

East Sussex Alcohol Strategy 2014-2019

...for a healthier
and safer East Sussex

March 2014



Foreword



Eighty-five percent of adults in East Sussex drink alcohol. It is estimated that 1 in 4 people are drinking at a level that is risking or causing damage to their health and wellbeing.

It is without doubt that alcohol is part of East Sussex life; it contributes significantly to our social and economic landscape. Locally, the alcohol industry employs over 4,000 people in pubs, bars and in eleven breweries, producing over £45 million in wages¹. Many of those venues are also an integral part of the local tourism industry.

However, alcohol also contributes to significant health and social problems within our county. The negative impact on individuals, families and communities can be devastating. Locally, alcohol-related illness is on the rise. A significant proportion of crimes including domestic abuse, sexual offences and anti-social behaviour are alcohol-related and alcohol can be a significant factor in poor parenting and family breakdown.

This is the third alcohol strategy for East Sussex, and comes at a challenging time for public and community services with reduced resources and increasing and competing demands on services. Whilst East Sussex has continued to make considerable progress in developing responses to alcohol-related harm, especially with regards to alcohol treatment services, licensing and reducing alcohol-

related violence; it is recognised that there is still further work to do to prevent harms.

The formation of Public Health England, Clinical Commissioning Groups, the East Sussex Health and Wellbeing Board, and the transfer of responsibility for Public Health to East Sussex County Council, has brought greater opportunities for joint strategic working and the sharing of responsibilities to promote health improvement. And there are new opportunities to work with the Sussex Police and Crime Commissioner to identify and respond to our communities' concerns and needs around alcohol-related crime and disorder.

Our aim is to make East Sussex a safer and healthier place by ensuring that all stakeholders share the responsibility to respond to alcohol misuse confidently and effectively to prevent and reduce the harms caused.

A handwritten signature in black ink that reads 'Samantha Williams'.

Samantha Williams

Chair of the Drug and Alcohol Action Team Board

Assistant Director, Planning, Performance and Engagement, Adult Social Care and Health, East Sussex County Council

¹ Beer and Pubs Association: Regional Study 2010/11

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Executive Summary

Alcohol is a complex issue, it is the most widely used drug in the world and has a significant and highly valued economic and social role. Locally in East Sussex, alcohol consumption and harm is spread across the population, amongst different age and socio-economic groups. However, although alcohol misuse can have an impact on all kinds of people – there are substantial differences in the health consequences between affluent and deprived communities. The majority of alcohol-related crime and anti-social behaviour disproportionately occurs in the more deprived areas of our county. Alcohol problems cannot be tackled in isolation, they need to be joined up with the work to reduce health inequalities and to improve our neighbourhoods.

Drinking over recommended levels can increase the risk of a wide range of health problems, for example, heart disease, stroke, throat and stomach cancers, liver disease, obesity and dementia. The harms caused in East Sussex each year are considerable, we estimate that:

- 23% of adult drinkers are drinking at a level that is damaging their health and wellbeing
- there are more than 5,000 alcohol-related crimes and anti-social behaviour incidents per year
- there are approximately 300 ambulance call-outs per month for matters associated with alcohol misuse, and
- 1,691 alcohol-related hospital admissions per 100,000 population (2011/12).

In developing this strategy the East Sussex Drink Debate sought to find out what local residents think about alcohol and the harms it can cause. Alongside analysis of local data about alcohol misuse and alcohol-related

crime, this strategy draws together those issues raised in the Drink Debate.

This strategy aims to deliver better health and community safety outcomes for individuals, families and communities impacted by alcohol misuse. It builds on effective practice and partnership working that has already made a difference in the level of alcohol-harms and alcohol-related crime and incidents.

Working with all our partners we want to encourage a culture that supports those people who chose to drink to do so without harming their health and wellbeing; offer support and advice to those impacted by risky drinking; encourage communities to have a say in how alcohol impacts on their neighbourhoods, and work with all stakeholders to create better and safer socialising environments.

We have identified three priority areas to focus on to make improvements in preventing and reducing harms caused by alcohol misuse:

Priority 1 – Develop individual and collective knowledge, skills and awareness towards alcohol

The Public Health England 'Alcohol Stocktake' self-assessment tool (2013) recommends broad prevention messages to help people to drink within safer limits and be aware of alcohol harms. We are keenly aware that alcohol is more affordable now than in previous years; socially and culturally alcohol has become an everyday commodity, is advertised widely and is easily available. Enabling people to develop their knowledge and understanding of the impact of alcohol is essential to encourage people to choose to drink without harming their health and wellbeing.

Key objectives

- 1.1 Increase knowledge, understanding and awareness of healthy drinking limits
- 1.2 Reduce acceptability of risky and harmful drinking
- 1.3 Influence workplace alcohol policies and cultures
- 1.4 Develop alcohol champions amongst key public, organisational and community roles – such as chief officers, councillors and school governors
- 1.5 Increase staff information and training on alcohol awareness and harms
- 1.6 Ensure services and partnerships keep informed and up-to-date, and benchmark against available evidence and NICE guidance

Priority 2 – Provide early help, interventions and support for people affected by harmful drinking

Targeted interventions will enable resources to be available for those who need most help, whether it is early help or specialist intervention. We want to make sure that we reach more people in the community, work and various social settings to identify and assess their needs. This is for adults, parents, children and young people.

Key objectives

- 2.1 Targeted delivery of the alcohol Identification and Brief Advice (IBA) Model to increasing and higher risk drinkers
- 2.2 Secure commitment of using the IBA model in health and non-health settings
- 2.3 Increase availability of IBA in Children, Family and Young persons settings
- 2.4 Increase alcohol awareness across Family Keyworking networks
- 2.5 Promote effective alcohol education in schools
- 2.6 Ensure the services that help people to recover from alcohol-use disorder meet local demand

- 2.7 Increase the utilisation of specialist treatment for adults and young people

Priority 3 – Create better and safer socialising

There is a range of crime and disorder issues associated with alcohol misuse including violent crimes, domestic abuse, sexual assaults, drink driving and anti-social behaviour. Alcohol is widely available at both on and off licensed premises and effective use of enforcement against individuals and businesses helps to control and minimise the impact of alcohol misuse. However, alongside working to improve individual responsibility, we also aim to work with local alcohol retailers and licensees to promote greater responsibility and management of alcohol in the community.

Key objectives

- 3.1 Tackle alcohol-related anti-social behaviour and crime, including sexual offences; and ensure that domestic abuse issues are addressed, as appropriate, across all services
- 3.2 Enhance existing work to control where and how alcohol is available
- 3.3 Improve the management of night-time socialising environments through use of partnership schemes
- 3.4 Develop partnership schemes with retailers and licensees to promote responsible sales
- 3.5 Reduce under-age sales, including proxy sales, and sales to those who are intoxicated
- 3.6 Reduce alcohol-related road traffic incidents and casualties
- 3.7 Improve data sharing on Accident + Emergency and Ambulance attendances

To achieve the aims of this strategy, we will seek to maximise our resources and partnership approach to deliver a co-ordinated action plan, and will put in place an outcomes focused performance management framework to monitor progress.

Approaches for preventing and responding to alcohol harm

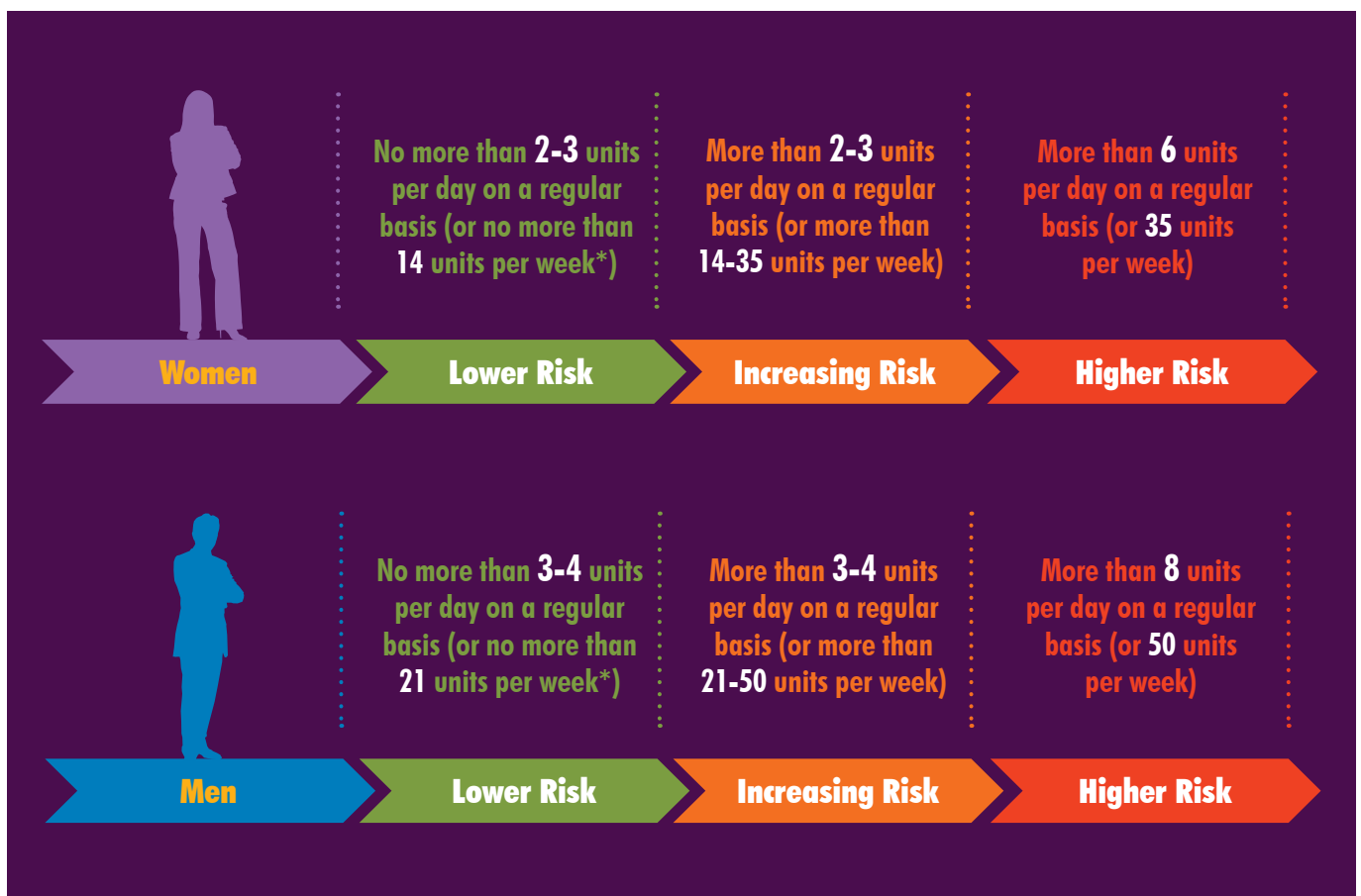
National Guidance

The Government's Alcohol Strategy 2012 sets out proposals to cut 'binge' drinking, alcohol fuelled violence and the number of people drinking to damaging levels. The Government's Drug Strategy 2010, sets out the ambition to increase effective treatment and support full recovery for those suffering from addiction, including alcohol.

In 2013, Public Health England (PHE) produced the 'Alcohol Stocktake Self-Assessment Tool'²

which is designed to provide a structure for local areas to review their systems for responding to alcohol-related harm. The key themes and components have been used throughout the aims and objectives of this strategy, including: strategic leadership, primary prevention, secondary prevention, hospital based alcohol services and tertiary prevention.

The Department of Health has identified categories of drinking patterns which define the level of health risk facing the individual drinker³. These are:



² Public Health England Alcohol Stocktake self assessment tool 2013 at www.gov.uk

³ The Government's Alcohol Strategy 2012 states it has requested a review of alcohol guidelines

There is clear evidence to support two key interventions to change individual drinking behaviour – Alcohol Identification and Brief Advice and specialist treatment services. Within East Sussex prevention and treatment are part of a continuum of interventions to reduce alcohol harm. From a health improvement perspective our focus is engaging with people before they require treatment.

Alcohol Identification and Brief Advice

The evidence shows that individuals drinking at increasing and higher risk levels (but not dependent drinkers) benefit from a brief intervention or an extended brief intervention using the alcohol Identification and Brief Advice (IBA) model.

IBA uses a series of questions to assess the level of risk a person's drinking may have on their health and wellbeing, and offer appropriate advice or referral to specialist support as relevant to the level of risk. IBA can in theory be delivered by anyone in a helping position, trained in using the approach. Settings can include both health and non-health settings; such as GP practices, community pharmacy, dental practices, children and family centres, probation services, courts, prison, police custody, disability and elderly services, fire & rescue, housing and leisure services. This strategy maintains that normalising the use of IBA in health and non-health settings would do much to change the prevailing drinking culture.

The local NHS Health Check programme includes alcohol IBA for adults 40-74 years. There is further opportunity to embed brief advice for alcohol through local 'Make Every Contact Count' (MECC) activity; this is an approach within the NHS and voluntary and community sector settings to use each contact with individuals to offer appropriate brief advice on staying healthy.

Specialist Alcohol Treatment and Recovery focused communities

Those drinking at dependent levels are best

supported by specialist alcohol services. Specialist services work with moderately or severely alcohol dependent clients to provide psychosocial and medical interventions. Services are provided in the community, in hospital and residential care settings and in prisons. Services help clients to become free from alcohol dependence and achieve a long-term sustainable recovery.

The Department of Health recommends that 15% of the estimated alcohol-dependent population should access treatment each year.

A substance misuse commissioning strategy⁴ and treatment plan⁵ describes local priorities for alcohol treatment. The strategy emphasises developing 'recovery communities' through peer support and encouraging more peer-led activities beyond treatment.

Services for Young People and Families

The East Sussex Under 19s Substance Misuse Service is a jointly commissioned specialist drug and alcohol service for young people aged 18 and below. This multi-professional team are co-located in a range of vulnerable children's services across the county. They provide integrated care planned, assessment and treatment responses to young people, support for parents, carers and other professionals.

Children's social care services receive referrals where alcohol misuse is a safeguarding concern and work with other agencies to assess the level of risk and plan the necessary action. That intervention may require work with parents and carers to reduce their alcohol consumption and the negative impact of their drinking, thereby ensuring that their child's needs are effectively met. Direct work with the children may also be undertaken that enhances the protective factors of the child's circumstances such as a therapeutic intervention or access to young carer support.

The SWIFT specialist family service incorporates a specific multi disciplinary drug and alcohol team, that will assesses and deliver interventions to families adversely affected by parental alcohol misuse. This may include

⁴ East Sussex Substance misuse commissioning strategy 14/15 at www.safeineastsussex.org.uk

⁵ East Sussex Treatment Plan 14/15 at www.safeineastsussex.org.uk

an Alcohol Identification and Brief Advice intervention or care planned treatment service for parents/carers with alcohol specific needs. This service may be commissioned by the Family Justice Court to provide independent expert assessment of parental drug and/or alcohol misuse.

Preventative 'early help' services such as Family Keywork services, the Targeted Youth Support service and Children's Centres, work with children, young people and families who may be misusing alcohol. They have a key role to play in the early identification, delivery of early help and in working to ensure appropriate onward referral and in helping families to recover from the impact of alcohol misuse.

The Local Safeguarding Children's Board also oversees a number of alcohol specific training events to different agency staff who work with children, young people and families.

Enforcement and Licensing

The Licensing Act 2003, as amended by the Police Reform and Social Act 2011, gives an increase in powers including:

- doubling the fine for persistent underage sales to £20,000;
- introducing a late-night levy to help cover the cost of policing the late-night economy;
- increased flexibility of early morning alcohol restriction orders; and
- suspension of premises licences if annual fees are not paid.

The Government's Alcohol Strategy 2012 promotes local alcohol action areas – encouraging the use of the amended Licensing Act to put in place local restrictions. There is also an emphasis on the local industry taking more responsibility in terms of its management of alcohol and involvement in local partnerships, through the likes of 'Best Bar None' and 'Community Alcohol Partnerships'. The strategy also promotes the use of local democratic

processes to empower local people to have more say in local licensing issues and decisions.

The 'Anti-Social Behaviour, Crime and Policing Bill' reforms the powers available for dealing with anti-social behaviour. The reforms provide opportunities for dealing with perpetrators of alcohol-related crime and anti-social behaviour, through adding the use of positive requirements into Injunctions and Orders, as well as prohibitions. Other opportunities within the criminal justice system exist through activities such as Alcohol Diversion schemes – this offers an advice and alcohol-awareness session as an alternative to an £80 fine for low level offences, having alcohol workers based in custody cells, and the use of court orders such as the Alcohol Treatment Requirement.

Current local responses for preventing and responding to alcohol-related harms

In East Sussex, we have been developing our response to preventing and responding to alcohol harms – including use of some of the practice described above. Building on local experience; drawing from national policy and from examples of good practice, we have developed effective working practices around this. Examples of these (by agency) can be seen at Annex 2. Highlights of such work includes:

- Increased investment in alcohol treatment services;
- Delivery of a 'Front of House' pilot in East Sussex hospitals;
- An 'Alcohol Diversion Scheme' pilot;
- Year on year reduction of public place violent crime across East Sussex; and
- Effective use of cumulative impact policies to manage and control the number of licensed premises within a designated area.

More details can be found in the 2013 Alcohol Needs Assessment, available on the East Sussex JSNA website: www.eastsussexjsna.org.uk

Footnotes for page 9, opposite:

⁶ NHS Information Centre, Lifestyle statistics (2010)

⁷ East Sussex Alcohol Needs Assessment is available at www.eastsussexjsna.org.uk

Impact of alcohol misuse in East Sussex

Alcohol consumption is spread across the East Sussex population, amongst different age and socio-economic groups. Alcohol misuse can impact all kinds of people – but there are substantial differences in the health consequences between affluent and deprived communities; with the latter being likely to suffer greater harm. While difficult to interpret, this increased level of harm appears to correlate with lifestyle factors, such as smoking, unhealthy diet, physical inactivity and living in more deprived areas.⁶

The majority of alcohol-related crimes and anti-social behaviour disproportionately occur in the more deprived areas of our county also. Alcohol is associated with a range of crime and incident types – most significantly domestic abuse, sexual offences, violence, criminal damage, drink-driving and anti-social behaviour.

Alcohol problems cannot be tackled in isolation, they need to be joined up with the work to reduce health inequalities and the work to improve our neighbourhoods.

East Sussex Drink Debate

The East Sussex Drink Debate 2013 asked over 1,500 local residents their views on alcohol-related problems and what could be done about them.

Many residents were concerned about alcohol-related crime and anti-social behaviour, the impact of alcohol related harm for services (including Accident & Emergency, police patrols etc), families and communities; and would like to see more action to address problems caused. Many people thought that reducing or limiting availability and increasing enforcement around alcohol retailing would help deal with alcohol-related problems. Many also thought

that offering more advice and support was important to ensure that problems did not escalate for individuals and families.

Over a quarter of respondents to the Drink Debate survey said they had experienced alcohol-related anti-social behaviour in the last week, and a fifth in the last month. 49% of respondents said they avoided certain local areas at night because of the behaviour of other people being drunk or drinking.

The findings from the Drink Debate have helped shaped this strategy.

East Sussex Alcohol Needs Assessment

An Alcohol Needs Assessment was produced for East Sussex in 2013⁷. This has analysed a range of alcohol-related health and crime data to identify priority areas for action.

The key findings include:



Drinking behaviour estimates by borough and district



	Lewes	Wealden	Eastbourne	Hastings	Rother
Abstainers from alcohol (% of total adult pop)	14	14	16	16	15
Increasing & higher risk drinkers (% of total adult pop)	23	23	22	22	22
Lower risk drinking (% of drinkers)	73	73	74	74	74
Increasing risk drinking (% of drinkers)	20	21	19	19	20
Higher risk drinking (% of drinkers)	7	6	7	7	6

A survey of 4,526 Year 10 students (age 14-15) in East Sussex⁸ (2012) found that:

Young People



of students said they had drunk alcohol in the past week, compared to 39% in 2007 and 48% in 2004. There has been a decrease in the number of young people saying that they had drunk in public places.

Young People



said they didn't drink alcohol, this compares with 73% in the wider nationwide survey – meaning that more local young people drink than reported in the nationwide survey.

⁸ Young People in East Sussex Schools, A report on health related behaviour of young people aged 14-15 in 2012, Schools Health Education Unit, Exeter for ESSC

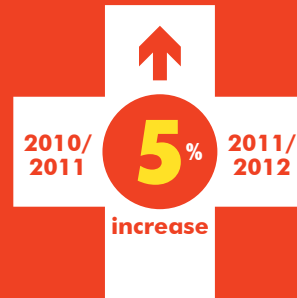
The needs assessment has highlighted the following issues for all of East Sussex:

The financial cost of alcohol related healthcare costs in East Sussex is estimated at



Violent crimes attributable to alcohol have decreased strongly since 2007/8 across the County; they are now approaching the English average for the Eastbourne and Hastings, and are significantly below average for other areas

Alcohol-related hospital admissions in East Sussex are rising in line with England and regional rates



alcohol-related hospital admissions per 100,000 population in 2011/12



young people were admitted to Accident and Emergency under the influence of alcohol in 2012/13, with 8 young people being re-admitted during this period

Hospital admissions directly caused by alcohol misuse include:

mental and behavioural disorders

59%

liver disease

34%



There are around **300** ambulance call-outs per month for suspected alcohol related matters, which are most likely to occur on a

Saturday

21%

Sunday

19%

Alcohol was thought to be a contributory factor in nearly **12%** of reported anti-social behaviour during 2012/13



Almost **2,500** reported crimes were attributable to alcohol within the county during 2011/12

28% of recorded serious sexual offences have involved either the offender or victim under the influence of alcohol. It should be noted that serious sexual offences are under-reported

23% of domestic abuse crimes and incidents occurred whilst the offender was under the influence of alcohol

Summary of District and Borough level impact

Locally there is variation as to the extent of alcohol related harm – more details can be found in the 2013 Alcohol Needs Assessment¹⁰.

Eastbourne

Community Safety Partnership activities (see Annex 2) have resulted in year on year reductions in alcohol-attributable violent crimes since 2007/08. However the current rate is still above the England average especially for incidents typically associated with seaside towns and student population. There is a higher rate of alcohol-related hospital admissions than East Sussex. It is estimated that 22% of the total adult population in Eastbourne are increasing and higher risk drinkers, with almost 1 in 10 adults drinking every day. 1 in 5 adults who drink report that in the past 12 months they had seriously tried cutting down how much they drink. 11% of Year 10 students report having got drunk in the last 7 days.

Hastings

The Community Safety Partnership activities (see Annex 2) have succeeded achieving year on year reductions for alcohol-related violent crimes since 2007/08 to 2012. However, the rate of alcohol-related violent crimes is significantly worse than the England average; and there has been a recent rise connected with a growing student population. Across other alcohol indicators Hastings is significantly worse than the England average, particularly for hospital admissions and alcohol-attributable deaths for males. It is estimated that 22% of the total adult population in Hastings are increasing and higher risk drinkers, with 8% of adults drinking every day. 17% of adults who drink reported that in the past 12 months they had seriously tried cutting down how much they drink. 23% of Year 10 students report having got drunk in the last 7 days.

Lewes

Lewes has significantly better rates for alcohol-related hospital admissions and crime compared to the England and South East average. It is estimated that 23% of the total adult population in Lewes are increasing and higher risk drinkers, 61% of adults in Lewes are drinking alcohol every week and 1 in 10 (10%) doing so every day. Around 19% of adults who drink reported that in the past 12 months that had seriously tried cutting down how much they drink. 37% of Year 10 students report having had an alcoholic drink in the last 7 days and 13% having got drunk in the last 7 days.

Rother

Rother has significantly better rates of alcohol-related hospital admissions and crimes compared to the England and South East average. It is estimated that 22% of the total adult population in Rother are increasing and higher risk drinkers. Just over half (53%) of adults in Rother are drinking alcohol every week, with more than 1 in 10 (12%) doing so every day. 15% of adults who drink reported that in the past 12 months they had seriously tried cutting down how much they drink. 32% of Year 10 students report having had an alcoholic drink in the last 7 days and 14% having got drunk in the last 7 days.

Wealden

Wealden has significantly better rates than the England average for alcohol-related hospital admissions and crime compared to the England and South East average. It is estimated that 23% of the total adult population in Wealden are increasing and higher risk drinkers. More than half (59%) of adults in Wealden are drinking alcohol every week, with 1 in 10 (10%) doing so every day. 16% of adults who drink alcohol reported that in the previous 12 months they had seriously tried cutting down the amount of alcohol they drink. 39% of Year 10 students report having had an alcoholic drink in the last 7 days and 16% having got drunk in the last 7 days.

¹⁰ Alcohol Needs Assessment can be found at www.eastsussexjsna.org.uk

Priority areas for action

The overarching aim is to make East Sussex a safer and healthier place by ensuring that all stakeholders share the responsibility to respond to alcohol misuse confidently and effectively to prevent and reduce the harms caused.

The aims and objectives of this strategy correspond well with aims of the East Sussex Health and Wellbeing Strategy 2013-2016 – specifically the priority area of ‘enabling people of all ages to live healthy lives and have healthy lifestyles’. It is likely that alcohol harm reduction will contribute to positive outcomes in the other priority areas of the Health and Wellbeing Strategy.

This strategy also supports the outcomes of the Police and Crime Commissioners Plan 2013-2017, in which it is recognised that alcohol is a contributory factor for a number of community priorities.

The broad aims of the alcohol strategy are to:



Develop individual and collective knowledge, skills and attitudes towards alcohol



Provide early help, interventions and support for people affected by harmful drinking



Create better and safer socialising

There are cross-cutting themes that will be woven through the priority areas including preventative measures, early intervention and treatment, and enforcement and control measures.

1

Develop individual and collective knowledge, skills and attitudes towards alcohol

The Public Health England 'Alcohol Stocktake' self-assessment tool recommends broad prevention messages to help people to choose to drink within safer limits and be aware of alcohol harms. We are keenly aware that alcohol is more affordable now than in previous years; socially and culturally alcohol has become an everyday commodity, advertised widely and easily available. Enabling people to develop their knowledge and understanding of the impact of alcohol, is essential to encourage people to choose to drink without harming their health and wellbeing.

An outline of how we plan to deliver on these objectives is shown at Annex 1, the complete plan is available at www.safeineastsussex.org.uk

We will work in partnership to prevent alcohol harms through improvements in alcohol awareness and training, and use social marketing tools to target messages about alcohol units and safer drinking levels.

Key objectives

- 1.1 Increase knowledge, understanding and awareness of healthy drinking limits.
- 1.2 Reduce acceptability of risky and harmful drinking.
- 1.3 Influence workplace alcohol policies and cultures.
- 1.4 Develop alcohol champions amongst key public, organisational and community roles such as chief officers, councillors and school governors.
- 1.5 Increase staff information and training on alcohol awareness and harms.
- 1.6 Ensure services and partnerships keep informed and up-to-date, and benchmark against available evidence and NICE guidance.

Key outcomes

- Increased knowledge and health awareness around alcohol consumption.
- Reduced number of young people and adults drinking above safe limits.
- Increased workers confidence and ability to respond to alcohol issues.
- Improved community discussion about alcohol influences, behaviour and policy.

2

Provide early help, interventions and support for people affected by harmful drinking

Targeted interventions will enable resources to be available for those who need most help, whether it is early help or specialist intervention. We want to make sure that we reach more people in the community, work and various social settings to identify and assess their needs. This is for adults, parents, children and young people.

An outline of how we plan to deliver on these objectives is shown at Annex 1, the complete plan is available at www.safeineastsussex.org.uk

In order to reach those who need help and advice, we will increase the availability of Identification and Brief Advice (see page 7), at health care and non-health care settings. Some of the objectives relate to the Substance Misuse Commissioning Strategy which aims to provide access to treatment and recovery services, and as such will cross-read to the 2014-15 Treatment and Recovery plan.

Key objectives

- 2.1 Targeted delivery of the alcohol Identification and Brief Advice model (IBA) to increasing and higher risk drinkers.
- 2.2 Secure commitment of using the alcohol Identification and Brief Advice model in health and non-health settings.
- 2.3 Increase availability of alcohol Identification and Brief Advice in Children, Family and Young persons settings.
- 2.4 Increase alcohol awareness across Family Keyworking networks.
- 2.5 Promote effective alcohol education in schools.
- 2.6 Ensure the services that help people to recover from alcohol-use disorder meet local demand.
- 2.7 Increase the utilisation of specialist treatment for adults and young people.

Key outcomes

- Greater use of alcohol IBA in health and non-health settings
- Increased identification and onward referrals of increasing and higher risk drinkers
- Reduced alcohol-related hospital admissions
- Increased awareness and access to support for children and young people affected by parental alcohol misuse
- Local people who need help for alcohol misuse can quickly access treatment

3

Create better and safer socialising

There is a range of crime and disorder issues associated with alcohol misuse including violent crimes, domestic abuse, sexual assaults, drink driving and anti-social behaviour. Alcohol is widely available at both on and off licensed premises and, effective use of enforcement against individuals and businesses helps to control and minimise the impact of alcohol misuse.

An outline of how we plan to deliver on these objectives is shown at Annex 1, the complete plan is available at www.safeineastsussex.org.uk

We will work in partnership to deal with alcohol-related crime and anti-social behaviour that affects local communities most; including adult street drinkers and other public place drunkenness. However, alongside working to improve individual responsibility, we also aim to work with local alcohol retailers and licensees to promote greater responsibility and management of alcohol in the community.

Key objectives

- 3.1** Tackle alcohol-related anti-social behaviour and crime, including sexual offences; and ensure that domestic abuse issues are addressed, as appropriate, across all services.
- 3.2** Enhance existing work to control where and how alcohol is available.
- 3.3** Improve the management of night-time socialising environments through use of partnership schemes.
- 3.4** Develop partnership schemes with retailers and licensees to promote responsible sales.
- 3.5** Reduce under-age sales, including proxy sales, and sales to those who are intoxicated.
- 3.6** Reduce alcohol-related road traffic incidents and casualties.
- 3.7** Improve data sharing on Accident & Emergency and Ambulance attendances.

Key outcomes

- Develop safer drinking environments
- Reduced demand on emergency services
- Reduced individual and community impact from alcohol-related crimes and anti-social behaviour
- Increased community engagement on licensing issues
- Increased confidence to report sexual offences

Governance and Delivery

The aims of the strategy will be achieved through delivery of a co-ordinated action plan. The action plan and the strategy will be monitored throughout the year, and refreshed annually.

A copy of the current action plan is available at: www.safeineastsussex.org.uk

This strategy will focus on improving outcomes. We will be monitoring the outcomes, including those identified in the Public Health Outcomes Framework¹¹, and using appropriate measures to identify the progress we make.

The action plan will be reviewed and refreshed accordingly to monitor and identify gaps in alcohol improvement work.

The alcohol strategy is overseen by a partnership Alcohol Steering Group and partners are held to account for their contribution. We will look to review the membership and operation of the Alcohol Steering Group to ensure key organisations are adequately represented to improve the way the partnership is responding to alcohol-related harm. This group reports to the East Sussex Drug and Alcohol Action Team (DAAT) Board. Additionally, the recent reforms made to the public health systems partnership provides

new structures to work with the East Sussex Health and Wellbeing Board and Clinical Commissioning Groups.

This alcohol strategy will complement a number of other strategic plans that deal with specific and related alcohol issues, including:

- Government's Alcohol Strategy 2012
- East Sussex Health and Wellbeing Strategy 2013-2016
- Sussex Police and Crime Commissioner Plan 2013-2017
- East Sussex Substance Misuse Treatment Plan 2014-2015
- East Sussex Developing Recovery Communities Plan 2012-2015
- Sussex Partnership Trust Dual Diagnosis Strategy 2011-2016
- East Sussex Domestic Abuse Strategy 2014-2019
- East Sussex Safer Communities Business Plan 2014-15
- East Sussex Fire and Rescue Service: Achieving safer and more sustainable communities

¹¹ Public Health Improvement Framework available at www.gov.uk

Signatories

Achieving the aims of this strategy requires commitment from all partners who have signed up to it. These partners are:

- **East Sussex County Council**
- **Sussex Police**
- **Surrey and Sussex Probation Trust**
- **East Sussex Fire and Rescue Service**

Clinical Commissioning Groups (CCG) for:

- **Hastings and Rother CCG**
- **Eastbourne, Hailsham and Seaford CCG**
- **High Weald, Lewes, Havens CCG**
- **HMP Lewes**
- **Eastbourne Borough Council**
- **Hastings Borough Council**
- **Lewes District Council**
- **Rother District Council**
- **Wealden District Council**
- **Eastbourne Community Safety Partnership**
- **Safer Hastings Partnership**
- **Lewes Community Safety Partnership**
- **Safer Rother Partnership**
- **Safer Wealden Partnership**

Acknowledgements

We would like to thank the organisations listed above and the members of the Alcohol Steering Group who worked on the development of the strategy.

Special thanks go to:

- **Participants of the East Sussex Drink Debate 2013**
- **Members of the recovery community**

Annexe 1: Delivery Plan 14/15

This plan gives high-level information as to the types of activity that will be undertaken to implement and deliver the East Sussex Alcohol Strategy 2014-2019. A detailed action plan for monitoring delivery of this strategy is available at www.safeineastsussex.org.uk This plan does not detail all activity that takes place to prevent or respond to alcohol harm, but highlights the key strategic areas in which partners can contribute to preventing and reducing harm.

The plan is divided into three Priority Areas:



Develop individual and collective knowledge, skills and attitudes towards alcohol



Provide early help, interventions and support for people affected by harmful drinking



Create better and safer socialising

The activities listed are cross-cutting to deliver against a number of the desired outcomes and measures.

The detailed action plan will be monitored by the partnership Alcohol Steering Group on a quarterly basis, and will be reviewed annually. The Alcohol Steering Group reports to the DAAT Board.

Priority 1 Develop individual and collective knowledge, skills and attitudes towards alcohol

Objective

- 1.1 Increase knowledge, understanding and awareness of healthy drinking limits.
- 1.2 Reduce acceptability of risky and harmful drinking.
- 1.3 Influence workplace alcohol policies and cultures.
- 1.4 Develop alcohol champions amongst key public, organisational and community roles – such as chief officers, councillors and school governors.
- 1.5 Increase staff information and training on alcohol awareness and harms.
- 1.6 Ensure services and partnerships keep informed and up-to-date, and benchmark against available evidence and NICE guidance.

Outcomes

- Increased knowledge and health awareness around alcohol consumption.
- Reduced number of young people and adults drinking above safe limits.
- Increased workers confidence and ability to respond to alcohol issues.
- Improved community discussion about alcohol influences, behaviour and policy.

Measures

- ‘Local Alcohol Profiles for England’ drinking estimates for East Sussex
- East Sussex alcohol-related hospital admissions (Public Health Outcome)
- East Sussex Accident and Emergency attendance rates
- Record of communications campaigns delivered
- Evaluation linked to objectives of specific intervention or programmes in East Sussex

Use social marketing tools to target messages about alcohol units and safer drinking, and amplifying national campaigns.

Undertake community engagement campaigns using the ‘East Sussex Drink Debate’.

Promote online information and resources.

Shape alcohol policies and workplace advice for largest public sector groups.

Secure high level commitment to alcohol awareness in community and workplace settings.

Priority 2 – Provide early help, interventions and support for people affected by harmful drinking

Objective

- 2.1 Targeted delivery of the alcohol Identification and Brief Advice model (IBA) to increasing and higher risk drinkers.
- 2.2 Secure commitment of using the alcohol Identification and Brief Advice model in health and non-health settings.
- 2.3 Increase availability of alcohol Identification and Brief Advice in Children, Family and Young persons settings.
- 2.4 Increase alcohol awareness across Family Key-working networks.
- 2.5 Promote effective alcohol education in schools.
- 2.6 Ensure the services that help people to recover from alcohol-use disorder meet local demand.
- 2.7 Increase the utilisation of specialist treatment for adults and young people.

Outcomes

- Greater use of Alcohol IBA in health and non-health settings
- Increased identification and onward referrals of increasing and higher risk drinkers
- Reduced alcohol-related hospital admissions
- Improved awareness and access to support for children and families affected by alcohol misuse
- Local people who need help for alcohol misuse can quickly access treatment

Measures

- Number of IBA practitioners trained in 14/15
- Alcohol-related hospital admissions (Public Health Outcome)
- % Take up of NHS Health-Checks (aim 50%)
- Treatment services Client satisfaction rate (%)
- % of the in-treatment population being 60+ (aim 12.9%)
- % of the in treatment population being from rural areas

Primary prevention in community: Plan, develop and begin implementation of a pilot community based approach to empowering an identified community, in East Sussex, (comprised of increasing and higher risk drinkers) to improve their relationship with alcohol

Train practitioners from a range of organisations across East Sussex in Alcohol IBA

Monitor take up of Health Checks: aim for 50% take-up of total eligible health checks offered per year

Identify ways to work with schools to promote alcohol harms awareness messages

Proactively identify children and families impacted by alcohol harms through increased awareness and information sharing

Test the accessibility of the new Drug and Alcohol Recovery Service in terms of those with additional needs or who are potentially under-represented

Increase the number of older people (60+) in treatment

Increase the number of people in treatment being from rural areas

Review the impact of the Drug and Alcohol Recovery Service, 12 months after introduction

Develop a mutual aid strategy that draws on Public Health England guidance to consider the current situation, identify gaps and recommend action to increase the number of people engaged in recovery activities

Priority 3 – Create better and safer socialising

Objective

- 3.1 Tackle alcohol-related anti-social behaviour and crime, including sexual offences.
- 3.2 Enhance existing work to control where and how alcohol is available.
- 3.3 Improve the management of night-time socialising environments through use of partnership schemes.
- 3.4 Develop partnership schemes with retailers and licensees to promote responsible sales.
- 3.5 Reduce under-age sales, including proxy sales, and sales to those who are intoxicated.
- 3.6 Reduce alcohol-related road traffic incidents and casualties.
- 3.7 Improve data sharing on accident and emergency attendances and alcohol suspected ambulance call-outs.

Outcomes

- Develop safer drinking environments.
- Reduced demand on emergency services.
- Reduced individual community impact from alcohol-related crimes and anti-social behaviour.
- Increased community engagement on licensing issues.
- Increased confidence to report sexual offences.

Measures

- Number of attendances at Accident and Emergency during night-time economy hours.
- Reduced alcohol-related violent crime.
- Number of alcohol-related anti-social behaviour incidents.
- Number of domestic abuse incidents and serious sexual offences reported where alcohol is identified as a contributory factor.
- Number of recorded under-age and proxy sales prosecutions.
- Reduce the number of people killed or seriously injured in alcohol-related traffic incidents and the number of drivers recorded as 'over-limit'.

Targeted campaigns to reduce risky behaviours linked with drinking.

Manage issues associated with problematic adult street drinkers

Take action against public place drunkenness.

Promote processes for reporting concerns about problem premises and sales (on/off sales).

Planned and targeted activities against shops involved in under-age and proxy sales.

Undertake activities to promote responsible sales.

Extend Community Alcohol Partnerships and 'Reducing the Strength' campaigns.

Support and share learning from the Hastings Local Alcohol Action Area work.

Review Accident & Emergency and ambulance data to identify problematic premises and locations.

Annexe 2: Current local responses for preventing and responding to alcohol-related harms

In East Sussex, we've been developing our response to preventing and responding to alcohol harms; building on local experience and drawing from national policy and from examples of good practice. We have developed effective working practices around this, and examples of these (by agency) can be seen in the following table:

East Sussex County Council (ESCC)	<p>ESCC is responsible for leading and coordinating:</p> <ul style="list-style-type: none"> • the East Sussex Health and Wellbeing Board. • Public health work around primary and secondary prevention, and tertiary prevention for people of all ages. • Commissioning of treatment and recovery services for alcohol disorders; for adult, young people and families and providing the Local Area Single Assessment and Referral Service. • the Drug and Alcohol Team (DAAT) partnership board. • Trading Standards Team work with Police to identify premises involved in selling counterfeit alcohol, and underage and proxy sales of alcohol.
Sussex Police	<p>Responsible for activities to reduce crimes and incidents where alcohol is a contributory factor. Alongside core policing activities, local teams will work in partnership to deliver on specific operations and projects including:</p> <ul style="list-style-type: none"> • Neighbourhood Response Teams and Neighbourhood Policing Teams will deal with alcohol-related crimes and ASB affecting the local community – violence, including adult street drinkers and other public place drunkenness. • Police licensing and alcohol harm reduction teams are responsible for licensing enforcement relating to premises by promoting the four licensing objectives as set out in the Licensing Act 2003 and also to contribute to measures that reduce alcohol-related harms. • Op Marble – a policing operation to reduce and control incidents during 'night-time' economy hours Op Blitz to tackle youth related ASB in local areas. • Piloting an 'Alcohol Diversion Scheme' involving offers and advice and alcohol-awareness session as an alternative to an £80 fine for low level offences. • The placement of alcohol liaison workers in custody cells. • Road Policing Units work with Sussex Safer Roads Partnership to reduce and respond to road traffic incidents.
Surrey and Sussex Probation Trust (SSPT)	<p>Lead on the management of offenders and identifying interventions for those with alcohol use disorders, including the monitoring of those offenders subject to 'Alcohol Treatment Requirement' orders.</p>
East Sussex Fire and Rescue Service (ESFRS)	<p>ESFRS will investigate, and where possible identify, alcohol as a contributory factor in both accidental and deliberate fires; including those where fatalities have occurred. They are also leading on Home Safety activities including the use of an alcohol audit to help identify drinking behaviours that may risk their safety. This is likely to be introduced to East Sussex area from 2014 onwards. ESFRS also coordinates East Sussex road safety activities including drink/drive campaigns and are involved with local arrangements to identify and respond to community alcohol-related fire incidents (e.g. bin fires).</p>

<p>East Sussex Healthcare NHS Trust (ESHT)</p>	<p>Provides acute hospital and community health services. People affected by alcohol-specific and alcohol-related conditions may be treated here, including at Accident and Emergency. In 2013, a Front of House scheme was piloted which placed alcohol workers in the hospitals to work with those who presented with injuries or conditions resulting from alcohol misuse or dependence. The scheme helped to refer them onwards for specialist treatment and recovery. Young people attending Accident and Emergency because of an alcohol-related condition will be referred to the local Under 19s Substance Misuse Service for help and advice.</p>
<p>Sussex Partnership NHS Foundation Trust (SPFT)</p>	<p>Provides specialist mental health, substance misuse, learning disability and prison healthcare services and are involved with partnership activities to prevent alcohol harm.</p>
<p>South East Coast Ambulance Service NHS Foundation Trust (SECAmb)</p>	<p>Provides ambulance response and emergency healthcare across Kent, Surrey and Sussex. Local partnership arrangements are in place to share data and provide referral pathways, especially relating to young people.</p>
<p>Clinical Commissioning Groups (CCGs):</p>	<p>CCGs are responsible for commissioning health services and bring together GPs, practices and people living in an area in order to meet the needs of local populations.</p>
<ul style="list-style-type: none"> • Hastings and Rother • Eastbourne, Hailsham and Seaford • High Weald, Lewes and Havens 	
<p>HMP Lewes</p>	<p>The CRI Drug and Alcohol Recovery Team (DART) was introduced at Lewes HMP on 1 October 2012. The DART is a multi-disciplinary team delivering a substance misuse recovery service that focuses on engagement, effective treatment and sustained recovery from drug and alcohol misuse.</p>
<p>Safer East Sussex Team</p>	<p>This is a multi-agency, co-located team which provides countywide strategic support and coordination to a range of partners, and supports the work of:</p> <ul style="list-style-type: none"> • the Drug and Alcohol Team Board, • the Alcohol Steering Group, • development Recovery Communities, and • leads on Treatment and Recovery Services Needs Assessments for Adults and Young People.

Eastbourne Community Safety Partnership and Eastbourne Borough Council

Responding to alcohol-related crime and disorder has been a priority for the Eastbourne Community Safety Partnership, and the activities undertaken have resulted in year-on-year reductions in public place violent crime where alcohol is a contributory factor. The Eastbourne Community Safety Partnership and Eastbourne Borough Council is involved in the funding and coordination of a number of projects and activities to respond to local alcohol-related issues. These include:

- working with Sussex Police on ensuring the effectiveness of Op Marble and Op Blitz programmes (described above in Sussex Police section), as well as supporting a number of enforcement interventions to prevent and deter alcohol-related anti-social behaviour (such as a Designated Public Place Order and use of Dispersal Orders),
- supporting the Street pastor scheme which involves a number of volunteers being available to interact and help those in need in the town centre on Friday and Saturday nights,
- coordination of Business Crime Reduction schemes (including Nightwatch),
- multi-agency response to Street Communities – including street drinkers and homeless people – to identify needs and support,
- adherence and application of Eastbourne Borough Council’s comprehensive Licensing Policy including meeting the four Licensing Objectives, and a local Cumulative Impact Policy to help manage and control the number of licensed premises within a designated area,
- working with the Healthy Eastbourne programme to offer help and advice to people of all ages to increase awareness of safer drinking, and
- working with the local students union such as during ‘Fresher’s Week’.

Safer Hastings Partnership and Hastings Borough Council

Reducing alcohol related crime and disorder and health harms is a top priority for Hastings Borough Council and our partners in health, trading standards and the Police. The Safer Hastings Partnership and Hastings Borough Council have developed a range of interventions to address local problems where alcohol is a contributory factor, and have recently sought to become a Local Alcohol Action Area. Hastings has the following in place to address alcohol-related crime, disorder and health issues:

- Designated Public Place Order which is proactively enforced by town centre policing teams.
- Tackling alcohol-related anti-social behaviour including street drinking and begging through use of dispersal powers, seizing alcohol, making arrests or issuing fixed penalty notices.
- Hastings Borough Council lead multi-agency tasking teams to identify and support the needs of the street community, including street drinkers and homeless people to identify referral pathways to address health and housing needs.
- Police and Council Licensing Officers target Off Licenses serving persons whilst drunk and premises licences are reviewed and revoked.
- Working with Sussex Police on ‘Op Marble’ and ‘Op Blitz’ programmes (described above under Sussex Police).
- Voluntary ‘Reduce the Strength’ scheme preventing sale of Beer, Cider or Lager with ‘Alcohol By Volume’ of above 6.5%. is being introduced.
- Hastings Borough Council adheres to and applies a comprehensive Licensing Policy to meet the 2003 Licensing Act’s four objectives, and use of a Cumulative Impact Policy.
- Piloting the placement of an alcohol misuse worker in police custody block to engage with those brought in for alcohol related offences, with a view to offering treatment and advice.
- Ongoing development of a Community Alcohol Partnership including work with all local secondary schools and a range of local alcohol retailers.
- Support of the Street Pastors scheme which involves a number of volunteers being available to interact and help those in need in the town centre on Friday and Saturday nights.
- Coordination of Pubwatch scheme.

<p>Lewes Community Safety Partnership and Lewes District Council</p>	<p>The Lewes Community Safety Partnership and Lewes District Council support and coordinate a number of local partnership activities that prevent and reduce alcohol-related including:</p> <ul style="list-style-type: none"> • Working with Sussex Police on ‘Op Marble’ and ‘Op Blitz’ programmes (described above under Sussex Police) and the enforcement of the Designated Public Place Orders. • Lewes District Housing identify and support tenants with substance misuse issues providing referral pathways as appropriate to needs. • Lewes District Council applies it’s Licensing Policy to all premises selling and supplying alcohol and works with Sussex Police to enforce responsible retailing of alcohol. • Supports the local Street Pastor schemes in Lewes and Seaford which involves a number of volunteers being available to interact and help those in need in the town centre on Friday and Saturday nights.
<p>Safer Rother Partnership and Rother District Council</p>	<p>The Safer Rother Partnership and Rother District Council support and coordinate a number of local partnership activities that prevent and reduce alcohol-related including:</p> <ul style="list-style-type: none"> • Working with Sussex Police on ‘Op Marble’ and ‘Op Blitz’ programmes (described above under Sussex Police). • Rother District Council applies it’s Licensing Policy to all premises selling and supplying alcohol and works with Sussex Police to enforce responsible retailing of alcohol. • Identifies referral pathways for offenders in need of substance misuse support • Supports the local Street Pastor scheme Bexhill which involves a number of volunteers being available to interact and help those in need in the town centre on Friday and Saturday nights.
<p>Safer Wealden Partnership and Wealden District Council</p>	<p>The Safer Wealden Partnership and Wealden District Council support and coordinate a number of local partnership activities that prevent and reduce alcohol-related including:</p> <ul style="list-style-type: none"> • Working with Sussex Police on ‘Op Marble’ and ‘Op Blitz’ programmes (described above under Sussex Police). • Wealden District Council has a Licensing Policy which applies to all premises selling and supplying alcohol, and works with Sussex Police to enforce responsible retailing of alcohol. • Wealden District Council Housing works to identify and support tenants with substance misuse issues providing referral pathways as appropriate to needs. • Supports the local Street Pastor scheme in Uckfield and Heathfield which involves a number of volunteers being available to interact and help those in need in the town centre on Friday and Saturday nights.

Help and Advice

Adults

STAR East Sussex Alcohol Service

Phone: 0300 3038160

Visit: www.cri.org.uk

Young people

The **East Sussex 'Under 19s Substance Misuse Service'** helps young people and their families affected by drugs and alcohol.

Visit: www.connexions360.org.uk

Email: Under19sSMSDuty@eastsussex.gov.uk

Phone: 01323 464 404

East Sussex Recovery Alliance

There is a range of recovery support run by and for people with drug and alcohol issues to support each other on their paths to recovery, you can find out more information about these and when meetings take place at www.safeineastsussex.org.uk

Alcoholics Anonymous

A fellowship which aims to help the recovery of alcoholics by group meetings and individual support. For details of local meetings:

Phone: 0845 769 7555

Visit: www.alcoholics-anonymous.org.uk

Al-Anon Family Groups

Provide support and understanding to anyone whose life is, or has been affected by someone else's drinking. For details of local groups:

Phone: 020 7403 0888

Visit: www.al-anonuk.org.uk

National services and helplines

Drinkline

A national service and give counselling, support, advice and information about alcohol:

Phone: 0800 9178282

NHS Change4Life

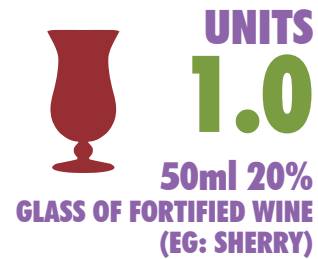
Visit the www.nhs.uk/Change4Life for a range of tips and advice on how to lead a better and healthier life.

What's in your drink?

Have you ever thought about how much you really drink?

Do you know how many units of alcohol and calories are in your usual drink?

Do you know where to get advice or support if you have concerns about these things?



Alcohol units and guidelines

There are recommend guidelines to help you chose to drink within safe limits they are:



Men: no more than 3-4 units per day on a regular basis



Women: no more than 2-3 units per day on a regular basis

More information is available at:

www.nhs.uk/Change4Life