PRESENT:

Councillors Dodd, Mrs Garcia, Hazleton, Roodhouse, Sandison and Mrs Watson

Paul Ansell (Scrutiny Officer) and Linn Ashmore (Democratic and Scrutiny Services Officer)

Will Johnston and Donna Hussain, Commissioner and Assistant Commissioner, Warwickshire Drug and Alcohol Action Team (DAAT)

Jacquie Ashdown, Public Health Consultant (Health Improvement), Public Health Warwickshire

1. APPOINTMENT OF CHAIRMAN

RESOLVED THAT – Councillor Mrs Watson be appointed Chairman of the Task Group for the 2013/14 municipal year.

2. APOLOGIES

Apologies for absence from the meeting were received from Councillor H Avis.

3. DECLARATIONS OF INTEREST

Councillor Dodd declared a general non-pecuniary interest by virtue of his employment with the West Midlands Ambulance Service NHS Trust.

Councillor Roodhouse declared a general non-pecuniary interest by virtue of being a member of the board of Healthwatch Warwickshire.

4. DISCUSSION WITH REPRESENTATIVES OF DAAT AND PUBLIC HEALTH WARWICKSHIRE

The task group raised a range of topics and questions with the representatives from DAAT and Public Health Warwickshire.

Warwickshire Drugs and Alcohol Action Team

Copies of handouts titled Substance Misuse among Young People in Warwickshire and Crime, Drug Treatment and Recovery produced by the Warwickshire Observatory were circulated to members of the task group.

These contained information on drugs and alcohol though the task group is specifically focusing its work on the issues and effects of alcohol on local Rugby residents and what the council can do to help reduce these.
A copy of a sheet entitled ‘Paying the Price of Alcohol’ was also circulated. An overview of the services commissioned by DAAT was as follows:

- Drug and alcohol treatment services including community detox, residential detox and rehabilitation programmes
- Addaction Recovery Partnership based in Regent Street, Rugby
- ESH Works and Compass
- Co-ordination of partnership activity to promote good health and reduce the negative effects of drugs and alcohol
- Support links between housing, employment and wider networks linking residents to UHCW
- Coordinating the Warwickshire Alcohol Implementation Plan

Treatment is carried out at different levels. At the lowest level this would mean advice and information. This is followed by talking therapy, detoxing, access to rehabilitation and also aftercare.

A range of services are carried out at Top Hill Support in Regent Street working with addicts and families to offer support and advice.

The team work with Swanswell who support independent living by providing personal advice and care for people with alcohol or drug misuse, around issues such as housing, debts, benefits, budgeting and other basic life skills help to gain paid employment.

This is part of a pilot linking to the Government's Work Programme.

During further discussion the following points were made:

**Independent Living**

Support for independent living is also available through Supporting People, Warwickshire.

There is a joint contract with Warwickshire and Coventry, and WCC contributes two thirds of the funding for Warwickshire residents. Though it is possible this funding may be affected by future budget cuts. Service providers are mindful of this and support work could be built into future Supporting People contracts.

The DAAT offer both open door and referral services though most are designated drop-in sessions, or by referral from a general practitioner.

DAAT have an integrated service approach to alcohol and drugs which are closely linked.

There is a perception that the effects of alcohol are greatest in 18 – 25 year olds but this is not the case and hospital admissions and presentations at accident and emergency departments are higher for people who are over 40 years of age due to prolonged drinking. However, the age for those suffering from alcoholic liver disease is reducing.

A report was published last year for liver disease in Warwickshire and DAAT agreed to provide this data for Rugby.
Data

Copies of charts for alcohol-related hospital admissions were circulated to members of the task group. These figures were to be treated with caution. For example, they could be skewed by the same person being included for several visits. It was important to look at trend data rather than month by month numbers.

There could be some confusion on how data is gathered and used. For example, a drunk driver injured in a road traffic collision could be recorded for their injury and not that the cause was alcohol related.

Different hospital consultants may have differing opinions on how to record information on patients’ discharge notes.

It was unclear whether general practitioners would have useful data. They could identify individuals who have problems with alcohol so intervention takes place at the earliest opportunity.

The Coventry and Rugby CCG monitor’s data on a month-by-month basis and this information should become more robust over time when trends can be established.

An observation made by a member was that the number of women with alcohol-related conditions had increased in recent years.

Concerns were also raised over the amount of people who drink significant amounts of alcohol at home, and street drinking involving groups of people gathering to drink alcohol in outside locations such as the Great Central Way.

Borough Council Involvement

Members were keen to find out what the council could do to help reduce the effects on Rugby residents.

The CCG had commissioned alcohol liaison nurses. The nurses work with frequent hospital attendees. They build relationships with patients to help them manage their drinking. They also respond to hospital alerts and link clients to community support services.

More support to share information on services being offered would be helpful. Referrals are accepted from anyone.

Members commented that there were links to planning and licensing issues where some influence may be possible.

DAAT works with a variety of other agencies but continues to seek other useful contacts and links.

They do not set a time limit for treatment. Attendance tends to drop off in November but cases increase again after Christmas.

It was suggested that the sort of thing that the council might do to help would be to add contact information for support services on signs where outdoor drinking was prevalent.
Public Health

Members asked about the reaction to healthy living messages from secondary schools and youth groups and were informed that the main way this message is shared is through specific teacher training. However, schools can be visited at their own request.

Schools are visited on teacher training days and work takes place with PCSO’s.

Having stands at events attended by young people is another way in which information is communicated and also meeting with groups of young people at multi-games areas.

A need for stronger partnership working was identified. This could include work through area teams and community forums.

Rugby Youth Council could adopt this topic as one of their themes.

It was suggested that a scheme could be introduced to offer an alternative sanction for drinking in a no alcohol zone to attend an alcohol programme rather than paying a fine.

Members were informed that little work has been carried out with other Warwickshire local authorities, other than Nuneaton and Bedworth Borough Council.

Other examples of schemes carried out across the county included:

- The Compass Warwickshire service which provides targeted and specialist interventions for young people, aged up to 18, who are affected by their own or another’s substance misuse. The main substance of abuse for young people was cannabis followed by alcohol. Cannabis is easier to obtain and cheaper than alcohol.
- Leamington Spa has a community initiative involving the police, and other agencies, called Your Town, Your Choice to raise awareness of anti-social behaviour and offer safe drinking messages.

In Rugby, Street Pastors carry out a similar role and are a regular part of the Friday and Saturday night town scene. A question was raised about the Street Pastors possibly being able to provide useful data.

A suggestion was made that information on where to go for help could be made available where street drinkers congregate.

The Recovery Partnership offers basic drug and alcohol training which could be offered to other organisations and include how to make referrals.

Members asked how Rugby compared with the rest of Warwickshire and were informed the borough is about half way in the league table. Rugby has also moved from the highest to third place for admissions.
**Prevention**

All general practitioners in Rugby offer the NHS Health Check. The scheme was introduced in 2012 to people aged 40 -74 and covers questions about lifestyle and health issues that include alcohol consumption.

There are two healthy living pharmacies in Rugby, in Brownsover and Bilton. This is a voluntary scheme but it was hoped 50 per cent of all pharmacies would join scheme by the end of 2015. The aim is to offer lifestyle advice that could include alcohol issues.

This type of brief intervention can be very effective.

Troubled families and council tenants were identified as target areas of need. Work is already taking place to work with priority families.

It was too soon to judge how successful the approaches to identify alcoholism have been.

Posters could be placed in doctors surgeries with information on where to obtain support and help with alcohol issues.

Recent initiatives have been based on the calorific content of alcohol and these have been successful with young women and image focused groups.

Members discussed the Warwickshire Alcohol Implementation Plan and commented on the high number of actions and organisations listed.

A partnership plan exists to control the actions to which each partner has agreed to sign up. It cannot be implemented by one body. The plan has been reviewed and a smaller more targeted plan will be reissued shortly.

The task group would be provided the new plan after it had finalised during the following week.

Binge drinking was a further area of concern and it was clear that individuals drinking habits vary enormously and alcohol affects people differently.

People drink for a variety of reasons. Some of the evidence contradicted popular beliefs. Higher income groups are more likely to binge drink.

People from deprived communities often have multiple problems such as poor nutrition and lack of exercise which made them more vulnerable to ill health. A proactive approach is required based on early intervention. Early intervention is the key to success.

There were mixed messages sent about what a unit is and whether small quantities of alcohol were good for you. Attractive advertising can encourage drinking.

There are links between mental health issues and alcohol.
The task group agreed to review further evidence and trend data before exploring whether more detailed work on specific areas was required and also looking into services.

The representatives from Warwickshire DAAT and Public Health agreed to gather further data and background information, and forward this, together with the updated Warwickshire Alcohol Implementation Plan and information on liver disease in Rugby.

A member commented that a meeting should be held annually to review progress. Members were invited to attend the partnership centre to speak to staff and attend drug and alcohol training if they wished.

The Chairman thanked Will Johnston, Donna Hussain and Jacquie Ashdown for attending the meeting.

5. DATE OF NEXT MEETING

It was agreed the next meeting of the task group would be arranged once the additional background information and trend data was available.

CHAIRMAN