WIRRAL'S ALCOHOL STRATEGY 2025-2030

Reducing Alcohol-Related Harms

Executive Summary

Alcohol-related harm remains a significant public health issue that affects individuals, families, and communities. These harms can include major physical and mental health problems, homelessness, crime, financial hardship, domestic violence, relationship breakdown, suicidal ideation, and safeguarding risks particularly for children and vulnerable groups. Alcohol consumption also contributes to weight gain and obesity, particularly through high-calorie drinks and disrupted metabolism. This link is often overlooked but is a significant factor in rising obesity rates and associated health conditions such as type 2 diabetes and cardiovascular disease.

It is well recognised that the harms caused by alcohol disproportionately affect those in the most disadvantaged communities. Even when more disadvantaged groups consume the same number of, or fewer, alcoholic units than the more advantaged groups, they still experience worse harms in what is known as the *Alcohol-Harm Paradox*.[1]

The challenge of addressing alcohol harm has a particular commonality with the strategy to address alcohol-related harm. That is, the message is not necessarily that alcohol is intrinsically bad, and therefore people should abstain completely, but rather that excessive alcohol use, as with excessive gambling, is damaging and can be dangerous. A key aim of the strategy is therefore to equip people with the knowledge to recognise where the boundary lies between safe drinking and harmful drinking, and to help them recover when their alcohol use has crossed over into harmful.

This strategy describes how we will take a public health approach across five core priority areas as illustrated in Diagram 1 below:

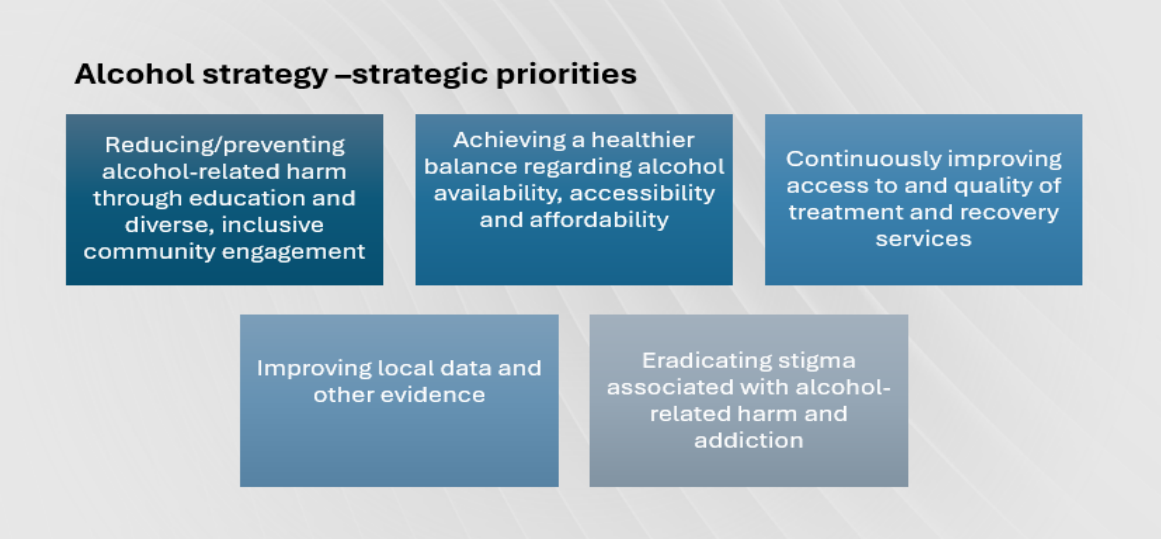


Diagram 1: Alcohol strategy - five core strategic priorities

[1] Bloomfield, K. (2020) 'Understanding the alcohol-harm paradox: what next?' The Lancet Public Health 5(6).

It describes our future vision for Wirral and provides a comprehensive framework that demonstrates our commitment to preventing and reducing alcohol-related harm.

This Alcohol Strategy forms part of a broader suite of strategies aimed at identifying, preventing and reducing the harms of addiction. It will support the new focus on gambling-related harm, continue the work guided by the Wirral Drugs Strategy, and be delivered alongside the ongoing strategy to create a Smoke Free Wirral. This new collective approach has been highlighted in the 2024/2025 Annual Report of the Director of Public Health, Wirral: *From Darkness to Light, from Harm to Hope: Journeys of Addiction*.

We will deliver this strategy through strong partnership working, adopting a public health approach, and maintaining a clear focus on reducing inequalities and protecting those most at risk. Progress will be overseen by a multi-agency Alcohol Steering Group, reporting to a wider Strategic Addictions Partnership Board, and informed by people with lived experience of alcohol-related harm. The steering group will be tasked with developing a linked Action Plan to support the implementation of strategic priorities.

Together, we will create a safer, healthier, and more resilient Wirral where fewer people experience alcohol-related harm, everyone knows where to turn for help, and those who need help receive it from high-quality, integrated services.

Introduction

Our vision

Wirral is committed to being a place where everyone can live responsibly and safely with alcohol.

Our aims

This strategy sets out a high-level framework to guide the collective efforts of local partners in preventing and reducing all forms of alcohol-related harm across Wirral.

Our overarching aims are to:

- Provide clear strategic direction and leadership in tackling alcohol-related harm across Wirral.
- Promote a whole-systems, partnership approach, recognising that alcohol-related harm is a complex issue spanning public health, safeguarding and inequalities.
- Protect children, young people and vulnerable adults from the risks associated with alcohol and harmful drinking.
- Strengthen prevention, early intervention, treatment and recovery support for individuals affected by harmful alcohol use.
- Reduce stigma around harmful drinking and encourage open, compassionate conversations about risk, behaviour change and available support.
- Ensure future actions are informed by robust local data, meaningful insight and the voice of lived experience.

Our approach

The strategy sets out the high-level vision, principles and priorities that will guide the work of the system-wide partnership over the next five years. A detailed Action Plan and Evaluation Framework will be developed and maintained by the multi-agency Steering Group, which will feed into a Strategic Partnership Group overseeing Wirral's work to address addictions. This approach will enable a flexible and evolving response to emerging issues, new evidence, and feedback from our communities.

The strategy has been developed with the recognition that alcohol harm can affect people from across the social spectrum but does not affect all groups equally. It acknowledges that alcohol has a disproportionately greater harmful impact on those living in areas with higher levels of deprivation; a reality known as the *Alcohol-Harm Paradox*. Our approach will target action where risk and vulnerability are greatest and will work with the wider system to address the broader social and economic factors that increase harm.

Alcohol harm will be viewed through a public health lens, recognising it as a preventable health inequality issue. The strategy will therefore focus on upstream prevention and early intervention wherever possible.

The content and priorities have been shaped through two partnership consultation workshops to gather the views of colleagues, including those with lived experience, as well as ongoing consultation and intelligence gathering through various strategy, delivery, and working groups.

Note on language

Everyone who drinks alcohol is at risk of experiencing some level of acute or long-term harm related to their drinking. Most people, with some justification, would not see themselves as being labelled "alcoholics", described as "addicted" to alcohol, or as having any sort of problem - but they could still be at risk in some way. This may be from an acute incident or accident when intoxicated, or from the accumulated detrimental impact on health over a prolonged period of regular drinking above the recommended safe level.

There can be inconsistencies in the way language is used when talking about alcohol-related harm, some of which can be stigmatising and may add to harm. We need to move away from language that adds to stigma and prejudice and move towards language that increases understanding and encourages people to seek support.

The language used in this strategy (and all associated documents) will use terms that are non-judgemental, non-labelling and rooted in a whole-person perspective.

Our language choices will intentionally move away from labelling and blaming individuals, both of which can be stigmatising. Blaming people affected causes more harm and increases shame - this can make it hard to talk about what's happening. At the same time, we recognise that people can be empowered by the right language and can own their recovery.

Alcohol and alcohol-related harm

What is harmful drinking?

The NHS describes Alcohol Misuse as drinking in a way that is harmful or when someone becomes "dependent" on alcohol. Dependent drinking occurs when a person loses control over their alcohol consumption and has a strong desire to drink despite experiencing harmful consequences. This could mean a person experiences physical and/or psychological withdrawal symptoms if they suddenly cut down or stop drinking. This could include sweating excessively, hand tremors, visual hallucinations, depression, anxiety or insomnia.[2]

Alcohol is recognised by the NHS as a powerful chemical that can have a wide range of short- and long-term effects, depending on the level of consumption. This may vary according to the level of drinking as illustrated in diagram 2:

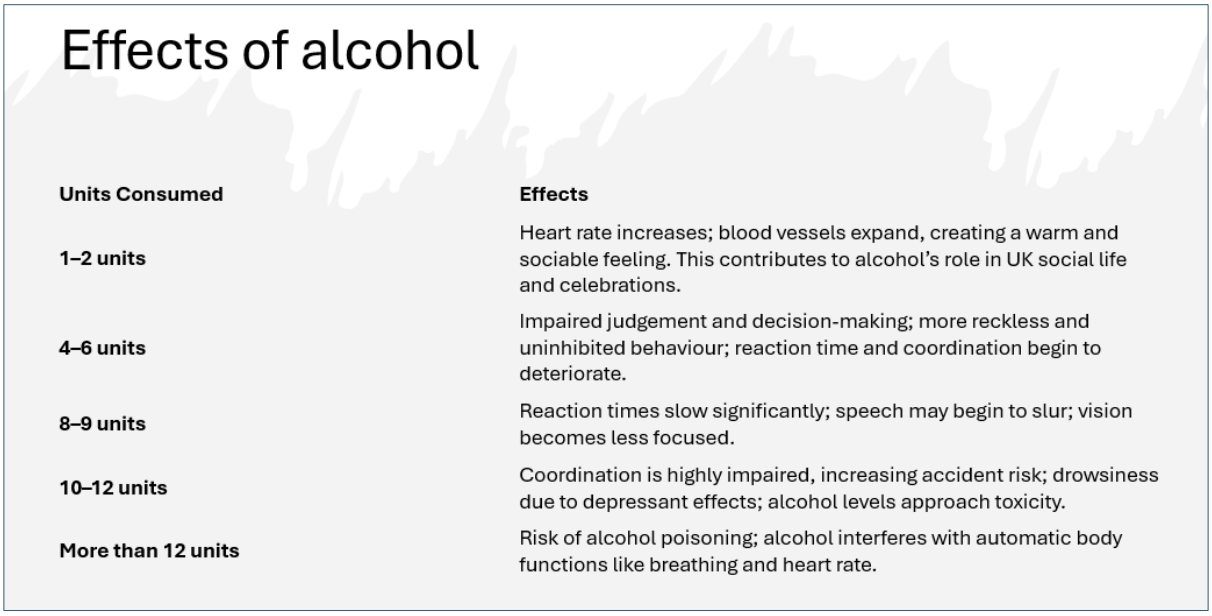


Diagram 2: Short-term effects of drinking alcohol

According to the **DSM IV Criteria for Alcohol Dependence,** in a 12-month period, at least 3 out of the following 7 criteria need to be present for a person to be identified as alcohol dependent:

1. Developed Tolerance
2. Experiences withdrawal symptoms
3. Has a habit of using larger amounts or drinking longer than intended.
4. Persistent desire to cut down or control alcohol use, resulting in unsuccessful attempts to reduce.
5. Excessive time spent on alcohol – spending a great deal of time trying to obtain it, use it, or recover.

[2] Alcohol Misuse accessed at Alcohol misuse - NHS

6. Social, occupational or recreational pursuits are either given up or reduced because of alcohol use.
7. Alcohol use continues despite knowledge of experiencing alcohol-related harm, either physical or psychological.

What is alcohol-related harm?

Research has shown that alcohol-related harm is wide-ranging, affecting not only the individual but also their family, close associates, community, and society at large. It refers to the adverse consequences of excessive alcohol use on:

Heavy, long-term alcohol use can damage vital organs including the brain, heart, liver, and pancreas, and significantly increase the risk of several cancers, such as those of the liver, mouth, breast and pancreas. It also raises blood pressure and cholesterol, weakens the immune system, and harms bone health. Over time, alcohol can impair brain function, leading to cognitive decline and alcohol-related brain disease.

Beyond physical health, harmful drinking can disrupt relationships, contribute to domestic abuse, and lead to separation or divorce. It can also affect work performance, increasing the risk of unemployment, financial hardship and homelessness.

Why does it matter?

Alcohol is deeply embedded in UK social culture, and its widespread normalisation makes it difficult to address the serious harms it causes. To reduce these harms, we must challenge social norms around drinking, promote responsible consumption, and raise awareness of the health risks linked to excessive alcohol use.

Long-term alcohol misuse carries significant risks for individuals and society. Around 25% of UK adults drink above recommended guidelines, and alcohol is now the leading cause of preventable early death and disability among adults aged 18–49. It contributes to over 60 health conditions, including cancers, liver disease, and mental health problems. Hospital admissions related to alcohol are rising, with over 1 million cases annually.

In addition to its impact on organ health and mental wellbeing, alcohol is a major contributor to weight gain and obesity. Many alcoholic drinks are calorie-dense and can lead to increased appetite and poor dietary choices. Regular consumption above recommended limits can significantly increase the risk of obesity-related conditions.

Alcohol also contributes to a range of social harms:

- Over 1 in 10 A&E visits are alcohol related.
- More than 1.2 million violent incidents each year are linked to alcohol.
- Alcohol increases the risk of unsafe sex, leading to unwanted pregnancies and STIs.
- Drink-driving causes hundreds of deaths and thousands of injuries annually.
- Public disorder and anti-social behaviour are frequently linked to alcohol misuse.
- In 13% of partner abuse cases, the offender was under the influence of alcohol.

Financially, ***alcohol misuse costs England an estimated £27.4 billion each year***. This includes:

- £14.58bn to the criminal justice system
- £5.06bn in lost productivity
- £4.91bn to the NHS
- £2.89bn to social services

In contrast, ***alcohol tax revenue generates only £12.5 billion annually***—far less than the cost of the harm it causes.

Responsibilities as a partnership

The last national Alcohol Strategy (2012) emphasised local action, supported by the ring-fenced Public Health Grant. Since 2021–22, additional funding has been provided to strengthen drug and alcohol services, with clear commissioning requirements and national performance indicators.

A multi-agency Strategy Partnership Group—including health, social care, criminal justice, housing, third sector, and lived experience representatives—has overseen the delivery of this funding. This group will now steer the implementation of the new Wirral Alcohol Strategy, with progress reported to the Council's Adult Social Care and Public Health Committee and the Health and Wellbeing Board.

While the Council commissions alcohol treatment and recovery services, it does not directly provide them. However, many council services play a vital role in supporting individuals into treatment, including social care, housing, early intervention and financial inclusion services. The Public Health team will lead coordination, ensure partner accountability and introduce innovation in response to emerging needs.

The strategy may increase demand on some council services, but it also aims to reduce long-term pressure by helping individuals recover from harmful alcohol use. All partners will be encouraged to identify those at risk and signpost people to appropriate support, ensuring that access to help is practical and achievable for all Wirral residents.

Lived Experience - Case Study: Dr Mike's Story

Dr Mike is a 58-year-old Wirral resident who lives alone. Dr Mike dealt with an alcohol addiction throughout his professional career.

He moved to the Wirral in 2001 for a career change, where he lived and worked until his retirement in 2017. He struggled with alcoholism most of his adult life. There is no history of alcoholism in his family, his mother never drank, and his father went to the pub about once a week. He started drinking at 18 years old and he says, "I've not had a sober week since the age of 18." He drank to deal with what he described as a 'busy head', "so, I have a busy head, which is full of nastiness, judgment, criticism, and it leads to me not liking myself very much." He spent most of his adult life having a "bottle of gin every other night". He drank alone as well as occasionally with friends. Buying the alcohol was a point of shame for him. He would always try to not get recognised when he was buying his gin. In certain moments he had to lie and say that he was hosting a party, "It's always a party at my house."

For more than two decades Dr Mike didn't think that he had a problem. He didn't consider himself an addict, "I did not identify with being an alcoholic because I felt in control. I was holding down a job. I was being promoted. I had great appraisals at work." In fact, he spoke about how he used to sit with patients and explain to them the damage they were doing to themselves by drinking alcohol. In 2004 he had a drink driving offence, and this experience made him 'creative' in his drinking. He describes how he started living with an alcohol meter and driving while "on the fence" of permitted amounts. He also started "pulling sickies" at work to manage his drinking.

Dr Mike's recovery journey was influenced mainly by his best friend. The gradual encouragement and support culminated into what Dr Mike described as being "cornered" into recovery. The first person he saw at the start of his recovery journey was his GP. They were trying to navigate getting him into services in the local area while considering that people knew him in the community and that he had worked with them. Ultimately, he got into a six week programme meant for NHS practitioners that offered the 12 steps of recovery approach. The first few weeks were horrible because he was still in denial of his addiction. He also started smoking again, a habit he had given up 6 years earlier in 2011 but has since stopped again. After a few weeks he started feeling the benefits of stopping drinking, "In the past I could stop alcohol. But I couldn't stay stopped. Any time I stopped I never had enough time to recover any of my faculties."

After leaving the recovery facility, Dr Mike moved in with his brother in a different borough. He found himself withdrawing from everyone. His head was starting to get busy again. He didn't have the 12 steps anymore and the structure offered by the facility. Furthermore, in the borough where his brother lives there was only one AA meeting a week that was far away. "He moved back to Wirral because there were many meetings available. He returned with the goal of attending 90 meetings in 90 days. Eventually he attended 90 meetings in 40 days. At first, he didn't find them helpful, but gradually he found them very helpful and now he leads three meetings weekly online and is sponsoring others.

He speaks on the importance of person-centred care on the journey to recovery. He described his relationship with his sponsor as "It's like a 24/7 envelope of care and dare I say, love!" He also reflects on how important a support system was in his recovery. "My experience was that I needed a concentrated period of a no chance of alcohol and very intense support. So just getting someone off the drink is not enough." He hopes that more people join AA because he has seen so much value in the meetings and advocates for person-centred care on the journey of recovery.

His story represents a significant demographic of professionals who slip through the cracks because, on the surface, they look like they have their lives together. They also have jobs that give them the wages to support their addiction without raising eyebrows. This highlights that sometimes addiction can be missed if it is not manifesting in the ways in which people stigmatise 'addicts'.

Alcohol-related harm and deprivation in Wirral

Alcohol-related harm affects people across society, but those in more deprived areas suffer disproportionately-despite drinking less on average. This is known as the ***Alcohol-Harm Paradox***.[3]

In 2024, NHS Digital reported that 85% of people in the least deprived areas drank alcohol, compared to 69% in the most deprived. Yet, individuals in the most deprived areas were ***three times more likely to die from alcohol-specific causes***.[4]

The English Indices of Multiple Deprivation[5] ranked Wirral as the 24th most deprived local authority in England, based on the proportion of neighbourhoods in the most deprived 10% nationally. This indicates that a significant portion of Wirral's population is at increased risk of alcohol-related harm.

Furthermore, addictions are not mutually exclusive, the environmental and genetic factors that lead people to be at greater risk in one area of addiction are common across other forms of addiction.[6]

Drinking behaviours

The Chief Medical Officer's low-risk guidelines[7] advise drinking no more than 14 units of alcohol per week-roughly equivalent to two drinks per day. One unit equals half a pint of beer or a single measure of spirits.

In Wirral, it is estimated that 32.7% of the population (105,090 people) drink on average above 3 alcoholic drinks per day, with 3.7% (11,981) drinking 7 or more alcoholic drinks per day. This is over 49 drinks per week.

Alcohol treatment need prevalence rates

The latest data on alcohol treatment need prevalence indicates that Wirral has a notably higher proportion of adults potentially requiring treatment for alcohol use compared to the national average (Table 1). Specifically, Wirral's rate stands at 18.71 per 1,000 adults, significantly above England's average of 13.75 per 1,000. Currently, 923 individuals in Wirral are receiving treatment for alcohol use only.

[3] Bloomfield, K. (2020) 'Understanding the alcohol-harm paradox: what next?' The Lancet Public Health 5(6).
[4] ONS (2025) Alcohol-specific deaths in the UK: registered in 2023. Published 5 February 2025.
[5] Ministry of Housing, Communities and Local Government, 2019- Available at: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019
[6] Hatoum, A.S. et al. (2023) 'Multivariate genome-wide association meta-analysis of over 1 million subjects identifies loci underlying multiple substance use disorders,' Nature Mental Health, 1(3), pp. 210–223.
[7] UK Chief Medical Officers (2016) UK Chief Medical Officers' Low Risk Drinking Guidelines.

	Estimated mid-year adult population	Estimated alcohol treatment need prevalence	Alcohol prevalence rate per 1000 adult population
England	44,263,393	608,416	13.75
Wirral	256,503	4,798	18.71

Table 1: Estimated prevalence of people potentially needing alcohol treatment (OHID, 2024)

The number in treatment has increased over the past six years (Diagram 3), particularly since 2022 following the introduction of the Supplementary Substance Misuse Treatment and Recovery (SSMTR) funding in Wirral. SSMTR is a national grant aimed at improving access to treatment and recovery services and one of its key targets was to increase the number of people entering treatment.

However, the rise in treatment numbers should not be interpreted solely as an increase in need. Significant work has been undertaken using SSMTR funding to strengthen system connectivity and improve pathways into treatment. Therefore, the increase may reflect improved access and engagement, rather than a rise in prevalence.

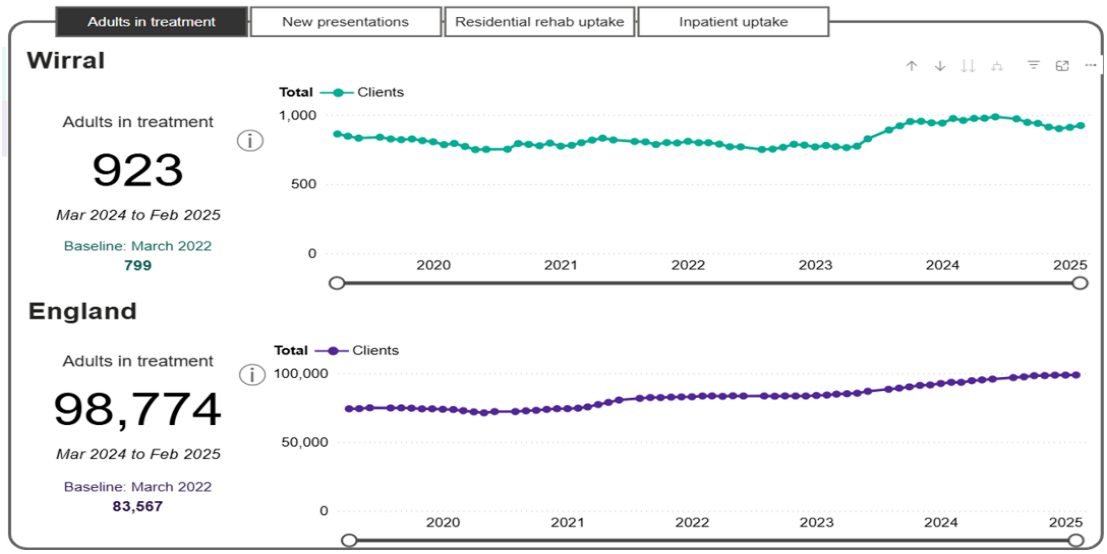


Diagram 3: Adults in treatment - March 2024 to February 2025

Of the current clients in treatment:

57% are men, which is comparable to the England average of 60%.

46% are aged 50 and over, similar to the England average of 43%.

Mortality for alcohol-specific conditions

The latest ONS data on alcohol-specific deaths (age-standardised rates for 2021–2023) shows that Wirral has a significantly higher rate (21.3 per 100,000) compared to England (14.4), the North West region (18.5), and the Cheshire and Merseyside subregion (20.6) (Table 2). This underscores the scale of the challenge facing Wirral and highlights the urgency of implementing an effective new Alcohol Strategy.

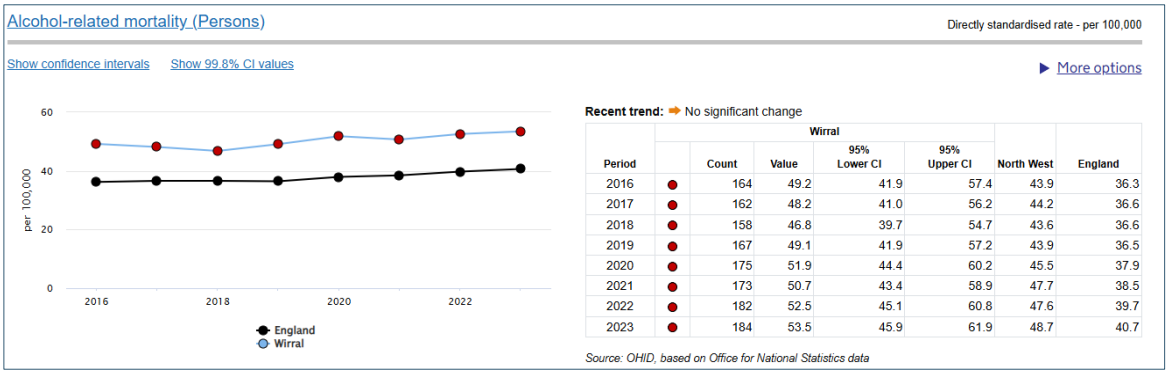
Area	Number of Deaths (2021–23)	Rate per 100,000
England	23,746	14.4
North West	4,006	18.5
Cheshire and Merseyside	855	20.6
Wirral	209	21.3

Table 2: Mortality for alcohol-specific conditions (ONS, 2021-2023)

There is a similar story with other significant alcohol harm indicators.

Mortality for alcohol-related conditions

Between 2016 and 2023, mortality rates for alcohol-related conditions in Wirral remained significantly higher than the England average. Over this period, Wirral's rate increased by approximately 8%, rising from 49.2 to 53.5 deaths per 100,000 population, which equates to 182 alcohol-related deaths in 2023. In comparison, the North West saw a 4.4% increase, while the England average rose by a similar margin (Diagram 4)

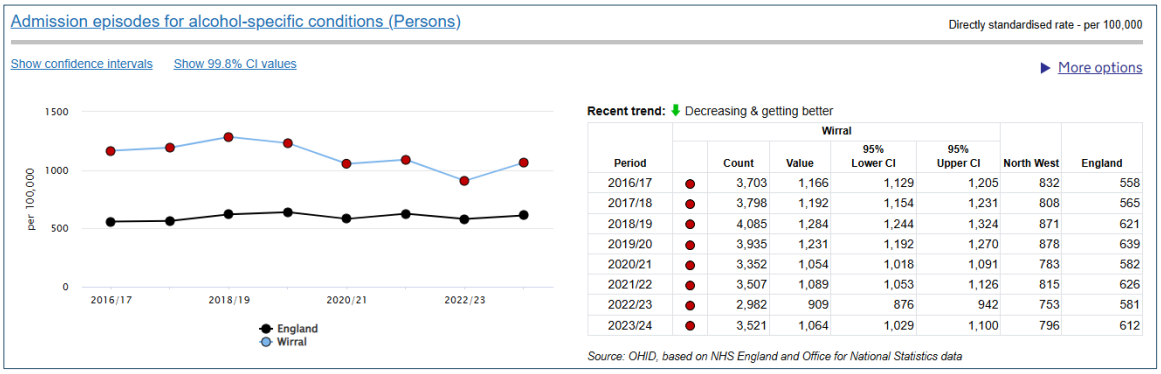


Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2016		164	49.2	41.9	57.4	43.9	36.3
2017		162	48.2	41.0	56.2	44.2	36.6
2018		158	46.8	39.7	54.7	43.6	36.6
2019		167	49.1	41.9	57.2	43.9	36.5
2020		175	51.9	44.4	60.2	45.5	37.9
2021		173	50.7	43.4	58.9	47.7	38.5
2022		182	52.5	45.1	60.8	47.6	39.7
2023		184	53.5	45.9	61.9	48.7	40.7

Source: OHID, based on Office for National Statistics data

Diagram 4: Mortality rates for alcohol-related conditions 2016-2023

Hospital admission rates for alcohol-specific conditions



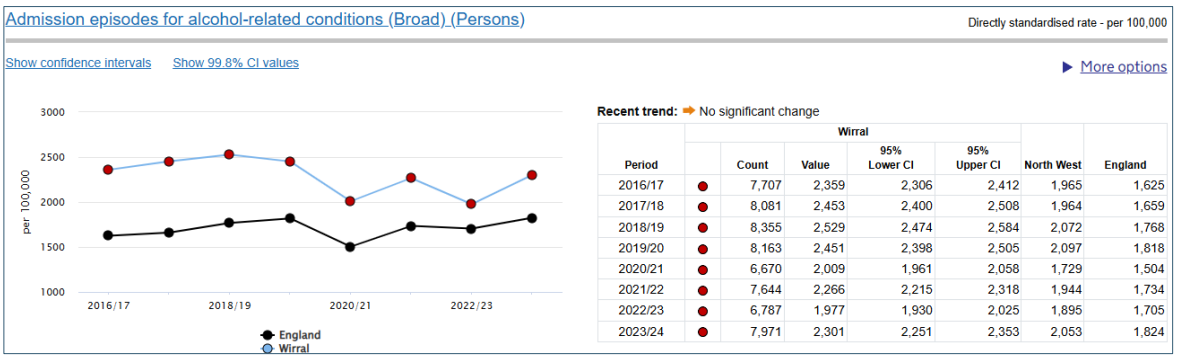
Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2016/17		3,703	1,166	1,129	1,205	832	558
2017/18		3,798	1,192	1,154	1,231	808	565
2018/19		4,085	1,284	1,244	1,324	871	621
2019/20		3,935	1,231	1,192	1,270	878	639
2020/21		3,352	1,054	1,018	1,091	783	582
2021/22		3,507	1,089	1,053	1,126	815	626
2022/23		2,982	909	876	942	753	581
2023/24		3,521	1,064	1,029	1,100	796	612

Source: OHID, based on NHS England and Office for National Statistics data

Diagram 5: Hospital admission rates for alcohol-specific conditions 2016/27-2022/23

Between 2016/17 and 2023/24, Wirral consistently recorded significantly higher rates of hospital admissions for alcohol-specific conditions compared to both England and the North West (Diagram 5). Although Wirral's admission rate declined slightly over this period - from **1,166 to 1,064 per 100,000 population** - this still resulted in **3,521 hospital admissions in 2023/24.** During the same period the North West rate also declined, whereas the England rate increased.

Hospital admissions for alcohol-related conditions



Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2016/17		7,707	2,359	2,306	2,412	1,965	1,625
2017/18		8,081	2,453	2,400	2,508	1,964	1,659
2018/19		8,355	2,529	2,474	2,584	2,072	1,768
2019/20		8,163	2,451	2,398	2,505	2,097	1,818
2020/21		6,670	2,009	1,961	2,058	1,729	1,504
2021/22		7,644	2,266	2,215	2,318	1,944	1,734
2022/23		6,787	1,977	1,930	2,025	1,895	1,705
2023/24		7,971	2,301	2,251	2,353	2,053	1,824

Diagram 6: Hospital admission rates for alcohol-related conditions 2016/17-2023/24

Between 2016/17 and 2023/24, Wirral consistently recorded significantly higher admission rates for alcohol-related conditions compared to both England and the North West. Although there were notable decreases during the COVID-19 years, the overall rate has only slightly declined - from 2,359 to 2,301 per 100,000 population - resulting in 7,971 hospital admissions in 2023/24. Over the same period the North West rate increased slightly, while the England rate rose by a larger margin.

Young people and alcohol

A report from NHS Digital[8] presented an update on the relationship between children and young people with alcohol, stating that within England:

- 37% of school pupils aged 11-16 said that they had ever drunk alcohol.
- Prevalence increased with age, from 15% of 11-year-olds, to 62% of 15-year-olds.
- 5% of all pupils said that they usually drank alcohol at least once per week (compared with 6% in 2023).
- The proportion of those drinking alcohol at least once per week also increases with age, from 1% of 11-year-olds to 11% of 15-year-olds.

The report published identified a shift in young people's relationship with alcohol, compared to similar aged cohorts in previous generations and found that 40% of 11-15 year olds reported having consumed an alcoholic drink, compared to the 44% in 2018. This suggests a gradual decline in alcohol experimentation among young people, potentially reflecting changing attitudes, increased awareness of health risks and the impact of prevention efforts.

This declining trend in alcohol consumption by young people was also examined by Whitaker et al in the same year, 2018 [9]. They concluded youth alcohol consumption had fallen markedly over the previous 20 years, and they suggested that this may have been caused by changing practices of socialisation, decreased alcohol affordability, and changed attitudes towards risk and self-governance. Contemporary feedback from professionals working with young people in Wirral suggests that the declining trend in alcohol use among this age group is continuing.

However, over the past 2 to 3 years, there has been a reported increase in ketamine use among young people. Informal feedback indicates that some young people may perceive ketamine as a "safer" and more affordable mood-altering substance compared to alcohol. This misconception is concerning, as ketamine carries a distinct and potentially more serious set of health risks, including physical harm, psychological effects, and dependency.

This is an example of an unintended and undesired consequence that should be avoided when bringing about behaviour change in population groups using any substances. It requires that ongoing harm reduction/prevention messages about alcohol given to this age group should also, at the same time, factor in messages to steer young people away from these potentially dangerous alternatives. A generic approach to harm prevention/reduction is generally the preferred approach, rather than a focus on one particular substance.

[8] NHS Digital, 2023. Smoking, Drinking and Drug Use among Young People in England, published 2024. Available at: Part 5: Alcohol drinking prevalence and consumption - NHS England Digital
[9] Young People's explanations of the decline in youth drinking in England, 2018, BMC Public Health

Strategic policy context

National and regional and local picture

Alcohol misuse remains a significant public health challenge across England, contributing to preventable illness, premature mortality, health inequalities, crime, and wider social and economic costs. While alcohol plays a role in the social and cultural life of communities, its misuse continues to present serious health and societal harms.

UK Government's Alcohol Strategy (2012)

The UK's Alcohol Strategy set out a national framework to reduce binge drinking, alcohol-related crime, and health harms. Key proposals included:

- Minimum Unit Pricing (MUP) to reduce availability of cheap, high-strength alcohol
- Licensing reforms to give local authorities greater control over alcohol availability
- Restrictions on multi-buy promotions
- Voluntary industry action on labelling and marketing
- Sobriety schemes for offenders

The strategy emphasised the importance of local action and cultural change in reducing alcohol-related harm. Although implementation of some measures—particularly MUP—faced challenges, many of the strategy's priorities remain relevant today and continue to inform local approaches.

Cheshire and Merseyside Alcohol Strategy (2023–2028)

Cheshire and Merseyside Alcohol Strategy built on national ambitions, focusing on:

- Alcohol Care Teams (ACTs) and digital tools like the *Lower My Drinking* app
- Advocacy for public health licensing objectives
- Liver health checks and physical activity interventions
- Multi-agency support for high-risk drinkers (e.g. Blue Light approach)

Other Local Authority Alcohol Strategies

Over the past five years, several Public Health Alcohol Strategies have been published by local authorities. A review of these strategies has identified a number of common themes, including a shift towards more person-centred, data-driven approaches to tackling alcohol-related harm. Consistently, local authorities have focused on prevention, treatment, community safety, evidence-based decision-making, and reducing health inequalities.

A comparative review of strategies from other councils including Cheshire and Merseyside (Champs), South Gloucestershire, South Tyneside, North Tyneside, Staffordshire and Stoke-on-

Trent, Suffolk, and Blackpool indicates alignment with Wirral's own learning. These include a strong emphasis on early intervention, targeted support for high-risk and vulnerable groups, integration of mental health and alcohol services, a focus on reducing inequalities, and active community engagement. These best practice recommendations are illustrated in Diagram 8 below:

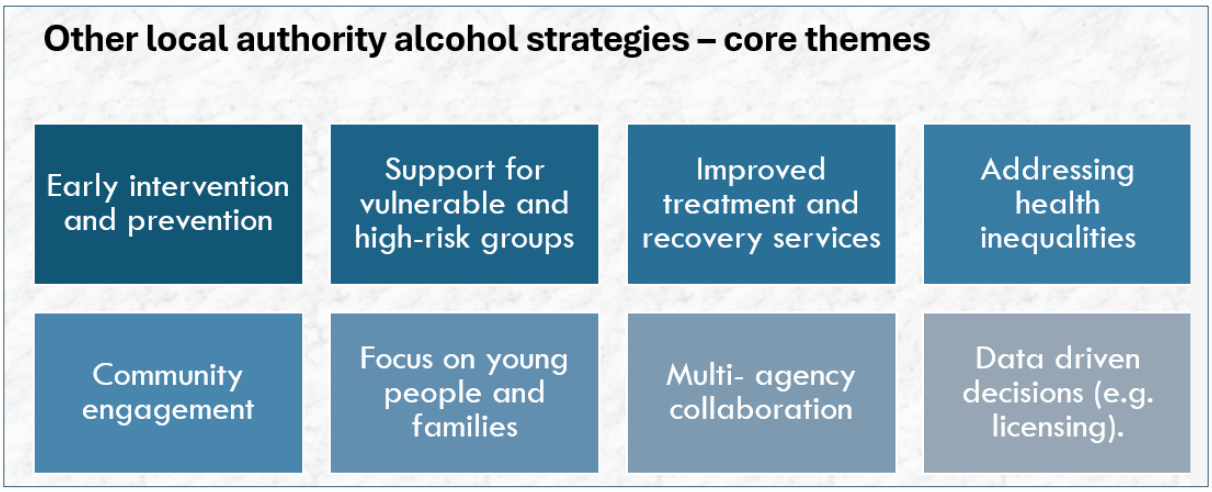


Diagram 8: Summary of common themes in Local Authority Alcohol Strategies, 2020-25

Wirral's Alcohol Strategy (2015–2020)

Alcohol-related harm is a public health priority for Wirral. Local data consistently shows rates of alcohol-related illness, injury, and mortality are higher than the national average. The previous strategy focused on:

- Promoting responsible drinking
- Early intervention and support for individuals and families
- Reducing alcohol-related crime and anti-social behaviour
- Collaborative initiatives such as the *Reduce the Strength* campaign

As with the national strategy, these areas of focus remain relevant today.

Developing the Strategy

As part of developing Wirral's new Alcohol Strategy, two consultation workshops were held in March and July 2025, involving a broad range of local partners. The first session, led by the Wirral Alcohol Inequalities Group, highlighted the concentration of alcohol-related hospital admissions in the borough's most deprived areas. This shaped discussions around reducing harm through more integrated and person-centred approaches.

Prevention was a central theme, with a focus on addressing Adverse Childhood Experiences (ACEs), reducing stigma, and embedding alcohol messaging into wider health conversations. Schools were identified as key settings for early intervention, alongside the need for staff training and workforce development to improve service delivery. Improving care pathways was a major priority, including better coordination between NHS services, community treatment, mental health, and rehab providers. Expanding treatment options, quicker access, and support for individuals still drinking - through care navigation and safe spaces - were seen as vital. Sustained recovery was linked to physical activity, mental health support and post-discharge engagement.

The second workshop reinforced these priorities and added a focus on vulnerable groups, particularly street drinkers, and the need for housing and wraparound support. Participants also stressed the importance of targeted communications using community networks and campaigns like Reduce the Strength, alongside digital tools and community ambassadors to promote early help.

Finally, the workshops called for stronger cross-sector partnerships—engaging employers, retailers, police, leisure services, and community groups—and a refreshed approach to messaging using consistent, health-focused language and better promotion of tools like unit calculators and the Lower My Drinking app.

Strategic implications for Wirral

From looking at national and local evidence, the local consultation workshops, the learning from the other consultation opportunities, and the learning from this review, it is proposed that the key focus areas for Wirral's Alcohol Strategy will be:

- Preventing alcohol-related harm through education and strong and varied community engagement.
- Targeted early intervention, especially for high-risk groups and in high-risk communities.
- Easily accessed, continuously improving, person-centred treatment and recovery services.
- Enhanced data use to inform policy and licensing decisions.
- Addressing the co-occurrence of alcohol misuse with other addiction harms and mental health issues.
- Reducing stigma to encourage those affected to seek help and sustain recovery.

WHERE DO WE WANT TO BE?

A case for change

Alcohol is an embedded element of our society and an integral part of social engagement, and this is something that we do not want to stop completely. However, there is clear evidence and undisputed recognition that it has also adversely affected the health and wellbeing of the population, with this having a particular impact in those areas with the higher levels of health inequality. There is ample data and other evidence to identify this but also a strong evidence base for what can be done to reduce and even prevent these harms.

The process of developing this strategy has identified that priorities for action have not changed significantly over the last 10 years, and the same priorities are being consistently identified across the country. The impact on health, and on crime, is backed by substantial data, as is the identification of the disproportionate harm experienced by those areas with higher levels of health inequalities.

There is also a general and persisting consensus on the strategic actions that should be taken to address these harms. However, there is a reality that these priorities for actions have so far not been fully successful in terms of reducing alcohol-related health harm. This could be interpreted to indicate that the actions haven't been applied strongly enough to achieve a significant change. However, nationally there is some emerging information that increasing numbers of young people are turning away from alcohol, and in Wirral there are now increasing numbers accessing treatment. There is evidence to suggest that this is a function of the pathway being more accessible, but there is still feedback that stigma remains a barrier to some people accessing treatment.

The Joint Strategic Needs Assessment (JSNA) for Wirral describes our population needs across the borough and the importance of improving mental and physical wellbeing, working in collaboration with our communities and considering the factors that influence health, with particular focus on wellbeing. This strategy will impact positively in the prevention of alcohol-related harms, physical and mental ill-health, suicidal ideation, unemployment, financial insecurity, homelessness, domestic abuse and crime. Through our new approach of strengthening the links between the work to address the wider set of "addictions", including gambling, tobacco, and drug use, achieving the priorities and objectives of this strategy will be supported by, and contribute to, the range of work taking place to deliver these other three.

As identified above, this Alcohol Strategy will address the need for education, treatment and support across the population, and will also address health inequalities and barriers to service provision, incorporating the evolving research and evidence-based approaches and learning from people with lived experience. It also builds upon evidence that a sense of community connectedness, and person-centred approaches are the cornerstone to a successful recovery for those experiencing alcohol harms, as is also the case for other addictive behaviours.

This strategy recognises that it must address the contrary influences that shape individual drinking behaviour, such as advertising, sales promotions, and licensing, while also recognising that it is not necessarily aiming to stop everyone drinking completely.

The strategy has ambition and aspiration and has the aim of reducing / preventing alcohol-related harm, improve health and wellbeing, supporting the local economy, and supporting individuals to protect their jobs, their homes and their financial security, making them better placed to live healthier and happier lives.

For alcohol, as with gambling, the message is not that all alcohol use is bad and harmful, so it's very important that we get this balance right, between protecting people from the potentially life ruining effects of alcohol-related harm, while respecting the freedom of adults to engage in a legitimate social and leisure activity.

Strategic Priorities - Summary

Alcohol-related harm is widely recognised as a significant public health issue that demands a comprehensive, multi-faceted response. It often manifests through complex and interconnected factors, meaning no single intervention is likely to be effective in isolation. The key priority areas are summarised below (Table 3).

Strategic Priorities

Strategic Priority	Objectives
Reducing/preventing alcohol-related harm	Deliver sustained, targeted campaigns to raise awareness of alcohol risks among all age groups. Collaborate with key partners (NHS, schools, police, community groups) and businesses to promote harm reduction. Balance messaging with positive health promotion and build strategic groups to drive local change.
Achieving a healthier balance regarding alcohol availability, accessibility and affordability	Work with Licensing and Trading Standards to ensure alcohol licensing supports public health, especially regarding youth access. Collaborate regionally and nationally to influence policy and promote consistent regulatory approaches.
Improving local data and other evidence	Review and enhance data systems to ensure quality and usability. Balance quantitative and qualitative insights. Involve communities and people with lived experience in data collection, interpretation, and learning.
Continuously improving access to and quality of treatment and recovery services	Strengthen partnerships and service coordination to improve treatment access and quality. Focus on reducing barriers, especially for high-need areas, ethnic minorities, and those with dual diagnoses. Support smooth transitions between youth and adult services and build a strong recovery community.
Eradicating stigma associated with alcohol-related harm and addiction	Engage with regional and national anti-stigma initiatives. Implement stigma indicators locally and promote anti-stigma efforts across all partners, with a particular focus on schools and community engagement.

Table 3: Summary of Wirral's five strategic priorities

Strategic Priority 1

Aim: Reducing/preventing alcohol-related harm.

Our long-term vision:

Delivery of this strategy will increase the understanding of alcohol-related harm across the Wirral population, ensuring that there is the level of knowledge, skills, and confidence to prevent, identify, and respond to developing alcohol harms. We will maintain a continuous programme for reducing/preventing alcohol-related harm in both adults and children and young people, with a particular focus on our communities with the highest levels of deprivation.

To achieve this we will:

- Deliver a proactive, creative, and sustained programme of target group/issue-specific messages and campaigns to continuously raise awareness of the potential risks and harms of varying levels of alcohol - including its contribution to weight gain and obesity.
- Provide training to service delivery staff across system partners to increase their ability to recognise alcohol-related harm and signpost to appropriate services/ interventions.
- Give additional attention to those localities within Wirral that have the highest areas of deprivation and health inequalities, recognising that these areas experience proportionately greater alcohol-related harm than wealthier areas.
- Coordinate with national and regional harm reduction campaigns and support initiatives such as Alcohol Change UK's "Dry January" and "Alcohol Awareness Week".
- Promote key harm reduction and service access messages through engagement with the wider community and targeted work with schools and young people's services.
- Involve key delivery partners (e.g. Community Drug and Alcohol Services, NHS, Schools and Colleges, Adult and Children's Social Care, Merseyside Police) in the promotion of these campaigns.
- Ensure early interventions and support are embedded within safeguarding services, educational settings and youth-focused services.
- Advocate for more school-based education sessions identifying the risks of excessive alcohol use, the harms that can arise, and how to avoid them, seeking a more consistent approach as part of the Relationship and Sexual Education (RSE) programme.
- Engage local communities by working with community groups, CVF Forum, Healthwatch, and the Bridge Group to promote key harm prevention information and campaigns.
- Increase public engagement by balancing messages about alcohol harm with the promotion of positive health messages around drinking within recommended limits.
- Actively engage with shopkeepers and other businesses to highlight their role in delivering this strategy and promote their engagement with it.
- Develop the local Alcohol Inequalities Group and other key strategic and delivery groups to be influential agents of influence and improvement within Wirral.

Strategic Priority 2

Aim: Achieving a healthier balance regrading alcohol availability, accessibility and affordability.

Our long-term vision:

Work with licensing and regulation, and other local authorities, nationally and locally, to achieve a healthier balance in terms of how these 3 factors (alcohol availability, accessibility and affordability) positively affect the level of alcohol consumption in the population.

To achieve this we will:

- Work with local Licensing and Trading Standards colleagues to review criteria and create a healthier balance with respect to licence applications and the requirements, expectations and monitoring of applicants and existing licensees.
- Have a particular focus on reinforcing Licensing requirements with regard to young people accessing alcohol.
- Work regionally with Champs colleagues to develop and promote a Cheshire and Merseyside approach to Licensing and Regulation.
- Work nationally with other local authorities and use council and public health influence, to inform, drive and steer national policy and regulation, revisiting proposals such as Minimum Unit Price, Opening hours, Advertising Controls.

Strategic Priority 3

Aim: Improving local data and other evidence.

Our long-term vision:

To build a robust local evidence base on alcohol-related harm to inform decision-making, inform harm prevention messaging, target resources effectively, and measure progress in reducing harm across Wirral.

By developing a stronger local evidence base, we can gain a clearer picture of alcohol harm in Wirral, identify at-risk populations, assess the impact of local interventions, and ensure that policies and services are responsive to emerging trends and community needs.

To achieve this we will:

- Review evidence and data currently available, to clarify usability, adapt and refine it to make it more able to meet intelligence needs, addressing any significant gaps.
- Ensure a due balance is maintained between quantitative and qualitative intelligence.
- Develop local protocols for data sharing between partners to support more joined up treatment and care and build a more comprehensive picture of alcohol harm in the area.
- Maintain a practice of regular and detailed analysis and assessment of local and national data, including other qualitative sources of information and intelligence, to develop a detailed alcohol harm profile for Wirral, ensuring this data informs licensing, planning, commissioning, and prevention activity.
- Develop a more substantial and effective system and process for involving people with Lived Experience, and local communities, in the gathering, review, and interpretation of data and other information gathered by the partnership, and in the harvesting and application of learning of this intelligence.
- Develop a Local Area Profile (LAP), which identifies those areas of Wirral where alcohol-related harms are most likely to occur, or where they are already having a more significant impact on the local communities.

Strategic Priority 4

Aim: Continuously improving access to and quality of treatment and recovery services.

Our long-term vision:

Wirral residents who are experiencing alcohol-related harm to have quick and easy access to high quality services providing harm reduction, treatment and recovery support, and are fully aware of this service.

To achieve this, we will:

- Continue to improve connections and engagement between all key service provider partners in the delivery of the Alcohol Treatment and Recovery programme, including with the wider system partners, Health, Social Care, Housing and Criminal Justice.
- Maintain existing processes for reviewing performance and quality of services and continue to identify and act on any areas for improvement.
- Ensure there are clear and consistent referral pathways into treatment, and that these are well known to service delivery workforce across the system, so that those experiencing alcohol harms are identified earlier and get timely access to the appropriate treatment and support.
- Work with partners to address any barriers to accessing treatment/reduce wait times.
- Work with partners to minimise any drop out between referral and treatment start times.
- Give particular attention to facilitating access to treatment from those Wirral areas with the higher levels of health inequality, and the greater numbers of hospital presentations and admissions.
- Focus on improving practice for joint work between alcohol services and mental health services for those with a dual diagnosis, with greater attention and resources given to the needs of those with a neurodiversity.
- Further strengthen the co-working and coordination between treatment and recovery services and the homelessness services to improve access to treatment for street homeless and hostel dwellers.
- Work with service providers to ensure that support is culturally appropriate, non-judgemental, and accessible equitably.
- Reduce barriers to access for those from ethnic minority groups and different cultural backgrounds.
- Bring service providers together to make any transition from Young People's services to Adult Services as smooth and effective as achievable.
- Ensure support services are also offered for family members and affected others.
- Continue to build the Wirral Recovery Community, as part of an *Asset Based Approach* to treatment and recovery, and work to bring this together as a wider "Addictions" Recovery Community.

Strategic Priority 5

Aim: Eradicating stigma associated with alcohol-related harm and addiction.

Our long-term vision:

The landscape of alcohol-related harm, addiction, and treatment in Wirral is characterised by a commitment to non-stigmatising attitudes, language, and practices. Stigma-based engagement is actively challenged, ensuring services are inclusive, respectful, and person-centred.

To achieve this, we will:

- Actively engage with the regional and national Stigma Reduction Programmes and pick up the learning from these programmes to address stigma locally.
- When they are ready, implement locally the stigma indicators produced as part of these programmes.
- When the indicators are active, establish a system monitoring process to assess local progress in changing perceptions and challenging stigma.
- Strongly promote the Anti-Stigma Programme across the partnership and encourage partner engagement.
- Provide a training programme to workforce across the system that increases awareness of stigmatising thinking and behaviour and facilitates changing attitudes.
- Have an additional focus on schools, as an early situation for the beginning of stigmatising thinking and attitudes, and therefore a valuable opportunity for identification and challenge.

HOW DO WE GET THERE?

Action Plan

Successfully delivering this strategy will require collective action, shared responsibility, and sustained commitment across the Wirral Partnership, including local partners, services, and communities.

While the strategy document outlines the strategic priorities and direction, implementation will be driven by a multi-agency Action Plan. This plan will be regularly monitored, updated, and reviewed by the existing Delivery and Strategy Groups of Wirral's new Addictions Partnership (formerly the Combatting Drugs Partnership).

The Action Plan will translate strategic priorities into practical, measurable actions, identifying lead organisations, timescales, and expected outcomes. Progress will be monitored bi-monthly through the established governance framework.

As a live and evolving document, the Action Plan will enable partners to respond flexibly to emerging issues, new evidence, and the voices of local people with lived experience.

How this fits with the wider Wirral Council priorities

This strategy does not sit in isolation — it aligns closely with, and will be delivered alongside, wider council and system priorities. This includes:

- **The 2024/2025 Public Health Annual Report**, which highlights addictions as a critical local health and inequality issue.
- **The Council Plan**, which sets out a vision for safe, healthy, and inclusive communities.
- **The Health and Wellbeing Strategy**, which reflects our shared commitment to reducing health disparities and improving population wellbeing.

Together, these frameworks reinforce the importance of addressing addictions as part of a coordinated, system-wide approach to improving health outcomes across Wirral.

HOW WILL WE KNOW WHEN WE ARE THERE?

Measuring Success

Success will be measured through a combination of quantitative and qualitative approaches, ensuring a comprehensive understanding of progress and impact:

- **Detailed reporting** on activity, outputs, and outcomes.
- **Quarterly and annual updates** of key metrics to various oversight boards and stakeholder groups.
- **National monitoring** of core indicators via OHID, DHSC, and The Home Office.
- **Regular feedback** from delivery partners and Wirral's extensive Lived Experience community.

Evaluation

Evaluation is central to this strategy, underpinning a public health approach that prioritises evidence-based practice and continuous improvement. It is embedded throughout the design and delivery phases to ensure that change and impact are identified and acted upon.

While extensive data exists on alcohol-related harm, it is not always available in the most useful format. One of the strategy's key ambitions is to collaborate with partners to optimise data availability and usability. This will support the establishment of a robust baseline for ongoing evaluation.

Evaluation will be informed by:

- **Regular engagement** with frontline service managers and teams.
- **Ongoing conversations** with individuals affected by alcohol harms, to understand what is working, assess progress against planned actions, and identify areas for improvement.
- **Embedded evaluation** at project, service, and system levels, supported by strong professional networks and aligned with specific objectives and workstreams.

The **Addictions Strategy Steering Group** will oversee the collective evaluation of the strategy's effectiveness in achieving its aims: preventing, reducing, and responding to alcohol-related harms in Wirral.

Delivery and Governance

This strategy has been developed by a collaborative alliance of groups, services, and organisations connected to populations affected by alcohol in Wirral. Strategic partners have shaped the integrated strategy and action plan and will continue to work together to support those affected or at risk.

The strategy aims to positively influence a range of related health, social care, and community safety challenges, benefiting all partners. Key delivery features include:

- A **five-year implementation period**, allowing for effective planning, delivery, and monitoring.
- A **Strategy Action Plan** structured around strategic priorities and objectives.
- **Governance** provided by the **Addictions Strategy Steering Group**, meeting quarterly to oversee progress.
- **Operational oversight** by the **Drug and Alcohol Delivery Group**, with representation from action plan partners.
- Support from the **Wirral Alcohol Inequalities Partnership Group**.
- **Regular progress updates** from the Public Health team to the Health and Wellbeing Board.