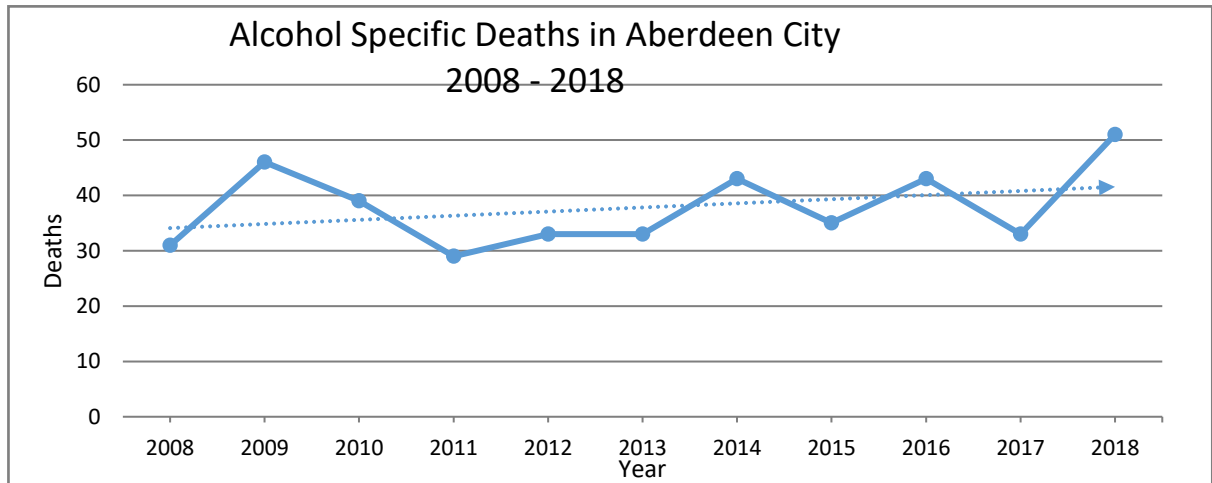


Charter 12.7 Increase alcohol awareness

Improvement Project Title: Increase alcohol awareness
Executive Sponsor (Chair of Outcome Improvement Group or Locality Partnership): Richard Craig (ADP Chair)
Project Lead: Gillian Robertson, Development Officer, Alcohol and Drugs Partnership / Substance Misuse Service Gillian.robertson10@nhs.net
Aim statement Increase % of the population who feel informed about using alcohol responsibly by 2021. This aims to reach all parts of the population and as such aim will address common message and also identify areas where additional resource or alternative communication is required
Link to Local Outcome Improvement Plan: Stretch Outcome 12 - Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026 Improvement Aim:.. This project also links into other improvement aims against Stretch Outcome12: <ul style="list-style-type: none">• Increase by 100% the number of Alcohol brief interventions (ABI) delivered in Aberdeen City by 2021• Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021.• Increase by 10% the percentage of adults in Aberdeen City who are non-drinkers or drink alcohol in a low risk way by 2021• 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.
Why is this important: The UK Chief Medical Officer published recommendations on low risk alcohol consumption in 2016. High risk alcohol consumption is associated with an increased risk of physical health, mental health, social and economic impacts in the short medium and long term. Low risk consumption is no more than 14 units of alcohol spread through a week. People with long term conditions and those on regular medication may be recommended to drink less than 14 units. Pregnant women and those planning a pregnancy are recommended to not drink any alcohol at all. The Scottish Health Survey tells us that across Grampian, One in three men and one in six women regularly drink more than 14 units a week. Drinking more than 14 units a week is reported more commonly in people living in our most affluent areas compared to our most socioeconomically deprived areas Alcohol is one of five lifestyle behavioural risk factors which contribute to the majority of chronic and non-communicable disease in our population. Clustering of lifestyle risk factors is associated with higher risk of premature disease development and mortality. Research within Grampian into the clustering of lifestyle risk factors indicates that these are spread unevenly through the

population, increased multiple lifestyle risk factors were observed in men and in people from socioeconomically deprived neighbourhoods.

There is a need to target the whole population, with an emphasis on supporting multiple risk factor reduction in more socioeconomically deprived areas.



Alcohol specific deaths are on the increase and there was a 10 year high in 2018 of the number of people dying.

There is a growing awareness that those experiencing problematic alcohol and drug use are often carrying other burdens such as poverty, inequality and health challenges.

Rights, Respect and Recovery is Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths and focus is on ensuring that people have the opportunity to understand and reduce the health harms of alcohol with a key focus on prevention work.

<https://www.gov.scot/publications/rights-respect-recovery/>

Minimum unit pricing has been introduced in Scotland in 2018 and although early days in the 5 year evaluation it would appear that sales are down. However this does not provide information on wide drinking patterns and was aiming to have an impact on the most harmful drinkers

<https://www2.gov.scot/Topics/Health/Services/Alcohol/minimum-pricing>

Scottish Government ran the first phase of the Count 14 campaign in March 2019 which was aimed at more of a whole population approach. The campaign reached 63% of Scottish adults via the television adverts and achieved 4000+ face to face engagements in supermarkets and 34,000 website users. Evaluation of the campaign was done via a survey of over 800 individuals in Scotland pre and post campaign. The evaluation found a significant increase of those who could identify 14 units as the correct guideline post campaign, an increase of 10% from 17% to 27%.

These results are really positive but demonstrate that three quarters (73%) of those surveyed post-campaign were still unaware of the 14 unit guidelines. We also know that men and those in the lower socio-economic groups were not as engaged in the campaign and are less likely to know the 14 unit guidelines.

Scottish Government are planning the next phase of the Count 14 campaign which will run from 20th January until 1st March 2020. They intend to use the assets they have developed i.e. TV, website, radio etc., However they would also like more of a focus on men and lower socio-economic groups in order to reducing health inequalities across Scotland. We know from research that the campaign messages are more likely to have an impact on individuals if they are reinforce in conversation with a trusted professional. This project aims to support this at a local level.

The Scottish Health Survey suggests that Aberdeen City have 38% of males drinking above the guidelines and 19% of women (this is based on self-reported data) We have also highlighted that males aged 16-25 and females aged 16-34 have higher instance of drinking over the guidelines and not received appropriate advice or support. For both males and females those aged 45-54 have the highest percentage of people drinking above guidelines in Aberdeen City.

The impact of alcohol consumption in Scotland and the loss to health and life it entails has been well documented. Approximately 6.5% of deaths in Scotland in 2015 were attributable to alcohol consumption. More than one in four (28%) of these alcohol-attributable deaths were due to cancer.

According to the 2016 UK Chief Medical Officers' low risk drinking guidelines, in relation to cancer risk there is no safe level of alcohol consumption. The risks associated with cancer start from any level of regular drinking and rise with the amounts of alcohol being drunk.

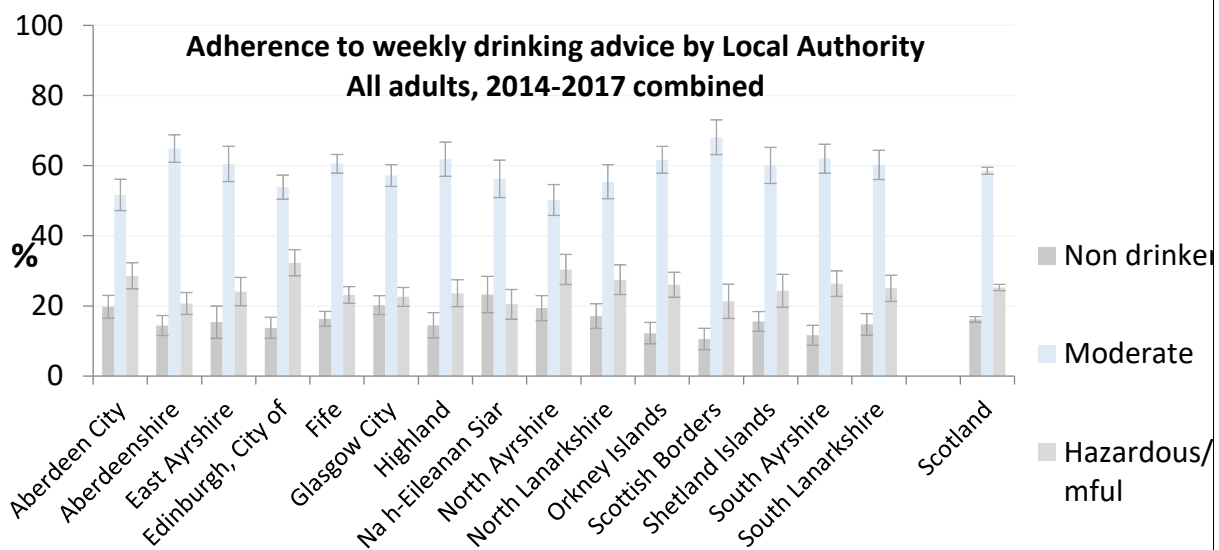
Further information on alcohol and Cancer can be found

https://www.shaap.org.uk/images/Alcohol_and_Cancer_Guide.pdf

The Alcohol Framework highlights a number of actions to help reduce the harms caused by alcohol with a particular emphasis on ensuring support is available for young people and communities which this project would support

<https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>

The most recent Scottish Health survey results for Aberdeen city indicate that 29% of the population is drinking at harmful or hazardous levels. This equates to almost 56,000 people across the city. 39% of the male population and 19% of the female population are drinking at these harmful levels. Only a very small number of these people, just less than 1% are in alcohol services.



Source: :\\HI Dataset\Public Health\Scottish Health Survey\Alcohol

Targeting the 55,000 is challenging due to them being from all demographics of the city and will require a variety of methods of communication to support people to reduce their drinking, change habits etc. Alcohol and Drugs Action have run a couple of Alcohol awareness campaigns on Social media and we have identified some areas to improve and support some of the aims of this LOIP. This approach reached many people in our communities but lessons have been learned and the test of change proposed re campaigns will build on learning for this.

The current scientific evidence is that an alcohol-free childhood is the healthiest and best option. Young people's bodies and brains are more vulnerable to the effects of alcohol because they are still growing and developing.

Drinking can cause short and long-term harm to health, as well as put young people in risky situations when drunk. Research shows that the earlier a young person starts drinking alcohol, the more likely they are to drink in ways that can be harmful later in life.

The recent SALSUS data for 2018 has been published and highlighted that in Aberdeen City

	Base	2013	Scotland
50% of 13 year olds reported that they had never been drunk	168	-12%	+3%
29% of 15 year olds reported that they had never been drunk	251	-6%	-1%
50% of 13 year olds said they had ever been drunk	168	+12%	-3%
71% of 15 year olds said they had ever been drunk	251	+6%	+1%
4% of 13 year olds said they had been drunk more than 10 times	168	-4%	-5%
21% of 15 year olds said they had been drunk more than 10 times	251	+9%	-4%

These results would indicate that alcohol is becoming the norm for more young people. Messages need to be delivered to help inform young people and their parents and carers of the harms that alcohol can have on young people

<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/11/sco-ttish-schools-adolescent-lifestyle-substance-use-survey-salsus-national-overview-2018/documents/summary-findings-aberdeen-city-council/summary-findings-aberdeen-city-council/govscot%3Adocument/summary-findings-aberdeen-city-council.pdf>

LOIP Outcome 12.1 addresses the need for young people to be informed about alcohol in schools and this project will look at how the wider population can support young people by them hearing a consistent message about safe alcohol consumption.

Measures: (How will we know if a change is an improvement?)

Outcome measures

- Number of people reporting they are aware of the drinking guidelines of 14 units per week

Process measure

- Numbers of services promoting the drinking guidelines
- Numbers of services issuing appropriate resources to support drinking guidelines e.g. measuring cups, drinking wheels etc
- Number of referrals to alcohol services from community support
- Uptake of training for front line workers in targeted communities
- Targeted approach at GP hubs in Kincorth and Woodside
- Increased alcohol service resources in GP hubs in targeted areas.
- Increased numbers of people accessing online support
- Increased numbers of people in service

Balancing measures

- Attendance / uptake of services which are non-mandatory (otherwise attendance at services which are non mandatory may fall).
- Allocation of resources at most appropriate location and as identified by need

Data collection will be developed to meet the requirements of the individual setting, where electronic systems are available we will explore the potential for using these systems for recording.

Change ideas

1 –Social Media and community awareness raising campaigns

This test would look at ensuring that resources both staff and hard copy, online etc are available to meet demand in communities with a focus on upskilling wider staff in customer facing roles in community. We would want to test this in 2 socioeconomically deprived areas of the city – This would include

- Build on Alcohol Aberdeen (ADA) social media campaign running new campaign in February 2020 providing feedback and contact service which has not previously been offered, Also involving partners to promote this
- Local campaigns in communities promoting responsible drinking

- Consistent message on how to reduce harms of alcohol, top tips etc e.g. Sobering thought website development and facebook campaign

2 –Increased awareness within two areas in localities

Work with communities to support people to understand the drinking guidelines and ensure that this message is reaching all of the community by

- Providing alcohol awareness resources in Housing offices , starting with St Fitticks, East North Street and Woodside Housing office
- Providing training to customer facing staff
- Ensuring appropriate materials are available and displayed
- Identifying opportunities for discussion or information to be given re drinking guidelines
- Communication clear and easy with services if concerns raised
- Easy access into service through Alcohol hubs

3 –Link to other LOIP outcomes where Count 14 can be promoted

- Support LOIP project teams with wider wellbeing and younger adult population as target area and work alongside these to ensure the alcohol conversation is taking place and appropriate Count 14 materials and support tools are available are included
- Introduction of framework to support consistent safe alcohol messages including opportunities for no alcohol events with partners including the recovery community
- Framework also to include how best to use Count 14 resources as a standard when providing an intervention and as part of early intervention and prevention work

Potential risks and/or barriers to success & actions to address these

Overall there is a risk of having appropriate measures in place across the whole population as there are no measures on this aim with the Scottish Health Survey (SHS) being the closest measure. We will use City Voice to give us a bench mark and comparison to SHS. This will be reviewed on an ongoing basis and may need to be developed by area.

Project Team:

Gillian Robertson - Aberdeen City Alcohol and Drug Partnership, Substance Misuse Service

Seonaid Anderson - Consultant Addiction Psychiatrist (Alcohol)

Elaine McConnachie - Public Health Co-ordinator - North Locality

Anne-Marie Steehouder-Ross -| Community Development Officer (South Locality)

Tara Shivaji – CPHM NHS Grampian

Graeme Gardener – ACC housing (Leads in localities as appropriate)

Loraine Stephen – Aberdeen Foyer

Donna Cuthill or Lauren Mackie – ACC (Schools/ Young People)

Fraser Hoggan – Alcohol and Drugs Action

Michelle Cochlan – Improvement Adviser

Claire Blomfield – Analyst ADP/SMS

Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Project team established • Initial baseline established • Draft charter developed • Charter submitted to CPA Board • Starting tests and ensuring all in place • Ensuring reporting mechanisms in place • Approach CPA lead group re projects that could support the message etc. 	February 2020
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • Initial tests of change complete • Social media campaigns evaluated and adapted • Engaging with customers and colleagues on materials and collating feedback • Evaluate overall achievement to date and plan further PDSAs or move to implementation • Data collection and analysis 	February 2021
Implementing and sustaining changes that demonstrate improvement (Project Score 7-9)	<ul style="list-style-type: none"> • Agree which change ideas tested are proven to work that we will seek to embed permanently • Continue to gather data • Assess whether improvement levels are sustained 	June 2021
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Assess opportunities for spreading change to other areas where applicable • Alcohol message and materials readily available in communities and part of support / discussions in various city wide settings 	September 2021