

REPORT OF HEALTH IN HACKNEY SCRUTINY COMMISSION

Alcohol: Assessing the impact reducing the harm & Commissioned Data Research	Classification Public	Enclosures Commissioned Data Research Report
	Ward(s) affected All	

1. **FOREWORD BY THE CHAIR OF THE HEALTH IN HACKNEY SCRUTINY COMMISSION: COUNCILLOR MURIEL PURKISS – MARCH 2006**

Alcohol was selected as a topic for the Health in Hackney Scrutiny Commission for three reasons. Firstly, because of the increasing harm that it is causing to the health and safety of the nation and the high costs to the NHS; secondly, because of concerns about the possible negative effects of the recent implementation of the Licensing Act 2003 and thirdly because the City and Hackney Primary Care Trust acknowledged that alcohol deserved a higher profile.

Alcohol has for some years been overshadowed by an emphasis on hard drugs despite the cumulative harmful effects of alcohol being in excess of the effect of hard drugs.

The Government produced an Alcohol Harm Reduction Strategy in 2004, hence the second part of the title of the Commission's work.

There is a great deal of information about aspects of the harm caused nationally by alcohol but the Commission wanted to find out what is known about this locally and by getting together those affected to encourage collaborative action to reduce it.

The Commission also considered whether it could enable the effect of licensing changes to be assessed. It acknowledged that in the ordinary course of its work this could not be accomplished satisfactorily because of the intense activity that would be required in data collection and its evaluation.

The Commission was grateful that our own Borough supported the proposal that enabled the appointment of Alcohol Concern to carry out research, led by Libby Ranzetta. The object was to seek to develop as reliable a data set as possible by which the assessment of the local effects of licensing changes might be accomplished.

We are grateful that the Licensing Department, supported by the Chair of the Regulatory Committee, Councillor Christine Boyd, with Members and officers, agreed that the research was worth attempting. Certainly, it was now or never. There are those who will wish to interpret data to suit their own agendas. The research, forming part of this report, is a baseline whose statistics need to be

reviewed year on year, noting meanwhile any accompanying social or regulatory changes.

As with every public health concern, prevention is the major objective, followed swiftly by rapid access to good services as soon as problems are identified. And as in many other situations prevention is often more absent than present. This may be because of insufficient confidence in the validity of the prevention programmes recommended.

These efforts are especially important for alcohol because it is those who are poorer and most deprived who suffer disproportionately from the effect of this widespread, socially acceptable, addictive substance.

The Commission has sought to make recommendations only where there is reasonable evidence about effectiveness.

2. INTRODUCTION

2.1 ***Alcohol deaths rise by 20% – number of people killed by drink soars in five years*** *Independent 16 August 2005*

1.68 million working days lost in London every year due to alcohol
ALG London Bulletin March/April 2005

Ten times more young people develop cirrhosis of the liver now than in 1970
2005 Independent 14 November

The Royal College of Physicians calculated in 2001 that the effects of alcohol ***cost the UK £3 billion annually.***

The same year the Annual Report of the Chief Medical Officer stated that in a six-month period 21% of psychiatric admissions were alcohol related and that at least 1 in 6 attending Accident and Emergency Departments have alcohol related problems.

Alcohol as an important public health issue is overshadowed by the emphasis on alcohol related crime and disorder. Yet many who risk harming their health do not break the law.

2.2 BBC news reported in August 2005 that 88% of Britons drank alcohol in 2004. (In France and Germany fewer people drink: 86% and 70% respectively.)

A high proportion of the population experiences alcohol problems. They are not confined to dependent drinkers. Tackling what may seem to be moderate drinking in the broader population has a greater impact in reducing alcohol related problems in society than a focus on the much smaller number of people who are severely affected.

The Government is concerned to encourage people to take more responsibility for their own health and well being but “People do not make decisions about their

health under conditions of their own choosing.” (Dr John Reid, when Secretary of State for Health, November 2004.)

Alcoholic drinks are found for sale as commonly as bread and milk in shops large and small and more traditional outlets, for consumption on or off the premises. Advertising aims to attract, influence and recruit new generations of potential drinkers. How else can the industry survive? So alcoholic drinks are marketed to attract different kinds of customers in different social situations: lager, fine wines, alcopops and even chocolate flavoured vodka. Alcohol sales rose in Britain 5% between 1999 and 2004.

The trade wishes only to promote ‘sensible’ or ‘responsible’ drinking, but alcohol’s addictive nature makes such choices difficult. Besides, a drink may be responsible in one circumstance and recklessly irresponsible in another. “Unfortunately there is virtually no supporting research evidence that education on ‘sensible drinking’ is an effective strategy for the prevention of alcohol problems.”¹

‘Today – our fate is bound up with risks that appear deliberately undertaken. In other words, risks depend on decisions (by companies, by the state, by group, by individuals), or are based on our lifestyles or behaviours – many of which are influenced by our peer groups, cultural influences, advertising, marketing or other factors.’²

2.3 **The Terms of reference for the Commission’s investigation were:**

The impact of alcohol upon;

- Health and well-being,
- Social life
- Crime
- To agree preventive strategies including methods of earlier detection of problems in those circumstances where professionals are in contact with the public and especially in the NHS
- To understand the extent to which data are assembled and shared
- To learn about the outworking of the Safer Communities Strategy
- To investigate the extent to which the Local Authority and NHS Trusts have in place an Alcohol at Work policy
- To assess the adequacy of services provided for those who need them.

To evaluate alcohol-related data in order to determine the most reliable data set by which to assess the effect of the new licensing arrangements on the Borough.

In order to develop as robust measures as possible we are to be assisted by Alcohol Concern. The research is funded by the London Borough of Hackney. The Commission is grateful for this support.

¹ Babor T et al Alcohol: No Ordinary Commodity. Oxford: OUP 2003: 189-207

² Geoffrey Rayner, PhD FFPH, Tackling Health Inequalities, Hackney Community Strategy Consultation Seminar, June 2004.

3. SUMMARY & RECOMMENDATIONS

In conducting this investigation the Health in Hackney Scrutiny Commission heard clearly about the effects of the use of alcohol on our population and the hard-pressed services that seek to respond to people's needs.

The Commission learned also of the complexity and often uncertainty of the funding of these services and the encouraging extent to which collaboration is being sought.

We hope that this report and its recommendations will in some way begin to limit the undoubted harm that is occurring daily – not just in the weekend bingeing that it is hoped will be reduced by the new Licensing Law - and also stir up more resolute interest in the promotion of health by even greater degrees of united strategic action.

This report does not seek to repeat information contained within the Commission's comprehensive Minutes nor that received as part of its investigation, all of which can be found on the Council's website as part of this Scrutiny investigation's proceedings

At the conclusion of its recent investigations the Commission has made a variety of recommendations to local statutory agencies. Responses to such recommendations have been co-ordinated by the then Acting Director of Social Services, in his capacity as Chair of the Chief Executive Group of the Thriving Healthy Communities Sub-Board. The Commission has found such a joined up approach both sensible and encouraging. The Commission proposes that this approach of replying to its report and recommendations be repeated.

The research report presents fascinating and new alcohol related information from Hackney. It shows, alongside the Commission's report, the gaps in knowledge that need to be plugged if alcohol related harm, actual or incipient, is to be reduced.

The Commission's report and the research have uncovered the view that the licensing changes are unlikely to result in reduction in the various kinds of harm caused by alcohol. It is so freely available that those who want to drink do not need to take advantage of the extended hours permitted to some premises. Of those who do, it is impossible to say whether they will drink more or less. Overall, if consumption increases, then the level of harm will increase proportionately.

The recommended data set deserves to be reviewed once a year. It may not be able to link the findings convincingly to the changes in licensing. Its great value lies in the fact that it has been obtained at this critical juncture, so that it is not subject to speculation in the future. This is what is happening **now**.

If significant changes occur, it will be important to consider what might underlie them.

However, the research report has great value and the Council has shown foresight in commissioning it and the researchers, led by Libby Ranzetta, great skill and energy in producing it.

This Commission recommends;

Recommendation one

The Commission shares the concern of the Accident and Emergency Department about the burden that alcohol imposes on it.

Recommendation

The Commission recommends that the Paddington procedure, or other proven diagnostic tool, should be used at the Homerton Hospital Accident and Emergency Department for a 12-month period and its effects monitored accordingly. The newly appointed nurse practitioners working in the fields of alcohol and other drugs may be able to advise and assist in this process.

Recommendation two

The appointment of the nurse practitioners locally to work with drugs and alcohol is an encouraging development. The Commission recognises that it is not only the Accident and Emergency Department that is burdened by alcohol.

Recommendation

The Commission recommends that local partners should jointly develop staffing levels akin to those in Nottingham, working specifically in the delivery of alcohol liaison. This would supplement the work to be accomplished through the appointment of two specialist nurses to the Homerton Hospital (one leading on alcohol, the other on drugs) – a development that is in itself encouraging.

Recommendation three

The Commission also recommends that there needs to be developed, in collaboration with partners outside hospital, effective means of linking patients with the on-going services they need, assistance may be offered by the nurse advisor, linked with the A & E Department, who should do what is necessary to facilitate attendance. This is particularly important as all agree that collaboration between the various statutory and voluntary agencies is inadequate at present.

The PCT may also wish to explore, in time, the opportunities for such a service to be offered on an interim basis by the PUCC.

Recommendation four

The Commission was impressed by the research findings concerning the foetus and maternal alcohol consumption.

Recommendation

The Commission recommends that this information should be provided to women by the specialist midwife at the Homerton Hospital, by health visitors and in surgeries throughout the Borough.

The PCT may wish to take the opportunity of liaising closely with a variety of LBH Departments to explore opportunities (as the PCT may find appropriate) for further publicising such public health information.

Recommendation five

The development of a similar level of service for liaison (see recommendations 2, 3 & 5) and facilitation between clinical identification and alcohol counselling for patients identified within the primary care setting should be explored by the PCT in order to give opportunity for health promotion advice and early intervention.

Recommendation six

The Commission recommends that data about the alcohol consumption of patients should be sought and electronically recorded by the PCT.

Recommendation seven

Many people are in touch with primary care staff. It is in that setting that there is a golden opportunity to detect actual or incipient problems.

Recommendation

That the GPs Enhanced Service is extended locally to include Alcohol so that training of GPs and other primary care professionals may be promoted with a view to screening and providing early intervention and referral if necessary.

Recommendation eight

That the CHPCT, the DAT and the ELCMHT review the extent to which they are giving financial support to alcohol services development within the SAU and respond to scrutiny with proposals as to how and over what period they seek to meet the Royal College of Psychiatrist's clinician to population recommended ratios.

Recommendation nine

The Commission recommends that in all future surveys conducted by the Council effort should be made to establish community views on the policy areas considered most important by the Council (e.g the Licensing Policy).

Before undertaking such surveys consultation should take place with the PCT to explore the opportunities for capturing data relating to the boroughs top public health issues.

Recommendation ten

That LBH Community Services undertake feasibility studies including financial considerations as follows, with a report to Scrutiny no later than September 2006;

- a) For delivery or access to a local structured day programme
- b) For delivery of a home treatment team
- c) For delivery of targeted Turkish/Kurdish services

Recommendation eleven

That LBH Community Services undertake a feasibility study including financial considerations in relation to recognising and listing alcohol problems as a reason for access to such the Directorate's services and report back to Scrutiny by no later than September 2006.

Recommendation twelve

The Commission recommends that some Housing staff should receive additional awareness training. This would enable appropriate investigations to be made, with confidence, in every case where rent arrears are mounting.

Recommendation thirteen

The Commission recommends that youth group leaders should have training in alcohol awareness so that they may be enabled to refer young people who seem to be risky drinkers to a more skilled worker or to Sub 19.

Recommendation fourteen

The Commission recommends that venues for young people do not offer alcohol. The Council should rigorously promote the adoption of such a policy and champion its take up throughout those venues operated by the statutory agencies that form Team Hackney (Hackney's Local Strategic Partnership).

Recommendation fifteen

The Commission recommends that in the interest of the health and safety and well-being of Hackney's young people, the Enforcement Team of Trading Standards be strengthened as soon as possible. The Commission proposes that

this recommendation is also reviewed within the context of the budget setting cycle for years 07/08 and reported back to scrutiny.

Recommendation sixteen

During the evidence received by the Commission it became apparent that alcohol treatment is in many ways the poor relation, in terms of monies made available, in respect of treatment and help with substance use

Recommendation

The Commission recommends that the funding imbalance is challenged through Local Area Agreements so that funds may be distributed according to need through the Drug Action Team

Recommendation seventeen

The Commission proposes that the Overview and Scrutiny Board be advised by Hackney Drug Action Team annually of the way in which this work (Sub 19) is being developed so that, where appropriate, support for continued funding may be provided.

Recommendation eighteen

The Commission recommends that increased funding opportunities for CHAS liaison and counselling, operating from GP surgeries, should be sought by CHtPCT, and reported back to scrutiny at latest in September 2006.

Recommendation nineteen

The Commission recommends that the agencies concerned, through the Chief Executive Group of the Thriving Healthy Communities Sub-Board, urgently review their contribution to CHAS, and that NRF applications by CHAS are fully supported by this forum.

Recommendation twenty

The Commission recommends that LBH Community Services undertake a Cost Benefit Analysis in relation to uplifting and mainstreaming funding for City and Hackney Alcohol Service and report back to Scrutiny by no later than September 2006.

Recommendation twenty-one

The Commission recommends that the (LBH) Occupational Health Service at pre-employment interviews or immediately on employment undertake a lifestyle questionnaire, including an alcohol history, so that health promotion messages may be provided to all staff without exception.

Recommendation twenty-two

LBH Alcohol & Drug Misuse Policy and Management Guidance was launched and adopted in January 2006

Recommendation

The Commission recommends that adequate resources are made available for the training of managers at all levels so that the policy may be implemented successfully, thus promoting the health of the staff and the service of the public.

Recommendation twenty-three

The Commission recommends that the Council should amend the current alcohol policy so that the consumption of alcohol during working hours is prohibited, without exception. This should be explicitly stated.

Recommendation twenty-four

The Commission recommends that an alcohol at work policy, taking into account the features, proposed by Alcohol Concern (see page 29), should be produced by the bodies giving evidence to the Commission: Homerton University Hospital NHS Trust, East London and the City Mental Health Trust, City & Hackney Teaching Primary Care Trust, the Learning Trust and LBH.

4. COMMENTS OF THE FINANCIAL CONTROLLER

The report makes recommendations impacting upon a range of organisations with the intention of improving alcohol related services; a number of the recommendations will have financial implications for those organisations if implemented.

Prior to the implementation of recommendations the organisations concerned will need to consider the detailed financial implications alongside their strategic priorities, other competing demands, value for money and resource availability.

This is particularly important for public bodies that have many competing demands on finite levels of resource which to a very large extent are provided and determined by central Government. The public sector has seen some sustained growth in recent years but the outlook for future years is one of lower year on year increases. Some specific elements referred to in the report such as supporting people grant is in fact forecast to reduce over the next few years.

The resource allocations for 2006/07 have been set by Government and the bodies concerned have completed their detailed budget allocations within these parameters and the statutory timescales. The London Borough of Hackney for example agreed the budget and set the council Tax for 2006/07 on 1st March 2006. The first real opportunity to make adjustments to base budgets in the light of the recommendations is therefore 2007/08. Any adjustments would need to be considered based upon the criteria in 4.2 above as part of the organisations budget setting processes.

- 4.5 The maximisation of any additional monies through other funding streams such as NRF is supported but it must be acknowledged that these funds are not guaranteed to continue and if allocated should be used accordingly in addition any flexibility afforded in existing funding arrangements e.g. for the DAT monies to fund specific alcohol related issues is also supported.

5. COMMENTS OF THE MONITORING OFFICER

The report makes a number of recommendations to improve the collection of data, around alcohol related health problems, improvements in services to people whose level of alcohol consumption gives cause for concern and introducing clearer alcohol at work policies, designed to create a healthier workforce.

The recommendations contained within this report will be of particular interest to the councils Licensing Committee and Council as the Licensing Authority who will begin reviewing the Licensing Policy in November.

6. FINDINGS

6.1 *Alcohol and its effects*

The Department of Health has issued guidelines about the levels of drinking up to which a person may not damage his or her health. For men, this is 3 – 4 units a day or less. For women the levels are 2 – 3 units. Regular drinking at the higher level will incur harm in time. These should not therefore be interpreted as targets to drink up to. They apply only to mature adults, not young people. The average weekly amount drunk by all drinkers is less than these 'benchmarks'. Alcohol problems occur less frequently amongst the moderate drinking majority, but this is a very large population indeed.

In July 2004 the Office of National Statistics reported that more men than women exceed these levels. The highest consumption is in the 16 – 24 age group. Between 1988/89 and 2002/3 the numbers exceeding the 'benchmarks' has increased except for men aged 25 – 44, and particularly in women aged 16 – 24.

The Commission learned that in City & Hackney, extrapolation of these data indicates that the percentage of both men and women drinking daily more than 8 units and 6 units respectively is less than the reported national average. This is probably accounted for by the ethnic groups in the population who might be expected not to use alcohol.

National surveys show that mortality from alcohol related illnesses in unskilled men is four times greater than for professional men. Since all Hackney wards are in the top 10% of most deprived wards in England & Wales the health impacts of harmful drinking are likely to be greater.

As was graphically displayed to the Commission, alcohol can have harmful effects on every part of the human body. It is implicated in coronary heart disease, raised blood pressure and some strokes, in liver damage and several forms of cancer especially of the mouth and throat. Recently it has been implicated as a risk factor in breast cancer.

In association with poverty, alcohol is especially likely to lead to debt, unemployment and even homelessness.

Alcohol consumption leads to sexual risk taking in young people in particular, with subsequent regret. It can also lead to the sexual abuse of young people who have been plied with alcohol by predatory adults. And amongst adults it is linked with date rape and domestic violence.

Alcohol is associated with 20-30% of fatal accidents and 70% of assault related injuries.

6.1.2 *Homerton University Hospital NHS Foundation Trust*

The Accident and Emergency Department at the Homerton Hospital sees up to three hundred patients every 24 hours. Alcohol related conditions vary and include acute medical emergencies, effects of violence and accidents, neglect and self-harm. Chronic effects of alcohol are also seen: cardiovascular disease, gastrointestinal problems, diabetes and fits.

These patients' problems may be compounded by homelessness and social isolation. Some attend frequently. The A&E department seems to be the only NHS service they use. Some, arriving physically incapable, are kept in to sober up. Two beds are made available in the department specifically for this purpose. In different circumstances such resources would be used for other purposes.

Although A&E departments are required to record many items of data there is no requirement for them to collect any information about the association of attendance with alcohol consumption or as part of the patient's history.

The Commission has sought (outside of this report) to bring this matter to the attention of the Government via the relevant Secretary and Minister of State for Health as it feels the adoption of an NHS quality measure for alcohol, improving the capture of data relating to alcohol and its effects, would be beneficial to all those involved in this sector.

St Mary's Hospital, Paddington, has constructed a screening questionnaire for use as a matter of routine in their Accident and Emergency Department, in those patients with one of the top ten alcohol related conditions. It is recognised that despite the brevity of the questionnaire it is necessary for staffing to be sufficient for it to be used at all times. An appointment with the full time Alcohol Health Worker is offered within 24 hours. They have found that there appears to be a 48-hour window of opportunity for intervention when patients are enabled to acknowledge that their attendance is alcohol related. The consistent use of this diagnostic tool has been shown to reduce re-attendance.

Recommendation one

The Commission recommends that the Paddington procedure, or other proven diagnostic tool should be used at the Homerton Hospital Accident and Emergency Department for a 12-month period and its effects monitored accordingly. The newly appointed nurse practitioners working in the fields of alcohol and other drugs may be able to advise and assist in this process.

Alcohol affects all the services of the Homerton Hospital. Of those admitted to general medical wards probably 20% are drinking at levels potentially damaging to their health. In the gastroenterology department half are admitted solely because of alcohol and a third need hospital detoxification for which the Homerton has a standard procedure. Hospital detoxification takes five days and is therefore an expensive activity. It involves replacing alcohol with a sedative. Detoxification (as opposed to letting someone sober up) is best entered into

when the alcohol dependent person is at last at the point of acknowledging that he or she has no power to deal with their condition on their own. There is then an increased possibility that referral to an alcohol service would be acceptable.

Alcohol dependency occurs rapidly. Even after only seven days' alcohol use some withdrawal symptoms may be experienced. After prolonged drinking withdrawal may result in life-threatening problems such as fits or inhalation of vomit or death itself through cardiac arrest. Terrifying hallucinations may lead to dangerous behaviour.

These effects occur because alcohol is a central nervous system depressant. The popular view that alcohol is a stimulant, because of uninhibited behaviour, is false: what happens is that alcohol depresses those higher centres that allow a person to make judgements about how to behave. Despite improvement in the recognition of severe withdrawal symptoms – delirium tremens – the death rate at 30 days from hospital admission is 5%, comparable with that of acute myocardial infarction.

Similarly the Commission has sought (outside of this report) to bring this matter to the attention of the Government as it believes such statistical evidence should be taken into account within the Government's policies relating to alcohol

A nurse led alcohol liaison service at the Queen's Medical Centre, Nottingham, has more than proved its worth. Two nurses have been appointed to work as part of a specialist service. Alcohol related admissions reduced by 63% and admissions for detoxification fell significantly. Other improvements were noted amongst the group having the nurse led intervention. There was no change in a control group.

The burden of alcohol related treatment on the Homerton Hospital – most notably Gastroenterology and A&E, was clearly demonstrated and the Commission wishes this burden to be reduced. In order for this to happen it is likely that resource allocation will have to be reviewed because the pressures on hospitals may increase as the rising consumption of alcohol shows no sign of abating.

Recommendation two

The Commission recommends that local partners should jointly develop staffing levels akin to those in Nottingham, working specifically in the delivery of alcohol liaison. This would supplement the work to be accomplished through the appointment of two specialist nurses to the Homerton Hospital (one leading on alcohol, the other on drugs) – a development that is in itself encouraging.

Recommendation three

The Commission also recommends that there needs to be developed, in collaboration with partners outside hospital, effective means of linking patients with the on-going services they need, assistance may be offered by the nurse advisor, linked with the A & E Department, who should do what is necessary to facilitate attendance This is particularly important as all agree that collaboration between the various statutory and voluntary agencies is inadequate at present.

The PCT may also wish to explore, in time, the opportunities for such a service to be offered on an interim basis by the PUC.

The adoption of these recommendations would improve the service to patients affected by alcohol, reduce the costs their treatment incurs and release hospital facilities for those with non-alcohol related problems.

6.1.3 Maternity Services

Think About Drink, a Department of Health Publication (2004) recommends that women who are pregnant or planning a pregnancy should take especial care. Alcohol can directly affect the developing child because it passes the placental barrier. The leaflet recommends that no more than one or two units of alcohol, once or twice a week, should be taken.

However in February 2005 the US Surgeon General issued a press release advising that women considering becoming pregnant, or already pregnant, should not drink alcohol at all. It has been demonstrated in research for example from the Queen's University, Belfast, that even low levels of alcohol affect the nervous system of the foetus. The changes can be demonstrated by ultrasound scanning when alcohol is no longer in the mother's bloodstream.

Professor Peter Hepper of QUB said 'If it was proven that drinking any amount of alcohol in pregnancy caused you to be born with the tip of your finger missing – something that would hardly affect your life at all – then it would be banned instantly. However, even though it might be affecting your brain development, there is no similar response.' (BBC News 18 September 2002.)

It is suggested that even at low levels the potential intelligence of the child may be impaired and that there may develop a degree of Attention Deficit Hyperactivity Disorder (ADHD).

Recommendation four

The Commission recommends that this information should be provided to women by the specialist midwife at the Homerton Hospital, by health visitors and in surgeries throughout the Borough.

The PCT may wish to take the opportunity of liaising closely with a variety of LBH Departments to explore opportunities (as the PCT may find appropriate) for further publicising such public health information.

6.1.4 Primary Care

There has been concern for years that many people attending Accident & Emergency Departments have neither suffered accidents nor are they acutely ill. But they attend. They certainly have needs that have to be addressed. They might often have had quicker attention and more appropriate care if they had been seen in a primary care setting but for a multitude of reasons have not sought it.

The Primary Urgent Care Centre at the Homerton Hospital is being set up in order to provide an improved service to patients and to relieve the pressure on the A & E Department. When it is fully operational later this year there will be a GP present with whom otherwise unregistered patients will be able to register for up to six months. This will contribute to continuity of care. It may be that through such means the PCT is able to explore opportunities for provision of follow up care as might be identified through any screening process adopted by the Homerton.

Meanwhile, the Commission learned that an alcohol history is usually noted on the patient record at first presentation but is not entered into the electronic database. Referral is made to the patient's GP if there are concerns but there is no provision for follow-up.

See also recommendation three

Recommendation five

The development of a similar level of service for liaison and facilitation between clinical identification and alcohol counselling for patients identified within the primary care setting should be explored by the PCT in order to give opportunity for health promoting advice and early intervention.

In order to improve health and reduce inequalities it is proposed that 'prevention is integrated into all stages of patient care.' (City & Hackney Teaching Primary Care Trust Health Improvement Programme, 2005 – 2008).

The PCT recognizes that alcohol deserves more attention and a senior doctor has been nominated to lead on this topic. The Commissioning Strategy of the PCT also emphasizes the need to move towards prevention, 'offering knowledge to patients and encouragements to individuals to see their health as part of their own responsibility.'

Primary Care is the main NHS point of contact for most people, yet the Department of Health suggests that barely a quarter of referrals to alcohol services come from primary care¹. The Alcohol Harm Reduction Strategy for England 2004 suggests that for those whose problems are not yet too severe, brief interventions may be an effective approach. Primary Care is the ideal setting for this work.

Primary Care staff see every day those who have actual or incipient problems with alcohol. It was estimated in DAT commissioned research in 2001 that up to 20% patients presenting to primary care were excessive drinkers.

It was also noted at that time that records on alcohol use are not regularly kept since there is no national requirement to do so. It was then recommended that such data should be sought and entered on the new electronic patient record and that 'guidelines should be put in place by the PCT for all practices to collect information on levels of alcohol use among their patients. The Commission was advised that there is still a need to do this.

Staff should be sufficiently well trained on attitudes to alcohol so that they can raise matters about drinking in an unembarrassed and non-confrontational way. The need for training of doctors is as important as for other professionals. They need to have at their finger-tips information about the agencies concerned with alcohol issues

The HIMP points out that the idea of preventive medicine is important to hold on to despite the difficulties and frustrations resulting from the high annual population turnover, estimated as being between 30% and 40%. Although alcohol is not mentioned as a priority area for action it can have a bearing directly or indirectly on all the PCT's chief concerns.

General Practitioners need training on alcohol issues, including an introduction to the brief questions by which patients with actual or incipient alcohol problems may be identified. There is scope for commissioning such screening by GPs through the Nationally Enhanced Service for Patients. So far, no Hackney GPs are offering this service.

Training should be standard for the range of professionals in primary care, who need to be able to undertake brief interventions.

There will be concern about the time that will be involved in screening for alcohol problems. The Fast Alcohol Screening Questionnaire, (FAST), was developed for use in very busy medical settings².

¹. Alcohol Misuse Intervention Guidance on developing a local programme of improvement, DoH 2005

² Alcohol Education and Research Council (Insight 5) – report of research undertaken at the University of Wales College of Medicine, Cardiff

It should also be noted that City & Hackney Alcohol Service and Alcohol Concern are accredited training agencies.

Recommendation six

The Commission recommends that data about the alcohol consumption of patients should be sought and electronically recorded by the PCT.

Recommendation seven

That the GPs Enhanced Service is extended locally to include Alcohol so that training of GPs and other primary care professionals may be promoted with a view to screening and providing early intervention and referral if necessary.

6.1.5 East London & the City Mental Health Trust

The Specialist Addiction Unit is commissioned by the PCT and Hackney DAT and is part of the East London and the City Mental Health Trust which covers Tower Hamlets, Newham, Hackney and the City of London.

It offers treatment to those with physical and mental health problems who have been using alcohol, often with other drugs, in a chaotic manner. There may be behavioural problems requiring high levels of intervention. The SAU includes a Dual Diagnosis Team in the City and Hackney Centre for Mental Health. (Formerly known as the East Wing, Homerton Hospital.)

The Unit is accessed by professional referral and has a multi-skilled staff providing a wide range of services, though not as wide-ranging or as well staffed as need seems to require. The Hackney SAU found problematic alcohol use in about 20% of its clients and supported a few detoxification programmes.

The Commission learned that although alcohol has been included in the Public Health White Paper very little extra funding has been provided, and that not until 2008.

Any substantial local increase in alcohol related services would only come about by the diversion of funds from other areas of work. This observation was linked with the comment that there are mixed messages about the significance of alcohol. Nationally over 100,000 people die annually of smoking related diseases, between 20-40,000 from the consequences of alcohol whereas the annual death toll from illegal substances is about 1,000.

Recommendation eight

That the CHPCT, the DAT and the ELCMHT review the extent to which they are giving financial support to alcohol services development within the SAU and respond to scrutiny with proposals as to how and over what period they seek to meet the Royal College of Psychiatrist's clinician to population recommended ratios.

6.1.6 Service users

Notes provided to the Commission by three male service users illustrated the variety of ways treatment may be accessed. The social and educational background of each is also completely different. It is clear that there is no definitive answer to who is likely to become a so-called alcoholic. For every individual with tough life experiences who becomes alcohol dependent there is another with the same kind of background who does not. People from every kind of background can be affected.

Each service user had to come to the point of recognising that they had no power in themselves to change before they could seek to obtain the help and support they required. They agree that there is no quick fix treatment. The journey for recovering alcoholics is long and the costs to society at large are huge. The experiences disclosed to the Commission confirm that alcohol services need multiple points of entry. There is also a need for a client specific action plan and an established and agreed referral pathway after the treatment cycle because relapse is always a possibility. The Scrutiny Commission is aware Alcoholics Anonymous or easily accessible counselling are the kind of post-treatment support that can be beneficial

Where a Tier 4 (residential) service is used this support is often built in to the plan, even to the extent of independent living accommodation being provided as part of the service. This does not offer a permanent home. The view was expressed that if a residential service is needed it should be as close as possible to the client's usual environment. The delivery of such a residential service should take into account a client's preference in order to support their continued successful rehabilitation, so minimising the chance of relapse.

6.2 London Borough of Hackney

Social services clients of all ages can be affected by alcohol problems: children through to parents and carers, vulnerable adults, older people –representatives of every section of our community

We do not know in detail how much alcohol our residents consume. When the Household Survey was prepared for LBH by bmg research (December 2004) over three thousand households were surveyed. Enquiries were made about smoking and aspects of nutrition but alcohol was not mentioned although 88% volunteered that they used pubs, clubs and restaurants. This was a missed opportunity in the light of the impending changes in the Licensing laws.

Recommendation nine

The Commission recommends that in all future surveys conducted by the Council effort should be made to establish community views on the policy areas considered most important by the Council (e.g the Licensing Policy).

Before undertaking such surveys consultation should take place with the PCT to explore the opportunities for capturing data relating to the boroughs top public health issues.

6.2.1 Substance Misuse Team (SMT)

The SMT receives over 400 referrals annually of whom about a fifth have alcohol as their main problem.

Staff who deal with assessment and care management are qualified social workers. All staff have access to training courses offered by the Drug Action Team. Some have received training in dual diagnosis.

The contribution of the London Borough of Hackney to alcohol services is deemed to be low bearing in mind the local problems. There is neither a structured day programme nor a home treatment team nor Turkish/Kurdish services. The development and support of such services by LB Hackney would be a constructive preventive commitment by the borough. It would contribute significantly towards reducing its own costs and those of its partners besides assuaging misery and promoting health.

Recommendation ten

That LBH Community Services undertake feasibility studies including financial considerations as follows, with a report to Scrutiny no later than September 2006;

- a) For delivery or access to a local structured day programme
- b) For delivery of a home treatment team
- c) For delivery of targeted Turkish/Kurdish services

6.2.3 Child protection

Of 150 children on the at risk register at the time of writing about 60 have been placed there because of problems caused by the substance use of their parents or carers. This figure represents an increase over previous years.

The Social Services Child Protection Unit provided an analysis of 40 child protection case conferences, randomly chosen, held during September and October 2005. It is accepted that assessing the impact of alcohol in such cases depends on professional judgement, which includes reflection on the complex circumstances revealed at the case conferences.

In one third of cases alcohol was judged to be contributing significantly to the child's situation. No other CPUs in East London held comparable data. These local findings illustrate but one aspect of the social costs of alcohol and the direct costs to the Borough.

6.2.4 *Supporting People*

This programme was launched in April 2003. It provides housing-related support to vulnerable people, including some with alcohol problems. The aim is that people should be enabled to live independently in the community. The alcohol specific services available are varied. There are four accommodation-based services and one for 'floating' support.

Research completed by Robert Frew in March 2005 showed that services for other primary client groups manage significant numbers of people with current or recent alcohol and drug problems: 37% rough sleepers, 30% single homeless and even 24% of those presenting to generic services.

It was noted that more services for women are needed and more specific services for the BME population.

Recommendation eleven

That LBH Community Services undertake a feasibility study including financial considerations in relation to recognising and listing alcohol problems as a reason for access to the Directorate's services and report back to Scrutiny by no later than September 2006.

6.2.5 *Housing*

The Housing Department of the London Borough of Hackney recognises that those who are problem drinkers may accrue rent arrears or even be evicted for antisocial behaviour. Attempts are made to refer those with addictive behaviour to supportive services. These are tenants at the extreme end of alcohol addiction. It is counter-productive to force homelessness on a person with severe alcohol problems but a tough approach, to which homelessness is seen to be a possible outcome, may create a willingness to seek help. It is essential that a means of facilitating its urgent take up is prepared.

Prevention of tenancy breakdown will require a far higher level of awareness of difficulties and a more rapid referral to services than appears to happen at present. The impression is that it is only when extreme circumstances have arisen that action is taken. The outworking of the LBH alcohol policy should mean that the general level of awareness of the effects of alcohol rises.

A member of the Housing Needs staff has been involved in the development of the DAT strategy. Since the ill effects of alcohol are more widespread than those of illegal drugs it might be useful if this person had requisite training to enable other staff to become more alcohol aware.

The Drug Action Team anticipates being able to establish a cross-agency assertive response team to work with Registered Social Landlords and Estate Managers that will be able to respond to housing issues compounded by drug and alcohol use – such an initiative would be not only warmly welcomed but endorsed by this Commission.

Recommendation twelve

The Commission recommends that some Housing staff should receive additional awareness training. This would enable appropriate investigations to be made, with confidence, in every case where rent arrears are mounting.

6.2.6 Youth Service

'Young people have a right to grow up in a society where they are protected from pressures to drink and from the harm done by alcohol.'¹

'Yet there is a Catch 22 dilemma for the young. If you don't join in you have lost out on friendship and peer esteem. And if you do join in, then loss of self-worth and physical and mental damage may result.' Margaret Killingray 2005

The lack of facilities available for young people has been referred to in other contexts. Hackney's Youth Service suffered neglect in the late 1990s but is now being strengthened. The Commission understands that it is the aim of the Youth Service to enable leaders to promote healthy living amongst their clients, and that there is an intention that the programmes at the venues are to be developed in consultation with the young people themselves.

Reducing the intake of alcohol of young people decreases death and injury from road traffic accidents and other harm, present and future.

The Hackney DAT commissioned research report published in 2001 emphasised the need for training of all workers who come into contact with young people.

Recommendation thirteen

The Commission recommends that youth group leaders should have training in alcohol awareness so that they may be enabled to refer young people who seem to be risky drinkers to a more skilled worker or to Sub 19.

¹ European Alcohol Policy Conference: Bridging the Gap June 2004

Recommendation fourteen

The Commission recommends that venues for young people do not offer alcohol. The Council should rigorously promote the adoption of such a policy and champion its take up throughout those venues operated by the statutory agencies that form Team Hackney (Hackney's Local Strategic Partnership).

These recommendations are in line with the National Service Framework (NSF) where the national outcomes for children and young people should ensure that that they are healthy and stay safe. They are also in line with Alcohol Harm Reduction Strategy in which there is interest in the ways in which under aged drinking is being **prevented** and tackled

6.2.7 Trading Standards – Enforcement

'Policy measures that influence and change the physical, social and cultural environment around alcohol are more effective in preventing and reducing alcohol related harm than measures targeted at the individual.'¹

A significant opportunity for the reduction of harm amongst children relates to enforcement of the law concerning alcohol sales. It is illegal to sell alcohol to anyone under 18. It is also illegal for a young person to attempt to buy alcohol.

Test purchases by under-age young people therefore need special permission. The Alcohol and Education Research Council (Insight 1) reports that in Swansea alcohol was freely available to young people from a variety of different types of outlet. Sales were made even after the vendor saw a card showing the potential purchaser's date of birth.

Periodically the London Borough of Hackney runs an Alcohol Misuse Enforcement Campaign. In November and December 2005 twenty-three premises of different kinds were visited. It is distressing to record that twelve sold alcohol to those under-age, despite the publicity and guidance given prior to the appointed days linked to the new Licensing laws. The premises included national chains as well as a public house. In one case the salesperson was underage, thus compounding the offence.

High levels of alcohol consumption in adolescents may be linked to ease of access to alcohol. Earlier onsets of drinking have been linked to increased risks later in life. Restricting the availability will tend to reduce consumption.

¹European Alcohol Policy Conference: Bridging the Gap June 2004.

Court action, possibly leading to the withdrawal of a licence, may be the only way to reduce this widespread flouting of the law. Children and young people derive harm if they can freely purchase alcohol. In addition, since many will know that it is illegal for alcohol to be sold to them, they are being taught that it is of no consequence to break the law since that is what adults are doing.

Later in 2006 the Violent Crime Bill will give the power to remove licences from premises where three sales to children have been made in a three month period. Pursuing and enforcing the law in this area will be resource intensive. The huge increase in the number of premises licensed to sell alcohol has already increased pressure on enforcement. In Hackney there are over 730 premises where alcohol is sold, a 7% increase in one year.

It is acknowledged that pursuit of illegal practices cannot be satisfactorily achieved with current levels of staffing and yet effective enforcement is urgently needed.

Recommendation fifteen

The Commission recommends that in the interest of the health and safety and well being of Hackney's young people, the Enforcement Team of Trading Standards be strengthened as soon as possible. The Commission proposes that this recommendation is also reviewed within the context of the budget setting cycle for years 07/08

The Alcohol Harm Reduction Strategy may result in the monitoring of the extent to which underage drinking is being prevented and tackled.

6.3 *The Learning Trust*

A survey conducted in all Hackney Secondary Schools in December 2001 found that the use of various substances including alcohol ranged from 5% of pupils at 11 to 21% by the age of 14.

The aim of alcohol education is to enhance pupils' abilities to identify and manage risk and to make responsible and healthy decisions. It is important to make links with emotional health and well-being and sex and relationship education. This education takes place in a social context in which alcohol is widely available, including in the homes of many, and which may be consumed legally beyond the age of 5 even though purchases may not be made until the age of 18.

The effectiveness of alcohol education has been questioned. In some situations it has been reported to encourage experimentation. It is after all a mood-altering substance and this effect is what can be attractive and exciting as inhibitions are overcome and silly behaviour can be crowd-pleasing.

Since peer education has demonstrated some effectiveness in other contexts the Learning Trust is offering a programme promoted by TACADE (Teachers' Advisory Council on Alcohol and Drug Education).

The Alcohol Education & Research Council (Insight 16) said of this programme 'Although only a longitudinal study will confirm the effectiveness of any programme ... short-term evaluation has indicated that the research-based TACADE materials, if implemented by well-informed and experienced teachers, may exert a positive influence on the drinking behaviours and beliefs of secondary school pupils.'

As in other matters of the behaviour of school pupils their relationship with parents and carers is important. Long term, parenting training has value because of the way it should improve the relationship between children and those responsible for them. A culture of good behaviour can develop with the building of communication, enabling problems to be raised and peer pressures understood and resisted.

6.4 *Drug Action Team*

The Drug Action Team (DAT) is a core partnership organisation supported by chief and senior officers from the Borough of Hackney (Social Services, Safer Communities Services), City & Hackney Teaching Primary Care Trust, the Metropolitan Police Service, London Probation Service (Chair), East London & City Mental Health Trust, the Learning Trust and the National Treatment Agency. As appropriate, voluntary and specialist advisers are invited to attend partnership meetings.

The work of DAT is important for the delivery of services helpful to people with alcohol and other substance problems although DATs are not allowed, by Treasury Rules, to spend on projects of any kind that are solely related to alcohol.

Alcohol treatment has been the poor relation by comparison with support and funds available for the treatment and reduction in use of other drugs and indeed other areas of health affected by alcohol misuse such as coronary care. However, the Government's National Harm Reduction Strategy has made DATs responsible for both drugs and alcohol.

Again the Commission has sought (outside of this report) to bring this matter to the attention of the Government as it believes such an apparently restrictive anomaly is unhelpful towards the delivery of holistic, cross-departmental alcohol services – as appears to be the aim of all local partners contributing to the Commission's meetings.

Those who have made presentations to the Commission have made it clear that there are many gaps in service provision for the identification of alcohol problems, their management and treatment. Primary Care, in particular, having such wide contacts with the population, has been identified for potential developments. The current situation of the Primary Care Trust means that new funding will be sparse. Yet for 2005-06 their drug treatment budget is £3,687,000.

In addition the PCT commissions £105,400 on other drugs misuse services. The budget for alcohol harm reduction services for the same period is £248,800.

Yet no one can refute the fact that the level of alcohol related harm is vastly in excess of that caused by illegal substances.

Recommendation sixteen

The Commission recommends that the funding imbalance is challenged through the Local Area Agreement so that funds may be distributed according to need through the Drug Action Team

It is reported that about 20% of DAT clients have alcohol related problems in addition to those caused by other drugs. Hackney DAT has therefore developed an integrated substance misuse strategy – “Making Hackney Healthier, Safer and Cleaner: Reducing Substance Misuse Strategy 2005-2008”. Partnership working between all the bodies concerned is absolutely essential to meet the strategy’s five key aims to

- Help Young People and their families resist drug and alcohol misuse
- Empower communities to tackle drug and alcohol misuse and its effects
- Protect communities from drug and alcohol related anti-social and criminal behaviour
- Support people in overcoming their drug and alcohol problems
- Effectively deliver the Hackney Substance Misuse Strategy

Integration and cooperation can be illustrated by the kinds of service that have been partly or fully funded by DAT. These include the City & Hackney Alcohol Service (part funding and for specific projects), specialist nurses recently appointed to the Accident and Emergency Department of the Homerton Hospital, a specialist midwife at the Homerton and a project to support street substance users.

Services at the Elizabeth Fry Centre are also supported, including Sub 19, a specialist group for young people. (see below).

DAT supports the Learning Trust’s Schools Substance Misuse Advisors and funds 9 groups serving black and minority ethnic groups.

DAT is also involved in the development of a Young People’s Healthy Living Centre at Stoke Newington School. This has come about because Hackney is one of thirty High Focus Areas being encouraged to develop innovative approaches to respond to issues associated with young people and drug and alcohol use.

DAT and its partners recognise that high quality multi-agency training and collaboration is needed if young people are to be screened early and effectively referred for assessment and help.

Sub 19 was established in April 2005, jointly commissioned by agencies including DAT, ELCMHT and Off-Centre. It seeks to promote harm minimisation especially amongst young people who are not in education, employment or training. As alcohol is a legal substance, freely available and used by adults its use by young people may seem to them neither unusual nor potentially harmful. Young people can be referred to Sub19 but some drop-in sessions are available and a phone line is staffed for 40 hours a week. If parents or carers are found to have a problem every effort is made to refer them to adult services.

The Commission wishes to place on record its appreciation and support for the work of Sub 19 in the light of the evidence received. Its funding was for three years, in the first place. Year one concludes in April 2006.

Recommendation seventeen

The Commission proposes that the Overview and Scrutiny Board be advised by Hackney Drug Action Team annually of the way in which this work (Sub 19) is being developed so that, where appropriate, support for continued funding may be provided.

6.6 *The City & Hackney Alcohol Service*

The aim of the City & Hackney Alcohol Service (CHAS) is to reduce the adverse consequences in individuals of alcohol and other drug use by helping people change within the context of their family and community. The service is concerned to ensure quality in its work and pays careful attention to staff training and professional development in which they invest heavily.

Staff retention is high and its ethnic make-up largely reflects that of the local population.

Community based services are provided for people with early problems, those with high tolerance who are developing addiction, heavy drinkers and those who are not only heavy drinkers but who also have multiple needs. Appropriate interventions are offered. It is a tenet of the service that every client is unique.

It is a struggle to keep waiting times down to four weeks. CHAS offers tiers 1, 2 and 3 levels of intervention. Advice, information and street outreach are part of Tier 1. In Tier 2 people are enabled to look at their drinking and generate options for change. The clients may have concerns such as other people experience like bereavement, physical or other abuse and eating disorders. In Tier 3 the kind of services offered are a community detoxification and support programme, counselling and group work.

Arrangements can be made for confidential alcohol counselling at a GP surgery, according to the preference of the client. At present this service is offered at six surgeries. It is important to support this work in Primary Care, not just because of

the immediate benefit to clients but because of itself it increases alcohol awareness in the practices concerned.

Recommendation eighteen

The Commission recommends that increased funding opportunities for CHAS liaison and counselling, operating from GP surgeries should be sought by CHtPCT, and reported back to scrutiny at latest in September 2006.

The number of people with alcohol related problems is increasing pressure on the service. More young female binge drinkers are seen by the service than used to be the case. Other presenting symptoms exhibited by women relate to their mental health.

The number of women overall has gone up. 10 years ago the service seldom saw a woman as young as 30, except as a partner or child of a drinker.

The service sees about 750 clients each year of whom 60% have not previously used an alcohol service. These numbers reflect capacity. The books are always full. The stability of the numbers does not mean that there is an unchanging number of people needing the service.

This complex and important service has funding difficulties. Historically, the former East London and the City Health Authority had provided apparently disproportionate funding to the Boroughs it covered. When ELCHA was dissolved these disparities were not rectified. Spending on alcohol in Hackney compares unfavourably with that in other London Boroughs, including our East London neighbours.

When under severe financial pressure in the late 1990s Hackney Borough cut funding to CHAS and more recent reductions have been made.

CHAS would wish its service to be stringently evaluated but it is counter-productive for the time of skilled staff to be taken up writing funding applications even if success could be guaranteed. The Commission learned that the Director spends 1-2 day equivalents each week on such work.

The view of Alcohol Concern, a nationally respected body, is that for every £1 spent on alcohol prevention and treatment £5 is saved in health and social services costs.

Recommendation nineteen

The Commission recommends that the agencies concerned, through the Chief Executive Group of the Thriving Healthy Communities Sub-Board, urgently review their contribution to CHAS, and that NRF applications by CHAS are fully supported by this forum.

The Commission understands that the information it received during its evidence gathering has now altered owing to funding requirements. This point further underlines the need for action to be taken in line with the recommendation above.

Recommendation twenty

The Commission recommends that LBH Community Services undertake a Cost Benefit Analysis in relation to uplifting and mainstreaming funding for City and Hackney Alcohol Service and report back to Scrutiny by no later than September 2006

6.6 *Creating a Healthy Workforce*

Amongst those who drink alcohol there are many whose level of consumption verges on the hazardous and yet in whom this is unacknowledged and possibly unrecognised by others. If in work, they will be best helped if there is in place an adequate alcohol at work policy.

Under such a policy, the entrance interview would include lifestyle questions, and therefore questions about alcohol consumption. Awareness will be raised throughout the workforce and managers enabled in a non-punitive way to challenge evidence of alcohol-related lateness or inefficiency and to refer confidently to a means of assistance. This approach would, it is hoped, enable the employee to step back from the level of consumption that is causing a problem and so enhance his or her health.

Those who are already showing greater problems need to be dealt with also: collusion, out of misplaced sympathy, does the sufferer no good at all and leniency may cause a sense of injustice amongst other members of the workforce.

In January 2006 the Faculty of Public Health and the Faculty of Occupational Medicine produced *Creating a Healthy Workforce*. The leaflet is endorsed by industrial, Trades Union and medical bodies.

This affirms that an alcohol at work policy should make it clear whether or not employees are allowed to consume alcohol at work, drink during working hours or before attending work. They need to understand that alcohol consumed in non-work time can have an effect in the workplace. There would be included a

review of the access to alcohol within the organisation – for example at social functions or in social facilities.

Alcohol Concern has devised some key principles for an alcohol policy in the workplace. An effective policy should:

- Clarify that an employer has a legitimate interest in an employee's life outside work when it affects their own or others' performance, health or safety.
- Regard an alcohol problem as a health problem rather than being an immediate cause for discipline or dismissal.
- Have a clear statement of intent agreed by employers and unions or staff representatives, that is understood by and apply equally to **everyone** in an organization.
- Clearly delineate responsibility and give guidance to managers on procedures to follow, identifying when disciplinary action should be instigated.
- Establish procedures for referring an employee with alcohol problems to in-house support or outside specialist services.
- Clarify rules of confidentiality in order to encourage staff or colleagues to come forward.
- Ensure managers receive appropriate training to implement the policy
- Should be publicised at regular intervals to staff.
- Be reviewed regularly, probably every 12 months.

The necessity for early identification of alcohol problems cannot be overstated. There will be those whose drinking pattern may moderate after discussion and the giving of information. Others, however, may be willing to accept referral to a specialised service. Every opportunity should be taken to identify people's drinking patterns. The object is to promote the health and well being of the workforce.

The LBH Alcohol & Drug Misuse Policy and Management Guidance was issued in January 2006. It could be considered misleading to include 'misuse' in the title. There cannot be agreed 'use' of illegal substances and work can be affected by alcohol intake that in total would not be regarded as misuse.

The main focus of the guidance is on those who already have alcohol (and drug) related problems. It speaks of seeking to identify affected employees at an early stage and encourages those who have personal concerns to express them to a manager.

It is 'gross misconduct' to be under the influence of alcohol at work if the employee is in a 'safety critical' job. It is only this group which is advised not to consume alcohol before coming on duty, at meal breaks or during working hours. Such a situation seems to afford to those doing other tasks astonishing liberty and suggests a lack of appreciation that any task is adversely affected by the consumption of alcohol.

Permission can be granted to have alcohol at social events during working hours. The advice about managers allowing for 'sensible drinking' is unworkable.

The Policy is to be reviewed annually. It would be appropriate for it to be set in the context of a healthy workforce strategy.

The Commission draws the attention of LBH to the following recommendations:

Recommendation twenty one

The Commission recommends that the Occupational Health Service at pre-employment interviews or immediately on employment undertake a lifestyle questionnaire; including an alcohol history, so that health promotion messages may be provided to all staff without exception.

Recommendation twenty two

The Commission recommends that adequate resources are made available for the training of managers at all levels so that the policy may be implemented successfully, thus promoting the health of the staff and the service of the public

Recommendation twenty three

The Commission recommends that the Council should amend the current alcohol policy so that the consumption of alcohol during working hours is prohibited, without exception. This should be explicitly stated.

The adoption of these recommendations will demonstrate the Council's commitment to reducing risky levels of alcohol consumption amongst its many employees and to the support and referral needed by those who are already dependent on this socially prevalent but addictive substance.

The Commission also took note of the policy from the Homerton Hospital, entitled Alcohol and Drugs Policy: Dealing with Dependency and Misuse (March 2003). This appears to allow some staff to be excluded from the guidance not to consume alcohol during the working day. It seems to leave alcohol issues until the member of staff self-assesses their need, or others consider that he or she has a problem. There is no suggestion that Occupational Health staff should include an alcohol history in pre-employment or entry medicals.

The Primary Care Trust is currently reviewing its Alcohol at Work Policy in association with a general healthy workplace scheme. The PCT enforces a no drinking policy on PCT premises in working hours and staff are instructed not to drink during these times.

Recommendation twenty four

The Commission recommends that an alcohol at work policy, taking into account the features, proposed by Alcohol Concern, should be produced by the bodies giving evidence to the Commission: Homerton University Hospital NHS Trust, East London and the City Mental Health Trust, City & Hackney Teaching Primary Care Trust, the Learning Trust and LBH.

7 CONCLUSION

It is easy to agree that prevention is better than cure. The key point of the document of that name¹ is 'Public health action to improve health, prevent disease and reduce health inequalities necessitates joined-up thinking across local government and the health services.' Barriers include competing priorities and resource constraints. 'Determination is needed to overcome these barriers. But determination is fired up only when there is knowledge about and agreement concerning what is a priority.'

All this applies with startling immediacy to alcohol. It is true that the NHS is ideally placed to focus on prevention, motivated by the costs they bear as well as concern for the health of their patients, who experience high levels of alcohol induced preventable illness. But this report shows that other statutory and voluntary bodies also have a significant part to play.

Alcohol harm will diminish, in the long run, only if the total amount consumed reduces.

The Commission hopes that those to whom this report is primarily addressed will indeed be 'fired up' to work even more closely together for the benefit of all.

¹ (Prevention Is Better Than Cure, Nhs Confederation, Local Government Association And The Faculty Of Public Health, December 2002)

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Cllr Muriel Purkiss

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9. CONTRIBUTORS

- 9.1 The following gave evidence at meetings of the Commission. Others present, whose names are noted in the proceedings of the Commission, both officers and members of the public, made informal contributions.

The Commission is grateful to all those who took part. Errors and omissions are the responsibility of the Commission.

10 October 2005

- Councillor Christine Boyd, Chair of the Regulatory Committee, London Borough of Hackney
- Libby Ranzetta, Research Consultant
- Dr Sue Mann, Department of Health Improvement, City & Hackney Teaching Primary Care Trust

14 November 2005

- Dr Katherine Henderson, Consultant, Accident & Emergency Department, Homerton University Hospital NHS Foundation Trust
- Dr Anne Ballinger, Consultant Gastroenterologist, -do-
- Stephen John, Head of Mental Health, LBH
- Jane Walton, Manager, Substance Misuse Team, LBH

13 December 2005

- Nicola Baboneau, Assistant Director, The Learning Trust
- Tania Marsh, The Learning Trust
- Patricia Salt, Director, City & Hackney Alcohol Service
- Liam Shannon. Manager, Sub 19

16 January 2006

- Vicky Pengilley, Chair, LBH Pubwatch
- Dr Vanessa Crawford, Consultant, Specialist Addiction Unit, East London & The City Mental Health Trust.
- Lawrence Wrenne, Manager, Hackney Drug Action Team
- Keith Miller, Head of Corporate Health & Safety, LBH
- Roger Williams, service user.

- 9.2 The following also provided information in person during Commission meetings or on other occasions or by correspondence:

- Russell Breyer (Senior Child Protection Officer LBH)
- Huw Davies, service user
- Alex Dougan, service user
- Sharon Germain, Manager, Primary Urgent Care Centre, Homerton Hospital
- Sandra Howard, Acting Assistant Director, Community Care, LBH
- Dr Sue Mann, Department of Health Improvement, City & Hackney Teaching Primary Care Trust
- Josile Munro, Acting Head of Trading Standards, LBH
- Patricia Salt, Director, City & Hackney Alcohol Service.

- Jane Senior, Supporting People Commissioning Officer, Manager, Substance Misuse Team, LBH
- Yvonne Sinclair, Nurse Practitioner, PUCC, Homerton Hospital
- Stephen Tucker, Director of Housing, LBH
- Roger Williams, service user
- Lawrence Wrenne, Director, Hackney Drug Action Team

9.3 The following documents have been relied upon in the preparation of this report or were presented to the scrutiny |commission as part of their investigation:

- Alcohol & Drug Misuse Policy and Management Guidance London Borough of Hackney January 2006
- Alcohol Scrutiny Toolkit, Alcohol Concern, January 2005
- Joint Protocol Between Hackney DAT & Children's Social Care 2005 Think About Drink: Department of Health March 2005 The Prevalence of Alcohol Abuse in Cases coming to Child Protection,
- Commissioning Strategy 2005 - 2008 City & Hackney Teaching Primary Care Trust
- United States Department of Health & Human Services – News Release February 21 2005
- Focus on Health: Drinking, office of National Statistics, July 2004 Alcohol Education and Research Council, Insight 8 – Maternal alcohol consumption and the behaviour of the foetus
- Alcohol and Drugs Policy: Dealing with Dependency and Misuse. Homerton University Hospital NHS Foundation Trust March 2003
- The Impact of Alcohol Misuse in Hackney, Alcohol Concern, September 2001

10. MEMBERSHIP OF THE SCRUTINY COMMISSION

10.1 Contributing Members of the Scrutiny Commission

Councillor Muriel Purkiss, Chair
 Councillor Ian Rathbone, Vice-Chair
 Councillor Daniel Kemp
 Councillor Suraju-Deen Tiyamiyu
 Councillor Christopher Sills

Scrutiny Officer Ben Vinter