



Alcohol strategy consultation 4th Floor Fry  
2 Marsham Street  
London  
SW1P 4DF

23<sup>rd</sup> January 2013

To whom it may concern;

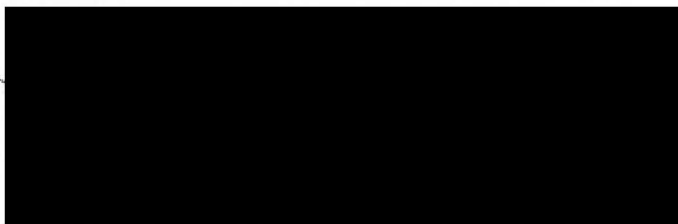
**Alcohol Consultation Response**

Please find attached the full response from the Gloucester Partnership. A body made up of private, public and voluntary partners in the City of Gloucester.

We have answered the online questionnaire but this process didn't give us a chance to air all our concerns.

All of the points raised had the backing of all members apart from our NHS colleagues did not back the business response.

Yours faithfully

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Gloucester Partnership  
Gloucester City Council  
3rd floor Phillips Warehouse  
Gloucester  
GL1 2EQ

[Lorna.Robinson@gloucester.gov.uk](mailto:Lorna.Robinson@gloucester.gov.uk)

Alcohol strategy consultation 4th floor City  
2 Market Street  
London  
SW1P 4DP

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Yours faithfully

Lorna Robinson

Business Improvement and Partnership Officer  
Gloucester City Council



## The Government's Alcohol Strategy

### Gloucester Partnership Consultation Response

December 2012

The Gloucester Partnership is Gloucester's Local Strategic Partnership (LSP) and is made up of members from the public, private and voluntary sector (a full list of Board members is in Appendix 1).

On the 14<sup>th</sup> December 2012 the Board met and discussed the current Alcohol Strategy and subsequent consultation.

Below is the Partnership's formal response:

#### General Feedback:

- The Partnership welcomed the 'local' focus that will be developed in the document and the suggested investment around education.
- From a health perspective, the Partnership agreed that a shift in our relationship with alcohol was needed and therefore welcomed the changes in the Licensing Act to reflect health objectives.
- The Partnership felt it was important to consider why people drink to excess in the first place and felt there should be investment in finding out 'why'. The Partnership has adopted the Asset Based approach to Community Development (ABCD) and has become a learning site for change. This model suggests that treating the initial problem is not sustainable unless you tackle why that problem occurred in the first place. The Board would therefore like to see this approach being used to work with the most prolific offenders.
- Research into 'why' has recently been commissioned by NHS Gloucestershire and carried out by Bristol Social Marketing Centre. Based on hundreds of local interviews, it goes into depths as to why different people drink (the executive summary of this research can be seen in Appendix II). A relevant and worrying finding is: "Alcohol is readily available and cheap to buy. Even if it weren't, people would make cutbacks in other areas".
- The Partnership felt that agencies would need to be more aware of the possibility of increases in counterfeit or illegal alcohol sales.

As part of the Boards discussions, local businesses raised their thoughts/concerns as to how the Strategy would affect the economy and local traders. Although, these views were not shared by all partners it was deemed important to raise these as part of this consultation:

- Members agreed that the MUP would not affect pubs and may level the playing field with supermarkets. However, they did feel that pubs, like supermarkets, use alcohol offers to draw in customers. Without this incentive, some pubs/bars would struggle to make their establishment attractive to customers and we could see the evening economy struggle further.





- Local club owners in Gloucester have had concerns over pre-loading for a number of years, not just because of the effects it has on their customers, but drinking at home is ruining the local evening economy as people go straight out to a club at 10pm, bypassing the local bars. Club owners would argue that the MUP is not enough and a change in culture needs to happen.
- The MUP could potentially see fairer competition between smaller local off-licenses and the bigger supermarkets as the latter would not be able to sell 'loss leaders' and in theory a can of beer should cost a similar amount in both shops. However, both local shops and the bigger chains rely on alcohol promotions and cheaper alcohol to attract footfall. Without this you may see smaller chains or independent off-licenses going out of business.

In summary, the Partnership welcomed the strategy but felt it should go further to address the underlying causes of why people drink to excess and by supporting people who misuse alcohol.

#### Appendix 1:

Current Gloucester Partnership Board Membership:

Member Organisations	Role
Gloucester City Council	Chief Executive
Gloucester City Council	Leader of City Council (Conservative)
Gloucester City Council	Cabinet Members for Communities and Neighbourhoods (Conservative)
Gloucestershire County Council	Transport, Trading Standards, Sustainability
Gloucestershire County Council	Cabinet member – Health and Well-being.
NHS Gloucestershire	Health
GAVCA	Voluntary Sector
GL Communities	Voluntary Sector
Aspire Trust	Leisure
Gloucestershire College	Education
Gloucester Chamber of Commerce	Local Business Representation
Gloucester City Homes	Housing
GHURC/Marketing Gloucester	Regeneration & Tourism
Gloucestershire First	Enterprise
Gloucester Constabulary	Community Safety and Policing

**Appendix 2: Exec Summary – Co-Creating with Communities to understand and help solve the problems that lead to alcohol harm.**

#### Highlights: Understanding

- Co-creating the research evolved naturally into an ethnographic style of data collection; between January and June 2012, researchers spent time with local



people in community spaces, their homes and on the street across both communities.

- Over 48,000 words of notes based on conversations with 23 males and 41 females in Matson, and 19 males and 39 females in Podsmead were collected.
- The research questions for this phase were: Why do people drink, why do they feel they can't stop and how does this affect them and those around them?
- It was found that there was good evidence to support our theory that drinking was often a consequence of other factors, though once people started drinking to excess, this exacerbated other issues.
- Alcohol is readily available and cheap to buy. Even if it weren't, people would make cutbacks in other areas.
- There's a feeling that 'outsiders' don't understand what it's like to live in Matson and Podsmead and so shouldn't think they know automatically what should change.
- Seven broad themes emerged from our study, which were named family, trapped, worry, powerless, alone, ashamed and confused:

**Family** - Family can be a trigger (e.g. childhood experiences) and be part of the consequences of risky drinking. Family could also help spot problems early, help people cut down and cope with less alcohol.

**Trapped** - People feel trapped in many ways; by their responsibilities, because they can't move away, by their financial situation and by what's available locally.

**Worry** - People worry about the practical and the social consequences of seeking help: losing children to Social Services, losing friends or benefits and the humiliation of other people knowing their problems.

**Powerless** - People feel stuck in a rut, they may be suffering mental health or mood problems or simply be bored, de-motivated and feel they have no reason to get up in the morning.

**Alone** - People feel physically, emotionally and socially isolated: others are at work and they are stuck at home, no one else understands.

**Ashamed** - Men feel ashamed to admit their weaknesses which may harm their masculinity, women feel ashamed about not fulfilling their caring duties. Consequently, everyone hides their problems.

**Confused** - People feel confused by conflicting advice, what will happen if they ask for help and what's normal.

## **Highlights: Solutions**

Co-design is a community centred methodology that designers use to enable people to participate in the design process. In partnership with agency Uscreates ([www.uscreates.com](http://www.uscreates.com)) we ran co-design events in Matson and Podsmead.

A range of different ideas emerged from both communities. Solutions were founded on the





insight (reinforced by the Community Co-creators) that reducing isolation and boredom and increasing wellbeing should result in less reliance on drinking.

### **Matson**

In Matson, a vision of a Community Hub emerged that would host a range of services for all ages as well as being a venue for 'positive' (i.e. not stigmatising) reasons to visit. For reasons of time and resources the Hub idea could not be developed in full, so it was decided to develop the Hub concept as a network of people.

Options for training, support and rewards were investigated, with potential volunteers and stakeholders. Stakeholders were keen to collaborate and sustain the scheme long term; our involvement in developing the volunteer scheme in Matson ended with a detailed handover to Hannah Williams of the Asset Based Community Development (ABCD) team at Barnwood.

### **Podsmead**

In Podsmead, we connected ideas from community co-creators with the feedback we had received in the research about the lack of services (particularly a GP and Pharmacist) and facilities like cafés and shops to create the idea of mobile engagement.

Stakeholders suggested the name Podsmobile and recommended that each day of the pilot should be themed so that people would know what to expect.

The design of the Podsmobile was inspired by two ideas from co-creators:

Use a map of Podsmead landmarks, a way of making it feel like it belonged and was not shared with neighbouring communities.

Co-design the vehicle as part of the pilot, hence the 'blackboard' style decals and chalk pens provided.

The Gloucestershire Youth Services vehicle became the Podsmobile for four days. We procured a gazebo and picnic tables for a daily street café as well as appropriate permissions and insurance.

The pilot included an engagement day, careers and money day, a young people and families day and a mental and physical health day. All equipment sourced for the pilot was donated to the Podsmead Community Association and the Athletics Club for use in future events in Podsmead. The Podsmobile branding and artwork was given to the Big Local team for use in future community engagement activity.

### **Highlights: Evaluation**

The sample of 300 pre and 301 post interviews was selected by dividing the combined population of people aged 35-55 in Matson and Podsmead into sub-groups based on age (35-39, 40-44, 45-49 or 50-54 years) gender (male or female) and lower layer super output areas.

The survey was conducted face-to-face in November 2011 and again by the same method in August 2012.

### **Recollection and opinion of the work**

Recollection of any new health or alcohol schemes was low (this isn't unexpected as we didn't actually launch such a scheme), as was recollection of an "alcohol research project"





in the community. However, recollection of the Podsmobile was high (36.8%) and the idea was very popular;

69.1% thought it was a very good idea and 86.1% thought it should go ahead, though some people felt that affordable, local public transport would be more empowering.

### **Community Strength and Wellbeing**

There has been a significant increase in the numbers of people in Podsmead attending community events, volunteering and joining community organisations. In Matson, the percentages are not significantly different between 2011 and 2012.

It is very encouraging that the Podsmobile pilot appears to have engaged with 16 people (23.5% of the 68 surveyed there) who otherwise would not be taking an active part in community events.

Due to the emergence of a very prominent theme of wellbeing, the 7-item Short Warwick-Edinburgh Mental Wellbeing Scale was used in 2012. There was no significant difference in wellbeing between Matson and Podsmead in 2012.

Combining the communities, we found that the mean wellbeing score for younger people (35-39) year olds is significantly higher than for means for other groups.

### **Drinking and help-seeking**

The distribution of Alcohol Use Disorder Identification Test (AUDIT) scores in Matson was not significantly different between 2011 and 2012, suggesting that claimed drinking has not changed.

However, in Podsmead the distribution of the ADUIT scores was significantly different in 2012, showing that drinking appears to have decreased. Caution should be applied here, the sample size is relatively small and it is possible that this is a 'false positive' result.

The majority of respondents were in the 'pre-contemplation' category of the Stages of Change model in relation to their drinking behaviour. However, the pre-contemplators mainly scored as low or medium risk on the AUDIT.

The GP and Alcoholics Anonymous were the most common places where people would seek help. Other responses included a couple of people who would approach the person concerned directly "it's up to the individual themselves" or would prefer to deal with their alcohol problems on their own. Independence Trust and GDAS were mentioned three times, as well as single mentions for other organisations.

### **Highlights: Recommendations**

#### **Listening to people is good; showing them that you have listened is better**

Results suggest that people in Podsmead have responded well to evidence that their views have been heard and that service providers are prepared to act upon them.

So, people need to know (particularly in Matson where nothing tangible has happened so far) what is happening next.

Good data has been gathered and we suspect that people would feel as though their opinions haven't been treated with respect if others were to arrive armed with a list of similar questions.

#### **Engaging people has raised expectations; this promise needs to be kept**

There were a number of people in Matson keen to help develop the Hub idea; time has passed and they are wondering whether anything is going to happen.



We would suggest working with Fair Shares, the Community Health Trainers and Gloucester City Homes on the Matson Hub.

The emerging spirit in Podsmead is a great opportunity for anyone that would like to see positive changes there; the work that has been happening needs continued support.

### **Rather than tackling shame and stigma head on, show that 'outsiders' can be trusted**

Particularly worrying for people was unwanted involvement of Social Services in family life, loss of benefits and personal information "getting out" if they sought help.

Shame and stigma are embedded socio-cultural phenomena and consequently it takes a great deal of time and investment to change the way that individuals feel.

Myths and misunderstandings can be tackled sympathetically, backed up by information (that isn't perceived as being unrealistic) about how services can help and what can be achieved.

Primarily, we found that people responded to the field researcher's respectful and empathetic approach and the way that this enabled relationships and trust to develop over time.

### **If people can feel better, then they can cope better**

Our work seems to provide good evidence of the link between people's emotional wellbeing, social connectedness and the need to use alcohol as a "palliative" way of coping with stress and unhappiness. Finding ways to reduce isolation seems to be a vital first step.

### **Our learning is quite specific, what can be applied more widely?**

This is one of the big challenges of any sort of asset-based or collaborative working; the Asset Based Community Development project is well placed to assist with this methodology.

We can offer some specific suggestions to anyone wishing to embark upon a similar journey to ours: Begin by getting to know the community but acknowledge that it takes time to build trust.

Recognise the value of community 'gatekeepers' but remain receptive to local power relations and politics, which can be complex and difficult to uncover.

Once trust has been built it is very damaging to break it, so it is vital to seek a commitment from stakeholders that they will make long-term plans for the future of initiatives.

Using case studies and storyboards worked well for getting people to think of solutions.

These worked as 'workshop materials' and more ad hoc activities.

By its nature, this type of collaborative working is continually evolving and plans will change regularly. We have found that a regular 'pause and priorities' meeting offers an invaluable chance to reflect on what has been learnt and agree next steps.

Finally, we would recommend that one person should take on the role of 'engagement lead' (thought they can be supported by others as needed) with responsibility for building relationships with the community.