

SUBSTANCE MISUSE GROUP

Friday, September 14th 2007

Oban

Report By Joyce Noble

This report was written by an attending representative of SACP and is not an official minute of the event



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CONFERENCE in OBAN on 14 September, 2007
arranged by the Oban, Lorn & Islands
SUBSTANCE MISUSE GROUP

Theme: "OUR SAFE COMMUNITIES"
"ARE OUR CHILDREN SAFE?"

There were 4 main speakers at this conference, which was chaired and introduced by *Dr David Bell*, Consultant in Public Health Medicine with Highland Health Board, who is also Advisor on Housing and Homelessness and designated Medical Officer to Argyll & Bute Council.

He sees the results of binge drinking in our area of Scotland, and he suggested that there is a lot to do in terms of behavioural outcomes. The intake of alcohol is increasing, but is not easily quantifiable, so that figures quoted can be unreliable. The harm done is increasing, however, with cirrhosis of the liver increasing, and an increase death rate in people under the age of 65. He sees the gender balance changing too, no longer so slanted towards men, and heavy drinking is starting at an earlier age. Availability and price usually dictates how much of an addictive substance is consumed, and it was his opinion that alcohol should NOT be part of 'free trade' agreements. Communities are crucial, in that they behave like an individual and can be in denial of the problem, blaming someone else, but in his opinion, Scotland is an alcoholic!

Professor Moira Plant - Professor of Alcohol Studies at the University of the West of England, Bristol, and Co-director of the Alcohol & Health Research Trust. She has worked in the field of Alcohol as a researcher and clinician since 1970, and amongst many various attachments, she is currently co-ordinating the UK section of a major international collaborative study on gender and alcohol.

Historically, alcohol has always been part of our culture, regarded as medicinal by some, but in the last century, the overall consumption has gone down slightly, with big declines during wartime years. It can be difficult to know what a 'unit' of alcohol is, and most people when asked, do not know what constitutes a 'unit' - a single whisky; 1 glass of sherry or fortified wine; 1 glass of table wine; ½ pint of beer or cider; ¼ pint of strong lager. A bottle of spirits contains 30 units.

What has changed noticeably is the pattern, with the proportion of women starting to drink 35 units and over per week rising steeply since 1988, and with the 16-24 age group showing a steep rise, as well as the 45 – 64 bracket. Binge drinking used to mean drinking for at least 2-3 days, when other activities were abandoned. Recently however, the word has been used much more loosely to mean drinking a lot, or drinking to get drunk. A 'binge' is defined as 6 or more UK standard (8 gram) drinks for a woman, or 8 or more for a man by the Department of Health. In 2003, girls (15/16 year olds) overtook boys in the numbers binge drinking 3 times or more in the previous 30 days.

The government response to binge drinking has produced changes that are going backwards instead of forwards. Happy hours encourage binge drinking, and young girls often 'pool' drinks before they even go out clubbing or whatever, so that by the time they are in the bars, they Really have no idea of just how much they have drunk. A healthy liver can deal with a small glass of wine in an hour, so often in the morning, the binge drinker is still way above the limit, to drive, which can pose a serious risk for children going to school.

People learn skills at dealing with drunk men and drunk women differently, and it makes drunk young girls very vulnerable. UK teenagers report that their parents are less likely to know where they spend Saturday evenings than teenagers in France.

What is a high risk bar? –

- a large one
- patrons are standing
- drinks are NOT served in safety glasses
- untrained (and younger) staff and bouncers
- 'happy hours / cheap drinks promotions
- pool table in the bar

Extending licences leads to more heavy drinking, which is directly related to violent crime
IT IS ILLEGAL TO SERVE SOMEONE IN A BAR WHO IS DRUNK - when are there any prosecutions for this? Never!. **ENFORCE THE LAW.**

Alcohol overindulgence can lead to many medical problems; depression; cardiac problems; gastro-intestinal problems; pre-natal alcohol exposure affects mother and baby; peripheral neuropathy; liver diseases (cirrhosis); infections such as Hepatitis B , C and Z. Recent evidence indicates an increased risk of breast cancer, osteoporosis and hypertension. Binge drinking at 13 increased chances of being obese at 25 by a factor of 4, and of having high blood pressure by a factor of 3 ½ .

Scotland has the highest alcohol-related death rate in Britain.

What we can do about binge drinking starts in the community. Involve the local council, taxi drivers, security companies, bar and club management, and the problems can be reduced. There have been pilot schemes along these lines that proves it works.

Jack Law Chief Executive of Alcohol Focus, Scotland. Alcohol Focus Scotland is the only voluntary organisation working on alcohol issues across the country. It aims to 'promote responsibility, reduce harm, change culture'. It provides training to volunteer counsellors, creates and distributes information about alcohol problems to service providers, works with the media on alcohol-related issues, and engages with the trade and industry by providing training to licensees and servers to try to develop a social responsibility agenda within the industry.

How many times have you heard people say "but alcohol is not an issue for me" Culture accepts heavy drinking, and young people drink for the 'drug' effect. Alcohol is available in shops, it is in most homes, on the table, beside the TV. Somehow drunken behaviour is seen as acceptable, as opposed to the dangers of "drug" use.

95% of domestic abuse is alcohol related, and it detrimentally affects the ability to 'parent'.

Marketing and advertising DO have an influence - marketing is slick, worth millions to the industry.

Sports sponsorship is prevalent, but alcohol and high performance do *not* go hand in hand. Children are most susceptible, because of the 'image', and the novelty.

Selling : In the last 50 years only *ONE* person has been prosecuted for selling drink to a drunk person.

There have been fewer than 300 prosecutions for selling to underage children.

Society does not take alcohol seriously.

In relative terms, the cost of alcohol has fallen by 62% since 1980.

In Scotland the average pocket money for a teenager is £10.50, and with this you can buy a case of lager; a bottle of vodka; 3 bottles of wine.

It is cheaper to buy a can of beer than a bottle of water.

All this reduces its importance in society.

Culture: What we do at home has a huge impact. We are the role models.

What do we do ? - keep the problem hidden - 'don't let people know!'

'Don't bring your pals home ' - or they'll find outand so
Communication breaks down.

If we don't set a good example, the patterns set become embedded. The less children associate with the family, the more they tend to drink.

Where is it safe? - Home – low levels of parenting lead to increased likelihood of problem drinking.

In the Streets - 29% of 13-year olds, and 36% of 15-year olds who drink outdoors fear they are exposed to risk of harm, and getting into trouble.

In the Community - alcohol-related noise and debris increase

What to do? - Treat the individual.

Need to be more pro-active –

Follow the 10 tips for better health, or in other words –

1. Don't be poor
2. Don't have poor parents
3. Own a car
4. Don't work in a manual, or stressful job
5. Don't live in damp, low quality housing

6. Afford a foreign holiday
7. Don't become unemployed
8. Take up all the benefits you are entitled to if you do become unemployed
9. Don't live next to a busy major road or polluting factory
10. Learn how to fill in complex forms for housing benefit / asylum application *before* you become homeless

Society needs to change its attitude. We need to work in schools on issues of responsible drinking. We need to find alternatives for children, away from street drinking.

We need to address marketing.

Health campaigns need to get smarter

Any sponsorship of young people's activities by alcohol companies should be banned

Enforce the law as it stands - Scotland has a head start in that it is now mandatory to train licensees

School education programmes need to pay more attention to alcohol issues

Educate parents as well as children

Community groups should all be involved

Liz Strang - Lead Officer, Argyll & Bute Child Protection Committee. Her role is to:

- 1 support putting into practice of the core functions of the A&B Council Child Protection Committee
- 2 maintain an independent overview of inter-agency child protection activity, and promote continuous improvement.
- 3 assist in the development and implementation of quality assurance mechanisms to ensure improved outcomes for children & young people.
- 4 Compile evidence-based reports for the committee and Council lead officers reflecting performance indicators and standards in child protection, and provide briefings on national developments, Scottish Executive policies, changes in legislation etc
- 5 Represent the Authority and inter-agency network at regional and national events

The three main issues for children in Argyll & Bute are :

- 1 Bullying
- 2 Drinking
- 3 Anti-social behaviour

The average age of children phoning 'Childline' is 9

Of children on the Child Protection Register, 67% of the parental reason for them to be there is alcohol / substance misuse.

Liz then showed a short video illustrating calls to 'Childline'

Parents - most feel guilty about hitting their children, but often "don't know what else to do"!

It's "justifiable assault" on children.

Parents may be using alcohol to help them cope, they think - but it doesn't really.

Scotland wide there are 2,288 children on Child Protection register

10,500+ referrals are made

80 - 100,000 children are affected by parental alcohol issues

Of the calls to 'Childline'	22%	Bullying
	12%	Family issues (divorce, separation)
	11%	Physical abuse
	8%	Concern for others
	8%	Facts of life
	7%	Sex abuse
	2%	other abuse

Linda Borland Detective Sergeant with Strathclyde Police, within the Violence Reduction Unit in Glasgow.

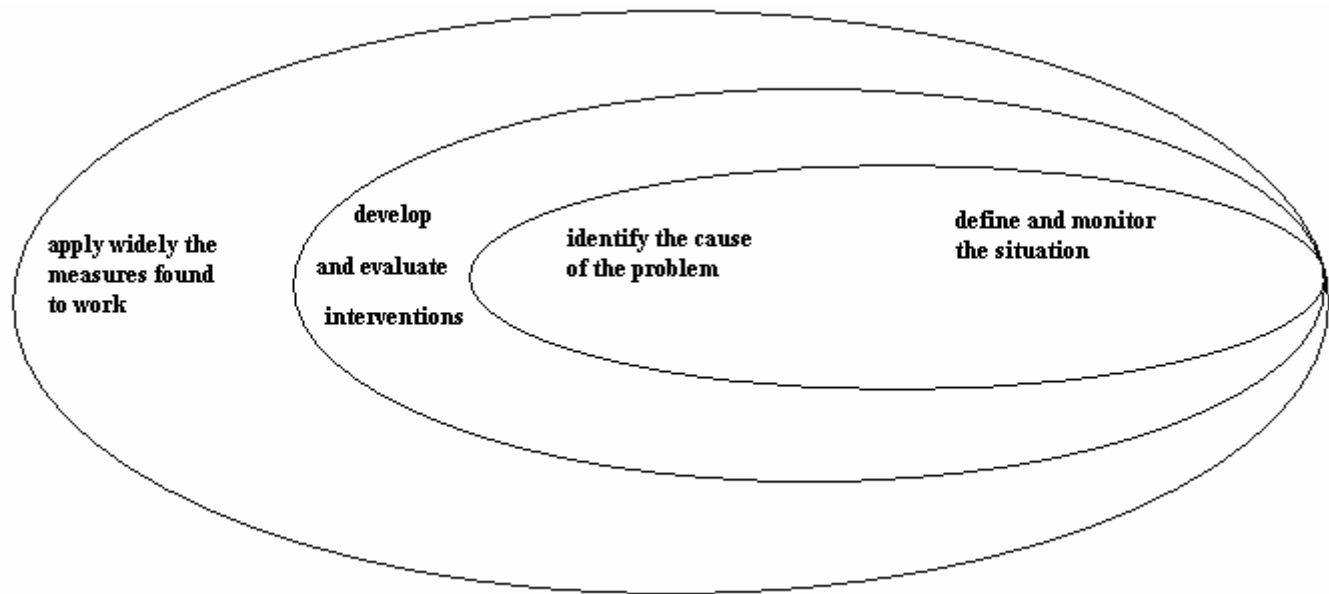
Linda has been a serving Police Officer with Strathclyde Police for over 20 years, mainly attached to CID investigating serious and violent crimes, and encompassing the specialities of child protection and domestic violence. She has worked in both city and rural areas.

She joined the Scottish Violence Reduction Unit in 2007. Its aim is to reduce violent crime and behaviour by working with partner agencies to change society's attitudes in the long term. It focuses on enforcement to contain and manage individuals who carry weapons or who are involved in violent behaviour. The unit tries to find best practice and develop sustainable innovative solutions to these problems.

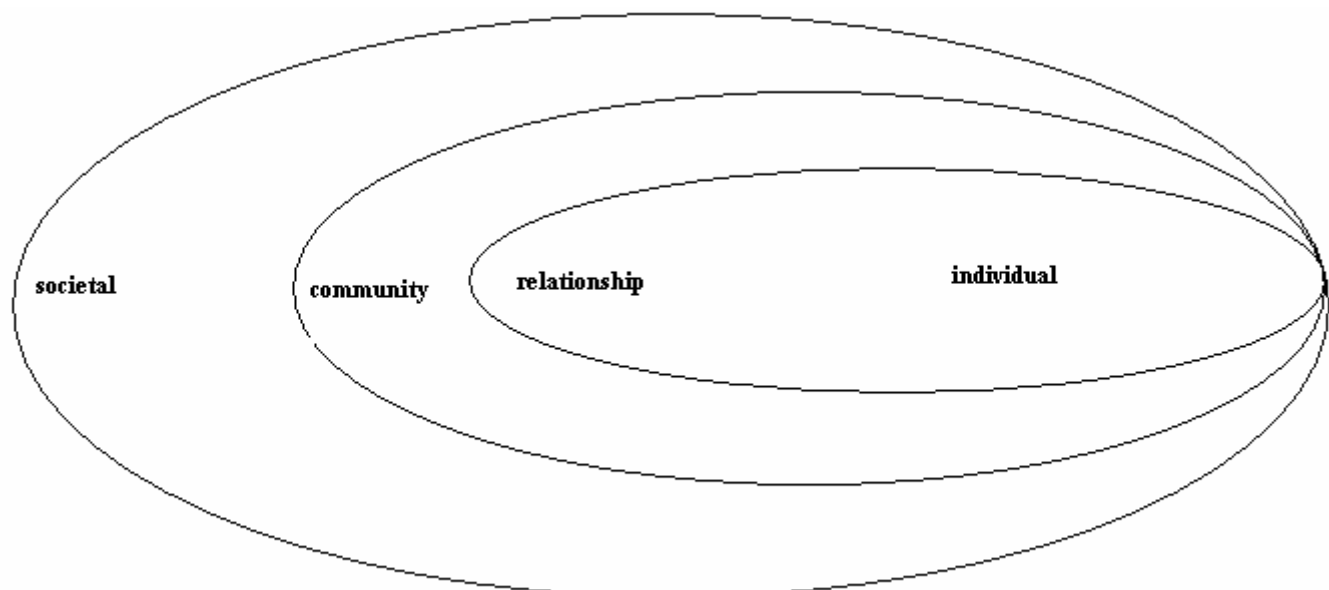
The Criminal Justice System has had no effect on violent crime. WHO has declared that violent crimes are a Health issue.

Based on evidence, violent behaviour and its consequences *can* be helped.

Strathclyde is the only police force in Britain to have a Violence Reduction Unit, using the Public Health Model to reduce violent crime.



Public Health Model:



Societal: **Lack of punishment for pre-cursor offences - knife carrying**
 Lack of visible swift justice
 Lack of appropriate court disposals
 Lack of appropriate change programmes
Links to deprivation
Scottishness

Community: **Cultural norms**
 Legitimisation of violence
Access to and use of alcohol
Lack of aspiration
Dependency

Relationship Poor parenting skills
Lack of knowledge
Friends that engage in violence
 Prevalence of gang culture
Violent families – siblings / parents
Lack of significant adults / positive role models

Individual **Lack of communication skills**
Poor behavioural control
Impulsiveness
Aggressive behaviour
Lack of skills to deal with conflict
 Lack of 'life' skills
Exclusion from services/ school
Nutrition / Diet health
Alcohol
Lack of employment opportunities

An adult murderer: **61%** **were unemployed at the time of the crime**
 50% **had alcohol problems**
 25% **had drug problems**
 25% **had mental health problems**

Adult murderer, as a child : **61%** **had alcohol problems in school**
 39% **were from broken homes**
 24% **father was violent to mother**
 26% **were in care**
 25% **had problems with alcohol**
 17% **had abused drugs**

Progress so far: **2007**

- **Violence Reduction appears on manifestos of all political parties in Scottish elections**
- **Violence counselling begins in hospitals in Glasgow**
- **Deputy Chief Medical Officer for Scotland joins WHO Violence Prevention Alliance as Scottish Executive policy lead**
- **Planning commences for city level parenting support with Director of Public Health**
- **Head of VRU presents violence reduction agenda to Home Secretary**
- **Cash seized under Proceeds of Crime Act given to the 14 most violent Local Authorities in Scotland**

“Violence is not inevitable and is therefore preventable. Positive alliances, effective information-sharing and commitment to innovative prevention and intervention policies will reduce violence in Scotland”

The last session was a question and answer one, with the speakers of the day on the panel, augmented by Oban’s then *Chief Inspector Ciorstan Shearer* (who was promoted to Superintendent a week later!)

Question 1: *Is it too late to reverse the trend towards drugs/ violence?*

- Answers:**
- Moira:** No, but have to change society's attitudes
- Jack:** The health problems have to be addressed, and Scotland is doing this. The big issue is to get supermarkets to address the problem – get MPs, MSPs & MEPs involved to try to ban the free trade on alcohol
- Police:** Partnership is working
- Liz:** Work with schools
- Linda:** Late licences- city centre initiatives involving having toilets available, buses and marshals to dissipate the crowds before trouble flares up – these measures have been proved to work
- Police:** Have zero tolerance on alcohol consumption before discos. Over time, the number of police involved has reduced, because they are not necessary. No longer have a problem with the under-18 discos.
- Moira:** Urged an evaluation of such initiatives, and writing them up so that other communities can learn about them.

Question 2: *In some island communities there is no resident police presence. Local ceilidhs involve all ages, so that there can be poor role models for children, and a blatant disregard for drink/drive laws. What can Health professionals in conjunction with school do to address this, bearing in mind that one speaker said that education does not alter attitudes (Dr Bell)*

- Police:** Rely on community passing on problems, and then special constables can be used, but community intelligence is needed.
- Moira:** There is a constant balance between care and responsibility
- Jack:** Balance personal/community responsibility. Can try to deal with the consequences of drunken behaviour instead of tackling the alcohol directly.
- Police:** On Tiree, the 14-year old age group would go to the bar to play pool, so that it became their cultural centre. The local policeman saw this and established a youth club /café. There was a significant reduction in the number of youngsters going to the pub, and 100% of the 14-year olds went to the youth club.

Question 3: *What services are there for elderly alcohol abusers NOT interested in giving up drinking?*

- Moira:** There is evidence of a cohort effect. In Edinburgh, they have looked at putting a bar in residential care units, which then became a controlled social place.
- Jack:** This question is two legs of the elephant in the room! Applies across the board. It is how we interact with alcohol that is often the problem, Need GPs to explain the interactions of alcohol with medications etc so that a person can exercise personal responsibility and exercise choice. Most people don't understand the fundamentals

Question 4: *Smoking reduced because of legislation. Would the same apply to alcohol?*

- Moira:** You get a reduction in drink/driving if the chances of being caught increase. If the general population think it is a bad idea, and the chances of getting caught increase, have the best chance of stopping.
- Police:** Sometimes it takes longer in the rural communities. Try to do the enforcement! It is a big geographical area – let us (the police) know about a particular problem. Optimum times for problems are when pubs come out at weekends. Don't have the right to stop just anyone to breathalyse them.
- Jack:** Licensing legislation review has sparked the cultural change. Licensee doesn't want to break the law, Management of pubs and clubs is changing. When elected members get into a licensing post, they have to be trained, which brings it home to them. Local authorities have to take forward licensing policy. Licensing Forums counterbalance decisions made by Licensing Boards
- Police:** There is now one Board which gives uniformity of decision-making. Communities will have much more influence on the decisions made by Boards affecting their communities.

This was a well run day, full of interesting statistics and useful information, well presented. It was interesting to see that a few days later the press was reporting that the Scottish Executive was looking seriously at alcohol as an issue, in terms of its availability and pricing structure, as a start to address the problem of binge drinking in Scotland and the incredible amount of damage it does to the health and well-being of the population.

This is a personal report by Joyce Noble on behalf of the SACP.