

Blackpool Alcohol Strategy

2019 - 2022

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Foreword

Welcome to this, our new alcohol strategy for Blackpool. I want to use this introduction as an opportunity to reflect on the key successes achieved through the last strategy and also the challenges and opportunities ahead of us. Our previous alcohol strategy was also developed with our partners, through the Alcohol Strategy Steering Group. Working together through this group, we have delivered alcohol education to over 4000 young people in Blackpool, with risk awareness and harm minimisation advice sessions delivered to 58 targeted groups.

Through our campaigns, we raised awareness of alcohol-exposed pregnancies and the effects of drinking alcohol on parental capacity. We ensured that the Promotions and Advertising Code of Practice for alcohol was implemented and is maintained across Blackpool Council and developed an accreditation scheme for licensed premises based on the Licensing Manual.

During this time, the Night Safe Haven Bus provided essential support and harm reduction for our residents and visitors. A safer taxi scheme was put in place to ensure vulnerable people made their way home safely and we developed relationships between Community Safety and Alcohol Treatment Services to enhance the referral pathway into treatment services for victims and offenders of antisocial behaviour.

But we still have a long way to go and we know we faces particular challenges. Blackpool has the lowest life expectancy for men and the second lowest for women of all upper tier local authorities. Men in the least deprived areas of the town can expect to live 13 years longer than men in the most deprived areas. Similarly, for women this difference is 7 years. Not only do people in Blackpool live shorter lives, but they also spend a smaller proportion of their lifespan in good health. Alcohol misuse and related problems play a significant part in in maintaining this differential.

With this strategy, we want to reduce the prevalence of harmful drinking in Blackpool and reduce its impact on our communities. Even with our challenges, we know that if we continue to work with and for our residents, we can make a difference to people's lives.



Dr Arif Rajpura Director of Public Health

Introduction

Drinking alcohol is a widely-accepted part of the culture in this country, but as many of us are aware, the consumption of alcohol carries risk. Guidelines for the UK recommend that adults do not regularly drink more than 14 units a week; that people try and limit the amount of alcohol they drink on any single occasion and that it is safest not to drink alcohol whilst pregnant.ⁱ

More than 9 million people in England drink more than the recommended daily limits. Alcohol is 10% of the UK burden of disease and death, making it one of the three biggest lifestyle risk factors for disease and death in the UK, after smoking and obesity. Alcohol misuse in the North West of England is the worst in the UK, and Blackpool has high levels of alcohol-related harm for the size of the population.ⁱⁱ

This strategy has been developed as a strategic response to the complex alcohol-related problems in the town. Addressing the harm caused by alcohol has been a priority in Blackpool for a number of years. Significant investment has been made to tackle alcohol-related problems and although there has been progress, alcohol harm indicators in Blackpool remain amongst the highest in the country.

The strategy builds on the achievement of the previous Blackpool Alcohol Strategy 2016-2019, and will be delivered in collaboration with partners from the Blackpool Alcohol Steering group, with strategic direction from Blackpool Community Safety Partnership (Bsafe Blackpool).

Our Vision

The primary aim of this strategy is to enable partners across Blackpool to work together to make our town a place that enables individuals, families and communities to lead healthier and safer lives, free from alcohol related harm.

Our partners:

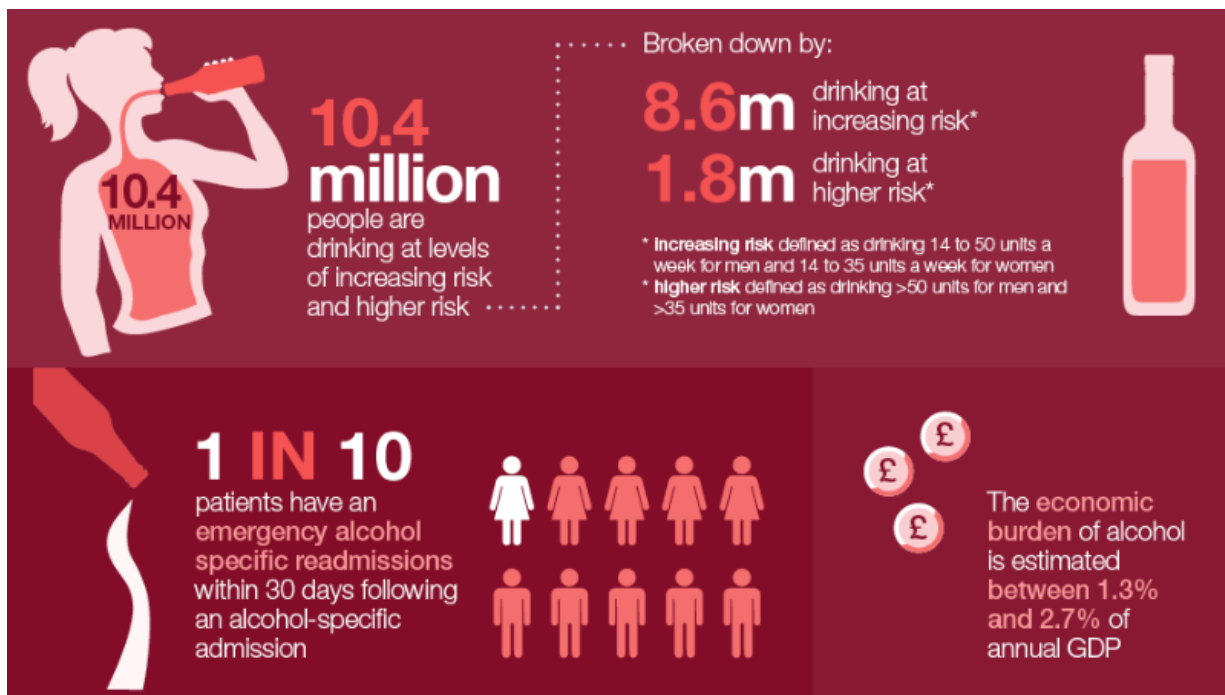
- Blackpool Council Public Health
- Blackpool Council Licensing Authority
- Blackpool Council Housing
- Blackpool Council Trading Standards
- Blackpool Council Positive Steps into Work
- Lancashire Constabulary
- Lancashire Fire and Rescue Service
- North West Ambulance Service (NWAS)
- NHS Blackpool Clinical Commissioning Group (Blackpool CCG)
- Blackpool Business Improvement District (Blackpool BID)
- Blackpool Teaching Hospitals NHS Foundation Trust

- Public Health England (PHE)
- National Probation Service (NPS)
- Community Rehabilitation Company (CRC)
- Blackpool Coastal Housing (BCH)
- Horizon Substance Misuse Treatment service

What are the issues? – The National Context

Alcohol-related harm can be categorised into the direct economic costs of alcohol consumption (e.g. costs to the NHS and the police); the indirect costs (e.g. lost productivity due to unemployment) and the intangible costs (e.g. poor quality of life for the individuals affected).

Alcohol-related harm is not equally distributed – the ‘alcohol harm paradox’ describes how disadvantaged populations drinking the same or lower levels of alcohol, experience greater alcohol-related harm than more affluent populations.ⁱⁱⁱ A recent study has found that disadvantaged populations have greater alcohol-related harms compared with individuals from advantaged areas for given levels of alcohol consumption, even after accounting for different drinking patterns, obesity, and smoking status at the individual level.^{iv}



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The infographic above shows some of the national headline data. Additionally:

- Around 3.2% of babies born in the UK are affected by Foetal Alcohol Syndrome Disorder (FASD) as a result of pre-natal alcohol exposure. These children may experience a range of behavioural, cognitive, emotional and physical difficulties.^v

- Around 30% of children under 16 live with at least one adult binge drinker and 22% with a hazardous drinker. Parental alcohol misuse can lead to inconsistent and unpredictable parenting and mental and physical health problems in children. It is not clear at what level of drinking parenting is impaired.^{vi}
- Drinking amongst young people has declined over a 10 year period. The proportion of 16- to 24-year-olds who say they never drink alcohol rose from 18% in 2005 to 29% in 2015. This could indicate that there is less stigma associated with not drinking and that social norms around our drinking culture are changing for younger generations. However, there are still an estimated 18% of 16-24 year olds who drink at more than the low-risk level and young people are the most likely to binge drink of any age group.^{vii}
- Co-occurring alcohol use conditions with mental health issues are prominent in hospital admissions data – of all mental health crisis related admissions to acute hospital via A&E in 2012/13, 20% were due to alcohol use (the second highest proportion after self-harm and undetermined injury).^{viii}
- Data for 2016/17 shows that in England and Wales, 12.4% of theft offences, 20.6% of criminal damage and 21.5% of hate crimes were alcohol-related. Alcohol-related violent incidents are more likely to be reported to the police than those which are not alcohol-related. In 35.8% of sexual assault cases, the offender was under the influence of alcohol. During the period 2014-16 in England and Wales, alcohol-related violent incidents made up 67% of violent incidents taking place at the weekend and 68% of those taking during the evening and night.^{ix}
- Alcohol-related mortality in England for 2017 was 46.2 per 100,000 population - 24,208 deaths.^x
- Since the introduction of minimum unit pricing in Scotland in 2018, alcohol sales and consumption have fallen, which could potentially have an impact on the likelihood of its introduction in England.^{xi}

What are the issues? – The Blackpool Context

The resident population of Blackpool is approximately 139,300. Mid 2018 population estimates illustrates that older people (65 years plus) account for a greater proportion of Blackpool's resident population than is observed at national level. The health of people in Blackpool is generally worse than the England average. Blackpool is one of the 20% most deprived districts/unitary authorities in England and about 28% (7,200) of children live in low income families. Life expectancy for both men and women is lower than the England average - within Blackpool, life expectancy is 13.6 years lower for men and 9.6 years lower for women in the most deprived areas of Blackpool than in the least deprived areas.^{xii}

- 19.5% of Blackpool residents aged 18 and over abstain from drinking alcohol and 66.5% drink within the Chief Medical Officer's guidelines of less than 14 units per week. 14.3% of

Blackpool adult residents still drink regularly above 14 units per week, equating to approximately 15,900 people. 3.6% of Blackpool residents are dependent drinkers which equates to approximately 4,349 people, the highest in England.^{xiii}

- Patterns of alcohol consumption vary across Blackpool. The central wards which experience high levels of deprivation, also see the highest prevalence of binge drinking.^{xiv}
- An estimated 5% of Blackpool's 15 year olds are regular drinkers (drinking at least once a week) and 15.8% had been drunk in the last 4 weeks. This compares with 6.2% and 14.6% respectively in England.^{xv}

The most recent Blackpool Joint Strategic Needs Assessment for Alcohol shows^{xii}:

- There were 1,885 alcohol-specific admissions (e.g. alcoholic liver disease) in Blackpool in 2017/18 - 68% were male, 32% female. The alcohol-specific admission rate is over 2 times higher than the national average for males and females and a high number of individuals have been identified as having 2 or more previous alcohol specific-admissions;
- Rates of alcohol-specific hospital admissions in under 18's in Blackpool have almost halved over the last 8 years and while rates are still significantly higher than the national average, the gap between Blackpool and the England average is narrowing;
- Alcohol is an identified factor in more than 60 medical conditions. Although alcohol-related hospital admissions continue to rise nationally, rates in Blackpool are rising more quickly, with an increasing gap between Blackpool and the England average;
- There were 4,795 alcohol related admissions in Blackpool in 2017/18 - 64% were male, 36% female. The alcohol-related admission rate is 1.5 times higher than the national average and the rate of frequent hospital admissions is 3 times higher than the national rate;
- There were nearly 4 times the number of admissions episodes for intentional self-poisoning by alcohol in males in Blackpool compared to nationally in 2016/17 (153.6 per 100,000 compared to 39.7 per 100,000 nationally). For females, this figures was 2.5 times higher in Blackpool than nationally (136.8 per 100,000, compared to 53.7 per 100,000 nationally). This is of particular concern given the links between mental health and substance misuse and other complex issues;
- Incidence rates of alcohol-related cancer are significantly higher in Blackpool, particularly in males, compared to the national average (57.06 per 100,000 in males locally compared to 39.3 per 100,000 in males nationally);

- The 'Years of life lost' indicator shows the contribution of alcohol misuse to premature death. Alcohol consumption is a huge contributing factor to years of life lost in Blackpool. The town experiences over double the rate of years of life lost due to alcohol-related conditions for males than the national average (2141 per 100,000 locally compared to 901 per 100,000 nationally) and nearly 3 times the rate of years of life lost for females (1017 per 100,000 locally compared to 350 per 100,000 nationally);
- High rates of alcohol-specific mortality and mortality from chronic liver disease are likely to indicate that significant numbers of people have been drinking heavily and persistently over the past 10-30 years. Blackpool is significantly worse than the England average on all alcohol mortality indicators and is the worst in the country for all alcohol mortality for both males and females;
- There are an estimated 836 adults with an alcohol dependency in Blackpool who live with children, 105 are in treatment (2014/15-16/17). Of the 1,594 children who live with adults who are dependent on alcohol, 186 (12%) are with adults in treatment. Problematic drinking can significantly impact parental capacity and can increase the likelihood of children experiencing multiple adversities in childhood.^{xvi}

The data indicates that there are a number of individuals experiencing ill health attributable to alcohol, some of whom may not have had contact with alcohol treatment services, or if they did have contact, have not engaged with services for enough time to achieve sustained abstinence. This suggests that there should be a focus on offering more accessible services to people at the lower end of alcohol harm to prevent a lifetime of alcohol-specific ill health, as well as better meeting the needs of those currently not accessing alcohol treatment services (e.g. parents/carers) or those disengaging from treatment.

Alcohol treatment:

There are an estimated 4,349 dependant drinkers in Blackpool (2016/17). This is a rate of 3 times more dependent drinkers than the national estimate (39.3 per 100,000 compared to 13.5 per 100,000, respectively).

It is concerning that the number presenting to alcohol treatment services have fallen substantially each year in Blackpool, from a peak of 743 in 2012/13, to 379 in 2017/18, a 49% reduction – this fall has also been seen nationally. The rate of unmet need (the estimated number not in treatment as a proportion of the total dependent drinking population) has increased year on year in Blackpool, and

in 2016/17 the rate of unmet need reached 88%, compared to 82% nationally and 72% for our nearest neighbours. This means that only 12% of Blackpool's estimated dependant drinking population are currently accessing treatment. Addressing this unmet need by increasing uptake of effective treatment is essential for Blackpool achieving a reduction in alcohol related harm.

Alcohol treatment services in Blackpool see considerably high drinking levels in clients entering treatment. There is a strong association between levels of consumption and severity of dependence, but they are not equivalent. In general, women are likely to become dependent at lower levels of consumption than men. By the time individuals enter treatment in Blackpool, 29% of males and 17% of females are drinking over 1000 units of alcohol in the 28 days prior to entering treatment, equating to over a bottle of Vodka every day (700ml bottle of Vodka contains 26 units of alcohol). This compares to 12% for males and 6% for females nationally.

Public Health alcohol enquiry

Blackpool Council welcomed being part of a Public Health England inquiry in 2018, exploring the fall in numbers in treatment for alcohol dependence seen nationally. The inquiry tried to better understand the factors behind a fall in the number of people in treatment for alcohol dependence. The issues identified included:

- Substance misuse treatment services are commissioned as integrated drug and alcohol services and there was concern that there had been a loss of focus on the specific needs of alcohol users;
- Barriers to alcohol users approaching the service, including a perception that the service had a focus on the needs of drug users. A common view from all stakeholders consulted in Blackpool as part of the review, was that alcohol users were less likely to access integrated services because of their own attitudes and service characteristics. Users' attitudes included, a fear of stigma; pre-conceptions about drug users and a sense that their treatment needs were different. Service characteristics included, having an image as a drug service; waiting rooms or buildings perceived or experienced as intimidating, and services with a reputation for antisocial behaviour;
- Reduction in effective referral pathways and multi-agency working between the treatment service and others, e.g. referrals from primary and secondary care.

Similar concerns have been expressed by patients identified in hospital as requiring support for alcohol-related harm, who then went on to refuse referral to the community substance misuse service.

Crime:

Alcohol can be a precursor and catalyst for crime and disorder in Blackpool, as well as creating health and safety issues in the wider community.

There were over 4,600 alcohol-related crimes in Blackpool in 2017/18, almost a quarter of Lancashire's total of 19,725. Alcohol-related crime has more than doubled in Blackpool and across Lancashire over the last 5 years. Rates across Blackpool have risen from 16.1 per 1,000 population in 2012/13 to 33.1 per 1,000 in 2017/18 and are 2.5 times higher than the Lancashire average of 13.3. Alcohol-related violence makes up approximately 60% of all alcohol-related crime. Over half (56%) of alcohol-related violence is concentrated in three wards in central Blackpool - Bloomfield, Claremont and Talbot, reflecting the most disadvantaged areas and the night time economy within the town.¹²

Blackpool Council have a statutory obligation to produce a Community Safety Plan for Blackpool, produced by the Blackpool Community Safety Partnership. The plan aims to reduce crime and antisocial behaviour, substance misuse and re-offending in Blackpool. Drugs, alcohol and mental health have been identified as key priorities within the plan as contributory factors for begging, residential burglary and antisocial behaviour.^{xvii}

Licensing:

In 2018, Blackpool had a total of 1,550 licensed premises in the town that could sell alcohol. More than half (54%) of Blackpool's licenses are held by hotels. There are 157 off licences and 121 pubs, approximately one for every 90 residents. Two thirds (1,016) of Blackpool's licensed premises are located within Bloomfield, Claremont and Talbot. Excluding the three town centre wards, numbers of licensed premises range from 163 in Waterloo to 7 in Greenlands and Highfield.

Most alcohol nationally is now purchased from supermarkets and off-licences, known as the off-trade. Blackpool experiences a higher volume of alcohol sold through the off-trade per adult in the population than the England average (9.4l/adult vs. 5.5 l/adult in population). This indicates a shift to home drinking which presents a different set of challenges to consumption in venues such as pubs and restaurants.

Blackpool Council's Statement of Licensing Policy includes potential restrictions on new licenses and variations for the sale and supply of alcohol.^{xviii} It refers to 'cumulative impact' - whereby the number, type and density of premises selling alcohol in a particular area is taken into account when making licensing decisions, in an effort to decrease the likelihood of problems of nuisance or disorder. Cumulative impact is considered in relation to the:

- Town centre saturation area – this applies to applications that include the sale or supply of alcohol in premises located in areas of the town centre that require significant resourcing from the police and other responsible authorities;
- Off-licence saturation areas – these are Bloomfield, Claremont, Talbot and Victoria.

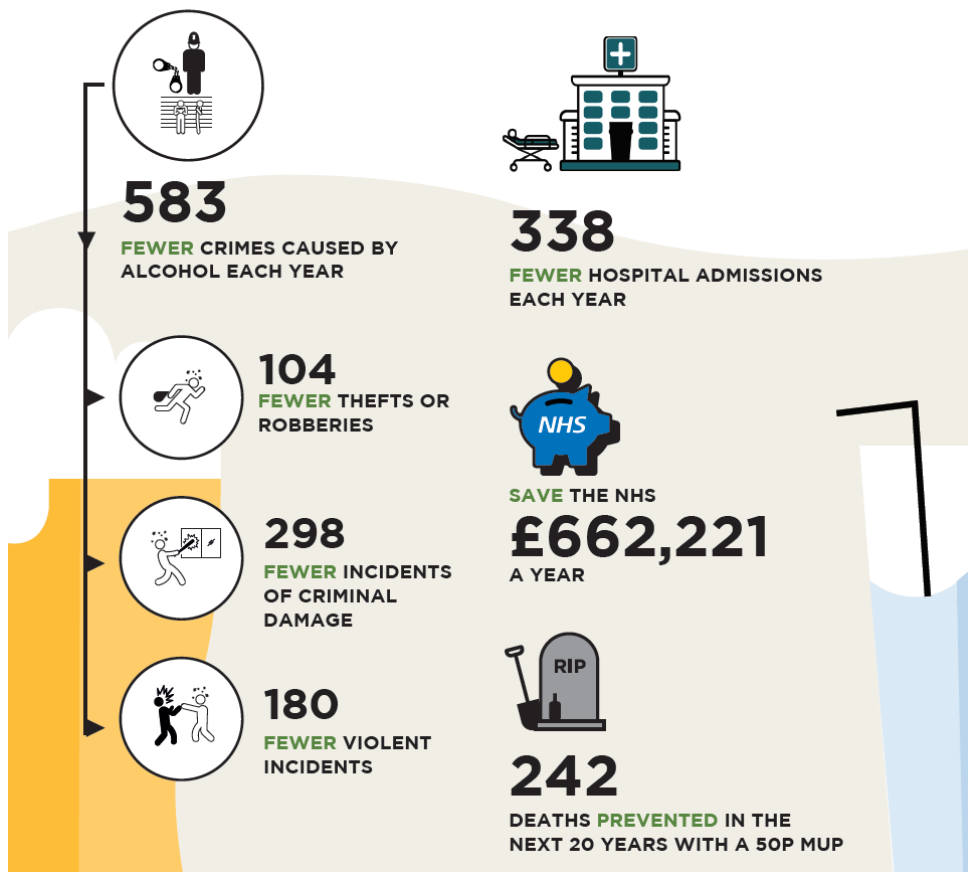
Any applications for new licenses or variations would need to demonstrate through the operating schedule, and where appropriate, with supporting evidence, that the operation of the premises would not add to the cumulative impact already being experienced in the area.

Minimum Unit Pricing (MUP) – Local impact^{xix}

MUP sets a floor price for a unit of alcohol. It targets the cheapest alcohol most commonly consumed by the heaviest drinkers. MUP was introduced in Scotland at 50p per unit in 2018, meaning 3 litres of strong cider now costs no less than £11.25. Currently in England, this same bottle of cider can cost as little as £3.50.

MUP is targeted at the heaviest drinkers who consume the cheapest, strongest alcohol, especially in the most deprived areas, and would help to reduce health inequalities. It achieves this with little impact on moderate drinkers, including those on low incomes. In Blackpool, an estimated 86% of the alcohol sold for less than 50p per unit is consumed by increasing and higher risk drinkers who make up 23% of the local population.

Evidence about the impact of MUP is now available at a local authority level for most parts of the north of England following a University of Sheffield research study. The infographic below shows the estimated impact of a 50p MUP on harms caused by alcohol in Blackpool:



Delivering this strategy

This strategy sets out the strategic priorities for local partners in tackling alcohol-related harm in Blackpool over the next three years. A robust delivery plan will support delivery and outline how partners will take responsibility for making it happen, based on the issues identified locally.

Strategic Responses

Priority 1: To reduce the prevalence of harmful drinking in Blackpool

Priority 2: To reduce the impact of harmful drinking on communities in Blackpool

How will we achieve this?

We will improve our population's awareness of the Chief Medical Officer's alcohol guidelines, alcohol-related harm and harm reduction. This will be delivered through campaigns and education delivered at a population level, with the intention of preventing or delaying the start of alcohol misuse.

We will provide targeted interventions to prevent alcohol misuse in those populations particularly at risk. This will include increasing the number of frontline practitioners asking their clients about their alcohol consumption and providing Alcohol Identification and Brief Advice (IBA).

We will provide early help and interventions for people affected by harmful drinking. This will include digital support for those people who are drinking at increasing risk and closer links and more collaborative working between alcohol treatment services and other services.

We will provide evidence-based effective treatment for alcohol misuse that is accessible to all. We will improve pathways into community treatment for people with alcohol-related hospital admissions and work with providers of mental health services to improve the quality of care for people with co-occurring mental health and alcohol issues.

We will ensure that alcohol is sold and consumed responsibly. We will ensure that the safety of residents and visitors is prioritised to prevent alcohol-related crime and improve community safety.

We will advocate for changes in national policy and practice to reduce alcohol-related harm and better protect our population. This includes lobbying for Minimum Unit Pricing with our regional partners.

Governance

Achievements of the Blackpool Alcohol Strategy 2019-2022 Delivery Plan will be monitored by the Blackpool Alcohol Strategy Steering Group. Ongoing review of the membership and operation of the group will ensure key organisations are sufficiently represented and that partners are accountable for their contribution in order to improve the way the partnership is responding to alcohol-related harm across Blackpool. This group will report to the Blackpool Community Safety Partnership (Bsafe Blackpool).

Measuring Progress

A more detailed reporting plan will be produced for the Alcohol Steering Group which will include progress against key milestones.

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