Reducing harm: our ambitions for a healthier relationship with alcohol in East Sussex.

East Sussex alcohol harm reduction strategy 2021-2026

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Foreword

East Sussex, like the rest of the country, has a complex relationship with alcohol. It contributes significantly to our social and economic landscape. The county has a vibrant industry producing celebrated wines, ales and spirits. Locally, the alcohol industry employs several thousand people in pubs, bars and breweries. And many of those venues are also an integral part of the local tourism industry.

Depictions of alcohol in this country are often celebratory, like showing TV characters sharing a single malt in a crime drama after solving the case, the latest beer advert showing family and friends enjoying a meal or, watching the game with a cold one. The message is often associated with frivolity, a deserved reward at the end of the day.

And yet, the 2016 Chief Medical Officer guidance states that no amount of alcohol consumption is without risk. Alcohol can cause and exacerbate all sorts of harm to the consumer and those around them. The recent report from the commission on alcohol harm[i] says; *'the harm from alcohol - physical, mental, social and economic - is everywhere, hidden in plain sight and often endured privately.'* The latest data shows over of quarter of the 16+ population (around 120,000 people) in East Sussex are drinking above the number of units where risk is considered, by experts, to be as low as possible.

Data on alcohol related harm shows that East Sussex is similar to England. However, there is variation within the county. Of the five district and boroughs in East Sussex Hastings has the highest levels of deprivation and is significantly worse for mortality from chronic liver disease and alcohol related hospital admissions. Figure 5 shows a historically high rate of alcohol related hospital admissions in Hastings compared with England and the rest of the county and the gap is growing. This reflects a national and international trend showing the burden of alcohol related harm falling on the poorest communities.

The pandemic has only amplified the problem. There is evidence that domestic violence, which we know is exacerbated by alcohol consumption, has increased during the pandemic. Local and national survey data shows an increase in consumption during lockdown but the full impact of the pandemic on consumption and alcohol related harm will be known over time.

Overview of complex interplay in alcohol consumption.

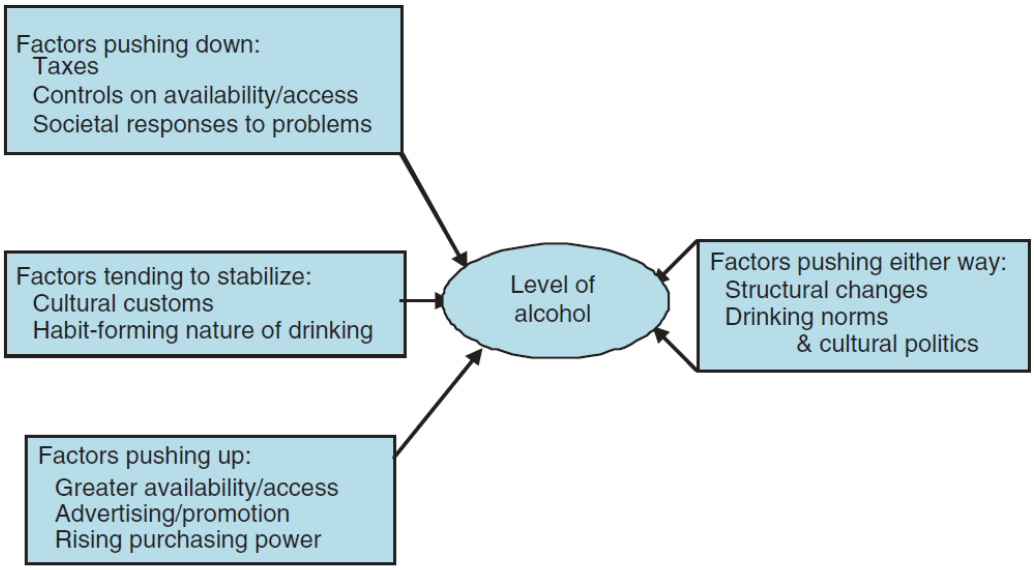

Fig 1 Source: Room et al. (2009) Explaining factors increasing or reducing alcohol consumption.

Often people feel that they are making their own choice to have a drink but figure 1 shows that many of the factors driving alcohol consumption, both up and down, are outside of an individual's control. Although choice is a factor

and it is important that people make an informed choice, it is only by understanding and addressing these systemic factors that our relationship with alcohol will be improved.

No one single intervention, service, or project can reduce overall consumption and the related harm that disproportionality affects the poorest individuals and communities in the county. There is no quick fix. It is only with a systems approach through consistent, coordinated action, the resolve and the collective resources, insight and perspective of many partner organisations, over time, that we can move towards a sustainable and equitably healthy relationship with alcohol in East Sussex.

The recent 2020 Marmot review, Build Back Fairer[ii], highlighted that existing health inequalities were exacerbated by the pandemic and underlined the link between a healthy population and a healthy economy. To be effective, the journey to local or national recovery must include policies that put an end to alcohol harm.

I would like to thank all partners who have co-produced this strategy and will be playing a vital part implementing it to reduce alcohol harm in East Sussex by 2026.

<picture of Darrell with name and title>

Executive Summary

Alcohol harm is complex, a systems approach is necessary.

Alcohol harm exists in East Sussex, with latest data showing that over a quarter of the population drinking above risky levels. Local survey data corroborates national survey data indicating that people are drinking more since the start of the pandemic.

Alcohol harm is complex and driven by multiple causal factors. As a result, it cannot be addressed through traditional linear approaches with pre-determined inputs, outputs, and outcomes which are focused on treatment.

The East Sussex Alcohol Harm Reduction Strategy acknowledges the complex nature of alcohol harm and outlines a multi-agency systems approach to address the underlying causes of alcohol harm

Alcohol harm is determined by levels of consumption at both an individual and population level. In turn, levels of consumption are influenced by access which comprises three variable drivers: how easy it is to purchase or consume alcohol (availability), how cheap alcohol is (affordability) and the social norms surrounding its consumption (acceptability) (3). These drivers are largely determined by economic and social structures, politico-legal structures and corporate/market structures which can range from local licensing application processes to the marketing budget and strategies within the alcohol industry.

Five ambitions for a healthier relationship with alcohol

The first of these five ambitions set out how East Sussex will reduce harm by reducing consumption among the largest population group drinking above low risk levels. Reducing the risky drinking population should help achieve the second and third ambition as less drinkers become dependent on alcohol. However, ambition two is clear that those who are dependent should get the high-quality support they need followed by a seamless transition into appropriate recovery services. The most recent data shows that almost 2,000 children are living with an alcohol dependent adult. This strategy states an ambition to get families the support they need to reduce this number by a quarter by 2026. Finally, alcohol harm has been historically high in Hastings compared to England and the rest of the county; ambition five is a statement of intent to reduce this chasm of inequality.

Ambition one: reduce number of people drinking above Chief Medical Officers recommendation 14 units per week (risky drinking population)[1]

Ambition two: Improve access to treatment services for people who could be benefiting (reduce those who are dependant on alcohol with unmet need of 84%[2] to 75% by 2026).

Ambition three: reduce the 5,224 people who are dependant drinkers by a quarter to 4,000 by 2026

Ambition four: Increase holistic support for parents and children, reducing number of children living with an alcohol dependant adult by 25% from 1,960 to 1,470 by 2026

Ambition five: reduce alcohol related harm in Hastings:

- Hospital admissions (narrow measure) to be similar to national average by 2026[3]

[1] Metric for measuring risky drinking prevalence is currently based on 2011-14 data showing 26.7%. Other metrics to be identified.

[2] Latest figures show 801 out of a possible 5005 in treatment

- Alcohol specific mortality in Hastings to be similar to the East Sussex average[4]

To achieve the ambitions there are four guiding priority areas for action:

For each strategic priority this strategy outlines what we already know, what is already happening and the what we are going to do next to achieve the five ambitions by 2026.

1. Encouraging a healthy relationship with alcohol

2. Protecting children, young people, and their families

3. Making effective treatment and recovery accessible to all who need it

4. Creating safe environments in East Sussex

Specific actions and milestones to achieve the five ambitions will be developed and agreed in collaboration with appropriate stakeholders under each of the four guiding strategic priorities.

[3] Provisional 2019-20 data is 911 per 100,000 (directly age standardised rate) in Hastings (664 per 100,000 in England 2018-19) (source: HES, NHS Digital, accessed Sept.2020)

[4] 12.2 per 100,000 (directly age standardised rate) in Hastings and 8.4 per 100,000 East Sussex, 2017-19 (source LAPE, PHE)

Introduction

This multi-agency alcohol harm reduction strategy sets out our agreed vision on how East Sussex will play its part reducing alcohol harm over the next five years.

It outlines five ambitions to be achieved by 2026 guided by four strategic priority areas. The breadth of the strategic priority areas shows that this strategy is about tackling the multiple underlying causes of alcohol harm. There is an emphasis on prevention and early intervention while ensuring that effective treatment and support is available to people who need it.

Developing a systems approach to reducing alcohol harm

This alcohol harm reduction strategy is informed by the CLeaR (Challenge services, Leadership, and Results) improvement tool. CLeaR is an evidence-based approach to system improvement, which can help to prevent and reduce alcohol-related harm at a local level.

There were two phases to the strategy development process.

Phase 1: began at the end of 2019 and start of 2020, when a small working group was convened to undertake a self-assessment using the CLeaR tool. Local stakeholders were engaged to review the local alcohol harm reduction system against objective quality criteria informed by NICE guidance.

In addition, over 20 local stakeholders participated in a peer assessment day where the invited peers from two local authorities and PHE interviewed local stakeholders across relevant sectors to build a comprehensive picture of the local system. A final report was submitted to the East Sussex Alcohol lead.

In summer of 2020 a local survey was undertaken with residents and experts by experience of local services to ensure views of East Sussex residents informed the strategy development process.

Gaps and issues identified in the CleaR report were cross referenced with local need and local strategies from several areas in England were reviewed for best practice.

Phase 2: strategy drafting began informed by the CLeaR report and on-going engagement with 25 local stakeholders.

This strategy outlines the causes and complexity of alcohol harm and an approach to address it with five ambitions and four strategic priority areas of work that will help achieve the ambitions.

Listening to residents in East Sussex

To reduce harm from alcohol this strategy needs to be informed by and grounded in the reality of everyday life for local residents. The relationship people have with alcohol doesn't happen in a bubble and that's why residents, including people who have used local services, have been asked to share their views on alcohol.

Some of the views have been captured below which are informing this strategy and its implementation. On-going dialogue and engagement with local communities will be integral to the implementation of this strategy over the next five years.

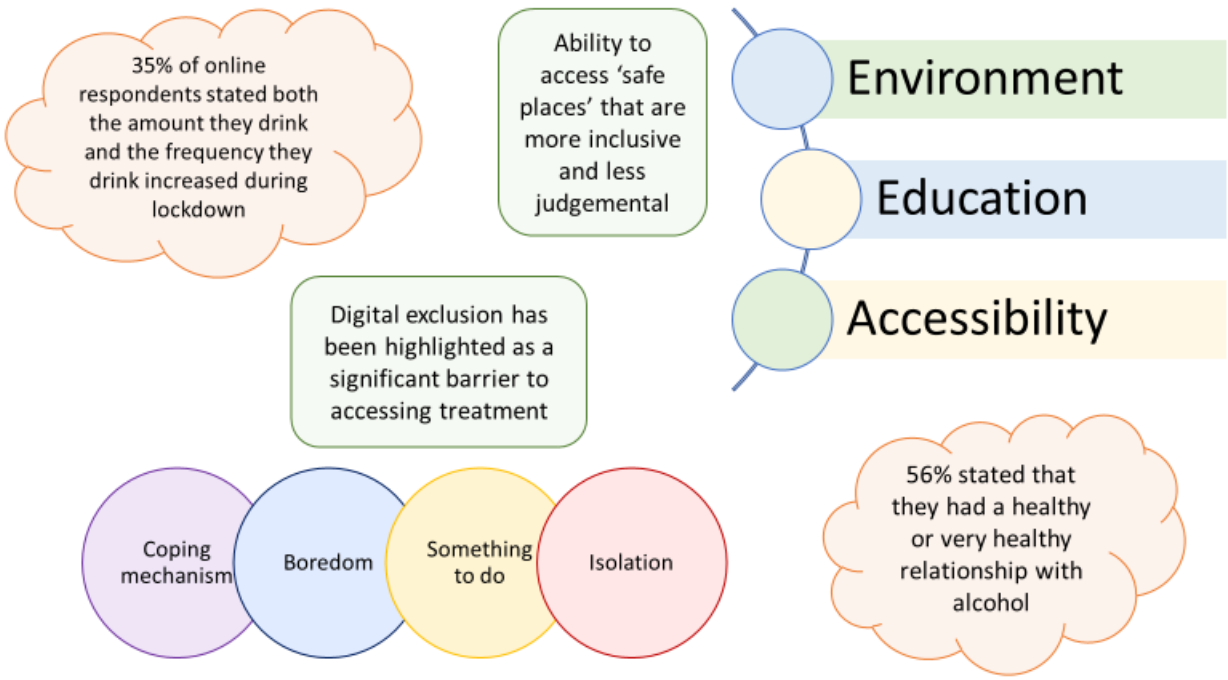

Figure 2 Overview of alcohol consultation feedback from East Sussex residents August 2020

Reducing harm, our ambitions for a healthier relationship with alcohol in East Sussex.

Figure 3

Alcohol harm is determined by levels of consumption at an individual and population level – how much is consumed and how often?

Levels of consumption are influenced by access to alcohol which encompasses three variable factors or drivers:

1. How easy to purchase or consume (availability)?
2. How cheap (affordability)?
3. Social norms surrounding consumption (acceptability)?

And the abovementioned drivers are determined by economic and social structures (e.g. local demand and supply; alcohol outlet density selling high strength, cheap alcohol tends to be higher in areas with higher deprivation[iii]), politico legal structures and corporate/market structures[iv].

Access determines consumption and how much and often we consume alcohol leads to related, health, social and economic harms. Table 1 outlines some examples of those harms:

Table 1

Alcohol related harm	
Health	Its consumption is identified as the component cause of over 200 health conditions (ICD -10)
Social	Social consequences (can affect friends, family, child, partner, colleague): • Loss of income or employment • Family or relationship problems and breakdown • Criminal justice system
Economic	• Injuries leading to a cost to the health system • Direct and indirect economic costs i.e. alcohol harm cost the UK £47 billion in 2016 (for comparison, in 19-20, the UK spent £42 billion on defence)

If consumption leads to harm, how much alcohol do people consume in East Sussex?

In East Sussex it is estimated that over a quarter of people drinking alcohol (16+) are risky drinkers (drink more than 14 units[5] per week or above amount considered low risk by the Chief Medical Officer). Furthermore 1.22% of East Sussex adult population are dependent on alcohol (5,224 adults).

Both nationally and locally alcohol harm is highest in the most deprived areas. The chart on figure 5 shows how alcohol related hospital admissions in Hastings have historically been higher than England and the rest of the county and the gap is increasing.

Figure 3 Five Ambitions to Reduce Alcohol Harm in East Sussex

The first of these five ambitions sets out how East Sussex will reduce harm by reducing consumption among the largest population group drinking above low risk levels. Reducing the risky drinking population should help achieve the second and third ambition as less drinkers become dependent on alcohol. However, ambition two is clear that those who are dependent should get the high-quality support they need followed by a seamless transition into appropriate recovery services. The most recent data shows that almost 2,000 children are living with an alcohol dependent adult. This strategy states an ambition to get families the support they need to reduce this number by a quarter by 2026. Finally, alcohol harm has been historically high in Hastings compared to England and the rest of the county; ambition five is a statement of intent to reduce this chasm of inequality.

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Ambition five: reduce alcohol related harm in Hastings:

- Hospital admissions (narrow measure) to be similar to national average by 2026[8]
- Alcohol specific mortality in Hastings to be similar to the East Sussex average[9]

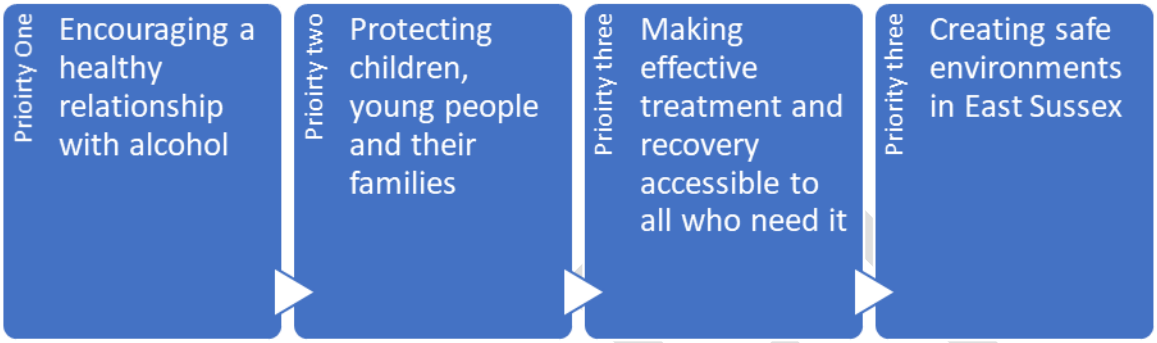
5 Figure 6 provides a helpful illustration to understand what 14 units might look like during the week.
6 Metric for measuring risky drinking prevalence is currently based on 2011-14 data showing 26.7%. Other metrics to be identified.
7 Latest figures show 801 out of a possible 5005 in treatment
8 Provisional 2019-20 data is 911 per 100,000 (directly age standardised rate) in Hastings (664 per 100,000 in England 2018-19) (source: HES, NHS Digital, accessed Sept.2020)
9 12.2 per 100,000 (directly age standardised rate) in Hastings and 8.4 per 100,000 East Sussex, 2017-19 (source LAPE, PHE)

Four strategic priorities to help achieve the ambitions

Specific actions and milestones to achieve the five ambitions will be developed and agreed in collaboration with appropriate stakeholders under each of the guiding strategic priorities below.

For each strategic priority this strategy outlines what we already know, what is already happening and the what we are going to do next to achieve the five ambitions by 2026.

Figure 4 Four strategic priorities to help achieve the five ambitions by 2026



COVID 19

COVID will be a pervading theme, as understanding evolves and its impact is better understood over time, **the relationship with COVID 19 should be considered for each ambition**.

Alcohol in East Sussex

36% Year 10 pupils reported drinking alcohol in past week and over 1 in 10 reported being drunk in past week

20% adults never drink

35% adults drink every week

293 alcohol-related deaths 2018

1 in 5 drinkers drink at high risk

1 in 3 for males

1 in 10 for females

3,169 alcohol-related ambulance call-outs 2017/18

3,828 alcohol-related hospital admissions 2019/20

142 alcohol-related road traffic accidents 2014-16

5,005 estimated adults in need of specialist treatment 2016/17

Alcohol-related hospital admissions are highest in Hastings and increasing

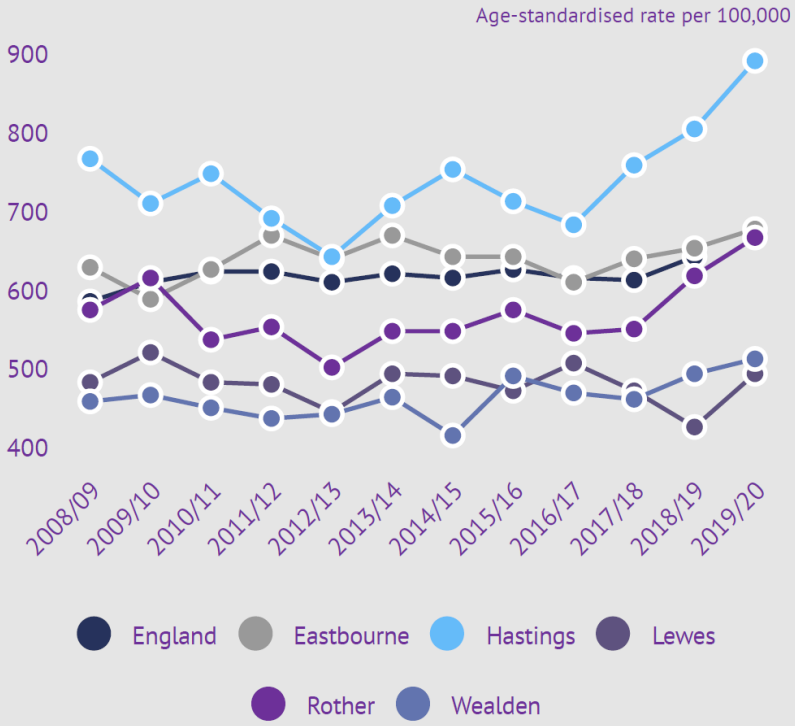


Figure 5: alcohol and its impact in East Sussex at-a-glance

Alcohol harm can affect anybody

A drinker's story

As I child I was quite shy and withdrawn and I would often keep myself to myself.

As kids, my friends would ask me to buy alcohol for them in the local off licence as they couldn't get served. My commission was a few slugs on the goods I had bought for them and it felt like I had just found the missing piece of the puzzle which was my life!

I wanted to be more sociable and confident and I found that alcohol really helped me in social situations and there seemed to be only one drawback: I wanted more. I quickly found friends who were like-minded and wanted the same: to drink and to party.

Over about 10 years I changed my lifestyle to suit my need to have a drink and I felt safe being around bars, clubs and especially, friends who liked to drink. I had some wake-up calls with friends telling me how I had behaved while in blackout and in between binges I would catch glimpses of myself, a stranger in the mirror. I set out as a bright, considerate, thoughtful and generous teenager and although drinking helped me initially, my behaviour became selfish and I had mood swings and I became irritable. Worst of all, I became depressed and anxious and found that life was unbearable when I tried to stop drinking so I would try to cut down and eek it out, using it like medicine. It didn't work and I just ended up drinking more than planned, putting off making any changes until tomorrow and tomorrow never came.

With no way out my days got shorter and my nights much longer until I found myself alone and desperate. Entering into some kind of psychosis I persuaded myself it was necessary to kill myself and then at least the pain and the voices would stop. I was lucky to speak to someone about my drinking and one of the leaflets I was given was entitled, "Don't let the drink sneak up on you" I realised that this is exactly what had happened and I got help to look at all the so-called "good times" I had and what they had cost me: the things I value most today, my health and wellbeing. Through conversations with people who understood how drinking problems take hold, I got the help I needed and today I have the life back that I wanted all along.

Know your alcohol units

Do you know how many units of alcohol you consume each week? The chart below provides a helpful guide to help you reflect on how many units you're consuming. If you are drinking more than 14 units per week (e.g. 6 standard glasses of wine or just over six cans of 5.2% ABV lager), you are in the risky drinking category according to the latest government guidelines.

Figure 6

Source: Know Your Alcohol Units | Drink Less | One You (www.nhs.uk)[v]

If you do want to know how to reduce your weekly units try the One You Know Your Alcohol Units website or click on the links and you'll find lots of tips on how to get your units moving in the right direction.

From swapping to lower-strength beers to dodging drink rounds, there are lots of things you can do to cut down on alcohol units. **Read the One You top tips and drink swap ideas.**

1: Encouraging a healthy relationship with alcohol

What do we know?

The latest available data on drinking behaviour shows that 26.7% or an estimated 123,000 adults (16+) drink above low risk in the county. This is slightly higher than England (25.7%). Only 9.8% of the adult population report abstaining from alcohol which is less than the national rate (15.5%) and regional (12.3%) average rate of abstinence.

The World Health Organisation and Public Health England identified that intervention design to change the behaviour of risky drinkers should be informed by understanding of the following:

- Are drinking habits/patterns short term due to night out or;
- Long term due to continued exposure or developing dependence
- Short term binge drinking tends to lead to accidents
- Long term regular risky drinking could lead to various other harms including:
  - hospital admission or chronic illness
  - Exacerbating mental illness
  - Harm to family/friends/other relationships
  - Dependence.

What is already happening?

Encouraging a healthy relationship with alcohol is something that is covered in other strategic priorities with children, young people and families and work with risky and dependant drinkers in treatment and recovery. However, specific actions with the general population who are in that risky drinking category (drinking over 14 units per week) is currently weak in East Sussex. This section outlines some proposed actions that will address that.

Currently ESCC commission an integrated behaviour change service called One You East Sussex (OYES). OYES have coaches who provide advice in line with the Chief medical Officers guidelines. Residents can also access guidance about drinking at Drink Less | One You East Sussex.
Priority 2 includes actions to support high quality personal, health and social education (PHSE) provision in schools.

There are a range of recovery services working with the treatment service and other agencies to support people to sustain their recovery.

Where do we want to get to?

Frontline staff are trained to deliver Identification and brief advice (IBA): for many people, who are drinking more than 14 units per week, being picked up by a trained frontline professional is enough to help make positive changes to drinking habits. A frontline practitioner who is trained to identify individuals whose drinking might impact their health, now or in the future, and to deliver simple structured advice aimed at reducing this risk will suffice ([10]NICE, 2010). IBA is also an important part of engaging with people early who might need treatment – see priority 3.

ESCC continue to commission One You East Sussex to provide advice as part of the integrated behaviour change service.

Ensuring accessibility of consistent local evidence-based guidance linked with wider county work to tackle digital inclusion.

Targeted behaviour change interventions using social marketing methodology are tailored to specific groups, in geographical areas to reduce drinking levels using the four levers of change:

- Support - developing or re-designing products or services to support the desired behaviour change.
- Design - considering the physical environment (design) and if it can be changed in any way to support a change in behaviour.
- Inform - meeting the information and educational needs of the target audience in relation to the desired behaviour change.
- Control - using policy, pricing and/or regulation mechanisms to either incentivise the desired behaviour, or disincentivise the negative behaviour.

Evidence suggests that the measures listed above are not enough on their own to create a healthy relationship between East Sussex residents and alcohol. This strategy outlines a range of interventions, services and policy measures for different target audiences intervening at different levels of consumption and related harms. There will be cross over between priorities and this will be identified in each section.

[10] NICE public health guideline PH24: Alcohol-use disorders: prevention, recommends that health and social care, criminal justice and community and voluntary sector professionals should routinely carry out alcohol risk identification and deliver brief advice as an integral part of practice.

2: Protecting children, young people and families

What do we know?

Drinking patterns

Nationally, drinking prevalence among young people has been declining (NHS DIGITAL). However, this is only part of the picture:

- Regular drinking prevalence by age increased from less than 0.5% of 11-year olds to 10% of 15-year olds.
- Locally, over a third (36%) of Year 10 pupils reported drinking alcohol in the past week and over 1 in 10 (12%) reported being drunk in the past week (HRBS, 2017).
- 4% of year 6 pupils in East Sussex responded that they drank alcohol (more than just a sip) in the 7 days before the survey that a parent/carer had gave them, while 0% responded they were given alcohol by another adult they know (HRBS, 2017).
- When asked 'if you ever drink alcohol, do your parents/carers know about it?', 37% of Year 10 pupils reported that their parents/carers 'always knew', and 21% said they 'usually knew' (HRBS, 2017).

Access and supply

Year 10 pupils who drink alcohol were asked where they usually buy or get it from. 26% of boys and 33% of girls responded that they were given it by parents/carers (HRBS, 2017). Other local research in 2017 also identified that parents were supplying alcohol to children. This research concluded that decisions to give alcohol to their children were informed by myths rather than evidence (NSMC, 2017).

There is evidence that alcohol advertising affects children and young people and that exposure to alcohol advertising is associated with the onset of drinking. The industry spends £800 billion per annum on advertising. While the price of alcohol has increased by 28% over the last 10 years, it remains 74% more affordable than it was in 1987 Alcohol change uk stats.[vi]

Other studies show that 71% of alcohol is now bought in the off trade (Off Licences/takeaway – not pubs, bars or nightclubs).

Alcohol as one of several risky behaviours

In a survey of year 10 pupils who said they drank alcohol in the last week there was a correlation with trying other risky behaviours including smoking, drugs and sex (HRBS, 2017).

Alcohol harm and parenting

The UK has the fourth highest prenatal alcohol consumption in the world. Drinking alcohol at any stage during pregnancy can cause harm to the baby. The UK Chief Medical Officers Alcohol unit guideline advice to pregnant women is that the safest approach is not to drink alcohol at all during pregnancy.

Parental alcohol and drug misuse: there are 1060 alcohol dependant parents in East Sussex and 78% are not engaged in specialist treatment. Most parents who drink alcohol or take drugs do not cause harm to or neglect their children, however it is important to recognise that children living with parents with problem alcohol or drug use can be at greater risk.

In East Sussex alcohol was recorded as a risk factor in 738 of the 2,601 (28%) Children in Need assessments undertaken in 2018/19 compared to 18.3% nationally.

What is already happening?

There are a range of services and interventions that make it more difficult for children and young people to drink and provide the support required through effective services.

The Community Alcohol Partnership (CAP) has shown progress changing parental attitudes to supplying alcohol to children, the value of provision of diversionary activities, enforcing underage sales legislation and engagement with local business on reducing access for underage drinkers.

There are a range of support to assist schools in the development and delivery of high quality Personal Social and Health Education (PSHE), in line with Statutory guidance on Relationships Education, Relationships and Sex Education and Health Education (RSHE) and NICE guidance. This includes:

- PSHE Hub arrangements, which bring together PSHE leads in order to share and consider best practice and work collaboratively to enable improvement in PSHE education leadership, teaching and learning (to include alcohol education)

- A specific RSHE support service to help schools prepare for the introduction of the new statutory requirements from September 2020 (to include teaching on alcohol). Previous CPD has included training from the Alcohol Education Trust

- PSHE/RSHE support provided by a range of partners and local organisations, to include the School Health Service, the Safer East Sussex Team and those highlighted within the East Sussex Stay Safe Directory (2020) for schools

- Support for schools to develop/deliver and embed whole school health improvement approaches that promote and build resilience in children and young people. This includes support available through the newly launched East Sussex Healthy Schools programme delivered by the East Sussex School Health Service, as well as support available to schools through the Mental Health Support Teams and a Schools Mental Health & Emotional Wellbeing Adviser.

- All school exclusions where alcohol features in a pupil's behaviour are notified to the Under 19's Substance Misuse Service for screening. In a 6-month period from 1st September 2020 to April 2021 there were 40 Fixed Term exclusions that were alcohol related. There were no permanent exclusions that were alcohol related during this time.

Children's services in East Sussex ensure effective interventions for young people where alcohol has been identified as an issue. Young people who are referred to services are screened for alcohol misuse and referred to a specialist who offers the appropriate support. Specialist assessment and treatment intervention is provided for young people up to the age of 19 years and to care leavers up to 21 years via the multi-agency and multi-disciplinary Under 19's Substance Misuse Team.

Specialist practitioners and clinicians are co located in vulnerable young people's teams across the County including youth offending and social care teams where they can offer an integrated response to drug and alcohol misuse by vulnerable young people. Service leads are also represented on various multi agency risk panels such as those for children at risk of criminal exploitation where substance misuse workers are often identified as the "Lead professional" or "Trusted Adult" for these particularly vulnerable adolescents. The service model assures that those "hard to reach" young people including those with additional complex needs receive alcohol intervention as part of a holistic assessment and care plan alongside the delivery of social care, criminal justice and mental health

intervention. This approach is evidenced to maximise engagement with services and improve treatment outcomes for those young people most likely to develop adult substance dependency.

There is a dedicated service for families in East Sussex called SWIFT (safeguarding with intensive family treatment). This service employs a specialist substance misuse team that can provide a dual response to safeguarding concerns and parental alcohol or drug treatment needs.

SWIFT also provides training and consultation to social workers and early help practitioners who are working with families where there is problematic alcohol use. This ensures early identification, where possible, by a professional already working with the family.

In addition, the SWIFT team are also commissioned by the Family Courts to provide expert assessment where there is concern regarding the impact of drug or alcohol misuse on parenting capacity. They also provide a dedicated intervention and treatment response to the East Sussex Family Drug and Alcohol Court.

East Sussex is one of the national innovation sites for the Family Drug and Alcohol Court (FDAC). Hastings Court delivers the FDAC offer with a designated Family Court Judge and specialist drug and alcohol assessment and treatment provision for cases in care proceedings. The Court has seen an encouraging rise in successful re-unifications in 20/21 and is planning to extend availability in 21/22 with an additional Court day and judicial time.

Where do we want to get to?

Schools and communities

This strategy will build on existing programmes that target multiple risk factors. The evidence suggests that programmes, delivered in schools which target multiple risk behaviours and build emotional resilience, self-esteem and life skills e.g. assertiveness are more likely to be effective at preventing substance misuse than interventions that target substance misuse in isolation.

Ensure that children and young people have the knowledge, skills and confidence needed to keep themselves healthy and safe and make informed decisions about their health, wellbeing and health behaviour. This helps them to have a healthy relationship with alcohol as they prepare for and enter adulthood. This will happen by continuing to support schools to:

- Implement new statutory requirements on health education, which include teaching on drugs, alcohol and tobacco.
- To develop/deliver and embed whole school health improvement approaches that promote and build resilience in children and young people.
- Delivery of county wide theatre-based interventions, combined with School PSHE support, which focusses on risks of County Lines and Sexually Harmful Behaviour; both of which are linked with exploitation and abuse that utilises alcohol misuse by vulnerable young people.

Transform risk factors exacerbating alcohol harm into protective factors that act as a buffer against alcohol harm using asset-based community centred methodology for children, young people and their carers as well as other adults in their community:

- e.g. people who feel lonely and isolated are supported to develop the confidence, skill and character to initiate, build and sustain healthy relationships/friendships. People develop the resourcefulness and assertiveness required to resolve housing issues with local associations or government agencies.
  (note: this action is also relevant under priority 1 – encouraging a healthy relationship with alcohol)

Reducing supply

Supply of alcohol to young people is reduced through:

i. 'Think Again' social marketing programme challenging common myths about child alcohol consumption with facts on the harm alcohol causes to a child's development,

ii. Targeted identification and tackling of proxy purchasing implementing recommendations of Community safety partnership.

Build on strengths of East Sussex Under 19s Substance Misuse Service (SMS), continuing to improve access and identifying areas where targeted intervention can support the wider alcohol strategy including the contextual assessment work to tackle proxy purchasing and underage drinking.

National underage sales legislation is consistently enforced locally.

Reduced drinking during pregnancy through systems approach with maternity services, treatment and recovery services, public health intelligence and health visitor service.

Parental alcohol use

Use the Problem Parental Drug and Alcohol Use Toolkit, for local authorities, to reduce parental alcohol and drug use:

- Partnerships between children's services and alcohol and drug services, combined with effective identification and brief interventions have been shown to minimise the longer term impact of parental alcohol and drug use on a child's future health and wellbeing and can contribute to improved outcomes for the following Public Health Outcome Framework (PHOF) indicators:
    - School readiness and attainment
    - children where there is a cause for concern
    - 16-18-year olds not in education employment or training
    - first time entrants into the youth justice system
    - under 18 conceptions
    - hospital admissions in children and young people

Increase the capacity of Early Help Services to move beyond simply screening and identifying cases to deliver early and brief interventions to parents with problematic alcohol use.

Strengthen sharing of performance metrics by children's services to enable alcohol partnership to support achievement of KPIs in children's services.

3: Making effective treatment and recovery accessible for all who need it

(For young people and families please see priority 2)

What do we know?

It is estimated that 1 in 4 people in East Sussex drink above recommended levels which is similar to England. Locally this is an estimated 123,000 adults (1 6+) drink above low risk in the county. The risky drinking population can be divided into regular and binge drinkers. Binge drinkers may drink large amounts of alcohol over a short period of time and are likely to be at risk of injury. People who regularly drink more than 14 units of alcohol per week are more likely to become dependent and require expensive treatment from services.

In East Sussex the latest data shows around 1.3% of drinkers require specialist treatment which is similar nationally. Of the estimated dependent drinkers (5,005) there are 801 are in treatment (unmet need of 84%)

The numbers of young adults under 25 years entering treatment remain low at 129 in 20/21. With 22 reporting alcohol and 40 reporting alcohol and non-opiate use.

The model of engagement and retention within adult services does not fully consider the maturation and developmental profile of young adults as a transitionary group. Other local authority areas have shown some success in increasing treatment numbers and improving outcomes for this age group by extending the young person's service model to the young adult sector. In East Sussex in 2021/22 additional funding has been secured to extend the young person's multi-disciplinary service up to age 21 years and to 25 years for care leavers and vulnerable young adults.

Nationally a project that linked data from the National Drug Treatment Monitoring System (NDTMS) held by Public Health England (PHE) with data on offenders held by the Ministry of Justice (MoJ) found changes in offending in the two-year period following the start of treatment. Alcohol only clients showed the largest reductions in both re-offenders and re-offending (59% and 49%, respectively).

What is already happening?

Identification and brief advice (IBA) is provided by CGL STAR if users are referred.

ESCC commissions a treatment and recovery service based in Eastbourne and Hastings.

- Service users should expect an accessible non-judgemental service
- People can self-refer for assessment, advice and support.

There is a recovery community providing support to maintain reduced drinking in the community.

East Sussex has Alcoholics Anonymous 12 step fellowships.

The integrated behaviour change service, One You East Sussex, provide Making Every Contact Count training which signposts practitioners to IBA e-learning resources.

One You East Sussex provide advice on changing drinking habits.

Where do we want to get to?

Community brief intervention

Frontline practitioners across multiple disciplines and organisations from Sussex Police, adult social care, CAMHS to primary care including pharmacy, East Sussex Fire and Rescue Service and local voluntary sector organisations have been trained and are actively providing brief advice in their everyday role.

Effective, user friendly, evidence informed and welcoming, integrated behaviour change (One you East Sussex) programmes are accessible.

High quality accessible treatment services

Informed by insight from experts by experience, treatment and recovery services (CGL STAR) are accessible to anyone who is drinking over 14 units or more per week in East Sussex including people who don't have access to the internet in their home.

The current service model of integrated and co located staff that is deployed within the young person's service will be extended to engage vulnerable young adults not currently well represented in treatment numbers.

A seamless pathway

Alcohol Care Teams are embedded in Conquest hospital in Hastings and Eastbourne District General. ACTs provide high quality and appropriate care and liaise with STAR and others including OYES and recovery support providers, to ensure continued alcohol treatment and recovery, where necessary, following discharge from hospital.

Services are actively promoted by the provider through:

i. using social marketing methodology to understand and segment target audience, increase motivation to access support through local treatment service.

ii. local partners and commissioners enabling a stigma free experience from initial contact or referral through to sustainable recovery.

There is an equitable screening system and seamless referral pathways across all appropriate frontline services in the county to identify dependant drinkers and ensure they are contacted by East Sussex STAR and offered an appropriate service once consent is received.

All service users experience a planned discharge and follow-up support appropriate to their circumstances to aid their on-going recovery.

- Should unplanned discharge take place, ensure mechanism is in place which makes reengagement attempt, provides brief advice and signposts back to appropriate support. Continuity of care should be considered for most conceivable scenarios and multi-agency plans/pathways agreed e.g. if client enters criminal justice system.

- Review communication protocols between treatment and recovery services and probation to ensure ongoing two-way dialogue and coordinated support for client.

Reducing inequalities

Review gaps in proactive outreach engaging people with low motivation to self-refer or who are unaware of the service and how it can benefit them. Building on learning of existing local projects e.g. in drugs harm reduction.

Once service make contact people are motivated to receive support and receive a timely assessment.

People with multiple needs e.g. mental illness, shelter/homelessness and alcohol dependence are proactively identified and given multi-agency support, supporting the whole person.

A targeted approach in offering support in the most deprived wards with the biggest health inequalities.

Make services accessible to all who could most benefit especially in boroughs like Eastbourne and Hastings and more deprived wards in other district and boroughs e.g. Hailsham.

4: Creating a safer environment in East Sussex

What do we know?

There are some obvious areas of day to day life where alcohol consumption can affect public safety e.g. drinking while driving and alcohol related anti-social behaviour or violence. Research shows that crime and perceived safety in a local community is linked with poor physical and mental health and health inequalities[vii]. If people feel safe they are more likely to participate in outdoor physical activity in their neighbourhood. Alcohol is identified as a contributing factor affecting safety and perception of safety for individuals and communities[viii].
Furthermore, perceptions of safety are important for the night-time economy and Covid has also affected perceptions of safety compared with before the pandemic. Also, for people who are dependent on alcohol but in recovery it is important they have a safe environment to support that recovery.

- A recent survey in 2018/19, identified that 39% of people in England and Wales said they witnessed any type of anti-social behaviour in their local area. 11% of this anti-social behaviour was alcohol related. 12% of people said that there is a very or fairly big problem in their area with people being drunk or rowdy in public places
- In 2017/18, in 39% of violent incidents the victim believed the offender to be under the influence of alcohol.
- In 2016/17 in England and Wales, in 35.8% of sexual assault cases the offender was under the influence of alcohol.
- In 2017/18 in England and Wales, victims of partner abuse reported that the offender was under the influence of alcohol in 17% of incidents.
- Locally a recent survey in East Sussex (Summer 2020) identified that only 5% of survey respondents felt unsafe going to pubs and bars before lockdown increasing to 59% after pubs/bars reopened at start of summer.
- The same survey identified that people in recovery cited the importance of being able to access ‘safe places’ with no alcohol advertising, that are more inclusive / less judgemental / allow for a connection with nature or others. Being with trusted family and friend was also seen as a safe space.
- Road users who are impaired by alcohol have a significantly higher risk of being involved in a crash.

What is already happening?

Cumulative Impact Zones are integral to the licensing application process in Hastings. Applicants need to show that their application will not add to existing problems identified by multiple agencies including the police within specific geographical boundaries.

There is an anti-social behaviour public space protection order (not drinking in public outside licensed premise boundary) in Hastings, Wealden and Rother.

The Bar Watch scheme is in Hastings. This is a network of local business working together to create a safer environment using a radio system. If a customer is banned from one premises, they are banned from all.

In some district and boroughs there are Sensible on strength schemes limiting the sale of high strength alcohol.

Town centre locations have dedicated police activity, especially on Friday and Saturday nights.

Where do we want to get to?

Evidence, national best practice and local stakeholder engagement points to making best use of existing policy tools to reduce alcohol related crime and disorder including:

Licensing process and regulatory powers

Ensuring wider alcohol partnership input and on-going collaborative working on alcohol statement of licensing polices across the five East Sussex District and Boroughs.

Reduce proliferation in alcohol selling outlets and licensing hours, especially in areas with higher deprivation (develop East Sussex approaches informed by Brighton and Hove City Council public health licensing framework[11]).

This will include building on the current process to include local health harm data and increase participation of residents in the licensing process. Residents should play on-going and active role in the process, there will be better advertising of resident's opportunity to submit representations against licence applications and seek a review of a licence (details should be available on LA websites).

Optimising Cumulative impact zones to reduce access to alcohol where alcohol harm is already high.

Ensure monitoring and enforcement (by all responsible authorities).

Design and management of alcohol sales premises and public outdoors space

There are range of interventions that make it easier for people to enjoy a drink and socialise in and around licensed premises. It is important that existing measures that work are built on and any gaps are identified and addressed, some examples include:

- Review and improve premise design and operations
- Glassware management within premises
- Manager and staff training (includes picking up domestic abuse and public abuse – looking out for signs at a bar if someone is getting aggressive and de-escalating, not serving drinks)
- Accreditation and awards e.g. Best Bar None
- Environment within the premise (covering capacity, layout, seating, games, food and general atmosphere).

[11] The Brighton Public Health Licensing Framework cross references alcohol related health harm and crime data by ward and ranks each ward to identify where harm is highest. This aids decision making when applications for an alcohol license is being processed by responsible authorities. If access to alcohol is increased in wards with a high harm ranking evidence suggests this would exacerbate that harm.

Some other considerations in the public realm design include:

- Siting and proactive use of CCTV to identify and prevent escalation
- Appropriate lighting including street lighting
- Glassware management outside premises
- General layout
- Street policing, security staff, transport policing,
- Anti-social behaviour/drink banning orders and alcohol arrest referral schemes – with clear referral pathways into treatment services
- Transport (covering buses, taxis, and parking).

Other key areas for action

Developing and implementing public education campaigns at agreed times throughout year informed by evidence, national guidance and local insight and community engagement.

Review and improving information flow between agencies including police, local bars, drug and alcohol services, mental health services.

Developing and sustaining the tried and tested Safe Space programme in Hastings and extend to Eastbourne.

Ensure links with violence reduction unit strategy.

Ensure collaborative working mechanism between alcohol partnership and leads for the Pan Sussex Strategic Framework for Domestic and Sexual Violence and Abuse 2020 – 2024.

- Reducing sexual violence associated with alcohol and night-time economy.

- Reducing alcohol related harassment.

Ensure a person-centred approach to supporting people with complex multiple needs by building the services and support around the individual rather than focusing on treatment for a specific issue i.e. mental illness and alcohol dependence.

Making alcohol less affordable to reduce alcohol harm inequality – lobbying local MPs for Minimum Unit Pricing to follow Scotland's lead and introduce MUP in England.

Alcohol free pregnancy – systems working with maternity, local treatment and recovery and health visiting services to make it easier to have conversations about drinking habits and ensure pregnant mothers, who drink, get support they need to change drinking habits and protect their baby.

Enacting and enforcing strong drink-driving laws and low blood alcohol concentration limits via sobriety checkpoints and random breath testing[ix].

Implementing this strategy through collaboration and cooperation.

We will deliver the ambitions outlined within this through an action plan agreed by local stakeholders and ensuring links with other key strategies and plans which focus on housing, education, regeneration and promoting the health and wellbeing of local people. The agreed actions will be delivered over the lifetime of this strategy ensuring there is regular review and monitoring of the actions against milestones.

This strategy will not be a static document, there will also be further engagement and consultation with residents, partner organisations and other stakeholders as we develop more detailed action plans taking account of the evolving local and national backdrop including the impact of the COVID 19 pandemic.

Formalised interagency agreements identifying available baseline data will enable better collaboration to achieve improvement on local priorities including the five ambitions in this strategy.

Appendix 1: references

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[v] NHS, One You, Know Your Alcohol Units | Drink Less | One You (www.nhs.uk) (accessed April, 2021)

[vi] Alcohol Change UK website (accessed November 2020)

[vi] WHO | THE SAFER INITIATIVE (access 1/2/2021)

[vii] Theo Lorenc[1], Mark Petticrew, Margaret Whitehead, David Neary, Stephen Clayton, Kath Wright, Hilary Thomson, Steven Cummins, Amanda Sowden, Adrian Renton, Fear of crime and the environment: systematic review of UK qualitative evidence BMC Public Health, 2013 May 24;13:496

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