



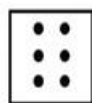
Overview and Scrutiny Working Group Report

Alcohol and its Demand on Emergency Services

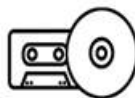
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Chairman's Foreword

Alcohol consumed sensibly and in moderation is enjoyed by many. However excessive consumption and drunkenness can lead to, at times, devastating consequences that doesn't just impact on people, families and communities but also places a demand on emergency services within County Durham.

Members of the working group were amazed by the findings of a national report by the Institute of Alcohol Studies that highlighted the extent of the demand alcohol abuse placed on UK emergency services in 2015.



These findings triggered our scrutiny review to consider what the picture is in County Durham, is this acceptable and what can we do to reduce the impact? I would like to stress that the working group understands that alcoholism is an illness requiring clinical treatment. What we have been investigating is personal responsibility, public drunkenness and its impact on emergency services.

The aim of this report is to gain an understanding of the impact of alcohol related incidents on levels of demand for emergency services within County Durham and to contribute evidence to support delivery of the Safe Durham Partnership Alcohol Harm Reduction Strategy.

We have gathered a wide range of evidence through meetings with representatives from police, fire, ambulance services and accident and emergency staff within County Durham, carried out desktop research and field study activity. We have also looked at partnership work on alcohol harm prevention, licensing and taken evidence from the north east alcohol office, Balance.

The findings from this work have led to a number of recommendations at both local and national levels that we hope will contribute to reducing alcohol consumption and harm, which in the long term will reduce demand on emergency services.

In addition to looking at national and regional data, the working group has spent some time listening to the views of frontline officers providing emergency services within County Durham.

I would like to take this opportunity to thank members of the working group and representatives from Durham Constabulary, County Durham and Darlington Fire and Rescue Service, North East Ambulance Service, County Durham & Darlington NHS Foundation Trust, Balance, Office of the Durham Police, Crime and Victims' Commissioner and Durham County Council for their valuable time in giving evidence and supporting the work of the review.

Councillor Thomas Nearney
Chairman

Alcohol and its Demand on Emergency Services Working Group

Executive Summary

Introduction

1. Following consideration of the Safe Durham Partnership Alcohol Harm Reduction Strategy 2015-2020, Members requested to undertake review activity linked to the strategy.
2. The Altogether Safer element of the Strategy is aligned to the Safer and Stronger Communities Overview and Scrutiny Committee's responsibilities and focuses on a number of areas including anti-social behaviour, drunkenness, violent crime, domestic abuse, offending, re-offending and road safety.
3. There are several references to drunkenness throughout the strategy. Drunkenness arises as a consequence of drinking alcohol to excess to such an extent as to significantly reduce an individual's capacity for rational action and conduct. The effect of alcohol on the body impairs them both mentally and physically and also makes them vulnerable.
4. Drunkenness can have an impact on crime levels such as assault, breach of the peace, criminal damage, public order offences and driving under the influence of alcohol. It also places additional demands on emergency services through accidents, injury and increased risk to personal safety arising as a consequence of drinking too much. The strategy reports information from police community surveys that 'indicate that 37% of people in County Durham see drinking and causing a nuisance as a problem'. In addition, findings from a police perception survey undertaken by the North East Alcohol Office, Balance, indicate that 'excessive drinking continues to cause harm and demand for services'.
5. An action within the strategy is to '*develop an increased understanding of the nature and scale of the problem of drunkenness and its impact upon the safety of individuals and communities and the associated demands placed upon partner services.*' This work was supported by evidence from findings of a cumulative impact assessment on the number of licensed alcohol premises within the County.
6. This area has also been considered by the Institute of Alcohol Studies, who in October 2015 published its report 'Alcohol's impact on emergency services' highlighting a significant demand and cost to emergency services for alcohol related incidents. An All Party Parliamentary Group on Alcohol Harm has also undertaken an inquiry into the 'Impact of Alcohol on the Emergency Services' to which a response has been provided from agencies within County Durham. In addition, the Durham Police and Crime Panel held a development session on alcohol related crime that included demand and the Police and Crime Commissioner held an Alcohol Harm Reduction Conference and commissioned a video with emergency services personnel to highlight demand.

Terms of Reference

7. Within this context, at a time of challenging resource provision, alcohol related incidents have a significant impact on the emergency services. The Committee has a role to scrutinise work of the Safe Durham Partnership and agreed to establish a working group to undertake a review of Alcohol and its demand on emergency services. The aim of this report is to gain an understanding of the impact of alcohol related incidents on levels of demand for emergency services within County Durham and to contribute evidence to support delivery of the Alcohol Harm Reduction Strategy. The review's objectives were to:
- Receive an overview of the Altogether Safer element of the Safe Durham Partnership's Alcohol Strategy and findings from the cumulative impact assessment to look at the scale of the demand on emergency services.
 - Undertake desktop research through findings from publications and inquiries into the impact of alcohol related incidents on emergency services.
 - Gather evidence from the Police, Fire, Ambulance and Accident & Emergency Department within County Durham on the demand on services through the proportion of incidents that are alcohol related, the nature of these incidents, challenges that are faced and action taken to reduce demand.
 - Undertake appropriate field study activity to gain an understanding of the impact of alcohol on emergency services.
 - Consider evidence from the North East Alcohol Office Balance, the Council's Public Health Team, the Alcohol Harm Reduction Unit which is co-located with the Council's licensing and consumer protection team on licensing powers, preventing alcohol related incidents and campaign awareness.
8. To achieve these objectives, the review has gathered evidence through desktop research, meetings with officers and service professionals from the Council's Public Health and Licensing Teams, attended the Police and Crime Commissioner's Alcohol Harm Reduction conference and undertaken appropriate field study activity to gain an insight into the impact of alcohol on the emergency services. The following activities have been undertaken by the working group.

Date	Activity/Venue
21/01/2016	Working Group Meeting - Overview Session, Cumulative Impact Assessment and SDP Alcohol Harm Reduction Strategy – County Hall, Durham
09/02/2016	Working Group Meeting – Impact on Durham Constabulary and County Durham & Darlington Fire and Rescue Service – County Hall, Durham

17/02/2016	Police and Crime Commissioner's Alcohol Harm Reduction Conference – Belmont Centre, Durham
09/03/2016	Field study observation – Durham City Centre with Officers from Durham Constabulary's Harm Reduction Unit
17/03/2016	Working Group Meeting - Preventing alcohol related incidents, Balance, The North East Alcohol Office, Durham Constabulary's Harm Reduction Unit and Council's Licensing Team – County Hall, Durham
05/04/2016	Working Group Meeting - Impact of Alcohol on Ambulance and Accident & Emergency Department, North East Ambulance Service and County Durham & Darlington NHS Foundation Trust – County Hall, Durham
13-14/05/2016	Field Study Observations with North East Ambulance Service
21/06/2016	Safer and Stronger Communities OSC – Update report to Committee
25/07/2016	Working Group meeting – Key Findings Presentation
12/09/2016	Safer and Stronger Communities OSC – Update report to Committee
31/10/2016	Safer and Stronger Communities OSC – Update report to Committee

Conclusions

9. Alcohol significantly impacts on the work of the emergency services. Drunkenness places an avoidable demand on our police, fire, ambulance and medical services. It also affects the safety of personnel working within these professions. The welfare of emergency personnel is paramount. It was a concern of the working group that staff face abuse and risk of assault in their daily work.
10. The review has also highlighted positive work undertaken by emergency services, Balance and the Office of the Durham Police, Crime and Victims' Commissioner to raise awareness of the demand alcohol places on the public sector and the alcohol harm reduction initiatives carried out.
11. From the outset Members were committed to work with emergency services to understand issues and seek potential outcomes to reduce demand. It is accepted that there is no one solution or 'quick fix' to reduce demand and this is further exacerbated by a reduction in available resources. The review's key findings correlate with many areas identified by the report by the Institute of Alcohol Studies, the recommendations of which if implemented at either a local or national level may contribute to a reduction in demand. It is also hoped that work undertaken by the working group will assist and provide support to the delivery of the Safe Durham Partnership Alcohol Harm Reduction Strategy.

Recommendations

At a Local level it is recommended that:

Recommendation one

The Safe Durham Partnership Harm Reduction Group share findings from the Cumulative Impact Assessment with the Office of the Police, Crime and Victims' Commissioner to highlight the correlation between deprivation and

alcohol to lobby the Government so that deprivation remains a factor within the formula for policing services. Furthermore it is suggested that consideration is given to undertaking a cumulative impact assessment within the development or implementation of a revised Partnership Alcohol Harm Reduction Strategy.

Recommendation two

Alcohol education events undertaken by partner agencies of the Safe Durham Partnership Alcohol Harm Reduction Group include awareness of the impact of alcohol and its demand on emergency services and where appropriate the video presentation commissioned by the Office of the Police, Crime and Victims' Commissioner.

Recommendation three

Consideration is given by the Safe Durham Partnership Alcohol Harm Reduction Group to undertake a joint campaign with emergency services that highlights the risk of increased demand over the Christmas period.

Recommendation four

The Safe Durham Partnership Alcohol Harm Reduction Group note information within the Home Office, Modern Crime Prevention Strategy and give consideration to undertaking further work on information sharing particularly between blue lights services and implementation of the Cardiff Model between Accident and Emergency and the Police.

Recommendation five

That the Safe Durham Partnership Board agree to share the working group's report together with a covering letter from the Safe Durham Partnership Board with all Constituent MPs, to raise awareness of the impact of alcohol on emergency services and as evidence in relation to reduction in drink drive limits, licensing and minimum unit pricing

At a National level it is recommended that:

Recommendation six

The Safe Durham Partnership continue to lobby for a reduction in the limit for drink driving and for the introduction of minimum unit pricing of alcohol.

Recommendation seven

The working group's report is shared with the Local Government Association's Safer Communities Board to raise awareness of the alcohol and its demand on emergency services and as evidence for Parliament's review of the Licensing Act 2003.

Demand and Staff Welfare

Key Findings

- **Alcohol has a significant impact on emergency services both nationally and within County Durham**
- **Whilst alcohol misuse is not always recorded as the main cause of an incident, call-out or admission, it is often a contributing factor**
- **Emergency services personnel face a daily risk to personal safety in dealing with people who are intoxicated**

National

12. The Institute of Alcohol Studies (IAS) report 'Alcohol's impact on emergency services' in October 2015 investigates the relationship between alcohol and the emergency services. The report presents an extensive survey of police officers, ambulance and paramedic staff, accident and emergency department consultants and fire officers. It outlines both the financial burden on the emergency services and the human cost to frontline staff. The report highlighted the following proportion of time was spent dealing with alcohol related incidents;
 - Police 53%;
 - Ambulance 37%;
 - Emergency Department Consultants 25%, and
 - Fire Service 21%.
13. The report also included previous research that each year nationally, this can cost the police and justice system £1.7bn responding to alcohol related crime, the health service £696m in A&E, £449m in ambulance services and the fire service £131m in tackling alcohol related fires.
14. The report's key findings outline that alcohol places a significant and unnecessary strain on emergency services with public drunkenness making the jobs of people working in the emergency services harder. All services want more day-to-day support in dealing with alcohol and policy action to curb alcohol harm. The report concludes with recommendations to policymakers for consideration on alcohol treatment centres, delivering an approach to screening for risky drinking and providing advice to encourage risky drinkers to reduce consumption, a lower drink drive limit, improving sharing between emergency services, assertive use of licensing powers and alcohol affordability.
15. An online video to summarise the report was presented to Members and a presentation on the report was provided by the IAS at the Police and Crime Commissioner's Alcohol Harm Reduction Conference.
16. An All-Party Parliamentary Group (APPG) on Alcohol Harm has launched a new Inquiry into the 'Impact of Alcohol on the Emergency Services.'
17. The cross party APPG chose this theme as it believes it is vital to better understand the amount of time and resources that alcohol-related issues place on these essential services. The Inquiry focused on the volume of

alcohol-related issues emergency services respond to and considered how alcohol affects the job delivery of front line emergency workers. Sgt Urwin, Durham Constabulary presented evidence to the inquiry and copies of written submissions by Durham Constabulary and County Durham & Darlington Fire and Rescue Service were provided to the working group.

18. In advance of the working group's first meeting, Members were provided with a supporting information document that included work of IAS and APPG and national media articles to highlight demand specifically around the Christmas period. These articles provided an insight into the challenges that are faced by emergency services personnel in both the complexity and demand of alcohol related incidents.

Regional

19. Balance, the North East Alcohol Office has undertaken research into the demand of alcohol on police, ambulance and urgent care services across the North East. Evidence from its survey in 2013 of 1,100 police officers reported: 97% feel at risk of physical assault in the night-time economy (NTE); one in five had been assaulted six times or more; only 14% had never been subject to an alcohol related assault; 100% of those Officers surveyed believed alcohol has at least some impact on domestic violence; almost eight out of ten Officers felt that NTE shifts affected their work/life balance; and over one-third were usually asked to work extra hours in the NTE.
20. A further survey undertaken in 2015 by Balance highlighted the impact upon North East Ambulance Service (NEAS) and urgent care that reported an unnecessary and preventable burden on these services. This survey reported:
 - 10% of callouts were alcohol related and most paramedics stated alcohol was linked to at least half of the workload at weekends;
 - 75% of both assault calls and domestic violence calls were alcohol related;
 - two-thirds felt at risk of physical assault in the NTE;
 - 50% had been physically assaulted and two in five had been sexually assaulted.
21. In respect of Urgent Care, it was reported that at peak times up to 70% of attendances at the emergency department were alcohol related and overall up to 35% of attendances were alcohol related.
22. At the time of the working group's review a pilot initiative called 'Alcohol Abstinence & Monitoring Requirement' (AMMR) was in place within the South London Judicial Area to reduce alcohol related violence. In summary, the initiative enables the courts to impose a requirement that an offender abstains from alcohol for a fixed time period of up to 120 days. The offender is required to wear a tag and submit to monitoring during the specified period as part of a Community Order or a Suspended Sentence Order. Powers are available

under Legislation (Legal Aid, Sentencing and Punishment of Offenders Act 2012) to agencies within the justice system to pursue this option as part of their approach to tackling criminality associated with alcohol misuse.

23. To reduce this demand Balance believes that making alcohol less affordable with an introduction of minimum unit pricing and an increase in the tax duty on alcohol, making it less available through licensing and ensuring children and young people are protected as much as possible by strengthening the current marketing regulations on advertising are all effective ways of reducing alcohol related harm.

Emergency Services – County Durham

24. In scoping the review, Members requested evidence from Durham Constabulary, County Durham & Darlington Fire and Rescue Service, Accident and Emergency Dept. from County Durham and Darlington NHS Foundation Trust and North East Ambulance Service. To meet the aims of the review, each service provided evidence on demand, nature of incidents/causes, challenges and action taken to reduce demand.

Durham Constabulary

25. It is estimated that 11% (approximately 20,000) of all recorded incidents dealt with by Durham Constabulary were alcohol related. Within this context, caution is given that while 11% may appear to be low in overall demand, these incidents can take up a large amount of officer time. The Police report that alcohol was a factor in 12% of all crime and more specifically in relation to incidents of violence (32%); disorder (15%); domestic abuse (36%); sexual offences (10%) and anti-social behaviour, (13%). However, it also acknowledged that there may be an element of under-reporting as it may not be known whether alcohol was a contributing factor to the incident and additionally how much time is taken dealing or assisting with people when under the influence of alcohol.
26. A survey of Durham Police Officers carried out by Balance in 2011/12 reported that 60% of Officers said at least 50% of their time was spent on alcohol related issues.
27. Alcohol as a factor in road traffic collisions was also identified as an area of concern. In 2015 there had been 61 road traffic collisions where the driver was impaired by alcohol and 12 injuries to pedestrians and one fatality when walking home under the influence of alcohol.
28. Within the County, the town centre areas of Durham City, Consett, Chester-le-Street and Bishop Auckland had largest number of alcohol incidents. Incidents of domestic violence, where alcohol was a factor were not restricted to specific areas. With regard to road safety, pedestrians tended to be in the main towns and vehicle accidents tended to be on the outskirts of towns.
29. The impact of alcohol related incidents affected officers' time in terms of dealing with alcohol related incidents, working unsociable shift patterns to

meet demand, assaults and inappropriate calls to control staff. This also has a drain on resources where officers may be required to be taken away from another part of the County to deal with an incident. Following an arrest there is an increased time in dealing with those under the influence of alcohol in custody, in terms of allowing time for a person to sober up before they can be interviewed.

30. Availability and price were cited as factors in changing the culture of drinking with a move towards consuming stronger alcoholic drinks and pre-loading, where people are drinking in homes and are already intoxicated before entering a city or town centre within the County. It was noted that this in itself presented potential issues with vulnerability of the person but also being refused entry to premises which may require a police resource to either help the person and/or resolve an incident.
31. Data sharing was identified as an important aspect in tackling demand and understanding trends. An example was provided where it is perceived that there would be a higher number of incidents on Wednesdays, the traditional student night in Durham, but data showed this not to be the case. In addition, it was also important to share appropriate data across partners for example using the 'Cardiff Model' whereby the location of any violent alcohol related injury presented to accident and emergency would be shared with the police for information and intelligence purposes. However, within County Durham this is not fully operational.
32. Durham Constabulary has been proactive in addressing alcohol related issues. In 2012 Durham was the first force to launch its Alcohol Harm Reduction Unit (AHRU), with officers from Durham Constabulary being co-located with staff from the Council's Consumer Protection and Licensing sections. This approach was cited as an example of national best practice and received a "Gold Standard" from Her Majesty's Inspectorate of Constabulary (HMIC) in 2015.
33. At the time of the working group's review the Unit had evolved to be known as the Harm Reduction Unit (HRU) focusing on three key elements of harm reduction/prevention, crime, and licencing. Activity in relation prevention and licencing is referenced later within the report but in summary, the HRU and Licensing Team actively engage with licensees in terms of being responsible, encouraging them not to have irresponsible promotions in terms of cheap, strong drinks. Evidence provided highlighted the vast majority of licensees within the county were very responsible. There were a small number of licensees requiring further action and where this was taken most were receptive to issues and willing to put measures in place to make the necessary improvements.
34. In addition, there are ongoing checks in terms of standards and schemes, such as the Best Bar None initiative to work with the industry to improve standards and the use of test purchases. In relation to crime and linked to previous scrutiny activity on organised crime, the Unit assist with crime enquires, mapping exercises in terms of Organised Crime Groups (OCGs)

and licensed premises, financial investigations and Proceeds of Crime Act 2002 (POCA), proactive operations and regional mapping via the OCG Disruption Panel.

County Durham and Darlington Fire and Rescue Service

35. Nationally, Fire and Rescue Services spent 21% of their time dealing with alcohol related incidents. The fire service believe this figure may be under reported due to the national Incident Recording System (IRS) not specifically recoding the use or suspected use of alcohol as a causal factor for all incident types.
36. During the period 2012-2015, County Durham and Darlington Fire and Rescue Service attended 2,212 deliberate or not known secondary fires between the hours of 8.00pm and 3.00am. In addition, between 2009 - 2015, 3.34% of accidental dwelling fires attended were alcohol or drug related and 62 water related incidents involving search and rescue or recovery had taken place. During the period 2009-2015, the Service had attended 2,095 road traffic collisions. It is acknowledged that while these could not all be attributed to alcohol, police data suggests that a proportion would likely be alcohol related.
37. The demand and impact of alcohol on the fire service was provided through examples of incidents that had been attended. Whilst the percentage of incidents may be low, the severity, demand and emotional impact on staff was high. The recent river-related tragedies in Durham City required deployment of a high level of resource to these incidents for a number of days. The impact on staff was highlighted following a fatal road traffic collision within the County that was attended by local Retained Duty System (RDS) firefighters who knew those concerned and placed significant emotional stress on the crews who attended this incident. A fatal house fire where alcohol was consumed prior to the incident having taken place was another example provided. The emotional impact and wellbeing of staff following these incidents was acknowledged to be an important issue by the working group.
38. The number of frontline staff has reduced to meet financial challenges placed upon the service. The Fire Service view is that this naturally places greater demand upon the remaining staff and therefore a reduction in alcohol related incidents is vital to improve the efficiency and effectiveness of the Service. At the time of gathering its evidence, the fire service had recently commenced a pilot within three areas of the County to provide an emergency medical response for the North East Ambulance Service for critical or life-threatening incidents. Whilst the service does not respond to alcohol related incidents as part of this trial, there is a risk that the Fire Service will be in greater demand to deal with life threatening incidents if NEAS resources are busy dealing with alcohol related incidents.
39. Working with partner agencies, the fire service has taken action to reduce demand through sharing information and undertaking education and campaign activity. In addition, building upon the safer homes project and home fire safety checks, the fire service undertakes safe and wellbeing visits

that gather data on alcohol consumption. With regard to legislation, the Fire Service support implementation of minimum unit pricing to reduce consumption, improve health and provide savings to the public purse and a zero tolerance drink-drive limit to contribute to improved road safety and reduce the risk of road traffic collisions.

North East Ambulance Service

40. Evidence on the impact of alcohol on demand of ambulance services was provided by representatives from the North East Ambulance Service (NEAS). Information and evidence provided was from across the NEAS area. A survey by Balance, highlighted that alcohol was a 24/7 burden with one in 10 paramedics stating that at least 50% of their workload on weekdays is alcohol-related. A quarter of paramedics stated that at least 50% of their workload on weekday night times is alcohol related and two-thirds of paramedics stating that alcohol-related incidences account for at least 50% of their workload during weekend and evening shifts.
41. NEAS also highlighted staff welfare issues relating to alcohol, with almost 50% of paramedics responding to the survey reporting they have been physically assaulted at some point while on duty and two in five paramedics have at some point been sexually assaulted / harassed while on duty. With regard to incidents staff reported 64% of paramedics said at least three quarters of assault callouts are alcohol-related and 73% of paramedics stated that at least half of domestic violence callouts were alcohol related. The key conclusion of the survey was that 92% of the paramedics surveyed 'strongly agreed' or 'agreed' that dealing with alcohol related callouts places an unnecessary burden on their time and resources.
42. To provide an insight and understanding into these statistics, an Emergency Care Clinical Manager/ Paramedic attended a working group meeting and gave an account on the situations and personal impact alcohol has on staff welfare and levels of demand. With regard to data, alcohol may not be recorded, whilst it may be a contributing factor, patients are assessed and treated based upon their clinical need. Alcohol related incidents and in particular, drunkenness could reach the point where personal responsibility was abdicated to the extent that some people felt NEAS and Accident and Emergency Departments were there to deal with the consequences.
43. Experiences shared illustrated that alcohol related issues were not limited to one or two categories of people and that attitudes and behaviours can suddenly change when treated in a confined space within an ambulance. This can lead to additional stresses being placed ambulance personnel. This was described as a 'sad indictment' as ambulance personnel are at an incident to provide help and has led to frustration by highly trained and skilled paramedics who question their profession and consider leaving due to the impact of alcohol related incidents. It was emphasised that not all problems with intoxicated patients were physical. Verbal abuse was also a factor but not always reported as staff may feel this is business as usual, which should not have to be the case. NEAS has a zero tolerance approach to threats of

violence and over the past four years has fitted CCTV to its ambulances which have provided vital evidence for successful prosecutions.

44. In addition to findings from the survey highlighting links to violent and domestic incidents, evidence provided demonstrated the personal risk within homes and the significant emotional impact of alcohol related road traffic collisions. NEAS also raised concerns about the vulnerability of young people when under the influence of alcohol and the frustrations of drunken individuals telephoning the 999 number unnecessarily.

45. To reduce demand in large city centre areas of Newcastle and Sunderland, an alcohol reception facility had been introduced to deal with minor injuries which were estimated to have saved five ambulance journeys per evening. Within evidence provided by NEAS and other partners there was no suggestion for this facility in Durham City. The working group were also informed of working relations where the police attend certain incidents to ensure the safety of paramedics.

46. Following an invite from NEAS, the Chair of the working group, Cllr Nearney undertook a Friday evening shift with an ambulance crew. This provided an opportunity for Cllr Nearney to witness first-hand the challenges faced by ambulance crews and the professional, competent and compassionate care shown to patients. The experience also highlighted the importance of first-aid education and data sharing.



Cllr Nearney with NEAS Ambulance Crew

Accident and Emergency – County Durham & Darlington NHS Foundation Trust

47. Evidence to the working group was provided by the Head of Unscheduled Care, a Clinical Services Manager, and Sister from the Accident and Emergency Department from County Durham and Darlington NHS Foundation Trust. They explained how alcohol harm was a significant demand upon their roles and presented varied challenges to NHS staff, ranging from patients being aggressive, to considering issues when dealing with those with a reduced consciousness level and highly vulnerable drinkers. It is estimated that nationally, up to 35% of all accident and emergency visits were alcohol related.

48. More locally, in March 2016 there were 47 attendances that were wholly attributable to alcohol for the University Hospital of North Durham (UHND). However it was emphasised that this did not include incidents where alcohol was a contributing factor or those people who regularly consume excess alcohol leading to secondary medical conditions and injuries. Within this

context it estimated that this would be at least treble that of those attendances that were wholly attributable to alcohol. An added factor is that A&E may be the only place or the first preference to go to when feeling unwell through alcohol.

49. There are many referral routes to A&E for alcohol related incidents. These include NEAS bringing in a person who has been found unconscious or lying in a street, the police attending an incident who then judge that the individual requires some medical assistance or a person may attend themselves, or be brought to hospital by friends, when intoxicated.
50. Members acknowledge that alcohol is not always an issue in isolation. There could also be underlying conditions which places importance on staff not to be judgemental and to treat the patient and the symptoms as presented at the department. The implications for the department were that patients with a reduced consciousness level were high dependency and required monitoring and those that were intoxicated resulted in admission and hospitalisation until the effects wear off. In addition, alcohol increases the risk of complications from even minor trauma and alcohol dependence can exaggerate and worsen other medical conditions. Similar to police custody, monitoring of a person who is intoxicated can require close observation and impact on demand and available resources within the A&E ward.
51. In relation to A&E performance, this can impact on the four hour standard to deal with patients as a consequence of the protracted nature of dealing with intoxicated patients.
52. Patients under the influence of alcohol who are being unruly can become aggressive and abusive and this can have an impact on the safety and welfare of staff within A&E. The trust has a zero tolerance approach in terms of abuse of staff and the Trust's Chief Executive will write to patients/those attending the hospital in cases of verbal abuse, and the police are involved in any cases of physical or sexual assault. The trust has taken action and there have been three successful convictions for assaults on staff and a patient within the Department, with one incident of a sexual assault against a member of staff resulting in a prison sentence.
53. With regard to reducing demand, interventions made in A&E were brief as the Department was always very busy, however surveys had shown positive feedback on those interventions. Within A&E, security is present and should an incident be of significance, the police would be called. In addition, staff within A&E have a panic alarm and are trained in conflict resolution. A key way of reducing demand is through education and challenging individual behaviours and could include the impact of alcohol on A&E services.
54. Where possible A & E staff reported that they will have a nurse practitioner at triage to help the process of see, triage, treat and discharge to be more efficient. However, in the case of those who are intoxicated, there was a need

to factor in the time for individuals to sober up, in order to be able assess and treat the patient correctly.

Recommendation: The working group's report is shared with the Local Government Association's Safer Communities Board to raise awareness of the alcohol and its demand on emergency services and as evidence for Parliament's review of the Licensing Act 2003.

Education, Campaigns and Initiatives

Key Findings

- **Proactive partnership education and campaigns are undertaken to raise awareness of the risks and consequences of consuming too much alcohol**
- **Durham's Harm Reduction Unit is recognised as best practice nationally**
- **Volunteers play an important role in alcohol harm prevention**
- **Durham's Checkpoint programme is a valuable alternative to prosecution in cases of low level crime and helps to change behaviours of offenders**

55. The focus of the review has been on demand but it is also important to gain knowledge of activity by partners to prevent alcohol related incidents.
56. Throughout the review there has been an emphasis on the importance of education. Proactive partnership education and campaigns are undertaken that raise awareness of the risks and consequences of consuming too much alcohol which can then lead to a demand on emergency services. There is an element of frustration by emergency services personnel and elected members over incidents of drunkenness that are avoidable if people took more personal responsibility. Within the supporting information documents provided to Members details of a joint campaign known as 'Eat, Drink and Be Safe' by London Ambulance Service, London Fire Brigade and Metropolitan Police on keeping safe during the December period were considered. It is suggested that a partnership campaign on highlighting demand at the festive season be explored by the Safe Durham Alcohol Harm Reduction Group.
57. Poor behaviour towards emergency services personnel should not be seen as the norm or accepted and elected members as community champions can help raise awareness of the demand on emergency services. Members queried the feasibility of charging people for A&E and Ambulance services when it was a result of drunkenness, but legislation and a founding principle of the NHS is that it is free at the point of delivery prohibits this. It is acknowledged that this is not practical and cannot be pursued, however existing practices are in place for police related incidents to incur fixed penalty notices and restorative approaches or undertaking a course of action through

the Checkpoint programme. The police also reported that they have played back video footage where an officer has used their body camera to record a person's behaviour whilst they were under the influence of alcohol during an incident which has had a great impact and left the person feeling embarrassed and questioning themselves on their attitude towards drinking in the future.

58. The school Safety Carousels and WiseDrive road safety events include alcohol and the Checkpoint programme also includes alcohol treatment. Ongoing education awareness has also been undertaken with universities, colleges and employers. The short video produced by the Police and Crime Commissioner's Office clearly and succinctly illustrates this demand on emergency services and should be promoted widely and be included within these initiatives.
59. The Alcohol Harm Reduction Unit (AHRU) was established by Durham Constabulary in 2012 with the initial aim of "reducing the harm caused to communities by the misuse of alcohol". The AHRU has evolved and is now operating as the Harm Reduction Unit (HRU) and is seen as a model of best practice nationally. Key to this is a multi-agency approach with officers from the Council's Licensing, Public Health and Consumer Protection working alongside officers from Durham Constabulary in order to share information and be able to work jointly and tackle a wide range of issues that would cause harm to our communities. This included work to prevent harm in the first instance, enforcement where appropriate and the ability to follow up on any illegal or criminal activity as required.
60. There is a cultural challenge to change people's behaviours and attitudes towards levels of alcohol consumption. Education is key to help prevent harm, the HRU worked with Public Health and the Council's provider for drug and alcohol services Lifeline in schools, colleges and Durham University. There are also a number of proactive partnership campaigns that are carried out to tackle underage drinking through Operation Aries and Stay-safe initiatives. The "Dead Drunk" campaign highlighting the impact of alcohol in road traffic accidents and "One Punch Can Kill" highlighting the tragedy that can result from a single blow, especially in alcohol fuelled situations. There is also a Best Bar None Scheme in operation in Durham City which aims to build a positive relationship between the licensed trade, police and council to promote best practice within the licenced premises and aim to reduce alcohol related crime and disorder.
61. Balance has also undertaken high profile media campaigns to highlight the damage that alcohol can cause to individuals and communities. This has included TV and poster campaigns illustrating links between alcohol and cancer. Balance also view education as a key factor in helping to make the case for policy based interventions designed to reduce affordability, availability and tighten regulation.
62. In relation to drink driving, seasonal campaigns or those timed to coincide with major sports tournaments are undertaken by partners and Balance which

include media releases highlighting the dangers of driving whilst under the influence of alcohol and the enforcement action that will be taken. This has also included use of social media to raise awareness of the average time it takes for alcohol to be out of a person's system prior to driving the next morning.

63. Volunteers play an important role in prevention and Members were informed of the positive work of the Consett Street Friends and Durham Street Lights and volunteers on student evenings. Their valuable time is spent providing guidance and in some occasions issuing flip flops to prevent cuts to the feet of people who are walking without shoes that could potentially result in a visit to Accident and Emergency or an ambulance callout.
64. Members attended the Police and Crime Commissioner's Alcohol Harm Conference that raised awareness of the impact of alcohol on emergency services through a video production and included a powerful and moving presentation on the One Punch Can Kill campaign. In addition, Members have also attended Wise Drive and Safety Carousel that includes sessions where the risks of alcohol are communicated to young people and the Chair of the working group spent a Wednesday evening with a Sergeant Urwin from the Harm Reduction Unit in Durham City to observe activity on a student evening. This field study also provided an insight to the proactive work of the City Safety Group that was established in January 2015 following the tragedies of three students falling into the river over an 18-month period. This involved a number of agencies exploring how they could work even more closely together to improve safety in the city, including riverside safety. A number of physical improvements to lighting and fencing have been carried out. Progress reports have been received by the Safer and Stronger Communities Overview and Scrutiny Committee in September 2015 and March 2016.
65. Durham Constabulary's 'Checkpoint' programme aims to reduce the number of victims of crime by reducing reoffending. The programme offers offenders a four month long contract to engage as an alternative to prosecution and includes interventions to address the underlying reasons why they committed the crime to prevent them from doing so again. Alcohol related crimes are included within the programme and it is having a positive success rate. The scheme identifies how people could be helped and the wider impact and harm caused by alcohol related incidents.

<p>Recommendation: Alcohol education events undertaken by partner agencies of the Safe Durham Partnership Alcohol Harm Reduction Group include awareness of the impact of alcohol and its demand on emergency service and where appropriate the video presentation commissioned by the Office of the Police, Crime and Victims' Commissioner.</p>
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Recommendation: Consideration is given by the Safe Durham Partnership Alcohol Harm Reduction Group to undertake a joint campaign with emergency services that highlights the risk of increased demand over the Christmas period.

Affordability

Key Findings

- **Balance, Durham Constabulary, Durham and Darlington Fire and Rescue Service, the Durham Police, Crime and Victims' Commissioner and the Council all support the introduction of minimum unit pricing for alcohol**
- **A legal challenge to the Scottish Parliament's attempt to introduce minimum unit pricing in Scotland has recently been dismissed by the courts**

66. Balance has actively campaigned for the introduction of a minimum unit price for alcohol to reduce alcohol harm, alcohol related crime and admissions to hospital. Within their responses to the All Party Parliamentary Group, Durham Constabulary and County Durham and Darlington Fire and Rescue Service gave support for minimum unit pricing and this is also supported by the Durham Police and Crime Commissioner. Findings from the IAS report also recommended the introduction of minimum unit of alcohol and the Safe Durham Partnership's Alcohol Strategy includes an action to 'continue to advocate for a national minimum unit price (MUP) for alcohol while exploring the feasibility of implementing MUP more locally'.
67. In January 2013, a special meeting of the Adults, Wellbeing and Health, Children and Young People and Safer and Stronger Communities Overview and Scrutiny Committees was held which gave support to the then Coalition Government's Alcohol Strategy that included a proposal to introduce minimum unit pricing to reduce alcohol harm. However, this was not implemented and debate and lobbying for its introduction has continued. The Scottish Parliament has tried to legislate on the introduction of MUP but this has not been implemented due to a legal challenge by the Scottish Whisky Association which has been considered by the European Court of Justice and in October 2016, the Scottish Court of Session ruled against the challenge by the Scotch Whisky Association.
68. Throughout the review there has been strong support for the introduction of minimum pricing as an approach to reducing the affordability of alcohol which could contribute to reduced demand on emergency services. Therefore, in light of the decision of the Scottish Courts, the working group encourage the Safe Durham Partnership to continue to lobby for the introduction of minimum pricing and that the Council share this report with the Local Government Association's Safer Communities Board.

69. Following conclusion of the working group's evidence gathering, a House of Lords Select Committee was established to review the Licensing Act 2003. Whilst demand on emergency services is not an element of this work, areas that the Committee will look at include the powers of local authorities and police and minimum unit pricing. The call for evidence period has passed and the Committee are required to publish its report by March 2017. It is suggested that this report is shared with the Chair of the Committee and Members of Parliament for the County Durham constituencies.

Recommendation: The Safe Durham Partnership continue to lobby for a for the introduction of minimum unit pricing of alcohol.

Availability

Key Findings

- **Licensing authorities can take into account the concentration of licensed premises in their area and its impact on alcohol related incidents in making future licensing decisions**
- **An assessment of the impact of the concentration of licensed premises (cumulative impact assessment) has been carried out in Durham in 2015**
- **The cumulative impact assessment showed a weak correlation between licensed premises per head of population and alcohol related incidents**
- **The cumulative impact assessment shows that there is a strong correlation between deprivation levels and alcohol related incidents**

70. Evidence provided from Durham Constabulary, North East Ambulance Service and Balance on the opening hours and availability of alcohol through both on and off licence premises and an overview of the Licensing Act 2003 was provided to Members. The closing time for licensed premises in Durham City is 02:00hrs and 04:00hrs for some on-license premises in Bishop Auckland and Consett and Members acknowledge the demand that can be placed particularly on policing around these times. Members also note concern with the availability of alcohol at some off licence premises across the County beyond these times.
71. The working group acknowledge the objectives of the Licensing Act, i.e. the presumption to grant and that decision making to grant a licence is based upon the balance of probabilities rather than reasonable doubt. It is to also note that in County Durham, Public Health is a 'responsible authority'. This means that they can make representations to the licensing committee in relation to the application for the grant, variation or review of a premises licence. There is not a specific licensing objective relating to health but Public Health provides valuable knowledge and data to support applications for review or providing interventions.

72. In 2015, the Home Office revised guidance on the Licensing Act 2003 which makes it possible for licensing authorities to consider introducing special policies in areas where a significant number of licensed premises concentrated in one area have a potential impact on the promotion of the four licensing objectives. This is known as a Cumulative Impact Policy and a cumulative impact assessment is to be undertaken to gather evidence for the introduction of a policy. The Safe Durham Partnership's Alcohol Harm Reduction Strategy had an action to look at the feasibility of implementing a cumulative impact/saturation policy.
73. The cumulative impact assessment takes into account three years' worth of data from a number of sources, including police, fire and ambulance incidents and hospital admissions which is in line with Home Office Guidance.
74. A cumulative impact assessment for County Durham was undertaken in 2015. The findings were presented to the working group. It was reported that there was a weak correlation between licensed premises per head of population and alcohol related incidents but strong correlation between alcohol related incidents and levels of deprivation. Members were also informed that the proposed Home Office funding for policing that was suspended in November 2015 did not include 'deprivation' within its formula.
75. Within this context, Members acknowledge work that has been undertaken to produce a cumulative impact assessment and suggest that this is monitored and the Safe Durham Partnership's Alcohol Harm Reduction Group give consideration to undertaking a future assessment. To prevent further demand on emergency services and acknowledging the working group has no powers in relation to the decision making process of the licensing policy, it would encourage existing practises that closing time for licensed premises does not go beyond 02:00hrs within Durham City.
76. Furthermore, the working group suggest that the cumulative impact assessment report is shared with the Police, Crime and Victims' Commissioner, to use the findings of the cumulative impact assessment to lobby the Government in that deprivation remains a factor within the formula for policing services.

Recommendation: The Safe Durham Partnership Harm Reduction Group share findings from the Cumulative Impact Assessment with the Office of the Police, Crime and Victims' Commissioner to highlight the correlation between deprivation and alcohol to lobby the Government so that deprivation remains a factor within the formula for policing services. Furthermore, it is suggested that consideration is given to undertaking a cumulative impact assessment within the development or implementation of a revised Partnership Alcohol Harm Reduction Strategy.

Drink Driving Limit

Key Findings

- The review heard evidence on the number of drink driving incidents in Durham
- The Alcohol Harm Reduction Partnership support a reduction in the national drink driving limit

77. A Department for Transport Statistical release published in August 2016 reported that during 2014, 240 people were killed and 1,070 seriously injured in accidents in Great Britain where at least one driver was over the drink drive limit.

78. Locally, proactive drink driving campaigns have been carried out. A press release from Durham Constabulary in January 2016 reported that between 1st to 31st December a total of 185 drivers were arrested across County Durham and Cleveland. Of these, 125 were arrested for drink-related offences, 46 for drugs and 14 for being unable to provide a specimen for analysis.

79. The consequences of road traffic collisions involving alcohol and the risks posed to the public by people drink driving have also been publicised through the work of Durham Constabulary's Road Policing Unit in the TV series Police Interceptors. It remains a concern that was highlighted by police, fire and ambulance personnel that drink driving impacts significantly upon public safety and service demand. Members received data on the number of drink driving road traffic collisions and also evidence of the emotional impact this has on emergency personnel following serious and fatal collisions.



80. The IAS report recommended a reduction in drink driving limits and within the review's evidence, Balance and the Fire Service also called for a reduced drink-drive limit. A Private Members Bill calling for a reduction in the drink driving limit titled Road Traffic Act 1988 (Alcohol Limits) (Amendment) Bill received its 3rd reading in the House of Lords but was not completed within the 2015/16 session of parliament and will make no further progress. The Safe Durham Partnership's Alcohol Harm Reduction Strategy includes an action to 'lobby for the Government to reduce the legal blood alcohol content level for drinking and driving and promote "no drinking and driving" as a cultural norm.'
81. Members feel that a reduced drink drive limit would positively impact upon road safety, the number of road traffic incidents and reduce time spent at incidents by Emergency Services. From its evidence, the working group suggest that the Safe Durham Partnership continue to lobby for a reduction in the drink driving limit for England and Wales.

Recommendation: The Safe Durham Partnership continue to lobby for a reduction in the limit for drink driving.

Recommendation: That the Safe Durham Partnership Board agree to share the working group's report together with a covering letter from the Safe Durham Partnership Board with all Constituent MPs, to raise awareness of the impact of alcohol on emergency services and as evidence in relation to reduction in drink drive limits, licensing and minimum unit pricing

Information Sharing

Key Findings

- **Data sharing between emergency services can help to reduce alcohol related violent incidents**
- **The Home Office encourages NHS Trusts to share information with the police and local authorities about alcohol related violent incidents to support licensing decisions using a model developed by Cardiff University (the 'Cardiff model')**

82. Emergency services within County Durham reported that information was shared between services for attendance at incidents, for education and campaigns. Information sharing relating to alcohol related incidents between A&E and other blue light services was in progress and work was also being explored with Balance.
83. The IAS report recommended 'Greater investment and effort towards data sharing between emergency services' and cited the 'Cardiff model' as an example of practice to reduce alcohol related violent incidents. Through this approach, following a presentation to A&E, information in relation to date,

time, means of assault and where the incident occurred can be available to police and local authorities to help inform their prevention strategy and tactics. This model has been adopted by a number of Trusts within England and Wales and has also recently been introduced in Australia.

84. In March 2016, the Home Office published its 'Modern Crime Prevention Strategy' which includes a chapter on 'Alcohol as a Driver of Crime'. This chapter includes a section on improving local intelligence with the following objectives that the Government will:
- *Encourage the police to make the best use of data and to share information with local authorities and businesses where appropriate.*
 - *'Expects more local NHS trusts to share information about alcohol-related violence to support licensing decisions taken by local authorities and the police, adopting the success of the Cardiff Model.'*
 - *Encourage licensing authorities to share information about individuals and premises that have had their licences revoked to enable other licensing authorities to put in place relevant conditions or refuse licence applications from individuals and businesses known to have operated poorly run premises.*
85. In addition, the Strategy states that the Government will work with partner organisations including the Local Government Association and Public Health England to ensure that local authorities have the right analytical tools and capability to make effective use of the information made available to them.
86. Within this context, the working group request that the Safe Durham Partnership Alcohol Harm Reduction Group note information within the Home Office, Modern Crime Prevention Strategy, consider undertaking further work with regard to information sharing particularly between blue lights services and implementation of the Cardiff Model between Accident and Emergency and the Police.

Recommendation: The Safe Durham Partnership Alcohol Harm Reduction Group note information within the Home Office, Modern Crime Prevention Strategy and give consideration to undertaking further work on information sharing particularly between blue lights services and implementation of the Cardiff Model between Accident and Emergency and the Police.