

PERTH AND KINROSS COUNCIL**Community Safety Committee – 12 May 2010****‘THE REAL UNIT COST’ – ALCOHOL CONFERENCE REPORT 2009****Report by Executive Director (Housing and Community Care)****Abstract**

This report introduces the conference report on the ‘Real Unit Cost’ Conference on Alcohol held on the 9th December 2009 and identifies the key actions that will be considered by three Community Planning themed partnerships.

1. RECOMMENDATIONS

- 1.1 It is recommended that the Community Safety Committee;
- i) note the contents of the conference report
 - ii) agree the key actions suggested in the report
 - iii) request that the Executive Director (Housing and Community Care) submit a follow up report to a future meeting of the committee indicating the progress that has been made in respect of delivering the key actions

2. BACKGROUND

- 2.1 The Single Outcome Agreement for Perth and Kinross looks at the impact of alcohol on community safety, health and child protection and identifies this work as a priority for the Community Planning Partnership.
- 2.2 In November 2008 a one-day conference was organised by the three Community Planning Partnership themed partnerships: the Strategic Health Partnership, the Community Safety Partnership and the Children and Young People’s Strategic Partnership.
- 2.3 In order to continue the momentum from that conference it was decided to repeat it in December 2009. The purpose was to ensure that the key actions identified in 2008 were still relevant and to identify any further gaps that required attention.

3 CONFERENCE REPORT

- 3.1 A Conference report has been prepared and is attached as Appendix I.
- 3.2 The key actions have been revised and will be submitted to the relevant partnerships in the near future for their approval and action.

4 CONSULTATION

- 4.1 This report was agreed by the Strategic Health Partnership at its meeting on 5 March 2010 and by the Community Safety Partnership at its meeting on 30 April 2010. It will also be presented to a future meeting of the Children and Young People's Strategic Partnership and the Alcohol and Drug Partnership.

5. RESOURCE IMPLICATIONS

- 5.1 It is not proposed that any additional resources are required, however staff time may be needed to progress some actions. This will be negotiated with the respective Service Senior Management Teams.

6 COUNCIL CORPORATE PLAN OBJECTIVES 2009-2012

- 6.1 The recommendations within this report support the delivery of the following corporate objectives:
- (i) A Safe, Secure and Welcoming Environment
 - (ii) Healthy, Caring Communities
 - (v) Confident, Active and Inclusive Communities

7 EQUALITIES ASSESSMENT

- 7.1 An equality impact assessment needs to be carried out for functions, policies, procedures or strategies in relation to race, gender and disability and other relevant protected characteristics. This supports the Council's legal requirement to comply with the duty to assess and consult on relevant new and existing policies.
- 7.2 The function, policy, procedure or strategy presented in this report was considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:
- i) Assessed as **not relevant** for the purposes of EqIA

8 STRATEGIC ENVIRONMENTAL ASSESSMENT

- 8.1 Strategic Environmental Assessment (SEA) is a legal requirement under the Environmental Assessment (Scotland) Act 2005 that applies to all qualifying plans, programmes and strategies, including policies (PPS).
- 8.2 Pre-screening has identified that the PPS will have no or minimal environmental effects, it is therefore exempt and the SEA Gateway has been notified. The reason(s) for concluding that the PPS will have no or minimal environmental effects is that it does not meet any of the conditions required in Schedule 2 of the Act.

9 CONCLUSION

- 9.1 The conference provided an opportunity for community planning partners to focus on alcohol and agree actions to address specific issues in Perth and Kinross. The Key Actions identified from the Conference have reinforced that addressing alcohol related problems is a priority for all Community Planning Partners in Perth and Kinross. It is notable that progress is being made in delivering these actions.

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Note: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to any material extent in preparing the above report.

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"the real unit cost"

2009

A Perth and Kinross Community Planning conference to address alcohol related harm



Dewar's Centre, Perth – 9th December, 2009

1. Introduction

The Perth and Kinross Community Planning Partnership has made a commitment to addressing alcohol issues so that better outcomes are delivered for the people of Perth and Kinross.

The Partnership's Single Outcome Agreement (SOA) for Perth and Kinross identifies the need to tackle alcohol in three key areas - community safety, health and child protection.

In particular the following key local priorities are included in the SOA –

- Reduce alcohol and drug related harm
- Ensure children and young people are protected
- Reduce alcohol related crime and disorder, and fires

To focus joint action to address our alcohol concerns three Community Planning Partnership themed partnerships, The Strategic Health Partnership, the Community Safety Partnership and the Children and Young People's Strategic Partnership and also the Perth and Kinross Drug and Alcohol Action Team (DAAT) hosted the first 'The Real Unit Cost' conference in November 2008 in the Royal George Hotel, Perth.

The conference aimed to –

- Raise awareness of the impact of alcohol on individuals, families and communities.
- Determine the Community Planning Partnership's agenda for Perth & Kinross
- Identify specific actions to address key local priorities in the Single Outcome Agreement.

2. 2009 Conference

In order to continue the momentum from that conference it was decided to repeat it in December 2009. The purpose was to ensure that the key actions identified in 2008 were still relevant and to identify any further gaps that required attention.

The conference, which was attended by a wide range of participants from the public and voluntary sector, was opened by Councillor Ian Miller, Leader of Perth and Kinross Council who outlined the purpose and format of the morning. The following speakers then outlined the current position in Perth and Kinross:

One Year On, Update from the Strategic Health Partnership - Councillor Alasdair Wylie, Vice-Convener Housing and Health Committee

The current position with regard to alcohol challenges in Perth & Kinross - Dr Peter Rice, Consultant Psychiatrist, NHS Tayside

One Year On, update from the Community Safety Partnership - Councillor Elspeth Maclachlan, Vice-Convener Community Safety Committee

Alcohol & Policing - Chief Superintendent Craig Suttie, Divisional Commander, Western Division

Workshop – Theme “Prevention, Treatment & Recovery”

Closing remarks -Acting Chief Constable Justine Curran, Tayside Police summed up the morning by looking back to last year’s conference, seeing what has been achieved and then looking to the future challenged everyone to ensure that even more is achieved over the coming year.

Launch of the Perth & Kinross Alcohol and Drug Partnership - During the conference Bill Nicoll, Perth & Kinross CHP General Manager and Chair, Perth & Kinross Alcohol and Drug Partnership took the opportunity to launch the Perth & Kinross Alcohol and Drug Partnership which replaced the Drug and Alcohol Action Team.

As with the 2008 conference, this year’s event was particularly well attended with representatives from all key partner organisations.

Through a mix of presentations and workshop discussions, a number of key themes were explored including, in particular, questions as to the implications of a minimum pricing policy as proposed in the Scottish Government’s *Alcohol etc (Scotland) Bill*.

The keynote speakers covered a broad range of topics covering medical, social and community safety concerns. In his contribution, **Dr Peter Rice**, (Consultant Psychiatrist, NHS Tayside) covered the medical impact of alcohol in Scotland, including an analysis of international comparisons of consumption rates and related disease levels. His presentation also examined the implications of a proposed minimum pricing policy.

There was also a presentation from **Chief Superintendent Craig Suttie**, (Tayside Police) who provided a detailed overview of the continuing impact of alcohol on community safety concerns within Perth & Kinross. He drew particular attention to its growing prevalence as a factor in crimes of violence and the issues facing the Police in seeking to protect vulnerable groups at greater risk because of family situations where alcohol is a major factor.

There were also three workshop discussion groups as part of the conference. These considered a common set of questions around a number of set themes - Community Safety, Children & Young People, Health & Wellbeing. The responses have been grouped around the common questions and a summary of the key points raised is attached as Appendix I.

The presentations from the conference will be made available on the www.pkc.gov.uk website

3. National & Local Context

Local Context

- In 2007/08 parental alcohol misuse contributed to 19 children being referred to Initial Child Protection Case Conferences.
- Between 1997/98 and 2006/07 the number of people in hospital with an alcohol related diagnosis increased from 494 to 862.
- Alcohol was a factor in 46% of all breach of the peace offences and 31% of all assaults in Perth and Kinross that resulted in probation orders.
- In the past 2 years there have been three fire related deaths in Perth & Kinross – all had alcohol as a factor
- The misuse of alcohol was a direct contributor in 54% of fatal fires in Scotland and an indirect factor in a further 8%.
- 42.9% of domestic abuse incidents involved use of alcohol by the offender and 24.3% involved use of alcohol by both offender and victim.

National Context

Perth and Kinross is not alone, the impact is being recognised across Scotland. A recent Scottish Government consultation identified that alcohol has an impact on four National Strategic Objectives:

- “Developing a more mature and balanced relationship with alcohol will reduce the burden of alcohol misuse on business, public services and our most deprived communities, and thus contribute to a Wealthier and Fairer Scotland.
- A sensible approach to alcohol will help to underpin the development of more resilient, cohesive and successful communities - by tackling alcohol misuse we will be able to impact positively on crime and anti-social behaviour, making Scotland Safer and Stronger.
- Adopting a balanced approach to alcohol will contribute to increased positive physical and mental wellbeing amongst Scots, making Scotland Healthier.
- Preventing young people misusing alcohol and enabling them to make positive choices plus addressing the effects of alcohol misuse within families will make Scotland Smarter.”

Harm Caused

Alcohol problems cost Scotland an estimated £2.25 billion per year in NHS, social work, police, emergency services, and the wider economic and human costs. Alcohol misuse not only affects the health and wellbeing of the individual drinker, but also has a major impact on family relationships, communities and society as a whole.

Resource Category	Cost 2006/07 (£million)
NHS Scotland	405
Social Work Services	170
Criminal Justice & Fire Service	385
Wider economic costs	820
Human/social costs	470
Total	2250

It is also likely that alcohol and drugs lie behind Scotland's high rates of suicide and homicide (National Confidential Inquiry).

Scottish Economy

Scotch whisky exports have broken through the GBP 3 billion barrier (a staggering £97 a second) for the first time, as the value of shipments in 2008 increased by 8 per cent. (Scotch Whisky Association). Americans continue to spend the most on whisky with £371.4m in sales, but the French drink more than anyone with 159.8 million bottles sold there alone.

4. Progress since 2008

There has been considerable activity across a number of strategic partnerships to take forward particular priorities identified as a result of the 2008 conference. A detailed report on the progress was made to three committees of Perth & Kinross Council – Housing & Health, Lifelong Learning, Community Safety – in August 2009.

The improvements made over the past year include:

- Improved accessibility to the services of the Drug & Alcohol Team as a result of a review of the referral process as well as a reduction in waiting times;
- The development of 'Streetsports' – a mobile sports facility which has contributed greatly to divert young people from becoming involved in offending or antisocial behaviour;
- Financial support to activity programmes for young people during summer and October holiday periods. The financial support was provided by the Local Action Fund which is overseen by the Youth Justice Partnership;
- The development of a mentoring programme through Perth YMCA which provides support for young people identified as being at risk of becoming involved in offending behaviour
- High profile 'Alcohol is not an excuse for sexual violence' advertising campaign, along with the development of a specialist toolkit to assist in domestic abuse cases where substance misuse has been a factor.

Work on these themes is continuing into 2010 and the strategic partnerships concerned are looking to build on the significant progress achieved during the course of the past year

5. Key Action Areas

In keeping with the format from the 2008 conference, a number of *key action areas* are proposed for consideration by the following strategic partnerships:

Community Safety Partnership
<ul style="list-style-type: none"> ○ Continue to support coordination of youth provision that is directed towards the prevention of community safety problems in local areas
<ul style="list-style-type: none"> ○ As a complementary measure to engagement activity within the 'Equally Well' initiative, pilot other approaches to community engagement (particularly within priority areas/client groups), possibly around specific themes
Children & Young People's Strategic Partnership
<ul style="list-style-type: none"> ○ Explore service design options to allow for more effective response to 'crisis points' (i.e. outwith standard 9-5 model)
<ul style="list-style-type: none"> ○ Learn from work with young women across Angus on "The Witches Project". Young women worked to explore the history of the area from a woman's point of view.
Strategic Health Partnership
<ul style="list-style-type: none"> ○ Continue to support the development of an early intervention approach through an expansion of the Brief Interventions model to other services
<ul style="list-style-type: none"> ○ Perth & Kinross Council and NHS Tayside to undertake awareness campaigns targeted at employees to help promote culture shift
<ul style="list-style-type: none"> ○ Use Choose Life monies to fund organisations such as the Samaritans, Women's Rape and Sexual Abuse Centre (WRASAC) and Perthshire Women's Aid, which play a vital role in supporting people affected by alcohol misuse, either directly or indirectly.
Alcohol & Drug Partnership
<ul style="list-style-type: none"> ○ Licensing Board to take a leading role in promoting public debate about 'culture shift'
<ul style="list-style-type: none"> ○ High profile monitoring of promotional displays in local stores as well as those undertaken by larger stores
<ul style="list-style-type: none"> ○ Using Viewfinder, and other appropriate methods, undertake local consultative exercises with regard to impact of a 'minimum cost' policy

Notes from workshops

1. Progress on previous targets

- Police have noticed some reduction in young people drinking at public, local events where previous experience would have suggested a greater degree of alcohol related crime/anti-social behaviour. It was felt that the presence of Special Constables, particularly in rural areas, was making a difference, not only confiscating drink but speaking to young people.
- The more approachable the police are for teenagers, the better – more respect and better rapport, but concern because young people can hold it together better on a very large quantity of alcohol. Examples of improved relationships between the police and young people were cited in Rattray and in N Perth. Improved relationships due to role of local youth workers as well as recent increase in number of Police Community Crime Officers.
- Positive work undertaken by detached youth workers (from various agencies), particularly in remote/outlying locations.
- In terms of Domestic Violence, communication work has taken place with the message that the “perpetrator is responsible” – along with the message “alcohol is not an excuse”, but this needs to continue.

2. What still needs to be done?

- Be aware of dark nights, young people with nothing to do; facilities are an issue. Young people need somewhere to go – youth clubs in churches or schools might be less attractive to some groups of young people. Need to look at developing a range of provision, using different approaches, based on young people's interests. Detached youth workers and street workers are an important way of making contact with young people, particularly in rural areas. Need to be equally aware of young people's feelings re their safety when outside.
- Invisible harm becoming more of a concern – not happening so publicly, visible nuisance has reduced but young people drinking indoors more frequently. This has additional impact in that it reduces opportunities for youth workers to make contact.
- How do we get Champions/Figureheads to take the Alcohol Agenda forward or give it priority/visibility eg Angus example with Focus on Alcohol – what is the role of the Licensing Board here? What is the role of elected members sitting on the Licensing Board in terms of giving profile to alcohol?

- Consideration needs to be given to how to ensure effective support is available to those who require it upon release from prison – particularly if this is a significant factor in the likelihood of reoffending. More effective links with the education process also need to be explored (literacy/numeracy/dyslexia concerns)
- Young people have access to vast amount of info – why educational inputs are not effective (best as a raft of options). Does low educational attainment give rise to greater incidence of alcohol related issues?
- Need to recognise significant role of carers in terms of assisting/supporting recovery – what is out there in terms of supporting carers and also building their resilience?
- Need to ensure complex cases are assessed and followed up, particularly where a number of agencies are involved. Can 'Equally Well' model – role of key worker – be considered in such circumstances

3. How to target those most in need/socially excluded?

- Need to target resources to the deprived communities because that's where impact is greater - back this up with a range of resources, in partnership with other agencies. At strategic level and operational level, this approach needs to be part of a bigger package linking appropriate services together.
- Service needs to adapt to suit needs of most vulnerable. Impractical to continue with a 9–5 model when the main need for support is frequently outside those times.
- Accountability of services in deprived areas – look at problems in a particular deprived individual area, involve local people in regular dialogue about local need and key aspects of service delivery.
- Need to ensure more robust links between mental health and alcohol in terms of services & treatment. Samaritans cite many callers under the influence as well as emails from young people looking for help with alcohol. Recently started text service – swamped – had to stop advertising it; young people do want to talk and want to be heard. All means of communication should be used.
- Young women and alcohol – perception of a growing problem locally and nationally – could we learn from the Angus “witches” project and similar? Or are we doing this already and not sharing/learning locally?
- Rural areas – issue of a lack of anonymity/perceived threat to confidentiality which can serve to undermine take up of particular services.

- Alcohol needs to be a key, universal, component of pre-conception work, ante-natal services and all opportunities during pregnancy, birth and early years support. Early intervention required with all young women and in a targeted way with women at risk of abusing alcohol.

4. Effective community engagement

- The 'Equally Well' initiative in Rattray presents an opportunity to examine effective approaches to community engagement. How do we engage with the community to work through this problem? It is a test site, so trial different models – possibly around agreed themes (eg young people and the Police; Domestic Violence; family support around 'hidden harm' etc)
- Partners need to consider more imaginative ways of improving communication with service users, disadvantaged communities (eg twitter, internet, texting services) – some innovative examples already in place. How well is "Cash back for Communities" being used to build capacity in local communities, particularly in outlying areas? Do we publicise this enough?
- Are clients able to choose the service they use? Is it this option or nothing? If that option doesn't work for an individual is there anywhere else to go? How aware are people made of the options? Should providers look to base services in more 'user friendly'/less intimidating settings (eg info sessions or 'surgery' type events in community flats, sports centres etc)
- Apathy amongst parents for volunteering? Need to make parents aware of what's going on – leaflets don't work, knock on their doors or look at creative ways of involving them in discussion.

5. Cultural/social shift

- Need for a national 'culture shift' to reinforce need for change in patterns of behaviour in relation to alcohol – eg what lessons can be learned from anti-smoking, drink driving campaigns? A similar approach can be taken to reinforce zero tolerance of domestic violence e.g. 'Safe drive – stay alive' model
- There's been a cultural shift over last 20 years; not just in increased incidence of hard drinking but also in adopting 'continental' approach in an attempt to promote more responsible/civilised attitude.
- Need to encourage community members to accept alcohol misuse as a problem for their communities and encourage working on alcohol issues, supported by relevant agencies.
- All community safety partners have major roles as local employers. Need to consider this factor in helping to promote a cultural/behavioural shift towards alcohol

- Need for more prominent role for Licensing Board in promoting positive debate about 'culture shift'. Need to monitor the promotional displays of smaller, more local shops in deprived areas and isolated communities as well as the approach adopted by larger stores (Tesco, Asda etc)
- Whole population work requires to be carried out as well as targeted work, shifting the whole population curve will have an impact on all alcohol consumption. This should also include inter-generational work – concerns about 'repeat' behaviour in younger generations of families where there have been alcohol related problems.
- Role modelling of parents in family environment – the use and presence of it has increased in homes; it's more acceptable to young people but cultural differences there as well: not just drinking with food but also getting 'wrecked' on a Friday night. Drinking and parties taking place in homes with parents' knowledge outwith 'traditional' times – eg on a Tuesday night. Some acceptance of this by parents as children thought to be drinking in a 'safe' environment
- 'Brief interventions' model can contribute to cultural change and have longer term benefits in developing people's understanding. Should we look to extending training to others – develop new local initiatives on this, improve confidence amongst staff in Universal Health & Caring Services to be more comfortable about feeling that it is legitimate to ask the right alcohol questions and follow up with brief advice.

6. Minimum pricing

- Belief that there would be some benefit for more seriously affected groups if minimum pricing introduced. Young people drink to get drunk – pricing could make the difference on how much they drink and could have benefits for older age of young people – particularly as a contributory factor to reducing the harm. Debate on pricing may also help inform other aspects – eg people's awareness of what constitutes a unit.
- Some concern that, for some young people, if price of drink goes up, would they use other substances instead? 'Escape from reality' is often seen as a motivating factor in young people getting drunk and there is now a greater availability of other low cost substances.
- Minimum pricing policy would need to sit alongside other measures which would seek to address other factors affecting people's drinking habits, eg alcohol will be used as a coping mechanism by many in situations of powerlessness or perceived powerlessness eg Domestic Violence, Mental Health, poverty, unemployment, long term illness, loneliness
