East Sussex
Drug and Alcohol Action Team
WORKING IN PARTNERSHIP TO TACKLE SUBSTANCE MISUSE

east sussex
safer
communities
partnership

East Sussex Alcohol Profile

Contents

	Page
Profile Sources	3
Alcohol Data Gaps	
National Profile	
Definitions	5
Theme 1 – Young People Under 18 who drink alcohol	7
Theme 2 - 18-24 year Old Binge Drinkers	16
Theme 3 – Harmful Drinkers	23
Theme 4 – Families, Carers and Significant Others	30
Know Your Limits	35
References	36

Profile Sources

National Alcohol Strategy Local Implementation Toolkit

Safe Sensible Social: the Next Steps in the National Alcohol Strategy, July 2007 is an updated government alcohol strategy that sets out clear goals and actions to promote sensible drinking and reduce the harm that alcohol can cause. It was launched jointly by the Department of Health and the Home Office in 2007. [i]

The Alcohol Strategy Local Implementation Toolkit is a resource to help local teams develop strategies to address alcohol-related crime, ill health and other harm in line with *Safe Sensible Social*. These two sources helped underpin the creation of the East Sussex Alcohol Harm Reduction Strategy. The *Local Implementation Toolkit* includes a section on local alcohol indicators and how to measure them.[ii]

Data Sources

Information from a variety of sources has been used to build a profile of alcohol related harm in East Sussex and determine the priorities identified in this strategy. They include:

- East Sussex Joint Strategic Needs Assessment on Alcohol Harm, July 2009[iii]
- North West Public Health Observatory (NWPHO) Local Alcohol Profiles for England (LAPE)[iv]
- East Sussex Strategic Intelligence Assessment November 2009 and 2008[v]
- The Place Survey 2008/09[vi]
- British Crime Survey[vii]
- Roads Policing Unit Strategic Assessment 2008[viii]
- East Sussex Adult Drugs Needs Assessment 2008[ix]
- Health and Social Care Commissioning Strategy for Alcohol Misuse[x]
- Joint Strategic Needs Assessment for Children and Young People[xi]
- East Sussex Health Related Behaviour Survey[xii]
- Under 19s Substance Misuse Service Young Persons Needs Assessment 2008[xiii]
- Youth Offending Team Planning Tool 2008[xiv]
- The 'Tell Us 3' questionnaire[xv]
- Alcohol Needs Assessment Research Project (ANARP)[xvi]
- Hub of Commissioned Alcohol Projects and Policies (HubCAPP).[xvii]
- Offender Health Needs Assessment 2009.[xviii]

Alcohol Related Data Gaps

Needs to improve data collecting were identified in the following areas:

- Accident and Emergency – Data on assault/glassing; alcohol attributable injuries
- Alcohol attributable ambulance callouts
- Police - Police crime records with alcohol attributable factors in details of investigation; Police records flagged as domestic violence and alcohol related; incident records alcohol (noise from pubs clubs, rowdy or inconsiderate behaviour, street drinking); alcohol attributable custody data (various): number of arrests for drink-related offences; Penalty Notice for Disorder (PND) for alcohol attributable offences;
- Housing – homelessness, tenancy, maintenance, rent arrears, anti-social behaviour where alcohol use is a factor,

- Fire - Accidental death where there is a positive blood alcohol concentration, alcohol attributable fires
- Workability - claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism per 100,000 working population
- Alcohol related accidental deaths (e.g. drowning, falling)

The Department of Health is currently working on ways to include alcohol as a cause of A&E attendance in national data collection plans. The A&E departments in East Sussex have met with the regional alcohol lead and public health and the departments are keen to initiate more detailed alcohol reporting, as developed in Cardiff.

Police Officers attending a crime are able to include in their reporting framework a 'perceived under the influence' tickbox. This does not currently distinguish between drugs and alcohol and is reliant on the officer attending completing accurately. Sussex Police have agreed to address this in their new data system.

A new National Reporting framework is being implemented within East Sussex Fire and Rescue Service, this will include information on alcohol related fires.

National Profile

Alcohol misuse impacts upon a broad range of issues. The national alcohol harm reduction strategy reported how across England, alcohol misuse is linked with:

- 40% of violent crimes;
- 39% of deaths in fires;
- 15% of drownings;
- 1 in 7 road traffic deaths;
- 30,000 hospital admissions annually because of Alcohol Dependence;
- 150,000 hospital admissions annually because of alcohol misuse;
- 20,000 premature deaths - about a fifth because of acute problems;
- 1.2 million alcohol-related incidents every year;
- between 0.78 and 1.3 million children affected by family drinking;
- 65% of suicides.

The East Sussex Profile looks in detail at key local information concerning alcohol related harm, wherever this is available, to compare to the regional and national situation. It also identifies current initiatives, to map out the East Sussex response to alcohol related harm, including prevention, and highlights the areas where there are gaps. It should be read in conjunction with *the East Sussex Joint Strategic Needs Assessment on Alcohol Harm*.

Definitions

There is a wide variety of definitions in common usage in relation to alcohol use, consumption patterns and harms. To clarify the terms used in association with alcohol consumption and its risks, the Department of Health now recommends the use of terms: lower risk, increasing risk and higher risk drinking because these are more readily understood by the general public and reflect the level of risk incurred by drinkers as their consumption increases.

Department of Health Definition

Term	Definition
Lower Risk Drinking	Implies that no level of alcohol consumption is completely safe. The context can determine the level of risk
Increasing Risk Drinking	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
Higher Risk Drinking	Regularly drinking more than 6 units per day for women or more than 8 units per day for men or more than 35 units per week (women) and more than 50 units per week (men).

Safe Sensible Social and the *Local Alcohol Strategy Implementation Toolkit* were created before these standard terms were adopted and refer instead to: sensible, harmful and binge drinking. These terms have been referenced throughout the East Sussex Alcohol Harm Reduction Strategy.

Safe Sensible Social definition

Term	Definition
Sensible Drinking	Drinking in a way that is unlikely to cause yourself or others significant risk of harm. Sensible drinking also involves a personal assessment of the particular risks and responsibilities of drinking at the time
Harmful Drinking	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
Binge Drinking	Drinking too much alcohol over a short period of time, e.g. over the course of an evening, and it is typically drinking that leads to drunkenness. It has immediate and short-term risks to the drinker and to those around them.

Office for National Statistics Definition

The *Office for National Statistics General Household Survey* identifies six groups of drinkers as follows:

Drinker Type	Harms
Non Drinkers	Drink within the Department of Health's guidelines and suffer no harmful effects
Low Risk Drinkers	Drink within the Department of Health's guidelines and suffer no harmful effects
Hazardous Drinkers	Have no apparent problems but are taking risks with their longer-term health
Harmful Drinkers	Are already experiencing physical, social or psychological ill-effects from their alcohol use
Moderately Dependent Drinkers	Significant drinking problems
Severely Dependent Drinkers	Have a wide range of alcohol-related problems. Some with complex problems, such co-existing physical or mental health needs, poly-drug dependence and social problems.

These terms are in wide use in the UK. It is estimated that 24% of men and 13% of women drink in a hazardous or harmful way.[xix]

In this profile, 'harmful drinking' refers to a pattern of drinking alcohol that causes harm to a person's health or wellbeing. The harm may be physical, psychological or social. It equates to 'higher risk drinking.'

'Hazardous drinking' refers to a pattern of drinking that increases the risk of harmful consequences for the person. It equates to 'increasing risk drinking.'

'Alcohol dependence' is defined as a cluster of behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol and difficulties in controlling its use. It would be grouped under the 'higher risk drinking' definition.

World Health Organisation (WHO) definitions

The WHO also defines different categories of alcohol consumption. To avoid confusion these definitions have not been used in the local profile document.

Alcohol-related Harm

Alcohol harm manifests itself in a wide variety of different ways. A report by the Cabinet Office Strategy Unit divided the harm into four broad categories, and attempted to quantify each of them:

- Harm to the health of the consumer
- Crime, anti-social behaviour, domestic violence, drink-driving and its impact on victims
- Loss of productivity
- Social harms, including problems within families.[xx]

Theme 1
Young People Under 18 who drink alcohol

National Context

The *Youth Alcohol Action Plan 2008* (YAAP) is jointly published by the Department for Children, Schools and Families, the Home Office and the Department of Health.

The YAAP sets out what the Government will do to address drinking by young people in three main ways:

1. Working with police and the courts to stop it, making it clear that unsupervised drinking by young people under-18 in public places is unacceptable;
2. Recognising that drinking by young people in the home is clearly the responsibility of parents and families, but providing clearer health information for parents and young people about how consumption of alcohol can affect children and young people
3. Working with the alcohol industry to continue the good progress made to reduce the sale of alcohol to under-18s but also in marketing and promoting alcohol in a more responsible way. Currently the Home Office is leading a consultation about a mandatory code of practice for the retail sector[xxi]

Prevalence data

Compared to other European countries, the UK has the third highest proportion of 15-year-olds (24%) who have been drunk 10 times or more over the past year. There are strong links between high levels of youth alcohol consumption and other risk factors such as youth offending and teenage pregnancy, truancy, exclusion and illegal drug misuse.[xxii]

- Young people are more likely to exceed the recommended daily limits, and up to 90% of children aged 15–16 drink at least occasionally[xxiii]

The *Health Related Behaviour Survey 2007* of under 18 year olds in East Sussex reported:

- 39% of the 3,908 respondents had drunk alcohol within 7 days of the survey
- 8% of girls and 6% of boys had consumed more than 14 units of alcohol
- Of those that had drunk in the 7 days, 1 in 5 reported that they had been drunk at least once

The *Tell Us 3* questionnaire findings include:

- East Sussex has a better than national average rate of young people reporting 'no alcohol use'
- East Sussex has a statistically significant, better than national average, reported delivery of alcohol advice and information
- East Sussex has a 1% worse than national average reporting of young people getting drunk once within the last 4 weeks

The *Young People's Specialist Substance Misuse Treatment Needs Assessment 2007/08* findings include:

- 4 out of 10 young people seen by the Under 19s Substance Misuse Service recorded alcohol as their problem substance
- Alcohol is young people's most favoured drug

The *Joint Strategic Needs Assessment for Children & Young People in East Sussex* found that:

- 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

The *Children and Young Persons Needs Assessment* also showed that young people excluded from school are nearly twice as likely to drink regularly with over 50% drinking more than once a week. 65 substance related school exclusions occurred in East Sussex during last academic year.

The NWPHO records alcohol specific hospital admissions for under 18s. Three of the five boroughs and districts are in the highest 25% of local authorities nationally, and the other two are average or above average. Further information can be found in the *Joint Strategic Needs Assessment for Alcohol Harm*.

Sexual Health and Teenage Pregnancy

National research shows that 90% of teenage pregnancies are associated with one or both partners having consumed alcohol.[xxiv]

Among sexually active 13 and 14 year olds, 40% say they were drunk or stoned at first intercourse.[xxv]

In a survey of 15-16 year olds, 9% report having sex after drinking that they later regretted, while 6% report having engaged in unprotected sex after drinking alcohol.[xxvi]

Teenage pregnancy rates are above national average in Hastings and Eastbourne and below national average in the other three local authority areas. This is consistent with higher rates of alcohol use by young people identified in the former areas.[xxvii]

Youth Crime data

Youth crime, in particular criminal damage, is closely aligned with alcohol use and young people. The criminal damage rate in each borough per 1,000 population in 2007/8 is set out below:[xxviii]

Local Authority	Rate of criminal damage (%)
Eastbourne	21.4
Hastings	25.5
Lewes	19.63
Rother	16.81
Wealden	10.89

In general, the data suggests that young people's patterns reflect adult patterns in that they are above the national average in the coastal areas and lower in the rural areas.

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.[xxix]

A significant number of young people will be affected by the alcohol problems of their parents. Government data suggests that between 780,000 and 1,300,000 young people will fall into this category nationally. This equates to over 12,000 children locally.

Access to alcohol

The *Health Related Behaviour Survey 2007* asked young people where they have obtained alcohol. 3,908 young people in East Sussex responded as follows:

- Family member (19%)
- Friend (15%)
- Got someone to buy (proxy purchasing 12%)
- Supermarket/Off-license (4%)
- Nightclub/pub/bar (2%)

Current Response

Local action to prevent and reduce alcohol related problems occurring amongst the under 18s uses three main approaches:

1. Providing information, education and advice about alcohol
2. Identifying those with alcohol problems/misusing alcohol and offering them the help they need
3. Enforcing the law to stop young people's consumption of alcohol

Different organisations and agencies use one or more of these approaches.

The actions of local organisations and agencies in preventing and reducing alcohol problems are listed below according to their primary role.

1. Providing information, education and advice about alcohol

Personal Social and Health Education (PSHE)

Government guidance sets out how alcohol and drug education should be delivered in schools. This emphasises that:

- The lead role in such education lies with the teachers within the school and not external contributors.
- Preventing alcohol and drug misuse is important but it should be set in the context of a wider skills focused education covering a range of personal, social and health education.

In September 2011 PSHE, which includes drug, alcohol and sex and relationships education, becomes a compulsory subject for all school-aged children in England (subject to legislation).[xxx]

- Drug and alcohol education in East Sussex schools is teacher led and included in PSHE across all four key stages of the national curriculum
- 88% of schools have "Healthy Schools" status[xxxi]

- Teachers maintain responsibility for the overall delivery of the drug education programme, assisted by school nurses for some sessions
- External contributors, such as Connexions staff and the police, are invited to deliver specific sessions on topics that the teacher alone cannot deliver
- Teachers receive guidance and training from a central countywide PSHE team that ensures schools use a Government required life-skills based curriculum approach, and that external contributors adhere to Government guidance

Because of the requirement to include an increasing number of topics within a crowded national curriculum, it is difficult to ensure that appropriate emphasis is placed on the delivery of specific topics such as alcohol education throughout the PSHE curriculum.

School Pupil Referral Units (PRUs) are a type of school, set up and run by Local Authorities to provide education for children who cannot attend school. This may be due to exclusion. School Pupil Referral Units receive a substance misuse specific worker service and targeted prevention sessions each academic year.

Family Information Service Directory

A directory of positive activities and Information, Advice and Guidance (IAG) services for young people aged 11-19 years (plus those up to 25 years with additional needs) has been developed in East Sussex.
This directory is being managed within the Family Information Service and is available live on line through the Children's Trust Express website. Please also refer to the 'family' section of this document[xxxii]

Youth Development Service (East Sussex County Council)

The Youth Development Service helps young people to understand and act on personal, social and political issues which affect them and their communities, and to take responsibility for developing those communities. Youth workers use their professional skills and knowledge to equip and empower communities and groups within them to manage their own affairs.

2. Identifying those with alcohol problems and offering them the help they need

The Under 19s Young People's Substance Misuse Service (U19's SMS)

The Under 19's SMS is a local authority led, multi-disciplinary team that is fully integrated within Children's Services. The service is recognised nationally and regionally as a model of good practice in delivering substance misuse services to young people, both in commissioning practice and service design and delivery.

The service has clear care pathways for referrals with the full range of universal services including Connexions, Schools, Youth Development Service (YDS), Youth Offending Team (YOT), Child and Adolescent Mental Health Services (CAMHS) and other such settings and has a higher than national average referral rate. [xxxiii]

The U19's SMS delivers training to other professionals and agencies working with vulnerable groups of young people, on screening and the delivery of low threshold interventions for substance misuse. This will include youth support teams, Connexions personal advisers, youth offending team workers, police school liaison officers, voluntary sector workers and school nurse practitioners.

Gaps

There was a recognised shortfall in referrals to the U19's SMS from the Hastings area and via Health sources, including Accident and Emergency.
Development of young people's self-harm referral pathways for Hospital Trusts will seek to improve the numbers of referrals originating from these sources. The planning group includes senior representatives from the NHS, CAMHS, Children Services and the U19's SMS.

Schools

Each secondary school has a designated substance misuse worker from the Young People's Substance Misuse Service that will work as part of the 'team around the school'. Their role is to assist the school in identifying those with alcohol problems and offering them the help they need.

Connexions service

The primary role of Connexions is to support young people in making a transition into adult life. This role can include tackling crime, teenage pregnancy and alcohol and drug problems.

Connexions advisers receive level 2 substance misuse training and have data recording mechanisms in place to capture substance misuse activity.
The local Connexions service is run by CRI, whose national core business is responding to problem substance misusers. Two Connexions Intensive Personal Advisers, line managed by the Under 19's Substance Misuse Service, deliver services to young people in treatment.

Child and Adolescent Mental Health Services (CAMHS)

The CAMHS team provides mental health support for children and adolescents with alcohol problems as part of a more complex set of mental health problems. They report that demand for their service is increasing.

Statutory Children's services for Looked After Children (LAC)

East Sussex County Council's Children's Services Department is responsible for the 'Looked After' care system. As with other local universal services, there are referral pathways with the Under 19's Substance Misuse Service. In the case of Looked After Children the pathway uses statutory assessment and review tools.

There is a high rate of identification, in comparison to most similar areas. Of the young people 'looked after' for the 12 month period July 2008-09:

- 74 young people were identified as having a substance misuse issue
- 63 (85.1%) received an intervention for their substance misuse issue
- 4 young people declined an intervention

Training is currently provided to foster carers and staff of residential homes.

Gaps

Work is underway to integrate substance misuse processes with the Common Assessment Framework (CAF) and to fully integrate the substance misuse agenda within Children's Services.

Youth Offending Team (YOT)

- 36% of offenders aged 12 to 17 are frequent drinkers compared to 20% of non-offenders.

In the 12 month period from October 2007 to 2008, 98% of young people who were supervised by the YOT were screened for substance misuse.

- Of the 2,352 screens undertaken 1,507 (64%) scored 1 or more for substance misuse, indicating the use of alcohol and/or drugs in their offending profile.

Substance Misuse Workers from the Young People's Substance Misuse Service have been based within the Youth Offending Team since April 2000. Interventions are also available as custodial through care options or as licence conditions.

The U19's SMS receives approximately 30% of its referrals from the YOT.

Young People's Alcohol Arrest Referral Service

East Sussex is a pilot area for young people's arrest referral and the service began operation on 1st April 2009. Funding ceases 31st March 2009.
The proposal for this scheme identified three elements of service provision that will be undertaken by the service:

- Delivering services in the custody suite upon arrest and at follow up appointments;
- Delivering preventative services as early as possible to young people using alcohol or involved in anti social behaviour;
- Attending the five Prevent and Deter meetings across the county to ensure the "tracking" by all agencies of those young people who come into contact with the arrest referral service
- The age range of the client group is between the ages of 12 years and 18 years.

In the four month period between May and September 2009, 74 young people were assessed and received interventions via the arrest referral scheme.

- The mean age of this cohort is 15
- 54 out of the 74 young people fell within the 15 to 17 year age range
- 26 young people reported engaging in poly drug using behaviours, cannabis being a commonly reported "other" substance. Other substances reported were cocaine, ecstasy, amphetamines, crack cocaine, ketamine and MDMA powder.

Offending types:

- Anti-social behaviour in the community, (underage drinking or contravening by-laws by drinking in public places) (43 young people)
- Violent offences (assualt, battery and ABH) (11 young people)
- Drunk and disorderly offences (8 young people)
- Criminal damage (8 young people)
- Burglary (3 young people)
- Section 5 Public Order offences (1 young person)

Gaps

No alternative funding for the young people's arrest referral has been sourced. Home Office funding ceases at the end of the financial year 2009.

Inpatient and residential Tier 4 services

On average, 3 young people a year require a Tier 4 service, either for alcohol detoxification or dual mental health and alcohol problems.

Their placement is decided by a joint Health and Children's Services "complex case planning" process.

Options include paediatric inpatient care, or local authority placement with intensive Tier 3 support to the placement.

Housing and Homelessness

The Joint Strategic Needs Assessment on Alcohol Harm identified homelessness and housing problems among young people as a significant issue. However, it was also reported that action is being taken to address these issues: in particular via the Young People's Specialist Service and the under 16s Housing Scheme. An under-19s young homeless worker is attached to the specialist team.

Transition services for the 19-22 year old

Retention of 19-22 year olds in adult substance misuse services is poor compared to retention in young people's services. This situation is reflected nationally[xxxiv]

The adult substance misuse services operate a shared transition policy with the U19's SMS for 19 years plus. However, if mental health is a significant feature of a service user's needs, transfer to mental health services for a Care Programme Approach (CPA) function and accommodation support can be difficult to achieve.

A new Early Intervention in Psychosis service should address some of these issues as it will cater for 16-25 years. U19's SMS clinical staff will act for this service for those young people with a dual diagnosis aged 18 or below.

Action for Change, the East Sussex alcohol treatment provider, employs part-time 16-25 year old young people's workers. These are part of the Pulse service and focus on young people moving into adult services. Their geographical remit is limited.

3. Enforcing the law to stop young people's consumption of alcohol

Underage sales and partnership responses:

Regular operations such as Blitz (Eastbourne) and Quench (Hastings) take place during school holidays targeting the sale of alcohol to young people.

Proof of Age schemes are being used and publicised across the county.

A rolling programme of test purchasing to tackle underage sales is carried out by Trading Standards (off-licence premises) and the Police (on-licence premises).

- During the period July 07 to August 08, the Police and Trading Standards ran 6 joint operations.

The U19's SMS has been piloting the delivery of a partnership response aimed at targeting under age drinking within Eastbourne and Hastings. It has a three phase approach to young people being stopped in public with alcohol:

- First occasion - return home to parents/carers with service information
- Second occasion – young person's details are passed to the U19's SMS and a letter is sent by Anti Social Behaviour officers to their parents, offering a targeted intervention
- Third occasion - an Acceptable Behaviour Contract is proposed with a requirement to undertake an assessment and meet the treatment / intervention recommendations from this.

Within Hastings area this also includes an outreach project that delivers a "hotspot" response to areas identified by the police and community groups where young people are congregating and consuming alcohol. These "hotspots" are visited by U19's SMS staff and youth workers, who jointly deliver information and advice, harm minimisation and brief interventions about alcohol and personal safety.

The Safer Hastings Partnership has agreed to fund the service for an additional year.

Gaps

The parents of young people may often be disengaged from the situation, some with substance misuse needs of their own. The outreach service currently lacks the capacity to respond to this area of need.

Trading Standards

Trading Standards departments are responsible for overseeing retail sales of alcohol to under 18's.

- Across East Sussex, the County Council Trading Standards team receives on average 60 complaints per annum about underage sales associated with off licence premises.

- During the financial year 2008/09 60 test purchases were conducted of which 5 (8%) resulted in completed sales.

Alongside enforcement, considerable effort also goes into prevention through awareness raising and training to retailers including:

- Train the Trader Scheme
- Responsible Retailer scheme
- Rolling out the national 'Think 25' campaign
- Working with schools to promote 'Proof of Age' Schemes

Community Alcohol Programme (CAP)

A pilot Community Alcohol Project is being undertaken in Hailsham. The CAP relies on voluntary partnership collaboration between retailers, the authorities, youth services and the resident community.

Initial results are very promising and Trading Standards are investigating possibilities of introducing CAPs in other areas of the county.

Gaps

The current Citizen Card scheme that specifies a child's age is infrequently used as there is little incentive for the child. The feasibility of producing an ESCC joint citizen and bus travel ID card is being investigated.

Recent changes at Sussex police have led to the move of two police officers at divisional level who acted as a conduit for intelligence between Trading Standards, the police and District/ Borough Licensing teams. Trading Standards wishes to see the previous levels of intelligence sharing restored with the purpose of increasing intelligence of under age sales and reducing such sales.

There are currently no education campaigns being run by the Police, Licensing and Trading Standards about the proxy purchasing of alcohol for young people or parental responsibility for their children's drinking.

Neighbourhood Specialist Teams

Neighbourhood specialist teams regularly hold operations to tackle anti-social behaviour linked to reports of young people congregating and drinking under age. An example of this is *Operation Blitz* in Eastbourne, where Neighbourhood Specialist Teams work with key agencies to tackle ASB in hot spot areas. This includes seizure of alcohol.

Theme 2
18-24 Year Old Binge Drinkers

18-24 year-old binge drinkers are identified as a group of particular concern in *Safe Sensible Social*. It is also recognised, however, that the heaviest consumers of alcohol are 16-24 year olds and many of the problems in this targeted group will also be seen in slightly older age groups.

18-24 year old binge drinkers are unlikely to be dependent on alcohol and are most likely to fall into the category of hazardous, harmful or moderately dependent drinkers.

The problems most associated with this group will be:

- violence, disorder and anti-social behaviour associated with the night time economy.
- developing health harms associated with increasing and higher risk drinking patterns.

Violence, Disorder and Anti-Social Behaviour

The *East Sussex Strategic Intelligence Assessment 2008* identified potential trends in association with the economic downturn. These included the risk of increased alcohol consumption at home prior to visiting the night time economy and a potential increase in offences along 'red routes,' main routes into the town, associated with this. It also identified the possibility of people declining the use of public transport, resulting in an increase of offences along red routes late at night as people return to their houses. [xxxv]

Criminal damage

The criminal damage of buildings, vehicles, street furniture, gardens etc. is linked in part to the night-time economy. This is most likely to occur in town centre areas and also routes into and out of town centres, 'red routes'. Criminal damage attributable to alcohol use also occurs in other areas where people might drink, including around licensed premises outside of the town centre, public places such as parks and around residential areas, e.g. individuals drinking or parties taking place. Home Office research has identified alcohol as a factor in damage in general, with 32% of offenders aged 10 to 25 surveyed identifying themselves as being under the influence of alcohol when committing a criminal damage offence, with another 5% on drugs and alcohol.[xxxvi]

Public Order Offences

The key age group for Public Order Offences was 15 to 26 (61% of offenders), with a particular peak between 17 and 20 (31% of offenders). 80% of offenders were male.

Assault and Violent Crime

National research evidences alcohol as a key factor behind night-time violence. British Crime Survey information states that in 2007/8:

- In 45% of all violent incidents the victim perceived the offender to be under the influence of alcohol

- In 58% of all stranger violence the victim perceived the offender to be under the influence of alcohol.[xxxvii]

This cannot be quantitatively confirmed with police data in East Sussex due to the absence of any data around offenders or victims being under the influence of alcohol. Data indicates that:

- The peak age range for **victims** of assaults in the night time economy was 12 to 27 (56% of victims)
- The key victim age group overall was 15 to 19, with a quarter of all recorded offences
- All victims were male
- The peak age range of **offenders** was from 14 to 25 (58% of offenders), with the key age group overall being 15 to 21, (41% of offenders).
- 76% of offenders were male

There have been two fatalities in the night-time economy and the consumption of alcohol within East Sussex over the last two years.[xxxviii]

Sexual Offences

A steady decline in the volume of recorded Serious Sexual Offences over the past three years has been recorded. During September 2007 to August 2008, of 262 Serious Sexual Offences recorded:

- 'Rape' and 'sexual assault' were the peak offences
- 'Acquaintance' was the peak relationship group:
    - Acquaintance 47%
    - Stranger 23%
    - Intimate 18%
    - Family 12%
- 91% of victims were female
- 98% of offenders were male
- Alcohol as recorded factor accounts for 31.6% of all 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
- There were no recorded perceived incidents of 'drink spiking'.[xxxix]

Recording of this data is not consistent and may not accurately reflect the role alcohol plays in this category of crime. Hurdles faced by investigators include the potential for false reporting and victims heavily under the influence of alcohol who report offences they suspect may have happened but lack recall.

The number of 'Serious Sexual Offences' in the 12 month period Sept 07 – 08 is outlined below, including the increase or decrease this represents in comparison to the previous year:

Volume	Eastbourne	Hastings	Lewes	Rother	Wealden
	66 (-9)	80 (-3)	36 (+7)	41 (-1)	39 (-4)

In Eastbourne and Hastings, the hotspots are the town centre areas, where the bulk of the night time economy is situated.

The majority of offences occur in a dwelling, so focus on crime prevention and target hardening alone may not be sufficient for reducing volumes of offences.

Residents' Views

Surveys of public opinion in England and the UK as a whole suggest that alcohol is a major cause of concern. Typical findings of surveys include the following:

- Seven in ten people think the UK would be a 'healthier and better place to live' if the amount of alcohol consumed was reduced[xl]
- Most people perceive alcohol (78% of people) and tobacco (60%) to be more damaging to health than illegal drugs[xli]
- Most people (80%) think more should be done to tackle the level of alcohol abuse in society[xlii]
- Most people (78%) feel informed about the risks of alcohol, although 40% would like more information[xliii]
- Eight in ten people support the current legal age for purchase but think there should be tougher penalties for retailers who sell alcohol to underage drinkers[xliv]
- Around seven in ten people think that advertising influences the amount that other people drink, while only one in ten thinks that it influences the amount that they drink.[xlv]

Local Perceptions of Antisocial Behaviour

In 2006/07, 39% residents thought that 'drunken rowdy behaviour' was a 'very big' or 'fairly big' problem, compared to 24% in 2003/04.[xlvi]

The *East Sussex Strategic Intelligence Assessment Perceptions Report 2009*, identifies that residents feel the most important crime type to tackle is 'antisocial behaviour'.[xlvii]

Of the antisocial behaviour types, 'alcohol related antisocial behaviour' was identified as the most important antisocial behaviour type to tackle, with 33% of respondents in the *Community Safety in Your Area Survey 2009* and 36% in the *Your Local Area Survey 2009* selecting this from an option of ten antisocial behaviour types.[xlviii]

Health Harms

National figures for both males and females taken from ANARP provide the following breakdown:

- Hazardous/harmful drinkers constitute 33% of people aged 18-24 and 26% of people aged 25-29
- Dependent drinkers constitute 8% of people aged 18-24 and 5% of people aged 25-29.[xlix]

If extrapolated to the East Sussex population the breakdown is as follows:

		Eastbourne	Hastings	Lewes	Rother	Wealden
18-24	Hazardous/ Harmful drinkers	2277	1967	1736	1445	2330
18-24	Dependent drinkers	552	479	421	350	564
25-29	Hazardous/ Harmful drinkers	1794	1550	1368	1139	1836
25-29	Dependent drinkers	345	298	263	219	353

Accident and Emergency Services Data.

Data about A&E attendances received did not specifically identify alcohol as the cause of attendances. It demonstrated an increased rate of attendances at A&E by 16-20 year olds on a Friday or Saturday night (10pm-5am) and a relationship with factors such as violence and accidents.

Current Response

A wide range of actions are underway to reduce problems associated with premises licensed for alcohol. In many instances these are partnership efforts with multi-agency collaboration to achieve a common goal. Police in East Sussex continue to put emphasis on partnership working to reduce crime associated with the night time economy.

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

Across the county many examples were found of initiatives taken to manage problems including late night transport problems in town centres as people try to leave after a night's drinking.

Licensing Enforcement

- A Licensing Tactical Tasking and Co-ordination Group (TTCG) meets every 2 weeks and agrees the priorities for the Licensing Enforcement Team. This feeds into the Divisional TTCG and ensures the focus of the Licensing team is National Intelligence Model compliant.

- The Divisional Licensing Enforcement Team works closely with the local authority, partners and licensees to improve the standards of licensed premises and reduce crime in and around the premises using a range of activity including test purchase operations.

- The Divisional Licensing Enforcement Team works closely with Crime Prevention Design Advisors in the planning stage of new license applications.

- Joint visits with East Sussex Fire and Rescue Service and Local Authority Licensing officers are regularly carried out

- Bar watch/Night watch schemes including radio schemes - are in place with police working closely with licensees through the scheme.

- Barwatch/Nightwatch schemes refer repeat offenders in alcohol related disorder to the anti-social behaviour officer for further action such as Anti-Social Behaviour Orders.

- Exclusion/banning notices are served when appropriate and a range of initiatives are in place, including the purchase of reflective jackets for door staff in some areas.

- Door staff - Security Industry Authority operations have been used to ensure door staff are properly trained and authorised.

Under the Licensing Act 2003, a cumulative impact zone can be declared by a local authority where the concentration of licensed premises in an area is leading to problems. Once declared, although licensees can apply, the assumption will be that no new licences will be granted in that area. There are saturation zones in Eastbourne and Hastings. No evidence was found of a need for zones in other areas of the county.

Gaps

The Licensing Act 2003 assumes that an application for a new or varied licence will be granted unless "representations" (objections) are made that show that the licence application will not be in line with the four licensing objectives.

Representations and reviews can be sought by the identified "Responsible Authorities" such as the police but can also be made by affected members of the public and local businesses.

Evidence exists that areas of social exclusion will have lower levels of representations than more affluent areas. People in such areas may need more encouragement and support to make legitimate representations.

Problem Premises

Any problem premises identified are subject to enhanced licensing visits and given the opportunity to work within an Action Plan. If this is unsuccessful a review of the license is pursued. Covert operations may bee used with regards to persistent problem premises

The *Multi-agency Licensing Enforcement Group* identifies best practice and protocols in tackling problem licensed premises and is enhancing analysis and information sharing to ensure a fast time approach to poorly run premises.

Night Time Economy Crime and Disorder

Hastings and Eastbourne Town Centres have experienced problems with alcohol

related violence for several years. Before the changes in the Licensing Act 2003, these were focused very much around pub closing times. Since then, the problem has become more spread out both in terms of time and location.

Operation Marble

This police operation provides high visibility and targeted policing in "hot spot" areas. It aims to meet the needs of both urban and rural areas by assisting with detecting and reducing violent crime and providing the visibility which aids the feeling of safety within both towns and villages. The operation has three phases;

- Early intervention,
- High visibility patrols in hotspot areas
- Dispersal.

Operation Marble has been key to the reductions achieved in alcohol related crime and anti-social behaviour.

Gaps

Local A&E departments do not currently collect anonymous information on where alcohol-related fights etc are taking place which can be passed on to the police to assist with enforcement. (Cardiff Model) The A &E departments are keen to carry this out but have so far encountered a block with IT. Work is being undertaken to address this.[l]

Replacing glassware

National research has shown that one typical glass related incident costs the NHS £184,000 and involve up to 40 NHS staff. (This is before the costs of a criminal investigation are considered)[li]

- During 2007/08 there were 75 glass related incidents recorded in East Sussex.
- Eastbourne recorded the highest number of incidents at 27 (36%).

Introducing polycarbonate glasses would reduce the number of glass related incidents. Liaison is ongoing between the police, licensing departments and licensees to encourage the use of polycarbonate replacements. Whilst this has been successful in some cases there are still a significant number of reported incidents involving glassware.

Safer Hastings Partnership (SHP)

SHP has funded a set of interventions which aim to reduce alcohol related violence. In 2007 the SHP commissioned Ranzetta Consulting Public Health Specialists for Alcohol to review these interventions and their impact locally. A report published by Ranzetta in February 2008 identified 51 suggestions to improve the partnerships response to alcohol related violence. The SHP is currently reviewing the report.[lii]

Promoting a Culture of Sensible Drinking

There are five sources of alcohol related information:

- Public Health information and Government campaigns
- Information provided by the alcohol industry

- Education in schools
- The workplace
- Advertising

National

The Safe Sensible Social action plan contained a priority action for the Department of Health and Home Office to promote a culture of sensible drinking focusing on 3 areas:

- Challenging public tolerance of drunkenness and drinking that causes harm to health;
- Raising the public's knowledge of units and alcohol and to ensure that everyone has the information they need to estimate how much they really do drink; and
- Targeting information and advice towards people who drink at harmful levels, their families and friends.

To meet this priority the Department of Health and Home Office launched the Know Your Limits campaign.

In East Sussex the Primary Care Trusts make information about units and sensible drinking limits available to the community. The Primary Care Trust also works with partners through the Safer Pubbing and Clubbing Group to plan local campaigns, which raise awareness of the health and safety risks caused by alcohol misuse.

The Safer Pubbing and Clubbing Group (SPCG)

The (SPCG) brings together partnership staff from health, police, community safety and licensing to focus on issues arising from the binge drinking weekend culture prevalent in the 18 – 30 age group. Peak periods for drinking by this group are:

- Summer
- University/college Freshers' period (October)
- Christmas-New Year holiday

The SPCG targets campaigns at each of these periods. The slogan 'Have Fun, Stay Safe' has been used to brand all the campaigns, and this slogan sums up the aims. Activities have included the development of "Safe Space" projects as operated in Eastbourne last Christmas – deploying a mobile unit with a team of skilled workers on the street has contributed to reducing potential public drunkenness, aggression and injuries.

Gaps

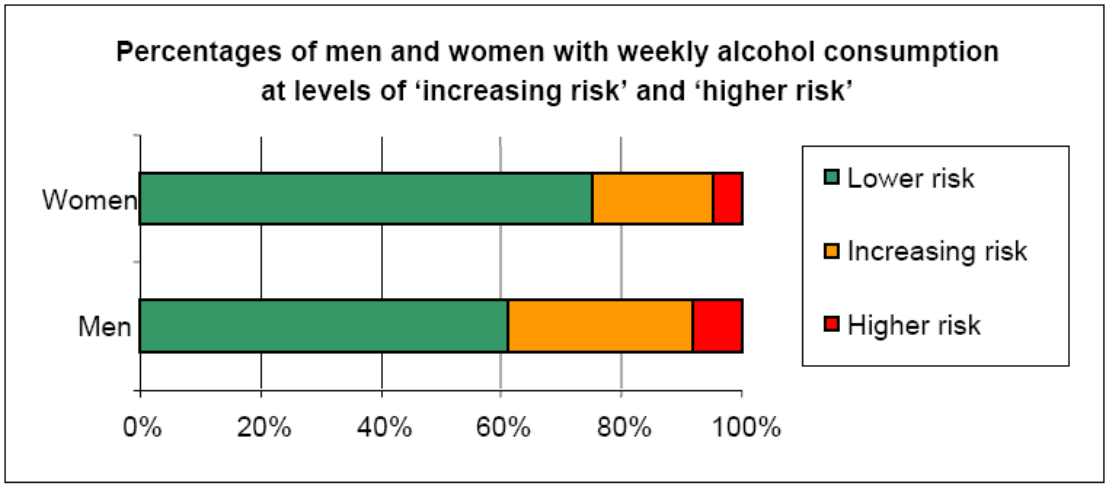
- The SPCG has to rely on partner organisations providing funding for its activities.
- The Safer/Pubbing Clubbing Group needs to be developed to ensure that local campaigns are run alongside the National Know Your Limits Campaign and to increase the distribution of materials beyond pubs and nightclubs.
- Information about units and sensible drinking limits are not available in different languages. Currently information is in leaflet and poster form and this work would be enhanced if information was placed on the

Councils' and PCT websites, and in key healthcare and community settings.

Theme 3
Harmful Drinkers

Excess alcohol consumption can increase the likelihood of developing cancer, liver disease, circulatory disease, damage to the nervous system and mental health problems and impair reproductive health. It is also associated with risky sexual behaviour.[liii]

Categories of 'increasing risk' and 'higher risk' drinking are defined using the number of units consumed per week and largely replace previous diagnostic terms used in Safe Sensible Social. They can be broken down as follows:[liv]



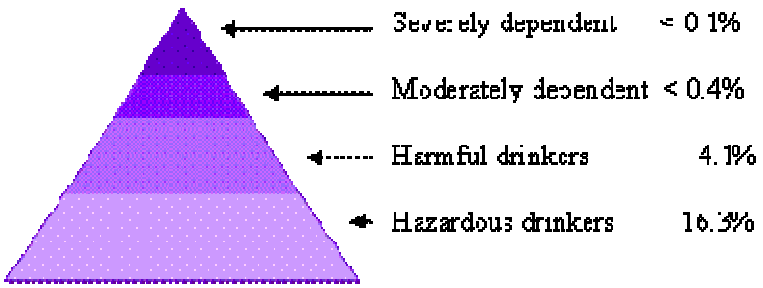
The Office for National Statistics (General Household Survey) identifies six different groups of drinkers and the national percentages in each group.

1. Non Drinkers
2. Low Risk Drinkers
3. Hazardous Drinkers
4. Moderately Dependent Drinkers
5. Severely Dependent Drinkers

Further information in relation to this can be found in the 'definitions' section of this profile.

National Breakdown

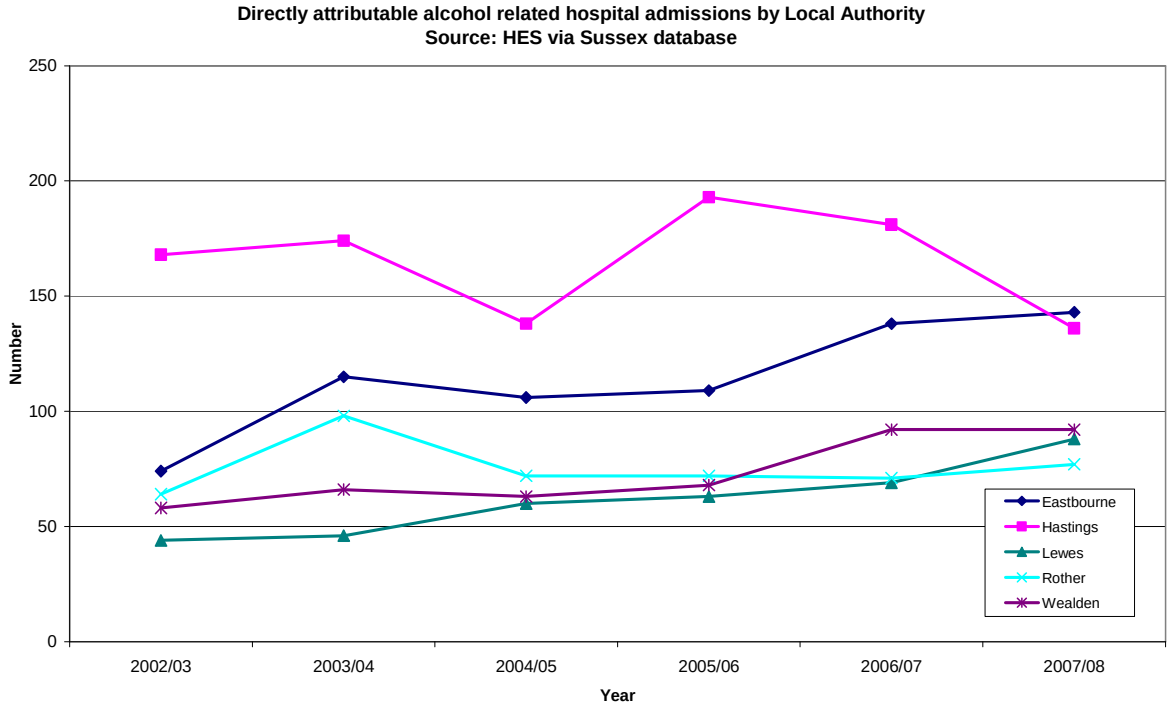
21% of people drink at levels that are hazardous or already causing harm



Applying national percentages to East Sussex provides us with the following extrapolation:
There are an estimated 6,500 dependent drinkers in East Sussex. Around 18,000 are harmful drinkers and 92,000 hazardous drinkers.[lv]

Alcohol Related Hospital Admissions

Hospital admission numbers and rates (age standardised) for alcohol related harm in Eastbourne and Hastings are materially above the national average. All five local authorities in East Sussex show an increasing trend.



Local Alcohol Profiles for England (LAPE)

The Local Alcohol Profiles for England (LAPE) compare the impact of alcohol across 354 local authorities. Authorities are ranked according to the impact of alcohol locally and charted to provide a straightforward comparison with other areas in England.

- In East Sussex, alcohol has the most impact in Hastings. Hastings is ranked in the 'worst' 3 local authorities in the South East for 10 of the 14 Local Alcohol Profile indicators. It is ranked 1 for alcohol related months of life lost for females.

- Eastbourne is ranked in the 'worst' 3 local authorities in the South East for alcohol specific hospital admissions for people aged under 18 (both male and female). Alcohol specific admissions for adult males and months of life lost are also comparatively very high.

- Rother records particularly high rates of mortality from chronic liver disease and alcohol specific hospital admissions for females aged under 18.

Treatment Demand

- The *East Sussex Health and Social Care Commissioning Strategy for Adult Alcohol Misuse* (2008) estimates that the following treatment places are required:

NHS Area	Treatment Places Needed
Hastings and Rother	310
East Sussex Downs and Weald	421

- During January to December 2007 there were 426 self referrals to treatment in East Sussex Downs and Weald, and 326 self referrals in Hastings and Rother. (People entering treatment include both 'harmful' and 'dependent' drinkers).

- During 2006/7 there were 35 placements for residential rehabilitation. Of this group 22 completed their placements successfully giving an overall percentage figure for the year of successful completion of placements of 65%

Alcohol and Mental Illness

It is difficult to establish prevalence rates for the numbers of people with a dual diagnosis of mental illness and substance misuse, as there is a lack of consistency in the definitions, measurement tools and time frames used in research studies. Also the relationship(s) between mental illness and substance misuse are complex.

Substance use or withdrawal can produce psychiatric symptoms or illness, as can dependence, intoxication or withdrawal produce psychological symptoms. Psychiatric disorder can lead to a substance misuse disorder, and substance misuse may exacerbate a pre-existing psychiatric disorder.

However, although figures range widely it is generally accepted that:

- between 30-50% of people with a severe mental illness also have problems with substances. This figure is thought to be higher in inner city areas and increasing, with dual diagnosis being increasingly seen as a major challenge for services and staff working in them, as well as to people experiencing these problems, their family and carers.

In comparison with people with a mental illness alone people who also use substances have:

- Higher rates of homelessness
- Increased rates of suicidal behaviour
- Increased rates of violence
- More severe psychiatric symptoms
- Poorer adherence with medication
- Increased rates of Hepatitis B and C and HIV infection
- Greater contact with the criminal justice system
- Increased use of institutional services[lvi]

East Sussex data shows that of all hospital admissions where the primary diagnosis was alcohol related, the single highest cause of all alcohol admissions were mental and behavioural disorders.[lvii]

Response:

Sussex Partnership NHS Trust has a Policy on the "Management of people with a Dual Diagnosis of Mental Health and Substance Misuse" which sets out principles to work to, including treatment and discharge planning in community and inpatient services. The policy recognises the need for all mental health staff are to be trained in the use of screening tools and brief interventions including motivational strategies and health education.

Ambulance Call Outs

Data from the Ambulance service confirms the picture of differential rates of problems within the county and reflects the pattern found in the NWPHO data of higher rates of problems in the coastal areas.[lviii]

A 'snapshot' five month period between April and September 2008 breaks down as follows:

Local Authority	Total Responses "Alcohol-related"	Rate/1,000
Eastbourne	561	34
Hastings	485	32
Lewes	307	23
Rother	284	26
Wealden	329	17
Unknown	32	
East Sussex	**1998**	**27**

Alcohol and Housing

The Department of Health (2005) has found that around half of homeless people are dependent upon alcohol. Many more are drinking in a way that is hazardous or harmful.

- Between April 2007 and March 2008, 858 new clients entered into various Supporting People funded support services. Certain services are excluded on the client record form (very sheltered housing, sheltered housing with warden, almshouse, peripatetic warden and leasehold scheme).
    - 20 (2%) had alcohol misuse problems as primary issues
    - 74 (8.6%) had alcohol misuse issues as secondary issues
    - This represents a total of 11% with alcohol needs identified.[lix]

The PCT commissioned Seaview Projects to undertake a Health Needs Assessment of Homeless People in Hastings during 2008. There are data gaps concerning the numbers of homeless people with alcohol misuse problems in the district and boroughs.

Gaps

There are a number of sources of information which need to be sought in order to build a picture of the impact that alcohol has on housing, these include:

- Primary Care Trust Homeless Health Team
- Primary Care Trust Health Needs Assessment of Homeless People in Hastings
- the 5 District and Borough Housing Needs Assessment (homeless applications / preventing homelessness)

- the 5 District and Borough Housing Departments (tenancy, maintenance, rent arrears, anti-social behaviour)
- Alcohol treatment provider (housing needs of those in service)

There are limited accommodation resources.

The PCT Homeless Health Team highlight gaps in service provision for prison leavers and street drinkers as an issue for the Eastbourne area. Other required developments are referrals between agencies to support services, and earlier intervention to support the maintenance of tenancies.

Offending

Many of the negative consequences of alcohol consumption by 18-24 year old binge drinkers were considered in section Theme 2:

- 56.4% of offenders in East Sussex were found to have alcohol issues that were of concern. Figures for drug problems were 30.7%[lx]

- During 2006/07 207 people underwent alcohol detoxification programmes in HMP Lewes

- The 2009 East Sussex Offender Health Needs Assessment identifies alcohol misuse as a common issue. A questionnaire was distributed to adult offenders through the probation service. Of the 29 responses received, around half suggested that they had experienced guilt in relation to alcohol or felt that they should cut down on their alcohol consumption[lxi]

- The 2004 Health Care Needs Assessment of HMP Lewes found that 64% of the 120 inmate medical records reviewed noted alcohol use at hazardous levels[lxii]

Current Response

Offenders under Probation supervision may receive Alcohol Treatment Requirements as part of Community Orders.

A Conditional Cautioning Scheme has been introduced across East Sussex as an option for offenders who are in custody.

Gaps

There is very little additional support within prison for people once they have completed an alcohol detoxification. Links with services in the community are poor; essentially because there is no dedicated service within the prison (Counselling, Assessment, Referral, Advice and Throughcare Services teams only work with drug users) and there is no dedicated service for prison leavers in the community (Criminal Justice Integrated Team only work with drug users) so prison leavers experience the same delays for support services as anyone else.

There is no routine identification of alcohol problems when people are arrested and in custody, or an intervention that provides brief advice.

There is no established system of routine data collection and analysis on alcohol related domestic violence

Drink Driving

National figures for 2008 showed that 6% of all road casualties occurred when someone was driving whilst over the legal drink limit, with 17% of all road fatalities linked to drink driving, which is above the East Sussex figure.[lxiii]

- There were 1,707 drink driving tests administered between July and August 2008. Of these 10.6% (181) tested positive for alcohol. During this time there were 472 arrests.[lxiv]

The number of fatalities and serious injury casualties where 'impaired by alcohol' was selected as a contributory factor has reduced year on year in East Sussex since 2005.

- 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 accidents.[lxv]

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.[lxvi]

- Young drivers age 16-25 represent the highest risk group. This group constituted a quarter of all collisions across Sussex in 2009 (up to September), and 14% of these accidents identified alcohol as a factor.[lxvii]

Current Response

Drink driving is tackled across East Sussex through awareness raising campaigns, enforcement programmes and targeting prevention at at-risk groups. Awareness raising campaigns include:

- Participation in Safe Drive Stay Alive which is targeted at young people attending college
- Media campaigns with the Sussex Safer Roads Partnership
- Regular media releases by Roads Policing Unit during campaign periods; and
- Public events during the mainly summer period for example South 999 events such as the Eastbourne Motor Show.

Road Policing Unit staff carry out daily drink drive checks, predominantly late in the evening and early hours of the morning. During national campaign periods officers conduct early morning, lunchtime, evening and night time checks. National campaigns usually run through December and July or August. In East Sussex Campaigns run from mid November to mid January and over the Easter period.

Gaps

The provision of cheap soft drinks and water in the night time economy and designated driver schemes.

Drug and Alcohol Use

The earlier an individual begins drinking alcohol, the more likely he or she is to use Class A drugs in adolescence.

- Among 15 year olds, 17% of those that drank alcohol at 10 years or younger had used a Class A drugs by age 14, compared with 1% who had not drunk any alcohol by this age.[lxviii]

Overdose Deaths

There were thirteen drug-related deaths linked to Class A drugs in East Sussex, January to October during 2009 [lxix]

The Confidential Inquiry into Drug-related Deaths in 2009 reviewed 22 deaths where the use of drugs was implicated in the cause of death, according to the local definition.

- Alcohol was implicated in 12 (54.5%) deaths
- The most common age range was 36 – 45
- 13 deaths were as a result of drug dependence[lxx]

9 deaths were from people not dependent on drugs.

Current Response

The Drug and Alcohol Action Team's (DAAT's) *East Sussex Harm Reduction Strategy for Drug Misuse 2010 to 2013*, includes a focus on Reducing alcohol related harm for drug users.[lxxi]

Gaps

- Addressing the risk of drug related death for those in alcohol treatment
- Data collection on accidental deaths where alcohol use is implicated

Theme 4
Families, Carers and Significant Others

Think Family

The "Think Family" national agenda principle places the onus on any professional who is working with a family to:

i. consider the implications of their intervention on the whole family; and
ii. suggest to the family members where else they could go to find help or support; and help them do so

Since April 2009 all local authorities have received increased funding to support the introduction of Think Family practice, making sure that the support provided by children's, adults' and family services is coordinated and takes account of how individual problems affect the whole family; and targeted support for parents and families - such as Family Intervention Projects and Parenting Early Intervention programmes designed to provide evidence-based support to families experiencing problems [lxxii]

- 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 substance users. The percentage of both parents in the same family using is 19.7%[lxxiii]

- 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 1894 [lxxiv]

Pregnancy

- 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.[lxxv]

Children

The National Treatment Agency estimates that, nationally, between 0.8 and 1.3 million children are affected by parental alcohol problems. [lxxvi]

Assuming a mid point figure of 0.95 million and extrapolating that figure to the population of East Sussex the following estimates can be forecast:

Projected numbers of children adversely affected by adult alcohol misuse

Eastbourne	Hastings	Lewes	Rother	Wealden
3,384	1,598	1,692	1,692	2,632

Government data suggests that between 780,000 and 1,300,000 young people nationally will be affected by the alcohol misuse of their parents. This equates to over 12,000 children locally.

Carers and Significant Others

A 'Significant Other' is a person whose close personal relationship with an individual affects that individual's attitude and behaviour. They can be a family member, spouse, child, employer, co-worker, or friend.

Significant Others in regard to alcohol misuse will generally fall into three groups:

Significant Other category	Example
Adults with legal responsibilities	Parents or guardians of children under the age of 18 who drink alcohol
Adults who feel they have moral responsibilities	Parents whose adult children have left home and misuse alcohol
Young People under 18 affected by adult alcohol misuse	Children affected by their parents' alcohol misuse

The JSNA on Alcohol Harm estimated that 'if only half the harmful and dependent drinkers in the county had just one "concerned other" or significant other, that would still equate to over 12,000 local carers.'

Alcohol treatment care plans that involve carers are more likely to achieve successful outcomes. Models of Care for Alcohol Misuse (MoCAM) recommends that carers are involved in the co-ordination and delivery of treatment.[lxxvii]

Current response

Family Substance Misuse Service (SWIFT)

This is a county-wide, jointly commissioned (Adult and Children's sectors) team of multi-disciplinary practitioners who work with families involved in safeguarding procedures (child protection) because of parental alcohol and/or drug misuse.

The Service provides a "whole family" response to parental substance misuse and aims to:

- Reduce the harms resulting from problematic alcohol/drug misuse
- Improve the current and future life experiences and opportunities for the children of these families.

Gaps

- There is always a waiting list for entry into the Service.
- The East Sussex Commissioning Strategy for Adult Alcohol Misuse 2008/11 reported that "the Family SMS will continue to be invested in, subject to positive evaluation of performance." However, no further investment in significant other work is identified.

Early Years, Childcare and Extended Schools Service, East Sussex County Council.

Children's Services have a range of services that can benefit families where substance misuse is occurring. For example, Children's Centre that are part of the Early Years, Childcare and Extended Schools Service, of East Sussex County Council.

Children's Centre (universal)

Children's Centre aims to support all families to achieve the best outcomes they can for their children. Where the consumption of alcohol is impacting negatively children's centres can support the family in the following ways:

- Home visits from a Family Outreach Service worker. These visits can help parents address poor parenting that can result from excess alcohol consumption. (More info supplied separately)
- Children's centres also contract with Home-Start and Community Parents in the delivery of home visiting support to families.
- Additional Support Midwives, working with children's centre teams, can offer a higher level of support to mothers who use alcohol excessively, explaining the potential impact and possible risks to young children. Mothers can be referred to specialist support services.
- Support with the cost of childcare sessions can be accessed through Children's Centre for parents who are experiencing a crisis or who need to attend appointments in wider support of the child. This is likely to include parents attending drug and alcohol services.

Support is also available through children's centres on securing appropriate state benefits. The children's centres contract with the Citizens Advice Bureau to deliver this service. Future efforts to improve support for families with alcohol misuse issues would be continuing progress on the integration of services for families to help ensure that appropriate referrals are made. Increased use of the Common Assessment Framework and Children's Index will also aid support for families.

Parent Advisors

Parent Advisors are part of the Prevention and Early Intervention Programme (PEIP) which is managed by the Youth Offending Team. These posts are different from the Parent Support Advisors who are school based and primarily involved with issues in families where the children's attendance at school is affected.

Parent Experts

There are two Parenting Experts, a Respect Practitioner managed by CRI in Hastings, and a recently appointed Senior Parenting Practitioner based in Eastbourne. The primary objective of the Parent Experts is to work with parents with problems that are know to put their children at risk, for example, parents with drug, alcohol or mental health problems, and parents who are offenders.

Youth Offending team (YOT) Parenting Support Service

The Youth Offending Team (YOT) has a contract with CRI to provide Parenting Support to parents and carers of young
people working with the Youth Offending Team. This includes young people who are undertaking a Final warning programme as well as Young People on community based court orders and custodial sentences. The support for parents comes in 3 ways:

- Voluntary parenting Interventions
- Parenting Contracts
- Parenting Orders

All this support is offered on a one to one basis and where relevant the Parenting worker will work with parents to look at and address their own alcohol use and its impact on both their parenting and the wider family.

- The YOT parenting programme had 48 cases open at the time of publication and of them 4 had alcohol related needs identified.

STOP Programme (YOT)

The STOP Programme is a parenting programme for parents of teenagers. As part of this programme there is a session of drugs and alcohol which enable parents to look at issues of young people and substance use including signs and symptoms and relevant legislation. This session also seeks to give parents guidance about where to go if they have concerns about their young person in relation to the use of drugs or alcohol.

Family Information Service, East Sussex County Council

The Family Information Service provides up-to-date information and advice on all childcare facilities, parenting and family support, and services for children throughout East Sussex. This confidential service is free to all parents and carers.

It provides advice on every aspect of childcare, including parenting and support groups. The Family Information Service can explain the options, and help find all kinds of childcare from crèches to out-of-school clubs, Children's Centres, nursery education, special educational needs, financial help and more.

Carers

There is a Family and Carers Support Service in Hastings which covers alcohol, drugs and mental health and run open days at CRI.
A support group has been set up in Battle to help families who are caring for someone with foetal alcohol spectrum disorders (FASD).

Currently the East Sussex Drug and Alcohol Action Team is developing a carers helpline for drug and alcohol misuse.

Gaps

The Family Substance Misuse Service works with families where there are significant safeguarding concerns. There is less support available for parents whose alcohol use has not triggered safeguarding concerns but have alcohol misuse needs.

Domestic Abuse

There are no national figures as yet on the prevalence of domestic abuse in the alcohol treatment population. However, we can get an estimate of alcohol-related domestic abuse through UK based national domestic abuse figures. An analysis of this data indicates that there is a strong link between alcohol misuse and domestic abuse.[lxxviii]

Alcohol misuse is not in itself a causal factor of incidents of domestic violence, but can exacerbate the frequency and seriousness of a domestic violence incident. Treatment for alcohol problems may be a time of high risk for domestic abuse: the discomfort of physiological or psychological withdrawal is likely to heighten a perpetrator's anxieties and irritability. [lxxix]

- 37% of domestic violence incidents in East Sussex highlight alcohol as a contributory factor[lxxx]

Many women develop alcohol problems following victimisation.

The national cost of domestic violence to criminal justice, health, social, housing and legal services as well as the economy amounts to more than £5.7 billion a year.

- In a study of Domestic violence offenders on probation alcohol use was a feature in the majority of offences (62%) and almost half of the sample (48%) were alcohol dependent[lxxxi]

- Many women develop alcohol problems following victimisation[lxxxii]

- The Economic downturn could lead to increased stress and social problems and a potential increase in drinking at home could lead to increases in domestic violence and the linked risk of serious crime.[lxxxiii]

Current response

Domestic Violence Service

There is a commissioned county wide service for people who are victims of domestic violence with main offices in Eastbourne and Hastings.

Where domestic violence and alcohol issues are identified through assessment, victims are referred to alcohol services. The service does not work with perpetrators.

Gaps

It was recognised that referrals into alcohol treatment services from domestic violence sources were low.

Multi-Agency Risk Assessment Conference (MARAC)

The Multi-Agency Risk Assessment Conference (MARAC) discusses high risk domestic violence cases and how they can best be multi-agency managed to reduce the risk of repeat offences. The alcohol treatment provider attends the MARAC.

Perpetrators

Integrated Domestic Abuse Programme (IDAP)

IDAP an accredited perpetrators programme run by Sussex Area probation. It is accessed via the criminal justice system. Alcohol is addressed on the course only in relation to its contribution to domestic violence as a disinhibitor. IDAP is not an alcohol rehabilitation programme, and drinkers would need to access alcohol services for help. There is a waiting list for the service.

Gaps

Perpetrators who are not subject to a Court Order cannot voluntarily access support or assistance for domestic abuse issues. There is no care pathway in place for managing perpetrators of domestic violence with alcohol misuse needs.

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.

References

[i] Safe Sensible Social: the Next Steps in the National Alcohol Strategy 2007 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_075218

[ii] More information is available at http://www.lacors.gov.uk/lacors/NewsArticleDetails.aspx?id=18498

[iii] East Sussex Joint Strategic Needs Assessment on Alcohol Harm, July 2009 http://www.eastsussexdownswealdpct.nhs.uk/about-us/strategic-documents/jointstrategic-needs-assessment/

[iv] Local Alcohol Profiles for England are published by the North West Public Health Observatory. This breaks down data by local authority. http://www.nwph.net/alcohol/lape/

[v] A Countywide Strategic Intelligence Assessment of the long term crime, disorder, anti-social behaviour and substance misuse issues facing East Sussex is undertaken annually. Data Analysts within the Safer Communities Team use a range of data sources including restricted and police data to form an annual local profile on community safety. This document is unpublished.

[vi] The 2008/09 Place Survey was conducted by Ipsos MORI on behalf of the East Sussex County consortium. This report assesses perceptions by local people of community safety and is used to inform progress against national indicators on perceptions contained within the Local Area Agreement (LAA) http://www.communities.gov.uk/publications/localgovernment/placesurveyresponses

[vii] The BCS measures the amount of crime in England and Wales. This includes crimes which may not have been reported to the police, or recorded by them. From 2001 this survey has been carried out by the Home Office. http://www.homeoffice.gov.uk/rds/index.html

[viii] East Sussex RPU Strategic Assessment January 2008, unpublished

[ix] Undertaken annually, the Adult Drug Needs Assessment informs the Adult Drug Treatment Plan and planning processes. The 2008 needs assessment is available at www.safeineastsussex.org.uk

[x] This can be viewed at www.safeineastsussex.org.uk

[xi] This can be viewed at http://www.esdw.nhs.uk/about-us/strategic-documents/joint-strategic-needs-assessment/comprehensive-needs-assessments/

[xii] Part of the health Schools Programme, the 2008 survey is available to view at www.healthyschools.gov.uk/

[xiii] Undertaken annually, the Young Persons Drug Needs Assessment informs the East Sussex Young Peoples Treatment Plan and planning processes. The 2008 needs assessment is available at www.safeineastsussex.org.uk

[xiv] The 2008/09 Planning tool is available to view at https://czone.eastsussex.gov.uk/partnershipsinitiatives/strategies/Documents/49%20YouthJusticePlanningTool200809.pdf

[xv] The 'Tell us' questionnaire is an annual data collection tool that focuses on outcomes in the *Every Child Matters* agenda. A sample of Year 6, 8 and 10 students are asked for their answers to a range of questions that focus on health, staying safe and plans for their future. In 2007, 111,385 students across England were consulted in Tell Us 3

[xvi] The Alcohol Needs Assessment Research Project (ANARP) is the first alcohol needs assessment in England conducted on a national scale. http://www.alcohollearningcentre.org.uk/Topics/Browse/Data/?parent=4644&child=4647

[xvii] HubCAPP is an online resource of local alcohol initiatives throughout England. The Hub focuses on capturing the policies, decisions and strategic history that enabled projects to come into existence. http://www.hubcapp.org.uk/

[xviii] *East Sussex Offender Health Needs Assessment*, NHS East Sussex Downs and Weald, NHS Hastings and Rother, May 2009

http://www.esdw.nhs.uk/about-us/strategic-documents/joint-strategic-needs-assessment/comprehensive-needs-assessments/

[xix] Alcohol use disorders: physical complications: NICE guideline DRAFT (September 2009) http://www.nice.org.uk/nicemedia/pdf/AlcoholNICEVersionForConsultation.pdf

[xx] *Alcohol Harm Reduction Strategy,* Cabinet Office Strategy Unit (2004) http://www.cabinetoffice.gov.uk/strategy/work_areas/alcohol_misuse.aspx

[xxi] Youth Alcohol Action Plan DCSF, 2008 http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=Cm%25207387

[xxii] Safe Sensible Social (p.19)

[xxiii] Choosing Health in the South East: Alcohol, South East Public Health Observatory, January 2007

[xxiv] *Alcohol and Teenage Pregnancy*. Alcohol Concern 2002 http://www.alcoholconcern.org.uk/files/20030818_160907_Teen%20Pregnancy%20Briefing.pdf.

[xxv] Wight D, Henderson M, Raab G, Abraham C, Buston K, Scott S, et al. Extent of regretted sexual intercourse among young teenagers in Scotland: a cross-sectional survey. *BMJ* 2000;320:1243-4.

[xxvi] Hibbell B, Andersson B, Bjarnason T et al (2004). *The ESPAD Report 2003: Alcohol and other drug use among students in 35 European countries*. Stockholm: CAN.

[xxvii] Office for National Statistics and Teenage Pregnancy Unit http://www.statistics.gov.uk/hub/index.html

[xxviii] Young People's Specialist Substance Misuse Treatment - Needs Assessment 2007/08

[xxix] Research in practice, January 2008, Under the Influence? Exploring the links between alcohol use and offending in young people http://www.rip.org.uk/changeprojects

[xxx] See www.teachernet.gov.uk/wholeschool/behaviour/drugs

[xxxi] See http://audit.healthyschools.gov.uk/Themes/default.aspx

[xxxii] http://www.essp.org.uk/cte/ActivitiesSearch.aspx

[xxxiii] East Sussex JSNA on alcohol harm, July 2009

[xxxiv] Young People's Substance Misuse Needs Assessment 2008

[xxxv] East Sussex Strategic Intelligence Assessment (November 2008) Unpublished

[xxxvi] Source: Young People and Crime: Findings from the 2005 Offending, Crime and Justice Survey, Home Office, 2006, p. 95

[xxxvii] Source: Crime in England and Wales 2007/8, Home Office, p. 76

[xxxviii] East Sussex Strategic Intelligence Assessment 2009, unpublished

[xxxix] Source: Sussex Police Division

[xl] Ibid

[xli] YouGov poll for the Telegraph and RSA, August 2006

[xlii] The Portman Group (2000) Alcohol and society: research study conducted by MORI for the Portman Group. London The Portman Group

[xliii] Ibid

[xliv] Ibid

[xlv] Ibid

[xlvi] East Sussex General Users Survey 2006/07

[xlvii] 44% of respondents in the *Community Safety in Your Area Survey 2009* and 36% in the *Your Local Area Survey 2009,* the *Strategic Intelligence Assessment Perceptions Report,* Safer Communities Team 2009, is unpublished. Residents had a list of ten crime types to choose from.

[xlviii] *Strategic Intelligence Assessment Perceptions Report,* Safer Communities Team 2009, unpublished

[xlix] Department of Health's Alcohol Needs Assessment Research Project (ANARP)

[l] The Cardiff Model, Effective NHS contributions to Violence Prevention, October 2007 http://www.vrg.cf.ac.uk/Files/vrg_violence_prevention.pdf

[li] Safe Sensible Social, Home Office 2004

[lii] Ranzetta Consulting, Safer Hastings Partnership, Alcohol related violence interventions evaluation, February 2008

[liii] Choosing Health in the South East: Alcohol, South East Public Health Observatory, January 2007

[liv] Source: *The Cost of Alcohol Harm to the NHS in England*, Department of Health, July 2008 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_086421.pdf

[lv] All following statistics are taken from the East Sussex Health and Social Care Commissioning Strategy for Alcohol Misuse, 2008 Source: Local Alcohol Profiles for England, 2007, http://www.nwph.net/alcohol

[lvi] Source: 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

[lvii] Source: Hospital Episode Statistics via Sussex database (3 year pooled data)

[lviii] Emergency response by the Ambulance Service in East Sussex between 01/04/2008 and 30/09/2008, Public Health Department ES Downs & Weald PCT

[lix] Supporting People, Interim Home Office Analysis, April 2007 to March 2008, based on Client Record forms which are completed between the service provider and the service user.

[lx] East Sussex Health and Social Care Commissioning Strategy for Alcohol Misuse, 2008

[lxi] *East Sussex Offender Health Needs Assessment,* NHS East Sussex Downs and Weald and NHS Hastings and Rother, May 2009

http://www.esdw.nhs.uk/about-us/strategic-documents/joint-strategic-needs-assessment/comprehensive-needs-assessments/

[lxii] Quoted from *East Sussex Offender Health Needs Assessment,* NHS East Sussex Downs and Weald and NHS Hastings and Rother, May 2009, 7.1.3

[lxiii] Summary of *Reported Road Casualties Great Britain: 2008* on Department for Transport Website, accessed October 2009.

[lxiv] Roads Policing Unit, previous data is not available, it has only been captured since the introduction of Lion Alcometers

[lxv] ESCC Road Safety Team's AccsMAP programme uses road policing unit data statistically, the report selected was April 2008 to March 2009

[lxvi] East Sussex Strategic Intelligence Assessment, March 2008, p43

[lxvii] East Sussex Strategic Intelligence Assessment, 2009, unpublished

[lxviii] Fuller E. Ed (2005). Smoking, drinking and drug use among young people 2004

[lxix] Figure based on deaths notified to Divisional Intelligence Unit as at 1st September 2009.

[lxx] Confidential Inquiry into Drug Related Deaths, Karen Burch, Safer Communities Team, 2009

[lxxi] *East Sussex Harm Reduction Strategy 2010 to 2013, Reducing the harm caused by drug misuse to individuals and communities in East Sussex,* DAAT 2009

[lxxii] http://www.dcsf.gov.uk/everychildmatters/strategy/parents/ID91askclient/thinkfamily/tf/

[lxxiii] Family Substance Misuse Service: Evaluation Report – January 2009
[lxxiv] Early Years, Childcare and Extended Schools Service, East Sussex County Council, supplied in Family Questionnaire (unpublished)

[lxxv] East Sussex hospitals NHS Trust supplied in Family Questionnaire (unpublished)

[lxxvi] *Models of Care for Alcohol Misusers (MoCAM) 2006,* National Treatment Agency for Substance Misuse http://www.nta.nhs.uk/areas/models_of_care/

[lxxvii] *Models of Care for Alcohol Misusers* (MoCAM), Department of Health, June 2006 http://www.nta.nhs.uk/areas/alcohol/default.aspx

[lxxviii] Knowledge Set One: Domestic Abuse, Alcohol Concern http://www.alcoholconcern.org.uk/files/20090602_154832_Knowledge%20set%201.pdf

[lxxix] Knowledge Set One: Domestic Abuse, Alcohol Concern http://www.alcoholconcern.org.uk/files/20090602_154832_Knowledge%20set%201.pdf

[lxxx] East Sussex Strategic Intelligence Assessment, November 2008

[lxxxi] Safe Sensible Social, Gilchrist E. et al 2003

[lxxxii] Safe Sensible Social, Home Office 2004

[lxxxiii] East Sussex Strategic Intelligence Assessment, November 2008, p15