime, 2013. Data Provided by Thames Valley Police

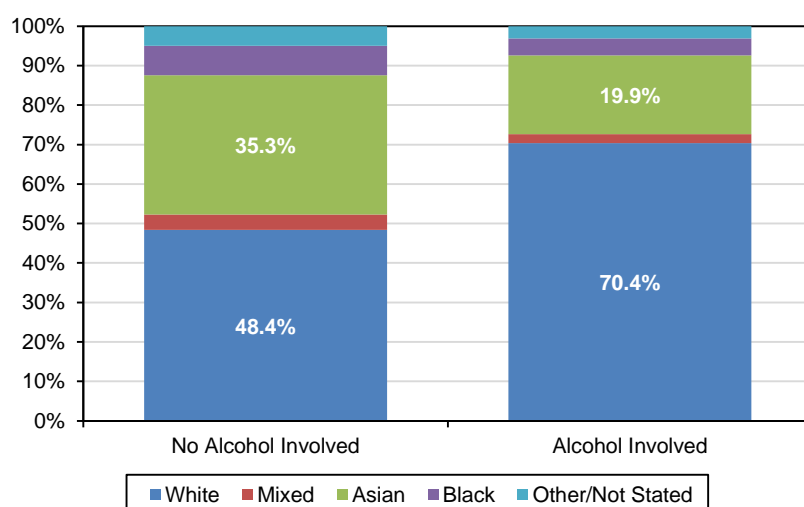


The night-time economy within Slough has reduced in size over the past few years, with most residents looking to neighbouring Windsor and Maidenhead for evenings out. However Slough has a large volume of off-licence premises making alcohol easily accessible across the borough.

In 2010 the Slough Big Drink Debate encouraged residents and practitioners to discuss the impact of alcohol in the borough. The conclusions of this debate were that although the night-time economy in Slough was not particularly large, the opportunity for 24 hour drinking, low pricing and fake IDs meant that alcohol availability was high.

The availability of alcohol in Slough has numerous other implications. Data supplied by Thames Valley Police provides a clear insight into the patterns of alcohol related domestic abuse in Slough. In 2013, 24% of domestic abuse incidents (928 out of 3,817) involved alcohol use. Again, a striking difference in ethnic profile between groups is apparent (see *Figure 4*).

Figure 4: Ethnic profile of domestic abuse (aggrieved party)



THE COST OF ALCOHOL MISUSE

The economic overhead of alcohol misuse in the area cannot be ignored. Accurate quantification of these figures is hampered by the fact that alcohol is indirectly related to a wide variety of health and societal harms. The average cost per ambulance incident ranges from £176 to £251²³ With 1,161 alcohol related ambulance call-outs in 2013, this gives an indicative cost range of between £204,336 and £291,411.

The average cost of an A&E attendance is £114 according to NHS reference costs.²⁴ Wexham Park Hospital dealt with 506 alcohol related A&E attendances in 2013. Of these, 177 were Slough residents, costing over £20,000 to the service. However this figure is likely understated due to difficulties faced by trusts with coding A&E data.

The average cost per wholly alcohol attributable admission is approximately £1,450.²⁵ In 2013, Wexham Park Hospital saw 1,896 wholly alcohol attributable admissions, costing approximately £2.75 million. Most of these (1,627, 86%) were admitted from the trusts A&E department. This means that the figure of £20,000 is more likely to be around £185,000. Partially alcohol attributable admissions can cost £1,750 on average and currently present an unknown quantity in Slough.²⁵

The Slough Drug And Alcohol Team is budgeted at £1.9 million per year. However, it is not possible to separate the costs of alcohol from drugs due to the large amount of overlap inherent in service provision for this client group.

Thames Valley Police dealt with 2,059 alcohol related crimes in 2013, representing considerable burden on the service. Officers also dealt with 813 domestic abuse incidents where the offender had been drinking, representing over 21% of all recorded domestic abuse incidents in the year. It should be noted that these figures are likely to be understated due to the methodology used in data recording by the police.

INTERVENTIONS TO DATE

Much has already been done in Slough to combat the influence of alcohol misuse. The borough has taken a pro-active approach to tackling specific issues through the use of retailer engagement and the implementation of various schemes.

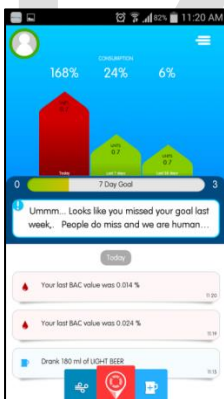
SLOUGH DRUG AND ALCOHOL TEAM

Slough's Drug And Alcohol Team (DAAT) provide a partnership based service for those with drug and alcohol related problems. The DAAT commissions several alcohol specific services, including an alcohol liaison team at Wexham Park Hospital and residential rehabilitation services. The DAAT have been heavily involved in a number of projects, including developing a smart-phone application (see *Figure 6*) to allow users to monitor and address their drinking behaviour, peer education sessions aimed at younger people and the distribution of 'What's in my glass?' merchandise in the borough.

Figure 5: 'What's in my glass?' pack and contents



Figure 6: AlcoChange QS Phone Application



COMMUNITY ALCOHOL PARTNERSHIP (CAP)

The Community Alcohol Partnership scheme is a scheme designed to bring together retailers, police, health, local authorities and other local stakeholders to address problems with underage drinking and associated anti-social behaviour. Currently Slough has a CAP scheme in place in the Langley area with plans in place to extend this across the borough. As part of this scheme school and retailer surveys are also being undertaken to assess the perceptions around alcohol use in the area. Retail staff are also receiving training under the scheme to improve their confidence in dealing with underage sales.

ALCOHOL EXCLUSION ZONES

Slough has several designated alcohol exclusion zones in force across the borough. These give local police the power to confiscate alcohol and intervene directly with problematic drinking.

PUB-WATCH

A 'Pubwatch' scheme is in place in Slough, established by licensees and supported by both police and the Council.^{26,27} The aim of Pubwatch is to promote best practice and establish a safer drinking environment in licensed premises across the country. There are four Pubwatch areas in the borough, each holding a monthly meeting.

STREET ANGELS

Slough Street Angels is a charity organisation which offers practical help and support to people in the town centre on Friday nights. This service is provided by trained volunteers from Slough's Christian community.

LOCAL ALCOHOL ACTION AREA

The aim of the Local Alcohol Action Area (LAAA) scheme is to address the effects of irresponsible drinking, specifically crime & disorder and health harms. A third objective is the diversification of the night-time economy. The scheme is government run and involves 20 local authorities across the country.

AIMS AND OBJECTIVES



The aims of this strategy are closely related to the Government's Alcohol Strategy, informed by local issues. Where possible, aims have been developed with reference to available evidence on effectiveness and return on investment from NICE and the World Health Organisation.^{28,29} Further information on this can be found in *Appendix 4: NICE Evidence Base For Alcohol ROI*.

Aim	Objective Number	Objective	Measure	Owner
Working in partnership	1	Strengthen networking amongst agencies. Develop and sustain partnership working between the Licensing Authority, responsible authorities, local retailers and bodies such as local schools, MASH and MARAC, including data-sharing where appropriate. Ensure links to members are fostered	Establishment of a local Alcohol Harm Reduction group	Public Health/DAAT (Slough Borough Council)
Working in partnership	2	Ensure the development and implementation of Slough's Licensing Policy is informed by Slough's Alcohol Strategy and national best practice	Assessment of SoLP against Drink Wise's self-assessment framework. Continuous review of the policy in line with changes to strategy.	Licensing (Slough Borough Council)
Working in partnership	3	Work in partnership to develop responses to address the availability and affordability of alcohol	-	Alcohol Harm Reduction Group
Working in partnership	4	Work in partnership with stakeholders to assess need, and plan strategies and programmes for changing behaviour and attitudes in relation to alcohol use and misuse	-	Alcohol Harm Reduction Group
Working in partnership	5	Develop co-ordinated responses to alcohol where it features within situations of domestic abuse, crime and health service use (including mental health services)	Identification of repeat offenders within Slough through data sharing agreements with health and police bodies.	Alcohol Harm Reduction Group, TVP, Slough CCG

Aim	Objective Number	Objective	Measure	Owner
Working in partnership	6	Improve data collection and sharing and use this to inform the development of targeted responses to address individuals, groups or areas contributing disproportionately to alcohol-related crime and disorder in the borough	Establishment of alcohol specific data sharing agreements with key contributors	Alcohol Harm Reduction Group
Working in partnership	7	Review the potential of the 'Reducing the Strength' campaign	Completion of review	Alcohol Harm Reduction Group
Promoting and supporting the responsible sale and consumption of alcohol	1	Ensure retailer compliance with licensing legislation and responsible retail practise. Continue to use available tools and powers to address the illegal and irresponsible sale of alcohol by licensed premises.	Regular feedback on test sales to the Alcohol Harm Reduction Group.	Licensing & Trading Standards (Slough Borough Council)
Promoting and supporting the responsible sale and consumption of alcohol	2	Ensure that licensed premises have information about the law, their responsibilities, and good practice in the sale of alcohol	Information to be distributed to all new and existing license applicants.	Licensing (Slough Borough Council)
Promoting and supporting the responsible sale and consumption of alcohol	3	Ensure that licensed premises have training around selling to those heavily under the influence of alcohol and underage sales	<i>Can we make this part of the operating schedule and push responsibility to retailers?</i>	Licensing, CAP, Public Health (Slough Borough Council)
Promoting and supporting the responsible sale and consumption of alcohol	4	Promote and support responsible retailing through initiatives to recognise and reward good practice	Investigate Slough participating in the Best Bar None scheme.	Alcohol Harm Reduction Group

Aim	Objective Number	Objective	Measure	Owner
Promoting and supporting the responsible sale and consumption of alcohol	5	Improve perceptions of safety within the borough	Quantify perceptions of safety both before and after implementation of the strategy via resident surveys.	Community Safety
Promoting and supporting the responsible sale and consumption of alcohol	6	Raise awareness and reduce occurrence of proxy sales in Slough	Reduction in proxy sales recorded by test purchasing schemes	Alcohol Harm Reduction Group and Licensing
Promoting and supporting the responsible sale and consumption of alcohol	7	Evaluate the provision for legal appeal to licensing issues	-	Licensing
Reducing Alcohol-Related Harms	1	Encourage GPs to screen patients and deliver brief interventions when alcohol harms have been identified in GP surgeries.	Appropriate referrals from GP surgeries to specialist provision.	DAAT and Primary Care
Reducing Alcohol-Related Harms	2	Ensure that interventions are available at all stages of the criminal justice system, enabling offenders to address their alcohol misuse and to understand how this is tied to their offending behaviour. These will be linked to interventions to reduce reoffending	Significant increase in the number of referrals coming from within the justice system	TVP, PCC, PHE, YOT and DAAT
Reducing Alcohol-Related Harms	3	Ensure that tools and powers used to address alcohol-related nuisance and disorder in neighbourhoods are linked with access to appropriate interventions for individuals to address their alcohol misuse, whilst recognising that not all issues will pass through the criminal justice system	Significant increase in the number of referrals coming from within the justice system	TVP and Neighbourhood Services

Aim	Objective Number	Objective	Measure	Owner
Reducing Alcohol-Related Harms	4	Ensure that young people involved in crime, disorder and/or antisocial behaviour are supported to access early interventions and treatment services to address substance misuse	Significant increase in the number of referrals of young people from the justice system	TVP, Youth Services, Education and Youth Offending Team
Reducing Alcohol-Related Harms	5	Strengthen links with communities and neighbourhood teams to identify local needs concerning alcohol-related crime and disorder, work together to develop appropriate responses, and communicate about delivery and outcomes of these	Establishment of community engagement meetings, initially in known problematic areas	TVP and Neighbourhood Services
Reducing Alcohol-Related Harms	6	Investigate the provision of alcohol outlets and assess any potential over-provision of licenses. Review the impact of licensed premises in areas with high levels of alcohol-related harm, and explore options for addressing issues	Establishment of a Cumulative Impact Policy based on strong local evidence.	LAAA with Licensing, Community Safety, Public Health, TVP
Reducing Alcohol-Related Harms	7	Ensure that targeting of enforcement activity is intelligence-led, and based on information from a range of sources, including responsible authorities and local communities	Routine GIS based reporting of alcohol related issues, driven by data sharing between stakeholders.	<Mapping Office/Analyst>
Reducing Alcohol-Related Harms	8	Ensure that information relating to alcohol misuse resources and support schemes is available to the general public.	-	Alcohol Harm Reduction Group, Public Health
Reducing Alcohol-Related Harms	9	Improve the provision of substance misuse education in schools and other educational settings, ensuring that appropriate alcohol education is available for children, young people and parents. Contribute towards building the preventive capacity of young	Identify successful schemes in use nationally. Adapt these for local use and	DAAT, Youth Services, Youth Offending Team

Aim	Objective Number	Objective	Measure	Owner
		people through the provision of information, advice and support	liaise with schools to provide educational material.	
Reducing Alcohol-Related Harms	10	Ensure that awareness of alcohol misuse harms are communicated effectively to the general public through a variety of settings such as workplaces, leisure facilities and social clubs etc.	-	Alcohol Harm Reduction Group, Public Health
Protecting families from alcohol-related harm	1	Ensure that alcohol services engage with the families of dependent drinkers. Improve the identification, assessment and referral of children and young people affected by parental alcohol misuse. Provide effective services for children affected by alcohol misuse	-	-
Protecting families from alcohol-related harm	2	Develop parents' understanding of the impact of their own alcohol use on themselves and on their children. Provide information and resources to enable schools to help parents understand the role of alcohol in their and their family's lives so they can develop the skills to change behaviours, ensure that this includes non-problematic alcohol use	Identify successful schemes in use nationally. Adapt these for local use and liaise with schools to provide educational material to parents.	DAAT, Youth Services
Protecting families from alcohol-related harm	3	Appraise the use of targeted promotional information in a variety of settings frequented by families.	-	Alcohol Harm Reduction Group, Public Health

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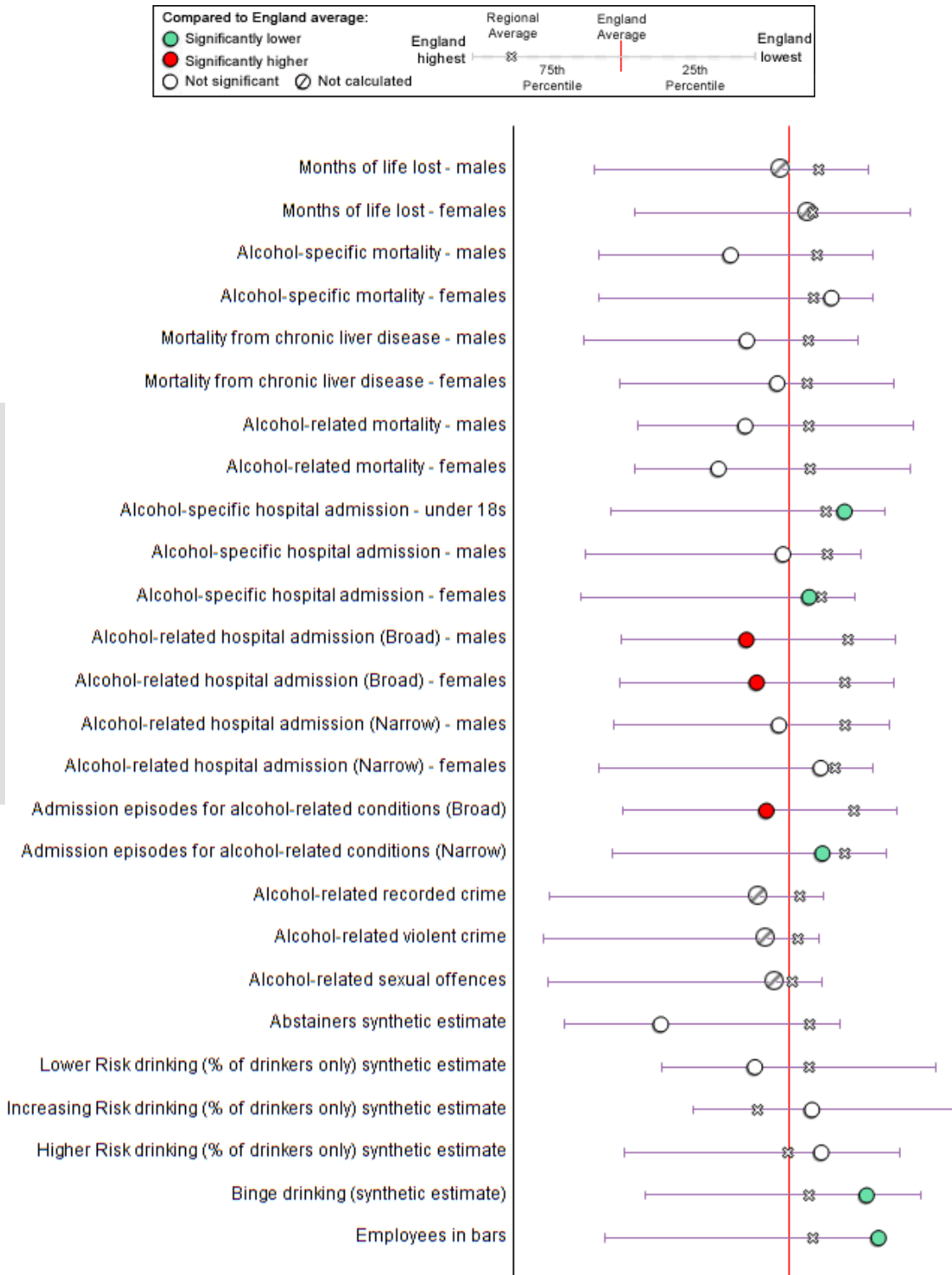
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36. Fone DL, Farewell DM, White J, Lyons RA, Dunstan FD. Socioeconomic patterning of excess alcohol consumption and binge drinking: a cross-sectional study of multilevel associations with neighbourhood deprivation. *BMJ Open*. 2013 Jan 1;3(4):e002337.

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APPENDICES

APPENDIX 1: LAPE SUMMARY STATISTICS FOR SLOUGH 2014



APPENDIX 2: OUTLET DENSITY

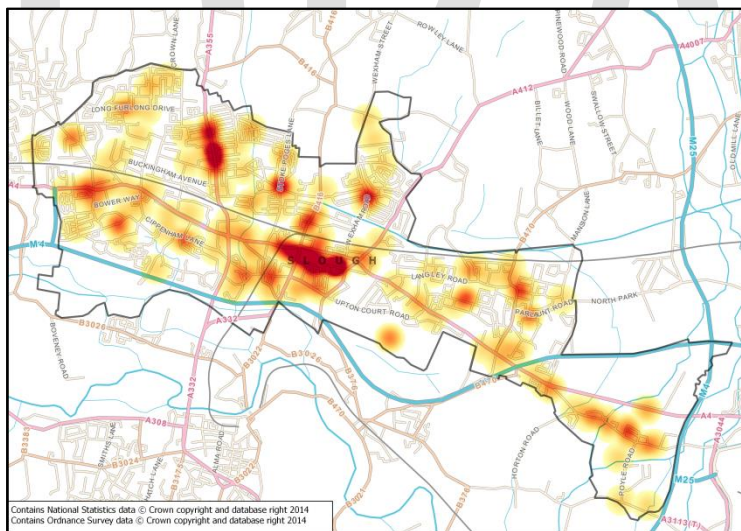
The density of licensed premises has been investigated as a possible causal or exacerbating factor of alcohol-related crime, health harms and domestic abuse.²⁵

A systematic review of the available evidence was carried out by Holmes et al in 2014.³⁰ This review found support for the notion of controlling spatial and temporal availability of alcohol as a means to reduce associated harms. The review highlighted the difficulties faced by licensing authorities with finding strong evidence to support claims of health related harms when health data is frequently available only at population level. The legal challenges which may be faced by authorities in courts is a potential reason many do not want to pursue cumulative impact policies, particularly ones with a pre-dominantly health related evidence base. A weakness of the review was the lack of any deeper critique of the statistical techniques used, particularly those covering spatial relationships. This has been highlighted as an issue which poses considerable challenges.³¹

Outlet density has also been linked specifically to domestic violence. A 2010 study into this relationship concluded that a positive association existed between the density of alcohol outlets and police-recorded rates of domestic violence.³²

Figure 7 shows the situation in Slough in terms of the clustering of outlet density, with two distinct groups of licensed premises around the high street and Farnham Road.

Figure 7: Density of Licensed Premises in Slough

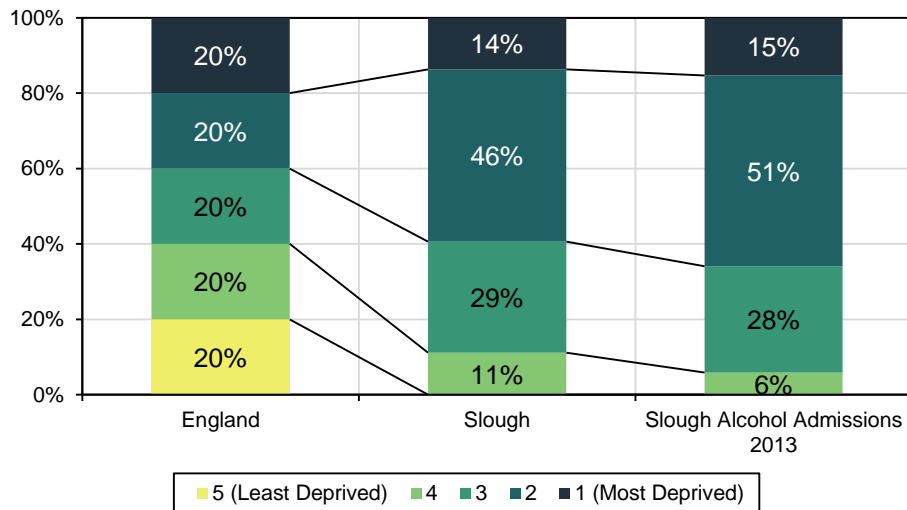


The main tool for addressing high outlet density in the UK is the Cumulative Impact Policy (CIP). This allows an area to be designated as suffering from over provision of alcohol. This must be done through the use of a strong evidence base which ties in to the four licensing objectives of the licensing act. Once in place, any license application must provide evidence supporting why they would not contribute towards the observed problems in the area. This presents obvious problems in regards to using evidence of health harms to support such a policy, these issues are examined in detail by Martineau et al.³³

APPENDIX 3: ALCOHOL AND SOCIOECONOMIC DEPRIVATION

The negative health effects of socioeconomic deprivation have been covered in depth in recent years.³⁴ People from more deprived areas are more likely to be heavy drinkers.³⁵ The complex relationship between alcohol and deprivation is of particular concern and much research has been produced in this area. A study of over 58,000 Welsh adults found a higher risk of binge drinking in those living in deprived areas, with this risk being especially prevalent in young or middle-aged men.³⁶

Figure 8: Comparison of IMD Quintiles for Wholly Alcohol Attributable Admissions



APPENDIX 4: NICE EVIDENCE BASE FOR ALCOHOL ROI

Intervention Type	Intervention	Description	% Decrease in Number of People Who Use Alcohol	Unit Cost £2013	Population Associated With Intervention	£ per %
Pricing	50p minimum price per unit of alcohol	An intervention enforcing a 50p minimum price per unit of alcohol in off-licence outlets selling alcohol.	0.40%	£0	General Pop 18+	0.0
Pricing	Ban promotions of more than >20% price discount	An intervention banning promotions that offer a discount of over 20% of the price per unit of alcohol in retail outlets (i.e. supermarkets, off-licenses and corner shops).	0.05%	£0	General Pop 18+	0.0
Advertising	Total ban of advertising	An intervention proposing a complete ban of alcohol advertising	2.19%	£0.27	General Pop 18+	0.1
Availability	10% reduction in licensed hours	An intervention reducing the number of hours per day licensed premises (i.e. pubs, bars and restaurants) can sell alcohol legally	0.20%	£0.27	General Pop 18+	1.4
Availability	10% reduction in outlet density	An intervention reducing the number of retail outlets that sell alcohol off-licence (i.e. not pubs, bars or restaurants) in an area by 10%.	0.21%	£0.32	General Pop 18+	1.5

Intervention Type	Intervention	Description	% Decrease in Number of People Who Use Alcohol	Unit Cost £2013	Population Associated With Intervention	£ per %
Advertising	Increase in health message advertising	An intervention to increase the number of positive message health adverts (i.e. advertising that encourages healthy behaviour or highlights the negative sides of drinking to 1/6th of all advertising.	0.13%	£0.45	General Pop 18+	3.5
Screening and Brief Interventions	Brief intervention with family support	Referral for targeted brief intervention with a school nurse and intervention with families to reduce alcohol consumption in children aged 10-15.	4%	£22.58	General Pop 18+	5.6
Alcohol Specific Structured Psychosocial	eCBT	An e-therapy programme based on eCBT with active therapeutic involvement	12%	£75	Needing treatment pop (Adult)	6.3
Screening and Brief Interventions	Brief intervention at next GP registration	5 minute brief advice with GP as part of the registration process when next moving.	2%	£15.13	General Pop 18+	7.6
Screening and Brief Interventions	Screening and Brief intervention at next A&E attendance	5 minute brief advice with A&E staff.	1.44%	£15.95	General Pop 18+	11.1
Advertising	Ban of alcohol television advertising to under 18 year olds	An intervention banning alcohol advertising on television during the hours children may be watching	0.02%	£0.27	General Population 10-17yrs	13.5

Intervention Type	Intervention	Description	% Decrease in Number of People Who Use Alcohol	Unit Cost £2013	Population Associated With Intervention	£ per %
Screening and Brief Interventions	Brief intervention at next GP appointment	5 minute brief advice with GP as part of a patient's next consultation.	2%	£35.40	General Pop 18+	17.7
Alcohol Specific Structured Psychosocial	Behavioural Self Control Training	Behavioural Self Control Training to promote controlled drinking.	8%	£477.47	Needing treatment pop (Adult)	59.7
Alcohol Specific Structured Psychosocial	Marital/Family Therapy	Psychosocial treatment of alcohol abuse where BCT treatment is given to the patient and their spouse or family member to prevent relapse.	8%	£477.47	Needing treatment pop (Adult)	59.7
Alcohol Specific Community Prescribing	Naltrexone to support relapse-prevention	Naltrexone for relapse-prevention	10%	£678.37	Needing treatment pop (Adult)	67.8
Alcohol Specific Structured Psychosocial	Coping/social skills training	4-10 sessions over 4 weeks of coping/skills training to prevent relapse	7%	£477.47	Needing treatment pop (Adult)	68.2
Alcohol Specific Structured Psychosocial	Motivational interviewing	3-10 sessions over 3 weeks of motivational interviewing to prevent relapse. Evidence found it was best used as an enhancement to a more intensive substance abuse treatment.	7%	£477.47	Needing treatment pop (Adult)	68.2
Alcohol Specific Community Prescribing	Acamprosate to support relapse-prevention	Acamprosate for relapse-prevention	8%	£667.21	Needing treatment pop (Adult)	83.4

Intervention Type	Intervention	Description	% Decrease in Number of People Who Use Alcohol	Unit Cost £2013	Population Associated With Intervention	£ per %
School based	Classroom based alcohol skills activities	Classroom based Skills based activities to reduce alcohol consumption in children aged 10-15	0.34%	£35	General Population 10-15yrs	102.9
Alcohol Specific Structured Day Programme	Acute alcohol withdrawal - hybrid inpatient/outpatient	3-day inpatient detoxification, if required, then an outpatient day programme for 30 days.	4%	£1,309.04	Needing treatment pop (Adult)	327.3
Alcohol Specific Inpatient Detoxification	Acute alcohol withdrawal - direct access/inpatient detoxification	A 10 day direct access detoxification service that can be accessed by people without a referral. Staffed by mental health nurses with GP support.	3%	£1,382.32	Needing treatment pop (Adult)	460.8
School based	Alcohol Education School curriculum	School curriculum designed to educate children and reduce alcohol consumption in children aged 10-15.	0.23%	£170.50	General Population 10-15yrs	741.3

APPENDIX 5: STRATEGY CONSULTATION WORKSHOP

On the 11th May 2015 a workshop took place at Chalvey Community Centre to engage with stakeholders on the structure and content of the strategy. A total of 19 people attended, representing a wide variety of organisations with an interest in alcohol consumption within Slough. These ranged from Thames Valley police and various departments of the council through to retailers and third sector representatives.

Attendees were asked to identify any gaps and/or weaknesses in the strategy and to discuss which elements might be prioritised.

Name	Organisation
Amy Chapman	DAAT, SBC
Angela Snowling	Public Health, SBC
Chris Morris	Farnham Road Practice
Craig Brewin	Wellbeing, SBC
Ginny de Haan	Consumer Protection & Business Compliance, SBC
Helen Fisher	DAAT, SBC
Jane Rose	Neighbourhood Services, SBC
Jason Mahoney	Public Health England
Ketan Gandhi	Young People's Services, SBC
Louise Cromwell	Crime Reduction Initiative, Slough Treatment Service
Mat Read	Absolutely Leisure
Mick Sims	Licensing, SBC
Nikki Pierce	Thames Valley Police
Odhran Byrne	The Barleycorn
Sián Smith	Children, Young People and Wellbeing, SBC
Simon Hailstone	Public Health, SBC
Tom Starling	Slough Youth Offending Team, SBC
Vikki Lake	Turning Point
Whitney Blunt	Public Health, SBC

After collating and evaluating the results of the workshop, suggestions were incorporated into the strategy document where possible. In some instances it was felt that suggestions covered points which were already acknowledged in the strategy. In these instances the wording of the strategy was altered to make these points clearer.

Particularly important points raised related to how 'Working in Partnership' should be seen as an overarching theme, present throughout the strategy. Also, alignment with the 5 year plan was mentioned in the context of ensuring that the alignment with this document was made more explicitly.