

NORTHUMBERLAND COUNTY COUNCIL

CARE AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

Notes of the Alcohol Consumption in Northumberland Task and Finish Group Meeting held in the Chairman's Dining Room, County Hall, Morpeth at 10:00 am on Tuesday 17 January 2017

PRESENT

Councillor K Nisbet (In the Chair)

COUNCILLORS

Hunter, EI
Wallace, A

Dale, PAM

OFFICERS

Allen, DP
Robinson, L

Kelly, C

ALSO PRESENT

Shevills, C

Taylor, S

1 Apologies and Chairman's Remarks

There were no apologies for absence.

Councillor Nisbet welcomed Colin Shevills and Susan Taylor of Balance North East to the Meeting.

2 Disclosure of Members' Interests

There were no declarations of interest.

3 Notes of Previous Meeting

The Notes of the Meeting held on 14 December 2016, having been circulated, were confirmed as a correct record.

4 Background Papers

It was AGREED that reference would be made to the background papers:

- Balance: NHS Urgent Care Alcohol Impact Report (Appendix 1)
- GOV.UK Press release 2 December 2016 - PHE publishes alcohol evidence review (Appendix 2)
- PHE: The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies - An Evidence Review (Extract - Contents and Executive Summary) (Appendix 3)
- The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies - An Evidence Review - Summary (Appendix 4)
- HEE: Making Every Contact Count - Factsheet (Appendix 5)
- FRANK (Friendly, confidential drugs advice) - Webpage (Appendix 6)

as appropriate during discussion.

5 Balance: Alcohol Office for North East

5.1 Paying the Price: North East Urgent Care Services - A Summary

Susan Taylor presented the Balance Report, 'Paying the Price: North East Urgent Care Services - A Summary'. It was noted that Balance:

- was commissioned by the 12 North East local authorities and provided services that were reported annually through an increasing number of Key Performance Indicators
- produced research reports which they used as advocacy tools, for example, 'The impact of Alcohol on Policing in the North East' (link: <http://www.ias.org.uk/uploads/pdf/News%20stories/balance-report-march2013.pdf>); also NHS Urgent Care Alcohol Impact Report, using case studies sourced from interviews (Appendix 1)
- had observed one impact of the Licensing Act 2003 to be a 35 per cent to 70 percent shift in patterns of alcohol associated attendances at urgent care and A & E facilities from daytime to late at night
- had noted with concern that hospital staff, including doctors, nurses and attendants, had become so inured to the occurrence of alcohol fuelled abusive and violent behaviour on site that they regarded it as a routine part of their working life,

and had observed that:

- attendances at urgent care and A & E peaked at certain times of the week and, for example between 2.00 am and 3.00 am on Saturday mornings, up to 72% were alcohol related
- while men accounted for the highest proportion of alcohol related attendances, clinicians had reported that numbers of young women and people over the age of 65 with alcohol problems were on the increase. Loneliness had been identified as a factor in drinking among older people
- larger A & E departments, for example at Darlington Memorial Hospital, were treating up to 40 alcohol related cases per day and one case, for example injuries from an alcohol related motor accident, could tie up a range of resources
- many cases of repeat attendances had been reported during the surveys (one patient in Sunderland had attended 36 times in six months), and this had been observed to result from unresolved issues.

Balance had published their Report 'Paying the Price: North East Urgent Care Services - A Summary' and had written to the Government arguing for an increase in the duty on high strength cider, quoting a recent report which stated that 'three litres of white cider containing the equivalent of 22 shots of vodka costs as little as £3.50'. High strength cider was popular among heavy drinkers and young people, many of whom attended urgent care and A & E facilities. It was noted that Colin Shevills would provide a copy of the Balance letter addressed to the Chancellor of the Exchequer for information.

Councillor Wallace commented on the effect of alcohol dependence in society and the drain on the NHS. She referred to the progress of the Minimum Unit Price of Alcohol proposals through the Scottish Parliament and expressed the view that merely increasing the price of alcohol would not be an effective deterrent for people determined to obtain it. Councillor Nisbet agreed that the addiction would drive this.

Councillor Nisbet referred to the increasing statistics about older people drinking. She noted the frequently occurring situation where an older person lost a loved one and the associated loneliness and depression led to increased intake of alcohol. She expressed the view that alcohol screening and brief advice would help to prevent this. Colin Shevills confirmed that this was a conclusion of the Public Health England (PHE) Evidence Review. Liz Robinson noted that alcohol screening and brief advice was one of a range of interventions used by the Council to help people experiencing social inequalities.

5.2 Public Health England: The Public Health Burden of Alcohol and the Effectiveness and Cost-effectiveness of Alcohol Control Policies - An Evidence Review

Colin Shevills gave a presentation on the PHE Evidence Review, as given for local authority Public Health directors the previous week, and copies of the handouts were tabled. The following points were noted during the presentation and discussion:

- the PHE review had been rigorous and was a good body of work
- death at age 54 was the average nationally for those who succumbed to alcohol related illness
- sales of alcohol increased after abolition of the Alcohol Duty Escalator

(Note: Abolition of the Alcohol Duty Escalator in 2014, after an intense lobbying campaign from sections of the drinks industry means that duty rates on spirits and most ciders were frozen in cash terms and the duty rate on beer was reduced by 2%. 'Duty rates on wine will increase by RPI, as will rates on 'high strength sparkling cider', however the definition of 'sparkling cider' for tax purposes does not include the strong, cheap, industrially produced white ciders consumed by heavy drinkers and vulnerable groups' - *The Impact of Abolishing the Alcohol Duty Escalator*, Institute of Alcohol Studies, 2014)

- it was estimated that alcohol abuse could be costing the UK up to £6 billion a year in NHS bills, premature death, losses to business and drink-related crimes and accidents, and further that £1 billion of this cost could be in the North East
- Councillor Dale referred to one of the reported findings that alcohol was the 'Leading risk factor for ill-health, early mortality and disability in 15-49 year olds in England', and asked whether the levels of harm increased within this age range towards the higher end. Colin Shevills confirmed that this was the case, simpler at the lower end, young people more likely to die or be seriously injured in alcohol related motor accidents, for example, rather than suffering from complex morbidity. He noted, however, that as a general trend, youth drinking was reducing
- Liz Robinson referred to a biannual survey conducted by Public Health which revealed that among Year 6 & 8 school pupils across Northumberland, alcohol abuse was reducing and was problematic only in isolated areas. Councillor Dale noted that alcohol abuse also occurred in relatively prosperous areas and enquired whether there was evidence that this fed through into schools within those catchment areas. Colin Shevills stated that the North East Regional Youth Perception Surveys were seeking to obtain such evidence of health inequalities, however there was no specific evidence at present. He observed that a child living in a prosperous area would be more likely to see adults drinking than a child living in a more deprived area. Patterns of attendance at urgent care and A & E services showed that those from deprived backgrounds tended to arrive from public venues at weekends, whereas those from prosperous areas were more likely to present from the home environment. It was suggested that the reason more deprived areas experienced greater harm despite drinking less was due to lower resilience,

possibly as a result of other risk factors such as obesity and smoking. Colin Shevills noted that vulnerable groups were also more likely to buy harmful, cheap alcoholic products

- Councillor Hunter suggested that the NHS needed to get the message across about the harmful health effects of these products. Colin Shevills noted the potential impact on health inequalities of the proposed pricing and regulatory policy amendments. Christine Kelly suggested that other preventative measures that would protect the public in the longer term also needed to be developed, for example:

- embedding routine and systematic alcohol screening and brief interventions across health and social care services
- showing support for pricing policies which addressed high strength, low costs alcohol, specifically white ciders
- recognising the impact of the reduction in drink drive limits in Scotland
- continuing to invest in good quality community substance misuse services or those requiring specialist support
- call for a more robust system to regulate alcohol advertising rather than the alcohol industry self regulated scheme which is currently in place
- the easy availability of cheap alcoholic products such as strong white cider needed to be countered, for example prominent displays in supermarkets, bottom shelf in off-licences
- supplying young and/or vulnerable people with cheap alcohol was difficult to control because the purchase was often made by an intermediary
- if proposed pricing and regulatory legislation were to be enacted, the estimated price quoted for 3 litres of white cider at £3.50 would increase to around £8.00
- a ban on the advertisement of alcohol in cinemas could only be implemented when an 18 Certificate film was to be displayed
- marketing bans had been observed to be effective. The self regulation of the alcohol industry was ineffective in protecting children from content and exposure to alcohol marketing. TV advertising had been observed to target children and young people more than adults
- the advantages of providing the public with more information/education, and the disadvantages arising from the current inadequacy of public messages, were noted, in particular:

- industry campaigns were ineffective as there was little evidence of substantial behaviour change. The message about what was important needed to be clear, striking the right balance between enough and too much information
- schools/college programmes were ineffective and young people needed a different, more age-appropriate learning experience

- consumers had the right to know. The public was not currently making informed choices about the risks of drinking
- knowledge helped remove barriers to policy support
- Drink Driving mass media campaigns could play an agenda setting role and influence public perceptions
- brief interventions such as IBA (Identification and Brief Advice) and treatment for at risk and dependent drinkers (as provided for example at The Northumbria hospital and Wansbeck General Hospital) were effective in reducing harm but were needed on a large scale. It was suggested that the local Sustainability and Transformation Plan (STP) currently under development should seek to address this
- the main findings of the Review were that:
 - reducing affordability is the most effective and cost-effective approach to prevention and health improvement
 - a combination of tax increases and MUP would be most effective and would raise money for Government
 - robust marketing restrictions supported by evidence
 - reducing hours of sale effective
 - IBA, treatment, drink-driving measures all effective
 - campaigns build policy support and with labelling form important part in overall policy approach.

Members observed that the current Government position on the proposed MUP was to await the outcome of the Scottish judicial process. The likely effect on cross-border trade of higher prices in Scotland was noted

- Councillor Dale asked about the value to the Exchequer of suggested price controls. Colin Shevills quoted an estimate that a tax increase of two per cent would generate approximately £5 billion in a few years. An MUP would contribute nothing as it was not a tax
- Members' general impression from the evidence discussed was that a real shift in public attitudes to alcohol could be achieved only at a policy level.

6 Work Programme

The health and social effects of alcohol abuse would be considered at the next meeting with input, if possible, from an invited GP and a representative of the Northumberland Clinical Commissioning Group. In addition to literature already circulated, items to consider would include:

- responsible drinking
- problem identification and treatment plan
- Cardiff model
- domestic violence
- children in need.

7 Next Meeting

16 February 2017 (11.00 am)

DPA/
2017-01-30