

South Gloucestershire Council Alcohol Strategy 2020-2025

‘Working together to reduce the harms and risks caused by alcohol to individuals, families, communities and businesses in South Gloucestershire, whilst creating a culture where people can enjoy life safely and healthily, with or without alcohol.’

Foreword

Alcohol harm does not exist in a vacuum, but is an indication of wider issues in society. Alcohol is generally accepted as a part of British culture and has its place in our society and celebrations. However, it also causes huge problems in our communities, contributing to crime, poor health and premature deaths. Tackling the harm that alcohol misuse can cause in our population is not the responsibility of just one organisation, department or group; people use alcohol problematically for a wide range of reasons and its use is vastly complex. In order to tackle alcohol harm, we must be bold and make brave decisions, provide strong leadership and work effectively in partnership with others. We must communicate well, work together across the system and take collective responsibility whilst allocating sufficient funding to alcohol harm prevention and treatment. We must also as a system work towards achieving clear population outcomes. This strategy for South Gloucestershire sets out our plans to work in this way to improve the lives of our residents.

Executive summary

The South Gloucestershire Health and Wellbeing Board's overarching vision is for "All people in South Gloucestershire to have the best start in life, live healthy and happy lives and age well".

In line with this vision, our strategy for the South Gloucestershire population aims to reduce the risks and harms associated with alcohol and will inform our local commissioning intentions. The strategy has been developed by the South Gloucestershire Drugs and Alcohol Programme (DAP) team on behalf of the South Gloucestershire Health and Wellbeing Board and takes a life course approach. It has been developed in consultation with stakeholders from across South Gloucestershire and more widely including statutory and voluntary service providers, residents, including those who use our services and with an understanding that we will need to work in partnership with other local commissioners in BNSSG, the BNSSG CCG and the local Healthier Together group, our Sustainability and Transformation Partnership (STP).

In South Gloucestershire, the majority of people drink alcohol within the recommended safer limits. However, we know that there is still a proportion who are drinking in a more harmful way and some that are physically dependent. We also know that there are some groups that are particularly likely to be adversely affected by alcohol harm, such as older people, people from the LGBTQ+ community and people with learning disabilities.

The strategy aspires to:

1. Make clear to all of our residents, people who use our services and partner organisations, what our priorities are over the next five years in relation to alcohol harm reduction.
2. Galvanise our partners and senior leaders across the system to collectively reduce the alcohol harms identified in our South Gloucestershire Alcohol Needs Assessment, 2019, and to agree their individual responsibilities and processes to evaluate progress when developing the action plan.
3. Build on our work and successes to date by effective use of evidence based or innovative, value for money interventions, data and information.
4. Lay foundations for the development of a SMART (specific, measurable, agreed, realistic and timely) action plan so that the priorities identified in the strategy can be delivered in a co-ordinated way over the next five years.

5. Set out governance arrangements for delivery of this strategy and indicate how we will measure success.

Our aim is to build on current work with our partners, to engage with and work together where there are challenges and gaps, and to maximise opportunities to achieve our shared aims and outcomes. We need to meet the challenges of balancing our resources to increase our investment in preventative and early interventions throughout the life course, whilst at the same time ensuring that our unmet need for treatment of alcohol dependent drinkers is reduced and sufficient support is available for people who are most vulnerable and who have complex needs.

Our strategic ambitions relating to alcohol are to:



In South Gloucestershire we have a relatively small number of people who are physically dependent on alcohol, however, these are some of our most vulnerable residents and those most likely to die early due to alcohol related harm. We therefore need to continue to invest in good quality, evidence-based treatment to ensure that they are able to recover or to support them with appropriate and dignified end of life care. We also know that alcohol dependence is linked to inequalities, and that those living in areas of higher deprivation are more likely to suffer the adverse effects of alcohol misuse.

We cannot, however, simply put all of our resource into treatment without a focus on prevention. The financial case for investing in prevention is clear, and we have an ethical duty to stop people from developing serious issues with alcohol that can lead to them having poor health and numerous other difficulties that impact negatively on them and those around them.

We therefore need to intervene and educate as early as possible to prevent people from getting to the stage of needing treatment in the first place, by investing in good communications and preventative interventions, so that people can make changes before they have significant problems which require treatment.

We know that nationally, children and young people are drinking less, and many are choosing to abstain from drinking alcohol altogether. This is encouraging, but we must not become complacent. We must ensure that young people are given high quality education about the risks of alcohol and that we equip them with the skills to be resilient to outside influences and problems, to prevent

them turning to use of alcohol when things get tough. We must also strive to create an environment for them where a low alcohol or alcohol-free life is seen as normal and encouraged by creating spaces that do not have alcohol on sale and changing the culture of alcohol use in our communities. We need to ensure that pregnant women and families with young children are aware of the impact their alcohol use can have on their development and wellbeing.

We also need to work with partners and other areas to address the wider determinants of health. We know that if people have secure housing, good job prospects and enough money to look after themselves and their families they are far less likely to have problems with alcohol. If we invest in building resilience in our communities and support our partners to improve the lives of our overall population, alcohol harm should be reduced as a natural consequence.

1. Introduction - the local picture

The South Gloucestershire Alcohol Stakeholder group that developed the 2014-17 strategy was reconvened in 2018, when members contributed to an Alcohol CLeaR self-assessment and peer review process. CLeaR is a Public Health England (PHE) service improvement tool which is about:

- **“Challenging** services - looking at key aspects of local delivery against the evidence base, identifying local innovation and learning
- **Leadership** - reviewing the local vision and governance supporting this, planning and commissioning arrangements and evidence of collaboration between partners
- **Results** - examining outcomes achieved locally and considering progress against local priorities”¹.

The 2018 CLeaR review report suggested significant need for improvement across all three domains, supporting local opinion. Furthermore, South Gloucestershire has been identified by PHE as a priority area of focus because we have low numbers in alcohol treatment and potentially associated issues of unmet need. The report recommended that in order to tackle alcohol related harm within South Gloucestershire, strategic leadership and action would be necessary and made a recommendation for a strategy to be put into place.

In 2019 we carried out a comprehensive alcohol needs assessment (1) to find out what the picture was in South Gloucestershire in relation to alcohol and to help us to identify and understand areas of greatest need. This consisted of meeting with people who live and work in South Gloucestershire to hear their views, sending out online surveys; reviewing literature, guidelines, and data and exploring with our partners and service users what we are currently doing that is relevant to alcohol. We had a number of responses where people told us about their positive feelings towards alcohol and how they use it as a comfort or to give confidence. Others felt there should be a more positive culture around not drinking and that a low alcohol or no alcohol life should be encouraged and celebrated, rather than seen as boring, or a last resort after dependence. They told us about the culture of drinking and it being seen as socially acceptable, easily available and encouraged. Many of our stakeholders expressed that people did not know enough about alcohol harms and this lack of awareness has also been expressed in published research. Use of alcohol as a comfort or as part of a social occasion can for some, lead to an increase in drinking at a level which risks causing harm to the drinker, their families, communities and workplaces; and to the babies of pregnant women. The causes of individual alcohol misuse are complex and thus the solutions must reflect this complexity.

¹Information in this strategy is based on the findings of the South Gloucestershire Council (2019) Alcohol Needs Assessment unless referenced separately

Between a quarter and a third of the adult population in South Gloucestershire are estimated to be drinking alcohol at increasing or higher risk levels. This means they risk, or are, causing alcohol-related harm to themselves and those around them. Examples of alcohol-related harm include ill health, crime, economic circumstances, workplace productivity, and accidents.

Alcohol-related harms are associated with inequalities. People on a low income, women, older people and adults with learning disabilities are more vulnerable to alcohol-related harms. Drinking during pregnancy can be damaging to the development of a baby and can cause lifelong adverse effects. Certain groups of people such as looked after children, adults aged 55 to 64 and LGBTQ+ individuals are more likely to be drinking at riskier levels.

Alcohol dependency is a recognised mental illness. One in a hundred of our residents are likely to be alcohol dependent, and our rates for numbers accessing treatment are lower than the rest of England. There is currently an estimated need for capacity in South Gloucestershire to treat at least 396 individuals per year and 475 by 2036. Only 134 in 2017/18 and 213 in 2018/19 were in treatment. Once our service users enter treatment however, they generally do well, and every £1 spent on alcohol treatment is estimated to deliver a return on investment of £3, rising to £26 over a 10 year period. Alcohol treatment in 2017/18 was estimated to have reduced the numbers of alcohol only clients reoffending by 58% in the Avon and Somerset police force area.

One in ten Year 8 children at South Gloucestershire schools might be drinking alcohol every month, and this is generally drunk at home with their parents' permission. Nearly a third of Year 10 children obtained alcohol from their friends, from someone else buying it for them or they managed to obtain it from a licensed premise. Underage drinking is associated with school and educational problems, risky behaviours and could make them vulnerable to abuse or exploitation.

Despite the clear potential harms alcohol can cause, it also has a place in society and is associated with pleasure and celebrations for many people, and many drink without it having a negative impact on themselves or anyone else. Our aim is not to advocate abstinence, but rather to ensure people are making an informed choice about how much they are drinking and the potential risks. We aim to ensure people using South Gloucestershire licensed premises can do so safely and with enjoyment. Responsibility for this task includes our licensees and their customers, the Police, Licensing, Trading Standards and Public Health. Despite the estimates of higher risk drinking by adults in South Gloucestershire, the 2017 Viewpoint survey of residents did not find much evidence of concern about excessive consumption of alcohol. This shows a potential disconnect between drinking behaviours and recognition of the problem. It did however indicate there might be a small problem with young people drinking in their local area, although they were largely uncertain whether underage sales were taking place.

2. Key themes from the needs assessment

As part of the needs assessment, a large stakeholder engagement exercise took place which included those who use our services, professionals working in sectors where alcohol was a factor and the public. We asked what was important to them about alcohol; what we are doing well to tackle alcohol harms in South Gloucestershire; what were the problems, gaps and challenges we face and what we should be prioritising in our alcohol strategy. Encouragingly, the themes that were highlighted during the engagement, reflected the findings from the evidence, data and good practice that were revealed by the Needs Assessment and can be grouped into 11 key themes. These themes have been used to create the aims for our strategy.

The **themes** identified to be addressed were:

- a) **Prevention** of alcohol-related harms including education for parents and families about the risk of drinking in pregnancy and the effect parental drinking can have on their children during infancy and as they grow up. Increasing education in schools and multi-media campaigns to raise awareness of the potentially damaging nature of drinking for young people and adults. Providing information about lower risk drinking levels for the general public.
- b) **Early intervention** for those identified as drinking at increasing levels or higher risk of alcohol-related harms. It was felt that advice, resources, support and/or brief behaviour change interventions should be provided with the aim of reducing drinking to a lower level of consumption.
- c) **Communications and campaigns** to promote accurate and consistent messages about alcohol harm and where to get help if needed, to enable people to make an informed choice.
- d) **Increase Public Health's influence in licencing decisions**, using enforcement to restrict the availability of alcohol within our communities and lobbying for evidence-based population level interventions that can reduce alcohol harm such as Minimum Unit Pricing (MUP).
- e) **Reducing the inequalities** that are associated with alcohol harm as the health and wider harms from drinking are a factor in widening health and social inequalities.
- f) **Treatment and recovery** which should be provided in either community or residential settings for people assessed as alcohol dependent. It was felt that treatment should have different options for people with varied needs, including structured biopsychosocial interventions and wraparound support such as relapse prevention training and help with housing, along with wellbeing strategies to maintain recovery from dependence. The importance of visible recovery was also mentioned within this. Support for family members was also highlighted, as was their inclusion in their loved one's treatment where appropriate.
- g) **Cultural and social aspects** which normalise, influence and pressure people to drink alcohol. Features such as easy availability and price were thought to be factors, as was its general lack of perception as a drug. The stigma of asking for help was also mentioned with a need to balance education, information and treatment given to people without perceived judgement.
- h) **Pathways and accessibility of services** to ensure everyone is able to access the support they need both for their alcohol use and other services they might need, for example support for their mental health, in a seamless way.
- i) **Partnership working and linking with other relevant work streams, including joint commissioning** to ensure all agencies take responsibility for helping to reduce alcohol related harm and take action to ensure they are doing everything they can to support the strategy.

- j) **Data and feedback** so that accurate facts, statistics and evaluation of interventions can be shared within the guidelines of the General Data Protection Regulations (GDPR) between our organisational partners to enable service improvements and co-ordinated working to achieve shared objectives.
- k) **Pressure on resources** which underpins our ability to do all of the above; there is a need to maximise funding and ensure we are working efficiently to get best value for money.

3. Aims and Delivery

The themes set out above have helped us to develop our aims for the strategy.

Primarily we will aim to promote safer drinking and protect unborn babies, babies post birth, children and young people, adults, families and communities from experiencing alcohol harms throughout their life course. There will be a particular focus on reducing inequalities and targeting groups at higher risk of harm such as people identifying as LGBTQ+, people with learning and other disabilities, older people and those experiencing socioeconomic deprivations; and people who have complex needs such as homelessness and/or a co-existing mental illness.

We will aim to prevent underage drinking; reduce individual alcohol consumption for those individuals who are currently drinking at increasing or higher risk levels; and promote the acceptability of abstinence from alcohol for those wanting to make such a choice.

We aim to identify people who are alcohol dependent or developing problems with higher risk drinking as soon as possible and motivate them to engage with high-quality, accessible, effective, and equitable treatment services to promote and celebrate recovery, and to reduce the stigma associated with asking for support.

Underpinning these aims is a holistic approach to health and wellbeing, consideration of the wider determinants of health including the effect of alcohol on families, communities and workplaces, and the influence of socioeconomic inequalities on alcohol harms.

Alcohol is a legal drug, and the current National Drug Strategy published in 2017 states that drug use is “both cause and consequence of wider factors”². There is need therefore to also consider the wider influences on health and wellbeing such as housing, income, working conditions, family life and education. Particularly for people who use our services, we will continue to work with our partners in Public Health, the wider Council, elected members and other organisations to support our colleagues, to advocate for, and to address the wider determinants of health and wellbeing. For the most vulnerable people with a complexity of needs we will aim to provide innovative solutions to support their needs.

²HM Government (2017) 2017 Drug Strategy, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

An action plan will be created which will cover the following areas of work.

1. Protect babies (during pregnancy and post birth), children and young people (0-19) from alcohol harms

- **Reduce** the numbers of pregnant women and those planning to conceive drinking alcohol during their pregnancy and give **information** about the risks of drinking while breastfeeding or caring for a baby or child.
- **Prevent** and reduce underage drinking through **education, campaigns**, and enforcement; and through our specialist children and young people's service reduce consumption or promote abstinence among those already drinking.
- **Reduce** hospital admissions **wholly caused by alcohol** for young people aged under 18 years, particularly young females.

2. Prevent and reduce increasing and higher risk drinking amongst adults

- **Reduce** the numbers of people locally who are drinking more than the Chief Medical Officer's recommended safer limit of 14 units³ of alcohol per week; using multi-media **campaigns, early interventions** in a variety of settings including healthcare, workplaces and online, and throughout the life-course; and lobbying for national legislative interventions such as minimum unit pricing of alcohol.
- **Reduce** the consumption of those drinking more than 14 units per week, and particularly reduce binge drinking (where more than 6 units for women or 8 units for men are drunk on a single occasion), using **campaigns** and **early interventions**.
- **Reduce** hospital admissions caused by alcohol, particularly for females.
- **Ensure** that **older adult care** in relation to alcohol is an area of focus including more work around Alcohol Related Brain Injury.

3. Promote safer and stronger communities

- **Reduce** alcohol-related crime including domestic violence and abuse, antisocial behaviour, nuisance and disorder, road traffic accidents and fires; and support safer and responsible drinking through effective **licensing** and **enforcement** including closer working and data sharing with police colleagues.

4. Reduce inequalities associated with alcohol harm

- Offer **equitable, available** and **accessible** interventions universally but proportionally, targeted at groups that are at increased risk of alcohol harms such as those experiencing socioeconomic deprivations, those with ACE's, LGBTQ+ communities, care leavers, those from BAME communities, vulnerable adults, adults with learning and other disabilities and older adults.
- Ensure those who might be **isolated** due to physical or mental disability and alcohol use are able to access support.

³14 units of alcohol is contained in approximately 10 small glasses of low strength wine or 6 pints of average strength beer - The NHS Website <https://www.nhs.uk/live-well/alcohol-support/calculating-alcohol-units/>

5. Provide treatment and recovery from alcohol dependence whilst promoting health and wellbeing, and providing support for family members

- Increase the numbers of **higher risk** and **dependent** drinkers accessing advice, support, treatment and stable recovery; including how to overcome barriers to accessing these services and building capacity in treatment services.
- **Encourage** those accessing alcohol treatment to stop smoking and support their identified needs for a holistic approach to greater wellbeing.
- Continue **supporting** family members of higher risk drinkers.
- **Include** people with **lived experience** in developing services and ensuring there is visible recovery for those in treatment.

6. Mitigate the cultural and social aspects of alcohol that can lead to harm

- Work to **normalise abstinence**, alcohol free and low alcohol choices in South Gloucestershire through **campaigns** and work with our licensed premises.
- **Lobby** for the introduction of national policies such as **improved regulation** of marketing alcohol, minimum unit pricing, and changes to the licensing process.

7. Strengthen and clarify pathways through services

- Review and further develop **joined up pathways** particularly for those between early intervention, treatment, mental health, and social services; and for those transitioning from children and young people to adults' services, from criminal justice to community services, and from hospital to community services.

8. Work in partnership and link with other relevant work streams

- Through **strategic leadership** and implementation of **integrated care systems**, scope opportunities for joint commissioning or a pooled budget for campaigns, early interventions, and services. A priority will be maximising opportunities for the joint commissioning of services for people with complex needs, particularly poor mental health.
- Provide training for other departments and colleagues.
- Link with the aims and performance measures stated in other relevant South Gloucestershire strategies and plans such as the new **Council Plan; Joint Health and Wellbeing Strategy; Safer and Stronger South Gloucestershire Plan; Early Help Strategy for Children, Young People & Families; Adult Mental Health and Emotional Wellbeing Strategy**; the **Domestic Violence and Abuse Strategy** and the **NHS Long Term Plan**.

9. Communicate data and information

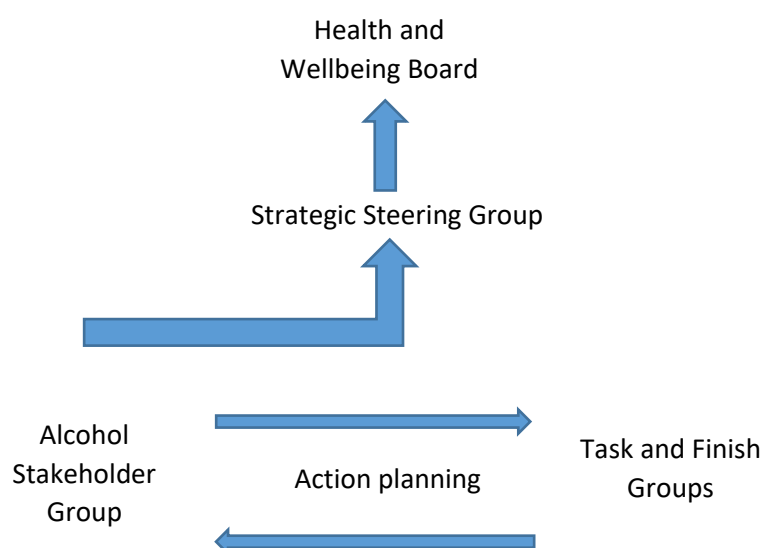
- Obtain **data** and **information** (including feedback/evaluation of interventions) currently not known to the partners who developed this needs assessment.
- Develop a **strategic communication system** to share data and information to mitigate the wider harms of alcohol to families and communities.
- Ensure **clarity** of individual partner roles and responsibilities in agreeing and achieving identified outcomes and to develop processes for evaluating progress.

10. Use our resources effectively and transparently

- Identify within commissioners' overall budgets the proportion to be spent on alcohol and make decisions on how to divide alcohol funding between prevention and early interventions, and treatment.

4. Governance

We will identify appropriate membership of a newly formed Alcohol Stakeholder group from the people who took part in and supported the needs assessment and strategy development. The first task for the group will be to review the recommendations in the needs assessment and the aims from the strategy and categorise actions into what we are already doing, short term goals that we can implement quickly and our more medium and long term ambitions within an action plan or plans. We envisage that task and finish groups will then be set up to achieve specific areas of work. These will feed into the DAP Strategic Steering Group (SSG) that oversees the programme area. Ultimately the Health and Wellbeing Board will provide oversight and the DAP will be accountable to the Board for delivery of the strategy and its action plan.



5. Funding and value for money

Looking at the available evidence shows that there is little doubt that alcohol treatment and prevention are both effective and cost effective. Many of the direct financial savings occur to health services, social care services, emergency services and the criminal justice system. An effective alcohol system should therefore include all levels of prevention and treatment, from primary prevention, in the form of full use of Licensing and Trading Standards powers to help manage and regulate the supply of alcohol in on and off licensed premises, targeted secondary prevention, in the form of screening and brief interventions in primary and secondary care, alcohol care teams in secondary care and multiagency assertive outreach teams to work with 'high impact' users and effective community and inpatient treatment services for dependant drinkers. However, we have limited funds available (in public health alcohol budgets at least) to deliver this array of interventions and ever-growing demand for treatment services. In South Gloucestershire especially, we have one

of the highest levels of unmet need for dependant drinkers in the country and so it would be unethical to remove access to effective treatment from people with an existing drinking problem in order to put it into funding prevention. Equally, it feels unethical and illogical not to try to reduce the ever growing tide of people with lower levels of hazardous drinking, many of whom will become future dependant drinkers requiring expensive treatment services, and all of whom are damaging their health and wellbeing and putting pressure on services in the present. This strategy sets out our aims to work with partners to put in place preventative measures whilst not disinvesting in treatment.

The aims set out in our strategy have to be taken within the context of limited funding and the need for the Council to provide savings and ensure value in all areas of its work. Funding for work around reducing alcohol harm has been affected by the reduction in the Public Health Grant in recent years and has decreased by 15% since 16/17.

As identified above, we need to ensure that adequate funding is put aside for preventative work, but the demands on treatment in our hospitals and dedicated alcohol services are unlikely to reduce for some time. There is a challenge to be able to balance preventative work with adequate funding for treatment.

We therefore need to ensure that we are working as efficiently as possible and that alcohol treatment is given the same weighting as drug treatment. It will be necessary for stakeholders to have a keen awareness of new funding opportunities that become available, such as the successful capital grant bid to PHE last year and be ready to put forward business cases to secure funding for recommendations identified from PHE and NICE. We also need to create opportunities for co-commissioning to reduce costs, such as across Bristol, North Somerset and South Gloucestershire (BNSSG) and with Mental Health and Clinical Commissioning Group (CCG) colleagues.

Not all effective preventative interventions require a substantial direct financial outlay. For example, minimum unit pricing, restricting availability and school based education programmes are all low cost with outcomes in the form of reduced drinking and associated cost savings reliably demonstrated. The aims in our strategy such as strengthening partnerships and pathways and giving greater emphasis on prevention will help us to achieve our goals in a challenging funding environment.

6. Measures of our success

The aims from our strategy contribute to the Health and Wellbeing Board overarching vision for the South Gloucestershire population.

“All people in South Gloucestershire to have the best start in life, live healthy and happy lives and age well”.

The **outcomes** of our ambitions are to create an environment where:

- The risks of alcohol to babies in the womb is minimised.
- Children and young people are able to grow up without being harmed by underage drinking, or the drinking of their parents or other care givers.
- People can enjoy alcohol in a way that minimises harm to themselves and to others.
- It is culturally acceptable and easy to choose an alcohol free or low alcohol option.

- To reduce health and social inequalities, people in groups at higher risk of harm(s) from alcohol or who are likely to be more vulnerable to alcohol harms are prioritised for targeted interventions.
- People who are drinking at levels of increasing risk of causing themselves or others harm are given effective advice and support to reduce their consumption.
- People drinking at higher risk levels or who are dependent on alcohol access appropriate support that promotes and sustains their recovery and takes a holistic approach to their wellbeing.
- Families and partners of people whose drinking impacts adversely upon them will be appropriately supported.
- Communities are safe from alcohol-related crime, disorder and antisocial disorder.
- We support our residents, partner organisations and communities to improve the wider determinants which encourage healthier, more productive and safer lifestyles.

Over the five years of this strategy, we need to demonstrate that our actions are achieving our aims.

Measures will be negotiated and agreed with our partner organisations responsible for delivering these outcomes as well as people who use our services. These measures will comprise initial, intermediate, five year and longer term indicators of success. They will consider processes needed to deliver our objectives such as new interventions offered and numbers of clients in treatment receiving concurrent support from community mental health services; impacts such as reduced crime and hospital admissions; and outcomes such as improved educational attainments in our schools and less adults regularly drinking more than 14 units per weeks. As the H&WBB outcomes framework develops, we will ensure these are updated and align.

Measures which could be included in the plan are shown in the table below:

Table 2: A sample of suggested measures to be discussed with our stakeholders

Objectives	Measures
Protect babies (in pregnancy and post birth), children and young people from alcohol harms from alcohol harms	<p>Number of women reporting alcohol use before and during pregnancy</p> <p>Numbers of child sexual abuse and child sexual exploitation cases.</p> <p>Numbers of year 8 and year 10 children drinking alcohol monthly as measured by the <i>South Gloucestershire Online Pupil Survey</i>.</p> <p>Overall performance at the end of key stage 4 in all schools.</p> <p>Warnings and prosecutions for underage sales of alcohol.</p> <p>Numbers of pregnant women provided with alcohol Identification and Brief Advice (IBA) interventions.</p>
Prevent and reduce increasing and higher risk drinking amongst adults	<p>Alcohol related visits to hospital emergency departments.</p> <p>Alcohol related deaths and hospital admissions. CQUIN data.</p> <p>One You South Gloucestershire (OYSG) evaluation reports including number of clients being supported to reduce their drinking.</p>

Objectives	Measures
	Number of people recorded as drinking at higher risk levels in an NHS Health Check Changes in awareness after campaigns. Surveys of drinking behaviours in South Gloucestershire.
Promote safer and stronger communities	Reported incidents of domestic and sexual violence. Reported incidents of antisocial behaviour.
Reduce inequalities associated with alcohol	Narrowing of the gap in hospital admissions wholly caused by alcohol between people living in the fifth most and fifth least deprived areas in South Gloucestershire. Numbers of clients in treatment receiving concurrent support from community mental health services. Proportion of LGBTQ+ individuals accessing alcohol treatment relative to estimates of problematic drinking in this community. Feedback from adult social care services working with people who have learning disabilities relating to their ability to access specialist support if necessary. Evaluation of targeted campaigns. Better links reported between alcohol services and our BAME communities and progress made in reducing stigma.
Provide treatment and recovery from alcohol dependence; whilst promoting health and wellbeing, and providing support for family members	New presentations accessing alcohol treatment services, numbers in treatment and successful completions. Numbers of alcohol clients in treatment also stopping smoking. Evaluation of the Families Also Matter (FAM) service in South Gloucestershire.
Mitigate the cultural and social aspects of alcohol	Develop a local scheme with licensees to promote alcohol free or low alcohol options in their premises.
Strengthen and clarify pathways	A partnership agreement developed by the South Gloucestershire Alcohol Stakeholder Group, and achievement of milestones for the South Gloucestershire Alcohol Action Plan including the development of a strategic communications plan. Aligning with related strategies, for example the BNSSG CCG Mental Health Strategy.
Work in partnership and link with other relevant work streams	
Communicate data and information	
Use our resources effectively and transparently	Annual budget reports detailing spend on alcohol prevention, early intervention and treatment interventions. Return on investment calculations.

The strategy will be available on the Council website and will be shared widely with partners through our H&WBB and Safer Stronger Community Partnership, the voluntary sector and our providers.

This strategy is an updated version following formal consultation and therefore includes amendments and additions based on the feedback received from stakeholders. A report outlining this feedback will be published with the completed strategy on the Council's consultation webpage along with the updated Equalities Impact Assessment and Analysis.