



Kirklees
METROPOLITAN COUNCIL

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Ad Hoc Scrutiny Review

Report on

Drugs and Alcohol Services Rehabilitation, Planning and Provision

Report Two

December 2001

Kirklees Metropolitan Council

1. INTRODUCTION

1.1 About the Panel

- * The Scrutiny Panel consisted of four Kirklees Elected Members with Councillor David Beetham as the appointed Chair accompanied by Councillors Paul Battye, Margaret Fearnley and Donald Firth. Kevin Kendall, the Council's Head of Building Control and Licensing and Darren Tones from the Council's Committee Services acted as support to the Scrutiny Panel throughout the process.
- * None of the individuals involved had had any formal role in the activity of any of the agencies responsible for providing services. The Scrutiny Panel was therefore truly "lay" in its knowledge of the issues involved but all brought an awareness of the implications from their own communities about how alcohol abuse affected people's lives.

1.2 About the Review

- * The Scrutiny Panel was asked to undertake its role by Kirklees Council's Scrutiny Committee who are charged with the responsibility of investigating and monitoring the relevance and effectiveness of Council Services and other agencies and their decisions.
- * This is the second report of the Scrutiny Panel and concentrates on the response to alcohol misuse. The initial report had responded to issues associated with drug misuse and the Scrutiny Panel (as agreed by the Scrutiny Committee) will focus attention to this shortly to ascertain progress and developments since the initial report was submitted to Council in November 2000.
- * This review on alcohol misuse was undertaken involving areas of activity where there was large scale interaction and co-ordination of services with other organisations. Consultation was held with the Kirklees Alcohol Advisory Service, Dewsbury and Huddersfield Accident and Emergency Departments, Calderdale and Kirklees Health Authority, West Yorkshire Police, the Community Safety Manager, a Local Licensee, Mid Yorkshire Chamber of Commerce, North of England Brewers and Licensed Retailers Association, West Yorkshire Trading Standards, the Youth Offending Team, Education Service, Building Control and Licensing and Lifeline (West Yorkshire) and representatives of the Drug Action Team. The Scrutiny Panel welcomed the positive responses received from those keen to participate in the Scrutiny Review.
- * The Scrutiny Panel were mindful from the outset that they were looking at the impact of resourcing, prioritisation and service outputs of many organisations.

1.3 Terms of Reference

- * As an early part of its work the Scrutiny Panel agreed its Terms of Reference with the Scrutiny Committee as follows:-

- (i) To establish further an understanding of the scale and impact of alcohol abuse within Kirklees.
- (ii) To examine the local response by agencies to reduce the harm caused by alcohol misuse (e.g. Boiling Point; prevention of street drinking and under age drinking; Interview alcohol retailers, Health Authority and Local Authority representatives etc.)
- (iii) To examine the extent to which residents within the district, and in particular the ethnic minority community, were aware of the services which were available and may be accessed by those individuals experiencing misuse problems.
- (iv) To research further the feasibility of the provision of single purpose accommodation with a full range of services in the district to support both individuals with misuse problems and their immediate families.
- (v) To make further recommendations.

1.4 The Work of the Scrutiny Panel

- * The Scrutiny Panel sought to develop an overall awareness of the organisations which were responsible to provide services to respond to the problems associated with alcohol misuse.
- * The Scrutiny Panel held open public meetings on 5 February 2001, 6 March 2001, 6 April 2001, 23 May 2001, 7 September 2001 and 26 October 2001 and held discussions with relevant specialists, agencies and organisations.
- * At the conclusion of its work the Scrutiny Panel does not claim to have an in-depth knowledge of all aspects of the interaction between agencies, or a fully comprehensive understanding of particular treatments, projects and programmes which respond to alcohol misuse.
- * The strength of the Scrutiny Panel's work is its capacity to take an overview from the outside and to view the activities that were taking place from a different perspective than those individuals and organisations who were operating within the system. Discussions with specialists had been wide ranging and the perceptions and issues raised have subsequently been tested out by the Scrutiny Panel.
- * The Scrutiny Panel has therefore developed a rounded view of issues and concerns which have led to the observations it has made, conclusions it has reached and the recommendations it has put forward.

2. THE NATIONAL AND LOCAL CONTEXT - THE FACTS

2.1 National Situation

- 2.1.1 The Scrutiny Panel has been made aware that alcohol misuse costs Britain £3.3 billion a year. Of the total cost some £2.8 billion is lost by industry in terms of sickness absence, unemployment and premature deaths whilst the

costs to the National Health Service is estimated to be in the region of £200 million. Alcohol related road accidents account for a further £189 million whilst criminal activity costs a total of £68 million. In contrast, it is estimated by Alcohol Concern that only £1.69 million is being spent to counter the problems of alcohol misuse by responsive agencies.

- 2.1.2 The Scrutiny Panel also considered evidence which highlighted that an increase had occurred in the numbers of women drinking above medically recommended sensible levels and a worrying trend in young people binge drinking with young people aged between 16 to 24 regularly drinking twice the recommended daily limits.
- 2.1.3 Research has also associated alcohol with suicide attempts and 23% of the calls to the National Help Line for Child Neglect. It is acknowledged that marriages where one or both partners had a drink problem were also twice as likely to end in divorce than those marriages not affected by alcohol misuse.
- 2.1.4 Official recorded alcohol related deaths registered by Hospitals increased also from around 3,000 cases in 1986 to almost 5,000 by 1997 although it was anticipated that the real number of all deaths connected with alcohol misuse was 33,000 per year.

2.2 The Local Situation

- 2.2.1 The reasons for heavy drinking are complicated and is a major attributable factor in the presence of disease.
- 2.2.2 Alcohol's contribution to disease and hospital admissions, and its role in accidents, injury and casualty admissions is well documented. A strategy which combines raising public awareness of harm and safe drinking levels with approaches aimed at identifying and addressing alcohol problems as a risk factor early on would have a significant impact on improving public health and lessening the cost on the National Health Service and other agencies.
- 2.2.3 Whilst the vast majority of the population adopt a sensible attitude towards alcohol, there exists some individuals who have problems in maintaining a rational attitude.
- 2.2.4 The Drug Action Team has held discussions on a strategic framework and is progressing the development of a local Alcohol Strategy based on prevention and education; community and social issues; and treatment.

3. INFORMATION AND EVIDENCE

3.1 Social Exclusion

- 3.1.1 Factors which contribute to social exclusion have been identified as poverty and low income, family break-up, unemployment, lack of education and training, housing and homelessness, crime and anti-social behaviour, inequalities in health and mental health problems. Alcohol is often at the root of these factors.

3.1.2 The Scrutiny Panel has considered the following evidence:-

(a) **Inequalities in Health**

It is accepted that reducing alcohol related harm would subsequently reduce health inequalities. Problem drinking is twice as common in the poorest than most affluent groups and high levels of consumption have been consistently observed in deprived groups such as unemployed people and those who are homeless.

Equality of access to specialist alcohol services is a key issue in addressing social exclusion and there appears to be inconsistent provision of support services across the country and this is maybe as a direct result of no national or local strategies.

(b) **Mental Health Problems**

For all age groups, alcohol dependency contributed considerably to hospital admissions for mental health problems with heavy drinking linked to psychiatric problems including clinical depression. There exists important issues around access to appropriate services for those with both mental health and alcohol problems, since specialist alcohol services are usually not equipped to deal with mental health problems and psychiatric services may overlook a contributory alcohol problem.

(c) **Tuancy and School Exclusions**

The Scrutiny Panel is concerned at the levels of truancy and school exclusions. There are many factors contributing to truancy and exclusion including family relationships and peer pressure. Alcohol has been defined as being a direct cause of exclusions and in many cases, the fact that a pupil is not at school with time on their hands and no adult supervision, can lead to increased levels of drinking. In many other cases high level drinking may contribute to the exclusion itself since heavy drinking can be associated with behavioural problems such as violence, verbal abuse and vandalism.

(d) **Youth Offending**

It is acknowledged that there is a strong link between alcohol and youth offending. The Youth Offending Team has an responsibility to work with young offenders around alcohol, and to support broader programmes of preventing, offending and reducing re-offending.

(e) **Crime and Anti-Social Behaviour**

Both crime and anti-social behaviour contribute to, and arise as a result of, social exclusion and the links between alcohol and crime are well established with a proportion of those entering the criminal justice system deemed to have problems with alcohol.

It has been identified that alcohol misuse is a significant contributory factor to the incidence of anti-social behaviour and evidence highlights the fact that poor neighbourhoods have a disproportionate number of problems associated

with alcohol fuelled anti-social behaviour and that very young drinkers are more likely to damage property and to be poorly supervised by their parents.

(f) Unemployment

Problem drinking inevitably impacts on an individuals ability to work productively and alcohol problems contribute to problems at work and the level of unemployment.

Among young people, alcohol misuse has been specifically identified as a barrier to employment and action is required to direct those with alcohol problems towards specialist support.

(g) Rough Sleepers

It has been commented that a proportion of the rough sleeper population are alcohol reliant and that many rough sleepers have a serious mental health problem. A high proportion are also estimated to have multiple needs, where a mental health problem is combined with an alcohol or drug problem and in order to meet the complex mental and physical health needs focus is required in the provision of specialist workers to assist rough sleepers and provide respective support services.

(h) Family Problems

The impact on families is an additional factor when considering the problems associated with alcohol misuse. Heavy drinking is a common factor in family break up and marriages where one or both partners have an alcohol problem are twice as likely to end in divorce than those marriages where alcohol problems are absent.

The children of adults with alcohol related problems also experience difficulties in relation to their behavioural, school related problems and emotional disturbance.

(i) Young People

The Scrutiny Panel considered that attention was required to be given to young people with alcohol problems who constitute a particular vulnerable group at risk.

It is clear that concerns exist in relation to alcohol and young people. Young people are drinking earlier and evidence supports that children commence drinking at an earlier age nowadays. There is a link between drinking at an early age and harm caused in later life.

The Scrutiny Panel note the importance to ensure young people were presented with meaningful activities and opportunities as an alternative to drinking.

3.2 Crime and Disorder

- 3.2.1 Alcohol related crime is a significant problem that requires joined up action from key agencies, including the Government, law enforcement bodies, voluntary agencies and the licensing trade.
- 3.2.2 A financial burden exists on criminal justice agencies in relation to alcohol related crime, particularly the Police. Recent research identified that alcohol causes more problems for the Police than drug misuse, as 68% of Police Officers had reported that they had encountered alcohol or related crime or disorder on a daily basis. The Scrutiny Panel has acknowledged the action taken by the Community Safety Partnership to include alcohol related crime as a specific strategic aim to develop approaches to address local problems which will be a key to success.
- 3.2.3 The Government's crime reduction strategy focuses on a number of key themes, including working with families, children and schools to prevent young people becoming offenders of the future; tackling crime in communities; more effective sentencing practices; and working with offenders to ensure that they do not re-offend. It is acknowledged that alcohol is significant within all of these themes.
- 3.2.4 Tackling alcohol related crime, and ensuring appropriate treatment for offenders with an alcohol problem, should form a crucial part in attempting to reduce crime and be an integral theme within both national and local strategies. At the same time, a strategy on alcohol is important for drawing together public health, education and enforcement issues to reduce the physical, psychological and social harm which is related to alcohol consumption.
- 3.2.5 As alcohol is probably the oldest and most widely used drug within society this report aims to assist the process in developing both National and Local strategies in response to the problems associated with alcohol misuse. It is recognised that alcohol is a feature of many peoples lives and that there is a huge industry involved in the production and sale of such drinks and that it remains widely used and is felt to be socially acceptable.

3.3 Public Health

- 3.3.1 It is clear that a necessity exists to ensure people are aware through education of the harm which can be caused by alcohol which includes accidental death and injury, mental health problems and disease and hospital admissions. The Scrutiny Panel has identified that local partnerships are necessary between the NHS, Local Authorities and other agencies as the key to making the nation healthier with local action agreed as part of the development of health improvement programmes and local alcohol strategies.
- 3.3.2 As alcohol is a key component of the many pressures facing health services at a local level, health improvement programmes attempt to address and reduce alcohol related harm. Primary Care Groups also have a role in addressing alcohol problems whilst other local partnerships which benefit from addressing alcohol problems in their plans include the Community Safety Partnership and Youth Offending Teams.

3.3.3 The way in which young people learn about alcohol is crucial to prevent them causing themselves harm. Alcohol is a risk factor in relation to sexual health and the level of teenage pregnancies. In developing initiatives to reduce teenage parenthood, the role of alcohol in relation to sexual behaviour must not be ignored with young people to be informed through education.

3.4 The Drinks Trade

3.4.1 The Scrutiny Panel has interviewed and considered evidence submitted by a representative of the Brewers and Licensed Retailers Association. It was claimed that the Crime and Disorder Act had influenced the brewery industry to employ their own consultants to undertake pro-active programmes as they considered misrepresentation of alcohol problems was occurring within society.

3.4.2 The Brewers and Licensed Retailers Association nowadays work in conjunction with Local Authorities although this related to educational programmes and not the treatment aspect of alcohol dependency.

3.4.3 The Scrutiny Panel commented on the cheap sale of alcohol to Brewers and Licensed Retailers and advocated that the Brewers and Licensed Retailers had a social responsibility which was supported by the Brewers and Licensed Retailers Association and condemned "happy hours" and other practices which encouraged excessive alcohol consumption. However, the Scrutiny Panel noted that although such practices were condemned by the Brewers and Licensed Retailers Association these practices occurred commonly.

3.4.4 Discussions were held on the existing Licensing Laws and consideration given to whether closing times resulted in additional excessive drinking. The culture within the country for many individuals was to drink quickly and the Government proposals for Licensing Reform could assist to reduce the problem. It was also noted that public infrastructure (e.g. Transport, Police and Street Cleansing) had not moved at the same progress as the night-time economy which had assisted in the occurrence of alcohol misuse problems. The Scrutiny Panel also accepted that individuals nowadays had more disposable income and therefore could afford to undertake activities associated with alcohol.

3.4.5 Consideration was given to the alcohol unit margins promoted by the Government for sensible drinking and that such limits were being abused by individuals with a alcohol problem or binge drinking over weekends. Furthermore, it was suggested that consideration should be given by the Government on the introduction of health warnings on alcohol products and that although Customs and Excise were tightening controls it was noted that 1.3 million pints of beer was illegally imported every day into the country as a direct result of high Government duty.

3.5 Accident and Emergency Departments

3.5.1 The Scrutiny Panel has considered evidence and is extremely concerned to learn of the verbal and physical abuse to Accident and Emergency Department staff by individuals attending for treatment under the influence of

alcohol. It is advocated that the Accident and Emergency Department should be supported at critical times such as weekends.

4. FINDINGS

- 4.1 The Scrutiny Panel has identified a number of key priorities, namely improving public health, reducing social exclusion, reducing crime and improving community safety. The Scrutiny Panel advocates that to make a real impact on the identified priorities and to improve public health then the harm alcohol causes cannot be ignored. This is supported by undisputed evidence. The Scrutiny Panel also supports the existence for clear and effective National and local strategies to reduce the problems associated with alcohol misuse.
- 4.2 The Government is committed to produce a strategy on alcohol misuse which is welcomed and is seen as an integral part to adhere with the objectives in relation to public health, social exclusion, crime and community safety. The Scrutiny Panel promotes that the strategy should reflect the complexity of the impact of alcohol and provide a planned and coherent set of policies aimed at tackling the wide range of alcohol related problems. Crucial to the success nationally will be the implementation at local level of a Alcohol Strategy and the active support provided by the full range of local agencies.

5. SUMMARY

The recommendations of the Scrutiny Panel are summarised as follows:-

- (1) The importance is recognised in the establishment of a National Strategy to assist local agencies in taking action and reducing the problems associated with alcohol misuse. It is proposed that this paper be referred to the Home Office and local Drug Action Team to assist and inform the developments in preparing a national and local Alcohol Strategy and that the Government be encouraged to lead on the development of a National strategy and resource framework.
- (2) It is recommended that targets in relation to alcohol misuse be included within the Community Safety, Crime Reduction and Youth Offending Strategies and Drug Action Team Action Plan. It is suggested that such targets be included during the next review of the strategies and where such targets already exist the Scrutiny Panel be informed of whether the targets have been achieved.
- (3) It is recommended that the Police should review with the NHS Trusts the policy in relation to support within Accident and Emergency Departments at critical times (i.e., weekends) when Accident and Emergency staff were increasingly likely to experience verbal and physical abuse from individuals attending for treatment under the influence of alcohol.
- (4) The Scrutiny Panel were pleased to note that training and support was provided within schools although recommends that consideration be given for alcohol awareness to be introduced as compulsory within the School Curriculum and that the Government be lobbied to this effect.

The Director of Lifelong Learning should be asked to contact all schools stressing the importance of such programmes.

- (5) The Panel recognises the work already undertaken and requests that renewed vigour be given by the Drug Action Team to develop and implement a local Alcohol Strategy via the Drug Reference Groups. Furthermore, the Drug Action Team be tasked with the responsibility to ensure the strategy is delivered.
- (6) That effective alcohol education partnerships be developed to benefit all ethnic backgrounds.
- (7) That the Government be urged to announce and introduce the proposals for Licensing Reform and ensure that a balance exists between social activities; business needs; and the prevention of crime and disorder.
- (8) That a review be undertaken of the support services available for those individuals with misuse problems to ascertain whether sufficient support was available in the District and whether single purpose accommodation should be provided to support individuals with misuse problems and their immediate families.
- (9) That the Government be urged to review whether alcohol related advertising had an impact on the health of the nation and whether the need exists to review current policy and practices on advertising and whether health warnings should be introduced on alcohol products.
- (10) That support be continued to be given to existing agencies within the District supporting the individuals with alcohol addiction problems.
- (11) That an holistic review be undertaken in relation to Town Centre entertainment with a view to encouraging sensible drinking.

6. RECOMMENDATIONS

6.1 The recommendations of the Scrutiny Panel in relation to the review undertaken on the response to alcohol misuse are as follows:-

- (1) That the report be referred to the Scrutiny Committee for approval of the recommendations and the report be forwarded to interested stakeholders for information.
- (2) That the report be referred to the Director of Social Affairs and Health and responsible Cabinet Member for Social Affairs (Councillor Sheard) and Cabinet Member for Health (Councillor Dimmock) for consideration of the recommendations and a response to the report be submitted via the Social Affairs and Health Core Team to the Cabinet.
- (3) That the report be referred to the Drug Action Team for consideration and a response be submitted to the Scrutiny Panel during April 2002 providing an update which addresses the recommendations as outlined in this report in respect of the response to alcohol misuse.