

Alcohol Task and Finish Review Group**Initial meeting – 13th January 2014**

Present:- Councillor Newall (in the Chair); Councillors Francis, H. Scott and J. Taylor.

Kate Jeffels, Drug and Alcohol Team (DAAT) Joint Commissioning Unit Manager and Abbie Metcalfe, Democratic Officer.

The DAAT Manager produced a report (previously circulated) which outlined indicators in relation to drugs, alcohol and smoking from the Darlington Health Profile for 2013. Members welcomed the overview but particularly focused on the indicators relating to alcohol.

Indicator	Definition	2013 Profile Data (actual number in brackets)	Comparison to England Average (England average in brackets)
10. Alcohol-specific hospital stays (under 18)	Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled)	154.9 (34)	Significantly worse (61.8)
13. Increasing and higher risk drinking	% aged 16+ in the resident population, 2008-2009	22.6	Not significantly different (22.3)
19. Hospital stays for alcohol related harm	Directly age sex standardised rate per 100,000 population, 2010/11	2417 (2867)	Significantly worse (1895)

Members noted that not all the information in the Health Profiles was the most recent available and that information on the Local Alcohol Profiles website had more recent data on alcohol related hospital admissions for indicators 10 and 19.

The more recent Local Alcohol Profiles data demonstrated that Under 18 alcohol-specific hospital stays have decreased 2008/09 – 2010/11 and Darlington is no longer the worst in the Country. Encouragingly, alcohol attributable hospital admissions (age and sex standardised rate) have decreased since 2010/11, following a trend upwards since 2006/07.

For indicator 10 (Alcohol-specific hospital stays for under 18s), the 2013 Health Profile data shows from 2007/08 – 2009/10 Darlington to be the worst in the Country. However, the more recent Local Alcohol Profile shows that from 2008/09 – 2010/11 Darlington was 318 out of 326 Local Authorities. The rate has been decreasing since 2005/06 – 2007/08 and Members noted that the rate was based on small numbers – around 34 admissions of Under 18s per year. Local hospital data from CDDFT indicated an even more positive picture, recording a total of nine alcohol related under 18 admissions to Darlington Memorial Hospital in 2012, with none of those under 11 years (Note: this does not provide a breakdown between those with Darlington and Durham postcodes).

For Indicator 19 the finalised data for 2011/12 and the provisional data for 2012/13 is available from the Local Alcohol Profiles for England website. In respect of this indicator the 2011/12 and 2012/13 rates are lower than the 2010/11 rate, showing an unprecedented decline in admissions.

Members welcomed the update from the DAAT Manager and understood why 'old data' was used but discussed the need for real time data for elected Members to enable them to understand the issues within their Wards.

Discussion ensued about the success of the Social Norms Survey which is carried out in Secondary Schools in Darlington and asks questions of young people in relation to alcohol, smoking, relationships, risky behaviours, etc. Members were delighted that St Aidans Academy had signed up and for the first time all Secondary Schools in the Borough were participating, meaning the over six thousand pupils were being surveyed. The DAAT Manager reported that the initial findings from the survey demonstrated a reduction in self reporting although, perceptions were not changing. Young people appeared to believe their peers were exhibiting risky behaviours, however, they were not reporting doing it themselves. The most recent information and final analysis would be available within the next couple of months and could be shared with Members.

Members were surprised to hear that mortality rates resulting from Liver Disease were on the increase, while the age of patients being diagnosed with Liver Disease was decreasing. It was understood that the Trust were carrying out some work on promoting Liver Disease and raising awareness. The DAAT Manager also advised of

a number of Cancers and other conditions which can be caused as a result of excessive alcohol consumption. Members expressed concern that more needed to be done about raising awareness of the serious conditions and other health implication of excessive alcohol consumption.

Discussion ensued about the 'hidden population' of high/increasing risk drinkers drinking in the comfort of their own home, including the elderly and encouraging people to make sensible lifestyle choices. Members acknowledged that clear lifestyle messages including the 'change for life' campaign enabled people to make an informed choice about their behaviours; however, this would always be a contentious issue.

Particular reference was made to the benefits of Hospital Liaison Nurse based at Darlington Memorial Hospital which was funded by DAAT and Members were reminded of the clear links between Public Health and the Clinical Commissioning Group (CCG) in respect of the commissioning of smoking, alcohol and substance misuse services in secondary care settings. The importance of making every contact count was highlighted and using every opportunity as an opportunity to discuss people's lifestyles and the choices they make was imperative to make a difference and get people thinking about their own behaviours.

The DAAT Manager informed Members of some of the issues raised at the recent Community Safety Partnership meeting regarding counterfeit alcohol. In this instance counterfeit or fake alcohol was explained as, either alcohol where the duty had not been paid, or illegally manufactured and distributed alcohol which can be contaminated with Methanol. Police intelligence indicates that contraband alcohol was available and being sold throughout the North East Region in smaller shops/off licences. A national example quoted was Blossom Hill white wine, being sold in a mainstream supermarket which was 'fake' alcohol. Members were surprised to note that police intelligence suggests there are Organised Crime Groups involved in local premises but that Disruption Panels are working hard to address these issues.

The DAAT Manager also highlighted Dry January advising that the Council together with Pubwatch, had organised a 'Driday' night out - an alcohol free tour of Darlington's pubs on Friday 17 January. The Driday night out was organised to support the Balance (North East Alcohol Office) and Alcohol Concern, 'Dry January' campaign. Fifteen of the town's pubs were taking part in the Driday night alcohol free fun. The premises were encouraged to promote soft drinks, interesting 'mocktails' (alcohol free cocktails) and create an inviting atmosphere for customers to enjoy a night out, without consuming alcohol. Members of Public Health, Licensing and the Alcohol Harm Reduction Teams are participating and the Cabinet Portfolio holder for Health and Partnerships was also attending alongside the Chief Constable and Police and Crime Commissioner.

Building on from the Driday night out reference was made to introducing dry bars in Darlington and the DAAT Manager informed Members of the initiatives in Liverpool and Manchester.

The Chair advised that she was keen to gather further information from Brighton and Hove Council who have recently and successfully, urged off licences to stop selling high-strength beer and cider. There was a Sensible on Strength campaign that off licences had voluntarily signed up to remove beer and cider above 6% from their shelves and currently 60 off licences have signed up. The DAAT Manager advised that there was a town in the North East Region that had done something similar and she was aware of this from the North East Alcohol Champions Network.

The Chair also highlighted Minimum Unit Pricing advising that she would welcome a further discussion about this campaign and the recent press article relating the British Medical Journal.

Actions:-

- 1. That the analysis of the Social Norms Survey be shared with Members of this Scrutiny Committee when available.**
- 2. That the Democratic Officer establishes who is leading on the work of the Trust around promoting Liver Disease.**
- 3. That the meetings be arranged as follows:-**

Meeting 1 - Invite Officers from Alcohol Harm Reduction Unit, Licensing , Trading Standards and the DAAT – to discuss alcohol related crime, impact on the Council and the evening economy. Also invite Members of the General Licensing Committee.

Meeting 2 – Invite representatives from the CCG, CDDFT and DAAT – to discuss the impact of alcohol on health and local NHS services.

Meeting 3 –

- a) Invite representatives from BALANCE – to discuss the Regional picture, Minimum Unit pricing and other campaigns**
- b) Consider best practice from other Local Authorities**
- c) Invite alcohol campaigns from NE Network**

Meeting 4 – Visit to Recovery Centre and consider treatment services and pathways.

- 4. That the Democratic Officer drafts a Terms of Reference based on the above and discussions at the meeting.**