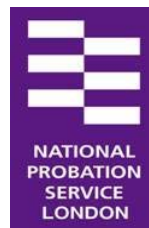




# SUTTON ALCOHOL HARM REDUCTION STRATEGY 2012-15

‘HEALTHIER, SAFER, RESPONSIBLE, SOCIAL’

**Ian Kershaw & Tim Stonebridge**  
**Safer Sutton Partnership Service**



South West London



# Forward

Alcohol has an important role to play in our society and when used in moderation can be beneficial to the local economy. However when used to excess, alcohol can have a very damaging and detrimental effect on the lives of individuals, families and the communities in which they live.

In launching the 2011-14 Sutton Alcohol Harm Reduction Strategy, we are intent on delivering proportionate and measured responses to tackling incidences of alcohol related harm in our communities.

It is clear that 'one size will not fit all' and consequently as a partnership we are committed to determining and actioning a range of pragmatic yet imaginative solutions to meet the challenge of tackling alcohol harm locally.

Our success in delivering a multi faceted alcohol harm reduction strategy truly lies in effective multi agency collaboration with full public support and backing.

The Sutton Alcohol Harm Reduction Strategy as a framework document, has been consulted on at strategic partnership and Council Member level and has received appropriate approval to go forward into public consultation and examination at a more local level prior to its anticipated launch this year.

# Sutton Alcohol Harm Reduction Strategy 2011-14

## TABLE OF CONTENTS

- Why now and why develop a new strategy
- What we are seeking to achieve from a new strategy
- What the desired outcomes are
- Sutton Alcohol Harm Reduction Strategy outcomes framework
- Measures for reducing alcohol related harm
- What we want to achieve
- What are the anticipated benefits
- Who the key partners are in developing and delivering the strategy
- Local governance arrangements for tackling alcohol misuse
- Evidence: Facts on Reducing Harm from Alcohol
- Key issues from first phase stakeholder consultation held in 2011

## Why now and why develop a new strategy

The development of a new harm reduction strategy for Sutton is timely and coincides with the Alcohol Strategy for England update that is being undertaken by Home Office, as the government department currently responsible for alcohol policy and licensing.

The Coalition Government's programme on alcohol includes commitments to:

- Overhauling the Licensing Act to give local authorities and the police much stronger powers to remove licences from, or refuse to grant licences to premises that are causing problems
- Allowing councils and the police to permanently shut down any shop or bar that is repeatedly selling alcohol to children
- Doubling the maximum fine for those caught selling alcohol to minors to £20,000
- Allowing local councils to charge more for late-night licences, which will help pay for additional policing
- Banning the sale of alcohol below cost price

## Why now and why develop a new strategy

The Sutton Alcohol Harm Reduction Strategy 2011-14, will update, refresh and build upon work that has been developed locally and previously expressed in Safer Sutton Partnership: The crime and disorder drug and alcohol harm reduction strategy 2005 –2008 and that advocated in the national framework document Safer Sensible Social – The Next Steps in an Alcohol Strategy 2007.

At a time of shrinking economies, cuts across public services and considerable uncertainty about future funding, it is imperative that resources are deployed 'smartly' and that Sutton's response to tackling alcohol misuse is coordinated and proportionate to locally evidenced need and the issues within our community.

Evidence and data suggests that levels of risky drinking are on the rise nationally and in Sutton and this may indicate that a different approach may be needed in dealing with the issue.

## What we are seeking to achieve from a new strategy

The Coalition Government's programme on alcohol is a trigger for development and will act as a key driver for local review and upgrade of alcohol licensing and enforcement arrangements in Sutton.

Safer Sutton Partnership Service in collaboration with partners in local policing, licensing, health and social care services will consolidate and reaffirm a longstanding commitment to reducing the harm and suffering caused to Sutton residents by the effects of problem alcohol misuse through:

- Prevention - raising awareness through improved and consistent communication and improving peoples understanding of the problems that long term and/or binge drinking may cause to individuals and communities as a whole.
- Increased ways to combat alcohol related crime and disorder by dealing with the most persistent, problematic offenders and with proportionate balance between direct enforcement, persuasion and encouragement that they should seek and engage in treatment.
- More comprehensive procedures for working with the alcohol industry through improved partnership working with local businesses to tackle underage drinking and promote a safer, more sensible and social culture of alcohol consumption by younger adults locally.
- Improvement in local health and treatment services to ensure greater quality depth and diversity and a more joined up, coordinated and preventive approach to the problems of those people who are unwilling/unable to sustain longer term abstinence from alcohol.

## What the desired outcomes for this are

The Sutton Alcohol Harm Reduction Strategy 2011-14 is to be delivered through 5 core 'outcome' strands described in detail in slide 10, for tackling harm caused by alcohol misuse .

Alcohol misuse can have a profound impact on physical and emotional health and well being and the strategy will promote the 'being healthy/protection of good health ' objectives of the Sutton Health Improvement Strategy 2011 in ensuring that :

- Through earlier intervention, people can stay well and that more of their lives are healthy, independent and free from need for services.
- A better quality of care is available when needed.
- *Increased health life expectancy\**
- *Reduced differences in life expectancy and healthy life expectancy between communities\**

\*The new public health outcomes framework for England 2013-16 and released in January 2012 , is expressed through four domains:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality.

These are to be measured through the application of multiple critical indicators described in detail in the outcomes framework document .

# Sutton Alcohol Harm Reduction Strategy Outcomes Framework

The Sutton Alcohol Harm Reduction Strategy outcomes framework, pictorially represented in the following slide has been developed with the new Public Health England outcomes domains in mind and across four principle and interdependent areas :

## HEALTHIER

- People are more health and behaviour conscious and make better choices around alcohol
- Healthier attitudes to alcohol consumption are established

## SAFER

- People take action to ensure their and their children's safety around alcohol.
- Communities are safer and feel the benefit of less alcohol related crime and antisocial behaviour.

## RESPONSIBLE

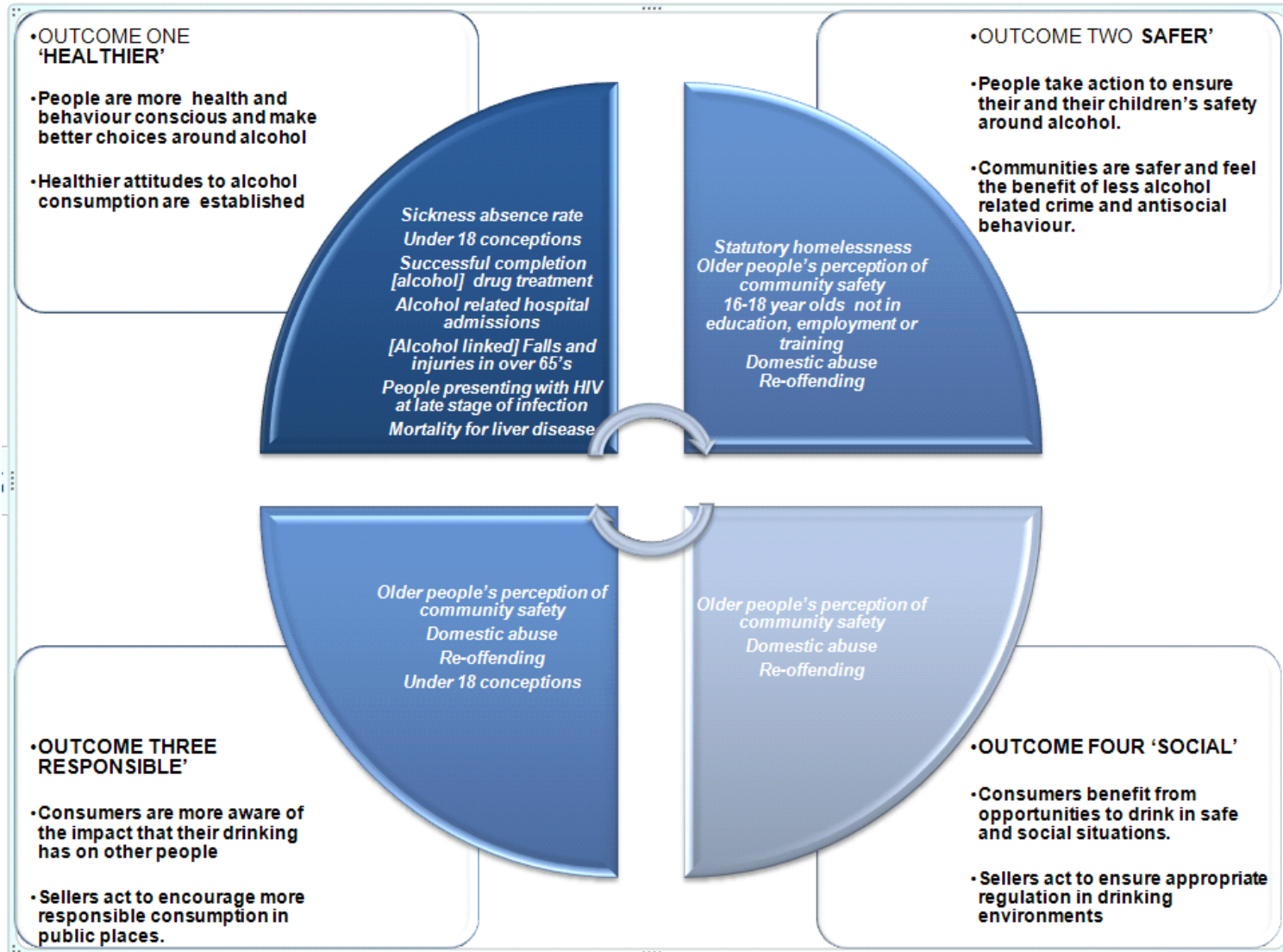
- Consumers are more aware of the impact that their drinking has on other people
- Sellers act to encourage more responsible consumption in public places.

## SOCIAL

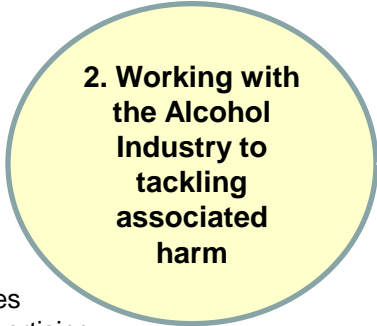
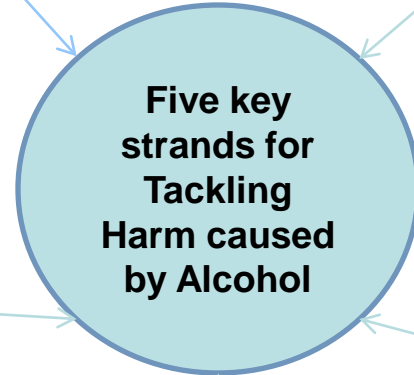
- Consumers benefit from opportunities to drink in safe and social situations.
- Sellers act to ensure appropriate regulation in drinking environments



# Alcohol Harm Reduction Strategy Outcomes Framework



# Measures for reducing alcohol related harm



1. Reducing:
- Drink Driving
  - Anti-social Behaviour
  - Under-age drinking
  - Under-age sales
  - Domestic Violence

5. Supporting changing attitudes and beliefs in Sutton  
Safe-guarding

2. Reducing under-age sales  
Reducing inappropriate advertising and particularly that targeting under 18's.  
Ensuring Socially Responsible Standards for alcohol sales  
Regulating & managing the night-time economy

3. Improved understanding of risk  
Community/ perceptions re: alcohol misuse  
Social Marketing – knowing/understanding the message

4. Improving Access to;  
*the right treatment at the right time in the right way*  
Improving prevention services  
Reducing ill-health caused by alcohol

## What we want to achieve

SSPS in collaboration with Public Health on behalf of the partnership, is leading on the process of reviewing and refreshing local arrangements and will be producing an implementation plan to ensure the Alcohol Harm Reduction Strategy beds in properly and an effective link up of services provision to ensure:

- Increased public awareness of the harmful aspects of drinking
- Robust responses to alcohol related offending and antisocial behaviour.
- Rigorous monitoring and application of licensing arrangements to ensure proper regulation and responsible selling of alcohol locally.
- A more preventive approach to the problems caused by alcohol misuse locally
- Earlier intervention and identification of problem drinking by individuals and families through alcohol screening and Brief Intervention in Alcohol [BIA]
- Access to appropriate alcohol support and treatment for those in greatest need

## What are the anticipated benefits

The Alcohol Harm Reduction strategy is built around a multi agency approach to working with the following benefits:

- Ensuring a coordinated approach by continuing to work collaboratively across agencies to tackle the problems associated with alcohol misuse, crime, disorder and the harm that is being caused to Sutton community.
- Making best use of available resources to target, tackle and reduce levels of alcohol related crime and public disorder in Sutton and particularly that associated with the night time economy.
- Ensuring that all contribute, robustly monitor and enforce action to reduce underage drinking and irresponsible selling of alcohol within the locality.
- Increasing resilience by raising awareness and reducing the harm to health and wellbeing that is being caused by alcohol misuse
- Improving access to timely and appropriate alcohol support and treatment for children and adults in Sutton.
- Ensuring that agencies adopt a 'Think Family' approach to tackling alcohol related harm.

## Who the key partners are in developing and delivering the strategy

- Safer Sutton Partnership Service
- LBS Public Health [ from 2013]
- MPS Sutton
- London Probation Trust [Sutton]
- London Borough Sutton Licensing & Business Development
- NHS South West London Public Health Team
- NHS South West London [Sutton & Merton] + Clinical Commissioning Groups
- London Borough Sutton Adult Social Services and Housing
- London Borough Sutton Children & Families Services
- London Fire and Ambulance Service
- Civil Society [Third Sector]
- Health Service Providers e.g. St Helier/SWLSG/SMCS

## Local governance arrangements for tackling alcohol misuse

Alcohol Concern suggests that the measures by which local strategic partnerships have/are developing robust frameworks in response to alcohol related harm and toward for sustainable and measurable delivery are:

- A published strategy reflecting assessed local needs and priorities identified in the Joint Strategic Needs Assessment. This will as appropriate link with other relevant strategic frameworks e.g. Local crime reduction and NHS commissioning delivery plans.
- An identified officer with lead responsibility for the development and delivery of the strategy.
- Identified and sustained funding to support delivery against objectives.
- A multi-agency partnership forum to ensure strategic ownership by all partners

## Local governance arrangements for tackling alcohol misuse

The Safer Sutton Partnership Board has core responsibility for the delivery of the alcohol strategy as the lead community safety strategic body for the borough and which reports directly to the new Shadow Health & Wellbeing Board.

Within local arrangements also, tackling alcohol misuse is a standing item on the quarterly meetings agenda of the Drug and Alcohol Partnership [DAP] As the core commission group for substance misuse. Following the dissolution of the Alcohol Task Group earlier this year, DAP's remit around alcohol is being expanded to incorporate licensing matters and to this end, the LBS Licensing & Business Development Manager, is a recent addition to DAP membership.

The Joint Consultant in Public Health is a longstanding member of DAP and is the lead officer for the Sutton Public Health Strategy Group, regularly updating its members on all strategic and operational matters relating to alcohol misuse. A reporting line to the Shadow Health and Wellbeing Board through the One Sutton Board is maintained by the Joint Consultant Public Health and Chair of DAP.

The partnership will give consideration to appointing a lead officer for alcohol misuse, who will coordinate activities and link partnership work across agencies.

## Facts on Reducing Harm from Alcohol – national data

In England, it is estimated that 90% of adults drink alcohol and an increasing number of young people are binge drinking.

More alcohol is now bought from off-licences and consumed at home. Very few people are able to estimate accurately how many units they drink.

Alcohol-related deaths and disease have increased, and although the number of alcohol related offences has generally decreased, people think that alcohol related disorder is more of a problem.

Alcohol-related illness or injury accounts for 180,000 hospital admissions per year. The total annual healthcare cost related to alcohol misuse are in excess of £1.7 billion per year with the bulk of this cost borne by the NHS.

Alcohol-related deaths have more than doubled since 1979, with more people dying at a younger age. Alcohol misuse in the UK is consequently being described as a 'modern public health crisis.'



## Facts on Reducing Harm from Alcohol – national data

Alcohol Concern statistics suggest that consumption in the UK has increased by nearly 20% over the past three decades.

The increase in alcohol consumption combined with the emergence of high-risk drinking patterns such as binge-drinking, has resulted in a growing threat to public health and an increasing burden on public services.

From a public health perspective, one of the most measurable markers of alcohol-related harm in the UK is the incidence of chronic liver disease which has increased eight fold in men and seven fold in women aged 35-44 respectively in the past three decades. Estimates suggest that alcoholic liver disease accounts for 50-60 % of all liver disease.

In 2008/09 alcohol-attributable admissions cost London's NHS £264m; far more than the £133.4m attributed to smoking related admissions.

## Facts on Reducing Harm from Alcohol – national data

Alcohol consumption by under-18s remains a significant problem for the UK and whilst government policy has often focused on how to tackle alcohol as a public nuisance issue insufficient attention has been paid to the health problems that young people face. It has been estimated that underage drinkers consume approximately the equivalent of 6.9 million pints of beer or 1.7 million bottles of wine each week with an estimated 630,000 11- to 17-year-olds drinking twice or more per week.

Young people who consume alcohol are damaging their health at greater levels than ever and the cost to health and ambulance services due to underage alcohol consumption is in the region of £19 million per annum. The costs of intervention are however far less than the costs of treating the health consequences of alcohol misuse by children and young people. As well as making economic sense, tackling youth drinking must surely be one of the ways to reduce levels of risky, binge and dependent drinking in the future.

Analysis of domestic abuse incidents has consistently shown a causal relationship between alcohol and domestic abuse. Nationally, research conducted by the Home Office reveals that in 73% of domestic abuse incidents, alcohol had been consumed prior to the offence, and 49% of perpetrators had history of alcohol misuse. In addition to being a causal factor, studies have established that women in violent situations turn to alcohol and substances as a form of self-medication and relief from pain, fear, isolation and guilt that are associated with violence.

## Facts on Reducing Harm from Alcohol – national data

Women experiencing domestic violence are up to 15 times more likely to misuse alcohol. Evidence also exists to show that a male partner often introduces women to alcohol and drugs (GLDV Project, 2003). Recent research estimates that 2.6 million children in the UK are living with parents who are drinking hazardously and 705,000 are living with dependent drinkers.

One consequence of this is the incidences of domestic violence; around one third of incidents have alcohol identified as a factor which exacerbates incidents and patterns of abuse.

Between 2% and 30% of women drinking more than 56 units of alcohol per week may have babies with Foetal Alcohol Syndrome.

The National Organisation on Foetal Alcohol Syndrome suggests that there are 6,000 children with Foetal Alcohol Spectrum Disorder who have now reached school age.

Alcohol Concern also point to emerging research regarding patterns and trends of drinking in the ageing population, meaning that, 'far from diminishing, the problems of alcohol misuse in older people are set to rise, especially when combined with the drinking patterns that younger adults of today are adopting, and which they are likely to continue into their older years.' *Jane Dyson 2006.*

Whilst older people on the whole are likely to drink alcohol for similar reasons to other age groups, some factors related to ageing may prompt increased alcohol use including disruption to lifestyle following retirement, increased social isolation, bereavement, long term ill-health and/or pain and disrupted sleep.

## Attitudes and perceptions toward alcohol consumption in London

London and issues relating to alcohol are frequently in the media often linked to headlines highlighting the dangers of binge drinking or the problems of rising hospital admissions and also regular stories about the benefits of moderate drinking. In 2011, the Regional Public Health Group London & Greater London Authority jointly commissioned a survey of 7,500 Londoners that questioned them about alcohol consumption and the consequences:

- The survey found almost half of Londoners (48 percent) are concerned about the long-term health issues linked to how much alcohol they drink.
- The survey highlights how important GPs are in providing initial support for people seeking help for alcohol problems.
- One fifth (19 percent) of respondents did not know where to turn for help, a figure which was significantly higher among people from lower socio-economic backgrounds and the 18-24-year-olds.
- Alcohol, with its links to violence, remains a public concern with three quarters (72 percent) of Londoners questioned feeling either quite or very concerned about alcohol related crime and violence.
- The survey also found many people feel that local communities should have a larger role, with 51 percent of respondents believing that they could reduce local problems if involved in making decisions around managing alcohol issues.

The results of the survey published in March 2012, have been further aggregated into London borough profile reports and extracts from that for Sutton are presented later in this document.

## Key Facts on Reducing Harm from Alcohol drawn from Sutton & Merton Joint Strategic Needs Assessment 2011

About 90% of adults in the UK drink alcohol to a greater or less extent and an increasing number of young people are binge drinking. *Choosing Health* identified reducing harm from alcohol misuse and encouraging sensible drinking as a Priority.

Alcohol is causally related to cancers of the oral cavity and pharynx, larynx, oesophagus and liver, and misuse can be directly linked to ill-health and death from liver cirrhosis. Alcohol is associated with a wide range of criminal offences including drink driving, being drunk and disorderly, criminal damage, assault and domestic violence. In young people alcohol is associated with anti-social behaviour and teenage conceptions.

In Sutton the estimated prevalence of binge drinking is estimated at 14.7% compared to 14.3% in London and 20.1% nationally. However for small geographic areas within the borough, at middle super output area level, the range is 10% to 21%. The estimated levels of drinking at "increasing risk" is higher than London or England levels. Sutton has lower rates of alcohol related hospital admissions compared to the London and national rates. These rates have increased over the last 5 years but the rate of increase in Sutton is greater than that of the regional and national increases.

The picture of risky drinking behaviour is complex. Information from synthetic estimates on binge drinking suggests a link with deprivation in Sutton. Pattern of health services use suggests that higher risk drinking is more wide spread – occurring in both deprived and affluent areas.

## Key Facts on Reducing Harm from Alcohol drawn from Sutton & Merton Joint Strategic Needs Assessment 2011

Local insight flagged that local people know “the what but not the how”; being healthy and limiting alcohol intake is important especially for the older generation; national campaigns didn't encourage them to take action.

Alcohol related mortality and morbidity are generally low suggesting levels of risky drinking behaviour have been less than that in London or nationally. Alcohol related hospital admission rates are lower compared with the rates in London or across England but increasing in Sutton at a faster rate than either London or nationally.

There are clear age and gender differences in consequences of drinking behaviour.

For older population - chronic conditions such as hypertension or alcohol associated cardiac conditions.

For young population - acute conditions (including impact of alcohol related violence on these) and mental health conditions.

61% of alcohol related hospital admissions in Sutton and Merton are for men.

## Key Facts on Reducing Harm from Alcohol drawn from Sutton & Merton Joint Strategic Needs Assessment 2011

In terms of drinking behaviour the majority of children (8 to 16 years) report not having had an alcoholic drink. For those that report drinking, more report getting drunk once, twice, three or more times in the last month in Sutton compared with Merton (but not higher than nationally reported).

Latest reported figures from the Local Alcohol Profiles for England, for alcohol specific hospital admissions in the under 18 age group, suggests that Sutton had the second highest levels of admission in London and was higher than the national average.

However these rates were small and based on one or two admissions that affected the ranking and didn't include attendance at an Accident and Emergency department, so therefore need to be treated with caution.

The reported number of young people getting drunk does not reflect the higher hospital admission rates. Sutton has a higher rate of Emergency Admissions generally compared with Merton which suggests that the higher alcohol admission rate could be part of this pattern but requires further more detailed investigation.

Current trends suggests the demand for healthcare resources due to alcohol related admissions is increasing. Primary care and acute sector commissioners need to consider investment in prevention through early identification and advice for hazardous and harmful drinkers to reduce alcohol related morbidity, mortality and subsequently contribute to reducing the burden on healthcare resources.

It is suggested that for every pound invested in identification and advice for increasing and higher risk drinkers, £4.30 is saved as a return on investment within 12 months. For every pound invested in treatment of dependent drinkers, £3.10 would be saved as a return on investment within 12 months.

Recent evidence would also suggest that there is an impact on the prevalence of Chronic Heart Disease from risky drinking behaviour but the full impact is not yet clear.

## Key Facts on Reducing Harm from Alcohol - other

Sutton Health Profile 2011 gives an up to date picture of health in the area and in terms of rates 'Increasing and higher risk drinking:' Sutton with a local value of 31.1 is significantly higher than the England average of 23.6 but lower than the England 'worst' figure of 39.4. For 'hospital stays for alcohol related harm, the local value of 1,523 admissions per 100,000 is lower than the England average of 1,743 per 100,000 and significantly lower than the England 'worst' figure of 3,114 per 100,000.

SSPS has calculated that using the ANARP (Alcohol Needs Assessment Research Project) estimate for England and extrapolated down to Sutton, gives an estimated figure of 4,303 dependent drinkers in Sutton.

Sutton town centre is the economic and social centre of the borough. As such, residents view the location as the most important in maintaining and improving standards of community safety. The latest 2010 Intelligence through Neighbourhood Security Interviews (INSI) states that Sutton town centre is the primary area of concern across all areas of neighbourhood security in the borough except road safety. The key issues centre on the pubs, bars and clubs at the south end of the High Street.



## Key Facts on Reducing Harm from Alcohol - other

Current performance in tackling acute alcohol related crime in Sutton, such as violence with injury, is very positive with a large reduction in reported assaults across the borough. However, it is clear from London Ambulance data that Sutton town centre is still a hotspot for alcohol related violence. This mostly occurs on Friday and Saturday evenings into the early hours. The 2011/12 Drug and Alcohol Partnership Needs Assessment highlighted the increased numbers of younger adults entering into substance misuse treatment, particularly for powder cocaine abuse. This is likely to have a clear link to disorder in the night time economy. Wandle Valley, a largely residential ward with no night time economy of note, also has concerning levels of assault.

Lower level alcohol related disorder, particularly linked to groups of youths, remains the key concern of residents interviewed in the borough wide INSI survey. The bottom end of Sutton high street is perceived as a particularly intimidating location by some residents. The majority of minors stopped in the possession of alcohol in the past year live in St Helier and Wandle Valley, with the peak time being between 19:00 and 21:00.

# A survey of attitudes and perceptions toward Alcohol consumption in London London Borough of Sutton Report March 2012

The following information is drawn from the above report as part of the pan London survey described earlier in this document:

- The survey suggests that incidence of daily drinking among Sutton residents is lower than that in London as a whole.
- The incidence of 'regular drinking, 'defined in the survey as weekly [2-5 days] or bi-weekly is higher in Sutton than the London average.
- Men in Sutton are consuming on average more alcohol than women with the prime age for this being 45-54 years for weekly drinking and 35-44 for bi-weekly drinking .
- People in Sutton are spending between £8.70 and £10.20 per week on alcohol, which as a comparison, is more than people in Croydon ,equal to that in Kingston upon Thames but less than that in Merton.

## Key issues from first phase stakeholder consultation in 2011

Having "smarter" outcomes for the Alcohol Harm Reduction Strategy and clear measurements as to achieving these could devise a short dashboard with (a max of) 10 key indicators around these 5 themes for reporting back on progress.

Having a preventative approach to tackling alcohol related harm should be our top priority for action.

Other identified priorities were young people's prevention, raising awareness and tackling alcohol related Domestic Violence, and tackling alcohol related offending in public places, through 'hard enforcement' measures.

Having a more joined up approach to tackling alcohol harm including engaging GP's (not just the Clinical Commissioning Group leads). We need to have a "smart approach" to identifying whether we are achieving outcomes (as above - developing a dashboard approach).

## Key issues from first phase stakeholder consultation held in 2011

Having more involvement from Health Service Providers - possibly developing a forum including voluntary sector – intelligence from this group will add to our understanding of what is happening on the ground.

Having an organogram showing clear agency responsibility for delivery of the Alcohol Harm Reduction strategy.

Using the Communications team and Community Engagement to develop an approach to promoting this strategy – must be brought to the attention of all Children and families and adult partnerships, LINKs, SCVS, health care providers, CCG/OSB Local Committees.... the wider we take this the better support there will be for achieving the outcomes.

Advertising the strategy on the web and through established partnership channels.

Ensuring that reducing alcohol related harm is reflected through other strategies and is being considered by other boards and working groups and through PSHE in schools, media, doctors surgeries, A&E etc.