



Have Fun Stay Safe!



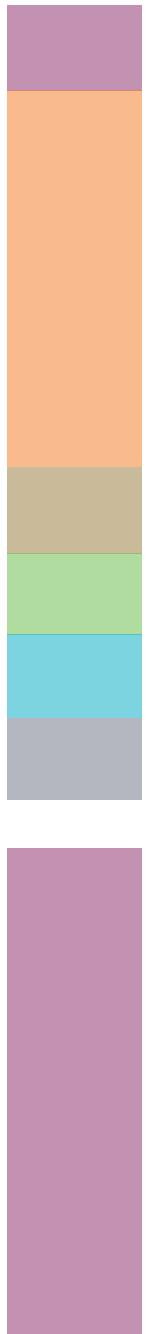
Alcohol Harm Reduction Strategy 2009 -2012





Contents

Foreword	4
The East Sussex Alcohol Strategy	
Introduction	5
Local Profile	6
Partnership Performance	7
Developing the Strategy	9
Aims and Objectives	10
Planned Activity	12
Links to Other Plans and Strategies	15
Monitoring and Review of the Strategy	17
Acknowledgements	18
Appendices	
Appendix I: Strategies – Detailing plans and strategies reviewed in preparation of the Alcohol Harm Reduction Strategy.	19
Appendix II: Alcohol Misuse in East Sussex – Detailing the impact that alcohol has on a broad range of issues in East Sussex.	20
References	23



Written by the East Sussex Safer Communities Team on behalf of the East Sussex Drug and Alcohol Action Team and the East Sussex Safer Communities Partnership

November 2009

Summary leaflet available at www.safeineastsussex.org.uk



Types of drinking

Lower Risk Drinking

Lower risk drinking is drinking in a way that is unlikely to cause you or others significant risk of harm.

The Government advises that

- adult women should not regularly drink more than 2–3 units of alcohol a day;
- adult men should not regularly drink more than 3–4 units of alcohol a day; and
- pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby they should not drink more than 1–2 units of alcohol once or twice a week and should not get drunk.

Lower risk drinking also involves a personal assessment of the particular risks and responsibilities of drinking at the time, e.g. it is sensible not to drink when driving or when taking certain medications.

The risk of harm from drinking above sensible levels increases the more alcohol that you drink, and the more often you drink over these levels.

Increasing Risk Drinking

Increasing risk drinking means regularly drinking more than 2–3 units a day if you're a woman and more than 3–4 units a day if you're a man.

The risk of harm from drinking above sensible levels increases the more alcohol that you drink, and the more often you drink over these levels.

Higher Risk Drinking

Higher risk drinking is drinking at levels that lead to significant harm to physical and mental health and at levels that may be causing substantial harm to others. Examples include liver damage or cirrhosis, dependence on alcohol and substantial stress or aggression in the family.

Women who regularly drink over 6 units a day (or over 35 units a week) and men who regularly drink

over 8 units a day (or 50 units a week) are at highest risk of such alcohol-related harm.

Women who drink heavily during pregnancy put their babies at particular risk of development of foetal alcohol syndrome or foetal alcohol spectrum disorder. These disorders lead to lifelong intellectual and behavioural problems for their child.

Binge drinking

Binge drinking is an example of higher risk drinking. It is essentially drinking too much alcohol over a short period of time, e.g. over the course of an evening, and typically it is drinking that leads to drunkenness. It has immediate and short-term risks to the drinker and to those around them.

People who become drunk are much more likely to be involved in an accident or assault, be charged with a criminal offence, contract a sexually transmitted disease and, for women, are more likely to have an unplanned pregnancy.

Trends in binge drinking are usually identified in surveys by measuring those drinking over 6 units a day for women or over 8 units a day for men. In practice, many binge drinkers are drinking substantially more than this level, or drink this amount rapidly, which further increases the level of risk.

After an episode of heavy drinking, it is advisable to refrain from drinking for 48 hours to allow your body to recover



Foreword

Alcohol plays an important role in our society. Millions of people throughout the UK enjoy drinking alcohol to socialise and relax, while the alcohol industry creates employment and contributes to the regeneration of towns and city centres. At the same time, however, harmful use of alcohol can cause illness, disrupt families and lead to antisocial behaviour. It can place a huge burden on health and criminal justice services, disrupt local communities (often through alcohol related violence) and hinders opportunities for social and economic development.¹

This is the second East Sussex Alcohol Harm Reduction Strategy. The purpose of the new strategy and action plan is to; build upon the existing positive work that has already been undertaken by partners, identify shared alcohol priorities for organisations and partners in East Sussex, inform partners about the actions planned by all agencies and demonstrate how these plans work together to address the negative effects of alcohol misuse.

We will seek to tackle the problems caused by alcohol misuse by co-ordinating our efforts alongside other local agencies to: inform people about the risks of alcohol misuse; develop screening and brief interventions skills for key staff; redesign our treatment service so that we are better able to meet demand; review what type of interventions at specific points in the criminal justice system, are required, to reduce alcohol related crime; and, deliver a whole family response to parents with alcohol problems.

By effectively tackling alcohol misuse, our ultimate objective is to combine the efforts of individuals, communities and agencies to promote safer and healthier lives and to prevent and overcome some of the devastating effects of alcohol misuse on our communities. It is on this basis that we recommend that this strategy is fully embraced and implemented by all our partners.

The strategic summary incorporating the findings of the Joint Strategic Needs Assessment for Alcohol Harm, together with local partnership ambition for addressing alcohol use across the county have been approved by the Partnership and represent our collective action plan.

Charles Everett,
Chair, NHS Hastings and Rother and
East Sussex Strategic Partnership Alcohol Champion

Leigh Rogers,
Director Brighton and East Sussex Local Delivery Units,
Sussex Area Probation

Becky Shaw,
Chair, East Sussex Drug and Alcohol Action Team

Robin Smith,
Chief Superintendent, Divisional Commander,
East Sussex Division, Sussex Police and East Sussex
Strategic Partnership Alcohol Champion

Councillor Tidy,
Chair, Safer Communities Steering Group

Mike Wood,
Chief Executive, NHS East Sussex Downs and Weald,
NHS Hastings and Rother



Introduction

Across East Sussex a broad spectrum of agencies and organisations are carrying out and planning interventions targeting alcohol misuse. A few are specialist substance misuse agencies, but the majority are universal agencies and organisations that realise that alcohol misuse has a negative effect on their main business objectives and respond accordingly.

The first *National Alcohol Strategy* was published in March 2004. In 2006 the East Sussex Drug and Alcohol Action Team launched their first *Alcohol Harm Reduction Strategy* and convened an Alcohol Steering Group to oversee the implementation of the strategy. A list of partner agencies represented on the group can be found on page 18.

The aim of the first *East Sussex Alcohol Harm Reduction Strategy* was to work together to reduce the harm caused by alcohol to individuals, families and communities. Strategy actions worked on by partners within the Alcohol Steering Group include:

- increasing the provision of information and education to 16 -19 year olds
- raising the awareness of the impact of adults and parents supplying alcohol to young people under the legal drinking age
- targeting 18-24 year old binge drinkers with seasonal Safer Clubbing and Pubbing campaigns
- piloting a Dual Diagnosis Carers Support project
- developing an *East Sussex Health and Social Care Commissioning Strategy for Adult Alcohol Misuse*
- developing the monitoring systems for treatment activity
- introducing a Family Substance Misuse Service
- developing a countywide support service for people with substance misuse problems.

Following the publication of further national alcohol strategies (*Safe Sensible Social: the Next Steps in the Alcohol Strategy 2007 and the Youth Alcohol Action Plan 2008*), and the establishment of a South East Regional Alcohol Forum, there was a need to review the *East Sussex Alcohol Strategy*. A *Joint Strategic Needs Assessment on Alcohol* was produced for East Sussex in 2009. The findings of this have informed our updated strategy.²

An *East Sussex Local Alcohol Profile* has also been compiled by the Safer Communities Team to support the strategy. Many of the statistics detailed in **Appendix II** have been taken from this document. The new strategy and action plan seeks to build upon the existing partnership work and aims to share the priorities identified in key local plans, looking at ways in which they can be joined up. A list of all the plans reviewed in preparation of this strategy is attached at **Appendix I**.

This strategy adopts the themes of *Safe Sensible Social; the next steps in the National Alcohol Strategy*, June 2007, and the *Youth Alcohol Action Plan*, June 2008 and the priorities for the Government Office for the South East as well as the East Sussex Joint Strategic Needs Assessment on Alcohol. All of which cover the key issues of health, community safety and young people in relation to alcohol. The strategy will build on key elements to ensure that the priorities and needs of East Sussex are clearly addressed. It will look at the overall impact of alcohol under five themes:

- 1 Young people under 18 who drink alcohol
- 2 18-24 year old binge drinkers
- 3 Higher risk drinkers
- 4 Families, carers and significant others
- 5 Joint planning to tackle alcohol misuse



Local Profile

Alcohol misuse in East Sussex:

- costs the local health service over £15.5 million pounds per year
- costs the criminal justice system over £21 million pounds per year
- leads to 368,000 working days lost from the workforce
- leads to 222 sexual assaults per year³
- 20% of people killed or seriously injured in Sussex involved one or more parties having consumed drink or drugs.⁴

More information on the impact of alcohol in East Sussex can be found in **Appendix II**.

The *East Sussex Joint Strategic Needs Assessment on Alcohol* highlights three key factors which need to be taken into account when planning any response to alcohol misuse in the county:

- 1 East Sussex is part of a region which, despite having lower levels of hazardous and harmful drinking has significant numbers of dependent drinkers.
- 2 Parts of the county have drinking patterns which are among the highest in the country.
- 3 Significant levels of drinking among young people.⁵

The recent *Strategic Intelligence Assessment* (Nov 08) looked at the potential impact of the economic downturn on crime and disorder in East Sussex. The recession brings potential negative consequences for community safety such as increases in domestic violence, hate crime, acquisitive crime, property crime, road safety and substance misuse harm. It may also bring potential positives as well, such as a possible reduction in violent crime and damage due to a decline in the night-time economy.

However, reducing demand in the night time economy may lead to increased efforts to encourage custom back, including low cost and free drink promotions. The possibility also exists that people may buy cheaper alcohol for consumption at home before going out. The end result of this potential behaviour could be an increase in crime, the worst case scenario being an increase in violence and damage en route to, and in and outside of night time economy venues, committed by people having consumed alcohol before they leave their homes and drinking special offer deals such as shots throughout the night in order to stay drunk.⁶

The impact of the recession on alcohol use will be monitored as this strategy and action plan is implemented.





Partnership Performance

Local priorities contained within key local plans are based on both national indicators which are specifically related to the misuse of alcohol; and national indicators where alcohol is a contributory factor. Some of these indicators are included in the East Sussex Local Area Agreement targets. (Detailed on page 8)

At present we are using national indicators to measure the impact of this alcohol strategy. Due to the absence of some datasets it has been difficult to establish local performance measures for the strategy. The strategy contains plans to develop these missing datasets and this should assist with the development of wider local performance indicators.



National Indicators specifically related to the misuse of alcohol: 2008/09 Performance

Theme	NI No. and Description	2008 / 09 Performance
Young People Under 18 Who Drink Alcohol	(115) Substance Misuse by Young People	Data available Feb 2010 'Tell US' Survey
Higher Risk Drinkers	(39) Alcohol harm related hospital admission rates	<p>East Sussex Downs and Weald The rate of admission in Q3 1-3 2008/09 was 1,111 per 100,000 population; up by 4.3% on the corresponding quarters in 2007/08. The number of admissions was 5,064, up by 3.8% on 2006/07</p> <p>Hastings and Rother The rate of admission in Q3 1-3 2008/09 was 1,193 per 100,000 population; up by 4.9% on the corresponding quarters in 2007/08. The number of admissions was 2,656, up by 5.7% on 2006/07</p>
18-24-year-old Binge Drinkers	(41) Perception of drunk or rowdy behaviour as a problem	Awaiting Place Survey results
Higher Risk Drinkers -road accident prevention	Local target	Sussex intelligence reports from 27/05/07 until 16/03/09 show a ratio of 23:77 – a greater pro-activity in preventing drink drivers from having collisions

Targets 2009/10⁷

- 1% reduction in the rate of Hospital Admissions per 100,000 for Alcohol Related Harm
- To achieve a 30:70 ratio of proactive drink drive arrests compared to those occurring as a result of a collision.

There are no targets set for NI115 or NI41 as the performance data for 2008/9 is not yet available.



**National Indicators included in the Local Area Agreement (LAA)
where alcohol is a contributory factor:⁸**

2009/10 targets

Theme	NI No. and Description	2008 / 09 Performance
Young People Under 18 Who Drink Alcohol	(19) Rate of proven re-offending by young offenders	The county has seen a reduction in the number of offences committed by young offenders, exceeding the LAA target.
18-24-year-old Binge Drinkers	(20) Assault with injury crime rate	There was a notable reduction in the number of crimes of 'Assault with Less Serious Injury:' 20% per 1000 residents over the year. However, East Sussex was in the lower half of the 'Most Similar Group' and there is room for improvement.
Higher Risk Drinkers	(30) Re-offending rate of prolific and priority offenders	The offending behaviour of adult prolific and priority offenders (PPOs) has improved and re-offending by a cohort of offenders was seen to reduce by 60% during 2008/09.
Higher Risk Drinkers	(47) People killed and seriously injured in road accidents	The rolling 3 year average for 'Killed or Seriously Injured' up to 30 March 2009 is 390, which is slightly above the end of year target of 389.
Higher Risk Drinkers	(120) All-Age all cause mortality rates	2004/05/06 Males 673.3 Females 470.2
Families, carers and significant others	(32) Repeat incidents of domestic violence	The number of domestic violence incidents increased across the county and exceeded the LAA target by 49%. However, the proportion of repeat incidents of domestic violence was high. Further work with partnership agencies is required to improve recording and also address the issue of repeat incidents is required.

Targets 2009/10⁹

- 4.4% Reduction in re-offending by young people
- 7% reduction of assault with injury crime rate by 2011
- 22% reduction in re-offending amongst the year 2 cohort of Prolific and Other Priority Offenders identified as of 1st January 2009.
- 5.4% reduction in people killed and seriously injured on roads -368 rolling average for years 2007 to 2009
- Reduction in all age all cause mortality for 2009 (calendar year) to:
- Males 594.5 (-78.8)
- Females 430.6 (-39.6)
- Repeat incidents of domestic violence high risk cases referred to the Multi Agency Risk Assessment Conferences (MARACs) to be no greater than 33% in 09/10 and no greater than 28% in 10/11.

**Crime and Disorder
Reduction Partnerships**

There are five District and Borough Crime and Disorder Reduction Partnerships (CDRPs) in East Sussex. The CDRPs and the East Sussex Safer Communities Steering Group are responsible for undertaking Strategic Assessments and developing strategies that deal with the crime, disorder, anti-social behaviour and substance misuse issues in their area. Statutory partners are District and Borough Councils, East Sussex County Council, East Sussex Fire and Rescue Service, Sussex Police, Sussex Police Authority and the Primary Care Trusts.

All five of the CDRPs have structures which incorporate multi-agency activity to tackle alcohol related crime and anti-social behaviour. Their priorities are set out in Violent Crime or Anti Social Behaviour Action Plans. All district and borough CDRPs have chosen amongst their priorities actions that relate specifically or are contributory factors to alcohol.^{10 11 12 13 14}



Developing the Strategy

This strategy is based on:
key aspects of national strategies and regional plans.

- a the current alcohol priorities highlighted in key East Sussex strategic documents identifying priorities that were either directly related to alcohol misuse or where alcohol is likely to be a contributory factor in a community safety issue.
- b the Safe Sensible Social implementation toolkit. This was used as a guide to assess individual organisations' targets relating to alcohol, their data sources used in planning activity, identifying gaps in their service delivery and the activities they have planned to address these gaps.
- c partnership structures, membership and roles and responsibilities for delivering action on alcohol misuse.
- d a joint strategic needs assessment on alcohol, commissioned by partner agencies from the health, social care, criminal justice and local authority

sectors in East Sussex, to identify the harm caused by alcohol to individuals and communities in the county, to assess current responses and make recommendations about how best to address the harm.

The following strategic documents have informed the development of this strategy and have been consulted on at different times with key partners and service users. These include:

- *Health and Social Care Commissioning Strategy – Adult Alcohol Misuse*, April 2008
- *Young Persons Treatment Plan*, April 2009
- *Joint Strategic Needs Assessment on Alcohol*, July 2009

Consultation

In line with the Consultation and Community Engagement code of practice within the East Sussex Compact, a 12 week consultation period on the draft strategy was undertaken with a wide range of stakeholders. Findings from the consultation have been taken into account by the Alcohol Steering Group and amendments to the strategy made.¹⁵





Aims and Objectives

The overall aim of this strategy is for partner agencies to work together to minimise the health harm, violence, crime and anti-social behaviour associated with alcohol for individuals, families and communities, within the context of being able to enjoy alcohol safely and responsibly. It aims to use evidence-based approaches to reduce inequalities in health. Local priorities to address the impact of alcohol are grouped under five themes:

- 1 Young people under 18 who drink alcohol
- 2 18-24 year old binge drinkers
- 3 Higher risk Drinkers
- 4 Families, carers and significant others
- 5 Joint planning to tackle alcohol misuse

Theme 1 Young people under 18 who drink alcohol

Many of whom we now know are drinking more than their counterparts did a decade ago.

This section looks to prevent young people under 18 gaining access to alcohol and helping those who are at most risk of harm from alcohol misuse to access appropriate services. Our objectives are to:

- work with the local media and wider partners to develop a positive and healthy approach towards alcohol
- ensure that each local area is able to refer young people who are at most risk of harm from alcohol misuse into appropriate services
- reduce the availability of alcohol through enforcement activity on underage sales and awareness raising
- prevent sexual health harms resulting from alcohol use
- stop young people from drinking in public places.

Theme 2 18–24-year-old binge drinkers

A minority of whom are responsible for the majority of alcohol-related crime and disorder in the night-time economy.

This section looks to build a safer night-time economy and prevent people from becoming vulnerable to crime. Our objectives are to:

- encourage social responsibility standards in the local alcohol industry

- continue to build a safe night time economy in East Sussex, with particular regard to localities with above average levels of assault with injury and perceptions of disorder
- prevent alcohol related sexual offences
- improve alcohol awareness raising and support for young people.

Theme 3 Higher Risk Drinkers

Many of whom don't realise that their drinking patterns damage their physical and mental health and may be causing substantial harm to others.

This section looks to help higher risk drinkers to change their drinking patterns to improve their physical and mental health and to address alcohol related offending behaviour. Our objectives are to:

- invest in the commissioning of re-specified alcohol treatment services with an additional investment of £687k in Eastbourne Downs and Weald and £231k in Hastings and Rother bringing the total investment to £1,098,159
- reduce the rate of alcohol-related hospital admissions
- improve the response to people who have both mental health and alcohol problems
- continue to promote opportunities for identification and brief advice, while improving service infrastructure and provision
- ensure all drug workers are competent in working with alcohol issues
- enable vulnerable people with alcohol related problems to maintain their tenancies and avoid homelessness
- reduce the number of people killed and seriously injured in road accidents through alcohol use
- reduce offending behaviour patterns by reviewing what type of intervention, at specific points in the criminal justice system, is required to reduce alcohol related crime. This will include conditional cautioning, arrest referral, alcohol treatment for people in prison and co-ordination of alcohol support services for prison leavers and those subject to community supervision orders.



Theme 4 Families, Carers and Significant Others

This section looks at reducing the negative effects of alcohol misuse on families and developing process to ensure the views of service users, carers and significant others are considered when commissioning alcohol treatment services. Our objectives are to:

- reduce the negative effects of alcohol misuse on families
- improve identification and referral to treatment of alcohol problems for both victims and perpetrators of domestic violence and their children
- develop processes to ensure the views of significant others/carers are considered in commissioning decisions.

Theme 5 Joint Planning to Tackle Alcohol Misuse

In addition to these priorities the East Sussex Alcohol Strategy will also seek to address issues raised during the development of the strategy. Our objectives are to:

- promote a culture of sensible drinking
- coordinate responses to prevent sexual health harms resulting from alcohol use
- use existing consultation mechanisms to conduct further consultation with young people, service users and communities on their alcohol related concerns
- inform partners about alcohol related issues and ensure these issues are included in relevant strategies and plans
- develop an annual needs assessment, improve information gathering, target setting and monitoring of performance
- further integrate Accident and Emergency data into local community safety planning
- ensure that best practice information relating to alcohol harm is exchanged at a local, regional and national level.



Planned Activity

More detailed action plans relating to the five themes below are published separately.

Young people under 18 who drink alcohol

What we will do:

- review messages and communications regarding alcohol misuse. Particularly focusing on the youngest group and parents, taking into account the national *Youth Alcohol Action Plan* and updates to the Schools Drug and Alcohol Education guidance
- work with schools to develop more effective Drug, Alcohol and Tobacco Education (DATE), including by planning a sustainable curriculum; revising DATE policy and responding to national guidance concerning DATE and statutory Personal, Social Health and Enterprise Education (PSHEE)
- address actual or potential screening and referral deficits within the following areas/agencies: Hastings and St Leonards; Hospital Trusts; Lewes District schools¹⁶
- improve the proportion of young people completing treatment in a planned way to 80%
- establish if a young people's treatment naïve group exists within the context of the alcohol arrest referral pilot project and alcohol related admissions into accident & emergency, particularly for young people living in Hastings and St Leonards
- develop a specific screening and referral plan for young people presenting at Hospital Accident and Emergency Services due to alcohol poisoning
- develop a Home Office "pilot alcohol arrest referral scheme" for the Under 18s, which will offer to guide the young arrestee with alcohol related problems, through a planned route, to appropriate support, advice and treatment services
- improve the level of information sharing between Sussex Police, Trading Standards and Licensing to identify 'hot spot' areas for sales to under 18s and coordinate responses to reduce underage sales
- research, design, and deliver key health messages to young people, via local radio, focusing upon prevention of pregnancies and sexually transmitted infections. Will include an alcohol element, highlighting that alcohol intoxication increases risk of harm

- support local police initiatives to prevent young people drinking in public places
- review the success of the Hailsham Community Alcohol Programme (CAP) and support roll out of CAPs across East Sussex
- implement new legislation making it an offence for under-18s to persistently possess alcohol in public places, where this is an appropriate course of action
- work with local Crime and Disorder Reduction Partnerships to develop hot spot detached work to target young people's street drinking
- increase the availability of positive activities
- continue to target anti-social behaviour through joint targeted operations (e.g. Operation Blitz)
- the Young People's Alcohol and Personal Safety Resources Group to consider developing campaigns to raise awareness of the key risks in relation to alcohol consumption and sexual offences.

18–24-year-old binge drinkers

What we will do:

- review and respond to the findings of the national review of the Social Responsibility Standards for the Production and Sale of Alcoholic Drinks
- review the findings of The National Expert Group comprising police, doctors, academics and representatives of the alcohol industry, which is gathering further evidence of how targeted interventions might produce benefits and how high risk premises can best be identified
- develop monitoring and reporting mechanisms by The Licensing Authorities on the pattern of "Representations and Reviews" to ensure that social exclusion or language skills are not a barrier to people using their rights under the Licensing Act to object or complain about licensing applications or irresponsible licensees
- develop a set of measures against which to measure the effectiveness of Licensing Policies
- ensure that future Licensing Policies make clear links to the health agenda



- continue with and evaluate Operation Marble which focuses on early intervention, high visibility patrols in hot spot areas and dispersal
- the Safer Pubbing and Clubbing Group to develop campaigns to raise awareness of the key risks in relation to alcohol consumption and sexual offences
- ensure occupational groups working with the victims of sexual offences undertake screening, identification, referral and brief interventions for alcohol use
- support CDRPs to identify and apply for funding to promote the use of Safe Spaces in the night time economy
- improve alcohol education and support for 16-19 year olds in further and higher education by working in partnership with colleges to ensure that information and advice about alcohol is routinely made available to students
- improve alcohol education and support for 18-21 year olds in universities by working in partnership with colleges to ensure that information and advice about alcohol is routinely made available to students
- consider ways that young people that are Not in Education, Employment or Training (NEET) receive key awareness raising messages
- develop and facilitate local support groups for alcohol misusers
- investigate the possibility of implementing a joint commissioning process for alcohol treatment between the Primary Care Trust and the Probation Service similar to the current practice for drugs services.
- the substance misuse commissioner will consider the recommendations of the *East Sussex Joint Strategic Needs Assessment on Alcohol 2009* concerning Identification and Brief Advice, as part of the re-commissioning plan
- through commissioning, drug services will manage alcohol misuse as part of their core service for people with a primary diagnosis of problem drug use
- scope the scale of mental health and alcohol issues in order to understand what additional work needs to be undertaken.
- to monitor the effectiveness of the new 'floating housing support' service for adults suffering from substance misuse
- gather information on the impact of alcohol related problems on housing services, and discuss with housing commissioners and providers how to meet locally identified needs for housing and support services for vulnerable alcohol misusers

Higher Risk Drinkers

What we will do:

- Develop and implement and Identification and Brief Advice (IBA) skills and training opportunities for key staff
- commissioners to consider the treatment recommendations of the *East Sussex Joint Strategic Needs Assessment on Alcohol 2009* as part of the re-commissioning plan for alcohol services
- re-configure treatment provision to make sure that an accessible integrated system of effective interventions is provided across the four tiers to meet local needs¹⁷
- review the *Commissioning Framework* published by the Department of Health and incorporate appropriate changes in the East Sussex Commissioning process
- 'aftercare' or 'extended case monitoring' will routinely be provided to ensure people who access treatment are followed-up at 3, 6 and 12 months
- using the *Road Safety Needs Assessment 2009*, agree priorities related to drink driving and drink related road safety
- ensure that drink driving and drug driving is incorporated into long term strategic planning for road safety
- develop appropriate schemes to address the issue of alcohol related road safety in East Sussex
- review learning and cost benefits relating to the:
 - [i] national alcohol arrest referral pilot projects and
 - [ii] alcohol specific conditional cautioning schemes
- Review the findings of the Offender Health Needs Assessment to assess needs during 2009/10. (This is part of the *Joint Strategic Needs Assessment for Offenders*)
- commissioners to consider the development of an alcohol treatment care pathway from the point of prison release back into the community.



Families, carers and significant Others

What we will do:

- develop a better understanding of the impact of alcohol on families. Working through the Family Support Strategy Group to take account of and respond appropriately to the needs of families where alcohol misuse is an issue.
- ensure a shared adult's and children's sector strategic and operational response to alcohol and families
- increase the capacity of staff in SWIFT (Family Substance Misuse Service) to respond appropriately to young people and their parents who have mental health problems
- ensure screening for alcohol problems is conducted regularly within services for victims of domestic violence
- develop effective referral protocols between domestic violence and new alcohol services
- develop effective referral protocols between the probation service and new alcohol services for perpetrators of domestic violence
- carers' needs to be addressed in future specifications for Tier 2 alcohol services
- develop systems for enabling user and carer representation on the Alcohol Steering Group and other planning and strategic processes
- coordinate consultation mechanisms with carers attending alcohol agencies to provide feedback to treatment providers and commissioners, which can be used to improve services
- the updated *Young Carers Strategy* will include a focus on young carers of alcohol misusing parents and make recommendations as part of implementation planning.

Joint planning to tackle alcohol misuse

What we will do:

- develop a communication and marketing plan for the alcohol strategy which reinforces national campaigns, ensuring local campaigns provide information about where and how to get help
- each of the groups working to communicate sexual health and harm reduction messages to make links to share their work and ensure that key alcohol and sexual health messages, where appropriate, are included in all relevant campaigns

- consider how we can gain the views of young people service users and communities in the development of the Safer Communities Steering Group consultation plan
- ensure that alcohol is routinely referenced in all relevant strategies
- the DAAT partnership will work with local public sector employers to support work place alcohol policies
- establish a data sub-group of the Alcohol Steering Group which will:
 - [i] explore the development of a data collection strategy;
 - [ii] review and establish systems to ensure that local agencies' data systems can identify people whose presence in their service is directly, or in part, related to alcohol use;
 - [iii] develop systems for collecting and collating this data and reporting it to the DAAT; and
 - [ix] develop an annual needs assessment review process to: inform future strategies; assist with the selection of priorities and to set targets to measure progress.
- Investigate the possibility for sharing de-personalised accident and emergency intelligence with the Safer Communities Partnership

Equality Impact Assessment

In developing this *Alcohol Harm Reduction Strategy* partners are committed to providing services that are fair and accessible and equality is central to the work we do.

To assess the impact of our initiatives we have undertaken an *Equality Impact Assessment (EIA)* to look at the potential positive and negative impacts that the *East Sussex Alcohol Harm Reduction Strategy*, and the actions within, may have on different groups of people. Through this process we have identified actions we need to take in delivering this strategy in order to address any barriers faced by particular groups of people. The findings of the impact assessment have been shared and discussed with the Alcohol Steering Group as part of the ratification process of the strategy. It should be noted that the strategy is anticipated to impact positively on key identified equality groups.¹⁸

What we will do:

- Ensure that, through the strategy, we are meeting the needs of the diverse population of East Sussex, and that no groups are disadvantaged through our planning or delivery



Links to Other Plans and Strategies

National to Regional to Local Level Links National

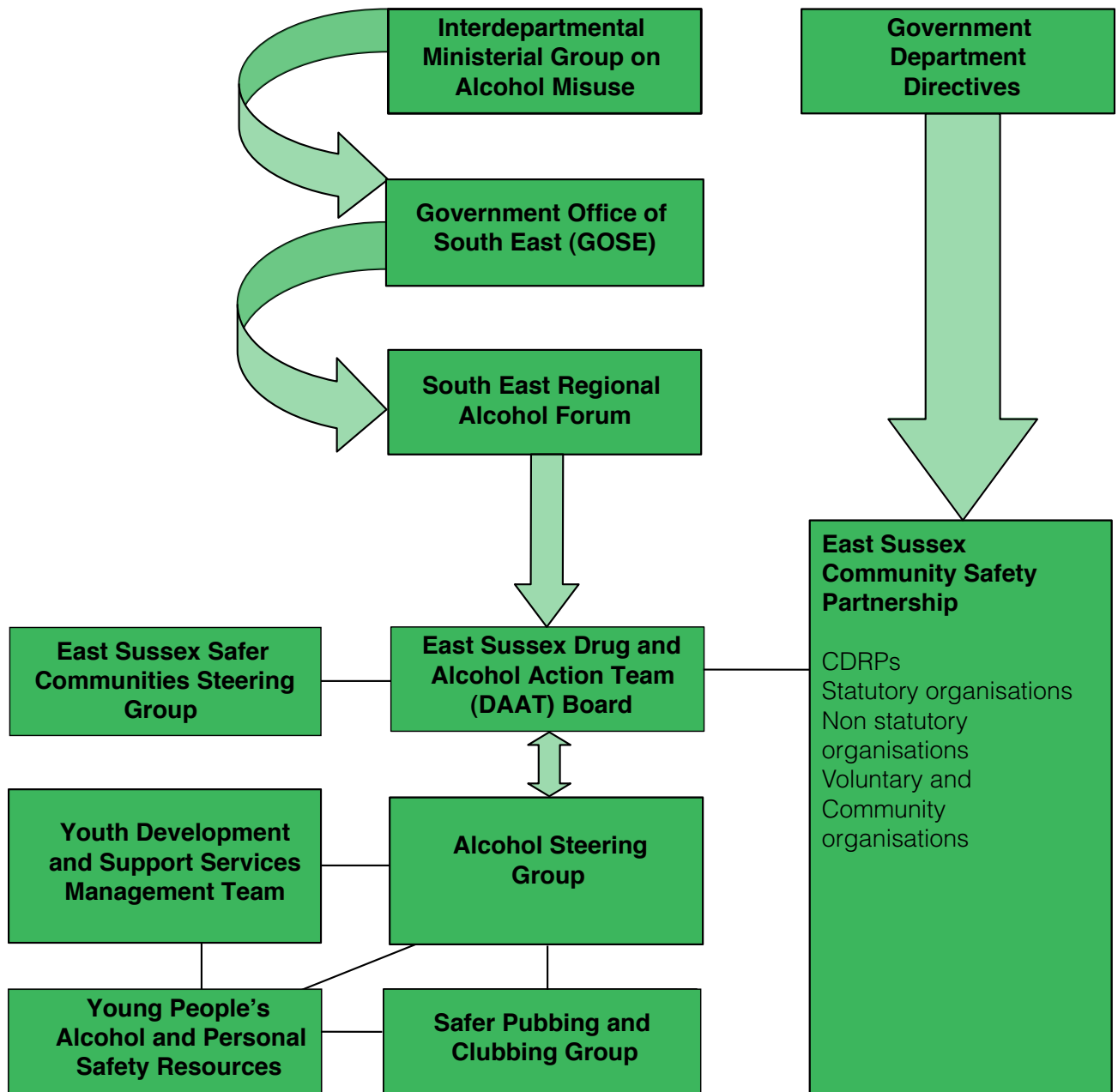
Such is the wide ranging impact of alcohol problems on every aspect of government policy that an inter-departmental Ministerial Group on alcohol policy, representing a range of government departments has been convened. The Ministerial Group's requirements are cascaded to the local level on two ways:

- 1 **Governmental policy directives** - By their individual respective government departments directly to local statutory organisations and local partnerships.
- 2 **Regional** - Through the Government Office of the Regions, whose role is to assist in the strategic co-ordination of delivering the National Alcohol Strategy across local areas. Our Government Office of the South East has convened a South East Regional Alcohol Forum comprising representatives from partnerships across the South East. The purpose of the forum is for partnerships to learn from each other and improve how they deliver the national strategy in their local area.
- 3 **Local** - At the local level all two tier and unitary local authority areas are required to produce a local, partnership agreed, alcohol strategy, which both mirrors national strategy objectives, and responds to the local issues that affect local partner organisations and the community.





National to Regional Local Level Links



There are many national and local strategies which can be seen to link to or support the *East Sussex Alcohol Harm Reduction Strategy*. An important part of taking forward this multi-agency strategy will be to ensure that the appropriate links to other action plans

are monitored where they cover the alcohol agenda and embed the key actions of this strategy into relevant plans and strategies. A list of all the plans reviewed in the preparation of this strategy is attached at **Appendix I**.



Monitoring and Review of the Strategy

The multi-agency Alcohol Steering Group will guide the implementation of this strategy and action plan. The Youth Development and Support Services Management Team will guide the implementation of the Young Persons and Families sections of the strategy. They will report to the Drug and Alcohol Action Team Board. The strategy will be reviewed on an annual basis.

The progress of actions contained within the action plan will be reported on an exception basis to the Alcohol Steering Group and Drug and Alcohol Action Team Board. The action plan will be reviewed on an annual basis.





Acknowledgements

We would like to thank the members of the East Sussex Alcohol Strategy Group who collectively worked on the development of the strategy. This group includes representation from:

- Alcohol Service Provider - Action for Change
- District and Borough Crime and Disorder Reduction Partnerships
- East Sussex County Council
- East Sussex Division, Sussex Police
- Hastings and Eastbourne Borough Council Licensing Managers
- NHS East Sussex Community Health Services
- NHS East Sussex Downs and Weald, NHS Hastings & Rother
- Sussex Partnership Foundation Trust, Substance Misuse Services





Appendix I

Plans and strategies reviewed in preparation of the alcohol strategy

National

Safe Sensible Social: the Next Steps in the National Alcohol Strategy 2007

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_075218

Youth Alcohol Action Plan 2008

<http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=Cm%207387&>

Models of Care for Alcohol Misusers (MoCAM) 2006, National Treatment Agency for Substance Misuse

http://www.nta.nhs.uk/areas/models_of_care/

East Sussex

Pride of Place – the East Sussex Sustainable Community Strategy

<http://www.essp.org.uk/essp/esiscs.htm>

East Sussex Local Area Agreement (LAA)

<http://www.essp.org.uk/essp/esiscs.htm>

East Sussex Joint Strategic Needs Assessment on Alcohol Harm, July 2009

<http://www.eastsussexdownswaldpct.nhs.uk/about-us/strategic-documents/joint-strategic-needs-assessment/>

Young Persons Treatment Plan April 2009

www.safeineastsussex.org.uk

Children and Young Persons Plan

<https://czone.eastsussex.gov.uk/partnershipsinitiatives/cypp/pages/main.aspx>

Supporting People Strategy 2005-2010

<http://www.eastsussex.gov.uk/NR/rdonlyres/14E9D689-AEE3-4B2D-8906-D069E18D5A5B/0/>

EastSussexSupportingPeopleStrategy20052010.pdf

Health and Social Care Commissioning Strategy – Adult Alcohol Misuse April 2008

<http://www.safeineastsussex.org.uk/uploads/strategies/alcoholcomsapril2008.doc>

Mental Health Commissioning Strategy 2008

<http://www.eastsussex.gov.uk/socialcare/policiesandplans/adultservices/commissioningstrategies/default.htm>

Dual Diagnosis Strategy 2005

[http://www.bexhillandrotherpct.nhs.uk/pct_documents/information/Dual%20Diagnosis%20&%20Substance%20Misuse%20\(A24\).pdf](http://www.bexhillandrotherpct.nhs.uk/pct_documents/information/Dual%20Diagnosis%20&%20Substance%20Misuse%20(A24).pdf)

East Sussex Strategic Intelligence Assessment November 2008, unpublished

East Sussex Community Safety Agreement 2009 /10

<http://www.safeineastsussex.org.uk/uploads/strategies/CSA2009-10.doc>

East Sussex Division – Policing Plan

http://www.sussex.police.uk/about_us/downloads/East%20Sussex%20Division%20Policing%20Plan%202009-10%20FINAL.pdf

Commissioning Strategy for Carers' Services 2007/08 to 2009/10

<http://www.eastsussex.gov.uk/socialcare/policiesandplans/adultservices/commissioningstrategies/default.htm>

Teenage Pregnancy Action Plan 2008/10

<https://czone.eastsussex.gov.uk/partnershipsinitiatives/strategies/Documents/44%20Teenage%20Pregnancy%20Action%20Plan%202008-2010.pdf>

Young Carers Strategy 2006

<http://www.eastsussex.gov.uk/childrenandfamilies/familysupport/youngcarers/youngcarers.htm>

Youth Crime Prevention Strategy 2009/12

www.safeineastsussex.org.uk



Appendix II Alcohol Misuse in East Sussex

Alcohol misuse impacts upon a broad range of issues. The following headlines have been taken from assessments of the impact of alcohol in East Sussex, and illustrates the nature and range of issues that alcohol has locally:

Young people under 18 who drink alcohol

- young people are more likely to exceed the recommended daily limits, and up to 90% of children aged 15–16 drink at least occasionally.¹⁹
- during 2008/09 there were 411 young people in treatment in the Under 19s Substance Misuse Service. 14% declared alcohol as their primary substance and 18% stated alcohol unspecified as their primary substance.²⁰
- the *Health Related Behaviour Survey 2007*²¹ found that 19% of young people had obtained their alcohol from a family member, 15% from a friend and 12% got someone to buy it for them. Only 4% bought it from a supermarket or off license and only 2% from a nightclub or pub/bar.
- the *Joint Strategic Needs Assessment for Children and Young People* observed: whilst drinking among young people in East Sussex is in line with national figures, higher numbers of young people in Eastbourne, Hastings and Rother present to A&E with alcohol related conditions than elsewhere in England or the South East.²²
- the 2007/08 *East Sussex Children and Young Persons Substance Misuse Treatment Needs Assessment* highlighted: Young people excluded from school are nearly twice as likely to drink regularly, with over 50% drinking more than once a week. A higher proportion of offenders aged 12 to 17 are frequent drinkers (36%) compared to non-offenders (20%). However, a clear and causal link between alcohol and offending behaviour is not supported by research. The overall research message is that alcohol use and offending have complex and sometimes shared roots, and can impact on each other in many ways.²³

- the *Children and Young Persons Plan Needs Assessment* highlighted that those who drink alcohol are more likely to take risks generally in life, including risky sexual behaviours. That the earlier an individual begins drinking alcohol, the more likely he or she is to use Class A drugs in adolescence.

18-24 year old binge drinkers

- in the recent *British Crime Survey* victims of violent offences perceived offenders to be under the influence of alcohol in 45% of all violent incidents, particularly in relation to stranger violence, with 58% of offenders believed to be under the influence.²⁴
- within East Sussex, peak times, locations and age ranges for criminal damage correlate with the night-time economy to a certain extent, though it is not possible to confirm this link due to absence of data on a strategic level flagging alcohol as a motivating factor.²⁵
- 39% of East Sussex residents thought that drunken rowdy behaviour was a very or fairly big problem compared to 24% in 2003/04.²⁶
- alcohol as recorded factor accounts for around 31.6% of all serious sexual offences, (42% in Eastbourne & 42.5% in Hastings). Where alcohol was a factor the age of victim was predominantly below 23 years. For male victims alcohol is listed as a factor in only 8% of offences, whilst for female victims this figure rises to 34%²⁷



Higher Risk Drinkers

- the Joint Strategic Needs Assessment on Alcohol Harm found that “extrapolations based on national and regional data suggest that the level of hazardous, harmful and dependent drinking of all people in East Sussex is:
 - [i] Hazardous/ Higher Risk Drinkers (19%) 56,883
 - [ii] Dependent drinkers (4%) 11,976
- The North West Public Health Observatory provides fifteen statistical indicators of adult alcohol related harm broken down by local authority area. Each indicator can rank the five local boroughs in comparison with the 354 local authorities in the country. If the data was averaged across the county, East Sussex would appear close to the national average, however, this conceals distinct differences between boroughs. Hastings and, particularly, Eastbourne have some of the highest rankings in the country for a number of indicators. For example, Eastbourne’s Female - Alcohol related months of life lost ranking, is third highest in the country. Hasting’s Male Alcohol-specific hospital admission is ninth highest in the country. Nine of Eastbourne’s and ten of Hasting’s rankings are among the top 50 in the country. On the other hand seven of Wealden’s rankings are among the lowest 50 in the country²⁸
- Hospital admission numbers and rates for alcohol related harm in Eastbourne and Hastings are above the national average. All five local authorities in East Sussex show an increasing trend²⁹
- Between 30-50% of people with a severe mental illness also have problems with substances. People who have a mental illness and who also use substances have: higher rates of homelessness; increased rates of suicidal behaviour; increased rates of violence; and greater contact with the criminal justice system³⁰
- Between 2005/06 to 2007/08, 65% of alcohol directly attributable diagnoses admissions to hospitals were for mental and behavioural disorders due to use of alcohol³¹
- The Department of Health (2005) has found that around half of homeless people are dependent upon alcohol
- 10.6% (181) of drink driving tests administered between July and August 2008 tested positive for alcohol³²

- ESCC Road Safety Team’s AccsMAP programme uses road policing unit data statistically. Between 1st April 2008 and 31st March 2009 ‘impaired by alcohol’ was selected as a contributory factor (driver) in 5.2% of all collisions where someone was ‘Killed and Seriously Injured.’ Impaired by alcohol (pedestrian) accounted for 1.37% of all Killed and Seriously Injured accidents³³
- It is not possible to obtain information on the percentage of those persons who have a previous road traffic offence for drink or drug driving in East Sussex. However National studies such as the Road Death Investigation Project, found that 24% of fatalities and 20% of serious injury casualties involved someone who had consumed drink or drugs. 28% of those persons had a previous road traffic offence for drink or drug driving. (This group represent 1 in 5 fatalities and 1 in 4 killed and seriously injured). Further evidence gained from the drink drive intelligence project reinforces this data, with many offenders having previous drink drive convictions.³⁴
- 56.4% of offenders have alcohol issues that are of concern³⁵

Families, carers and significant others

- 12,000 young people will be affected by the alcohol problems of their parents³⁶
- 37% of domestic violence incidents highlight alcohol as a contributory factor³⁷
- Between October 2006 and the 31 December 2008, 127 families were referred to the Family Substance Misuse Service. Of the 127 referred families, 32.3% of the fathers’ are users and 87.4% of the mothers’ are users. The percentage of both parents in the same family using is 19.7%³⁸
- If only half the harmful and dependent drinkers in the county had just one “concerned other”, that would still equate to over 12,000 carers³⁹
- Over a period of six months, between September 08 and March 09 across East Sussex, the Family Outreach Service recorded alcohol to be ‘seen as an issue’ within the family in an average of 5.05% cases. Hastings & St Leonards had the highest recorded levels with alcohol ‘seen as an issue’ within the family in 10% of cases. The total number of families supported by the Family Outreach Service in 2008 / 09 was 1894⁴⁰



- Midwives collect data on alcohol consumption at booking for all expectant mothers. Over a period of six months, between September 08 and March 2009 159 expectant mothers (6.1 %) scored five or more on the FAST screen for their alcohol consumption prior to pregnancy. A score of five or more means the offer of a referral to the alcohol treatment provider will ensue. 9.2% (238 women) admitted to having consumed alcohol within pregnancy.⁴¹

Further data on the impact of alcohol in East Sussex can be found from the following sources:

- East Sussex Joint Strategic Assessment for Alcohol, June 2009
<http://www.eastsussexdownswaldpct.nhs.uk/about-us/strategic-documents/joint-strategic-needs-assessment/>
- Young Persons Needs Assessment, April 2009
<http://www.safeineastsussex.org.uk/uploads/strategies/ypneeds.doc>
- East Sussex Health and Social Care Commissioning Strategy for Adult Alcohol Misuse
<http://www.safeineastsussex.org.uk/uploads/strategies/alcoholcomsapril2008.doc>
- East Sussex Strategic Intelligence Assessment, November 2008, unpublished

Data Gaps

The following areas have been identified as sources where information could usefully inform us about the impact of alcohol. Through the Alcohol Data Sub Group of the Alcohol Steering Group, data collecting and reporting mechanisms will be developed to further understand the extent of alcohol related harm in East Sussex and take action to address this.

Housing

Homelessness applications where alcohol misuse is identified as a contributory factor
Social Housing tenancy/maintenance/rent arrears/antisocial behaviour where alcohol is a contributory factor

Ambulance data

Alcohol attributable call outs

Older People

Numbers of older people misusing alcohol in older people's services
Impact of alcohol misuse on older people

Worklessness

Rate of claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcohol per 100,000 working population
Percentage of total claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcohol per 100,000 working population

Fire Data

Alcohol related fires

Accident and Emergency Data

Depersonalised data to include alcohol related admissions and victims of alcohol related offences

Police Data

Accurate and consistent use of a flag which identifies when crime or antisocial behaviour is due to alcohol consumption and distinguishes from drug consumption or both

Probation Data

Percentage of pre sentence reports identifying alcohol as a contributory factor

Numbers of offenders subject to community supervision where alcohol misuse is perceived to be a problem



References

- 1 Evidence Based Information Tool for Public Service Agreements, 2008. Available at URL: <http://www.nwph.net/psa/>
- 2 East Sussex Joint Strategic Needs Assessment on Alcohol, Alcohol Concern June 2009 <http://www.eastsussexdownswealdpct.nhs.uk/about-us/strategic-documents/joint-strategic-needs-assessment/>
- 3 East Sussex Joint Strategic Needs Assessment on Alcohol, Alcohol Concern June 2009 <http://www.eastsussexdownswealdpct.nhs.uk/about-us/strategic-documents/joint-strategic-needs-assessment/>
- 4 Roads Policing Unit, Drink Drive Intelligence Report, April 2009, p3
- 5 East Sussex Joint Strategic Needs Assessment on Alcohol, Alcohol Concern June 2009 <http://www.eastsussexdownswealdpct.nhs.uk/about-us/strategic-documents/joint-strategic-needs-assessment/>
- 6 Recession, Crime and Disorder in East Sussex, 21 January 2009, East Sussex Divisional Intelligence Unit
- 7 For further information please see East Sussex Local Area Agreement 2008-2011 at <http://www.essp.org.uk/essp/laa.htm>
- 8 Appendix II details statistics demonstrating the clear link between alcohol and each of the national indicator areas.
- 9 For further information please see East Sussex Local Area Agreement 2008-2011 at <http://www.essp.org.uk/essp/laa.htm>
- 10 Violent Crime Action Plan 2008 to 11, Eastbourne Crime Reduction Partnership (CRP) <http://www.eastbourne.gov.uk/EasySiteWeb/getresource.axd?AssetID=8298&type=full&servicetype=inline>
- 11 Hastings Violent Crime Action Plan 2009, Safer Hastings Partnership (SHP) http://www.saferhastings.co.uk/pdfs/Obs_plan_refresh_dps.pdf
- 12 Alcohol related Crime and Antisocial Behaviour Action Plan 2008-2011, Lewes District Crime Reduction Partnership http://www.lewes.gov.uk/Files/Lewes_District_Community_Safety_Plan4.pdf
- 13 Violent Crime Action Plan 2008 -2011, Safer Rother Partnership <http://www.rother.gov.uk/index.cfm?articleid=356>
- 14 The Safer Wealden Partnership Plan 2008 to 2011 http://www.wealden.gov.uk/Health_and_Public_Safety/Crime_and_Disorder/documents/SWPCCommunitySafetyPlan%202008%202011.pdf
- 15 The Compact for East Sussex is an agreement about relations between statutory, voluntary and community groups or organisations in the county and includes a code of practice on consultation and community engagement <http://www.eastsussex.gov.uk/community/partnerships/downloadcompact.htm>
- 16 The 2009/10 Young People's Specialist Substance Misuse Treatment Plan identifies via a needs assessment the need to increase referrals in these identified areas
- 17 Tiers defined by Models of Care for Alcohol Misuse (MoCAM) 2006 http://www.nta.nhs.uk/areas/models_of_care/
- 18 The EIA is available through East Sussex County Council's Safer Communities Team
- 19 Choosing Health in the South East: Alcohol, South East Public Health Observatory, January 2007
- 20 East Sussex Substance Misuse Report, Quarter 4, 2008/09
- 21 Electronic copies are available from www.healthyschools.gov.uk and www.safeineastsussex.gov.uk
- 22 Young People's Drug Treatment Needs Assessment 2008
- 23 Under the influence? Exploring the links between alcohol use and offending in young people, Research in practice, Jan 2008 www.rip.org.uk/changeprojects
- 24 Crime in England and Wales 2007/08, Home Office, p.7625 East Sussex Strategic Intelligence Assessment, November 2008, unpublished26 East Sussex General Users Survey 2006/0727 East Sussex Strategic Intelligence Assessment, November 2008, unpublished. Serious Sexual Offences include the following offences: Rape, Sexual Assault on a male, Sexual assault on a female, causing sexual activity without consent & Sexual activity etc with a person with a mental disorder. Only where the victim is aged 16 years and over – as per the National performance indicator definition <http://www.communities.gov.uk/documents/localgovernment/pdf/963006.pdf>28 www.nwpho.org.uk
- 29 East Sussex Health and Social Care Commissioning Strategy for Alcohol Misuse, 2008 Source: Local Alcohol Profiles for England 2007, <http://www.nwph.net/alcohol>
- 30 East Sussex County Council, East Sussex Downs and Weald Primary Care Trust, Hastings and Rother Primary Care Trust, Joint Commissioning Strategy for Mental Health, March 2008
- 31 Public Health Analysis of Alcohol directly attributable hospital admissions, 19th June 2009
- 32 Roads Policing Unit, previous data is not available, it has only been captured since the introduction of Lion Alcometers
- 33 Roads Policing Unit
- 34 East Sussex Strategic Intelligence Assessment, March 2008, p43
- 35 Sussex Probation Service, OASys 2007/08 self evaluation
- 36 East Sussex Joint Strategic Needs Assessment on Alcohol, Alcohol Concern June 2009 <http://www.eastsussexdownswealdpct.nhs.uk/about-us/strategic-documents/joint-strategic-needs-assessment/>
- 37 East Sussex Strategic Intelligence Assessment, November 2008, unpublished
- 38 Family Substance Misuse Service: Evaluation Report – January 2009
- 39 East Sussex Joint Strategic Needs Assessment on Alcohol, Alcohol Concern June 2009 <http://www.eastsussexdownswealdpct.nhs.uk/about-us/strategic-documents/joint-strategic-needs-assessment/>
- 40 Early Years, Childcare and Extended Schools Service, East Sussex County Council, supplied in Family Questionnaire (unpublished)
- 41 East Sussex hospitals NHS Trust supplied in Family Questionnaire (unpublished)



ALCOHOL KNOW YOUR LIMITS

SHOULD NOT REGULARLY EXCEED	
MEN	WOMEN
3-4	2-3
UNITS DAILY	UNITS DAILY

The UK Government advises that men should not regularly drink more than three to four units a day and women not more than two to three. Consistently drinking four or more units for men, and three or more for women, isn't advisable because of the progressive health risks it carries. After an episode of heavy drinking it is advisable to refrain from drinking for 48 hours.

As a general rule, pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby they should not drink more than 1 to 2 units of alcohol once or twice a week and should not get drunk.

For more information please contact:

East Sussex Safer Communities Team
St Mary's House
6th Floor
52 St Leonard's Road
Eastbourne
BN21 3UU

01323 466549
www.safeineastsussex.org.uk