Hull Alcohol Strategy 2016-20
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### Audit Alcohol Screening Tool

1 unit is typically:
- Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)

The following drinks have more than one unit:
- A pint of regular beer, lager or cider, a pint of strong premium beer, lager or cider, 440ml regular can cider/lager, 440ml “super” lager, 175ml glass of wine (12%)

### Scoring system

<table>
<thead>
<tr>
<th>Questions</th>
<th>0</th>
<th>1</th>
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<th>4</th>
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</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2 - 4 times per month</td>
<td>2 - 3 times per week</td>
<td>4+ times per week</td>
</tr>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>1 - 2</td>
<td>3 - 4</td>
<td>5 - 6</td>
<td>7 - 9</td>
<td>10+</td>
</tr>
<tr>
<td>How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
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<tr>
<td>How often during the last year have you failed to do what was normally expected from you because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
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<tr>
<td>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
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<tr>
<td>How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>Have you or somebody else been injured as a result of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td>Yes, during the last year</td>
<td>Yes, during the last year</td>
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<tr>
<td>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td>Yes, during the last year</td>
<td>Yes, during the last year</td>
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**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence
We know drinking culture in England has changed in recent years and that alcohol has a significant social and economic impact. Alcohol is part of our social fabric, with many people drinking sensibly.

As we approach Hull’s year as UK City of Culture in 2017, we have much to celebrate. The city centre is an appealing place to visit both day and night where Hull residents and visitors can socialise in a safe and vibrant environment.

Despite this, Hull faces ongoing challenges as it is estimated that 61,600 people in the city drink too much, with 7,700 of these to dangerous levels. Local research has shown people find units a confusing way to measure alcohol and do not necessarily know how much a unit is.

Alcohol contributes significantly to health and social problems with negative impacts being felt by individuals, families and communities.

Locally, alcohol-related ill health is high and a large proportion of violent crime and domestic abuse is alcohol-related.

This is Hull’s fourth Alcohol Strategy and it aims to help Hull become a world-class visitor destination, by providing individuals and their families with early intervention when needed.

While we have made considerable progress in developing the ways we deal with alcohol-related harm, potential for us to work with partner organisations to promote health improvement has never been greater.

Our aim is to make Hull safer and healthier by working with individuals and communities to respond to alcohol misuse confidently and effectively to prevent and reduce alcohol-related harm.

Julia Weldon
Director of Public Health

Our vision for Hull: to make Hull a better place to live

Hull will be a city where everyone has the opportunity to live a healthier and longer life. We want Hull people to:

- have the best start in life
- live healthier, longer, happy lives
- live safe and independent lives

Hull Health and Wellbeing Strategy 2014-20
## Hull’s one page Alcohol Strategy

### Our Vision

Hull will be a City where everyone has the opportunity to live a healthier longer life

### To do this we will focus on:

**Prevention, education and promoting a responsible drinking culture**

- Embed knowledge around safer drinking in communities
- Have conversations with parents earlier about drinking
- Ensure children are given the right messages across the whole system
- Develop a network of champions in schools and workplaces
- Support businesses, including licensees, to manage alcohol issues responsibly
- Focus our attention on those drinking outside of the licensed arena

**Early intervention, treatment and long term health**

- Educate the workforce to have meaningful conversations about alcohol
- Deliver screening and brief interventions as part of a range of services targeting those most at risk
- Ensure treatment is part of a wider, integrated system of care
- Have strong recovery and mutual aid networks within our communities

**Regulation, crime prevention and community safety**

- Work with partners to make Hull a place where people want to go to enjoy themselves
- Work with partners, voluntary, community and social enterprise sector and communities to ensure that people who are vulnerable due to alcohol are supported and kept safe (children, young people and adults)
- Review the Council’s Licensing Policy for consistency with this strategy and identify areas of clarification/development to support the overall aim of the strategy
- Reduce crime, and incidents related to alcohol
- Target enforcement resources at premises which pose the greatest risk through the Responsible Authorities Group

### This is what we will do:

- More people are involved in local activities that do not rely on alcohol; more people will understand how to drink responsibly
- More young people will choose to drink alternatives to alcohol
- Less people miss school or work because of alcohol
- There will be a reduction in inappropriate sales and underage drinking
- There will be less street drinking; the city will be a place people want to visit
- More people receive clear messages about their drinking and know how to seek help
- There are fewer alcohol related hospital admissions and Accident and Emergency attendances
- More people will become alcohol free, and be able to remain so
- There will be reduced demand on emergency services
- More people feel empowered to change
- Hull will have a safe and vibrant night time economy that isn’t based around alcohol
- There will be a reduction in alcohol related crime

### This is how we know that we have been successful:

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<th>To do this we will focus on</th>
<th>This is what we will do:</th>
<th>This is how we know that we have been successful:</th>
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In 2013 Hull launched its third alcohol strategy based on local need and taking account of the then recently published National Alcohol Strategy. This refreshed strategy reflects our vision to make Hull a better place to live.

We know that alcohol plays an important and positive role in many aspects of people's lives, and in moderation, alcohol consumption can have a positive impact on adults' wellbeing especially where this encourages sociability. That said, the harms associated with alcohol, including high levels of alcohol-related violent crime and hospital admissions, have increased over recent years in line with alcohol consumption. Tackling alcohol harm is therefore an important public health issue.

Our Mission Statement:
We will work together to provide strategic vision and leadership in the drive to prevent and reduce alcohol-related harm.

Recognising that alcohol is a complex social issue, the approach adopted throughout this strategy is the promotion of balanced and responsible drinking, whilst protecting young people from drinking at an early age.

The strategy applies to people of all ages, encompassing work to tackle harmful drinking in young people and adults. Work to target alcohol misuse addresses specific issues to individuals, populations and environments rather than adopting a universal approach which includes people who drink responsibly.

The strategy recognises that as well as having needs and problems, our communities have skills, knowledge and experience which can help tackle them.

The importance of working together to capture data, summarise that data and use that information to decide how we work is acknowledged, as is the adoption of social norming - recognition that there is a gap between public perception of an issue and the reality. This helps to guide campaign activity.

It is acknowledged that much work is undertaken at national level e.g. introduction of minimum unit pricing; this activity falls outside the scope of this strategy. This strategy tackles only issues that can be addressed by local partnership working.
What are the issues? – The national picture

Health:
We know that the majority of people who drink do so sensibly. In 2013 in England, 15 per cent of men and 20 per cent of women did not drink or had not drunk the previous year, a further 63 per cent of men and 64 per cent of women drank up to the recommended weekly alcohol units.

Alcohol is however, one of the three biggest lifestyle risk factors for death and disease in the United Kingdom after smoking and obesity, and is linked to many diseases and conditions. The four biggest disease groups are heart disease, stroke, liver disease and cancer.

Alcohol misuse is a major cause of attendance at Accident and Emergency departments and hospital admissions. In 2012-13 there were an estimated 1,008,850 admissions related to alcohol consumption, down from 1.2 million in 2010-11.

Broadly speaking alcohol-related deaths make up around 3 per cent of all deaths and 21,485 people died from alcohol-related causes in 2012. A quarter of all deaths among 16-24 year old men are attributable to alcohol.

Families and communities:
Domestic violence and family breakdown are closely linked to alcohol consumption; 27 per cent of serious case reviews mention alcohol misuse. Fifteen per cent of road fatalities involve alcohol.

Crime:
Alcohol is a factor in around half of violent assaults. Alcohol misuse led to almost one million alcohol-related violent crimes in 2010/11.

The cost:
Society as a whole is picking up the cost of alcohol-related harm which is now estimated to be £21 billion every year.

Alcohol misuse damages health

21,485 people died from alcohol-related causes in 2012

Heart disease or stroke
Cancer of the mouth, throat, oesophagus or liver
Depression and anxiety
Breast cancer in women
Diabetes
Liver disease
High blood pressure
Reduced fertility
Harm to unborn babies

The annual cost of alcohol-related harm

Total cost to society: £21bn

Crime in England: £11bn
Lost productivity in UK: £7bn
NHS in England: £3.5bn
What about Hull?

Around 258,000 people live in Hull and the population is continuing to grow slightly. Whilst Hull is a city of young people, its older population is also growing, and the city is becoming more ethnically diverse.

We know that the health of Hull residents has improved in recent years however residents in some parts of the city live 10 years less than in other parts. These health inequalities are not inevitable, and can be prevented and addressed by organised action.

A brief summary of alcohol use in Hull:

It was estimated that in 2014, 26 per cent of Hull residents never drink alcohol (53,100 people aged 16+) and a further 45 per cent drink at an acceptable level and do not binge drink weekly. However, 30 per cent (61,600 people) drink too much alcohol and/or binge drink weekly. Myton, Newland, Holderness, Bricknell and Kings Park wards have the highest percentage (more than 34 per cent) or have the highest number (more than 3,400) of people who drink too much and/or binge drink.

In 2012, 39 per cent of secondary school pupils in Hull reported being drunk at least once, whilst in their final school year (aged 15-16), 20 per cent of boys and 32 per cent of girls got drunk at least once per month.

Health:

Hospital admissions data reflects the general impact of alcohol on population health.

Whilst alcohol specific hospital admissions (where alcohol is wholly implicated in the admission) in the under 18s have halved in Hull over the last six years, the latest rate is 27 per cent higher than England. Every year in Hull, among adults there are around 2,100 hospital admissions where the primary diagnosis of the admission is attributable to alcohol or where a secondary diagnosis is an external cause (such as road traffic accidents, falls, self-harm, poisoning) attributable to alcohol. This has increased by around 10 per cent over the last six years and the admission rate is 43 per cent higher than England.

Alcohol specific mortality was 21 per cent higher than England. On average 16.1 months of life is lost for men in Hull (12 months for England) and 6.9 months of life lost for Hull women (5.6 months for England).

In 2013/14, there were a total of 2,435 ambulance call outs where alcohol use was suspected at the scene (average 203 per month).

Crime:

There were 2,700 recorded alcohol-related crimes in Hull in the year to October 2014, and the rate of alcohol-related crime was 43 per cent higher than England (53 per cent higher for alcohol-related violent crime). The five most affected wards are Drypool, Myton, Newington, Newland and St Andrews.

Licensing:

There are a total of 684 licensed premises in Hull which sell alcohol, 256 who sell off the premises (e.g. supermarket), 93 who sell on the premises (e.g. public house) and 335 who sell off and on the premises.

The cost:

Alcohol misuse in Hull costs the NHS £23.11m and crime and licensing (general offences attributable to alcohol, alcohol specific crime and cost of issuing Penalty Notices for Disorders) £51.87m each year.
Stakeholder engagement/consultation

Local data relating to both health and the night time economy has informed the development of this alcohol strategy, the interventions proposed in it, and the accompanying Delivery Plan.

During the development stage of the Strategy refresh, stakeholder engagement/consultation took place. Activities included:

- A consultation Event with the Community, Voluntary and Social Enterprise sector
- A survey of the Hull City Council People’s Panel
- Face to face and electronic communications with partners.

The purpose of these engagement activities was to explore the issues that really matter, identifying what is already being done, particularly in local communities, and to determine what is working well and what isn’t.

In particular, we asked “have we got it right?” to check that our priorities align with local people and other stakeholders. A range of stakeholder feedback is provided to the right.

We need to:

- Have a greater focus on prevention and education with schools and the community
- Promote balanced and sensible drinking
- Strengthen the links between hospital and follow up for attendance at Accident and Emergency for drunkenness
- Tackle street drinking
- Address the needs of those most at risk who utilise health and other services most frequently
- Strengthen data sharing and partnership working
- Focus on mental health - dual diagnosis
- Focus on priority families
- Tackle sales of high strength alcohol

And:

- Education needs to normalise sensible drinking or abstinence and emphasise when drinking can be bad for other people
- Address problems associated with local supermarkets selling cheap drink 24 hours a day/stop shops selling cheap booze
- Look at the issue of beer cans that are scattered in gardens and grass verges
Priority areas for action locally

The partnership will focus on key priorities including prevention and early intervention, treatment and long-term health and regulation, crime prevention and community safety.

Priority 1: Prevention, education and promoting a responsible drinking culture

We want to improve knowledge, skills and awareness towards alcohol at an individual and collective level.

What we are trying to achieve:

1. Increased awareness and understanding of recommended drinking limits
2. A change in the drinking culture, reducing the acceptability of harmful drinking
3. A reduction in alcohol related harm.

This is what we will do:

- Embed knowledge around responsible drinking in communities
- Have conversations with parents earlier about drinking
- Ensure children are given the right messages across the whole system
- Develop a network of champions in schools and workplaces
- Support businesses, including licensees, to manage alcohol issues responsibly
- Focus our attention on those drinking harmfully in their homes or on the street.

Examples of how we will achieve this:

- Co-ordinate information provision and advice that promotes responsible drinking
- Work with local business to implement workplace alcohol policies
- Work with family key-working networks to increase alcohol awareness
- Support effective alcohol education in schools
- Undertake social marketing for example, to target campaigns
- Deliver co-ordinated and targeted partnership campaigns based on and targeted at identified needs
- Develop/sign up to a Local Government Alcohol Declaration.
Priority 2: Early intervention, treatment and long-term health

Provide early help, interventions and support for people affected by harmful drinking.

What we are trying to achieve:

1. Large scale delivery of alcohol screening and brief advice by professionals who come into contact with young people and adults as part of their daily work
2. Diversion of people from emergency services including Ambulance, Accident and Emergency departments, Fire and Rescue and the Police service and encourage them to access treatment where needed
3. More people in treatment becoming alcohol free and remaining so.

This is what we will do:

- Develop an Alcohol Care Team serving Hull Royal Infirmary utilising specialist service in-reach
- Develop targeted interventions for example, for older people
- Increase access to alcohol treatment by minority groups
- Review the treatment journey for those experiencing mental health problems - dual diagnosis
- Increase engagement of treatment resistant alcohol users
- Develop interventions targeting change resistant alcohol users.

Priority 3: Regulation, crime prevention and community safety

Work to ensure that alcohol is sold and consumed responsibly and to ensure that residents and visitors are safe when visiting the city.

What we are trying to achieve:

1. Reduce alcohol-related anti-social behaviour and crime supporting people who are vulnerable
2. Challenge inappropriate sales and drinking behaviours
3. Reduce alcohol-related road traffic incidents and casualties.

Examples of how we will achieve this:

- Work with partners to make Hull a place where people want to go to enjoy themselves
- Work with partners, voluntary, community and social enterprise sector and communities to ensure that people who are vulnerable due to alcohol are supported and kept safe (children, young people and adults)
- Review the Council’s licensing policy for consistency with this strategy and identify areas of clarification/development to support the overall aim of the strategy
- Work to reduce crime, and incidents related to alcohol.

Examples of how we will achieve this:

- Work with the voluntary, community and social enterprise sector to support people who visit the city including those who are drunk
- Improve the management of night-time socialising environments through use of partnership schemes
- Develop partnership schemes with retailers and licensees to promote responsible sales e.g. SABMiller Scholars Programme
- Support initiatives that support the night time economy e.g. Street Angels, Paramedic Car
- Continue to tackle issues and problems caused by street drinking
- Target enforcement resources at premises which pose the greatest risk through the Responsible Authorities Group.
Achievement of the Alcohol Strategy's objectives will be monitored by the Drug and Alcohol Partnership Delivery Group. Ongoing review of the membership and operation of the Group will ensure key organisations are adequately represented and that partners are accountable for their contribution in order to improve the way the partnership is responding to alcohol-related harm. This Group reports to Health Inequalities Group, a sub-group of Health and Wellbeing Board. The aims of this strategy will be achieved through delivery of a co-ordinated delivery plan. The strategy will be refreshed in 2019; the associated delivery plan will be reviewed annually.

A copy of the current Delivery Plan is available at www.hullcc.gov.uk

The Alcohol Strategy complements a number of other (national and local) strategic plans that deal with specific and alcohol related issues, including:

- HM Governments Alcohol Strategy (2012)
- The City Plan, www.cityplanhull.co.uk
- Hull’s Health and Wellbeing Strategy 2014-2020
- Humberside Fire and Rescue Service Strategic Plan 2014-17
- Hull 2020 Making a Better Future Together
- Hull Clinical Commissioning Group Strategic Plan 2014/15 to 2019/20
- Hull Statement of Licensing Policy.
This document can be made available in other formats (large print, audio and Braille) and different community languages. Please telephone 01482 300 300.