Hull Alcohol Strategy 2016-2020
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2016-2020 Alcohol Strategy V8 09/09/15
Foreword

Our Vision for Hull – make Hull a better place to live

*Hull will be a City where everyone has the opportunity to live a healthier and longer life. We want Hull people to:*
- have the best start in life
- live healthier, longer, happy lives
- live safe and independent lives

**Hull Health and Wellbeing Strategy 2014-2020**

We know that drinking culture in England has changed in recent years and that alcohol contributes significantly to the social and economic landscape. Alcohol is part of our social fabric, enjoyed by many who drink sensibly.

As we approach 2017, Hull City of Culture, we have much to celebrate. In 2012, Hull gained the prestigious Purple Flag, thanks to the hard work and dedication of our local partners. The City Centre is an appealing place to visit both day and night where both Hull residents and visitors can socialise in a safer more vibrant environment.

This said, there are ongoing challenges the City faces. In Hull, it is estimated that 60,000 people drink too much, including 4700 people who drink at dangerous levels (2014 Adult Prevalence Survey) and local research has highlighted confusion regarding the nature of units of alcohol.

Alcohol contributes to significant health and social problems with negative impacts being felt by individuals, families and communities.

Locally, health related ill health is high and a large proportion of violent crime is alcohol-related.

This, Hull’s third Alcohol Strategy supports the City Plan - making Hull become a world-class visitor destination and by providing individuals and their families with early intervention. Whilst we have made considerable progress in developing our response to alcohol-related harm, it is recognised that the potential for joint strategic working and the sharing of responsibility to promote health improvement has never been greater.

Our aim is then to make Hull a safer and healthier place by working with all stakeholders to respond to alcohol misuse confidently and effectively to prevent and reduce alcohol-related harm.

*Julia Weldon*
*Director of Public Health*
### Hull’s one page Alcohol Strategy

<table>
<thead>
<tr>
<th>Our Vision for Hull</th>
<th>Hull will be a City where everyone has the opportunity to live a healthier longer life</th>
<th>This is what we will do:</th>
<th>This is how we know that we have been successful:</th>
<th>Early intervention, treatment and long term health</th>
<th>Educate the workforce to have meaningful conversations about alcohol</th>
<th>More people receive clear messages about their drinking and know how to seek help</th>
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<tbody>
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<td>To do this we will focus on:</td>
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<td>Prevention, education and promoting a drink free culture</td>
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<td>Embed knowledge around safe drinking in communities</td>
<td>More people are involved in local activities that do not rely on alcohol; more people will understand how to drink sensibly;</td>
<td>More young people will choose to drink alternatives to alcohol</td>
<td>Make Hull a place where people want to go to enjoy themselves</td>
<td>Deliver screening and brief interventions as part of a range of services targeting those most at risk</td>
<td>There are fewer alcohol related hospital admissions and A&amp;E attendances</td>
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<td>Have conversations with parents earlier about drinking</td>
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<td>Work with partners, VCS and communities to ensure that people who are vulnerable due to alcohol are supported and kept safe (children, young people and adults)</td>
<td>Treatment will be part of a wider, integrated system of care</td>
<td>More people will become alcohol free, and be able to remain so</td>
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<td>Ensure children are given the right messages across the whole system</td>
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<td>Review the Council’s Licensing Policy for consistency with this Strategy and identify areas of clarification/development to support the overall aim of the Strategy</td>
<td>Have strong recovery and mutual aid networks within our communities</td>
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<td>Develop a network of champions in schools and workplaces</td>
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<td>Reduce crime, and incidents related to alcohol</td>
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<td>Support businesses, including licensees, to manage alcohol issues responsibly</td>
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<td>Focus our attentions on those drinking outside of the licensed arena</td>
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Introduction

In 2013 Hull launched its third Alcohol Strategy based on local need and taking account of the recently published National Alcohol Strategy. This refreshed Strategy document reflects our vision to make Hull a better place to live. It provides an insight into current alcohol related issues in the City taking into account what stakeholders say is important, the most recent health and crime data and what has been shown to work both nationally and locally, building on what has been achieved so far.

We know that alcohol plays an important and positive role in many aspects of people’s lives, and in moderation, alcohol consumption can have a positive impact on adults’ wellbeing especially where this encourages sociability. That said the harms associated with alcohol have increased over recent years, in line with alcohol consumption. Cheap alcohol is widely available and the extension of drinking hours has been linked to high levels of alcohol-related violent crime and alcohol-related hospital admissions. Tackling alcohol harm is therefore a very important public health issue.

Our Mission Statement:
We will work together to provide strategic vision and leadership in the drive to prevent and reduce alcohol-related harm.

The partnership will focus on key priorities including prevention and early intervention, treatment and long-term health and enforcement, crime and community safety.

Interventions will be based on what we know works and robust community/stakeholder engagement.

Evaluation will be a key part of our interventions.

Recognising that alcohol is a complex social issue, the approach adopted throughout this Strategy is one of promoting balanced and sensible drinking, whilst protecting young people from drinking at an early age.

The Strategy applies across the life course, encompassing work to tackle harmful drinking in young people and adults. Actions/interventions adopt individual, population and settings approaches.

(Diagram of the life course to be added).

This Strategy differs from earlier versions in that whilst it is strategic in nature, it is intended to be concise and readable. The Strategy does not specify those activities that agencies undertake as part of their day to day role. It adopts an asset based approach recognising that as well as having needs and problems, our communities have social, cultural and material assets.

Key theme running through the strategy – use of intelligence to focus activity; improved information sharing; social norming.

It is acknowledged that much work is undertaken at national level e.g. introduction of minimum unit pricing; this activity falls outside the scope of this strategy. This Strategy tackles only issues that can be impacted by local partnership working.
What are the issues? The national picture

Health:
Alcohol is one of the three biggest lifestyle risk factors for death and disease in the United Kingdom after smoking and obesity, and is linked to many diseases and conditions. The four biggest disease groups are heart disease, stroke, liver disease, and cancer.

Alcohol misuse is a major cause of attendance at Accident and Emergency departments and hospital admissions. There were 1.2 million alcohol-related hospital admissions in 2010/11 alone.

Broadly speaking alcohol-related deaths make up around 3% of all deaths – 21,485 deaths in 2012.

Families and communities:
Domestic violence and family breakdown are closely linked to alcohol consumption; 27% of serious case reviews mention alcohol misuse. 13% of road fatalities involve alcohol.

Crime:
Alcohol is a factor in around half of violent crimes. Alcohol misuse led to almost one million alcohol-related violent crimes in 2010/11.

The cost:
Society as a whole is picking up the cost of alcohol-related harm which is now estimated to be £21 billion every year.
What about Hull?

Around 250,000 people live in Hull and the population is continuing to grow. Whilst Hull is a city of young people, its older population is also growing, and the City is becoming more ethnically diverse.

The people of Hull and its communities and Hull’s history of strong partnership working are its greatest asset. A shared vision of what is needed to improve the lives of residents is clearly understood.

We know that the health of Hull residents has improved in recent years however residents in some parts of the city live 10 years less than in other parts. These health inequalities “are not inevitable, and can be prevented and addressed by organised action”.

A brief summary of alcohol use in Hull

It is estimated that 60,000 people in Hull drink too much alcohol and/or binge drink weekly. The highest numbers are those people living in Myton, Newland, Holderness, Ings, King’s Park, Avenue and Marfleet.

In 2012, 39% of girls and 7% of boy in year 11 reported drinking once, while in year 11. 20% of boys and 32% or girls got drunk at least once per month.

Health:
Hospital admissions data reflects the general impact of alcohol on population health. There is around 2,000 alcohol-related primary diagnosis or alcohol-related external cause admissions in Hull every year.

Alcohol specific hospital admissions in the under 18s whilst going down, were higher in the period 2011/12 to 2013/14 than the national average (51.0 per 100,000, England value 40.1).

In adults the figure for the period 2013/14 was 577 per 100,000 (England 374). Alcohol-related hospital admissions (adult persons – broad definition - for 2013/14 were 1758 per 100,000 (England – 1253); narrow definition 635, local value and 444 for England.

Alcohol-specific mortality was 14.4 per 100,000 for the period 2011-13 higher than the national figure (11.9) and mortality from chronic liver disease was 12.4 per 100,000, 11.7 nationally.

Crime:
The 2012-13 the Hull alcohol-related recorded crime rate (per 1000) is 8.18 higher than the national figure of 5.74. Alcohol related violent crime rates for Hull and nationally are 6.03 and 3.93 respectively. The five most affected wards are Drypool, Myton, Newington, Newland and St Andrews (Local Anti Social Behaviour crime report Oct 2014 & Drug and Alcohol Needs Assessment 2014/15).

The cost:
In Hull alcohol misuse costs the NHS 23.11m and crime and licensing 51.87 million.
Stakeholder engagement/consultation

Local data relating to both health (including lifestyles) and the night time economy has informed the development of this Alcohol Strategy and the interventions proposed in it.

During the development stage of the Strategy refresh stakeholder engagement took place including:

- A consultation Event with the Community, Voluntary and Social Enterprise sector;
- A survey of the Hull City Council People’s Panel;
- Face to face and electronic communications with partners;
- A survey of health and social care professionals;

The purpose of these engagement activities was to explore the issues that really matter, identifying what is already being done, particularly in local communities, and to determine what is working well and what isn’t.

Stakeholder engagement during the Strategy development and on the draft Strategy will take place throughout 2015 to check if we have got it right for example, are our priorities aligned with those of local people.

A range of stakeholder comments and feedback are illustrated below.
Priority areas for action locally

**Priority 1: Prevention, education and supporting a drink free culture**

We want to develop individual and collective knowledge, skills and awareness towards alcohol.

What we are trying to achieve:

1. Increase awareness and understanding of recommended safe drinking limits;
2. Change the drinking culture, reducing the acceptability of harmful drinking.

Examples of how we will achieve this:

- Co-ordinate information provision and advice that promotes sensible drinking;
- Develop an alcohol champion role in key public, organisational and community roles;
- Work with local business to implement workplace alcohol policies;
- Work with family key-working networks to increase alcohol awareness;
- Support effective alcohol education in schools;
- Undertake social marketing for example, to target campaigns;
- Deliver co-ordinated and targeted partnership campaigns;
- **Develop/sign up to a Local Government Alcohol Declaration.**
**Priority 2: Early intervention, treatment and long-term health**

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

What we are trying to achieve:

1. Alcohol screening and Brief Advice will be delivered by professionals who come into contact with young people and adults as part of their daily work;
2. Diversion of people from emergency services including Accident and Emergency, Fire and Rescue and the Police Service and encourage them to access treatment where needed.

Examples of how we will achieve this:

- Train the local workforce in identification and brief advice;
- Develop an Alcohol Care Team in HRI utilising specialist service in-reach;
- Develop targeted interventions for example, for older people;
- Increase access to alcohol treatment by minority groups;
- Review the treatment journey for those with mental ill health – dual diagnosis;
- Increase engagement of treatment resistant alcohol users;
- Develop interventions targeting treatment resistant alcohol users – Blue Light.

**Priority 3: Enforcement, crime and community safety**

Work to ensure that residents and visitors feel safe in and enjoy visiting the City of Hull.

What we are trying to achieve:

1. Reduce alcohol-related anti-social behaviour and crime supporting people who are vulnerable;
2. Challenge inappropriate sales and drinking behaviours;
3. Reduce alcohol-related road traffic incidents and casualties.

Examples of how we will achieve this:

- Work with the CVS to support people who visit the City including those who are drunk;
- Improve the management of night-time socialising environments through use of partnership schemes;
- Develop partnership schemes with retailers and licensees to promote responsible sales e.g. SAB Miller Scholars Programme;
- Develop a process to involve public health in licensing applications and influence the number of premises granted a license;
- Support initiatives that support the night time economy - Purple Flag – Street Angels - Paramedic intervention;
- Support a “Local Licensees Charter”, “Shop and Pub Watch”.

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Governance and Delivery

Achievement of the Alcohol Strategy’s objective will be monitored by the Partnership Drug and Alcohol Strategic Group.

Ongoing review of the membership and operation of the Group will ensure key organisations are adequately represented and that partners are accountable for their contribution in order to improve the way the partnership is responding to alcohol-related harm. This group reports to the Hull 2020 Life Choices and Health and Wellbeing Board Health Inequalities Sub-group.

The aims of this strategy will be achieved through delivery of a co-ordinated action plan. The Strategy will be refreshed in 2019; the associated delivery plan will be reviewed annually.

A copy of the current delivery plan is available at ..............................................

The Alcohol Strategy complements a number of other (national and local) strategic plans that deal with specific and alcohol related issues, including:

- HM Governments Alcohol Strategy (2012);
- The City Plan;
- Hull’s Health and Wellbeing Strategy 2014-2020;
- Police and Crime Plan 2013-2017 (Police and Crime Commissioner for Humberside);
- Humberside Fire and rescue Service Strategic Plan 2014-17;
- Hull CCG: Hull 2020 Making a Better Future Together;
- Hull Statement of Licensing Policy.

Signatories
Hull in numbers:

3622 Births each year
2399 Deaths each year
537 Preventable deaths each year
257,710 People resident in Hull
89.7% White British
661 looked after children
133 First time entrants into the Youth Justice System
30.7% Children living in poverty
44.7% GCSE’s 5+ Grades A* - C
28,970 Claiming working age benefits
258 claimants of benefits with alcohol misuse as the main disabling condition
Average household income £25,241
38,055 Resident aged 65+
170,200 Number of people working age – 16-64
28% Day to day activities limited by health (58,000 adults)
23.11m Cost of alcohol misuse to the NHS

51.87m Cost of crime and licensing
3,500 people claiming Job Seeker’s Allowance for over 12 months (October 2014)
141 Deaths from chronic liver disease (2011-13 – not all due to alcohol)
8.18 per 1000 alcohol related violent crime
9997 Current estimate of people alcohol dependent in Hull
26% Residents never drink alcohol (2014 Prevalence Survey)
27.8% Residents drink excessively and/or binge (57,984) includes 2.3% who drank at “dangerous” levels week before the survey