

Report to: East Sussex Health and Wellbeing Board

Date: 10 March 2026

By: Director of Public Health

Title: Alcohol-Related Cognitive Impairment

Purpose of Report: To provide the Health and Wellbeing Board (HWB) with an overview of Alcohol-Related Cognitive Impairment (ARCI) in East Sussex and the emerging evidence of its impact on individuals and the wider system.

Recommendations:

East Sussex Health and Wellbeing Board is recommended to:

- 1. note the health and wellbeing concerns outlined in this report and appendix 1 for this cohort and the emerging evidence on Alcohol-Related Cognitive Impairment in East Sussex; and**
 - 2. support the development of an ARCI pathway, delegating the governance around this to the Multiple Compound Needs (MCN) Board.**
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1 Background

1.1 Alcohol-Related Cognitive Impairment (ARCI) refers to a spectrum of cognitive impairment resulting from prolonged alcohol use, characterised by persistent difficulties with memory, executive functioning, judgement and decision-making. These impairments significantly affect an individual's ability to engage with services, sustain recovery and maintain stable accommodation. ARCI is frequently closely associated with multiple compound needs, including mental ill health, homelessness and repeated contact with emergency, criminal justice and safeguarding services, leading to consistently poor outcomes and high system demand.

1.2 This work emerged through the Alcohol Harm Alliance's Seamless Treatment and Recovery Pathway workstream, which identified ARCI as a recurring system gap where existing alcohol, mental health, housing and social care pathways do not align with need. In response, Public Health, through Priority Three of the Alcohol Harm Reduction Strategy, established an ARCI Steering Group to bring together national evidence, local data and frontline service intelligence. This report and appendix 1 summarises that work and sets out the case for a coordinated, whole-system response aligned to MCN governance, safeguarding arrangements and health inequality priorities.

2 Supporting Information

2.1 National evidence indicates that ARCI is common amongst people with long-term harmful drinking and is frequently under diagnosed. Around 0.5% of the UK population are estimated to be affected, rising substantially among very heavy drinkers. Evidence also suggests that around 10% of dementia cases, and up to 12.5% of dementia cases in people under 65, may be alcohol related. Where ARCI is identified and appropriately supported,

outcomes can improve, with substantial or partial recovery possible for a significant proportion of individuals.

2.2 Local intelligence shows that ARCI represents a high-impact cohort in East Sussex. Between 2015/16 and 2024/25, there were 660 hospital admissions with an ARCI-related diagnosis, the majority of which were emergency admissions. Rates are strongly patterned by deprivation, with higher recorded prevalence in Hastings and Eastbourne, aligning with wider patterns of alcohol harm, homelessness and Multiple Compound Needs.

2.3 ARCI is closely associated with Multiple Compound Needs, including alcohol dependence, mental ill health, homelessness and safeguarding concerns. Cognitive impairment within this group undermines engagement, recovery and accommodation stability, reinforcing cycles of crisis and repeated service contact.

2.4 The system gap for people with ARCI is a structural deadlock between abstinence, diagnosis and access to funded accommodation. In the current system, a formal diagnosis is required to unlock funding and specialist accommodation. However, diagnostic assessment typically requires a period of abstinence and stability.

2.5 For people with advanced ARCI, abstinence is only achievable within a structured and supportive environment. Because accommodation and funding cannot be accessed without a diagnosis, and diagnosis cannot be achieved without abstinence, individuals are unable to progress through the system at any point. This results in repeated hospital admissions, safeguarding concerns and housing instability despite ongoing contact with services.

3 Conclusion

3.1 Alcohol-Related Cognitive Impairment represents an important health and wellbeing concern for a cohort of people in East Sussex experiencing multiple disadvantages, including alcohol dependence, poor mental health, housing instability and safeguarding risks. Recognising ARCI within existing partnerships and governance arrangements provides an opportunity to improve understanding, reduce avoidable harm and support better outcomes for this group, while also reducing reliance on crisis management, repeated hospital admissions and avoidable bed days.

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Appendix 1: Alcohol-Related Cognitive Impairment: Prevalence, Impact, and Service Implications