WEST DUNBARTONSHIRE COUNCIL

Report by the Director of the Community Health & Care Partnership

Community Participation Committee: 14 December 2011

Subject: West Dunbartonshire Alcohol and Drug Strategy 2011-2014

1. Purpose

1.1 To provide partners with information about the West Dunbartonshire Alcohol and Drug Strategy 2011 - 2014, including a summary of the key local improvement targets for the period 2011 – 2014.

1.2 To provide two examples of innovative and effective practice which underpin key aspects of the Strategy and facilitate delivery of a number of local targets.

2. Background

2.1 Alcohol and Drug Strategy

In April 2009 the Scottish Government, supported by the NHS and CoSLA, launched a new framework for local partnerships on alcohol and drugs. These partnerships were to replace previous Alcohol and Drug Action Teams (ADATs). This change followed Audit Scotland reports highlighting deficiencies with the previous system

2.1.1 These new structures were to be in place by 31st October 2009.

2.1.2 Under the new framework, these partnerships were tasked with developing local strategies for addressing alcohol and drugs misuse, these strategies were to be based on a robust assessment of need and supported by a transparent, evidence-based process for agreeing how resources should be deployed.

2.1.3 In addition, local strategies were expected to have a clear focus on the outcomes being achieved within their communities.

2.1.4 West Dunbartonshire met all the initial key milestones of establishment of structures and development of an alcohol and drug strategy.

2.1.5 In 2011, and within previously agreed local timelines, that strategy was reviewed the resultant effect was the ratification of the second West Dunbartonshire Alcohol and Drug Strategy 2011 – 2014 (attached as Appendix I).

2.1.6 The ADP's vision is "*for a local community where alcohol and drug misuse is being addressed and all residents feel healthier, happier and safer".*

2.1.7 In order to achieve this vision the basic layout of the Strategy is split into 2 distinct areas: *Prevention* and *Recovery*.

However, in ensuring that the requirements of the Scottish Government are being met the document was firmly developed using needs led approaches, which focused on the outcomes for the individual, communities and the population of West Dunbartonshire as a whole.

2.1.8 A total of 14 Local Improvement Targets were agreed by all key stakeholders, these targets, which fit with national outcomes and indicators, are used to measure local performance, and are detailed below:

L1 Improve access to service by ensuing 90% of clients referred for alcohol or drug treatment will receive a date for assessment that falls within 2 weeks of referral received.

L2 Improve access to service by ensuring that *"90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery"* by March 2013.

L3 Improve quality of service by undertaking, and reporting on, annual client satisfaction surveys.

L4 Improve quality of service through the use of peer led focus groups, which will use the findings of annual surveys to form the basis of the groups; a maximum, of 3 focus groups to be held per annum.

L5 Improve the quality of service through annual audit of SSA's.

L6 Reduce Alcohol Deaths (reduce rolling 5 year average by 3 in 5 years).

L7 Reduce Drug Deaths (reduce rolling 3 year average by 3 in 3 years).

L8 Reduce Alcohol Related Hospital Admissions.

L9 Reduce Alcohol Consumption by Young People.

L10 Reduce Drug Consumption by Young People.

L11 Increase number of those in recovery from drug or alcohol misuse into education, training or employment.

L12 Measure and improve outcomes for those who access local alcohol and drug services by December 2013.

L13 Improve quality of local alcohol and drug related data relevant to assessment of need by December 2013.

L14 Achieve agreed number of screening using the setting appropriate screening tool and appropriate alcohol brief intervention in line with SIGN 74 Guidelines for 2011/12.

2.2 Working Examples of Innovative and Effective Practice – Drunk and Incapable (D&I)

2.2.1 Alcohol misuse results in a disproportionately higher level of problems in West Dunbartonshire than across Scotland as a whole. Problems relate to health and social matters as well as anti-social and criminal behaviour. One identified cohort relates to those identified as "drunk and incapable" – with local arrest figures averaging in excess of 150 per year.

2.2.2 In recognition of the problem, partners in West Dunbartonshire (including Health, Police, Council and Voluntary Sector), have formed an Anti-Social Behaviour Problem Solving Task Group to review and respond to the issue. The Group reports directly to the established Anti-Social Behaviour Task Group, and also reports to the West Dunbartonshire Community Safety Partnership and the West Dunbartonshire Alcohol and Drug Partnership.

2.2.3 The Problem Solving Group was established in spring 2011 in recognition of reports that Drunk and Incapable incidents were resulting in:

1. Significant use of Police and Acute Healthcare resources
2. Delayed access to services for those with drink problems who are arrested under the charge of Drunk and Incapable.
3. Poor use of public resources (an assumption that preventative and early intervention is available at a lesser cost than current responses).

2.2.4 The problems caused by public drunkness are wider than the narrow band of those arrested as Drunk and Incapable. Associated problems identified include:

- Public nuisance and disorder
- Anti-social behaviour associated with excess drinking
- Violence (including domestic violence), in particular following football matches and at closure time for licensed premises
- Attendance at A&E's under the influence of alcohol
- Arrests of those under the influence, a majority requiring significant police resource (Medical and 30 minute visits to ensure safety)

2.2.5 The Aims of the Problem Solving Group are to (high level and low level aims):

1. Get more people into appropriate support services
2. Reduce the overall level of alcohol consumption
3. Reduce the amount of domestic violence
4. Reduce street violence
5. Improve the health of the population
6. Reduce alcohol related police incidents
7. Reduce repeat offence of D&I among small cohort of individuals

2.3 Working Examples of Innovative and Effective Practice - Health Impact Assessment: West Dunbartonshire Statement of Licensing Policy (HIA)

2.3.1 West Dunbartonshire Licensing Board launched its Statement of Licensing Policy 2010-2013 in November 2010; at the same time the Chair of the Licensing Board requested that the West Dunbartonshire Alcohol and Drug Partnership (ADP) consider carrying out a Health Impact Assessment (HIA) of the Statement of Licensing Policy.

2.3.2 The undertaking of a Health Impact Assessment will enable measurement of the potential impact the Policy will have on the health and well-being of the resident population of West Dunbartonshire. Whilst these 'impacts' could be either positive or negative work on identifying those specific issues would be required to enable full and meaningful consultations with all appropriate stakeholders.

On the completion of that consultation any recommendations will be submitted, via the ADP to the Licensing Board for consideration. These recommendations could result in modifications to the Licensing Statement, and/or improved local actions to mitigate against locally identified problems.

2.3.3 Some key milestones identified as part of the HIA process have already been reached i.e.

- HIA Steering Group established
- Initial screening exercise completed
- Desk top research completed
- Seek the views of both the Licensing Board/Forum on the proposal structure and timelines of the HIA
- Confirm which Licensing Forum members will join the membership of the Steering Group
- Hold an HIA event, to identify areas where there may be positive or negative impacts on communities or specific groups as a result of the Statement of Licensing Policy

2.3.4 **What is Health Impact Assessment (HIA)?** HIA is a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups.

Recommendations are produced for decision-makers and stakeholders, with the aim of maximising the proposal's positive health effects and minimising its negative health effects.

It is based on a number of values that link the HIA to the policy environment in which it is being undertaken i.e.

Democracy – allowing people to participate in the development and implementation of policies, programmes or projects that may impact on their lives.

Equity – HIA assesses the distribution of impacts from a proposal on the whole population, with a particular reference to how the proposal will affect vulnerable people (in terms of age, gender, ethnic background and socio-economic status).

Ethical use of evidence – the best available quantitative and qualitative evidence must be identified and used in the assessment. A wide variety of evidence should be collected using the best possible methods.

2.35 **Why Use HIA?** It promotes cross-sectoral working – the health and well-being of people is determined by a wide range of economic, social and environmental influences. Activities in many sectors beyond the health sector influence these determinants of health. HIA is a participatory approach that helps people from multiple sectors to work together.

- It's a participatory approach that values the views of the community – HIA can be used as a framework to implicate stakeholders in a meaningful way, allowing their messages to be heard.

- The best available evidence is provided to decision-makers – the purpose of an HIA is to provide decision-makers with a set of evidence-based recommendations about the proposal.

  The decision-makers can then decide to accept, reject or amend the proposal, in the knowledge that they have the best available evidence before them.

- It can be used to improve health and reduces inequalities – addressing inequalities and improving health is a goal for many organisations and all governments. One way of contributing to the health and inequalities agenda is through the use of HIA. At the very least, HIA ensures that proposals do not inadvertently damage health or reinforce inequalities.

- It is a positive approach – HIA looks not only for negative impacts (to prevent or reduce them), but also for impacts favourable to health. This provides decision-makers with options to strengthen and extend the positive features of a proposal, with a view to improving the health of the population.

- It's appropriate for polices, programmes and projects – the flexibility of HIA allows these projects, programmes and policies to be assessed at either a local, regional, national or international level – making HIA suitable for almost any proposal.

3. Main Issues

3.1 **Drunk and Incapable** The Drunk and Incapable Working Group identified an estimated annual cost of D&I to the public purse, ranging from £80,684 to £111,072, based on Acute Hospital Admissions and Police Cell costs. This significantly underestimates the more likely cost to the public purse by excluding:

- Police time identifying and managing drunk and incapable
- Use of more specialist beds – mental health beds, specialist alcohol detox beds
- Multiple bed nights or cell nights (costs above assume single night in all instances)
- Further criminal justice costs, including court costs
- Costs for treatment for more serious injury associated with acute intoxication
- Costs for Social Care and Housing, exacerbated by criminal charge or hospital stay
  Wider catchment of those dealt with by Police

3.1.1 Existing partnership activity in West Dunbartonshire, such as the Arrest Referral Scheme, already allows some direct redress to the problems of alcohol misuse among those coming to police attention.

In relation to Drunk and Incapable, the common thread to a number of models elsewhere in Scotland is the use of targeted work, with interventions on the street (either in a single location or mobile by foot or vehicle) to identify and respond to problems earlier, before it becomes a police or casualty issue. A range of local options are being reviewed by the working group.

3.1.2 Police analysis provides data on locations, days of the week, times and months when D&I charges peak and dip. Further analysis by treatment services has assisted in understanding how many individuals are known, or have been known, to specialist addiction services. Of the 14 individuals, responsible in 2010/11 for multiple arrests and 28.9% of all D&I arrests, 2 are currently in treatment and a further 8 were previously engaged with specialist services.

3.1.3 To further support our understanding of the profile of those arrested, the Police are undertaking a survey over the next 12 months, of those charged with D&I. This information will help better identify how to act early and avoid escalation (for a percentage of cases). Additional information on the profiles of drink related problems will also come out of the West Dunbartonshire Alcohol Related Deaths Review Group which is currently analysing every alcohol related death in the area.

3.1.4 Moving to Solutions for D&I – Safe Zone
West Dunbartonshire partners do have significant experience in protective approaches, much of this expertise developed through long-practiced measures implemented as part of contingency planning for concerts and festivals held in the area. It would be possible to use this expertise, and link into and enhance long-running community safety initiatives, such as the Nightzone West/Taxi Marshall programme. Using local expertise from partners and community venues, an intervention package of outreach work could be targeted at the peak periods when Drunk and Incapable arrests occur.

3.1.5 Models elsewhere in Scotland have been reviewed, and the concept of directing those affected by excessive alcohol to a base or safe area appears to have merit.

3.1.6 Currently, a one night pilot of a local "Safe Zone" is being planned for this December (during the festive period), linked directly to Nightzone West. This will be assessed and any learning directed into future planning.

3.2 HIA Scoping of West Dunbartonshire Statement of Licensing Policy the HIA Scoping Event took place in the Beardmore Hotel and Conference Centre on Wednesday 24th August 2011. 46 delegates took part. There were approximately 5 workshops with 9 individuals in each.

3.2.1 Outcome of the Scoping Event The results of conversations within all workshop areas were collated and are attached as Appendix II.

3.2.2 On the whole the Statement of Licensing Policy was felt to have a positive effect on:

- Preventing crime and disorder
- Reducing binge drinking
- Agent purchase/underage drinking
- Drink driving and anti social behaviour
- Door supervisors (both male and female
- Test purchasing/proof of age/alcohol etc (Scotland) Act 2010

However, there were still some perceptions, regarding alcohol and young people. These perceptions were translated in to the concerns noted below:

- Fear of repercussions from youths if not willing to purchase alcohol on their behalf
- Young people congregating and accessing alcohol
- Availability (supermarkets)
- Availability (pricing)
- Penalties too low/not a sufficient deterrent

3.2.3 Some potential actions/recommendations were identified, these were:

- Licensed premises having access to inexpensive/up to date resource materials i.e. information that promotes moderate drinking and awareness of unit measures
- Open up Pub-Watch Scheme to bowling and social clubs
- Enhanced links between the ADP and Licensing Board/Forum
- Legislation for the sale of alcohol on line/change to Licensing Act by Scottish Government
- Licensed premises to introduce a Work Place Alcohol Policy for staff, to be enforced by LSO's
- Appropriate training to be specified by the Licensing Board to ensure consistency and compliance across all licensed premises, again enforcement role for LSO's
- Named individual within the CHCP to ensure health response regarding new or varied applications is received within legal time requirements
- Support local schemes which encourage safe dispersal of patrons i.e. taxi marshals
- Re-introduction of low cost non alcoholic drinks within licensed premises (for named driver)
- Developing a policy to deal with patrons who have consumed excessive alcohol
- Remember there are large numbers of adults who misuse alcohol

3.2.4 Consultation Timeline for Completion and Delivery of Final Report:

- Early September 2011 – collation of information from Scoping Exercise
- Early September consultation paper drafted
- 26th October 2011 – Report to ADP
- 13th December 2011 – Report to Licensing Forum
- End October 2011 – Final Consultation Period Begins
- End December 2011 – Consultation Complete
- January 2012 – Presentation to ADP
- February/March 2012 – Presentation to AGM/Joint Meeting with LLB/LB

4. People Implications

4.1 There are no people implications beyond what is already committed within services.

5. Financial Implications

5.1 There are no financial implications linked to this report.

6. Risk Analysis

6.1 West Dunbartonshire ADP partners are required to report to the Scottish Government on it Strategy and performance. Failure to provide a Strategy in line with national guidance, or failure to demonstrate progress against agreed performance indicators could result in the withholding of some Government funds currently used to deliver local services.

6.2 Failure to engage all partners, including the community, in the delivery of the Strategy will reduce local ability to meet performance standards.

7. Equalities Impact Assessment (EIA)

7.1 The West Dunbartonshire Alcohol and Drug Strategy has been partially EIA assessed, specifically Appendix 10 the *"West Dunbartonshire Commissioning Strategy for Alcohol and Drug Services 2011 – 2021"* went through an EIA in September 2011, the full Alcohol and Drug Strategy will go through an EIA process in early 2012.

8. Strategic Assessment

8.1 West Dunbartonshire's drug and alcohol related problems have an impact on the area's overall health and community well being, as well as the ability to attract new business, to train a suitable workforce, on work absence rates and on the attractiveness of the area as a place to live and work. All of these issues impact on the long term well-being and regeneration of West Dunbartonshire.

9. Conclusions and Recommendations

9.1 The importance of Alcohol and Drug Partnerships conducting a needs assessment has been highlighted in a number of national reports including those produced by the Delivery Reform Group. Locally, the identification of priority areas has been taken forward in partnership with key stakeholders.

9.2 This has proved to be an efficient and effective way in which to encourage ownership from all partners and to enable the identification of resources to facilitate delivery of those actions.

9.3 Local improvement targets noted in section **2.1.8** above were agreed by using this process.

9.4 The Drunk and Incapable action noted above falls under the L6, L7, L8, L9, L10,L12 and L13 local improvement targets.

9.5 The HIA of the Statement of Licensing Policy noted above falls under the L6, L7, L8, L9 and L10 local improvement targets.

9.6 It is recommended that:

i) Partners note the content of this report and its Appendices

ii) Partners consider the feedback from the Health Impact Assessment of the Statement of Licensing Policy and comment on the inclusion, or not, of the recommendations noted in **3.2.3** above in a forthcoming report to the West Dunbartonshire Licensing Forum and Board in early 2012.

iii) Agree to a subsequent report on a client satisfaction survey, peer led focus groups and preventative activity in early 20012.

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Appendices:	Appendix I – West Dunbartonshire Alcohol and Drug Strategy, 2011-2011 Appendix II - HIA Feedback Report September
Background Papers:	Delivering Better Outcomes: An Outcomes Toolkit for Alcohol and Drug Partnerships, April 2009 Final recommendations of the Alcohol and Drugs Delivery Reform Group, 25 March 2009
Wards Affected:	All