Leicester City Alcohol Harm Reduction Strategy 2022-2027

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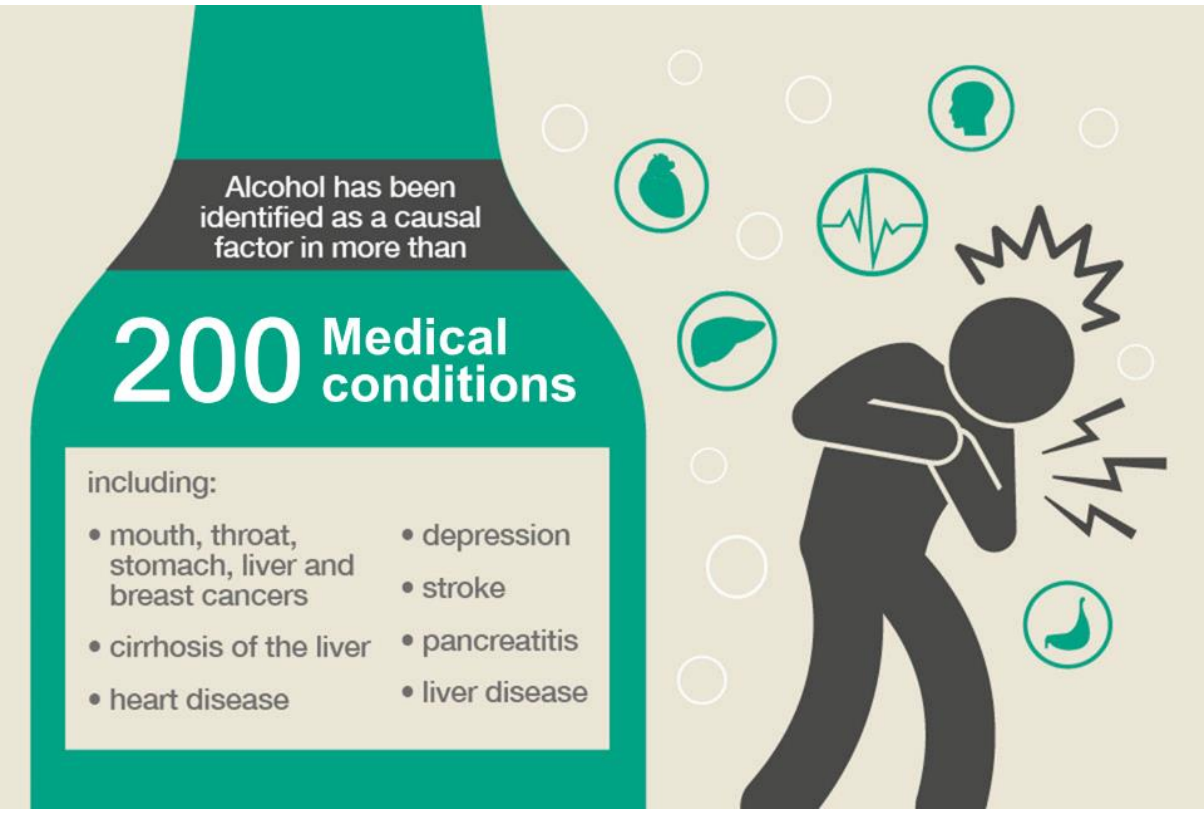
1.0 Introduction

1.1 The impact of alcohol nationally

Drinking alcohol is, for many adults, a normal part of relaxing, socialising, and celebrating. Regularly drinking alcohol above the recommended guidelines can have a direct impact on the health and wellbeing of the individual. Drinking to excess has a wider impact on families, communities, and society. In England there are more than 1 million alcohol related hospital admissions every year (1). Early evidence indicates COVID-19 and associated restrictions may have negatively impacted alcohol consumption nationally.

1.11 Health, morbidity, and mortality

Alcohol use is responsible for 10% of the UK burden of disease and death, making it the third biggest lifestyle risk factor after smoking and obesity (2). Alcohol can damage nearly every organ and system in the body and is a **major contributing factor** to more than 60 diseases including cardiovascular disease, liver disease and cancer (3) and a **causal factor** in more than 200 health conditions.



Among those aged 15 to 49 in England, alcohol is now the leading risk factor for ill-health, early mortality, and disability (4). There were almost 42,500 alcohol related deaths[1] in 2018 (5). Those dying of alcohol related causes in England die at a younger age, 54.3 years, than the average age of death from all causes, 77.6 years (4).

Men are more likely to be affected by alcohol harm than women, with higher levels of alcohol related mortality, years of life lost and alcohol related hospital admissions[2].

1.12 Mental health

Poor mental health and substance use often co-exist. An estimated 44% of community mental health patients have reported problem drug use or harmful alcohol use in the previous year. There is also a strong association between alcohol misuse and suicide (6). The prevalence of mental health problems is significantly higher among people with alcohol dependence (45%) compared with the general population (25%). Depression, anxiety, schizophrenia, and suicide are all associated with alcohol dependence (7). Concurrent mental ill health and alcohol/substance misuse is often referred to as dual diagnosis.

1.13 Harm to others

Alcohol misuse impacts on families and communities and considering these 'harms to others' can enable a more accurate measurement of the full burden of alcohol on society (8). Harm to others can include children and family members, adults, co-workers, strangers, neighbourhoods and communities, and society. Examples of harms to others include verbal or physical abuse, or financial impact on immediate family when money that is spent on alcohol cannot be spent on other commodities (8). This may particularly affect those on low income. Experiencing harm from other's drinking can negatively affect mental health and wellbeing, including depression, anxiety, and worry (8).

Alcohol can contribute to crime and antisocial behaviour, such as acquisitive crime, problematic street drinking, alcohol related violent crime and discord in the nighttime economy (9). It can affect an individual's ability to work and contribute to unemployment and poverty. Alcohol can also have an effect on educational attainment, either directly for the person drinking or indirectly due to the effects of parental drinking on children.

1.14 Cost of alcohol harm

Some alcohol harms and the associated costs may be easier to quantify and others more indirect and harder to calculate. For example, costs to the health and social care system are direct costs, however there are also indirect costs of lost productivity, absenteeism or presenteeism in the workplace. In England there are now more years of working life lost to alcohol than to the 10 most common cancers combined (1).

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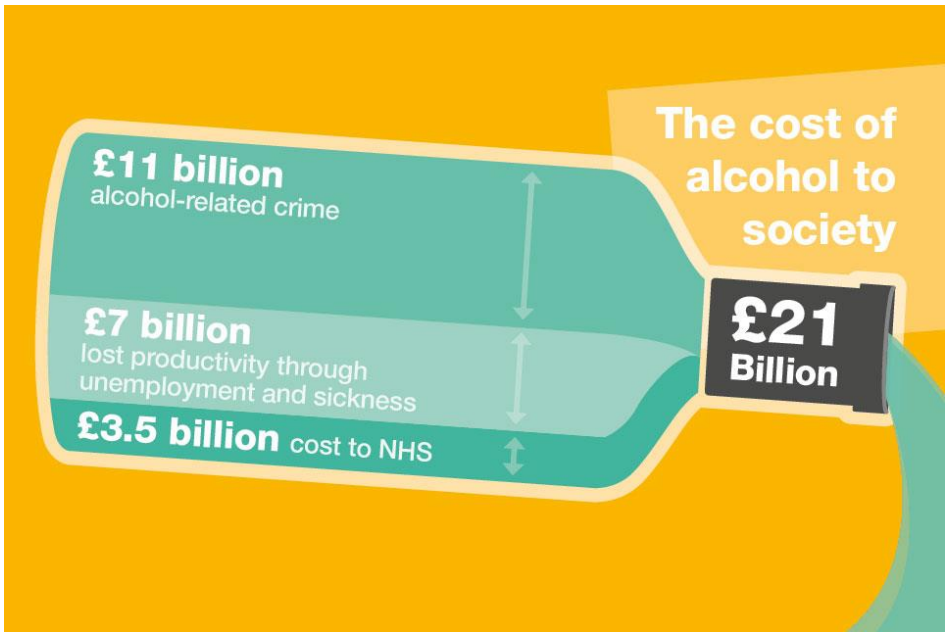
[1] Alcohol related and alcohol specific deaths combined. Alcohol-specific conditions include alcoholic liver disease, mental and behavioural disorders and alcohol poisoning where the condition is caused primarily by alcohol

[2] Alcohol-related hospital admissions include all alcohol specific conditions, plus those where alcohol is causally implicated in some but not all cases of the outcome, for example, hypertensive diseases, various cancers and falls

The cost of alcohol to society is estimated to be £21 billion.



The estimated annual cost of the economic burden of alcohol is between 1.3% and 2.7% of annual GDP in England, however it is believed the economic burden of alcohol is generally underestimated (4). Unless consumption levels change, alcohol is set to cost the NHS £17 billion in the next five years alone (1).

The financial burden alcohol related harm places on society is not reflected in its market price, with taxpayers picking up a larger amount of the overall cost compared to the individual drinkers.

1.15 Alcohol harm and deprivation- health inequalities

Alcohol harm affects deprived communities more. There are substantial differences in the health consequences of alcohol use between affluent and deprived communities, despite similar levels of consumption, this is known as the 'Alcohol Harm Paradox' (10). Less affluent moderate drinkers have been found to be at a higher risk of harm than more affluent heavy drinkers (11).

In England the most deprived suffer twice the mortality due to alcohol-specific causes; and are up to twice as likely to be to be admitted to hospital because of alcohol or alcohol-related conditions than people from the most affluent areas (12).

Factors which may contribute to the alcohol harm paradox are:

- Compounding due to clustering of unhealthy behaviours and associated risk factors in more deprived neighbourhoods
- Differential access to, and quality of, health services and other neighbourhood resources such as alcohol outlets.
- A poverty gradient through which unhealthy heavy drinkers move into poverty through loss of employment.
- Psychosocial distress arising from living in a deprived area, leading to 'self-medication' with alcohol (13)

1.2 Prevalence and trends in alcohol use nationally

1.21 Trends in alcohol consumption

In England, there are currently over 10 million people drinking at levels which increase their risk of health harm (1).

Alcohol consumption has increased over time, with an increase in sales of alcohol of approx. 42% in England and Wales since 1980 (4); consumption has doubled since the 1950's (1). Increases have been driven by increased consumption amongst women, increased affordability of alcohol and a shift towards higher strength drinks.

Where we consume alcohol has changed with a shift to most alcohol now being consumed at home. This is particularly the case during the COVID-19 pandemic; however, this shift had started prior to the pandemic. Research has shown that there has been an increase in harmful drinking during lockdown, with people stating they drink more frequently. Heavier drinkers are also consuming more in each drinking session, so the alcohol harm is compounded.

As well as consumption, alcohol harms have also increased over time, with increases in mortality and hospital admissions. (1) There was a statistically significant rise in alcohol-specific deaths nationally in 2020-a rise of 18.9% on 2019[3] and this was mainly due to alcoholic liver disease. This is the highest rate since 2001.

There have also been some positives trends, with more people reporting abstinence, than in previous years, there has also been an increase in those reporting abstinence during the lockdown. Leicester City reports, based on a 2018 lifestyle survey, suggest high levels of alcohol abstinence compared to England and other areas, this is believed to be due to cultural diversity within the city. There have been no local surveys on drinking since the beginning of the Pandemic.

1.22 Who is consuming alcohol?

Men are more likely to drink, as well as more likely to drink heavily than women; 28% of men and 14% of women consume more alcohol than is recommended.

Alcohol consumption is generally higher in younger ages and lower in over 75s. For men, the highest risk is found in the 55–64-year-olds. For women, highest levels are in 45–54-year-olds.

A small number of studies in the UK suggest that there are higher levels of alcohol misuse among lesbian, gay and bisexual people (12).

A UK literature review found that most black and minority ethnic groups are more likely to abstain from alcohol compared to people from white backgrounds (14). Those who do drink generally drink at lower levels. Whilst abstinence is high amongst South Asians; there are pockets of high use, and this is possibly underestimated. Studies show evidence of high consumption amongst the Sikh community (15) and of Pakistani men who do drink, their alcohol consumption is higher compared to

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3 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2020

other minority ethnic and religious groups. There is some evidence to show increasing levels of alcohol consumption amongst Indian women, Chinese men, and young Sikh women.

2.0 Policy context

2.1 National drivers

2.11 National alcohol strategy

The government launched a national alcohol strategy in March 2012, however, there has been no refresh since then. At the time the strategy focussed on the government's commitment to tackling excessive, irresponsible drinking which has led to unacceptable levels of nuisance and harm. Challenging binge drinking and the resulting disorder, violence and health harms caused to individuals and the community are at the heart of the government's approach. This promised tougher action against offenders of alcohol related violence and disorder and businesses encouraging this behaviour, as well as support to individuals to make informed choices to change their own behaviour.

The government made a commitment to tackle low pricing of alcohol through the introduction of a minimum unit price for alcohol. In March 2020, the Government said there were "no plans for the introduction of MUP in England" (16) although it would continue to monitor the progress of MUP in Scotland and consider the evidence of its impact. Both Scotland and Wales have introduced Minimum Unit Pricing.

2.12 Guidelines for safe levels of drinking

In January 2016, the UK's Chief Medical Officer issued new guidelines for safe levels of drinking.[3] The alcohol limit for men has been lowered to be the same as for women (17). The guideline for both men and women is as follows:

- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.
- If you do drink as much as 14 units week, it is best to spread this evenly over 3 days or more.
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat, and breast) increases with any amount you drink on a regular basis.
- If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Increasing and higher risk drinkers are at a higher risk of developing a serious illness than non-drinkers. Compared to non-drinkers if you regularly drink above higher-risk levels:

- You could be 3-5 times more likely to get cancer of the mouth, neck, and throat.
- You could be 3-10 times more likely to develop liver cirrhosis.
- Men could have four times the risk of having high blood pressure, and women are at least twice as likely to develop it.
- You could be twice as likely to have an irregular heartbeat.

2.13 COVID-19

Due to COVID-19 and the closure of pubs and bars, the way alcohol was consumed changed, and the harms of alcohol may be hidden within the home. Nationally there was an increase in off duty sales- those bought in off licences and supermarkets.

It is yet to be seen if the drinking habits established during lockdown, such as drinking in the home will remain. Nationally surveys suggest that those who were already drinking at high levels were those who were most likely to increase their drinking during lockdown. There is also some evidence that dissolving work/life balance due to home working has resulted in more drinking (18).

2.2 Local drivers

There are a variety of local drivers for the development of a new alcohol strategy for Leicester City, both direct drivers that have either pledged or recommended a renewed strategy, such as the Manifesto pledge and the CleaR peer assessment, as well as indirect drivers such as priorities in the Health and Wellbeing Strategy and Safer Leicester partnership that relate to alcohol harm.

Ultimately, local political leadership, the city council and partnerships drive this work.

2.21 Labour Manifesto for Leicester City

In 2019 Labour published its manifesto for Leicester which sets out the vision for the future of the city. Within this, there is a pledge to 'Publish an alcohol strategy and look to set up a Community Alcohol Partnership' (19). As such this is a political priority for the vision of the city.

2.22 Current strategy

The current alcohol strategy for Leicester City ran until 2017, as such it is due for a refresh.

2.23 Safer Leicester Partnership priorities 2020-2021

The Safer Leicester Partnership is a partnership of agencies tackling crime, drugs, and disorder. Agencies in the partnership include police, fire and rescue, Children and Young People's Justice Service/Youth Service, and NHS, amongst others. The partnership aims to make a real difference to communities across Leicester city through reducing crime and anti-social behaviour, alcohol related harm, incidence of domestic abuse and sexual abuse, effectively manage safeguarding issues, reducing re-offending among both adults and young people (20).

Development of the Leicester City alcohol strategy not only contributes to the aims of the Safer Leicester Partnership, particularly through reducing alcohol related harm, but also to the partnership priorities as outlined in the Leicester Community Safety Partnership Plan (21).

Priorities of the partnership in this plan include: To reduce serious violent crime associated with the night-time economy and to reduce the impact of begging, substance misuse and Anti-Social Behaviour associated with Street Lifestyles.

The Leicester City Alcohol Strategy should contribute to the achievement of these priorities.

2.24 The Joint Health and Wellbeing Strategy (JHWBS) and Action Plan for Leicester City 2019- 2024

The Joint Health and Wellbeing Strategy (JHWBS) and Action Plan for Leicester City reflects the ambitions and priorities of the city's Health and Wellbeing Board.

The JHWBS focusses on improving the health and wellbeing of Leicester's residents over the next five years and sets out the health priorities for Leicester (22).

There are five themes of the Health and Wellbeing strategy, these are:

- Healthy Places: Making Leicester the healthiest possible environment in which to live and work
- Healthy Minds: Promoting positive mental health within Leicester across the life course
- Healthy Start: Giving Leicester's children the best start in life
- Healthy Lives: Encouraging people to make sustainable and healthy lifestyle choices
- Healthy Ageing: Enabling Leicester's residents to age comfortably and confidently

The Leicester City Alcohol Strategy would help contribute to all these themes, but there are two specific actions within the Joint Health and Wellbeing Strategy Action Plan that the alcohol strategy will particularly contribute to (23). These are:

- Healthy Lives: Create environments that only support responsible drinking within the recommended guidelines to reduce risk of alcohol specific illness/mortality.
- Healthy Ageing: Improve the provision of environments and initiatives which encourage independent living and minimise future deteriorations to support healthy ageing.

2.25 CleaR peer assessment 2018

CLeaR is a system improvement model which provides local government, the NHS, the police and other partners with a structured, evidence-based approach to achieving excellence in preventing and reducing harm from alcohol at the local level.

The model comprises a self-assessment questionnaire allowing review of local arrangements and activity to reduce alcohol harm against NICE guidelines, backed by an optional challenge process from a team of external peer assessors.

Leicester completed the alcohol CLeaR self-assessment and subsequently requested and received a peer assessment in 2018 to validate the findings of the self-assessment.

The report offers a number of recommendations, in particular the CleaR peer assessment recommended that a new alcohol strategy for the city be developed. See below:

'A new alcohol strategy to complement existing work and inform future strategic direction and operational activity should be formalised. This should be based on an updated assessment of local need. The involvement of all partner agencies in the development of this could increase understanding of how the reduction of alcohol harm contributes to wider agendas'.

- *Senior leaders are encouraged to develop metrics to monitor how operational activity contributes to the achievement of key local objectives.*
- *Communications activity takes place at an organisational level but is not formally planned or coordinated at the strategic level, leaving the possibility of inconsistent messages.*

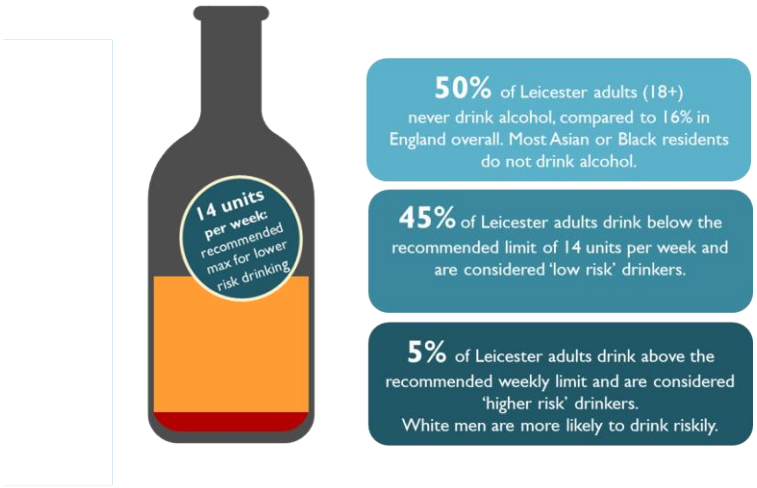
2.26 Police and Crime Plan for Leicestershire 2017-2021

The police and crime plane 2017-2021 is published by the Police and Crime Commissioner for Leicester, Leicestershire, and Rutland. This sets out the aims and priorities of the PCC. Within this the

PCC refers to work under ‘Vulnerability Protection’ and specifically cites support for work to reduce alcohol harm. As such, the development of the alcohol strategy would assist the PCC to support work on the harmful effects of alcohol. It is acknowledged that political leadership of the PCC has changed and with this may come some changes to the priorities going forward.

3.0 Alcohol harm in Leicester

- Despite high abstinence amongst the Leicester population (as reported in the Leicester Health and Wellbeing Survey) (24), alcohol mortality is high in Leicester men compared to the England rates.



- Alcohol is more frequently cited as a contributing cause of death in Leicester men than is the case in England overall. More years of life are lost to alcohol-related conditions in Leicester compared to the England average. Alcohol deaths amongst females in Leicester are similar to national rates.

- Not only is alcohol a greater cause of death in Leicester men than England, hospital admissions linked to alcohol are higher in Leicester men also. For Leicester women hospital admissions are lower than England rates.
- Liver disease is one of the top causes of death and people are dying from it at younger ages. Death rates from chronic liver disease are significantly higher in men in Leicester than nationally. In the period 2017-19 114 people died from chronic liver disease in Leicester (an average of 38 people a year), 70% of these deaths were in men. In Leicester over 95% of deaths from chronic liver disease occur in under 75-year-olds and over 50% in under 55-year-olds.

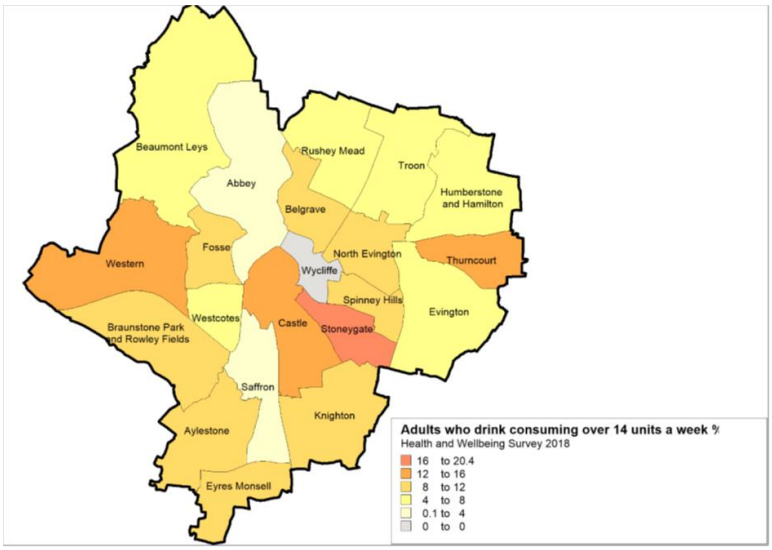
- Alcohol misuse is a major contributing factor to homelessness, and homelessness can be a barrier to recovery. During 2016/17, 35% of all clients using Leicester City Council funded homelessness services indicated that they had drug or alcohol problems.

- Alcohol is a contributing factor to crime. In 2018/19 almost 5500 alcohol-related violent crimes were recorded in Leicester, including more than two-fifths of all violent crimes in the city. Alcohol is a factor in 1 in 8 crimes in the city (5548) (12).
- There has been a 20% rise in numbers in treatment from almost 400 in the rolling year to March 2020 to almost 500 in the rolling year to April 2021.
- Leicester has a developing recovery community which supports people during and after treatment.

- Alcohol impacts children and families in Leicester. 1 in 5 of all children in need in Leicester had alcohol cited as a factor.
- Alcohol use in pregnancy can also be harmful to babies through affecting the nervous system, can cause premature birth, low birth weight and some congenital anomalies. It can also lead to preventable medical conditions described as Foetal Alcohol Spectrum Disorder (FASD) and can cause miscarriage. Locally there is no data on the number of women who drink in pregnancy, the quantity they consume, or the incidence of children born with FASD.

- Drinking behaviours differ across the Leicester geography. More people are non-drinkers in the North and Central areas, fewer people are non-drinkers in the South and West of Leicester. Of those who drink alcohol, people in Western, Castle, Thurncourt and Stoneygate wards report highest levels of drinking more than 14 units per week, however these differences are not statistically significant.

Figure 1: Map of alcohol consumption of over 14 units per week in adults



- Alcohol harm in Leicester should be considered in the context of high levels of abstinence. This suggests that those who do drink alcohol are possibly drinking at more harmful levels, that not everyone who drinks alcohol acknowledges or admits to drinking, and/or that more accurate surveillance of drinking habits is required. It is important to note that many people who have alcohol-related health problems aren't people who would necessarily see themselves as 'having a problem' but may be people who have regularly drunk more than the recommended levels for some years.
- The most recent Health and Wellbeing Survey in Leicester (2018) indicated one in ten (9%) of those who drink do so at levels above the CMO's recommended limit in a typical week that they are drinking[4].

- Anecdotally there is hidden drinking within Leicester, with some communities hiding their drinking as it is not seen as culturally or religiously acceptable. There is also an issue with street drinking in some areas, local services are working to reduce this in collaboration with local communities.

[4] Based on a sample of 1076 who said they drank, out of a total 2224 responses in Leicester

4. Our aim and how we will achieve this

The aim of the Leicester City Alcohol Harm Reduction Strategy is 'To reduce alcohol harm in Leicester in all its forms.

We will do this through a partnership approach. It is recognised that reducing alcohol harm is not the responsibility of any single agency and cannot be achieved through siloed efforts. It can only be achieved through strong partnership working as alcohol harm has many facets and is influenced by various factors.

4.1 Prevention

In our approach to preventing alcohol harm, we will focus on all stages of prevention, primary secondary and tertiary.

Primary prevention: Seeks to avoid the onset of ill health through detection of high-risk groups and provision of advice and/or counselling e.g., health education, screening

Secondary prevention: Seeks to change health-damaging behaviour to shorten episodes of illness and prevent the progression of ill health e.g., advice on cutting down

Tertiary prevention: Seeks to limit disability or complications arising from a chronic or irreversible condition and enhance quality of life e.g., rehabilitation therapy

4.2 Health promotion and wider determinants of health

We understand that this strategy is part of a health promotion approach to public health, defined as 'the process of enabling people to increase control over, and to improve their health' (26). As part of a health promotion approach, we have aimed for our priorities to span the life course, as we know alcohol harm can impact people from birth to death. We have also aimed for our priorities and actions to span the various factors that influence an individual's health, at the individual level, but also at the family level, community, society, and wider structural level, as described in Dahlgren and Whitehead's health rainbow, see figure 2.

Figure 2: Dahlgren and Whitehead's health rainbow

Our priorities and actions will encompass 5 key areas of health promotion, these are:

- Building healthy public policy
- Creating a supportive environment
- Strengthening community action
- Developing personal skills
- Re-orientating health services (including mental health services)

4.3 Overview of priorities

The Leicester Alcohol Strategy Development Group has overseen the development of the strategy and is committed to creating an action plan to take forward actions that will achieve our aim in Leicester to reduce alcohol harm.

The group have reviewed alcohol needs in Leicester and have developed priority areas which we believe will help achieve our overall aim.

The priority areas of focus are:

- Promoting a culture of responsible drinking
- Protection of children, young people, and families from harm
- Improved health and wellbeing through early identification and recovery focussed treatment
- Promoting responsible selling of alcohol
- Reducing alcohol related crime, disorder, and anti-social behaviour
- Emerging issues

4.4 Who will deliver and who we will be accountable to

The Leicester City Alcohol Strategy Development Group is made up of a variety of partners across Leicester, including community protection and enforcement, universities, education (schools), health partners across primary and secondary care, the police, representatives from the night time economy, public health, trading standards, housing, and providers of alcohol services.

This group will oversee the delivery of this strategy and key metrics across the life of the strategy. We will report up to the Health and Wellbeing board at regular intervals.

5. Promoting a culture of responsible drinking

As a nation we are drinking more alcohol more often. Alcohol has become established as an integral part of major celebrations such as weddings and birthdays, and a routine part of holidays and weekends. For many, alcohol is associated with positive aspects of life; however, there are currently over 10 million people in England drinking at levels which increase their risk of health harm.

Alcohol consumption has a direct link to alcohol harm, the more consumed the more harm caused. As such it is important to help our citizens be aware of the harm alcohol consumption can cause. This includes levels of consumption that are safest, but also to help change attitudes to drinking that could cause the most harm, for example binge drinking or consumption over the recommended weekly units.

Our aim is to empower people to make healthy choices regarding their alcohol intake and change their attitude and behaviour towards alcohol consumption.

There are various things we can do to help people change their attitudes and make healthy choices, these focus around three aspects: making an informed choice, changing cultural norms around alcohol consumption and increased access to low and no alcohol alternatives. We want to normalise celebrations where alcohol alternatives are consumed. Where people want to join celebrations, they should be able to with alternative options of what to drink other than alcohol. As such it is important there is good availability of low or no alcohol alternatives within the city, as well as non-alcoholic venues that people can meet up in, both day and night. But this is only viable if people make choices to access what is made available, which is where changing attitudes towards alcohol consumption comes in.

Health promotion can include a variety of approaches and we would like to cover these to have the biggest impact. Health promotion approaches include:

- Behaviour change- encouraging people to adopt healthy behaviours.
- Education -ensuring people are well informed to be able to make healthy choices.
- Empowerment- giving people the skills and confidence to take greater control over their health.
- Social change- such as policies and environments in order to facilitate healthy choices.

The World Health Organization (WHO) recommends that public policy on alcohol should ensure that there is 'broad access to information and effective education and public awareness programmes among all levels of society about the full range of alcohol related harm'. Public Health England also cites information on alcohol health harm can help reduce harm and inform choice (27). As such communications and education are important tools in addressing alcohol harm (28).

Behaviour change theory suggests that knowledge alone is not enough to change behaviour, often what changes behaviour is multi-faceted (29). It is in this knowledge that we have developed the following actions to promote a culture of responsible drinking.

5. Actions: We will.

Encourage an increasing variety and availability of no/low alcohol beverages in licensed premises

- Work with our night-time economy and licensed premises to increase the variety and availability of no/low alcohol alternatives, potentially exploring the idea of an accreditation as a 'responsible retailer'
- Work with our great sports clubs in the city, to encourage them to stock low/ no alcohol drink alternatives.
- Work with our licensing colleagues to encourage new licensees when making licensing applications to demonstrate how they will provide alcohol alternatives
- Work with licensing colleagues to develop the statement of licensing policy and use public health information on alcohol harm to assess if any new cumulative impact zones are required.
- Work with our partners in universities to educate students regarding alcohol harm and explore initiatives that could promote a culture of responsible drinking, including increased provision of alcohol alternatives and work with societies and student groups to increase social activities available not focussed on drinking.

Deliver appropriate Information campaigns

- Use targeted communications campaigns to inform Leicester citizens of alcohol harms and how they can reduce the harm to themselves from alcohol. Not only will these focus on consumption and units, but on the benefits of lower alcohol consumption
- Work with partners on communications around drink driving and increasing awareness amongst citizens of drink drive limits but also 'morning after' drink driving
- Communicate information on unknown consumption, such as how drinking at home can increase consumption unknowingly through pouring larger measures or unknown measures- this could involve encouraging use of unit measures at home
- Explore the use of social marketing and social norm approaches to promoting a culture of responsible drinking, which have some evidence of effectiveness in changing attitudes to drink driving and alcohol consumption (4)
- Work with the recovery community to develop approaches to encourage behaviour change that resonate with those affected

6. Protection of children, young people, and families from harm

Alcohol can affect children young people and families both through parental alcohol use but also alcohol use amongst young people themselves.

6.1: Parental alcohol misuse

Children affected by parental alcohol misuse are more likely to have physical, psychological, and behavioural problems. Parental alcohol misuse is strongly correlated with family conflict and with domestic violence and abuse. This poses a risk to children of immediate significant harm and of longer-term negative consequences.

Alcohol has an impact on children requiring safeguarding services, it plays a part in 25% to 33% of known cases of child abuse in England (6). Locally 22% of "children in need"[5] have alcohol cited as a factor.

Amongst young offenders misusing alcohol, 78% had a history of parental alcohol abuse or domestic abuse within the family.

We know alcohol use in pregnancy can lead to a variety of harms to the unborn baby, as such it is important to consider how we can reduce and prevent alcohol consumption in pregnancy.

6.2: Alcohol misuse amongst children and young people

Official guidance on alcohol aimed specifically at children and young people was published by the Chief Medical Officer in 2009 (30).

It recommended the healthiest and safest option was for children to remain alcohol free up to age 18. If they did drink alcohol, it should not be at least until the age of 15. Those aged 15 to 17, should only drink in a supervised environment, and no more than once a week.

The guidance also recommended communication of the importance of parental influences on children's alcohol use to parents, carers and professionals and provision of advice to parents and carers on how to respond to alcohol use and misuse by children. Support services must be available for children and young people who have alcohol related problems and to their parents.

The guidance was based on a body of evidence that drinking at a young age, particularly heavy or regular drinking, can result in physical or mental health problems, impair brain development, and put children at risk of alcohol-related accident or injury. It is also associated with missing or falling behind at school, violent and antisocial behaviour, and unsafe sexual behaviour (31).

Studies also show children tended to have a reasonable awareness of the social harms associated with alcohol however they had a relatively poor grasp of the potential health risks. This suggests that children are not taught to recognise the health consequences of drinking. Importantly, children showed strong evidence that parental attitudes towards alcohol and patterns of drinking are passed from parent to child (4).

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[5] Children in need are defined in law as children who are aged under 18 and:

- need local authority services to achieve or maintain a reasonable standard of health or development
- need local authority services to prevent significant or further harm to health or development
- are disabled

Some parents choose to give their children alcohol in the belief it will help them resist peer pressure and avoid alcohol harm later in life. However parental supply of alcohol has been shown to be associated with alcohol use, intentions to drink and risky drinking, in adolescents (4).

In Leicester 1 in 3 children aged 14-15 years old said they had ever drunk alcohol, with White British children more likely to have tried alcohol and Asian children less likely (32). Having ever drunk alcohol is rarer amongst younger children.

6. Actions: We will.

- Continue to develop closer working between our early help and social care teams and alcohol treatment services to increase accessibility and visibility of services for parents to get the help they need to address alcohol issues.
- Develop the Council's own offer to adults in contact with children who misuse alcohol such as Multisystemic therapy, Functional Family therapy and Troubled Families.
- Work with our great sports clubs in the city, to encourage them not to accept sponsorship from alcohol companies or bars. Studies have shown an association between exposure to alcohol sports sponsorship and self-reported alcohol consumption amongst adults and schoolchildren.
- Work with our healthcare colleagues to increase alcohol identification and brief advice (IBA) in pregnancy through a Making Every Contact Count (MECC)[6] approach to try to reduce the number of women drinking in pregnancy
- Communicate the health harms of alcohol to children (where age appropriate).
- Work with our enforcement colleagues to ensure "Think 21" is being implemented
- Work with our local police and schools to try to increase the numbers of schools taking up the offer of alcohol awareness education
- Encourage schools to integrate alcohol education within the curriculum
- Explore ways we can reduce proxy purchase of alcohol for children by adults
- Encourage schools to develop policies to make their premises alcohol free (such as when holding evening events for parents, performances, fundraisers etc)
- Continue to Strengthen connection between alcohol treatment services, schools and other CYP services so that direct referrals can be made.
- Empower school staff to deliver alcohol IBA where appropriate with young people, such as through the school nurse workforce

[6] Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations

7. Improved health and wellbeing through early identification and recovery focussed treatment

7.1 Early identification

The earlier we can detect where someone may be drinking at harmful levels, and the sooner we can motivate a change in consumption, the more likely we are to prevent and reduce harm from their alcohol consumption.

IBA (identification and brief advice) aims to raise awareness of the risks associated with alcohol consumption and help individuals reduce their drinking. IBA involves the administration of a short screening questionnaire, known as the AUDIT questionnaire (Alcohol Use Disorders Identification Test), about current drinking patterns, followed by personalised advice and information. Most IBA is delivered in a single, brief session. There is much evidence for the effectiveness of IBA in reducing alcohol consumption.

NICE encourages and recommends that all appropriate healthcare professionals should deliver IBA as part of Making Every Contact Count, an initiative within the NHS to encourage healthcare professionals to raise and address lifestyle issues with their patients. Specific actions include offering IBA as part of the NHS Health Check programme and upon new patient registration to a general practitioner (GP) practice. Leicester City Council currently offer 'Healthy Conversation Skills' training for staff to assist them to have conversations with the public as part of Making Every Contact Count.

Early identification and brief advice (also known as IBA), as well as appropriate and accessible structured treatment for alcohol misuse are key components of any strategy to tackle alcohol harm. Together, these interventions help to raise awareness of hazardous, harmful, and dependent drinking patterns, increase motivation to change behaviour and reduce overall alcohol consumption.

It is important to not only provide IBA and treatment, but also focus on recovery in the long term, as such a supportive recovery community linked to treatment can help people to stay abstinent or drink at less harmful levels.

Fibro scanning is also a useful tool to help identify problem drinking through liver damage. This can provide an opportunity for individuals to reverse early damage and seek treatment. A local pilot is taking place over 2021/22 where the local treatment provider will be using the scanner with individuals already referred and linking in with a GP practice in the city.

The local hospital trust and mental health trust will be incentivised to identify liver problems through fibro scanning through new CQUIN arrangements. It will be important to monitor the impact of this on service take up.

7.2: Treatment

Provision of and access to alcohol treatment is key to helping people to overcome alcohol misuse.

We know that mental health and alcohol misuse often co-exist. PHE guidance sets out two key principles for commissioning and providing better care for people with co-occurring mental health, and alcohol and drug use conditions (33).

- **Everyone's job.** Commissioners and providers of mental health and alcohol and drug use services have a joint responsibility to meet the needs of individuals with co-occurring conditions by working together to reach shared solutions
- **No wrong door.** Providers in alcohol and drug, mental health and other services have an open-door policy for individuals with co-occurring conditions and make every contact count. Treatment for any of the co-occurring conditions is available through every contact point

More than half of those in treatment last year (where data was collected) expressed a need for help with their mental health (34) and people in touch with specialist mental health services who also have a history of alcohol problems can be at elevated risk of death by suicide. As such it is important that we ensure we meet these principles with our mental health and alcohol support offer in the city. We know this can only come through good joint working.

7. Actions: We will.

Mental health

- Strengthen links between mental health services and alcohol treatment, including use of screening tools such as 'assist lite' for mental health
- Work to offer support for mental health and alcohol in treatment where both issues are present and is appropriate for the individual
- Work to ensure Child and Adolescent Mental Health Services (CAMHS) support is linked in with young people's alcohol treatment services

Complex and co-occurring needs

- Ensure alcohol services are able to identify and respond to the needs of users with poor mental health, Learning Disabilities, Autism and ADHD.
- Ensure that services respond to the needs of rough sleepers, street drinkers and those with a street lifestyle to support them into appropriate treatment.
- Review the role of the No.5 recovery hub in its response to street drinking
- Ensure services respond effectively to drug users who also misuse alcohol.
- Review how the new treatment contract arrangements are responding to the needs of adults with complex needs.
- Ensure domestic abuse services and alcohol service providers are able to identify co-occurrence of issues and adjust interventions accordingly

IBA and early detection of liver disease

- Assess locally how we can expand and upscale provision of IBA across various settings including healthcare, social care, housing, criminal justice, and education (including universities).
- Map the current arrangements and coverage of IBA, with the aim of strengthening provision and referral pathways and increasing numbers receiving interventions where appropriate

- Assess the need for IBA training amongst the workforce and consider how more training could be delivered if required, such as through targeted use of existing training provision or commissioning more IBA training if appropriate
- Work with hepatology department at UHL and the local CCG to assess need for Enhanced Liver Fibrosis (ELF) testing in primary care and incorporate the use of fibro scanning into primary care for earlier identification of hazardous drinkers and increased referral to treatment service.
- Explore enhancing the treatment service offer through use of fibro scanning to better communicate risks of drinking.
- Consider the use of CQUINS[7] in encouraging wider use of IBA and fibro scanning in healthcare
- Explore the possibility of CQUIN champions in healthcare settings as per CQUIN guidance

Suggested metric- Number of DA service practitioners that complete 'healthy conversation skills' training

Treatment and pathways

- Work with commissioned treatment services to meet the needs of Leicester's diverse population, including those with dual diagnosis and increasing uptake from ethnic minority groups
- Continue to develop the reach and identity of the alcohol service so it is provided in more 'non-drug-service' venues including in neighbourhoods.
- Identify support pathways for individuals drinking at harmful levels but not requiring treatment, including the role of the Council's live well healthy lifestyle service and digital interventions.
- Map, develop and strengthen service pathways into treatment in order to help reduce the level of unmet treatment need in the city.
- Work with our treatment providers and partners to increase referrals into treatment and to increase numbers accessing and successfully completing treatment
- Work to strengthen the relationship between A&E, alcohol treatment services and recovery services to improve access to services at all points of the pathway

Recovery

- Continue to support the development of the local recovery community including the offer of mutual aid and the role of lived experience in the design, review, and delivery of services.
- Ensure commissioned services support recovery and help address the wider factors that reinforce dependency, including housing and social care needs, family support and domestic violence.

[7] The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care (35).

8.Promoting responsible selling of alcohol

Tackling alcohol harm is not just the responsibility of local authorities and other public agencies such as the police and NHS The alcohol industry and on and off trade alcohol retailers have an important role to play.

There are various approaches highlighted by Public Health England which centre around marketing and sale of alcohol. Areas where alcohol availability is dense have been linked to social disorder. Ease of availability of alcohol is also seen as a driver of consumption, and the industry has a part to play in this.

Our aim is to work with alcohol retailers to ensure they play their part in encouraging people to drink responsibly.

8: Actions: We will.

Information and partnership

- Ensure licensed premises have access to information and advice about best practice regarding the sale of alcohol and of their legal responsibilities through online platforms
- Work with our entertainment and Night-time Economy Sector to encourage up to date training for staff on responsible selling of alcohol and responsible handling of intoxicated clients
- Explore possibility of an accreditation scheme such as 'Best Bar None' for responsible alcohol retailers
- Lobby the government regarding minimum unit pricing in England
- Work with our partners to encourage them to refrain from sponsorship by alcohol companies/ licensed premises at events

Licensing policy

- Strengthen our licensing information through the use of 'Cardiff model' data, so licensing decision makers have all relevant data on alcohol harm when reviewing licensing applications
- Review 'Cumulative Impact Zones' in the city considering any public health information on alcohol harm in relevant areas
- Work on online platforms and with the licensing department to encourage new licensed premises not to sell single cans which we know can increase access to alcohol and not to sell 'super-strength' alcohol.
- Responsible authorities will continue to make appropriate and relevant representations in line with the legislation regarding applications for licenses to sell alcohol
- We shall continue to make appropriate use of all the available powers and legal interventions to address any illegal or irresponsible sales of alcohol by licensed premises, in particular the use of Licensing Act review powers

Enforcement

- Work with enforcement colleagues to continue intelligence-led enforcement of responsible selling of alcohol, including test purchase operations
- Focus enforcement action on licensed premises that adopt irresponsible drinks promotions that encourage people to drink more than they might ordinarily do, in line with the mandatory conditions

9. Reducing alcohol related crime, disorder, and anti-social behaviour

Alcohol can contribute to crime and antisocial behaviour, such as acquisitive crime, street drinking, alcohol related violent crime and discord in the night time economy (9). In England and Wales, alcohol-related crime costs up to £11 billion a year.

Alcohol is a contributing factor to crime in Leicester, in 2018/19 almost 5500 alcohol-related violent crimes were recorded in Leicester, including more than two-fifths of all violent crimes in the city. Alcohol is a factor in 1 in 8 crimes in the city (5548) (12)

People can become more vulnerable to crime when intoxicated as well as alcohol being a factor in committing crimes. There are specific alcohol related crimes such as drink driving, as well as other crimes where alcohol is a contributing factor such as assaults, domestic violence, and anti-social behaviour. Alcohol can also be related to harmful events such as fires, as well as activity that can negatively affect the community, such as street drinking and litter.

It is a priority of the Safer Leicester Partnership to reduce serious violent crime associated with the night-time economy, (which would include alcohol related crime, disorder, and anti-social behaviour), and to reduce the impact of Anti-Social Behaviour associated with Street Lifestyles.

Our aim is to protect communities from the negative impact of alcohol by reducing alcohol-related crime and the incidence of anti-social behaviour; and by ensuring that those involved in the production and sale of alcoholic drinks act within the law and with an appropriate sense of social responsibility; and that the city uses the powers available to it to achieve this.

9. Actions: We will.

Criminal justice interventions

- Work with the Courts and Probation to increase the use of Alcohol Treatment Requirements
- Work with Police colleagues to further increase the use of Conditional Cautions and Community Resolutions as appropriate disposals for low level alcohol related crime to ensure brief interventions are delivered
- Continue to promote a co-ordinated approach to addressing issues relating to street drinking and street lifestyles combining enforcement and support measures,
  Enforcement
- Use enforcement approaches, including legislative powers, where necessary and appropriate to tackle persistent street drinking
- Continue to use the Citywide Public Space Protection Order for Street Drinking and use of New Psychoactive Substances (NPS), to address street drinking
- Use data to support action against irresponsible selling of alcohol leading to alcohol related crime
  Understanding need
- Engage communities in areas where street drinking occurs, to understand the issue more fully and collaboratively develop approaches to tackle this. This is particularly important in communities where drinking may be hidden from the home
  Communication

- Work with partners to co-ordinate communications campaigns about the dangers of drink driving
- Develop a multi-agency area wide campaign to target some of the attitudes that support harmful drinking related behaviour

10. Emerging issues

As with any community, the needs of citizens can change over time as can patterns of behaviour as well as who is affected by alcohol harm.

In Leicester we are aware there will be emerging issues in relation to who is affected by alcohol harm and how, and we are committed to being responsive to this. We are also aware that COVID-19 and associated restrictions may have negatively impacted alcohol consumption.

10. Actions: We will.

- Share information through existing partnership structures to ensure we are aware of new and emerging issues affecting citizens regrading alcohol harm
- Work together collaboratively to tackle emerging alcohol harm issues
- Consult with affected communities to tackle emerging alcohol harm issues in ways that are effective for that community

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