

# East Sussex Alcohol Strategy 2014-2019

...for a healthier  
and safer East Sussex

## Summary

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 wages<sup>1</sup>. 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

<sup>1</sup> 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.

# Understanding the impact of alcohol harms

In East Sussex, we have been developing our response to preventing and responding to alcohol harms. Building on local experience; drawing from national policy and from examples of good practice, we have developed effective working practices around this. Details of this work can be found in the full version of the East Sussex Alcohol Strategy 2014-2019. Highlights of such work include:

- Increased investment in alcohol treatment services
- Year on year reduction of public place violent crime across East Sussex
- Effective use of cumulative impact policies to manage and control the number of licensed premises within a designated area

However we also recognise that there is still progress to make. In order to understand the alcohol-related problems and issues occurring across the county; what they are, where they are happening and who is affected – we have researched and analysed a range of alcohol-related health and crime data. The key findings include the estimated level of people who are increasing or higher risk drinkers across the county, drinking behaviours amongst young people and the level of alcohol-related crime and anti-social behaviour. Highlights of these findings can be found in the following pages.

The Department of Health has identified categories of drinking patterns which define the level of health risk facing the individual drinker<sup>3</sup>.

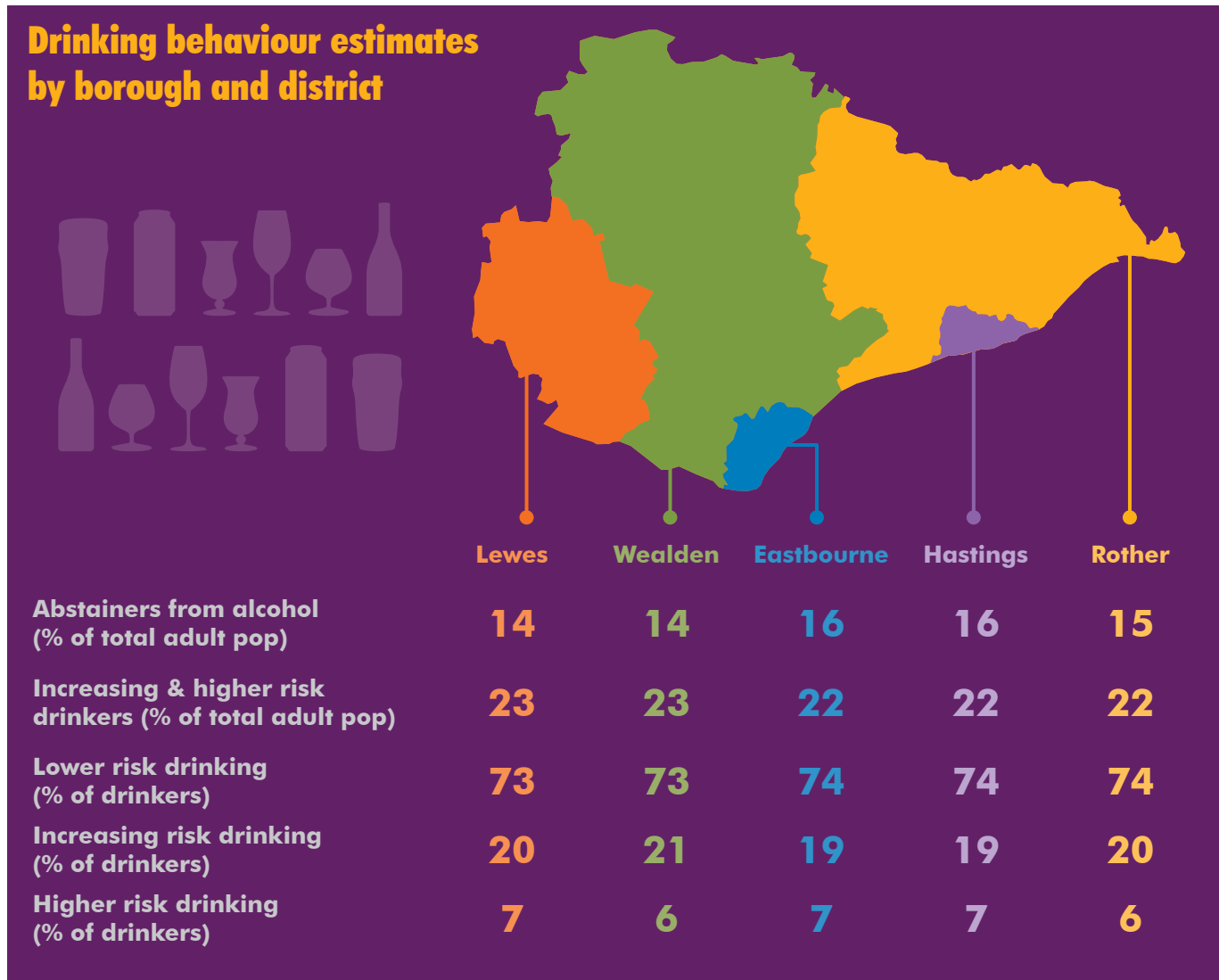
These are:



<sup>2</sup> The 2013 Alcohol Needs Assessment can be viewed at [www.eastsussexjsna.org.uk](http://www.eastsussexjsna.org.uk)

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

In East Sussex it is estimated that **1 in 4** of the total adult population are estimated to be increasing and higher risk drinkers. There are an estimated **6,635** dependent drinkers in East Sussex:



A survey of **4,526** Year 10 students (age 14-15) in East Sussex (2012)<sup>4</sup> found that:

**35%** 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.

**65%** said they didn't drink alcohol, this compares with **73%** in the nationwide survey – meaning that more local young people drink than reported in the nationwide survey.

<sup>4</sup> 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 ESCC

East Sussex alcohol-related health, crime and disorder issues include:

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



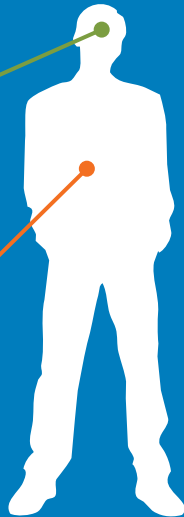
Hospital admissions directly caused by alcohol misuse include:

mental and behavioural disorders

**59%**

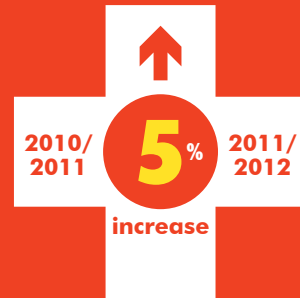
liver disease

**34%**



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



**1,691**

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

**129**

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



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



# Delivering the Alcohol Strategy

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. 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.

A copy of the current action plan is available at: [www.safeineastsussex.org.uk](http://www.safeineastsussex.org.uk)

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

# Help and Advice

## Adults

### **STAR East Sussex Alcohol Service**

Phone: 0300 3038160

Visit: [www.cri.org.uk](http://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](http://www.connexions360.org.uk)

Email: [Under19sSMSDuty@eastsussex.gov.uk](mailto: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](http://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](http://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](http://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**

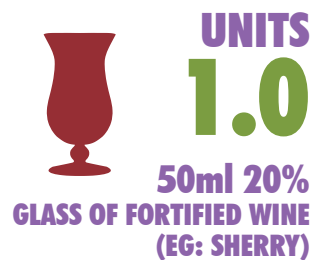
Visit the [www.nhs.uk/Change4Life](http://www.nhs.uk/Change4Life) for a range of tips and advice on how to lead a better and healthier life.

# 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](http://www.nhs.uk/Change4Life)

