

BRIGHTON & HOVE CITY COUNCIL
SCRUTINY PANEL ON ALCOHOL AND YOUNG PEOPLE

2PM 27 NOVEMBER 2008

BRIGHTON TOWN HALL

MINUTES

Present: Councillor Norman (Chairman); Councillors Duncan and McCaffery.

Witnesses: Barbara Hardcastle (Brighton & Hove City Teaching Primary Care Trust: PCT); Dr Oli Rahman (Consultant Paediatrician, Brighton & Sussex University Hospitals Trust); Inspector Andrew Kundert (Licensing Inspector, Brighton & Hove Police); Anna Gianfranceso (Service Manager, RU-OK?); John Peerless (Head of Trading Standards, Brighton & Hove City Council)

ACTION

1 PROCEDURAL BUSINESS

1A. Declarations of Substitutes

1.1 Substitutes are not permitted on ad-hoc Scrutiny Panels.

1B. Declarations of Interest

1.2 There were none.

1C. Exclusion of Press and Public

1.3 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

1.4 **RESOLVED** - That the press and public be not excluded from the meeting.

2. MINUTES

2.1 This was the first panel meeting and there were therefore no minutes

from a previous meeting to be approved.

3. CHAIRMAN'S COMMUNICATIONS

- 3.1 The Chairman welcomed the witnesses giving evidence at this meeting, and noted that the panel's Terms of Reference were:

To make practical recommendations by examining the costs of social and economic outcomes of, and reasons for the increasing levels of alcohol related harm suffered by children and young people in Brighton and Hove.

To examine the impacts of the Licensing Act 2003 on the availability to and consumption of alcohol by those aged under 18, in the city.

These recommendations will be made by inviting and gathering evidence from Sussex Police, Council Officers, PCT, NHS and off sales licensed premises.

4. EVIDENCE FROM WITNESSES

- 4.1 The Chairman asked the witnesses to introduce themselves and explain how their work connected with the issue of alcohol use and young people.

- 4.2 Members then asked each witness a series of questions.

- 4.3 **Barbara Hardcastle (BH)** told members that she was employed by Brighton & Hove City Teaching Primary Care Trust (PCT), and was responsible for developing and compiling a Joint Strategic Needs Assessment (JSNA) for alcohol services, covering both adult and children's services.

- 4.4 BH noted that Brighton & Hove's performance lagged behind national/regional averages in many aspects of alcohol related health, including having one of the worst performances in England in terms of male deaths from chronic liver disease.

- 4.5 In terms of children and alcohol, BH told members that national trends showed that the numbers of young people drinking were stable or declining slightly, but that those young people who did drink tended to be drinking more.

- 4.6 In Brighton & Hove, BH noted that young people's drinking rates are slightly above the national averages. It seems that more girls than boys are engaged in 'binge-drinking', and that drinking rates are highest in the east of the city (and lowest in the west).

- 4.7 **Dr Oli Rahman (OR)** informed members that he was a consultant paediatrician working at the Royal Alexandra Children's Hospital. Dr Rahman also works closely with colleagues in the Royal Sussex County Hospital Accident & Emergency (A&E) department.

- 4.8 OR told members that it was difficult to gauge the proportion of young people attending A&E with alcohol related conditions, as, whilst admissions obviously linked to alcohol use would be coded as such, other admissions might not be, even if alcohol was probably a contributory factor (e.g. an alcohol-related fall resulting in injury might just be recorded as a fall).
- 4.9 In addition, OR informed the panel that the great majority of A&E attendances do not result in admission to hospital (i.e. patients are discharged without treatment or are treated without requiring admission as in-patients). Recording the role of alcohol in attendances which do not result in admission can be very challenging.
- 4.10 **Inspector Andrew Kundert (AK)** told the panel that he was the Licensing Inspector for Brighton & Hove, and that the Brighton & Hove police force was committed to reducing levels of public place violence and anti social behaviour – both of which were alcohol (and licensing) related matters.
- 4.11 AK noted that, whilst in previous years the police had concentrated on the city's 'night time' economy, there had been a more recent focus on other areas where alcohol related disorder was an issue, particularly in terms of the effective policing and management of young people drinking and socialising in parks and green spaces.
- 4.12 AK told the panel that three localised initiatives had recently been combined to form 'Operation Parks' which sought to address problems associated with the phenomenon of groups of young people meeting up to drink in city parks (particularly on Friday and Saturday nights).
- 4.13 AK noted that effective policing of this issue required a variety of approaches: if young people were not engaging in anti social behaviour, there might be no police intervention; if there was anti-social behaviour, the police might seek to disperse those on the periphery of incidents and to target 'ring-leaders' (e.g. to escort them home to their parents/guardians).
- 4.14 AK informed the panel that it was not always clear whether groups of young people were drinking or not, as young people would typically 'disguise' alcoholic drinks in soft drinks bottles.
- 4.15 AK told members that (in very approximate terms) around 5% of underage drinking involved underage drinkers purchasing alcohol in pubs and bars; around 15% involved alcohol purchased by underage drinkers from shops and off licenses. However, around 80% of alcohol was not purchased illegally – i.e. it was bought by parents, by 'proxy buyers' (over 18s buying alcohol at the request of under 18s), was stolen etc.
- 4.16 AK informed the panel that a good deal of work was done to try and ensure that under 18s were not able to purchase alcohol from either on or off sales. The police work closely with Trading Standards to arrange

'test purchasing' (under 18s will try to purchase alcohol in closely monitored operations). Test purchasing is not at random; it is targeted at businesses where there is intelligence of selling to minors.

- 4.17 AK told members that the citywide 'fail' rate for test purchasing was currently around 20% (i.e. one in five test purchasers was actually served alcohol). This is a very encouraging rate.
- 4.18 AK informed members that if business do fail test purchasing, they will be re-tested. Persistent offenders may have their alcohol licences suspended or revoked.
- 4.19 **Anna Gianfrancesco (AG)** told the panel that she was the Service Manager for RU-OK?, the Children & Young People's Trust specialist substance misuse service, and that she was also heavily involved in the local implementation of the new national alcohol strategy.
- 4.20 AG informed members that she worked closely with the police, and had developed a Care Pathway for young people referred from the police. She is currently seeking to develop a similar pathway to channel referrals from A&E, and eventually hopes to combine the pathways.
- 4.21 AG noted that targeting alcohol use amongst young people was a fairly recent initiative, as drugs misuse had traditionally been prioritised.
- 4.22 AG told the panel that Operation Parks had been very successful in terms of reducing young people drinking in public. However, it was not clear whether this reduction in public drinking actually indicated lower levels of drinking (i.e. it might be the case that young people were simply drinking at home rather than in public places).
- 4.23 AG noted that there had been recent national guidance on alcohol education in schools and that she would pass this guidance on to the panel members.
- 4.24 AG told members that Operation Parks had not identified a large number of 'repeat offenders' in terms of young people drinking and behaving anti-socially in public: fewer than 20% of people escorted home by police are subsequently picked up again.

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5. Further Questions

- 5.1 Panel members then jointly asked the witnesses a series of questions. The witness responses are detailed below.
- 5.2(a) In answer to a question as to whether action was taken against adults supplying children with alcohol, members were told (by AK) that Operation Parks had tried to address the issue of 'proxy purchasing'. For example, an operation had been arranged in which under 18s tried to persuade passing adults to purchase alcohol from off-licenses on their behalf. However, such an initiative could not realistically lead to prosecution, as the act of encouraging adults to purchase alcohol for

under 18s would probably be viewed as a form of entrapment by the courts.

5.2(b) AK and AG added that it was often difficult to ascertain where an underage drinker had obtained alcohol, as drunk people might not be very lucid, and might lie to protect friends or retailers. However, there was now more focus on tracking back the supply of alcohol, and city partners would share this type of information if they were successful in obtaining it.

5.2(c) **John Peerless (JP)**, Head of Trading Standards, told members that an initiative had been planned for under age drinking in Moulsecoomb, which would have included trying to ascertain the origin of the alcohol being consumed – possibly via an analysis of litter.

This scheme would also have sought to encourage off-licenses not to sell to people who looked under 21.

The council failed to get Government funding for this initiative, but does still intend to undertake it at some point.

5.2(d) AG noted that schemes seeking to restrict sales to under 21s had been effective in other localities.

5.3(a) In response to a question about whether the recent proliferation of off licences had led to an increase in drink-related problems, AK replied that the city Cumulative Impact Zone (CIZ) assumed that there was indeed such a causal link.

AK noted that the CIZ had been very successful, particularly in terms of empowering local communities (i.e. individuals felt that their representations were taken seriously and could have a practical effect).

5.3(b) BH added that there had in fact been a very large increase in the number of off-licenses in recent years.

5.4(a) In answer to a question regarding repeat A&E attendances, OR told members that very few young people repeatedly attended A&E for alcohol-related issues (unless they were self-harming).

5.4(b) OR also noted that A&E record keeping was not perfect in this respect, and that whilst incidents where drink was the primary cause of injury would almost certainly be recorded as alcohol-related, incidents where drink was only a potential contributory factor might not be recorded. Efforts were being made to improve recording, although this needed to be carefully handled as there were issues of patient confidentiality to take into account.

5.5(a) In response to a question regarding the physical damage caused by excessive drinking in young people, OR told members that teenagers' bodies were still developing which might mean that they were less able to process alcohol than adults.

- 5.5(b) BH noted that there was growing evidence that excessive drinking from an early age would lead to an increase in alcohol related-dementia in the future.
- 5.6(a) In answer to a question regarding the relative threat posed by alcohol or drugs, OR told members that a significant number of teenage drink or drug hospital admissions were drink related (unless self-harm was a factor).
- 5.6(b) AG added that alcohol could be very dangerous and certainly would not be licensed if it was not so socially established.
- 5.6(c) AK noted that alcohol was a major contributory factor in most public disorder offences, as well as many Domestic Violence incidents.
- 5.6(d) OR added that drunkenness also created major problems for A&E services, particularly at weekends.
- 5.7(a) In answer to questions concerning prosecution of licensees, JP told members that prosecution was rare, as it was a relatively ineffective method of taking action. This was generally the case in Brighton & Hove and across Sussex, where a consistent strategic approach had been adopted by a number of authorities.
- 5.7(b) AK added that the police in Brighton & Hove would generally seek to take action through the city Licensing Committee (e.g. seeking suspension or revocation of a license) rather than via prosecution.
- 5.7(c) JP also noted that most local businesses do not wish to sell to under 18s and are keen to work together with the police and the local authority. Suspension or revocation of the licenses of co-operating businesses is rarely a sensible option.
- 5.7(d) AK noted that suspension was quite rarely used, and questioned whether the Licensing Committee would welcome attempts to employ this power more widely, particularly in situations where a premises had only failed one or two times.
- 5.8 In response to a query about supermarkets, JP told members that supermarkets could be a source of alcohol for under 18s. Supermarkets have a specific problem in that their scale means that it can be difficult for them to properly train and monitor staff (in contrast with small off-licenses where the person making sales may well also be the licensee). Trading Standards have done a lot of work with large local alcohol retailers such as Somerfield and Threshers and are now involved in these organisations' staff training.
- 5.9(a) Asked what could be done to improve the situation in Brighton & Hove, AK noted that one possibility was to take action against under age drinkers buying alcohol rather than focusing entirely on those selling

alcohol (as both selling and buying are offences).

AK also told the panel that it was important to recognise that Brighton & Hove was much safer than formerly – much has been done to tackle alcohol-related anti social behaviour and violence.

- 5.9(b) AG noted that young people replicate adult behaviour, and that children are bound to see adults drinking to excess. This is particularly so given the effects of the smoking ban in pubs and a general modern attitude amongst adults of not being ashamed of being inebriated in public. Adult attitudes to drinking need to change if there is to be any realistic hope of changing children's behaviour.
- 5.9(c) JP added that messages to children about alcohol harm needed to be consistent – which they currently are not.
- 5.9(d) OR suggested that children should be given much more credit for being able to understand information about how their own behaviour might impact upon their health, and that providing an honest assessment of the risks associated with excessive drinking might be effective.

6. Any Other Business

6.1 There was none.

The meeting concluded at 4pm.

Signed

Chairman

Dated this

day of

2008

