

York Alcohol Strategy: 2016 – 2021

DRAFT

Foreword

Most people in the City of York drink responsibly; however, there are considerable issues to be faced due to the way York is seen as a stag and hen destination. There are considerable problems with alcohol misuse within our communities. To tackle this we have developed a strategy which is supported by our vision for safe alcohol use. We will deliver, in collaboration with local stakeholders, a whole life approach towards alcohol through encouraging positive behaviour, responsible drinking, reducing and preventing the harms associated with alcohol and providing effective interventions and treatment for those who are drinking at risky and harmful levels.

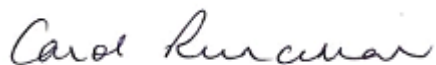
We would like to influence more people to be aware of how to drink responsibly and to make positive lifestyle choices around alcohol so that individuals use alcohol safely and sensibly.

People will make informed choices about drinking alcohol and approach the issues that alcohol can bring within our communities and families in a positive way.

Our city will enjoy the diverse economic and cultural benefits that alcohol can bring when each of us takes responsibility for its use:

One City, for everyone's enjoyment, is my responsibility.

Through this strategy, we want to tackle a range of issues associated with alcohol that are not just specific to York but are seen in all communities across the country.



Councillor Carol Runciman

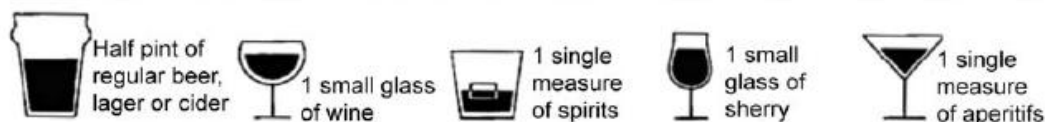
Chair of Health & Wellbeing Board

Portfolio Holder for Adult Social Care & Health

Take a minute to think about your drinking...

Guidelines on the safe limits on alcohol are changing¹ and are likely to recommend that regardless of gender, people should aim to drink no more than 2 – 3 units of alcohol a day on a regular basis.

This is one unit of alcohol...



...and each of these is more than one unit



AUDIT – C: Alcohol harm questionnaire

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.



¹ <https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines>

This strategy is supported by our vision for alcohol which will deliver, in collaboration with local stakeholders, a whole life approach towards alcohol through encouraging positive behaviour, responsible drinking, reducing and preventing the harms associated with alcohol and providing effective interventions and treatment for those who are drinking at risky and harmful levels.

By 2021 we would like to have achieved:

- A reduction in the visible impacts of alcohol on our streets.
- A reduction in the number of people who are negatively impacted by alcohol.
- An improvement in the health and wellbeing of the population from reversible and preventable conditions associated with alcohol use.
- A change in attitude towards alcohol that sees binge drinking and the drinking culture approach to alcohol being reversed and the social and economic and societal harms of alcohol reduced.

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We use a large amount of resources to deal with alcohol related issues, like the harm that alcohol has on the health and wellbeing of people and the crime and disorder it contributes to.

The ambulance service, accident and emergency departments, police, fire services and members of the public routinely deal with the consequences of alcohol.

Harm to families such as domestic violence, child abuse and neglect as well as violent crime, binge drinking, absenteeism from work and lost productivity, drink driving, alcohol related accidents and anti-social behaviours such as public urination, litter and vomit on our streets are all issues associated with alcohol.

This strategy does not necessarily highlight York as particularly good or bad when it comes to each of these issues but we want to acknowledge and address these issues as part of our stated objectives. We will use a range of information, intelligence and evidence to develop ways to identify and address local areas of priority.

To support this strategy, a range of information can be seen within the local Joint Strategic Needs Assessment which is available [here](#). A more comprehensive needs assessment is currently in draft format waiting approval to publish on the JSNA website, this content will be available as part of the public consultation of this strategy.

Evidence about alcohol will continue to be developed and updated and will be used to identify actions that will contribute to the achievement of our strategic outcomes.

Outcomes

The four outcomes that we aim to achieve for the City are:

- 1. The health and wellbeing of the local population in relation to alcohol is improved**
- 2. The negative impact that alcohol has on the safety of people in our city is reduced**
- 3. Personal responsibility and social awareness about the effects of alcohol are improved**
- 4. Our ability to collect, share and use evidence based information about alcohol is improved**

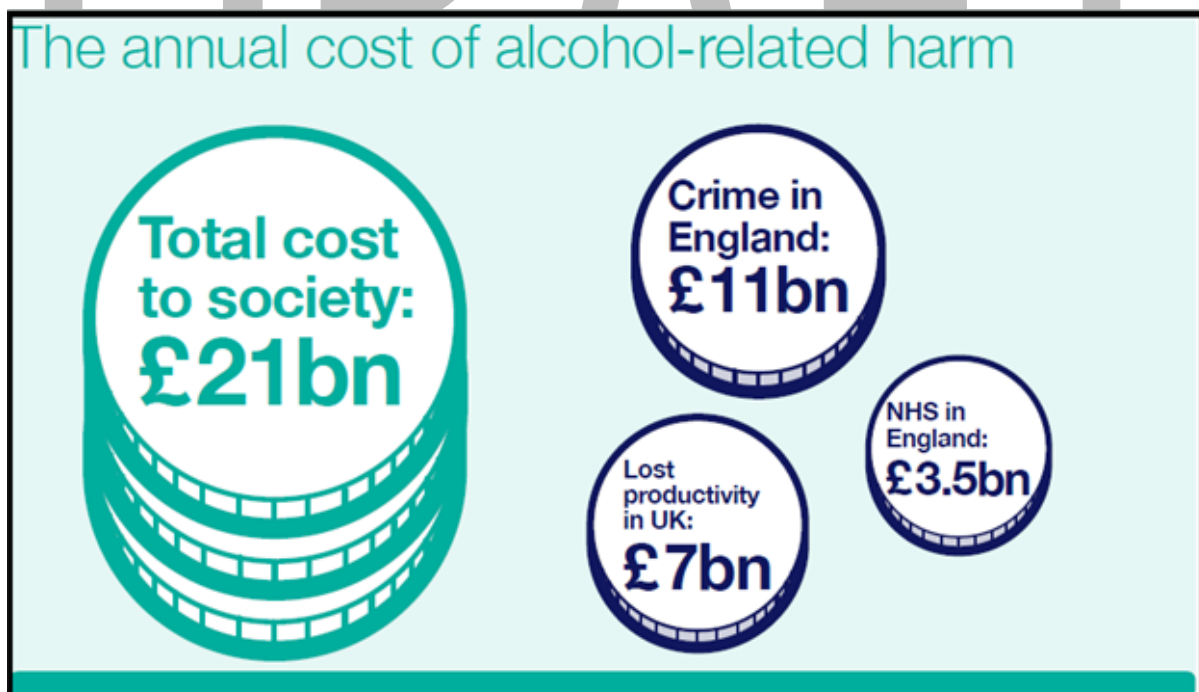
Our local outcomes support the objectives of the [Government's 2012 Alcohol Strategy](#) which sets out a clear commitment to tackle the harms of alcohol and encourage responsible behaviour where alcohol is concerned.

We have set local objectives to achieve local outcomes and have set out how we will achieve them. These are supported by the vision that alcohol is everyone's responsibility – whether that is the people who live and work in York or those who are visiting.

Our objectives will be supported by action plans that identify what we will change or improve, who will do this, the timeframe for the actions and what resources are needed to achieve them and the governance arrangements for those involved in the delivery.

What are the impacts of alcohol?

Alcohol poses a cost to our society. Across England, the costs from crime, lost productivity and healthcare are in the £ Billions.



Source: [Public Health England \(2014\)](#)

However, we also need to acknowledge that alcohol and the hospitality sector make significant contributions to the City of York economy through bars, clubs and restaurants.

The food and drink manufacturing industry employs nearly 400,000 people in England ([Local Government Association, 2015](#)).

Conversely, alcohol impacts negatively on people, families, children and communities in other ways that are not measured in financial terms. Evidence shows that there is a strong link between alcohol, crime, disorder, anti-social behaviour, health problems and early death.

The following information summarises some of the key facts about the harms of alcohol reported in a Local Government Association (2015) document regarding the causes and effects of alcohol use and a Department of Health (2012) report about the harms of alcohol. The full reports can be found here:

- [Local Government Association \(2015\). Tackling the Causes and Effects off Alcohol Misuse](#)
- [Department of Health \(2012\). The Evidence on Alcohol Misuse and Harm](#)

Alcohol and health

The long-term health harms of alcohol are not always apparent because they are often hidden and can only be seen when a health problem becomes noticeable or is diagnosed. At this stage, it can often too late to prevent harm to the body or to reverse negative health impacts.

For people who die of diseases that were caused by alcohol use, men lose on average 20 years and women 15 years of their lives due to alcohol use ([Department of Health, 2012](#)).

More than 60 health conditions can be caused by risky – that is, above the recommended alcohol consumption guidelines - long-term consumption of alcohol. Heart disease, cancer, stroke and liver disease are those most commonly seen ([Department of Health, 2012](#)).

In 2012, more than 21,000 deaths were caused – either fully or partially – by alcohol ([Local Government Association, 2015](#)).

24% of men and 18% of women currently drink above recommended safe levels of alcohol consumption ([Department of Health, 2012](#); [Local Government Association, 2015](#)).

Alcohol is the leading risk factor for death in 35-44 year olds ([Local Government Association, 2015](#)) and across the whole population, is the third biggest risk factor for death and disease after smoking and obesity ([Department of Health, 2012](#)).

Drinking above the recommended guideline limits for alcohol consumption increases the risks of breast cancer in women, and throat, mouth and neck cancer, liver cirrhosis and blood pressure in both women and men ([NHS, 2014](#)).

Drinking alcohol during pregnancy causes harm to the unborn child and can include low birth weight, intellectual disability and miscarriage ([Department of Health, 2012](#); [Local Government Association, 2015](#)).

Alcohol negatively impacts the development of teenage brains and can limit educational attainment. Drinking at an early age is also a risk factor in developing alcohol misuse problems later in life ([Local Government Association, 2015](#)).

Whilst deaths caused by drink driving have reduced, nationally, there were still more than 1,500 deaths or serious injuries in 2011 from drink driving. A 2011 study by the Department for Communities and Local Government showed that where the cause of fire was linked to alcohol use, nearly half of those fires led to a death. Where alcohol was not a cause of fire, only 14% of those fires led to a death ([Department of Health, 2012](#)).

Alcohol and crime

Nearly half of all violent crime is alcohol related ([Local Government Association, 2015](#)). There is a general association between alcohol and violent crime including domestic and sexual violence and studies have shown that people are more likely to be aggressive after consuming alcohol ([Department of Health, 2012](#)).

There is a link between the amount of alcohol a person consumes and the risk of offending. People who binge drink are more likely to commit an offence and those who pre-load – that is, drink alcohol at home before going out drinking – are two and a half times more likely to be involved in violence than those who don't pre-load ([Department of Health, 2012](#); [Local Government Association, 2015](#)).

Alcohol plays a part in approximately one third of known child abuse cases ([Local Government Association, 2015](#)).

Nearly half of all alcohol related deaths in the under 25 year old age group are because of drink driving ([Department of Health, 2012](#)).

Alcohol fraud costs £1.3 Billion a year in lost revenue to the Treasury as well as the negative financial impact it has on the drinks industry ([Local Government Association, 2015](#)).

Local data

As of March 2015, York had a total of 799 licensed premises within the local authority area. The Guildhall ward had 311 of these licensed premises and Micklegate ward had 109.

[Local Alcohol Profiles for England](#) data reports a range of measures for alcohol across each Local Authority area in England and allows comparison against all other areas in the country. Of the 25 measures that the local alcohol profiles consider, when compared to the entire country, York is rated as:

Significantly better than the national average;

- Alcohol specific hospital admissions and alcohol attributable hospital admissions for both males and females
- Alcohol related crime, violent crime and sexual offences
- Numbers of incapacity benefit claimants linked to alcohol.

Significantly worse than the national average;

- Levels of binge drinking
- The number of employees working in bars.

There are 11 months of life lost due to alcohol use for males and 6 months of life lost due to alcohol for females.

Comparison to national rates does not allow us to see how we perform against areas that have characteristics that are similar to York.

When we compare York against the areas that are most similar to us, this shows a slightly different picture.

When we compare York to those areas which have similar levels of deprivation, this shows that:

- York has higher rates of alcohol related hospital admissions
- Males in York lose greater amounts of life due to alcohol
- York has higher rates of alcohol related sexual offences
- York has more people who drink at higher risk levels
- York has more people who binge drink
- York has less people who drink at lower risk levels

A range of local data and information about alcohol in York is published on the Joint Strategic Needs Assessment website called Healthyork.org and can be found [here](#).

How might alcohol harm show itself?

Many of the issues associated with alcohol are linked and the effects of alcohol might show themselves in a number of ways.

A person might start drinking more heavily because they are experiencing problems.

Increasing the amount you drink can be easy to do because if the increase is over time, it can go un-noticed. Developing a dependency on alcohol – perhaps in a way that society wouldn't usually recognise as problematic and might be accepting of, such as having a bottle of wine in the evening to relax – might make those problems worse.

Drinking alcohol affects mood, behaviour and decision making. It might make arguments more common and may contribute to domestic abuse. If children are present in the home, this could have negative effects on your relationship with them and their wellbeing.

- *Nearly 1 in 3 (30%) of children live with at least one parent who is a binge drinker (between 3.3 - 3.5 million children) and around 1 in 5 (22%) live with a hazardous drinker (over 2.5 million children).* [Office of the Children's Commissioner \(2012\) Silent Voices Parental Alcohol Misuse](#)
- *Around 26,000 babies under 1 in England are living with a parent who would be classified as a 'dependent' drinker. This is equivalent to 31,000 across the UK.* [Office of the Children's Commissioner \(2012\) Silent Voices Parental Alcohol Misuse](#)
- *"Almost twice the numbers of children were counselled by ChildLine about their parents alcohol misuse than about drug misuse." (Mariathan & Hutchinson, 2010 p2)* [Office of the Children's Commissioner \(2012\) Silent Voices Parental Alcohol Misuse](#)
- *"80% of adults think that parental drinking is a serious problem for children in the UK and 84% of adults agreed that parental drinking is as harmful to children as parental drug use." (Delargy et al., 2010)* [Office of the Children's Commissioner \(2012\) Silent Voices Parental Alcohol Misuse](#)
- *"I wish someone would tell my mum the impact it's having on her family"* [Office of the Children's Commissioner \(2012\) Silent Voices Parental Alcohol Misuse](#)

Drinking could contribute to money worries due to the amount a person is spending on alcohol. Using alcohol in a dependent way might then cause additional stresses in other parts of life – such as at work because of missed days or poor performance due to a lack of good quality sleep and hangovers.

It may also lead to loss of possessions, unsafe sex, sexually transmitted infections or unwanted pregnancy. It can also increase the risk of injury whilst drunk which require visits to A&E or a hospital admission.

- *1 in 10 people attending A&E in York do so because of an alcohol related injury (York Hospital Accident & Emergency Audit, unpublished).*

Longer term health problems due to consistently drinking at risky levels will not necessarily be noticed straight away but over the years a person could develop poor memory or lose liver function which might be symptoms of dementia, alcohol related brain injury, or liver cirrhosis.

Strategic Objectives

Our objectives are based on what we know about the needs of our local people and their communities; on information we have about the harms and impacts of alcohol; on the priorities identified within the national alcohol strategy; and on our vision to raise awareness about alcohol and encourage increased personal responsibility where alcohol is concerned. These are listed below.

1) The health and wellbeing of the local population across the lifecycle in relation to alcohol is improved

The health harms of alcohol are wide ranging and whilst alcohol is associated with over 60 health conditions, it can often be difficult to see the harm because it is hidden. The health harms of regularly drinking above recommended safe drinking levels will often not be apparent for years.

However, other instances of harm can be much more visible – where someone is injured in an alcohol related accident or violent incident.

The following measures will be used to assess whether we are making progress in our objective to improve the health and wellbeing of our population:

a) Reduction in avoidable early deaths linked to alcohol

- 13 males and 7 females per 100,000 population died as a direct result of alcohol ([LAPE](#) indicators 3 & 4).
- 59 males and 27 females per 100,000 population died as an indirect result of alcohol ([LAPE](#) indicators 7 & 8).
- 11 males and 8 females per 100,000 population die from chronic liver disease ([LAPE](#) indicators 5 & 6).
- 11 months of life for males and 6 months of life for females are lost due to alcohol ([LAPE](#) indicators 1 & 2).

b) Reduction in preventable diseases related to alcohol

- 21% of the local population drink at increasing levels of risk ([LAPE](#) indicator 23).
- 8% of the local population drink at higher risk levels ([LAPE](#) indicator 24).

c) Reduction in hospital admissions linked to alcohol

- 387 males and 219 females are admitted to hospital as a direct cause of alcohol ([LAPE](#) indicators 10 & 11).
- 1,284 males and 662 females are admitted to hospital as an indirect cause of alcohol ([LAPE](#) indicators 12 & 13).

d) Improved access to early support to prevent alcohol problems

- This will be measured by collecting evidence to show how many people access support arrangements such as Information and Brief Advice (IBA) for alcohol.

e) Provide a range of effective treatment services to meet the needs of our City

- The local treatment penetration rate – that is the number of people estimated to have a treatment need who are accessing treatment - is 5.7%. This is higher than the national average figure (Public Health England Diagnostic Outcome Measurement Executive Summary Report).
- Progress will also be measured by collecting evidence on the number of other alcohol focussed interventions across the city.

2) The negative impact that alcohol has on the safety of people in our city is reduced

Alcohol is associated with an increase in violent crime and anti-social behaviour. It contributes to drink-driving deaths. Within a family environment it is linked to harms like domestic abuse and child protection issues such as abuse and neglect. Locally, alcohol can also be linked to a number of river deaths.

There are a range of impacts from anti-social behaviours that can affect how safe people feel and which have a negative impact on how residents and tourists view their experiences of living, working in, or visiting York.

A number of measures are already in place to reduce the negative impact that alcohol can have. These include the creation of Alcohol Restriction Zones (ARZ's), Cumulative Impact Zones (CIZ's) and licensing policy requirements.

The following measures will be used to assess how well we are making progress in our objective to reduce the negative impact that alcohol has on people's safety.

a) Reduction in alcohol related crime and anti-social behaviour incidents in our City

- There were 586 incidents of violent crime and 2,428 alcohol related anti social behaviour incidents within the Alcohol Restriction Zone during 2013-2104 (Safer York Partnership data report).

- There were 496 incidents of violent crime and 1,593 alcohol related anti social behaviour incidents within the Cumulative Impact Zone during 2013-2014 (Safer York Partnership data report).
- There were 2,347 incidents of alcohol related anti social behaviour incidents during 2013-2014 (Safer York Partnership data report).

b) Reduce the negative impact of alcohol misuse within our homes

- There were 1,363 domestic incidents relating to alcohol during 2013-2014 (North Yorkshire Police data report).

c) Support business adherence to the four national licensing objectives

- There were 50 licenses, 53 license variations and 351 temporary event notices granted for selling alcohol during 2013-2014 (Licensing data report).

d) Encourage alternative activities that are not focussed on alcohol

- During 2014 there were 14 large festivals in York whose focus was not alcohol related (City of York Council, Events Team data report).
- Progress will be measured by collecting a range of evidence to demonstrate how activities, events, venues, and festivals provide alternatives to alcohol.

3) Personal responsibility and social awareness about the effects of alcohol are improved

A range of alcohol related harms and the impact these have on our society in general can be clearly identified. The many negative impacts associated with alcohol could be reduced if individuals take more responsibility for their own alcohol use.

Alcohol is not illegal and this strategy does not aim to stop people drinking alcohol. It does aim to help allow people to make better choices where alcohol is concerned, to be more aware of the effects and impacts that alcohol can have if used irresponsibly.

It is easier to drink at levels that can harm your health and wellbeing than people might think. A person does not have to be what society might traditionally call an 'alcoholic' to experience problems because of alcohol. Dependency on alcohol can also be at a much lower level of drinking that most people would think of as alcohol dependency and can include psychological dependence, not just physical dependence.

Only a small proportion of our population drinks at levels at which in society's eyes they would be seen as 'alcoholics'. A far larger proportion of our population drink at levels which cause harm but often in less obvious and socially acceptable, ways that are seen as normal. Given that there are two universities and a further education college in York, actions to improve the relationships that students have to alcohol will also need to be included. The following measures will be used to assess how well we are improving social awareness and influencing personal responsibility around alcohol use:

a) All stakeholders to be involved in the co-production and delivery of a co-ordinated communications and engagement plan focussing on health, safety and personal responsibility to allow informed choices regarding alcohol

- Achievement will be measured by evidence of a plan and the effectiveness of this plan.

b) Support individuals to make positive personal choices about alcohol

- Achievement will be measured by evidence of information and prevention programmes and their effectiveness across the City.

c) Develop 'city community champions' to promote personal responsibility and social awareness about alcohol

- Achievement will be measured by evidence of creation of 'city community champions' and their effectiveness across the City.

4) Our ability to collect, share and use information about alcohol is improved

This strategy has been informed by a wide range of information which has helped to build a picture concerning alcohol use and its impacts. We want to build on this in order to use the intelligence in a more co-ordinated way to achieve our stated objectives.

Many of the issues identified through the existing evidence are not ones that can be resolved by a single service, agency or department. They will require improvements in how we can improve our collection of local information and use this more effectively.

The following measures will be used to assess how well we are improving our collection, sharing and use of information about alcohol:

a) Improve local arrangements on how data about alcohol is collected from and shared between a wide range of local stakeholders

- Performance against this measure will use the evidence of data, information sharing and co-ordinated approaches to utilising local information that informs action.

b) Strengthen our ability to collectively analyse local information about alcohol

- Performance against this measure will use the evidence of data, information sharing and co-ordinated approaches to utilising local information that informs action.

c) Effectively utilise local analysis about alcohol to inform local commissioning arrangements and service development

- Performance against this measure will use the evidence of data, information sharing and co-ordinated approaches to utilising local information that informs action.

How we will achieve our objectives

Understanding the alcohol related needs of our City is an important part of the process of making improvements to reduce the harms associated with alcohol. This strategy is supported by a needs assessment which will be published during 2016.

The needs assessment will provide detailed information and evidence to help inform our understanding of alcohol use across the City and to support the achievement of our objectives. Evidence will be used to contribute to the development of additional objectives where appropriate.

The needs assessment will inform and support the development of a delivery plan that will identify specific ways in which we will achieve our objectives and how we will measure achievement against these.

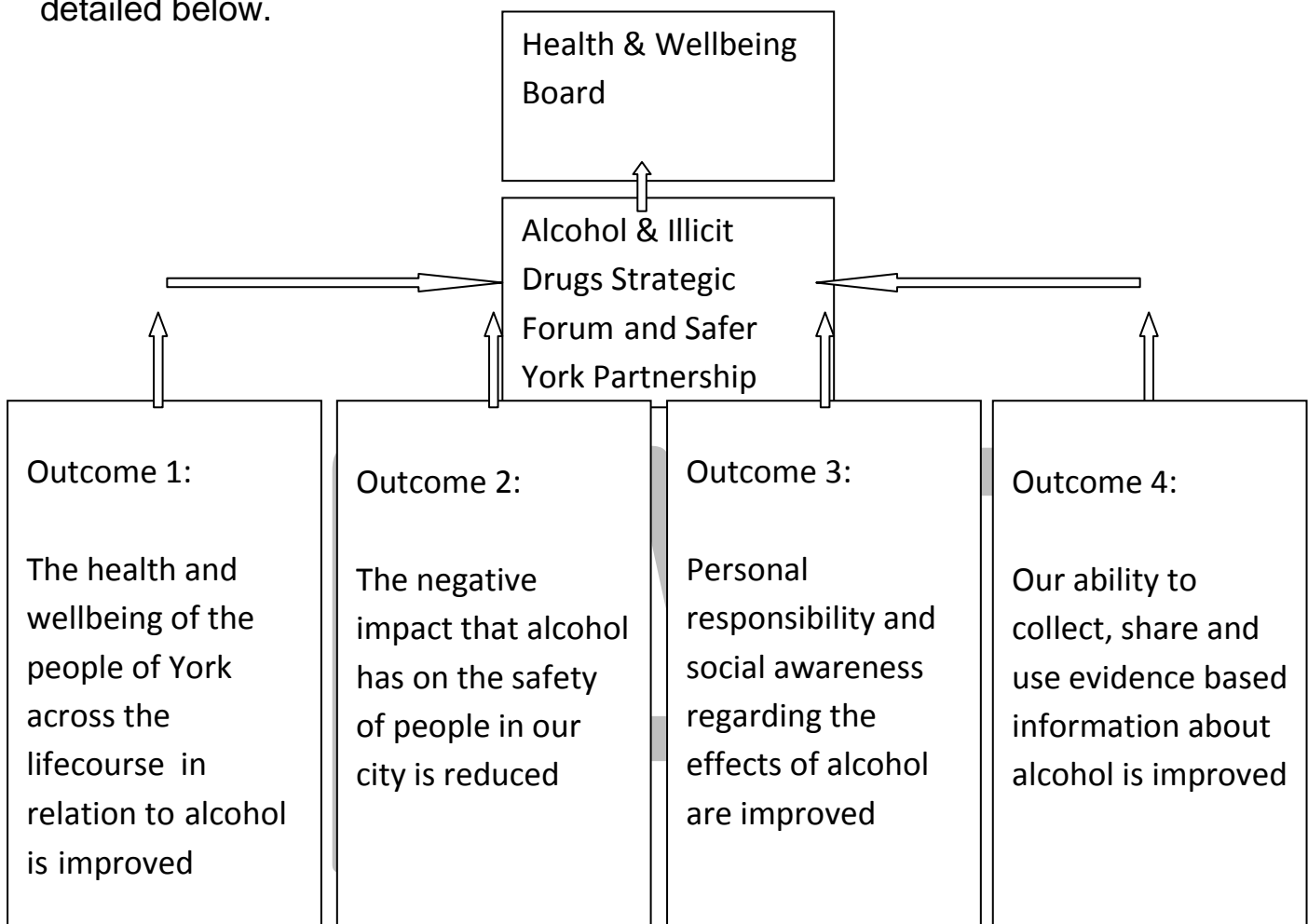
The example measures stated (above) against our outcomes are not necessarily comprehensive and other means of measuring performance are likely to be identified as detailed delivery plans are developed.

Governance

The Health and Wellbeing Board is responsible for the achievement of the objectives within the York Alcohol Strategy.

The Alcohol & Illicit Drugs Strategic Forum has been identified as the group with lead responsibility for performance against the strategic objectives and will be required to report progress to the Health and Wellbeing Board on the achievement of the York Alcohol Strategy objectives.

The achievement of these objectives will require an integrated approach across the city and this group will develop, monitor and review progress against a delivery plan. The governance and reporting structure is detailed below.



Under the oversight of the Alcohol & Illicit Drugs Strategic Forum, action plans will be developed that will set out how each objective will be achieved. Terms of reference will be developed that will define the remit of each of the four objective areas.

Glossary

- Alcohol Restriction Zone:** On 1 September 2001, sections 12–16 of the Criminal Justice and Police Act 2001 came into force giving powers to enable local authorities to designate places where restrictions on public drinking apply. However, they can only be used in areas that have experienced alcohol-related disorder or nuisance.
- Binge Drinking:** Drinking at least twice the daily recommended amount of alcohol in a single drinking session (8 or more units for men and 6 or more units for women). Binge drinking usually refers to people drinking a lot of alcohol in a short space of time or drinking to get drunk.
- Cumulative Impact Zone:** The potential impact on the promotion of the licensing objectives of a significant number of licensed premises concentrated in one area. The effect of a Cumulative Impact Zone policy is to create a rebuttable presumption that applications for new premises or material variations will normally be refused if relevant representations are received.
- Dependent drinker:** A person drinking above recommended levels, experiencing an increased drive to use alcohol and feel it is difficult to function without alcohol. Dependent drinking can be sub-divided into two categories; moderate dependence and severe dependence - traditionally known as chronic alcoholism.

Higher risk: (also known as harmful drinking) includes people who are drinking above recommended levels for sensible drinking and experiencing physical and/or mental harm. Higher risk drinking is classified as the regular consumption of more than 8 units a day for a man (more than 50 units a week) or more than 6 units per day for a woman (more than 35 units a week). Individuals categorised as higher risk drinkers are not dependent on alcohol.

Increasing risk: (also known as hazardous drinking) is defined as those people who are drinking above recognised sensible levels but not yet experiencing harm. Increasing risk limits are defined by the Department of Health as drinking more than 3-4 units a day for men and more than 2-3 units a day for women on a regular basis.

Lower risk: Is defined as men who are drinking no more than 3-4 units a day and women drinking no more than 2-3 units a day on a regular basis.

Pre-loading: Getting drunk at home before going out drinking

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