A report on stakeholder perspectives on priorities for alcohol prevention in Wales

Author: Cerys Preece, Senior Public Health Practitioner, Mumena Begum, Health Improvement Co-ordinator, Natalie Field, Locum Consultant in Public Health; Julie Bishop, Director of Health Improvement

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Purpose and Summary of Document:

The purpose of this report is to inform thinking on alcohol prevention in Wales through gathering insights and perspectives from stakeholders and wider partners. The report includes a description of the project design, methodology, findings and recommendations.

Work Plan reference: Strategic Objective 3.6

1 Introduction

In 2018/19, Public Health Wales (PHW) revised its long-term strategy (PHW, 2018a) and identified a range of priorities. Priorities were determined through an examination of the main causes of early death and long-term poor health for the Welsh Population (PHW, 2018b); the view of our strategic partners and stakeholders and from a survey of the public in Wales (PHW, 2018c).

One of the priority areas identified was reducing harm arising from alcohol use and misuse. In discussion with Welsh Government (WG) we also identified that there was not currently a clear national strategic direction or plan which focused on prevention of alcohol related harm. This perspective was confirmed by the independent review of the Substance Misuse Strategy (Livingstone et al, 2018) 'Working Together to Reduce Harm' (Welsh Government, 2008) which recommended the adoption of '…more intelligent and evidence based whole population and prevention approaches'.

In 2018/19, PHW established a strategic multi-agency group called the National Alcohol Misuse Prevention Partnership (NAMPP) to advance a collective programme of work to prevent alcohol-related harm in Wales. The composition of the NAMPP includes national organisations such as Alcohol Change, British Liver Trust and Welsh Local Government Association, WG, Association of Directors of Education, as well as Directors from PHW Health & Wellbeing and Policy Research and International Development, Directors of PH, Police and Cardiff University. The partnership's inaugural meeting took place in June 2018. It was agreed that the Health Improvement Division would undertake an engagement project to explore and record stakeholder perceptions on all aspects on the state of alcohol prevention across Wales.

Stakeholder interviews and facilitated workshops were held in August and September 2018 with members of NAMPP and Area Planning Boards (APBs) respectively in order to provide insight into current and future opportunities to reduce harm from alcohol including how NAMPP/APB work is influenced, priorities for action and barriers.

This report reviews the output of the interviews/workshops and distils the main themes and findings to inform thinking on alcohol prevention in Wales. The report includes a description of the project design, methodology, findings and recommendations.

1.1 Background – Governance Bodies for Alcohol and Substance Misuse

Area Planning Boards (APBs) were established in each Health Board in Wales in 2010 to support the delivery of the Welsh Government Substance Misuse

Strategy 'Working Together to Reduce Harm' (Welsh Government 2008). The APBs were intended to provide a regional framework to:

- Strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; and,

- Enhance and improve the key functions of planning, commissioning and performance management.

Area Planning Boards operate within an evolving legislative and policy framework underpinned by the Well-being of Future Generations (Wales) Act; associated wellbeing goals and the five ways of working.
The Social Services and Well-being (Wales) Act came into force in April 2016, the Act brings together and modernises social services law in Wales and imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support. Local authorities and health boards must work together to assess care and support needs (and carer support needs) of the population in their area (including people with substance misuse issues).

The Crime and Disorder Act 1998 sets out the duties of responsible authorities in relation to tackling crime and disorder in their areas. Responsible authorities include the Council, Chief Police Officers, Local Health Board; Fire and Rescue Services and Probation Providers who collectively form the Community Safety Partnership (CSP).

CSPs are charged with formulating and implementing a strategy for their respective Local Authority areas in combatting the misuse of drugs, alcohol and other substances.

The APB structure was established to support delivery at a regional (Local Health Board) level. The membership of the APBs includes representatives from all the responsible authorities which comprise CSPs to enable statutory responsibilities in respect to substance misuse to be discharged at a regional level.

For the purposes of this work, the APBs were identified as the most appropriate stakeholder vehicle through which to work at a local level.

Membership of each APB comprises the Director of Public Health or representative from local PH team, Local Health Board (Clinician and Manager from Substance Misuse Treatment Team), Local Authority, Police, Probation, Homeless/Housing representative, Primary Care, Third Sector, Substance Misuse Service Provider, and Children & Young People Services/Youth Offending Team.

1.2 Background - Alcohol-Related Harm in Wales

According to self-reported data from the most recent National Survey for Wales (2017/18) (Welsh Government, 2018), 18% of adults, aged over 16 years, report drinking above guidelines (14 units per week) (Welsh Government, 2018). Men (25%) were twice as likely to drink above guidelines as women (12%). Alcohol consumption above guidelines was least common among adults in the most deprived fifth of areas (15 per cent) and most common in the least deprived fifth of areas (21 per cent). In total, 19 per cent of adults reported that they did not drink alcohol, and a further 34 per cent reported drinking less than weekly. The actual levels of alcohol consumption in Wales are expected to be significantly higher than these self-reported figures as indicated by alcohol sales data per capita. The latest data on alcohol consumption from the survey cannot be used directly to infer trends because the methodology has changed.

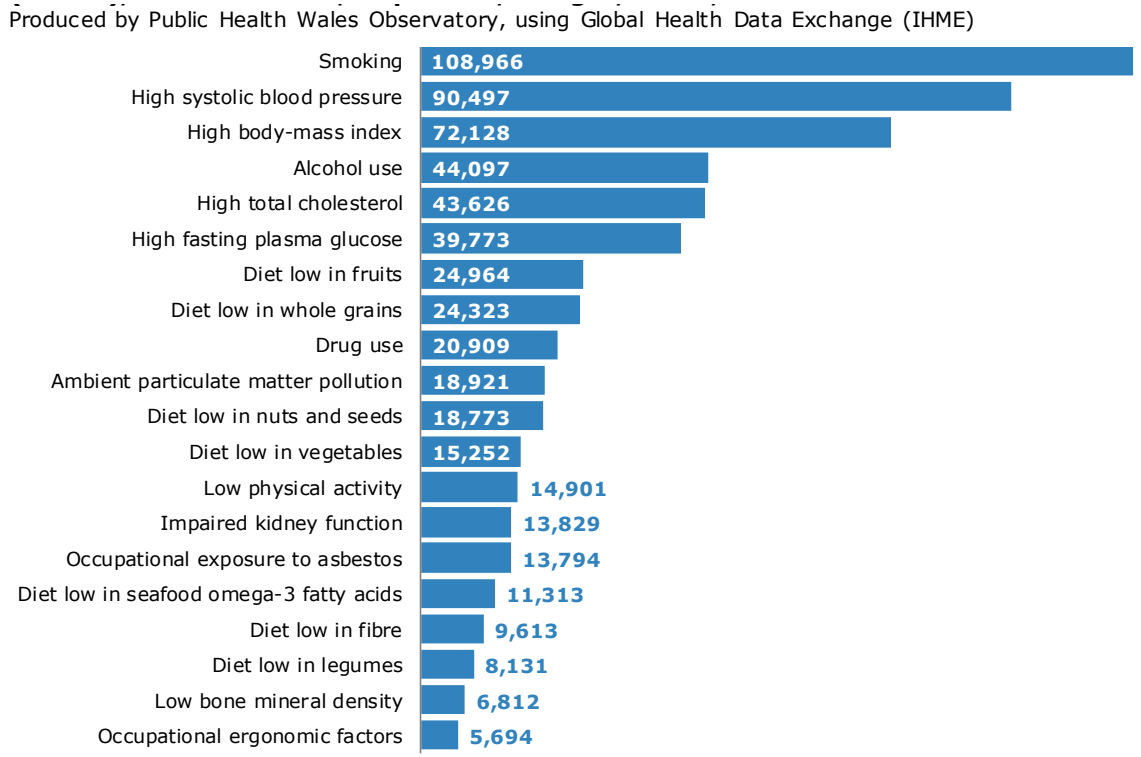
Some improvement has occurred in recent years with young people consuming less alcohol. According to self-reported data from the Health Behaviour of School Aged Children survey, the proportion of young people who say they drink weekly has fallen from 31% in 1986 to 7% in 2014/15.

Alcohol consumption has an impact on individuals, families and communities and places significant pressure on our healthcare system. Long-term drinking increases the risk of diseases such as cancer and cardiovascular disease (PHE, 2016). The harms of alcohol also include alcohol-related crime, violence, domestic abuse/violence and neglect where peoples' well-being is affected by the misuse of alcohol by others.

An estimated 35,637 hospital admissions per year in Wales are attributable to alcohol (Angus et al, 2018) and an estimated 60% of adults have experienced harm from someone else's drinking in the last 12 months (PHW, 2015a). An estimated 14% of children are living in households where there is alcohol abuse. Such Adverse Childhood Experiences (ACEs) can in turn increase the likelihood of future risk-taking behaviour including alcohol and substance misuse (PHW, 2016). The work undertaken on Adverse Childhood Experiences in Wales has highlighted the impact that exposure to parental alcohol misuse can have on a child particularly when accompanied by other risk factors such as domestic violence (PHW, 2016).

Work undertaken by the Public Health Wales Observatory (PHW, 2018b) using the Global Burden of Disease methodology (Figure 1) estimates that alcohol use is the third leading cause of Disability-Adjusted Life Years lost in Wales.

Figure 1: Top 20 Global Burden of Disease identified risk factors for disability-adjusted life years (DALYs), count of DALYs, all persons, all ages, Wales, 2016



2 Methodology

The approach taken to this work was pragmatic but has drawn on research rigour. A mixture of group discussions through workshops and individual interviews were conducted.

Individual interviews focused primarily on the national level stakeholders who comprise the NAMPP.

Interviews and workshops were held between 1st August and 7th September 2018 as detailed in Table 1. The intention was to hold 9 interviews and 7 workshops with as many members of each APB as possible.

Participants for the interviews (from NAMPP) and for the workshops (from APBs) were selected on the basis of availability within the time constraint. Each participant took part in either one workshop or one interview. As the APBs are partnership vehicles it was considered more appropriate to gather a partnership rather than an individual organisational perspective.

Individual interviews focused primarily on the national level stakeholders who comprise the NAMPP.

Potential participants were sent an invitation and information about the project in advance by email and followed up with a phone call (see Appendix

A for sample invitation letter) and advised that the record of their contribution to the interviews and workshops would be anonymised. Prospective participants were invited to sign a consent form (see Appendix B) once the location and date had been confirmed.

Sessions were recorded and transcribed verbatim. Notes were taken at every workshop. For some workshops this was performed by an observer.

Table 1: Summary of Interviews and Workshops

<table>
<tr><th>Type of Engagement</th><th>Number Held</th><th>Number of Participants</th><th>Functions / Roles Represented (and overall number)</th></tr>
<tr><td>Interviews</td><td>8
of which:
7 by phone (of which 1 phone interview had 2 participants)
1 face-to-face</td><td>9 participants in total.
One member of NAMPP per interview.</td><td>All members of NAMPP were interviewed apart from the DPH who participated in a workshop and the Chair of NAMPP/Director of Health & Wellbeing Division, PHW.</td></tr>
<tr><td rowspan="2">Workshops</td><td>6
of which:
5 face-to-face
1 by Skype</td><td>26 participants in total.
One workshop per APB.</td><td rowspan="2">Local Public Health Teams:
• Principal Public Health Practitioners (5)
• Consultants in Public Health (2)
Local Substance Misuse Services (5)
Local Authority (8)
Police / Community Safety (3)
Health Boards:
• Substance Misuse Manager (1)
• Alcohol Liaison Nurses (3)</td></tr>
<tr><td colspan="2">Note: one workshop (with Aneurin Bevan APB) could not be held as planned.</td></tr>
</table>

For the interviews and workshops a guide was produced (Appendix C) which covered the following areas:

- Participant's roles and responsibilities
- Decision-making process and priorities
- Any gaps in policy / service provision etc.
- Main behavioural problems from alcohol/ substance misuse
- Current and future planned activities
- Opportunities to strengthen prevention work on alcohol
- Barriers to success
- Forward thinking / horizon scanning

A 'Theory of Change for Alcohol' document produced by PHW was provided to participants to help facilitate discussion (Appendix D).

The workshop facilitator and observer read through the transcripts and notes to make broad notes. These notes were then re-read and collated into a 'mind map' which was used to identify broad themes and sub-themes.

3 Findings

The output from the interviews and workshops was concentrated around the following themes. The following sections summarise the main findings under each theme.

- The primary role of APBs
- Ways of working
- Competing priorities
- Prioritisation within APBs
- National leadership, direction and support
- Specific prevention activity
- Wider determinants

3.1 The primary role of APBs

Representatives from APBs perceived their core role to be the commissioning, delivery, performance management, and monitoring of alcohol and substance misuse treatment services. Each APB undertakes a needs assessment of their population to inform their priorities and commissioning strategy.

> *I think we're responsible for two things. One is the commissioning of services…beginning with the population needs assessment and then looking at mapping services, looking at what we need, looking at strategy and guidance from that end and then matching it and commissioning it, monitoring it and reviewing it. So, and then the cycle starts again (FG1)*

> *It's partly a matter of following the evidence, but the evidence is never unambiguous. A lot of what we do is what people bring to us, so people will be working in a particular field, say young people's sports or the night-time economy or, I don't know, care of adolescents or something, and they will say to us, "Do you know what this issue keeps coming up?" And then we'll probably allocate a small budget to it and work on it. I don't know if there's a better way because in a sense, with alcohol you could start with any one of a million projects. But we go on, I suppose it's intelligence-led. We go on the intelligence that comes to us from ground level (I1)*

> *We have our commissioned contracts, and then really, generally, it's reacting to things that are happening within our local areas… So obviously, we've got our actions in the action plan that sits underneath that that will give us our drives for a year. And additionally, if we've got any sort of things that come up within our local area, that we knew we would work with our providers then to address that (FG2)*

APBs are required to submit quarterly and annual reports to Welsh Government (WG) on key performance indicators for the alcohol and substance misuse services they commission. The workshop participants

were aware of the balance between APBs performing their statutory obligations and responding to the local needs of their population.

3.2 Ways of Working

Representatives of APBs believed that WG had an influencing role in the decision-making and planning process, as well the operational functions of APBs.

> *Because the Welsh Government…place strong focus on service user engagement and they've done a service user engagement sort of framework and ladder, and I'm quite confident that we tick a lot of those sort of boxes. But also we…things like the introduction of new policies and legislation, obviously we need to group them onto those. So those are the things that mould, and as [x] said, needs analysis and anything that come from the Welsh Government (FG4)*

> *I think it's important that local authorities, everybody, all organisations are faithful to the Wellbeing of Future Generations legislation, and the social services and health legislation policies…might not see the fruits of our labour in our… but you know, we've got to move in that direction (FG4)*

Individuals interviewed from national organisations felt that their work was guided by evidence and data, as well as issues 'on the ground'.

Stakeholders placed a strong emphasis on the importance of collaborative working and when done successfully gains could be made through partnership working and sharing information in line with the Wellbeing of Future Generations ways of working.

> *I think going forward, that's the biggest thing I'd say is the collaborative working and the partnership working going forward. So then it's about sharing, and then you'll be more aware of any specific issues within your local area (FG2)*

> *…And the PSB, I think it's a really useful tool because, obviously, when we meet with key partners like police and health, that's something that we look very closely at. And I suppose the main thing is that we would need to make sure that we deploy resources sensibly (I7)*

However, aspirations to work collaboratively were not always met and was encountered with difficulties, particularly where there are a number of partnership bodies with responsibilities in this area which work on different geographies.

> *I think the problem we have in North Wales is we have six local authorities who don't even talk to each other. So that means you've got licencing officers who have different processes and policies. (FG6)*

There was also a reflection that the levers for action that was perceived to have the greatest likely benefit were not at a local level.

> *Well, my view is that local needs are, for alcohol in particular, given where the drivers are, local needs are, should largely be reflected in national needs. So, you can start playing around at the periphery on things like access to treatment services or local campaigns to raise knowledge of safer drinking levels or stuff like that, which is very important, but they're not going to have anything like the impact of a national piece of legislation that limits advertising, or access to alcohol by youths, or changes to price of alcohol. Those macro drivers should be part of local needs, albeit that they need to be implemented at a national level (I3)*

3.3 Competing Priorities - Organisations

Members of the APBs found it difficult to prioritise prevention within their individual organisation/setting.

Current levels of activity related to alcohol and substance misuse varied between local public health teams depending on what priorities have been identified. Other parts of the system influenced how much involvement they have at APB level.

> *It's down to the DPH's identified priorities for the year. Substance misuse, it has to be said, varies in terms of whether it's a high priority or a low priority, depending what else is happening across the patch* (FG5)

Some APBs found it difficult for alcohol to find its place due to competing priorities with other lifestyle behaviours or wider programmes of work.

> *I think it is about competing priorities….And you see it with other colleagues across health and care organisations. You know, if you're asking them to do screening, you're asking them to assess for ACEs, you're asking them to do this, and they're like oh my God (FG5)*

There was an additional challenge acknowledge in prioritising prevention, even in the context of the Wellbeing of Future Generations Act many stakeholder struggled in the context of what was seen as their primary role.

> *Yes, yes. So it's got to be symptom…yes, people talk about GPs and prevention of health problems, but the main focus is managing and treating ill health. But like the rest of the health service, the preventive bit is a bit more add-on (I4)*

The Police Service as a responsible authority are seen to be successful in prioritising prevention by other members of the partnership.

> *I think the Police are much more able to measure and are committed to prevention work now, across the board. So, that Brecon project, they reckon that reduced alcohol-related use, anti-social behaviour 39 percent, in that area. That's really quite impressive. (I8)*

> *I think it's across the board, with Police that are working with any partner, is the fact that […] has been here for such a long time now ... as a result of that, there is that constant difficulty of […] resources to what they see as their priorities. They need to have alcohol misuse as a priority in order for them to put resources into it. If they don't see us as their priority, then they're not going to put the resources funded. You've got 22 Local Authorities across Wales and four police forces, so you can have different responses to different Local Authorities across police force areas (I8)*

There was clear recognition of the challenges of balancing the perceived economic benefits arising from a strong night-time economy with alcohol related harm.

> *There's a lack of consistency in message between the health and the criminal justice systems. There's a problem at the local authority level, because a lot of local authorities rely on income from town and city centres which they see as, in the large part, based around what they would call a healthy but what is actually meant, a prosperous nightlife, but in reality there's a thorny, issue to grasp there, which is, how do you maintain the economic, well, even keep the economics above water, and also tighten up on alcohol policy, and nightlife environments at the same time (I3)*

3.4 Prioritisation within Area Partnership Boards

There was recognition amongst the workshop participants that alcohol prevention was seen as important and one of the key issues both locally and nationally.

> *But, I mean, as it stands now, particularly the alcohol prevention is one of the key priorities in our work plan going forward (FG2)*

> *I mean, it's definitely alcohol for us. It's probably our biggest one. Again, because we have an ageing population […] – I think we do across Wales […] But also, the whole generations really. That's probably our biggest substance that causes the most harm and is most frequently and readily available, really (FG3)*

However, some of the representatives of APBs found it challenging to deliver alcohol prevention activity because of the pressure to provide treatment services. Some felt that they were seen as a focal point to do it all.

> *I think there is a lot of pressure on the APB to do it all. You know, we can't possibly do that. I mean all the criminal justice stuff, the enforcement, the night time economy, the broad messages… well, you know, we're not going to be able to do that. You know… in the resources we have, anyway (FG4)*

The need to respond to demand for treatment services was seen as paramount although the tension between taking a longer term preventative or proactive approach was seen as an issue.

> *And I think because of our resource position, we're in that constant… you know, we've got treatment services that we have to maintain. We're in that constant flux between how do we increase our investments and prevention? And without that additional funding, quite a lot of this is so time intensive that it's difficult to do properly, isn't it, and well (FG5)*

> *So it's being reactive, we would love to be in a position where we could kind of be very proactive, but at the moment, because things are coming out that we don't see, that's a perfect example of it that we need to sort it out and refer resources, time, effort, into those sort of things (FG4)*

> *And I think generally ... and I think it is one we're starting to turn the tide ... but generally, it's the statutory core responsibilities that tend to be reactive. We're trying to flip that into investing into prevention for the long term and that's always difficult to measure what you've prevented. That's a collective problem for all of us. And I think that's at government level, really, to try and shift that into prevention. It's happening, but it's an extra, rather than the fundamental, I think, and it's hard. (I8)*

There was also a sense that prevention was easier or less challenging to do.

> *I think in relation to prevention, it's obviously more fun to do [laughs], because I think a separate budget is required aside from the [money] we get for services, in relation to wide… you know, wide programmes of intervention and… prevention and early intervention, especially in relation to schools and I think, you know, a lot of work needs to be… could be done there and you have a captive audience, they are those who may be going onto have a substance use problem. So I think you know, that's an area where we would need more funding, dedicated funding to work with partners, you know, nationally (FG4)*

3.5 National Leadership/ Direction

The majority of workshop participants felt there was a lack of funding and resources needed to carry out prevention work. They reflected that perhaps this work should take place at a national level on a 'once for Wales' basis but also noted that there had been a reduction in focus in this area and

there was a clear lack of clarity about where leadership may come from in this arena.

> *But we did use to have a lot more resources and leadership at a national level, and that appears to have shrunk as well over the years. And that's something I think needs to be considered by the board as part of their response. You know, who's leading prevention work? Who is setting the agenda? Who are providing the best practice, the materials? Who are lobbying head teachers at national level, the unions and what have you? (FG5)*

Some of the group discussion participants felt that the APBs need to have clarity around national public health roles and direction of work in order to support their local workplans.

> *And I think it's about having that conversation collectively. Because there are certain things that I know that we're all struggling with as APBs, and APBs are not an entity on their own; they're a collection of all of the organisations that have a responsibility to tackle drug and alcohol misuse. So I think it's about harnessing some of the things that we can't tackle individually on a local level. That needs to be led on a national level (FG5)*

> *Yeah. And it would be great to just be more coordinated from a joint agenda, really, which needs to be driven by our Regional Partnership Board, and I'm sure that side of things will improve but, yeah, just making sure everything's connected at a national level will also help with that, cross-government agenda, really (FG3)*

> *But we did use to have a lot more resources and leadership at a national level, and that appears to have shrunk as well over the years. And that's something I think needs to be considered by the board as part of their response. You know, who's leading prevention work? Who is setting the agenda? Who are providing the best practice, the materials? (FG5)*

Some also felt that there needs to be clarity of direction of who does what and that this could be reflected in the WG substance misuse strategy once published.

> *I think what would also be helpful is going forward, I don't know what the Welsh Government's plans are regarding […] substance misuse strategy, but if the delivery plan could be articulated like this, so Welsh Government are going to do the drink drive one as an example, the area planning board should do this, and this is what the evidence is saying, so you know, so if…and these are the things that we can do, and we can really have an impact on where the money's best spend and then, it also helps the area planning board when they're in the bigger, broader area planning board meetings and some… maybe the police service, or education services are having real pressures, and they propose an intervention. But we know from the evidence to*

> *date that that's not effective and therefore, we shouldn't release resource from it and it keeps it focussed. (FG4)*

One area specifically identified for national leadership and direction was in relation to 'campaign' to change behaviour or one kind or another.

> *..some of the gains to be made from having a consistent promotional message I think around alcohol drinking would be a big win really (FG5)*

> *In terms of actual prevention and messages, we tend to rely on the national messages that are coming through, for example, with alcohol consuming, it's about linking in you know, the evidence-based and stuff like that, it's useful to be done on an all-Wales basis rather than every area having to look at it (FG2)*

3.6 Specific Prevention Activity

The group discussion participants thought that the APBs had a key role in alcohol prevention although the emphasis was often on more traditional approaches such as public campaigns and school programmes which have a limited evidence base.

> *To, promote positive wellbeing messages, harm reduction messages as wide and as vastly as possible but, again, at a local level ensuring that we are targeting those communities that have been recognised as being of concern (FG4)*

Most of the APBs were traditional in their health education campaigns, for example drink driving at Christmas and usually campaigns related to summer festivals or large sporting events

> *We try to have at least two campaigns per year which are service user-led, whether they're substance misuse or alcohol-related. Generally the Christmas time one is an alcohol-related campaign (FG5)*

Some of the group discussion mentioned specific initiatives being carried out by the APB with off-licenses for example restricting hours and preventing under-age selling. Responsible authorities have a statutory requirement to oversee and govern licencing policies in line with the Licencing Act (2003).

> *We have had some success working with the licensing to restrict hours and looking at licenses where, you know, having licensing reviews where they've clearly served under the age of, etcetera. So there is some, success there. I think the trouble is, obviously, it has gone…well, I suppose, through the roof as the amount of licence or off-licences that are available. I mean, everywhere sells alcohol now (FG2)*

Alcohol Brief Interventions featured as an important part of the alcohol prevention activities, in terms of MECC and work within primary care settings.

> *We also work with primary care in terms of looking at how they do the identification and intervention with people, and also things like the Health Check program, which is the national cardiovascular prevention program. We work with those to ensure that screening is done (FG3)*

> *the important thing, we are trying to get the AUDIT-C in position for early intervention and early advice because at the moment, what we're seeing predominantly within the hospital from an alcohol point of view are first presentations (FG5)*

There were concerns amongst many of the groups that there is lack of funding and resources for young people and in schools as a setting, with some specifically mentioning the retraction of the All Wales School Liaison Core Programme run by the police.

> *So they're not funding school liaison officers in… North Wales Police had dedicated officers doing the education, doing the training in schools, and that's been withdrawn. The funding for that's been withdrawn. So that just evidences early where we we're talking about the need to put the interventions in upstream. Well, you don't get much further upstream than in school. And that's the very place where it's being pulled. Then we're challenged, "Why aren't you funding education. Well, why aren't you? That's a big challenge for us because we have to try and make these cuts and decisions around need (FG6)*

Some felt that there has been a shift in comparison to previous years where education and training projects in schools were more prevalent and now we are seeing less work with schools and education.

> *But we are now starting to see… it's just trickling through, lack of knowledge with harm reduction. We're seeing resistance to harm reduction from school staff. They're very much going back to that, "Oh, just say no." And it's trickling through, and it's really, really hard. They're not understanding the harm reduction message again. So it feels as if when that, hopefully, prevention message is viable again, that we're going to have to back-track and go and do an awful lot of work again to educate people as to what harm reduction actually is and what it means (FG5)*

Although there was some recognition of the potential of the new curriculum

> *The main thing for me is, especially around the schools-based activity, around personal and social education, you mentioned earlier about curriculum change. You know, we want to see that that personal and social education, that core and the wellbeing facility*

> *within it runs central to all the work that we do in schools. So that's key because, obviously, it doesn't just impact on the young person. It impacts on what they do when they go back to their families. And, hopefully, that positive behaviour can be replicated at home (I7)*

Much of the discussion raised the impending Minimum Unit Pricing (MUP) change and the hopes that it would shift drinking levels.

> *The minimum unit pricing, we haven't mentioned that much but obviously this time next year, it'll be there. Not sure what the impact is going to be really on services. We had a discussion at the last APB about it. I think it's mainly aimed… it's a broad… a broad impact rather than it… you know, hazardous and harmful drinkers. I think it'll have an impact on families on a limited budget, so they budget a certain amount every month for spending on alcohol. It'll have an impact there which could have a knock-on effect, so I think it's a watch this space (FG4)*

Some of the groups felt that there was scope to do additional prevention work for children and young people, and in workplaces.

> *Potentially, you could have the AUDIT-C as part of people's mandatory training, you know, that they could do self-assessment of their own alcohol use. But it's also they're parents as well, aren't they, and it's about spotting signs and symptoms of drugs and alcohol use in young people. There are lots of opportunities, isn't there, around…So as a setting, school, we've got a captive audience there on drinking. Workplace is the same (FG5)*

3.6.1 Challenges in Prevention

The workshop participants reflected that current messages and ways of working aren't making enough of a difference and there was some feeling that a new approach is needed.

> *Now, if you take alcohol, you know, the messaging around alcohol, it does not in itself create main lever change. So, I do think there's something about how we look completely differently. So, how we identify priorities, it also has to be about horizon scanning and doing things completely differently to get, to grab the population's…to get the change that we need to see. So, I think there is something about identifying new ways of working as well to work with people (FG1)*

> *But it's about any behaviour change, isn't it, just making it relevant to those individuals before they change their behaviour. And the smoking I think targeted lots of different messages really cleverly at the key behavioural changes. Because it's a really difficult thing to give up, isn't it. To be motivated, you need a really good reason (FG5)*

> *I think as well, kind of with drinking, I think we haven't talked about it but it's the violence that occurs with it sometimes. So young people*

> *drink too much, they end up getting in a fight. It's that one punch campaign a while ago, you know and I think that can… that does have a massive effect on someone's life. If they get drunk and they get in a fight, one punch, they've killed someone, that's a massive impact on two lives… two lives. So I think, you know… young people will always drink, they will always drink. It's just the messages that get out there about how you drink, more safely (FG4)*

The workshop participants recognised that there was some benefit in targeting the 'middle ground' of the population (i.e. those at increasing risk) as often they do not perceive themselves to have a problem with alcohol.

> *because ultimately, we all want… I am making a sweeping statement… but we all want to alter our consciousness to a degree, don't we? We all know that if you drink a certain amount, there's a fine line between being, I don't know, the king of the party and between being a mess, and it's often […] cross. And it's almost like getting those messages out and saying, "Yes, it's all right, but don't go mad," sort of thing. But it is hard. It's trying to hit that middle ground because you're always going to have people who are at one end of the spectrum – abstinent and not drinking, and you are always going to have dependent drinkers. But I suppose it's almost trying to target… because we are already working with the one end. It is trying to target the middle ground. I don't know…(FG2)*

There was recognition from both the workshop participants and individual interviews that the industry had huge marketing and advertising power.

> *Yeah. I suppose, coming back to what I said earlier, I guess some kind of recognition at a governmental level about what might be effective in terms of primary prevention would be good because I think we've gone along with the industry's idea that you just tell people to be sensible (I1)*

> *Social media, the social media promotion of alcohol is a phenomenally large and lucrative business. Again, you may well know. And it's organised in a very clever way, whereby companies often don't do their own marketing, but they support groups of enthusiasts to do it for them, so officially they're not even doing it. And that makes regulation very difficult, because it's not of companies, it's of almost supporters clubs. And they can be very effective in two things. One at promoting alcohol consumption, but the other is they can be very effective at undermining change, so if you try to bring through a regulation that will have an impact on alcohol harms, then they're very well organised, to get a large number of complaints against that, in a very short period of time (I3)*

> *In relation to the role […] sorry, reduced availability, I just, you know, the policies that are in place and things. Are those policies sort of continuously being challenged now by the industry, for lots of different reasons, but they're in place, but, you know, there's always*

> *a challenge to them, and when you're dealing with multi-million pound industries, challenging local authority policy, it's very, very difficult (FG1)*

In APB areas with an urban connection there was a strong focus on alcohol related violence and much of their work was focused on the night time economy.

> *We've also been looking at working with [police] as well in relation to alcohol-related violence and trying to reduce that, but trying to get the evidence base. And, obviously, is South Wales, you have the model down there, developed from Cardiff. So that's what […] is we were hoping to be able to replicate that by getting the authorities to contribute towards implementing that or joining what South Wales have done (FG6)*

> *Night-time economy is recognised as a big issue, particularly in South Wales Police and in Gwent Police ... night-time economy works ... a lot of the licensing is seen more as preventative ... and forming the evidence-base for if there's underage drinkers or there's particular problem drinkers being allowed into certain night-time economy venues, we would work with our licensing legislation, with the Local Authorities, about that. That would be seen both as reactive and preventative (I8)*

Some of the individual interviewees felt it was difficult to get the message across about drinking within the CMO Guidelines as the public had to deal with conflicting and inconsistent messages from the media.

> *There's a lack of challenge for that, so we don't really have public information films as such. And in all advertising, we have nothing that constitutes evidence-based information provision whatsoever, so we know that slogans like drink responsibly, if anything, encourage people to drink more not less (I3)*

> *Yeah. Also, you've got to watch you don't overstate the risks as well because you can be found out, and then you will not be trusted. And there's a lot of other nonsense that gets talked about – burnt toast will give you cancer and things like that, which makes it all… I suppose perhaps we need to be honest with people about risk (I1)*

There was discussion around how they felt that it has now become acceptable for the public to drink more regularly or throughout the week and this is perceived as hard to change because it has become part of society's culture and an acceptable behaviour.

> *Yeah. And it's the challenge, isn't it, how do you de-normalise something that's so ingrained in our culture? (I6)*

> *…there's only so much that you can do to shift that kind of cultural view that alcohol is a harmful drug that needs fixing. Because it's so ingrained, isn't it. (FG5)*

There was some discussion around changes to legislation and the large number of off-licenses that are available, making the availability and acceptability of alcohol further ingrained in our society.

> *We've been very supportive of price control. It's an interesting one. All the research from around the world suggests that if there were fewer shops selling alcohol for fewer hours, people would drink less…anything that makes alcohol less available makes people drink less. Because people are lazy and can't really be bothered to go to much bother (I1)*

> *P1: Alcohol is widely available, and this is thought to be one of the factors that has contributed to increasing levels of consumption. In shops. It's there. As soon as you walk in, it's just everywhere. And that's what makes it even more acceptable culturally, you know, it's just, oh, it's everywhere isn't it? Of course we're going to drink, it's in your face everywhere you go. So if we went back to what it used to be, because I remember when the shutters were down on a Sunday. You couldn't buy alcohol in the supermarkets, you know. I think maybe…*

> *P2: There's a flower shop in Barry that's serving drink! (FG1)*

There was agreement in the need to shift the thought of the population to make it less acceptable to drink and shift people's perception around alcohol harms.

> *P1: I suppose it's that binge drinking, the harms that come from that is totally different to the harms that arise from regular, daily drinking.*

> *P2: Yes, yes, so long-term.*

> *P3: It's about that self-perception as well, isn't it. And I think that the sort of national campaigns is about… the culture change is similar to the smoking ones, isn't it, about making it less acceptable (FG5)*

Work around tobacco was cited as proof that behaviour change is possible and that the marketing and regulation of alcohol should go down a similar route.

> *You know, the marketing needs to go down the line of smoking, that it's taking away, you know all the promotion like the summer or holidays and a BBQ, and it's advertising the drink have special offers. And you watch certain things, and there are advertisements for alcohol. That needs to be all… and that's a national level, isn't it. (FG5)*

> *We've got to cling on to the fact that we won the tobacco war and let's hope we can win this one before it's too late, really. (I2)*

There was recognition that there is a large proportion of the population who are drinking at high levels that are not in contact with services. There was

discussion around how people may not even recognise that they have a problem, or would not go on to engage with services because of stigma.

There was recognition that a more population approach was needed to identify problems at an earlier stage before people need specialist services.

> *Because with like with the Health Check programme now, I think it's something like, don't quote me on this, but over 60% of the people that come through are drinking more than they should do, sometimes to quite high levels. So you're talking about hundreds and hundreds of people are being picked up. The amount of people then that actually go on to get any support is a handful. It's that difficult thing, and I suppose it's the same with your regular cocaine users and all like that, a lot of the drug and alcohol problem we've got in the area isn't reflected in what's coming through to services. And what you do about prevention and low-level support for those people who don't necessarily see they've got a problem, and even if they're a bit worried, wouldn't want to go anywhere near drug and alcohol services because of the stigma and all the rest of it. So that's a big gap that I don't know… well, I don't know if we will ever get it right but it's very difficult (FG2)*

> *But that's true in regards as you were saying about the alcohol. We know a lot of people are drinking more than they should, quite often on weekends, but I think it's that thing whereby we're only picking that information up then from hospital admissions or when it's reached a crisis (FG2)*

> *In terms of gaps, there's always gaps because there's always someone who's needs are not being met. Someone said to me, "There's three million problem drinkers in the UK. There's three million drink problems, so nothing's going to fit everyone perfectly." Yeah, I think the primary prevention thing, we probably need to take the bull by the horns (I1)*

3.7 Wider Determinants

There was common recognition amongst the groups that the reasons why people drink are complex, and that tackling the root cause/ looking at the wider determinants are key.

> *But it is all that wider stuff, and it is not so much tackling the drinking but tackling what made people drink. Some just drink for the fun of it, but others will drink for underlying reasons (FG2)*

The majority of the workshop participants discussed the ACEs agenda and the importance of tackling the ACEs agenda in order to break the cycle of harm from alcohol abuse.

> *In terms of the adverse childhood experience agenda, that is then seen as a trigger point. So, not only domestic abuse but also excessive*

> *drinking and associated violence in the home. That's picked up as one of the trigger points of adverse childhood experiences. So, again, it's trying to get in early to get the right intervention for that (I8)*

> *There's the impact of alcohol on parental behaviour, as in negligence of children, abuse of children, domestic violence in front of children, all of which are major issues (I3)*

> *Domestic abuse is widely reported ... what we can't always rely on is whether we can tick the box, for want of a better word, to say that it was alcohol-fuelled or related. But even with our figures, anecdotally, the high consumption of alcohol can be a trigger point in what are ongoing abusive relationships (I8)*

Most of the workshop participants discussed the underlying role of mental health as a co-occurring issue around excessive alcohol consumption.

> *Mental health…absolutely, yeah. Just you know, the obvious damage between substance misuses and mental health services really, you know. Who leads, you know. Which came first? So, and again, it's just one of the oldest arguments in the word really (FG1)*

3.8 Emerging Priorities

There was some recognition of the link between alcohol and cocaine particularly has on weekend drinking culture and its rise in popularity as poly-drug use in some areas.

> *Yeah, yeah. Definitely at the moment, and that's the issue of coke or …, that's a real big concern, and I think definitely the weekend drinking and weekend cocaine use is an issue for us up in this area (FG2)*

> *So in terms of substance misuse, generally, local… you know, poly-substance use is common. I think is a huge issue in the […] environment. But what we don't know is the extent that cocaine and alcohol combine into creating problems, whether it's alcohol or whether it's cocaine. When they had the big Anthony Joshua fight in Cardiff, it was awash with cocaine because these were wealthy individuals going to see a very expensive sporting match. And my colleagues in the police would say that that was the time that they found an awful lot of people take cocaine rather than drinking (I6)*

The challenge of 'pre-loading' was discussed as one of the changes in drinking patterns which is difficult to respond to.

> *There's been a big shift with pre-loading … young people don't go out till late now,… But then there's no control over that is there? … you want somebody in licensed premises, because actually there is control over what you're drinking … (FG1)*

There was recurring concerns around older people and the increasing levels of alcohol consumption within this population, seemingly due to feelings of loneliness and isolation.

> *The isolation, particularly in our rural communities. Hopefully… but they're unlikely to get picked up unless they're falls and they're going into hospital. … But there's probably a lot of people that are just below that threshold of being visible to the health services but are very isolated and drinking to cope with bereavement or divorce or other issues. (FG5)*

Discussions around the reasons as to why older people were drinking more also included a positive or enjoyable side to it where they may drink as part of social gatherings and to be around other people, which could be safer than drinking at home alone.

> *But also the enjoyment, because people when they retire, they go out and have lunch, you know, long lunches with lots of wine, you know, but that's a good thing for mental health, in many ways, because they're socialising and getting out, loneliness is a big issue, so, that's a really hard one to combat, you know. You don't want people to be drinking so much, but you don't want them to be sat at home on their own, you want them to be out socialising (FG1)*

4 Conclusions and Recommendations

This stakeholder engagement exercise has provided an opportunity to capture a range of views from both national stakeholders and regional area planning boards and has confirmed the need for greater focus and national leadership in this area.

The findings from this insight work suggested that the APBs had a clear remit in terms of commissioning and responding to statutory obligations, however there was a lack of clarity around alcohol prevention activities despite participants recognising the value in this. They understood the importance of prevention activities, but locally treatment services prevailed in relation to allocation of the available resources.

There was frustration with the lack of funding and resources available for prevention work. Many cited specific initiatives which are no longer being funded and feeling that resources were being pulled away from prevention work. However, in reality these programmes are often decommissioned due to lack of evidence of effectiveness (PHW 2015b). The alcohol prevention activities that are being delivered were often public messages and campaigns which are not necessarily evidence based or an effective means of reducing alcohol consumption.

There were clear concerns expressed around lack of national direction and leadership. There was also recognition that action that was most likely to

be effective e.g. legislation; fiscal measures; restrictions on promotion were national level actions.

There was clear acknowledgement of the Welsh drinking culture and normalisation of alcohol consumption with society, especially in relation to the night-time economy. Many reflected that this was a huge challenge in itself, but cited how society's views and consumption in tobacco has changed and that alcohol could go down the same route. Other areas of concerns were around mental health, pre-loading and older people's drinking habits.

A number of recommendations have emerged from the work for consideration by Welsh Government, Public Health Wales and the National Alcohol Prevention Partnership.

4.1.1 Welsh Government and Public Health Wales work to ensure that future Substance Misuse Strategy and Policy balances the priority given to universal population prevention measures; harm reduction and treatment approaches.

4.1.2 Public Health Wales should disseminate the current available evidence base for action in prevention alcohol misuse in key settings in a format accessible to a wide range of users.

4.1.3 The National Alcohol Misuse Prevention Partnership should work collectively to describe a framework for action to prevent alcohol related harm.

4.1.4 Health Board Directors of Public Health should ensure that APBs have access to specialist advice on population prevention.

4.1.5 Consideration should be given to the development of guidance for APBs on opportunities for evidence-based local action to reduce alcohol-related harm through prevention.

5 References

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Appendix A – Letter of invitation to stakeholders

Dear xx

PHW are carrying out some insight work to inform the work of PHW Substance Misuse Programme Board (SMPB) and the newly formed National Alcohol Misuse Prevention Partnership (NAMPP).

This insight will contribute to PHW strategic plans, specifically to develop and commence implementation of a new comprehensive programme of prevention of alcohol related harm; and to develop a programme to reduce the harm from drugs

The process will also provide information to be able to compile a stakeholder map of Area Planning Board (APBs) members across Wales. This will support future stakeholder engagement and communication activities of the SMPB and NAMPP.

The questions will look to seek your opinions and views around current and potential opportunities to reduce harms from substance including potential influences, priorities for actions, barriers and opportunities.

We anticipate interviewing approximately 15-25 people, either face to face or over the telephone. Interviews will last no longer than 30 minutes and Focus Groups will consist of 4-6 people and last around 45-60 minutes.

Interviews and focus groups will be recorded and transcribed to allow for data analysis. The data will be analysed using a thematic analysis process. Participants' data will be anonymised in accordance to data confidentiality procedures.

A copy of the final report and summary documents will be distributed to project participants as well as to the SMPB and NAMPP.

I would be grateful if you could support this project as your insight will provide valuable expertise on the topic. I look forward to hearing from you.

Appendix B: Consent form

Public Health Wales are undertaking work to support action that will reduce the harms from alcohol and substance misuse in Wales.

This project will use qualitative methodology to understand the harms from alcohol and substance misuse from a range of stakeholders.

This approach will provide insight to inform the work of PHW Substance Misuse Programme Board (SMPB) and the newly formed National Alcohol Misuse Prevention Partnership (NAMPP). Interviews will last no longer than 30 minutes and Focus Groups around 45-60 minutes.

Consent

	Please tick
I consent to participate in the Interview/ Focus Group	
I give my permission for the discussion to be recorded and transcribed for analysis	
I understand that my response will be anonymised	

Signature:

Print Name:

Job Title:

Date:

Data Protection Statement

Any information we hold is protected from use by other individuals and organisation under the Data Protection Act 1998 and will only be used for the purposes of data analysis. We will notify you directly of any changes to the use and purpose of data.

Your personal information will be destroyed securely by the 31st October 2018.

Appendix C: Interview/focus group questions

Interview Guide

General approach of the interview is to ascertain information and insights on both alcohol and substance misuse, or just one topic where appropriate.

Research Questions

Opening statement: this interview/focus group will provide us with information that will provide insight to inform the work of PHW Substance Misuse Programme Board (SMPB) and the newly formed National Alcohol Misuse Prevention Partnership (NAMPP).

The questions will look to seek your opinions and views around current and potential opportunities to reduce harms from substance including potential influences, priorities for actions, barriers and opportunities.

1. To begin, could you please describe to me your role and involvement in alcohol/substance misuse prevention *(probing questions – what are the local structures and reporting mechanisms etc.)*

   Clarify – rest of the interview focus on alcohol only/ substance misuse only/ both

2. How do you decide within your organisations what areas to focus on in relation to alcohol/substance misuse prevention? (*what is the decision making criteria/ how is this informed/ clarify how this fits in with competing priorities, who are the influencers/ wider structure/key partners, which policy, plans etc.)*

3. Do you feel these priorities reflect local needs? (*what are the gaps, what's missing etc.)*

4. What are main problems from alcohol/ substance misuse) in your area/ in your experience? What behaviours does this lead to *(quick summary, pull out underpinning behaviours that cause the problem)*

5. *Use the theory of change doc as a prompt/worked example for alcohol*
   What are your current and future activities under the headings?

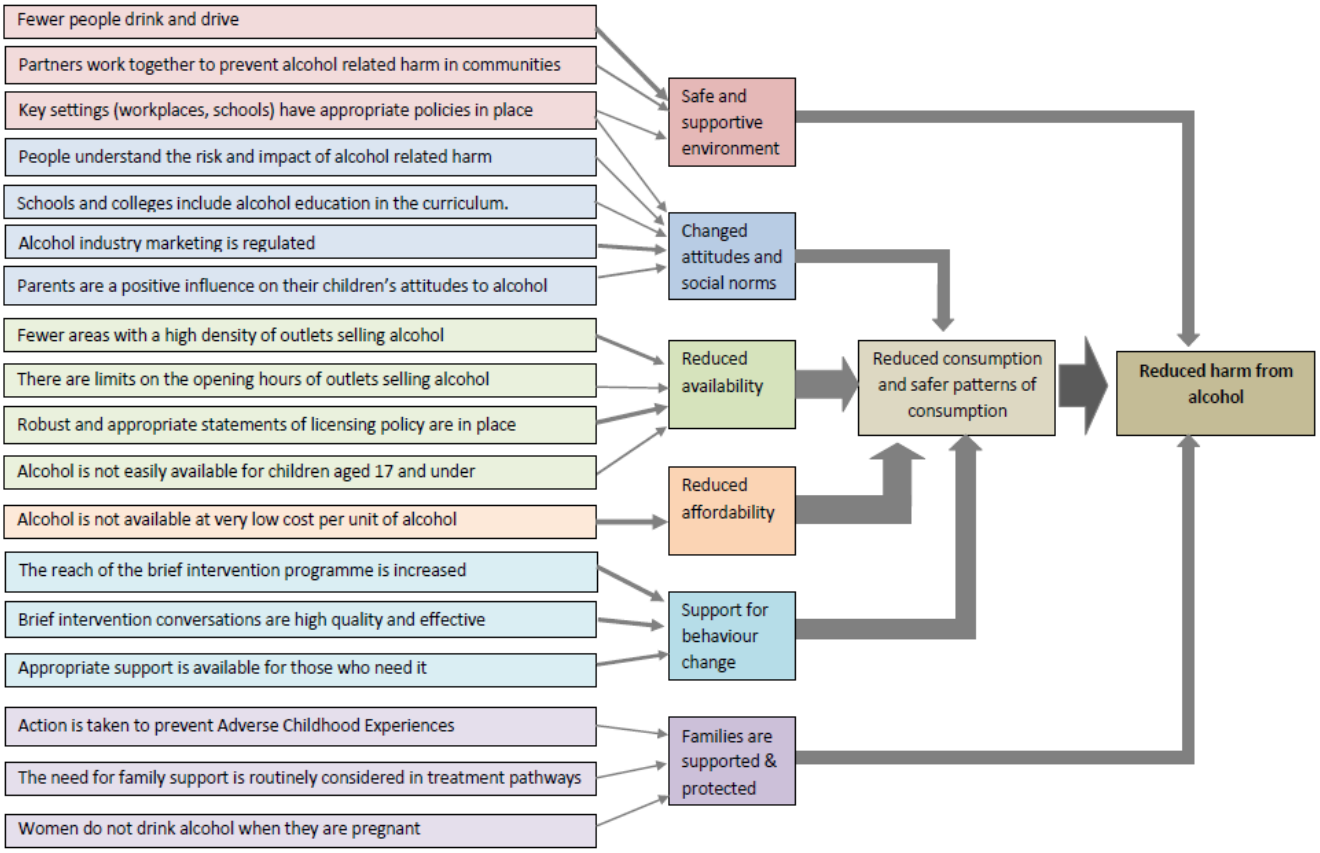
   a. Safe and supportive environment
   b. Changed attitudes and social norms
   c. Reduced availability
   d. Reduced affordability
   e. Support for behaviour change
   f. Families are supported and protected

6. What would help you to make an impact locally to reduce alcohol and substance misuse *(follow-up questions- key opportunities/ enablers etc.)?*

7. Looking at the future, how do you think your priorities will change? What, if any are the barriers to future success?

8. Is there anything else that you would like to share?

Appendix D: 'Theory of Change for Alcohol'



Adapted from the MESAS theory of change, (ref) Note: The size of the arrow (very roughly) indicates strength of supporting evidence