Our Approach to Alcohol Services and Investment

1. Alcohol is a complex social issue. In moderation, alcohol consumption can have a positive impact on adults’ wellbeing especially where it encourages sociability. It also has a significant economic impact, playing a part in Hull’s regeneration, making the city a vibrant and appealing place to visit. So our priority is to strike the right balance between the promotion of responsible drinking, the reduction in harm caused by drinking too much and the protection of young people from drinking at an early age.

2. Our new multi-agency Alcohol Strategy 2016 - 2020 (developed by the Alcohol Partnership Delivery Group) reflects the evidence-based recommendations from Public Health England (PHE) and the National Institute for Health and Care Excellence (NICE) in terms of investment priorities and interventions. The strategy has three strands: (i) Prevention, education and promoting responsible drinking (ii) Regulation (eg. via Licensing), crime prevention and community safety, and (iii) Early intervention and treatment services targeted at:
   - Young people
   - Young adults (in particular ‘binge’ drinkers)
   - Midlife and older adults
   - Parents & families
   - Street drinkers (both homeless and social drinkers)
   - High risk and problem/change-resistant drinkers.

3. Proposed new Government guidelines (2016) suggest men and women should not drink more than 14 units a week and have “several” alcohol-free days each week. However, because only one in 3 people are aware of the guidance or understand how ‘units’ work, education around responsible drinking is a key focus of our Alcohol Strategy.

4. The success of our new Strategy will be judged via a range of measures, including fewer alcohol related hospital admissions, Emergency Department (ED) visits and emergency call outs as well as more people understanding how to drink sensibly.

5. Since 2013, Local Authorities have been solely responsible for the provision of alcohol and drug prevention AND treatment services. Previously the responsibility was shared with the NHS. This is one reason why the budget for drug and alcohol services appears significant.

6. The combined investment in drug and alcohol services from the current Public Health Budget is £6.75m a year (after making in-year savings of £700k in 2015/16 and a further £150k reduction in 2016/17). Why invest? For every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs. There are clear links between providing effective treatment and improving public health and community safety.

Overcoming Stigma and Stereotypes

7. Stigma and alcohol misuse are closely linked. Addiction is affected by external factors beyond the control of an individual, so it is the behaviour that should be stigmatised, and not the individual. People have responsibilities to seek help as well as rights to receive it, and reducing the stigma of addiction will make it easier to provide help as well as to encourage people to seek help and support when needed.

Why is Alcohol an issue in Hull?

8. The 2014 Health and Lifestyle Survey for Hull estimated that 59% of adults drink within the proposed new 2016 recommended guidelines and almost a quarter of adults (24%) do not drink at all.

9. However, in 2014 there were 122 alcohol related deaths in Hull, of which approximately 31 were from...
chronic liver disease. It is estimated that 4% of adults in Hull over 16 (7,700 people) drink at levels considered ‘dangerous’ to health (36+ units a week), contributing to an alcohol related death rate 24% higher than England. In addition, 12% of adults over 16 (61,600 people) drink more than the recommended weekly limit (‘excessive’ drinking or 15-35 units/week).

10. People who drink excessively are more likely to suffer illness, accident and early death. In the year 2013/14 Yorkshire Ambulance Service responded to 2435 emergency call-outs in Hull involving alcohol (average 203 a month or nearly 7 every day).

11. Every year in Hull, among adults there are 2,100 alcohol related inpatient hospital admissions. This has increased by around 10% over the last 6 years and is 43% higher than England. This is one contributory factor to Hull’s low ‘healthy life expectancy’ (the age you reach still in good health), which is 55 for women and 57.5 for men in the city.

12. Nationally there has been an increase in the proportion of young non-drinkers. Similarly in Hull, since 2011 the number of young adults aged 16-24 choosing not to drink at all, has increased from 15% (5460 people) to 21% (7730). Additionally, alcohol specific hospital admissions in the under 18s have more than halved in Hull over the last 6 years.

13. Despite a fall in the number of young people drinking to excess over the previous a week, the number of binge drinkers aged 16-24 in Hull has increased from 20% in 2011 (7392 people) to 26% in 2014 (9550 people) and alcohol specific admissions among under 18s is still 19% higher than England.

14. Young people’s drinking behaviour is strongly influenced by parental drinking and children of problem drinkers are more likely to develop alcohol problems themselves. Local surveys indicate 20% of boys and 32% of girls aged 15-16 in Hull, report getting drunk at least once per month.

15. About 2,700 alcohol-related crimes were committed in Hull in 2013-14, with alcohol-related violent crime 53% higher in Hull than England. Alcohol misuse in Hull costs the NHS £23m each year, with costs to crime and licensing of £52m each year; £39m costs to the workplace and wider economy and £13m to Social Services, a combined total cost to the city of £125m.

16. The increasing trend in alcohol consumption, alcohol related violent crime and adult hospital admissions in Hull led to a 2014 review of local alcohol support and treatment. This resulted in the introduction in December 2014 of substance misuse workers in the hospital setting and in police custody suites. This innovation has already had a positive impact: of the 279 people in custody given brief alcohol advice in the 3 months from July-Sept 2015, 230 (82%) did not get re-arrested in the next 6 months.

The Facts

17. Analysis by PHE has found alcohol to be the third biggest risk factor for illness and premature death, behind smoking and obesity. Alcohol increases the risk of developing over 60 different diseases, with ‘binge drinking’ having immediate and short-term risks.

18. Alcohol use in pregnancy can cause a range of conditions (Foetal Alcohol Spectrum Disorder), with the risk dependent on the amount drunk and the developmental stage of the foetus. The latest guidance from the Chief Medical Officer states that if you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all.

19. Alcohol misuse is involved in nearly half of all violent assaults, 27% of all serious case reviews (children) and 13% of road fatalities in England.

20. Despite drinking the same amounts of alcohol, people in deprived communities have higher levels of alcohol-related ill health and are up to 5 times more likely to die or be admitted to hospital because of an alcohol-use disorder, than people in more affluent communities – this is the “alcohol harm paradox”. It has been shown that people who are heavier drinkers and live in deprived communities are more likely to smoke, have a poor diet, take little exercise and be overweight than people in more affluent communities. These combinations effectively multiply the risks of ill health. Local Authorities have a responsibility to improve health and reduce health inequalities, targeting the structural issues that can make healthier choices harder for people in deprived communities.

For help, advice or support on alcohol or drug misuse please contact:
ReNew (18 yrs and over) on 0800 1615 700 / earlyhelp@hullrenew.org.uk / www.hullrenew.org.uk or ReFresh (under 18 yrs) on 01482 331 059 / text 07718 100 813 / refresh@hullcc.gov.uk