

Civic Alcohol Forum



Alcohol Forum

Background Context

- Local perception of Derry as an area with high levels of alcohol misuse
 - (68% of people in Derry think alcohol misuse is the most important policing issue in the district command unit – source DDPP/NISRA)





Responsibility

- Evidence suggests most effective way of dealing with alcohol issues is through strategic, multi-disciplinary action involving statutory, business & voluntary sectors
- Forum seeks to create a collective agreement on action

Vision

A clean, safe and vibrant region with a responsible attitude to alcohol

Aims

- To raise awareness of the need to change the current alcohol culture
- To initiate a process of cultural change
- To create a responsible position for alcohol use within societal priorities

Objectives

- Support a collective approach harnessing the support, commitment & enthusiasm of all stakeholders.
- Educate stakeholders on their role in tackling alcohol culture
- Reduce & ultimately eradicate access by children to alcohol
- Provide an alternative to alcohol linked entertainment
- Create a safe, vibrant City Centre and region
- Establish, maintain, monitor & enforce standards of good practice in the operation of premises selling alcohol.

Key Attributes

- Unincorporated body
- No direct resources
- Building a collective ownership
- Chatham House Rules
- Broker of relationships
- At the forefront of cultural change

Action Plans

- Four stages linked to a night out
 - Getting ready
 - People management
 - Venues
 - Environment

Current Initiatives



- ‘Only 4’
- Off Licence Code of Practice
- Responsible Advertising Protocol
- Made to Measure
- Civic Presence
- Just Add Water
- Charter of Commitment
- Blue spamming
- Bottle Marking

Civic Charter of Commitment

- Targeted at all stakeholders
- A social responsibility commitment to action
- Signed by Mayor & respective Chief Officers
- Visual commitment & opens opportunity for measurement/accountability

NW Regional Alcohol Partnership

- a geographical coalition on the significant issue of alcohol misuse
- mobilising communities to address harmful drinking & developing a common purpose
- real participation and implementation of alcohol strategy and action
- cementing into relevant organisational / local action planning actions on alcohol for 5 years

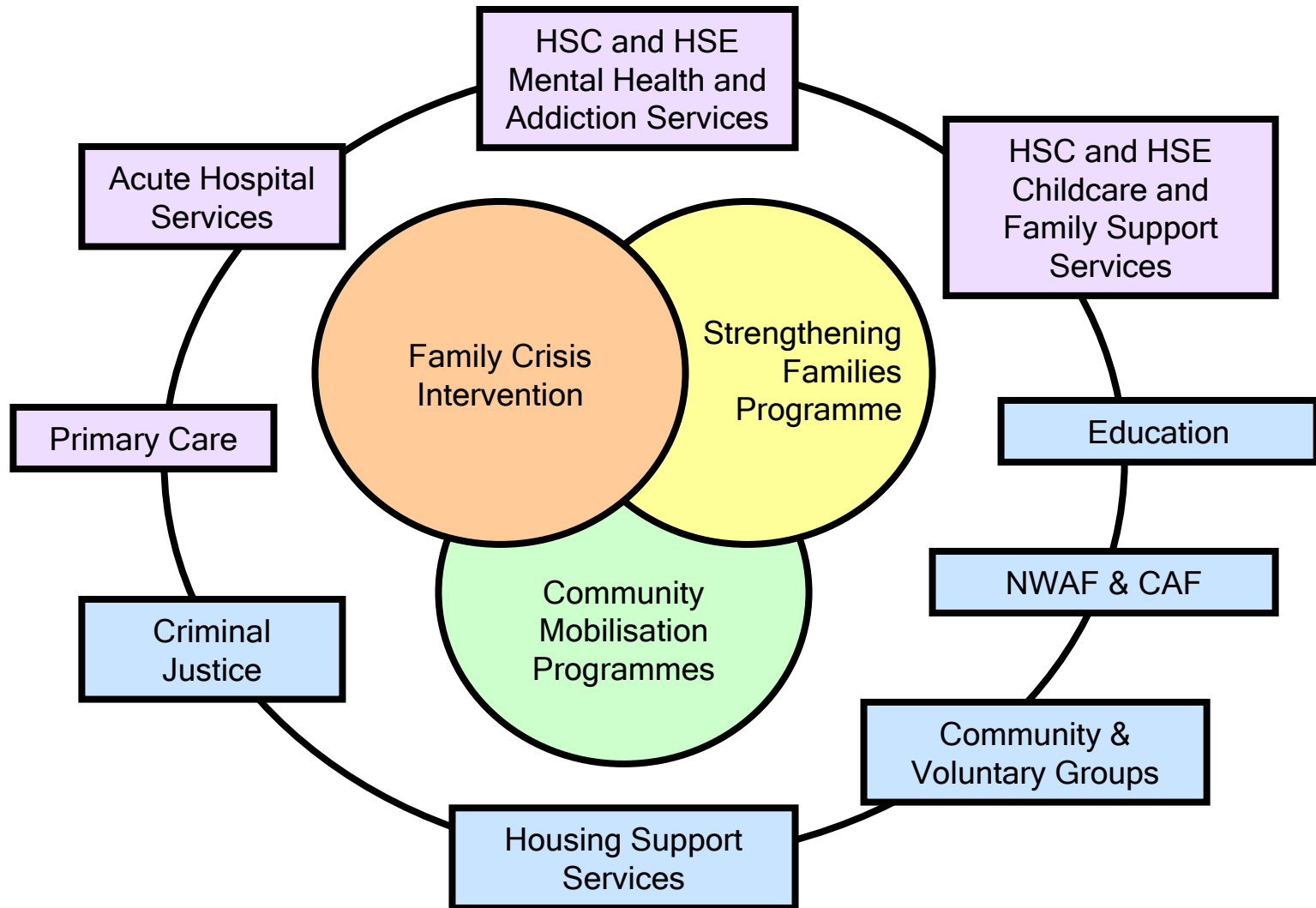
The NWRAP's objectives

- To advocate for real collaboration between cross border local government, health and community sectors where each retains their identity but commonly agree to work together to address alcohol issues.
- To assist our partners in the dissemination of alcohol information and prevention measures specific to their remit.

NWRAP Action Plan

- Areas of Action
 - Community
 - Education
 - Health
 - Justice
- Central Measures
 - Awareness Raising
 - Intervention
 - Evaluation

Cross-Border Intervention on Alcohol



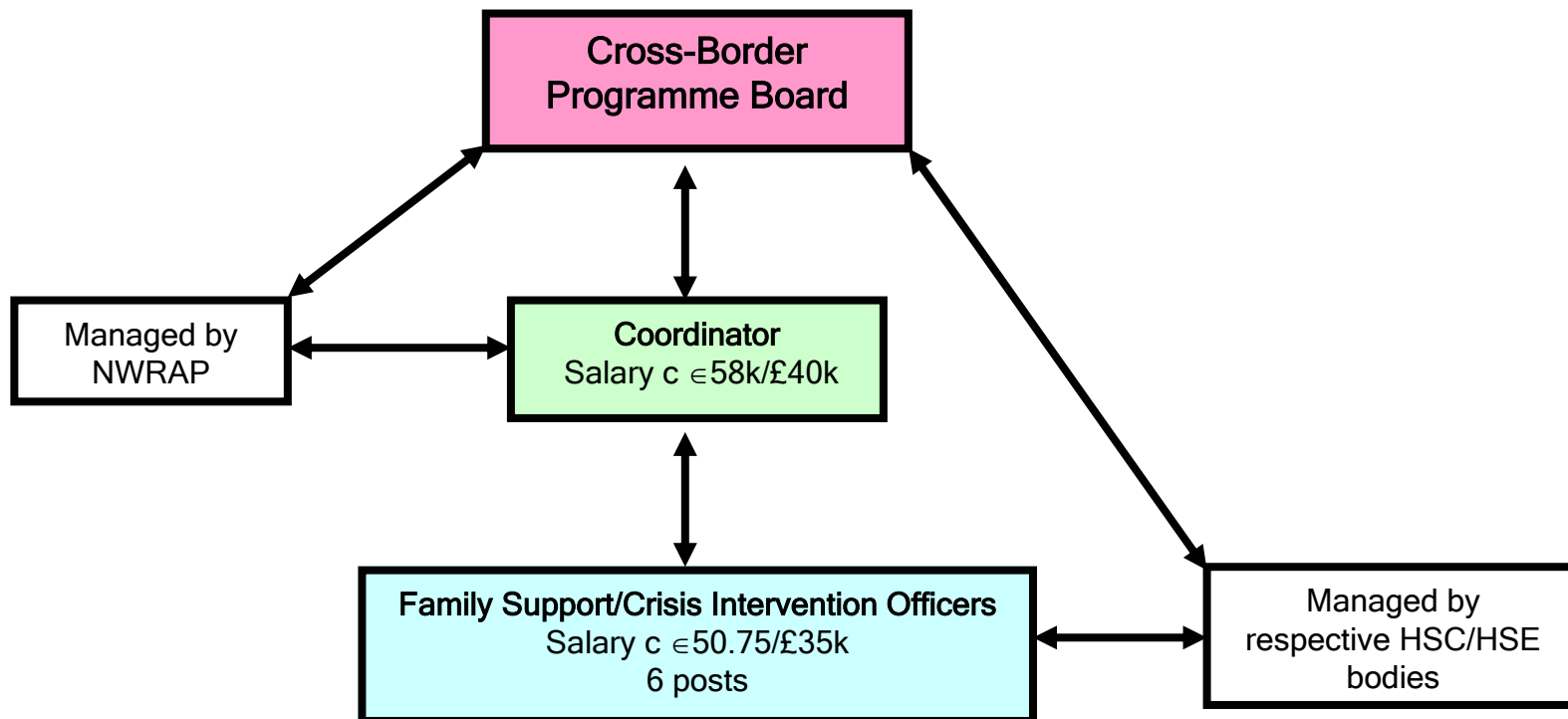
Programme Outcomes

- Cross-cutting response to crisis
- Interventions at crucial times
- Reduced alcohol-related admissions
- Brief intervention in Primary Care & across all settings
- Community responsibility & mobilisation
- Sustained education & prevention with a focus on families

Programme Approach

- Family Support/Crisis Intervention Officers across Border area
- Introduction of Strengthening Families Programme
- Pilot Community Mobilisation model in North-West
- Dissemination of findings across eligible area

Programme Structure



This proposal progresses

- A common purpose
- Working as a geographical coalition on the significant issue of alcohol misuse
- Real participation and implementation of alcohol and drug strategy
- Cementing into relevant organisational / local action planning actions on alcohol for 5 years

NWRAP Action on Alcohol

- **Positive developments include more emphasis on practical actions (strategies)**
- **More emphasis on the broader determinants of health through integrated environmental, health and social planning**
- **More emphasis on collaborative partnerships in integrated quality of life planning within CAWT region 2007-**
- **Strong emphasis on actions based on the best available data and evidence that influence and reduce social inequalities and promote community and personal care wellbeing across the CAWT Geographical area**
- **Key role in reorientation of policy and action that strengthens the development and delivery of quality integrated community alcohol well being programmes and activities.**

Community mobilisation?

Acknowledging the cross sectoral and cultural theme of alcohol

- **Community mobilisation on alcohol is a comprehensive response involving a wide range of individuals, agencies and organisations that come together when an issue is too big for one sector to tackle alone**
- **Largely concerned with geographically defined communities.**
- **A multi level approach that is strategic & tactical, guided by what the evidence says work and is planned in response to local need.**
- **Actions use proven transferable measures to reduce harmful drinking.**
- **Supports Communities leading the way in cultural change on alcohol regionally and on an all Island basis.**
- **An all out agreement to work to a plan over a set period of time and evaluate the outcome**
- **A community driven agreement**
- **Measures that influence the environment are more effective than targeting the individual drinker.**

“Community mobilisation on harmful drinking

- Tackle alcohol harms in the CAWT Region
- Offer practical measures for creating effective partnerships and networks to reduce alcohol related harms
- Build on existing community constructs
- Refuse to hide behind the complexities.
- Only use empirical interventions
- Insist on robust evaluation

Coupled with public policy support this Action Plan should result in a reduction in harmful drinking in the North West. For example we should expect to see

- **Increased community and family education programmes**
- **Increased screening and brief intervention in our acute hospitals**
- **Reduced public order offences**
- **Reduced drink driving offences**
- **Reduced alcohol related deliberate self harm**
- **Increased use of early intervention in Primary care**
- **Increased Family programmes**
- **Safer streets**
- **Greater overall Community awareness on harmful and hazardous alcohol and drug abuse**

Lifetime drug & alcohol prevalence for 15-34 years in HSE West /WHSSB areas 2003

- NWHB:
 - **Any illegal drug: 13.3%**
 - Cannabis: **10.7%**
 - Anti-d's*: 7.4%
 - Magic mushrooms: 2.2%
 - Poppers*: 1.3%
 - **XTC: 0.6%**
 - **Alcohol: 88.3%**
 - Tobacco: 48.8%
- WHSSB
 - **Any illegal drug: 28.9%**
 - Cannabis: **24.5%**
 - Anti-d's: 13.3%
 - **XTC: 10.9%**
 - Poppers: 8.8%
 - Magic Mushrooms: 8.2%
 - LSD: 7.9%
 - Amphetamines: 7.5%
 - Solvents: 7.3%
 - Cocaine/crack: 3.3%
 - Anabolic Steroids: 1.9%
 - Heroin: 1%

The goal for strategic partnership planning cross border on alcohol (& Drugs) could create an effective prevention approach based on matching research-based alcohol & drug prevention programmes with community needs.

Collaborative partnership in Alcohol Harm prevention CAWT & NWRAP?

- The NWRAP provides a coherent mechanism for the region to begin tackling harmful drinking
- **Can provide the level of local leadership closest to the community**
- **Can identify and assesses actual and potential public and environmental alcohol related health issues**
- **Has proposed a strategic direction that can create opportunities for all sectors to participate in responding to the single most debilitating issue affecting local communities**
- **Promotes the CAWT region as a safe and healthy place to live**

barriers to making a difference

- Absence of leadership – community, organisational , political...
- Ignoring the history & environmental signs in our communities, homes and workplaces
- Complacency and subscribing to fatalism
- Ignoring the community's tension on alcohol and drug misuse
- Focusing on short term measures alone
- Focusing on the popular but least effective education initiatives
- Reliance on the Health sector to address this major societal and cross sectoral issue