Surrey
Substance Misuse Strategy

Alcohol Section

Refreshed April 2019

Health and Wellbeing Surrey

Surrey Community Safety

SURREY

Contents

Foreword

Addressing alcohol harm is a key priority in Surrey as alcohol-related hospital admissions continue to escalate and more than a quarter of adults who consume alcohol doing so above recommended levels. Alcohol misuse has a major impact on our public services, with alcohol harm estimated to cost the NHS in Surrey over £73.5 million a year alone. We know that the social, economic and health impacts associated with alcohol misuse affect the most vulnerable individuals and groups in our society, as well as the population at large.

This strategic approach to addressing the harm caused by alcohol is part of the overall Substance Misuse Strategy. It builds on Surrey's previous Alcohol Strategy and continues to recognise the unique and important contribution organisations such as the NHS, police, county, borough and district councils, prison and probation services, alcohol treatment services, voluntary sector and local industry can make in tackling alcohol misuse in our community. Key to this is the effective delivery of evidence-based interventions to alter drinking culture and behaviours, including early identification of those at risk and appropriate support for those who need it. The evidence is clear; investment in alcohol services and alcohol-specific interventions is highly cost-effective and improves health outcomes.

We hope you find this section informative and look forward to working with you to implement an effective approach to reducing the harm caused by alcohol across the life course.

Executive Summary

Addressing alcohol harm is a public health priority both nationally and locally. In Surrey, alcohol-related hospital admissions have more than doubled in the last decade and it is estimated that 28% of adults that drink alcohol do so above recommended limits of which 0.86% are estimated to be alcohol dependent.[1] The social, economic and health impacts of alcohol misuse affect both the most vulnerable individuals and groups in our society and the population at large. In order to halt and reverse the trend of increased alcohol-related harm, we need to intervene early to identify those at future risk, and support and empower them to change their behaviour.

Our approach to addressing the harm associated with excess alcohol involves delivering the most effective, evidence-based interventions across the life course. The strategy recognises that alcohol misuse can only be addressed through system-wide change, encompassing both behaviour change interventions at an individual level, as well as policy, environmental, and cultural change at a population level. In particular, our strategy emphasises the need to address alcohol harm and the associated health inequalities collectively in partnership.

Our aim is to prevent and reduce the harm caused by alcohol to individuals, families and communities within Surrey. This will be achieved through co-ordinating activity across the following strategic themes:

1. Prevention and Early Identification
2. Treatment and Recovery
3. Safer and Supportive Communities

Acknowledgements

We would like to thank the wide range of partners that have contributed to the development of this Alcohol Section. The section has been developed by the Substance Misuse Partnership Group which is made up of the following key partners:

Surrey County Council, including:
Public Health
Adult Social Care
Children, Schools and Families
Customers and Communities

NHS
Clinical Commissioning Groups
NHS England

Public Health England

Police, Probation and Prisons
Office of the Police and Crime Commissioner
Surrey Police
Surrey and Sussex Probation Trust
Surrey Prisons

Borough and District Councils
Community Safety Officers
Policy Officers

Industry representatives

Voluntary sector representatives

Department for Work and Pensions (Job Centre Plus)

Recovery Champions

1.0 Introduction

When consumed within the recommended guidelines, alcohol can be beneficial to individuals and society, boosting the night time economy and facilitating social interactions and community cohesion. However, there are many people who are drinking too much, too often, resulting in year on year increases in the levels of alcohol-related health problems. In Surrey, a significant proportion of adults drink above recommended levels, contributing to social, economic and physical harm. The misuse of alcohol is therefore a concern to many of our public services including police, community safety, and social and mental health services which support individuals and families affected directly or indirectly by alcohol misuse. Furthermore, excessive alcohol consumption has a detrimental effect on local business due to sickness absence and lost productivity. Alcohol has therefore been highlighted by Surrey's Health and Wellbeing Board as a priority for action.

Our strategic approach to alcohol is set in the context of a society where both the availability and affordability of alcohol has recently reached an all time high. We therefore recognise that building and maintaining effective partnerships is fundamental to achieving a multi-faceted approach to supporting responsible alcohol consumption. This document builds on the successes achieved by a wide range of key stakeholders since 2009. The Substance Misuse strategy is owned and delivered by Surrey Substance Misuse Partnership ensuring all key partners are engaged. The strategy provides a framework for how the Substance Misuse Partnership will work with their partner agencies to implement innovative, evidence-based initiatives in order to respond to the needs of Surrey's residents, families and communities and tackle the inequalities caused by substance and alcohol misuse.

Our aim is to prevent and reduce the harm caused by alcohol to individuals, families and communities within Surrey. We will achieve our aim through activity across three strategic themes:

- **Prevention and Early Identification**
- **Treatment and Recovery**
- **Safer and Supportive Communities**

As a result of this we expect to see:

- Fewer alcohol related hospital admissions
- More people drinking in line with the recommended limits
- More front line health and social care staff trained to provide brief advice
- More people entering and successfully completing alcohol treatment
- A reduction in alcohol related crime

2.0 What is Alcohol Misuse?

Alcohol misuse means drinking excessively or more than the recommended limits for alcohol consumption. In the UK, the Department of Health has categorised types of drinking by level of risk, as shown in Table 1. One alcohol unit is equal to 10ml (in volume) or 8g (in weight) of pure alcohol. While it is not possible to say that drinking alcohol is absolutely safe, by keeping within the recommended guidelines, there is only a low risk of harm in most circumstances.

Table 1 Categories of drinking as defined by Department of Health[2]

	MEN	WOMEN
Lower Risk	Less than 14 units a week spread evenly across 3 or more days.	Less than 14 units a week spread evenly across 3 or more days.
Increasing Risk	15-49 units per week.	15-34 units per week.
Higher Risk	More than 50 units per week (or more than 8 units per day on a regular basis	More than 35 units per week (or more than 6 units per day) on a regular basis
Binge Drinking	Consuming more than twice the lower risk levels in one day (> 8 units)	Consuming more than twice the lower risk levels in one day (>6 units)
Alcohol Dependence	Drinking behaviour characterised by an inner drive to consume alcohol, continued drinking despite harm and commonly withdrawal symptoms on stopping drinking	

In January 2016, the Chief Medical Officer issued the following alcohol guidelines for men and women:

- 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 per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
- 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.

Alcohol Units

One problem with the national guidance on alcohol units is that many people are unaware of what a unit of alcohol is, how it translates into drinks and therefore how many units they consume. Also the alcohol by volume (ABV) or strength of alcohol influences the number of alcohol units in different drinks. The images below show some common drinks and the number of alcohol units typically contained in each:

Pint of Cider
ABV 5.3%
3 units

Red Wine (125ml)
ABV 12.5%
1.6 units

Sambuca Shot
ABV 42%
1 unit

Bottle of Lager
ABV 5.2%
1.7 units

3.0 Alcohol Misuse in Surrey

3.1 Alcohol Misuse in Adults

Since there is limited data available on drinking behaviour, Public Health England (PHE) produce synthetic/modelled estimates for the UK. In Surrey, the estimated prevalence of people drinking at increasing risk and higher risk drinkers is 28% which is similar to national levels.[1] Increasing risk drinking and higher risk drinking are most common in people aged 25-64.[3] Increasing risk drinking tends to be associated with affluence and it is thought that the biggest driver for changes in levels of increasing risk drinking nationally is the consumption of wine in more affluent subgroups of the population.[4] In contrast, higher risk drinking and binge drinking are associated with deprivation and binge drinking is more common in younger adults (16-24yr olds). National data on drinking suggests that there has been a significant increase in drinking within the home in considerably in recent years.[5] In Surrey, it is those aged 35 years and over that present at hospital with alcohol-related health problems, as a result of drinking at increasing and higher risk levels for a sustained period of time.[6]

DrinkCoach Surrey

DrinkCoach is a preventative and early intervention approach to addressing excess alcohol use in Surrey.

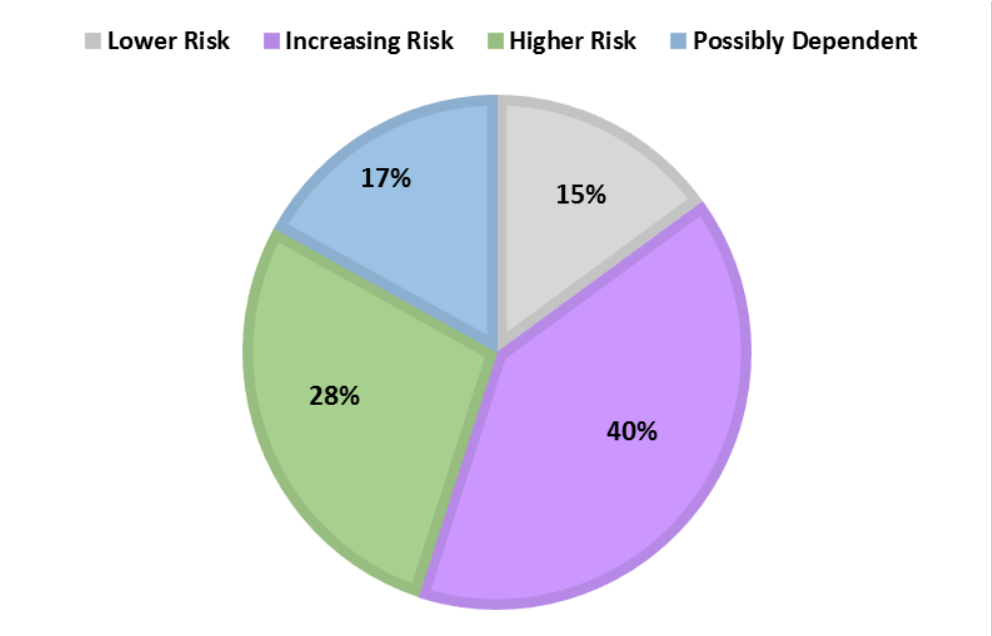
DrinkCoach Alcohol Test

DrinkCoach Alcohol Test is an online tool which allows people to assess their alcohol use. The site was launched in April 2015. Surrey data[i] from 2018 indicates:

- There are approximately 760 website visits a month.
- 43% of people who visit the site complete the alcohol assessment
- 85% of those who complete the alcohol assessment are positive (ie drinking above recommended levels).
- Around 50% of users are male and 50% are female

[i] Year to date averages

DrinkCoach Alcohol Test - User Drinking Risk Levels (2018)



DrinkCoach Online Coaching

DrinkCoach Online Coaching is a pilot online service providing online alcohol support to Surrey residents aged 18 years and over who are drinking at increasing and higher risk levels and want support to reduce their alcohol intake. People who meet the eligibility criteria can access up to six 30 minute sessions with an alcohol specialist via Skype. Sessions can be booked by visiting the Healthy Surrey website.

Specialist Alcohol Treatment

The level of risk for an individual is assessed and a variety of interventions are delivered depending on the needs of the person. Structured treatment refers to specialised alcohol misuse treatment and care that is co-ordinated and planned. The specialist substance misuse treatment system in Surrey offers a range of interventions to individuals drinking at higher risk levels with complex needs and those individuals who are alcohol dependent. Around 0.89% of the adult population in Surrey (n=7,773) are estimated to be moderately to severely alcohol. In 2017-18 there were approximately 1670 clients recorded in structured treatment for alcohol[ii] in 2013-14.[7,8]

[ii] Full year data. Includes alcohol only and alcohol non-opiate clients

3.2 Alcohol Misuse in Children & Young People

There is clear evidence that children who start drinking at an early age are more likely to develop alcohol problems in adolescence and adulthood, and that those who begin drinking before age 13 are at the greatest risk of alcohol misuse later in life.[9] Evidence also shows that drinking before the age of 14 is associated with increased health risks, engagement in risk taking behaviours such as underage sex, having more sexual partners, use of drugs/substances, and involvement in violence and risky driving behaviours. Consequently, alcohol use at this age can result in teenage pregnancy, crime and disorder, and employment problems. Heavy drinking during adolescence may also affect normal brain functioning during adulthood. Parents and carers need to be aware of the relationship between their own drinking behaviour and alcohol use in their children.[10]

While there is limited data on drinking behaviour among children and young people in Surrey, a survey in 2012-13 suggests there has been an increase in the number of secondary school children in Surrey reporting to have had an alcoholic drink.[11] The results also indicated that the most popular ways of obtaining alcohol was from parents (49%), friends (38%) and from home (25%). More recent information from the Health Related Behaviour Questionnaire 2015 showed that 88% of primary school pupils aged 10-11 years (n=1,137) reported that they did not drink alcohol, compared with 54% of secondary school pupils aged 12-15 years (n=2,125).[12] 4% of primary school pupils and 12% of secondary school pupils had consumed an alcoholic drink in the 7 days before the survey, with 10% of primary and 57% of secondary school children reporting that when they do drink alcohol their parents 'always' know. In addition, 49% of secondary pupils responded that they would know where to go if they wanted information or support about alcohol or drugs, while 19% said they wouldn't know where to go. These results reiterate the need to educate young people and their parents on the risks associated with underage drinking and the need to ensure young people know where to access information, help and support in relation to alcohol.

With regard to specialist alcohol treatment, Surrey data indicates that 56% (n=206) of clients aged under 18 within Substance Misuse Services were in treatment for alcohol[iii]. This compares with 55% (n=19,298) nationally.[13]

3.3 Alcohol and Families

Parents and carers are the biggest single influence on outcomes for children and young people.[14] A positive parenting experience enables children to develop good emotional wellbeing and positive resilience through - a supportive and caring family; a safe and secure home; engaged parenting; promotion of tolerance and good behaviour; and promotion of optimism and positivity.[15] Conversely, poor parenting contributes to poorer

[iii] Alcohol cited as 1st, 2nd or 3rd drug of choice in any episode in the year

health, cognitive, emotional, educational and social outcomes among children and is also linked to child substance misuse related issues.

The quality of parenting may be compromised for particular groups of children, such as Looked After Children, Children in Need and Young People Leaving Care and those identified through the Family Support Programme. These groups of children may be at higher risk of childhood abuse, neglect, and exposure to other traumatic stressors known as Adverse Childhood Experiences (ACEs) and, as a result, more likely to develop alcohol and substance misuse issues.[16]

Parental alcohol or substance misuse can cause significant harm to foetal and child development leading to Fetal Alcohol Spectrum Disorders (FASD). FASD is associated with a multitude of long-term physical, cognitive and behavioural problems, including brain damage, facial deformities, intellectual disabilities, physical and emotional developmental problems, memory and attention disorders. [17] Mental illness and drug and alcohol dependency may also develop as additional complications.

Alcohol misuse also increases the risk of parents becoming less loving, nurturing, caring, consistent or predictable which can negatively impact on a child's development. Children and young people may suffer a range of short and long-term problems as a result of living with a parent that has an alcohol problem including anti-social behaviour, emotional problems, poor school performance, poor relational development and alcohol and substance misuse.[18]

In 2013-14, 53% all adults (n=536) in treatment for substance misuse (including alcohol) were parents.[19] In addition, issues of parental alcohol misuse were recorded in 16% (n=197) of children on a Child Protection Plan at any one time between July and December in 2013.[20] Since over 25% of adults in Surrey that drink, do so above recommended levels, many children and young people are at risk of being affected by parental alcohol misuse in our county.

3.4 Alcohol and Health

Excessive consumption of alcohol significantly increases risk to long-term health. Alcohol is associated with more than forty serious medical conditions, including liver disease and mouth, bowel and breast cancer and is one of the major preventable causes of death in England.[21] In particular, liver disease, to which alcohol is a major contributor, is the only major cause of death still increasing year on year.[22]

Alcohol-Related Hospital Admissions in Surrey

Alcohol-related hospital admissions in Surrey have more than doubled since 2002.[1] This upward trend is evident across the region and the country as a whole, although the rate of

increase has slowed since 2010. The rate of alcohol-related hospital admissions in Surrey has been comparable to the regional rate over the last decade, but lower than the national rate.[1] In addition, admissions to hospital due to alcohol in those aged under 18 in Surrey are significantly lower than in England.

The most common reason for alcohol-related hospital admissions in both men and women in Surrey is hypertensive diseases.[23] The second most common reason of alcohol-related hospital admissions is mental and behavioural disorders. Surrey's Joint Strategic Needs Assessment (JSNA) on alcohol provides a full analysis of data on alcohol-related and alcohol-specific hospital admissions, alcohol-specific mortality, and mortality from chronic liver disease. The data shows that there is no evidence of significant variation between boroughs and districts in Surrey for any of these indicators, with the exception of alcohol-related hospital admissions.

Alcohol & Mental Health

Alcohol has a role in a number of conditions including anxiety, depression, psychiatric disorders and suicide.[24] Many people drink alcohol to help them cope with emotions or situations that they would otherwise find difficult to manage, and evidence shows that those who consume high amounts of alcohol are vulnerable to higher levels of mental ill health.[25] Alcohol misuse and mental ill health often co-exist (known as dual diagnosis) and some people use alcohol as a form of self-medicating to cope with symptoms of mental illness.

Good mental health and lower levels of mental illness, however, are associated with reduced health risk behaviours, including reduced smoking, alcohol and substance misuse.[26] There is clear evidence that wellbeing and resilience – that is the capacity of individuals and communities to deal with stress and adversity – are linked to the prevention of mental ill health and consequently lower levels of alcohol and substance misuse.[26] The development of good mental health, wellbeing and lifelong resilience to adversity is primarily dependent on positive parent–child or carer–child relationships which are fundamental to healthy emotional, social and cognitive development.[26]

In Surrey, there is limited data on the prevalence of alcohol misuse among those with mental ill health, however 26.8% of clients in treatment for alcohol misuse in 2017-18 were recorded as dual diagnosis.[19] Moreover, qualitative feedback from the consultation on the strategy indicated there is a need to improve the identification and treatment of clients with alcohol and substance misuse within mental health services, and that there is a need to improve referral pathways between substance misuse and mental health service providers.

3.5 Alcohol and Crime

Alcohol consumption contributes to crime and disorder such as violent crime, domestic abuse and drink driving, and thus has an impact on public safety. Alcohol-related crime and social disorder is estimated to cost UK taxpayers £11bn per year.[27] In 2010-11, there

were almost one million alcohol-related violent crimes and the British Crime Survey 2009-10 revealed that victims believed the offender(s) to be under the influence of alcohol in half of all violent incidents.[28,29, 30]

Pre-loading, which involves drinkers consuming alcohol in private settings prior to attending nightlife venues, has been found to significantly increase total alcohol consumption during a night out and also doubles the chance of being involved in violence.[31] Whereas, the rate of crime attributable to alcohol in Surrey is significantly lower than the rate regionally and nationally, it still impacts significantly on community safety and the public purse.

Public Perception of Crime and Disorder

Public concern about alcohol-related crime often relates to offences involving a combination of criminal damage offences, drunk and disorderly and other public order offences, often involving young males between 18 and 30 years of age, but increasingly involving young females.

Local data from Surrey County Council's Residents Survey over the last three years suggests that there has been a decrease in the percentage of people that perceive there to be a problem with drunk or rowdy behaviour in public places.[32]

Alcohol & Domestic Abuse

Increasing risk and higher risk drinking is a major contributor to the occurrence of intimate partner violence, with both victims and perpetrators at greater risk of substance and alcohol misuse.[33] Female victims of domestic violence are up to fifteen times more likely to misuse alcohol and nine times more likely to misuse other drugs than women generally.[34] Furthermore, domestic abuse, alcohol/substance misuse and mental ill health often co-exist as factors in the complex issues facing individuals, families, children and young people. The actual prevalence of domestic abuse is likely to be much higher than the reported incidents.[35]

Drink Driving

While there was a 17% rise nationally in fatal drink-drive accidents between 2011 and 2012, the number of accidents in Surrey where at least one driver had a positive breath test has steadily declined since 2008.[36]

Alcohol Misuse among Prisoners

Rates of alcohol misuse among prisoners are considerably higher than in the general population:[37] With five prisons within its boundaries, there is a significant need in Surrey relating to alcohol misuse among those entering prison. A full set of recommendations on the commissioning of alcohol services within prisons can be found within the JSNA on Health of Prisoners.[38]

Alcohol & Homelessness

The links between substance misuse and homelessness are well established and drug and alcohol misuse can be both a cause and consequence of homelessness.[39] Often those that become homeless have experienced traumatic and chaotic lives and consequently have a series of complex needs around mental health problems, drug and alcohol dependency and offending.[39]

Alcohol-related mortality is also known to be high among homeless people with drug and alcohol abuse accounting for just over a third of all deaths in this group.[40] In Surrey, it is consistently recognised that it is a challenge to secure accommodation for single people and couples with complex problems including alcohol/drug use, mental health problems and a history of offending.[41,42,43]

3.6 Alcohol and Inequalities

Alcohol consumption is strongly linked to health, social and economic inequalities:

- People who are employed are more likely to drink alcohol than their unemployed counterparts. They are also more likely to drink to increasing risk and higher risk levels. [44]
- Those on the highest income bracket are more likely to drink alcohol than those on lower incomes. They are also more likely to drink more frequently and above recommended limits.[45]
- Despite this, the negative impact of alcohol on health disproportionately affects the unemployed, manual workers, and those on lower incomes - people from deprived groups experience far greater health harm from alcohol than those from higher socioeconomic groups.[45]

In order to tackle these inequalities, this element of the strategy will need to address both the harm caused to individuals in the lower socioeconomic groups, as well as the harm to those in the highest socioeconomic groups. This will require targeting of alcohol-specific interventions and treatment at different sections of the populations, using the most effective approach appropriate to each group, while taking a universal approach towards the general population.

3.7 Financial Impact of Alcohol

Alcohol-related harm is now estimated to cost society in England £21 billion annually.[46] These costs can be broken down as follows:

- NHS costs, at about £3.5 billion per year (at 2009–10 costs)
- Alcohol-related crime, at £11 billion per year (at 2010–11 costs)
- Lost productivity due to alcohol, at about £7.3 billion per year (at 2009–10 costs, UK estimate)

4.0 National Context

Nationally, alcohol misuse places a substantial burden on the NHS and other public services:

- Alcohol was a factor in almost 24,000 deaths in the UK in 2017
- Less than 20% of people in need of treatment for alcohol dependence are getting the support they need.
- Around 200,000 children in England live with an alcohol dependent parent.
- Alcohol costs the NHS an estimated £3.5 billion every year in England alone
- The total social cost of alcohol to society is estimated to be at least £21 billion each year.[47]

4.1 National Policy

The last Government Alcohol Strategy was published March 2012. A new national alcohol strategy is expected to be published in 2019.

The Home Office Modern Crime Prevention Strategy (2016) identified alcohol as a key driver of crime and highlighted the importance of reducing the availability of alcohol, providing targeted treatment and brief advice, and prevention approaches that promote life skills and resilience.

4.2 National Indicators and Key Guidance

There are a number of relevant national indicators, guidance documents and key drivers for alcohol that have influenced the development of this strategy. These include indicators within the NHS and Public Health Outcomes Frameworks, Clinical Commissioning Group (CCG) Outcomes Indicators and targets, and national policy / strategy. Annex 1 outlines the National Institute of Clinical Excellence (NICE) guidance which relates to alcohol and which has been used to inform the strategy.

5.0 Local Context

Alcohol-related harm affects many aspects of society and cuts across a number of agendas both within and outside Surrey County Council. The local context is therefore complex and action on alcohol needs to have a presence in a range of strategies and influence a number of partnership boards. Horizon scanning for both the drug and alcohol sections of this Substance Misuse Strategy is being published in an accompanying report. The document provides an overview of the key guidance drivers which align with the strategy and have influenced its development.

6.0 The Evidence Base

The National Institute of Health and Care Excellence (NICE) recognise that the most effective strategies are those which are delivered in partnership and take a multi-faceted approach towards influencing positive cultural, social, environmental and behaviour change.[48] In addition, the Department of Health has identified seven High Impact Changes which, if undertaken by NHS and local government, have the greatest impact on health commissioned outcomes for reducing alcohol-related harm.[49]

The emphasis should be on collective responsibility towards promoting, preventing and protecting the population from harm and on addressing the underlying socio-economic and wider determinants of health and inequalities. For this reason, our strategic approach to alcohol is aligned with three key domains which encompass prevention, early identification, treatment, recovery, enforcement and regulation. Since the primary reason for the increase in alcohol-related harm within society is due to the increased availability and affordability of alcohol, long-term success at a local level will only be achieved if population measures to reduce the availability and affordability of alcohol are introduced on a national scale. Evidence indicating that this is the most effective approach to reducing alcohol harm is unequivocal.[50,51,52]

There is also clear evidence that investment in alcohol services and alcohol-specific interventions for adults is highly cost-effective and improves health outcomes. For every £1 spent on rigorous, evidence-based alcohol interventions, £3 is saved.[47] In addition, for every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs.

A summary of the best available evidence for each strategic theme is provided in the following section.

6.1 Prevention and Early Identification

Adults

Delivery of clear, consistent messages regarding alcohol is essential for prevention and education among adults. Universal and targeted alcohol campaigns are an integral part of increasing awareness of the risks of excess alcohol and promoting healthier attitudes towards drinking. For alcohol campaigns to be effective they must be part of a multi-faceted strategy or policy delivered in partnership and should be informed by social marketing techniques reflecting local need.[53]

Identification and brief advice (IBA) has been shown to be one of the most effective approaches to helping people drinking at increasing and higher risk levels to reduce their drinking to lower risk.[54] Health and social care professionals have a key role in delivering such interventions and making referrals to specialist services. Where appropriate, IBA

should also be delivered in non-health settings such as within the criminal justice, community and voluntary sector.

Children and Young People

NICE recommends that a 'whole school approach' is taken to alcohol so that alcohol education is integrated within the Personal, Social and Health Education (PSHE). Teachers, school nurses and school counsellors should offer one-to-one brief advice on alcohol and provide referral to external services where appropriate.[53]

Children and young people (aged 10 to 15yrs) who are thought to be at risk from their use of alcohol should be given support by any professional with a safeguarding responsibility for children and young people and who regularly comes into contact with this age group.[53] IBA should be delivered by health and social care, criminal justice and community and voluntary professionals in both NHS and non-NHS settings to young people aged 16 and 17.[53] Extended brief interventions should be delivered in both NHS and non-NHS settings to young people aged 16 and 17.[53]

6.2 Treatment and Recovery

Adults

Alcohol treatment is highly cost effective and should involve a range of behavioural, psychological or pharmacological interventions delivered by specialist alcohol services, and complemented by mutual aid, such as Alcoholics Anonymous and SMART recovery groups. Interventions may or may not involve complete abstinence, but should depend on the patient's own goals, developed with the support of a specialist. [55] Evidence shows the quality of treatment has an impact on recovery outcomes and should ideally be person-centred, optimistic, designed to help in a number of outcome domains, well-managed, and delivered by a skilled workforce.[56]

Children and Young People

Specialist drug and alcohol treatment for young people for under 18s is associated with reduced drug and alcohol consumption, reduced crime, reduced numbers not in education, employment or training (NEET), improved educational outcomes, and improved wellbeing.[57] It is estimated that for every £1 for spent on young people's drug and alcohol treatment, between £4.66 and £8.38 is saved.

Recovery

Recovery has typically been described as a process which encompasses the overcoming of alcohol dependence, plus maximising of health, wellbeing, social integration and contribution to society.[56] NICE recommends that all people seeking help for alcohol misuse should be given information on the value and availability of community support networks and self-help groups (for example, Alcoholics Anonymous or SMART Recovery) and

encouraged to participate in community support networks and self-help groups by attending meetings and arranging support so that they can do so.[55]

6.3 Safer and Supportive Communities

Minimum Unit Pricing

Introduction of a national Minimum Unit Price (MUP) is recognised as one of the most effective interventions for reducing alcohol harm. Modelling shows that as price increases, alcohol-attributable hospital admissions and deaths, crime and unemployment reduce.[58] For example, the introduction of a minimum price of 40p per unit has the following estimated effect:

Percent change in consumption	-2.4%
Deaths per annum (full effect)	-1,190
Hospital admissions per annum	-39,000
Crimes per annum	-10,000
Work absences – days per annum	-134,000
Unemployment – persons per annum	-11,500

Thus, there is substantial societal value associated with MUP policies. When accumulated over the 10 year period, many policies have estimated reductions in harm valued over £500m; a 40p MUP is valued at £4bn over 10 years.[53]

Alcohol Licensing

Effective licensing is a key aspect of addressing alcohol harm and Public Health needs to contribute to the licensing process which seeks to control the overall availability of alcohol, as well as the effects of drunkenness. Public Health principles data and information should be incorporated into local Statements of Licensing Policies in order to ensure local partnerships consider public health in their licensing decisions. NICE recommends that resources are also made available to prevent under-age sales, sales to people who are intoxicated, proxy sales (that is the illegal purchase of alcohol for someone who is under-age or intoxicated), and non-compliance with any other alcohol licence condition/ illegal imports of alcohol.[53]

7.0 Strategy into Action

7.1 Strategic Aim

The overall aim of the alcohol strategy is to prevent and reduce the harm caused by alcohol to individuals, families and communities within Surrey.

Indicators and Outcomes

The following key indicators and outcomes will be used to measure the success of the strategy:

- An increase in deliver of alcohol screening and brief advice
- A reduction in alcohol-related hospital admissions
- A reduction in alcohol-related crime
- A reduction in the number of children and young people under the age of 18 reporting to drink alcohol
- An increase in the number of alcohol dependent patients who successfully complete treatment and do not represent for treatment within 6 months
- An increase in referrals from Accident and Emergency Departments to 10% of all referrals into young people treatment

7.2 Strategic Themes and Objectives

Based on the local epidemiological information and intelligence on needs, along with the national priorities and guidance on the most effective ways to reduce alcohol harm, the objectives have been aligned to the following three strategic themes:

Prevention and Early Identification

We aim to ensure that all children and young people receive alcohol education in school, and that parents and carers are supported to address drinking in children and young people. We will work to ensure that the risk of alcohol harm during pregnancy is communicated appropriately to all. We will promote healthy attitudes towards alcohol and encourage individuals to drink less through a range of prevention, education and health improvement methods. This will include highlighting the risks of excess alcohol and the benefits of drinking within the recommended limits, and empowering and enabling people to make an informed choice about their drinking behaviour. We will establish system-wide opportunistic screening and brief advice in order to identify those drinking above recommended levels at an early stage and support them to reduce their drinking. In addition we will ensure those drinking at dependent levels are identified and referred to specialist treatment services.

Objectives

- To deliver an annual alcohol campaign targeted at our priority groups and most vulnerable individuals and communities, and which supports national campaign messages where appropriate
- To ensure high quality information is available on drugs and alcohol
- To increase the number of people who receive alcohol identification and brief advice
- To increase and improve intelligence on alcohol use in children and young people
- To deliver universal alcohol education within Surrey schools and targeted support for schools in areas of greatest need
- To reduce the number of children who report drinking alcohol and being drunk

Treatment and Recovery

We will ensure that recovery-oriented specialist alcohol treatment is available and accessible to all who need it. We will work to increase the capacity of our treatment services and improve uptake and outcomes of those who engage by developing an Integrated Care Pathway for alcohol. We will ensure that those affected by alcohol misuse, including carers and family members, have access to health and social care services appropriate to their needs and will work in partnership to develop communities which foster recovery for those with alcohol dependence.

Objectives

- To increase availability of and access to specialist alcohol treatment services
- To increase the number of clients who successfully complete treatment
- To increase referrals made from hospitals and Accident and Emergency departments into treatment services for adults and young people
- To improve pathways between drug and alcohol, mental health and domestic abuse services
- To increase the number of prisoners who receive alcohol identification and brief advice and treatment

Safer and Supportive Communities

We will protect the public from the effects of alcohol-related criminal and anti-social behaviour through effective enforcement and regulation. We will create a safe environment in Surrey through responsible retailing and a targeted, proactive approach to community safety and alcohol licensing. We will target the prevention of under-age sales, sales to people who are intoxicated, proxy sales to minors, non-compliance with any other alcohol licence condition and illegal imports of alcohol. We will improve the planning and management of the night-time economy and work together to reduce alcohol-related violence within our town centres, neighbourhoods and homes.

Objectives

- To reduce the level of crime, violence and anti-social behaviour where alcohol is a factor
- To improve the quantity and quality of assault data collected and shared by Accident and Emergency departments and initiate data collection by ambulances where possible
- To reduce the percentage of people who perceive there being a problem with drunk or rowdy behaviour in public places within their neighbourhood
- To undertake 100 intelligence-led underage sales interventions[iv]
- To develop a process to incorporate the impacts on public health into licensing practice
- To ensure that all clients referred to alcohol and substance misuse services are screened for domestic abuse and referred to specialist domestic abuse outreach services/ Multi-Agency-Risk-Assessment-Conference (MARAC) as appropriate
- To ensure that all alcohol and substance misuse services have safeguarding policies and procedures in place for both adults and children

[iv] (includes test purchasing and advisory visits)

7.3 Strategic Principles

Taking a Collaborative Approach
We are committed to delivering the strategy in partnership through multi-agency joint working in order to maximise the impact on reducing alcohol harm in Surrey. Annex 2 outlines the responsibilities and involvement of key stakeholders in reducing alcohol-related harm. Annex 3 identifies the impact of alcohol on Surrey County Council's departments and directorates.

Localism
We will ensure that the strategy reflects the Surrey-wide local needs, and will support boroughs, districts and CCGs to adapt and deliver the strategy to reflect the needs in their local area.

Proportionately targeting the most vulnerable
We are committed to targeting activity towards our most vulnerable individuals and groups in line with Marmot's notion of proportionate universalism, in particular where higher levels of alcohol-related harm exist in areas of greatest deprivation.[59] This principle involves targeting the strategy at the following broad sub-groups:

1. Those who are more likely to drink above recommended levels
2. Those who are most likely to suffer from alcohol-related harm
3. Those who are most likely to cause harm to or have a negative impact on others as a result of their drinking behaviour

Based on the evidence of local needs, the following six specific groups have been identified as priorities for action:

- Individuals drinking at increasing risk levels
- Individuals and families with complex needs (ie those with mental health and alcohol issues combined, victims/perpetrators of domestic abuse)
- Children (under 18s)
- Those in the criminal justice system
- Homeless people and those with no fixed abode
- Pregnant Women

Needs-led
We will ensure our action is informed by a comprehensive understanding of the needs of individuals, families and communities by undertaking an annual Joint Strategic Needs Assessment

Evidence-based
We are committed to delivering evidenced-based, equitable alcohol interventions aimed at reducing inequalities.

Inclusive and Integrated
We will seek to include all stakeholders (individuals, groups, organisations) in the development and delivery of the strategy and will ensure that an integrated, collaborative approach is taken at all levels

Customer-focused
We will listen to our service users and the local community to develop locally appropriate interventions

Sustainable
We will focus our efforts and invest our resources in interventions which are sustainable and that will have a long-term impact on reducing alcohol harm

Accountability
We will foster relationships with a shared vision and mutual understanding, ensuring that all partners signed-up to the strategy are committed to its delivery

8.0 Delivering Our Priorities

In order to achieve our objectives, detailed action plans will be developed in partnership, which seek to build on new and existing areas of work. These action plans will be informed by the evidence base, national strategies and guidance, and the locally-identified need outlined in the JSNA. Implementation of a range of population measures aligned to each objective will be necessary to achieve a sustained reduction in alcohol harm. Annex 4 outlines some of the measures this may include. In addition, we will update the JSNA on alcohol annually which reflects need across the whole spectrum of alcohol-related harm and ensures that our strategic priorities accurately reflect the emerging needs of the local population. We will ensure investment is sufficient for a range of alcohol harm reduction services across primary prevention, early intervention and specialist treatment that is commensurate with the level of identified need.

9.0 Annexes

9.1 ANNEX 1

NICE Guidance on Alcohol

National Institute of Clinical Excellence (NICE) guidance on alcohol:

- Alcohol disorders – preventing the development of hazardous and harmful drinking. NICE public health guideline 24 (2012)
- Alcohol dependence and harmful alcohol use. NICE clinical guideline 115 (2011)
- Alcohol dependence and harmful alcohol use quality standard. Quality standard 11 (2011)
- Alcohol use disorders: physical complications. NICE clinical guideline 100 (2010)
- School based interventions on alcohol. NICE public health guideline 7 (2007)
- Antenatal Care. NICE clinical guideline 62 (2010)

9.2 ANNEX 2

Stakeholder Responsibilities in Alcohol Harm Reduction

Stakeholder	Involvement
Health Services Surrey Public Health, Public Health England, NHS England, Integrated Care Systems, Clinical Commissioning Groups, Acute Trusts, GPs, Community pharmacies, Ambulance Services, Mental Health Services, Maternity Services, Alcohol Treatment Services	Commission and/or deliver interventions and services to prevent, reduce and treat health problems which are directly or indirectly related to alcohol. Seek to promote and improve the health and wellbeing of the local population and ensure services are accessible and available to all.
Police, Probation, Prison Office of the Police and Crime Commissioner	Prevent, manage and reduce crime, anti-social behaviour, domestic violence, and drink-driving where alcohol is a factor. Responsibilities include alcohol enforcement licensing and provision of support to offenders to help them engage with alcohol treatment and recovery.

Borough and District Councils Community Safety, Licensing, Housing, Policy	Responsibilities of boroughs and districts include community safety, licensing, housing and policy. In particular, involvement of boroughs and districts in Community Safety Partnerships is key to tackling local issues relating to alcohol.
Education Providers Schools, Colleges, Universities	Primary and secondary schools are responsible for delivering alcohol education and should take a 'whole school' approach to alcohol. Colleges and universities are key settings for disseminating campaign messages and general alcohol information.
Housing Providers	Housing can play a key role in helping people to tackle their substance misuse. A lack of housing and support can at best render treatment ineffective and at worst unusable or inaccessible.
Charities and Voluntary Organisations	Local charities and voluntary organisations play a vital role in supporting individuals with substance misuse and alcohol issues, for instance through treatment, telephone help or mutual aid groups.
Alcohol Industry	Alcohol industry partners have a role in promoting and encouraging responsible drinking and ensuring and working in partnership with the police to establish a safe night-time economy.
Service Users	Service user involvement is one of the most important measures and determinants of quality in public health planning and delivery. This involves a partnership between commissioners and service users which is key to improving quality and outcomes of substance misuse and alcohol services.

9.4 ANNEX 4

Strategy Interventions & Actions

Prevention & Early Intervention

- Promote alcohol prevention as a key topic in Surrey's Making Every Contact Count Programme
- Include alcohol as a key priority within Surrey's Prevention & Self-Care Offer
- Develop new countywide Alcohol & Tobacco Alliance to support prevention agenda
- Ensure alcohol content on Healthy Surrey is improved as part of Healthy Surrey relaunch
- Deliver campaign activity during Alcohol Awareness Week, where possible supporting national campaign messages while reflecting local need. Ensure local area campaigns are aligned and co-ordinated across agencies
- Ensure high quality, age-appropriate information and resources are available on drugs and alcohol
- Work with schools to ensure evidence-based alcohol education is an integral part of the school curriculum via the PSHE curriculum and that a 'whole school' approach is taken to alcohol involving parents, staff and pupils. This should include education on the risk of alcohol harm during pregnancy.
- Support, promote and commission alcohol IBA within a range of health and non-health settings; both online and face to face provision
- Support workforce development around alcohol through provision of MECC training and alcohol IBA training for frontline staff
- Provide Public Health support and guidance to improve local delivery of the national Risky Behaviour (alcohol and smoking) CQUIN
- Provide Public Health support and guidance to Alcohol Care Teams / Alcohol Liaison Nurses within acute hospitals
- Ensure Surrey's Supporting Families Programme includes evidence-based alcohol IBA
- Ensure NHS Health Checks Programme includes evidence-based alcohol IBA in line with regulations and guidance
- Work with local public and private organisations to ensure alcohol policies are in place
- Ensure local arrangements are brokered with industry partners to promote responsible marketing, promotion and selling of alcohol

Treatment & Recovery

- Ensure the general public, service users and staff in other mainstream services have ready access to information that enables them to understand the alcohol services available, the pathways between them and points of entry. Ensure alcohol services are promoted widely.
- Ensuring care pathways and services are geographically and socio-culturally appropriate to those for whom they are designed
- Provide Public Health support and guidance to Alcohol Care Teams / Alcohol Liaison Nurses within acute hospitals
- Provide assertive alcohol community engagement for those who find it difficult to engage with substance misuse treatment services and to support their access to a variety of

support networks or services and ensure barriers faced by residents who are in frequent contact with the frontline services are identified. These range from being homeless or having temporary accommodation, involvement in the criminal justice system, commonly experiencing mental health problems, facing financial difficulties and lacking in social capital or support networks.

- Ensure linkages to and in-reach from community alcohol services are offered to support patients requiring further treatment and recovery support e.g. housing.
- Ensure Alcohol Treatment Services in all settings offer evidence-based, effective recovery-orientated interventions in line with NICE guidance and Quality Standards
- Ensure services are appropriate for and accessible to the most vulnerable groups including children and young people, women, prisoners/offenders, those with co-existing conditions i.e. Mental Health needs and alcohol misuse, victims and perpetrators of domestic abuse, homeless people, Black and Minority Ethnic (BME) groups, and Lesbian, Gay, Bisexual (LGB), those in civil partnerships
- Ensure a range of recovery support interventions and services are accessible to facilitate the recovery journey (e.g. peer support, mutual aid, family/parenting support, employment, training and housing) and working to develop recovery-oriented communities
- Identify opportunities to develop, support and strengthen recovery networks in Surrey
- Explore ways to identify and address stigma associated with alcohol misuse and recovery from alcohol dependence locally

Safer & Supportive Communities

- Support alcohol licensing agenda by ensuring health and social care data is fed into licensing reviews and revision of borough and district Statement of Licensing Policies
- Ensure hospital assault data is shared routinely to inform improvements in community safety activity, where possible, initiating data sharing by local ambulance services.
- Optimise the use of existing legislation to target the prevention of under-age sales, sales to people who are intoxicated, proxy sales to minors, non-compliance with any other alcohol licence condition and illegal imports of alcohol
- Provide local boroughs and districts with relevant Public Health information to support development of cumulative impact zones and Public Spaces Protection Orders (PSPOs)
- Explore ways in which to ensure responsible retailing of alcohol and restricted promotions

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