Brighton and Hove City Council: a pioneering multi-faceted approach to alcohol misuse

“The balance between the health costs and economic benefits from the sale of alcohol is an issue that we in Brighton and Hove have been tackling head on since public health was brought into the local authority. On the one hand the estimated local annual health, social and crime costs from alcohol total a substantial £107 million, on the other hand the annual economic turnover from its sale is estimated at a massive £329 million.

“We have a local partnership which brings together health, police, licensing, elected members, local universities, the voluntary sector and a leading supermarket and local public and bars. Our jointly agreed work tackles four areas: the drinking culture, the night-time economy, alcohol availability and early identification, treatment and aftercare of alcohol disorders. The initiatives described in this case study have helped deliver tangible results such as the number of alcohol related hospital admissions falling for the first time in many years.”

Dr Tom Scanlon, Director of Public Health

“We are determined to get the balance right between the economic benefits to the city of alcohol and limiting the serious harm it causes. By working in partnership with key city agencies and not being afraid to think outside the box, Brighton and Hove has been at the forefront in terms of managing our night-time economy.”

“‘Sensible on Strength’ is a classic example because it has had a high take-up by off-licences voluntarily. High-strength drinks are a breed apart from other beers and ciders and can cause immense harm to vulnerable people.

“This initiative is just one of many we have pioneered that demonstrates the vital role that public health plays within local government.”

Councillor Rob Jarrett, Chair of the Health and Wellbeing Board
Key messages

• In tackling a multi-factorial and multi-sectoral issue like alcohol or drug misuse, a cross-council, corporate and partnership approach is essential.

• Embedding public health within the council facilitates the pioneering use of traditional council functions in the service of health.

• Involving the public and service users has been a key component in the success of the approach.

Context

Over the last several years, over-consumption of alcohol has been an increasing problem in Brighton and Hove. A number of factors contribute to exacerbating the problem.

• There are two universities and therefore several thousand additional young people in the city during term-time and much of the holidays.

• Brighton and Hove have become a significant tourist destination for pleasure-seeking, mainly young, travellers.

• The city has a disproportionately high number of pubs for its size.

• It has recently become known as a place for about-to-be-married couples and their friends to engage in hen- and stag-night revelry.

Within Brighton and Hove, the impact of alcohol is considerable. Rates of alcohol-related Accident and Emergency attendance and hospital admissions continue to increase year on year, and in the Big Alcohol Debate, run by the council across the City in 2012, 36 per cent of respondents were worried about the effect alcohol has on people in the city. Each week in the city there is an average of:

• 66 ambulance call-outs due to alcohol

• 46 attendances at Brighton A&E department related to alcohol

• 11 people under the age of 25 years seen by Safe Space, a service supporting those who are too inebriated or injured to get home

• 97 alcohol-related inpatient hospital admissions for adult residents of Brighton and Hove

• two deaths associated with the impact of alcohol (almost one death a week wholly related to alcohol).

The costs to Brighton and Hove of alcohol misuse are estimated at £107 million per year: £10.7 million due to the health impact, £24.5 million due to economic effects and £71.8 million as a result of crime. Alcohol is also an important contributor to health inequalities.

• It is a recognised paradox that households in more deprived areas are less likely to drink at increasing risk levels, but more likely to experience alcohol-related mortality.

• Alcohol-related attendances at A&E are 50 per cent higher in city residents from the most deprived quintile compared with those in the most affluent quintile of the population.

• Lesbian, gay, bisexual and transgender people living in the St James Street and Kemp Town areas of the city are more likely to drink alcohol than those in other areas;

• Alcohol also plays a part in tenancy breakdown and evictions within hostel accommodation, leading to a cohort of revolving door clients with complex needs who are not moving on to greater independence. Sixty per cent of those evicted from hostel accommodation in 2011/12 had alcohol misuse issues and 52 per cent of those evicted were evicted for an incident or incidents which took place when they were under the influence of alcohol.

• People with severe and enduring mental illness are three times more likely to be alcohol dependent than the general population.
A multi-pronged approach to tackling alcohol issues

It was clear that a very broad-based approach would be needed to tackle the problem on several fronts. Approximately three years ago a multi-agency Alcohol Programme Board was set up to address the issues. The Board includes representatives of public health, the NHS, the police, the council’s licensing department and the drinks industry. Under the Programme Board, four domain groups were set up:

- addressing the drinking culture
- availability of alcohol
- the night-time economy
- early identification, treatment and after care.

Each of the domain groups has an action plan owned by partners throughout the city. At each meeting of the Alcohol Programme Board, there is a report back from each of the domain groups. The Programme Board feeds directly into the Health and Wellbeing Board. Both Boards are chaired by the Director of Public Health.

Impact of the transfer to local government

As far as tackling the alcohol issue is concerned, the move of public health to local government is seen as positive, making it easier for joint commissioning with other council departments to take place. For example the ‘Equinox’ service which works with street drinkers is jointly commissioned with the housing department. Another advantage is the co-location in one building of some public health staff with housing staff. Further examples of inter-departmental and partnership working are described below.

Working with licensing

In a pioneering approach to the council’s licensing function, public health analysts have mapped the presence, use and impact of alcohol around the city in a Public Health Licensing Framework. The Framework gives data, provided by the Police and the NHS on alcohol-related or alcohol-fuelled crimes, ambulance call outs, A&E attendances and hospital admissions.

An agreement within the council and good working relationships between Public Health and Environmental Health where licensing is managed, ensures that all licence applications are seen and commented on by the DPH, who uses the Public Health Licensing Framework to assess risk. A strongly negative risk assessment may be given as a reason for refusing a licence. For example, Sainsbury’s recently wanted to open a ‘Local’ branch in an area of high alcohol impact. The DPH’s view, which the council accepted, was that a licence should not be granted. On refusal, Sainsbury’s took the council to court. However, the council won the case and the Sainsbury’s ‘Local’ was opened without a licence. As a result of constructive dialogue with the council and public health staff, Sainsbury’s has opened another branch without a licence and has become a member of the Alcohol Programme Board. Recent discussions at the Board have focused on Gay Pride weekend and the possibility that Sainsbury’s (and other supermarkets) might move their alcohol section to the back of their shop and refrain from cheap promotions during the weekend.

In a further cross-departmental collaboration, the Public Health team commissions six health trainers who are managed by Environmental Health. A pilot placement of a ‘recovering health’ trainer is currently under way, commissioned and managed on the same basis, to support people coming out of drug and alcohol treatment, for example in looking for work or education.
The cross-council partnership approach to tackling alcohol issues is now further strengthened by the location of the community safety team within the public health directorate.

**The Sensible on Strength Campaign**

As part of the Alcohol Programme Board’s work strand to address the availability of alcohol, the council has launched a campaign called ‘Sensible on Strength’ to reduce the number of off-sales outlets selling high and super strength alcohol. There is evidence from other areas that people who don’t drink such high strength drinks are easier for services such as the Equinox service for street drinkers to work with and support. Over seventy off-licences in Brighton and Hove have signed the agreement to date and it is now an embedded part of the licensing regime.

**Involvement of the public and service users**

A City-wide discussion about the impact of alcohol was initiated by the council in 2012 through the Big Alcohol Debate in which thousands of people participated through surveys, events and online activities. Many of the issues which have since been discussed and initiatives undertaken by the Alcohol Programme Board, arose during the Big Alcohol Debate and were seen as priorities by the public.

The public health team has commissioned a full-time service-user representative who is based at MIND. His remit covers both drugs and alcohol, he sits on the relevant Programme Boards and carries out consultations, for example with people living in hostels, when new initiatives are mooted. For example, a screening tool has been developed to identify unmet needs of alcohol misusers and the service-user representative is involved in piloting this tool among actual and potential service users.

In another initiative, the public health team, with the support of the local authority schools team is piloting a parental alcohol contract, based on the Swedish ‘Effekt’ model. This involves parents of young people under 18 making a promise not to give their children alcohol. The approach is based on evidence that introducing young people to alcohol early in the hope of teaching them to drink moderately does not work and is more likely to lead to drinking problems at a later age.

**The good news**

Although, as with many public health interventions, it is hard to isolate and assess direct impact, it is the case that alcohol-related crime and alcohol-related hospital admissions have been steadily falling in Brighton and Hove over the past five years.

**Future plans**

The council is re-tendering its substance misuse contracts which are due for renewal in 2015. The alcohol needs assessment carried out in 2010 is currently being refreshed as part of the Joint Strategic Needs Assessment (JSNA) and will include an equalities impact assessment. It is seeking a partnership bid for the whole recovery pathway, as this has worked well with other contracts.

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