

## **Overview and Scrutiny Alcohol Sub Group**

### **Minutes of the meeting held on 22<sup>nd</sup> June 2009**

#### **Present:**

Councillor Bridges – In the Chair  
Councillors Cameron, Curley, Fisher, Lyons and Siddiqi

Janet Finucaine – NHS Manchester  
Alison Rodriguez – NHS Manchester

#### **ALC/09/07            Minutes**

Members noted that the minutes of the meeting held on 26 May 2009 would be submitted to the next meeting of the sub group.

#### **ALC/09/08            Treatment**

A report of the Deputy Chief Executive (Performance) was submitted providing the information the sub group had requested to take an overview of and comment on treatment and care systems. These systems aimed to ensure that they were responsive to the needs of low-risk, harmful and hazardous drinkers.

There are strong links between alcohol dependency, mental health and other issues, such as domestic violence. It is estimated that between twelve and thirteen thousand dependant drinkers reside in Manchester. A range of treatment and support services are available to people who drink to problem levels, including dependent drinkers to help individuals to stop or to manage their drinking and improve their health. The services also provided an opportunity to intervene where there were early signs that people were developing such problems. A table was provided which projected the numbers of binge drinkers, dependant drinkers, harmful drinkers and people with any alcohol disorder up until 2015. The group noted that whilst the capacity of treatment services in Manchester compares favourably to other areas it will be insufficient to respond to large scale increases in local demand and need.

The Head of Drug and Alcohol Strategy stated that alcohol misuse results in wider impacts for families, communities and the local economy, therefore addressing the causes and affects of alcohol misuse should be a mainstream priority for Manchester agencies. This should include helping people recovering from alcohol misuse to secure sustainable accommodation and to return to work.

Members were concerned that detoxification would have a greatly reduced chance of success if the individual was not living in or returning to in an environment which supported them to overcome their alcohol problem. The Head of Drug and Alcohol Strategy advised that alcohol services such as the care management team make efforts to ensure that people are returning to an appropriate environment after

detoxification but that in some cases this might serve to delay access to detoxification, particularly if alternative accommodation is needed.

The sub group considered that it was essential that sufficient and suitable accommodation be provided to support people who were willing to go on a detoxification programme. Members also felt that alcohol problems should be considered when allocating housing. For example, it would be a poor decision to house a dependent drinker close to an off-license or with other people who drink alcohol regularly as this environment would not be conducive to support them to resolve their problems. The sub group agreed to add an item to the agenda of their next meeting to look at housing options for dependant and harmful drinkers and people recovering from alcohol problems.

A member raised the point that the sub group had asked that the Council consider requiring alcohol vendors to stamp their alcoholic drinks so that it is clear where they were purchased from. The Head of the Drug and Alcohol Strategy Team advised that the licensing unit were investigating how sales of alcohol could be tracked and that the group would return to consider this at their meeting themed on enforcement.

The Committee were provided with three case studies which illustrated the pathway though the treatment system that people had taken. The sub group noted that the case studies all involved men, and a member commented that she was aware of a large number of women who were staying at home looking after children on their own, drinking to dangerous levels. She urged that alcohol services take this into account.

The sub group discussed the impact of excessive drinking upon families. Members were concerned that in some families excessive consumption of alcohol could be considered as normal behaviour and that this can lead to inter generational alcohol abuse.

The Head of the Drug and Alcohol Strategy Team commented that work is underway to promote a Think Family approach across adult treatment and social care services and to arrange for Adult Social Care and Children's Services to provide safeguarding training to key staff in adult drug and alcohol services. The intention is that staff in both sections will be better equipped to identify alcohol and drug misuse as a risk factor and to respond accordingly.

Janet Finucaine and Alison Rodriguez, from NHS Manchester advised members that where individuals are confronted by the results of their excessive drinking, such as ill health, they are more likely to react to the advice of a health professional and attempt to resolve the problem. Brief interventions are made available through Accident and Emergency departments and had good success rates in changing behaviour, so reducing risk in the longer-term.

It was noted that alcohol treatment and care services are pro active in addressing the wider social effects of alcohol misuse. For example the NHS linked alcohol treatment to neighbour nuisance and could refer those people whose alcohol dependence was causing problems for their neighbours.

The sub group considered that arrest might also be an instance where an individual was confronted with the extent of their drinking problem. Ms Rodriguez advised that Greater Manchester Police operate an alcohol arrest referral scheme where people can be referred to the NHS Community Alcohol Team. It can be made a condition of bail that individual's undertake treatment. This could be in the form of cognitive behavioural therapy or behaviour interviews.

The Deputy Chief Executive (Performance) advised the sub group that they may wish to include the question, "are alcohol services sufficiently well linked to mainstream services?" in the sub group's key lines of enquiry. They may wish to test how well services worked together to get to the heart of a complicated problem in a family, or how well services linked together to support someone from a difficult situation into a positive one. An example of this might be examining how well services worked together to support someone who was dependent on alcohol and out of work to address their alcohol problems and find new employment.

The sub group asked whether services were sufficiently well co-ordinated to allow this to happen. Members noted that whilst many individuals will have a care plan, coordinated by a named individual the extent to which care plans and coordination are effective will vary. A key point to note is that care plans and care coordination will not always cover every stage of an individual's journey through treatment to recovery. Members referred to experiences of their constituents who had felt that the delivery of alcohol care plans did not match their aspirations, either as service users or as carers. The sub group concluded that more could be done to co-ordinate services to support people along the path of alcohol misuse into productive employment and that communication with carers must be a high priority for alcohol treatment and care management services.

Members noted that alcohol services focused upon the age range of 16 to 65, and asked what services were available to people over the age of 65. Ms Rodriguez advised that The City Council's care management services are structured to respond to adults up to the age of 65 years, at which point cases are usually transferred to services for older people. Members asked that thought be given to how Manchester could respond more flexibly to the needs of adults as they approach and reach the age of 65.

The sub group noted the action plan for the treatment aspect of the strategy.

### **Decision**

1. To add an item to the agenda of their next meeting to look at housing for dependant and harmful drinkers and people recovering from alcohol misuse.
2. To recommend that further work be done to investigate how alcohol services can be better co-ordinated to support people out of alcohol abuse and into employment, education or training.

**ALC/09/09                      Next Meeting: Protection**

The sub group agreed that at the next meeting they would look at the areas included in their work programme and the following additional areas: -

- CAHMS
- Feedback from the pilot in Liverpool to put information in pubs warning people about the dangers of excessive alcohol consumption.

**Decision**

To note the additions to the scope for the next meeting