

Alcohol Strategy

Consultation Report - FINAL

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Contents

Executive Summary	1
Introduction and background	1
Consultation Approach	1
Methodology	2
Consultation Results	
○ Responses Overall	2
○ Analysis of responses to actions in the strategy	4
▪ Encourage healthier drinking behaviours	4
▪ Commission appropriate and responsive treatment services	6
▪ Provide support for families, carers, and young people affected by alcohol misuse	8
▪ Improve drinking environments	10
○ Other issues that should be addressed	11
○ Comments on objectives and guiding principles	12
○ Other comments	13
○ Focus group with service users	13
▪ Barriers & Promotion	13
▪ Treatment	13
▪ Mental Health	14
▪ Hospital Liaison	14
▪ Family Support	14
▪ Licensing and availability	14
Who took part	
○ All Respondents	14
▪ Age	14
▪ Gender	15
▪ Disability	15
▪ Carers	15
▪ Ethnicity	15
▪ Religion	16
▪ Sexual Orientation	17
▪ Tenure	17
○ Specific stakeholders	17
Conclusion	18
Appendix – Alcohol Strategy Consultation Questions	20

Alcohol Strategy Consultation Report

1 Executive Summary

The consultation on Hackney's draft Alcohol Strategy took place for 12 weeks, between 17th July 2017 and 9th October 2017.

The aim of the consultation was to better understand issues in relation to alcohol for residents and other stakeholders, as well as seek feedback on specific actions to address alcohol related harm. There were 101 responses received.

There was generally strong support amongst respondents for the proposals in the draft strategy, with over 80% indicating that most proposals were quite important or very important.

The exception was the proposal for improving the environment in pubs, bars and clubs, though it received support from a majority of 62% respondents, was less highly rated than the other proposals. Comments were received which indicated respondents were unclear how this action would address alcohol related harm.

Particularly strong support was received for work to provide support for families, carers and young people affected by others' alcohol misuse.

Participants at the focus groups for service users of alcohol treatment services also broadly supported the Alcohol Strategy actions, and made a number of suggestions to improve the operation of services locally.

Respondents also provided a wide range of helpful and constructive ideas and comments that will be taken into account in developing the Alcohol Strategy. The feedback received in this consultation will also be used to inform the development of associated policy and strategy, including the Council's Licensing Policy Review.

The Council will take into account the above concerns, and all the other feedback received, in developing and finalising the Alcohol Strategy. A supporting, detailed action plan will then be developed with partners to deliver the strategy.

2 Introduction & background

This report presents findings of the consultation on Hackney's draft Alcohol Strategy. The aim of the consultation was to better understand issues in relation to alcohol for residents and other stakeholders, as well as seek feedback on specific actions to address alcohol related harm.

3 Consultation approach

The consultation took place for 12 weeks, between 17th July 2017 and 9th October 2017.

An online survey on the Council's consultation hub 'Citizen Space' was promoted (appendix 1) alongside a draft copy of the Alcohol Strategy. Hard copies of all documents were available on request, as well as at receptions of Hackney Recovery Service and Hackney Service Centre.

Details of the consultation were widely promoted in the borough to residents and stakeholders, including social media as well as through the Council's newspaper, 'Hackney Today', which has a print run of 108,000 copies and is delivered free to every home and business in the borough.

The consultation was also promoted in a number of newsletters and other channels, including to housing associations, pharmacists, voluntary sector organisations, GPs and others. A focus group was also held with Hackney Recovery Service users, who were receiving or had previously received treatment for alcohol misuse.

The consultation builds on a range of other engagement activity which was undertaken prior to formal consultation to support the development of the strategy. This included a focus group with residents, discussions with children and young people part of the Youth Parliament and a workshop with stakeholder organisations in the borough.

4 Methodology

A total of 101 responses to the consultation were received. There were 98 responses to the questionnaire survey, and three responses from those who did not use the questionnaire. Of the 98 responses to the questionnaire, 25 were received as hard copies, and 73 were received as online responses. Responses that were received as hard copies were inputted manually to allow for analysis of responses. The three responses in letter or email format cover a wide range of topics and have been summarised separately.

The questionnaire consisted of 30 questions, including equalities monitoring questions.

In respect of all questions in the survey, respondents were asked to select a specific response. However, respondents were also given space to record their additional comments if they wished to expand on or give reasons for their response. All of the comments made were analysed and summarised. Where comments have been highlighted in this report, it is because the frequency of the comment or theme was relatively high compared to other comments and themes.

5 Consultation Results

5.1 Responses Overall

A summary breakdown of 98 responses to the questionnaire is shown in the table below. There was generally strong support amongst respondents for the proposals in the draft strategy, with over 80% indicating that most proposals were quite important or very

important. The exception was the proposal for improving the environment in pubs, bars and clubs, though it received support from a majority of 62% respondents, was less highly rated than the other proposals. Further analysis is summarised below.

Objective	Action	Quite important or very Important	Neither	Not very important or not at all important
Encourage healthier drinking behaviours	Develop prevention and outreach activity with children and young people	92%	5%	3%
	Promote healthy behaviours through local and national campaigns	90%	8%	2%
	Promote identification and brief advice across health services	90%	6%	4%
	Encourage advice and signposting in a range of settings	90%	7%	3%
	Promote self-help and alcohol free alternatives	89%	9%	2%
Commission appropriate and responsive treatment services	Address barriers to treatment	93%	6%	1%
	Commission appropriate and effective community treatment	94%	4%	2%
	Promote outreach and engagement	96%	3%	1%
	Strengthen care pathways and respond to multiple needs	96%	3%	1%
	Build recovery capital	82%	16%	2%
Provide support for families, carers, and young people affected by alcohol misuse	Promote a whole family approach	90%	9%	1%
	Address the impacts of parental alcohol misuse	97%	2%	1%
	Provide support for families and carers affected by alcohol misuse	95%	4%	1%
Improve drinking environments	Ensure Public Health engagement in the licensing process	87%	4%	9%
	Address alcohol related crime and anti-social behaviour	93%	3%	4%
	Improve the environment in pubs, bars and clubs	62%	23%	14%

The table above uses percentages to simply present the summary information on broad patterns of support across the different objectives and actions. However, given

the overall number of responses to the full questionnaire (98), data in the rest of this report uses numbers rather than percentages.¹

5.2 Analysis of responses to actions in the strategy

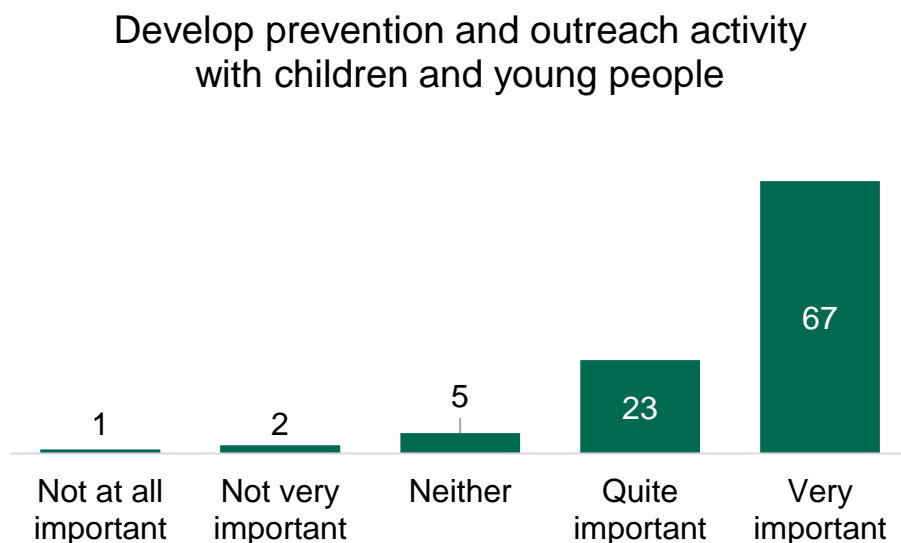
This section provides a more detailed breakdown of responses to each question in the survey, including a summary of the main additional comments that were made by respondents.

5.2.1 Encourage healthier drinking behaviours

There was generally strong support for actions identified to encourage healthier drinking behaviours (questions 1-5 in the table above).

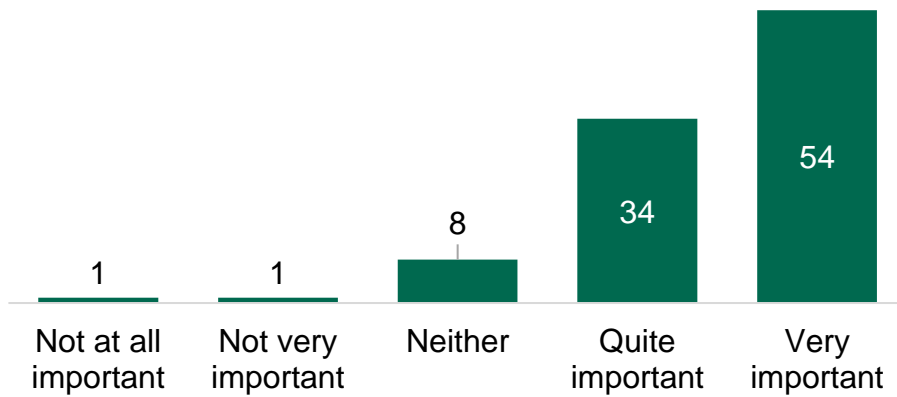
Developing prevention and outreach activity for young people received a particularly high level of support, with 67 respondents saying that they thought this was very important and 23 respondents saying they thought this was quite important. Slightly lower levels of support were expressed for the other actions identified, particularly the promotion of identification and brief advice across health services.

The full results from responses to actions under this objective are provided in the charts below.

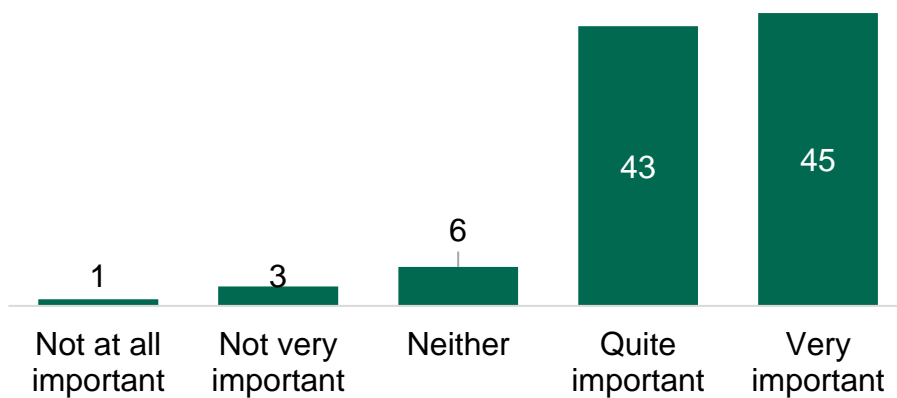


¹ This is in line with practice suggesting that generally percentages should only be used when the base number of responses is greater than 100.

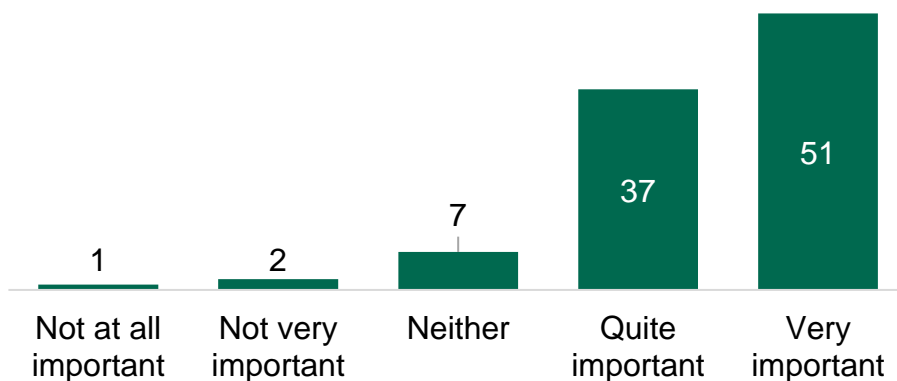
Promote healthy behaviours through local and national campaigns



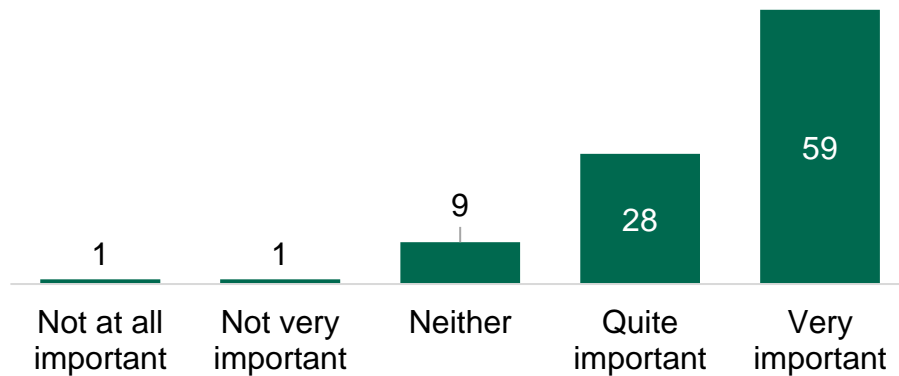
Promote identification and brief advice across health services



Encourage advice and signposting in a range of settings



Promote self-help and alcohol free alternatives



5.2.2 Commission appropriate and responsive treatment services

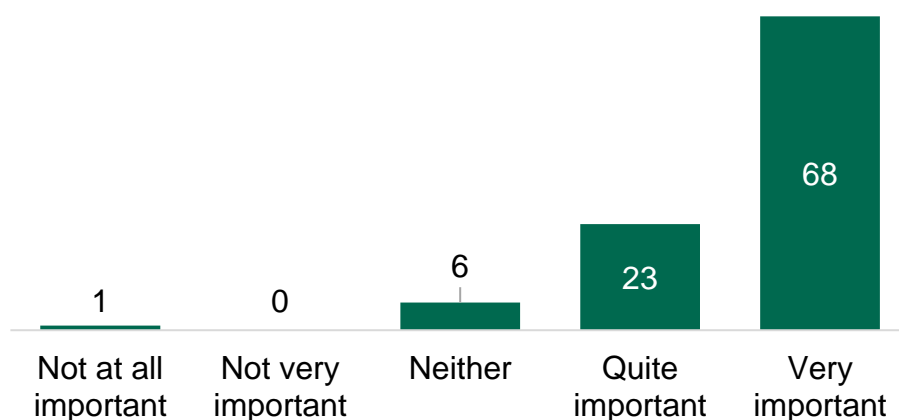
Overall, there was strong support for the actions identified to commission appropriate and responsive treatment services.

Particularly strong support was expressed for work to strengthen care pathways and respond to multiple needs, with 70 out of 98 respondents stating that they felt this action was very important.

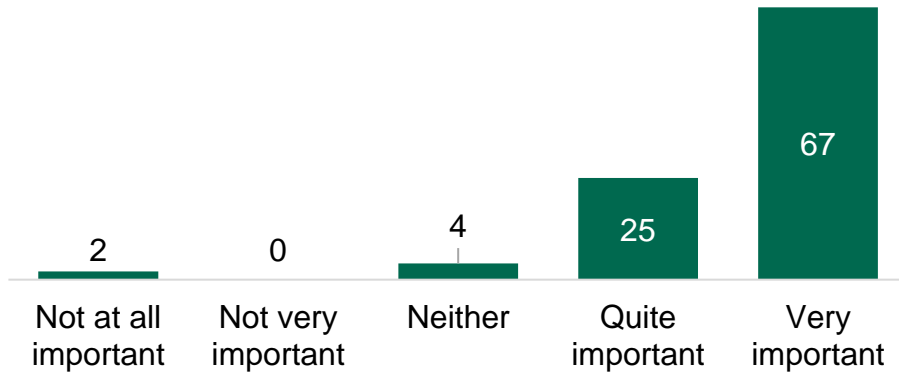
Support was slightly less strong for the action identified to build recovery capital, with 16 out of 98 respondents saying that they felt it was neither important nor unimportant. One respondent indicated that they were unclear what was meant by this action.

The full results from responses to actions under this objective are provided in the charts below.

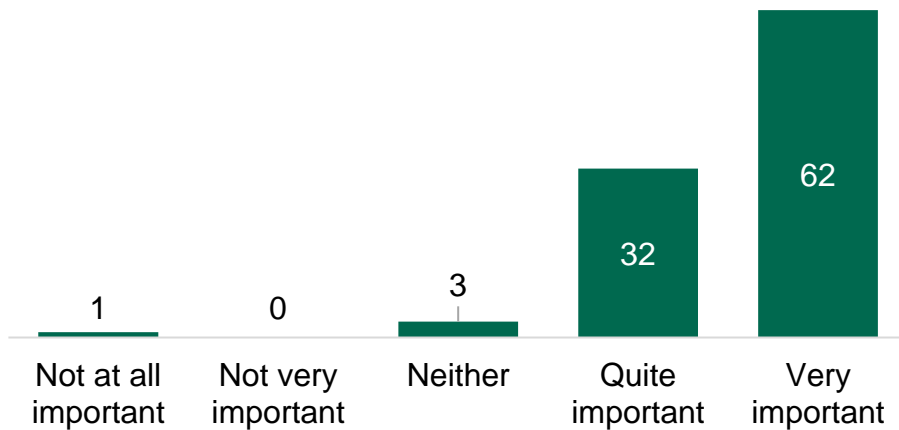
Address barriers to treatment



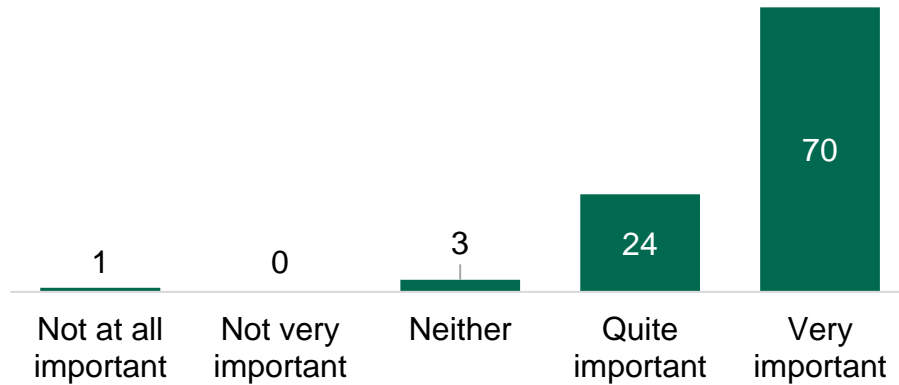
Commission appropriate and effective community treatment



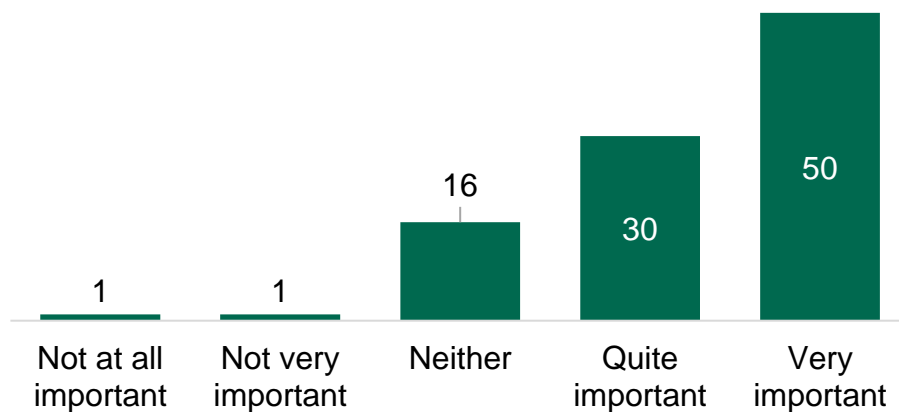
Promote outreach and engagement



Strengthen care pathways and respond to multiple needs



Build recovery capital



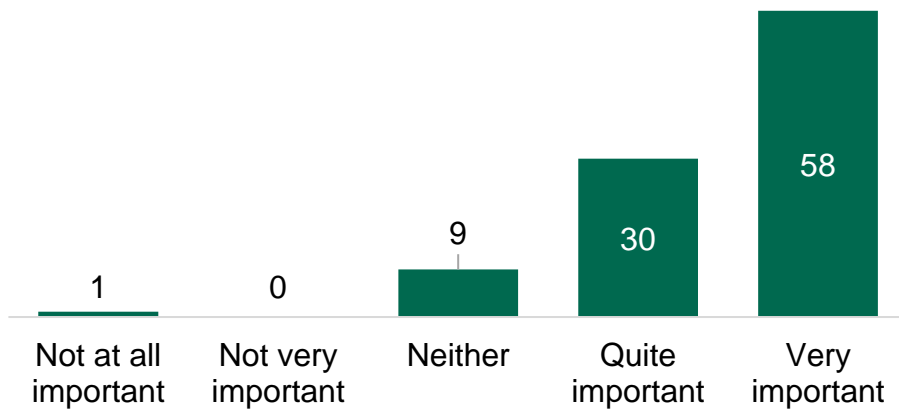
5.2.3 Provide support for families, carers, and young people affected by alcohol misuse

Overall there was very strong support for the actions identified to support families, carers and young people affected by alcohol misuse. The actions under this theme received the strongest support across all those identified in the strategy.

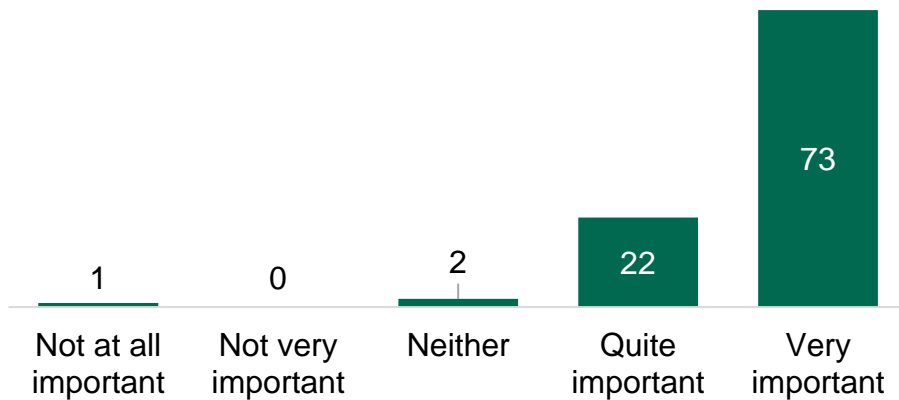
Exceptionally strong support was expressed for actions to provide support for families and carers affected by alcohol misuse, with 78 out of 98 respondents stating this was very important.

Full results from responses to actions under this objective are provided below.

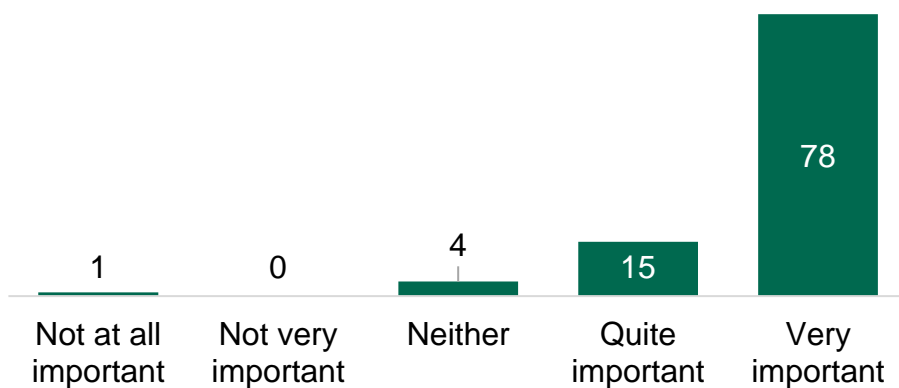
Promote a whole family approach



Address the impacts of parental alcohol misuse



Provide support for families and carers affected by alcohol misuse



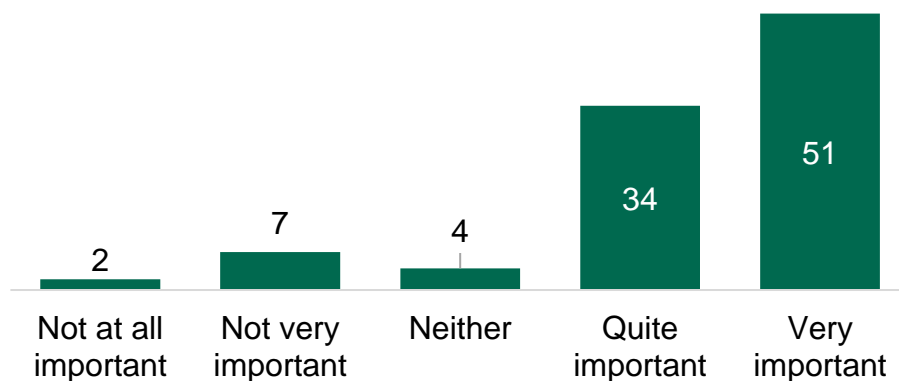
5.2.4 Improve drinking environments

Overall there was a good level of support for actions identified to improve drinking environments. This was strongest in relation to addressing alcohol related crime and anti-social behaviour, which 68 out of 98 respondents stated was very important.

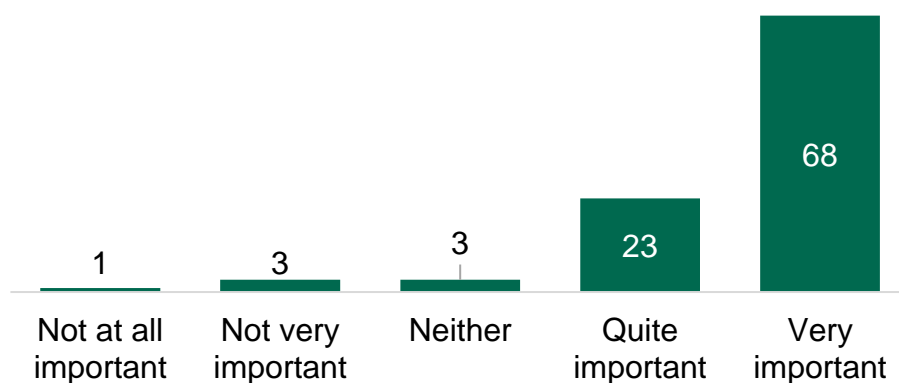
The response in relation to improving the environment in pubs, bars and clubs was more mixed, with 23 respondents stating this was neither important nor unimportant, and 14 respondents stating that this action was not very or not at all important. However, the majority of respondents still did support this action. In the comments analysed below, respondents indicated that they were unclear how this kind of work would address alcohol related harm.

The full results from responses to actions under this objective are provided in the charts below.

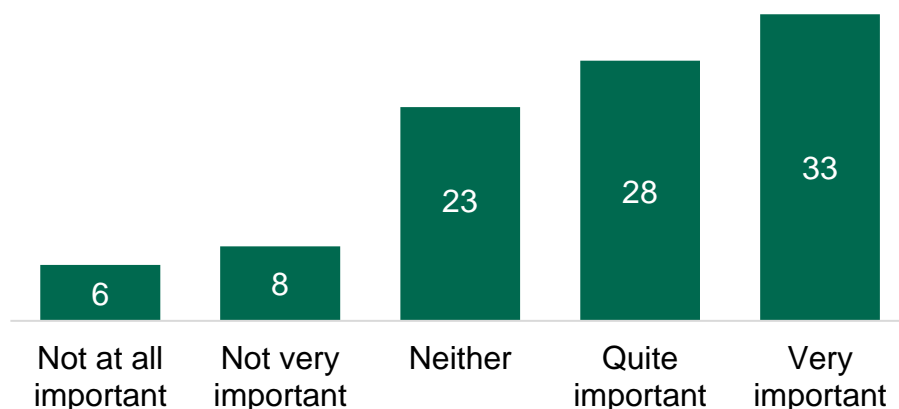
Ensure Public Health engagement in the licensing process



Address alcohol related crime and anti-social behaviour



Improve the environment in pubs, bars and clubs



5.3 Other issues that should be addressed

A number of suggestions were made by respondents on issues that should be addressed in the strategy. A total of 57 comments were received in relation to this question of the consultation. As with subsequent questions, comments were provided via free text. Thematic analysis has been undertaken to draw out key themes, which are listed below. All themes or comments which were identified by more than one respondent are listed. The number of times an issue was raised is indicated in brackets.

- Address crime and anti-social behaviour issues associated with alcohol, including in specific hotspots in the borough (12)
- Invest in prevention and address the widespread culture around excess alcohol consumption and raise awareness of risks of alcohol (11)
- Limit the availability of alcohol, by restricting hours of sale, refusing licenses, and reducing off-sales (11)
- Ban street drinking and/or drinking in public places (9)
- Proactively support, engage with and assist street drinkers, and those multiple needs, to provide pathways into services (8)
- Improve work with GPs and other health professionals, so that they can help people access alcohol treatment (7)
- Increase funding in alcohol treatment and associated services and/or commission additional alcohol services (7)
- Increase the price of alcohol and/or implement encourage minimum unit pricing (5)
- Provide long term therapeutic work and access to counselling for those who need treatment (5)
- Improve mental health support, both for those with severe mental ill health and access to psychology services (5)
- Provide education and preventative support for children and young people, to address peer influences and stigma of issues such as parental alcohol misuse (5)

- Work to reduce hospital admissions linked to alcohol and carry out assertive engagement with frequent hospital attenders (5)
- Work with the voluntary and community sector to improve access to services and for effective advice and signposting (5)
- Do more to properly enforce licensing conditions (4)
- Prioritise early intervention and outreach, ideally with input from health professionals (4)
- Support alcohol free activities and availability of alcohol free products (3)
- Introduce or use taxation on alcohol or proceeds from the late night levy to fund services to reduce alcohol related harm (2)
- Introduce a Hackney Council workplace policy on alcohol (2)
- Improve links with Alcoholics Anonymous (2)
- Better promote and raise awareness of existing services (2)
- Restrict the availability of high strength alcohol including high strength lager and ciders (2)
- Improve services for those with autistic spectrum disorder who are affected by alcohol misuse (2)
- Provide an alcohol worker in GP practices (2)
- Restrict the use of barbeques in London Fields and address street drinking in Broadway Market / London Fields (2)

5.4 Comments on objectives and guiding principles

A number of suggestions were made by respondents the objectives and guiding principles of the strategy. A total of 33 comments were received in relation to this question of the consultation. There were 10 respondents who expressed overall support for the objectives and guiding principles. Three respondents suggested that more detail was needed in the strategy. Other themes are listed below.

- Reduce barriers to treatment and in some cases provide separate alcohol treatment services (6)
- Improve mental health support and work between alcohol misuse and mental health services (4)
- Improve partnership working between services (4)
- Prioritise prevention (4)
- Increase funding for treatment services (3)
- More should be done to tackle street drinking (3)
- Many of the issues require national or societal level action (3)
- The treatment offer should provide long term support to people (2)
- Licensing issues should be addressed by recalling existing licenses from premises breaching conditions, and/or restoring old licensing laws (2)
- Provide more support to families (2)
- Address link between off-licenses and street drinking (2)
- Carry out education work in schools to reach children and young people (2)
- Train health professionals to deliver Identification and Brief Advice (2)
- Recognise that alcohol misuse is often an indicator of other underlying mental or social issues (2)

- It is unclear how improving drinking environments will address alcohol related harm (2)

5.5 Other comments

A total of 33 other comments were made in relation to the strategy. Two respondents gave comments of support for the strategy, and four respondents commented that they would like more detail in the strategy. The other comments or themes are summarised below.

- Positively engage with street drinkers and homeless people, but don't force them into services (5)
- Hackney Recovery Service is providing a good service (4)
- Increase funding for treatment services (3)
- Address mental health needs (3)
- Recognise the importance of Alcoholics Anonymous and other group programmes (2)
- Restrict the use of barbeques and public drinking in London Fields, particularly at the weekend and late at night (2)
- Raise awareness of issues around alcohol and the services available (2)
- Address off-license sales, low price alcohol and use of late night levy in dealing with alcohol related harm (2)

5.6 Focus group with service users

The key themes from the focus group with service users from Hackney Recovery Service are summarised below. The focus group was attended by 5 service users and 2 peer mentors, all of which had received support around their alcohol use.

5.6.1 Barriers & Promotion

- More should be done to promote Hackney Recovery Service, particularly to GPs but also in other places
- Promotion could also focus on places where people buy alcohol, like supermarkets
- Promotion activity should also focus on the fact that the service is for those who want to cut down / reduce their drinking (as well as those who want to quit)
- Language is important to encourage people into services - avoid using terms like 'alcoholic' or 'dependent drinker'

5.6.2 Treatment

- Keyworker and group leader change can be unsettling and should be minimised wherever possible
- Services are excellent, sometimes the end of support groups can feel like a cliff-edge though and ongoing groups for those who are not yet abstinent would be welcome

5.6.3 Mental Health

- Stronger links with mental health services are needed. The wards are excellent but more could be done to link with other mental health services
- The waits are too long for mental health support and eligibility criteria is not always clear– e.g. perceptions that past suicide attempts means quicker mental health treatment, or drinking too much means ineligibility for Cognitive Behavioural Therapy
- Counselling offer in Hackney Recovery Service is excellent but in very high demand

5.6.4 Hospital Liaison

- Detox and rehab is expensive and often not used properly, and community treatment is often the best way for people to get help
- Better hospital liaison services are needed to help people into treatment after a hospital stay linked to alcohol – especially for those who have detoxed in hospital
- Hospital services are stretched and busy but could be more aware of services and less judgemental of people who misuse alcohol

5.6.5 Family Support

- Family support is excellent but may be under-utilised
- The support for children of drinkers could be improved, to remove stigma for young people receiving help for parental alcohol issues
- Links with social services and communication could be improved

5.6.6 Licensing and availability

- The availability of alcohol particularly 24 hour availability is a key issue
- Availability is a bigger issue than price

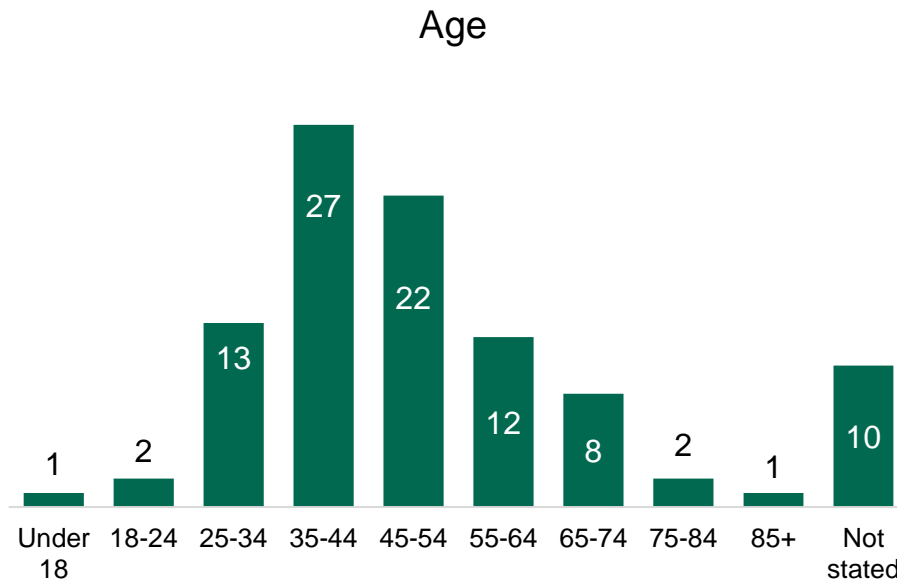
6 Who took part

6.1 All respondents

Equalities monitoring information is part of all consultations at Hackney Council, and monitoring demographic data helps us to understand how well various groups are represented in consultation findings. All those who filled in the consultation questionnaire had the option to complete equalities monitoring questions. Equalities monitoring information was not collected from the focus group with service users.

6.1.1 Age

People of all ages participated in the consultation. Most respondents were aged 35-44 (27), followed by 45-54 (22), 25-34 (13), 55-64 (12), and 65-74 (8). The other age groups had a very small number of respondents in proportion to the main age groups who responded. 10 respondents decided not to answer this question.



6.1.2 Gender

More females responded to the consultation than males, with 53 responses from women and 39 responses from men. There were 6 respondents to the questionnaire who did not state their gender.

6.1.3 Disability

Out of the 98 respondents to the questionnaire, 11 considered themselves to be disabled under the Equality Act definition (a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to carry out normal daily activities). There were 4 respondents who did not answer this question. Estimates suggest that 14.5% of all residents in Hackney consider themselves disabled (Census 2011).

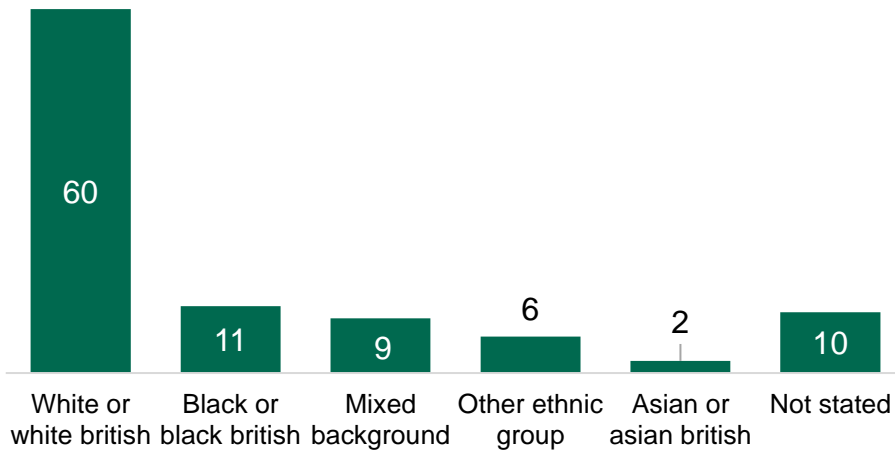
6.1.4 Carers

Out of the 98 respondents to the questionnaire, 15 identified as providing regular unpaid care for someone. There were 75 respondents who stated that they did not have caring responsibilities and 8 respondents who did not state whether or not they had caring responsibilities. Estimates suggest that 7.3% of all residents in Hackney are carers (Census 2011).

6.1.5 Ethnicity

The majority (60) of those who responded to the questionnaire identified as White or White British. A smaller number identified as Black or Black British (11) or from a mixed background (9). There were 10 respondents to the questionnaire who did not state their ethnicity.

Ethnicity

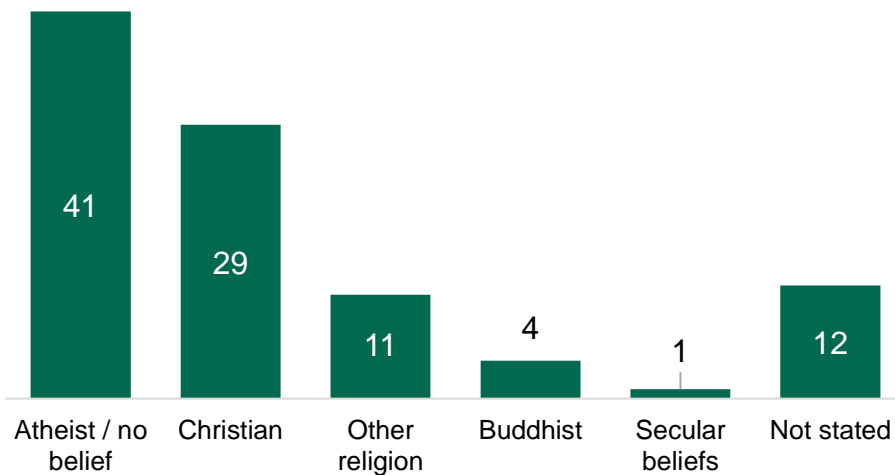


Estimates suggest that Hackney’s population comprises 55% who identify as White or White British, 23% Black or Black British, 6.5% from mixed backgrounds, and 10.5% who identify as Asian or Asian British (Census 2011).

6.1.6 Religion

The majority of respondents (41) stated that they were ‘Atheist/no religious belief’. This was followed by ‘Christian’ (29). The other religions or beliefs had a small number of respondents. 12 respondents decided not to answer this question.

Religion



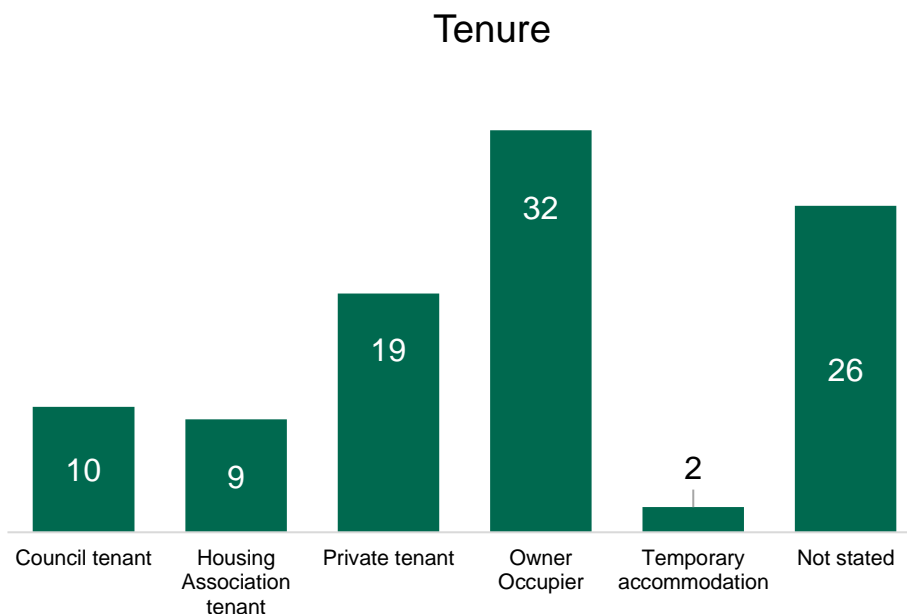
Estimates suggest that 28% of all Hackney residents are atheist or have no belief, and that 39% of residents are Christian, 14% are Muslim, and 6% are Jewish, with other faiths comprising smaller proportions (Census 2011).

6.1.7 Sexual Orientation

The majority of those who responded to the consultation questionnaire identified as heterosexual (78). A small number identified as bisexual (5), as a gay man (3), or as a lesbian or gay woman (1). There were 11 respondents who did not state their sexual orientation.

6.1.8 Tenure

The largest number of respondents to the consultation were homeowners (32), with smaller numbers stating that they were private tenants (19), or social tenants (19). A small number (2) identified as living in temporary accommodation. A number of respondents declined to answer this question (26).

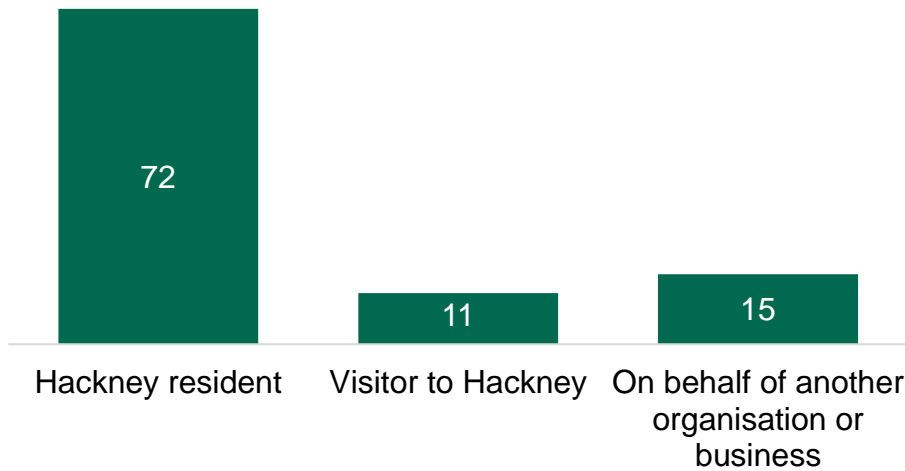


This pattern of tenure breakdown is not unusual in the Council's consultation responses. Estimates of the tenure of all Hackney residents suggests that 26% are owner occupiers, 29% are private renters and 44% are Council or housing association tenants.

6.2 Specific stakeholders

Responses were received from Hackney residents, visitors to Hackney, and other stakeholders. The relative representation of these groups in the responses received is illustrated below. There were 24 responses received from service users or friends and family of service users of Hackney Recovery Service. These are included in the resident and visitor figures below.

Questionnaire Respondents



As indicated, 15 of the responses received were from organisations and services. These include:

- Hackney Recovery Service
- Met Police
- GPs
- City and Hackney CCG
- Thamesreach
- Alevi Cultural Centre
- Responses from specific services, including Children and Young People's Services (Social Care) and Community Safety Service
- Trade / Hackney businesses

7 Conclusion

The findings from the consultation show that the Alcohol Strategy proposals are, in most cases, supported by a large majority of respondents to the survey and other stakeholders.

In terms of the 16 individual actions proposed in the questionnaire survey, all but one of these were supported as important for the Strategy by more than 80% of respondents.

The exception was the proposal for improving the environment in pubs, bars and clubs, though it received support from a majority of 62% respondents, was less highly rated than the other proposals. Comments were received which indicated respondents were unclear how this action would address alcohol related harm.

Particularly strong support was received for work to provide support for families, carers and young people affected by others' alcohol misuse.

Participants at the focus groups for service users of alcohol treatment services also broadly supported the Alcohol Strategy actions, and made a number of suggestions to improve the operation of services locally.

Respondents also provided a wide range of helpful and constructive ideas and comments that will be taken into account in developing the Alcohol Strategy. The feedback received in this consultation will also be used to inform the development of associated policy and strategy, including the Council's Licensing Policy Review.

The Council will take into account the above concerns, and all the other feedback received, in developing and finalising the Alcohol Strategy. A supporting, detailed action plan will then be developed with partners to deliver the strategy.

We thank all those who took the time to respond to the Alcohol Strategy Consultation, or who participated in events and shared their ideas and suggestions.